

FamilyCare

HEALTH PLANS



2011 Formulary

Updated 10/01/2011



Questions? Please call us at 866-798-CARE (2273) TTY: 800-735-2900
For more information, please visit www.FamilyCareHealthPlans.org



**PremierCare Advantage Rx, PremierCare Choice Rx,
PremierCare Plus, and PremierCare Value Rx
2011Formulary
(List of Covered Drugs)**

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INTRODUCTION

2011 Formulary

(List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2011.

A Medicare Advantage organization with a Medicare contract.

This information is available in other formats including Spanish, Russian, Vietnamese, Braille, computer disk, large print, audio tape or oral presentation. Please call Customer Service at the number listed above if you need plan information in another format or language. If you need plan information in another format or language, please call:

Customer Service
503-345-5702 or
1-866-798-CARE (2273) (Calls to this number are free.)
TTY users call 1-800-735-2900 (Calls to this number are free.)

What is the PremierCare Advantage Rx, Choice Rx, Plus and Value Rx Formulary?

A formulary is a list of covered drugs selected by PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans 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. PremierCare Advantage Rx, Choice Rx, Plus and Value Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FamilyCare Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 5, 2010. To get updated information about the drugs covered by PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans, please visit our website at www.familycarehealthplans.org or call Customer Service at 503-345-5702 or 1-866-798-CARE (2273) (Calls to this number are free.) TTY users call 1-735-2900 (Calls to this number are free.) Hours are 8 am–8 pm, Monday–Friday (except holidays).

In the event of a non-maintenance formulary change, we will mail a notice of the change to you.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiac drugs." If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 80. 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?

PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from these plans before you fill your prescriptions. If you don't get approval, PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans may not cover the drug.
- **Quantity Limits:** For certain drugs, PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans limit the amount of the drug that they will cover. For example, the plans provide six tablets per month per prescription for ZOMIG. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans require 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, these plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.familycarehealthplans.org.

You can ask PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans to make an exception to these restrictions or limits. See the section, "How do I request an exception to the PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by these plans.
- You can ask PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans 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 PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans Formulary?

You can ask PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans 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, PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans limit the amount

of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred tier (Tier 3), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred tier (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 the Specialty Drug tier (Tier 4).

Generally PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

If you are a resident of a long-term care facility, we will cover a temporary 31-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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about FamilyCare Health Plans, please call Customer Service at 503-345-5702 or call our toll-free number, 866-798-CARE (2273), Monday–Friday, 8 am–8 pm. TTY/TDD users should call toll-free to 800-735-2900 or visit www.familycarehealthplans.org.

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

PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by PremierCare Advantage Rx, Choice Rx, Plus and Value Rx health plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 80..

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

The information in the Notes column tells you if FamilyCare Health Plans has any special conditions apply to a drug.

- PA Prior authorization required before the drug can be prescribed.
- QL Quantity limits may apply to this drug.
- STC Step therapy limits may apply to this drug. For more information about step therapy, see page 3, "Are there any restrictions on my coverage?"
- CP This prescription may be available only at certain pharmacies. For more information, consult your *Provider/Pharmacy Directory* or call Customer Service at 503-345-5702 or call our toll-free number, 866-798-CARE (2273), Monday-Friday (except on holidays), 8 am–8 pm. TTY/TDD users should call toll-free to 800-735-2900 or visit www.familycarehealthplans.org.

FORMULARY (DRUG LIST)

Drug Name	Tier	Notes
<u>Adrenals</u>		
Adrenals		
<i>a-hydrocort inj 100mg</i>	1	
<i>a-methapred inj 125mg</i>	1	
<i>a-methapred inj 40mg</i>	1	
ASMANEX 120 AER 220MCG(<i>mometasone furoate (inhalation)</i>)	3‡	(STC)
ASMANEX 14 AER 220MCG(<i>mometasone furoate (inhalation)</i>)	3‡	(STC)
ASMANEX 30 AER 110MCG(<i>mometasone furoate (inhalation)</i>)	2‡	(STC)
ASMANEX 30 AER 220MCG(<i>mometasone furoate (inhalation)</i>)	3‡	(STC)
ASMANEX 60 AER 220MCG(<i>mometasone furoate (inhalation)</i>)	3‡	(STC)
<i>budesonide cap sr 24hr 3 mg</i>	2	(QL) 90 caps / 30 days
DEXAMETHASON TAB 1MG(<i>dexamethasone</i>)	1	
DEXAMETHASON TAB 2MG(<i>dexamethasone</i>)	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
DEPAK PAK 13 DAY(<i>dexamethasone</i>)	1	
FLOVENT DISK AER 100MCG(<i>fluticasone propionate (inhalation)</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
FLOVENT DISK AER 250MCG(<i>fluticasone propionate (inhalation)</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
FLOVENT DISK AER 50MCG(<i>fluticasone propionate (inhalation)</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
FLOVENT HFA AER 110MCG(<i>fluticasone propionate hfa</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
FLOVENT HFA AER 220MCG(<i>fluticasone propionate hfa</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
FLOVENT HFA AER 44MCG(<i>fluticasone propionate hfa</i>)	3‡	(QL)(STC) 1 inhaler / 30 days
<i>fludrocortisone acetate tab 0.1 mg</i>	2‡	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>methylprednisolone sodium succinate for inj 1000 mg</i>	1	
<i>methylprednisolone sodium succinate for inj 125 mg</i>	1	

‡ This prescription drug may be available only at certain pharmacies. For more information, consult your pharmacy directory or call Customer Care at 1-866-798-2273, 8 am - 8 pm (local time), seven days a week. TTY users should call 1-800-735-2900.

‡ This prescription drug is available through mail order. For more information, call Customer Care at 1-866-798-2273, 8 am - 8 pm (local time), seven days a week. TTY users should call 1-800-735-2900.

Drug Name	Tier	Notes
<i>methylprednisolone sodium succinate for inj 40 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 4 mg dose pack</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
PREDNISONE TAB 50MG(<i>prednisone</i>)	1	
PULMICORT INH 180MCG(<i>budesonide (inhalation)</i>)	2‡	
PULMICORT INH 90MCG(<i>budesonide (inhalation)</i>)	2‡	
QVAR AER 40MCG(<i>beclomethasone dipropionate</i>)	2‡	
QVAR AER 80MCG(<i>beclomethasone dipropionate</i>)	2‡	
SOLU-CORTEF INJ 250MG(<i>hydrocortisone sod succinate</i>)	2	
SOLU-MEDROL INJ 2GM(<i>methylprednisolone sod succ</i>)	2	
SYMBICORT AER 160-4.5(<i>budesonide-formoterol fumarate dihydrate</i>)	3‡	(PA)
SYMBICORT AER 80-4.5(<i>budesonide-formoterol fumarate dihydrate</i>)	3‡	(PA)

Alkalinizing Agents

Alkalinizing Agents

<i>potassium citrate tab cr 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	1	
SOD LACTATE INJ 1/6M(<i>sodium lactate</i>)	1	
<i>sodium bicarbonate inj 7.5%</i>	1	
<i>sodium lactate inj 5 meq/ml</i>	1	

Alpha Reductase Inhibitors

Alpha Reductase Inhibitors

AVODART CAP 0.5MG(<i>dutasteride</i>)	3‡	(STC)
<i>finasteride tab 5 mg</i>	1‡	

Alpha-Adrenergic Blocking Agents

Alpha-Adrenergic Blocking Agents

<i>doxazosin mesylate tab 1 mg</i>	1‡	
<i>doxazosin mesylate tab 2 mg</i>	1‡	
<i>doxazosin mesylate tab 4 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>doxazosin mesylate tab 8 mg</i>	1 ‡	
<i>prazosin hcl cap 1 mg</i>	1 ‡	
<i>prazosin hcl cap 2 mg</i>	1 ‡	
<i>prazosin hcl cap 5 mg</i>	1 ‡	
<i>terazosin hcl cap 1 mg</i>	1 ‡	
<i>terazosin hcl cap 10 mg</i>	1 ‡	
<i>terazosin hcl cap 2 mg</i>	1 ‡	
<i>terazosin hcl cap 5 mg</i>	1 ‡	

Ammonia Detoxicants

Ammonia Detoxicants

<i>BUPHENYL POW(sodium phenylbutyrate)</i>	4 ‡	(PA)
<i>BUPHENYL TAB 500MG(sodium phenylbutyrate)</i>	4 ‡	(PA)
<i>constulose sol 10gm/15</i>	1 ‡	
<i>enulose sol 10gm/15</i>	1 ‡	
<i>generlac sol 10gm/15</i>	1 ‡	
<i>lactulose solution 10 gm/15ml</i>	1 ‡	

Analgesics and Antipyretics

Cyclooxygenase-2 (COX-2) Inhibitors

<i>CELEBREX CAP 100MG(celecoxib)</i>	3 ‡	(PA)(QL) 60 caps / 30 days
<i>CELEBREX CAP 200MG(celecoxib)</i>	3 ‡	(PA)(QL) 30 caps / 30 days
<i>CELEBREX CAP 400MG(celecoxib)</i>	3 ‡	(PA)(QL) 60 caps / 30 days
<i>CELEBREX CAP 50MG(celecoxib)</i>	3 ‡	(PA)(QL) 60 caps / 30 days

Opiate Agonists

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	(QL) 5000 mls / 30 days
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	(QL) 390 tabs / 30 days
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	(QL) 390 tabs / 30 days
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	(QL) 390 tabs / 30 days
<i>astramorph inj 10/10ml</i>	2	(B/D)
<i>astramorph inj 1mg/2ml</i>	2	(B/D)
<i>bitalbutal-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1	
<i>co-gesic tab 500-5mg</i>	1	

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Drug Name	Tier	Notes
CODEINE SULF TAB 15MG(<i>codeine sulfate</i>)	1	
<i>codeine sulfate tab 30 mg</i>	1	
<i>codeine sulfate tab 60 mg</i>	1	
<i>duramorph inj 0.5mg/ml</i>	2	(B/D)
<i>duramorph inj 1mg/ml</i>	2	(B/D)
<i>endocet tab 10-325mg</i>	1	(QL) 360 tabs / 30 days
<i>endocet tab 5-325mg</i>	1	(QL) 360 tabs / 30 days
<i>endocet tab 7.5-325m</i>	1	(QL) 360 tabs / 30 days
<i>endocet tab 7.5-500m</i>	1	(QL) 240 tabs / 30 days
<i>endodan tab</i>	1	(QL) 360 tabs / 30 days
<i>fentanyl citrate inj 0.05 mg/ml</i>	2	(B/D)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	3	(QL) 10 ea / 30 days
<i>fentanyl td patch 72hr 12 mcg/hr</i>	3	(QL) 10 ea / 30 days
<i>fentanyl td patch 72hr 25 mcg/hr</i>	3	(QL) 10 ea / 30 days
<i>fentanyl td patch 72hr 50 mcg/hr</i>	3	(QL) 10 ea / 30 days
<i>fentanyl td patch 72hr 75 mcg/hr</i>	3	(QL) 10 ea / 30 days
<i>hydrocodone-acetaminophen soln 7.5-500 mg/15ml</i>	1	(QL) 3600 mls / 30 days
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	(QL) 360 tabs / 30 days
<i>hydrocodone-acetaminophen tab 10-500 mg</i>	1	(QL) 240 tabs / 30 days
<i>hydrocodone-acetaminophen tab 10-650 mg</i>	1	(QL) 180 tabs / 30 days
<i>hydrocodone-acetaminophen tab 10-660 mg</i>	1	(QL) 180 tabs / 30 days
<i>hydrocodone-acetaminophen tab 2.5-500 mg</i>	1	(QL) 240 tabs / 30 days
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	(QL) 360 tabs / 30 days
<i>hydrocodone-acetaminophen tab 5-500 mg</i>	1	(QL) 240 tabs / 30 days
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	(QL) 360 tabs / 30 days

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Drug Name	Tier	Notes
hydrocodone-acetaminophen tab 7.5-500 mg	1	(QL) 240 tabs / 30 days
hydrocodone-acetaminophen tab 7.5-650 mg	1	(QL) 180 tabs / 30 days
hydrocodone-acetaminophen tab 7.5-750 mg	1	(QL) 150 tabs / 30 days
hydrocodone-ibuprofen tab 7.5-200 mg	1	
hydromorphone hcl inj 10 mg/ml	1	(B/D)
hydromorphone hcl tab 2 mg	1	
hydromorphone hcl tab 4 mg	1	
hydromorphone hcl tab 8 mg	1	
INFUMORPH INJ 10MG/ML(morphine sulfate for continuous microinfusion)	2	
meperidine hcl inj 10 mg/ml	1	(B/D)
meperidine hcl inj 100 mg/ml	1	(B/D)
meperidine hcl inj 25 mg/ml	1	(B/D)
meperidine hcl inj 50 mg/ml	1	(B/D)
meperidine hcl inj 75 mg/ml	1	(B/D)
meperidine hcl tab 100 mg	1	
meperidine hcl tab 50 mg	1	
MEPERIDINE SOL 50MG/5ML(meperidine hcl)	1	
methadone hcl tab 10 mg	1	
methadone hcl tab 5 mg	1	
METHADONE INJ 10MG/ML(methadone hcl)	1	
methadose tab 10mg	1	
methadose tab 5mg	1	
MORPHINE SUL INJ 5MG/ML(morphine sulfate)	1	(B/D)
MORPHINE SUL SOL 10MG/5ML(morphine sulfate)	1	
MORPHINE SUL SOL 20MG/5ML(morphine sulfate)	1	
morphine sulfate (concentrate) oral soln 20 mg/ml	1	
morphine sulfate inj pf 0.5 mg/ml	1	(B/D)
morphine sulfate inj pf 1 mg/ml	1	(B/D)
morphine sulfate tab 15 mg	1	
morphine sulfate tab 30 mg	1	
morphine sulfate tab sr 12hr 100 mg	1	
morphine sulfate tab sr 12hr 15 mg	1	
morphine sulfate tab sr 12hr 200 mg	1	
morphine sulfate tab sr 12hr 30 mg	1	
morphine sulfate tab sr 12hr 60 mg	1	
OXYCODONE CON 20MG/ML(oxycodone hcl)	1	
oxycodone hcl tab 15 mg	1	
oxycodone hcl tab 30 mg	1	
oxycodone hcl tab 5 mg	1	
oxycodone w/ acetaminophen cap 5-500 mg	1	(QL)

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Drug Name	Tier	Notes
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	240 caps / 30 days (QL)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	360 tabs / 30 days (QL)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	360 tabs / 30 days (QL)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	360 tabs / 30 days (QL)
<i>oxycodone w/ acetaminophen tab 7.5-500 mg</i>	1	360 tabs / 30 days (QL)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	240 tabs / 30 days (QL)
OXYCONTIN TAB 10MG CR(<i>oxycodone hcl</i>)	3	360 tabs / 30 days (PA)(QL)
OXYCONTIN TAB 15MG CR(<i>oxycodone hcl</i>)	3	60 ea / 30 days (PA)(QL)
OXYCONTIN TAB 20MG CR(<i>oxycodone hcl</i>)	3	60 tabs / 30 days (PA)(QL)
OXYCONTIN TAB 30MG CR(<i>oxycodone hcl</i>)	3	60 ea / 30 days (PA)(QL)
OXYCONTIN TAB 40MG CR(<i>oxycodone hcl</i>)	3	60 tabs / 30 days (PA)(QL)
OXYCONTIN TAB 60MG CR(<i>oxycodone hcl</i>)	3	60 ea / 30 days (PA)(QL)
OXYCONTIN TAB 80MG CR(<i>oxycodone hcl</i>)	3	60 tabs / 30 days (PA)(QL)
<i>roxicet tab 5-325mg</i>	1	60 ea / 30 days (QL)
<i>tramadol hcl tab 50 mg</i>	1	360 tabs / 30 days
Opiate Partial Agonists		
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	(PA)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	(PA)
<i>pentazocine w/ naloxone tab 50-0.5 mg</i>	1	
SUBOXONE SUB 2-0.5MG(<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	(PA)
SUBOXONE SUB 8-2MG(<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	3	(PA)
TALWIN INJ 30MG/ML(<i>pentazocine lactate</i>)	2	
Other Nonsteroidal Anti-inflammatory Agents		
ARTHROTEC 50 TAB(<i>diclofenac w/ misoprostol</i>)	3‡	
ARTHROTEC 75 TAB(<i>diclofenac w/ misoprostol</i>)	3‡	
<i>diclofenac sodium tab delayed release 50 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>diclofenac sodium tab delayed release 75 mg</i>	1 ‡	
<i>diclofenac sodium tab sr 24hr 100 mg</i>	1 ‡	
DICLOFENAC TAB 25MG EC(<i>diclofenac sodium</i>)	1 ‡	
DIFLUNISAL TAB 500MG(<i>diflunisal</i>)	1 ‡	
<i>etodolac cap 200 mg</i>	1 ‡	
<i>etodolac cap 300 mg</i>	1 ‡	
<i>etodolac tab 400 mg</i>	1 ‡	
<i>etodolac tab 500 mg</i>	1 ‡	
<i>etodolac tab sr 24hr 400 mg</i>	1 ‡	
<i>etodolac tab sr 24hr 500 mg</i>	1 ‡	
<i>etodolac tab sr 24hr 600 mg</i>	1 ‡	
<i>flurbiprofen tab 100 mg</i>	1 ‡	
<i>flurbiprofen tab 50 mg</i>	1 ‡	
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1 ‡	
<i>ibuprofen tab 600 mg</i>	1 ‡	
<i>ibuprofen tab 800 mg</i>	1 ‡	
<i>indomethacin cap 25 mg</i>	1 ‡	
<i>indomethacin cap 50 mg</i>	1 ‡	
<i>indomethacin cap cr 75 mg</i>	1 ‡	
KETOPROFEN CAP 200MG ER(<i>ketoprofen</i>)	1 ‡	
<i>ketoprofen cap 50 mg</i>	1 ‡	
<i>ketoprofen cap 75 mg</i>	1 ‡	
<i>nabumetone tab 500 mg</i>	1 ‡	
<i>nabumetone tab 750 mg</i>	1 ‡	
<i>naproxen sodium tab 550 mg</i>	1 ‡	
<i>naproxen susp 125 mg/5ml</i>	1 ‡	
<i>naproxen tab 250 mg</i>	1 ‡	
<i>naproxen tab 375 mg</i>	1 ‡	
<i>naproxen tab 500 mg</i>	1 ‡	
<i>naproxen tab ec 375 mg</i>	1 ‡	
<i>naproxen tab ec 500 mg</i>	1 ‡	
<i>piroxicam cap 10 mg</i>	1 ‡	
<i>piroxicam cap 20 mg</i>	1 ‡	
<i>sulindac tab 150 mg</i>	1 ‡	
<i>sulindac tab 200 mg</i>	1 ‡	
TOLMETIN SOD TAB 200MG(<i>tolmetin sodium</i>)	1 ‡	
TOLMETIN SOD TAB 600MG(<i>tolmetin sodium</i>)	1 ‡	
<i>tolmetin sodium cap 400 mg</i>	1 ‡	

Androgens

Androgens

ANDRODERM DIS 2.5MG/24(*testosterone*) 3 ‡ (QL)

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Drug Name	Tier	Notes
ANDRODERM DIS 5MG/24HR(<i>testosterone</i>)	3‡	30 ea / 30 days (QL) 30 ea / 30 days
ANDROGEL GEL 1%(50MG)(<i>testosterone</i>)	3‡	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>danazol cap 50 mg</i>	1	
<i>oxandrolone tab 10 mg</i>	1	
<i>oxandrolone tab 2.5 mg</i>	1	
TESTIM GEL 1%(50MG)(<i>testosterone</i>)	3‡	
<i>testosterone cypionate im in oil 100 mg/ml</i>	1	
<i>testosterone enanthate im in oil 200 mg/ml</i>	1	
<u>Anorexigenics Resp Cereb Stimulants</u>		
Amphetamines		
<i>methamphetamine hcl tab 5 mg</i>	1‡	
<u>Anorexigenics Resp Cereb Stimulants</u>		
Amphetamines		
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1‡	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1‡	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1‡	
DEXTROAMPHET TAB 10MG(<i>dextroamphetamine sulfate</i>)	1‡	
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i>	1‡	(QL) 60 caps / 30 days
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i>	1‡	(QL) 60 caps / 30 days
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i>	1‡	
<i>dextroamphetamine sulfate tab 5 mg</i>	1‡	
Anorexigenics Resp Cereb Stim, Misc		
<i>metadate tab 20mg er</i>	3‡	(QL) 90 tabs / 30 days
<i>methylin er tab 10mg</i>	1‡	(QL)

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Drug Name	Tier	Notes
<i>methylin er tab 20mg</i>	1‡	90 tabs / 30 days (QL)
<i>methylin tab 10mg</i>	1‡	90 tabs / 30 days
<i>methylin tab 5mg</i>	1‡	
<i>methylphenidate hcl tab 10 mg</i>	1‡	(QL)
<i>methylphenidate hcl tab 20 mg</i>	1‡	90 tabs / 30 days (QL)
<i>methylphenidate hcl tab 5 mg</i>	1‡	90 tabs / 30 days (QL)
<i>methylphenidate hcl tab cr 20 mg</i>	1‡	90 tabs / 30 days (QL)
PROVIGIL TAB 100MG(<i>modafinil</i>)	3‡	(PA)(QL)
PROVIGIL TAB 200MG(<i>modafinil</i>)	3‡	60 tabs / 30 days (PA)(QL)
		60 tabs / 30 days

Anthelmintics

Anthelmintics

BILTRICIDE TAB 600MG(<i>praziquantel</i>)	2
MEBENDAZOLE CHW 100MG(<i>mebendazole</i>)	1

Anti-infectives

Allylamines

NAFTIN CRE 1%(<i>naftifine hcl</i>)	3
NAFTIN GEL 1%(<i>naftifine hcl</i>)	3

Antibacterials

<i>ak-tob sol 0.3% op</i>	1
ALTABAX OIN 1%(<i>retapamulin</i>)	3
<i>ery pad 2%</i>	1
<i>erythromycin gel 2%</i>	1
<i>erythromycin ophth oint 5 mg/gm</i>	1
<i>erythromycin soln 2%</i>	1
<i>gentak oin 0.3% op</i>	1
<i>gentak sol 0.3% op</i>	1
<i>gentamicin sulfate ophth soln 0.3%</i>	1
<i>gentasol sol 0.3% op</i>	1
<i>levofloxacin ophth soln 0.5%</i>	1
<i>metronidazole cream 0.75%</i>	1
<i>metronidazole gel 0.75%</i>	1

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Drug Name	Tier	Notes
<i>metronidazole lotion 0.75%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>romycin oin op</i>	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin sulfate ophth soln 0.3%</i>	1	
<i>tobrasol sol 0.3% op</i>	1	
TOBREX OIN 0.3% OP(<i>tobramycin sulfate (ophth)</i>)	2	
<i>vandazole gel 0.75%</i>	1	
ZYMAR DRO 0.3%(<i>gatifloxacin (ophth)</i>)	3	(QL) 10 mls / 30 days

Antifungals

<i>econazole nitrate cream 1%</i>	1	
NATACYN SUS 5% OP(<i>natamycin</i>)	2	

Azoles

<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole soln 1%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
EXELDERM CRE 1%(<i>sulconazole nitrate</i>)	3	
EXELDERM SOL 1%(<i>sulconazole nitrate</i>)	3	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
OXISTAT CRE 1%(<i>oxiconazole nitrate</i>)	3	
OXISTAT LOT 1%(<i>oxiconazole nitrate</i>)	3	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>zazole cre 0.4%</i>	1	
<i>zazole cre 0.8%</i>	1	

EENT Anti-infectives, Miscellaneous

<i>chlorhexidine gluconate soln 0.12%</i>	1	
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Hydroxypyridones

<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox solution 8%</i>	1	

Local Anti-infectives, Miscellaneous

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Drug Name	Tier	Notes
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
Scabicides and Pediculicides		
<i>acticin cre 5%</i>	1	
EURAX CRE 10%(<i>crotamiton</i>)	2	
EURAX LOT 10%(<i>crotamiton</i>)	2	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<u>Anti-inflammatory Agents</u>		
Anti-inflammatory Agents		
<i>ala cort cre 1%</i>	1	
<i>ala-cort lot 1%</i>	1	
ASACOL TAB 400MG DR(<i>mesalamine</i>)	2‡	(QL) 360 tabs / 30 days
<i>beta-val cre 0.1%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1%</i>	1	
<i>betamethasone valerate lotion 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
CANASA SUP 1000MG(<i>mesalamine</i>)	2	
<i>clobetasol e cre 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate soln 0.05%</i>	1	
CORTIFOAM AER 90MG(<i>hydrocortisone acetate (intrarectal)</i>)	2	
DERMA-SMOOTH OIL /FS BODY(<i>fluocinolone acetonide</i>)	3	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	

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Drug Name	Tier	Notes
<i>diflorasone diacetate cream 0.05%</i>	1	
<i>diflorasone diacetate oint 0.05%</i>	1	
DIPENTUM CAP 250MG(<i>olsalazine sodium</i>)	3‡	
FLUOCIN ACET CRE 0.01%(<i>fluocinolone acetonide</i>)	1	
FLUOCIN ACET CRE 0.025%(<i>fluocinolone acetonide</i>)	1	
FLUOCIN ACET OIN 0.025%(<i>fluocinolone acetonide</i>)	1	
FLUOCIN ACET SOL 0.01%(<i>fluocinolone acetonide</i>)	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 1%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
LOTRONEX TAB 0.5MG(<i>alosetron hcl</i>)	2‡	(PA)
LOTRONEX TAB 1MG(<i>alosetron hcl</i>)	2‡	(PA)
<i>mesalamine enema 4 gm</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
PENTASA CAP 250MG CR(<i>mesalamine</i>)	3‡	(QL) 600 caps / 30 days
PENTASA CAP 500MG CR(<i>mesalamine</i>)	3‡	(QL) 300 caps / 30 days
<i>procto-pak cre 1%</i>	1	
<i>proctocream cre hc 2.5%</i>	1	
<i>proctosol hc cre 2.5%</i>	1	
<i>proctozone cre -hc 2.5%</i>	1	
TRIAMCINOLON OIN 0.05%(<i>triamcinolone acetonide (topical)</i>)	1	
TRIAMCINOLON OIN 0.5%(<i>triamcinolone acetonide (topical)</i>)	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	

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Drug Name	Tier	Notes
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triderm cre 0.1%</i>	1	
<i>triderm oin 0.1%</i>	1	
Corticosteroids		
<i>acetasol hc sol otic</i>	1	
CIPRO HC SUS OTIC(<i>ciprofloxacin-hydrocortisone</i>)	3	
CIPRODEX SUS 0.3-0.1%(<i>ciprofloxacin-dexamethasone</i>)	3	
<i>cortomycin sol 1% otic</i>	1	
<i>cortomycin sus 1% otic</i>	1	
<i>flunisolide nasal soln 0.025%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	(QL) 16 mls / 30 days
FML OIN 0.1% OP(<i>fluorometholone (ophth)</i>)	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
NEO/POLY/HC SUS OP(<i>neomycin-polymyxin-hc (ophth)</i>)	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN OP(<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>triamcinolone acetonide nasal inhal 55 mcg/act</i>	2	
EENT Anti-inflammatory Agents, Misc		
RESTASIS EMU 0.05%(<i>cyclosporine (ophth)</i>)	3‡	
Leukotriene Modifiers		
SINGULAIR CHW 4MG(<i>montelukast sodium</i>)	2‡	(QL) 30 ea / 30 days
SINGULAIR CHW 5MG(<i>montelukast sodium</i>)	2‡	(QL) 30 ea / 30 days
SINGULAIR TAB 10MG(<i>montelukast sodium</i>)	2‡	(QL) 30 tabs / 30 days
<i>zafirlukast tab 10 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>zafirlukast tab 20 mg</i>	1‡	(QL) 60 tabs / 30 days
ZYFLO CR TAB 600MG(<i>zileuton</i>)	3‡	(QL) 120 ea / 30 days
Mast-cell Stabilizers		

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Drug Name	Tier	Notes
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1‡	(B/D)
GASTROCROM CON 100/5ML(<i>cromolyn sodium (mastocytosis)</i>)	2‡	
Nonsteroidal Anti-inflammatory Agents		
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
<u>Antiallergic Agents</u>		
Antiallergic Agents		
ALOCRI SOL 2%(<i>nedocromil sodium (ophth)</i>)	3	
ALOMIDE SOL 0.1% OP(<i>lodoxamide tromethamine</i>)	3	
<i>azelastine hcl nasal spray 137 mcg/spray (1 mg/ml)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
PATANOL SOL 0.1% OP(<i>olopatadine hcl</i>)	2	
<u>Antibacterials</u>		
Aminoglycosides		
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>neomycin sulfate tab 500 mg</i>	1	
Aminopenicillins		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	

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Drug Name	Tier	Notes
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN CHW 200MG(<i>amoxicillin</i>)	1	
AMOXICILLIN CHW 400MG(<i>amoxicillin</i>)	1	
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	1	(B/D)
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	1	(B/D)
<i>ampicillin cap 250 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
AMPICILLIN INJ 125MG(<i>ampicillin sodium</i>)	1	
<i>ampicillin sodium for inj 1 gm</i>	1	
<i>ampicillin sodium for iv soln 10 gm</i>	1	
AMPICILLIN SUS 125/5ML(<i>ampicillin</i>)	1	
AMPICILLIN SUS 250/5ML(<i>ampicillin</i>)	1	
Carbapenems		
INVANZ INJ 1GM(<i>ertapenem sodium</i>)	2	
<i>meropenem iv for soln 500 mg</i>	2	
PRIMAXIN IV INJ 250MG(<i>imipenem-cilastatin</i>)	2	(B/D)
PRIMAXIN IV INJ 500MG(<i>imipenem-cilastatin</i>)	2	(B/D)
Cephameycins		
CEFOTETAN INJ 10G(<i>cefotetan disodium</i>)	3	
CEFOTETAN INJ 1GM/10ML(<i>cefotetan disodium</i>)	3	
CEFOTETAN INJ 2GM/20ML(<i>cefotetan disodium</i>)	3	
<i>cefoxitin sodium for inj 1 gm</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for inj 2 gm</i>	2	
Cyclic Lipopeptides		
CUBICIN SOL 500MG(<i>daptomycin</i>)	4	(B/D)
Erythromycins		
<i>e.e.s. 400 tab 400mg</i>	1	
E.E.S. GRAN SUS 200/5ML(<i>erythromycin ethylsuccinate</i>)	1	
ERY-TAB TAB 250MG EC(<i>erythromycin base</i>)	2	
ERY-TAB TAB 333MG EC(<i>erythromycin base</i>)	2	
ERY-TAB TAB 500MG EC(<i>erythromycin base</i>)	2	
ERYTHROCIN INJ 500MG(<i>erythromycin lactobionate</i>)	1	(B/D)
ERYTHROCIN TAB 250MG(<i>erythromycin stearate</i>)	1	
ERYTHROCIN TAB 500MG(<i>erythromycin stearate</i>)	1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	1	
ERYTHROMYCIN TAB 250MG BS(<i>erythromycin base</i>)	1	
ERYTHROMYCIN TAB 500MG BS(<i>erythromycin base</i>)	1	

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Drug Name	Tier	Notes
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
Extended-spectrum Penicillins		
TIMENTIN INJ 3.1GM(<i>ticarcillin & pot clavulanate</i>)	2	(B/D)
ZOSYN INJ 3-0.375G(<i>piperacillin sodium-tazobactam sodium</i>)	2	(B/D)
ZOSYN SOL 2-0.25GM(<i>piperacillin sodium-tazobactam sodium in dextrose</i>)	2	(B/D)
ZOSYN SOL 3-0.375G(<i>piperacillin sodium-tazobactam sodium in dextrose</i>)	2	(B/D)
First Generation Cephalosporins		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
CEFAZOLIN INJ 1GM/50ML(<i>cefazolin in d5w</i>)	1	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 20 gm</i>	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
Fourth Generation Cephalosporins		
<i>cefepime hcl for inj 1 gm</i>	1	
<i>cefepime hcl for inj 2 gm</i>	1	
Glycopeptides		
VANCOCIN HCL CAP 125MG(<i>vancomycin hcl</i>)	2	
VANCOCIN HCL CAP 250MG(<i>vancomycin hcl</i>)	2	
<i>vancomycin hcl for inj 10 gm</i>	2	(B/D)
<i>vancomycin hcl for inj 1000 mg</i>	2	
VANCOMYCIN INJ 500MG(<i>vancomycin hcl</i>)	2	(B/D)
Glycylcyclines		
TYGACIL INJ 50MG(<i>tigecycline</i>)	2	(B/D)
Lincomycins		
CLEOCIN INJ 300MG(<i>clindamycin phosphate in d5w</i>)	2	(B/D)
CLEOCIN INJ 600MG(<i>clindamycin phosphate in d5w</i>)	2	(B/D)
CLEOCIN INJ 900MG(<i>clindamycin phosphate in d5w</i>)	2	(B/D)
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	1	

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Drug Name	Tier	Notes
LINCOCIN INJ 300MG/ML(<i>lincomycin hcl</i>)	2	(B/D)
Natural Penicillins		
<i>penicillin g potassium for inj 20000000 unit</i>	1	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
Other Macrolides		
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	1	(QL) 400 mls / 10 days
<i>clarithromycin for susp 250 mg/5ml</i>	1	
<i>clarithromycin tab 250 mg</i>	1	
<i>clarithromycin tab 500 mg</i>	1	
ZMAX SUS 2GM(<i>azithromycin</i>)	3	(QL)(STC) 60 mls / 25 days
Oxazolidinones		
ZYVOX SOL 2MG/ML(<i>linezolid</i>)	3	(B/D)
ZYVOX SUS 100MG/5M(<i>linezolid</i>)	3	(PA)
ZYVOX TAB 600MG(<i>linezolid</i>)	3	(PA)
Penicillinase-resistant Penicillins		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
NAFCILLIN INJ 10GM(<i>nafcillin sodium</i>)	2	(B/D)
NAFCILLIN INJ 1GM(<i>nafcillin sodium</i>)	2	(B/D)
Polymyxins		
<i>colistimethate sodium for inj 150 mg</i>	3	(B/D)
<i>polymyxin b sulfate for inj 500000 unit</i>	3	
Quinolones		
AVELOX ABC TAB 400MG(<i>moxifloxacin hcl</i>)	3	
AVELOX TAB 400MG(<i>moxifloxacin hcl</i>)	3	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	1	

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Drug Name	Tier	Notes
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>iprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
LEVAQUIN INJ 25MG/ML(<i>levofloxacin</i>)	3	
LEVAQUIN TAB 250MG(<i>levofloxacin</i>)	3	
LEVAQUIN TAB 500MG(<i>levofloxacin</i>)	3	
LEVAQUIN TAB 750MG(<i>levofloxacin</i>)	3	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
Rifamycins		
XIFAXAN TAB 550MG(<i>rifaximin</i>)	4‡	(STC)
Second Generation Cephalosporins		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 375 mg/5ml</i>	1	
CEFACLOR SUS 125/5ML(<i>cefaclor</i>)	1	
CEFACLOR SUS 250/5ML(<i>cefaclor</i>)	1	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
Sulfonamides		
SMZ-TMP INJ 400-80/5(<i>sulfamethoxazole-trimethoprim</i>)	1	
SULFADIAZINE TAB 500MG(<i>sulfadiazine</i>)	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1‡	
<i>sulfatrim sus 200-40/5</i>	1	
<i>sulfazine ec tab 500mg</i>	1‡	
Tetracyclines		
DOXYCYCL HYC CAP 75MG(<i>doxycycline hyclate</i>)	1	
DOXYCYCL HYC TAB 75MG(<i>doxycycline hyclate</i>)	1	
<i>doxycycline hyclate cap 100 mg</i>	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	
<i>doxycycline hyclate tab delayed release 100 mg</i>	1	

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Drug Name	Tier	Notes
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>doxycycline monohydrate tab 50 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	3	
<i>minocycline hcl cap 75 mg</i>	3	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	
Third Generation Cephalosporins		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 10 gm</i>	1	
<i>cefotaxime sodium for inj 2 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	1	
<i>ceftriaxone sodium for inj 10 gm</i>	1	(B/D)
<i>ceftriaxone sodium for inj 250 mg</i>	1	(B/D)
<i>ceftriaxone sodium for inj 500 mg</i>	1	(B/D)
SUPRAX TAB 400MG(<i>cefixime</i>)	3	(QL) 2 tabs / 30 days
<u>Anticholinergic Agents</u>		
Antimuscarinics/Antispasmodics		
ATROVENT HFA AER 17MCG(<i>ipratropium bromide hfa</i>)	2‡	(QL) 2 inhalers / 30 days
<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl inj 10 mg/ml</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate inj 0.2 mg/ml</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>ipratropium bromide inhal soln 0.02%</i>	1‡	(B/D)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1‡	(QL) 30 mls / 30 days
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1‡	(QL) 15 mls / 30 days
<i>methscopolamine bromide tab 2.5 mg</i>	1	
<i>methscopolamine bromide tab 5 mg</i>	1	
SPIRIVA CAP HANDIHLR(<i>tiotropium bromide monohydrate</i>)	2‡	(QL) 30 caps / 30 days

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Drug Name	Tier	Notes
<u>Anticonvulsants</u>		
Anticonvulsant Barbiturates		
<i>primidone tab 250 mg</i>	1‡	
<i>primidone tab 50 mg</i>	1‡	
Anticonvulsants, Miscellaneous		
BANZEL SUS 40MG/ML(<i>rufinamide</i>)	3‡	(PA)(QL) 300 milliliters / 30 days
BANZEL TAB 200MG(<i>rufinamide</i>)	3‡	(PA)(QL) 60 tabs / 30 days
BANZEL TAB 400MG(<i>rufinamide</i>)	3‡	(PA)(QL) 240 tabs / 30 days
<i>carbamazepine cap sr 12hr 100 mg</i>	2‡	
<i>carbamazepine cap sr 12hr 200 mg</i>	2‡	
<i>carbamazepine cap sr 12hr 300 mg</i>	2‡	
<i>carbamazepine chew tab 100 mg</i>	1‡	
<i>carbamazepine susp 100 mg/5ml</i>	1‡	
<i>carbamazepine tab 200 mg</i>	1‡	
<i>carbamazepine tab sr 12hr 200 mg</i>	1‡	
<i>carbamazepine tab sr 12hr 400 mg</i>	1‡	
CARBATROL CAP 100MG(<i>carbamazepine</i>)	3‡	
CARBATROL CAP 200MG(<i>carbamazepine</i>)	3‡	
CARBATROL CAP 300MG(<i>carbamazepine</i>)	3‡	
<i>divalproex sodium cap sprinkle 125 mg</i>	1‡	
<i>divalproex sodium tab delayed release 125 mg</i>	1‡	
<i>divalproex sodium tab delayed release 250 mg</i>	1‡	
<i>divalproex sodium tab delayed release 500 mg</i>	1‡	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	1‡	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	1‡	
<i>epitol tab 200mg</i>	1‡	
FELBATOL SUS 600/5ML(<i>felbamate</i>)	3‡	
FELBATOL TAB 400MG(<i>felbamate</i>)	3‡	
FELBATOL TAB 600MG(<i>felbamate</i>)	3‡	
<i>gabapentin cap 100 mg</i>	1‡	(QL) 180 caps / 30 days
<i>gabapentin cap 300 mg</i>	1‡	(QL) 180 caps / 30 days
<i>gabapentin cap 400 mg</i>	1‡	(QL) 270 caps / 30 days
<i>gabapentin oral soln 250 mg/5ml</i>	1‡	
<i>gabapentin tab 600 mg</i>	1‡	(QL)

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Drug Name	Tier	Notes
<i>gabapentin tab 800 mg</i>	1‡	180 tabs / 30 days (QL) 180 tabs / 30 days
GABITRIL TAB 12MG(<i>tiagabine hcl</i>)	2‡	
GABITRIL TAB 16MG(<i>tiagabine hcl</i>)	2‡	
GABITRIL TAB 2MG(<i>tiagabine hcl</i>)	2‡	
GABITRIL TAB 4MG(<i>tiagabine hcl</i>)	2‡	
KEPPRA XR TAB 500MG(<i>levetiracetam</i>)	3‡	(STC)
KEPPRA XR TAB 750MG(<i>levetiracetam</i>)	3‡	(STC)
<i>lamotrigine tab 100 mg</i>	1‡	
<i>lamotrigine tab 150 mg</i>	1‡	
<i>lamotrigine tab 200 mg</i>	1‡	
<i>lamotrigine tab 25 mg</i>	1‡	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1‡	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1‡	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	1‡	
<i>levetiracetam tab 1000 mg</i>	1‡	
<i>levetiracetam tab 250 mg</i>	1‡	
<i>levetiracetam tab 500 mg</i>	1‡	
<i>levetiracetam tab 750 mg</i>	1‡	
LYRICA CAP 100MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 150MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 200MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 225MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 25MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 300MG(<i>pregabalin</i>)	3‡	(PA)(QL) 60 caps / 30 days
LYRICA CAP 50MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
LYRICA CAP 75MG(<i>pregabalin</i>)	3‡	(PA)(QL) 90 caps / 30 days
MAGNESIUM SU INJ 40MG/ML(<i>magnesium sulfate</i>)	1	
MAGNESIUM SU INJ 80MG/ML(<i>magnesium sulfate</i>)	1	
<i>magnesium sulfate inj 50%</i>	1	
NEURONTIN SOL 250/5ML(<i>gabapentin</i>)	2‡	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	1‡	
<i>oxcarbazepine tab 150 mg</i>	1‡	
<i>oxcarbazepine tab 300 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>oxcarbazepine tab 600 mg</i>	1‡	
SABRIL POW 500MG(<i>vigabatrin</i>)	3‡	(PA)
SABRIL TAB 500MG(<i>vigabatrin</i>)	3‡	(PA)
STAVZOR CAP 125MG(<i>valproic acid</i>)	3‡	(STC)
STAVZOR CAP 250MG(<i>valproic acid</i>)	3‡	(STC)
STAVZOR CAP 500MG(<i>valproic acid</i>)	3‡	(STC)
TEGRETOL XR TAB 100MG(<i>carbamazepine</i>)	3‡	(STC)
<i>topiramate sprinkle cap 15 mg</i>	1‡	
<i>topiramate sprinkle cap 25 mg</i>	1‡	
<i>topiramate tab 100 mg</i>	1‡	
<i>topiramate tab 200 mg</i>	1‡	
<i>topiramate tab 25 mg</i>	1‡	
<i>topiramate tab 50 mg</i>	1‡	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	1‡	
<i>valproic acid cap 250 mg</i>	1‡	
VIMPAT INJ 200MG/20(<i>lacosamide</i>)	3	(PA)
VIMPAT SOL 10MG/ML(<i>lacosamide</i>)	3‡	(PA)(QL) 1200 mls / 30 days
VIMPAT TAB 100MG(<i>lacosamide</i>)	3‡	(PA)(QL) 60 tabs / 30 days
VIMPAT TAB 150MG(<i>lacosamide</i>)	3‡	(PA)(QL) 60 tabs / 30 days
VIMPAT TAB 200MG(<i>lacosamide</i>)	3‡	(PA)(QL) 60 tabs / 30 days
VIMPAT TAB 50MG(<i>lacosamide</i>)	3‡	(PA)(QL) 60 tabs / 30 days
<i>zonisamide cap 100 mg</i>	1‡	
<i>zonisamide cap 25 mg</i>	1‡	
<i>zonisamide cap 50 mg</i>	1‡	
Hydantoins		
DILANTIN CAP 30MG(<i>phenytoin sodium extended</i>)	1‡	
DILANTIN CHW 50MG(<i>phenytoin</i>)	2‡	
PEGANONE TAB 250MG(<i>ethotoin</i>)	2‡	
<i>phenytoin sodium extended cap 100 mg</i>	1‡	
<i>phenytoin sodium extended cap 200 mg</i>	1‡	
<i>phenytoin sodium extended cap 300 mg</i>	1‡	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1‡	
Succinimides		
CELONTIN CAP 300MG(<i>methsuximide</i>)	2‡	
<i>ethosuximide cap 250 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>ethosuximide soln 250 mg/5ml</i>	1 ‡	
<u>Antidiabetic Agents</u>		
Alpha-Glucosidase Inhibitors		
<i>acarbose tab 100 mg</i>	1 ‡	
<i>acarbose tab 25 mg</i>	1 ‡	
<i>acarbose tab 50 mg</i>	1 ‡	
GLYSET TAB 100MG(<i>miglitol</i>)	3 ‡	
GLYSET TAB 25MG(<i>miglitol</i>)	3 ‡	
GLYSET TAB 50MG(<i>miglitol</i>)	3 ‡	
Amylinomimetics		
SYMLIN INJ 600MCG(<i>pramlintide acetate</i>)	3 ‡	(PA)
SYMLINPEN 60 INJ 1000MCG(<i>pramlintide acetate</i>)	3 ‡	(PA)
SYMLINPEN 120 INJ 1000MCG(<i>pramlintide acetate</i>)	3 ‡	(PA)
Antidiabetic Agents, Miscellaneous		
KOMBIGLYZE TAB 2.5-1000(<i>saxagliptin-metformin hcl</i>)	3 ‡	
KOMBIGLYZE TAB 5-1000MG(<i>saxagliptin-metformin hcl</i>)	3 ‡	
KOMBIGLYZE TAB 5-500MG(<i>saxagliptin-metformin hcl</i>)	3 ‡	
Biguanides		
<i>metformin hcl tab 1000 mg</i>	1 ‡	
<i>metformin hcl tab 500 mg</i>	1 ‡	
<i>metformin hcl tab 850 mg</i>	1 ‡	
<i>metformin hcl tab sr 24hr 500 mg</i>	1 ‡	
<i>metformin hcl tab sr 24hr 750 mg</i>	1 ‡	
Dipeptidyl Peptidase IV (DPP-4) Inhibitors		
JANUMET TAB 50-1000(<i>sitagliptin-metformin hcl</i>)	3 ‡	(STC)
JANUMET TAB 50-500MG(<i>sitagliptin-metformin hcl</i>)	3 ‡	(STC)
JANUVIA TAB 100MG(<i>sitagliptin phosphate</i>)	3 ‡	(STC)
JANUVIA TAB 25MG(<i>sitagliptin phosphate</i>)	3 ‡	(STC)
JANUVIA TAB 50MG(<i>sitagliptin phosphate</i>)	3 ‡	(STC)
ONGLYZA TAB 2.5MG(<i>saxagliptin hcl</i>)	3 ‡	(STC)
ONGLYZA TAB 5MG(<i>saxagliptin hcl</i>)	3 ‡	(STC)
Incretin Mimetics		
BYETTA INJ 10MCG(<i>exenatide</i>)	3 ‡	(PA)(QL) 1 pen / 30 days
BYETTA INJ 5MCG(<i>exenatide</i>)	3 ‡	(PA)(QL) 2 pens / 30 days
VICTOZA INJ 18MG/3ML(<i>liraglutide</i>)	3 ‡	(PA)

