



Aetna Medicare
2012 Formulary
(List of Covered Drugs)

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This document contains
information about the drugs
we cover in this plan

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A Medicare Advantage organization with a Medicare contract
A Medicare-approved Part D sponsor

This information is available for free in other languages. Please contact our customer service number at **1-877-238-6211** (TTY/TDD: 1-888-760-4748) for additional information. Hours of operation: 7 days per week, 8 a.m. till 8 p.m. Esta información está disponible en otros idiomas de manera gratuita. Si desea más información, comuníquese con Servicios al Cliente al **1-877-238-6211** (TTY/TDD: 1-888-760-4748). Horario de atención: los 7 días de la semana, de 8 a.m. a 8 p.m. This document may be available in an alternate format such as Braille, larger print or audio. Please contact our Customer Service number listed above for more information.

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September, 2011

What is the Aetna Medicare formulary?

A formulary is a list of covered drugs selected by Aetna Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Aetna Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 10, 2011. To get updated information about the drugs covered by Aetna Medicare, please visit our website at **www.aetnamedicare.com/formulary** or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, you will be mailed an addendum to this printed formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents -- Heart, Blood Pressure and Cholesterol Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 81. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Aetna Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Aetna Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare before you fill your prescriptions. If you don't get approval, Aetna Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Aetna Medicare limits the amount of the drug that Aetna Medicare will cover. For example, Aetna Medicare provides 1 tablet per day per prescription for simvastatin. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Aetna Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Aetna Medicare may not cover drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.aetnamedicare.com/formulary.

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

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that Aetna Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Aetna Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Aetna Medicare.
- You can ask Aetna Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare formulary?

You can ask Aetna Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Aetna Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in a non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in a preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high cost/specialty drug tier.

Generally, Aetna Medicare will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 31-day supply) for the applicable drug(s).

For more information

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

If you have questions about Aetna Medicare, please call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748. Or, visit www.aetnamedicare.com.

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

Aetna Medicare’s formulary

The formulary that begins on page 8 provides coverage information about some of the drugs covered by Aetna Medicare. If you have trouble finding your drug in the list, turn to the index that begins on page 81.

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

The information in the “Requirements/Limits” column tells you if Aetna Medicare has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity limits
PA	Prior authorization
ST	Step therapy
LA	Limited Availability
MO	Mail order delivery
B/D	Part B vs. D prior authorization
ED	Excluded Drug

QL: Quantity Limits. For certain drugs, Aetna Medicare limits the amount of the drug that we will cover. For example, Aetna Medicare provides coverage for 1 tablet per day per prescription for simvastatin.

PA: Prior Authorization. Aetna Medicare requires you or your provider to get prior authorization for certain drugs. This means that for certain drugs you will need to get approval from Aetna Medicare before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: Step Therapy. In some cases, the Aetna Medicare plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Aetna Medicare may not cover drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare will then cover Drug B.

LA: Limited Availability. These prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748 for additional help.

MO: Mail Order. For certain kinds of drugs, you can use Aetna Medicare network mail order services. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan’s mail order service are marked as “**mail order**” drugs in our Drug List or MO. For more information consult your Pharmacy Directory or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748 for additional help.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Your doctor may need to provide information to us describing the use and setting of the drug to make the determination.

ED: Excluded Drug. These prescription drugs are not generally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Note: The Aetna Medicare Premier Rx plan includes coverage for generic benzodiazepines and barbiturates as an enhanced benefit. These drugs are listed as Excluded Drugs (ED); however, they are covered as an enhancement to the Aetna Medicare Premier Rx plan.

Drug tier copay levels

Aetna Medicare's 2012 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1* (<i>Lowest Copay Amount</i>)	Preferred generic prescription drugs
Tier 2*	Non-preferred generic prescription drugs
Tier 3	Preferred brand name prescription drugs
Tier 4	Non-preferred brand name prescription drugs
Tier 5	Specialty tier brand and generic prescription drugs

* Note: Some Aetna Medicare Advantage and PDP plans provide additional coverage for drugs in tier 1 and/or tier 2 in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

KEY**Drug Name**UPPERCASE = Brand name
prescription drugs*Lower case italics* = **Generic medications****Drug Tier****1,2,3,4,5 = Copay tier level****Requirements/Limits**QL= Quantity Limit
ST = Step Therapy
PA = Prior Authorization
LA = Limited Availability
MO = Mail order delivery
B/D = Part B vs. Part D
ED = Excluded Drug

Drug Name	Drug Tier	Requirements/Limits
Analgesics/Anesthetics/ Nonsteroidal Anti-inflammatory Agents		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	2	QL (5 per 1 day) MO
<i>acetaminophen/codeine #3</i>	1	QL (13 per 1 day) MO
<i>acetaminophen/codeine #4</i>	1	QL (13 per 1 day) MO
<i>acetaminophen/codeine tablet</i>	1	QL (13 per 1 day) MO
<i>acetaminophen/codeine solution</i>	1	QL (150 per 1 day) MO
<i>alfentanil</i>	2	
<i>ascomp/codeine</i>	2	QL (6 per 1 day) MO
<i>astramorph</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	QL (6 per 1 day) MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (6 per 1 day) MO
<i>butorphanol tartrate injection</i>	2	MO
<i>butorphanol tartrate nasal solution</i>	2	QL (50 per 30 days) MO
<i>co-gesic</i>	1	QL (8 per 1 day) MO
<i>codeine sulfate</i>	2	QL (6 per 1 day) MO
<i>diclofenac potassium</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium ec</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>diclofenac sodium xr</i>	1	MO
<i>diclofenac sodium tablet delayed release</i>	1	MO
<i>diclofenac sodium solution</i>	2	MO
<i>diflunisal</i>	1	MO
<i>dolacet</i>	1	QL (8 per 1 day)
<i>dolorex forte</i>	1	QL (8 per 1 day)

*ED - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Tier	Requirements/Limits
<i>duramorph</i>	1	
<i>endocet tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 per 1 day) MO
<i>endocet tablet 650mg; 10mg</i>	1	QL (6 per 1 day) MO
<i>endocet tablet 500mg; 7.5mg</i>	1	QL (8 per 1 day) MO
<i>endodan</i>	2	QL (12 per 1 day) MO
<i>eth-oxydose</i>	2	
<i>etodolac</i>	1	MO
<i>etodolac er</i>	1	MO
<i>fenoprofen calcium</i>	1	MO
<i>fentanyl</i>	2	QL (15 per 30 days) MO
<i>fentanyl citrate</i>	1	MO
<i>fentanyl citrate oral transmucosal</i>	5	QL (4 per 1 day) PA MO
<i>flurbiprofen</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	1	QL (13 per 1 day) MO
<i>hydrocodone bitartrate/acetaminophen tablet 750mg; 10mg</i>	1	QL (5 per 1 day) MO
<i>hydrocodone/acetaminophen solution 500mg/15ml; 7.5mg/15ml</i>	1	QL (90 per 1 day) MO
<i>hydrocodone/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	2	QL (185 per 1 day)
<i>hydrocodone/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 per 1 day) MO
<i>hydrocodone/acetaminophen tablet 750mg; 7.5mg</i>	1	QL (5 per 1 day) MO
<i>hydrocodone/acetaminophen tablet 650mg; 10mg, 650mg; 7.5mg, 660mg; 10mg</i>	1	QL (6 per 1 day) MO
<i>hydrocodone/acetaminophen tablet 500mg; 10mg, 500mg; 2.5mg, 500mg; 5mg, 500mg; 7.5mg</i>	1	QL (8 per 1 day) MO
<i>hydrocodone/ibuprofen</i>	1	QL (5 per 1 day) MO
<i>hydrogesic</i>	1	QL (8 per 1 day) MO
<i>hydromorphone hcl injection 1mg/ml</i>	1	
<i>hydromorphone hcl injection 10mg/ml, 2mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tablet 2mg</i>	1	QL (16 per 1 day) MO
<i>hydromorphone hcl tablet 4mg, 8mg</i>	1	QL (8 per 1 day) MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO

**ED - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.*

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin</i>	1	MO
<i>indomethacin cr</i>	2	MO
<i>indomethacin er</i>	2	MO
<i>ketoprofen</i>	1	MO
<i>ketoprofen er</i>	2	MO
<i>ketorolac tromethamine tablet</i>	1	QL (20 per 30 days) PA MO
<i>ketorolac tromethamine injection</i>	1	QL (20 per 5 days) PA MO
<i>ketorolac tromethamine ophthalmic solution</i>	2	MO
<i>levorphanol tartrate</i>	2	QL (4.5 per 1 day)
<i>lidocaine hcl jelly</i>	1	MO
<i>lidocaine hcl gel, external solution</i>	1	MO
<i>lidocaine hcl injection 0.5%, 1.5%, 2%</i>	1	B/D
<i>lidocaine hcl injection 1%</i>	1	B/D MO
<i>lidocaine hcl injection 4%</i>	1	MO
<i>lidocaine viscous</i>	1	MO
<i>lidocaine/prilocaine cream</i>	1	PA MO
<i>lidocaine/prilocaine kit</i>	2	PA
<i>lidocaine ointment</i>	1	MO
<i>lidocaine cream</i>	2	MO
LIDODERM	4	QL (3 per 1 day) ST PA MO
<i>margesic-h</i>	1	QL (8 per 1 day) MO
<i>meclofenamate sodium</i>	2	MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam tablet</i>	1	MO
<i>meloxicam suspension</i>	2	MO
<i>meperidine hcl tablet</i>	1	QL (4 per 1 day) PA MO
<i>meperidine hcl oral solution</i>	2	QL (120 per 1 day) PA MO
<i>meperidine hcl injection 10mg/ml, 25mg/ml, 75mg/ml</i>	1	PA
<i>meperidine hcl injection 100mg/ml, 50mg/ml</i>	1	PA MO
<i>meperitab</i>	1	QL (4 per 1 day) PA MO
METHADONE HCL INJECTION	4	
<i>methadone hcl oral solution</i>	1	QL (100 per 1 day) MO
<i>methadone hcl concentrate</i>	1	QL (12 per 1 day) MO
<i>methadone hcl tablet soluble</i>	1	QL (3 per 1 day)
<i>methadone hcl tablet 10mg</i>	1	QL (12 per 1 day) MO
<i>methadone hcl tablet 5mg</i>	1	QL (20 per 1 day) MO
<i>methadose sugar-free</i>	1	MO
<i>methadose tablet soluble</i>	1	QL (3 per 1 day)

*ED - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drug Name	Drug Tier	Requirements/Limits
<i>methadose tablet 10mg</i>	1	QL (12 per 1 day) MO
<i>methadose tablet 5mg</i>	1	QL (20 per 1 day) MO
<i>morphine sulfate add-vantage</i>	2	
<i>morphine sulfate cr</i>	1	QL (3 per 1 day) MO
<i>morphine sulfate er</i>	1	QL (3 per 1 day) MO
<i>morphine sulfate tablet</i>	1	QL (6 per 1 day) MO
<i>morphine sulfate injection 5mg/ml</i>	2	
<i>morphine sulfate injection 5mg/ml</i>	2	MO
<i>morphine sulfate injection 0.5mg/ml, 150mg/30ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate injection 10mg/ml, 15mg/ml, 2mg/ml</i>	2	MO
MORPHINE SULFATE ORAL SOLUTION 20MG/ML	4	MO
MORPHINE SULFATE ORAL SOLUTION 20MG/5ML	4	QL (30 per 1 day) MO
<i>morphine sulfate oral solution 10mg/0.5ml, 10mg/5ml, 5mg/0.25ml</i>	2	QL (60 per 1 day) MO
<i>morphine sulfate suppository 5mg</i>	2	
<i>morphine sulfate suppository 20mg</i>	2	MO
<i>nabumetone</i>	1	MO
<i>nalbuphine hcl</i>	2	MO
<i>naproxen dr</i>	1	MO
<i>naproxen sodium</i>	1	MO
<i>naproxen tablet</i>	1	MO
<i>naproxen suspension</i>	2	MO
NEVANAC	4	MO
NUCYNTA	3	QL (6 per 1 day) ST MO
OPANA ER TABLET EXTENDED RELEASE 12 HOUR 7.5MG	4	QL (2 per 1 day) ST
OPANA ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG	4	QL (2 per 1 day) ST MO
OPANA ER TABLET EXTENDED RELEASE 12 HOUR 40MG	4	QL (4 per 1 day) ST MO
<i>oxaprozin</i>	1	MO
<i>oxycodone hcl solution</i>	1	
<i>oxycodone hcl capsule, concentrate</i>	2	MO
<i>oxycodone hcl tablet 10mg</i>	1	QL (6 per 1 day) MO
<i>oxycodone hcl tablet 5mg</i>	2	QL (12 per 1 day) MO

**ED - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.*

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tablet 15mg, 20mg, 30mg</i>	2	QL (6 per 1 day) MO
<i>oxycodone/acetaminophen capsule</i>	1	QL (8 per 1 day) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 per 1 day) MO
<i>oxycodone/acetaminophen tablet 650mg; 10mg</i>	1	QL (6 per 1 day) MO
<i>oxycodone/acetaminophen tablet 500mg; 7.5mg</i>	1	QL (8 per 1 day) MO
<i>oxycodone/aspirin</i>	2	QL (12 per 1 day) MO
<i>oxycodone/ibuprofen</i>	2	QL (4 per 1 day) MO
<i>oxyfast</i>	2	
<i>oxymorphone hydrochloride</i>	2	QL (6 per 1 day) MO
<i>pentazocine/acetaminophen</i>	2	QL (6 per 1 day) PA MO
<i>pentazocine/naloxone hcl</i>	2	QL (12 per 1 day) PA MO
<i>piroxicam</i>	1	MO
<i>reprexain</i>	2	QL (5 per 1 day) MO
<i>roxicet</i>	1	QL (12 per 1 day) MO
<i>stagesic</i>	1	QL (8 per 1 day) MO
<i>sulindac</i>	1	MO
TALWIN	5	PA MO
<i>tolmetin sodium capsule</i>	1	MO
<i>tolmetin sodium tablet</i>	2	MO
<i>tramadol hcl</i>	1	QL (8 per 1 day) MO
<i>tramadol hcl er tablet extended release 24 hour 100mg</i>	2	QL (1 per 1 day) MO
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	2	QL (2 per 1 day) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (8 per 1 day) MO
TYLOX	4	QL (8 per 1 day) MO
<i>vicodin hp</i>	1	QL (6 per 1 day) MO
VIMOVO	3	QL (2 per 1 day) MO
VOLTAREN	3	QL (34 per 1 day) MO
ZAMICET	4	QL (185 per 1 day) MO
<i>zerlor</i>	2	QL (5 per 1 day) MO
Analgesics		
<i>oxycodone hcl er</i>	2	QL (4 per 1 day)
<i>oxycodone/aspirin</i>	2	QL (12 per 1 day) MO
Anti-Addiction/Substance Abuse Treatment Agents		
ANTABUSE	4	MO
<i>buprenorphine hcl injection</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl tablet sublingual</i>	2	PA MO
<i>buproban</i>	1	QL (2 per 1 day) MO
<i>bupropion hcl sr</i>	1	QL (2 per 1 day) MO
CAMPRAL	4	MO
CHANTIX PAK	4	QL (1.76 per 1 day) ST MO
CHANTIX TABLET 0.5MG, 1MG	4	QL (2 per 1 day) ST MO
<i>depade</i>	2	
<i>naloxone hcl injection 1mg/ml</i>	1	
<i>naloxone hcl injection 0.4mg/ml</i>	1	MO
<i>naltrexone hcl</i>	1	MO
<i>nicotine</i>	2	MO
NICOTROL NS	4	QL (40 per 30 days) MO
REVIA	4	MO
SUBOXONE	4	QL (3 per 1 day) PA MO
Antibacterials		
<i>a/b otic</i>	2	
<i>acetazol hc</i>	1	MO
<i>acetic acid</i>	1	MO
<i>acetic acid/aluminum acetate</i>	1	MO
<i>ak-poly-bac</i>	1	MO
<i>ak-tob</i>	1	MO
ALTABAX	4	MO
<i>amikacin sulfate injection 1gm/4ml</i>	1	
<i>amikacin sulfate injection 50mg/ml</i>	1	MO
<i>amikacin sulfate injection 500mg/2ml</i>	2	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>amoxicillin/potassium clavulanate</i>	1	MO
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	MO
<i>amoxicillin tablet chewable 200mg, 400mg</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>amoxil</i>	1	MO
<i>ampicillin sodium injection 2gm</i>	2	MO
<i>ampicillin sodium injection 1gm</i>	2	
<i>ampicillin sodium injection 2gm</i>	2	
<i>ampicillin sodium injection 1gm</i>	2	MO
<i>ampicillin sodium injection 10gm, 125mg, 250mg, 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam</i>	2	
<i>ampicillin capsule</i>	1	MO
<i>ampicillin suspension reconstituted 125mg/5ml</i>	1	
<i>ampicillin suspension reconstituted 250mg/5ml</i>	1	MO
<i>antibiotic ear</i>	1	
<i>antipyrine/benzocaine</i>	1	MO
<i>aurodex</i>	1	MO
AVELOX ABC PACK	4	MO
AVELOX INJECTION	4	
AVELOX TABLET	4	MO
<i>avidoxy</i>	2	PA MO
AZASITE	3	MO
AZITHROMYCIN PACKET	4	MO
<i>azithromycin suspension reconstituted, tablet</i>	1	MO
<i>azithromycin injection 500mg</i>	2	
<i>azithromycin injection 500mg</i>	2	MO
AZITHROMYCIN INJECTION 2.5GM	4	
<i>aztreonam</i>	2	
<i>baciim</i>	1	
<i>bacitracin</i>	1	MO
<i>bacitracin/neomycin/polymyxin</i>	1	MO
<i>bacitracin/polymyxin b</i>	1	MO
BACTROBAN CREAM	4	MO
<i>balagan</i>	1	
<i>benzotic</i>	1	
BLEPH-10	4	MO
BLEPHAMIDE S.O.P.	4	MO
<i>borofair</i>	1	
CAYSTON	5	QL (3 per 1 day)
<i>cefaclor er</i>	2	MO
<i>cefaclor capsule</i>	1	MO
<i>cefaclor suspension reconstituted 375mg/5ml</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml</i>	1	MO
<i>cefadroxil capsule</i>	1	MO
<i>cefadroxil suspension reconstituted, tablet</i>	2	MO
CEFAZOLIN SODIUM/DEXTROSE	4	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin sodium injection 1gm</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection 100gm, 1gm; 5%, 20gm, 300gm, 500mg; 5%</i>	2	
<i>cefazolin sodium injection 10gm, 500mg</i>	2	MO
<i>cefdinir</i>	2	MO
<i>cefepime injection 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%, 2gm</i>	2	
<i>cefepime injection 1gm</i>	2	MO
<i>cefotaxime sodium injection 10gm, 20gm, 500mg</i>	2	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	MO
<i>cefotetan</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium injection 10gm, 1gm; 4%, 1gm, 2gm; 2.2%</i>	2	
<i>cefoxitin sodium injection 2gm</i>	2	MO
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection 500mg, 6gm</i>	2	
<i>ceftazidime injection 1gm, 2gm</i>	2	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium injection 1gm</i>	2	MO
<i>ceftriaxone sodium injection 2gm</i>	2	MO
<i>ceftriaxone sodium injection 2gm</i>	2	
<i>ceftriaxone sodium injection 1gm</i>	2	
<i>ceftriaxone sodium injection 100gm</i>	2	
<i>ceftriaxone sodium injection 10gm, 250mg, 500mg</i>	2	MO
CEFTRIAAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	1	MO
<i>cefuroxime axetil suspension reconstituted 250mg/5ml</i>	2	
<i>cefuroxime axetil suspension reconstituted 125mg/5ml</i>	2	MO
<i>cefuroxime sodium</i>	2	
<i>cefuroxime/dextrose</i>	2	
<i>cephalexin</i>	1	MO
<i>chloramphenicol sodium succinate</i>	2	
CIPRO I.V.-IN D5W	4	
<i>ciprofloxacin er</i>	1	MO
<i>ciprofloxacin extended-release</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl</i>	1	MO
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin injection 1200mg/120ml</i>	1	
<i>ciprofloxacin injection 400mg/40ml</i>	2	MO
CLAFORAN INJECTION 1GM	4	
<i>clarithromycin er</i>	2	MO
<i>clarithromycin suspension reconstituted</i>	2	MO
<i>clarithromycin tablet 500mg</i>	1	MO
<i>clarithromycin tablet 250mg</i>	2	MO
CLEOCIN PEDIATRIC GRANULES	4	MO
<i>clindamax</i>	1	MO
<i>clindamycin hcl capsule 150mg</i>	1	MO
<i>clindamycin hcl capsule 300mg</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate add-vantage</i>	2	
<i>clindamycin phosphate cream</i>	2	MO
<i>clindamycin phosphate injection 150mg/ml, 300mg/2ml</i>	2	
<i>clindamycin phosphate injection 600mg/4ml, 900mg/6ml</i>	2	MO
<i>colistimethate sodium</i>	5	PA MO
CORTISPORIN OINTMENT	4	MO
<i>cortomycin</i>	1	MO
CUBICIN	5	PA MO
DEMECLOCYCLINE HCL TABLET 300MG	3	PA MO
<i>demeclocycline hcl tablet 150mg</i>	2	PA MO
<i>dexasporin</i>	1	MO
<i>dicloxacillin sodium</i>	1	MO
DIFICID	5	QL (2 per 1 day) ST PA MO
<i>doxycycline</i>	2	PA MO
<i>doxycycline hyclate</i>	2	PA MO
<i>doxycycline monohydrate capsule</i>	1	PA MO
<i>doxycycline monohydrate tablet</i>	2	PA MO
<i>e.e.s. 400</i>	1	MO
E.E.S. GRANULES	4	MO
<i>e.s.p.</i>	1	MO
ERY-TAB	4	MO
ERYPED 200	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE	4	
ERYTHROCIN STEARATE TABLET 500MG	4	
ERYTHROCIN STEARATE TABLET 250MG	4	MO
<i>erythromycin</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin ethylsuccinate</i>	1	MO
<i>erythromycin/sulfisoxazole</i>	1	MO
FLAGYL ER	4	MO
<i>garamycin</i>	1	
<i>gentak</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 0.8mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate/sodium chloride</i>	1	
<i>gentamicin sulfate cream, external ointment, ophthalmic ointment, ophthalmic solution</i>	1	MO
<i>gentamicin sulfate injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate injection 10mg/ml</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
<i>gentasol</i>	1	MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>ilotycin</i>	1	
INVANZ INJECTION 1GM	4	
INVANZ INJECTION 1GM	4	MO
<i>isotonic gentamicin injection 0.6mg/ml; 0.9%, 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	MO
<i>kanamycin sulfate</i>	2	MO
KETEK TABLET 300MG	4	
KETEK TABLET 400MG	4	MO
LEVAQUIN PREMIX	4	
LEVAQUIN TABLET	4	MO
<i>levofloxacin</i>	2	MO
MAXITROL SUSPENSION	4	MO
MEFOXIN	4	

