

# Aetna Better Health<sup>SM</sup> Premier Plan | 2014 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in [Aetna Better Health<sup>SM</sup> Premier Plan \(Medicare-Medicaid Plan\)](#).

- ❖ [Aetna Better Health Premier Plan](#) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ Benefits, List of Covered Drugs, pharmacy and provider networks, and copayments may change from time to time throughout the year and on January 1 of each year.
- ❖ You can always check [Aetna Better Health Premier Plan's](#) up-to-date List of Covered Drugs online at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).
- ❖ You can ask for this information in other formats, such as Braille or large print. Call [1-866-600-2139 \(TTY/TDD 7-1-1\)](tel:1-866-600-2139). The call is free.
- ❖ Limitations and restrictions may apply. For more information, call [Aetna Better Health Premier Plan Member Services](#) or read the [Aetna Better Health Premier Plan Member Handbook](#).
- ❖ You can get this document in Spanish, or speak with someone about this information in other languages for free. Call [1-866-600-2139 \(TTY/TDD 7-1-1\)](tel:1-866-600-2139). The call is free.
- ❖ [Usted puede obtener este documento en Español, o puede hablar con alguien gratuitamente sobre esta información en otros idiomas. Llame al 1-866-600-2139 \(TTY/TDD 7-1-1\). La llamada es gratis.](#)

# Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

---

## 1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 10 are the drugs covered by [Aetna Better Health Premier Plan](#). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

→ [Aetna Better Health Premier Plan](#) will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a [Aetna Better Health Premier Plan](#) network pharmacy.
- [Aetna Better Health Premier Plan](#) may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois) or call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1).

---

## 2. Does the Drug List ever change?

Yes. [Aetna Better Health Premier Plan](#) may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- We learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from [Aetna Better Health Premier Plan](#) before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page <page number>.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check [Aetna Better Health Premier Plan's](http://www.aetnabetterhealth.com/illinois) up to date Drug List online at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

You can also call Member Services to check the current Drug List at [1-866-600-2139](tel:1-866-600-2139) (TTY/TDD 7-1-1).

---

### 3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. [You will be notified by mail if a drug list change will affect you. You can view also search for your drug with the online searchable formulary tool as it is updated to reflect current coverage.](#)

---

### 4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. [Your doctor will also receive notification about this change, and will work with you to find another drug for your condition. Please contact your doctor if a drug you are taking is removed from the drug list.](#)

---

### 5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor must get approval from [Aetna Better Health Premier Plan](#) before you fill your prescription. If you don't get approval, [Aetna Better Health Premier Plan](#) may not cover the drug.
- **Quantity limits:** Sometimes [Aetna Better Health Premier Plan](#) limits the amount of a drug you can get.
- **Step therapy:** Sometimes [Aetna Better Health Premier Plan](#) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition.

You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages [10-112](#). You can also get more information by visiting our web site at [www.aetnabetterhealth.com/illinois](http://www.aetnabetterhealth.com/illinois).

You can also ask for an "exception" from these limits. Please see question 10 for more information on exceptions.

→ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover [at least a 31-day](#) emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new [Aetna Better Health Premier Plan](#) member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 10 for more information about exceptions.

---

## **6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

The List of Covered Drugs on page <page number> has a column labeled "Necessary actions, restrictions, or limits on use."

---

## **7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.**

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor about what to do next.

---

## **8. How can you find a drug on the Drug List?**

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), *or*
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it on page 92. 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.

To search **by medical condition**, go to the beginning of the drug list section on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

---

## 9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1) and ask about it. If you learn that Aetna Better Health Premier Plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 10 for more information about exceptions.

---

## 10. What if you are a new Aetna Better Health Premier Plan member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. Under certain circumstances, the plan can offer a temporary supply of a drug to you when your drug is not on the Drug List or when it is restricted in some way. This will give you time to talk with your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a temporary supply of your drug if:

- you are taking a drug that is not on our Drug List, or
- health plan rules do not let you get the amount ordered by your prescriber, or
- the drug requires prior approval by <plan name>, or
- you are taking a drug that is part of a step therapy restriction.

For drugs covered under your Medicare benefit we may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan.

→ If you live in a nursing home or other long-term care facility, you may refill your prescription for least [91 days and up to 98 days](#). You may refill the drug multiple times during the [91 to 98 days](#). This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

For drugs covered under your **Medicaid** benefit there are two temporary supply options depending on what kind of plan you were previously enrolled in.

1. If prior to becoming a member of Aetna Better Health Premier Plan, you were previously a member of a non-Medicare-Medicaid Alignment Initiative plan and are new to this program, we may cover a temporary 180-day supply of your drug during the first 180 days you are a member of Aetna Better Health Premier Plan.
2. If prior to becoming a member of Aetna Better Health Premier Plan you were previously a member of a different Medicare-Medicaid Alignment Initiative plan, we may cover a temporary 90-day supply of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan.

→ If you live in a nursing home or other long-term care facility, you may refill your prescription for at least 90 days or 180 days depending on the type of plan you were on prior to becoming an Aetna Better Health Premier Plan member. You may refill the drug multiple times during the 90 or 180 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

If you are a current member and you have a change in your level of care (e.g. you are discharged from a hospital to your home or admitted to, or discharged from, a long-term care facility, your pharmacy may obtain an override up to a 30-day supply from Aetna Better Health Premier Plan.

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Please call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1) for more information.

---

## 11. Can you ask for an exception to cover your drug?

Yes. You can ask [Aetna Better Health Premier Plan](#) to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, [Aetna Better Health Premier Plan](#) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.

- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

---

## 12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

---

## 13. How can you ask for an exception?

To ask for an exception, call [Member Services at 1-866-600-2139 \(TTY/TDD 7-1-1\)](tel:1-866-600-2139). A [Member Services representative](#) will work with you and your provider to help you ask for an exception.

---

## 14. What are generic drugs?

*Generic drugs* are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

[Aetna Better Health Premier Plan](#) covers both brand name drugs and generic drugs.

---

## 15. What are OTC drugs?

OTC stands for “over-the-counter”. You can buy OTC drugs without a prescription.

[Aetna Better Health Premier Plan](#) covers some OTC drugs.

You can read the [Aetna Better Health Premier Plan Drug List](#) to see what OTC drugs are covered.

---

## 16. Does [Aetna Better Health Premier Plan](#) cover OTC non-drug products?

[Aetna Better Health Premier Plan](#) covers some OTC non-drug products.

You can read the [Aetna Better Health Premier Plan Drug List](#) to see what OTC non-drug products are covered.

---

## 17. What is your copay?

[Member copayments for covered prescription products will be \\$0 regardless of drug tier level.](#)



---

## List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by [Aetna Better Health Premier Plan](#). If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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

The information in the necessary actions, restrictions, or limits on use column tells you if [Aetna Better Health Premier Plan](#) has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

( \* ) = Non Medicare Part D drugs, or OTC items that are covered by Medicaid

**B/D** = Covered under Medicare B or D

**PA** = Prior Authorization

**QL** = Quantity Limits

**ST** = Step Therapy

**NM** = Not available at mail-order

**LA** = Limited Access

**Note:** The \* next to a drug means the drug is not a “Part D drug.” These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at [1-866-600-2139](tel:1-866-600-2139) (TTY/TDD 7-1-1). You can also read the Member Handbook to learn how to appeal a decision.

# IL\_MMP\_CY14\_2T\_STANDARD eff 03/01/2014

**Drug Name Drug Tier Requirements/Limits**

## **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**

### **GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol sodium</i>	1	
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST

### **NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION**

CELEBREX	2	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diflunisal</i>	1	
<i>etodolac</i> CAPS; TABS; TB24	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> TABS	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>nabumetone</i> TABS	1	
<i>naproxen</i> SUSP; TABS; TBEC	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i> CAPS	1	
<i>sulindac</i> TABS	1	

### **OPIOID ANALGESICS - DRUGS TO TREAT PAIN**

<i>acetaminophen w/ codeine</i> SOLN	1	QL (5000mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>hydroco/apap tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1	QL (150 tabs / 30 days)
<i>tramadol hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)

### **OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN**

AVINZA	2	QL (60 caps / 30 days)
--------	---	------------------------

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
 D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DURAMORPH	1	B/D
<i>endocet 5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 10/325</i>	1	QL (360 tabs / 30 days)
ENDODAN	1	QL (360 tabs / 30 days)
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl citrate LPOP</i>	2	QL (120 lpop / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl LIQD; TABS</i>	1	
KADIAN	2	QL (60 caps / 30 days)
LAZANDA	2	QL (30 bottles / 30 days), PA
<i>methadone hcl CONC</i>	1	
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	1	
<i>methadone hcl TABS</i>	1	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	B/D
<i>morphine sul inj .5mg/ml, 1mg/ml</i>	1	B/D
<i>morphine sulfate CP24</i>	1	QL (60 ea / 30 days), NM
MORPHINE SULFATE SOLN 8mg/ml	1	B/D
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	1	
OXYCODONE HCL CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC	1	
<i>oxycodone hcl SOLN</i>	1	NM
<i>oxycodone hcl TABS</i>	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	1	QL (360 tabs / 30 days)
<i>roxicet soln</i>	2	QL (1800mL / 30 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

## **ANESTHETICS - DRUGS FOR NUMBING**

### **LOCAL ANESTHETICS**

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl (local anesth.) 4%</i>	1	
<i>lidocaine hcl (local anesth.) .5%</i>	1	B/D
<i>lidocaine inj 0.5%</i>	1	B/D
<i>lidocaine inj 1%</i>	1	B/D
<i>lidocaine inj 1.5%</i>	1	B/D
<i>lidocaine inj 2%</i>	1	B/D

## **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN 1gm/4ml</i>	1	
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
<i>sulfadiazine TABS</i>	2	
TOBI NEB	2	B/D, NM
<i>tobramycin NEBU</i>	2	B/D, NM
<i>tobramycin sulfate SOLN; SOLR</i>	1	
<i>tobramycin sulfate in saline</i>	2	

### **ANTI-INFECTIVES - MISCELLANEOUS**

ALBENZA	2	
ALINIA SUSR	2	QL (540 mL / 30 days)
ALINIA TABS	2	QL (20 tabs / 30 days)
AZACTAM 2gm	2	
AZACTAM/DEX INJ 1GM	2	
AZACTAM/DEX INJ 2GM	2	
<i>aztreonam</i>	1	
BILTRICIDE	2	
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin sol 75mg/5ml</i>	1	
<i>colistimethate sodium SOLR</i>	1	
CUBICIN	2	B/D
<i>dapsone TABS</i>	1	
DARAPRIM	2	
DORIBAX	2	
<i>erythromycin-sulfisoxazole</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MACRODANTIN 25mg	2	PA
MEPRON	2	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	B/D
<i>nitrofurantoin macrocrystal</i>	1	PA
<i>nitrofurantoin monohyd macro</i>	1	PA
PENTAM 300	2	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	2	
<i>vancomycin hcl</i> CAPS	2	
<i>vancomycin hcl</i> SOLR	1	B/D
ZYVOX	2	

#### **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

ABELCET	2	B/D
AMBISOME	2	B/D
<i>amphotericin b</i> SOLR	1	B/D
CANCIDAS	2	
ERAXIS	2	
<i>fluconazole</i> SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i> CAPS	1	PA
<i>ketoconazole</i> TABS	1	
MYCAMINE	2	
NOXAFIL SUSP	2	
NOXAFIL TBEC	2	NM
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
VFEND SUSR	2	
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	2	

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

ATOVAQUONE-PROGUANIL HCL TAB 62.5- 25 MG	1	
--	---	--

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate TABS</i>	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	

**ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION**

<i>abacavir sulfate</i>	1	
APTIVUS	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	2	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
<i>lamivudine 150mg, 300mg</i>	1	
LEXIVA	2	
NEVIRAPINE SUSP	1	
<i>nevirapine TABS</i>	1	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TIVICAY	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE SUSP	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN SOLN	2	
<i>zidovudine</i>	1	

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine-zidovudine</i>	2	NM
ATRIPLA	2	
COMPLERA	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPZICOM	2	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine</i>	2	
STRIBILD	2	
TRIZIVIR	2	
TRUVADA	2	

### **ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS**

CAPASTAT SULFATE	2	
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
MYCOBUTIN	2	
<i>paser d/r</i>	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	2	
<i>seromycin</i>	2	
SIRTURO	2	LA, PA
TRECTOR-FC	2	

### **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	B/D
<i>adefovir dipivoxil</i>	2	ST
BARACLUDE	2	
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir inj 500mg</i>	1	B/D
HEPSERA	2	ST
INCIVEK	2	NM, PA
<i>lamivudine 100mg</i>	1	NM
<i>moderiba pak 600/day</i>	2	NM, PA
<i>moderiba pak 800/day</i>	2	NM, PA
<i>moderiba pak 1000/day</i>	2	NM, PA
<i>moderiba pak 1200/day</i>	2	NM, PA
<i>moderiba tab 200mg</i>	1	NM, PA
REBETOL SOLN	2	NM, PA
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	2	NM, PA
<i>ribasphere</i> CAPS	1	NM, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribasphere</i> TABS 200mg, 400mg	1	NM, PA
<i>ribasphere</i> TABS 600mg	2	NM, PA
<i>ribasphere ribapak 800</i>	2	NM, PA
<i>ribasphere ribapak 1000</i>	2	NM, PA
<i>ribasphere ribapak 1200</i>	2	NM, PA
<i>ribavirin 200mg</i>	1	NM, PA
<i>rimantadine hydrochloride</i>	1	
TAMIFLU	2	
TYZEKA	2	
<i>valacyclovir hcl</i> TABS	1	
VALCYTE	2	
VICTRELIS	2	NM, PA

### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

<i>cefaclor</i>	1	
<i>cefaclor monohydrate</i>	2	
<i>cefadroxil</i>	1	
<i>cefazolin in d5w</i>	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/DEXTROSE	2	
<i>ceftriaxone sodium</i> SOLR	1	
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
<i>suprax</i> CHEW	2	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
<i>suprax</i> TABS	2	
<i>tazicef</i> SOLR	1	
<i>tazicef vial</i>	1	

### **ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS**

AZITHROMYCIN PACK	1	
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	2	ST
<i>e.e.s.</i>	1	
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i> CPEP; TABS	1	
<i>erythromycin ethylsuccinate</i>	1	
ZMAX	2	

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

CIPRO SUSR	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	

### **PENICILLINS - DRUGS TO TREAT INFECTIONS**

<i>amoxicillin</i>	1	
<i>amoxicillin &amp; pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin &amp; sulbactam sodium</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
BICILLIN LA	2	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 1gm</i>	1	
<i>nafcillin sodium 2gm, 10gm</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	1	
<i>oxacillin sodium 10gm</i>	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
TIMENTIN	2	
TIMENTIN INJ 3.1GM	2	

### **TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>doxycycl hyc inj</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS; TABS</i>	1	
<i>minocycline hcl CAPS</i>	1	
VIBRAMYCIN SYRP	2	

### **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**

#### **ALKYLATING AGENTS**

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosphamide SOLR; TABS</i>	1	B/D
<i>dacarbazine 200mg</i>	1	B/D
EMCYT	2	
HEXALEN	2	
IFEX 3gm	2	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D
IFOSFAMIDE INJ 3GM	2	B/D, NM
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
LOMUSTINE	1	NM
<i>melphalan hcl</i>	2	B/D
MUSTARGEN	2	B/D
TREANDA	2	B/D, NM