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Drug Name	Tier	Notes
Insulins		
APIDRA INJ SOLOSTAR(<i>insulin glulisine</i>)	3‡	(QL) 10 pens / 30 days
APIDRA INJ U-100(<i>insulin glulisine</i>)	3‡	(QL) 3 vials / 30 days
HUMALOG INJ 100/ML(<i>insulin lispro (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMALOG KWIK INJ 100/ML(<i>insulin lispro (human)</i>)	2‡	(QL) 10 pens / 30 days
HUMALOG MIX INJ 50/50(<i>insulin lispro protamine & lispro (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMALOG MIX INJ 50/50KWP(<i>insulin lispro protamine & lispro (human)</i>)	2‡	(QL) 10 pens / 30 days
HUMALOG MIX INJ 75/25KWP(<i>insulin lispro protamine & lispro (human)</i>)	2‡	(QL) 10 pens / 30 days
HUMALOG MIX SUS 75/25(<i>insulin lispro protamine & lispro (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMULIN INJ 70/30(<i>insulin isophane & reg (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMULIN N INJ U-100(<i>insulin isophane (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMULIN N PN INJ U-100(<i>insulin isophane (human)</i>)	2‡	(QL) 10 pens / 30 days
HUMULIN PEN INJ 70/30(<i>insulin isophane & reg (human)</i>)	2‡	(QL) 10 pens / 30 days
HUMULIN R INJ U-100(<i>insulin regular (human)</i>)	2‡	(QL) 3 vials / 30 days
HUMULIN R INJ U-500(<i>insulin regular (human)</i>)	2‡	(QL) 30 mls / 30 days
LANTUS INJ 100/ML(<i>insulin glargine</i>)	3‡	(QL) 3 vials / 30 days
LANTUS INJ SOLOSTAR(<i>insulin glargine</i>)	3‡	(QL) 10 pens / 30 days
LEVEMIR INJ(<i>insulin detemir</i>)	3‡	(QL) 3 vials / 30 days
LEVEMIR INJ FLEXPEN(<i>insulin detemir</i>)	3‡	(QL) 10 pens / 30 days
NOVOLIN INJ 70/30(<i>insulin isophane & reg (human)</i>)	2‡	(QL) 3 vials / 30 days
NOVOLIN N INJ U-100(<i>insulin isophane (human)</i>)	2‡	(QL) 3 vials / 30 days
NOVOLIN R INJ U-100(<i>insulin regular (human)</i>)	2‡	(QL) 3 vials / 30 days

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Drug Name	Tier	Notes
NOVOLOG INJ 100/ML(<i>insulin aspart</i>)	2‡	(QL) 3 vials / 30 days
NOVOLOG INJ FLEXPEN(<i>insulin aspart</i>)	2‡	(QL) 10 pens / 30 days
NOVOLOG MIX INJ 70/30(<i>insulin aspart protamine & aspart (human)</i>)	2‡	(QL) 3 vials / 30 days
NOVOLOG MIX INJ FLEXPEN(<i>insulin aspart protamine & aspart (human)</i>)	2‡	(QL) 10 pens / 30 days
Meglitinides		
<i>nateglinide tab 120 mg</i>	1‡	
<i>nateglinide tab 60 mg</i>	1‡	
PRANDIN TAB 0.5MG(<i>repaglinide</i>)	2‡	
PRANDIN TAB 1MG(<i>repaglinide</i>)	2‡	
PRANDIN TAB 2MG(<i>repaglinide</i>)	2‡	
Sulfonylureas		
<i>chlorpropamide tab 100 mg</i>	1‡	
<i>chlorpropamide tab 250 mg</i>	1‡	
<i>glimepiride tab 1 mg</i>	1‡	
<i>glimepiride tab 2 mg</i>	1‡	
<i>glimepiride tab 4 mg</i>	1‡	
<i>glipizide er tab 10mg</i>	1‡	
<i>glipizide er tab 5mg</i>	1‡	
<i>glipizide tab 10 mg</i>	1‡	
<i>glipizide tab 5 mg</i>	1‡	
<i>glipizide tab sr 24hr 2.5 mg</i>	1‡	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1‡	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1‡	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1‡	
<i>glyburide micronized tab 1.5 mg</i>	1‡	
<i>glyburide micronized tab 3 mg</i>	1‡	
<i>glyburide micronized tab 6 mg</i>	1‡	
GLYBURIDE TAB 1.25MG(<i>glyburide</i>)	1‡	
<i>glyburide tab 2.5 mg</i>	1‡	
GLYBURIDE TAB 5MG(<i>glyburide</i>)	1‡	
<i>glyburide-metformin tab 1.25-250 mg</i>	1‡	
<i>glyburide-metformin tab 2.5-500 mg</i>	1‡	
<i>glyburide-metformin tab 5-500 mg</i>	1‡	
<i>glycron tab 1.5mg</i>	1‡	
<i>glycron tab 3mg</i>	1‡	
<i>glycron tab 6mg</i>	1‡	
TOLAZAMIDE TAB 250MG(<i>tolazamide</i>)	1‡	
TOLAZAMIDE TAB 500MG(<i>tolazamide</i>)	1‡	

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Drug Name	Tier	Notes
TOLBUTAMIDE TAB 500MG(<i>tolbutamide</i>)	1‡	
Thiazolidinediones		
ACTOPLUS MET TAB 15/500MG(<i>pioglitazone hcl-metformin hcl</i>)	3‡	(QL)(STC) 90 tabs / 30 days
ACTOPLUS MET TAB 15/850MG(<i>pioglitazone hcl-metformin hcl</i>)	3‡	(QL)(STC) 90 tabs / 30 days
ACTOPLUS MET TAB XR(<i>pioglitazone hcl-metformin hcl</i>)	3‡	(QL)(STC) 60 ea / 30 days
ACTOPLUS MET TAB XR(<i>pioglitazone hcl-metformin hcl</i>)	3‡	(QL)(STC) 30 ea / 30 days
ACTOS TAB 15MG(<i>pioglitazone hcl</i>)	3‡	(STC)
ACTOS TAB 30MG(<i>pioglitazone hcl</i>)	3‡	(STC)
ACTOS TAB 45MG(<i>pioglitazone hcl</i>)	3‡	(STC)
AVANDAMET TAB 2-1000MG(<i>rosiglitazone maleate-metformin hcl</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVANDAMET TAB 2-500MG(<i>rosiglitazone maleate-metformin hcl</i>)	3‡	(QL)(STC) 120 tabs / 30 days
AVANDAMET TAB 4-1000MG(<i>rosiglitazone maleate-metformin hcl</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVANDAMET TAB 4-500MG(<i>rosiglitazone maleate-metformin hcl</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVANDARYL TAB 4-1MG(<i>rosiglitazone maleate-glimepiride</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVANDARYL TAB 4-2MG(<i>rosiglitazone maleate-glimepiride</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVANDARYL TAB 4-4MG(<i>rosiglitazone maleate-glimepiride</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVANDARYL TAB 8-2MG(<i>rosiglitazone maleate-glimepiride</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVANDARYL TAB 8-4MG(<i>rosiglitazone maleate-glimepiride</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVANDIA TAB 2MG(<i>rosiglitazone maleate</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVANDIA TAB 4MG(<i>rosiglitazone maleate</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVANDIA TAB 8MG(<i>rosiglitazone maleate</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DUETACT TAB 30-2MG(<i>pioglitazone hcl-glimepiride</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DUETACT TAB 30-4MG(<i>pioglitazone hcl-glimepiride</i>)	3‡	(QL)(STC) 30 tabs / 30 days

Antidiarrhea Agents

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Drug Name	Tier	Notes
Antidiarrhea Agents		
DIPHEN/ATROP LIQ 2.5/5(<i>diphenoxylate w/ atropine</i>)	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide hcl cap 2 mg</i>	1	
<u>Antiemetics</u>		
5-HT3 Receptor Antagonists		
ANZEMET INJ 20MG/ML(<i>dolasetron mesylate</i>)	2	(B/D)
ANZEMET TAB 100MG(<i>dolasetron mesylate</i>)	2	(QL) 3 tabs / 30 days
ANZEMET TAB 50MG(<i>dolasetron mesylate</i>)	2	(QL) 3 tabs / 30 days
<i>granisetron hcl inj 0.1 mg/ml</i>	2	(B/D)(QL) 1400 mls / 28 days
<i>granisetron hcl inj 1 mg/ml</i>	2	(B/D)(QL) 140 mls / 28 days
<i>granisetron hcl tab 1 mg</i>	1	(B/D)(QL) 30 tabs / 30 days
GRANISOL SOL 2MG/10ML(<i>granisetron hcl</i>)	2	(B/D)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	1	(B/D)(QL) 160 mls / 30 days
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	(B/D)(QL) 450 mls / 30 days
<i>ondansetron hcl tab 24 mg</i>	1	(B/D)(QL) 5 tabs / 30 days
<i>ondansetron hcl tab 4 mg</i>	1	(B/D)(QL) 45 tabs / 30 days
<i>ondansetron hcl tab 8 mg</i>	1	(B/D)(QL) 45 tabs / 30 days
<i>ondansetron orally disintegrating tab 4 mg</i>	3	(B/D)(QL) 45 ea / 30 days
<i>ondansetron orally disintegrating tab 8 mg</i>	3	(B/D)(QL) 45 ea / 30 days
Antiemetics, Miscellaneous		
<i>dronabinol cap 10 mg</i>	1	(B/D)(QL) 60 caps / 30 days
<i>dronabinol cap 2.5 mg</i>	1	(B/D)(QL) 90 caps / 30 days
<i>dronabinol cap 5 mg</i>	1	(B/D)(QL) 90 caps / 30 days
EMEND CAP 125MG(<i>aprepitant</i>)	2	(PA)(QL)

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Drug Name	Tier	Notes
EMEND CAP 40MG(<i>aprepitant</i>)	2	5 caps / 30 days (PA)(QL)
EMEND CAP 80MG(<i>aprepitant</i>)	2	5 caps / 30 days (PA)(QL)
EMEND PAK 80 & 125(<i>aprepitant</i>)	2	5 caps / 30 days (PA)(QL) 6 caps / 30 days
Antihistamines		
<i>meclizine hcl tab 12.5 mg</i>	1	
<i>meclizine hcl tab 25 mg</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	(B/D)
<u>Antifungals</u>		
Allylamines		
<i>terbinafine hcl tab 250 mg</i>	1	
Azoles		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	(QL) 1 tabs / 30 days
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
SPORANOX SOL 10MG/ML(<i>itraconazole</i>)	3	
VFEND IV INJ 200MG(<i>voriconazole</i>)	4	(PA)
VFEND SUS 40MG/ML(<i>voriconazole</i>)	4	(PA)
VFEND TAB 200MG(<i>voriconazole</i>)	4	(PA)
VFEND TAB 50MG(<i>voriconazole</i>)	4	(PA)
<i>voriconazole tab 200 mg</i>	3	(PA)
<i>voriconazole tab 50 mg</i>	3	(PA)
Echinocandins		
CANCIDAS INJ 50MG(<i>caspofungin acetate</i>)	3	
CANCIDAS INJ 70MG(<i>caspofungin acetate</i>)	3	
ERAXIS INJ 100MG(<i>anidulafungin</i>)	3	(PA)
Polyenes		
<i>*nystatin topical powder**</i>	1	
ABELCET INJ 5MG/ML(<i>amphotericin b lipid</i>)	2	(B/D)

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Drug Name	Tier	Notes
AMBISOME INJ 50MG(<i>amphotericin b liposome</i>)	2	(B/D)
<i>amphotericin b for inj 50 mg</i>	2	(B/D)
<i>nyamyc pow 100000</i>	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystop pow 100000</i>	1	
<i>pedi-dri pow 100000</i>	1	
Pyrimidines		
ANCOBON CAP 250MG(<i>flucytosine</i>)	2	
ANCOBON CAP 500MG(<i>flucytosine</i>)	2	
<u>Antiglaucoma Agents</u>		
ALPHA ADRENERGIC AGONISTS		
<i>brimonidine tartrate ophth soln 0.2%</i>	1‡	
BETA ADRENERGIC BLOCKING AGENTS		
BETOPTIC-S SUS 0.25% OP(<i>betaxolol hcl (ophth)</i>)	3‡	
<i>levobunolol hcl ophth soln 0.5%</i>	1‡	
LEVOBUNOLOL SOL 0.25% OP(<i>levobunolol hcl</i>)	1‡	
<i>timolol maleate ophth soln 0.25%</i>	1‡	
<i>timolol maleate ophth soln 0.5%</i>	1‡	
CARBONIC ANYDRASE INHIBITORS		
<i>acetazolamide cap sr 12hr 500 mg</i>	1‡	
<i>acetazolamide tab 125 mg</i>	1‡	
<i>acetazolamide tab 250 mg</i>	1‡	
AZOPT SUS 1% OP(<i>brinzolamide</i>)	3‡	(STC)
<i>dorzolamide hcl ophth soln 2%</i>	1‡	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1‡	
<i>methazolamide tab 25 mg</i>	1‡	
<i>methazolamide tab 50 mg</i>	1‡	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP(<i>echothiophate iodide</i>)	2‡	
PILOPINE HS GEL 4% OP(<i>pilocarpine hcl</i>)	2‡	
PROSTAGLANDIN ANALOGS		
<i>latanoprost ophth soln 0.005%</i>	1‡	
LUMIGAN SOL 0.01%(<i>bimatoprost</i>)	2‡	
LUMIGAN SOL 0.03%(<i>bimatoprost</i>)	2‡	

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Drug Name	Tier	Notes
TRAVATAN Z DRO 0.004%(<i>travoprost</i>)	2‡	
XALATAN SOL 0.005%(<i>latanoprost</i>)	3‡	(STC)
<u>Antihemorrhagic Agents</u>		
Hemostatics		
CYKLOKAPRON INJ 100MG/ML(<i>tranexamic acid</i>)	2	(B/D)
<u>Antihypoglycemic Agents</u>		
Glycogenolytic Agents		
GLUCAGEN INJ HYPOKIT(<i>glucagon hcl (rdna)</i>)	2	
GLUCAGON KIT 1MG(<i>glucagon (rdna)</i>)	2	
<u>Antilipemic Agents</u>		
Antilipemic Agents, Miscellaneous		
LOVAZA CAP 1GM(<i>omega-3-acid ethyl esters</i>)	3‡	(QL)(STC) 120 caps / 30 days
NIASPAN TAB 1000 ER(<i>niacin (antihyperlipidemic)</i>)	2‡	
NIASPAN TAB 500MG ER(<i>niacin (antihyperlipidemic)</i>)	2‡	
NIASPAN TAB 750MG ER(<i>niacin (antihyperlipidemic)</i>)	2‡	
Bile Acid Sequestrants		
<i>cholestyramine light powder packets 4 gm</i>	1‡	
<i>colestipol hcl granules 5 gm</i>	1‡	
<i>colestipol hcl tab 1 gm</i>	1‡	
<i>prevalite pow 4gm</i>	1‡	
Cholesterol Absorption Inhibitors		
ZETIA TAB 10MG(<i>ezetimibe</i>)	2‡	
Fibric Acid Derivatives		
<i>fenofibrate micronized cap 134 mg</i>	1‡	
<i>fenofibrate micronized cap 200 mg</i>	1‡	
<i>fenofibrate micronized cap 67 mg</i>	1‡	
<i>fenofibrate tab 160 mg</i>	1‡	
<i>fenofibrate tab 54 mg</i>	1‡	
<i>gemfibrozil tab 600 mg</i>	1‡	
TRICOR TAB 145MG(<i>fenofibrate</i>)	2‡	(STC)
TRICOR TAB 48MG(<i>fenofibrate</i>)	2‡	(STC)
HMG-CoA Reductase Inhibitors		
CRESTOR TAB 10MG(<i>rosuvastatin calcium</i>)	3‡	(QL)(STC)

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Drug Name	Tier	Notes
CRESTOR TAB 20MG(<i>rosuvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
CRESTOR TAB 40MG(<i>rosuvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
CRESTOR TAB 5MG(<i>rosuvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
LESCOL CAP 20MG(<i>fluvastatin sodium</i>)	3‡	30 tabs / 30 days (QL)(STC)
LESCOL CAP 40MG(<i>fluvastatin sodium</i>)	3‡	60 caps / 30 days (QL)(STC)
LESCOL XL TAB 80MG(<i>fluvastatin sodium</i>)	3‡	60 caps / 30 days (QL)(STC)
LIPITOR TAB 10MG(<i>atorvastatin calcium</i>)	3‡	30 ea / 30 days (QL)(STC)
LIPITOR TAB 20MG(<i>atorvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
LIPITOR TAB 40MG(<i>atorvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
LIPITOR TAB 80MG(<i>atorvastatin calcium</i>)	3‡	30 tabs / 30 days (QL)(STC)
<i>lovastatin tab 10 mg</i>	1‡	
<i>lovastatin tab 20 mg</i>	1‡	
<i>lovastatin tab 40 mg</i>	1‡	
<i>pravastatin sodium tab 10 mg</i>	1‡	
<i>pravastatin sodium tab 20 mg</i>	1‡	
<i>pravastatin sodium tab 40 mg</i>	1‡	
<i>pravastatin sodium tab 80 mg</i>	1‡	
<i>simvastatin tab 10 mg</i>	1‡	
<i>simvastatin tab 20 mg</i>	1‡	
<i>simvastatin tab 40 mg</i>	1‡	
<i>simvastatin tab 5 mg</i>	1‡	
<i>simvastatin tab 80 mg</i>	1‡	
VYTORIN TAB 10-10MG(<i>ezetimibe-simvastatin</i>)	2‡	(QL) 30 tabs / 30 days
VYTORIN TAB 10-20MG(<i>ezetimibe-simvastatin</i>)	2‡	(QL) 30 tabs / 30 days
VYTORIN TAB 10-40MG(<i>ezetimibe-simvastatin</i>)	2‡	(QL) 30 tabs / 30 days
VYTORIN TAB 10-80MG(<i>ezetimibe-simvastatin</i>)	2‡	(QL) 30 tabs / 30 days

Antimanic Agents

Antimanic Agents

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Drug Name	Tier	Notes
LITHIUM CARB CAP 600MG(<i>lithium carbonate</i>)	1‡	
LITHIUM CARB TAB 300MG(<i>lithium carbonate</i>)	1‡	
<i>lithium carbonate cap 150 mg</i>	1‡	
<i>lithium carbonate cap 300 mg</i>	1‡	
<i>lithium carbonate tab cr 300 mg</i>	1‡	
<i>lithium carbonate tab cr 450 mg</i>	1‡	
LITHIUM CITR SYP 8MEQ/5ML(<i>lithium citrate</i>)	1‡	
<u>Antimigraine Agents</u>		
Selective Serotonin Agonists		
IMITREX SPR 20MG/ACT(<i>sumatriptan</i>)	3	(QL) 12 inhalers / 30 days
IMITREX SPR 5MG/ACT(<i>sumatriptan</i>)	3	(QL) 12 inhalers / 30 days
MAXALT TAB 10MG(<i>rizatriptan benzoate</i>)	3	(QL)(STC) 12 tabs / 30 days
MAXALT TAB 5MG(<i>rizatriptan benzoate</i>)	3	(QL)(STC) 12 tabs / 30 days
MAXALT-MLT TAB 10MG(<i>rizatriptan benzoate</i>)	3	(QL)(STC) 12 ea / 30 days
MAXALT-MLT TAB 5MG(<i>rizatriptan benzoate</i>)	3	(QL)(STC) 12 ea / 30 days
RELPAK TAB 20MG(<i>eletriptan hydrobromide</i>)	3	(QL)(STC) 6 tabs / 30 days
RELPAK TAB 40MG(<i>eletriptan hydrobromide</i>)	3	(QL)(STC) 6 tabs / 30 days
<i>sumatriptan succinate inj 4 mg/0.5ml</i>	1	(QL) 12 vials / 30 days
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	(QL) 20 syringes / 30 days
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	(QL) 8 vials / 30 days
<i>sumatriptan succinate tab 100 mg</i>	1	(QL) 9 tabs / 30 days
<i>sumatriptan succinate tab 25 mg</i>	1	(QL) 9 tabs / 30 days
<i>sumatriptan succinate tab 50 mg</i>	1	(QL) 9 tabs / 30 days
ZOMIG SPR 5MG(<i>zolmitriptan</i>)	3	(QL)(STC) 1 bottle / 30 days
ZOMIG TAB 2.5MG(<i>zolmitriptan</i>)	3	(QL)(STC) 6 tabs / 30 days

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Drug Name	Tier	Notes
ZOMIG TAB 5MG(<i>zolmitriptan</i>)	3	(QL)(STC) 6 tabs / 30 days
ZOMIG ZMT TAB 2.5 MG(<i>zolmitriptan</i>)	3	(QL)(STC) 6 ea / 30 days
ZOMIG ZMT TAB 5MG(<i>zolmitriptan</i>)	3	(QL)(STC) 6 ea / 30 days

Antimycobacterials

Antimycobacterials, Miscellaneous

DAPSONE TAB 100MG(<i>dapsone</i>)	1‡	
DAPSONE TAB 25MG(<i>dapsone</i>)	1‡	

Antituberculosis Agents

CAPASTAT SUL INJ 1GM(<i>capreomycin sulfate</i>)	4	(PA)
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid tab 100 mg</i>	1‡	
<i>isoniazid tab 300 mg</i>	1‡	
MYCOBUTIN CAP 150MG(<i>rifabutin</i>)	2	
PASER GRA 4GM(<i>aminosalicylic acid</i>)	3	
PRIFTIN TAB 150MG(<i>rifapentine</i>)	3	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	1	
SEROMYCIN CAP 250MG(<i>cycloserine</i>)	3	
TRECTOR TAB 250MG(<i>ethionamide</i>)	3	

Antineoplastic Agents

Antineoplastic Agents

AFINITOR TAB 10MG(<i>everolimus</i>)	3	(PA)
AFINITOR TAB 2.5MG(<i>everolimus</i>)	3	(PA)
AFINITOR TAB 5MG(<i>everolimus</i>)	3	(PA)
ALIMTA INJ 500MG(<i>pemetrexed disodium</i>)	4	(B/D)
<i>anastrozole tab 1 mg</i>	2‡	
AROMASIN TAB 25MG(<i>exemestane</i>)	2‡	
AVASTIN INJ(<i>bevacizumab</i>)	4	(B/D)
<i>bicalutamide tab 50 mg</i>	1	
<i>bleomycin sulfate for inj 30 unit</i>	1	(B/D)
CAMPATH INJ 30MG/ML(<i>alemtuzumab</i>)	2	(B/D)
<i>carboplatin iv soln 150 mg/15ml</i>	2	(B/D)
CEENU CAP 100MG(<i>lomustine</i>)	2	

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Drug Name	Tier	Notes
CEENU CAP 10MG(<i>lomustine</i>)	2	
CEENU CAP 40MG(<i>lomustine</i>)	2	
CYCLOPHOSPH TAB 25MG(<i>cyclophosphamide</i>)	1	(B/D)
CYCLOPHOSPH TAB 50MG(<i>cyclophosphamide</i>)	1	(B/D)
<i>cytarabine for inj 500 mg</i>	2	(B/D)
CYTARABINE INJ 100MG/ML(<i>cytarabine</i>)	2	(B/D)
CYTARABINE INJ 20MG/ML(<i>cytarabine</i>)	2	(B/D)
DOXIL INJ 2MG/ML(<i>doxorubicin hcl liposomal</i>)	2	(B/D)
<i>doxorubicin hcl inj 2 mg/ml</i>	2	(B/D)
ELOXATIN INJ 100MG(<i>oxaliplatin</i>)	4	(B/D)
EMCYT CAP 140MG(<i>estramustine phosphate sodium</i>)	2	
<i>epirubicin hcl inj 50 mg/25ml (2 mg/ml)</i>	1	(B/D)
<i>exemestane tab 25 mg</i>	2‡	
FARESTON TAB 60MG(<i>toremifene citrate</i>)	3‡	
FASLODEX INJ 250MG(<i>fulvestrant</i>)	4	(B/D)
FEMARA TAB 2.5MG(<i>letrozole</i>)	2‡	
<i>fludarabine phosphate for inj 50 mg</i>	2	(B/D)
<i>flutamide cap 125 mg</i>	2	
GEMZAR INJ 1GM(<i>gemcitabine hcl</i>)	4	(B/D)
GLEEVEC TAB 100MG(<i>imatinib mesylate</i>)	4	
GLEEVEC TAB 400MG(<i>imatinib mesylate</i>)	4	
HEXALEN CAP 50MG(<i>altretamine</i>)	4	
<i>hydroxyurea cap 500 mg</i>	1	
INTRON-A INJ 10MU(<i>interferon alfa-2b</i>)	3‡	(B/D)
INTRON-A INJ 10MU PEN(<i>interferon alfa-2b</i>)	4‡	(B/D)
INTRON-A INJ 18MU(<i>interferon alfa-2b</i>)	4‡	(B/D)
INTRON-A INJ 3MU PEN(<i>interferon alfa-2b</i>)	3‡	(B/D)
INTRON-A INJ 5MU PEN(<i>interferon alfa-2b</i>)	4‡	(B/D)
IRESSA TAB 250MG(<i>gefitinib</i>)	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	(B/D)
ISTODAX INJ 10MG(<i>romidepsin</i>)	4	(PA)
<i>letrozole tab 2.5 mg</i>	2‡	
LEUKERAN TAB 2MG(<i>chlorambucil</i>)	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	(PA)
LUPRON DEPOT INJ 11.25MG(<i>leuprolide acetate (3 month)</i>)	4	(PA)
LUPRON DEPOT INJ 22.5MG(<i>leuprolide acetate (3 month)</i>)	4	(PA)
LUPRON DEPOT INJ 3.75MG(<i>leuprolide acetate</i>)	3	(PA)
LUPRON DEPOT INJ 30MG(<i>leuprolide acetate (4 month)</i>)	4	(PA)
LUPRON DEPOT INJ 7.5MG(<i>leuprolide acetate</i>)	4	(PA)
YSODREN TAB 500MG(<i>mitotane</i>)	2	
MATULANE CAP 50MG(<i>procarbazine hcl</i>)	2	
<i>megestrol acetate susp 40 mg/ml</i>	1	
<i>megestrol acetate tab 20 mg</i>	1	
<i>megestrol acetate tab 40 mg</i>	1	

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Drug Name	Tier	Notes
<i>mercaptopurine tab 50 mg</i>	1	
<i>methotrexate sodium for inj 1 gm</i>	1	(B/D)
<i>methotrexate sodium inj 25 mg/ml</i>	1	(B/D)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	(B/D)
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	(B/D)
NEXAVAR TAB 200MG(<i>sorafenib tosylate</i>)	4†	(PA)
NILANDRON TAB 150MG(<i>nilutamide</i>)	2	
ONTAK INJ 150/ML(<i>denileukin diftitox</i>)	4	(B/D)
PROLEUKIN INJ 22MU(<i>aldesleukin</i>)	4	(B/D)
RITUXAN INJ 500MG(<i>rituximab</i>)	4	(B/D)
SPRYCEL TAB 100MG(<i>dasatinib</i>)	2	(PA)
SPRYCEL TAB 140MG(<i>dasatinib</i>)	2	(PA)
SPRYCEL TAB 20MG(<i>dasatinib</i>)	2	(PA)
SPRYCEL TAB 50MG(<i>dasatinib</i>)	2	(PA)
SPRYCEL TAB 70MG(<i>dasatinib</i>)	2	(PA)
SPRYCEL TAB 80MG(<i>dasatinib</i>)	2	(PA)
SUTENT CAP 12.5MG(<i>sunitinib malate</i>)	4	(PA)
SUTENT CAP 25MG(<i>sunitinib malate</i>)	4	(PA)
SUTENT CAP 50MG(<i>sunitinib malate</i>)	4	(PA)
SYLATRON KIT 296MCG(<i>peginterferon alfa-2b (antineoplastic)</i>)	4‡	(PA)
SYLATRON KIT 444MCG(<i>peginterferon alfa-2b (antineoplastic)</i>)	4‡	(PA)
SYLATRON KIT 888MCG(<i>peginterferon alfa-2b (antineoplastic)</i>)	4‡	(PA)
TABLOID TAB 40MG(<i>thioguanine</i>)	2	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1‡	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1‡	
TARCEVA TAB 100MG(<i>erlotinib</i>)	4	(PA)
TARCEVA TAB 150MG(<i>erlotinib</i>)	4	(PA)
TARCEVA TAB 25MG(<i>erlotinib</i>)	4	(PA)
TARGRETIN CAP 75MG(<i>bexarotene</i>)	4	
TASIGNA CAP 200MG(<i>nilotinib</i>)	4	(PA)(QL) 120 caps / 30 days
TRETINOIN CAP 10MG(<i>tretinoin (chemotherapy)</i>)	4	
TREXALL TAB 10MG(<i>methotrexate sodium</i>)	2	(B/D)
TREXALL TAB 15MG(<i>methotrexate sodium</i>)	2	(B/D)
TREXALL TAB 5MG(<i>methotrexate sodium</i>)	2	(B/D)
TREXALL TAB 7.5MG(<i>methotrexate sodium</i>)	2	(B/D)
TRISENOX SOL 10MG/10M(<i>arsenic trioxide</i>)	3	(B/D)
TYKERB TAB 250MG(<i>lapatinib ditosylate</i>)	4	(QL) 150 tabs / 30 days
VANDETANIB TAB 100MG(<i>vandetanib</i>)	4	(PA)
VANDETANIB TAB 300MG(<i>vandetanib</i>)	4	(PA)
VELCADE INJ 3.5MG(<i>bortezomib</i>)	4	(B/D)
VIDAZA INJ 100MG(<i>azacitidine</i>)	2	(B/D)
VINBLASTINE INJ 10MG(<i>vinblastine sulfate</i>)	2	(B/D)

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Drug Name	Tier	Notes
VOTRIENT TAB 200MG(<i>pazopanib hcl</i>)	4	(PA)
ZOLINZA CAP 100MG(<i>vorinostat</i>)	4	(QL) 120 caps / 30 days
ZYTIGA TAB 250MG(<i>abiraterone acetate</i>)	4	(PA)(QL) 120 tabs / 30 days

Antiprotozoals

Amebicides

paromomycin sulfate cap 250 mg 1

Antimalarials

chloroquine phosphate tab 250 mg 1‡

chloroquine phosphate tab 500 mg 1‡

DARAPRIM TAB 25MG(*pyrimethamine*) 2

hydroxychloroquine sulfate tab 200 mg 1‡

mefloquine hcl tab 250 mg 1‡

PRIMAQUINE TAB 26.3MG(*primaquine phosphate*) 2

Antiprotozoals, Miscellaneous

MEPRON SUS(*atovaquone*) 2

metronidazole cap 375 mg 1

metronidazole tab 250 mg 1

metronidazole tab 500 mg 1

Antipruritics and Local Anesthetics

Antipruritics and Local Anesthetics

anestacon gel 2% jelly 1

lidocaine hcl gel 2% 1

lidocaine oint 5% 1

lidocaine-prilocaine cream 2.5-2.5% 1 (B/D)

LIDODERM DIS 5%(*lidocaine*) 3

Antithrombotic Agents

Coumarin Derivatives

COUMADIN TAB 10MG(*warfarin sodium*) 3‡

COUMADIN TAB 1MG(*warfarin sodium*) 3‡

COUMADIN TAB 2.5MG(*warfarin sodium*) 3‡

COUMADIN TAB 2MG(*warfarin sodium*) 3‡

COUMADIN TAB 3MG(*warfarin sodium*) 3‡

COUMADIN TAB 4MG(*warfarin sodium*) 3‡

COUMADIN TAB 5MG(*warfarin sodium*) 3‡

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Drug Name	Tier	Notes
COUMADIN TAB 6MG(<i>warfarin sodium</i>)	3†	
COUMADIN TAB 7.5MG(<i>warfarin sodium</i>)	3†	
<i>jantoven tab 10mg</i>	1‡	
<i>jantoven tab 1mg</i>	1‡	
<i>jantoven tab 2.5mg</i>	1‡	
<i>jantoven tab 2mg</i>	1‡	
<i>jantoven tab 3mg</i>	1‡	
<i>jantoven tab 4mg</i>	1‡	
<i>jantoven tab 5mg</i>	1‡	
<i>jantoven tab 6mg</i>	1‡	
<i>jantoven tab 7.5mg</i>	1‡	
<i>warfarin sodium tab 1 mg</i>	1‡	
<i>warfarin sodium tab 10 mg</i>	1‡	
<i>warfarin sodium tab 2 mg</i>	1‡	
<i>warfarin sodium tab 2.5 mg</i>	1‡	
<i>warfarin sodium tab 3 mg</i>	1‡	
<i>warfarin sodium tab 4 mg</i>	1‡	
<i>warfarin sodium tab 5 mg</i>	1‡	
<i>warfarin sodium tab 6 mg</i>	1‡	
<i>warfarin sodium tab 7.5 mg</i>	1‡	
Direct Thrombin Inhibitors		
PRADAXA CAP 150MG(<i>dabigatran etexilate mesylate</i>)	3	(STC)
PRADAXA CAP 75MG(<i>dabigatran etexilate mesylate</i>)	3	(STC)
Heparins		
<i>enoxaparin sodium inj 100 mg/ml</i>	2	(QL) 16 syringes / 10 days
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	(QL) 20 syringes / 10 days
<i>enoxaparin sodium inj 150 mg/ml</i>	2	(QL) 16 syringes / 10 days
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	(QL) 20 syringes / 10 days
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	(QL) 20 syringes / 10 days
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	2	(QL) 20 syringes / 10 days
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	2	(QL) 20 syringes / 10 days
FRAGMIN INJ 10000/ML(<i>dalteparin sodium</i>)	4	(QL) 20 syringes / 10 days
FRAGMIN INJ 12500UNT(<i>dalteparin sodium</i>)	4	(QL) 8 syringes / 10 days

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Drug Name	Tier	Notes
FRAGMIN INJ 15000UNT(<i>dalteparin sodium</i>)	4	(QL) 8 syringes / 10 days
FRAGMIN INJ 18000UNT(<i>dalteparin sodium</i>)	4	(QL) 8 syringes / 10 days
FRAGMIN INJ 2500/0.2(<i>dalteparin sodium</i>)	3	(QL) 20 syringes / 10 days
FRAGMIN INJ 25000/ML(<i>dalteparin sodium</i>)	4	(QL) 1 vials / 10 days
FRAGMIN INJ 5000/0.2(<i>dalteparin sodium</i>)	3	(QL) 40 syringes / 10 days
FRAGMIN INJ 7500/0.3(<i>dalteparin sodium</i>)	4	(QL) 20 syringes / 10 days
HEP SOD/NACL INJ 25000UNT(<i>heparin (porcine) in sodium chloride</i>)	1	(B/D)
<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	1	(B/D)
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	1	(B/D)
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	(B/D)
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	(B/D)
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	(B/D)
INNOHEP INJ 20000/ML(<i>tinzaparin sodium</i>)	3	(QL) 10 vials / 10 days
LOVENOX INJ 300/3ML(<i>enoxaparin sodium</i>)	4	(QL) 20 vials / 10 days
Miscellaneous Anticoagulants		
ARIXTRA SOL 10/0.8(<i>fondaparinux sodium</i>)	4	(QL) 20 syringes / 10 days
ARIXTRA SOL 2.5/0.5(<i>fondaparinux sodium</i>)	3	(QL) 20 syringes / 10 days
ARIXTRA SOL 5.0/0.4(<i>fondaparinux sodium</i>)	4	(QL) 20 syringes / 10 days
ARIXTRA SOL 7.5/0.6(<i>fondaparinux sodium</i>)	4	(QL) 20 syringes / 10 days
<i>fondaparinux sodium inj 10 mg/0.8ml</i>	4	(QL) 20 syringes / 10 days
<i>fondaparinux sodium inj 2.5 mg/0.5ml</i>	3	(QL) 20 syringes / 10 days
<i>fondaparinux sodium inj 5 mg/0.4ml</i>	4	(QL) 20 syringes / 10 days
<i>fondaparinux sodium inj 7.5 mg/0.6ml</i>	4	(QL) 20 syringes / 10 days
Platelet-Aggregation Inhibitors		
AGGRENOX CAP 25-200MG(<i>aspirin-dipyridamole</i>)	3‡	(QL) 60 ea / 30 days

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Drug Name	Tier	Notes
<i>anagrelide hcl cap 0.5 mg</i>	1†	
<i>anagrelide hcl cap 1 mg</i>	1†	
<i>cilostazol tab 100 mg</i>	1†	
<i>cilostazol tab 50 mg</i>	1†	
PLAVIX TAB 300MG(<i>clopidogrel bisulfate</i>)	2	(QL) 1 tabs / 30 days
PLAVIX TAB 75MG(<i>clopidogrel bisulfate</i>)	2†	
<u>Antiulcer Agents and Acid Suppressants</u>		
Histamine H2-Antagonists		
<i>cimetidine hcl soln 300 mg/5ml</i>	1†	
<i>cimetidine tab 200 mg</i>	1	
<i>cimetidine tab 300 mg</i>	1†	
<i>cimetidine tab 400 mg</i>	1†	
<i>cimetidine tab 800 mg</i>	1†	
<i>famotidine inj 10 mg/ml</i>	1	
<i>famotidine tab 20 mg</i>	1†	
<i>famotidine tab 40 mg</i>	1†	
<i>ranitidine hcl cap 150 mg</i>	1†	
<i>ranitidine hcl cap 300 mg</i>	1†	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	1†	
<i>ranitidine hcl tab 150 mg</i>	1†	
<i>ranitidine hcl tab 300 mg</i>	1†	
Prostaglandins		
<i>misoprostol tab 100 mcg</i>	1†	
<i>misoprostol tab 200 mcg</i>	1†	
Protectants		
<i>sucralfate tab 1 gm</i>	1†	
Proton-pump Inhibitors		
ACIPHEX TAB 20MG(<i>rabeprazole sodium</i>)	3†	(QL)(STC) 30 ea / 30 days
<i>lansoprazole cap delayed release 15 mg</i>	1†	(QL) 30 ea / 30 days
<i>lansoprazole cap delayed release 30 mg</i>	1†	(QL) 30 ea / 30 days
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	2†	(QL) 30 ea / 30 days
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	2†	(QL) 30 ea / 30 days

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Drug Name	Tier	Notes
NEXIUM CAP 20MG(<i>esomeprazole magnesium</i>)	3‡	(QL)(STC) 30 ea / 30 days
NEXIUM CAP 40MG(<i>esomeprazole magnesium</i>)	3‡	(QL)(STC) 30 ea / 30 days
<i>omeprazole cap delayed release 10 mg</i>	1‡	(QL) 30 ea / 30 days
<i>omeprazole cap delayed release 20 mg</i>	1‡	(QL) 60 ea / 30 days
<i>omeprazole cap delayed release 40 mg</i>	1‡	(QL) 60 ea / 30 days
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1‡	(QL) 30 ea / 30 days
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1‡	(QL) 30 ea / 30 days
PREVPAC MIS(<i>amoxicillin-clarithromycin w/ lansoprazole</i>)	3	(QL) 1 box / year
PROTONIX INJ 40MG(<i>pantoprazole sodium</i>)	2	
<u>Antivirals</u>		
Adamantanes		
<i>rimantadine hydrochloride tab 100 mg</i>	1	
Antivirals, Miscellaneous		
FOSCARNET INJ 24MG/ML(<i>foscarnet sodium</i>)	2	(B/D)
HIV Fusion Inhibitors		
FUZEON KIT(<i>enfuvirtide</i>)	4‡	
SELZENTRY TAB 150MG(<i>maraviroc</i>)	4‡	
SELZENTRY TAB 300MG(<i>maraviroc</i>)	4‡	
HIV Protease Inhibitors		
APTIVUS CAP 250MG(<i>tipranavir</i>)	2‡	
APTIVUS SOL(<i>tipranavir</i>)	2‡	
CRIXIVAN CAP 100MG(<i>indinavir sulfate</i>)	2‡	
CRIXIVAN CAP 200MG(<i>indinavir sulfate</i>)	2‡	
CRIXIVAN CAP 333MG(<i>indinavir sulfate</i>)	2‡	
CRIXIVAN CAP 400MG(<i>indinavir sulfate</i>)	2‡	
INVIRASE CAP 200MG(<i>saquinavir mesylate</i>)	2‡	
INVIRASE TAB 500MG(<i>saquinavir mesylate</i>)	2‡	
KALETRA SOL(<i>lopinavir-ritonavir</i>)	2‡	
KALETRA TAB 100-25MG(<i>lopinavir-ritonavir</i>)	2‡	
KALETRA TAB 200-50MG(<i>lopinavir-ritonavir</i>)	2‡	
LEXIVA SUS 50MG/ML(<i>fosamprenavir calcium</i>)	2‡	

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Drug Name	Tier	Notes
LEXIVA TAB 700MG(<i>fosamprenavir calcium</i>)	2‡	
NORVIR CAP 100MG(<i>ritonavir</i>)	2‡	
NORVIR SOL 80MG/ML(<i>ritonavir</i>)	2‡	
NORVIR TAB 100MG(<i>ritonavir</i>)	2‡	
PREZISTA TAB 400MG(<i>darunavir ethanolate</i>)	2‡	
PREZISTA TAB 600MG(<i>darunavir ethanolate</i>)	2‡	
PREZISTA TAB 75MG(<i>darunavir ethanolate</i>)	2‡	
REYATAZ CAP 100MG(<i>atazanavir sulfate</i>)	2‡	
REYATAZ CAP 150MG(<i>atazanavir sulfate</i>)	2‡	
REYATAZ CAP 200MG(<i>atazanavir sulfate</i>)	2‡	
REYATAZ CAP 300MG(<i>atazanavir sulfate</i>)	2‡	
VIRACEPT POW 50MG/GM(<i>nelfinavir mesylate</i>)	2‡	
VIRACEPT TAB 250MG(<i>nelfinavir mesylate</i>)	2‡	
VIRACEPT TAB 625MG(<i>nelfinavir mesylate</i>)	2‡	
Integrase Inhibitors		
ISENTRESS TAB 400MG(<i>raltegravir potassium</i>)	4‡	(QL) 60 tabs / 30 days
Interferons		
PEG-INTRON KIT 120 RP(<i>peginterferon alfa-2b</i>)	4	(PA)
PEG-INTRON KIT 150 RP(<i>peginterferon alfa-2b</i>)	4	(PA)
PEG-INTRON KIT 50MCG(<i>peginterferon alfa-2b</i>)	4	(PA)
PEG-INTRON KIT 50MCG RP(<i>peginterferon alfa-2b</i>)	4	(PA)
PEG-INTRON KIT 80MCG RP(<i>peginterferon alfa-2b</i>)	4	(PA)
PEGASYS INJ 180MCG/M(<i>peginterferon alfa-2a</i>)	4	(PA)
PEGASYS KIT(<i>peginterferon alfa-2a</i>)	4	(PA)
Miscellaneous Antiretrovirals		
ATRIPLA TAB(<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	4‡	
Neuraminidase Inhibitors		
RELENZA MIS DISKHALE(<i>zanamivir</i>)	3	
TAMIFLU CAP 30MG(<i>oseltamivir phosphate</i>)	3	(QL) 168 caps / year
TAMIFLU CAP 45MG(<i>oseltamivir phosphate</i>)	3	(QL) 84 caps / year
TAMIFLU CAP 75MG(<i>oseltamivir phosphate</i>)	3	(QL) 42 caps / 180 days
TAMIFLU SUS 12MG/ML(<i>oseltamivir phosphate</i>)	3	(QL) 262.5 mls / 180 days
TAMIFLU SUS 6MG/ML(<i>oseltamivir phosphate</i>)	3	(QL) 540 milliliters / 180