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Drug Name	Drug Tier	Requirements/Limits
MEFOXIN IN DEXTROSE 2.2%	4	
MEFOXIN IN DEXTROSE 3.9%	4	
<i>meropenem injection 1gm</i>	2	
<i>meropenem injection 500mg</i>	2	MO
<i>methadex</i>	1	MO
<i>methenamine hippurate</i>	2	MO
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>metronidazole gel, tablet</i>	1	MO
<i>metronidazole capsule, cream, lotion</i>	2	MO
<i>minocycline hcl er</i>	2	PA MO
<i>minocycline hcl capsule</i>	1	PA MO
<i>minocycline hcl tablet</i>	2	PA MO
MONUROL	4	MO
MOXATAG	4	MO
MOXEZA	4	MO
<i>mupirocin</i>	1	MO
<i>nafcillin sodium</i>	5	
<i>neocin</i>	1	
<i>neocin-pg</i>	1	
<i>neomycin sulfate</i>	1	MO
<i>neomycin/bacitracin/polymyxin</i>	1	MO
<i>neomycin/polymyxin b sulfates</i>	2	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>neomycin/polymyxin/hc</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone</i>	1	MO
NEOSPORIN	4	MO
<i>nitrofurantoin macrocrystalline</i>	1	MO
<i>nitrofurantoin monohydrate</i>	1	MO
<i>ocusulf-10</i>	1	
<i>ofloxacin</i>	1	MO
<i>oxacillin sodium injection 1gm</i>	2	
<i>oxacillin sodium injection 2gm</i>	2	MO
<i>oxacillin sodium injection 10gm</i>	5	
<i>paromomycin sulfate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PCE	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g potassium injection 20mu</i>	2	
<i>penicillin g potassium injection 5mu</i>	5	
<i>penicillin g procaine</i>	2	MO
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	MO
PFIZERPEN-G	4	
<i>piperacillin sodium</i>	2	
<i>piperacillin sodium/ tazobactam sodium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm, 4gm; 0.5gm</i>	2	MO
<i>poly-dex</i>	1	
<i>polycin b</i>	1	
<i>polymyxin b sulfate</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
PRED-G	4	MO
PRED-G S.O.P.	4	MO
PRIMAXIN I.M.	4	MO
PRIMAXIN IV	4	MO
PRIMSOL	4	MO
<i>pro-otic</i>	1	
<i>romycin</i>	1	
<i>silver sulfadiazine</i>	1	MO
<i>sodium sulfacetamide</i>	1	MO
<i>ssd</i>	1	MO
<i>ssd af</i>	1	MO
<i>streptomycin sulfate</i>	1	MO
<i>sulf-10</i>	1	MO
<i>sulfacetamide sodium</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim injection</i>	2	MO
SULFAMYLON	4	MO
<i>sulfatrim</i>	1	MO
SUPRAX	4	MO
<i>tazicef</i>	2	
TEFLARO	4	
<i>tetracycline hcl</i>	1	PA MO
<i>thermazene</i>	1	MO
TOBI	5	QL (10 per 1 day) B/D
TOBRADEX ST	4	MO
<i>tobramycin sulfate add-vantage</i>	2	
<i>tobramycin sulfate/sodium chloride</i>	2	
<i>tobramycin sulfate ophthalmic solution</i>	1	MO
<i>tobramycin sulfate injection 1.2gm/30ml, 40mg/ml</i>	1	MO
<i>tobramycin sulfate injection 1.2gm, 10mg/ml</i>	2	
<i>tobramycin sulfate injection 80mg/2ml</i>	2	MO
<i>tobramycin/dexamethasone</i>	2	MO
<i>tobrasol</i>	1	
TOBREX	4	MO
<i>trimethoprim</i>	1	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
<i>triple antibiotic</i>	1	
TYGACIL	4	
VANCOCIN HCL	5	MO
VANCOMYCIN HCL IN DEXTROSE	4	B/D
<i>vancomycin hcl injection 750mg</i>	1	B/D
<i>vancomycin hcl injection 10gm, 5000mg</i>	2	B/D
<i>vancomycin hcl injection 1000mg, 500mg</i>	2	B/D MO
<i>vandazole</i>	1	MO
VIBATIV INJECTION 250MG	4	
VIBATIV INJECTION 750MG	5	
VIBRAMYCIN SYRUP	4	PA MO
VIGAMOX	4	MO
<i>vitazol</i>	2	
XIFAXAN TABLET 200MG	4	QL (9 per 3 days) PA MO
XIFAXAN TABLET 550MG	5	QL (2 per 1 day) PA MO
ZYVOX INJECTION	5	PA
ZYVOX TABLET	5	QL (56 per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX SUSPENSION RECONSTITUTED	5	QL (64.28 per 1 day) PA MO
Anticonvulsants		
BANZEL SUSPENSION	5	QL (80 per 1 day) PA MO
BANZEL TABLET 200MG	4	QL (3 per 1 day) PA MO
BANZEL TABLET 400MG	4	QL (8 per 1 day) PA MO
<i>carbamazepine</i>	1	MO
<i>carbamazepine er</i>	2	MO
CARBATROL	4	MO
CELONTIN	4	MO
<i>clonazepam odt tablet dispersible 0.25mg, 0.5mg, 2mg</i>	1	QL (2 per 1 day) MO ED
<i>clonazepam odt tablet dispersible 0.125mg</i>	1	QL (3 per 1 day) MO ED
<i>clonazepam odt tablet dispersible 1mg</i>	1	QL (4 per 1 day) MO ED
<i>clonazepam tablet 2mg</i>	1	QL (10 per 1 day) MO ED
<i>clonazepam tablet 0.5mg</i>	1	QL (3 per 1 day) MO ED
<i>clonazepam tablet 1mg</i>	1	QL (4 per 1 day) MO ED
DILANTIN INFATABS	4	MO
DILANTIN CAPSULE	4	MO
<i>divalproex sodium</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>epitol</i>	1	MO
<i>ethosuximide</i>	2	MO
FELBATOL	4	MO
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (6 per 1 day) MO
<i>gabapentin capsule 400mg</i>	1	QL (9 per 1 day) MO
<i>gabapentin solution</i>	2	QL (72 per 1 day) MO
<i>gabapentin tablet 800mg</i>	1	QL (4.5 per 1 day) MO
<i>gabapentin tablet 600mg</i>	1	QL (6 per 1 day) MO
GABITRIL TABLET 2MG	4	QL (2 per 1 day) ST PA MO
GABITRIL TABLET 12MG, 16MG	4	QL (4 per 1 day) ST PA MO
GABITRIL TABLET 4MG	4	ST PA MO
LAMICTAL ODT	4	ST MO
LAMICTAL TABLET CHEWABLE	4	
<i>lamotrigine</i>	2	MO
<i>lamotrigine starter/not taking carbamazepine</i>	2	
<i>lamotrigine starter/taking carbamazepine/not taking</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproat</i>		
<i>lamotrigine starter/taking valproate</i>	2	
<i>levetiracetam tablet</i>	1	MO
<i>levetiracetam injection, oral solution</i>	2	MO
LYRICA CAPSULE 225MG, 300MG	4	QL (2 per 1 day) MO
LYRICA CAPSULE 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	4	QL (3 per 1 day) MO
NEURONTIN SOLUTION	4	QL (72 per 1 day) MO
<i>oxcarbazepine</i>	2	MO
PEGANONE	4	MO
PHENYTEK	4	MO
<i>phenytoin</i>	1	MO
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended capsule 100mg</i>	1	MO
<i>phenytoin sodium extended capsule 200mg, 300mg</i>	2	MO
<i>primidone</i>	1	MO
SABRIL TABLET	5	QL (6 per 1 day) ST PA
SABRIL PACKET	5	QL (6.67 per 1 day) PA
TEGRETOL-XR	4	MO
<i>topiragen</i>	2	
<i>topiramate</i>	2	MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	1	MO
VIMPAT ORAL SOLUTION	4	QL (40 per 1 day) PA MO
VIMPAT INJECTION	4	QL (40 per 1 day) ST PA
VIMPAT TABLET 100MG, 150MG, 200MG	4	QL (2 per 1 day) ST PA MO
VIMPAT TABLET 50MG	4	QL (6 per 1 day) ST PA MO
ZARONTIN SOLUTION	4	MO
<i>zonisamide</i>	1	MO
Antidementia Agents		
ARICEPT TABLET 23MG	3	QL (1 per 1 day) ST MO
<i>donepezil hcl</i>	2	QL (1 per 1 day) MO
<i>ergoloid mesylates</i>	2	MO
EXELON PATCH 24 HOUR	3	MO
<i>galantamine hydrobromide</i>	2	MO
NAMENDA	3	MO
NAMENDA TITRATION PAK	3	MO
<i>rivastigmine tartrate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>amitriptyline hcl</i>	1	MO
<i>amoxapine</i>	1	MO
<i>budeprion sr</i>	1	QL (2 per 1 day) MO
<i>budeprion xl</i>	1	QL (1 per 1 day) MO
<i>bupropion hcl</i>	1	QL (6 per 1 day) MO
<i>bupropion hcl er</i>	1	QL (2 per 1 day) MO
<i>bupropion hcl sr</i>	1	QL (2 per 1 day) MO
<i>bupropion hcl xl</i>	1	QL (1 per 1 day) MO
<i>citalopram hydrobromide tablet</i>	1	QL (1 per 1 day) MO
<i>citalopram hydrobromide solution</i>	2	QL (30 per 1 day) MO
<i>clomipramine hcl</i>	1	MO
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60MG	4	QL (1 per 1 day) ST MO
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 30MG	4	QL (2 per 1 day) ST MO
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1	MO
EMSAM	4	QL (1 per 1 day) ST PA MO
<i>fluoxetine dr</i>	2	QL (4 per 28 days) MO
<i>fluoxetine hcl capsule 10mg</i>	1	QL (1 per 1 day) MO
<i>fluoxetine hcl capsule 40mg</i>	1	QL (2 per 1 day) MO
<i>fluoxetine hcl capsule 20mg</i>	1	QL (4 per 1 day) MO
<i>fluoxetine hcl solution</i>	1	QL (20 per 1 day) MO
<i>fluoxetine hcl tablet 10mg</i>	1	QL (1 per 1 day) MO
<i>fluoxetine hcl tablet 20mg</i>	1	QL (4 per 1 day) MO
<i>fluoxetine capsule 10mg</i>	1	QL (1 per 1 day) MO
<i>fluoxetine capsule 20mg</i>	1	QL (4 per 1 day) MO
<i>fluvoxamine maleate tablet 25mg, 50mg</i>	1	QL (1 per 1 day) MO
<i>fluvoxamine maleate tablet 100mg</i>	1	QL (3 per 1 day) MO
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
LEXAPRO TABLET	4	QL (1 per 1 day) ST MO
LEXAPRO SOLUTION	4	QL (20 per 1 day) ST MO
<i>maprotiline hcl</i>	1	MO
MARPLAN	4	MO
<i>mirtazapine</i>	1	QL (1 per 1 day) MO
<i>mirtazapine odt</i>	1	QL (1 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
NARDIL	4	MO
<i>nefazodone hcl tablet 250mg, 50mg</i>	1	QL (2 per 1 day) MO
<i>nefazodone hcl tablet 100mg, 150mg, 200mg</i>	1	QL (3 per 1 day) MO
<i>nortriptyline hcl</i>	1	MO
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	2	QL (3 per 1 day) MO
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	2	QL (6 per 1 day) MO
<i>paroxetine hcl suspension</i>	2	QL (30 per 1 day)
<i>paroxetine hcl tablet 10mg, 20mg</i>	1	QL (1 per 1 day) MO
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	QL (2 per 1 day) MO
<i>phenelzine sulfate</i>	2	MO
PRISTIQ	4	QL (1 per 1 day) ST MO
<i>protriptyline hcl</i>	2	MO
<i>selfemra capsule 10mg</i>	2	QL (1 per 1 day) MO
<i>selfemra capsule 20mg</i>	2	QL (4 per 1 day) MO
<i>sertraline hcl concentrate</i>	2	QL (10 per 1 day) MO
<i>sertraline hcl tablet 25mg</i>	1	QL (1 per 1 day) MO
<i>sertraline hcl tablet 50mg</i>	1	QL (1.5 per 1 day) MO
<i>sertraline hcl tablet 100mg</i>	1	QL (2 per 1 day) MO
SURMONTIL	4	MO
<i>tranylcypromine sulfate</i>	2	MO
<i>trazodone hcl</i>	1	MO
<i>trimipramine maleate</i>	2	MO
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg, 75mg</i>	2	QL (1 per 1 day) MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL (2 per 1 day) MO
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	4	QL (1 per 1 day) ST MO
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg, 75mg</i>	2	QL (1 per 1 day) MO
<i>venlafaxine hcl er tablet extended release 24 hour 150mg</i>	2	QL (2 per 1 day) MO
<i>venlafaxine hcl tablet 100mg, 25mg</i>	1	QL (3 per 1 day) MO
<i>venlafaxine hcl tablet 37.5mg</i>	1	QL (4 per 1 day) MO
<i>venlafaxine hcl tablet 75mg</i>	1	QL (5 per 1 day) MO
<i>venlafaxine hcl tablet 50mg</i>	1	QL (6 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
VIIBRYD	4	QL (1 per 1 day) ST MO
VIVACTIL	4	MO
Antidotes, Deterrents, and Toxicologic Agents		
CHEMET	4	MO
<i>disulfiram</i>	2	MO
<i>fomepizole</i>	5	
<i>sodium nitrite</i>	2	
<i>sodium polystyrene sulfonate</i>	2	MO
Antiemetics		
ANZEMET TABLET 50MG	4	QL (5 per 30 days) ST B/D MO
ANZEMET TABLET 100MG	5	QL (5 per 30 days) ST B/D MO
CESAMET	5	QL (6 per 1 day) B/D MO
DRONABINOL CAPSULE 5MG	3	QL (2 per 1 day) PA MO
<i>dronabinol capsule 2.5mg</i>	2	QL (2 per 1 day) PA MO
<i>dronabinol capsule 10mg</i>	5	QL (2 per 1 day) PA MO
EMEND INJECTION	4	B/D MO
EMEND CAPSULE 125MG, 40MG	4	QL (5 per 30 days) B/D MO
EMEND CAPSULE 0, 80MG	4	QL (6 per 30 days) B/D MO
<i>granisetron hcl tablet</i>	2	QL (2 per 1 day) B/D MO
<i>granisetron hcl injection 1mg/ml</i>	2	B/D MO
<i>granisetron hcl injection 1mg/ml</i>	2	B/D
<i>granisetron hcl injection 0.1mg/ml</i>	2	B/D MO
GRANISOL	4	QL (10 per 1 day) B/D MO
<i>meclizine hcl</i>	1	MO
<i>ondansetron hcl/dextrose</i>	2	B/D MO
<i>ondansetron hcl oral solution</i>	2	QL (30 per 1 day) B/D MO
<i>ondansetron hcl injection 32mg/50ml; 450mg/50ml</i>	2	B/D
<i>ondansetron hcl injection 40mg/20ml, 4mg/2ml</i>	2	B/D MO
<i>ondansetron hcl tablet 8mg</i>	1	QL (3 per 1 day) B/D MO
<i>ondansetron hcl tablet 24mg</i>	1	QL (5 per 30 days) B/D MO
<i>ondansetron hcl tablet 4mg</i>	1	QL (6 per 1 day) B/D MO
<i>ondansetron odt tablet dispersible 8mg</i>	2	QL (3 per 1 day) B/D MO
<i>ondansetron odt tablet dispersible 4mg</i>	2	QL (6 per 1 day) B/D MO
<i>trimethobenzamide hcl capsule</i>	1	PA MO
<i>trimethobenzamide hcl injection</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
Antifungals		
<i>amphotericin b</i>	2	MO
ANCOBON CAPSULE 250MG	5	
ANCOBON CAPSULE 500MG	5	MO
<i>bio-statin</i>	2	
CANCIDAS	5	PA
<i>ciclopirox</i>	2	MO
<i>ciclopirox nail lacquer</i>	1	PA MO
<i>ciclopirox olamine</i>	2	MO
<i>clotrimazole</i>	1	MO
<i>clotrimazole/betamethasone dipropionate</i>	1	MO
<i>econazole nitrate</i>	1	MO
ERAXIS	5	PA
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl injection 200mg/100ml; 0.9%</i>	1	
<i>fluconazole in nacl injection 100mg/50ml; 0.9%, 400mg/200ml; 0.9%</i>	2	
<i>fluconazole suspension reconstituted</i>	2	MO
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	1	MO
<i>fluconazole tablet 150mg</i>	1	QL (0.14 per 1 day) MO
<i>fungicure intensive with nailguard</i>	1	
GRIFULVIN V	4	MO
GRIS-PEG	4	MO
<i>griseofulvin microsize</i>	1	MO
<i>itraconazole</i>	2	PA MO
<i>ketoconazole</i>	1	MO
<i>kuric</i>	1	
LAMISIL PACKET	4	PA MO
MENTAX	4	MO
<i>miconazole 3</i>	1	MO
MYCAMINE	5	PA
NOXAFIL	5	PA MO
<i>nuzole</i>	2	
<i>nyamyc</i>	2	MO
<i>nystatin vaginal</i>	1	MO
<i>nystatin/triamcinolone</i>	1	MO
<i>nystatin cream, ointment, suspension, tablet</i>	1	MO
<i>nystatin external powder, oral powder</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i>	2	MO
<i>pedi-dri</i>	2	MO
SPORANOX SOLUTION	5	PA MO
<i>terbinafine hcl</i>	1	QL (1 per 1 day) PA MO
<i>terconazole cream 0.4%</i>	1	MO
<i>terconazole cream 0.8%</i>	2	MO
<i>terconazole suppository</i>	2	MO
VFEND	5	PA MO
VFEND IV	5	PA
<i>voriconazole</i>	5	PA MO
<i>zazole cream 0.4%</i>	1	
<i>zazole cream 0.8%</i>	1	MO
<i>zazole suppository</i>	1	
Antigout Agents		
<i>allopurinol</i>	1	MO
<i>allopurinol sodium</i>	2	
COLCRYS	3	QL (4 per 1 day) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	MO
Antimigraine Agents		
CAFERGOT	4	MO
<i>dihydroergotamine mesylate</i>	2	MO
ERGOMAR	4	MO
<i>ergotamine tartrate/caffeine</i>	1	MO
MAXALT	4	QL (12 per 30 days) MO
MAXALT-MLT	4	QL (12 per 30 days) MO
METHERGINE	4	MO
<i>methylergonovine maleate</i>	2	
MIGERGOT	4	MO
<i>naratriptan hcl</i>	2	QL (0.3 per 1 day) MO
SUMATRIPTAN	4	QL (6 per 30 days) MO
<i>sumatriptan succinate tablet</i>	2	QL (9 per 30 days) MO
<i>sumatriptan succinate injection 4mg/0.5ml</i>	2	QL (4 per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	2	QL (4 per 30 days) MO
Antimyasthenic Agents		
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	4	MO