#### **ANTHRACYCLINES**

<i>adriamycin SOLN</i>	1	B/D
<i>adriamycin SOLR 50mg</i>	1	B/D
<i>daunorubicin hcl</i>	1	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl SOLN</i>	1	B/D
<i>doxorubicin hcl SOLR 20mg, 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	2	B/D, NM
<i>epirubicin hcl SOLN</i>	1	B/D
<i>idarubicin hcl</i>	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin SOLR 20mg</i>	1	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil 2.5gm/50ml, 5gm/100ml</i>	1	B/D
ALIMTA	2	B/D
<i>azacitidine</i>	2	B/D, NM
<i>cladribine</i>	2	B/D
<i>cytarabine SOLN 20mg/ml</i>	1	B/D
<i>cytarabine SOLR 100mg, 500mg</i>	1	B/D
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml</i>	1	B/D
GEMCITABINE HCL SOLN	2	B/D
<i>gemcitabine hcl SOLR</i>	2	B/D
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
<i>pentostatin</i>	2	B/D
TABLOID	2	
VIDAZA	2	B/D, NM
<b>ANTIMITOTIC, TAXOIDS</b>		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 2 80mg/4ml		B/D
<i>docetaxel CONC 140mg/7ml</i>	2	B/D
DOCETAXEL SOLN 80mg/8ml	2	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE	2	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate SOLR</i>	2	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	2	B/D, NM
ERIVEDGE	2	NM, LA, PA
HERCEPTIN	2	B/D, NM
ISTODAX	2	B/D, NM
KADCYLA	2	B/D, NM
ONTAK	2	B/D
PROLEUKIN	2	B/D, NM
RITUXAN	2	NM, PA
VELCADE	2	B/D, NM
ZOLINZA	2	NM, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane</i>	1	ST
FARESTON	2	
FASLODEX	2	B/D
<i>flutamide</i>	1	
<i>letrozole</i> TABS	1	
<i>leuprolide acetate</i> KIT	1	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPRON DEPOT 3.75mg	2	QL (1 box / 30 days), NM, PA
LUPRON DEPOT-PED	2	NM, PA
LUPRON DEPOT-PED 1MONTH K	2	NM, PA
LYSODREN	2	
MEGACE ES	2	QL (150 mL / 30 days), PA
<i>megestrol acetate</i> SUSP; TABS	1	PA
NILANDRON	2	
SOLTAMOX	2	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	2	NM, PA
TRELSTAR LA INJ 11.25MG	2	NM, PA
XTANDI	2	NM, LA, PA
ZYTIGA	2	NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR	2	NM, PA
AFINITOR DISPERZ	2	NM, PA
BOSULIF	2	NM, PA
CAPRELSA	2	LA, PA
COMETRIQ	2	PA
GILOTRIF	2	PA
GLEEVEC	2	NM, PA
ICLUSIG	2	NM, LA, PA
IMBRUVICA	2	NM, PA
INLYTA	2	NM, LA, PA
JAKAFI	2	NM, LA, PA
MEKINIST	2	NM, PA
NEXAVAR	2	NM, LA, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPRYCEL	2	NM, PA
STIVARGA	2	NM, LA, PA
SUTENT	2	NM, PA
TAFINLAR	2	NM, PA
TARCEVA	2	NM, PA
TASIGNA	2	NM, PA
TYKERB	2	NM, LA, PA
VOTRIENT	2	NM, PA
XALKORI	2	NM, LA, PA
ZELBORAF	2	NM, LA, PA

### **MISCELLANEOUS**

DROXIA	2	
<i>hydroxyurea</i> CAPS	1	
MATULANE	2	
<i>mitoxantrone hcl</i>	1	B/D, NM
POMALYST CAP 1MG	2	NM, LA, PA
POMALYST CAP 2MG	2	NM, LA, PA
POMALYST CAP 3MG	2	NM, LA, PA
POMALYST CAP 4MG	2	NM, LA, PA
SYLATRON	2	NM, PA
TARGRETIN CAPS	2	NM, PA
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	2	B/D

### **PLATINUM-BASED AGENTS**

<i>carboplatin</i> SOLN	1	B/D
<i>cisplatin</i> SOLN	1	B/D
<i>oxaliplatin</i>	2	B/D

### **PROTECTIVE AGENTS**

<i>amifostine crystalline</i>	2	B/D
<i>dexrazoxane</i>	2	B/D
ELITEK	2	B/D
<i>leucovorin calcium</i> SOLN; SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>mesna</i>	1	B/D
MESNEX TABS	2	

### **TOPOISOMERASE INHIBITORS**

<i>etoposide</i> SOLN 500mg/25ml	1	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i> 1gm/50ml	1	B/D
<i>topotecan hcl</i> SOLR	2	B/D

## **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-40mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

**ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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

**ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>eplerenone</i>	1	PA
<i>spironolactone TABS</i>	1	

**ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	

**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>AZOR 10-40MG</i>	2	
<i>AZOR TAB 5-20MG</i>	2	QL (30 tabs / 30 days)
<i>AZOR TAB 5-40MG</i>	2	QL (30 tabs / 30 days)
<i>AZOR TAB 10-20MG</i>	2	QL (30 tabs / 30 days)
<i>BENICAR HCT 40-25MG</i>	2	
<i>BENICAR HCT TAB 20-12.5MG</i>	2	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE 10-320MG	2	
EXFORGE HCT 5-160-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 5-160-25MG	2	QL (60 tabs / 30 days)
EXFORGE HCT 10-160-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-160-25MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-320-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
<i>losartan-hctz 50-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25 mg</i>	1	
TRIBENZOR 20- 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-25MG	2	
TRIBENZOR 40- 5-25MG	2	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 80-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-25mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 320-12.5mg</i>	1	
<i>valsartan-hctztab 320-25mg</i>	1	

**ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

BENICAR 5mg	2	QL (60 tabs / 30 days)
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	2	QL (60 tabs / 30 days)
DIOVAN 320mg	2	
<i>losartan potassium 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium 100mg</i>	1	

**ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	PA
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
TIKOSYN	2	NM, PA

**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL**

<i>atorvastatin calcium</i>	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
<i>lovastatin 10mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin 20mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS</i>	1	QL (30 tabs / 30 days)

**ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL**

<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
FENOFIBRATE MICRONIZED 43mg	1	QL (60 caps / 30 days)
<i>fenofibrate micronized 67mg</i>	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED 130mg	1	
<i>fenofibrate micronized 134mg, 200mg</i>	1	
<i>gemfibrozil TABS</i>	1	
LOVAZA	2	
<i>niacin (antihyperlipidemic) TBCR 500mg</i>	1	QL (90 ea / 30 days)
<i>niacin (antihyperlipidemic) TBCR 750mg</i>	1	QL (60 ea / 30 days)
<i>niacin (antihyperlipidemic) TBCR 1000mg</i>	1	
NIASPAN ER 500mg	2	QL (90 ea / 30 days)
NIASPAN ER 750mg	2	QL (60 ea / 30 days)
NIASPAN ER 1000mg	2	
<i>prevalite</i>	1	
VASCEPA	2	
WELCHOL	2	
ZETIA	2	

**BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	1	
<i>propranolol &amp; hydrochlorothiazide</i>	1	



Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i> 25mg, 50mg	1	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	1	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	1	
<i>metoprolol tartrate</i> SOLN; TABS	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> SOLN; TABS	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	

**CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>afeditab cr</i> 30mg	1	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	1	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia</i> 120mg	1	QL (30 caps / 30 days)
<i>cartia</i> 180mg, 240mg, 300mg	1	
<i>dilt</i> 120mg	1	QL (30 caps / 30 days)
<i>dilt</i> 180mg, 240mg, 300mg	1	
<i>dilt-cd cap</i> 180mg	1	
<i>dilt-cd cap</i> 240mg	1	
<i>dilt-xr</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem cap</i>	1	
<i>diltiazem cap</i> 120mg/24hr	1	QL (30 caps / 30 days)
<i>diltiazem cap er/12hr</i>	1	
<i>diltiazem hcl</i> SOLN; TABS	1	
<i>diltiazem hcl coated beads</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads</i> 180mg, 240mg, 300mg, 360mg	1	
<i>diltzac</i> 120mg	1	QL (30 caps / 30 days)
<i>diltzac</i> 180mg, 240mg, 300mg	1	
<i>felodipine</i> 2.5mg	1	QL (30 tabs / 30 days)
<i>felodipine</i> 5mg	1	QL (60 tabs / 30 days)
<i>felodipine</i> 10mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isradipine</i>	1	
<i>matzim</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical 60mg</i>	1	
<i>nifedipine TB24 30mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine TB24 60mg</i>	1	
<i>nifedipine er 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine er 60mg, 90mg</i>	1	
<i>nimodipine CAPS</i>	1	
NYMALIZE	2	
<i>taztia 120mg</i>	1	QL (30 caps / 30 days)
<i>taztia 180mg, 240mg, 300mg, 360mg</i>	1	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	1	
VERAPAMIL CAP ER 360mg	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil tab er</i>	1	

**DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS**

<i>digoxin SOLN</i>	1	
<i>digoxin TABS .25mg</i>	1	PA
<i>digoxin TABS .125mg</i>	1	QL (30 tabs / 30 days)
DIGOXIN SOL 50MCG/ML	1	PA
LANOXIN TABS .25mg	2	PA
LANOXIN TABS .125mg	2	QL (30 tabs / 30 days)

**DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS**

AMTURNIDE 150-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-25MG	2	
TEKAMLO 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-10MG	2	
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEKURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKURNA HCT TAB 300-25MG	2	

### **DIURETICS - DRUGS TO TREAT HEART CONDITIONS**

<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	2	
EDECIN	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i> TABS	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>toremide inj</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	

### **MISCELLANEOUS**

<i>clonidine hcl</i> PTWK; TABS	1	
DIBENZYLINE	2	
<i>hydralazine hcl</i> SOLN; TABS	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA 500mg	2	QL (90 tabs / 30 days), PA
RANEXA 1000mg	2	QL (60 tabs / 30 days), PA

### **NITRATES - DRUGS TO TREAT HEART CONDITIONS**

<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin</i> PT24	1	
NITROLINGUAL PUMPSPRAY	2	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT	2	

### **PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT**

#### **PUMONARY HYPERTENSION**

ADCIRCA	2	QL (60 tabs / 30 days), NM, PA
LETAIRIS	2	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	2	B/D, NM, LA
<i>sildenafil citrate (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	2	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	2	QL (60 tabs / 30 days), NM, LA, PA

### **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

#### **ANTI-ANXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam</i> CONC	1	QL (300 ml / 30 days)
<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days), NM
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days), NM
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days), NM
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	
<i>lorazepam</i> CONC	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

#### **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

BANZEL	2	
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	2	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam</i> TBDP .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	1	QL (2400 tabs per 30 days)
<i>clonazepam</i> TBDP .125mg	1	QL (4800 tabs per 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	1	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	1	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
<i>diazepam inj</i>	1	
<i>dilantin</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	2	
<i>felbamate</i> TABS 400mg	1	
<i>felbamate</i> TABS 600mg	2	
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	2	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946mL / 30 days)
ONFI	2	PA
<i>oxcarbazepine</i>	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGANONE	2	
<i>phenobarbital</i> ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
<i>phenobarbital sodium</i> 130mg/ml	1	PA
<i>phenytek</i>	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	
POTIGA	2	
<i>primidone</i> TABS	1	
SABRIL PACK	2	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	2	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	2	
TEGRETOL-XR	2	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
TRILEPTAL SUSP	2	
<i>valproate sodium</i> SOLN; SYRP	1	
<i>valproic acid</i> CAPS	1	
VIMPAT SOLN	2	QL (1200 mL / 30 days)
VIMPAT TABS 50mg	2	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>zonisamide</i>	1	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
ARICEPT 23mg	2	
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ptch / 30 days)
EXELON SOLN	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i> 1.5mg, 3mg, 6mg	1	
<i>rivastigmine tartrate</i> 4.5mg	1	QL (60 caps / 30 days)

**ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

<i>amitriptyline hcl</i> TABS	1	PA
<i>amoxapine tab</i> 25mg	1	NM
<i>amoxapine tab</i> 50mg	1	NM
<i>amoxapine tab</i> 100mg	1	NM
<i>amoxapine tab</i> 150mg	1	NM
BRINTELLIX 5mg	2	QL (120 tabs / 30 days)
BRINTELLIX 10mg	2	QL (60 tabs / 30 days)
BRINTELLIX 20mg	2	QL (30 tabs / 30 days)
<i>budeprion</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 ea / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	1	PA
CYMBALTA	2	QL (60 caps / 30 days)
CYMBALTA DELAYED RELEASE	2	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	PA
<i>duloxetine hcl</i>	1	QL (60 ea / 30 days), NM
EMSAM	2	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	2	QL (180 ea / 30 days), NM
FETZIMA 40mg	2	QL (90 ea / 30 days), NM
FETZIMA 80mg, 120mg	2	QL (30 ea / 30 days), NM
FETZIMA TITRATION PACK	2	NM
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
 D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN	1	QL (600 mL / 30 days)
<i>fluoxetine hcl</i> TABS 10mg	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	2	
<i>imipramine hcl</i> TABS	1	PA
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 30mg	1	QL (60 tabs / 30 days)
<i>paroxetine hcl er</i> 12.5mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl er</i> 25mg	1	QL (90 tabs / 30 days)
<i>paroxetine hcl er</i> 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	2	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	1	
PRISTIQ	2	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
SURMONTIL	2	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i>	1	PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD KIT	2	
VIIBRYD TABS	2	QL (30 tabs / 30 days)

**ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	2	NM, LA, PA
AZILECT	2	
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	1	PA
<i>bromocriptine mesylate</i> CAPS; TABS	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACA	1	
<i>entacapone</i>	1	
LODOSYN	2	
NEUPRO	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i> TABS	1	
<i>selegiline hcl</i> CAPS; TABS	1	

### **ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES**

ABILIFY SOLN 1mg/ml	2	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	2	QL (3 vials / 1 day)
ABILIFY TABS	2	QL (30 tabs / 30 days)
ABILIFY DISCMELT	2	QL (60 tabs / 30 days)
ABILIFY MAINTENA	2	QL (1 vial / 30 days), PA
<i>chlorpromazine hcl</i> SOLN	2	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> 25mg, 50mg	1	
<i>clozapine</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg	1	QL (270 ea / 30 days), PA
FANAPT	2	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	2	ST
FAZACLO 12.5mg, 25mg	2	PA
FAZACLO 100mg	2	QL (270 tabs / 30 days), PA
FAZACLO 150mg	2	QL (180 tabs / 30 days), PA
FAZACLO 200mg	2	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	2	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
INVEGA 6mg	2	QL (60 tabs / 30 days)
INVEGA SUSTENNA	2	QL (1 inj / 28 days), PA
LATUDA 20mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LATUDA 40mg, 120mg	2	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	2	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS	1	
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	2	QL (60 tabs / 30 days)
ORAP	2	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i>	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA	2	QL (2 inj / 28 days), PA
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS	2	
SEROQUEL XR 50mg	2	QL (120 tab / 30 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>ziprasidone hcl</i> 20mg, 40mg	1	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	1	QL (90 caps / 30 days)

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	1	QL (360 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days)
INTUNIV	2	ST
<i>metadate tab 20mg er</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	1	QL (90 ea / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	1	QL (900mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
STRATTERA 40mg	2	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
LUNESTA	2	QL (30 tabs / 30 days), PA
<i>zaleplon</i>	1	QL (30 caps / 30 days), PA
<i>zolpidem tartrate TABS</i>	1	QL (30 tabs / 30 days), PA
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
<i>cafergot tab 1-100mg</i>	2	
<i>dihydroergotamine mesylate</i>	1	
<i>naratriptan hcl</i>	1	QL (9 tabs / 30 days)
RELPAK	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate TABS</i>	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate TBDP</i>	1	QL (12 ea / 30 days)
SUMATRIPTAN SOLN	1	QL (12 sprays / 30 days)
<i>sumatriptan succinate TABS</i>	1	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml	1	QL (4 mL / 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	1	QL (4 mL / 30 days)
<i>zolmitriptan</i>	1	QL (12 tabs per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolmitriptan odt</i>	1	QL (12 tabs per 30 days)