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Drug Name	Tier	Notes
Nonnucleoside Reverse Transcriptase Inhibitors		
EDURANT TAB 25MG(<i>rilpivirine hcl</i>)	4‡	
INTELENCE TAB 100MG(<i>etravirine</i>)	4‡	
INTELENCE TAB 200MG(<i>etravirine</i>)	4‡	
RESCRIPTOR TAB 100 MG(<i>delavirdine mesylate</i>)	2‡	
RESCRIPTOR TAB 200MG(<i>delavirdine mesylate</i>)	2‡	
SUSTIVA CAP 200MG(<i>efavirenz</i>)	2‡	
SUSTIVA CAP 50MG(<i>efavirenz</i>)	2‡	
SUSTIVA TAB 600MG(<i>efavirenz</i>)	2‡	
VIRAMUNE SUS 50MG/5ML(<i>nevirapine</i>)	2‡	
VIRAMUNE TAB 200MG(<i>nevirapine</i>)	2‡	
Nucleoside Nucleotide Rev Transcriptase Inhib		
COMBIVIR TAB(<i>lamivudine-zidovudine</i>)	2‡	
<i>didanosine delayed release capsule 125 mg</i>	1‡	
<i>didanosine delayed release capsule 200 mg</i>	1‡	
<i>didanosine delayed release capsule 250 mg</i>	1‡	
<i>didanosine delayed release capsule 400 mg</i>	1‡	
EMTRIVA CAP 200MG(<i>emtricitabine</i>)	2‡	
EMTRIVA SOL 10MG/ML(<i>emtricitabine</i>)	2‡	
EPIVIR HBV SOL 5MG/ML(<i>lamivudine</i>)	2‡	
EPIVIR HBV TAB 100MG(<i>lamivudine</i>)	2‡	
EPIVIR SOL 10MG/ML(<i>lamivudine</i>)	2‡	
EPIVIR TAB 150MG(<i>lamivudine</i>)	2‡	
EPIVIR TAB 300MG(<i>lamivudine</i>)	2‡	
EPZICOM TAB(<i>abacavir sulfate-lamivudine</i>)	2‡	
RETROVIR INJ 10MG/ML(<i>zidovudine</i>)	2	
<i>stavudine cap 15 mg</i>	1‡	
<i>stavudine cap 20 mg</i>	1‡	
<i>stavudine cap 30 mg</i>	1‡	
<i>stavudine cap 40 mg</i>	1‡	
<i>stavudine for oral soln 1 mg/ml</i>	1‡	
TRIZIVIR TAB(<i>abacavir sulfate-lamivudine-zidovudine</i>)	2‡	
TRUVADA TAB(<i>emtricitabine-tenofovir disoproxil fumarate</i>)	2‡	
VIDEX SOL 2GM(<i>didanosine</i>)	2‡	
VIREAD TAB 300MG(<i>tenofovir disoproxil fumarate</i>)	2‡	
ZIAGEN SOL 20MG/ML(<i>abacavir sulfate</i>)	2‡	
ZIAGEN TAB 300MG(<i>abacavir sulfate</i>)	2‡	
<i>zidovudine cap 100 mg</i>	1‡	
<i>zidovudine syrup 10 mg/ml</i>	1‡	
<i>zidovudine tab 300 mg</i>	1‡	
Nucleosides and Nucleotides		

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Drug Name	Tier	Notes
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium for inj 500 mg</i>	1	(B/D)
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
BARACLUDE SOL .05MG/ML(<i>entecavir</i>)	2‡	(QL) 600 mls / 30 days
BARACLUDE TAB 0.5MG(<i>entecavir</i>)	2‡	(QL) 30 tabs / 30 days
BARACLUDE TAB 1MG(<i>entecavir</i>)	2‡	(QL) 30 tabs / 30 days
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
GANCICLOVIR CAP 250MG(<i>ganciclovir</i>)	1‡	
GANCICLOVIR CAP 500MG(<i>ganciclovir</i>)	1‡	
HEPSERA TAB 10MG(<i>adefovir dipivoxil</i>)	4‡	
<i>ribasphere cap 200mg</i>	4	(PA)
<i>ribavirin cap 200 mg</i>	4	(PA)
TYZEKA TAB 600MG(<i>telbivudine</i>)	4‡	(PA)(QL) 30 tabs / 30 days
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	
VALCYTE SOL 50MG/ML(<i>valganciclovir hcl</i>)	4‡	
VALCYTE TAB 450MG(<i>valganciclovir hcl</i>)	4‡	
VISTIDE INJ 75MG/ML(<i>cidofovir</i>)	4	

Anxiolytics, Sedatives and Hypnotics

Anxiolytics, Sedatives, Hypnotics Misc

<i>zolpidem tartrate tab cr 6.25 mg</i>	2	(QL) 30 ea / 30 days
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Anxiolytics, Sedatives, Hypnotics Misc

<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>bupirone hcl tab 5 mg</i>	1	
BUSPIRONE TAB 7.5MG(<i>bupirone hcl</i>)	1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	1	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	

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Drug Name	Tier	Notes
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
LUNESTA TAB 1MG(<i>eszopiclone</i>)	3	(QL)(STC) 30 tabs / 30 days
LUNESTA TAB 2MG(<i>eszopiclone</i>)	3	(QL)(STC) 30 tabs / 30 days
LUNESTA TAB 3MG(<i>eszopiclone</i>)	3	(QL)(STC) 30 tabs / 30 days
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
<i>zaleplon cap 10 mg</i>	1	(QL) 30 caps / 30 days
<i>zaleplon cap 5 mg</i>	1	(QL) 30 caps / 30 days
<i>zolpidem tartrate tab 10 mg</i>	1	(QL) 30 tabs / 30 days
<i>zolpidem tartrate tab 5 mg</i>	1	(QL) 30 tabs / 30 days

Autonomic Drugs, Miscellaneous

Autonomic Drugs, Miscellaneous

CHANTIX PAK 0.5& 1MG(<i>varenicline tartrate</i>)	2	(PA)(QL) 53 tabs / 28 days
CHANTIX TAB 0.5MG(<i>varenicline tartrate</i>)	2	(PA)(QL) 56 tabs / 28 days
CHANTIX TAB 1MG(<i>varenicline tartrate</i>)	2	(PA)(QL) 56 tabs / 28 days
NICOTROL INH(<i>nicotine</i>)	2	(PA)
NICOTROL NS SPR 10MG/ML(<i>nicotine</i>)	2	(PA)

Beta-Adrenergic Blocking Agents

Beta-Adrenergic Blocking Agents

<i>atenolol & chlorthalidone tab 100-25 mg</i>	1‡
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1‡
<i>atenolol tab 100 mg</i>	1‡
<i>atenolol tab 25 mg</i>	1‡
<i>atenolol tab 50 mg</i>	1‡
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1‡
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1‡

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Drug Name	Tier	Notes
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1†	
<i>bisoprolol fumarate tab 10 mg</i>	1‡	
<i>bisoprolol fumarate tab 5 mg</i>	1‡	
<i>carvedilol tab 12.5 mg</i>	1‡	
<i>carvedilol tab 25 mg</i>	1‡	
<i>carvedilol tab 3.125 mg</i>	1‡	
<i>carvedilol tab 6.25 mg</i>	1‡	
COREG CR CAP 10MG(<i>carvedilol phosphate</i>)	3‡	
COREG CR CAP 20MG(<i>carvedilol phosphate</i>)	3‡	
COREG CR CAP 40MG(<i>carvedilol phosphate</i>)	3‡	
COREG CR CAP 80MG(<i>carvedilol phosphate</i>)	3‡	
<i>labetalol hcl iv soln 5 mg/ml</i>	1	
<i>labetalol hcl tab 100 mg</i>	1‡	
<i>labetalol hcl tab 200 mg</i>	1‡	
<i>labetalol hcl tab 300 mg</i>	1‡	
LEVATOL TAB 20MG(<i>penbutolol sulfate</i>)	3‡	(STC)
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1‡	
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1‡	
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1‡	
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1‡	
<i>metoprolol tartrate inj 1 mg/ml</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1‡	
<i>metoprolol tartrate tab 25 mg</i>	1‡	
<i>metoprolol tartrate tab 50 mg</i>	1‡	
<i>nadolol tab 20 mg</i>	1‡	
<i>nadolol tab 40 mg</i>	1‡	
<i>nadolol tab 80 mg</i>	1‡	
PINDOLOL TAB 10MG(<i>pindolol</i>)	1‡	
PINDOLOL TAB 5MG(<i>pindolol</i>)	1‡	
<i>propranolol hcl cap sr 24hr 120 mg</i>	1‡	
<i>propranolol hcl cap sr 24hr 160 mg</i>	1‡	
<i>propranolol hcl cap sr 24hr 60 mg</i>	1‡	
<i>propranolol hcl cap sr 24hr 80 mg</i>	1‡	
<i>propranolol hcl inj 1 mg/ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1‡	
<i>propranolol hcl tab 20 mg</i>	1‡	
<i>propranolol hcl tab 40 mg</i>	1‡	
<i>propranolol hcl tab 60 mg</i>	1‡	
<i>propranolol hcl tab 80 mg</i>	1‡	
<i>sorine tab 120mg</i>	1‡	
<i>sorine tab 160mg</i>	1‡	
<i>sorine tab 240mg</i>	1‡	
<i>sorine tab 80mg</i>	1‡	
<i>sotalol hcl tab 120 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>sotalol hcl tab 160 mg</i>	1†	
<i>sotalol hcl tab 240 mg</i>	1†	
<i>sotalol hcl tab 80 mg</i>	1†	
TIMOLOL MAL TAB 10MG(<i>timolol maleate</i>)	1†	
TIMOLOL MAL TAB 20MG(<i>timolol maleate</i>)	1†	
TIMOLOL MAL TAB 5MG(<i>timolol maleate</i>)	1†	

Biologic Response Modifiers

Biologic Response Modifiers

ACTIMMUNE INJ 2MU/0.5(<i>interferon gamma-1b</i>)	4††	
AVONEX KIT 30MCG(<i>interferon beta-1a</i>)	4†	
AVONEX PREFL KIT 30MCG(<i>interferon beta-1a</i>)	4†	
BETASERON INJ 0.3MG(<i>interferon beta-1b</i>)	4†	
COPAXONE KIT 20MG/ML(<i>glatiramer acetate</i>)	4†	
GILENYA CAP 0.5MG(<i> fingolimod hcl</i>)	4†	(PA)
REBIF INJ 22/0.5(<i>interferon beta-1a</i>)	4†	
REBIF INJ 44/0.5(<i>interferon beta-1a</i>)	4†	
REBIF TITRTN SOL PACK(<i>interferon beta-1a</i>)	4†	
REVLIMID CAP 10MG(<i>lenalidomide</i>)	4†	(PA)(QL) 30 caps / 30 days
REVLIMID CAP 15MG(<i>lenalidomide</i>)	4†	(PA)(QL) 30 caps / 30 days
REVLIMID CAP 25MG(<i>lenalidomide</i>)	4†	(PA)(QL) 30 caps / 30 days
REVLIMID CAP 5MG(<i>lenalidomide</i>)	4†	(PA)(QL) 30 caps / 30 days
THALOMID CAP 100MG(<i>thalidomide</i>)	4†	
THALOMID CAP 150MG(<i>thalidomide</i>)	4†	
THALOMID CAP 200MG(<i>thalidomide</i>)	4†	
THALOMID CAP 50MG(<i>thalidomide</i>)	4†	

Bone Resorption Inhibitors

Bone Resorption Inhibitors

ACTONEL TAB 150MG(<i>risedronate sodium</i>)	3†	(QL) 1 tabs / 28 days
ACTONEL TAB 30MG(<i>risedronate sodium</i>)	3	(PA)
ACTONEL TAB 35MG(<i>risedronate sodium</i>)	3†	(QL) 4 tabs / 28 days
ACTONEL TAB 5MG(<i>risedronate sodium</i>)	3†	
<i>alendronate sodium tab 10 mg</i>	1†	
<i>alendronate sodium tab 35 mg</i>	1†	(QL) 4 tabs / 28 days

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Drug Name	Tier	Notes
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 5 mg</i>	1‡	
<i>alendronate sodium tab 70 mg</i>	1‡	(QL) 4 tabs / 28 days
BONIVA INJ 3MG/3ML(<i>ibandronate sodium</i>)	3	(PA)
BONIVA TAB 150MG(<i>ibandronate sodium</i>)	3‡	(PA)(QL) 3 tabs / 90 days
FOSAMAX + D TAB 70-2800(<i>alendronate sodium-cholecalciferol</i>)	3‡	(QL) 4 tabs / 28 days
FOSAMAX + D TAB 70-5600(<i>alendronate sodium-cholecalciferol</i>)	3‡	(QL) 4 tabs / 28 days
FOSAMAX SOL(<i>alendronate sodium</i>)	3‡	(QL) 300 mls / 28 days
ZOMETETA INJ 4MG/5ML(<i>zoledronic acid</i>)	4	

Calcium-Channel Blocking Agents

Calcium-Channel Blocking Agents, Misc

<i>cartia xt cap 120/24hr</i>	1‡	
<i>cartia xt cap 180/24hr</i>	1‡	
<i>cartia xt cap 240/24hr</i>	1‡	
<i>cartia xt cap 300/24hr</i>	1‡	
<i>dilt-cd cap 120mg</i>	1‡	
<i>dilt-cd cap 300mg</i>	1‡	
<i>dilt-xr cap 180mg</i>	1‡	
<i>dilt-xr cap 240mg</i>	1‡	
<i>diltiazem hcl cap sr 12hr 120 mg</i>	1‡	
<i>diltiazem hcl cap sr 12hr 60 mg</i>	1‡	
<i>diltiazem hcl cap sr 12hr 90 mg</i>	1‡	
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	1‡	
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	1‡	
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	1‡	
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	1‡	
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	1‡	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1‡	
<i>diltiazem hcl tab 30 mg</i>	1‡	
<i>diltiazem hcl tab 60 mg</i>	1‡	
<i>diltiazem hcl tab 90 mg</i>	1‡	
<i>diltzac cap 120mg/24</i>	1‡	
<i>diltzac cap 180mg/24</i>	1‡	
<i>diltzac cap 240mg/24</i>	1‡	
<i>diltzac cap 300mg/24</i>	1‡	
<i>diltzac cap 360mg/24</i>	1‡	

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Drug Name	Tier	Notes
taztia xt cap 120mg/24	1†	
taztia xt cap 180mg/24	1†	
taztia xt cap 240mg/24	1†	
taztia xt cap 300mg/24	1†	
taztia xt cap 360mg/24	1†	
verapamil hcl cap sr 24hr 100 mg	1†	
verapamil hcl cap sr 24hr 120 mg	1†	
verapamil hcl cap sr 24hr 180 mg	1†	
verapamil hcl cap sr 24hr 200 mg	1†	
verapamil hcl cap sr 24hr 240 mg	1†	
verapamil hcl cap sr 24hr 300 mg	1†	
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 120 mg	1†	
verapamil hcl tab 40 mg	1†	
verapamil hcl tab 80 mg	1†	
verapamil hcl tab cr 120 mg	1†	
verapamil hcl tab cr 180 mg	1†	
verapamil hcl tab cr 240 mg	1†	
VERELAN CAP 360MG SR(<i>verapamil hcl</i>)	2†	

Dihydropyridines

<i>afeditab</i> tab 30mg cr	1†	
<i>afeditab</i> tab 60mg cr	1†	
<i>amlodipine besylate</i> tab 10 mg	1†	
<i>amlodipine besylate</i> tab 2.5 mg	1†	
<i>amlodipine besylate</i> tab 5 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 10-20 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 10-40 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 2.5-10 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg	1†	
<i>amlodipine besylate-benazepril hcl</i> cap 5-40 mg	1†	
DYNACIRC CR TAB 10MG(<i>isradipine</i>)	3†	(STC)
DYNACIRC CR TAB 5MG(<i>isradipine</i>)	3†	(STC)
<i>felodipine</i> tab sr 24hr 10 mg	1†	
<i>felodipine</i> tab sr 24hr 2.5 mg	1†	
<i>felodipine</i> tab sr 24hr 5 mg	1†	
ISRADIPINE CAP 2.5MG(<i>isradipine</i>)	1†	
<i>isradipine</i> cap 5 mg	1†	
LOTREL CAP 10-40MG(<i>amlodipine besylate-benazepril hcl</i>)	3†	
LOTREL CAP 5-40MG(<i>amlodipine besylate-benazepril hcl</i>)	3†	
<i>nifediac</i> cc tab 30mg er	1†	
<i>nifediac</i> cc tab 60mg er	1†	
<i>nifediac</i> cc tab 90mg er	1†	

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Drug Name	Tier	Notes
<i>nifedical xl tab 30mg</i>	1‡	
<i>nifedical xl tab 60mg</i>	1‡	
<i>nifedipine cap 10 mg</i>	1‡	
NIFEDIPINE CAP 20MG(<i>nifedipine</i>)	1‡	
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	1‡	
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	1‡	
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	1‡	

Caloric Agents

Caloric Agents

AMINOSYN 7% INJ /LYTES(<i>amino acid electrolyte infusion</i>)	2	(B/D)
AMINOSYN II INJ 7%(<i>amino acid infusion</i>)	2	(B/D)
AMINOSYN IIM INJ 3.5%/D5W(<i>amino acid electrolyte infusion in d5w</i>)	2	(B/D)
AMINOSYN INJ 3.5%(<i>amino acid infusion</i>)	2	(B/D)
AMINOSYN INJ 5%(<i>amino acid infusion</i>)	2	(B/D)
AMINOSYN INJ 7%(<i>amino acid infusion</i>)	2	(B/D)
AMINOSYN-HBC INJ 7%(<i>amino acid infusion</i>)	2	(B/D)
AMINOSYN-PF INJ 7%(<i>amino acid infusion</i>)	2	(B/D)
CLINIMIX INJ 2.75/D5W(<i>amino acid infusion</i>)	2	(B/D)
<i>clinisol sf inj 15%</i>	1	(B/D)
<i>dextrose inj 10%</i>	1	
<i>dextrose inj 5%</i>	1	
<i>freamine iii inj 8.5%</i>	2	(B/D)
<i>hepatamine sol 8%</i>	2	(B/D)
<i>intralipid inj 20%</i>	2	(B/D)
INTRALIPID INJ 30%(<i>fat emulsion</i>)	2	(B/D)
NEPHRAMINE INJ 5.4%(<i>amino acid infusion</i>)	2	(B/D)
RENAMIN INJ 6.5%(<i>amino acid infusion</i>)	2	(B/D)

Cardiac Drugs

Cardiac Drugs, Miscellaneous

RANEXA TAB 1000MG(<i>ranolazine</i>)	3‡	(PA)(QL) 60 ea / 30 days
RANEXA TAB 500MG(<i>ranolazine</i>)	3‡	(PA)(QL) 120 ea / 30 days

Cardiotonic Agents

<i>digoxin inj 0.25 mg/ml</i>	1	
DIGOXIN SOL 50MCG/ML(<i>digoxin</i>)	1‡	
<i>digoxin tab 0.125 mg</i>	1‡	
<i>digoxin tab 0.25 mg</i>	1‡	
LANOXIN TAB 0.125MG(<i>digoxin</i>)	3‡	

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Drug Name	Tier	Notes
LANOXIN TAB 0.25MG(<i>digoxin</i>)	3†	
Class III Antiarrhythmics		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1‡	
<i>amiodarone hcl tab 400 mg</i>	1‡	
MULTAQ TAB 400MG(<i>dronedarone hcl</i>)	3‡	(PA)
<i>pacерone tab 200mg</i>	1‡	
TIKOSYN CAP 125MCG(<i>dofetilide</i>)	2‡	
TIKOSYN CAP 250MCG(<i>dofetilide</i>)	2‡	
TIKOSYN CAP 500MCG(<i>dofetilide</i>)	2‡	
Class Ia Antiarrhythmics		
<i>disopyramide phosphate cap 100 mg</i>	1‡	
<i>disopyramide phosphate cap 150 mg</i>	1‡	
<i>quinidine gluconate tab cr 324 mg</i>	1‡	
<i>quinidine sulfate tab 200 mg</i>	1‡	
<i>quinidine sulfate tab 300 mg</i>	1‡	
Class Ib Antiarrhythmics		
MEXILETINE CAP 150MG(<i>mexiletine hcl</i>)	1‡	
MEXILETINE CAP 200MG(<i>mexiletine hcl</i>)	1‡	
MEXILETINE CAP 250MG(<i>mexiletine hcl</i>)	1‡	
Class Ic Antiarrhythmics		
<i>flecainide acetate tab 100 mg</i>	1‡	
<i>flecainide acetate tab 150 mg</i>	1‡	
<i>flecainide acetate tab 50 mg</i>	1‡	
<i>propafenone hcl tab 150 mg</i>	1‡	
<i>propafenone hcl tab 225 mg</i>	1‡	
<i>propafenone hcl tab 300 mg</i>	1‡	
<u>Cathartics and Laxatives</u>		
Cathartics and Laxatives		
<i>gavilyte-c sol</i>	1	
<i>gavilyte-g sol</i>	1	
<i>gavilyte-n sol flav pk</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1	
<i>trilyte sol</i>	1	
<u>Cell Stimulants and Proliferants</u>		
Cell Stimulants and Proliferants		

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Drug Name	Tier	Notes
KEPIVANCE INJ 6.25MG(<i>palifermin</i>)	2	
<i>tretinoin cream 0.025%</i>	1	(PA)
<i>tretinoin cream 0.05%</i>	1	(PA)
<i>tretinoin cream 0.1%</i>	1	(PA)
<i>tretinoin gel 0.01%</i>	1	(PA)
<i>tretinoin gel 0.025%</i>	1	(PA)

Central Nervous System Agents, Misc

Central Nervous System Agents, Misc

<i>amantadine hcl cap 100 mg</i>	1‡	
<i>amantadine hcl syrup 50 mg/5ml</i>	1‡	
<i>amantadine hcl tab 100 mg</i>	1‡	
APOKYN INJ(<i>apomorphine hydrochloride</i>)	4	(PA)
<i>atamet tab 25-250mg</i>	1‡	
<i>benztropine mesylate inj 1 mg/ml</i>	1	
<i>benztropine mesylate tab 0.5 mg</i>	1‡	
<i>benztropine mesylate tab 1 mg</i>	1‡	
<i>benztropine mesylate tab 2 mg</i>	1‡	
<i>bromocriptine mesylate cap 5 mg</i>	1‡	
<i>bromocriptine mesylate tab 2.5 mg</i>	1‡	
CAMPRAL TAB 333MG(<i>acamprosate calcium</i>)	2‡	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1‡	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1‡	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1‡	
<i>carbidopa & levodopa tab 10-100 mg</i>	1‡	
<i>carbidopa & levodopa tab 25-100 mg</i>	1‡	
<i>carbidopa & levodopa tab 25-250 mg</i>	1‡	
<i>carbidopa & levodopa tab cr 25-100 mg</i>	1‡	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	1‡	
COMTAN TAB 200MG(<i>entacapone</i>)	2‡	
EMSAM DIS 12MG/24H(<i>selegiline</i>)	3‡	(PA)(QL) 30 ea / 30 days
EMSAM DIS 6MG/24HR(<i>selegiline</i>)	3‡	(PA)(QL) 30 ea / 30 days
EMSAM DIS 9MG/24HR(<i>selegiline</i>)	3‡	(PA)(QL) 30 ea / 30 days
NAMENDA SOL 10MG/5ML(<i>memantine hcl</i>)	2‡	
NAMENDA TAB 10MG(<i>memantine hcl</i>)	2‡	
NAMENDA TAB 5-10MG(<i>memantine hcl</i>)	2	
NAMENDA TAB 5MG(<i>memantine hcl</i>)	2‡	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1‡	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1‡	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1‡	
<i>pramipexole dihydrochloride tab 1 mg</i>	1‡	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1‡	
RILUTEK TAB 50MG(<i>riluzole</i>)	2‡	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1‡	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1‡	
<i>ropinirole hydrochloride tab 1 mg</i>	1‡	
<i>ropinirole hydrochloride tab 2 mg</i>	1‡	
<i>ropinirole hydrochloride tab 3 mg</i>	1‡	
<i>ropinirole hydrochloride tab 4 mg</i>	1‡	
<i>ropinirole hydrochloride tab 5 mg</i>	1‡	
<i>selegiline hcl cap 5 mg</i>	1‡	
<i>selegiline hcl tab 5 mg</i>	1‡	
STALEVO 100 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STALEVO 125 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STALEVO 150 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STALEVO 200 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STALEVO 50 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STALEVO 75 TAB(<i>carbidopa-levodopa-entacapone</i>)	2‡	
STRATTERA CAP 100MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 10MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 18MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 25MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 40MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 60MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
STRATTERA CAP 80MG(<i>atomoxetine hcl</i>)	3‡	(QL) 60 caps / 30 days
TASMAR TAB 100MG(<i>tolcapone</i>)	3‡	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	1‡	
<i>trihexyphenidyl hcl tab 2 mg</i>	1‡	
<i>trihexyphenidyl hcl tab 5 mg</i>	1‡	
XENAZINE TAB 12.5MG(<i>tetrabenazine</i>)	4‡	
XENAZINE TAB 25MG(<i>tetrabenazine</i>)	4‡	
XYREM SOL 500MG/ML(<i>sodium oxybate</i>)	4‡	(PA)

Cholelitholytic Agents

Cholelitholytic Agents

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Drug Name	Tier	Notes
<i>ursodiol cap 300 mg</i>	1 ‡	
<i>ursodiol tab 250 mg</i>	1 ‡	
<i>ursodiol tab 500 mg</i>	1 ‡	
<u>Contraceptives</u>		
Contraceptives		
<i>apri tab</i>	1 ‡	
<i>aranelle tab</i>	1 ‡	
<i>aviane tab</i>	1 ‡	
<i>camila tab 0.35mg</i>	1 ‡	
<i>cesia pak</i>	1 ‡	
<i>cryselle-28 tab 28 tabs</i>	1 ‡	
<i>enpresse-28 tab</i>	1 ‡	
<i>errin tab 0.35mg</i>	1 ‡	
ESTROSTEP FE TAB(<i>norethindrone acetate-ethinyl estradiol-fe</i>)	3 ‡	
<i>jolivette tab 0.35mg</i>	1 ‡	
<i>junel 1.5/30 tab</i>	1 ‡	
<i>junel 1/20 tab</i>	1 ‡	
<i>junel fe tab 1.5/30</i>	1 ‡	
<i>junel fe tab 1/20</i>	1 ‡	
<i>kariva tab 28 day</i>	1 ‡	
<i>kelnor tab 1/35</i>	1 ‡	
<i>leena tab</i>	1 ‡	
<i>lessina-28 tab</i>	1 ‡	
<i>levora-28 tab 0.15/30</i>	1 ‡	
<i>low-ogestrel tab</i>	1 ‡	
<i>lutura tab</i>	1 ‡	
<i>microgestin tab 1.5/30</i>	1 ‡	
<i>microgestin tab 1/20</i>	1 ‡	
<i>microgestin tab fe 1/20</i>	1 ‡	
<i>microgestin tab fe 1.5/30</i>	1 ‡	
<i>mononessa tab</i>	1 ‡	
<i>necon tab 0.5/35</i>	1 ‡	
<i>necon tab 1/35-28</i>	1 ‡	
NECON TAB 10/11-28(<i>norethindrone-eth estradiol (biphasic)</i>)	1 ‡	
<i>next choice tab 0.75mg</i>	2	
NOR-QD TAB 0.35MG(<i>norethindrone (contraceptive)</i>)	1 ‡	
<i>nora-be tab 0.35mg</i>	1 ‡	
<i>nortrel (21) tab 1/35</i>	1 ‡	
<i>nortrel (28) tab 1/35</i>	1 ‡	
<i>nortrel 28 tab 0.5/35</i>	1 ‡	
<i>nortrel 7/7/7 tab 28 days</i>	1 ‡	
OCELLA TAB 3-0.03MG(<i>drospirenone-ethinyl estradiol</i>)	1 ‡	

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Drug Name	Tier	Notes
ORTHO TRI- TAB CYCLN LO(<i>norgestimate-ethinyl estradiol (triphasic)</i>)	3†	
OVCON 50 TAB 28(<i>norethindrone & eth estradiol</i>)	2‡	
<i>portia-28 tab</i>	1‡	
<i>previfem tab</i>	1‡	
<i>quasense tab</i>	1‡	
<i>reclipsen tab</i>	1‡	
<i>solia tab</i>	1‡	
<i>sprintec 28 tab 28 day</i>	1‡	
<i>sronyx tab</i>	1‡	
<i>tri-previfem tab</i>	1‡	
<i>tri-sprintec tab</i>	1‡	
<i>trinessa tab</i>	1‡	
<i>trivora-28 tab</i>	1‡	
<i>velivet pak</i>	1‡	
<i>zovia 1/35e tab</i>	1‡	
ZOVIA 1/50E TAB(<i>ethynodiol diacet & eth estrad</i>)	1‡	
<u>Depigmenting and Pigmenting Agents</u>		
Pigmenting Agents		
OXSORALEN-UL CAP 10MG(<i>methoxsalen rapid</i>)	2	
<u>Devices</u>		
Devices		
ALCOHOL PREP PAD(<i>alcohol swabs</i>)	1	(QL) 100 pads / 30 days
<u>Digestants</u>		
Digestants		
CREON CAP 12000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	3‡	
CREON CAP 24000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	3‡	
CREON CAP 6000UNIT(<i>pancrelipase (lipase-protease-amylase)</i>)	3‡	
PANCREAZE CAP 10500UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
PANCREAZE CAP 16800UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
PANCREAZE CAP 21000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
PANCREAZE CAP 4200UNIT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
ZENPEP CAP 10000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
ZENPEP CAP 15000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
ZENPEP CAP 20000UNT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
ZENPEP CAP 5000UNIT(<i>pancrelipase (lipase-protease-amylase)</i>)	2‡	
<u>Disease-Modifying Antirheumatic Agents</u>		

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Drug Name	Tier	Notes
Disease-Modifying Antirheumatic Agents		
ENBREL INJ 25/0.5ML(<i>etanercept</i>)	4†	(PA)
ENBREL INJ 25MG(<i>etanercept</i>)	4†	(PA)
ENBREL INJ 50MG/ML(<i>etanercept</i>)	4†	(PA)
HUMIRA KIT 20MG/0.4(<i>adalimumab</i>)	4†	(PA)
HUMIRA KIT 40MG/0.8(<i>adalimumab</i>)	4†	(PA)
HUMIRA PEN KIT CROHNS(<i>adalimumab</i>)	4†	(PA)
KINERET INJ(<i>anakinra</i>)	4†	(B/D)
<i>leflunomide tab 10 mg</i>	1‡	
<i>leflunomide tab 20 mg</i>	1‡	
REMICADE INJ 100MG(<i>infliximab</i>)	4	(B/D)
<u>Diuretics</u>		
Loop Diuretics		
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	1‡	
<i>bumetanide tab 1 mg</i>	1‡	
<i>bumetanide tab 2 mg</i>	1‡	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1‡	
FUROSEMIDE SOL 8MG/ML(<i>furosemide</i>)	1‡	
<i>furosemide tab 20 mg</i>	1‡	
<i>furosemide tab 40 mg</i>	1‡	
<i>furosemide tab 80 mg</i>	1‡	
TORSEMIDE INJ 20MG/2ML(<i>torseamide</i>)	1	
<i>torseamide tab 10 mg</i>	1‡	
<i>torseamide tab 100 mg</i>	1‡	
<i>torseamide tab 20 mg</i>	1‡	
<i>torseamide tab 5 mg</i>	1‡	
Potassium-sparing Diuretics		
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1‡	
<i>amiloride hcl tab 5 mg</i>	1‡	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1‡	
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1‡	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1‡	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1‡	
Thiazide Diuretics		
<i>chlorothiazide tab 250 mg</i>	1‡	
<i>chlorothiazide tab 500 mg</i>	1‡	
HYDROCHLOROTAB 12.5MG(<i>hydrochlorothiazide</i>)	1‡	

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Drug Name	Tier	Notes
<i>hydrochlorothiazide cap 12.5 mg</i>	1‡	
<i>hydrochlorothiazide tab 25 mg</i>	1‡	
<i>hydrochlorothiazide tab 50 mg</i>	1‡	
METHYCLOTHIA TAB 5MG(<i>methyclothiazide</i>)	1‡	
Thiazide-like Diuretics		
<i>chlorthalidone tab 25 mg</i>	1‡	
<i>chlorthalidone tab 50 mg</i>	1‡	
<i>indapamide tab 1.25 mg</i>	1‡	
<i>indapamide tab 2.5 mg</i>	1‡	
<i>metolazone tab 10 mg</i>	1‡	
<i>metolazone tab 2.5 mg</i>	1‡	
<i>metolazone tab 5 mg</i>	1‡	
<u>EENT Drugs, Miscellaneous</u>		
EENT Drugs, Miscellaneous		
<i>acetic acid otic soln 2%</i>	1	
LACRISERT MIS 5MG OP(<i>artificial tear insert</i>)	3	
<u>Emollients, Demulcents, and Protectants</u>		
Basic Lotions and Liniments		
<i>laclotion lot 12%</i>	1	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<u>Enzymes</u>		
Enzymes		
ADAGEN INJ 250/ML(<i>pegademase bovine</i>)	4	(PA)
ALDURAZYME INJ 2.9MG/5M(<i>laronidase</i>)	4	(PA)
CEREDASE INJ 80UNT/ML(<i>alglucerase</i>)	4	
CEREZYME INJ 200UNIT(<i>imiglucerase</i>)	4†	(B/D)
ELAPRASE INJ 6MG/3ML(<i>idursulfase</i>)	4	
ELITEK INJ 1.5MG(<i>rasburicase</i>)	4	
FABRAZYME INJ 35MG(<i>agalsidase beta</i>)	4†	(B/D)
NAGLAZYME INJ 1MG/ML(<i>galsulfase</i>)	4	(B/D)
PULMOZYME SOL 1MG/ML(<i>dornase alfa</i>)	4‡	(B/D)
<u>Estrogens and Antiestrogens</u>		
Estrogen Agonist-Antagonists		
EVISTA TAB 60MG(<i>raloxifene hcl</i>)	2‡	

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Drug Name	Tier	Notes
Estrogens		
ALORA DIS 0.025MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
ALORA DIS 0.05MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
ALORA DIS 0.075MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
ALORA DIS 0.1MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
CLIMARA PRO DIS WEEKLY(<i>estradiol-levonorgestrel</i>)	3‡	(QL) 4 ea / 28 days
COMBIPATCH DIS .05/.14(<i>estradiol & norethindrone acetate</i>)	3‡	(QL) 8 ea / 28 days
COMBIPATCH DIS .05/.25(<i>estradiol & norethindrone acetate</i>)	3‡	(QL) 8 ea / 28 days
ESTRACE VAG CRE 0.1MG/GM(<i>estradiol vaginal</i>)	3‡	
ESTRADERM DIS 0.05MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
ESTRADERM DIS 0.1MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
<i>estradiol tab 0.5 mg</i>	1‡	
<i>estradiol tab 1 mg</i>	1‡	
<i>estradiol tab 2 mg</i>	1‡	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	1‡	(QL) 4 ea / 28 days
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	1‡	(QL) 4 ea / 28 days
<i>estradiol td patch weekly 0.05 mg/24hr</i>	1‡	(QL) 4 ea / 28 days
<i>estradiol td patch weekly 0.06 mg/24hr</i>	1‡	(QL) 4 ea / 28 days
<i>estradiol td patch weekly 0.075 mg/24hr</i>	1‡	(QL) 4 ea / 28 days
<i>estradiol td patch weekly 0.1 mg/24hr</i>	1‡	(QL) 4 ea / 28 days
ESTRING MIS 2MG(<i>estradiol vaginal</i>)	3‡	
<i>estropipate tab 0.75 mg</i>	1‡	
<i>estropipate tab 1.5 mg</i>	1‡	
<i>estropipate tab 3 mg</i>	1‡	
FEMHRT 1/5 TAB(<i>norethindrone acetate-ethinyl estradiol</i>)	3‡	
FEMHRT TAB 0.5-2.5(<i>norethindrone acetate-ethinyl estradiol</i>)	3‡	
FEMRING MIS 0.05/24H(<i>estradiol acetate vaginal</i>)	3‡	
FEMRING MIS 0.1MG/24(<i>estradiol acetate vaginal</i>)	3‡	

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Drug Name	Tier	Notes
MENEST TAB 0.3MG(<i>esterified estrogens</i>)	3‡	
MENEST TAB 0.625MG(<i>esterified estrogens</i>)	3‡	
MENEST TAB 1.25MG(<i>esterified estrogens</i>)	3‡	
MENEST TAB 2.5MG(<i>esterified estrogens</i>)	3‡	
MENOSTAR DIS 14MCG(<i>estradiol</i>)	3‡	(QL) 4 ea / 28 days
<i>ortho-est tab 0.625</i>	1‡	
<i>ortho-est tab 1.25</i>	1‡	
PREMARIN INJ 25MG(<i>estrogens, conjugated</i>)	2	
PREMARIN TAB 0.3MG(<i>estrogens, conjugated</i>)	2‡	
PREMARIN TAB 0.45MG(<i>estrogens, conjugated</i>)	2‡	
PREMARIN TAB 0.625MG(<i>estrogens, conjugated</i>)	2‡	
PREMARIN TAB 0.9MG(<i>estrogens, conjugated</i>)	2‡	
PREMARIN TAB 1.25MG(<i>estrogens, conjugated</i>)	2‡	
PREMARIN VAG CRE 0.625MG(<i>estrogens, conjugated vaginal</i>)	2‡	
PREMPHASE TAB(<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2‡	
PREMPRO TAB .625-2.5(<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2‡	
PREMPRO TAB 0.3-1.5(<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2‡	
PREMPRO TAB 0.45-1.5(<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2‡	
PREMPRO TAB 0.625-5(<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2‡	
VIVELLE-DOT DIS 0.025MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
VIVELLE-DOT DIS 0.0375MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
VIVELLE-DOT DIS 0.05MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
VIVELLE-DOT DIS 0.075MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days
VIVELLE-DOT DIS 0.1MG(<i>estradiol</i>)	3‡	(QL) 8 ea / 28 days

First Generation Antihistamines

Ethanolamine Derivatives

<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	1
<i>clemastine fumarate tab 2.68 mg</i>	1
<i>diphenhydramine hcl cap 50 mg</i>	1
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	1
<i>diphenhydramine hcl inj 50 mg/ml</i>	1

Phenothiazine Derivatives

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Drug Name	Tier	Notes
<i>phenadoz sup 12.5mg</i>	1	
<i>phenadoz sup 25mg</i>	1	
<i>promethazine hcl inj 50 mg/ml</i>	1	
<i>promethazine hcl suppos 12.5 mg</i>	1	
<i>promethazine hcl suppos 25 mg</i>	1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	
<i>promethegan sup 25mg</i>	1	

GI Drugs, Miscellaneous

GI Drugs, Miscellaneous

AMITIZA CAP 24MCG(<i>lubiprostone</i>)	3‡	(PA)(QL) 60 caps / 30 days
AMITIZA CAP 8MCG(<i>lubiprostone</i>)	3‡	(PA)(QL) 60 caps / 30 days
RELISTOR INJ 12/0.6ML(<i>methylnaltrexone bromide</i>)	3	(PA)

Genitourinary Smooth Muscle Relaxants

Genitourinary Smooth Muscle Relaxants

DETROL LA CAP 2MG(<i>tolterodine tartrate</i>)	3‡	(QL)(STC) 30 ea / 30 days
DETROL LA CAP 4MG(<i>tolterodine tartrate</i>)	3‡	(QL)(STC) 30 ea / 30 days
DETROL TAB 1MG(<i>tolterodine tartrate</i>)	3‡	(QL)(STC) 60 tabs / 30 days
DETROL TAB 2MG(<i>tolterodine tartrate</i>)	3‡	(QL)(STC) 60 tabs / 30 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1‡	
<i>oxybutynin chloride tab 5 mg</i>	1‡	
<i>oxybutynin chloride tab sr 24hr 10 mg</i>	1‡	
<i>oxybutynin chloride tab sr 24hr 15 mg</i>	1‡	
<i>oxybutynin chloride tab sr 24hr 5 mg</i>	1‡	
SANCTURA XR CAP 60MG(<i>trospium chloride</i>)	3‡	(STC)
<i>trospium chloride tab 20 mg</i>	1‡	

Gold Compounds

Gold Compounds

RIDAURA CAP 3MG(<i>auranofin</i>)	2‡	
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Drug Name	Tier	Notes
<u>Gonadotropins</u>		
Gonadotropins		
<i>chorionic gonadotropin for inj 10000 unit</i>	1	(PA)
SYNAREL SOL 2MG/ML(<i>nafarelin acetate</i>)	4	(PA)
<u>Heavy Metal Antagonists</u>		
Heavy Metal Antagonists		
CUPRIMINE CAP 250MG(<i>penicillamine</i>)	2	
DEPEN TITRA TAB 250MG(<i>penicillamine</i>)	2	
EXJADE TAB 125MG(<i>deferasirox</i>)	4†‡	
EXJADE TAB 250MG(<i>deferasirox</i>)	4†‡	
EXJADE TAB 500MG(<i>deferasirox</i>)	4†‡	
SYPRINE CAP 250MG(<i>trientine hcl</i>)	2	
<u>Hematopoietic Agents</u>		
Hematopoietic Agents		
ARANESP INJ 100MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 100MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 150MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 200MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 200MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 25MCG(<i>darbepoetin alfa-polysorbate 80</i>)	3	(B/D)
ARANESP INJ 25MCG(<i>darbepoetin alfa-polysorbate 80</i>)	3	(B/D)
ARANESP INJ 300MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 300MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 40MCG(<i>darbepoetin alfa-polysorbate 80</i>)	3	(B/D)
ARANESP INJ 40MCG(<i>darbepoetin alfa-polysorbate 80</i>)	3	(B/D)
ARANESP INJ 500MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 60MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
ARANESP INJ 60MCG(<i>darbepoetin alfa-polysorbate 80</i>)	4	(B/D)
LEUKINE INJ 250MCG(<i>sargramostim</i>)	2	
NEULASTA INJ 6MG/0.6M(<i>pegfilgrastim</i>)	4	
NEUMEGA INJ 5MG(<i>oprelvekin</i>)	4	
NEUPOGEN INJ 300/0.5(<i>filgrastim</i>)	4	(B/D)
NEUPOGEN INJ 480/0.8(<i>filgrastim</i>)	4	(B/D)
NEUPOGEN INJ 480MCG(<i>filgrastim</i>)	4	(B/D)
PROCRIT INJ 10000/ML(<i>epoetin alfa</i>)	3	(B/D)(QL) 12 vials / 30 days
PROCRIT INJ 2000/ML(<i>epoetin alfa</i>)	3	(B/D)(QL) 12 vials / 30 days

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Drug Name	Tier	Notes
PROCRIT INJ 20000/ML(<i>epoetin alfa</i>)	4	(B/D)(QL) 12 vials / 30 days
PROCRIT INJ 3000/ML(<i>epoetin alfa</i>)	3	(B/D)(QL) 12 vials / 30 days
PROCRIT INJ 4000/ML(<i>epoetin alfa</i>)	3	(B/D)(QL) 12 vials / 30 days
PROCRIT INJ 40000/ML(<i>epoetin alfa</i>)	4	(B/D)(QL) 7 vials / 30 days
PROMACTA TAB 25MG(<i>eltrombopag olamine</i>)	4†	(PA)
PROMACTA TAB 50MG(<i>eltrombopag olamine</i>)	4†	(PA)
PROMACTA TAB 75MG(<i>eltrombopag olamine</i>)	4†	(PA)