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Drug Name	Drug Tier	Requirements/Limits
MESTINON SYRUP	4	MO
MYTELASE	4	MO
<i>pyridostigmine bromide</i>	1	MO
Antimycobacterials		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	2	
<i>dapsone</i>	1	MO
<i>ethambutol hcl</i>	2	MO
<i>isonarif</i>	2	MO
<i>isoniazid tablet</i>	1	MO
<i>isoniazid injection</i>	2	
<i>isoniazid syrup</i>	2	MO
MYCOBUTIN	4	MO
PASER	4	MO
PRIFTIN	4	MO
<i>pyrazinamide</i>	2	MO
RIFADIN CAPSULE 150MG	4	MO
RIFAMATE	4	MO
<i>rifampin capsule</i>	1	MO
<i>rifampin injection</i>	5	MO
RIFATER	4	MO
SEROMYCIN	4	MO
TRECTOR	4	MO
Antineoplastics		
AFINITOR	5	QL (1 per 1 day) PA
ALIMTA	5	PA
ALKERAN TABLET	4	B/D MO
<i>amifostine</i>	5	B/D
<i>anastrozole</i>	2	QL (1 per 1 day) MO
ARZERRA	5	PA
AVASTIN	5	PA
<i>bleomycin sulfate</i>	2	B/D
CAMPATH	5	B/D
CEENU	4	MO
<i>cyclophosphamide</i>	2	B/D MO
DOCEFREZ	5	B/D
DOCETAXEL INJECTION 20MG/ML, 80MG/4ML	5	B/D
<i>docetaxel injection 160mg/16ml, 20mg/2ml,</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>80mg/8ml</i>		
DROXIA	4	MO
ELITEK	5	PA
ELOXATIN	5	B/D
EMCYT	4	MO
<i>exemestane</i>	2	MO
FARESTON	4	MO
FASLODEX	5	QL (10 per 28 days)
<i>gemcitabine hcl</i>	5	B/D
GLEEVEC TABLET 400MG	5	QL (2 per 1 day) PA
GLEEVEC TABLET 100MG	5	QL (3 per 1 day) PA
HEXALEN	5	PA MO
<i>hydroxyurea</i>	1	MO
IRESSA	5	QL (2 per 1 day) PA
ISTODAX	5	PA
JEVTANA	5	PA
<i>letrozole</i>	2	QL (1 per 1 day) MO
<i>leucovorin calcium tablet</i>	1	MO
<i>leucovorin calcium injection 10mg/ml, 200mg, 350mg, 50mg</i>	1	B/D
<i>leucovorin calcium injection 100mg, 500mg</i>	2	B/D
LEUKERAN	4	MO
MATULANE	5	MO
<i>melphalan hydrochloride</i>	5	B/D
MESNEX TABLET	4	MO
<i>mitoxantrone hcl</i>	5	B/D
MOZOBIL	5	PA
NEXAVAR	5	QL (4 per 1 day) PA
ONTAK	5	
PANRETIN	5	MO
PROLEUKIN	5	
REVLIMID	5	QL (1 per 1 day) PA LA
RITUXAN	5	PA
SPRYCEL TABLET 100MG, 140MG	5	QL (1 per 1 day) PA
SPRYCEL TABLET 20MG, 50MG, 70MG, 80MG	5	QL (2 per 1 day) PA
SUTENT CAPSULE 50MG	5	QL (1 per 1 day) PA
SUTENT CAPSULE 25MG	5	QL (2 per 1 day) PA
SUTENT CAPSULE 12.5MG	5	QL (3 per 1 day) PA

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON	5	PA
TABLOID	4	MO
<i>tamoxifen citrate</i>	1	MO
TARCEVA TABLET 25MG	5	QL (2 per 1 day) PA
TARCEVA TABLET 100MG, 150MG	5	QL (3 per 1 day) PA
TARGRETIN	5	PA
TASIGNA	5	QL (4 per 1 day) PA
THALOMID	5	QL (28 per 28 days) PA
THERACYS	4	
TICE BCG	4	
TOPOTECAN HCL INJECTION 4MG/4ML	5	B/D
<i>tretinoin</i>	5	PA MO
TRISENOX	4	
TYKERB	5	QL (6 per 1 day) PA
<i>vandetanib tablet 300mg</i>	5	
<i>vandetanib tablet 100mg</i>	5	QL (2 per 1 day)
VELCADE	5	
VIDAZA	5	
VOTRIENT	5	QL (4 per 1 day) PA
YERVOY	5	PA
ZOLINZA	5	QL (4 per 1 day) PA
ZYTIGA	5	
Antiparasitics		
<i>acticin</i>	1	MO
ALBENZA	4	MO
ALINIA SUSPENSION RECONSTITUTED	4	QL (50 per 1 day) MO
ALINIA TABLET	4	QL (6 per 3 days) MO
<i>chloroquine phosphate</i>	2	MO
DARAPRIM	4	MO
EURAX	4	MO
<i>hydroxychloroquine sulfate</i>	1	MO
<i>lindane</i>	2	QL (2 per 1 day) MO
<i>malathion</i>	2	MO
<i>mebendazole</i>	1	MO
<i>mefloquine hcl</i>	1	MO
MEPRON	5	MO
NEBUPENT	4	B/D MO
<i>permethrin</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i>	1	MO
QUALAQUIN	4	QL (42 per 30 days) PA MO
STROMECTOL TABLET 6MG	4	
STROMECTOL TABLET 3MG	4	MO
Antiparkinson Agents		
<i>amantadine hcl capsule, tablet</i>	1	MO
<i>amantadine hcl syrup</i>	2	MO
APOKYN	5	PA
<i>atamet</i>	1	
AZILECT	3	MO
<i>benztropine mesylate tablet</i>	1	MO
<i>benztropine mesylate injection</i>	3	
<i>bromocriptine mesylate</i>	2	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa cr</i>	2	MO
<i>carbidopa/levodopa er</i>	2	MO
<i>carbidopa/levodopa odt</i>	1	MO
<i>carbidopa/levodopa sr</i>	2	MO
COMTAN	3	MO
LODOSYN	4	MO
PARCOPA	4	MO
<i>pramipexole dihydrochloride</i>	2	MO
<i>ropinirole hcl</i>	1	MO
<i>selegiline hcl</i>	1	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
<i>trihexyphenidyl hcl</i>	1	MO
Antipsychotics		
ABILIFY DISCMELT	4	QL (2 per 1 day) MO
ABILIFY INJECTION	4	MO
ABILIFY TABLET	4	QL (1 per 1 day) MO
ABILIFY ORAL SOLUTION	4	QL (30 per 1 day) MO
<i>amitriptyline/chlordiazepoxide</i>	1	MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl</i>	1	MO
<i>clozapine tablet 25mg, 50mg</i>	2	QL (3 per 1 day)
<i>clozapine tablet 200mg</i>	2	QL (4 per 1 day)
<i>clozapine tablet 100mg</i>	2	QL (9 per 1 day)
<i>compro</i>	1	MO
FANAPT	4	QL (2 per 1 day) ST PA MO
FANAPT TITRATION PACK	4	QL (16 per 365 days) ST PA
FAZACLO TABLET DISPERSIBLE 12.5MG	4	QL (2 per 1 day) ST
FAZACLO TABLET DISPERSIBLE 25MG	4	QL (3 per 1 day) ST
FAZACLO TABLET DISPERSIBLE 200MG	4	QL (4 per 1 day) ST
FAZACLO TABLET DISPERSIBLE 150MG	4	QL (6 per 1 day) ST
FAZACLO TABLET DISPERSIBLE 100MG	4	QL (9 per 1 day) ST
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl concentrate, elixir, tablet</i>	1	MO
<i>fluphenazine hcl injection</i>	2	MO
GEODON	4	QL (2 per 1 day) ST PA MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate</i>	1	MO
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	4	MO
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 9MG	4	QL (1 per 1 day) ST PA MO
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 6MG	4	QL (2 per 1 day) ST PA MO
LATUDA	4	QL (1 per 1 day) ST PA MO
<i>loxapine succinate</i>	2	MO
LOXITANE	4	MO
NAVANE CAPSULE 20MG	4	MO
ORAP	4	MO
<i>perphenazine</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate</i>	1	MO
<i>prochlorperazine maleate</i>	1	MO
RISPERDAL CONSTA INJECTION 12.5MG,	4	QL (75 per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
25MG		
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	5	QL (75 per 30 days) MO
<i>risperidone odt tablet dispersible 1mg</i>	2	MO
<i>risperidone odt tablet dispersible 0.25mg, 0.5mg, 2mg, 3mg</i>	2	QL (2 per 1 day) MO
<i>risperidone odt tablet dispersible 4mg</i>	2	QL (4 per 1 day) MO
<i>risperidone solution</i>	2	MO
<i>risperidone tablet 0.25mg, 0.5mg, 1mg, 2mg, 3mg</i>	1	QL (2 per 1 day) MO
<i>risperidone tablet 4mg</i>	1	QL (4 per 1 day) MO
SAPHRIS	4	QL (2 per 1 day) MO
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (1 per 1 day) MO
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG	3	QL (2 per 1 day) MO
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (6 per 1 day) MO
SEROQUEL TABLET 300MG, 400MG	4	QL (2 per 1 day) MO
SEROQUEL TABLET 100MG, 50MG	4	QL (3 per 1 day) MO
SEROQUEL TABLET 200MG	4	QL (4 per 1 day) MO
SEROQUEL TABLET 25MG	4	QL (6 per 1 day) MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
ZYPREXA ZYDIS	4	QL (1 per 1 day) ST MO
ZYPREXA INJECTION	4	QL (2 per 1 day) ST MO
ZYPREXA TABLET 10MG, 15MG, 20MG, 5MG, 7.5MG	4	QL (1 per 1 day) ST MO
ZYPREXA TABLET 2.5MG	4	QL (2 per 1 day) ST MO
Antivirals		
<i>acyclovir sodium injection 1000mg, 50mg/ml</i>	2	
<i>acyclovir sodium injection 500mg</i>	2	MO
<i>acyclovir capsule, tablet</i>	1	MO
<i>acyclovir suspension</i>	2	MO
AGENERASE	4	
APTIVUS SOLUTION	5	
APTIVUS CAPSULE	5	MO
ATRIPLA	5	MO

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Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLUTION	3	QL (21 per 1 day) PA MO
BARACLUDE TABLET	5	QL (1 per 1 day) PA MO
COMBIVIR	5	MO
CRIXIVAN CAPSULE 100MG, 333MG	3	
CRIXIVAN CAPSULE 200MG, 400MG	3	MO
DENAVIR	4	MO
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR	4	MO
EPIVIR HBV	4	MO
EPZICOM	5	MO
<i>famciclovir tablet 125mg, 250mg</i>	2	QL (2 per 1 day) MO
<i>famciclovir tablet 500mg</i>	2	QL (30 per 10 days) MO
<i>foscarnet sodium</i>	2	B/D
FUZEON	5	
<i>ganciclovir capsule 250mg</i>	2	
<i>ganciclovir capsule 500mg</i>	5	
<i>ganciclovir injection</i>	2	
HEPSERA	5	QL (1 per 1 day) PA MO
INCIVEK	5	QL (6 per 1 day) PA
INTELENCE	5	MO
INVIRASE	5	MO
ISENTRESS	5	MO
KALETRA SOLUTION	5	MO
KALETRA TABLET 100MG; 25MG	4	MO
KALETRA TABLET 200MG; 50MG	5	MO
LEXIVA SUSPENSION	4	
LEXIVA TABLET	5	MO
NORVIR	4	MO
PREZISTA TABLET 300MG, 75MG	4	
PREZISTA TABLET 150MG	4	MO
PREZISTA TABLET 400MG, 600MG	5	MO
REBETOL SOLUTION	4	PA
RELENZA DISKHALER	4	QL (120 per 365 days) MO
RESCRIPTOR	3	MO
RETROVIR IV INFUSION	4	
REYATAZ	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ribapak</i>	5	PA
<i>ribasphere capsule</i>	3	QL (6 per 1 day) PA
<i>ribasphere tablet 400mg, 600mg</i>	5	PA
<i>ribasphere tablet 200mg</i>	5	QL (6 per 1 day) PA
<i>ribavirin capsule</i>	3	PA
<i>ribavirin tablet 200mg</i>	5	PA
<i>ribavirin tablet 400mg, 600mg</i>	5	QL (2 per 1 day) PA
<i>rimantadine hcl</i>	1	MO
SELZENTRY	5	MO
<i>stavudine</i>	2	MO
SUSTIVA TABLET	4	MO
SUSTIVA CAPSULE 100MG	4	
SUSTIVA CAPSULE 200MG, 50MG	4	MO
TAMIFLU SUSPENSION RECONSTITUTED	4	QL (525 per 365 days) MO
TAMIFLU CAPSULE 30MG	4	QL (168 per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	4	QL (84 per 365 days) MO
<i>trifluridine</i>	2	MO
TRIZIVIR	5	MO
TRUVADA	5	MO
TYZEKA	4	QL (1 per 1 day) PA MO
<i>valacyclovir hcl</i>	1	MO
VALCYTE TABLET	5	MO
VICTRELIS	5	QL (12 per 1 day) PA
VIDEX PEDIATRIC	4	MO
VIRACEPT POWDER	4	MO
VIRACEPT TABLET	5	MO
VIRAMUNE	4	MO
VIRAMUNE XR	4	MO
VIRAZOLE	5	
VIREAD	4	MO
VISTIDE	5	MO
ZIAGEN	4	MO
<i>zidovudine tablet</i>	1	MO
<i>zidovudine capsule, syrup</i>	2	MO
ZIRGAN	4	MO
ZOVIRAX OINTMENT	4	MO

Anxiolytics		
<i>alprazolam er</i>	1	QL (1 per 1 day) MO ED

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam intensol</i>	1	QL (5 per 1 day) MO ED
<i>alprazolam odt tablet dispersible 0.5mg, 2mg</i>	1	QL (3 per 1 day) MO ED
<i>alprazolam odt tablet dispersible 0.25mg</i>	1	QL (4 per 1 day) MO ED
<i>alprazolam odt tablet dispersible 1mg</i>	1	QL (5 per 1 day) MO ED
<i>alprazolam tablet 0.5mg, 2mg</i>	1	QL (3 per 1 day) MO ED
<i>alprazolam tablet 0.25mg</i>	1	QL (4 per 1 day) MO ED
<i>alprazolam tablet 1mg</i>	1	QL (5 per 1 day) MO ED
<i>bupirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL (4 per 1 day) MO ED
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (1 per 1 day) MO ED
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (3 per 1 day) MO ED
<i>diazepam intensol</i>	1	QL (8 per 1 day) MO ED
<i>diazepam tablet</i>	1	QL (4 per 1 day) MO ED
<i>diazepam solution</i>	1	QL (40 per 1 day) MO ED
<i>hydroxyzine pamoate</i>	1	PA MO
<i>lorazepam concentrate, tablet</i>	1	QL (3 per 1 day) MO ED
<i>lorazepam injection</i>	1	QL (4 per 1 day) MO ED
<i>meprobamate</i>	2	PA MO
<i>oxazepam</i>	1	QL (4 per 1 day) MO ED

Attention Deficit Hyperactivity Disorder Agents

<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg; 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	1	QL (2 per 1 day) PA MO
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	1	QL (3 per 1 day) PA MO
<i>dexmethylphenidate hcl</i>	1	QL (2 per 1 day) PA MO
<i>dextroamphetamine sulfate er</i>	2	QL (4 per 1 day) PA MO
<i>dextroamphetamine sulfate tablet 5mg</i>	1	QL (5 per 1 day) PA MO
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL (6 per 1 day) PA MO
<i>liquadd</i>	2	QL (60 per 1 day) PA
<i>metadate er</i>	1	QL (3 per 1 day) PA MO
<i>methamphetamine hcl</i>	2	QL (5 per 1 day) PA MO
<i>methylin</i>	1	QL (3 per 1 day) PA MO
<i>methylin er</i>	1	QL (3 per 1 day) PA MO
<i>methylphenidate hcl</i>	1	QL (3 per 1 day) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er</i>	1	QL (3 per 1 day) PA MO
<i>methylphenidate hcl sr</i>	1	QL (3 per 1 day) PA MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL (30 per 1 day) PA MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL (60 per 1 day) PA MO
PROCENTRA	4	QL (60 per 1 day) PA MO
STRATTERA CAPSULE 100MG, 80MG	4	QL (1 per 1 day) MO
STRATTERA CAPSULE 10MG, 18MG, 25MG, 40MG, 60MG	4	QL (2 per 1 day) MO

Bipolar Agents

EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	QL (4 per 1 day) MO
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300MG	4	QL (5 per 1 day) MO
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200MG	4	QL (8 per 1 day) MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
<i>lithium citrate</i>	1	MO

Blood Glucose Regulators

<i>acarbose</i>	1	QL (3 per 1 day) MO
ACTOPLUS MET	3	QL (3 per 1 day) MO
ACTOS	3	QL (1 per 1 day) MO
ALCOHOL PREPS	4	MO
AVANDAMET TABLET 1000MG; 2MG, 1000MG; 4MG, 500MG; 4MG	4	QL (2 per 1 day) MO
AVANDAMET TABLET 500MG; 2MG	4	QL (4 per 1 day) MO
AVANDARYL TABLET 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	4	QL (1 per 1 day) MO
AVANDARYL TABLET 1MG; 4MG, 2MG; 4MG	4	QL (2 per 1 day) MO
AVANDIA TABLET 8MG	4	QL (1 per 1 day) MO
AVANDIA TABLET 2MG, 4MG	4	QL (2 per 1 day) MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	4	ST MO
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	4	ST
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	4	ST MO
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	4	ST MO

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	4	ST MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (0.04 per 1 day) MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (0.08 per 1 day) MO
chlorpropamide tablet 100mg	1	QL (2 per 1 day) PA MO
chlorpropamide tablet 250mg	1	QL (3 per 1 day) PA MO
CURITY GAUZE PADS 2"X2"	4	MO
CYCLOSET	4	QL (6 per 1 day) PA MO
DUETACT	3	QL (1 per 1 day) MO
glimepiride tablet 1mg, 2mg	1	QL (1 per 1 day) MO
glimepiride tablet 4mg	1	QL (2 per 1 day) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (1 per 1 day) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (2 per 1 day) MO
glipizide xl tablet extended release 24 hour 2.5mg, 5mg	1	QL (1 per 1 day) MO
glipizide xl tablet extended release 24 hour 10mg	1	QL (2 per 1 day) MO
glipizide/metformin hcl tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (4 per 1 day) MO
glipizide/metformin hcl tablet 2.5mg; 250mg	1	QL (8 per 1 day) MO
glipizide tablet 10mg	1	QL (4 per 1 day) MO
glipizide tablet 5mg	1	QL (8 per 1 day) MO
GLUCAGEN	4	QL (2 per 1 day) MO
GLUCAGEN HYPOKIT	4	QL (2 per 1 day) MO
GLUCAGON EMERGENCY KIT	3	QL (2 per 1 day) MO
glyburide micronized tablet 1.5mg, 3mg	1	QL (1 per 1 day) MO
glyburide micronized tablet 6mg	1	QL (2 per 1 day) MO
glyburide/metformin hcl tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (4 per 1 day) MO
glyburide/metformin hcl tablet 1.25mg; 250mg	1	QL (8 per 1 day) MO
glyburide tablet 1.25mg, 2.5mg	1	QL (3 per 1 day) MO
glyburide tablet 5mg	1	QL (4 per 1 day) MO
glycron tablet 1.5mg, 3mg	1	QL (1 per 1 day)
glycron tablet 4.5mg, 6mg	1	QL (2 per 1 day)
HUMALOG MIX 50/50	4	MO
HUMALOG MIX 50/50 KWIKPEN	4	MO
HUMULIN R U-500 (CONCENTRATED)	4	MO
JANUMET	3	QL (2 per 1 day) MO
JANUVIA	3	QL (1 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
LANTUS	4	MO
LANTUS FOR OPTICLIK	4	MO
LANTUS SOLOSTAR	4	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
<i>metformin hcl er tablet extended release 24 hour 750mg</i>	1	QL (2 per 1 day) MO
<i>metformin hcl er tablet extended release 24 hour 500mg</i>	1	QL (4 per 1 day) MO
<i>metformin hcl tablet 1000mg, 850mg</i>	1	QL (3 per 1 day) MO
<i>metformin hcl tablet 500mg</i>	1	QL (5 per 1 day) MO
<i>nateglinide</i>	2	MO
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG PENFILL	3	MO
PROGLYCEM	4	MO
SYMLIN	4	QL (0.66 per 1 day)
<i>tolazamide tablet 250mg</i>	1	QL (2 per 1 day) MO
<i>tolazamide tablet 500mg</i>	1	QL (3 per 1 day) MO
<i>tolbutamide</i>	1	QL (6 per 1 day) MO
VICTOZA	3	QL (1.8 per 1 day) MO
WELCHOL	4	MO
Blood Products/Modifiers/ Volume Expanders		
AGGRENOX	3	QL (2 per 1 day) MO
<i>aminocaproic acid injection</i>	2	
<i>aminocaproic acid syrup, tablet</i>	2	MO
<i>anagrelide hydrochloride</i>	2	MO
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 150MCG/0.3ML,	5	PA