### **MISCELLANEOUS**

<i>lithium carbonate CAPS; TABS</i>	1	
<i>lithium carbonate er</i>	1	
LITHIUM CITRATE	2	
MESTINON SYRP; TBCR	2	
NUEDEXTA	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS</i>	1	
REGONOL	2	
RILUTEK	2	
<i>riluzole</i>	1	
SAVELLA 12.5mg	2	QL (480 tabs / 30 days)
SAVELLA 25mg	2	QL (240 tabs / 30 days)
SAVELLA 50mg	2	QL (120 tabs / 30 days)
SAVELLA 100mg	2	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	2	
XENAZINE 12.5mg	2	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	2	QL (120 tabs / 30 days), NM, LA, PA

### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

AVONEX	2	QL (4 boxes / 28 days), NM, PA
AVONEX LYOPHILIZED	2	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	2	QL (4 boxes / 28 days), NM, PA
BETASERON	2	QL (14 vials / 28 days), NM, PA
COPAXONE KIT 20MG/ML	2	QL (30 syringes / 30 days), NM, PA
GILENYA	2	QL (30 caps / 30 days), NM, PA
TYSABRI	2	NM, LA, PA

### **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

<i>baclofen TABS</i>	1	
<i>dantrolene sodium CAPS</i>	1	
<i>tizanidine hcl TABS</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>modafinil</i> 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	2	QL (150 tabs / 30 days), NM, PA
NUVIGIL 150mg	2	QL (60 tabs / 30 days), NM, PA
NUVIGIL 250mg	2	QL (30 tabs / 30 days), NM, PA
XYREM	2	QL (540 mL / 30 days), LA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate sl</i>	1	QL (120 ea / 30 days), PA
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	QL (336 tabs / year), PA
CHANTIX STARTER PACK	2	QL (106 tabs / year), PA
<i>disulfiram</i> TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> TABS	1	
<i>nicotine patch</i>	5	NM; *
<i>nicotine polacrilex</i> GUM; LOZG	5	NM; *
NICOTROL INHALER	2	QL (2688 cartridges / year)
NICOTROL NS	2	QL (36 bottles / year)

## **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

ANDRODERM	2	QL (30 ea / 30 days), PA
<i>androxy</i>	2	PA
<i>oxandrolone</i> TABS	1	PA
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> OIL	1	
<i>testosterone enanthate</i> OIL	1	

### **ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES**

ALCOHOL SWABS	2	
---------------	---	--

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX FLEXPEN 70/30	2	
SYMLINPEN 60	2	QL (8 pens / 30 days), PA
SYMLINPEN 120	2	QL (4 pens / 30 days), PA
VICTOZA	2	QL (9 mL / 30 days)

### **ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES**

<i>acarbose</i>	1	
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250m	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500m	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glyb/metform</i> tab 1.25-250	1	QL (240 tabs / 30 days), PA
<i>glyb/metform</i> tab 2.5-500	1	QL (120 tabs / 30 days), PA
<i>glyb/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days), PA
<i>glyburide</i> 1.25mg	1	QL (480 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide</i> 2.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide</i> 5mg	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized</i> 1.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized</i> 3mg	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized</i> 6mg	1	QL (60 tabs / 30 days), PA
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
JUVISYNC	2	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
RIOMET	2	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)

### **BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS**

<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>ibandronate sodium</i>	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	1	B/D
<i>zoledronic inj</i> 4mg/5ml	2	B/D, NM
ZOMETA	2	B/D, NM

### **CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE PARATHYROID LEVELS**

SENSIPAR 30mg, 90mg	2	QL (120 tabs / 30 days), NM
---------------------	---	--------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SENSIPAR 60mg	2	QL (60 tabs / 30 days), NM

### **CHELATING AGENTS**

CHEMET	2	
EXJADE	2	NM, LA, PA
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	2	

### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

<i>altavera</i>	1	
<i>apri 28 day</i>	1	
<i>aranelle 28</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i>	1	
<i>briellyn 28 day</i>	1	
<i>camila 28 day</i>	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i>	1	
<i>cyclafem 7/7/7 28 day</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i>	1	
GIANVI	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLIVETTE	1	
<i>junel 1.5/30 21 day</i>	1	
<i>junel 1/20 21 day</i>	1	
<i>junel fe 1.5/30 28 day</i>	1	
<i>junel fe 1/20 28 day</i>	1	
<i>kariva 28 day</i>	1	
<i>kelnor 1/35 28 day</i>	1	
LEENA	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	
<i>loryna 28 day</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>low-ogestrel 28 day</i>	1	
<i>lutera 28 day</i>	1	
<i>lyza</i>	1	NM
<i>marlissa 28 day</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml</i>	1	
<i>microgestin 1.5/30 21 day</i>	1	
<i>microgestin 1/20 21 day</i>	1	
<i>microgestin fe 1.5/30 28 day</i>	1	
<i>microgestin fe 1/20 28 day</i>	1	
MONONESSA	1	
<i>my way</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35 28 day</i>	1	
<i>necon 1/35 28 day</i>	1	
NECON 1/50-28	2	
NECON 7/7/7	1	
<i>necon 10/11 28 day</i>	2	
<i>next choice one dose</i>	1	
NORA-BE	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
NORINYL 1+50	2	
<i>nortrel 0.5/35 28 day</i>	1	
<i>nortrel 1/35 21 day</i>	1	
<i>nortrel 1/35 28 day</i>	1	
<i>nortrel 7/7/7 28 day</i>	1	
NUVARING	2	
OCELLA	1	
<i>ogestrel 28 day</i>	1	
<i>orsythia 28 day</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
<i>philith</i>	1	
<i>pirmella 1/35 28 day</i>	1	NM
<i>portia 28 day</i>	1	
<i>previfem 28 day</i>	1	
<i>quasense 91 day</i>	1	
<i>reclipsen 28 day</i>	1	
SOLIA	1	
<i>sprintec 28 day</i>	1	
<i>sronyx</i>	1	
<i>tri-legest 28 day</i>	1	
<i>tri-previfem 28 day</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-sprintec 28 day</i>	1	
TRINESSA	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>zarah</i>	1	
<i>zenchent</i>	1	
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	

### **ENDOMETRIOSIS**

<i>danazol CAPS</i>	1	
SYNAREL	2	

### **ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES**

ADAGEN	2	LA, PA
ALDURAZYME	2	NM, LA, PA
BUPHENYL TABS	2	NM
CARBAGLU	2	LA, PA
CEREZYME	2	NM, PA
CYSTADANE	2	
CYSTAGON	2	NM, PA
ELAPRASE	2	NM, PA
ELELYSO	2	PA
FABRAZYME	2	NM, PA
KUVAN	2	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D
LUMIZYME	2	NM, PA
MYOZYME	2	NM, PA
NAGLAZYME	2	NM, LA, PA
ORFADIN	2	LA, PA
PROCYSBI	2	LA, PA
<i>sodium phenylbutyrate</i>	2	NM
VPRIV	2	NM, PA
ZAVESCA	2	LA, PA

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

COMBIPATCH	2	PA
<i>estradiol PTWK; TABS</i>	1	PA
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	1	
<i>menest</i>	2	PA
PREMARIN CREAM	2	
VAGIFEM	2	

### **GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part  
 D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>a-hydrocort</i>	1	
<i>cortisone acetate</i> TABS	1	
<i>dexamethasone</i> CONC; ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> TABS	1	
<i>methylprednisolone</i> TABS	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>methylprednisolone tab 4mg dose pack</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i> CONC	2	
<i>prednisone</i> SOLN; TABS	1	
SOLU-CORTEF 250mg	2	

**GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR**

GLUCAGEN HYPOKIT	2	
GLUCAGON	2	
<i>glucose chew tab</i>	5	NM; *
<i>glucose gel 40%</i>	5	NM; *
PROGLYCEM	2	

**HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES**

NORDITROPIN FLEXPRO	2	NM, PA
NORDITROPIN NORDIFLEX PEN	2	NM, PA
TEV-TROPIN	2	NM, PA

**MISCELLANEOUS**

<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
FORTICAL	2	
INCRELEX	2	NM, LA, PA
<i>methylergonovine maleate</i> TABS	1	
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	2	NM, PA
PROLIA	2	QL (1 syringe / 180 days), NM
SANDOSTATIN LAR DEPOT	2	NM, PA
SOMATULINE DEPOT	2	NM, PA
SOMAVERT	2	NM, LA, PA
XGEVA	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<b>PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS</b>		
FORTEO	2	QL (1 pen / 28 days), NM, PA

<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLYRA	2	
RENVELA	2	

<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate TABS</i>	1	

<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS</b>		
EVISTA	2	

<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levothyroxine sodium TABS</i>	1	
LEVOXYL	1	
<i>lithyronine sodium TABS</i>	1	
<i>methimazole TABS</i>	1	
<i>propylthiouracil TABS</i>	1	
SYNTHROID	2	
UNITHROID	1	

<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
DESMOPRESSIN SOL 0.01%	1	

<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
---	--	--

<b>ANTACIDS</b>		
<i>alum &amp; mag hydrox-simethicone</i>	5	NM; *
ALUMINUM HYDROXIDE	5	NM; *
<i>aluminum hydroxide-mag carb</i>	5	NM; *
<i>calcium carbonate (antacid)</i>	5	NM; *
<i>calcium carbonate-mag hydrox</i>	5	NM; *
GAVISCON CHEW	5	NM; *
<i>sodium bicarbonate (antacid)</i>	5	NM; *

<b>ANTI-DIARRHEAL</b>		
<i>bismuth subsalicylate CHEW; SUSP</i>	5	NM; *

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loperamide hcl</i> LIQD; SUSP; TABS	5	NM; *
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<i>compro</i>	1	
<i>dimenhydrinate</i> TABS	5	NM; *
<i>dronabinol</i> 2.5mg, 5mg	1	B/D, QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	2	B/D, QL (60 caps / 30 days)
EMEND CAPS 40mg	2	QL (3 caps / 180 days)
EMEND CAPS 80mg	2	B/D, QL (4 caps / 30 days)
EMEND CAPS 125mg	2	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	2	B/D, QL (12 caps / 30 days)
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
<i>meclizine hcl</i> CHEW	5	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	5	NM; *
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl</i> TABS	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
TRANSDERM-SCOP	2	QL (10 ptch / 30 days), PA
<b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>		
CUVPOSA	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i> TABS	1	
<i>glycopyrrolate inj</i>	1	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>famotidine</i> SUSR	1	
<i>famotidine</i> TABS 10mg	5	NM; *
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ranitidine hcl</i> SOLN	1	
<i>ranitidine hcl</i> TABS 75mg	5	NM; *
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	2	
CANASA	2	
<i>colocort</i>	1	
DELZICOL	2	
DIPENTUM	2	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
<i>mesalamine</i> ENEM	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA	2	
<i>sulfasalazine</i> TABS	1	
<i>sulfasalazine ec</i>	1	
UCERIS	2	
<b>LAXATIVES</b>		
BENEFIBER POWD	5	NM; *
<i>bisacodyl</i> SUPP; TBEC	5	NM; *
<i>calcium polycarbophil (fiber laxative)</i>	5	NM; *
<i>constulose</i>	1	
<i>docusate calcium</i>	5	NM; *
<i>docusate sodium</i> CAPS; LIQD; SYRP; TABS	5	NM; *
<i>enulose</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
<i>glycerin (laxative)</i>	5	NM; *
GOLYTELY	2	
HALFLYTELY BOWEL PREP/FLA	2	
KONSYL-D	5	NM; *
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>magnesium hydroxide</i> SUSP	5	NM; *
<i>methylcellulose (laxative)</i>	5	NM; *

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
NUTRISOURCE FIBER POWD	5	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
PEG 3350/ELECTROLYTES	1	
<i>polyethylene glycol 3350 PACK; POWD</i>	1	
<i>psyllium</i>	5	NM; *
RELISTOR	2	PA
SENNA TABS	5	NM; *
<i>sennosides</i>	5	NM; *
<i>sennosides-docusate sodium</i>	5	NM; *
<i>sodium phosphates</i>	5	NM; *
SUPREP BOWEL PREP	2	
<i>trilyte</i>	1	
<b>MISCELLANEOUS</b>		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days), NM
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days), NM
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
CARAFATE SUSP	2	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	1	PA
LINZESS CAP 145MCG	2	QL (60 caps / 30 days), NM
LINZESS CAP 290MCG	2	QL (30 caps / 30 days), NM
<i>loperamide hcl CAPS</i>	1	
LOTRONEX	2	PA
<i>misoprostol TABS</i>	1	
PREVPAC	2	
PYLERA	2	
SUCRAID	2	
<i>sucralfate TABS</i>	1	
<i>ursodiol CAPS; TABS</i>	1	
XIFAXAN 550mg	2	PA
<b>PANCREATIC ENZYMES</b>		
CREON	2	
ZENPEP	2	

**Drug Name Drug Tier Requirements/Limits**  
**PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

DEXILANT	2	QL (30 caps / 30 days)
NEXIUM CPDR	2	QL (30 caps / 30 days)
NEXIUM PACK	2	
NEXIUM GRA	2	QL (30 packets / 30 days)
NEXIUM I.V.	2	
omeprazole CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
omeprazole CPDR 20mg	1	QL (60 caps / 30 days)
pantoprazole sodium TBEC	1	QL (30 ea / 30 days)

**GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

alfuzosin hcl	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
tamsulosin hcl	1	QL (60 caps / 30 days)

**MISCELLANEOUS**

bethanechol chloride TABS	1	
ELMIRON	2	
POTASSIUM CITRATE (ALKALINIZER)	1	

**URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

DETROL LA	2	QL (30 caps / 30 days)
oxybutynin chloride SYRP	1	
oxybutynin chloride TABS	1	
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
TOLTERODINE TARTRATE CAP ER	1	QL (30 ea / 30 days), NM
tolterodine tartrate tabs	1	
TOVIAZ	2	QL (30 tabs / 30 days)
tropium chloride TABS	1	QL (60 tabs / 30 days)
VESICARE	2	QL (30 tabs / 30 days)

**VAGINAL ANTI-INFECTIVES**

CLEOCIN SUPP	2	
clindamycin phosphate vaginal	1	
clotrimazole vaginal	5	NM; *
metronidazole vaginal	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miconazole nitrate vaginal</i> CREA	5	NM; *
<i>miconazole nitrate vaginal</i> KIT	5	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	5	NM; *
<i>terconazole vaginal</i>	1	
<i>tioconazole vaginal</i>	5	NM; *
VANDAZOLE	1	
zazole .4%	1	
ZAZOLE .8%	1	

## HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

### ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TABS	2	
ELIQUIS	2	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
<i>heparin sod inj</i> 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
<i>heparin sod inj</i> 5000/ml	1	B/D
<i>heparin sod inj</i> 10000/ml	1	B/D
<i>heparin sod inj</i> 20000/ml	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
XARELTO	2	

### HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	2	NM, PA
GRANIX	2	NM, PA
LEUKINE	2	NM, PA
MOZOBIL	2	QL (9.6 mL / 4 days), NM, PA
NEUMEGA	2	NM
NEUPOGEN	2	NM, PA
PROCRIT	2	NM, PA

### IRON

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferrous sulfate</i> ELIX	5	NM; *
<i>ferrous sulfate</i> LIQD	5	NM; *
<i>ferrous sulfate</i> TABS 200mg, 325mg	5	NM; *
<i>ferrous sulfate</i> TBEC	5	NM; *

### **MISCELLANEOUS**

<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg, 25mg, 50mg	2	NM, LA, PA
PROMACTA 75mg	2	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	

### **PLATELET AGGREGATION INHIBITORS**

AGGRENOX	2	
BRILINTA	2	
<i>clopidogrel bisulfate</i> 75mg	1	QL (30 tabs / 30 days)
EFFIENT	2	

## **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**

### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS**

ENBREL KIT	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOLN	2	QL (8 syringes / 28 days), NM, PA
HUMIRA 20mg/0.4ml	2	QL (2 boxes / 28 days), NM, PA
HUMIRA 40mg/0.8ml	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	2	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	2	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i> TABS	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	2	NM, PA