Hemorrhologic Agents

Hemorrhologic Agents

<i>pentopak tab 400mg cr</i>	1‡
<i>pentoxifylline tab cr 400 mg</i>	1‡

Hypotensive Agents

Central Alpha-Agonists

<i>clonidine hcl tab 0.1 mg</i>	1‡
<i>clonidine hcl tab 0.2 mg</i>	1‡
<i>clonidine hcl tab 0.3 mg</i>	1‡
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i>	1‡
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i>	1‡
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i>	1‡
<i>guanfacine hcl tab 1 mg</i>	1‡
<i>guanfacine hcl tab 2 mg</i>	1‡
<i>methyldopa tab 250 mg</i>	1‡
<i>methyldopa tab 500 mg</i>	1‡

Direct Vasodilators

<i>hydralazine hcl inj 20 mg/ml</i>	1
<i>hydralazine hcl tab 10 mg</i>	1‡
<i>hydralazine hcl tab 100 mg</i>	1‡
<i>hydralazine hcl tab 25 mg</i>	1‡
<i>hydralazine hcl tab 50 mg</i>	1‡
<i>minoxidil tab 10 mg</i>	1‡
<i>minoxidil tab 2.5 mg</i>	1‡
PROGLYCEM SUS 50MG/ML(<i>diazoxide (diabetic use)</i>)	2‡

Peripheral Adrenergic Inhibitors

RESERPINE TAB 0.1MG(<i>reserpine</i>)	1‡
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Drug Name	Tier	Notes
RESERPINE TAB 0.25MG(<i>reserpine</i>)	1‡	
<u>Immunosuppressive Agents</u>		
Immunosuppressive Agents		
ATGAM INJ 250MG(<i>lymphocyte immune globulin, anti-thymocyte globulin (equine)</i>)	2	(B/D)
<i>azathioprine tab 50 mg</i>	1‡	(B/D)
CELLCEPT CAP 250MG(<i>mycophenolate mofetil</i>)	3‡	(B/D)
CELLCEPT SUS 200MG/ML(<i>mycophenolate mofetil</i>)	3‡	(B/D)
CELLCEPT TAB 500MG(<i>mycophenolate mofetil</i>)	3‡	(B/D)
<i>cyclosporine cap 100 mg</i>	1‡	(B/D)
<i>cyclosporine cap 25 mg</i>	1‡	(B/D)
CYCLOSPORINE CAP 50MG MOD(<i>cyclosporine modified (for microemulsion)</i>)	1‡	(B/D)
<i>cyclosporine iv soln 50 mg/ml</i>	1	(B/D)
<i>cyclosporine modified cap 100 mg</i>	1‡	(B/D)
<i>cyclosporine modified oral soln 100 mg/ml</i>	1‡	(B/D)
<i>engraf cap 100mg</i>	1‡	(B/D)
<i>engraf cap 25mg</i>	1‡	(B/D)
<i>engraf sol 100mg/ml</i>	1‡	(B/D)
<i>mycophenolate mofetil cap 250 mg</i>	1‡	(B/D)
<i>mycophenolate mofetil tab 500 mg</i>	1‡	(B/D)
NULOJIX INJ 250MG(<i>belatacept</i>)	4	(PA)
PROGRAF CAP 0.5MG(<i>tacrolimus</i>)	3‡	(B/D)
PROGRAF CAP 1MG(<i>tacrolimus</i>)	3‡	(B/D)
PROGRAF CAP 5MG(<i>tacrolimus</i>)	3‡	(B/D)
PROGRAF INJ 5MG/ML(<i>tacrolimus</i>)	2	(B/D)
RAPAMUNE SOL 1MG/ML(<i>sirolimus</i>)	2‡	(B/D)
RAPAMUNE TAB 0.5MG(<i>sirolimus</i>)	2‡	(B/D)
RAPAMUNE TAB 1MG(<i>sirolimus</i>)	2‡	(B/D)
RAPAMUNE TAB 2MG(<i>sirolimus</i>)	2‡	(B/D)
SIMULECT INJ 20MG(<i>basiliximab</i>)	4	(B/D)
<i>tacrolimus cap 0.5 mg</i>	1‡	(B/D)
<i>tacrolimus cap 1 mg</i>	1‡	(B/D)
<i>tacrolimus cap 5 mg</i>	1‡	(B/D)
ZORTRESS TAB 0.25MG(<i>everolimus (immunosuppressant)</i>)	3‡	
ZORTRESS TAB 0.5MG(<i>everolimus (immunosuppressant)</i>)	4‡	
ZORTRESS TAB 0.75MG(<i>everolimus (immunosuppressant)</i>)	4‡	

Ion-removing Agents

Phosphate-removing Agents

FOSRENOL CHW 1000MG(<i>lanthanum carbonate</i>)	2‡	
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Drug Name	Tier	Notes
FOSRENOL CHW 500MG(<i>lanthanum carbonate</i>)	2‡	
FOSRENOL CHW 750MG(<i>lanthanum carbonate</i>)	2‡	
RENVELA PAK 0.8GM(<i>sevelamer carbonate</i>)	2‡	
RENVELA PAK 2.4GM(<i>sevelamer carbonate</i>)	2‡	
RENVELA TAB 800MG(<i>sevelamer carbonate</i>)	2‡	
Potassium-removing Agents		
<i>*sodium polystyrene sulfonate powder**</i>	1	
<i>kionex pow usp</i>	1	
<u>Irrigating Solutions</u>		
Irrigating Solutions		
<i>physiolyte sol</i>	2	
<i>physiosol sol irrigat</i>	2	
<i>ringer's solution for irrigation</i>	1	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>tis-u-sol sol</i>	1	
<u>Local Anesthetics</u>		
Local Anesthetics		
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	1	
<i>parcaine sol 0.5% op</i>	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<u>Multivitamin Preparations</u>		
Multivitamin Preparations		
<i>prenatabs tab obn</i>	1	
<u>Opiate Antagonists</u>		
Opiate Antagonists		
<i>depade tab 50mg</i>	1	
<i>naloxone hcl inj 0.4 mg/ml</i>	1	
<i>naloxone hcl inj 1 mg/ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
<u>Other Misc Therapeutic Agents</u>		
Other Misc Therapeutic Agents		
<i>allopurinol tab 100 mg</i>	1‡	

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Drug Name	Tier	Notes
<i>allopurinol tab 300 mg</i>	1‡	
<i>amifostine crystalline for inj 500 mg</i>	4	
AMPYRA TAB 10MG(<i>dalfampridine</i>)	4‡	(PA)(QL) 60 ea / 30 days
ARCALYST INJ 220MG(<i>rilonacept</i>)	4‡	(PA)
COLCRYS TAB 0.6MG(<i>colchicine</i>)	3	
CYSTADANE POW(<i>betaine</i>)	2‡	
CYSTAGON CAP 150MG(<i>cysteamine bitartrate</i>)	2	
CYSTAGON CAP 50MG(<i>cysteamine bitartrate</i>)	2	
<i>disulfiram tab 250 mg</i>	1‡	
<i>disulfiram tab 500 mg</i>	1‡	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	2	
KUVAN TAB 100MG(<i>sapropterin dihydrochloride</i>)	4‡	
LEUCOVOR CA TAB 10MG(<i>leucovorin calcium</i>)	2	(B/D)
LEUCOVOR CA TAB 15MG(<i>leucovorin calcium</i>)	2	(B/D)
<i>leucovorin calcium for inj 100 mg</i>	2	(B/D)
<i>leucovorin calcium for inj 350 mg</i>	2	(B/D)
<i>leucovorin calcium tab 25 mg</i>	2	(B/D)
<i>leucovorin calcium tab 5 mg</i>	2	(B/D)
<i>levocarnitine tab 330 mg</i>	1‡	(B/D)
<i>mesna inj 100 mg/ml</i>	2	
MESNEX TAB 400MG(<i>mesna</i>)	2	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4‡	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4‡	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3‡	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4‡	
ORFADIN CAP 10MG(<i>nitisinone</i>)	4‡	(PA)
ORFADIN CAP 2MG(<i>nitisinone</i>)	4‡	(PA)
ORFADIN CAP 5MG(<i>nitisinone</i>)	4‡	(PA)
SANDOSTATIN KIT LAR 10MG(<i>octreotide acetate</i>)	4	(B/D)
SANDOSTATIN KIT LAR 20MG(<i>octreotide acetate</i>)	4	(B/D)
SANDOSTATIN KIT LAR 30MG(<i>octreotide acetate</i>)	4	(B/D)
SENSIPAR TAB 30MG(<i>cinacalcet hcl</i>)	2‡	
SENSIPAR TAB 60MG(<i>cinacalcet hcl</i>)	2‡	
SENSIPAR TAB 90MG(<i>cinacalcet hcl</i>)	2‡	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1‡	
SOMATULINE INJ 120/.5ML(<i>lanreotide acetate</i>)	4	(PA)
SOMATULINE INJ 60/0.2ML(<i>lanreotide acetate</i>)	4	(PA)
SOMATULINE INJ 90/0.3ML(<i>lanreotide acetate</i>)	4	(PA)
<i>tamsulosin hcl cap 0.4 mg</i>	1‡	
UROXATRAL TAB 10MG(<i>alfuzosin hcl</i>)	3‡	(STC)
ZAVESCA CAP 100MG(<i>miglustat</i>)	4‡	(PA)

Parasympathomimetic (Cholinergic) Agents

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Drug Name	Tier	Notes
Parasympathomimetic (Cholinergic) Agents		
ARICEPT ODT TAB 10MG(<i>donepezil hydrochloride</i>)	3‡	(STC)
ARICEPT ODT TAB 5MG(<i>donepezil hydrochloride</i>)	3‡	(STC)
ARICEPT TAB 10MG(<i>donepezil hydrochloride</i>)	3‡	(STC)
ARICEPT TAB 5MG(<i>donepezil hydrochloride</i>)	3‡	(STC)
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2‡	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2‡	
<i>donepezil hydrochloride tab 10 mg</i>	2‡	
<i>donepezil hydrochloride tab 5 mg</i>	2‡	
EXELON SOL 2MG/ML(<i>rivastigmine tartrate</i>)	2‡	(STC)
<i>galantamine hydrobromide cap sr 24hr 16 mg</i>	1‡	(QL) 30 ea / 30 days
<i>galantamine hydrobromide cap sr 24hr 24 mg</i>	1‡	(QL) 30 ea / 30 days
<i>galantamine hydrobromide cap sr 24hr 8 mg</i>	1‡	(QL) 30 ea / 30 days
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1‡	(QL) 180 mls / 30 days
<i>galantamine hydrobromide tab 12 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>galantamine hydrobromide tab 4 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>galantamine hydrobromide tab 8 mg</i>	1‡	(QL) 60 tabs / 30 days
GUANIDINE TAB 125MG(<i>guanidine hcl</i>)	2	
MESTINON SYP 60MG/5ML(<i>pyridostigmine bromide</i>)	2	
MESTINON TAB TIMESPAN(<i>pyridostigmine bromide</i>)	2	
<i>pilocarpine hcl tab 5 mg</i>	1‡	
<i>pilocarpine hcl tab 7.5 mg</i>	1‡	
<i>pyridostigmine bromide tab 60 mg</i>	1	
REGONOL INJ 5MG/ML(<i>pyridostigmine bromide</i>)	1	
<i>rivastigmine tartrate cap 1.5 mg</i>	2‡	
<i>rivastigmine tartrate cap 3 mg</i>	2‡	
<i>rivastigmine tartrate cap 4.5 mg</i>	2‡	
<i>rivastigmine tartrate cap 6 mg</i>	2‡	
SALAGEN TAB 5MG(<i>pilocarpine hcl (oral)</i>)	2‡	
SALAGEN TAB 7.5MG(<i>pilocarpine hcl (oral)</i>)	2‡	

Parathyroid

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Drug Name	Tier	Notes
Parathyroid		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1‡	(QL) 3.7 mls / 30 days
FORTEO SOL 600/2.4(<i>teriparatide (recombinant)</i>)	4‡	(PA)
<i>fortical spr 200/act</i>	1‡	(QL) 3.7 mls / 30 days
<u>Pituitary</u>		
Pituitary		
<i>desmopressin acetate inj 4 mcg/ml</i>	1	
<i>desmopressin acetate tab 0.1 mg</i>	1‡	
<i>desmopressin acetate tab 0.2 mg</i>	1‡	
STIMATE SOL 1.5MG/ML(<i>desmopressin acetate</i>)	2‡	
<u>Progestins</u>		
Progestins		
DEPO-SQ PROV INJ 104(<i>medroxyprogesterone acetate (contraceptive)</i>)	2	(QL) 1 injection / 90 days
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	(QL) 1 injection / 90 days
<i>medroxyprogesterone acetate tab 10 mg</i>	1‡	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1‡	
<i>medroxyprogesterone acetate tab 5 mg</i>	1‡	
<i>norethindrone acetate tab 5 mg</i>	1‡	
PROMETRIUM CAP 100MG(<i>progesterone micronized</i>)	3‡	
PROMETRIUM CAP 200MG(<i>progesterone micronized</i>)	3‡	
<u>Prokinetic Agents</u>		
Prokinetic Agents		
<i>metoclopramide hcl inj 5 mg/ml</i>	1	(B/D)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<u>Psychotherapeutic Agents</u>		
Atypical Antipsychotics		
ABILIFY DISC TAB 10MG(<i>aripiprazole</i>)	3‡	(QL)(STC) 60 ea / 30 days
ABILIFY DISC TAB 15MG(<i>aripiprazole</i>)	3‡	(QL)(STC)

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Drug Name	Tier	Notes
		60 ea / 30 days
ABILIFY INJ 9.75MG(<i>aripiprazole</i>)	3	
ABILIFY SOL 1MG/ML(<i>aripiprazole</i>)	3‡	(QL) 900 mls / 30 days
ABILIFY TAB 10MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
ABILIFY TAB 15MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
ABILIFY TAB 20MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
ABILIFY TAB 2MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
ABILIFY TAB 30MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
ABILIFY TAB 5MG(<i>aripiprazole</i>)	3‡	(QL) 30 tabs / 30 days
<i>clozapine tab 100 mg</i>	1	(QL) 270 tabs / 30 days
CLOZAPINE TAB 200MG(<i>clozapine</i>)	1	(QL) 120 tabs / 30 days
<i>clozapine tab 25 mg</i>	1	(QL) 90 tabs / 30 days
<i>clozapine tab 50 mg</i>	1	(QL) 90 tabs / 30 days
FANAPT PAK(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 10MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 12MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 1MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 2MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 4MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 6MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FANAPT TAB 8MG(<i>iloperidone</i>)	3	(PA)(QL) 60 tabs / 30 days
FAZACLO TAB 100MG(<i>clozapine</i>)	3	(QL) 270 ea / 30 days
FAZACLO TAB 12.5MG(<i>clozapine</i>)	3	(QL) 270 ea / 30 days

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Drug Name	Tier	Notes
FAZACLO TAB 25MG(<i>clozapine</i>)	3	(QL) 270 ea / 30 days
GEODON CAP 20MG(<i>ziprasidone hcl</i>)	2‡	(QL) 60 caps / 30 days
GEODON CAP 40MG(<i>ziprasidone hcl</i>)	2‡	(QL) 60 caps / 30 days
GEODON CAP 60MG(<i>ziprasidone hcl</i>)	2‡	(QL) 60 caps / 30 days
GEODON CAP 80MG(<i>ziprasidone hcl</i>)	2‡	(QL) 60 caps / 30 days
GEODON INJ 20MG(<i>ziprasidone mesylate</i>)	2	
INVEGA SUST INJ 117/0.75(<i>paliperidone palmitate</i>)	4	(PA)
INVEGA SUST INJ 156MG/ML(<i>paliperidone palmitate</i>)	4	(PA)
INVEGA SUST INJ 234/1.5(<i>paliperidone palmitate</i>)	4	(PA)
INVEGA SUST INJ 39/0.25(<i>paliperidone palmitate</i>)	3	(PA)
INVEGA SUST INJ 78/0.5ML(<i>paliperidone palmitate</i>)	3	(PA)
INVEGA TAB 1.5MG(<i>paliperidone</i>)	3‡	(PA)(QL) 60 ea / 30 days
INVEGA TAB 3MG(<i>paliperidone</i>)	3‡	(PA)(QL) 60 ea / 30 days
INVEGA TAB 6MG(<i>paliperidone</i>)	3‡	(PA)(QL) 60 ea / 30 days
INVEGA TAB 9MG(<i>paliperidone</i>)	3‡	(PA)(QL) 30 ea / 30 days
LATUDA TAB 40MG(<i>lurasidone hcl</i>)	3‡	(STC)
LATUDA TAB 80MG(<i>lurasidone hcl</i>)	3‡	(STC)
RISPERDAL INJ 12.5MG(<i>risperidone microspheres</i>)	3	(QL) 2 vials / 28 days
RISPERDAL INJ 25MG(<i>risperidone microspheres</i>)	3	(QL) 2 vials / 28 days
RISPERDAL INJ 37.5MG(<i>risperidone microspheres</i>)	4	(QL) 2 vials / 28 days
RISPERDAL INJ 50MG(<i>risperidone microspheres</i>)	4	(QL) 2 vials / 28 days
<i>risperidone orally disintegrating tab 0.5 mg</i>	1‡	
<i>risperidone orally disintegrating tab 1 mg</i>	1‡	(QL) 60 ea / 30 days
<i>risperidone orally disintegrating tab 2 mg</i>	1‡	
<i>risperidone orally disintegrating tab 3 mg</i>	1‡	
<i>risperidone orally disintegrating tab 4 mg</i>	1‡	
<i>risperidone soln 1 mg/ml</i>	1‡	(QL) 240 mls / 30 days
<i>risperidone tab 0.25 mg</i>	1‡	(QL) 60 tabs / 30 days

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Drug Name	Tier	Notes
RISPERIDONE TAB 0.25 ODT(<i>risperidone</i>)	1‡	
<i>risperidone tab 0.5 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>risperidone tab 1 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>risperidone tab 2 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>risperidone tab 3 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>risperidone tab 4 mg</i>	1‡	(QL) 120 tabs / 30 days
SAPHRIS SUB 10MG(<i>asenapine maleate</i>)	3‡	(PA)(QL) 60 ea / 30 days
SAPHRIS SUB 5MG(<i>asenapine maleate</i>)	3‡	(PA)(QL) 60 ea / 30 days
SEROQUEL TAB 100MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 90 tabs / 30 days
SEROQUEL TAB 200MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 120 tabs / 30 days
SEROQUEL TAB 25MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 180 tabs / 30 days
SEROQUEL TAB 300MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 tabs / 30 days
SEROQUEL TAB 400MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 tabs / 30 days
SEROQUEL TAB 50MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 90 tabs / 30 days
SEROQUEL XR TAB 150MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 ea / 30 days
SEROQUEL XR TAB 200MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 30 ea / 30 days
SEROQUEL XR TAB 300MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 ea / 30 days
SEROQUEL XR TAB 400MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 ea / 30 days
SEROQUEL XR TAB 50MG(<i>quetiapine fumarate</i>)	3‡	(PA)(QL) 60 ea / 30 days
ZYPREXA INJ 10MG(<i>olanzapine</i>)	3	
ZYPREXA TAB 10MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days
ZYPREXA TAB 15MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days
ZYPREXA TAB 2.5MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days

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Drug Name	Tier	Notes
ZYPREXA TAB 20MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days
ZYPREXA TAB 5MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days
ZYPREXA TAB 7.5MG(<i>olanzapine</i>)	3‡	(QL) 30 tabs / 30 days
ZYPREXA ZYDI TAB 10MG(<i>olanzapine</i>)	3‡	(QL) 30 ea / 30 days
ZYPREXA ZYDI TAB 15MG(<i>olanzapine</i>)	3‡	(QL) 30 ea / 30 days
ZYPREXA ZYDI TAB 20MG(<i>olanzapine</i>)	3‡	(QL) 30 ea / 30 days
ZYPREXA ZYDI TAB 5MG(<i>olanzapine</i>)	3‡	(QL) 30 ea / 30 days
Butyrophenones		
<i>haloperidol decanoate im soln 100 mg/ml</i>	1	
<i>haloperidol decanoate im soln 50 mg/ml</i>	1	
<i>haloperidol lactate inj 5 mg/ml</i>	1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1‡	
<i>haloperidol tab 0.5 mg</i>	1‡	
<i>haloperidol tab 1 mg</i>	1‡	
<i>haloperidol tab 10 mg</i>	1‡	
<i>haloperidol tab 2 mg</i>	1‡	
<i>haloperidol tab 20 mg</i>	1‡	
<i>haloperidol tab 5 mg</i>	1‡	
Miscellaneous Antidepressants		
<i>budeprion tab 100mg sr</i>	1‡	(QL) 60 ea / 30 days
<i>budeprion tab 150mg sr</i>	1‡	(QL) 60 ea / 30 days
<i>budeprion xl tab 150mg</i>	1‡	
<i>budeprion xl tab 300mg</i>	1‡	(QL) 30 ea / 30 days
<i>buproban tab 150mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1‡	(QL) 90 tabs / 30 days
<i>bupropion hcl tab 75 mg</i>	1‡	(QL) 180 tabs / 30 days
<i>bupropion hcl tab sr 12hr 100 mg</i>	1‡	(QL) 60 ea / 30 days
<i>bupropion hcl tab sr 12hr 150 mg</i>	1‡	(QL) 60 ea / 30 days

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Drug Name	Tier	Notes
<i>bupropion hcl tab sr 12hr 200 mg</i>	1‡	(QL) 60 ea / 30 days
<i>mirtazapine orally disintegrating tab 15 mg</i>	1‡	(QL) 30 ea / 30 days
<i>mirtazapine orally disintegrating tab 30 mg</i>	1‡	(QL) 30 ea / 30 days
<i>mirtazapine orally disintegrating tab 45 mg</i>	1‡	(QL) 30 ea / 30 days
<i>mirtazapine tab 15 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>mirtazapine tab 30 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>mirtazapine tab 45 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>mirtazapine tab 7.5 mg</i>	1‡	(QL) 30 tabs / 30 days

Miscellaneous Antipsychotics

<i>loxapine succinate cap 10 mg</i>	1‡
<i>loxapine succinate cap 25 mg</i>	1‡
<i>loxapine succinate cap 5 mg</i>	1‡
<i>loxapine succinate cap 50 mg</i>	1‡
ORAP TAB 1MG(<i>pimozide</i>)	2‡
ORAP TAB 2MG(<i>pimozide</i>)	2‡

Monomine Oxidase Inhibitors

MARPLAN TAB 10MG(<i>isocarboxazid</i>)	2‡
NARDIL TAB 15MG(<i>phenelzine sulfate</i>)	2‡
<i>phenelzine sulfate tab 15 mg</i>	1‡
<i>tranylcypromine sulfate tab 10 mg</i>	1‡

Phenothiazines

CHLORPROMAZ INJ 25MG/ML(<i>chlorpromazine hcl</i>)	1
<i>chlorpromazine hcl tab 10 mg</i>	1‡
<i>chlorpromazine hcl tab 100 mg</i>	1‡
<i>chlorpromazine hcl tab 200 mg</i>	1‡
<i>chlorpromazine hcl tab 25 mg</i>	1‡
<i>chlorpromazine hcl tab 50 mg</i>	1‡
<i>compro sup 25mg</i>	1
FLUPHENAZINE CON 5MG/ML(<i>fluphenazine hcl</i>)	1‡
<i>fluphenazine decanoate inj 25 mg/ml</i>	1
FLUPHENAZINE ELX 2.5/5ML(<i>fluphenazine hcl</i>)	1‡
<i>fluphenazine hcl tab 1 mg</i>	1‡
<i>fluphenazine hcl tab 10 mg</i>	1‡

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Drug Name	Tier	Notes
<i>fluphenazine hcl tab 2.5 mg</i>	1 ‡	
<i>fluphenazine hcl tab 5 mg</i>	1 ‡	
FLUPHENAZINE INJ 2.5MG/ML(<i>fluphenazine hcl</i>)	1	
<i>perphenazine tab 16 mg</i>	1 ‡	
<i>perphenazine tab 2 mg</i>	1 ‡	
<i>perphenazine tab 4 mg</i>	1 ‡	
<i>perphenazine tab 8 mg</i>	1 ‡	
<i>prochlorperazine edisylate inj 5 mg/ml</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1 ‡	
<i>prochlorperazine maleate tab 5 mg</i>	1 ‡	
<i>prochlorperazine suppos 25 mg</i>	1	
<i>thioridazine hcl tab 10 mg</i>	1 ‡	
<i>thioridazine hcl tab 100 mg</i>	1 ‡	
<i>thioridazine hcl tab 25 mg</i>	1 ‡	
<i>thioridazine hcl tab 50 mg</i>	1 ‡	
<i>trifluoperazine hcl tab 1 mg</i>	1 ‡	
<i>trifluoperazine hcl tab 10 mg</i>	1 ‡	
<i>trifluoperazine hcl tab 2 mg</i>	1 ‡	
<i>trifluoperazine hcl tab 5 mg</i>	1 ‡	
Selective Serotonin- and Norepinephrine-reuptake		
CYMBALTA CAP 20MG(<i>duloxetine hcl</i>)	3 ‡	(PA)(QL) 60 ea / 30 days
CYMBALTA CAP 30MG(<i>duloxetine hcl</i>)	3 ‡	(PA)(QL) 60 ea / 30 days
CYMBALTA CAP 60MG(<i>duloxetine hcl</i>)	3 ‡	(PA)(QL) 30 ea / 30 days
PRISTIQ TAB 100MG(<i>desvenlafaxine succinate</i>)	3 ‡	(QL)(STC) 30 ea / 30 days
PRISTIQ TAB 50MG(<i>desvenlafaxine succinate</i>)	3 ‡	(QL)(STC) 30 ea / 30 days
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i>	2 ‡	(QL) 60 ea / 30 days
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i>	2 ‡	(QL) 30 ea / 30 days
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i>	2 ‡	(QL) 30 ea / 30 days
<i>venlafaxine hcl tab 100 mg</i>	1 ‡	(QL) 90 tabs / 30 days
<i>venlafaxine hcl tab 25 mg</i>	1 ‡	(QL) 90 tabs / 30 days
<i>venlafaxine hcl tab 37.5 mg</i>	1 ‡	(QL) 120 tabs / 30 days
<i>venlafaxine hcl tab 50 mg</i>	1 ‡	(QL)

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Drug Name	Tier	Notes
<i>venlafaxine hcl tab 75 mg</i>	1‡	180 tabs / 30 days (QL)
VENLAFAXINE TAB 150MG ER(<i>venlafaxine hcl</i>)	1‡	150 tabs / 30 days (QL)
VENLAFAXINE TAB 225MG ER(<i>venlafaxine hcl</i>)	1‡	60 ea / 30 days (QL)
VENLAFAXINE TAB 37.5 ER(<i>venlafaxine hcl</i>)	1‡	30 ea / 30 days (QL)
VENLAFAXINE TAB 75MG ER(<i>venlafaxine hcl</i>)	1‡	30 ea / 30 days (QL)
		30 ea / 30 days
Selective-serotonin Reuptake Inhibitors		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1‡	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1‡	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1‡	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1‡	
<i>fluoxetine hcl cap 10 mg</i>	1‡	(QL) 30 caps / 30 days
<i>fluoxetine hcl cap 20 mg</i>	1‡	(QL) 120 caps / 30 days
<i>fluoxetine hcl cap 40 mg</i>	1‡	(QL) 60 caps / 30 days
<i>fluoxetine hcl cap delayed release 90 mg</i>	1‡	(QL) 4 ea / 28 days
<i>fluoxetine hcl solution 20 mg/5ml</i>	1‡	(QL) 600 mls / 30 days
<i>fluoxetine hcl tab 10 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>fluoxetine hcl tab 20 mg</i>	1‡	(QL) 120 tabs / 30 days
<i>fluvoxamine maleate tab 100 mg</i>	1‡	(QL) 90 tabs / 30 days
<i>fluvoxamine maleate tab 25 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>fluvoxamine maleate tab 50 mg</i>	1‡	(QL) 30 tabs / 30 days
LEXAPRO SOL 5MG/5ML(<i>escitalopram oxalate</i>)	2‡	(QL)(STC) 600 mls / 30 days
LEXAPRO TAB 10MG(<i>escitalopram oxalate</i>)	2‡	(QL)(STC) 30 tabs / 30 days
LEXAPRO TAB 20MG(<i>escitalopram oxalate</i>)	2‡	(QL)(STC) 30 tabs / 30 days
LEXAPRO TAB 5MG(<i>escitalopram oxalate</i>)	2‡	(QL)(STC)

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Drug Name	Tier	Notes
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1‡	30 tabs / 30 days (QL)
<i>paroxetine hcl tab 10 mg</i>	1‡	900 mls / 30 days (QL)
<i>paroxetine hcl tab 20 mg</i>	1‡	30 tabs / 30 days (QL)
<i>paroxetine hcl tab 30 mg</i>	1‡	30 tabs / 30 days (QL)
<i>paroxetine hcl tab 40 mg</i>	1‡	60 tabs / 30 days (QL)
<i>paroxetine hcl tab sr 24hr 12.5 mg</i>	1‡	
<i>paroxetine hcl tab sr 24hr 25 mg</i>	1‡	
<i>paroxetine hcl tab sr 24hr 37.5 mg</i>	1‡	
PAXIL CR TAB 37.5MG(<i>paroxetine hcl</i>)	3‡	(QL)(STC) 60 ea / 30 days
<i>sertraline hcl oral conc 20 mg/ml</i>	1‡	(QL) 300 ml / 30 days
<i>sertraline hcl tab 100 mg</i>	1‡	(QL) 60 tabs / 30 days
<i>sertraline hcl tab 25 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>sertraline hcl tab 50 mg</i>	1‡	(QL) 45 tabs / 30 days

Serotonin Modulators

NEFAZODONE TAB 100MG(<i>nefazodone hcl</i>)	1‡	
NEFAZODONE TAB 150MG(<i>nefazodone hcl</i>)	1‡	
NEFAZODONE TAB 200MG(<i>nefazodone hcl</i>)	1‡	
NEFAZODONE TAB 250MG(<i>nefazodone hcl</i>)	1‡	
NEFAZODONE TAB 50MG(<i>nefazodone hcl</i>)	1‡	
<i>trazodone hcl tab 100 mg</i>	1‡	
<i>trazodone hcl tab 150 mg</i>	1‡	
<i>trazodone hcl tab 300 mg</i>	1‡	
<i>trazodone hcl tab 50 mg</i>	1‡	
VIIBRYD TAB 10MG(<i>vilazodone hcl</i>)	3‡	(STC)
VIIBRYD TAB 20MG(<i>vilazodone hcl</i>)	3‡	(STC)
VIIBRYD TAB 40MG(<i>vilazodone hcl</i>)	3‡	(STC)

Thioxanthenes

<i>thiothixene cap 1 mg</i>	1‡	
<i>thiothixene cap 10 mg</i>	1‡	
<i>thiothixene cap 2 mg</i>	1‡	
<i>thiothixene cap 5 mg</i>	1‡	

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Drug Name	Tier	Notes
Tricyclics and Other Norepinephrine-reuptake Inhib		
<i>amitriptyline hcl tab 10 mg</i>	1†‡	
<i>amitriptyline hcl tab 100 mg</i>	1†‡	
<i>amitriptyline hcl tab 150 mg</i>	1†‡	
<i>amitriptyline hcl tab 25 mg</i>	1†‡	
<i>amitriptyline hcl tab 50 mg</i>	1†‡	
<i>amitriptyline hcl tab 75 mg</i>	1†‡	
AMOXAPINE TAB 100MG(<i>amoxapine</i>)	1†‡	
AMOXAPINE TAB 150MG(<i>amoxapine</i>)	1†‡	
AMOXAPINE TAB 25MG(<i>amoxapine</i>)	1†‡	
AMOXAPINE TAB 50MG(<i>amoxapine</i>)	1†‡	
<i>clomipramine hcl cap 25 mg</i>	1†‡	
<i>clomipramine hcl cap 50 mg</i>	1†‡	
<i>clomipramine hcl cap 75 mg</i>	1†‡	
<i>desipramine hcl tab 10 mg</i>	1†‡	
<i>desipramine hcl tab 100 mg</i>	1†‡	
<i>desipramine hcl tab 150 mg</i>	1†‡	
<i>desipramine hcl tab 25 mg</i>	1†‡	
<i>desipramine hcl tab 50 mg</i>	1†‡	
<i>desipramine hcl tab 75 mg</i>	1†‡	
<i>doxepin hcl cap 10 mg</i>	1†‡	
<i>doxepin hcl cap 100 mg</i>	1†‡	
DOXEPIN HCL CAP 150MG(<i>doxepin hcl</i>)	1†‡	
<i>doxepin hcl cap 25 mg</i>	1†‡	
<i>doxepin hcl cap 50 mg</i>	1†‡	
<i>doxepin hcl cap 75 mg</i>	1†‡	
<i>doxepin hcl conc 10 mg/ml</i>	1†‡	
<i>imipramine hcl tab 10 mg</i>	1†‡	
<i>imipramine hcl tab 25 mg</i>	1†‡	
<i>imipramine hcl tab 50 mg</i>	1†‡	
MAPROTILINE TAB 25MG(<i>maprotiline hcl</i>)	1†‡	
MAPROTILINE TAB 50MG(<i>maprotiline hcl</i>)	1†‡	
MAPROTILINE TAB 75MG(<i>maprotiline hcl</i>)	1†‡	
<i>nortriptyline hcl cap 10 mg</i>	1†‡	
<i>nortriptyline hcl cap 25 mg</i>	1†‡	
<i>nortriptyline hcl cap 50 mg</i>	1†‡	
<i>nortriptyline hcl cap 75 mg</i>	1†‡	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1†‡	
<i>protriptyline hcl tab 10 mg</i>	1†‡	
<i>protriptyline hcl tab 5 mg</i>	1†‡	
SURMONTIL CAP 100MG(<i>trimipramine maleate</i>)	3†‡	
SURMONTIL CAP 25MG(<i>trimipramine maleate</i>)	3†‡	
SURMONTIL CAP 50MG(<i>trimipramine maleate</i>)	3†‡	

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Drug Name	Tier	Notes
<u>Renin-Angiotensin-Aldosterone Sys Inhib</u>		
Angiotensin II Receptor Antagonists		
ATACAND HCT TAB 16-12.5(<i>candesartan cilexetil-hydrochlorothiazide</i>)	3‡	(QL)(STC) 60 tabs / 30 days
ATACAND HCT TAB 32-12.5(<i>candesartan cilexetil-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
ATACAND HCT TAB 32-25MG(<i>candesartan cilexetil-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
ATACAND TAB 16MG(<i>candesartan cilexetil</i>)	3‡	(QL)(STC) 60 tabs / 30 days
ATACAND TAB 32MG(<i>candesartan cilexetil</i>)	3‡	(QL)(STC) 30 tabs / 30 days
ATACAND TAB 4MG(<i>candesartan cilexetil</i>)	3‡	(QL)(STC) 60 tabs / 30 days
ATACAND TAB 8MG(<i>candesartan cilexetil</i>)	3‡	(QL)(STC) 60 tabs / 30 days
AVALIDE TAB 150-12.5(<i>irbesartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVALIDE TAB 300-12.5(<i>irbesartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVALIDE TAB 300-25MG(<i>irbesartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVAPRO TAB 150MG(<i>irbesartan</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVAPRO TAB 300MG(<i>irbesartan</i>)	3‡	(QL)(STC) 30 tabs / 30 days
AVAPRO TAB 75MG(<i>irbesartan</i>)	3‡	(QL)(STC) 30 tabs / 30 days
BENICAR HCT TAB 20-12.5(<i>olmesartan medoxomil-hydrochlorothiazide</i>)	2‡	(QL) 30 tabs / 30 days
BENICAR HCT TAB 40-12.5(<i>olmesartan medoxomil-hydrochlorothiazide</i>)	2‡	(QL) 30 tabs / 30 days
BENICAR HCT TAB 40-25MG(<i>olmesartan medoxomil-hydrochlorothiazide</i>)	2‡	(QL) 30 tabs / 30 days
BENICAR TAB 20MG(<i>olmesartan medoxomil</i>)	2‡	(QL) 30 tabs / 30 days
BENICAR TAB 40MG(<i>olmesartan medoxomil</i>)	2‡	(QL) 30 tabs / 30 days
BENICAR TAB 5MG(<i>olmesartan medoxomil</i>)	2‡	(QL) 30 tabs / 30 days
DIOVAN HCT TAB 160/12.5(<i>valsartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days

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Drug Name	Tier	Notes
DIOVAN HCT TAB 160/25MG(<i>valsartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DIOVAN HCT TAB 320/12.5(<i>valsartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DIOVAN HCT TAB 320/25MG(<i>valsartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DIOVAN HCT TAB 80/12.5(<i>valsartan-hydrochlorothiazide</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DIOVAN TAB 160MG(<i>valsartan</i>)	3‡	(QL)(STC) 60 tabs / 30 days
DIOVAN TAB 320MG(<i>valsartan</i>)	3‡	(QL)(STC) 30 tabs / 30 days
DIOVAN TAB 40MG(<i>valsartan</i>)	3‡	(QL)(STC) 60 tabs / 30 days
DIOVAN TAB 80MG(<i>valsartan</i>)	3‡	(QL)(STC) 60 tabs / 30 days
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>losartan potassium tab 100 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>losartan potassium tab 25 mg</i>	1‡	(QL) 30 tabs / 30 days
<i>losartan potassium tab 50 mg</i>	1‡	(QL) 30 tabs / 30 days
MICARDIS HCT TAB 40/12.5(<i>telmisartan-hydrochlorothiazide</i>)	2‡	(QL)(STC) 30 tabs / 30 days
MICARDIS HCT TAB 80/12.5(<i>telmisartan-hydrochlorothiazide</i>)	2‡	(QL)(STC) 30 tabs / 30 days
MICARDIS HCT TAB 80/25MG(<i>telmisartan-hydrochlorothiazide</i>)	2‡	(QL)(STC) 30 tabs / 30 days
MICARDIS TAB 20MG(<i>telmisartan</i>)	2‡	(QL)(STC) 30 tabs / 30 days
MICARDIS TAB 40MG(<i>telmisartan</i>)	2‡	(QL)(STC) 30 tabs / 30 days
MICARDIS TAB 80MG(<i>telmisartan</i>)	2‡	(QL)(STC) 30 tabs / 30 days

Angiotensin-Converting Enzyme Inhibitors

<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1‡
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1‡

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Drug Name	Tier	Notes
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1 ‡	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1 ‡	
<i>benazepril hcl tab 10 mg</i>	1 ‡	
<i>benazepril hcl tab 20 mg</i>	1 ‡	
<i>benazepril hcl tab 40 mg</i>	1 ‡	
<i>benazepril hcl tab 5 mg</i>	1 ‡	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1 ‡	(QL) 90 tabs / 30 days
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1 ‡	(QL) 60 tabs / 30 days
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1 ‡	(QL) 90 tabs / 30 days
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1 ‡	(QL) 60 tabs / 30 days
<i>captopril tab 100 mg</i>	1 ‡	
<i>captopril tab 12.5 mg</i>	1 ‡	
<i>captopril tab 25 mg</i>	1 ‡	
<i>captopril tab 50 mg</i>	1 ‡	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1 ‡	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1 ‡	
<i>enalapril maleate tab 10 mg</i>	1 ‡	
<i>enalapril maleate tab 2.5 mg</i>	1 ‡	
<i>enalapril maleate tab 20 mg</i>	1 ‡	
<i>enalapril maleate tab 5 mg</i>	1 ‡	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1 ‡	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1 ‡	
<i>fosinopril sodium tab 10 mg</i>	1 ‡	
<i>fosinopril sodium tab 20 mg</i>	1 ‡	
<i>fosinopril sodium tab 40 mg</i>	1 ‡	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1 ‡	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1 ‡	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1 ‡	
<i>lisinopril tab 10 mg</i>	1 ‡	
<i>lisinopril tab 2.5 mg</i>	1 ‡	
<i>lisinopril tab 20 mg</i>	1 ‡	
<i>lisinopril tab 30 mg</i>	1 ‡	
<i>lisinopril tab 40 mg</i>	1 ‡	
<i>lisinopril tab 5 mg</i>	1 ‡	
<i>moexipril hcl tab 15 mg</i>	1 ‡	
<i>moexipril hcl tab 7.5 mg</i>	1 ‡	
<i>quinapril hcl tab 10 mg</i>	1 ‡	
<i>quinapril hcl tab 20 mg</i>	1 ‡	
<i>quinapril hcl tab 40 mg</i>	1 ‡	
<i>quinapril hcl tab 5 mg</i>	1 ‡	

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Drug Name	Tier	Notes
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1 ‡	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1 ‡	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1 ‡	
<i>ramipril cap 1.25 mg</i>	1 ‡	
<i>ramipril cap 10 mg</i>	1 ‡	
<i>ramipril cap 2.5 mg</i>	1 ‡	
<i>ramipril cap 5 mg</i>	1 ‡	
<i>trandolapril tab 1 mg</i>	1 ‡	
<i>trandolapril tab 2 mg</i>	1 ‡	
<i>trandolapril tab 4 mg</i>	1 ‡	

Mineralocorticoid (Aldost) Recept Antag

<i>eplerenone tab 25 mg</i>	1 ‡	
<i>eplerenone tab 50 mg</i>	1 ‡	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1 ‡	
<i>spironolactone tab 100 mg</i>	1 ‡	
<i>spironolactone tab 25 mg</i>	1 ‡	
<i>spironolactone tab 50 mg</i>	1 ‡	

Renin Inhibitors

TEKTURNA HCT TAB 150-12.5(<i>aliskiren-hydrochlorothiazide</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days
TEKTURNA HCT TAB 150-25MG(<i>aliskiren-hydrochlorothiazide</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days
TEKTURNA HCT TAB 300-12.5(<i>aliskiren-hydrochlorothiazide</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days
TEKTURNA HCT TAB 300-25MG(<i>aliskiren-hydrochlorothiazide</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days
TEKTURNA TAB 150MG(<i>aliskiren fumarate</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days
TEKTURNA TAB 300MG(<i>aliskiren fumarate</i>)	3 ‡	(QL)(STC) 30 tabs / 30 days

Replacement Preparations

Replacement Preparations

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	1 ‡	
D10W/NACL INJ 0.45%(<i>dextrose w/ sodium chloride</i>)	1	
D5W/LYTES INJ #48(<i>electrolyte-48 in dextrose</i>)	1	
D5W/NACL INJ 0.225%(<i>dextrose w/ sodium chloride</i>)	1	
<i>dextrose 10% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	

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Drug Name	Tier	Notes
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>ed k+10 tab 10meq cr</i>	1‡	
IONOSOL-B/ INJ D5W(<i>electrolyte-b in dextrose</i>)	2	(B/D)
IONOSOL-MB INJ /D5W(<i>electrolyte-mb in dextrose</i>)	2	(B/D)
IONOSOL-T INJ /D5W(<i>electrolyte-t in dextrose</i>)	2	(B/D)
<i>kaon-cl-10 tab 10meq cr</i>	1‡	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KCL/D10/NACL INJ 0.15/0.2(<i>potassium chloride in dextrose & sodium chloride</i>)	1	
KCL/D5W INJ 0.075%(<i>potassium chloride in dextrose</i>)	1	
KCL/D5W/LR INJ 0.15%(<i>potassium chloride in d5w lactated ringers</i>)	1	
KCL/D5W/LR INJ 0.3%(<i>potassium chloride in d5w lactated ringers</i>)	1	
KCL/D5W/NACL INJ .224/.33(<i>potassium chloride in dextrose & sodium chloride</i>)	1	
KCL/D5W/NACL INJ 0.15/0.2(<i>potassium chloride in dextrose & sodium chloride</i>)	1	
KCL/D5W/NACL INJ 0.3/0.9%(<i>potassium chloride in dextrose & sodium chloride</i>)	1	
<i>klor-con 10 tab 10meq er</i>	2‡	
<i>klor-con 8 tab 8meq er</i>	2‡	
KLOR-CON M15 TAB(<i>potassium chloride microencapsulated crystals cr</i>)	2‡	
<i>klor-con m20 tab 20meq er</i>	2‡	
<i>lactated ringer's solution</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>potassium chloride 30 meq/l (0.224%) in dextrose 5% inj</i>	1	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	1	
<i>potassium chloride cap cr 10 meq</i>	1‡	
<i>potassium chloride inj 10 meq/100 ml</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	1	
<i>potassium chloride inj 20 meq/50 ml</i>	1	
<i>potassium chloride inj 30 meq/100 ml</i>	1	
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	1‡	
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	1‡	
<i>potassium chloride tab cr 8 meq (600 mg)</i>	1‡	
<i>ringer's solution</i>	1	