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Drug Name	Drug Tier	Requirements/Limits
150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML		
ARIXTRA INJECTION 2.5MG/0.5ML	4	MO
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	MO
<i>cilostazol</i>	1	MO
CYKLOKAPRON	4	MO
<i>dipyridamole</i>	1	MO
<i>enoxaparin sodium injection 30mg/0.3ml, 40mg/0.4ml</i>	2	MO
<i>enoxaparin sodium injection 60mg/0.6ml, 80mg/0.8ml</i>	3	MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	MO
FRAGMIN INJECTION 95000UNIT/9.5ML	5	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML	4	
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML	4	
<i>heparin sodium/d5w injection 5%; 100unit/ml</i>	2	
HEPARIN SODIUM/D5W INJECTION 5%; 50UNIT/ML	4	
<i>heparin sodium/d5w injection 5%; 40unit/ml</i>	1	
HEPARIN SODIUM/NAACL 0.45%	4	
<i>heparin sodium/nacl 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
HEPARIN SODIUM INJECTION 2500UNIT/ML	4	
HEPARIN SODIUM INJECTION 20000UNIT/ML	4	MO
<i>heparin sodium injection 2000unit/ml</i>	2	
<i>heparin sodium injection 1000unit/ml</i>	2	B/D MO
<i>heparin sodium injection 10000unit/ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
LEUKINE	5	PA
LYSTEDA	3	QL (30 per 5 days) PA MO
<i>morrhuate sodium</i>	2	MO
NEUMEGA	5	PA
NEUPOGEN	5	PA
PLAVIX TABLET 75MG	4	QL (1 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
PLAVIX TABLET 300MG	4	QL (2 per 365 days)
PRADAXA	3	QL (2 per 1 day) PA MO
PROCRIT INJECTION 10000UNIT/ML	3	PA
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 per 30 days) PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 75MG	5	QL (1 per 1 day) PA
PROMACTA TABLET 50MG	5	QL (1.5 per 1 day) PA
PROMACTA TABLET 25MG	5	QL (3 per 1 day) PA
<i>ticlopidine hcl</i>	1	QL (2 per 1 day) MO
<i>warfarin sodium</i>	1	MO
XARELTO	4	QL (1 per 1 day) PA
Blood Products		
BERINERT	5	PA
CINRYZE	5	B/D
KALBITOR	5	PA
Cardiovascular Agents		
<i>acebutolol hcl</i>	1	MO
<i>acetazolamide</i>	1	MO
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	2	
<i>afeditab cr tablet extended release 24 hour 30mg</i>	1	QL (1 per 1 day) MO
<i>afeditab cr tablet extended release 24 hour 60mg</i>	1	QL (2 per 1 day) MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>amiodarone hcl injection</i>	1	
<i>amiodarone hcl tablet</i>	1	MO
<i>amlodipine besylate/benazepril hcl</i>	2	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	2	MO
<i>amlodipine besylate tablet 10mg</i>	1	MO
<i>amlodipine besylate tablet 2.5mg, 5mg</i>	1	QL (1 per 1 day) MO
AMTURNIDE	3	QL (1 per 1 day) MO
<i>atenolol</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide</i>	1	MO
BENICAR HCT TABLET 12.5MG; 40MG, 25MG;	4	MO

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Drug Name	Drug Tier	Requirements/Limits
40MG		
BENICAR HCT TABLET 12.5MG; 20MG	4	QL (1 per 1 day) MO
BENICAR TABLET 40MG	4	MO
BENICAR TABLET 20MG, 5MG	4	QL (1 per 1 day) MO
<i>betaxolol hcl</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide tablet</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>cartia xt capsule extended release 24 hour 240mg, 300mg</i>	1	MO
<i>cartia xt capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>cartia xt capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide</i>	1	MO
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	1	MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>clonidine hcl tablet</i>	1	MO
<i>clonidine hcl patch weekly</i>	2	QL (8 per 28 days) MO
CLOPRES TABLET 15MG; 0.3MG	4	
CLOPRES TABLET 15MG; 0.1MG, 15MG; 0.2MG	4	MO
<i>colestipol hcl for oral suspension</i>	2	MO
<i>colestipol hcl tablet</i>	1	MO
<i>colestipol hcl granules</i>	2	MO
CRESTOR	3	QL (1 per 1 day) MO
DEMSER	5	MO
<i>digitek</i>	1	MO
<i>digoxin</i>	1	MO
DILACOR XR	4	MO
<i>dilt-cd capsule extended release 24 hour 240mg, 300mg</i>	1	MO
<i>dilt-cd capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>dilt-cd capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr capsule extended release 24 hour 240mg</i>	1	MO
<i>dilt-xr capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>dilt-xr capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
<i>diltiazem cd capsule extended release 24 hour 240mg, 300mg</i>	1	MO
<i>diltiazem cd capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>diltiazem cd capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
<i>diltiazem hcl er capsule extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
<i>diltiazem hcl er capsule extended release 12 hour</i>	1	MO
<i>diltiazem hcl capsule extended release 24 hour 240mg, 300mg</i>	1	MO
<i>diltiazem hcl capsule extended release 24 hour 120mg</i>	1	QL (1 per 1 day) MO
<i>diltiazem hcl capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
<i>diltiazem hcl injection</i>	1	
<i>diltiazem hcl tablet</i>	1	MO
<i>diltiazem xr</i>	1	MO
<i>diltzac capsule extended release 24 hour 300mg, 360mg</i>	1	MO
<i>diltzac capsule extended release 24 hour 120mg, 240mg</i>	1	QL (1 per 1 day) MO
<i>diltzac capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
DIOVAN HCT TABLET 12.5MG; 320MG, 25MG; 320MG	3	MO
DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 80MG, 25MG; 160MG		QL (1 per 1 day) MO
DIOVAN TABLET 320MG	3	MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (2 per 1 day) MO
<i>disopyramide phosphate</i>	1	MO
<i>disopyramide phosphate er</i>	2	
<i>doxazosin mesylate</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>enalaprilat</i>	2	
<i>eplerenone</i>	2	MO
EXFORGE	3	QL (1 per 1 day) MO
EXFORGE HCT TABLET 10MG; 25MG; 320MG	3	MO
EXFORGE HCT TABLET 10MG; 12.5MG; 160MG, 3 10MG; 25MG; 160MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG	3	QL (1 per 1 day) MO
<i>felodipine er tablet extended release 24 hour 10mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (2 per 1 day) MO
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>furosemide</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>guanabenz acetate tablet 8mg</i>	1	
<i>guanabenz acetate tablet 4mg</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>isochron</i>	1	
<i>isoditrate er</i>	1	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide dinitrate er</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>isradipine</i>	2	MO
KERLONE	4	MO
<i>labetalol hcl injection</i>	1	
<i>labetalol hcl tablet</i>	1	MO
LIPITOR	3	QL (1 per 1 day) MO
<i>lisinopril</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOFIBRA	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL (1 per 1 day) MO
<i>losartan potassium tablet 100mg</i>	1	MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (2 per 1 day) MO
<i>lovastatin</i>	1	QL (2 per 1 day) MO
LOVAZA	3	QL (4 per 1 day) MO
MANNITOL INJECTION 10%, 15%, 20%, 5%	4	B/D
MANNITOL INJECTION 25%	4	B/D MO
<i>matzim la tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg</i>	2	QL (3 per 1 day) MO
<i>methazolamide</i>	1	MO
<i>methyclothiazide</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>methyl dopa/hydrochlorothiazide</i>	1	MO
<i>methyl dopate hcl</i>	1	
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>mexiletine hcl</i>	1	MO
MICARDIS HCT TABLET 12.5MG; 80MG, 25MG; 80MG	3	MO
MICARDIS HCT TABLET 12.5MG; 40MG	3	QL (1 per 1 day) MO
MICARDIS TABLET 80MG	3	MO
MICARDIS TABLET 20MG, 40MG	3	QL (1 per 1 day) MO
<i>midodrine hcl</i>	2	MO
<i>minitran</i>	1	MO
<i>minoxidil</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>moexipril/hydrochlorothiazide</i>	1	MO
MULTAQ	3	MO
<i>nadolol</i>	1	MO
<i>nadolol/bendroflumethiazide</i>	2	MO
NEXTERONE	4	
<i>niacor</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN TABLET EXTENDED RELEASE 1000MG, 750MG	3	QL (2 per 1 day) MO
NIASPAN TABLET EXTENDED RELEASE 500MG	3	QL (3 per 1 day) MO
<i>nicardipine hcl capsule</i>	1	MO
<i>nicardipine hcl injection</i>	2	
<i>nifediac cc tablet extended release 24 hour 90mg</i>	1	MO
<i>nifediac cc tablet extended release 24 hour 30mg</i>	1	QL (1 per 1 day) MO
<i>nifediac cc tablet extended release 24 hour 60mg</i>	1	QL (2 per 1 day) MO
<i>nifedical xl tablet extended release 24 hour 30mg</i>	1	QL (1 per 1 day) MO
<i>nifedical xl tablet extended release 24 hour 60mg</i>	1	QL (2 per 1 day) MO
<i>nifedipine</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 90mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg</i>	1	QL (1 per 1 day) MO
<i>nifedipine er tablet extended release 24 hour 60mg</i>	1	QL (2 per 1 day) MO
<i>nimodipine</i>	3	MO
<i>nisoldipine er</i>	2	QL (1 per 1 day) MO
<i>nisoldipine tablet extended release 24 hour 34mg, 40mg</i>	2	MO
<i>nisoldipine tablet extended release 24 hour 17mg, 20mg, 8.5mg</i>	2	QL (1 per 1 day) MO
<i>nisoldipine tablet extended release 24 hour 30mg</i>	2	QL (2 per 1 day) MO
NITRO-BID	4	MO
<i>nitroglycerin in 5% dextrose</i>	2	
<i>nitroglycerin in dextrose 5%</i>	2	
NITROGLYCERIN LINGUAL	4	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin injection</i>	1	
<i>nitroglycerin patch 24 hour</i>	1	MO
<i>nitroglycerin tablet sublingual</i>	2	MO
NITROLINGUAL PUMPSPRAY	4	MO
NITROLINGUAL PUMPSPRAY DUO PACK	4	MO
<i>nitroquick</i>	2	MO
NITROSTAT	4	MO
OSMITROL VIAFLEX	4	B/D
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	MO
<i>pentoxil</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	1	MO
<i>pravastatin sodium</i>	1	QL (1 per 1 day) MO
<i>prazosin hcl</i>	1	MO
<i>prevalite</i>	1	MO
<i>procainamide hcl</i>	1	
<i>procainamide hcl er</i>	2	
<i>propafenone hcl</i>	1	MO
<i>propafenone hcl er</i>	2	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution, tablet</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	1	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>quinaretic</i>	1	MO
<i>quinidine gluconate</i>	1	
<i>quinidine gluconate er</i>	2	MO
<i>quinidine gluconate sa</i>	2	MO
<i>quinidine sulfata</i>	1	MO
<i>quinidine sulfate er</i>	1	MO
<i>ramipril</i>	1	MO
RANEXA TABLET EXTENDED RELEASE 12 HOUR 1000MG	4	QL (2 per 1 day) ST MO
RANEXA TABLET EXTENDED RELEASE 12 HOUR 500MG	4	QL (3 per 1 day) ST MO
<i>reserpine</i>	1	MO
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 40MG, 500MG; 40MG	3	QL (1 per 1 day) MO
SIMCOR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 20MG, 500MG; 20MG, 750MG; 20MG	3	QL (2 per 1 day) MO
<i>simvastatin</i>	1	QL (1 per 1 day) MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af)</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt capsule extended release 24 hour 300mg, 360mg</i>	1	MO
<i>taztia xt capsule extended release 24 hour 120mg, 240mg</i>	1	QL (1 per 1 day) MO
<i>taztia xt capsule extended release 24 hour 180mg</i>	1	QL (3 per 1 day) MO
TEKAMLO	3	QL (1 per 1 day) MO
TEKTURN HCT TABLET 300MG; 12.5MG, 300MG; 25MG	3	MO
TEKTURN HCT TABLET 150MG; 12.5MG, 150MG; 25MG	3	QL (1 per 1 day) MO
TEKTURN TABLET 300MG	3	MO
TEKTURN TABLET 150MG	3	QL (1 per 1 day) MO
<i>terazosin hcl</i>	1	MO
TIKOSYN	4	MO
<i>timolol maleate</i>	1	MO
<i>torse mide tablet</i>	1	MO
<i>torse mide injection</i>	2	
<i>trandolapril</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
TRICOR	3	MO
TRILIPIX	3	MO
VALTURN TABLET 300MG; 320MG	3	MO
VALTURN TABLET 150MG; 160MG	3	QL (1 per 1 day) MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
<i>verapamil hcl sr</i>	1	MO
VYTORIN	3	QL (1 per 1 day) MO
ZETIA	4	QL (1 per 1 day) MO
Central Nervous System Agents		
AMPYRA	5	QL (2 per 1 day) PA
AVONEX	5	QL (4 per 28 days) PA
<i>baclofen</i>	1	MO
<i>carisoprodol</i>	1	QL (4 per 1 day) PA MO
<i>carisoprodol/aspirin</i>	1	QL (8 per 1 day) PA MO
<i>carisoprodol/aspirin/codeine</i>	2	QL (8 per 1 day) PA MO
<i>chlorzoxazone</i>	1	PA MO
COPAXONE	5	QL (1 per 1 day) PA
<i>cyclobenzaprine hcl</i>	1	QL (3 per 1 day) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium</i>	2	MO
<i>ed baclofen</i>	1	
EXTAVIA	5	QL (0.53 per 1 day) PA
GABLOFEN	5	B/D
GILENYA	5	QL (1 per 1 day) ST PA
<i>metaxalone</i>	2	MO
<i>methocarbamol</i>	1	PA MO
<i>methylphenidate hcl er</i>	1	QL (3 per 1 day) PA MO
MITOXANTRONE HCL INJECTION 2MG/ML	3	B/D
<i>mitoxantrone hcl injection 20mg/10ml, 25mg/12.5ml, 30mg/15ml</i>	5	B/D
NUEDEXTA	4	QL (2 per 1 day) PA MO
<i>orphenadrine citrate</i>	2	PA MO
<i>orphenadrine citrate er</i>	1	PA MO
<i>orphenadrine compound ds</i>	2	PA MO
<i>orphenadrine/asa/caffeine</i>	2	PA MO
<i>revonto</i>	2	
RILUTEK	5	PA MO
SAVELLA	3	QL (2 per 1 day) MO
SAVELLA TITRATION PACK	3	QL (55 per 365 days) MO
<i>tizanidine hcl</i>	1	MO
XENAZINE TABLET 12.5MG	5	QL (3 per 1 day) PA
XENAZINE TABLET 25MG	5	QL (4 per 1 day) PA
Dental and Oral Agents		
APHTHASOL	4	MO
<i>cavarest</i>	2	MO
<i>cavirinse</i>	1	MO
<i>chlorhexidine gluconate oral rinse</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>controlrx paste</i>	1	
<i>controlrx cream</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	2	MO
<i>ethedent cream</i>	1	
<i>ethedent gel</i>	2	
FIRST-MOUTHWASH BLM	4	MO
<i>fluoridex daily defense</i>	2	MO
<i>fluoridex daily defense enhanced whitening</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoridex daily defense sensitivity relief</i>	1	MO
<i>karigel</i>	2	
<i>karigel-n</i>	2	
<i>neutragard advanced</i>	2	
<i>neutral sodium fluoride</i>	1	MO
<i>oralone</i>	1	MO
<i>periogard</i>	1	MO
<i>perisol</i>	1	
<i>phos-flur</i>	2	MO
<i>pilocarpine hcl</i>	2	MO
<i>pilocarpine hydrochloride</i>	2	MO
PREVIDENT	4	MO
PREVIDENT 5000 BOOSTER	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
PREVIDENT 5000 ENAMEL PROTECT	4	MO
PREVIDENT 5000 PLUS	4	MO
PREVIDENT 5000 SENSITIVE	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	1	MO
<i>t-naf</i>	2	
<i>triamcinolone acetonide</i>	1	MO
<i>triamcinolone in orabase</i>	1	MO
Dermatological Agents		
8-MOP	5	MO
<i>adapalene</i>	2	MO
ALDARA	4	QL (0.8 per 1 day) MO
<i>ammonium lactate</i>	1	MO
<i>amnesteem</i>	2	PA
ANALPRAM-HC	4	MO
<i>avita cream</i>	1	PA MO
<i>avita gel</i>	2	PA MO
AZELEX	4	MO
<i>calcipotriene</i>	2	MO
CALCITRENE	4	MO
CARAC	4	MO
<i>ciclodan</i>	2	PA
<i>claravis</i>	2	PA
<i>clindamax</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel, lotion, external solution, swab</i>	1	MO
<i>clindamycin phosphate foam</i>	2	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO
<i>doxycycline hyclate capsule delayed release particles 100mg</i>	1	PA
<i>doxycycline hyclate capsule delayed release particles 75mg</i>	1	PA MO
<i>doxycycline hyclate capsule</i>	1	PA MO
<i>doxycycline hyclate tablet 20mg</i>	1	PA MO
<i>doxycycline hyclate tablet 100mg</i>	2	PA MO
<i>doxycycline monohydrate</i>	1	PA MO
ELIDEL	4	QL (2 per 1 day) ST MO
<i>emcin clear</i>	1	
EPIDUO	4	MO
<i>ery</i>	1	MO
<i>eryderm</i>	1	MO
<i>erythromycin</i>	1	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO
FLUOROPLEX	4	MO
<i>fluorouracil</i>	2	MO
<i>imiquimod</i>	2	MO
<i>keratol hc</i>	2	MO
<i>laclotion</i>	1	MO
<i>lactrex</i>	1	
OXSORALEN	4	MO
OXSORALEN ULTRA	5	MO
<i>podofilox</i>	2	MO
PROCTOFOAM HC	4	MO
REGRANEX	5	QL (15 per 30 days) PA MO
SANTYL	4	MO
<i>selenium sulfide</i>	1	MO
<i>sodium sulfacetamide</i>	1	MO
SOLARAZE	4	MO
SORIATANE	5	MO
SORIATANE CK	5	
<i>sotret</i>	2	PA
<i>sulfacetamide sodium</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TACLONEX SCALP	4	ST MO
TAZORAC	4	MO
TRETIN-X CREAM	4	PA MO
<i>tretinoin cream</i>	1	PA MO
<i>tretinoin gel</i>	2	PA MO
<i>u-cort</i>	2	MO
VEREGEN	4	MO
ZONALON	4	MO
Enzyme Replacement/ Modifying Agents		
ADAGEN	5	
ALDURAZYME	5	
BUPHENYL	5	MO
CEREDASE	5	B/D
CEREZYME	5	B/D
CREON	3	MO
CYSTADANE	4	
CYSTAGON	4	
ELAPRASE	5	
FABRAZYME	5	
KUVAN	5	PA
LUMIZYME	5	
MYOZYME	5	
NAGLAZYME	5	
ORFADIN	5	PA
VPRIV	5	
ZAVESCA	5	PA
ZENPEP	3	MO
Gastrointestinal Agents		
AMITIZA CAPSULE 24MCG	3	QL (2 per 1 day) ST MO
AMITIZA CAPSULE 8MCG	3	QL (2 per 1 day) ST PA MO
APRISO	3	QL (4 per 1 day) MO
<i>atropine sulfate injection 0.05mg/ml, 0.1mg/ml</i>	1	PA
<i>atropine sulfate injection 0.8mg/ml</i>	1	PA MO
<i>balsalazide disodium</i>	2	MO
BENTYL CAPSULE, TABLET	4	PA MO
CANASA	4	MO
<i>chenodal</i>	5	QL (7 per 1 day) PA
<i>cimetidine</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine hcl</i>	1	MO
<i>cimetidine hcl/nacl</i>	1	
<i>constulose</i>	1	MO
DEXILANT	3	QL (1 per 1 day) MO
<i>dicyclomine hcl</i>	1	PA MO
<i>diphenoxylate/atropine</i>	1	PA MO
<i>enulose</i>	1	MO
<i>famotidine</i>	1	MO
<i>famotidine premixed</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	MO
<i>generlac</i>	1	MO
<i>glycolax packet</i>	1	
<i>glycolax powder</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate tablet</i>	2	MO
<i>hyomax</i>	2	QL (1 per 1 day) MO
<i>hyomax-sl</i>	2	MO
<i>hyoscyamine sulfate</i>	2	QL (1 per 1 day) MO
KAPIDEX	3	QL (1 per 1 day)
KRISTALOSE	4	MO
<i>lactulose</i>	1	MO
<i>lansoprazole odt tablet dispersible 15mg</i>	2	QL (1 per 1 day) MO
<i>lansoprazole odt tablet dispersible 30mg</i>	2	QL (2 per 1 day) MO
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (1 per 1 day) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (2 per 1 day) MO
LIALDA	4	QL (4 per 1 day) MO
<i>lofene</i>	1	PA MO
<i>lonox</i>	1	PA MO
<i>loperamide hcl</i>	1	MO
LOTRONEX	5	QL (2 per 1 day) PA MO
<i>mesalamine kit</i>	1	MO
<i>mesalamine enema</i>	2	MO
<i>methscopolamine bromide</i>	2	MO
<i>metoclopramide hcl</i>	1	MO
<i>misoprostol</i>	2	MO
NEXIUM I.V.	3	