### **IMMUNOGLOBULINS**

CARIMUNE NANOFILTERED	2	NM, PA
FLEBOGAMMA	2	NM, PA
FLEBOGAMMA DIF	2	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	2	NM, PA
GAMMAGARD S/D	2	NM, PA
GAMMAKED	2	NM, PA
GAMMAPLEX	2	NM, PA
GAMUNEX	2	NM, PA
GAMUNEX-C	2	NM, PA
GAMUNEX-C 1GM/10ML	2	NM, PA
OCTAGAM	2	NM, PA
PRIVIGEN	2	NM, PA

### **IMMUNOMODULATORS**

ACTIMMUNE	2	NM, LA, PA
ARCALYST	2	NM, PA
INTRON-A	2	B/D, NM
PEG-INTRON	2	NM, PA
PEG-INTRON REDIPEN	2	NM, PA
REVLIMID	2	NM, LA, PA
THALOMID	2	NM, PA

### **IMMUNOSUPPRESSANTS**

<i>azathioprine</i> TABS	1	B/D
<i>azathioprine sodium</i>	1	B/D
CELLCEPT SUSR	2	B/D
<i>cyclosporine</i> CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i> 180mg	1	B/D, NM
<i>mycophenolate sodium</i> 360mg	2	B/D, NM
MYFORTIC	2	B/D
NEORAL	2	B/D
NULOJIX	2	B/D
PROGRAF CAPS	2	B/D
RAPAMUNE	2	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>tacrolimus</i> CAPS 5mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	1	B/D
ZORTRESS	2	B/D

### **VACCINES**

ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHtherIA/TETANUS TOXOID	2	B/D
ENGERIX-B SUSP	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
TENIVAC	2	B/D, NM
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHtherIA TOXOID	2	B/D
TWINRIX	2	B/D
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS**

### ***ELECTROLYTES***

KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate inj 50%</i>	1	
<i>oral electrolytes</i>	5	NM; *

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride</i> CPR	1	
<i>potassium chloride</i> LIQD	1	
POTASSIUM CHLORIDE ER 10meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	2	B/D

#### **IV NUTRITION**

AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN 8.5%/ELECTROLYTE	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 8.5%/ELECTROL	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN-RF	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
CLINIMIX E INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D20	2	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
FREAMINE III	2	B/D
HEPATAMINE	2	B/D
<i>hepatasol 8</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEPHRAMINE	2	B/D
<i>premasol</i>	1	B/D
<i>premasol</i>	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
<i>travasol 10</i>	2	B/D
TROPHAMINE INJ 10%	2	B/D

#### **IV REPLACEMENT SOLUTIONS**

DEXTROSE 2.5%/NAACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NAACL 0.2%	1	
DEXTROSE 5%/NAACL 0.3%	1	
DEXTROSE 5%/NAACL 0.9%	1	
DEXTROSE 5%/NAACL 0.33%	1	
DEXTROSE 5%/NAACL 0.45%	1	
DEXTROSE 5%/NAACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 10%/NAACL 0.45%	1	
DEXTROSE 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE P	2	
<i>isolyte s</i>	2	
ISOLYTE-M	1	
KCL0.15%/D5W/NAACL0.2%	1	
KCL0.15%/D5W/NAACL0.225%	2	
KCL 0.3%/D5W/NAACL 0.2%	1	
KCL 0.3%/D5W/NAACL 0.9%	1	
KCL 0.3%/D5W/NAACL 0.45%	1	
KCL 0.15%/D5W/NAACL 0.9%	1	
KCL 0.075%/D5W/NAACL 0.2%	1	
KCL 0.075%/D5W/NAACL 0.45%	1	
KCL 0.224%/D5W/NAACL 0.2%	1	
KCL/D5W INJ 0.3%	1	
KCL/NAACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
<i>normosol-m</i>	1	
NORMOSOL-R	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-148	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	1	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
<i>potassium chloride in nacl</i>	1	
POTASSIUM CHLORIDE INJ 30 MEQ/100 ML	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	

### **VITAMINS**

<i>calcitriol</i> CAPS	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol</i> 1mcg, 2mcg	1	B/D
<i>paricalcitol</i> 4mcg	2	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
ZEMPLAR	2	B/D

### **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**

#### **ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION**

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

#### **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**

AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	2	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBEX OINT	2	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ZYMAXID	2	

#### **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION**

ALREX	2	
BROMDAY	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1	NM
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium</i>	1	
FML OINT	2	
FML SUSP .25%	2	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
PREDNISOLONE ACETATE SUSP	1	
<i>prednisolone sodium phosphate (ophth)</i>	2	

#### **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES**

<i>azelastine hcl (ophth)</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PATANOL	2	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISOPTO CARPINE	2	
ISTALOL	2	
<i>latanoprost</i>	1	
<i>levobunolol hcl .5%</i>	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
PILOPINE HS	2	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	
<b>MISCELLANEOUS</b>		
<i>artificial tear ointment</i>	5	NM; *
<i>artificial tear solution</i>	5	NM; *
CELLUVISC REFRESH	5	NM; *
GENTEAL SEVERE	5	NM; *
<i>hypromellose (ophth)</i>	5	NM; *
ISOPTO TEARS	5	NM; *
<i>lubricant eye drops</i>	5	NM; *
MURO 128 SOLN 2%	5	NM; *
<i>naphazoline 0.1%</i>	1	
<i>polyethylene glycol-propylene glycol (ophth)</i>	5	NM; *
<i>polyvinyl alcohol SOLN</i>	5	NM; *
<i>polyvinyl alcohol-povidone (ophth)</i>	5	NM; *
PROLENSA	2	
<i>proparacaine hcl SOLN</i>	1	
REFRESH LIQUIGEL	5	NM; *
RESTASIS	2	QL (64 vials / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium chloride hypertonic</i>	5	NM; *
<i>white petrolatum-mineral oil</i>	5	NM; *

## **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**

### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

COMBIVENT RESPIMAT	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D

### **ANTICHOLINERGICS - DRUGS TO TREAT COPD**

ATROVENT HFA	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide SOLN</i>	1	B/D
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)

### **ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES**

ASTEPRO	2	
<i>azelastine hcl SOLN</i>	1	
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl SYRP; TABS</i>	1	PA
<i>diphenhydramine inj</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA
<i>levocetirizine dihydrochloride</i>	1	
PATANASE	2	

### **BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD**

<i>albuterol sulfate NEBU</i>	1	B/D
<i>albuterol sulfate SYRP; TABS; TB12</i>	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	1	B/D
PERFOROMIST	2	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate SOLN; TABS</i>	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)

### **LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES**

<i>montelukast sodium CHEW; PACK; TABS</i>	1	
<i>zafirlukast</i>	1	

### **MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES**

<i>cromolyn sodium nebu</i>	1	B/D
-----------------------------	---	-----

### **MISCELLANEOUS**

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access \* - Non-Part D Drugs, or OTC items that are covered by Medicaid

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
acetylcysteine SOLN 10%, 20%	1	B/D
ARALAST NP	2	NM, LA, PA
AUVI-Q	2	
AYR NASAL DROPS	5	NM; *
CAYSTON	2	LA, PA
DALIRESP	2	
EPIPEN	2	
EPIPEN 2-PAK	2	
GLASSIA	2	NM, LA, PA
PROLASTIN-C	2	NM, LA, PA
PULMOZYME	2	B/D, NM
saline .65%	5	NM; *
XOLAIR	2	NM, LA, PA
ZEMAIRA	2	NM, LA, PA

### **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES**

<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
NASONEX	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 bottle / 30 days)

### **STERIOD INHALANTS - DRUGS TO TREAT ASTHMA**

ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 200MCG 14 METERED	2	QL (2 inhalers per 30 days)
<i>budesonide (inhalation)</i>	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT 1mg/2ml	2	B/D
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)

### **STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD**

ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	2	
<i>theo-24</i>	2	
<i>theophylline</i> TB12; TB24	1	

## TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

### DERMATOLOGY, ACNE

<i>adapalene</i>	1	
<i>amnesteem</i>	1	
AVITA	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA; GEL	1	
<i>zenatane</i>	1	

### DERMATOLOGY, ACTINIC KERATOSIS

CARAC	2	
<i>diclofenac sodium (actinic keratoses)</i>	1	NM, PA
<i>fluorouracil (topical)</i>	1	
SOLARAZE	2	PA

### DERMATOLOGY, ANTIBIOTICS

<i>bacitracin (topical)</i>	5	NM; *
<i>bacitracin zinc</i> OINT	5	NM; *
<i>bacitracin-polymyxin b</i>	5	NM; *
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> PACK	1	
<i>mupirocin</i> OINT	1	
<i>neomycin-bacitracin-polymyxin</i>	5	NM; *
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	5	NM; *
<i>neomycin-polymyxin w/ pramoxine</i>	5	NM; *
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	2	
THERMAZENE	1	

### DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo 1%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole (topical)</i> CREA 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	5	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	1	
<i>clotrimazole (topical)</i> SOLN 1%	5	NM; *
<i>econazole nitrate</i> CREA	1	
FUNGOID TINCTURE	5	NM; *
<i>ketoconazole cream</i>	1	
<i>miconazole nitrate (topical)</i>	5	NM; *
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>terbinafine hcl (topical)</i>	5	NM; *
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>procto-pak</i>	1	
<i>proctocream</i>	1	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	2	PA
<i>calcipotriene</i> CREA; OINT; SOLN	1	
<i>calcitrene oin 0.005%</i>	1	
OXSORALEN CAPS	2	
SORIATANE	2	PA
TAZORAC	2	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide</i> LOTN	1	
<b>DERMATOLOGY, ANTIVIRALS</b>		
<i>acyclovir topical</i>	1	
DENAVIR	2	
ZOVIRAX CREA	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i> CREA; LOTN	1	
<i>amcinonide</i> OINT	2	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	1	
<i>clobetasol propionate</i> CREA	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate</i> GEL	1	
<i>clobetasol propionate</i> OINT	1	
<i>clobetasol propionate</i> SOLN	1	
DESONIDE CREA	1	
<i>desonide</i> LOTN; OINT	1	
<i>desoximetasone</i> CREA	1	
<i>desoximetasone</i> GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> OINT .25%	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> OINT	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> CREA .5%, 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	5	NM; *
<i>hydrocortisone (topical)</i> OINT 1%, 2.5%	1	
<i>hydrocortisone acetate</i> OINT	5	NM; *
<i>hydrocortisone acetate (topical)</i>	5	NM; *
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-aloe vera</i>	5	NM; *
LOKARA LOTN 0.05%	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
<i>texacort soln 2.5%</i>	2	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>dibucaine</i> OINT	5	NM; *
<i>dibucaine (rectal)</i>	5	NM; *
<i>lidocaine</i> CREA 4%	5	NM; *
<i>lidocaine</i> PTCH	1	QL (3 ptch / 1 day), PA
<i>lidocaine hcl</i> GEL	1	
<i>lidocaine hcl</i> SOLN 4%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine</i>	1	B/D
LIDODERM	2	QL (3 ptch / 1 day), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ALOE VESTA SKIN CONDITIONER	5	NM; *
<i>aluminum sulfate &amp; calcium acetate</i>	5	NM; *
<i>ammonium lactate</i> CREA; LOTN	1	
<i>calamine lotn</i>	5	NM; *
<i>capsaicin</i> CREA .025%, .075%	5	NM; *
<i>chlorhexidine topical liqd 4%</i>	5	NM; *
ELIDEL	2	PA
<i>hemorrhoidal OINT</i>	5	NM; *
<i>hemorrhoidal supp</i>	5	NM; *
<i>imiquimod</i> CREA	1	
<i>laclotion lotn 12%</i>	1	
<i>lubricants</i>	5	NM; *
<i>metronidazole (topical)</i> CREA; LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	2	
<i>podofilox</i> SOLN	1	
<i>povidone-iodine OINT</i>	5	NM; *
<i>povidone-iodine SOLN</i>	5	NM; *
<i>povidone-iodine SWAB 10%</i>	5	NM; *
PROSHIELD PLUS SKIN PROTE	5	NM; *
PROSHIELD PROTECTIVE HAND	5	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>skin protectants, misc.</i>	5	NM; *
TARGRETIN GEL	2	NM, PA
TRIXAICIN	5	NM; *
VALCHLOR	2	LA, PA
<i>vitamins a &amp; d (topical)</i>	5	NM; *
VOLTAREN	2	
<i>zinc oxide (topical)</i>	5	NM; *
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	2	
<i>malathion</i>	1	
<i>permethrin</i> CREA	1	
<i>permethrin</i> LOTN	5	NM; *
<i>pyrethrins-piperonyl butoxide</i>	5	NM; *
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid .25%</i>	1	
REGRANEX	2	PA
SANTYL	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEA-CLENS WOUND CLEANSER	5	NM; *
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
<i>carbamide peroxide (otic)</i>	5	NM; *
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	



# Index

<b>A</b>	
<i>a-hydrocort</i> .....	34
<i>abacavir sulfate</i> .....	5
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	5
ABELCET.....	4
ABILIFY.....	24
ABILIFY DISCMELT.....	24
ABILIFY MAINTENA.....	24
<i>acamprosate calcium</i> .....	28
<i>acarbose</i> .....	29
<i>acebutolol hcl</i> .....	16
<i>acetaminophen w/ codeine</i> .....	1
<i>acetazolamide</i> .....	18
<i>acetic acid</i> .....	54
<i>acetic acid (otic)</i> .....	55
<i>acetic acid-aluminum acetate</i> .....	55
<i>acetylcysteine</i> .....	50
<i>acitretin</i> .....	52
ACTHIB.....	42
ACTIMMUNE.....	42
<i>acyclovir</i> .....	6
<i>acyclovir sodium</i> .....	6
<i>acyclovir topical</i> .....	52
ADACEL.....	42
ADAGEN.....	33
<i>adapalene</i> .....	51
ADCIRCA.....	19
<i>adefovir dipivoxil</i> .....	6
<i>adriamycin</i> .....	9
<i>adrucil</i> .....	10
ADVAIR DISKUS.....	50
ADVAIR HFA.....	50
<i>afeditab cr</i> .....	16
AFINITOR.....	11
AFINITOR DISPERZ.....	11
AGGRENOLX.....	41
<i>ala-cort</i> .....	52
ALBENZA.....	3
<i>albuterol sulfate</i> .....	49
<i>alclometasone dipropionate</i> .....	52
ALCOHOL SWABS.....	28
ALDURAZYME.....	33
<i>alendronate sodium</i> .....	30
<i>alfuzosin hcl</i> .....	39
ALIMTA.....	10
ALINIA.....	3
<i>allopurinol sodium</i> .....	1
<i>allopurinol tab</i> .....	1
ALOE VESTA SKIN CONDITIONER.....	54
ALPHAGAN P SOL 0.1%.....	48
<i>alprazolam</i> .....	19
<i>alprazolam tab 0.25mg</i> .....	19
<i>alprazolam tab 0.5mg</i> .....	19
<i>alprazolam tab 1mg</i> .....	19
<i>alprazolam tab 2mg</i> .....	19
ALREX.....	47
<i>altavera</i> .....	31
<i>alum &amp; mag hydrox-simethicone</i> .....	35
ALUMINUM HYDROXIDE.....	35
<i>aluminum hydroxide-mag carb</i> .....	35
<i>aluminum sulfate &amp; calcium acetate</i> .....	54
<i>amantadine hcl</i> .....	23
AMBISOME.....	4
<i>amcinonide</i> .....	52
<i>amifostine crystalline</i> .....	12
<i>amikacin sulfate</i> .....	3
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i> .....	3
<i>amiloride &amp; hydrochlorothiazide</i> .....	18
<i>amiloride hcl</i> .....	18
<i>aminophylline inj</i> .....	51
AMINOSYN.....	44
AMINOSYN 7%/ELECTROLYTES.....	44
AMINOSYN 8.5%/ELECTROLYTE.....	44
AMINOSYN II.....	44
AMINOSYN II 8.5%/ELECTROL.....	44
AMINOSYN M.....	44
AMINOSYN-HBC.....	44
AMINOSYN-PF.....	44
AMINOSYN-PF 7%.....	44
AMINOSYN-RF.....	44
<i>amiodarone hcl</i> .....	14
AMITIZA CAP 24MCG.....	38
AMITIZA CAP 8MCG.....	38
<i>amitriptyline hcl</i> .....	22
<i>amlodipine besylate</i> .....	16
<i>amlodipine-benazepril hcl cap 10-20mg</i> .....	13
<i>amlodipine-benazepril hcl cap 10-40mg</i> .....	13
<i>amlodipine-benazepril hcl cap 2.5-10mg</i> .....	13
<i>amlodipine-benazepril hcl cap 5-10mg</i> .....	13
<i>amlodipine-benazepril hcl cap 5-20mg</i> .....	13
<i>amlodipine-benazepril hcl cap 5-40mg</i> .....	13
<i>ammonium lactate</i> .....	54
<i>amnestem</i> .....	51
<i>amoxapine tab 100mg</i> .....	22
<i>amoxapine tab 150mg</i> .....	22
<i>amoxapine tab 25mg</i> .....	22
<i>amoxapine tab 50mg</i> .....	22
<i>amoxicillin</i> .....	8
<i>amoxicillin &amp; pot clavulanate</i> .....	8
<i>amoxicillin-clarithromycin w/ lansoprazole</i> .....	38
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	25
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	25
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> .....	25
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	25
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	25
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	25
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	26
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	26