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Drug Name	Tier	Notes
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
<i>tpn electrol inj</i>	3	(B/D)

Respiratory Smooth Muscle Relaxants

Respiratory Smooth Muscle Relaxants

AMINOPHYLLIN TAB 100MG(<i>aminophylline</i>)	1‡	
AMINOPHYLLIN TAB 200MG(<i>aminophylline</i>)	1‡	
<i>aminophylline inj 25 mg/ml</i>	1	
<i>theochron tab 200mg cr</i>	1‡	
<i>theochron tab 300mg cr</i>	1‡	
<i>theophylline tab sr 12hr 100 mg</i>	1‡	
<i>theophylline tab sr 12hr 200 mg</i>	1‡	
<i>theophylline tab sr 12hr 300 mg</i>	1‡	
<i>theophylline tab sr 12hr 450 mg</i>	1‡	
<i>theophylline tab sr 24hr 400 mg</i>	1‡	
<i>theophylline tab sr 24hr 600 mg</i>	1‡	

Respiratory Tract Agents, Miscellaneous

Respiratory Tract Agents, Miscellaneous

ARALAST NP INJ 400MG(<i>alpha1-proteinase inhibitor (human)</i>)	4	
PROLASTIN INJ 500MG(<i>alpha1-proteinase inhibitor (human)</i>)	4	(B/D)
XOLAIR SOL 150MG(<i>omalizumab</i>)	4‡	(B/D)
ZEMAIRA INJ 1000MG(<i>alpha1-proteinase inhibitor (human)</i>)	4	

Second Generation Antihistamines

Second Generation Antihistamines

<i>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</i>	1	
<i>fexofenadine hcl tab 180 mg</i>	1	(QL) 30 tabs / 30 days
<i>fexofenadine hcl tab 30 mg</i>	1	(QL) 60 tabs / 30 days
<i>fexofenadine hcl tab 60 mg</i>	1	(QL) 60 tabs / 30 days

Serums

Serums

CARIMUNE NF INJ 3GM(<i>immune globulin (human) iv</i>)	4	(B/D)
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Drug Name	Tier	Notes
GAMASTAN S/D INJ(<i>immune globulin (human)</i>)	3	(B/D)
GAMUNEX INJ 10%(<i>immune globulin (human) iv</i>)	4	(PA)

Skeletal Muscle Relaxants

CENTRALLY ACTING SKELETAL MUSCLE RELAXANTS

<i>carisoprodol tab 350 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>tizanidine hcl tab 2 mg</i>	1‡	
<i>tizanidine hcl tab 4 mg</i>	1‡	

DIRECT ACTING SKELETAL MUSCLE RELAXANTS

<i>dantrolene sodium cap 100 mg</i>	1	
<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	

GABA DERIVATIVE SKELETAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	1‡	
<i>baclofen tab 20 mg</i>	1‡	

Skin and Mucous Membrane Agents, Misc

Skin and Mucous Membrane Agents, Misc

<i>amnestem cap 10mg</i>	2	
<i>amnestem cap 20mg</i>	2	
<i>amnestem cap 40mg</i>	2	
CALCIPOTRIEN OIN 0.005%(<i>calcipotriene</i>)	2	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
CARAC CRE 0.5%(<i>fluorouracil (topical)</i>)	2	
<i>claravis cap 10mg</i>	2	
<i>claravis cap 20mg</i>	2	
<i>claravis cap 30mg</i>	2	
<i>claravis cap 40mg</i>	2	
CONDYLOX GEL 0.5%(<i>podofilox</i>)	3	
DOVONEX CRE 0.005%(<i>calcipotriene</i>)	2	
ELIDEL CRE 1%(<i>pimecrolimus</i>)	3	(STC)
FLUOROPLEX CRE 1%(<i>fluorouracil (topical)</i>)	2	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil inj 500 mg/10ml (50 mg/ml)</i>	2	(B/D)
FLUOROURACIL SOL 2%(<i>fluorouracil (topical)</i>)	1	

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Drug Name	Tier	Notes
FLUOROURACIL SOL 5%(<i>fluorouracil (topical)</i>)	1	
<i>imiquimod cream 5%</i>	1	
ORACEA CAP 40MG(<i>doxycycline (rosacea)</i>)	2	
PANRETIN GEL 0.1%(<i>alitretinoin</i>)	4	
<i>podofilox soln 0.5%</i>	1	
PROTOPIC OIN 0.03%(<i>tacrolimus (topical)</i>)	3	
PROTOPIC OIN 0.1%(<i>tacrolimus (topical)</i>)	3	
REGRANEX GEL 0.01%(<i>becaplermin</i>)	4	(QL) 15 gm / 30 days
SANTYL OIN 250/GM(<i>collagenase</i>)	2	
SOLARAZE GEL 3% W/W(<i>diclofenac sodium (actinic keratoses)</i>)	2	
<i>sotret cap 10mg</i>	2	
<i>sotret cap 20mg</i>	2	
<i>sotret cap 30mg</i>	2	
<i>sotret cap 40mg</i>	2	
TARGRETIN GEL 1%(<i>bexarotene (topical)</i>)	4	
ZYCLARA CRE 3.75%(<i>imiquimod</i>)	3	

Somatotropin Agonists and Antagonists

Somatotropin Agonists

INCRELEX INJ 40MG/4ML(<i>mecasermin</i>)	4‡	(PA)
OMNITROPE INJ 10/1.5ML(<i>somatropin</i>)	4‡	(PA)
OMNITROPE INJ 5.8MG(<i>somatropin</i>)	4‡	(PA)
OMNITROPE INJ 5/1.5ML(<i>somatropin</i>)	4‡	(PA)
TEV-TROPIN INJ 5MG(<i>somatropin</i>)	4‡	(PA)

Somatotropin Antagonists

SOMAVERT INJ 10MG(<i>pegvisomant</i>)	4‡‡	(B/D)
SOMAVERT INJ 15MG(<i>pegvisomant</i>)	4‡‡	(B/D)
SOMAVERT INJ 20MG(<i>pegvisomant</i>)	4‡‡	(B/D)

Sympatholytic (Adrenergic Block) Agents

Sympatholytic (Adrenergic Block) Agents

<i>ergoloid mesylates tab 1 mg</i>	1‡	
ERGOMAR SUB 2MG(<i>ergotamine tartrate</i>)	2	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
MIGERGOT SUP 2/100(<i>ergotamine w/ caffeine</i>)	2	
MIGRANAL SPR 4MG/ML(<i>dihydroergotamine mesylate</i>)	2	(QL) 16 mls / 30 days

Sympathomimetic (Adrenergic) Agents

Selective beta-2-Adrenergic Agonists

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Drug Name	Tier	Notes
ADVAIR DISKU AER 100/50(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 kit / 30 days
ADVAIR DISKU AER 250/50(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 kit / 30 days
ADVAIR DISKU AER 500/50(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 kit / 30 days
ADVAIR HFA AER 115/21(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 inhaler / 30 days
ADVAIR HFA AER 230/21(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 inhaler / 30 days
ADVAIR HFA AER 45/21(<i>fluticasone-salmeterol</i>)	3‡	(PA)(QL) 1 inhaler / 30 days
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1‡	(B/D)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1‡	(B/D)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1‡	(B/D)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1‡	(B/D)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1‡	
<i>albuterol sulfate tab 2 mg</i>	1‡	
<i>albuterol sulfate tab 4 mg</i>	1‡	
COMBIVENT AER(<i>ipratropium-albuterol</i>)	2‡	
FORADIL CAP AEROLIZE(<i>formoterol fumarate</i>)	2‡	(QL) 60 caps / 30 days
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1‡	(B/D)
METAPROTEREN TAB 10MG(<i>metaproterenol sulfate</i>)	1‡	
METAPROTEREN TAB 20MG(<i>metaproterenol sulfate</i>)	1‡	
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	1‡	
PROAIR HFA AER(<i>albuterol sulfate</i>)	2‡	(QL) 2 inhalers / 28 days
SEREVENT DIS AER 50MCG(<i>salmeterol xinafoate</i>)	3‡	(QL) 1 inhaler / 30 days
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1‡	
<i>terbutaline sulfate tab 5 mg</i>	1‡	
VENTOLIN HFA AER(<i>albuterol sulfate</i>)	2‡	(QL) 2 inhalers / 30 days
alpha- and beta-Adrenergic Agonists		
<i>epinephrine hcl inj 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJ 0.3MG(<i>epinephrine</i>)	2	(QL) 1 pen / 30 days
EPIPEN-JR INJ 2-PAK(<i>epinephrine</i>)	2	(QL) 1 pen / 30 days

Thyroid and Antithyroid Agents

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Drug Name	Tier	Notes
Antithyroid Agents		
<i>methimazole tab 10 mg</i>	1†	
<i>methimazole tab 5 mg</i>	1†	
<i>propylthiouracil tab 50 mg</i>	1†	
Thyroid Agents		
<i>levothroid tab 100mcg</i>	3‡	
<i>levothroid tab 112mcg</i>	3‡	
<i>levothroid tab 125mcg</i>	3‡	
<i>levothroid tab 137mcg</i>	3‡	
<i>levothroid tab 150mcg</i>	3‡	
<i>levothroid tab 175mcg</i>	3‡	
<i>levothroid tab 200mcg</i>	3‡	
<i>levothroid tab 25mcg</i>	3‡	
<i>levothroid tab 300mcg</i>	3‡	
<i>levothroid tab 50mcg</i>	3‡	
<i>levothroid tab 75mcg</i>	3‡	
<i>levothroid tab 88mcg</i>	3‡	
<i>levothyroxine sodium tab 100 mcg</i>	1‡	
<i>levothyroxine sodium tab 112 mcg</i>	1‡	
<i>levothyroxine sodium tab 125 mcg</i>	1‡	
<i>levothyroxine sodium tab 137 mcg</i>	1‡	
<i>levothyroxine sodium tab 150 mcg</i>	1‡	
<i>levothyroxine sodium tab 175 mcg</i>	1‡	
<i>levothyroxine sodium tab 200 mcg</i>	1‡	
<i>levothyroxine sodium tab 25 mcg</i>	1‡	
<i>levothyroxine sodium tab 300 mcg</i>	1‡	
<i>levothyroxine sodium tab 50 mcg</i>	1‡	
<i>levothyroxine sodium tab 75 mcg</i>	1‡	
<i>levothyroxine sodium tab 88 mcg</i>	1‡	
<i>levoxyl tab 100mcg</i>	1‡	
<i>levoxyl tab 112mcg</i>	1‡	
<i>levoxyl tab 125mcg</i>	1‡	
<i>levoxyl tab 137mcg</i>	1‡	
<i>levoxyl tab 150mcg</i>	1‡	
<i>levoxyl tab 175mcg</i>	1‡	
<i>levoxyl tab 200mcg</i>	1‡	
<i>levoxyl tab 25mcg</i>	1‡	
<i>levoxyl tab 50mcg</i>	1‡	
<i>levoxyl tab 75mcg</i>	1‡	
<i>levoxyl tab 88mcg</i>	1‡	
<i>liothyronine sodium tab 25 mcg</i>	1‡	

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Drug Name	Tier	Notes
<i>liothyronine sodium tab 5 mcg</i>	1‡	
<i>liothyronine sodium tab 50 mcg</i>	1‡	
SYNTHROID TAB 100MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 112MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 125MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 137MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 150MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 175MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 200MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 25MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 300MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 50MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 75MCG(<i>levothyroxine sodium</i>)	3‡	
SYNTHROID TAB 88MCG(<i>levothyroxine sodium</i>)	3‡	
<i>unithroid tab 100mcg</i>	3‡	
<i>unithroid tab 112mcg</i>	3‡	
<i>unithroid tab 125mcg</i>	3‡	
<i>unithroid tab 137mcg</i>	3‡	
<i>unithroid tab 150mcg</i>	3‡	
<i>unithroid tab 175mcg</i>	3‡	
<i>unithroid tab 200mcg</i>	3‡	
<i>unithroid tab 25mcg</i>	3‡	
<i>unithroid tab 300mcg</i>	3‡	
<i>unithroid tab 50mcg</i>	3‡	
<i>unithroid tab 75mcg</i>	3‡	
<i>unithroid tab 88mcg</i>	3‡	

Toxoids

Toxoids

ADACEL INJ(<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	2	
BOOSTRIX INJ(<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	2	
DAPTACEL INJ(<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	2	
DECAVAC INJ 5-2LF(<i>tetanus-diphtheria toxoids (td)</i>)	2	
DIP/TET PED INJ 6.7-5LF(<i>diphtheria-tetanus toxoids (dt)</i>)	2	
INFANRIX INJ(<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	2	
TET/DIP TOX INJ 2-2 LF(<i>tetanus-diphtheria toxoids (td)</i>)	2	
TETANUS TOX INJ 5LF ADS(<i>tetanus toxoid adsorbed</i>)	2	(B/D)
TRIIBIT KIT P/F(<i>diph, acellular pertussis, tetanus tox & haemophilus b poly</i>)	2	
TRIPEDIA SUS P/F(<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	2	

Uricosuric Agents

Uricosuric Agents

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Drug Name	Tier	Notes
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1‡	
<i>probenecid tab 500 mg</i>	1‡	
<u>Urinary Anti-infectives</u>		
Urinary Anti-infectives		
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
<u>Vaccines</u>		
Vaccines		
ACTHIB INJ(<i>haemophilus b polysac conj vac</i>)	2	
ATTENUVAX INJ LIVE(<i>measles virus vaccine</i>)	2	
CERVARIX INJ(<i>human papillomavirus (hpv) bivalent (types 16, 18) recomb vac</i>)	2	
COMVAX INJ(<i>haemophilus b polysac conj-hepatitis b (recomb) vaccines</i>)	2	
ENGERIX-B INJ 10/0.5ML(<i>hepatitis b vaccine (recomb)</i>)	2	(B/D)
ENGERIX-B INJ 20MCG/ML(<i>hepatitis b vaccine (recomb)</i>)	2	(B/D)
GARDASIL INJ(<i>human papillomavirus (hpv) quadrivalent recombinant vaccine</i>)	2	
HAVRIX INJ 1440UNIT(<i>hepatitis a vaccine</i>)	2	
HAVRIX INJ 720UNIT(<i>hepatitis a vaccine</i>)	2	
IMOVAX RABIE INJ 2.5/ML(<i>rabies virus vaccine, hdc</i>)	2	
IPOL INJ INACTIVE(<i>poliovirus vaccine, ipv</i>)	2	
IXIARO INJ(<i>japanese encephalitis vaccine inactivated adsorbed</i>)	2	
JE-VAX INJ(<i>japanese encephalitis virus vaccine</i>)	2	
M-M-R II INJ LIVE(<i>measles, mumps & rubella virus vaccines</i>)	2	
MENACTRA INJ(<i>meningococcal (a, c, y&w-135) polysaccharide conjugate vaccine</i>)	2	
MENOMUNE INJ A/C/Y/W(<i>meningococcal vac a, c, y&w-135</i>)	2	
MENVEO INJ(<i>meningococcal (a, c, y&w-135) oligosaccharide conjugate vac</i>)	2	
MERUVAX II INJ LIVE(<i>rubella virus vaccine</i>)	2	
PEDIARIX INJ 0.5ML(<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>)	2	
PEDVAX HIB INJ(<i>haemophilus b polysac conj vac</i>)	2	
PROQUAD INJ(<i>measles-mumps-rubella-varicella virus vaccines</i>)	2	
RABAVERT INJ(<i>rabies vaccine, pcec</i>)	2	
RECOMBIVA HB INJ 10MCG/ML(<i>hepatitis b vaccine (recomb)</i>)	2	(B/D)
RECOMBIVA-HB INJ 40MCG/ML(<i>hepatitis b vaccine (recomb)</i>)	2	(B/D)

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Drug Name	Tier	Notes
ROTATEQ SUS(<i>rotavirus vaccine, live oral pentavalent</i>)	2	
TWINRIX INJ(<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	2	
TYPHIM VI INJ(<i>typhoid vi polysaccharide vaccine</i>)	2	
VAQTA INJ 25/0.5ML(<i>hepatitis a vaccine</i>)	2	
VARIVAX INJ(<i>varicella virus vaccine live</i>)	2	
YF-VAX INJ(<i>yellow fever vaccine</i>)	2	
ZOSTAVAX INJ(<i>zoster vaccine live</i>)	2	(QL) 1 vial in lifetime

Vasoconstrictors

Vasoconstrictors

<i>ak-con sol 0.1% op</i>	1
<i>naphazoline hcl ophth soln 0.1%</i>	1
TYZINE SOL 0.1%(<i>tetrahydrozoline hcl</i>)	2

Vasodilating Agents

Nitrates and Nitrites

<i>isochron tab 40mg cr</i>	1†
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1†
<i>isosorbide dinitrate sl tab 5 mg</i>	1†
<i>isosorbide dinitrate tab 10 mg</i>	1†
<i>isosorbide dinitrate tab 20 mg</i>	1†
<i>isosorbide dinitrate tab 30 mg</i>	1†
<i>isosorbide dinitrate tab 5 mg</i>	1†
<i>isosorbide dinitrate tab cr 40 mg</i>	1†
<i>isosorbide mononitrate tab 10 mg</i>	1†
<i>isosorbide mononitrate tab 20 mg</i>	1†
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	1†
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	1†
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	1†
NITROGLYCER INJ 5MG/ML(<i>nitroglycerin</i>)	1
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1†
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1†
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1†
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1†
NITROLINGUAL SPR PUMPSRA(<i>nitroglycerin</i>)	2†
NITROSTAT SUB 0.3MG(<i>nitroglycerin</i>)	2†
NITROSTAT SUB 0.4MG(<i>nitroglycerin</i>)	2†
NITROSTAT SUB 0.6MG(<i>nitroglycerin</i>)	2†

Phosphodiesterase Inhibitors

ADCIRCA TAB 20MG(<i>tadalafil (pulmonary hypertension)</i>)	4† (PA)
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Drug Name	Tier	Notes
REVATIO INJ(<i>sildenafil citrate (pulmonary hypertension)</i>)	4	(PA)(QL) 90 vials / 30 days
REVATIO TAB 20MG(<i>sildenafil citrate (pulmonary hypertension)</i>)	4‡	(PA)(QL) 90 tabs / 30 days
Vasodilating Agents, Miscellaneous		
<i>dipyridamole tab 25 mg</i>	1‡	
<i>dipyridamole tab 50 mg</i>	1‡	
<i>dipyridamole tab 75 mg</i>	1‡	
LETAIRIS TAB 10MG(<i>ambrisentan</i>)	4‡	(PA)
LETAIRIS TAB 5MG(<i>ambrisentan</i>)	4‡	(PA)
TRACLEER TAB 125MG(<i>bosentan</i>)	4‡‡	(PA)(QL) 60 tabs / 30 days
TRACLEER TAB 62.5MG(<i>bosentan</i>)	4‡‡	(PA)(QL) 60 tabs / 30 days
<u>Vitamin B Complex</u>		
Vitamin B Complex		
<i>niacor tab 500mg</i>	2	
<u>Vitamin D</u>		
Vitamin D		
<i>calcitriol cap 0.25 mcg</i>	1‡	(B/D)
<i>calcitriol cap 0.5 mcg</i>	1‡	(B/D)
<i>calcitriol inj 1 mcg/ml</i>	1	(B/D)
CALCITRIOL INJ 2MCG/ML(<i>calcitriol</i>)	1	(B/D)
HECTOROL CAP 0.5MCG(<i>doxercalciferol</i>)	2‡	(B/D)
HECTOROL CAP 1MCG(<i>doxercalciferol</i>)	2‡	(B/D)
HECTOROL CAP 2.5MCG(<i>doxercalciferol</i>)	2‡	(B/D)
HECTOROL INJ 4MCG/2ML(<i>doxercalciferol</i>)	2	(B/D)
ZEMPLAR CAP 1MCG(<i>paricalcitol</i>)	2‡	(B/D)
ZEMPLAR CAP 2MCG(<i>paricalcitol</i>)	2‡	(B/D)
ZEMPLAR CAP 4MCG(<i>paricalcitol</i>)	2‡	(B/D)
ZEMPLAR INJ 2MCG/ML(<i>paricalcitol</i>)	2	(B/D)
ZEMPLAR INJ 5MCG/ML(<i>paricalcitol</i>)	2	(B/D)

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AMINOSYN-HBC INJ 7% 49	amnestem cap 20mg 81	amoxicillin (trihydrate) for susp 400 mg/5ml 14
AMINOSYN-PF INJ 7% 49	amnestem cap 40mg 81	amoxicillin (trihydrate) tab 500 mg 14
amiodarone hcl inj 150 mg/3ml (50 mg/ml) 49	AMOXAPINE TAB 100MG 74	amoxicillin (trihydrate) tab 875 mg 15
amiodarone hcl tab 200 mg 49	AMOXAPINE TAB 150MG 74	AMOXICILLIN CHW 200MG 15
amiodarone hcl tab 400 mg 49	AMOXAPINE TAB 25MG 74	AMOXICILLIN CHW 400MG 15
AMITIZA CAP 24MCG 58	AMOXAPINE TAB 50MG 74	amphetamine-dextroamphetamine tab 10 mg 8
AMITIZA CAP 8MCG 58	amoxicillin & k clavulanate chew tab 200-28.5 mg 14	amphetamine-dextroamphetamine tab 12.5 mg 8
amitriptyline hcl tab 10 mg 74	amoxicillin & k clavulanate chew tab 400-57 mg 14	amphetamine-dextroamphetamine tab 15 mg 8
amitriptyline hcl tab 100 mg 74	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 14	amphetamine-dextroamphetamine tab 20 mg 8
amitriptyline hcl tab 150 mg 74	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 14	amphetamine-dextroamphetamine tab 30 mg 8
amitriptyline hcl tab 25 mg 74	amoxicillin & k clavulanate for susp 400-57 mg/5ml 14	amphetamine-dextroamphetamine tab 5 mg 8
amitriptyline hcl tab 50 mg 74	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 14	amphetamine-dextroamphetamine tab 7.5 mg 8

amphotericin b for inj 50 mg **29**
 ampicillin & sulbactam sodium for inj 2-1 gm **15**
 ampicillin & sulbactam sodium for iv soln 10-5 gm **15**
 ampicillin cap 250 mg **15**
 ampicillin cap 500 mg **15**
 AMPICILLIN INJ 125MG **15**
 ampicillin sodium for inj 1 gm **15**
 ampicillin sodium for iv soln 10 gm **15**
 AMPICILLIN SUS 125/5ML **15**
 AMPICILLIN SUS 250/5ML **15**
 AMPYRA TAB 10MG **63**
 anagrelide hcl cap 0.5 mg **39**
 anagrelide hcl cap 1 mg **39**
 anastrozole tab 1 mg **33**
 ANCOBON CAP 250MG **29**
 ANCOBON CAP 500MG **29**
 ANDRODERM DIS 2.5MG/24 **8**
 ANDRODERM DIS 5MG/24HR **8**
 ANDROGEL GEL 1%(50MG) **8**
 anestacon gel 2% jelly **36**
 ANZEMET INJ 20MG/ML **27**
 ANZEMET TAB 100MG **27**
 ANZEMET TAB 50MG **27**
 APIDRA INJ SOLOSTAR **23**
 APIDRA INJ U-100 **23**
 APOKYN INJ **51**
 apri tab **52**
 APTIVUS CAP 250MG **40**
 APTIVUS SOL **40**

 ARALAST NP INJ 400MG **80**
 aranelle tab **52**
 ARANESP INJ 100MCG **59**
 ARANESP INJ 150MCG **59**
 ARANESP INJ 200MCG **59**
 ARANESP INJ 25MCG **60**
 ARANESP INJ 300MCG **60**
 ARANESP INJ 40MCG **60**

 ARANESP INJ 500MCG **60**
 ARANESP INJ 60MCG **60**

 ARCALYST INJ 220MG **63**

 ARICEPT ODT TAB 10MG **64**
 ARICEPT ODT TAB 5MG **64**
 ARICEPT TAB 10MG **64**
 ARICEPT TAB 5MG **64**
 ARIXTRA SOL 10/0.8 **38**
 ARIXTRA SOL 2.5/0.5 **38**
 ARIXTRA SOL 5.0/0.4 **38**
 ARIXTRA SOL 7.5/0.6 **38**
 AROMASIN TAB 25MG **33**
 ARTHROTEC 50 TAB **7**
 ARTHROTEC 75 TAB **7**
 ASACOL TAB 400MG DR **11**
 ASMANEX 120 AER 220MCG **1**
 ASMANEX 14 AER 220MCG **1**
 ASMANEX 30 AER 110MCG **1**
 ASMANEX 30 AER 220MCG **1**
 ASMANEX 60 AER 220MCG **1**
 astramorph inj 10/10ml **4**
 astramorph inj 1mg/2ml **4**
 ATACAND HCT TAB 16-12.5 **75**
 ATACAND HCT TAB 32-12.5 **75**
 ATACAND HCT TAB 32-25MG **75**
 ATACAND TAB 16MG **75**
 ATACAND TAB 32MG **75**
 ATACAND TAB 4MG **75**
 ATACAND TAB 8MG **75**

 atamet tab 25-250mg **51**
 atenolol & chlorthalidone tab 100-25 mg **44**
 atenolol & chlorthalidone tab 50-25 mg **44**
 atenolol tab 100 mg **44**
 atenolol tab 25 mg **44**
 atenolol tab 50 mg **44**
 ATGAM INJ 250MG **61**
 ATRIPLA TAB **41**

 ATROVENT HFA AER 17MCG **19**
 ATTENUVAX INJ LIVE **86**

 AVALIDE TAB 150-12.5 **75**

 AVALIDE TAB 300-12.5 **75**
 AVALIDE TAB 300-25MG **75**
 AVANDAMET TAB 2-1000MG **26**
 AVANDAMET TAB 2-500MG **26**
 AVANDAMET TAB 4-1000MG **26**
 AVANDAMET TAB 4-500MG **26**
 AVANDARYL TAB 4-1MG **26**
 AVANDARYL TAB 4-2MG **26**
 AVANDARYL TAB 4-4MG **26**
 AVANDARYL TAB 8-2MG **26**
 AVANDARYL TAB 8-4MG **26**
 AVANDIA TAB 2MG **26**
 AVANDIA TAB 4MG **26**
 AVANDIA TAB 8MG **26**
 AVAPRO TAB 150MG **75**
 AVAPRO TAB 300MG **75**
 AVAPRO TAB 75MG **75**
 AVASTIN INJ **33**
 AVELOX ABC TAB 400MG **17**
 AVELOX TAB 400MG **17**
 aviane tab **53**
 AVODART CAP 0.5MG **2**
 AVONEX KIT 30MCG **46**
 AVONEX PREFL KIT 30MCG **46**
 azathioprine tab 50 mg **61**
 azelastine hcl nasal spray 137 mcg/spray (1 mg/ml) **14**
 azithromycin for susp 100 mg/5ml **16**
 azithromycin for susp 200 mg/5ml **16**
 azithromycin iv for soln 500 mg **17**
 azithromycin tab 250 mg **17**
 azithromycin tab 500 mg **17**
 azithromycin tab 600 mg **17**
 azole gel 0.75% **10**
 AZOPT SUS 1% OP **29**

B	benztropine mesylate tab 1 mg 51	bisoprolol fumarate tab 5 mg 45
baclofen tab 10 mg 81	benztropine mesylate tab 2 mg 51	bleomycin sulfate for inj 30 unit 33
baclofen tab 20 mg 81	beta-val cre 0.1% 11	BONIVA INJ 3MG/3ML 47
BANZEL SUS 40MG/ML 19	betamethasone dipropionate augmented cream 0.05% 11	BONIVA TAB 150MG 47
BANZEL TAB 200MG 19	betamethasone dipropionate augmented gel 0.05% 11	BOOSTRIX INJ 85
BANZEL TAB 400MG 19	betamethasone dipropionate augmented lotion 0.05% 11	brimonidine tartrate ophth soln 0.2% 29
BARACLUDE SOL .05MG/ML 43	betamethasone dipropionate augmented oint 0.05% 11	bromocriptine mesylate cap 5 mg 51
BARACLUDE TAB 0.5MG 43	betamethasone dipropionate cream 0.05% 11	bromocriptine mesylate tab 2.5 mg 51
BARACLUDE TAB 1MG 43	betamethasone dipropionate lotion 0.05% 11	budeprion tab 100mg sr 70
benazepril & hydrochlorothiazide tab 10-12.5 mg 77	betamethasone dipropionate oint 0.05% 11	budeprion tab 150mg sr 70
benazepril & hydrochlorothiazide tab 20-12.5 mg 77	betamethasone valerate cream 0.1% 11	budeprion xl tab 150mg 70
benazepril & hydrochlorothiazide tab 20-25 mg 77	betamethasone valerate lotion 0.1% 11	budeprion xl tab 300mg 70
benazepril & hydrochlorothiazide tab 5-6.25 mg 77	betamethasone valerate oint 0.1% 11	budesonide cap sr 24hr 3 mg 1
benazepril hcl tab 10 mg 77	BETASERON INJ 0.3MG 46	bumetanide inj 0.25 mg/ml 55
benazepril hcl tab 20 mg 77	bethanechol chloride tab 10 mg 64	bumetanide tab 0.5 mg 55
benazepril hcl tab 40 mg 77	bethanechol chloride tab 25 mg 64	bumetanide tab 1 mg 55
benazepril hcl tab 5 mg 77	bethanechol chloride tab 5 mg 64	bumetanide tab 2 mg 55
BENICAR HCT TAB 20-12.5 75	bethanechol chloride tab 50 mg 64	BUPHENYL POW 3
BENICAR HCT TAB 40-12.5 76	BETOPTIC-S SUS 0.25% OP 29	BUPHENYL TAB 500MG 3
BENICAR HCT TAB 40-25MG 76	bicalutamide tab 50 mg 33	buprenorphine hcl inj 0.3 mg/ml (base equiv) 7
BENICAR TAB 20MG 76	BILTRICIDE TAB 600MG 9	buprenorphine hcl sl tab 2 mg (base equiv) 7
BENICAR TAB 40MG 76	bisoprolol & hydrochlorothiazide tab 10-6.25 mg 44	buprenorphine hcl sl tab 8 mg (base equiv) 7
BENICAR TAB 5MG 76	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 44	buproban tab 150mg 70
benztropine mesylate inj 1 mg/ml 51	bisoprolol & hydrochlorothiazide tab 5-6.25 mg 44	bupropion hcl tab 100 mg 70
benztropine mesylate tab 0.5 mg 51	bisoprolol fumarate tab 10 mg 45	bupropion hcl tab 75 mg 70

ceftriaxone sodium for inj 250 mg 19	chlorpromazine hcl tab 10 mg 71	citalopram hydrobromide tab 10 mg (base equiv) 72
ceftriaxone sodium for inj 500 mg 19	chlorpromazine hcl tab 100 mg 71	citalopram hydrobromide tab 20 mg (base equiv) 72
CELEBREX CAP 100MG 3	chlorpromazine hcl tab 200 mg 71	citalopram hydrobromide tab 40 mg (base equiv) 72
CELEBREX CAP 200MG 3	chlorpromazine hcl tab 25 mg 71	claravis cap 10mg 81
CELEBREX CAP 400MG 3	chlorpromazine hcl tab 50 mg 71	claravis cap 20mg 81
CELEBREX CAP 50MG 3	chlorpropamide tab 100 mg 25	claravis cap 30mg 81
CELLCEPT CAP 250MG 61	chlorpropamide tab 250 mg 25	claravis cap 40mg 81
CELLCEPT SUS 200MG/ML 61	chlorthalidone tab 25 mg 55	clarithromycin for susp 125 mg/5ml 17
CELLCEPT TAB 500MG 61	chlorthalidone tab 50 mg 55	clarithromycin for susp 250 mg/5ml 17
CELONTIN CAP 300MG 22	cholestyramine light powder packets 4 gm 30	clarithromycin tab 250 mg 17
cephalexin cap 250 mg 16	chorionic gonadotropin for inj 10000 unit 59	clarithromycin tab 500 mg 17
cephalexin cap 500 mg 16	ciclopirox gel 0.77% 11	clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 58
cephalexin for susp 125 mg/5ml 16	ciclopirox olamine cream 0.77% (base equiv) 11	clemastine fumarate tab 2.68 mg 58
cephalexin for susp 250 mg/5ml 16	ciclopirox solution 8% 11	CLEOCIN INJ 300MG 16
CEREDASE INJ 80UNT/ML 56	cilostazol tab 100 mg 39	CLEOCIN INJ 600MG 16
CEREZYME INJ 200UNIT 56	cilostazol tab 50 mg 39	CLEOCIN INJ 900MG 16
CERVARIX INJ 86	cimetidine hcl soln 300 mg/5ml 39	CLIMARA PRO DIS WEEKLY 56
cesia pak 53	cimetidine tab 200 mg 39	clindamycin hcl cap 150 mg 16
cetirizine hcl syrup 1 mg/ml (5 mg/5ml) 80	cimetidine tab 300 mg 39	clindamycin hcl cap 300 mg 16
CHANTIX PAK 0.5& 1MG 44	cimetidine tab 400 mg 39	clindamycin phosphate iv soln 600 mg/4ml 16
CHANTIX TAB 0.5MG 44	cimetidine tab 800 mg 39	CLINIMIX INJ 2.75/D5W 49
CHANTIX TAB 1MG 44	CIPRO HC SUS OTIC 13	clinisol sf inj 15% 49
chlorhexidine gluconate soln 0.12% 10	CIPRODEX SUS 0.3-0.1% 13	clobetasol e cre 0.05% 11
chloroquine phosphate tab 250 mg 36	ciprofloxacin hcl tab 100 mg (base equiv) 17	clobetasol propionate foam 0.05% 11
chloroquine phosphate tab 500 mg 36	ciprofloxacin hcl tab 250 mg (base equiv) 17	clobetasol propionate gel 0.05% 11
chlorothiazide tab 250 mg 55	ciprofloxacin hcl tab 500 mg (base equiv) 17	clobetasol propionate oint 0.05% 11
chlorothiazide tab 500 mg 55	ciprofloxacin hcl tab 750 mg (base equiv) 17	clobetasol propionate soln 0.05% 11
CHLORPROMAZ INJ 25MG/ML 71	citalopram hydrobromide oral soln 10 mg/5ml 72	clomipramine hcl cap 25 mg 74

clomipramine hcl cap 50 mg **74**
 clomipramine hcl cap 75 mg **74**
 clonidine hcl tab 0.1 mg **60**
 clonidine hcl tab 0.2 mg **61**

 clonidine hcl tab 0.3 mg **61**
 clonidine hcl td patch weekly 0.1 mg/24hr **61**
 clonidine hcl td patch weekly 0.2 mg/24hr **61**
 clonidine hcl td patch weekly 0.3 mg/24hr **61**
 clotrimazole cream 1% **10**
 clotrimazole soln 1% **10**
 clotrimazole troche 10 mg **10**
 clotrimazole w/ betamethasone cream 1-0.05% **10**
 clotrimazole w/ betamethasone lotion 1-0.05% **10**
 clozapine tab 100 mg **66**
 CLOZAPINE TAB 200MG **66**
 clozapine tab 25 mg **66**
 clozapine tab 50 mg **66**
 co-gesic tab 500-5mg **4**
 CODEINE SULF TAB 15MG **4**
 codeine sulfate tab 30 mg **4**
 codeine sulfate tab 60 mg **4**
 colchicine w/ probenecid tab 0.5-500 mg **85**
 COLCRYS TAB 0.6MG **63**
 colestipol hcl granules 5 gm **30**
 colestipol hcl tab 1 gm **30**
 colistimethate sodium for inj 150 mg **17**
 COMBIPATCH DIS .05/.14 **56**
 COMBIPATCH DIS .05/.25 **56**
 COMBIVENT AER **83**
 COMBIVIR TAB **42**
 compro sup 25mg **71**
 COMTAN TAB 200MG **51**
 COMVAX INJ **86**
 CONDYLOX GEL 0.5% **81**
 constulose sol 10gm/15 **3**
 COPAXONE KIT 20MG/ML **46**
 COREG CR CAP 10MG **45**
 COREG CR CAP 20MG **45**
 COREG CR CAP 40MG **45**
 COREG CR CAP 80MG **45**
 CORTIFOAM AER 90MG **11**

 cortomycin sol 1% otic **13**
 cortomycin sus 1% otic **13**
 COUMADIN TAB 10MG **36**
 COUMADIN TAB 1MG **36**
 COUMADIN TAB 2.5MG **36**
 COUMADIN TAB 2MG **36**
 COUMADIN TAB 3MG **36**
 COUMADIN TAB 4MG **36**
 COUMADIN TAB 5MG **36**
 COUMADIN TAB 6MG **36**
 COUMADIN TAB 7.5MG **36**
 CREON CAP 12000UNT **54**
 CREON CAP 24000UNT **54**
 CREON CAP 6000UNIT **54**
 CRESTOR TAB 10MG **30**
 CRESTOR TAB 20MG **30**
 CRESTOR TAB 40MG **30**
 CRESTOR TAB 5MG **31**
 CRIXIVAN CAP 100MG **40**
 CRIXIVAN CAP 200MG **40**
 CRIXIVAN CAP 333MG **40**
 CRIXIVAN CAP 400MG **41**
 cromolyn sodium ophth soln 4% **14**
 cromolyn sodium soln nebu 20 mg/2ml **14**
 cryselle-28 tab 28 tabs **53**
 CUBICIN SOL 500MG **15**
 CUPRIMINE CAP 250MG **59**
 cyclobenzaprine hcl tab 10 mg **81**
 cyclobenzaprine hcl tab 5 mg **81**
 CYCLOPHOSPH TAB 25MG **33**
 CYCLOPHOSPH TAB 50MG **33**
 cyclosporine cap 100 mg **61**
 cyclosporine cap 25 mg **61**
 CYCLOSPORINE CAP 50MG MOD **61**
 cyclosporine iv soln 50 mg/ml **61**
 cyclosporine modified cap 100 mg **61**
 cyclosporine modified oral soln 100 mg/ml **61**
 CYKLOKAPRON INJ 100MG/ML **30**
 CYMBALTA CAP 20MG **71**
 CYMBALTA CAP 30MG **71**
 CYMBALTA CAP 60MG **71**
 CYSTADANE POW **63**
 CYSTAGON CAP 150MG **63**
 CYSTAGON CAP 50MG **63**
 cytarabine for inj 500 mg **33**
 CYTARABINE INJ 100MG/ML **34**
 CYTARABINE INJ 20MG/ML **34**
D
 D10W/NAACL INJ 0.45% **78**
 D5W/LYTES INJ #48 **78**
 D5W/NAACL INJ 0.225% **78**
 danazol cap 100 mg **8**
 danazol cap 200 mg **8**
 danazol cap 50 mg **8**
 dantrolene sodium cap 100 mg **81**
 dantrolene sodium cap 25 mg **81**
 dantrolene sodium cap 50 mg **81**
 DAPSONE TAB 100MG **33**
 DAPSONE TAB 25MG **33**
 DAPTACEL INJ **85**
 DARAPRIM TAB 25MG **36**
 DECAVAC INJ 5-2LF **85**
 depade tab 50mg **63**
 DEPEN TITRA TAB 250MG **59**
 DEPO-SQ PROV INJ 104 **65**
 DERMA-SMOOTH OIL /FS BODY **11**
 desipramine hcl tab 10 mg **74**
 desipramine hcl tab 100 mg **74**
 desipramine hcl tab 150 mg **74**
 desipramine hcl tab 25 mg **74**

desipramine hcl tab 50 mg 74	DEXPAK PAK 13 DAY 1	didanosine delayed release capsule 125 mg 42
desipramine hcl tab 75 mg 74	DEXTROAMPHET TAB 10MG 8	didanosine delayed release capsule 200 mg 42
desmopressin acetate inj 4 mcg/ml 65	dextroamphetamine sulfate cap sr 24hr 10 mg 9	didanosine delayed release capsule 250 mg 42
desmopressin acetate tab 0.1 mg 65	dextroamphetamine sulfate cap sr 24hr 15 mg 9	didanosine delayed release capsule 400 mg 42
desmopressin acetate tab 0.2 mg 65	dextroamphetamine sulfate cap sr 24hr 5 mg 9	diflorasone diacetate cream 0.05% 12
desonide cream 0.05% 11	dextroamphetamine sulfate tab 5 mg 9	diflorasone diacetate oint 0.05% 12
desonide lotion 0.05% 11	dextrose 10% w/ sodium chloride 0.2% 79	DIFLUNISAL TAB 500MG 7
desonide oint 0.05% 11	dextrose 2.5% w/ sodium chloride 0.45% 79	digoxin inj 0.25 mg/ml 49
desoximetasone cream 0.05% 12	dextrose 5% w/ sodium chloride 0.2% 79	DIGOXIN SOL 50MCG/ML 49
desoximetasone cream 0.25% 12	dextrose 5% w/ sodium chloride 0.33% 79	digoxin tab 0.125 mg 49
desoximetasone gel 0.05% 12	dextrose 5% w/ sodium chloride 0.45% 79	digoxin tab 0.25 mg 49
desoximetasone oint 0.25% 12	dextrose 5% w/ sodium chloride 0.9% 79	DILANTIN CAP 30MG 22
DETROL LA CAP 2MG 59	dextrose inj 10% 49	DILANTIN CHW 50MG 22
DETROL LA CAP 4MG 59	dextrose inj 5% 49	dilt-cd cap 120mg 47
DETROL TAB 1MG 59	diclofenac sodium ophth soln 0.1% 14	dilt-cd cap 300mg 47
DETROL TAB 2MG 59	diclofenac sodium tab delayed release 50 mg 7	dilt-xr cap 180mg 47
DEXAMETHASON TAB 1MG 1	diclofenac sodium tab delayed release 75 mg 7	dilt-xr cap 240mg 47
DEXAMETHASON TAB 2MG 1	diclofenac sodium tab sr 24hr 100 mg 7	diltiazem hcl cap sr 12hr 120 mg 47
dexamethasone elixir 0.5 mg/5ml 1	DICLOFENAC TAB 25MG EC 7	diltiazem hcl cap sr 12hr 60 mg 47
dexamethasone sodium phosphate inj 4 mg/ml 1	dicloxacillin sodium cap 250 mg 17	diltiazem hcl cap sr 12hr 90 mg 47
dexamethasone tab 0.5 mg 1	dicloxacillin sodium cap 500 mg 17	diltiazem hcl coated beads cap sr 24hr 120 mg 47
dexamethasone tab 0.75 mg 1	dicyclomine hcl cap 10 mg 19	diltiazem hcl coated beads cap sr 24hr 240 mg 47
dexamethasone tab 1.5 mg 1	dicyclomine hcl inj 10 mg/ml 19	diltiazem hcl coated beads cap sr 24hr 300 mg 47
dexamethasone tab 4 mg 1	dicyclomine hcl oral soln 10 mg/5ml 19	diltiazem hcl extended release beads cap sr 24hr 360 mg 47
dexamethasone tab 6 mg 1	dicyclomine hcl tab 20 mg 19	diltiazem hcl extended release beads cap sr 24hr 420 mg 47

diltiazem hcl iv soln 25 mg/5ml (5 mg/ml) 47	divalproex sodium cap sprinkle 125 mg 20	doxycycline hyclate tab delayed release 100 mg 18
diltiazem hcl tab 120 mg 47	divalproex sodium tab delayed release 125 mg 20	doxycycline monohydrate tab 150 mg 18
diltiazem hcl tab 30 mg 47	divalproex sodium tab delayed release 250 mg 20	doxycycline monohydrate tab 50 mg 18
diltiazem hcl tab 60 mg 47	divalproex sodium tab delayed release 500 mg 20	doxycycline monohydrate tab 75 mg 18
diltiazem hcl tab 90 mg 47	divalproex sodium tab sr 24 hr 250 mg 20	dronabinol cap 10 mg 27
diltzac cap 120mg/24 47	divalproex sodium tab sr 24 hr 500 mg 20	dronabinol cap 2.5 mg 27
diltzac cap 180mg/24 47	donepezil hydrochloride orally disintegrating tab 10 mg 64	dronabinol cap 5 mg 28
diltzac cap 240mg/24 47	donepezil hydrochloride orally disintegrating tab 5 mg 64	DUETACT TAB 30-2MG 26
diltzac cap 300mg/24 47	donepezil hydrochloride tab 10 mg 64	DUETACT TAB 30-4MG 26
diltzac cap 360mg/24 47	donepezil hydrochloride tab 5 mg 64	duramorph inj 0.5mg/ml 4
DIOVAN HCT TAB 160/12.5 76	dorzolamide hcl ophth soln 2% 29	duramorph inj 1mg/ml 4
DIOVAN HCT TAB 160/25MG 76	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 29	DYNACIRC CR TAB 10MG 48
DIOVAN HCT TAB 320/12.5 76	DOVONEX CRE 0.005% 81	DYNACIRC CR TAB 5MG 48
DIOVAN HCT TAB 320/25MG 76	doxazosin mesylate tab 1 mg 2	E
DIOVAN HCT TAB 80/12.5 76	doxazosin mesylate tab 2 mg 2	e.e.s. 400 tab 400mg 15
DIOVAN TAB 160MG 76	doxazosin mesylate tab 4 mg 2	E.E.S. GRAN SUS 200/5ML 15
DIOVAN TAB 320MG 76	doxazosin mesylate tab 8 mg 2	econazole nitrate cream 1% 10
DIOVAN TAB 40MG 76	doxepin hcl cap 10 mg 74	ed k+10 tab 10meq cr 79
DIOVAN TAB 80MG 76	doxepin hcl cap 100 mg 74	EDURANT TAB 25MG 42
DIP/TET PED INJ 6.7-5LF 85	DOXEPIN HCL CAP 150MG 74	ELAPRASE INJ 6MG/3ML 56
DIPENTUM CAP 250MG 12	doxepin hcl cap 25 mg 74	ELIDEL CRE 1% 81
DIPHEN/ATROP LIQ 2.5/5 27	doxepin hcl cap 50 mg 74	ELITEK INJ 1.5MG 56
diphenhydramine hcl cap 50 mg 58	doxepin hcl cap 75 mg 74	ELOXATIN INJ 100MG 34
diphenhydramine hcl elixir 12.5 mg/5ml 58	doxepin hcl conc 10 mg/ml 74	EMCYT CAP 140MG 34
diphenhydramine hcl inj 50 mg/ml 58	DOXIL INJ 2MG/ML 34	EMEND CAP 125MG 28
diphenoxylate w/ atropine tab 2.5-0.025 mg 27	doxorubicin hcl inj 2 mg/ml 34	EMEND CAP 40MG 28
dipyridamole tab 25 mg 87	DOXYCYCL HYC CAP 75MG 18	EMEND CAP 80MG 28
dipyridamole tab 50 mg 87	DOXYCYCL HYC TAB 75MG 18	EMEND PAK 80 & 125 28
dipyridamole tab 75 mg 87	doxycycline hyclate cap 100 mg 18	EMSAM DIS 12MG/24H 51
disopyramide phosphate cap 100 mg 50	doxycycline hyclate cap 50 mg 18	EMSAM DIS 6MG/24HR 51
disopyramide phosphate cap 150 mg 50	doxycycline hyclate for inj 100 mg 18	EMSAM DIS 9MG/24HR 51
disulfiram tab 250 mg 63	doxycycline hyclate tab 100 mg 18	EMTRIVA CAP 200MG 42
disulfiram tab 500 mg 63	doxycycline hyclate tab 20 mg 18	EMTRIVA SOL 10MG/ML 42

enalapril maleate & hydrochlorothiazide tab 10-25 mg **77**
 enalapril maleate & hydrochlorothiazide tab 5-12.5 mg **77**
 enalapril maleate tab 10 mg **77**
 enalapril maleate tab 2.5 mg **77**
 enalapril maleate tab 20 mg **77**
 enalapril maleate tab 5 mg **77**
 ENBREL INJ 25/0.5ML **54**
 ENBREL INJ 25MG **54**
 ENBREL INJ 50MG/ML **54**
 endocet tab 10-325mg **4**
 endocet tab 5-325mg **4**
 endocet tab 7.5-325m **4**
 endocet tab 7.5-500m **4**
 endodan tab **4**
 ENGERIX-B INJ 10/0.5ML **86**
 ENGERIX-B INJ 20MCG/ML **86**
 enoxaparin sodium inj 100 mg/ml **37**
 enoxaparin sodium inj 120 mg/0.8ml **37**
 enoxaparin sodium inj 150 mg/ml **37**
 enoxaparin sodium inj 30 mg/0.3ml **37**
 enoxaparin sodium inj 40 mg/0.4ml **37**

 enoxaparin sodium inj 60 mg/0.6ml **37**
 enoxaparin sodium inj 80 mg/0.8ml **37**
 enpresse-28 tab **53**
 enulose sol 10gm/15 **3**
 epinephrine hcl inj 0.1 mg/ml **83**
 EPIPEN 2-PAK INJ 0.3MG **83**
 EPIPEN-JR INJ 2-PAK **83**
 epirubicin hcl inj 50 mg/25ml (2 mg/ml) **34**

 epitol tab 200mg **20**
 EPIVIR HBV SOL 5MG/ML **42**
 EPIVIR HBV TAB 100MG **42**
 EPIVIR SOL 10MG/ML **42**
 EPIVIR TAB 150MG **42**
 EPIVIR TAB 300MG **42**
 eplerenone tab 25 mg **78**
 eplerenone tab 50 mg **78**
 EPZICOM TAB **42**