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM PACKET	3	QL (1 per 1 day) MO
NEXIUM CAPSULE DELAYED RELEASE 20MG	3	QL (1 per 1 day) MO
NEXIUM CAPSULE DELAYED RELEASE 40MG	3	QL (2 per 1 day) MO
<i>nizatidine capsule</i>	1	MO
<i>nizatidine solution</i>	2	MO
<i>omeprazole/sodium bicarbonate</i>	2	QL (1 per 1 day) MO
<i>omeprazole capsule delayed release 10mg, 40mg</i>	1	QL (1 per 1 day) MO
<i>omeprazole capsule delayed release 20mg</i>	1	QL (3 per 1 day) MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	2	QL (1 per 1 day) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	2	QL (2 per 1 day) MO
<i>paregoric</i>	2	
<i>peg 3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	QL (20 per 1 day) MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	4	QL (8 per 1 day) MO
<i>polyethylene glycol 3350</i>	1	MO
<i>propantheline bromide</i>	2	PA MO
<i>ranitidine hcl capsule, tablet</i>	1	MO
<i>ranitidine hcl syrup</i>	2	MO
<i>ranitidine hcl injection 25mg/ml</i>	2	
<i>ranitidine hcl injection 150mg/6ml, 50mg/2ml</i>	2	MO
RELISTOR	4	QL (0.6 per 1 day) MO
<i>sucralfate</i>	1	MO
<i>sulfasalazine</i>	1	MO
<i>sulfazine</i>	1	MO
<i>sulfazine ec</i>	1	MO
<i>symax-sl</i>	2	MO
<i>trilyte</i>	1	MO
<i>ursodiol</i>	1	MO
Genitourinary Agents		
AVODART	3	QL (1 per 1 day) PA MO
<i>bethanechol chloride</i>	1	MO
<i>calcium acetate</i>	2	MO
ELIPHOS	4	MO
ELMIRON	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ENABLEX	3	QL (1 per 1 day) MO
<i>finasteride</i>	1	QL (1 per 1 day) PA MO
<i>flavoxate hcl</i>	2	MO
FOSRENOL	4	MO
GELNIQUE	3	QL (1 per 1 day) MO
JALYN	3	QL (1 per 1 day) PA MO
<i>methylergonovine maleate</i>	1	MO
<i>nitrofurantoin</i>	2	MO
<i>oxybutynin chloride</i>	1	MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (1 per 1 day) MO
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (2 per 1 day) MO
<i>oxytocin</i>	1	
<i>phenazopyridine hcl</i>	1	MO
PHOSLO	3	MO
PHOSLYRA	4	
RAPAFLO CAPSULE 8MG	3	QL (1 per 1 day) PA MO
RAPAFLO CAPSULE 4MG	3	QL (2 per 1 day) PA MO
RENVELA	3	MO
<i>tamsulosin hcl</i>	1	QL (2 per 1 day) MO
<i>trospium chloride</i>	2	QL (2 per 1 day) MO
URECHOLINE	4	MO
VESICARE	3	QL (1 per 1 day) MO
Glucocorticoid/ Mineralocorticoid Agents		
<i>a-hydrocort</i>	1	MO
<i>a-methapred</i>	1	MO
ACLOVATE CREAM	4	MO
<i>aclovate ointment</i>	2	MO
<i>ala cort</i>	1	MO
ALA SCALP	4	MO
<i>ala-cort</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>alphatrex</i>	1	MO
ALREX	3	MO
<i>amcinonide</i>	1	MO
<i>anusol-hc</i>	2	MO
<i>apexicon</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
APEXICON E	4	MO
<i>asmalpred plus</i>	1	
<i>augmented betamethasone dipropionate cream, gel, ointment</i>	1	MO
<i>augmented betamethasone dipropionate lotion</i>	2	MO
<i>baycadron</i>	1	
<i>beta-val</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	MO
<i>betamethasone valerate</i>	1	MO
<i>budesonide</i>	2	MO
<i>clobetasol propionate e</i>	1	MO
<i>clobetasol propionate cream, gel, ointment, solution</i>	1	MO
<i>clobetasol propionate foam</i>	2	MO
<i>clobevate</i>	1	
<i>colocort</i>	2	MO
<i>cormax</i>	1	MO
<i>cortisone acetate</i>	1	MO
CUTIVATE	4	MO
<i>del-beta</i>	1	
DERMOTIC	4	MO
<i>desonide</i>	1	MO
<i>desoximetasone</i>	2	MO
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	MO
<i>dexasol</i>	1	
DEXPAK 10 DAY	4	MO
DEXPAK 13 DAY	4	MO
DEXPAK 6 DAY	4	MO
<i>diflorasone diacetate cream</i>	1	MO
<i>diflorasone diacetate ointment</i>	2	MO
DUREZOL	3	MO
ENTOCORT EC	4	MO
<i>fludrocortisone acetate</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide emollient base</i>	1	MO
<i>fluocinonide-e</i>	1	MO
<i>fluor-op</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>fluticasone propionate</i>	1	MO
FML	3	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone butyrate cream, solution</i>	1	MO
<i>hydrocortisone butyrate ointment</i>	2	MO
<i>hydrocortisone in absorbase</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
<i>hydrocortisone cream, lotion, ointment, tablet</i>	1	MO
<i>hydrocortisone enema</i>	2	MO
<i>isovate</i>	1	
<i>lokara</i>	1	MO
LOTEMAX	3	MO
<i>methylprednisolone</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone sodiumsuccinate injection 500mg</i>	1	
<i>methylprednisolone sodiumsuccinate injection 1000mg, 125mg, 40mg</i>	1	MO
MILLIPRED DP	4	MO
MILLIPRED SOLUTION	4	
MILLIPRED TABLET	4	MO
<i>mometasone furoate</i>	1	MO
ORAPRED	4	MO
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednicarbate</i>	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate</i>	1	MO
<i>prednisolone syrup</i>	1	
<i>prednisolone solution</i>	1	MO
<i>prednisone</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL	4	MO
<i>procto-kit</i>	1	MO
<i>procto-pak</i>	1	MO
<i>proctocream hc</i>	1	MO
<i>proctosol hc</i>	1	MO
<i>proctozone-hc</i>	1	MO
SCALACORT	4	MO
TEXACORT SOLUTION 2.5%	4	MO
<i>texacort solution 1%</i>	2	
<i>triamcinolone acetonide in absorbase</i>	1	MO
<i>triamcinolone acetonide cream, lotion, ointment</i>	1	MO
<i>triamcinolone acetonide injection</i>	2	
<i>triderm</i>	1	MO
VERIPRED 20	4	MO
<i>zema-pak 10 day</i>	1	
<i>zema-pak 13 day</i>	1	
<i>zema-pak 6 day</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera</i>	1	MO
<i>amethyst</i>	1	MO
ANDROGEL PUMP	3	QL (5.87 per 1 day) MO
<i>briellyn</i>	1	MO
<i>emoquette</i>	1	
<i>estradiol/norethindrone acetate</i>	2	MO
<i>jevantique</i>	2	
<i>levonorgestrel</i>	1	
<i>loryna</i>	1	MO
<i>orsythia</i>	1	
<i>syeda</i>	2	
<i>zeosa</i>	2	MO
Hormonal Agents		
ANADROL-50	5	PA MO
ANDRODERM PATCH 24 HOUR 5MG/24HR	3	QL (1 per 1 day) MO
ANDRODERM PATCH 24 HOUR 2.5MG/24HR	3	QL (2 per 1 day) MO
ANDROGEL	3	QL (10 per 1 day) MO
ANDROGEL PUMP	3	QL (10 per 1 day) MO
ANDROID	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ANDROXY	4	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette</i>	1	MO
<i>balziva</i>	1	MO
<i>bicalutamide</i>	1	QL (1 per 1 day) MO
<i>cabergoline</i>	2	QL (16 per 30 days) MO
<i>camila</i>	1	MO
<i>caziant</i>	1	MO
CENESTIN	4	PA MO
<i>cesia</i>	1	MO
CHORIONIC GONADOTROPIN	4	PA
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	
<i>danazol</i>	2	MO
DEPO-ESTRADIOL	4	MO
DEPO-TESTOSTERONE	4	MO
<i>desmopressin acetate</i>	2	MO
EGRIFTA	5	QL (2 per 1 day) PA
ELIGARD	4	PA
ENJUVIA	4	PA MO
<i>enpresse-28</i>	1	MO
<i>errin</i>	1	MO
ESTRACE	4	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	1	MO
<i>estradiol valerate injection 40mg/ml</i>	2	MO
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 per 28 days) MO
<i>estropipate</i>	1	PA MO
EVAMIST	3	MO
EVISTA	3	QL (1 per 1 day) MO
FEMTRACE	4	MO
FIRMAGON INJECTION 80MG	4	QL (1 per 28 days) PA
FIRMAGON INJECTION 120MG	5	QL (2 per 365 days) PA
<i>flutamide</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gianvi</i>	1	MO
<i>gildess fe 1.5/30</i>	1	MO
<i>gildess fe 1/20</i>	1	MO
GYNODIOL	4	
<i>heather</i>	1	MO
INCRELEX	5	PA
<i>introvale</i>	1	MO
<i>jinteli</i>	2	MO
<i>jolessa</i>	1	MO
<i>jolivette</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>leena</i>	1	MO
<i>lessina-28</i>	1	MO
<i>leuprolide acetate</i>	1	PA
<i>levora 0.15/30-28</i>	1	MO
LEVOTHROID	3	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>levothyroxine sodium injection</i>	2	MO
LEVOXYL	3	MO
<i>liothyronine sodium tablet</i>	1	MO
<i>liothyronine sodium injection</i>	5	
<i>low-ogestrel</i>	1	MO
LUPRON DEPOT-PED	5	PA
LUPRON DEPOT INJECTION 3.75MG	4	PA
LUPRON DEPOT INJECTION 45MG, 7.5MG	5	PA
<i>lutra</i>	1	MO
LYSODREN	3	MO
<i>medroxyprogesterone acetate tablet</i>	1	MO
<i>medroxyprogesterone acetate injection</i>	1	QL (1 per 90 days) MO
<i>megestrol acetate tablet</i>	1	PA MO
<i>megestrol acetate suspension</i>	2	MO
MENEST	4	PA MO
<i>methimazole</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methitest</i>	2	MO
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>mimvey</i>	1	MO
<i>minirin</i>	2	
<i>mononessa</i>	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>necon 1/35-28</i>	1	MO
NECON 1/50-28	4	MO
NECON 10/11-28	4	MO
<i>necon 7/7/7</i>	1	MO
<i>next choice</i>	1	
NILANDRON	4	MO
<i>nora-be</i>	1	MO
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
<i>norethindrone</i>	1	MO
<i>norethindrone acetate</i>	2	MO
<i>norgestrel/ethinyl estradiol</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
OCELLA	4	MO
<i>octreotide acetate injection 50mcg/ml</i>	2	PA
<i>octreotide acetate injection 100mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	5	PA
OGESTREL	4	MO
<i>ortho-est</i>	1	PA MO
OVCON-35	4	MO
<i>oxandrolone tablet 2.5mg</i>	2	PA MO
<i>oxandrolone tablet 10mg</i>	5	QL (2 per 1 day) PA MO
<i>portia-28</i>	1	MO
PREMARIN	4	PA MO
PREMARIN W/APPLICATOR	4	MO
PREMPHASE	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
PREMPRO	4	PA MO
<i>previfem</i>	1	MO
PROCHIEVE	4	
<i>progesterone</i>	1	MO
PROMETRIUM	4	MO
<i>propylthiouracil</i>	1	MO
<i>quasense</i>	1	MO
<i>reclipsen</i>	1	MO
SANDOSTATIN LAR DEPOT	5	ST PA
SENSIPAR TABLET 30MG	3	QL (2 per 1 day) MO
SENSIPAR TABLET 60MG	5	QL (2 per 1 day) MO
SENSIPAR TABLET 90MG	5	QL (4 per 1 day) MO
<i>solia</i>	1	MO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 90MG/0.3ML	5	ST PA
SOMAVERT	5	ST PA
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
SYNAREL	5	MO
SYNTHROID	3	MO
TAPAZOLE	4	MO
<i>testosterone cypionate</i>	2	MO
<i>testosterone enanthate</i>	1	MO
TESTRED	4	MO
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>tilia fe</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-previfem</i>	1	QL (28 per 28 days) MO
<i>tri-sprintec</i>	1	QL (28 per 28 days) MO
<i>trinessa</i>	1	QL (28 per 28 days) MO
<i>trivora-28</i>	1	MO
UNITHROID	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>unithroid direct</i>	1	MO
<i>velivet</i>	1	MO
VIVELLE-DOT	3	QL (8 per 28 days) MO
<i>zarah</i>	2	MO
<i>zenchent</i>	1	MO
<i>zovia 1/35e</i>	1	MO
ZOVIA 1/50E	4	MO
Immunological Agents		
ACTHIB	3	
ACTIMMUNE	5	PA
ADACEL	4	
ARCALYST	5	PA
ATGAM	5	PA
ATTENUVAX	4	
AZASAN	4	PA MO
<i>azathioprine</i>	1	PA MO
<i>azathioprine sodium</i>	3	PA MO
BOOSTRIX	4	
CELLCEPT INTRAVENOUS	4	PA
CELLCEPT SUSPENSION RECONSTITUTED	5	PA MO
CERVARIX	4	PA
COMVAX	4	
<i>cyclosporine modified</i>	2	PA MO
<i>cyclosporine injection</i>	2	PA
<i>cyclosporine capsule, oral solution</i>	2	PA MO
DAPTACEL	4	
DECAVAC	4	
DIPHTHERIA/TETANUS TOXOID PEDIATRIC	3	
ENBREL SURECLICK	5	QL (0.29 per 1 day) PA
ENBREL INJECTION 25MG/0.5ML	5	QL (0.15 per 1 day) PA
ENBREL INJECTION 50MG/ML	5	QL (0.29 per 1 day) PA
ENBREL INJECTION 25MG	5	QL (14.3 per 28 days) PA
ENGERIX-B	3	B/D
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAPLEX	5	PA
GAMUNEX	5	PA
GARDASIL	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i>	2	PA MO
HAVRIX	4	B/D
HIBERIX	4	
HIZENTRA	5	PA
HUMIRA PEN	5	QL (6 per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	QL (6 per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	5	QL (6 per 28 days) PA
HUMIRA INJECTION 20MG/0.4ML	5	QL (2 per 28 days) PA
HUMIRA INJECTION 40MG/0.8ML	5	QL (6 per 28 days) PA
IMOGAM RABIES-HT	4	B/D
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	4	
INFERGEN INJECTION 9MCG/0.3ML	5	PA
INTRON-A W/DILUENT	5	PA
INTRON-A INJECTION 6000000UNIT/ML	4	PA
INTRON-A INJECTION 10MU/0.2ML, 10MU/ML, 3MU/0.2ML, 5MU/0.2ML	5	PA
IPOL INACTIVATED IPV	3	
IXIARO	4	
JE-VAX	4	
KINRIX	4	
<i>leflunomide</i>	1	MO
M-M-R II W/DILUENT 10 DOSE	3	
MENACTRA	4	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	4	
<i>mercaptopurine</i>	2	MO
MERUVAX II W/DILUENT 10 DOSE	4	
<i>methotrexate</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 25mg/ml, 50mg/2ml</i>	1	B/D MO
<i>methotrexate sodium injection 1gm</i>	2	B/D MO
MUMPSVAX W/DILUENT 10 DOSE	4	
<i>mycophenolate mofetil</i>	2	PA MO
MYFORTIC TABLET DELAYED RELEASE 180MG	4	PA MO
MYFORTIC TABLET DELAYED RELEASE 360MG	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
NULOJIX	5	PA MO
OCTAGAM	5	PA
ORTHOCLONE OKT3	5	PA
PEDIARIX	4	
PEDVAX HIB	4	
PEG-INTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PEGASYS	5	PA
POLYGAM S/D INJECTION 0.5GM, 2.5GM, 5GM	3	PA
POLYGAM S/D INJECTION 10GM	5	PA
PRIVIGEN	5	PA
PROGRAF INJECTION	4	PA
PROQUAD	3	
RABAVERT	4	B/D
RAPAMUNE SOLUTION	5	PA MO
RAPAMUNE TABLET 0.5MG	4	QL (2 per 1 day) PA MO
RAPAMUNE TABLET 1MG, 2MG	5	PA MO
RECOMBIVAX HB	4	B/D
REMICADE	5	PA
RIDAURA	4	MO
ROTARIX	4	
ROTATEQ	3	
SIMPONI	5	QL (0.02 per 1 day) PA
SIMULECT	5	PA
SYNAGIS	5	PA
<i>tacrolimus capsule 0.5mg, 1mg</i>	2	PA MO
<i>tacrolimus capsule 5mg</i>	5	PA MO
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
THYMOGLOBULIN	4	PA
TREXALL	4	B/D MO
TRIHIBIT	4	
TRIPEDIA	4	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	4	B/D
VARIVAX	3	

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX	3	
ZENAPAX	5	PA
ZORTRESS TABLET 0.25MG	4	PA MO
ZORTRESS TABLET 0.5MG, 0.75MG	5	PA MO
ZOSTAVAX	4	QL (1 per 999 days) PA
Metabolic Bone Disease Agents		
ACTONEL TABLET 30MG, 5MG	3	QL (1 per 1 day) MO
ACTONEL TABLET 150MG	3	QL (1 per 28 days) MO
ACTONEL TABLET 35MG	3	QL (4 per 28 days) MO
<i>alendronate sodium tablet 10mg, 40mg, 5mg</i>	1	QL (1 per 1 day) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 per 28 days) MO
AELVIA	3	QL (4 per 28 days) MO
BONIVA INJECTION	3	QL (3 per 90 days) B/D MO
BONIVA TABLET 2.5MG	3	B/D MO
BONIVA TABLET 150MG	3	QL (3 per 90 days) B/D MO
<i>calcitonin-salmon</i>	2	MO
<i>calcitriol capsule</i>	1	B/D MO
<i>calcitriol injection</i>	2	B/D
<i>calcitriol oral solution</i>	2	B/D MO
<i>etidronate disodium</i>	2	MO
FORTEO	5	QL (2.4 per 28 days) ST
<i>fortical</i>	2	QL (4 per 1 day) MO
<i>pamidronate disodium injection 90mg/10ml</i>	2	
<i>pamidronate disodium injection 30mg/10ml, 30mg, 6mg/ml, 90mg</i>	2	MO
PROLIA	4	QL (10 per 30 days) ST PA
ZEMPLAR	3	B/D MO
ZOMETA	5	
Nutrients/ Minerals/ Electrolytes		
ATABEX EC	4	
ATABEX PRENATAL	4	
BAL-CARE DHA	4	
<i>bp multinatal plus</i>	2	
<i>cavan one omega</i>	2	
<i>cavan prenatal/ec calcium</i>	2	
CAVAN-ALPHA KIT	4	
CAVAN-EC SOD DHA	4	
CITRANATAL 90 DHA	4	

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Drug Name	Drug Tier	Requirements/Limits
CITRANATAL ASSURE	4	
CITRANATAL B-CALM	4	
CITRANATAL DHA	4	
CITRANATAL HARMONY	4	
CITRANATAL RX	4	
<i>complete natal dha</i>	2	
COMPLETE-RF PRENATAL	4	
<i>completenate</i>	2	
CONCEPT DHA	4	
CONCEPT OB	4	
CRNATAL	4	
CUPRIMINE	4	MO
<i>deferoxamine mesylate</i>	2	B/D
DEPEN TITRATABS	4	MO
<i>dextrose 5%/potassium chloride 0.075%</i>	1	
DUET DHA BALANCED	4	
<i>ed k+10</i>	1	
<i>elite ob with dha</i>	2	
ELITE-OB	4	
ELITE-OB 400	4	
EXJADE TABLET SOLUBLE 125MG	4	PA
EXJADE TABLET SOLUBLE 250MG, 500MG	5	PA
FOLCAL DHA	4	
FOLCAPS OMEGA 3	4	
FOLIVANE-EC CALCIUM DHA NF	4	
FOLIVANE-OB	4	
FOLIVANE-PRX DHA NF	4	
<i>gentex ade</i>	2	
GESTICARE DHA	4	
<i>inatal advance</i>	2	
<i>inatal gt</i>	2	
INATAL ULTRA	4	
<i>kalexate</i>	2	MO
KAON-CL-10	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d10w/nacl 0.2%</i>	1	
KCL 0.15%/D5W/LR	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
KCL 0.224%/D5W/NACL 0.2%	4	
KCL 0.3%/D5W/LR IV LAC RING	4	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kionex suspension</i>	1	MO
<i>kionex powder</i>	2	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
KLOR-CON M15	4	MO
<i>klor-con m20</i>	1	MO
LACTOCAL-F	4	
LEVOMEFOLATE PNV	4	
<i>magnesium sulfate in d5w</i>	1	
<i>magnesium sulfate injection 40mg/ml, 80mg/ml</i>	1	
<i>magnesium sulfate injection 50%</i>	1	MO
MARNATAL-F	4	
MARNATAL-F PLUS DUO PACK	4	
<i>mult-vitamin/fluoride</i>	1	
<i>multi vitamin/fluoride</i>	1	
<i>multi-vit/fluoride</i>	1	
<i>multi-vitamin/fluoride</i>	1	
<i>multivitamin/fluoride</i>	1	
<i>multivitamins/fluoride</i>	1	
MYNATAL	4	
<i>mynatal advance</i>	2	
<i>mynatal plus</i>	2	
<i>mynatal-z</i>	2	
<i>mynate 90 plus</i>	2	
NATAFORT	4	
NATALVIT	4	
NATELLE ONE	4	
NATELLE-EZ	4	
NEEVO	4	