<i>amphetamine-dextroamphetamine tab 15 mg</i>	26
<i>amphetamine-dextroamphetamine tab 20 mg</i>	26
<i>amphetamine-dextroamphetamine tab 30 mg</i>	26
<i>amphetamine-dextroamphetamine tab 5 mg</i>	25
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	26
<i>amphotericin b</i>	4
<i>ampicillin</i>	8
<i>ampicillin &amp; sulbactam sodium</i>	8
<i>ampicillin inj</i>	8
<i>ampicillin sodium</i>	8
AMTURNIDE 150-5-12.5MG	17
AMTURNIDE 300-10-12.5MG	17
AMTURNIDE 300-10-25MG	17
AMTURNIDE 300-5-12.5MG	17
AMTURNIDE 300-5-25MG	17
<i>anagrelide hcl</i>	41
<i>anastrozole</i>	11
ANDRODERM	28
<i>androxy</i>	28
APOKYN	23
<i>apri 28 day</i>	31
APRISO	37
APTIVUS	5
ARALAST NP	50
<i>aranelle 28</i>	31
ARANESP ALBUMIN FREE	40
ARCALYST	42
ARICEPT	21
<i>artificial tear ointment</i>	48
<i>artificial tear solution</i>	48
ASACOL HD	37
ASMANEX	50
ASMANEX 200MCG 14 METERED	50
ASTEPRO	49
<i>atenolol</i>	16
<i>atenolol &amp; chlorthalidone</i>	15
<i>atorvastatin calcium</i>	15
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	4
ATRIPLA	5
ATROVENT HFA	49
AUVI-Q	50
AVASTIN	10
<i>aviane 28</i>	31
AVINZA	1
AVITA	51
AVODART	39
AVONEX	27
AVONEX LYOPHILIZED	27
AVONEX PEN	27
AYR NASAL DROPS	50
<i>azacitidine</i>	10
AZACTAM	3

AZACTAM/DEX INJ 1GM	3
AZACTAM/DEX INJ 2GM	3
AZASITE	46
<i>azathioprine</i>	42
<i>azathioprine sodium</i>	42
<i>azelastine hcl</i>	49
<i>azelastine hcl (ophth)</i>	47
AZILECT	23
AZITHROMYCIN	7
<i>azithromycin</i>	7, 8
AZOPT	48
AZOR 10-40MG	13
AZOR TAB 10-20MG	13
AZOR TAB 5-20MG	13
AZOR TAB 5-40MG	13
<i>aztreonam</i>	3

## **B**

<i>bacitracin (ophthalmic)</i>	46
<i>bacitracin (topical)</i>	51
<i>bacitracin zinc</i>	51
<i>bacitracin-poly-neomycin-hc</i>	46
<i>bacitracin-polymyxin b</i>	51
<i>bacitracin-polymyxin b (ophth)</i>	46
<i>baclofen</i>	27
<i>balsalazide disodium</i>	37
<i>balziva 28 day</i>	31
BANZEL	19
BARACLUDGE	6
<i>benazepril &amp; hydrochlorothiazide</i>	13
<i>benazepril hcl</i>	13
BENEFIBER	37
BENICAR	14
BENICAR HCT 40-25MG	13
BENICAR HCT TAB 20-12.5MG	13
BENICAR HCT TAB 40-12.5MG	14
<i>benzoyl peroxide-erythromycin</i>	51
<i>benztropine mesylate</i>	23
BEPREVE	47
BESIVANCE	46
<i>betamethasone dipropionate (topical)</i>	52
<i>betamethasone dipropionate augmented</i>	52
<i>betamethasone valerate</i>	52
BETASERON	27
<i>betaxolol hcl (ophth)</i>	48
<i>bethanechol chloride</i>	39
BETOPTIC-S	48
<i>bicalutamide</i>	11
BICILLIN C-R	8
BICILLIN L-A	8
BICILLIN LA	8
BICNU	9
BILTRICIDE	3
<i>bisacodyl</i>	37
<i>bismuth subsalicylate</i>	35
<i>bisoprolol &amp; hydrochlorothiazide</i>	15
<i>bisoprolol fumarate</i>	16
<i>bleomycin sulfate</i>	10
<i>blephamide</i>	46

BOOSTRIX	42
BOSULIF	11
<i>briellyn 28 day</i>	31
BRILINTA	41
BRIMONIDINE SOL 0.15%	48
<i>brimonidine sol 0.2%</i>	48
BRINTELLIX	22
BROMDAY	47
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	47
<i>bromocriptine mesylate</i>	23
<i>budeprion</i>	22
<i>budesonide (inhalation)</i>	50
<i>budesonide ec</i>	37
<i>bumetanide</i>	18
BUPHENYL	33
<i>buprenorphine hcl</i>	28
<i>buprenorphine hcl-naloxone hcl dihydrate sl</i>	28
<i>buproban</i>	28
<i>bupropion hcl</i>	22
<i>bupirone hcl</i>	19
BUSULFEX	9
<i>butorphanol tartrate</i>	1
BYSTOLIC	16

## C

<i>cabergoline</i>	34
<i>cafergot tab 1-100mg</i>	26
<i>calamine lotn</i>	54
<i>calcipotriene</i>	52
<i>calcitonin (salmon)</i>	34
<i>calcitrene oin 0.005%</i>	52
<i>calcitriol</i>	46
<i>calcitriol inj</i>	46
<i>calcitriol oral soln 1 mcg/ml</i>	46
<i>calcium acetate (phosphate binder)</i>	35
<i>calcium carbonate (antacid)</i>	35
<i>calcium carbonate-mag hydrox</i>	35
<i>calcium polycarbophil (fiber laxative)</i>	37
<i>camila 28 day</i>	31
CAMPRAL	28
CANASA	37
CANCIDAS	4
CAPASTAT SULFATE	6
CAPRELSA	11
<i>capsaicin</i>	54
<i>captopril</i>	13
<i>captopril &amp; hydrochlorothiazide</i>	13
CARAC	51
CARAFATE	38
CARBAGLU	33
<i>carbamazepine</i>	19
<i>carbamide peroxide (otic)</i>	55
<i>carbidopa-levodopa</i>	24
CARBIDOPA/LEVODOPA/ENTACA	24
<i>carboplatin</i>	12
CARIMUNE NANOFILTERED	41
<i>carteolol hcl (ophth)</i>	48
<i>cartia</i>	16

<i>carvedilol</i>	16
CAYSTON	50
CEENU CAP 10MG	9
CEENU CAP 40MG	9
<i>cefaclor</i>	7
<i>cefaclor monohydrate</i>	7
<i>cefadroxil</i>	7
<i>cefazolin in d5w</i>	7
<i>cefazolin inj</i>	7
<i>cefazolin sodium</i>	7
<i>cefdinir</i>	7
<i>cefepime hcl</i>	7
<i>cefotaxime sodium</i>	7
<i>cefoxitin sodium</i>	7
<i>cefpodoxime proxetil</i>	7
<i>cefprozil</i>	7
<i>ceftazidime</i>	7
CEFTAZIDIME/DEXTROSE	7
<i>ceftriaxone sodium</i>	7
<i>cefuroxime axetil</i>	7
<i>cefuroxime sodium</i>	7
CELEBREX	1
CELLCEPT	42
CELLUVISC REFRESH	48
CELONTIN	19
<i>cephalexin</i>	7
CEREZYME	33
CERVARIX	42
<i>cetirizine syrup</i>	49
<i>cevimeline hcl</i>	55
CHANTIX	28
CHANTIX STARTER PACK	28
CHEMET	31
<i>chlorhexidine gluconate (mouth-throat)</i>	55
<i>chlorhexidine topical liqd 4%</i>	54
<i>chloroquine phosphate</i>	5
<i>chlorothiazide</i>	18
<i>chlorpromazine hcl</i>	24
<i>chlorthalidone</i>	18
<i>cholestyramine</i>	15
<i>cholestyramine light</i>	15
<i>choline fenofibrate</i>	15
<i>ciclopirox</i>	51
<i>ciclopirox shampoo 1%</i>	51
<i>cilostazol</i>	41
CILOXAN	47
CIPRO	8
CIPRODEX	55
<i>ciprofloxacin er</i>	8
<i>ciprofloxacin hcl (ophth)</i>	47
<i>ciprofloxacin hcl tab</i>	8
<i>ciprofloxacin in d5w</i>	8
<i>ciprofloxacin inj</i>	8
<i>cisplatin</i>	12
<i>citalopram hydrobromide</i>	22
<i>cladribine</i>	10
<i>claravis</i>	51
<i>clarithromycin</i>	8
<i>clarithromycin er</i>	8
<i>clarithromycin for susp</i>	8

CLEOCIN.....	39	<i>cryselle 28</i> .....	31
<i>clindamycin cap 300mg</i> .....	3	CUBICIN.....	3
<i>clindamycin cap 75mg</i> .....	3	CUVPOSA.....	36
<i>clindamycin hcl cap 150 mg</i> .....	3	<i>cyclafem 1/35 28 day</i> .....	31
<i>clindamycin phosphate (topical)</i> .....	51	<i>cyclafem 7/7/7 28 day</i> .....	31
<i>clindamycin phosphate inj</i> .....	3	<i>cyclophosphamide</i> .....	9
<i>clindamycin phosphate vaginal</i> .....	39	<i>cyclosporine</i> .....	42
<i>clindamycin sol 75mg/5ml</i> .....	3	<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	42
CLINIMIX 2.75%/DEXTROSE 5%.....	44	CYMBALTA.....	22
CLINIMIX 4.25%/DEXTROSE 25%.....	44	CYMBALTA DELAYED RELEASE.....	22
CLINIMIX 4.25%/DEXTROSE 5%.....	44	<i>cyproheptadine hcl</i> .....	49
CLINIMIX 5%/DEXTROSE 15%.....	44	CYSTADANE.....	33
CLINIMIX 5%/DEXTROSE 20%.....	44	CYSTAGON.....	33
CLINIMIX 5%/DEXTROSE 25%.....	44	<i>cytarabine</i> .....	10
CLINIMIX E 2.75%/DEXTROSE 10%.....	44	<b>D</b>	
CLINIMIX E 2.75%/DEXTROSE 5%.....	44	<i>dacarbazine</i> .....	9
CLINIMIX E 4.25%/DEXTROSE 25%.....	44	DALIRESP.....	50
CLINIMIX E 4.25%/DEXTROSE 5%.....	44	<i>danazol</i> .....	33
CLINIMIX E 5%/DEXTROSE 15%.....	44	<i>dantrolene sodium</i> .....	27
CLINIMIX E 5%/DEXTROSE 20%.....	44	<i>dapsone</i> .....	3
CLINIMIX E 5%/DEXTROSE 25%.....	44	DAPTACEL.....	43
CLINIMIX E INJ 4.25/D10.....	44	DARAPRIM.....	3
CLINIMIX INJ 4.25/D10.....	44	<i>daunorubicin hcl</i> .....	9
CLINIMIX INJ 4.25/D20.....	44	DECAVAC.....	43
<i>clinisol 15</i> .....	44	DELZICOL.....	37
<i>clobetasol propionate</i> .....	52, 53	DENAVIR.....	52
<i>clomipramine hcl</i> .....	22	DEPO-PROVERA INJ 400/ML.....	11
<i>clonazepam</i> .....	19, 20	<i>desipramine hcl</i> .....	22
<i>clonidine hcl</i> .....	18	<i>desmopressin acetate spray</i> .....	35
<i>clopidogrel bisulfate</i> .....	41	<i>desmopressin acetate spray refrigerated</i> .....	35
<i>clorazepate dipotassium</i> .....	20	<i>desmopressin acetate tabs</i> .....	35
<i>clotrimazole</i> .....	55	<i>desmopressin inj 4mcg/ml</i> .....	35
<i>clotrimazole (topical)</i> .....	52	DESMOPRESSIN SOL 0.01%.....	35
<i>clotrimazole vaginal</i> .....	39	DESONIDE.....	53
<i>clozapine</i> .....	24	<i>desonide</i> .....	53
CLOZAPINE ODT.....	24	DESOXIMETASONE.....	53
COARTEM.....	5	<i>desoximetasone</i> .....	53
<i>colchicine w/ probenecid</i> .....	1	DETROL LA.....	39
COLCRYS.....	1	<i>dexamethasone</i> .....	34
<i>colestipol hcl</i> .....	15	<i>dexamethasone sodium phosphate</i> .....	34
<i>colistimethate sodium</i> .....	3	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i> .....	47
<i>colocort</i> .....	37	DEXILANT.....	39
COMBIGAN.....	48	<i>dexrazoxane</i> .....	12
COMBIPATCH.....	33	DEXTROSE 10% FLEX CONTAIN.....	45
COMBIVENT RESPIMAT.....	49	DEXTROSE 10%/NACL 0.2%.....	45
COMETRIQ.....	11	DEXTROSE 10%/NACL 0.45%.....	45
COMPLERA.....	5	DEXTROSE 2.5%/NACL 0.45%.....	45
<i>compro</i> .....	36	DEXTROSE 5%.....	45
COMVAX.....	43	DEXTROSE 5% /ELECTROLYTE.....	45
<i>constulose</i> .....	37	DEXTROSE 5%/LACTATED RING.....	45
COPAXONE KIT 20MG/ML.....	27	DEXTROSE 5%/NACL 0.2%.....	45
<i>cortisone acetate</i> .....	34	DEXTROSE 5%/NACL 0.225%.....	45
COSMEGEN.....	10	DEXTROSE 5%/NACL 0.3%.....	45
COUMADIN.....	40	DEXTROSE 5%/NACL 0.33%.....	45
CREON.....	38	DEXTROSE 5%/NACL 0.45%.....	45
CRESTOR.....	15	DEXTROSE 5%/NACL 0.9%.....	45
CRIXIVAN.....	5	DEXTROSE 5%/POTASSIUM CHL.....	45
<i>cromolyn sodium (mastocytosis)</i> .....	38		
<i>cromolyn sodium (ophth)</i> .....	47		
<i>cromolyn sodium nebu</i> .....	49		