 ERAXIS INJ 100MG **28**
 ergoloid mesylates tab 1 mg **82**
 ERGOMAR SUB 2MG **82**
 ergotamine w/ caffeine tab 1-100 mg **82**
 errin tab 0.35mg **53**
 ery pad 2% **9**
 ERY-TAB TAB 250MG EC **15**
 ERY-TAB TAB 333MG EC **15**
 ERY-TAB TAB 500MG EC **15**
 ERYTHROCIN INJ 500MG **15**
 ERYTHROCIN TAB 250MG **15**
 ERYTHROCIN TAB 500MG **15**
 erythromycin ethylsuccinate tab 400 mg **15**
 erythromycin gel 2% **10**
 erythromycin ophth oint 5 mg/gm **10**
 erythromycin soln 2% **10**
 ERYTHROMYCIN TAB 250MG BS **15**
 ERYTHROMYCIN TAB 500MG BS **15**
 erythromycin-sulfisoxazole for susp 200-600 mg/5ml **15**
 ESTRACE VAG CRE 0.1MG/GM **56**
 ESTRADERM DIS 0.05MG **57**
 ESTRADERM DIS 0.1MG **57**
 estradiol tab 0.5 mg **57**
 estradiol tab 1 mg **57**
 estradiol tab 2 mg **57**
 estradiol td patch weekly 0.025 mg/24hr **57**
 estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) **57**
 estradiol td patch weekly 0.05 mg/24hr **57**
 estradiol td patch weekly 0.06 mg/24hr **57**
 estradiol td patch weekly 0.075 mg/24hr **57**
 estradiol td patch weekly 0.1 mg/24hr **57**
 ESTRING MIS 2MG **57**
 estropipate tab 0.75 mg **57**
 estropipate tab 1.5 mg **57**
 estropipate tab 3 mg **57**

 ESTROSTEP FE TAB **53**

 ethambutol hcl tab 100 mg **33**
 ethambutol hcl tab 400 mg **33**
 ethosuximide cap 250 mg **22**
 ethosuximide soln 250 mg/5ml **22**
 etodolac cap 200 mg **7**
 etodolac cap 300 mg **7**
 etodolac tab 400 mg **7**
 etodolac tab 500 mg **7**
 etodolac tab sr 24hr 400 mg **7**
 etodolac tab sr 24hr 500 mg **7**
 etodolac tab sr 24hr 600 mg **7**
 EURAX CRE 10% **11**
 EURAX LOT 10% **11**
 EVISTA TAB 60MG **56**
 EXELDERM CRE 1% **10**
 EXELDERM SOL 1% **10**
 EXELON SOL 2MG/ML **64**
 exemestane tab 25 mg **34**
 EXJADE TAB 125MG **59**
 EXJADE TAB 250MG **59**
 EXJADE TAB 500MG **59**

F
 FABRAZYME INJ 35MG **56**
 famciclovir tab 125 mg **43**
 famciclovir tab 250 mg **43**
 famciclovir tab 500 mg **43**
 famotidine inj 10 mg/ml **39**
 famotidine tab 20 mg **39**
 famotidine tab 40 mg **39**
 FANAPT PAK **66**
 FANAPT TAB 10MG **66**
 FANAPT TAB 12MG **66**
 FANAPT TAB 1MG **67**
 FANAPT TAB 2MG **67**

FANAPT TAB 4MG **67**
 FANAPT TAB 6MG **67**
 FANAPT TAB 8MG **67**
 FARESTON TAB 60MG **34**
 FASLODEX INJ 250MG **34**
 FAZACLO TAB 100MG **67**
 FAZACLO TAB 12.5MG **67**
 FAZACLO TAB 25MG **67**
 FELBATOL SUS 600/5ML **20**
 FELBATOL TAB 400MG **20**
 FELBATOL TAB 600MG **20**
 felodipine tab sr 24hr 10 mg **48**

 felodipine tab sr 24hr 2.5 mg **48**
 felodipine tab sr 24hr 5 mg **48**
 FEMARA TAB 2.5MG **34**
 FEMHRT 1/5 TAB **57**
 FEMHRT TAB 0.5-2.5 **57**
 FEMRING MIS 0.05/24H **57**
 FEMRING MIS 0.1MG/24 **57**
 fenofibrate micronized cap 134 mg **30**

 fenofibrate micronized cap 200 mg **30**
 fenofibrate micronized cap 67 mg **30**
 fenofibrate tab 160 mg **30**
 fenofibrate tab 54 mg **30**
 fentanyl citrate inj 0.05 mg/ml **4**
 fentanyl td patch 72hr 100 mcg/hr **4**
 fentanyl td patch 72hr 12 mcg/hr **4**
 fentanyl td patch 72hr 25 mcg/hr **4**
 fentanyl td patch 72hr 50 mcg/hr **4**

 fentanyl td patch 72hr 75 mcg/hr **4**

 fexofenadine hcl tab 180 mg **80**
 fexofenadine hcl tab 30 mg **80**
 fexofenadine hcl tab 60 mg **80**
 finasteride tab 5 mg **2**
 flecainide acetate tab 100 mg **50**
 flecainide acetate tab 150 mg **50**
 flecainide acetate tab 50 mg **50**

 FLOVENT DISK AER 100MCG **1**
 FLOVENT DISK AER 250MCG **1**
 FLOVENT DISK AER 50MCG **1**
 FLOVENT HFA AER 110MCG **1**
 FLOVENT HFA AER 220MCG **1**
 FLOVENT HFA AER 44MCG **1**
 fluconazole for susp 10 mg/ml **28**
 fluconazole for susp 40 mg/ml **28**
 fluconazole tab 100 mg **28**
 fluconazole tab 150 mg **28**
 fluconazole tab 200 mg **28**
 fluconazole tab 50 mg **28**

 fludarabine phosphate for inj 50 mg **34**
 fludrocortisone acetate tab 0.1 mg **1**
 flunisolide nasal soln 0.025% **13**
 FLUOCIN ACET CRE 0.01% **12**
 FLUOCIN ACET CRE 0.025% **12**
 FLUOCIN ACET OIN 0.025% **12**
 FLUOCIN ACET SOL 0.01% **12**
 fluocinonide emulsified base cream 0.05% **12**
 fluocinonide gel 0.05% **12**
 fluocinonide oint 0.05% **12**
 fluocinonide soln 0.05% **12**
 fluorometholone ophth susp 0.1% **13**
 FLUOROPLEX CRE 1% **81**
 fluorouracil cream 5% **81**
 fluorouracil inj 500 mg/10ml (50 mg/ml) **81**
 FLUOROURACIL SOL 2% **81**
 FLUOROURACIL SOL 5% **81**

 fluoxetine hcl cap 10 mg **72**

 fluoxetine hcl cap 20 mg **72**
 fluoxetine hcl cap 40 mg **72**
 fluoxetine hcl cap delayed release 90 mg **72**
 fluoxetine hcl solution 20 mg/5ml **72**
 fluoxetine hcl tab 10 mg **73**
 fluoxetine hcl tab 20 mg **73**
 FLUPHENAZINE CON 5MG/ML **71**

 fluphenazine decanoate inj 25 mg/ml **71**
 FLUPHENAZINE ELX 2.5/5ML **71**
 fluphenazine hcl tab 1 mg **71**
 fluphenazine hcl tab 10 mg **71**
 fluphenazine hcl tab 2.5 mg **71**
 fluphenazine hcl tab 5 mg **71**
 FLUPHENAZINE INJ 2.5MG/ML **71**
 flurbiprofen sodium ophth soln 0.03% **14**
 flurbiprofen tab 100 mg **7**
 flurbiprofen tab 50 mg **7**
 flutamide cap 125 mg **34**
 fluticasone propionate nasal susp 50 mcg/act **13**
 fluvoxamine maleate tab 100 mg **73**
 fluvoxamine maleate tab 25 mg **73**
 fluvoxamine maleate tab 50 mg **73**
 FML OIN 0.1% OP **13**
 fomepizole inj 1 gm/ml (for iv infusion) **63**
 fondaparinux sodium inj 10 mg/0.8ml **38**
 fondaparinux sodium inj 2.5 mg/0.5ml **39**
 fondaparinux sodium inj 5 mg/0.4ml **39**

 fondaparinux sodium inj 7.5 mg/0.6ml **39**
 FORADIL CAP AEROLIZE **83**
 FORTEO SOL 600/2.4 **65**
 fortical spr 200/act **65**
 FOSAMAX + D TAB 70-2800 **47**
 FOSAMAX + D TAB 70-5600 **47**
 FOSAMAX SOL **47**
 FOSCARNET INJ 24MG/ML **40**
 fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg **77**
 fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg **77**
 fosinopril sodium tab 10 mg **77**
 fosinopril sodium tab 20 mg **77**
 fosinopril sodium tab 40 mg **77**
 FOSRENOL CHW 1000MG **62**
 FOSRENOL CHW 500MG **62**
 FOSRENOL CHW 750MG **62**
 FRAGMIN INJ 10000/ML **37**

FRAGMIN INJ 12500UNT **37**
FRAGMIN INJ 15000UNT **38**
FRAGMIN INJ 18000UNT **38**
FRAGMIN INJ 2500/0.2 **38**
FRAGMIN INJ 25000/ML **38**
FRAGMIN INJ 5000/0.2 **38**
FRAGMIN INJ 7500/0.3 **38**
freamine iii inj 8.5% **49**
furosemide inj 10 mg/ml **55**
furosemide oral soln 10 mg/ml **55**
FUROSEMIDE SOL 8MG/ML **55**
furosemide tab 20 mg **55**
furosemide tab 40 mg **55**
furosemide tab 80 mg **55**
FUZEON KIT **40**

G

gabapentin cap 100 mg **20**
gabapentin cap 300 mg **20**
gabapentin cap 400 mg **20**
gabapentin oral soln 250 mg/5ml **20**
gabapentin tab 600 mg **20**
gabapentin tab 800 mg **20**
GABITRIL TAB 12MG **20**
GABITRIL TAB 16MG **20**
GABITRIL TAB 2MG **20**
GABITRIL TAB 4MG **20**
galantamine hydrobromide cap sr 24hr 16 mg **64**
galantamine hydrobromide cap sr 24hr 24 mg **64**
galantamine hydrobromide cap sr 24hr 8 mg **64**
galantamine hydrobromide oral soln 4 mg/ml **64**
galantamine hydrobromide tab 12 mg **64**
galantamine hydrobromide tab 4 mg **64**
galantamine hydrobromide tab 8 mg **64**
GAMASTAN S/D INJ **81**

GAMUNEX INJ 10% **81**
GANCICLOVIR CAP 250MG **43**
GANCICLOVIR CAP 500MG **43**
GARDASIL INJ **86**
GASTROCROM CON 100/5ML **14**
gavilyte-c sol **50**
gavilyte-g sol **50**
gavilyte-n sol flav pk **50**
gemfibrozil tab 600 mg **30**
GEMZAR INJ 1GM **34**
generlac sol 10gm/15 **3**
gengraf cap 100mg **61**
gengraf cap 25mg **61**
gengraf sol 100mg/ml **61**
gentak oin 0.3% op **10**
gentak sol 0.3% op **10**
gentamicin sulfate ophth soln 0.3% **10**
gentasol sol 0.3% op **10**
GEODON CAP 20MG **67**
GEODON CAP 40MG **67**
GEODON CAP 60MG **67**
GEODON CAP 80MG **67**
GEODON INJ 20MG **67**
GILENYA CAP 0.5MG **46**
GLEEVEC TAB 100MG **34**
GLEEVEC TAB 400MG **34**
glimepiride tab 1 mg **25**
glimepiride tab 2 mg **25**
glimepiride tab 4 mg **25**
glipizide er tab 10mg **25**
glipizide er tab 5mg **25**
glipizide tab 10 mg **25**
glipizide tab 5 mg **25**
glipizide tab sr 24hr 2.5 mg **25**

glipizide-metformin hcl tab 2.5-250 mg **25**
glipizide-metformin hcl tab 2.5-500 mg **25**
glipizide-metformin hcl tab 5-500 mg **25**
GLUCAGEN INJ HYPOKIT **30**
GLUCAGON KIT 1MG **30**
glyburide micronized tab 1.5 mg **25**
glyburide micronized tab 3 mg **25**
glyburide micronized tab 6 mg **25**
GLYBURIDE TAB 1.25MG **25**
glyburide tab 2.5 mg **25**
GLYBURIDE TAB 5MG **25**
glyburide-metformin tab 1.25-250 mg **25**
glyburide-metformin tab 2.5-500 mg **25**
glyburide-metformin tab 5-500 mg **25**
glycopyrrolate inj 0.2 mg/ml **19**
glycopyrrolate tab 1 mg **19**
glycopyrrolate tab 2 mg **19**
glycron tab 1.5mg **25**
glycron tab 3mg **26**
glycron tab 6mg **26**
GLYSET TAB 100MG **22**
GLYSET TAB 25MG **22**
GLYSET TAB 50MG **22**
granisetron hcl inj 0.1 mg/ml **27**
granisetron hcl inj 1 mg/ml **27**
granisetron hcl tab 1 mg **27**
GRANISOL SOL 2MG/10ML **27**

guanfacine hcl tab 1 mg **61**

guanfacine hcl tab 2 mg **61**

GUANIDINE TAB 125MG **64**

H

halobetasol propionate cream 0.05% **12**
halobetasol propionate oint 0.05% **12**
haloperidol decanoate im soln 100 mg/ml **69**

haloperidol decanoate im soln 50 mg/ml 69	HUMALOG MIX SUS 75/25 24	hydrocodone-acetaminophen tab 7.5-650 mg 5
haloperidol lactate inj 5 mg/ml 69	HUMIRA KIT 20MG/0.4 54	hydrocodone-acetaminophen tab 7.5-750 mg 5
haloperidol lactate oral conc 2 mg/ml 69	HUMIRA KIT 40MG/0.8 54	hydrocodone-ibuprofen tab 7.5-200 mg 5
haloperidol tab 0.5 mg 69	HUMIRA PEN KIT CROHNS 54	hydrocortisone cream 1% 12
haloperidol tab 1 mg 69	HUMULIN INJ 70/30 24	hydrocortisone cream 2.5% 12
haloperidol tab 10 mg 69	HUMULIN N INJ U-100 24	hydrocortisone lotion 1% 12
haloperidol tab 2 mg 69	HUMULIN N PN INJ U-100 24	hydrocortisone lotion 2.5% 12
haloperidol tab 20 mg 69	HUMULIN PEN INJ 70/30 24	hydrocortisone oint 1% 12
haloperidol tab 5 mg 69	HUMULIN R INJ U-100 24	hydrocortisone oint 2.5% 12
HAVRIX INJ 1440UNIT 86	HUMULIN R INJ U-500 24	hydrocortisone tab 10 mg 1
HAVRIX INJ 720UNIT 86	hydralazine hcl inj 20 mg/ml 61	hydrocortisone tab 20 mg 1
HECTOROL CAP 0.5MCG 88	hydralazine hcl tab 10 mg 61	hydrocortisone tab 5 mg 1
HECTOROL CAP 1MCG 88	hydralazine hcl tab 100 mg 61	hydrocortisone valerate cream 0.2% 12
HECTOROL CAP 2.5MCG 88	hydralazine hcl tab 25 mg 61	hydrocortisone valerate oint 0.2% 12
HECTOROL INJ 4MCG/2ML 88	hydralazine hcl tab 50 mg 61	hydrocortisone w/ acetic acid otic soln 1-2% 13
HEP SOD/NAACL INJ 25000UNT 38	HYDROCHLOROT TAB 12.5MG 55	hydromorphone hcl inj 10 mg/ml 5
heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9% 38	hydrochlorothiazide cap 12.5 mg 55	hydromorphone hcl tab 2 mg 5
heparin sodium (porcine) 40 unit/ml in d5w 38	hydrochlorothiazide tab 25 mg 55	hydromorphone hcl tab 4 mg 5
heparin sodium (porcine) inj 1000 unit/ml 38	hydrochlorothiazide tab 50 mg 55	hydromorphone hcl tab 8 mg 5
heparin sodium (porcine) inj 10000 unit/ml 38	hydrocodone-acetaminophen soln 7.5-500 mg/15ml 4	hydroxychloroquine sulfate tab 200 mg 36
heparin sodium (porcine) inj 5000 unit/ml 38	hydrocodone-acetaminophen tab 10-325 mg 4	hydroxyurea cap 500 mg 34
hepatamine sol 8% 49	hydrocodone-acetaminophen tab 10-500 mg 4	hydroxyzine hcl im soln 25 mg/ml 43
HEPSERA TAB 10MG 43	hydrocodone-acetaminophen tab 10-650 mg 4	hydroxyzine hcl im soln 50 mg/ml 43
HEXALEN CAP 50MG 34	hydrocodone-acetaminophen tab 10-660 mg 5	hydroxyzine hcl syrup 10 mg/5ml 43
HUMALOG INJ 100/ML 23	hydrocodone-acetaminophen tab 2.5-500 mg 5	hydroxyzine hcl tab 10 mg 43
HUMALOG KWIK INJ 100/ML 23	hydrocodone-acetaminophen tab 5-325 mg 5	hydroxyzine hcl tab 25 mg 44
HUMALOG MIX INJ 50/50 24	hydrocodone-acetaminophen tab 5-500 mg 5	hydroxyzine hcl tab 50 mg 44
HUMALOG MIX INJ 50/50KWP 24	hydrocodone-acetaminophen tab 7.5-325 mg 5	hydroxyzine pamoate cap 100 mg 44
HUMALOG MIX INJ 75/25KWP 24	hydrocodone-acetaminophen tab 7.5-500 mg 5	hydroxyzine pamoate cap 25 mg 44

hydroxyzine pamoate cap 50 mg **44**

I

ibuprofen susp 100 mg/5ml **7**

ibuprofen tab 400 mg **7**

ibuprofen tab 600 mg **7**

ibuprofen tab 800 mg **7**

imipramine hcl tab 10 mg **74**

imipramine hcl tab 25 mg **74**

imipramine hcl tab 50 mg **75**

imiquimod cream 5% **81**

IMITREX SPR 20MG/ACT **32**

IMITREX SPR 5MG/ACT **32**

IMOVAX RABIE INJ 2.5/ML **86**

INCRELEX INJ 40MG/4ML **82**

indapamide tab 1.25 mg **55**

indapamide tab 2.5 mg **55**

indomethacin cap 25 mg **7**

indomethacin cap 50 mg **7**

indomethacin cap cr 75 mg **7**

INFANRIX INJ **85**

INFUMORPH INJ 10MG/ML **5**

INNOHEP INJ 20000/ML **38**

INTELENCE TAB 100MG **42**

INTELENCE TAB 200MG **42**

intralipid inj 20% **49**

INTRALIPID INJ 30% **49**

INTRON-A INJ 10MU PEN **34**

INTRON-A INJ 10MU **34**

INTRON-A INJ 18MU **34**

INTRON-A INJ 3MU PEN **34**

INTRON-A INJ 5MU PEN **34**

INVANZ INJ 1GM **15**

INVEGA SUST INJ 117/0.75 **67**

INVEGA SUST INJ 156MG/ML **67**

INVEGA SUST INJ 234/1.5 **67**

INVEGA SUST INJ 39/0.25 **67**

INVEGA SUST INJ 78/0.5ML **67**

INVEGA TAB 1.5MG **67**

INVEGA TAB 3MG **67**

INVEGA TAB 6MG **67**

INVEGA TAB 9MG **67**

INVIRASE CAP 200MG **41**

INVIRASE TAB 500MG **41**

IONOSOL-B/ INJ D5W **79**

IONOSOL-MB INJ /D5W **79**

IONOSOL-T INJ /D5W **79**

IPOL INJ INACTIVE **86**

ipratropium bromide inhal soln 0.02% **19**

ipratropium bromide nasal soln 0.03% (21 mcg/spray) **19**

ipratropium bromide nasal soln 0.06% (42 mcg/spray) **19**

ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml **83**

IRESSA TAB 250MG **34**

irinotecan hcl inj 100 mg/5ml (20 mg/ml) **34**

ISENTRESS TAB 400MG **41**

isochron tab 40mg cr **87**

isoniazid tab 100 mg **33**

isoniazid tab 300 mg **33**

isosorbide dinitrate sl tab 2.5 mg **87**

isosorbide dinitrate sl tab 5 mg **87**

isosorbide dinitrate tab 10 mg **87**

isosorbide dinitrate tab 20 mg **87**

isosorbide dinitrate tab 30 mg **87**

isosorbide dinitrate tab 5 mg **87**

isosorbide dinitrate tab cr 40 mg **87**

isosorbide mononitrate tab 10 mg **87**

isosorbide mononitrate tab 20 mg **87**

isosorbide mononitrate tab sr 24hr 120 mg **87**

isosorbide mononitrate tab sr 24hr 30 mg **87**

isosorbide mononitrate tab sr 24hr 60 mg **87**

ISRADIPINE CAP 2.5MG **48**

isradipine cap 5 mg **48**

ISTODAX INJ 10MG **34**

itraconazole cap 100 mg **28**

IXIARO INJ **86**

J

jantoven tab 10mg **36**

jantoven tab 1mg **36**

jantoven tab 2.5mg **36**

jantoven tab 2mg **36**

jantoven tab 3mg **36**

jantoven tab 4mg **36**

jantoven tab 5mg **37**

jantoven tab 6mg **37**

jantoven tab 7.5mg **37**

JANUMET TAB 50-1000 **23**

JANUMET TAB 50-500MG **23**

JANUVIA TAB 100MG **23**

JANUVIA TAB 25MG **23**

JANUVIA TAB 50MG **23**

JE-VAX INJ **86**

jolivettab tab 0.35mg **53**

junel 1.5/30 tab **53**

junel 1/20 tab **53**

june fe tab 1.5/30 53	ketoconazole shampoo 2% 10	lamotrigine tab 150 mg 20
june fe tab 1/20 53	ketoconazole tab 200 mg 28	lamotrigine tab 200 mg 20
K	KETOPROFEN CAP 200MG ER 7	lamotrigine tab 25 mg 20
KALETRA SOL 41	ketoprofen cap 50 mg 7	lamotrigine tab chewable dispersible 25 mg 20
KALETRA TAB 100-25MG 41	ketoprofen cap 75 mg 7	lamotrigine tab chewable dispersible 5 mg 20
KALETRA TAB 200-50MG 41	ketorolac tromethamine ophth soln 0.4% 14	LANOXIN TAB 0.125MG 49
kaon-cl-10 tab 10meq cr 79	ketorolac tromethamine ophth soln 0.5% 14	LANOXIN TAB 0.25MG 49
kariva tab 28 day 53	KINERET INJ 54	lansoprazole cap delayed release 15 mg 40
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.2% inj 79	kionex pow usp 62	lansoprazole cap delayed release 30 mg 40
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 79	klor-con 10 tab 10meq er 79	lansoprazole tab delayed release orally disintegrating 15 mg 40
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj 79	klor-con 8 tab 8meq er 79	lansoprazole tab delayed release orally disintegrating 30 mg 40
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj 79	KLOR-CON M15 TAB 79	LANTUS INJ 100/ML 24
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 79	klor-con m20 tab 20meq er 79	LANTUS INJ SOLOSTAR 24
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 79	KOMBIGLYZE TAB 2.5-1000 23	latanoprost ophth soln 0.005% 29
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 79	KOMBIGLYZE TAB 5-1000MG 23	LATUDA TAB 40MG 67
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.2% inj 79	KOMBIGLYZE TAB 5-500MG 23	LATUDA TAB 80MG 67
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 79	KUVAN TAB 100MG 63	leena tab 53
KCL/D10/NACL INJ 0.15/0.2 79	L	leflunomide tab 10 mg 54
KCL/D5W INJ 0.075% 79	labetalol hcl iv soln 5 mg/ml 45	leflunomide tab 20 mg 54
KCL/D5W/LR INJ 0.15% 79	labetalol hcl tab 100 mg 45	LESCOL CAP 20MG 31
KCL/D5W/LR INJ 0.3% 79	labetalol hcl tab 200 mg 45	LESCOL CAP 40MG 31
KCL/D5W/NACL INJ .224/.33 79	labetalol hcl tab 300 mg 45	LESCOL XL TAB 80MG 31
KCL/D5W/NACL INJ 0.15/0.2 79	laclotion lot 12% 56	lessina-28 tab 53
KCL/D5W/NACL INJ 0.3/0.9% 79	LACRISERT MIS 5MG OP 56	LETAIRIS TAB 10MG 87
kelnor tab 1/35 53	lactated ringer's solution 79	LETAIRIS TAB 5MG 87
KEPIVANCE INJ 6.25MG 50	lactic acid (ammonium lactate) cream 12% 56	letrozole tab 2.5 mg 34
KEPPRA XR TAB 500MG 20	lactic acid (ammonium lactate) lotion 12% 56	LEUCOVOR CA TAB 10MG 63
KEPPRA XR TAB 750MG 20	lactulose solution 10 gm/15ml 3	LEUCOVOR CA TAB 15MG 63
ketoconazole cream 2% 10	lamotrigine tab 100 mg 20	leucovorin calcium for inj 100 mg 63

leucovorin calcium for inj 350 mg 63	levothroid tab 50mcg 84	lidocaine-prilocaine cream 2.5-2.5% 36
leucovorin calcium tab 25 mg 63	levothroid tab 75mcg 84	LIDODERM DIS 5% 36
leucovorin calcium tab 5 mg 63	levothroid tab 88mcg 84	LINCOCIN INJ 300MG/ML 16
LEUKERAN TAB 2MG 34	levothyroxine sodium tab 100 mcg 84	liothyronine sodium tab 25 mcg 84
LEUKINE INJ 250MCG 60	levothyroxine sodium tab 112 mcg 84	liothyronine sodium tab 5 mcg 84
leuprolide acetate inj kit 5 mg/ml 34	levothyroxine sodium tab 125 mcg 84	liothyronine sodium tab 50 mcg 84
LEVAQUIN INJ 25MG/ML 17	levothyroxine sodium tab 137 mcg 84	LIPITOR TAB 10MG 31
LEVAQUIN TAB 250MG 17	levothyroxine sodium tab 150 mcg 84	LIPITOR TAB 20MG 31
LEVAQUIN TAB 500MG 17	levothyroxine sodium tab 175 mcg 84	LIPITOR TAB 40MG 31
LEVAQUIN TAB 750MG 17	levothyroxine sodium tab 200 mcg 84	LIPITOR TAB 80MG 31
LEVATOL TAB 20MG 45	levothyroxine sodium tab 25 mcg 84	lisinopril & hydrochlorothiazide tab 10-12.5 mg 77
LEVEMIR INJ FLEXPEN 24	levothyroxine sodium tab 300 mcg 84	lisinopril & hydrochlorothiazide tab 20-12.5 mg 77
LEVEMIR INJ 24	levothyroxine sodium tab 50 mcg 84	lisinopril & hydrochlorothiazide tab 20-25 mg 77
levetiracetam inj 500 mg/5ml (100 mg/ml) 20	levothyroxine sodium tab 75 mcg 84	lisinopril tab 10 mg 77
levetiracetam oral soln 100 mg/ml 21	levothyroxine sodium tab 88 mcg 84	lisinopril tab 2.5 mg 77
levetiracetam tab 1000 mg 21	levoxyl tab 100mcg 84	lisinopril tab 20 mg 77
levetiracetam tab 250 mg 21	levoxyl tab 112mcg 84	lisinopril tab 30 mg 77
levetiracetam tab 500 mg 21	levoxyl tab 125mcg 84	lisinopril tab 40 mg 77
levetiracetam tab 750 mg 21	levoxyl tab 137mcg 84	lisinopril tab 5 mg 78
levobunolol hcl ophth soln 0.5% 29	levoxyl tab 150mcg 84	LITHIUM CARB CAP 600MG 31
LEVOBUNOLOL SOL 0.25% OP 29	levoxyl tab 175mcg 84	LITHIUM CARB TAB 300MG 31
levocarnitine tab 330 mg 63	levoxyl tab 200mcg 84	lithium carbonate cap 150 mg 31
levofloxacin ophth soln 0.5% 10	levoxyl tab 25mcg 84	lithium carbonate cap 300 mg 31
levofloxacin tab 250 mg 17	levoxyl tab 50mcg 84	lithium carbonate tab cr 300 mg 31
levofloxacin tab 500 mg 17	levoxyl tab 75mcg 84	lithium carbonate tab cr 450 mg 32
levofloxacin tab 750 mg 17	levoxyl tab 88mcg 84	LITHIUM CITR SYP 8MEQ/5ML 32
levora-28 tab 0.15/30 53	LEXAPRO SOL 5MG/5ML 73	loperamide hcl cap 2 mg 27
levothroid tab 100mcg 84	LEXAPRO TAB 10MG 73	losartan potassium & hydrochlorothiazide tab 100-12.5 mg 76
levothroid tab 112mcg 84	LEXAPRO TAB 20MG 73	losartan potassium & hydrochlorothiazide tab 100-25 mg 76
levothroid tab 125mcg 84	LEXAPRO TAB 5MG 73	losartan potassium & hydrochlorothiazide tab 50-12.5 mg 76
levothroid tab 137mcg 84	LEXIVA SUS 50MG/ML 41	losartan potassium tab 100 mg 76
levothroid tab 150mcg 84	LEXIVA TAB 700MG 41	losartan potassium tab 25 mg 76
levothroid tab 175mcg 84	lidocaine hcl gel 2% 36	losartan potassium tab 50 mg 76
levothroid tab 200mcg 84	lidocaine hcl local inj 0.5% 62	LOTREL CAP 10-40MG 48
levothroid tab 25mcg 84	lidocaine hcl local preservative free (pf) inj 1% 62	LOTREL CAP 5-40MG 48

levothroid tab 300mcg 84	lidocaine oint 5% 36	LOTRONEX TAB 0.5MG 12
LOTRONEX TAB 1MG 12	MAPROTILINE TAB 50MG 75	mercaptapurine tab 50 mg 34
lovastatin tab 10 mg 31	MAPROTILINE TAB 75MG 75	meropenem iv for soln 500 mg 15
lovastatin tab 20 mg 31	MARPLAN TAB 10MG 70	MERUVAX II INJ LIVE 86
lovastatin tab 40 mg 31	MATULANE CAP 50MG 34	mesalamine enema 4 gm 12
LOVAZA CAP 1GM 30	MAXALT TAB 10MG 32	mesna inj 100 mg/ml 63
LOVENOX INJ 300/3ML 38	MAXALT TAB 5MG 32	MESNEX TAB 400MG 63
low-ogestrel tab 53	MAXALT-MLT TAB 10MG 32	MESTINON SYP 60MG/5ML 64
loxapine succinate cap 10 mg 70	MAXALT-MLT TAB 5MG 32	MESTINON TAB TIMESPAN 64
loxapine succinate cap 25 mg 70	MEBENDAZOLE CHW 100MG 9	metadate tab 20mg er 9
loxapine succinate cap 5 mg 70	meclizine hcl tab 12.5 mg 28	METAPROTEREN TAB 10MG 83
loxapine succinate cap 50 mg 70	meclizine hcl tab 25 mg 28	METAPROTEREN TAB 20MG 83
LUMIGAN SOL 0.01% 29	medroxyprogesterone acetate im susp 150 mg/ml 65	metaproterenol sulfate syrup 10 mg/5ml 83
LUMIGAN SOL 0.03% 29	medroxyprogesterone acetate tab 10 mg 65	metaxalone tab 800 mg 81
LUNESTA TAB 1MG 44	medroxyprogesterone acetate tab 2.5 mg 65	metformin hcl tab 1000 mg 23
LUNESTA TAB 2MG 44	medroxyprogesterone acetate tab 5 mg 65	metformin hcl tab 500 mg 23
LUNESTA TAB 3MG 44	mefloquine hcl tab 250 mg 36	metformin hcl tab 850 mg 23
LUPRON DEPOT INJ 11.25MG 34	megestrol acetate susp 40 mg/ml 34	metformin hcl tab sr 24hr 500 mg 23
LUPRON DEPOT INJ 22.5MG 34	megestrol acetate tab 20 mg 34	metformin hcl tab sr 24hr 750 mg 23
LUPRON DEPOT INJ 3.75MG 34	megestrol acetate tab 40 mg 34	methadone hcl tab 10 mg 5
LUPRON DEPOT INJ 30MG 34	MENACTRA INJ 86	methadone hcl tab 5 mg 5
LUPRON DEPOT INJ 7.5MG 34	MENEST TAB 0.3MG 57	METHADONE INJ 10MG/ML 5
lutera tab 53	MENEST TAB 0.625MG 57	methadose tab 10mg 5
LYRICA CAP 100MG 21	MENEST TAB 1.25MG 57	methadose tab 5mg 5
LYRICA CAP 150MG 21	MENEST TAB 2.5MG 57	methamphetamine hcl tab 5 mg 8
LYRICA CAP 200MG 21	MENOMUNE INJ A/C/Y/W 86	methazolamide tab 25 mg 29
LYRICA CAP 225MG 21	MENOSTAR DIS 14MCG 57	methazolamide tab 50 mg 29
LYRICA CAP 25MG 21	MENVEO INJ 86	methimazole tab 10 mg 84
LYRICA CAP 300MG 21	meperidine hcl inj 10 mg/ml 5	methimazole tab 5 mg 84
LYRICA CAP 50MG 21	meperidine hcl inj 100 mg/ml 5	methocarbamol tab 500 mg 81
LYRICA CAP 75MG 21	meperidine hcl inj 25 mg/ml 5	methocarbamol tab 750 mg 81
LYSODREN TAB 500MG 34	meperidine hcl inj 50 mg/ml 5	methotrexate sodium for inj 1 gm 34
M	meperidine hcl inj 75 mg/ml 5	methotrexate sodium inj 25 mg/ml 34
M-M-R II INJ LIVE 86	meperidine hcl tab 100 mg 5	methotrexate sodium tab 2.5 mg (base equiv) 34
MAGNESIUM SU INJ 40MG/ML 21	meperidine hcl tab 50 mg 5	methscopolamine bromide tab 2.5 mg 19
MAGNESIUM SU INJ 80MG/ML 21	MEPERIDINE SOL 50MG/5ML 5	methscopolamine bromide tab 5 mg 19
magnesium sulfate inj 50% 21	meprobamate tab 200 mg 44	METHYCLOTHIA TAB 5MG 55
malathion lotion 0.5% 11	meprobamate tab 400 mg 44	methyldopa tab 250 mg 61