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Drug Name	Drug Tier	Requirements/Limits
NEEVO DHA	4	
NESTABS	4	
NESTABS DHA	4	
NEXA SELECT	4	
O-CAL FA	4	
O-CAL PRENATAL	4	
OB COMPLETE	4	
OB COMPLETE 400	4	
OB COMPLETE ONE	4	
OB COMPLETE PREMIER	4	
OB COMPLETE/DHA	4	
<i>ob-natal one</i>	2	
OBSTETRIX DHA	4	
<i>obstetrix ec</i>	2	
OBTREX	4	
OBTREX DHA	4	
PAIRE OB	4	
PHISOHEX	4	MO
<i>phospha 250 neutral</i>	2	MO
PNV OB+DHA	4	
<i>pnv-dha</i>	2	
PNV-DHA+DOCUSATE	4	
PNV-OMEGA	4	
<i>pnv-select</i>	2	
PNV-TOTAL	4	
<i>poly-vitamin/fluoride</i>	1	
<i>polyvitamin/fluoride</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	2	
POTASSIUM CHLORIDE 0.15% /NACL 0.45%	4	
VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.15% nacl 0.9%</i>	1	MO
<i>potassium chloride 0.15%/d5w</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.224%/d5w</i>	2	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	2	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	
<i>potassium chloride 0.3%/d5w</i>	2	
<i>potassium chloride cr</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr</i>	1	MO
<i>potassium chloride liquid, oral solution</i>	1	MO
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	1	
<i>potassium chloride injection 0.4meq/ml, 2meq/ml</i>	1	MO
<i>potassium citrate extended-release</i>	1	MO
<i>pr natal 400</i>	2	
<i>pr natal 400 ec</i>	2	
<i>pr natal 430</i>	2	
<i>pr natal 430 ec</i>	2	
PREFERA OB	4	
PREFERA OB + DHA	4	
PREFERAOB ONE	4	
PRENAFIRST	4	
PRENAISSANCE	4	
<i>prenaplus</i>	2	
PRENATABS OBN	4	
<i>prenatal 19</i>	2	
<i>prenatal ad</i>	2	
PRENATAL LOW IRON TABLET 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22UNIT; 4000UNIT; 25MG	4	
<i>prenatal plus/iron</i>	2	
PRENATAL-U	4	
PRENATE ELITE	4	
PRENATE ESSENTIAL	4	
PRENATE PLUS	4	
PRENEXA	4	
PREQUE 10	4	
PROTECTNATAL	4	
PUREFE OB PLUS	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>se-care</i>	2	
<i>se-care conceive</i>	2	
<i>se-natal 19</i>	2	
<i>se-natal 90</i>	2	
<i>se-natal one</i>	2	
<i>se-plete dha</i>	2	
<i>se-tan dha</i>	2	
SELECT-OB	4	
SELECT-OB+DHA	4	
<i>seton et-ec</i>	2	
<i>setonet</i>	2	
<i>sodium chloride</i>	1	MO
<i>sodium chloride 0.45% viaflex</i>	1	
SODIUM FLUORIDE	4	
<i>sodium polystyrene sulfonate rectal suspension</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	MO
SYPRINE	4	MO
TANDEM DHA	4	
TANDEM OB	4	
<i>taron ec calcium</i>	2	
TARON-BC	4	
TARON-C DHA	4	
TARON-DUO EC	4	
TARON-EC CAL	4	
TARON-PREX	4	
TL-SELECT	4	
TRI RX	4	
<i>tri-vit/fluoride</i>	1	
<i>tri-vitamin/fluoride</i>	1	
<i>triadvance</i>	2	
<i>tricare</i>	2	
TRICARE DHA 301	4	
TRICARE PRENATAL DHA ONE	4	
TRINATAL GT	4	
<i>trinatal rx 1</i>	2	
TRINATAL ULTRA	4	
TRINATE	4	
<i>triple-vitamin/fluoride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRIVEEN-DUO DHA	4	
TRIVEEN-ONE	4	
TRIVEEN-PRX RNF	4	
TRIVEEN-TEN	4	
TRIVEEN-U	4	
<i>trust natal dha</i>	2	
ULTIMATECARE ADVANTAGE	4	
ULTIMATECARE COMBO	4	
<i>ultimatecare one</i>	2	
<i>ultimatecare one nf</i>	2	
<i>ultra tabs</i>	2	
VEMAVITE-PRX 2	4	
VENA-BAL DHA	4	
VENATAL COMPLETE DHA	4	
VENATAL-FA	4	
VINACAL	4	
<i>vinate az</i>	2	
VINATE AZ EXTRA	4	
<i>vinate c</i>	2	
VINATE CALCIUM	4	
<i>vinate care</i>	2	
<i>vinate gt</i>	2	
<i>vinate ic</i>	2	
<i>vinate ii</i>	2	
VINATE M	4	
<i>vinate one</i>	2	
<i>vinate pn care</i>	2	
<i>vinate ultra</i>	2	
<i>vis-phos n</i>	2	
VITA-PREN	4	
VITAFOL-OB	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	
VITAFOL-PN	4	
<i>vitamins a/c/d/fluoride</i>	1	
<i>vitaspire</i>	2	
VIVA DHA	4	
VOL-NATE	4	

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Drug Name	Drug Tier	Requirements/Limits
VOL-PLUS	4	
VOL-TAB RX	4	
ZATEAN-CH	4	
ZATEAN-PN	4	
ZATEAN-PN DHA	4	
ZATEAN-PN PLUS	4	
Ophthalmic Agents		
<i>ak-con</i>	1	MO
ALCAINE	4	MO
ALPHAGAN P	3	MO
<i>apraclonidine</i>	2	MO
<i>atropine sulfate</i>	1	MO
<i>atropine-care</i>	1	MO
<i>azelastine hcl</i>	2	MO
AZOPT	3	MO
<i>betaxolol hcl</i>	1	MO
BETIMOL	3	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	4	MO
<i>cromolyn sodium</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>epinastine hcl</i>	2	MO
FRESHKOTE	4	MO
<i>homatropaire</i>	2	
<i>homatropine hbr</i>	2	
LACRISERT	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	3	MO
<i>metipranolol</i>	1	MO
<i>mydral</i>	1	
MYDRIACYL	4	MO
<i>naphazoline hcl</i>	1	MO
<i>parcaine</i>	1	
PATADAY	4	MO

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Drug Name	Drug Tier	Requirements/Limits
PATANOL	4	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO
<i>pilocarpine hcl solution 0.5%, 3%, 6%</i>	2	MO
<i>pilocar solution 1%, 2%, 4%</i>	1	MO
<i>pilocar solution 6%</i>	2	MO
PILOPINE HS	3	MO
<i>piloptic-1</i>	1	MO
<i>piloptic-2</i>	1	MO
<i>piloptic-4</i>	1	MO
<i>piloptic-6</i>	2	MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	3	MO
<i>timolol maleate</i>	1	MO
<i>timolol maleate ophthalmic gel forming</i>	1	MO
TRAVATAN	3	MO
TRAVATAN Z	3	MO
<i>tropicacyl</i>	1	MO
<i>tropicamide</i>	1	MO
Respiratory Tract Agents		
<i>acetylcysteine</i>	1	B/D MO
ADCIRCA	5	QL (2 per 1 day) PA
ADVAIR DISKUS	3	QL (2 per 1 day) MO
ADVAIR HFA	3	QL (0.48 per 1 day) MO
<i>albuterol</i>	2	
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
<i>aminophylline</i>	1	MO
ARALAST NP	5	
<i>arbinoxa liquid</i>	1	
<i>arbinoxa tablet</i>	1	MO
ASMANEX 120 METERED DOSES	3	QL (0.24 per 25 days) MO
ASMANEX 14 METERED DOSES	3	QL (0.48 per 25 days) MO
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	3	QL (0.14 per 25 days) MO
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (0.24 per 25 days) MO

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX 60 METERED DOSES	3	QL (0.24 per 25 days) MO
ASMANEX 7 METERED DOSES	3	QL (0.14 per 25 days) MO
ASTEPRO	3	MO
<i>azelastine hcl</i>	2	MO
<i>carbinoxamine maleate tablet</i>	1	
<i>carbinoxamine maleate liquid</i>	1	MO
<i>cetirizine hcl</i>	1	QL (10 per 1 day) MO
CLARINEX REDITABS	4	QL (1 per 1 day) MO
CLARINEX TABLET	4	QL (1 per 1 day) MO
CLARINEX SYRUP	4	QL (10 per 1 day) MO
<i>clemastine fumarate</i>	1	MO
COMBIVENT	4	QL (0.98 per 1 day) MO
<i>cromolyn sodium</i>	2	QL (8 per 1 day) B/D MO
<i>cyproheptadine hcl</i>	1	PA MO
<i>dexchlorpheniramine maleate</i>	1	PA MO
<i>diphenhydramine hcl elixir</i>	1	PA
<i>diphenhydramine hcl capsule, injection</i>	1	PA MO
DULERA	3	QL (0.52 per 1 day) MO
ELIXOPHYLLIN	4	MO
<i>epinephrine hcl</i>	1	MO
<i>epinephrine injection 0.3mg/0.3ml</i>	2	
EPINEPHRINE INJECTION 0.3MG/0.3ML	4	MO
EPINEPHRINE INJECTION 0.15MG/0.15ML	4	MO
EPIPEN 2-PAK	4	MO
EPIPEN-JR 2-PAK	4	MO
<i>epoprostenol sodium</i>	2	PA
<i>fexofenadine hcl tablet 180mg</i>	1	QL (1 per 1 day) MO
<i>fexofenadine hcl tablet 30mg, 60mg</i>	1	QL (2 per 1 day) MO
<i>fexofenadine/pseudoephedrine</i>	2	QL (1 per 1 day) MO
FLOVENT DISKUS	3	QL (4 per 1 day) MO
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (0.85 per 1 day) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (0.96 per 1 day) MO
<i>flunisolide</i>	1	MO
<i>fluticasone propionate</i>	1	MO
FORADIL AEROLIZER	3	QL (2 per 1 day) MO
GASTROCROM	4	PA MO
GLASSIA	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrup, tablet</i>	1	PA MO
<i>hydroxyzine hcl injection 50mg/ml</i>	1	MO
<i>hydroxyzine hcl injection 25mg/ml</i>	1	PA
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (18 per 1 day) B/D MO
<i>ipratropium bromide inhalation solution</i>	1	QL (10 per 1 day) B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (1 per 1 day) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (1.5 per 1 day) MO
LETAIRIS	5	QL (1 per 1 day) PA
<i>levalbuterol</i>	2	B/D MO
<i>levocetirizine dihydrochloride</i>	1	QL (1 per 1 day) MO
LUFYLLIN	4	MO
<i>metaproterenol sulfate syrup</i>	1	MO
<i>metaproterenol sulfate nebulization solution</i>	2	B/D
<i>metaproterenol sulfate tablet</i>	2	MO
NASONEX	3	MO
PALGIC	4	MO
PATANASE	4	MO
<i>phenadoz</i>	1	PA MO
PHENERGAN	4	PA MO
PROAIR HFA	3	MO
PROLASTIN	5	
PROLASTIN-C	5	
<i>promethazine hcl</i>	1	PA MO
<i>promethazine vc</i>	1	MO
<i>promethazine vc plain</i>	1	MO
<i>promethegan</i>	1	PA MO
PROVENTIL HFA	3	MO
PULMOZYME	5	QL (5 per 1 day) B/D
REMODULIN	5	PA
REVATIO TABLET	5	QL (3 per 1 day) PA
REVATIO INJECTION	5	QL (37.5 per 1 day) PA
SEREVENT DISKUS	4	QL (2 per 1 day) ST MO
SINGULAIR	3	QL (1 per 1 day) MO
SPIRIVA HANDIHALER	3	QL (1 per 1 day) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (0.41 per 1 day) MO
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (0.55 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate injection</i>	1	B/D MO
<i>terbutaline sulfate tablet</i>	1	MO
THEO-24	4	MO
<i>theochron</i>	1	MO
<i>theophylline cr</i>	1	MO
<i>theophylline er</i>	1	MO
<i>theophylline td</i>	1	MO
TRACLEER	5	QL (2 per 1 day) PA LA
TYZINE	4	MO
TYZINE PEDIATRIC NASAL DROPS	4	MO
VENTOLIN HFA	4	MO
VOSPIRE ER	4	MO
XOLAIR	5	QL (900 per 28 days) PA
<i>zafirlukast</i>	2	QL (2 per 1 day) MO
ZEMAIRA	5	
Sedatives/Hypnotics		
<i>butisol sodium</i>	1	QL (20 per 1 day) MO ED
<i>estazolam tablet 2mg</i>	1	QL (1 per 1 day) MO ED
<i>estazolam tablet 1mg</i>	1	QL (2 per 1 day) MO ED
<i>flurazepam hcl</i>	1	QL (1 per 1 day) MO ED
<i>midazolam hcl injection</i>	1	QL (1 per 1 day) MO ED
<i>midazolam hcl syrup</i>	1	QL (10 per 1 day) MO ED
<i>phenobarbital sodium injection 65mg/ml</i>	1	QL (4 per 1 day) MO ED
<i>phenobarbital sodium injection 130mg/ml</i>	1	QL (5 per 1 day) MO ED
<i>phenobarbital elixir</i>	1	QL (40 per 1 day) MO ED
<i>phenobarbital tablet 64.8mg</i>	1	QL (3 per 1 day) MO ED
<i>phenobarbital tablet 15mg, 16.2mg, 30mg, 32.4mg</i>	1	QL (4 per 1 day) MO ED
<i>temazepam capsule 22.5mg, 30mg</i>	1	QL (1 per 1 day) MO ED
<i>temazepam capsule 7.5mg</i>	1	QL (2 per 1 day) MO ED
<i>triazolam</i>	1	QL (2 per 1 day) MO ED
Sleep Disorder Agents		
PROVIGIL	3	QL (2 per 1 day) PA MO
XYREM	5	QL (18 per 1 day) PA LA
<i>zaleplon capsule 10mg</i>	2	QL (2 per 1 day) MO
<i>zaleplon capsule 5mg</i>	2	QL (3 per 1 day) MO
<i>zolpidem tartrate er</i>	2	QL (1 per 1 day) MO
<i>zolpidem tartrate tablet 10mg</i>	1	QL (1 per 1 day) MO
<i>zolpidem tartrate tablet 5mg</i>	1	QL (2 per 1 day) MO

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Drug Name	Drug Tier	Requirements/Limits
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>alcohol 5%/dextrose 5%</i>	1	
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 3.5%/DEXTROSE25%	4	B/D
AMINOSYN II 3.5%/DEXTROSE5%	4	B/D
AMINOSYN II 3.5/DEXTROSE 25%	4	B/D
AMINOSYN II 4.25/DEXTROSE10%	4	B/D
AMINOSYN II 4.25/DEXTROSE20%	4	B/D
AMINOSYN II 4.25/DEXTROSE25%	4	B/D
AMINOSYN II 5/DEXTROSE 25	4	B/D
AMINOSYN II 8.5%/ELECTROLYTES	4	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	4	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-HF	4	B/D
AMINOSYN-PF	4	B/D
AMINOSYN-PF 7%	4	B/D
<i>ammonium chloride</i>	1	MO
<i>calcium chloride</i>	1	
<i>calcium gluconate</i>	1	B/D MO
CLINISOL SF 15%	4	B/D
<i>curity sterile saline</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 2.5%</i>	1	
<i>dextrose 10% flex container</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 10%/nacl 0.225%</i>	1	
<i>dextrose 10%/sodium chloride 0.9%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 20%</i>	1	
<i>dextrose 25%</i>	1	
<i>dextrose 30% partial fill</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/lactated ringers</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	MO
<i>dextrose 5%/ringers</i>	1	
DEXTROSE 50%	4	
<i>dextrose 60%</i>	2	
<i>dextrose 70%</i>	1	
ELECTROLYTE-48/DEXTROSE	4	
<i>hyperlyte-cr</i>	1	
INTRALIPID	4	
ISOLYTE-H/DEXTROSE 5%	4	
ISOLYTE-M/DEXTROSE 5%	4	
<i>lactated ringers</i>	2	
LACTATED RINGERS IRRIGATION	4	
<i>levocarnitine</i>	2	B/D MO
LIPOSYN II	4	
LIPOSYN III	4	
<i>multi-vit/iron/fluoride</i>	1	
<i>multi-vitamin/fluoride/iron</i>	1	
MYKIDZ IRON FL	4	
NEPHRAMINE	4	B/D
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
<i>nutrilyte</i>	2	
<i>nutrilyte ii</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>plasma-lyte-m/d5w</i>	2	
PLASMA-LYTE-R	4	
<i>plasma-lyte-r/d5w</i>	2	
POLY-VITAMIN/IRON/FLUORIDE SOLUTION 35MG/ML; 400UNIT/ML; 0.5MG/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML;	4	

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Drug Name	Drug Tier	Requirements/Limits
1500UNIT/ML; 5UNIT/ML		
<i>poly-vitamin/iron/fluoride solution 35mg/ml; 400unit/ml; 0.25mg/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	1	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol injection 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	2	B/D
PROSOL	4	B/D
RENAMIN	4	B/D
<i>ringers injection</i>	1	
RINGERS IRRIGATION	4	
SODIUM ACETATE	4	
<i>sodium bicarbonate injection 7.5%</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	MO
<i>sodium chloride 0.9%</i>	1	MO
<i>sodium lactate</i>	1	
<i>sterile water irrigation</i>	1	MO
TIS-U-SOL	4	
TPN ELECTROLYTES	4	
<i>tpn electrolytes ii</i>	1	
<i>tri-vit/fluoride/iron</i>	1	
<i>tri-vitamin/iron/fluoride</i>	1	

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Index of Drugs

Drug Name	Page #
8-MOP	50
<i>a/b otic</i>	13
ABILIFY	31
ABILIFY DISCMELT	31
<i>acarbose</i>	37
<i>acebutolol hcl</i>	41
<i>acetaminophen/caffeine/dihydrocodein e bitartrate</i>	8
<i>acetaminophen/codeine</i>	8
<i>acetaminophen/codeine #3</i>	8
<i>acetaminophen/codeine #4</i>	8
<i>acetasol hc</i>	13
<i>acetazolamide</i>	41
<i>acetazolamide er</i>	41
<i>acetazolamide sodium</i>	41
<i>acetic acid</i>	13
<i>acetic acid/aluminum acetate</i>	13
<i>acetylcysteine</i>	74
ACLOVATE	55
ACTHIB	63
<i>acticin</i>	30
ACTIMMUNE	63
ACTONEL	66
ACTOPLUS MET	37
ACTOS	37
<i>acyclovir</i>	33
<i>acyclovir sodium</i>	33
ADACEL	63
ADAGEN	52
<i>adapalene</i>	50
ADCIRCA	74
ADVAIR DISKUS	74
ADVAIR HFA	74
<i>afeditab cr</i>	41
AFINITOR	28
AGENERASE	33
AGGRENEX	39
<i>a-hydrocort</i>	55
<i>ak-con</i>	73
<i>ak-poly-bac</i>	13
<i>ak-tob</i>	13
<i>ala cort</i>	55
ALA SCALP	55
<i>ala-cort</i>	55
ALBENZA	30

Drug Name	Page #
<i>albuterol</i>	74
<i>albuterol sulfate</i>	74
<i>albuterol sulfate er</i>	74
ALCAINE	73
<i>alclometasone dipropionate</i>	55
<i>alcohol 5%/dextrose 5%</i>	78
ALCOHOL PREPS	37
ALDARA	50
ALDURAZYME	52
<i>alendronate sodium</i>	66
<i>alfentanil</i>	8
ALIMTA	28
ALINIA	30
ALKERAN	28
<i>allopurinol</i>	27
<i>allopurinol sodium</i>	27
ALPHAGAN P	73
<i>alphetrex</i>	55
<i>alprazolam</i>	36
<i>alprazolam er</i>	35
<i>alprazolam intensol</i>	36
<i>alprazolam odt</i>	36
ALREX	55
ALTABAX	13
<i>altavera</i>	58
<i>amantadine hcl</i>	31
<i>amcinonide</i>	55
<i>a-methapred</i>	55
<i>amethyst</i>	58
<i>amifostine</i>	28
<i>amikacin sulfate</i>	13
<i>amiloride hcl</i>	41
<i>amiloride/hydrochlorothiazide</i>	41
<i>aminocaproic acid</i>	39
<i>aminophylline</i>	74
AMINOSYN	78
AMINOSYN 7%/ELECTROLYTES	78
AMINOSYN 8.5%/ELECTROLYTES	78
AMINOSYN II	78
AMINOSYN II	78
3.5%/DEXTROSE25%	
AMINOSYN II 3.5%/DEXTROSE5%	78
AMINOSYN II 3.5%/DEXTROSE 25%	78
AMINOSYN II 4.25%/DEXTROSE10%	78
AMINOSYN II 4.25%/DEXTROSE20%	78
AMINOSYN II 4.25%/DEXTROSE25%	78
AMINOSYN II 5%/DEXTROSE 25	78
AMINOSYN II	78
8.5%/ELECTROLYTES	

Drug Name	Page #
AMINOSYN II M 3.5%/DEXTROSE	78
5%	
AMINOSYN II M 4.25%/DEXTROSE	78
10%	
AMINOSYN M	78
AMINOSYN-HBC	78
AMINOSYN-HF	78
AMINOSYN-PF	78
AMINOSYN-PF 7%	78
<i>amiodarone hcl</i>	41
AMITIZA	52
<i>amitriptyline hcl</i>	23
<i>amitriptyline/chlordiazepoxide</i>	31
<i>amlodipine besylate</i>	41
<i>amlodipine besylate/benazepril hcl</i>	41
<i>amlodipine besylate/benazepril hydrochloride</i>	41
<i>ammonium chloride</i>	78
<i>ammonium lactate</i>	50
<i>amnestem</i>	50
<i>amoxapine</i>	23
<i>amoxicillin</i>	13
<i>amoxicillin/clavulanate potassium</i>	13
<i>amoxicillin/clavulanate potassium er</i>	13
<i>amoxicillin/potassium clavulanate</i>	13
<i>amoxil</i>	13
<i>amphetamine/dextroamphetamine</i>	36
<i>amphotericin b</i>	26
<i>ampicillin</i>	14
<i>ampicillin sodium</i>	13
<i>ampicillin-sulbactam</i>	14
AMPYRA	48
AMTURNIDE	41
ANADROL-50	58
<i>anagrelide hydrochloride</i>	39
ANALPRAM-HC	50
<i>anastrozole</i>	28
ANCOBON	26
ANDRODERM	58
ANDROGEL	58
ANDROGEL PUMP	58
ANDROGEL PUMP	58
ANDROID	58
ANDROXY	59
ANTABUSE	12
<i>antibiotic ear</i>	14
<i>antipyrine/benzocaine</i>	14
<i>anusol-hc</i>	55
ANZEMET	25