DEXTROSE 50%.....	45
<i>dextrose inj 70%</i> .....	45
<i>diazepam</i> .....	20
DIAZEPAM GEL.....	20
<i>diazepam inj</i> .....	20
DIBENZYLINE.....	18
<i>dibucaine</i> .....	53
<i>dibucaine (rectal)</i> .....	53
<i>diclofenac potassium</i> .....	1
<i>diclofenac sodium</i> .....	1
<i>diclofenac sodium (actinic keratoses)</i> .....	51
<i>diclofenac sodium (ophth)</i> .....	47
<i>dicloxacillin sodium</i> .....	8
<i>dicyclomine hcl</i> .....	36
<i>didanosine</i> .....	5
DIFICID.....	8
<i>diflorasone diacetate</i> .....	53
<i>diflunisal</i> .....	1
<i>digoxin</i> .....	17
DIGOXIN SOL 50MCG/ML.....	17
<i>dihydroergotamine mesylate</i> .....	26
<i>dilantin</i> .....	20
DILANTIN-125 SUS 125/5ML.....	20
<i>dilt</i> .....	16
<i>dilt-cd cap 180mg</i> .....	16
<i>dilt-cd cap 240mg</i> .....	16
<i>dilt-xr 120mg</i> .....	16
<i>diltiazem cap</i> .....	16
<i>diltiazem cap 120mg/24hr</i> .....	16
<i>diltiazem cap er/12hr</i> .....	16
<i>diltiazem hcl</i> .....	16
<i>diltiazem hcl coated beads</i> .....	16
<i>diltzac</i> .....	16
<i>dimenhydrinate</i> .....	36
DIOVAN.....	14
DIPENTUM.....	37
<i>diphenhydramine inj</i> .....	49
<i>diphenoxylate w/ atropine</i> .....	38
DIPHThERIA/TETANUS TOXOID.....	43
<i>disopyramide phosphate</i> .....	14
<i>disulfiram</i> .....	28
DIURIL SUS 250/5ML.....	18
<i>divalproex sodium</i> .....	20
DOCETAXEL.....	10
<i>docetaxel</i> .....	10
<i>docusate calcium</i> .....	37
<i>docusate sodium</i> .....	37
<i>donepezil hydrochloride</i> .....	21
DORIBAX.....	3
<i>dorzolamide hcl</i> .....	48
<i>dorzolamide hcl-timolol maleate</i> .....	48
<i>doxazosin mesylate</i> .....	13
<i>doxepin hcl</i> .....	22
DOXIL INJ 2MG/ML.....	9
<i>doxorubicin hcl</i> .....	9
<i>doxorubicin hcl liposomal</i> .....	9
<i>doxycycl hyc inj</i> .....	9
<i>doxycycline (monohydrate)</i> .....	9
<i>doxycycline hyclate</i> .....	9
<i>dronabinol</i> .....	36

<i>drospirenone-ethinyl estradiol</i> .....	31
DROXIA.....	12
DULERA.....	50
<i>duloxetine hcl</i> .....	22
DURAMORPH.....	2
DUREZOL.....	47
DYRENIUM.....	18

## E

<i>e.e.s.</i> .....	8
E.E.S. GRANULES.....	8
<i>econazole nitrate</i> .....	52
EDECRIN.....	18
EDURANT.....	5
EFFIENT.....	41
ELAPRASE.....	33
ELELYSO.....	33
ELIDEL.....	54
ELIQUIS.....	40
ELITEK.....	12
<i>elixophyllin</i> .....	51
ELLA.....	31
ELMIRON.....	39
EMCYT.....	9
EMEND.....	36
EMEND PAK 80 & 125.....	36
<i>emoquette</i> .....	31
EMSAM.....	22
EMTRIVA.....	5
<i>enalapril maleate</i> .....	13
<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	13
ENBREL.....	41
<i>endocet 10/325</i> .....	2
<i>endocet 5/325</i> .....	2
<i>endocet 7.5/325</i> .....	2
ENDODAN.....	2
ENGERIX-B.....	43
<i>enoxaparin sodium</i> .....	40
<i>enpresse 28 day</i> .....	31
<i>entacapone</i> .....	24
<i>enulose</i> .....	37
EPIPEN.....	50
EPIPEN 2-PAK.....	50
<i>epirubicin hcl</i> .....	9
<i>epitol</i> .....	20
EPIVIR.....	5
EPIVIR HBV.....	6
<i>eplerenone</i> .....	13
EPZICOM.....	6
ERAXIS.....	4
ERIVEDGE.....	10
<i>errin 28 day</i> .....	31
<i>ery pad 2%</i> .....	51
<i>ery-tab</i> .....	8
ERYPED 200.....	8
ERYPED 400.....	8
<i>erythrocin stearate</i> .....	8
<i>erythromycin (acne aid)</i> .....	51
<i>erythromycin (ophth)</i> .....	47

<i>erythromycin base</i> .....	8
<i>erythromycin ethylsuccinate</i> .....	8
<i>erythromycin-sulfisoxazole</i> .....	3
<i>escitalopram oxalate</i> .....	22
<i>estradiol</i> .....	33
ESTRADIOL VALERATE.....	33
<i>estradiol valerate</i> .....	33
<i>ethambutol hcl</i> .....	6
<i>ethosuximide</i> .....	20
<i>etodolac</i> .....	1
<i>etoposide</i> .....	12
EURAX.....	54
EVISTA.....	35
EXELON.....	21
<i>exemestane</i> .....	11
EXFORGE 10-320MG.....	14
EXFORGE HCT 10-160-12.5MG.....	14
EXFORGE HCT 10-160-25MG.....	14
EXFORGE HCT 10-320-25MG.....	14
EXFORGE HCT 5-160-12.5MG.....	14
EXFORGE HCT 5-160-25MG.....	14
EXFORGE TAB 10-160MG.....	14
EXFORGE TAB 5-160MG.....	14
EXFORGE TAB 5-320MG.....	14
EXJADE.....	31

**F**

FABRAZYME.....	33
<i>famciclovir</i> .....	6
<i>famotidine</i> .....	36
<i>famotidine inj</i> .....	36
FANAPT.....	24
FANAPT TITRATION PACK.....	24
FARESTON.....	11
FASLODEX.....	11
FAZACLO.....	24
<i>felbamate</i> .....	20
<i>felodipine</i> .....	16
<i>fenofibrate</i> .....	15
FENOFIBRATE MICRONIZED.....	15
<i>fenofibrate micronized</i> .....	15
<i>fentanyl</i> .....	2
<i>fentanyl citrate</i> .....	2
<i>ferrous sulfate</i> .....	41
FETZIMA.....	22
FETZIMA TITRATION PACK.....	22
<i>finasteride</i> .....	39
FLEBOGAMMA.....	41
FLEBOGAMMA DIF.....	41
<i>flecainide acetate</i> .....	14
FLOVENT DISKUS.....	50
FLOVENT HFA.....	50
<i>fluconazole</i> .....	4
<i>fluconazole in dextrose</i> .....	4
<i>fluconazole in nacl</i> .....	4
<i>flucytosine</i> .....	4
<i>fludarabine phosphate</i> .....	10
<i>fludrocortisone acetate</i> .....	34
<i>flunisolide (nasal)</i> .....	50

<i>flunisolide nasal soln 29 mcg/act (0.025%)</i> .....	50
<i>fluocinolone acetonide</i> .....	53
<i>fluocinolone acetonide (otic)</i> .....	55
<i>fluocinonide</i> .....	53
<i>fluocinonide emulsified base</i> .....	53
FLUOROMETHOLONE.....	47
<i>fluorouracil</i> .....	10
<i>fluorouracil (topical)</i> .....	51
<i>fluoxetine hcl</i> .....	22, 23
<i>fluphenazine decanoate</i> .....	24
<i>fluphenazine hcl</i> .....	24
<i>flurbiprofen</i> .....	1
<i>flurbiprofen sodium</i> .....	47
<i>flutamide</i> .....	11
<i>fluticasone propionate</i> .....	53
<i>fluticasone propionate (nasal)</i> .....	50
<i>fluvoxamine maleate</i> .....	19
FML.....	47
<i>fondaparinux sodium</i> .....	40
FORADIL AEROLIZER.....	49
FORFIVO XL.....	23
FORTEO.....	35
FORTICAL.....	34
<i>fosinopril sodium</i> .....	13
<i>fosinopril sodium &amp; hydrochlorothiazide</i> .....	13
FOSRENOL.....	35
FREAMINE HBC 6.9%.....	44
FREAMINE III.....	44
FUNGOID TINCTURE.....	52
<i>furosemide</i> .....	18
<i>furosemide inj</i> .....	18
FUZEON.....	5

**G**

<i>gabapentin</i> .....	20
GABITRIL.....	20
<i>galantamine hydrobromide</i> .....	21
GAMASTAN S/D.....	42
GAMMAGARD LIQUID.....	42
GAMMAGARD S/D.....	42
GAMMAKED.....	42
GAMMAPLEX.....	42
GAMUNEX.....	42
GAMUNEX-C.....	42
GAMUNEX-C 1GM/10ML.....	42
<i>ganciclovir inj 500mg</i> .....	6
GARDASIL.....	43
<i>gatifloxacin (ophth)</i> .....	47
GAUZE PADS 2" X 2".....	29
<i>gavilyte-g</i> .....	37
<i>gavilyte-c</i> .....	37
<i>gavilyte-n</i> .....	37
GAVISCON.....	35
GEMCITABINE HCL.....	10
<i>gemcitabine hcl</i> .....	10
<i>gemfibrozil</i> .....	15
<i>generlac</i> .....	37
<i>gengraf</i> .....	42

<i>gentak</i> .....	47
<i>gentamicin in saline</i> .....	3
<i>gentamicin sulfate</i> .....	3
<i>gentamicin sulfate (ophth)</i> .....	47
<i>gentamicin sulfate (topical)</i> .....	51
GENTEAL SEVERE.....	48
GEODON.....	24
GIANVI.....	31
<i>gildagia</i> .....	31
GILENYA.....	27
GILOTRIF.....	11
GLASSIA.....	50
GLEEVEC.....	11
<i>glimepiride</i> .....	29
<i>glip/metform tab 2.5-250m</i> .....	29
<i>glip/metform tab 2.5-500m</i> .....	29
<i>glip/metform tab 5-500mg</i> .....	29
<i>glipizide</i> .....	29
GLUCAGEN HYPOKIT.....	34
GLUCAGON.....	34
<i>glucose chew tab</i> .....	34
<i>glucose gel 40%</i> .....	34
<i>glyb/metform tab 1.25-250</i> .....	29
<i>glyb/metform tab 2.5-500</i> .....	29
<i>glyb/metform tab 5-500mg</i> .....	29
<i>glyburide</i> .....	29, 30
<i>glyburide micronized</i> .....	30
<i>glycerin (laxative)</i> .....	37
<i>glycopyrrolate</i> .....	36
<i>glycopyrrolate inj</i> .....	36
GOLYTELY.....	37
<i>granisetron hcl</i> .....	36
GRANIX.....	40
<i>griseofulvin microsize</i> .....	4
<i>griseofulvin ultramicrosize</i> .....	4

## H

HALFLYTELY BOWEL PREP/FLA.....	37
<i>halobetasol propionate</i> .....	53
<i>haloperidol</i> .....	24
<i>haloperidol decanoate</i> .....	24
<i>haloperidol lactate</i> .....	24
HAVRIX.....	43
<i>heather</i> .....	31
<i>hemorrhoidal</i> .....	54
<i>hemorrhoidal supp</i> .....	54
<i>heparin sod inj 1000/ml</i> .....	40
<i>heparin sod inj 10000/ml</i> .....	40
HEPARIN SOD INJ 2000/ML.....	40
<i>heparin sod inj 20000/ml</i> .....	40
HEPARIN SOD INJ 2500/ML.....	40
<i>heparin sod inj 5000/ml</i> .....	40
HEPARIN SODIUM/D5W.....	40
HEPARIN SODIUM/NACL 0.45%.....	40
HEPARIN SODIUM/SODIUM CHL.....	40
HEPATAMINE.....	44
<i>hepatasol 8</i> .....	44
HEPSERA.....	6
HERCEPTIN.....	10

HEXALEN.....	9
HIBERIX.....	43
HUMIRA.....	41
HUMIRA PEN.....	41
HUMIRA PEN-CROHNS DISEASE STARTER KIT.....	41
HUMIRA PEN-PSORIASIS STARTER KIT.....	41
HUMULIN R INJ U-500.....	29
<i>hydralazine hcl</i> .....	18
<i>hydrochlorothiazide</i> .....	18
<i>hydroco/apap tab 10-325mg</i> .....	1
<i>hydroco/apap tab 5-325mg</i> .....	1
<i>hydroco/apap tab 7.5-325</i> .....	1
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> .....	1
<i>hydrocodone-ibuprofen 7-5-200mg</i> .....	1
HYDROCORTISONE.....	34
HYDROCORTISONE (INTRARECTAL).....	37
<i>hydrocortisone (topical)</i> .....	53
<i>hydrocortisone acetate</i> .....	53
<i>hydrocortisone acetate (topical)</i> .....	53
<i>hydrocortisone butyrate</i> .....	53
<i>hydrocortisone valerate</i> .....	53
<i>hydrocortisone-aloe vera</i> .....	53
<i>hydromorphon inj 10mg/ml</i> .....	2
<i>hydromorphone hcl</i> .....	2
<i>hydroxychloroquine sulfate</i> .....	41
<i>hydroxyurea</i> .....	12
<i>hydroxyzine hcl</i> .....	49
<i>hypromellose (ophth)</i> .....	48

## I

<i>ibandronate sodium</i> .....	30
<i>ibuprofen</i> .....	1
ICLUSIG.....	11
<i>idarubicin hcl</i> .....	9
IFEX.....	9
<i>ifosfamide inj 1gm</i> .....	9
<i>ifosfamide inj 1gm/20ml</i> .....	9
IFOSFAMIDE INJ 3GM.....	9
<i>ifosfamide inj 3gm/60ml</i> .....	9
ILEVRO.....	47
IMBRUVICA.....	11
<i>imipenem-cilastatin</i> .....	3
<i>imipramine hcl</i> .....	23
<i>imiquimod</i> .....	54
IMOVAX RABIES (H.D.C.V.).....	43
INCIVEK.....	6
INCRELEX.....	34
<i>indapamide</i> .....	18
INFANRIX.....	43
INLYTA.....	11
INSULIN PEN NEEDLE.....	29
INSULIN SAFETY NEEDLES.....	29
INSULIN SYRINGE.....	29
INTELENCE.....	5
INTRALIPID INJ 20%.....	44
INTRALIPID INJ 30%.....	44
INTRON-A.....	42
<i>introvale 91 day</i> .....	31