MAPROTILINE TAB 25MG 75	MEPRON SUS 36	methyldopa tab 500 mg 61
methylin er tab 10mg 9	metronidazole gel 0.75% 10	misoprostol tab 200 mcg 39
methylin er tab 20mg 9	metronidazole lotion 0.75% 10	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml) 34
methylin tab 10mg 9	metronidazole tab 250 mg 36	moexipril hcl tab 15 mg 78
methylin tab 5mg 9	metronidazole tab 500 mg 36	moexipril hcl tab 7.5 mg 78
methylphenidate hcl tab 10 mg 9	metronidazole vaginal gel 0.75% 10	mometasone furoate cream 0.1% 12
methylphenidate hcl tab 20 mg 9	MEXILETINE CAP 150MG 50	mometasone furoate oint 0.1% 12
methylphenidate hcl tab 5 mg 9	MEXILETINE CAP 200MG 50	mometasone furoate solution 0.1% (lotion) 12
methylphenidate hcl tab cr 20 mg 9	MEXILETINE CAP 250MG 50	mononessa tab 53
methylprednisolone sodium succinate for inj 1000 mg 2	MICARDIS HCT TAB 40/12.5 76	MORPHINE SUL INJ 5MG/ML 5
methylprednisolone sodium succinate for inj 125 mg 2	MICARDIS HCT TAB 80/12.5 76	MORPHINE SUL SOL 10MG/5ML 5
methylprednisolone sodium succinate for inj 40 mg 2	MICARDIS HCT TAB 80/25MG 76	MORPHINE SUL SOL 20MG/5ML 5
methylprednisolone tab 16 mg 2	MICARDIS TAB 20MG 77	morphine sulfate (concentrate) oral soln 20 mg/ml 5
methylprednisolone tab 32 mg 2	MICARDIS TAB 40MG 77	morphine sulfate inj pf 0.5 mg/ml 5
methylprednisolone tab 4 mg dose pack 2	MICARDIS TAB 80MG 77	morphine sulfate inj pf 1 mg/ml 5
methylprednisolone tab 4 mg 2	microgestin tab 1.5/30 53	morphine sulfate tab 15 mg 6
methylprednisolone tab 8 mg 2	microgestin tab 1/20 53	morphine sulfate tab 30 mg 6
metoclopramide hcl inj 5 mg/ml 66	microgestin tab fe 1/20 53	morphine sulfate tab sr 12hr 100 mg 6
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) 66	microgestin tab fe1.5/30 53	morphine sulfate tab sr 12hr 15 mg 6
metoclopramide hcl tab 10 mg 66	MIGERGOT SUP 2/100 82	morphine sulfate tab sr 12hr 200 mg 6
metoclopramide hcl tab 5 mg 66	MIGRANAL SPR 4MG/ML 82	morphine sulfate tab sr 12hr 30 mg 6
metolazone tab 10 mg 55	minocycline hcl cap 100 mg 18	morphine sulfate tab sr 12hr 60 mg 6
metolazone tab 2.5 mg 55	minocycline hcl cap 50 mg 18	MULTAQ TAB 400MG 49
metolazone tab 5 mg 55	minocycline hcl cap 75 mg 18	mupirocin oint 2% 10
metoprolol succinate tab sr 24hr 100 mg 45	minoxidil tab 10 mg 61	MYCOBUTIN CAP 150MG 33
metoprolol succinate tab sr 24hr 200 mg 45	minoxidil tab 2.5 mg 61	mycophenolate mofetil cap 250 mg 61
metoprolol succinate tab sr 24hr 25 mg 45	mirtazapine orally disintegrating tab 15 mg 70	mycophenolate mofetil tab 500 mg 61
metoprolol succinate tab sr 24hr 50 mg 45	mirtazapine orally disintegrating tab 30 mg 70	N
metoprolol tartrate inj 1 mg/ml 45	mirtazapine orally disintegrating tab 45 mg 70	nabumetone tab 500 mg 7
metoprolol tartrate tab 100 mg 45	mirtazapine tab 15 mg 70	nabumetone tab 750 mg 7
metoprolol tartrate tab 25 mg 45	mirtazapine tab 30 mg 70	nadolol tab 20 mg 45
metoprolol tartrate tab 50 mg 45	mirtazapine tab 45 mg 70	nadolol tab 40 mg 45
metronidazole cap 375 mg 36	mirtazapine tab 7.5 mg 70	nadolol tab 80 mg 45

metronidazole cream 0.75% 10	misoprostol tab 100 mcg 39	NAFCILLIN INJ 10GM 17
NAFCILLIN INJ 1GM 17	NEPHRAMINE INJ 5.4% 49	nitroglycerin td patch 24hr 0.6 mg/hr 87
NAFTIN CRE 1% 9	NEULASTA INJ 6MG/0.6M 60	NITROLINGUAL SPR PUMPSRA 87
NAFTIN GEL 1% 9	NEUMEGA INJ 5MG 60	NITROSTAT SUB 0.3MG 87
NAGLAZYME INJ 1MG/ML 56	NEUPOGEN INJ 300/0.5 60	NITROSTAT SUB 0.4MG 87
naloxone hcl inj 0.4 mg/ml 63	NEUPOGEN INJ 480/0.8 60	NITROSTAT SUB 0.6MG 87
naloxone hcl inj 1 mg/ml 63	NEUPOGEN INJ 480MCG 60	NOR-QD TAB 0.35MG 53
naltrexone hcl tab 50 mg 63	NEURONTIN SOL 250/5ML 21	nora-be tab 0.35mg 53
NAMENDA SOL 10MG/5ML 51	NEXAVAR TAB 200MG 34	norethindrone acetate tab 5 mg 65
NAMENDA TAB 10MG 51	NEXIUM CAP 20MG 40	nortrel (21) tab 1/35 53
NAMENDA TAB 5-10MG 51	NEXIUM CAP 40MG 40	nortrel (28) tab 1/35 53
NAMENDA TAB 5MG 51	next choice tab 0.75mg 53	nortrel 28 tab 0.5/35 53
naphazoline hcl ophth soln 0.1% 87	niacor tab 500mg 88	nortrel7/7/7 tab 28 days 53
naproxen sodium tab 550 mg 7	NIASPAN TAB 1000 ER 30	nortriptyline hcl cap 10 mg 75
naproxen susp 125 mg/5ml 7	NIASPAN TAB 500MG ER 30	nortriptyline hcl cap 25 mg 75
naproxen tab 250 mg 7	NIASPAN TAB 750MG ER 30	nortriptyline hcl cap 50 mg 75
naproxen tab 375 mg 7	NICOTROL INH 44	nortriptyline hcl cap 75 mg 75
naproxen tab 500 mg 7	NICOTROL NS SPR 10MG/ML 44	nortriptyline hcl soln 10 mg/5ml 75
naproxen tab ec 375 mg 7	nifediac cc tab 30mg er 48	NORVIR CAP 100MG 41
naproxen tab ec 500 mg 7	nifediac cc tab 60mg er 48	NORVIR SOL 80MG/ML 41
NARDIL TAB 15MG 70	nifediac cc tab 90mg er 48	NORVIR TAB 100MG 41
NATACYN SUS 5% OP 10	nifedical xl tab 30mg 48	NOVOLIN INJ 70/30 24
nateglinide tab 120 mg 25	nifedical xl tab 60mg 48	NOVOLIN N INJ U-100 24
nateglinide tab 60 mg 25	nifedipine cap 10 mg 48	NOVOLIN R INJ U-100 25
necon tab 0.5/35 53	NIFEDIPINE CAP 20MG 48	NOVOLOG INJ 100/ML 25
necon tab 1/35-28 53	nifedipine tab sr 24hr osmotic 30 mg 48	NOVOLOG INJ FLEXPEN 25
NECON TAB 10/11-28 53	nifedipine tab sr 24hr osmotic 60 mg 48	NOVOLOG MIX INJ 70/30 25
NEFAZODONE TAB 100MG 73	nifedipine tab sr 24hr osmotic 90 mg 49	NOVOLOG MIX INJ FLEXPEN 25
NEFAZODONE TAB 150MG 74	NILANDRON TAB 150MG 35	NULOJIX INJ 250MG 61
NEFAZODONE TAB 200MG 74	nitrofurantoin macrocrystalline cap 50 mg 86	nyamyc pow 100000 29
NEFAZODONE TAB 250MG 74	nitrofurantoin monohydrate macrocrystalline cap 100 mg 86	nystatin cream 100000 unit/gm 29
NEFAZODONE TAB 50MG 74	nitrofurantoin susp 25 mg/5ml 86	nystatin oint 100000 unit/gm 29
NEO/POLY/HC SUS OP 13	NITROGLYCER INJ 5MG/ML 87	nystatin susp 100000 unit/ml 29
neomycin sulfate tab 500 mg 14	nitroglycerin td patch 24hr 0.1 mg/hr 87	nystatin tab 500000 unit 29
neomycin-polymyxin-hc otic soln 1% 13	nitroglycerin td patch 24hr 0.2 mg/hr 87	nystatin-triamcinolone cream 100000-0.1 unit/gm-% 12
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 13	nitroglycerin td patch 24hr 0.4 mg/hr 87	nystatin-triamcinolone oint 100000-0.1 unit/gm-% 12

nystop pow 100000 **29**

O

OCELLA TAB 3-0.03MG **53**

octreotide acetate inj 100 mcg/ml (0.1 mg/ml) **63**

octreotide acetate inj 200 mcg/ml (0.2 mg/ml) **63**

octreotide acetate inj 50 mcg/ml (0.05 mg/ml) **63**

octreotide acetate inj 500 mcg/ml (0.5 mg/ml) **63**

ofloxacin ophth soln 0.3% **10**

ofloxacin otic soln 0.3% **10**

olapril tab 1 mg **78**

olapril tab 2 mg **78**

olapril tab 4 mg **78**

omeprazole cap delayed release 10 mg **40**

omeprazole cap delayed release 20 mg **40**

omeprazole cap delayed release 40 mg **40**

OMNITROPE INJ 10/1.5ML **82**

OMNITROPE INJ 5.8MG **82**

OMNITROPE INJ 5/1.5ML **82**

ondansetron hcl inj 4 mg/2ml (2 mg/ml) **27**

ondansetron hcl oral soln 4 mg/5ml **27**

ondansetron hcl tab 24 mg **27**

ondansetron hcl tab 4 mg **27**

ondansetron hcl tab 8 mg **27**

ondansetron orally disintegrating tab 4 mg **27**

ondansetron orally disintegrating tab 8 mg **27**

ONGLYZA TAB 2.5MG **23**

ONGLYZA TAB 5MG **23**

ONTAK INJ 150/ML **35**

ORACEA CAP 40MG **81**

ORAP TAB 1MG **70**

ORAP TAB 2MG **70**

ORFADIN CAP 10MG **63**

ORFADIN CAP 2MG **63**

ORFADIN CAP 5MG **63**

ORTHO TRI- TAB CYCLN LO **53**

ortho-est tab 0.625 **57**

ortho-est tab 1.25 **57**

OVCON 50 TAB 28 **53**

ox **8**

oxcarbazepine susp 300 mg/5ml (60 mg/ml) **21**

oxcarbazepine tab 150 mg **21**

oxcarbazepine tab 300 mg **21**

oxcarbazepine tab 600 mg **21**

OXISTAT CRE 1% **10**

OXISTAT LOT 1% **10**

OXSORALEN-UL CAP 10MG **54**

oxybutynin chloride syrup 5 mg/5ml **59**

oxybutynin chloride tab 5 mg **59**

oxybutynin chloride tab sr 24hr 10 mg **59**

oxybutynin chloride tab sr 24hr 15 mg **59**

oxybutynin chloride tab sr 24hr 5 mg **59**

OXYCODONE CON 20MG/ML **6**

oxycodone hcl tab 15 mg **6**

oxycodone hcl tab 30 mg **6**

oxycodone hcl tab 5 mg **6**

oxycodone w/ acetaminophen cap 5-500 mg **6**

oxycodone w/ acetaminophen tab 10-325 mg **6**

oxycodone w/ acetaminophen tab 2.5-325 mg **6**

oxycodone w/ acetaminophen tab 5-325 mg **6**

oxycodone w/ acetaminophen tab 7.5-325 mg **6**

oxycodone w/ acetaminophen tab 7.5-500 mg **6**

oxycodone-aspirin tab 4.8355-325 mg **6**

OXYCONTIN TAB 10MG CR **6**

OXYCONTIN TAB 15MG CR **6**

OXYCONTIN TAB 20MG CR **6**

OXYCONTIN TAB 30MG CR **6**

OXYCONTIN TAB 40MG CR **6**

OXYCONTIN TAB 60MG CR **6**

OXYCONTIN TAB 80MG CR **6**

P

pacerone tab 200mg **49**

PANCREAZE CAP 10500UNT **54**

PANCREAZE CAP 16800UNT **54**

PANCREAZE CAP 21000UNT **54**

PANCREAZE CAP 4200UNIT **54**

PANRETIN GEL 0.1% **82**

pantoprazole sodium ec tab 20 mg (base equiv) **40**

pantoprazole sodium ec tab 40 mg (base equiv) **40**

parcaine sol 0.5% op **62**

paromomycin sulfate cap 250 mg **36**

paroxetine hcl oral susp 10 mg/5ml (base equiv) **73**

paroxetine hcl tab 10 mg 73	pentazocine w/ naloxone tab 50-0.5 mg 7	polyethylene glycol 3350 oral powder 50
paroxetine hcl tab 20 mg 73	pentopak tab 400mg cr 60	polymyxin b sulfate for inj 500000 unit 17
paroxetine hcl tab 30 mg 73	pentoxifylline tab cr 400 mg 60	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 10
paroxetine hcl tab 40 mg 73	permethrin cream 5% 11	portia-28 tab 53
paroxetine hcl tab sr 24hr 12.5 mg 73	perphenazine tab 16 mg 71	potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 79
paroxetine hcl tab sr 24hr 25 mg 73	perphenazine tab 2 mg 71	potassium chloride 30 meq/l (0.224%) in dextrose 5% inj 79
paroxetine hcl tab sr 24hr 37.5 mg 73	perphenazine tab 4 mg 71	potassium chloride 40 meq/l (0.3%) in dextrose 5% inj 79
PASER GRA 4GM 33	perphenazine tab 8 mg 71	potassium chloride cap cr 10 meq 79
PATANOL SOL 0.1% OP 14	phenadoz sup 12.5mg 58	potassium chloride inj 10 meq/100 ml 79
PAXIL CR TAB 37.5MG 73	phenadoz sup 25mg 58	potassium chloride inj 2 meq/ml 79
pedi-dri pow 100000 29	phenelzine sulfate tab 15 mg 71	potassium chloride inj 20 meq/50 ml 79
PEDIARIX INJ 0.5ML 86	phenytoin sodium extended cap 100 mg 22	potassium chloride inj 30 meq/100 ml 79
PEDVAX HIB INJ 86	phenytoin sodium extended cap 200 mg 22	potassium chloride microencapsulated crys cr tab 10 meq 79
PEG-INTRON KIT 120 RP 41	phenytoin sodium extended cap 300 mg 22	potassium chloride microencapsulated crys cr tab 20 meq 79
PEG-INTRON KIT 150 RP 41	phenytoin sodium inj 50 mg/ml 22	potassium chloride tab cr 8 meq (600 mg) 79
PEG-INTRON KIT 50MCG RP 41	phenytoin susp 125 mg/5ml 22	potassium citrate tab cr 10 meq (1080 mg) 2
PEG-INTRON KIT 50MCG 41	PHOSPHOLINE SOL 0.125% OP 29	potassium citrate tab cr 5 meq (540 mg) 2
PEG-INTRON KIT 80MCG RP 41	physiolyte sol 62	PRADAXA CAP 150MG 37
PEGANONE TAB 250MG 22	physiosol sol irrigat 62	PRADAXA CAP 75MG 37
PEGASYS INJ 180MCG/M 41	pilocarpine hcl tab 5 mg 64	pramipexole dihydrochloride tab 0.125 mg 51
PEGASYS KIT 41	pilocarpine hcl tab 7.5 mg 65	pramipexole dihydrochloride tab 0.25 mg 51
penicillin g potassium for inj 20000000 unit 16	PILOPINE HS GEL 4% OP 29	pramipexole dihydrochloride tab 0.5 mg 51
penicillin g potassium for inj 5000000 unit 16	PINDOLOL TAB 10MG 45	pramipexole dihydrochloride tab 0.75 mg 51
penicillin v potassium for soln 125 mg/5ml 16	PINDOLOL TAB 5MG 45	pramipexole dihydrochloride tab 1 mg 51
penicillin v potassium for soln 250 mg/5ml 16	piroxicam cap 10 mg 8	pramipexole dihydrochloride tab 1.5 mg 51
penicillin v potassium tab 250 mg 16	piroxicam cap 20 mg 8	PRANDIN TAB 0.5MG 25
penicillin v potassium tab 500 mg 16	PLAVIX TAB 300MG 39	PRANDIN TAB 1MG 25
PENTASA CAP 250MG CR 12	PLAVIX TAB 75MG 39	PRANDIN TAB 2MG 25
PENTASA CAP 500MG CR 12	podofilox soln 0.5% 82	pravastatin sodium tab 10 mg 31

pravastatin sodium tab 20 mg **31**
 pravastatin sodium tab 40 mg **31**
 pravastatin sodium tab 80 mg **31**
 prazosin hcl cap 1 mg **3**
 prazosin hcl cap 2 mg **3**
 prazosin hcl cap 5 mg **3**
 prednisolone acetate ophth susp 1% **13**
 prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) **2**
 prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) **2**
 prednisone tab 1 mg **2**
 prednisone tab 10 mg **2**
 prednisone tab 2.5 mg **2**
 prednisone tab 20 mg **2**
 prednisone tab 5 mg **2**
 PREDNISON TAB 50MG **2**
 PREMARIN INJ 25MG **57**
 PREMARIN TAB 0.3MG **57**
 PREMARIN TAB 0.45MG **57**
 PREMARIN TAB 0.625MG **57**
 PREMARIN TAB 0.9MG **57**
 PREMARIN TAB 1.25MG **57**
 PREMARIN VAG CRE 0.625MG **57**
 PREMPHASE TAB **57**
 PREMPRO TAB .625-2.5 **57**
 PREMPRO TAB 0.3-1.5 **57**
 PREMPRO TAB 0.45-1.5 **57**
 PREMPRO TAB 0.625-5 **57**
 prenatal tabs tab obn **63**
 prevalite pow 4gm **30**
 previfem tab **53**
 PREVPAC MIS **40**
 PREZISTA TAB 400MG **41**
 PREZISTA TAB 600MG **41**
 PREZISTA TAB 75MG **41**
 PRIFTIN TAB 150MG **33**
 PRIMAQUINE TAB 26.3MG **36**
 PRIMAXIN IV INJ 250MG **15**
 primidone tab 250 mg **19**
 primidone tab 50 mg **19**
 PRISTIQ TAB 100MG **71**
 PRISTIQ TAB 50MG **71**
 PROAIR HFA AER **83**
 probenecid tab 500 mg **85**
 prochlorperazine edisylate inj 5 mg/ml **71**
 prochlorperazine maleate tab 10 mg **71**
 prochlorperazine maleate tab 5 mg **71**
 prochlorperazine suppos 25 mg **71**
 PROCREDIT INJ 10000/ML **60**
 PROCREDIT INJ 2000/ML **60**
 PROCREDIT INJ 20000/ML **60**
 PROCREDIT INJ 3000/ML **60**
 PROCREDIT INJ 4000/ML **60**
 PROCREDIT INJ 40000/ML **60**
 procto-pak cre 1% **12**
 proctocream cre hc 2.5% **12**
 proctosol hc cre 2.5% **12**
 proctozone cre -hc 2.5% **12**
 PROGLYCEM SUS 50MG/ML **61**
 PROGRAF CAP 0.5MG **61**
 PROGRAF CAP 1MG **62**
 PROGRAF CAP 5MG **62**
 PROGRAF INJ 5MG/ML **62**
 PROLASTIN INJ 500MG **80**
 PROLEUKIN INJ 22MU **35**
 PROMACTA TAB 25MG **60**
 PROMACTA TAB 50MG **60**
 PROMACTA TAB 75MG **60**
 promethazine hcl inj 50 mg/ml **58**
 promethazine hcl suppos 12.5 mg **58**
 promethazine hcl suppos 25 mg **58**
 promethazine hcl syrup 6.25 mg/5ml **58**
 promethazine hcl tab 12.5 mg **58**
 promethazine hcl tab 25 mg **58**
 promethazine hcl tab 50 mg **58**
 PROMETRIUM CAP 100MG **65**
 PROMETRIUM CAP 200MG **65**
 propafenone hcl tab 150 mg **50**
 propafenone hcl tab 225 mg **50**
 propafenone hcl tab 300 mg **50**
 proparacaine hcl ophth soln 0.5% **62**
 propranolol hcl cap sr 24hr 120 mg **45**
 propranolol hcl cap sr 24hr 160 mg **45**
 propranolol hcl cap sr 24hr 60 mg **45**
 propranolol hcl cap sr 24hr 80 mg **45**
 propranolol hcl inj 1 mg/ml **45**
 propranolol hcl tab 10 mg **45**
 propranolol hcl tab 20 mg **45**
 propranolol hcl tab 40 mg **45**
 propranolol hcl tab 60 mg **45**
 propranolol hcl tab 80 mg **45**
 propylthiouracil tab 50 mg **84**
 PROQUAD INJ **86**
 PROTONIX INJ 40MG **40**
 PROTOPIC OIN 0.03% **82**
 PROTOPIC OIN 0.1% **82**
 protriptyline hcl tab 10 mg **75**
 protriptyline hcl tab 5 mg **75**
 PROVIGIL TAB 100MG **9**
 PROVIGIL TAB 200MG **9**
 PULMICORT INH 180MCG **2**
 PULMICORT INH 90MCG **2**
 PULMOZYME SOL 1MG/ML **56**
 pyrazinamide tab 500 mg **33**
 pyridostigmine bromide tab 60 mg **65**

Q

quasense tab **53**
 quinapril hcl tab 10 mg **78**
 quinapril hcl tab 20 mg **78**
 quinapril hcl tab 40 mg **78**
 quinapril hcl tab 5 mg **78**
 quinapril-hydrochlorothiazide tab 10-12.5 mg **78**

PRIMAXIN IV INJ 500MG 15	promethegan sup 25mg 58	quinapril-hydrochlorothiazide tab 20-12.5 mg 78
quinapril-hydrochlorothiazide tab 20-25 mg 78	REMICADE INJ 100MG 54	risperidone orally disintegrating tab 1 mg 68
quinidine gluconate tab cr 324 mg 50	RENAMIN INJ 6.5% 49	risperidone orally disintegrating tab 2 mg 68
quinidine sulfate tab 200 mg 50	REVELA PAK 0.8GM 62	risperidone orally disintegrating tab 3 mg 68
quinidine sulfate tab 300 mg 50	REVELA PAK 2.4GM 62	risperidone orally disintegrating tab 4 mg 68
QVAR AER 40MCG 2	REVELA TAB 800MG 62	risperidone soln 1 mg/ml 68
QVAR AER 80MCG 2	RESCRIPTOR TAB 100 MG 42	risperidone tab 0.25 mg 68
R	RESCRIPTOR TAB 200MG 42	RISPERIDONE TAB 0.25 ODT 68
RABAVERT INJ 86	RESERPINE TAB 0.1MG 61	risperidone tab 0.5 mg 68
ramipril cap 1.25 mg 78	RESERPINE TAB 0.25MG 61	risperidone tab 1 mg 68
ramipril cap 10 mg 78	RESTASIS EMU 0.05% 13	risperidone tab 2 mg 68
ramipril cap 2.5 mg 78	RETROVIR INJ 10MG/ML 42	risperidone tab 3 mg 68
ramipril cap 5 mg 78	REVATIO INJ 87	risperidone tab 4 mg 68
RANEXA TAB 1000MG 49	REVATIO TAB 20MG 87	RITUXAN INJ 500MG 35
RANEXA TAB 500MG 49	REVLIMID CAP 10MG 46	rivastigmine tartrate cap 1.5 mg 65
ranitidine hcl cap 150 mg 39	REVLIMID CAP 15MG 46	rivastigmine tartrate cap 3 mg 65
ranitidine hcl cap 300 mg 39	REVLIMID CAP 25MG 46	rivastigmine tartrate cap 4.5 mg 65
ranitidine hcl inj 150 mg/6ml (25 mg/ml) 39	REVLIMID CAP 5MG 46	rivastigmine tartrate cap 6 mg 65
ranitidine hcl syrup 15 mg/ml (75 mg/5ml) 39	REYATAZ CAP 100MG 41	rolone tab 10 mg 8
ranitidine hcl tab 150 mg 39	REYATAZ CAP 150MG 41	rolone tab 2.5 mg 8
ranitidine hcl tab 300 mg 39	REYATAZ CAP 200MG 41	romycin oin op 10
RAPAMUNE SOL 1MG/ML 62	REYATAZ CAP 300MG 41	ropinirole hydrochloride tab 0.25 mg 51
RAPAMUNE TAB 0.5MG 62	ribasphere cap 200mg 43	ropinirole hydrochloride tab 0.5 mg 51
RAPAMUNE TAB 1MG 62	ribavirin cap 200 mg 43	ropinirole hydrochloride tab 1 mg 51
RAPAMUNE TAB 2MG 62	RIDAURA CAP 3MG 59	ropinirole hydrochloride tab 2 mg 51
REBIF INJ 22/0.5 46	rifampin cap 150 mg 33	ropinirole hydrochloride tab 3 mg 51
REBIF INJ 44/0.5 46	rifampin cap 300 mg 33	ropinirole hydrochloride tab 4 mg 51
REBIF TITRTN SOL PACK 46	rifampin for inj 600 mg 33	ropinirole hydrochloride tab 5 mg 51
reclipsen tab 53	RILUTEK TAB 50MG 51	ROTATEQ SUS 86
RECOMBIVA HB INJ 10MCG/ML 86	rimantadine hydrochloride tab 100 mg 40	roxicet tab 5-325mg 6
RECOMBIVA-HB INJ 40MCG/ML 86	ringer's solution for irrigation 62	S
REGONOL INJ 5MG/ML 65	ringer's solution 80	SABRIL POW 500MG 21
REGRANEX GEL 0.01% 82	RISPERDAL INJ 12.5MG 67	SABRIL TAB 500MG 21
RELENZA MIS DISKHALE 41	RISPERDAL INJ 25MG 68	SALAGEN TAB 5MG 65
RELISTOR INJ 12/0.6ML 58	RISPERDAL INJ 37.5MG 68	SALAGEN TAB 7.5MG 65
RELPAK TAB 20MG 32	RISPERDAL INJ 50MG 68	SANCTURA XR CAP 60MG 59
RELPAK TAB 40MG 32	risperidone orally disintegrating tab 0.5 mg	SANDOSTATIN KIT LAR 10MG 63

SANDOSTATIN KIT LAR 20MG **63**
 SANDOSTATIN KIT LAR 30MG **64**
 SANTYL OIN 250/GM **82**
 SAPHRIS SUB 10MG **68**
 SAPHRIS SUB 5MG **68**
 selegiline hcl cap 5 mg **51**
 selegiline hcl tab 5 mg **51**
 selenium sulfide lotion 2.5% **11**
 SELZENTRY TAB 150MG **40**
 SELZENTRY TAB 300MG **40**
 SENSIPAR TAB 30MG **64**
 SENSIPAR TAB 60MG **64**

 SENSIPAR TAB 90MG **64**
 SEREVENT DIS AER 50MCG **83**
 SEROMYCIN CAP 250MG **33**
 SEROQUEL TAB 100MG **68**
 SEROQUEL TAB 200MG **68**
 SEROQUEL TAB 25MG **68**
 SEROQUEL TAB 300MG **68**
 SEROQUEL TAB 400MG **69**
 SEROQUEL TAB 50MG **69**
 SEROQUEL XR TAB 150MG **69**
 SEROQUEL XR TAB 200MG **69**
 SEROQUEL XR TAB 300MG **69**
 SEROQUEL XR TAB 400MG **69**
 SEROQUEL XR TAB 50MG **69**
 sertraline hcl oral conc 20 mg/ml **73**
 sertraline hcl tab 100 mg **73**
 sertraline hcl tab 25 mg **73**
 sertraline hcl tab 50 mg **73**
 silver sulfadiazine cream 1% **11**
 SIMULECT INJ 20MG **62**
 simvastatin tab 10 mg **31**
 simvastatin tab 20 mg **31**
 simvastatin tab 40 mg **31**
 simvastatin tab 5 mg **31**
 simvastatin tab 80 mg **31**

 SINGULAIR CHW 4MG **13**
 SINGULAIR CHW 5MG **13**
 SINGULAIR TAB 10MG **13**
 SMZ-TMP INJ 400-80/5 **18**
 SOD LACTATE INJ 1/6M **2**
 sodium bicarbonate inj 7.5% **2**
 sodium chloride inj 0.45% **80**
 sodium chloride inj 2.5 meq/ml (14.6%) **80**
 sodium chloride inj 3% **80**
 sodium chloride irrigation soln 0.9% **62**
 sodium chloride iv soln 0.9% **80**
 sodium fluoride tab 1 mg f (from 2.2 mg naf) **64**
 sodium lactate inj 5 meq/ml **2**
 SOLARAZE GEL 3% W/W **82**
 solia tab **53**
 SOLU-CORTEF INJ 250MG **2**
 SOLU-MEDROL INJ 2GM **2**
 SOMATULINE INJ 120/.5ML **64**
 SOMATULINE INJ 60/0.2ML **64**
 SOMATULINE INJ 90/0.3ML **64**
 SOMAVERT INJ 10MG **82**
 SOMAVERT INJ 15MG **82**
 SOMAVERT INJ 20MG **82**
 sorine tab 120mg **45**
 sorine tab 160mg **45**
 sorine tab 240mg **45**
 sorine tab 80mg **45**
 sotalol hcl tab 120 mg **45**
 sotalol hcl tab 160 mg **45**
 sotalol hcl tab 240 mg **45**
 sotalol hcl tab 80 mg **45**
 sotret cap 10mg **82**
 sotret cap 20mg **82**
 sotret cap 30mg **82**
 sotret cap 40mg **82**
 SPIRIVA CAP HANDIHLR **19**
 spironolactone & hydrochlorothiazide tab 25-25 mg **78**

 spironolactone tab 100 mg **78**
 spironolactone tab 25 mg **78**
 spironolactone tab 50 mg **78**
 SPORANOX SOL 10MG/ML **28**
 sprintec 28 tab 28 day **53**
 SPRYCEL TAB 100MG **35**
 SPRYCEL TAB 140MG **35**
 SPRYCEL TAB 20MG **35**
 SPRYCEL TAB 50MG **35**
 SPRYCEL TAB 70MG **35**
 SPRYCEL TAB 80MG **35**
 sronyx tab **53**

 STALEVO 100 TAB **51**
 STALEVO 125 TAB **51**
 STALEVO 150 TAB **52**
 STALEVO 200 TAB **52**
 STALEVO 50 TAB **52**
 STALEVO 75 TAB **52**
 stavudine cap 15 mg **42**
 stavudine cap 20 mg **42**
 stavudine cap 30 mg **42**
 stavudine cap 40 mg **42**
 stavudine for oral soln 1 mg/ml **42**
 STAVZOR CAP 125MG **21**
 STAVZOR CAP 250MG **21**
 STAVZOR CAP 500MG **21**
 STIMATE SOL 1.5MG/ML **65**
 STRATTERA CAP 100MG **52**
 STRATTERA CAP 10MG **52**
 STRATTERA CAP 18MG **52**
 STRATTERA CAP 25MG **52**
 STRATTERA CAP 40MG **52**
 STRATTERA CAP 60MG **52**
 STRATTERA CAP 80MG **52**
 SUBOXONE SUB 2-0.5MG **7**
 SUBOXONE SUB 8-2MG **7**
 sucalfate tab 1 gm **39**

sulfacetamide sodium ophth soln 10% 10	SYNTHROID TAB 112MCG 85	taztia xt cap 300mg/24 48
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 13	SYNTHROID TAB 125MCG 85	taztia xt cap 360mg/24 48
SULFADIAZINE TAB 500MG 18	SYNTHROID TAB 137MCG 85	TEGRETOL XR TAB 100MG 21
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 18	SYNTHROID TAB 150MCG 85	TEKTURNA HCT TAB 150-12.5 78
sulfamethoxazole-trimethoprim tab 400-80 mg 18	SYNTHROID TAB 175MCG 85	TEKTURNA HCT TAB 150-25MG 78
sulfamethoxazole-trimethoprim tab 800-160 mg 18	SYNTHROID TAB 200MCG 85	TEKTURNA HCT TAB 300-12.5 78
sulfasalazine tab 500 mg 18	SYNTHROID TAB 25MCG 85	TEKTURNA HCT TAB 300-25MG 78
sulfatrim sus 200-40/5 18	SYNTHROID TAB 300MCG 85	TEKTURNA TAB 150MG 78
sulfazine ec tab 500mg 18	SYNTHROID TAB 50MCG 85	TEKTURNA TAB 300MG 78
sulindac tab 150 mg 8	SYNTHROID TAB 75MCG 85	terazosin hcl cap 1 mg 3
sulindac tab 200 mg 8	SYNTHROID TAB 88MCG 85	terazosin hcl cap 10 mg 3
sumatriptan succinate inj 4 mg/0.5ml 32	SYPRINE CAP 250MG 59	terazosin hcl cap 2 mg 3
sumatriptan succinate inj 6 mg/0.5ml 32	T	terazosin hcl cap 5 mg 3
sumatriptan succinate tab 100 mg 32	TABLOID TAB 40MG 35	terbinafine hcl tab 250 mg 28
sumatriptan succinate tab 25 mg 32	tacrolimus cap 0.5 mg 62	terbutaline sulfate inj 1 mg/ml 83
sumatriptan succinate tab 50 mg 32	tacrolimus cap 1 mg 62	terbutaline sulfate tab 2.5 mg 83
SUPRAX TAB 400MG 19	tacrolimus cap 5 mg 62	terbutaline sulfate tab 5 mg 83
SURMONTIL CAP 100MG 75	TALWIN INJ 30MG/ML 7	terconazole vaginal cream 0.4% 10
SURMONTIL CAP 25MG 75	TAMIFLU CAP 30MG 41	terconazole vaginal cream 0.8% 10
SURMONTIL CAP 50MG 75	TAMIFLU CAP 45MG 41	TESTIM GEL 1%(50MG) 8
SUSTIVA CAP 200MG 42	TAMIFLU CAP 75MG 41	testosterone cypionate im in oil 100 mg/ml 8
SUSTIVA CAP 50MG 42	TAMIFLU SUS 12MG/ML 42	testosterone enanthate im in oil 200 mg/ml 8
SUSTIVA TAB 600MG 42	TAMIFLU SUS 6MG/ML 42	TET/DIP TOX INJ 2-2 LF 85
SUTENT CAP 12.5MG 35	tamoxifen citrate tab 10 mg (base equivalent) 35	TETANUS TOX INJ 5LF ADS 85
SUTENT CAP 25MG 35	tamoxifen citrate tab 20 mg (base equivalent) 35	tetracycline hcl cap 250 mg 18
SUTENT CAP 50MG 35	tamsulosin hcl cap 0.4 mg 64	tetracycline hcl cap 500 mg 18
SYLATRON KIT 296MCG 35	TARCEVA TAB 100MG 35	TEV-TROPIN INJ 5MG 82
SYLATRON KIT 444MCG 35	TARCEVA TAB 150MG 35	THALOMID CAP 100MG 46
SYLATRON KIT 888MCG 35	TARCEVA TAB 25MG 35	THALOMID CAP 150MG 46
SYMBICORT AER 160-4.5 2	TARGRETIN CAP 75MG 35	THALOMID CAP 200MG 46
SYMBICORT AER 80-4.5 2	TARGRETIN GEL 1% 82	THALOMID CAP 50MG 46
SYMLIN INJ 600MCG 23	TASIGNA CAP 200MG 35	theochron tab 200mg cr 80
SYMLINPEN 60 INJ 1000MCG 23	TASMAR TAB 100MG 52	theochron tab 300mg cr 80
SYMLNPEN 120 INJ 1000MCG 23	taztia xt cap 120mg/24 47	theophylline tab sr 12hr 100 mg 80
SYNAREL SOL 2MG/ML 59	taztia xt cap 180mg/24 47	theophylline tab sr 12hr 200 mg 80

SYNTHROID TAB 100MCG **85**
 theophylline tab sr 12hr 450 mg **80**
 theophylline tab sr 24hr 400 mg **80**
 theophylline tab sr 24hr 600 mg **80**
 thioridazine hcl tab 10 mg **71**
 thioridazine hcl tab 100 mg **71**
 thioridazine hcl tab 25 mg **71**
 thioridazine hcl tab 50 mg **71**
 thiothixene cap 1 mg **74**
 thiothixene cap 10 mg **74**
 thiothixene cap 2 mg **74**
 thiothixene cap 5 mg **74**
 TIKOSYN CAP 125MCG **49**
 TIKOSYN CAP 250MCG **50**
 TIKOSYN CAP 500MCG **50**
 TIMENTIN INJ 3.1GM **15**
 TIMOLOL MAL TAB 10MG **45**
 TIMOLOL MAL TAB 20MG **46**
 TIMOLOL MAL TAB 5MG **46**
 timolol maleate ophth soln 0.25% **29**
 timolol maleate ophth soln 0.5% **29**
 tis-u-sol sol **62**
 tizanidine hcl tab 2 mg **81**
 tizanidine hcl tab 4 mg **81**
 TOBRADEX OIN OP **13**
 tobramycin sulfate ophth soln 0.3% **10**
 tobramycin-dexamethasone ophth susp 0.3-0.1% **13**
 tobrasol sol 0.3% op **10**
 TOBEX OIN 0.3% OP **10**
 TOLAZAMIDE TAB 250MG **26**
 TOLAZAMIDE TAB 500MG **26**
 TOLBUTAMIDE TAB 500MG **26**
 TOLMETIN SOD TAB 200MG **8**
 TOLMETIN SOD TAB 600MG **8**
 tolmetin sodium cap 400 mg **8**
 topiramate sprinkle cap 15 mg **21**
 taztia xt cap 240mg/24 **47**
 topiramate tab 200 mg **21**
 topiramate tab 25 mg **22**
 topiramate tab 50 mg **22**
 TORSEMIDE INJ 20MG/2ML **55**
 torsemide tab 10 mg **55**
 torsemide tab 100 mg **55**
 torsemide tab 20 mg **55**
 torsemide tab 5 mg **55**
 tpn electrol inj **80**
 tr **78**
 TRACLEER TAB 125MG **88**
 TRACLEER TAB 62.5MG **88**
 tramadol hcl tab 50 mg **7**
 tranlycypromine sulfate tab 10 mg **71**
 TRAVATAN Z DRO 0.004% **29**
 trazodone hcl tab 100 mg **74**
 trazodone hcl tab 150 mg **74**
 trazodone hcl tab 300 mg **74**
 trazodone hcl tab 50 mg **74**
 TRECATOR TAB 250MG **33**
 TRETINOIN CAP 10MG **35**
 tretinoin cream 0.025% **50**
 tretinoin cream 0.05% **50**
 tretinoin cream 0.1% **50**
 tretinoin gel 0.01% **50**
 tretinoin gel 0.025% **50**
 TREXALL TAB 10MG **35**
 TREXALL TAB 15MG **35**
 TREXALL TAB 5MG **35**
 TREXALL TAB 7.5MG **35**
 tri-previfem tab **53**
 tri-sprintec tab **53**
 TRIAMCINOLON OIN 0.05% **12**
 TRIAMCINOLON OIN 0.5% **12**
 triamcinolone acetonide cream 0.025% **12**
 theophylline tab sr 12hr 300 mg **80**
 triamcinolone acetonide dental paste 0.1% **13**
 triamcinolone acetonide lotion 0.025% **13**
 triamcinolone acetonide lotion 0.1% **13**
 triamcinolone acetonide nasal inhal 55 mcg/act **13**
 triamcinolone acetonide oint 0.025% **13**
 triamcinolone acetonide oint 0.1% **13**
 triamterene & hydrochlorothiazide cap 37.5-25 mg **55**
 triamterene & hydrochlorothiazide cap 50-25 mg **55**
 triamterene & hydrochlorothiazide tab 37.5-25 mg **55**
 triamterene & hydrochlorothiazide tab 75-50 mg **55**
 TRICOR TAB 145MG **30**
 TRICOR TAB 48MG **30**
 triderm cre 0.1% **13**
 triderm oin 0.1% **13**
 trifluoperazine hcl tab 1 mg **71**
 trifluoperazine hcl tab 10 mg **71**
 trifluoperazine hcl tab 2 mg **71**
 trifluoperazine hcl tab 5 mg **71**
 trihexyphenidyl hcl elixir 0.4 mg/ml **52**
 trihexyphenidyl hcl tab 2 mg **52**
 trihexyphenidyl hcl tab 5 mg **52**
 TRIHIBIT KIT P/F **85**
 trilyte sol **50**
 trimethobenzamide hcl cap 300 mg **28**
 trimethoprim tab 100 mg **86**
 trinessa tab **53**
 TRIPEDIA SUS P/F **85**
 TRISENOX SOL 10MG/10M **35**
 trivora-28 tab **54**
 TRIZIVIR TAB **42**
 trospium chloride tab 20 mg **59**
 TRUVADA TAB **42**
 TWINRIX INJ **86**
 TYGACIL INJ 50MG **16**
 TYKERB TAB 250MG **35**

topiramate sprinkle cap 25 mg 21	triamcinolone acetone cream 0.1% 12	TYPHIM VI INJ 86
topiramate tab 100 mg 21	triamcinolone acetone cream 0.5% 13	TYZEKA TAB 600MG 43
TYZINE SOL 0.1% 87	venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent) 72	VIMPAT TAB 150MG 22
U	venlafaxine hcl cap sr 24hr 75 mg (base equivalent) 72	VIMPAT TAB 200MG 22
unithroid tab 100mcg 85	venlafaxine hcl tab 100 mg 72	VIMPAT TAB 50MG 22
unithroid tab 112mcg 85	venlafaxine hcl tab 25 mg 72	VINBLASTINE INJ 10MG 35
unithroid tab 125mcg 85	venlafaxine hcl tab 37.5 mg 72	VIRACEPT POW 50MG/GM 41
unithroid tab 137mcg 85	venlafaxine hcl tab 50 mg 72	VIRACEPT TAB 250MG 41
unithroid tab 150mcg 85	venlafaxine hcl tab 75 mg 72	VIRACEPT TAB 625MG 41
unithroid tab 175mcg 85	VENLAFAXINE TAB 150MG ER 72	VIRAMUNE SUS 50MG/5ML 42
unithroid tab 200mcg 85	VENLAFAXINE TAB 225MG ER 72	VIRAMUNE TAB 200MG 42
unithroid tab 25mcg 85	VENLAFAXINE TAB 37.5 ER 72	VIREAD TAB 300MG 42
unithroid tab 300mcg 85	VENLAFAXINE TAB 75MG ER 72	VISTIDE INJ 75MG/ML 43
unithroid tab 50mcg 85	VENTOLIN HFA AER 83	VIVELLE-DOT DIS 0.025MG 58
unithroid tab 75mcg 85	verapamil hcl cap sr 24hr 100 mg 48	VIVELLE-DOT DIS 0.0375MG 58
unithroid tab 88mcg 85	verapamil hcl cap sr 24hr 120 mg 48	VIVELLE-DOT DIS 0.05MG 58
UROXATRAL TAB 10MG 64	verapamil hcl cap sr 24hr 180 mg 48	VIVELLE-DOT DIS 0.075MG 58
ursodiol cap 300 mg 52	verapamil hcl cap sr 24hr 200 mg 48	VIVELLE-DOT DIS 0.1MG 58
ursodiol tab 250 mg 52	verapamil hcl cap sr 24hr 240 mg 48	voriconazole tab 200 mg 28
ursodiol tab 500 mg 52	verapamil hcl cap sr 24hr 300 mg 48	voriconazole tab 50 mg 28
V	verapamil hcl iv soln 2.5 mg/ml 48	VOTRIENT TAB 200MG 35
v 10	verapamil hcl tab 120 mg 48	VYTORIN TAB 10-10MG 31
valacyclovir hcl tab 1 gm 43	verapamil hcl tab 40 mg 48	VYTORIN TAB 10-20MG 31
valacyclovir hcl tab 500 mg 43	verapamil hcl tab 80 mg 48	VYTORIN TAB 10-40MG 31
VALCYTE SOL 50MG/ML 43	verapamil hcl tab cr 120 mg 48	VYTORIN TAB 10-80MG 31
VALCYTE TAB 450MG 43	verapamil hcl tab cr 180 mg 48	W
valproate sodium inj 100 mg/ml 22	verapamil hcl tab cr 240 mg 48	warfarin sodium tab 1 mg 37
valproate sodium syrup 250 mg/5ml (base equiv) 22	VERELAN CAP 360MG SR 48	warfarin sodium tab 10 mg 37
valproic acid cap 250 mg 22	VFEND IV INJ 200MG 28	warfarin sodium tab 2 mg 37
VANCOCIN HCL CAP 125MG 16	VFEND SUS 40MG/ML 28	warfarin sodium tab 2.5 mg 37
VANCOCIN HCL CAP 250MG 16	VFEND TAB 200MG 28	warfarin sodium tab 3 mg 37
vancomycin hcl for inj 10 gm 16	VFEND TAB 50MG 28	warfarin sodium tab 4 mg 37
vancomycin hcl for inj 1000 mg 16	VICTOZA INJ 18MG/3ML 23	warfarin sodium tab 5 mg 37
VANCOMYCIN INJ 500MG 16	VIDAZA INJ 100MG 35	warfarin sodium tab 6 mg 37
VANDETANIB TAB 100MG 35	VIDEX SOL 2GM 42	warfarin sodium tab 7.5 mg 37
VANDETANIB TAB 300MG 35	VIIBRYD TAB 10MG 74	X
VAQTA INJ 25/0.5ML 86	VIIBRYD TAB 20MG 74	XALATAN SOL 0.005% 29
VARIVAX INJ 86	VIIBRYD TAB 40MG 74	XENAZINE TAB 12.5MG 52
VELCADE INJ 3.5MG 35	VIMPAT INJ 200MG/20 22	XENAZINE TAB 25MG 52
velivet pak 54	VIMPAT SOL 10MG/ML 22	XIFAXAN TAB 550MG 17

venlafaxine hcl cap sr 24hr 150 mg (base equivalent) 72

XYREM SOL 500MG/ML 52

Y

YF-VAX INJ 86

Z

zafirlukast tab 10 mg 13

zafirlukast tab 20 mg 13

zaleplon cap 10 mg 44

zaleplon cap 5 mg 44

ZAVESCA CAP 100MG 64

zazole cre 0.4% 10

zazole cre 0.8% 10

ZEMAIRA INJ 1000MG 80

ZEMPLAR CAP 1MCG 88

ZEMPLAR CAP 2MCG 88

ZEMPLAR CAP 4MCG 88

ZEMPLAR INJ 2MCG/ML 88

ZEMPLAR INJ 5MCG/ML 88

ZENPEP CAP 10000UNT 54

ZENPEP CAP 15000UNT 54

ZENPEP CAP 20000UNT 54

ZENPEP CAP 5000UNIT 54

ZETIA TAB 10MG 30

ZIAGEN SOL 20MG/ML 42

ZIAGEN TAB 300MG 42

zidovudine cap 100 mg 42

zidovudine syrup 10 mg/ml 42

zidovudine tab 300 mg 43

ZMAX SUS 2GM 17

ZOLINZA CAP 100MG 35

zolpidem tartrate tab 10 mg 44

zolpidem tartrate tab 5 mg 44

zolpidem tartrate tab cr 6.25 mg 43

ZOMETA INJ 4MG/5ML 47

ZOMIG SPR 5MG 32

ZOMIG TAB 2.5MG 32

ZOMIG TAB 5MG 32

ZOMIG ZMT TAB 2.5 MG 33

ZOMIG ZMT TAB 5MG 33

zonisamide cap 100 mg 22

VIMPAT TAB 100MG 22

ZORTRESS TAB 0.25MG 62

ZORTRESS TAB 0.5MG 62

ZORTRESS TAB 0.75MG 62

ZOSTAVAX INJ 86

ZOSYN INJ 3-0.375G 15

ZOSYN SOL 2-0.25GM 15

ZOSYN SOL 3-0.375G 15

zovia 1/35e tab 54

ZOVIA 1/50E TAB 54

ZYCLARA CRE 3.75% 82

ZYFLO CR TAB 600MG 13

ZYMAR DRO 0.3% 10

ZYPREXA INJ 10MG 69

ZYPREXA TAB 10MG 69

ZYPREXA TAB 15MG 69

ZYPREXA TAB 2.5MG 69

ZYPREXA TAB 20MG 69

ZYPREXA TAB 5MG 69

ZYPREXA TAB 7.5MG 69

ZYPREXA ZYDI TAB 10MG 69

ZYPREXA ZYDI TAB 15MG 69

ZYPREXA ZYDI TAB 20MG 69

ZYPREXA ZYDI TAB 5MG 69

ZYTIGA TAB 250MG 35

ZYVOX SOL 2MG/ML 17

ZYVOX SUS 100MG/5M 17

ZYVOX TAB 600MG 17

XOLAIR SOL 150MG 80

zonisamide cap 25 mg **22**

zonisamide cap 50 mg **22**

PRIOR AUTHORIZATION CRITERIA

<i>Prior Authorization Group</i>	ACNE
<i>Drug Names</i>	TRETINOIN
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	NON COVERAGE Tretinoin is NOT covered for members with the following criteria: A. Using for facial wrinkles or other cosmetic indications
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Documented ineffectiveness to at least one(1) topical benzoyl peroxide product and at least (1) topical antibiotic
<i>Prior Authorization Group</i>	ACTONEL
<i>Drug Names</i>	ACTONEL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Documented ineffectiveness, intolerance, or contraindication to alendronate
<i>Prior Authorization Group</i>	ADAGEN
<i>Drug Names</i>	ADAGEN
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Diagnosis of severe thrombocytopenia
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Endocrinologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Patient has ineffectiveness from or is not a suitable candidate for bone marrow transplantation

<i>Prior Authorization Group</i>	ADCIRCA
<i>Drug Names</i>	ADCIRCA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Nitrate therapy
<i>Required Medical Information</i>	Diagnosis of pulmonary arterial hypertension (PAH), (WHO Group 1). PAH been confirmed by right heart catheterization. If patient is an infant, PAH diagnosed by Doppler echocardiogram.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	ADVAIR.SYMBICORT
<i>Drug Names</i>	ADVAIR DISKUS, ADVAIR HFA, SYMBICORT
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	CHART NOTES DOCUMENTING PREVIOUS USE OF SHORT ACTING BETA AGONIST WAS INADEQUATE AND PREVIOUS USE OF QVAR WAS INADEQUATE
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	PLAN YEAR
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	AFINITOR
<i>Drug Names</i>	AFINITOR
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D.
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	The following copies of chart notes/laboratory reports are required: 1. Documentation of previous trial/failure of Sutent or Nexavar
<i>Age Restrictions</i>	Patient must be 18 years of age or older
<i>Prescriber Restrictions</i>	Oncologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	1. Patient must have previous trial and failure with one of the following: a. Sutent b. Nexavar

<i>Prior Authorization Group</i>	ALDURAZYME
<i>Drug Names</i>	ALDURAZYME
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	The following copies of chart notes/laboratory reports are required: A. Documentation showing patient has at least two of the listed moderate-to-severe symptoms. 1. Impaired vision 2. Recurrent otitis media 3. Recurrent sinopulmonary infections 4. Impaired hearing 5. Upper airway obstruction 6. Malaise and reduced endurance 7. Corneal clouding 8. Macrocephaly 9. Reduced joint range of motion 11. Progressively course facial features 12. Umbilical and inguinal hernias 13. Carpal tunnel syndrome 14. Delayed or regressed mental development 15. Hepatosplenomegaly 15. Cardiac abnormalities and valvular disease 16. Communicating hydrocephalus 17. Spinal cord compression 18. Sleep apnea 19. Short stature 20. Reduced pulmonary function 21. Bone deformities AND Chart notes documenting diagnosis confirmed by alpha-iduronidase activity or enzymatic assay
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	If the patient has previously received at least 26 weeks of Aldurazyme® therapy, they must show an improvement in lung function (forced vital capacity [FVC]) from when therapy was started

<i>Prior Authorization Group</i>	AMITIZA
<i>Drug Names</i>	AMITIZA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Presence of a mechanical gastrointestinal obstruction
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	AMPYRA
<i>Drug Names</i>	AMPYRA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	3 months
<i>Other Criteria</i>	MAY BE APPROVED IF THE FOLLOWING CRITERIA ARE MET: 1) MEMBER HAS DIAGNOSIS OF MS AND 2) AMPYRA IS BEING REQUESTED TO INCREASE WALKING SPEED AND 3) MEMBER IS ABLE TO AMBULATE AT LEAST 25 FEET AND 4) SUPPORTING DOCUMENTATION THAT SLOW AMBULATION IS PREVENTING COMPLETION OF ACTIVITIES OF DAY LIVING (ADLs) SUCH AS SELF CARE, MEAL PREPARATION, ETC.