Drug Name	Page #
<i>apexicon</i>	55
APEXICON E	56
APHTHASOL	49
APOKYN	31
<i>apraclonidine</i>	73
<i>apri</i>	59
APRISO	52
APTIVUS	33
ARALAST NP	74
<i>aranelle</i>	59
ARANESP ALBUMIN FREE	39
<i>arbinoxa</i>	74
ARCALYST	63
ARICEPT	22
ARIXTRA	40
ARZERRA	28
<i>ascomp/codeine</i>	8
<i>asmalpred plus</i>	56
ASMANEX 120 METERED DOSES	74
ASMANEX 14 METERED DOSES	74
ASMANEX 30 METERED DOSES	74
ASMANEX 60 METERED DOSES	75
ASMANEX 7 METERED DOSES	75
ASTEPRO	75
<i>astramorph</i>	8
ATABEX EC	66
ATABEX PRENATAL	66
<i>atamet</i>	31
ATELVIA	66
<i>atenolol</i>	41
<i>atenolol/chlorthalidone</i>	41
ATGAM	63
ATRIPLA	33
<i>atropine sulfate</i>	52
<i>atropine sulfate</i>	73
<i>atropine-care</i>	73
ATTENUVAX	63
<i>augmented betamethasone dipropionate</i>	56
<i>aurodex</i>	14
AVANDAMET	37
AVANDARYL	37
AVANDIA	37
AVASTIN	28
AVELOX	14
AVELOX ABC PACK	14
<i>aviane</i>	59
<i>avidoxy</i>	14
<i>avita</i>	50

Drug Name	Page #
AVODART	54
AVONEX	48
AZASAN	63
AZASITE	14
<i>azathioprine</i>	63
<i>azathioprine sodium</i>	63
<i>azelastine hcl</i>	73
<i>azelastine hcl</i>	75
AZELEX	50
AZILECT	31
AZITHROMYCIN	14
AZOPT	73
<i>aztreonam</i>	14
<i>azurette</i>	59
<i>baciiim</i>	14
<i>bacitracin</i>	14
<i>bacitracin/neomycin/polymyxin</i>	14
<i>bacitracin/polymyxin b</i>	14
<i>baclofen</i>	48
BACTROBAN	14
<i>balagan</i>	14
BAL-CARE DHA	66
<i>balsalazide disodium</i>	52
<i>balziva</i>	59
BANZEL	21
BARACLUDGE	34
<i>baycadron</i>	56
BD INSULIN SYRINGE	37
SAFETYGLIDE/1ML/29G X 1/2"	
BD INSULIN SYRINGE	37
ULTRAFINE/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE	37
ULTRAFINE/0.5ML/30G X 1/2"	
BD INSULIN SYRINGE	37
ULTRAFINE/1ML/31G X 5/16"	
BD PEN NEEDLE/ULTRAFINE/29G	38
X 12.7MM	
<i>benazepril hcl</i>	41
<i>benazepril hcl/hydrochlorothiazide</i>	41
BENICAR	42
BENICAR HCT	41
BENTYL	52
<i>benzotic</i>	14
<i>benztropine mesylate</i>	31
BERINERT	41
<i>betamethasone dipropionate</i>	56
<i>betamethasone sodium</i>	56
<i>phosphate/betamethasone acetate</i>	
<i>betamethasone valerate</i>	56

Drug Name	Page #
<i>beta-val</i>	56
<i>betaxolol hcl</i>	42
<i>betaxolol hcl</i>	73
<i>bethanechol chloride</i>	54
BETIMOL	73
<i>bicalutamide</i>	59
<i>bio-statin</i>	26
<i>bisoprolol fumarate</i>	42
<i>bisoprolol</i>	42
<i>fumarate/hydrochlorothiazide</i>	
<i>bleomycin sulfate</i>	28
BLEPH-10	14
BLEPHAMIDE S.O.P.	14
BONIVA	66
BOOSTRIX	63
<i>borofair</i>	14
<i>bp multinatal plus</i>	66
<i>briellyn</i>	58
BRIMONIDINE TARTRATE	73
<i>bromocriptine mesylate</i>	31
<i>budeprion sr</i>	23
<i>budeprion xl</i>	23
<i>budesonide</i>	56
<i>bumetanide</i>	42
BUPHENYL	52
<i>buprenorphine hcl</i>	12
<i>buproban</i>	13
<i>bupropion hcl</i>	23
<i>bupropion hcl er</i>	23
<i>bupropion hcl sr</i>	13
<i>bupropion hcl sr</i>	23
<i>bupropion hcl xl</i>	23
<i>buspironone hcl</i>	36
<i>butalbital/acetaminophen/caffeine/code</i>	8
<i>ine</i>	
<i>butalbital/aspirin/caffeine/codeine</i>	8
<i>butisol sodium</i>	77
<i>butorphanol tartrate</i>	8
BYETTA	38
<i>cabergoline</i>	59
CAFERGOT	27
<i>calcipotriene</i>	50
<i>calcitonin-salmon</i>	66
CALCITRENE	50
<i>calcitriol</i>	66
<i>calcium acetate</i>	54
<i>calcium chloride</i>	78
<i>calcium gluconate</i>	78
<i>camila</i>	59

Drug Name	Page #
CAMPATH	28
CAMPRAL	13
CANASA	52
CANCIDAS	26
CAPASTAT SULFATE	28
<i>captopril</i>	42
<i>captopril/hydrochlorothiazide</i>	42
CARAC	50
<i>carbamazepine</i>	21
<i>carbamazepine er</i>	21
CARBATROL	21
<i>carbidopa/levodopa</i>	31
<i>carbidopa/levodopa cr</i>	31
<i>carbidopa/levodopa er</i>	31
<i>carbidopa/levodopa odt</i>	31
<i>carbidopa/levodopa sr</i>	31
<i>carbinoxamine maleate</i>	75
<i>carisoprodol</i>	48
<i>carisoprodol/aspirin</i>	48
<i>carisoprodol/aspirin/codeine</i>	48
<i>carteolol hcl</i>	73
<i>cartia xt</i>	42
<i>carvedilol</i>	42
<i>cavan one omega</i>	66
<i>cavan prenatal/ec calcium</i>	66
CAVAN-ALPHA KIT	66
CAVAN-EC SOD DHA	66
<i>cavarest</i>	49
<i>cavirinse</i>	49
CAYSTON	14
<i>caziant</i>	59
CEENU	28
<i>cefaclor</i>	14
<i>cefaclor er</i>	14
<i>cefadroxil</i>	14
<i>cefazolin sodium</i>	14
CEFAZOLIN SODIUM/DEXTROSE	14
<i>cefdinir</i>	15
<i>cefepime</i>	15
<i>cefotaxime sodium</i>	15
<i>cefotetan</i>	15
<i>cefotetan/dextrose</i>	15
<i>cefoxitin sodium</i>	15
<i>cefpodoxime proxetil</i>	15
<i>cefprozil</i>	15
<i>ceftazidime</i>	15
<i>ceftriaxone in iso-osmotic dextrose</i>	15
<i>ceftriaxone sodium</i>	15
CEFTRIAXONE/DEXTROSE	15

Drug Name	Page #
<i>cefuroxime axetil</i>	15
<i>cefuroxime sodium</i>	15
<i>cefuroxime/dextrose</i>	15
CELLCEPT	63
CELLCEPT INTRAVENOUS	63
CELONTIN	21
CENESTIN	59
<i>cephalexin</i>	15
CEREDASE	52
CEREZYME	52
CERVARIX	63
CESAMET	25
<i>cesia</i>	59
<i>cetirizine hcl</i>	75
CHANTIX	13
CHEMET	25
<i>chenodal</i>	52
<i>chloramphenicol sodium succinate</i>	15
<i>chlordiazepoxide hcl</i>	36
<i>chlordiazepoxide/amitriptyline</i>	31
<i>chlorhexidine gluconate oral rinse</i>	49
<i>chloroquine phosphate</i>	30
<i>chlorothiazide</i>	42
<i>chlorothiazide sodium</i>	42
<i>chlorpromazine hcl</i>	32
<i>chlorpropamide</i>	38
<i>chlorthalidone</i>	42
<i>chlorzoxazone</i>	48
<i>cholestyramine</i>	42
<i>cholestyramine light</i>	42
CHORIONIC GONADOTROPIN	59
<i>ciclodan</i>	50
<i>ciclopirox</i>	26
<i>ciclopirox nail lacquer</i>	26
<i>ciclopirox olamine</i>	26
<i>cilostazol</i>	40
<i>cimetidine</i>	52
<i>cimetidine hcl</i>	53
<i>cimetidine hcl/nacl</i>	53
CINRYZE	41
CIPRO I.V.-IN D5W	15
<i>ciprofloxacin</i>	16
<i>ciprofloxacin er</i>	15
<i>ciprofloxacin extended-release</i>	15
<i>ciprofloxacin hcl</i>	16
<i>ciprofloxacin i.v.-in d5w</i>	16
<i>citalopram hydrobromide</i>	23
CITRANATAL 90 DHA	66
CITRANATAL ASSURE	67

Drug Name	Page #
CITRANATAL B-CALM	67
CITRANATAL DHA	67
CITRANATAL HARMONY	67
CITRANATAL RX	67
CLAFORAN	16
<i>claravis</i>	50
CLARINEX	75
CLARINEX REDITABS	75
<i>clarithromycin</i>	16
<i>clarithromycin er</i>	16
<i>clemastine fumarate</i>	75
CLEOCIN PEDIATRIC GRANULES	16
<i>clindamax</i>	16
<i>clindamax</i>	50
<i>clindamycin hcl</i>	16
<i>clindamycin palmitate hcl</i>	16
<i>clindamycin phosphate</i>	16
<i>clindamycin phosphate</i>	51
<i>clindamycin phosphate add-vantage</i>	16
<i>clindamycin/benzoyl peroxide</i>	51
CLINISOL SF 15%	78
<i>clinpro 5000</i>	49
<i>clobetasol propionate</i>	56
<i>clobetasol propionate e</i>	56
<i>clobevate</i>	56
<i>clomipramine hcl</i>	23
<i>clonazepam</i>	21
<i>clonazepam odt</i>	21
<i>clonidine hcl</i>	42
<i>clorazepate dipotassium</i>	36
CLORPRES	42
<i>clotrimazole</i>	26
<i>clotrimazole/betamethasone</i>	26
<i>dipropionate</i>	
<i>clozapine</i>	32
<i>codeine sulfate</i>	8
<i>co-gesic</i>	8
COLCRYS	27
<i>colestipol hcl</i>	42
<i>colestipol hcl for oral suspension</i>	42
<i>colistimethate sodium</i>	16
<i>colocort</i>	56
COMBIGAN	73
COMBIVENT	75
COMBIVIR	34
<i>complete natal dha</i>	67
<i>completenate</i>	67
COMPLETE-RF PRENATAL	67
<i>compro</i>	32

Drug Name	Page #
COMTAN	31
COMVAX	63
CONCEPT DHA	67
CONCEPT OB	67
<i>constulose</i>	53
<i>controlrx</i>	49
COPAXONE	48
<i>cormax</i>	56
<i>cortisone acetate</i>	56
CORTISPORIN	16
<i>cortomycin</i>	16
CREON	52
CRESTOR	42
CRIXIVAN	34
CRNATAL	67
<i>cromolyn sodium</i>	73
<i>cromolyn sodium</i>	75
<i>cryselle-28</i>	59
CUBICIN	16
CUPRIMINE	67
CURITY GAUZE PADS 2"X2"	38
<i>curity sterile saline</i>	78
CUTIVATE	56
<i>cyclafem 1/35</i>	59
<i>cyclafem 7/7/7</i>	59
<i>cyclobenzaprine hcl</i>	48
<i>cyclophosphamide</i>	28
<i>cycloserine</i>	28
CYCLOSET	38
<i>cyclosporine</i>	63
<i>cyclosporine modified</i>	63
CYKLOKAPRON	40
CYMBALTA	23
<i>cyproheptadine hcl</i>	75
CYSTADANE	52
CYSTAGON	52
<i>danazol</i>	59
<i>dantrolene sodium</i>	49
<i>dapsone</i>	28
DAPTACEL	63
DARAPRIM	30
DECAVAC	63
<i>deferoxamine mesylate</i>	67
<i>del-beta</i>	56
DEMECLOCYCLINE HCL	16
DEMSEER	42
DENAVIR	34
<i>denta 5000 plus</i>	49
<i>dentagel</i>	49

Drug Name	Page #
<i>depade</i>	13
DEPEN TITRATABS	67
DEPO-ESTRADIOL	59
DEPO-TESTOSTERONE	59
DERMOTIC	56
<i>desipramine hcl</i>	23
<i>desmopressin acetate</i>	59
<i>desonide</i>	56
<i>desoximetasone</i>	56
<i>dexamethasone</i>	56
DEXAMETHASONE INTENSOL	56
<i>dexamethasone sodium phosphate</i>	56
<i>dexasol</i>	56
<i>dexasporin</i>	16
<i>dexchlorpheniramine maleate</i>	75
DEXILANT	53
<i>dexmethylphenidate hcl</i>	36
DEXPAK 10 DAY	56
DEXPAK 13 DAY	56
DEXPAK 6 DAY	56
<i>dextroamphetamine sulfate</i>	36
<i>dextroamphetamine sulfate er</i>	36
<i>dextrose 10%/nacl 0.45%</i>	78
<i>dextrose 2.5%</i>	78
<i>dextrose 10% flex container</i>	78
<i>dextrose 10%/nacl 0.2%</i>	78
<i>dextrose 10%/nacl 0.225%</i>	78
<i>dextrose 10%/sodium chloride 0.9%</i>	78
<i>dextrose 2.5%/sodium chloride 0.45%</i>	78
<i>dextrose 20%</i>	78
<i>dextrose 25%</i>	78
<i>dextrose 30% partial fill</i>	78
<i>dextrose 40%</i>	78
<i>dextrose 5%</i>	78
<i>dextrose 5%/lactated ringers</i>	79
<i>dextrose 5%/nacl 0.2%</i>	79
<i>dextrose 5%/nacl 0.225%</i>	79
DEXTROSE 5%/NACL 0.3%	79
<i>dextrose 5%/nacl 0.33%</i>	79
<i>dextrose 5%/nacl 0.45%</i>	79
<i>dextrose 5%/nacl 0.9%</i>	79
<i>dextrose 5%/potassium chloride</i>	67
<i>0.075%</i>	
<i>dextrose 5%/ringers</i>	79
DEXTROSE 50%	79
<i>dextrose 60%</i>	79
<i>dextrose 70%</i>	79
<i>diazepam</i>	36
<i>diazepam intensol</i>	36

Drug Name	Page #
<i>diclofenac potassium</i>	8
<i>diclofenac sodium</i>	8
<i>diclofenac sodium dr</i>	8
<i>diclofenac sodium ec</i>	8
<i>diclofenac sodium er</i>	8
<i>diclofenac sodium xr</i>	8
<i>dicloxacillin sodium</i>	16
<i>dicyclomine hcl</i>	53
<i>didanosine</i>	34
DIFICID	16
<i>diflorasone diacetate</i>	56
<i>diflunisal</i>	8
<i>digitek</i>	42
<i>digoxin</i>	42
<i>dihydroergotamine mesylate</i>	27
DILACOR XR	42
DILANTIN	21
DILANTIN INFATABS	21
<i>dilt-cd</i>	42
<i>diltiazem cd</i>	43
<i>diltiazem hcl</i>	43
<i>diltiazem hcl er</i>	43
<i>diltiazem xr</i>	43
<i>dilt-xr</i>	43
<i>diltzac</i>	43
DIOVAN	43
DIOVAN HCT	43
<i>diphenhydramine hcl</i>	75
<i>diphenoxylate/atropine</i>	53
DIPHThERIA/TETANUS TOXOID	63
PEDIATRIC	
<i>dipyridamole</i>	40
<i>disopyramide phosphate</i>	43
<i>disopyramide phosphate er</i>	43
<i>disulfiram</i>	25
<i>divalproex sodium</i>	21
<i>divalproex sodium er</i>	21
DOCEFREZ	28
DOCETAXEL	28
<i>dolacet</i>	8
<i>dolorex forte</i>	8
<i>donepezil hcl</i>	22
<i>dorzolamide hcl</i>	73
<i>dorzolamide hcl/timolol maleate</i>	73
<i>doxazosin mesylate</i>	43
<i>doxepin hcl</i>	23
<i>doxycycline</i>	16
<i>doxycycline hyclate</i>	16
<i>doxycycline hyclate</i>	51

Drug Name	Page #
<i>doxycycline monohydrate</i>	16
<i>doxycycline monohydrate</i>	51
DRONABINOL	25
DROXIA	29
DUET DHA BALANCED	67
DUETACT	38
DULERA	75
<i>duramorph</i>	9
DUREZOL	56
<i>e.e.s. 400</i>	16
E.E.S. GRANULES	16
<i>e.s.p.</i>	16
<i>econazole nitrate</i>	26
<i>ed baclofen</i>	49
<i>ed k+10</i>	67
EDURANT	34
EGRIFTA	59
ELAPRASE	52
ELECTROLYTE-48/DEXTROSE	79
ELIDEL	51
ELIGARD	59
ELIPHOS	54
<i>elite ob with dha</i>	67
ELITEK	29
ELITE-OB	67
ELITE-OB 400	67
ELIXOPHYLLIN	75
ELMIRON	54
ELOXATIN	29
<i>emcin clear</i>	51
EMCYT	29
EMEND	25
<i>emoquette</i>	58
EMSAM	23
EMTRIVA	34
ENABLEX	55
<i>enalapril maleate</i>	43
<i>enalapril maleate/hydrochlorothiazide</i>	43
<i>enalaprilat</i>	44
ENBREL	63
ENBREL SURECLICK	63
<i>endocet</i>	9
<i>endodan</i>	9
ENGERIX-B	63
ENJUVIA	59
<i>enoxaparin sodium</i>	40
<i>enpresse-28</i>	59
ENTOCORT EC	56
<i>enulose</i>	53

Drug Name	Page #
EPIDUO	51
<i>epinastine hcl</i>	73
<i>epinephrine</i>	75
<i>epinephrine hcl</i>	75
EPIPEN 2-PAK	75
EPIPEN-JR 2-PAK	75
<i>epitol</i>	21
EPIVIR	34
EPIVIR HBV	34
<i>eplerenone</i>	44
<i>epoprostenol sodium</i>	75
EPZICOM	34
EQUETRO	37
ERAXIS	26
<i>ergoloid mesylates</i>	22
ERGOMAR	27
<i>ergotamine tartrate/caffeine</i>	27
<i>errin</i>	59
<i>ery</i>	51
<i>eryderm</i>	51
ERYPED 200	16
ERYPED 400	17
ERY-TAB	16
ERYTHROCIN LACTOBIONATE	17
ERYTHROCIN STEARATE	17
<i>erythromycin</i>	17
<i>erythromycin</i>	51
<i>erythromycin base</i>	17
<i>erythromycin ethylsuccinate</i>	17
<i>erythromycin/benzoyl peroxide</i>	51
<i>erythromycin/sulfisoxazole</i>	17
<i>estazolam</i>	77
ESTRACE	59
<i>estradiol</i>	59
<i>estradiol valerate</i>	59
<i>estradiol/norethindrone acetate</i>	58
<i>estradiol/norethindrone acetate</i>	59
<i>estropipate</i>	59
<i>ethambutol hcl</i>	28
<i>ethedent</i>	49
<i>ethosuximide</i>	21
<i>eth-oxydose</i>	9
<i>etidronate disodium</i>	66
<i>etodolac</i>	9
<i>etodolac er</i>	9
EURAX	30
EVAMIST	59
EVISTA	59
EXELON	22

Drug Name	Page #
<i>exemestane</i>	29
EXFORGE	44
EXFORGE HCT	44
EXJADE	67
EXTAVIA	49
FABRAZYME	52
<i>famciclovir</i>	34
<i>famotidine</i>	53
<i>famotidine premixed</i>	53
FANAPT	32
FANAPT TITRATION PACK	32
FARESTON	29
FASLODEX	29
FAZACLO	32
FELBATOL	21
<i>felodipine er</i>	44
FEMTRACE	59
<i>fenofibrate</i>	44
<i>fenofibrate micronized</i>	44
<i>fenoprofen calcium</i>	9
<i>fentanyl</i>	9
<i>fentanyl citrate</i>	9
<i>fentanyl citrate oral transmucosal</i>	9
<i>fexofenadine hcl</i>	75
<i>fexofenadine/pseudoephedrine</i>	75
<i>finasteride</i>	55
FIRMAGON	59
FIRST-MOUTHWASH BLM	49
FLAGYL ER	17
<i>flavoxate hcl</i>	55
<i>flecainide acetate</i>	44
FLOVENT DISKUS	75
FLOVENT HFA	75
<i>fluconazole</i>	26
<i>fluconazole in dextrose</i>	26
<i>fluconazole in nacl</i>	26
<i>fludrocortisone acetate</i>	56
<i>flunisolide</i>	75
<i>fluocinolone acetonide</i>	57
<i>fluocinonide</i>	57
<i>fluocinonide emollient base</i>	57
<i>fluocinonide-e</i>	57
<i>fluoridex daily defense</i>	49
<i>fluoridex daily defense enhanced</i>	49
<i>whitening</i>	
<i>fluoridex daily defense sensitivity relief</i>	50
<i>fluorometholone</i>	57
<i>fluor-op</i>	57
FLUOROPLEX	51