INTUNIV	26	KCL 0.3%/D5W/NACL 0.45%	45
INVANZ	3	KCL 0.3%/D5W/NACL 0.9%	45
INVEGA	24	KCL/D5W INJ 0.3%	45
INVEGA SUSTENNA	24	KCL/NACL INJ 0.3-0.9	45
INVIRASE	5	KCL0.15%/D5W/NACL0.2%	45
IONOSOL-B/DEXTROSE 5%	45	KCL0.15%/D5W/NACL0.225%	45
IONOSOL-MB/DEXTROSE 5%	45	<i>kelnor 1/35 28 day</i>	31
IPOL INACTIVATED IPV	43	<i>ketoconazole</i>	4
<i>ipratropium bromide</i>	49	<i>ketoconazole cream</i>	52
<i>ipratropium bromide (nasal)</i>	49	<i>ketoconazole shampoo</i>	52
<i>ipratropium-albuterol nebu</i>	49	<i>ketoprofen</i>	1
<i>irinotecan hcl</i>	12	<i>ketorolac tromethamine (ophth)</i>	47
ISENTRESS	5	<i>kionex</i>	31
ISOLYTE P	45	KLOR-CON 10	43
<i>isolyte s</i>	45	KLOR-CON 8	43
ISOLYTE-M	45	<i>klor-con m15</i>	43
<i>isoniazid</i>	6	<i>klor-con m20</i>	43
<i>isoniazid inj 100 mg/ml</i>	6	<i>klor-con pow 20meq</i>	43
<i>isoniazid syp 50mg/5ml</i>	6	KONSYL-D	37
ISOPTO CARPINE	48	KUVAN	33
ISOPTO TEARS	48		
<i>isosorb mononitrate tab</i>	18		
<i>isosorbide dinitrate</i>	18	<b>L</b>	
<i>isosorbide mononitrate</i>	18	<i>labetalol hcl</i>	16
<i>isradipine</i>	17	<i>laclotion lotn 12%</i>	54
ISTALOL	48	LACTATED RINGER'S INJ	45
ISTODAX	10	<i>lactulose</i>	37
<i>itraconazole</i>	4	<i>lactulose (encephalopathy)</i>	37
IXIARO	43	<i>lamivudine</i>	5, 6
		<i>lamivudine-zidovudine</i>	6
<b>J</b>		<i>lamotrigine</i>	20
JAKAFI	11	LANOXIN	17
JALYN	39	LANTUS	29
<i>jantoven</i>	40	LANTUS SOLOSTAR	29
JANUMET	30	<i>latanoprost</i>	48
JANUMET XR TAB 100-1000	30	LATUDA	24, 25
JANUMET XR TAB 50-1000	30	LAZANDA	2
JANUMET XR TAB 50-500MG	30	LEENA	31
JANUVIA	30	<i>leflunomide</i>	41
JENTADUETO	30	<i>lessina 28 day</i>	31
JOLIVETTE	31	LETAIRIS	19
<i>junel 1.5/30 21 day</i>	31	<i>letrozole</i>	11
<i>junel 1/20 21 day</i>	31	<i>leucovorin calcium</i>	12
<i>junel fe 1.5/30 28 day</i>	31	LEUKERAN	9
<i>junel fe 1/20 28 day</i>	31	LEUKINE	40
JUVISYNC	30	<i>leuprolide acetate</i>	11
		<i>levabuterol conc 1.25mg/0.5ml</i>	49
<b>K</b>		LEVEMIR	29
KADCYLA	10	LEVEMIR FLEXPEN	29
KADIAN	2	<i>levetiracetam</i>	20
KALETRA SOL	6	LEVOBUNOLOL HCL	48
KALETRA TAB 100-25MG	6	<i>levobunolol hcl</i>	48
KALETRA TAB 200-50MG	6	<i>levocarnitine (metabolic modifiers)</i>	33
<i>kariva 28 day</i>	31	<i>levocetirizine dihydrochloride</i>	49
KCL 0.075%/D5W/NACL 0.2%	45	<i>levofloxacin</i>	8
KCL 0.075%/D5W/NACL 0.45%	45	<i>levofloxacin in d5w</i>	8
KCL 0.15%/D5W/NACL 0.9%	45	<i>levofloxacin inj 25mg/ml</i>	8
KCL 0.224%/D5W/NACL 0.2%	45	<i>levofloxacin oral soln 25 mg/ml</i>	8
KCL 0.3%/D5W/NACL 0.2%	45	<i>levonest 28 day</i>	31
		<i>levonorgestrel (emergency oc)</i>	31



<i>levonorgestrel-ethinyl estradiol (91-day)</i> .....	31
<i>levora 0.15/30 28 day</i> .....	31
<i>levothyroxine sodium</i> .....	35
LEVOXYL.....	35
LEXIVA.....	5
LIALDA.....	37
<i>lidocaine</i> .....	53
<i>lidocaine hcl</i> .....	53
<i>lidocaine hcl (local anesth.)</i> .....	3
<i>lidocaine hcl (mouth-throat)</i> .....	55
<i>lidocaine inj 0.5%</i> .....	3
<i>lidocaine inj 1%</i> .....	3
<i>lidocaine inj 1.5%</i> .....	3
<i>lidocaine inj 2%</i> .....	3
<i>lidocaine oint 5%</i> .....	54
<i>lidocaine-prilocaine</i> .....	54
LIDODERM.....	54
LINZESS CAP 145MCG.....	38
LINZESS CAP 290MCG.....	38
<i>liothyronine sodium</i> .....	35
<i>lisinopril</i> .....	13
<i>lisinopril &amp; hydrochlorothiazide</i> .....	13
<i>lithium carbonate</i> .....	27
<i>lithium carbonate er</i> .....	27
LITHIUM CITRATE.....	27
LODOSYN.....	24
LOKARA LOTN 0.05%.....	53
LOMUSTINE.....	9
<i>loperamide hcl</i> .....	36, 38
<i>lorazepam</i> .....	19
<i>loryna 28 day</i> .....	31
<i>losartan potassium</i> .....	14
<i>losartan-hctz 100-12.5mg</i> .....	14
<i>losartan-hctz 100-25 mg</i> .....	14
<i>losartan-hctz 50-12.5mg</i> .....	14
LOTEMAX.....	47
LOTRONEX.....	38
<i>lovastatin</i> .....	15
LOVAZA.....	15
<i>low-ogestrel 28 day</i> .....	32
<i>loxapine succinate</i> .....	25
<i>lubricant eye drops</i> .....	48
<i>lubricants</i> .....	54
LUMIGAN.....	48
LUMIZYME.....	33
LUNESTA.....	26
LUPR DEP-PED INJ 11.25MG (3-MONTH).....	11
LUPR DEP-PED INJ 30MG (3-MONTH).....	11
LUPRON DEPOT.....	11
LUPRON DEPOT-PED.....	11
LUPRON DEPOT-PED 1MONTH K.....	11
<i>lutera 28 day</i> .....	32
LYRICA.....	20
LYSODREN.....	11
<i>lyza</i> .....	32

<b>M</b>	
M-M-R II W/DILUENT 10 DOS.....	43

MACRODANTIN.....	4
<i>mafenide acetate</i> .....	51
<i>magnesium hydroxide</i> .....	37
MAGNESIUM SULFATE.....	43
MAGNESIUM SULFATE IN D5W.....	43
<i>magnesium sulfate inj 50%</i> .....	43
<i>malathion</i> .....	54
<i>maprotiline hcl</i> .....	23
<i>marlissa 28 day</i> .....	32
MARPLAN.....	23
MATULANE.....	12
<i>matzim</i> .....	17
MAXIDEX.....	47
<i>meclizine hcl</i> .....	36
<i>medroxyprogesterone acetate 150 mg/ml</i> .....	32
<i>medroxyprogesterone acetate tab</i> .....	35
<i>mefloquine hcl</i> .....	5
MEGACE ES.....	11
<i>megestrol acetate</i> .....	11
MEKINIST.....	11
<i>meloxicam</i> .....	1
MELOXICAM SUSP 7.5 MG/5ML.....	1
<i>melphalan hcl</i> .....	9
MENACTRA.....	43
<i>menest</i> .....	33
MENHIBRIX.....	43
MENOMUNE-A/C/Y/W-135.....	43
MENVEO.....	43
MEPRON.....	4
<i>mercaptapurine</i> .....	10
<i>meropenem</i> .....	4
<i>mesalamine</i> .....	37
<i>mesalamine w/ cleanser</i> .....	37
<i>mesna</i> .....	12
MESNEX.....	12
MESTINON.....	27
<i>metadate tab 20mg er</i> .....	26
<i>metformin hcl</i> .....	30
<i>methadone hcl</i> .....	2
<i>methazolamide</i> .....	18
<i>methenamine hippurate</i> .....	4
<i>methimazole</i> .....	35
<i>methotrexate sodium inj</i> .....	10
<i>methotrexate sodium tabs</i> .....	41
<i>methylclothiazide</i> .....	18
<i>methylcellulose (laxative)</i> .....	37
<i>methylergonovine maleate</i> .....	34
<i>methylphenidate hcl</i> .....	26
<i>methylphenidate hcl oral soln</i> .....	26
<i>methylprednisolone</i> .....	34
<i>methylprednisolone acetate</i> .....	34
<i>methylprednisolone sod succ</i> .....	34
<i>methylprednisolone tab 4mg dose pack</i> .....	34
<i>metipranolol</i> .....	48
<i>metoclopramide hcl</i> .....	36
<i>metoclopramide inj</i> .....	36
<i>metolazone</i> .....	18
<i>metoprolol &amp; hydrochlorothiazide</i> .....	15
<i>metoprolol succinate</i> .....	16

<i>metoprolol tartrate</i> .....	16	<i>nafcillin sodium</i> .....	8
METRO IV.....	4	NAGLAZYME.....	33
<i>metronidazole</i> .....	4	<i>naloxone hcl</i> .....	28
<i>metronidazole (topical)</i> .....	54	<i>naltrexone hcl</i> .....	28
<i>metronidazole gel 0.75%</i> .....	54	NAMENDA.....	21, 22
<i>metronidazole in nacl</i> .....	4	NAMENDA TITRATION PAK.....	22
<i>metronidazole vaginal</i> .....	39	<i>naphazoline 0.1%</i> .....	48
<i>mexiletine hcl</i> .....	14	<i>naproxen</i> .....	1
<i>miconazole nitrate (topical)</i> .....	52	<i>naproxen sodium</i> .....	1
<i>miconazole nitrate vaginal</i> .....	40	<i>naratriptan hcl</i> .....	26
<i>microgestin 1.5/30 21 day</i> .....	32	NASONEX.....	50
<i>microgestin 1/20 21 day</i> .....	32	NATACYN.....	47
<i>microgestin fe 1.5/30 28 day</i> .....	32	<i>nateglinide</i> .....	30
<i>microgestin fe 1/20 28 day</i> .....	32	NEBUPENT.....	4
<i>midodrine hcl</i> .....	18	<i>necon 0.5/35 28 day</i> .....	32
<i>minitran</i> .....	18	<i>necon 1/35 28 day</i> .....	32
<i>minocycline hcl</i> .....	9	NECON 1/50-28.....	32
<i>minoxidil</i> .....	18	<i>necon 10/11 28 day</i> .....	32
<i>mirtazapine</i> .....	23	NECON 7/7/7.....	32
<i>misoprostol</i> .....	38	<i>nefazodone hcl</i> .....	23
<i>mitomycin</i> .....	10	<i>neomycin sulfate</i> .....	3
<i>mitoxantrone hcl</i> .....	12	<i>neomycin-bacitracin zn-polymyxin</i> .....	47
<i>modafinil</i> .....	28	<i>neomycin-bacitracin-polymyxin</i> .....	51
<i>moderiba pak 1000/day</i> .....	6	<i>neomycin-bacitracin-polymyxin-</i>	
<i>moderiba pak 1200/day</i> .....	6	<i>pramoxine</i> .....	51
<i>moderiba pak 600/day</i> .....	6	<i>neomycin-polymy-dexameth</i> .....	46
<i>moderiba pak 800/day</i> .....	6	<i>neomycin-polymy-gramicid</i> .....	47
<i>moderiba tab 200mg</i> .....	6	<i>neomycin-polymyxin w/ pramoxine</i> .....	51
<i>moexipril hcl</i> .....	13	<i>neomycin-polymyxin-hc (ophth)</i> .....	46
<i>moexipril-hydrochlorothiazide</i> .....	13	<i>neomycin-polymyxin-hc (otic)</i> .....	55
<i>mometasone furoate</i> .....	53	NEORAL.....	42
MONONESSA.....	32	NEPHRAMINE.....	45
<i>montelukast sodium</i> .....	49	NEUMEGA.....	40
<i>morphine ext-rel tab</i> .....	2	NEUPOGEN.....	40
MORPHINE SUL INJ.....	2	NEUPRO.....	24
<i>morphine sul inj</i> .....	2	NEVANAC.....	47
MORPHINE SULFATE.....	2	NEVIRAPINE.....	5
<i>morphine sulfate</i> .....	2	<i>nevirapine</i> .....	5
MORPHINE SULFATE ORAL SOL.....	2	NEXAVAR.....	11
MOVIPREP.....	38	NEXIUM.....	39
MOXEZA.....	47	NEXIUM GRA.....	39
MOZOBIL.....	40	NEXIUM I.V.....	39
MULTAQ.....	14	<i>next choice one dose</i> .....	32
<i>mupirocin</i> .....	51	<i>niacin (antihyperlipidemic)</i> .....	15
MURO 128.....	48	NIASPAN ER.....	15
MUSTARGEN.....	9	<i>nicardipine hcl</i> .....	17
<i>my way</i> .....	32	<i>nicotine patch</i> .....	28
MYCAMINE.....	4	<i>nicotine polacrilex</i> .....	28
MYCOBUTIN.....	6	NICOTROL INHALER.....	28
<i>mycophenolate mofetil</i> .....	42	NICOTROL NS.....	28
<i>mycophenolate sodium</i> .....	42	<i>nifediac cc tab 30mg er</i> .....	17
MYFORTIC.....	42	<i>nifediac cc tab 60mg er</i> .....	17
<i>myorisan</i> .....	51	<i>nifediac cc tab 90mg er</i> .....	17
MYOZYME.....	33	<i>nifedical</i> .....	17
<i>myzilra</i> .....	32	<i>nifedipine</i> .....	17
		<i>nifedipine er</i> .....	17
		NILANDRON.....	11
		<i>nimodipine</i> .....	17
		<i>nitro-bid</i> .....	18
		NITRO-DUR DIS 0.3MG/HR.....	18
<b>N</b>			
<i>nabumetone</i> .....	1		
<i>nadolol</i> .....	16		

NITRO-DUR DIS 0.8MG/HR	18
<i>nitrofurantoin macrocrystal</i>	4
<i>nitrofurantoin monohyd macro</i>	4
<i>nitroglycerin</i>	18
NITROLINGUAL PUMPSPRAY	18
NITROSTAT	19
NORA-BE	32
NORDITROPIN FLEXP	34
NORDITROPIN NORDIFLEX PEN	34
<i>norethindrone (contraceptive)</i>	32
<i>norethindrone acetate</i>	35
<i>norgestimate-ethinyl estradiol (triphasic)</i>	32
NORINYL 1+50	32
<i>normosol-m</i>	45
NORMOSOL-R	45
NORMOSOL-R IN D5W	46
NORPACE CR	14
<i>nortrel 0.5/35 28 day</i>	32
<i>nortrel 1/35 21 day</i>	32
<i>nortrel 1/35 28 day</i>	32
<i>nortrel 7/7/7 28 day</i>	32
<i>nortriptyline hcl</i>	23
NORVIR	5
NOVOLIN	29
NOVOLIN N	29
NOVOLIN R	29
NOVOLOG	29
NOVOLOG FLEXPEN	29
NOVOLOG MIX 70/30	29
NOVOLOG MIX FLEXPEN 70/30	29
NOXAFIL	4
NUDEXTA	27
NULOJIX	42
NULYTELY/FLAVOR PACKS	38
NUTRISOURCE FIBER	38
NUVARING	32
NUVIGIL	28
<i>nyamyc</i>	52
NYMALIZE	17
<i>nystatin</i>	4
<i>nystatin (mouth-throat)</i>	55
<i>nystatin (topical)</i>	52
<i>nystop</i>	52

## O

OCELLA	32
OCTAGAM	42
<i>octreotide acetate</i>	34
<i>ofloxacin (ophth)</i>	47
<i>ofloxacin (otic)</i>	55
<i>ogestrel 28 day</i>	32
<i>olanzapine</i>	25
<i>omeprazole</i>	39
<i>ondansetron hcl</i>	36
<i>ondansetron hcl inj</i>	36
<i>ondansetron hcl oral soln</i>	36
<i>ondansetron odt</i>	36
ONFI	20

ONTAK	10
<i>oral electrolytes</i>	43
ORAP	25
ORFADIN	33
<i>orsythia 28 day</i>	32
ORTHO EVRA	32
ORTHO TRI-CYCLEN LO	32
<i>oxacillin sodium</i>	8
<i>oxaliplatin</i>	12
<i>oxandrolone</i>	28
<i>oxaprozin</i>	1
<i>oxcarbazepine</i>	20
OXSORALEN	52
<i>oxybutynin chloride</i>	39
OXYCODONE HCL	2
<i>oxycodone hcl</i>	2
<i>oxycodone hcl tab 5 mg</i>	2
<i>oxycodone w/ acetaminophen 10-325mg</i>	2
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2
<i>oxycodone w/ acetaminophen 5-325mg</i>	2
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2
<i>oxycodone-aspirin</i>	2