<i>Prior Authorization Group</i>	APOKYN
<i>Drug Names</i>	APOKYN
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	ARCALYST
<i>Drug Names</i>	ARCALYST
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Active or chronic infection. Concurrent therapy with other biologics.
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	12 years of age and older
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

Prior Authorization Group
Drug Names

B VS. D
ABELCET, ACYCLOVIR SODIUM, ALBUTEROL SULFATE, ALIMTA, AMBISOME,
AMINOSYN, AMINOSYN 7%/ELECTROLYTES, AMINOSYN II, AMINOSYN II M
3.5%/DEXTRO, AMINOSYN-HBC, AMINOSYN-PF 7%, AMPHOTERICIN B,
AMPICILLIN-SULBACTAM, ANZEMET, ARANESP ALBUMIN FREE, ASTRAMORPH,
ATGAM, AVASTIN, AZATHIOPRINE, BLEOMYCIN SULFATE, CALCITRIOL,
CAMPATH, CARBOPLATIN, CARIMUNE NANOFILTERED, CEFTRIAZONE SODIUM,
CELLCEPT, CEREZYME, CLEOCIN, CLINIMIX 2.75%/DEXTROSE 5, CLINISOL SF
15%, COLISTIMETHATE SODIUM, CROMOLYN SODIUM, CUBICIN,
CYCLOPHOSPHAMIDE, CYCLOSPORINE, CYCLOSPORINE MODIFIED,
CYKLOKAPRON, CYTARABINE, DOXIL, DOXORUBICIN HCL, DRONABINOL,
DURAMORPH, ELOXATIN, ENGERIX-B, EPIRUBICIN HCL, ERYTHROCIN
LACTOBIONATE, FABRAZYME, FASLODEX, FENTANYL CITRATE, FLUDARABINE
PHOSPHATE, FLUOROURACIL, FOSCARNET SODIUM, FREAMINE III, GAMASTAN
S/D, GEMZAR, GENGRAF, GRANISETRON HCL, GRANISOL, HECTOROL,
HEPARIN SODIUM, HEPARIN SODIUM/D5W, HEPARIN SODIUM/NACL 0.45%,
HEPARIN SODIUM/SODIUM CHL, HEPATAMINE, HYDROMORPHONE HCL,
INTRALIPID, INTRON-A, INTRON-A W/DILUENT, IONOSOL-B/DEXTROSE 5%,
IONOSOL-MB/DEXTROSE 5%, IONOSOL-T/DEXTROSE 5%, IPRATROPIUM
BROMIDE, IPRATROPIUM BROMIDE/ALBUT, IRINOTECAN, KINERET,
LEUCOVORIN CALCIUM, LEVOCARNITINE, LIDOCAINE/PRILOCAINE, LINCOCIN,
MEPERIDINE HCL, METHOTREXATE, METHOTREXATE SODIUM,
METOCLOPRAMIDE HCL, MITOXANTRONE HCL, MORPHINE SULFATE,
MYCOPHENOLATE MOFETIL, NAFCILLIN SODIUM, NAGLAZYME, NEPHRAMINE,
NEUPOGEN, ONDANSETRON HCL, ONDANSETRON ODT, ONTAK, PRIMAXIN IV,
PROCRIT, PROGRAF, PROLASTIN, PROLEUKIN, PULMOZYME, RAPAMUNE,
RECOMBIVAX HB, REMICADE, RENAMIN, RITUXAN, SANDOSTATIN LAR DEPOT,
SIMULECT, SOMAVERT, TACROLIMUS, TETANUS TOXOID ADSORBED,
TIMENTIN, TPN ELECTROLYTES FTV, TREXALL, TRIMETHOBENZAMIDE HCL,
TRISENOX, TYGACIL, VANCOMYCIN HCL, VELCADE, VIDAZA, VINBLASTINE
SULFATE, XOLAIR, ZEMPLAR, ZOSYN, ZYVOX

Covered Uses
Exclusion Criteria
Required Medical Information
Age Restrictions
Prescriber Restrictions
Coverage Duration
Other Criteria

<i>Prior Authorization Group</i>	BANZEL
<i>Drug Names</i>	BANZEL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	Coverage for 4 years and older
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Documented ineffectiveness or intolerance to two or more of the following medications: felbamate (Felbatol), lamotrigine (Lamictal), topiramate (Topamax)

<i>Prior Authorization Group</i>	BONIVA
<i>Drug Names</i>	BONIVA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Documented ineffectiveness, intolerance, or contraindications to alendronate AND Actonel

<i>Prior Authorization Group</i>	BUPHENYL
<i>Drug Names</i>	BUPHENYL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes documenting diagnosis of A. argininosuccinic acid synthetase deficiency or B. Carbamoyl Phosphate synthetase deficiency or C. Ornithine Transcarbamoylase deficiency
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Endocrinologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	BYETTA
<i>Drug Names</i>	BYETTA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating inability to achieve adequate glycemic control (HbA1c less than 7.0) on metformin or a sulfonylurea and a thiazolidinedione. Lab results including HbA1c greater than 7.0
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Current drug therapy includes or there is a contraindication to metformin or a sulfonylurea AND current drug therapy includes or there is a contraindication to a thiazolidinedione.

<i>Prior Authorization Group</i>	CAPASTAT
<i>Drug Names</i>	CAPASTAT SULFATE
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	The following copies of chart notes/laboratory reports are required: A. Culture and Sensitivity report showing susceptibility of bacteria to Capastat
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	CELEBREX
<i>Drug Names</i>	CELEBREX
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	For Doses of 50mg to 400mg per day: A. Documented history of NSAID-induced GI adverse effects requiring discontinuation of the NSAID AND addition of a proton pump inhibitor or misoprostol. For Doses greater than 400mg/day a documented diagnosis of familial adenomatous polyposis
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

Prior Authorization Group CHORIONIC GONADOTROPIN
Drug Names CHORIONIC GONADOTROPIN
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria A. Patient is Female OR B. Treatment of obesity OR C. Presence of precocious puberty OR D. Prostatic carcinoma or other androgen dependant neoplasm

Required Medical Information

Age Restrictions

Prescriber Restrictions

Coverage Duration Plan Year

Other Criteria

Prior Authorization Group CYMBALTA
Drug Names CYMBALTA
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria

Required Medical Information APPROVE FOR CHART NOTES DOCUMENTING DIAGNOSIS OF FIBROMYALGIA OR DIABETIC PERIPHERAL NEUROPATHY. FOR ALL OTHER DIAGNOSES PREVIOUS USE OF 30 DAYS OF VENLAFAXINE XR, CITALOPRAM, FLUOXETINE, FLUVOXAMINE, PAROXETINE, PAROXETINE CR, OR SERTRALINE) WITHIN THE PAST 180 DAYS WAS INEFFECTIVE OR NOT TOLERATED

Age Restrictions

Prescriber Restrictions

Coverage Duration PLAN YEAR

Other Criteria

Prior Authorization Group EMEND
Drug Names EMEND
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria

Required Medical Information

Age Restrictions

Prescriber Restrictions

Coverage Duration Plan Year

Other Criteria a. IF BvD Criteria indicates that coverage should be through Medicare Part D: 1. For prevention of post-operative nausea and vomiting, approve OR 2. For prevention of chemotherapy-induced nausea and vomiting; Emend must be administered in combination with a 5HT3 antagonist (such as ondansetron) AND corticosteroid (such as dexamethasone) AND 2. The patient is receiving moderately or highly emetogenic chemotherapy (see NCCN.org for list) or b. Part B will be billed if the medication is being used for cancer treatment and as full replacement of intravenous administration within 48 hours of cancer treatment if the prescriber states: As a full therapeutic replacement for an intravenous anti-emetic drug as part of a cancer chemotherapeutic regimen.

<i>Prior Authorization Group</i>	EMSAM
<i>Drug Names</i>	EMSAM
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Prior treatment trials including maximum tolerated dose of at least ONE drug from TWO of the following THREE therapeutic classes: a. SSRI (Celexa, Lexapro, Prozac, Zoloft, Paxil), and b. SNRI (Effexor, Cymbalta), and c. MISC (Wellbutrin, Remeron, Nefazodone)
<i>Prior Authorization Group</i>	ENBREL
<i>Drug Names</i>	ENBREL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	For chronic plaque psoriasis chart notes documenting significant functional disability OR at least 10% body surface area involvement. For rheumatoid arthritis chart notes documenting diagnosis made with Amer. College of Rheumatology. Classification. Chart notes documenting psoriatic arthritis or ankylosing spondylitis.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Rheumatologist or Dermatologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For Rheumatoid arthritis OR juvenile idiopathic arthritis: Ineffectiveness or contraindication to an 8 week treatment course with methotrexate. FOR plaque psoriasis documented ineffective, intolerance, or contraindication for 60 days of two of the following treatments: topical steroids, phototherapy or photochemotherapy, cyclosporine, methotrexate, acitretin.
<i>Prior Authorization Group</i>	ERAXIS
<i>Drug Names</i>	ERAXIS
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Coverage for 1. BvD criteria indicated that coverage should be through Medicare Part D. 2.Documented trial with fluconazole was ineffective or not tolerated.

<i>Prior Authorization Group</i>	FANAPT
<i>Drug Names</i>	FANAPT, FANAPT TITRATION PACK
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating that previous use of 2 or more antipsychotics have been ineffective or are contraindicated
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	
<i>Prior Authorization Group</i>	FORTEO
<i>Drug Names</i>	FORTEO
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Over 24 months of previous Forteo therapy.
<i>Required Medical Information</i>	Chart notes documenting osteoporosis with at least two of the following fracture risk factors: A. T-Score less than or equal to -2.5 B. Prior fragility fracture (counts as two risk factors) C. Age greater than or equal to 70 D. Family history (1st degree relative)
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	History of ineffectiveness to 2 years of treatment with bisphosphonate therapy including alendronate, risedronate, Boniva or Reclast.
<i>Prior Authorization Group</i>	GAMUNEX
<i>Drug Names</i>	GAMUNEX
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	CIDP: Documentation supporting significant functional disability, slowing of nerve conduction velocity on EMG/NCS, and elevated spinal protein or nerve biopsy confirming diagnosis. Primary Humoral immunodeficiency: Documentation of baseline IgG level and appropriate laboratory findings to support specific diagnosis (i.e. X-linked agammaglobulinemia, CVID, immunoglobulin subclass deficiencies). Laboratory results such as but not limited to: 1) specific antibodies (IgG, IgM, IgA), 2) CBC, 3) flow cytometry, 4) specific antigen tests, as appropriate.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	GILENYA
<i>Drug Names</i>	GILENYA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	DIAGNOSIS OF RELAPSING-REMITTING MS (RRMS) OR SECONDAR- PROGRESSIVE MS WITH RELAPSES (SPMS)
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	NEUROLOGIST
<i>Coverage Duration</i>	PLAN YEAR
<i>Other Criteria</i>	PATIENT HAS EXPERIENCED AT LEAST ONE RELASE IN THE PAST 12 MONTHS AND PREVIOUS USE OF AN INTERFERON BETA 1A HAS BEEN INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED

<i>Prior Authorization Group</i>	GONADOTROPIN-RELEASING HORMONE ANALOGS
<i>Drug Names</i>	LEUPROLIDE ACETATE, LUPRON DEPOT, SYNAREL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	1. BvD criteria indicates that coverage should be through Medicare Part D 2. If being used for metastatic breast cancer in a pre-menopausal women the disease has progressed or recurred after a 3 month trial of tamoxifen. 2. If the diagnosis is advanced prostate cancer, orchiectomy or estrogen therapy are documented as unacceptable. C. If the diagnosis is endometriosis the patient has completed documented ineffective trial of at least two of the following: oral contraceptives, medroxyprogesterone, and Danazol

Prior Authorization Group

Drug Names

Covered Uses

Exclusion Criteria

Required Medical Information

GROWTH HORMONES

OMNITROPE, TEV-TROPIN

All FDA approved indications not otherwise excluded from Part D

Pediatric: growth plates closed

Chart notes lab result documenting the following: Peds Criteria: ped growth hormone deficiency by pre-treatment, 2 growth hormone (GH) stim tests less than 10 mcg/ml OR pre-treatment, at least one GH stim test less than 15 mcg/ml, AND IGF-I and IGF-BP3 levels below normal for bone age and sex. OR pre-treatment, one GH stim test less than 10 mcg/ml AND disease or condition affecting pituitary function (tumor, surgery, radiation, etc). OR multiple pituitary hormone deficiencies: at least 2 in addition to GHD - Cortisol, thyroid, ACTH, FSH/LH, testosterone/estrogen. OR neonatal hypoglycemia: AGHD (low GH levels are detected during hypoglycemia). Open Growth Plates: Initial bone age and demo of open growth plates (until max bone age met, whichever is shorter) Males up to 16 0/12 years, Females, up to 14 0/12 years. Short Stature / Growth failure: Height less than 2 SD below mean for age and sex OR height velocity greater than 1 SD below mean for age and sex OR Decrease in height greater than 0.5 SD in 1 year (if 2 yrs or older) for age and sex OR Requires weekly dialysis or chronic renal insufficiency (GFR less than 75ml/min /1.73 m²) Adult criteria: Pre-treatment, at least one GH stim test less than 5 mcg/ml (radioimmunoassay) or less than 2.5 mcg/ml if measured by immunoradiometric assay (Clonidine not acceptable) AND At least one known cause for pituitary disease or condition affecting pituitary fxn, including pituitary tumor, surgical damage, hypothalamic disease, irradiation, trauma, or infiltrative diseases AND Other pituitary hormone deficiencies being supplemented: Cortisol, thyroid, ACTH, FSH/LH, testosterone/estrogen AND One or more of the following addit risk factors/abnormalities present: Reduced bone mineral density greater than 1 SD below mean, by WHO criteria OR High risk lipid profile (total cholest greater than 240mg/dL, or LDL greater than 190mg/dL) OR At least 2 pituitary hormone deficiencies other than GH inc: TSH, ACTH, gonadotropins, or ADH*

Age Restrictions

Prescriber Restrictions

Coverage Duration

Other Criteria

Endocrinologist

Plan Year

<i>Prior Authorization Group</i>	HUMIRA
<i>Drug Names</i>	HUMIRA, HUMIRA PEN-CROHNS DISEASE
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	For chronic plaque psoriasis chart notes documenting significant functional disability OR at least 10% body surface area involvement. Chart notes documenting diagnosis of ankylosing spondylitis or psoriatic arthritis. For Crohns disease: chart notes documenting as Fistulizing Crohns disease.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Rheumatologist, Dermatologist, Gastroenterologist
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	For Rheumatoid arthritis OR juvenile idiopathic arthritis: Ineffectiveness or contraindication to an 8 week treatment course with methotrexate. FOR plaque psoriasis documented ineffective, intolerance, or contraindication for 60 days of two of the following treatments: topical steroids, phototherapy or photochemotherapy, an oral immunomodulator FOR Crohns disease: documented ineffectiveness of two of the following: systemic corticosteroids or an oral immunomodulator
<i>Prior Authorization Group</i>	INCRELEX
<i>Drug Names</i>	INCRELEX
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Benzyl alcohol hypersensitivity, epiphyseal closure, IV administration of Increlex, active malignancy, use in neonates, concurrent use with GH therapy, secondary causes of IGF-1 deficiency.
<i>Required Medical Information</i>	Prior to starting therapy, a height greater than 3 SD below the mean for chronological age and sex, and an IGF-1 level greater than or equal to 3 SD below the mean for chronological age and gender. One stimulation test showing patient has a normal or elevated GH level.
<i>Age Restrictions</i>	Between 2 and 20 years of age
<i>Prescriber Restrictions</i>	Endocrinologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For continuation of therapy, there is an increase in height velocity by greater than 2.5 cm total growth in one year and patient has open epiphyses.

<i>Prior Authorization Group</i>	INTERFERONS/RIBAVIRIN
<i>Drug Names</i>	PEG-INTRON, PEG-INTRON REDIPEN, PEGASYS, RIBASPHERE, RIBAVIRIN
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Patient has received previous treatment with a pegylated interferon.
<i>Required Medical Information</i>	Criteria for Hepatitis C only , Chart notes indicating a detectable HCV RNA levels of higher than 50 IU/ml at start of therapy.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For chronic hepatitis C, genotype 1 and 4, assess response at 12 weeks. Discontinue if a 2 log drop has not been achieved OR continue therapy for up to 48 weeks total if 2 log drop has been achieved. For chronic hepatitis C, genotype 2 or 3, allow 24 weeks of therapy. For chronic hepatitis B, chronic hepatitis C with AIDS, OR chronic hepatitis C as monotherapy allow 48 weeks therapy. From labeling: "There are no safety and efficacy data on treatment of chronic HCV or HBV for longer than 48 weeks. For patients with HCV, consider discontinuing therapy after 12 to 24 weeks of therapy if the patient has failed to demonstrate an early virologic response, defined as undetectable HCV ribonucleic acid (RNA) or at least a 2 log ₁₀ reduction from baseline in HCV RNA titer by 12 weeks of therapy"
<i>Prior Authorization Group</i>	INVEGA
<i>Drug Names</i>	INVEGA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Concomitant therapy with Risperidone
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Psychiatrist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For diagnosis of schizophrenia: Documented one month of two or more of the following alternatives were ineffective or not tolerated: risperidone, Clozapine, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydys, Abilify or Geodon. For the diagnosis of schizoaffective disorder: approve

<i>Prior Authorization Group</i>	INVEGA SUSTENNA
<i>Drug Names</i>	INVEGA SUSTENNA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For diagnosis of schizophrenia: Documented one month of two or more of the following alternatives were ineffective or not tolerated: risperidone, Clozapine, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydis, Abilify or Geodon. For the diagnosis of schizoaffective disorder: approve

<i>Prior Authorization Group</i>	LETAIRIS
<i>Drug Names</i>	LETAIRIS
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	AST/ALT level greater than 3 times ULN, pregnancy for females.
<i>Required Medical Information</i>	Diagnosis of pulmonary arterial hypertension (PAH), (WHO Group 1). NYHA class II or III symptoms. PAH been confirmed by right heart catheterization. If patient is an infant, PAH diagnosed by Doppler echocardiogram.

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	LOTRONEX
<i>Drug Names</i>	LOTRONEX
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Male (Female use only)
<i>Required Medical Information</i>	Chart notes documenting diagnosis of irritable bowel syndrome with primary symptom of diarrhea

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	LYRICA
<i>Drug Names</i>	LYRICA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating the diagnosis of diabetic neuropathy, post-herpetic neuralgia or fibromyalgia. For post-herpetic neuralgia 1 month trial of gabapentin was ineffective or is not tolerated or contraindicated. For diabetic neuropathy and fibromyalgia , 1 month of duloxetine was ineffective or is not tolerated or is contraindicated. For partial onset seizures, approve.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	For seizures disorders, must be used as adjunctive therapy
<i>Prior Authorization Group</i>	MULTAQ
<i>Drug Names</i>	MULTAQ
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	
<i>Prior Authorization Group</i>	NEXAVAR
<i>Drug Names</i>	NEXAVAR
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Combination therapy with interferon Alfa or interleukin-2
<i>Required Medical Information</i>	Chart notes documenting diagnosis of hepatocellular carcinoma that is NOT surgically resectable OR diagnosis of advanced renal cell carcinoma.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Oncologist or Nephrologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Chart notes demonstrate that patient has received previous Nexavar® therapy, and has evidence of clinical improvement from the pretreatment report and or the patient has stable disease (tumor size within 25% of baseline).

Prior Authorization Group ORFADIN
Drug Names ORFADIN
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria
Required Medical Information Chart notes indicating 1. documentation that patient is compliant on a protein-restricted diet low in phenylalanine 2. Lab reports demonstrating baseline LFTs are WNL
Age Restrictions
Prescriber Restrictions
Coverage Duration Plan Year
Other Criteria

Prior Authorization Group OXYCONTIN
Drug Names OXYCONTIN
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria
Required Medical Information Patient shows ineffectiveness or contraindications to Morphine Sulfate SR AND Methadone
Age Restrictions
Prescriber Restrictions
Coverage Duration 6 months
Other Criteria

Prior Authorization Group PROMACTA
Drug Names PROMACTA
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria Eltrombopag should not be used in an attempt to normalize platelet counts.
Required Medical Information For new starts, documentation that previous therapy with corticosteroids, immunoglobulins or splenectomy were insufficient and a pretreatment platelet count less than 30,000/microL or a platelet count less than or equal to 50,000/microL with significant mucous membrane bleeding or risk factors for bleeding are required. For continuation of therapy, an increase in platelet count to a level that is sufficient to avoid clinically important bleeding after at least 4 weeks of maximum dose therapy is required. For continuation of therapy, alanine aminotransferase levels must not be greater than or equal to 3 times the upper limit of normal and must not be progressive, persistent, or accompanied by increased bilirubin, symptoms of liver injury, or hepatic decompensation.
Age Restrictions
Prescriber Restrictions
Coverage Duration 6 mo initially, 12 mo renewal w/ platelet response, 3 mo renewal w/out platelet response
Other Criteria

<i>Prior Authorization Group</i>	PROVIGIL
<i>Drug Names</i>	PROVIGIL
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Combination with medications used for insomnia
<i>Required Medical Information</i>	Chart Notes including: 1. Diagnosis of excessive daytime sleepiness associated with narcolepsy: confirmation by sleep study. 2. For shift work sleep disorder: documentation from employer of work schedule including night shift. 3. For treatment of excessive sleepiness due to obstructive sleep apnea/hypopnea syndrome: patient is utilizing and compliant with a nasal continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BIPAP) for 1 month and the CPAP/BIPAP is continued in combination with Provigil

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	RANEXA
<i>Drug Names</i>	RANEXA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating diagnosis of chronic angina

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	RELISTOR
<i>Drug Names</i>	RELISTOR
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Mechanical gastrointestinal obstruction, known or suspected.
<i>Required Medical Information</i>	A. Relistor is being prescribed for treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care. B. patient must have previous trial/failure of polyethylene glycol.

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	4 Months
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	REVATIO
<i>Drug Names</i>	REVATIO
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Concurrent use of an organic nitrates (i.e. isosorbide mononitrate, isosorbide dinitrate, nitroglycerin)
<i>Required Medical Information</i>	Chart notes documenting diagnosis of pulmonary arterial hypertension (PAH)
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	REVLIMID
<i>Drug Names</i>	REVLIMID
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes documenting diagnosis of multiple myeloma or myelodysplastic syndrome. For multiple myeloma therapy will be in combination with dexamethasone. A 1. For diagnosis of multiple myeloma: documented ineffectiveness of one of the following: Melphalan, Carmustine, Cyclophosphamide, Doxorubicin, Doxorubicin liposomal, Bortezomib, Zoledronic Acid, or Thalidomide. 2. AND if the patient has received previous Revlimid therapy, a delay or no disease progression must be documented B. For diagnosis of transfusion-dependent anemia patient has received 2 or more unit of red blood cells within 8 weeks AND if the patient has received previous Revlimid therapy, stabilization of anemia is documented by having experienced one of the following: 50% reduction in blood transfusions. An increase in hemoglobin of at least 1g/dL over baseline. The absence of the pretreatment cytogenetic abnormality or a reduction in the number of abnormal cells of at least 50%.

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	ROMIDEPSIN
<i>Drug Names</i>	ISTODAX
<i>Covered Uses</i>	All FDA covered uses
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Oncologist
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	Documentation supporting at least one previous systemic therapy for confirmed cutaneous T-Cell lymphoma was inadequate

<i>Prior Authorization Group</i>	SABRIL
<i>Drug Names</i>	SABRIL
<i>Covered Uses</i>	All FDA-approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Documentation of infantile spasms for whom the potential benefits outweigh the potential risk of vision loss
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Registered with Share 1-888-45-SHARE
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	
<i>Prior Authorization Group</i>	SAPHRIS
<i>Drug Names</i>	SAPHRIS
<i>Covered Uses</i>	All FDA-approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Documentation of A. Diagnosis of schizophrenia or bipolar disorder AND B. Inadequate response to risperidone, Clozapine, Zyprexa, Seroquel, Geodon or Abilify.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan year
<i>Other Criteria</i>	
<i>Prior Authorization Group</i>	SEROQUEL
<i>Drug Names</i>	SEROQUEL, SEROQUEL XR
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	PLAN YEAR
<i>Other Criteria</i>	CHART NOTES DOCUMENTING A) 30 DAYS OF RISPERDONE USE WAS INEFFECTIVE OR NOT TOLERATED AND B) 30 DAYS OF ABILIFY, GEODON, ZYPREXA, SAPHRIS, FANAPT, INVEGA OR CLOZAPINE WERE INEFFECTIVE OR NOT TOLERATED

Prior Authorization Group SMOKING CESSATION
Drug Names CHANTIX, NICOTROL INHALER, NICOTROL NS
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria
Required Medical Information Patient must be registered in the Free and Clear comprehensive behavioral smoking cessation program. OTC Gum and Patches are NOT Covered
Age Restrictions
Prescriber Restrictions
Coverage Duration 3 months
Other Criteria

Prior Authorization Group SOMATULINE
Drug Names SOMATULINE DEPOT
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria
Required Medical Information
Age Restrictions
Prescriber Restrictions
Coverage Duration Plan Year
Other Criteria

Prior Authorization Group SPRYCEL
Drug Names SPRYCEL
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria
Required Medical Information Chart notes including: 1. Diagnosis of Chronic myelogenous leukemia (CML) or Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).
Age Restrictions
Prescriber Restrictions Hematologist or Oncologist
Coverage Duration Plan Year
Other Criteria Previous use of Gleevac was ineffective or not tolerated

Prior Authorization Group SUBOXONE
Drug Names BUPRENORPHINE HCL, SUBOXONE
Covered Uses All FDA approved indications not otherwise excluded from Part D
Exclusion Criteria BENZODIAZEPINE OR ALCOHOL DEPENDENCE
Required Medical Information CHART NOTES DOCUMENTING PATIENT IS ENROLLED IN A CHEMICAL DEPENDENCE PROGRAM
Age Restrictions 16 YEARS OLD AND OLDER
Prescriber Restrictions
Coverage Duration 6 MONTHS
Other Criteria

<i>Prior Authorization Group</i>	SUTENT
<i>Drug Names</i>	SUTENT
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Combination therapy with interferon alpha or interleukin-2.
<i>Required Medical Information</i>	For gastrointestinal stromal tumor (GIST): 1.Chart notes indicating the GIST is unresectable and/or metastatic malignant and 2.Chart notes indicating disease progression while on Gleevac or intolerance to Gleevec. For metastatic renal cell carcinoma: Chart notes indicating the carcinoma is surgically unresectable
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Gastroenterologist, Oncologist or Nephrologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	If the patient has had previous Sutent® therapy, must have documentation there has been no evidence of disease progression since initiating Sutent® therapy.
<i>Prior Authorization Group</i>	SYMLIN
<i>Drug Names</i>	SYMLIN, SYMLINPEN 120, SYMLINPEN 60
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes including 1. HbA1c greater than 7.0 while receiving insulin therapy
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Endocrinologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Patient will continue use of insulin while receiving Symlin. AND if the pt has had previous Symlin® tx, he/she must show a reduction in their HbA1c since initiating Symlin® tx.

<i>Prior Authorization Group</i>	TARCEVA
<i>Drug Names</i>	TARCEVA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Pregnant Female
<i>Required Medical Information</i>	Chart notes including: 1. Negative pregnancy test and documenting that patient has no plans to become pregnant and has been educated on the potential risks of Tarceva therapy during pregnancy. 2. For non-small cell lung cancer: A. chart notes indicating the cancer is locally advanced or metastatic (Stage 3 or 4). and B. Chart notes indicating disease progression after completion of or unacceptable toxicity to at least one of the following chemotherapy regimens: a. Platinum-based (e.g. carboplatin, Paroplatin, cisplatin, Platinol, oxaliplatin, or Eloxatin), b. Taxoid-based regimen (e.g. paclitaxel, Taxol, Onxol, Abraxane, docetaxel, or Taxotere). and C. Chart notes indicate patient will not receive Tarceva in combination with any other chemotherapeutic agents or 3. For pancreatic cancer A. Chart notes indicating the cancer is surgically unresectable. and B. Chart notes indicating the cancer is locally advanced or metastatic (Stage 3 or 4) and C. Chart notes that patient will receive combination therapy with gemcitabine.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Oncologist or Nephrologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	If the patient has received previous Tarceva® therapy, the provider has evidence of clinical improvement from the pretreatment report by showing no increase in tumor size and/or progression of disease.

<i>Prior Authorization Group</i>	TASIGNA
<i>Drug Names</i>	TASIGNA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Chart notes indicating ineffectiveness or intolerance to prior therapy that included imatinib

<i>Prior Authorization Group</i>	TRACLEER
<i>Drug Names</i>	TRACLEER
<i>Covered Uses</i>	FDA approved indications A. All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	NON COVERAGE Tracleer is NOT covered for members with the following criteria: A. A female patient of child bearing age that is pregnant or has plans for pregnancy, taking Cyclosporin A, Glyburide, or hypersensitivity to Tracleer.
<i>Required Medical Information</i>	The following copies of chart notes/laboratory reports are required: A. If the patient is female and is of childbearing age, documentation showing she is NOT pregnant, does NOT have plans for pregnancy and is using a reliable method of contraception B. Documentation showing that the patient is not on a drug regimen for cyclosporine and/or glyburide.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Pulmonologist or Cardiologist
<i>Coverage Duration</i>	6 months
<i>Other Criteria</i>	COVERAGE POLICY Tracleer is covered for members who meet the following criteria: A. If the patient is female and is of childbearing age, she is NOT pregnant, does NOT have plans for pregnancy and is using a reliable method of contraception. (contraindicated). B. treatment of pulmonary arterial hypertension (WHO Group I). WHO Group I includes: Idiopathic PAH, Familial (FPAH), Associated with (APAH) connective tissue disease, Congenital systemic-to pulmonary shunts, Portal Hypertension, HIV Infection, Drugs and toxins, Pulmonary veno-occlusive disease (PVOD), Pulmonary capillary haemangiomatosis (PCH) or Persistent pulmonary hypertension of the newborn (PPNH).
<i>Prior Authorization Group</i>	TYZEKA
<i>Drug Names</i>	TYZEKA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	Combination therapy with Hepsera®, Baraclude®, Epivir®, Intron A® and/or Infergen®.
<i>Required Medical Information</i>	Lab results: 1. Hepatitis B Viral load greater than 100,000 copies per mL 2. LFT results demonstrating elevated ALT and AST that are two times the upper limit of normal
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Infectious Disease or Gastroenterologist
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	The patient has received previous Tyzeka® treatment, there is documented clinical improvement shown by a drop in viral load or reduction in the patient's liver aminotransferases. AND the patient is not receiving duplicate therapy that includes Hepsera®, Baraclude®, Epivir®, Intron A® and/or Infergen®.

<i>Prior Authorization Group</i>	VANDETANIB
<i>Drug Names</i>	VANDETANIB
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	
<i>Prior Authorization Group</i>	VFEND
<i>Drug Names</i>	VFEND, VFEND IV, VORICONAZOLE
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Lab results: 1. culture and sensitivity results demonstrating susceptibility to voriconazole
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Ineffectiveness or intolerance to at least one other antifungal therapy. For Candida infections must have ineffectiveness or intolerance to fluconazole
<i>Prior Authorization Group</i>	VICTOZA
<i>Drug Names</i>	VICTOZA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating inability to achieve adequate glycemic control (HbA1c less than 7.0) on metformin or a sulfonylurea and a thiazolidinedione. Lab results including HbA1c greater than 7.0 Current drug therapy includes or there is a contraindication to metformin or a sulfonylurea AND current drug therapy includes or there is a contraindication to a thiazolidinedione.
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	VIMPAT
<i>Drug Names</i>	VIMPAT
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating Vimpat will be used as adjunctive therapy
<i>Age Restrictions</i>	Covered for 17 years and older
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	COVERAGE POLICY Vimpat is covered for members who meet the following criteria: A. Currently taking another formulary anticonvulsant such as: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Phenytoin, Pregabalin, Tiagabine, Topiramate, Valproic acid, or Zonisamide

<i>Prior Authorization Group</i>	VOTRIENT
<i>Drug Names</i>	VOTRIENT
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	

<i>Prior Authorization Group</i>	XYREM
<i>Drug Names</i>	XYREM
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indicating the diagnosis of excessive daytime sleepiness from narcolepsy as confirmed with a sleep study with symptoms that limit the ability to perform normal daily activities. B. OR the diagnosis is documented as cataplexy in patients with narcolepsy as confirmed with a sleep study.

<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	Diagnosis of narcolepsy with cataplexy may be approved. For narcolepsy without cataplexy: Previous use of Provigil and an amphetamine have been ineffective, not tolerated or is contraindicated.

<i>Prior Authorization Group</i>	ZAVESCA
<i>Drug Names</i>	ZAVESCA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Lab results including: 1. Hemoglobin concentration great than 9 g/dL OR 2. Platelet count greater than 50 x 10 ⁹ /L
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	Plan Year
<i>Other Criteria</i>	1.Documented ineffectiveness or contraindication to enzyme replacement therapy (Ceredase, Cerezyme) 2. If the patient has previously received 24 months of Zavesca® therapy, they must show a decrease in liver and spleen volume and/or increases in platelet count and/or increases in hemoglobin concentration.

<i>Prior Authorization Group</i>	ZYTIGA
<i>Drug Names</i>	ZYTIGA
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	
<i>Coverage Duration</i>	PLAN YEAR
<i>Other Criteria</i>	May be approved In combination with prednisone for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC) who have received prior chemotherapy containing docetaxel.

<i>Prior Authorization Group</i>	ZYVOX
<i>Drug Names</i>	ZYVOX
<i>Covered Uses</i>	All FDA approved indications not otherwise excluded from Part D
<i>Exclusion Criteria</i>	
<i>Required Medical Information</i>	Chart notes indication one of the following: 1. Patient has a severe allergy to beta lactamase inhibitors AND/OR other susceptible antibiotics AND Culture and sensitivity documenting infection susceptible to linezolid OR 2. Documentation of ineffectiveness or been intolerant to treatment with other antibiotics that the organism is susceptible OR 3. Culture and sensitivity results indicating Vancomycin-Resistant Enterococcus faecium infection OR 4. Culture and sensitivity results indicating MRSA and patient has failed or is intolerant to Vancomycin
<i>Age Restrictions</i>	
<i>Prescriber Restrictions</i>	Infectious Disease
<i>Coverage Duration</i>	28 days
<i>Other Criteria</i>	

STEP THERAPY CRITERIA

<i>Step Therapy Group</i>	ABILIFY ODT
<i>Drug Names</i>	ABILIFY DISCMELT
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF ABILIFY TABS WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	ALPHA ADRENERGICS
<i>Drug Names</i>	UROXATRAL
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF TAMSULOSIN WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	ALPHA REDUCTASE
<i>Drug Names</i>	AVODART
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF FINASTERIDE WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	ANTICHOLINERGIC
<i>Drug Names</i>	DETROL, DETROL LA, SANCTURA XR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL 30 DAY SUPPLY OF OXYBUTYNIN WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	ANTICOAGULANTS
<i>Drug Names</i>	PRADAXA
<i>Step Therapy Criteria</i>	PREVIOUS USE OF WARFARIN HAS BEEN INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED
<i>Step Therapy Group</i>	ARB
<i>Drug Names</i>	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, DIOVAN, DIOVAN HCT, LOSARTAN POTASSIUM, LOSARTAN POTASSIUM/HYDROC, MICARDIS, MICARDIS HCT, TEKTURN, TEKTURN HCT
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF LOSARTAN AND BENICAR WITHIN THE PAST 180 DAYS
<i>Step Therapy Group</i>	BETA BLOCKER
<i>Drug Names</i>	LEVATOL
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF TWO OF THE FOLLOWING: ATENOLOL, BISPPROLOL, CARVEDILOL, LABETALOL, METOPROLOL, NADOLOL, PINDOLOL, PROPRANOLOL, SOTALOL, TIMOLOL WITHIN THE PAST 120 DAYS

<i>Step Therapy Group</i>	CALCIUM CHANNEL
<i>Drug Names</i>	DYNACIRC CR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF TWO OF THE FOLLOWING: AMLODIPINE, DILTIAZEM, FELODIPINE, ISRADIPINE, NIFEDIPINE, VERAPAMIL WITHIN THE PAST 120 DAYS
<i>Step Therapy Group</i>	CARBONIC ANHYDRASE
<i>Drug Names</i>	AZOPT
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF DORZOLAMIDE WITHIN THE LAST 180 DAYS
<i>Step Therapy Group</i>	CHOLINESTERASE
<i>Drug Names</i>	ARICEPT, ARICEPT ODT, EXELON
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF GALANTAMINE WITHIN THE LAST 180 DAYS.
<i>Step Therapy Group</i>	DIABETIC
<i>Drug Names</i>	ACTOPLUS MET, ACTOPLUS MET XR, ACTOS, AVANDAMET, AVANDARYL, AVANDIA, DUETACT, JANUMET, JANUVIA, ONGLYZA
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 90 DAY SUPPLY OF METFORMIN WITHIN THE PAST 120 DAYS
<i>Step Therapy Group</i>	ELIDEL
<i>Drug Names</i>	ELIDEL
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 30 DAY SUPPLY OF ONE GENERIC TOPICAL STEROID (BETAMETHASONE, CLOBETASOL, DESONIDE, FLUOCINONIDE, HYDROCORTISONE, MOMETASONE, TRIAMCINOLONE) WITHIN THE PAST 120 DAYS
<i>Step Therapy Group</i>	FENOFIBRATE
<i>Drug Names</i>	TRICOR
<i>Step Therapy Criteria</i>	PATIENT MUST FILL A 60 DAY SUPPLY OF FENOFIBRATE WITHIN THE PAST 120 DAYS
<i>Step Therapy Group</i>	HYPNOTICS
<i>Drug Names</i>	LUNESTA
<i>Step Therapy Criteria</i>	PATIENT MUST HAVE A 30 DAY SUPPLY OF BOTH ZALEPLON AND ZOLPIDEM WITHIN THE PAST 120 DAYS

<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>INHALED CORTICOSTEROID ASMANEX 120 METERED DOSES, ASMANEX 14 METERED DOSES, ASMANEX 30 METERED DOSES, ASMANEX 60 METERED DOSES, FLOVENT DISKUS, FLOVENT HFA</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST FILL A 30 DAY SUPPLY OF QVAR AND PULMICORT WITHIN THE PAST 180 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>KEPPRA XR KEPPRA XR</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST HAVE FILLED A 60 DAYS SUPPLY OF LEVETIRACETAM WITHIN THE PAST 120 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>LATUDA LATUDA</p>
<p><i>Step Therapy Criteria</i></p>	<p>PREVIOUS USE OF RISPERIDONE, SEROQUEL, GEODON OR ZYPREXA HAS BEEN INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>OMEGA-3 LOVAZA</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST HAVE FILLED A 60 DAY SUPPLY OF A GENERIC STATIN (LOVASTATIN, PRAVASTATIN, SIMVASTATIN) AND GEMFIBROZIL OR GENERIC FENOFIBRATE WITHIN THE PAST 120 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>OPHTHALMIC PROSTAGLANDINS XALATAN</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST FILL A 30 DAY SUPPLY OF BOTH LUMIGAN AND TRAVATAN WITHIN THE PAST 180 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>PROTON PUMP INHIBITORS ACIPHEX, NEXIUM</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST FILL A 30 DAY SUPPLY OF OMEPRAZOLE AND PANTOPRAZOLE OR LANSOPRAZOLE WITHIN THE LAST 120 DAYS.</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i></p>	<p>SNRI PRISTIQ</p>
<p><i>Step Therapy Criteria</i></p>	<p>PATIENT MUST FILL A 30 DAY SUPPLY OF VENLAFAXINE XR TABLS WITHIN THE PAST 180 DAYS</p>

<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>SSRI'S LEXAPRO, PAXIL CR PATIENT MUST FILL 30 DAY SUPPLY OF TWO OR MORE GENERIC SSRIS (CITALOPRAM, FLUOXETINE, FLUVOXAMINE, PAROXETINE, PAROXETINE CR, SERTRALINE) WITHIN THE PAST 180 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>STATINS CRESTOR, LESCOL, LESCOL XL, LIPITOR PATIENT MUST FILL 60 DAY SUPPLY OF A GENERIC STATIN AND PATIENT MUST FILL 60 DAY SUPPLY OF VYTORIN WITHIN THE LAST 180 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>STAVZOR STAVZOR PATIENT MUST HAVE FILLED A 60 DAYS SUPPLY OF DIVALPROEX, DIVALPROEX ER, OR VALPROIC ACID WITHIN 120 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>TEGRETOL XR TEGRETOL-XR PATIENT MUST FILL A 60 DAY SUPPLY OF TWO OR MORE OF THE FOLLOWING (CARBAMAZEPINE, DIVALPROEX, PHENYTOIN, LEVETIRACETAM, LAMOTRIGINE, VALPROIC ACID) WITHIN THE LAST 120 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>TRIPTAN MAXALT, MAXALT-MLT, RELPAX, ZOMIG, ZOMIG ZMT PATIENT MUST HAVE FILLED A 10 DAY SUPPLY OF SUMATRIPTAN WITHIN THE PAST 120 DAYS</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>VIIBRYD VIIBRYD PREVIOUS USE OF 2 OR MORE ANTIDEPRESSANTS HAVE BEEN INEFFECTIVE, NOT TOLERATED OR CONTRAINDICATED</p>
<p><i>Step Therapy Group</i> <i>Drug Names</i> <i>Step Therapy Criteria</i></p>	<p>XIFAXAN XIFAXAN PREVIOUS USE OF LACTULOSE WAS INEFFECTIVE, NOT TOLERATED OR IS CONTRAINDICATED</p>

Step Therapy Group
Drug Names
Step Therapy Criteria

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ZMAX

PATIENT MUST FILL A 10 DAY SUPPLY OF TWO OR MORE OF THE FOLLOWING (AZITHROMYCIN, ERYTHROMYCIN, CLARITHROMYCIN) WITHIN THE PAST 120 DAYS