## P

<i>pacerone</i>	14
<i>paclitaxel</i>	10
<i>pamidronate disodium</i>	30
PANRETIN	54
<i>pantoprazole sodium</i>	39
<i>paricalcitol</i>	46
<i>paromomycin sulfate</i>	3
<i>paroxetine hcl</i>	23
<i>paroxetine hcl er</i>	23
<i>paser d/r</i>	6
PATADAY	47
PATANASE	49
PATANOL	48
PAXIL	23
<i>pedi-dri</i>	52
PEDVAX HIB	43
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	38
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	38
PEG 3350/ELECTROLYTES	38
PEG-INTRON	42
PEG-INTRON REDIPEN	42
PEGANONE	21
PENICILLIN G POT IN DEXTROSE	8
<i>penicillin g potassium</i>	8
<i>penicillin g procaine</i>	8
<i>penicillin g sodium</i>	8
<i>penicillin v potassium</i>	9
<i>penicillin gk inj 5mu</i>	9
PENTAM 300	4
PENTASA	37
<i>pentostatin</i>	10
<i>pentoxifylline</i>	41
PERFOROMIST	49
<i>perindopril erbumine</i>	13



<i>quinidine gluconate</i> .....	14
<i>quinidine sulfate</i> .....	14
QVAR.....	50

**R**

RABAVERT.....	43
<i>ramipril</i> .....	13
RANEXA.....	18
<i>ranitidine hcl</i> .....	37
<i>ranitidine hcl inj</i> .....	37
<i>ranitidine syrup</i> .....	37
RAPAMUNE.....	42
REBETOL SOLN.....	6
<i>reclipsen 28 day</i> .....	32
RECOMBIVAX HB.....	43
REFRESH LIQUIGEL.....	48
REGONOL.....	27
REGRANEX.....	54
RELENZA DISKHALER.....	6
RELISTOR.....	38
RELPAK.....	26
REMICADE.....	41
REMODULIN.....	19
REVELA.....	35
<i>repaglinide</i> .....	30
RESCRIPTOR.....	5
RESTASIS.....	48
RETROVIR IV INFUSION.....	5
REVLIMID.....	42
REYATAZ.....	5
<i>ribapak mis 600/day</i> .....	6
<i>ribasphere</i> .....	6, 7
<i>ribasphere ribapak 1000</i> .....	7
<i>ribasphere ribapak 1200</i> .....	7
<i>ribasphere ribapak 800</i> .....	7
<i>ribavirin 200mg</i> .....	7
<i>rifampin</i> .....	6
RIFATER.....	6
RILUTEK.....	27
<i>riluzole</i> .....	27
<i>rimantadine hydrochloride</i> .....	7
RINGER'S.....	46
RIOMET.....	30
RISPERDAL CONSTA.....	25
<i>risperidone</i> .....	25
RITUXAN.....	10
<i>rivastigmine tartrate</i> .....	22
<i>rizatriptan benzoate</i> .....	26
<i>ropinirole hydrochloride</i> .....	24
<i>rosadan cre 0.75%</i> .....	54
ROTATEQ.....	43
<i>roxicet soln</i> .....	2
<i>roxicet tab 5-325mg</i> .....	2

**S**

SABRIL.....	21
<i>saline</i> .....	50
SANDIMMUNE.....	42
SANDOSTATIN LAR DEPOT.....	34

SANTYL.....	54
SAPHRIS.....	25
SAVELLA.....	27
SAVELLA TITRATION PACK.....	27
SEA-CLENS WOUND CLEANSER.....	55
<i>selegiline hcl</i> .....	24
<i>selenium sulfide</i> .....	52
SELZENTRY.....	5
SENNA.....	38
<i>sennosides</i> .....	38
<i>sennosides-docusate sodium</i> .....	38
SENSIPAR.....	30, 31
SEREVENT.....	49
<i>seromycin</i> .....	6
SEROQUEL XR.....	25
<i>sertraline hcl</i> .....	23
<i>sildenafil citrate (pulmonary hypertension)</i> .....	19
SILVER SULFADIAZINE.....	51
<i>simvastatin</i> .....	15
SIRTURO.....	6
<i>skin protectants, misc.</i> .....	54
<i>sodium bicarbonate (antacid)</i> .....	35
SODIUM CHLORIDE.....	44, 46
SODIUM CHLORIDE 0.45% VIA.....	46
SODIUM CHLORIDE 0.9%.....	55
<i>sodium chloride hypertonic</i> .....	49
SODIUM CHLORIDE INJ 0.9%.....	46
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN.....	44
<i>sodium phenylbutyrate</i> .....	33
<i>sodium phosphates</i> .....	38
<i>sodium polystyrene sulfonate</i> .....	31
SOLARAZE.....	51
SOLIA.....	32
SOLTAMOX.....	11
SOLU-CORTEF.....	34
SOMATULINE DEPOT.....	34
SOMAVERT.....	34
SORIATANE.....	52
<i>sorine</i> .....	15
<i>sotalol hcl</i> .....	15
<i>sotalol hcl (afib/afl)</i> .....	15
SPIRIVA HANDIHALER.....	49
<i>spironolactone</i> .....	13
<i>spironolactone &amp; hydrochlorothiazide</i> .....	18
<i>sprintec 28 day</i> .....	32
SPRYCEL.....	12
<i>sps susp 15gm/60ml</i> .....	31
<i>sronyx</i> .....	32
SSD.....	51
<i>stavudine</i> .....	5
STERILE WATER IRRIGATION.....	55
STIVARGA.....	12
STRATTERA.....	26
<i>streptomycin sulfate</i> .....	3
STRIBILD.....	6
SUCRAID.....	38
<i>sucralfate</i> .....	38
<i>sulfacetamide sod-prednisolone</i> .....	46

<i>sulfacetamide sodium (acne)</i> .....	51
<i>sulfacetamide sodium (ophth)</i> .....	47
<i>sulfadiazine</i> .....	3
<i>sulfamethoxazole-trimethoprim</i> .....	4
<i>sulfamethoxazole-trimethoprim inj</i> .....	4
SULFAMYLON.....	51
<i>sulfasalazine</i> .....	37
<i>sulfasalazine ec</i> .....	37
<i>sulindac</i> .....	1
SUMATRIPTAN.....	26
<i>sumatriptan succinate</i> .....	26
SUMATRIPTAN SUCCINATE INJ.....	26
<i>sumatriptan succinate inj</i> .....	26
SUPRAX.....	7
<i>suprax</i> .....	7
SUPREP BOWEL PREP.....	38
SURMONTIL.....	23
SUSTIVA.....	5
SUTENT.....	12
SYLATRON.....	12
SYMBICORT.....	50
SYMLINPEN 120.....	29
SYMLINPEN 60.....	29
SYNAREL.....	33
SYNTHROID.....	35
SYPRINE.....	31

## T

TABLOID.....	10
<i>tacrolimus</i> .....	42
TAFINLAR.....	12
TAMIFLU.....	7
<i>tamoxifen citrate</i> .....	11
<i>tamsulosin hcl</i> .....	39
TARCEVA.....	12
TARGRETIN.....	12, 54
TASIGNA.....	12
TAXOTERE.....	10
<i>tazicef</i> .....	7
<i>tazicef vial</i> .....	7
TAZORAC.....	52
<i>taztia</i> .....	17
TEGRETOL.....	21
TEGRETOL-XR.....	21
TEKAMLO 150-10MG.....	17
TEKAMLO 150-5MG.....	17
TEKAMLO 300-10MG.....	17
TEKAMLO 300-5MG.....	17
TEKTURNA.....	17
TEKTURNA HCT TAB 150-12.5MG.....	17
TEKTURNA HCT TAB 150-25MG.....	17
TEKTURNA HCT TAB 300-12.5MG.....	18
TEKTURNA HCT TAB 300-25MG.....	18
TENIVAC.....	43
<i>terazosin hcl</i> .....	13
<i>terbinafine hcl</i> .....	4
<i>terbinafine hcl (topical)</i> .....	52
<i>terbutaline sulfate</i> .....	49
<i>terconazole vaginal</i> .....	40

TESTIM.....	28
<i>testosterone cypionate</i> .....	28
<i>testosterone enanthate</i> .....	28
TETANUS TOXOID ADSORBED.....	43
TETANUS/DIPHThERIA TOXOID.....	43
TEV-TROPIN.....	34
<i>texacort soln 2.5%</i> .....	53
THALOMID.....	42
<i>theo-24</i> .....	51
<i>theophylline</i> .....	51
THERMAZENE.....	51
<i>thioridazine hcl</i> .....	25
<i>thiothixene</i> .....	25
<i>tiagabine hcl</i> .....	21
TIKOSYN.....	15
TIMENTIN.....	9
TIMENTIN INJ 3.1GM.....	9
<i>timolol maleate</i> .....	16
<i>timolol maleate (ophth)</i> .....	48
TIMOLOL MALEATE GEL.....	48
<i>tioconazole vaginal</i> .....	40
TIVICAY.....	5
<i>tizanidine hcl</i> .....	27
TOBI NEB.....	3
TOBRADEX.....	46
TOBRADEX ST.....	46
<i>tobramycin</i> .....	3
<i>tobramycin sulfate</i> .....	3
<i>tobramycin sulfate (ophth)</i> .....	47
<i>tobramycin sulfate in saline</i> .....	3
<i>tobramycin-dexamethasone</i> .....	46
TOBREX.....	47
TOLTERODINE TARTRATE CAP ER.....	39
<i>tolterodine tartrate tabs</i> .....	39
<i>topiramate</i> .....	21
<i>toposar</i> .....	12
<i>topotecan hcl</i> .....	12
<i>toremide inj</i> .....	18
<i>toremide tabs</i> .....	18
TOVIAZ.....	39
TPN ELECTROLYTES.....	44
TRACLEER.....	19
TRADJENTA.....	30
<i>tramadol hcl</i> .....	1
<i>tramadol-acetaminophen</i> .....	1
<i>trandolapril</i> .....	13
<i>tranexamic acid</i> .....	41
TRANSDERM-SCOP.....	36
<i>tranylcypromine sulfate</i> .....	23
<i>travasol 10</i> .....	45
TRAVATAN Z.....	48
<i>trazodone hcl</i> .....	23
TREANDA.....	9
TRECTOR-FC.....	6
TRELSTAR DEP INJ 3.75MG.....	11
TRELSTAR LA INJ 11.25MG.....	11
<i>tretinoin</i> .....	51
<i>tretinoin (chemotherapy)</i> .....	12
<i>tri-legest 28 day</i> .....	32
<i>tri-previfem 28 day</i> .....	32

<i>tri-sprintec 28 day</i> .....	33
<i>triamcinolone acetonide (mouth)</i> .....	55
<i>triamcinolone acetonide (nasal)</i> .....	50
<i>triamcinolone acetonide (topical)</i> .....	53
<i>triamterene &amp; hydrochlorothiazide</i> .....	18
TRIBENZOR 20- 5-12.5MG.....	14
TRIBENZOR 40- 5-25MG.....	14
TRIBENZOR 40-10-12.5MG.....	14
TRIBENZOR 40-10-25MG.....	14
TRIBENZOR 40-5-12.5MG.....	14
<i>triderm</i> .....	53
<i>trifluoperazine hcl</i> .....	25
<i>trifluridine</i> .....	47
TRILEPTAL SUSP.....	21
<i>trilyte</i> .....	38
<i>trimethoprim</i> .....	4
<i>trimipramine maleate</i> .....	23
TRINESSA.....	33
TRISENOX.....	12
<i>trivora 28 day</i> .....	33
TRIXAICIN.....	54
TRIZIVIR.....	6
TROPHAMINE INJ 10%.....	45
<i>tropium chloride</i> .....	39
TRUVADA.....	6
TWINRIX.....	43
TYGACIL.....	4
TYKERB.....	12
TYPHIM VI.....	43
TYSABRI.....	27
TYZEKA.....	7

## U

UCERIS.....	37
ULORIC.....	1
UNITHROID.....	35
<i>ursodiol</i> .....	38

## V

VAGIFEM.....	33
<i>valacyclovir hcl</i> .....	7
VALCHLOR.....	54
VALCYTE.....	7
<i>valproate sodium</i> .....	21
<i>valproic acid</i> .....	21
<i>valsartan-hctz tab 160-12.5mg</i> .....	14
<i>valsartan-hctz tab 160-25mg</i> .....	14
<i>valsartan-hctz tab 320-12.5mg</i> .....	14
<i>valsartan-hctz tab 80-12.5mg</i> .....	14
<i>valsartan-hctz tab 320-25mg</i> .....	14
<i>vancomycin hcl</i> .....	4
VANDAZOLE.....	40
VAQTA.....	43
VARIVAX.....	43
VASCEPA.....	15
VELCADE.....	10
<i>velivet 28 day</i> .....	33
<i>venlafaxine hcl</i> .....	23
VERAPAMIL CAP ER.....	17

<i>verapamil cap er</i> .....	17
<i>verapamil hcl</i> .....	17
<i>verapamil tab er</i> .....	17
VESICARE.....	39
<i>vestura</i> .....	33
VFEND.....	4
VIBRAMYCIN.....	9
VICTOZA.....	29
VICTRELIS.....	7
VIDAZA.....	10
VIDEX PEDIATRIC.....	5
VIGAMOX.....	47
VIIBRYD.....	23
VIMPAT.....	21
<i>vinblastine sulfate</i> .....	10
<i>vincasar</i> .....	10
<i>vincristine sulfate</i> .....	10
<i>vinorelbine tartrate</i> .....	10
<i>viorele</i> .....	33
VIRACEPT.....	5
VIRAMUNE.....	5
VIRAMUNE XR.....	5
VIREAD.....	5
<i>vitamins a &amp; d (topical)</i> .....	54
VOLTAREN.....	54
<i>voriconazole</i> .....	4
VOTRIENT.....	12
VPRIV.....	33

## W

<i>warfarin sodium</i> .....	40
WELCHOL.....	15
<i>white petrolatum-mineral oil</i> .....	49

## X

XALKORI.....	12
XARELTO.....	40
XENAZINE.....	27
XGEVA.....	34
XIFAXAN.....	38
XOLAIR.....	50
XOPENEX HFA.....	49
XTANDI.....	11
XYREM.....	28

## Y

YF-VAX.....	43
-------------	----

## Z

<i>zafirlukast</i> .....	49
<i>zaleplon</i> .....	26
<i>zarah</i> .....	33
ZAVESCA.....	33
ZAZOLE.....	40
<i>zazole</i> .....	40
ZELBORAF.....	12
ZEMAIRA.....	50
ZEMPLAR.....	46
<i>zenatane</i> .....	51

<i>zenchent</i> .....	33
ZENPEP.....	38
ZETIA.....	15
ZIAGEN.....	5
<i>zidovudine</i> .....	5
<i>zinc oxide (topical)</i> .....	54
<i>ziprasidone hcl</i> .....	25
ZMAX.....	8
<i>zoledronic inj 4mg/5ml</i> .....	30
ZOLINZA.....	10
<i>zolmitriptan</i> .....	26
<i>zolmitriptan odt</i> .....	27
<i>zolpidem tartrate</i> .....	26
ZOMETA.....	30
ZONALON.....	52
<i>zonisamide</i> .....	21
ZORTRESS.....	42
ZOSTAVAX.....	43
<i>zovia 1/35e 28 day</i> .....	33
<i>zovia 1/50e 28 day</i> .....	33
ZOVIRAX.....	52
ZYLET.....	46
ZYMAXID.....	47
ZYTIGA.....	11
ZYVOX.....	4