Drug Name	Page #
<i>fluorouracil</i>	51
<i>fluoxetine</i>	23
<i>fluoxetine dr</i>	23
<i>fluoxetine hcl</i>	23
<i>fluphenazine decanoate</i>	32
<i>fluphenazine hcl</i>	32
<i>flurazepam hcl</i>	77
<i>flurbiprofen</i>	9
<i>flurbiprofen sodium</i>	9
<i>flutamide</i>	59
<i>fluticasone propionate</i>	57
<i>fluticasone propionate</i>	75
<i>fluvoxamine maleate</i>	23
FML	57
FML FORTE	57
FML LIQUIFILM	57
FOLCAL DHA	67
FOLCAPS OMEGA 3	67
FOLIVANE-EC CALCIUM DHA NF	67
FOLIVANE-OB	67
FOLIVANE-PRX DHA NF	67
<i>fomepizole</i>	25
FORADIL AEROLIZER	75
FORTEO	66
<i>fortical</i>	66
<i>foscarnet sodium</i>	34
<i>fosinopril sodium</i>	44
<i>fosinopril sodium/hydrochlorothiazide</i>	44
<i>fosphenytoin sodium</i>	21
FOSRENOL	55
FRAGMIN	40
FRESHKOTE	73
<i>fungicure intensive with nailguard</i>	26
<i>furosemide</i>	44
FUZEON	34
<i>gabapentin</i>	21
GABITRIL	21
GABLOFEN	49
<i>galantamine hydrobromide</i>	22
GAMASTAN S/D	63
GAMMAGARD LIQUID	63
GAMMAPLEX	63
GAMUNEX	63
<i>ganciclovir</i>	34
<i>garamycin</i>	17
GARDASIL	63
GASTROCROM	75
<i>gavilyte-c</i>	53
<i>gavilyte-g</i>	53

Drug Name	Page #
<i>gavilyte-n/flavor pack</i>	53
GELNIQUE	55
<i>gemcitabine hcl</i>	29
<i>gemfibrozil</i>	44
<i>generlac</i>	53
<i>engraf</i>	64
<i>gentak</i>	17
<i>gentamicin sulfate</i>	17
<i>gentamicin sulfate/0.9% sodium chloride</i>	17
<i>gentamicin sulfate/sodium chloride</i>	17
<i>gentasol</i>	17
<i>gentex ade</i>	67
GEODON	32
GESTICARE DHA	67
<i>gianvi</i>	60
<i>gildess fe 1.5/30</i>	60
<i>gildess fe 1/20</i>	60
GILENYA	49
GLASSIA	75
GLEEVEC	29
<i>glimepiride</i>	38
<i>glipizide</i>	38
<i>glipizide er</i>	38
<i>glipizide xl</i>	38
<i>glipizide/metformin hcl</i>	38
GLUCAGEN	38
GLUCAGEN HYPOKIT	38
GLUCAGON EMERGENCY KIT	38
<i>glyburide</i>	38
<i>glyburide micronized</i>	38
<i>glyburide/metformin hcl</i>	38
<i>glycolax</i>	53
<i>glycopyrrolate</i>	53
<i>glycron</i>	38
<i>granisetron hcl</i>	25
GRANISOL	25
GRIFULVIN V	26
<i>griseofulvin microsize</i>	26
GRIS-PEG	26
<i>guanabenz acetate</i>	44
<i>guanfacine hcl</i>	44
<i>guanidine hcl</i>	27
GYNODIOL	60
<i>halobetasol propionate</i>	57
<i>haloperidol</i>	32
<i>haloperidol decanoate</i>	32
<i>haloperidol lactate</i>	32
HAVRIX	64

Drug Name	Page #
<i>heather</i>	60
HEPARIN SODIUM	40
HEPARIN SODIUM/D5W	40
HEPARIN SODIUM/NACL 0.45%	40
<i>heparin sodium/nacl 0.9%</i>	40
<i>heparin sodium/sodium chloride 0.9%</i>	40
<i>heparin sodium/sodium chloride 0.9% premix</i>	40
HEPSERA	34
HEXALEN	29
HIBERIX	64
HIZENTRA	64
<i>homatropaire</i>	73
<i>homatropine hbr</i>	73
HUMALOG MIX 50/50	38
HUMALOG MIX 50/50 KWIKPEN	38
HUMIRA	64
HUMIRA PEN	64
HUMIRA PEN-CROHNS	64
DISEASESTARTER	
HUMIRA PEN-PSORIASIS	64
STARTER	
HUMULIN R U-500 (CONCENTRATED)	38
<i>hydralazine hcl</i>	44
<i>hydrochlorothiazide</i>	44
<i>hydrocodone bitartrate/acetaminophen</i>	9
<i>hydrocodone/acetaminophen</i>	9
<i>hydrocodone/ibuprofen</i>	9
<i>hydrocortisone</i>	57
<i>hydrocortisone butyrate</i>	57
<i>hydrocortisone in absorbase</i>	57
<i>hydrocortisone valerate</i>	57
<i>hydrocortisone/acetic acid</i>	17
<i>hydrogesic</i>	9
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	30
<i>hydroxyurea</i>	29
<i>hydroxyzine hcl</i>	76
<i>hydroxyzine pamoate</i>	36
<i>hyomax</i>	53
<i>hyomax-sl</i>	53
<i>hyoscyamine sulfate</i>	53
<i>hyperlyte-cr</i>	79
<i>ibu</i>	9
<i>ibuprofen</i>	9
<i>ilotycin</i>	17
<i>imipramine hcl</i>	23
<i>imipramine pamoate</i>	23

Drug Name	Page #
<i>imiquimod</i>	51
IMOGAM RABIES-HT	64
IMOVAX RABIES (H.D.C.V.)	64
<i>inatal advance</i>	67
<i>inatal gt</i>	67
INATAL ULTRA	67
INCIVEK	34
INCRELEX	60
<i>indapamide</i>	44
<i>indomethacin</i>	10
<i>indomethacin cr</i>	10
<i>indomethacin er</i>	10
INFANRIX	64
INFERGEN	64
INTELENCE	34
INTRALIPID	79
INTRON-A	64
INTRON-A W/DILUENT	64
<i>introvale</i>	60
INVANZ	17
INVEGA	32
INVEGA SUSTENNA	32
INVIRASE	34
IPOL INACTIVATED IPV	64
<i>ipratropium bromide</i>	76
<i>ipratropium bromide/albuterol sulfate</i>	76
IRESSA	29
ISENTRESS	34
<i>isochron</i>	44
<i>isoditrate er</i>	44
ISOLYTE-H/DEXTROSE 5%	79
ISOLYTE-M/DEXTROSE 5%	79
<i>isonarif</i>	28
<i>isoniazid</i>	28
<i>isosorbide dinitrate</i>	44
<i>isosorbide dinitrate er</i>	44
<i>isosorbide mononitrate</i>	44
<i>isosorbide mononitrate er</i>	44
<i>isotonic gentamicin</i>	17
<i>isovate</i>	57
<i>isradipine</i>	44
ISTODAX	29
<i>itraconazole</i>	26
IXIARO	64
JALYN	55
<i>jantoven</i>	40
JANUMET	38
JANUVIA	38
<i>jevantique</i>	58

Drug Name	Page #
JE-VAX	64
JEVTANA	29
<i>jinteli</i>	60
<i>jolessa</i>	60
<i>jolivette</i>	60
<i>junel 1.5/30</i>	60
<i>junel 1/20</i>	60
<i>junel fe 1.5/30</i>	60
<i>junel fe 1/20</i>	60
KALBITOR	41
KALETRA	34
<i>kalexate</i>	67
<i>kanamycin sulfate</i>	17
KAON-CL-10	67
KAPIDEX	53
<i>karigel</i>	50
<i>karigel-n</i>	50
<i>kariva</i>	60
<i>kcl 0.075%/d5w/nacl 0.45%</i>	67
<i>kcl 0.15%/d10w/nacl 0.2%</i>	67
KCL 0.15%/D5W/LR	67
<i>kcl 0.15%/d5w/nacl 0.2%</i>	67
<i>kcl 0.15%/d5w/nacl 0.225%</i>	68
<i>kcl 0.15%/d5w/nacl 0.45%</i>	68
<i>kcl 0.15%/d5w/nacl 0.9%</i>	68
KCL 0.224%/D5W/NACL 0.2%	68
KCL 0.3%/D5W/LR IV LAC RING	68
<i>kcl 0.3%/d5w/nacl 0.2%</i>	68
<i>kcl 0.3%/d5w/nacl 0.45%</i>	68
KCL 0.3%/D5W/NACL 0.9%	68
<i>kelnor 1/35</i>	60
<i>keratol hc</i>	51
KERLONE	44
KETEK	17
<i>ketoconazole</i>	26
<i>ketoprofen</i>	10
<i>ketoprofen er</i>	10
<i>ketorolac tromethamine</i>	10
KINRIX	64
<i>kionex</i>	68
<i>klor-con 10</i>	68
<i>klor-con 8</i>	68
<i>klor-con m10</i>	68
KLOR-CON M15	68
<i>klor-con m20</i>	68
KRISTALOSE	53
<i>kuric</i>	26
KUVAN	52
<i>labetalol hcl</i>	44

Drug Name	Page #
<i>laclotion</i>	51
LACRISERT	73
<i>lactated ringers</i>	79
LACTATED RINGERS IRRIGATION	79
LACTOCAL-F	68
<i>lactrex</i>	51
<i>lactulose</i>	53
LAMICTAL	21
LAMICTAL ODT	21
LAMISIL	26
<i>lamotrigine</i>	21
<i>lamotrigine starter/not taking</i>	21
<i>carbamazepine</i>	
<i>lamotrigine starter/taking</i>	21
<i>carbamazepine/not taking valproat</i>	
<i>lamotrigine starter/taking valproate</i>	22
<i>lansoprazole</i>	53
<i>lansoprazole odt</i>	53
LANTUS	39
LANTUS FOR OPTICLIK	39
LANTUS SOLOSTAR	39
<i>latanoprost</i>	73
LATUDA	32
<i>leena</i>	60
<i>leflunomide</i>	64
<i>lessina-28</i>	60
LETAIRIS	76
<i>letrozole</i>	29
<i>leucovorin calcium</i>	29
LEUKERAN	29
LEUKINE	40
<i>leuprolide acetate</i>	60
<i>levalbuterol</i>	76
LEVAQUIN	17
LEVAQUIN PREMIX	17
LEVEMIR	39
LEVEMIR FLEXPEN	39
<i>levetiracetam</i>	22
<i>levobunolol hcl</i>	73
<i>levocarnitine</i>	79
<i>levocetirizine dihydrochloride</i>	76
<i>levofloxacin</i>	17
LEVOMEFOLATE PNV	68
<i>levonorgestrel</i>	58
<i>levora 0.15/30-28</i>	60
<i>levorphanol tartrate</i>	10
LEVOTHROID	60
<i>levothyroxine sodium</i>	60
LEVOXYL	60

Drug Name	Page #
LEXAPRO	23
LEXIVA	34
LIALDA	53
<i>lidocaine</i>	10
<i>lidocaine hcl</i>	10
<i>lidocaine hcl jelly</i>	10
<i>lidocaine viscous</i>	10
<i>lidocaine/prilocaine</i>	10
LIDODERM	10
<i>lindane</i>	30
<i>lithyronine sodium</i>	60
LIPITOR	44
LIPOSYN II	79
LIPOSYN III	79
<i>liquadd</i>	36
<i>lisinopril</i>	44
<i>lisinopril/hydrochlorothiazide</i>	44
<i>lithium carbonate</i>	37
<i>lithium carbonate er</i>	37
<i>lithium citrate</i>	37
LODOSYN	31
<i>lofene</i>	53
LOFIBRA	44
<i>lokara</i>	57
<i>lonox</i>	53
<i>loperamide hcl</i>	53
<i>lorazepam</i>	36
<i>loryna</i>	58
<i>losartan potassium</i>	45
<i>losartan</i>	45
<i>potassium/hydrochlorothiazide</i>	
LOTEMAX	57
LOTRONEX	53
<i>lovastatin</i>	45
LOVAZA	45
<i>low-ogestrel</i>	60
<i>loxapine succinate</i>	32
LOXITANE	32
LUFYLLIN	76
LUMIGAN	73
LUMIZYME	52
LUPRON DEPOT	60
LUPRON DEPOT-PED	60
<i>lutra</i>	60
LYRICA	22
LYSODREN	60
LYSTEDA	40
<i>magnesium sulfat</i>	68
<i>magnesium sulfat in d5w</i>	68

Drug Name	Page #
<i>malathion</i>	30
MANNITOL	45
<i>maprotiline hcl</i>	23
<i>margesic-h</i>	10
MARNATAL-F	68
MARNATAL-F PLUS DUO PACK	68
MARPLAN	23
MATULANE	29
<i>matzim la</i>	45
MAXALT	27
MAXALT-MLT	27
MAXITROL	17
<i>mebendazole</i>	30
<i>meclizine hcl</i>	25
<i>meclofenamate sodium</i>	10
<i>medroxyprogesterone acetate</i>	60
<i>mefenamic acid</i>	10
<i>mefloquine hcl</i>	30
MEFOXIN	17
MEFOXIN IN DEXTROSE 2.2%	18
MEFOXIN IN DEXTROSE 3.9%	18
<i>megestrol acetate</i>	60
<i>meloxicam</i>	10
<i>melphalan hydrochloride</i>	29
MENACTRA	64
MENEST	60
MENOMUNE-A/C/Y/W-135	64
MENTAX	26
MENVEO	64
<i>meperidine hcl</i>	10
<i>meperitab</i>	10
<i>meprobamate</i>	36
MEPRON	30
<i>mercaptopurine</i>	64
<i>meropenem</i>	18
MERUVAX II W/DILUENT 10 DOSE	64
<i>mesalamine</i>	53
MESNEX	29
MESTINON	28
MESTINON TIMESPAN	27
<i>metadate er</i>	36
<i>metaproterenol sulfate</i>	76
<i>metaxalone</i>	49
<i>metformin hcl</i>	39
<i>metformin hcl er</i>	39
<i>methadex</i>	18
METHADONE HCL	10
<i>methadose</i>	10
<i>methadose sugar-free</i>	10

Drug Name	Page #
<i>methamphetamine hcl</i>	36
<i>methazolamide</i>	45
<i>methenamine hippurate</i>	18
METHERGINE	27
<i>methimazole</i>	60
<i>methitest</i>	61
<i>methocarbamol</i>	49
<i>methotrexate</i>	64
<i>methotrexate sodium</i>	64
<i>methscopolamine bromide</i>	53
<i>methyclothiazide</i>	45
<i>methyl dopa</i>	45
<i>methyl dopa/hydrochlorothiazide</i>	45
<i>methyl dopate hcl</i>	45
<i>methylergonovine maleate</i>	27
<i>methylergonovine maleate</i>	55
<i>methylin</i>	36
<i>methylin er</i>	36
<i>methylphenidate hcl</i>	36
<i>methylphenidate hcl er</i>	37
<i>methylphenidate hcl er</i>	49
<i>methylphenidate hcl sr</i>	37
<i>methylphenidate hydrochloride</i>	37
<i>methylprednisolone</i>	57
<i>methylprednisolone acetate</i>	57
<i>methylprednisolone sodiumsuccinate</i>	57
<i>metipranolol</i>	73
<i>metoclopramide hcl</i>	53
<i>metolazone</i>	45
<i>metoprolol succinate er</i>	45
<i>metoprolol tartrate</i>	45
<i>metoprolol/hydrochlorothiazide</i>	45
METRO IV	18
<i>metronidazole</i>	18
<i>metronidazole in nacl 0.79%</i>	18
<i>metronidazole vaginal</i>	18
<i>mexiletine hcl</i>	45
MICARDIS	45
MICARDIS HCT	45
<i>miconazole 3</i>	26
<i>microgestin 1.5/30</i>	61
<i>microgestin 1/20</i>	61
<i>microgestin fe</i>	61
<i>microgestin fe 1.5/30</i>	61
<i>midazolam hcl</i>	77
<i>midodrine hcl</i>	45
MIGERGOT	27
MILLIPRED	57
MILLIPRED DP	57

Drug Name	Page #
<i>mimvey</i>	61
<i>minirin</i>	61
<i>minitran</i>	45
<i>minocycline hcl</i>	18
<i>minocycline hcl er</i>	18
<i>minoxidil</i>	45
<i>mirtazapine</i>	23
<i>mirtazapine odt</i>	23
<i>misoprostol</i>	53
<i>mitoxantrone hcl</i>	29
MITOXANTRONE HCL	49
M-M-R II W/DILUENT 10 DOSE	64
<i>moexipril hcl</i>	45
<i>moexipril/hydrochlorothiazide</i>	45
<i>mometasone furoate</i>	57
<i>mononessa</i>	61
MONUROL	18
<i>morphine sulfate</i>	11
<i>morphine sulfate add-vantage</i>	11
<i>morphine sulfate cr</i>	11
<i>morphine sulfate er</i>	11
<i>morrhuate sodium</i>	40
MOXATAG	18
MOXEZA	18
MOZOBIL	29
MULTAQ	45
<i>multi vitamin/fluoride</i>	68
<i>multi-vit/fluoride</i>	68
<i>multi-vit/iron/fluoride</i>	79
<i>multivitamin/fluoride</i>	68
<i>multi-vitamin/fluoride</i>	68
<i>multi-vitamin/fluoride/iron</i>	79
<i>multivitamins/fluoride</i>	68
<i>mult-vitamin/fluoride</i>	68
MUMPSVAX W/DILUENT 10 DOSE	64
<i>mupirocin</i>	18
MYCAMINE	26
MYCOBUTIN	28
<i>mycophenolate mofetil</i>	64
<i>mydral</i>	73
MYDRIACYL	73
MYFORTIC	64
MYKIDZ IRON FL	79
MYNATAL	68
<i>mynatal advance</i>	68
<i>mynatal plus</i>	68
<i>mynatal-z</i>	68
<i>mynate 90 plus</i>	68
MYOZYME	52

Drug Name	Page #
MYTELASE	28
<i>nabumetone</i>	11
<i>nadolol</i>	45
<i>nadolol/bendroflumethiazide</i>	45
<i>nafcillin sodium</i>	18
NAGLAZYME	52
<i>nalbuphine hcl</i>	11
<i>naloxone hcl</i>	13
<i>naltrexone hcl</i>	13
NAMENDA	22
NAMENDA TITRATION PAK	22
<i>naphazoline hcl</i>	73
<i>naproxen</i>	11
<i>naproxen dr</i>	11
<i>naproxen sodium</i>	11
<i>naratriptan hcl</i>	27
NARDIL	24
NASONEX	76
NATAFORT	68
NATALVIT	68
<i>nateglinide</i>	39
NATELLE ONE	68
NATELLE-EZ	68
NAVANE	32
NEBUPENT	30
<i>necon 0.5/35-28</i>	61
<i>necon 1/35-28</i>	61
NECON 1/50-28	61
NECON 10/11-28	61
<i>necon 7/7/7</i>	61
NEEVO	68
NEEVO DHA	69
<i>nefazodone hcl</i>	24
<i>neocin</i>	18
<i>neocin-pg</i>	18
<i>neomycin sulfate</i>	18
<i>neomycin/bacitracin/polymyxin</i>	18
<i>neomycin/polymyxin b sulfates</i>	18
<i>neomycin/polymyxin/bacitracin/hydroc</i>	18
<i>ortisone</i>	
<i>neomycin/polymyxin/dexamethasone</i>	18
<i>neomycin/polymyxin/gramicidin</i>	18
<i>neomycin/polymyxin/hc</i>	18
<i>neomycin/polymyxin/hydrocortisone</i>	18
NEOSPORIN	18
NEPHRAMINE	79
NESTABS	69
NESTABS DHA	69
NEUMEGA	40

Drug Name	Page #
NEUPOGEN	40
NEURONTIN	22
<i>neutragard advanced</i>	50
<i>neutral sodium fluoride</i>	50
NEVANAC	11
NEXA SELECT	69
NEXAVAR	29
NEXIUM	54
NEXIUM I.V.	53
<i>next choice</i>	61
NEXTERONE	45
<i>niacor</i>	45
NIASPAN	46
<i>nicardipine hcl</i>	46
<i>nicotine</i>	13
NICOTROL NS	13
<i>nifediac cc</i>	46
<i>nifedical xl</i>	46
<i>nifedipine</i>	46
<i>nifedipine er</i>	46
NILANDRON	61
<i>nimodipine</i>	46
<i>nisoldipine</i>	46
<i>nisoldipine er</i>	46
NITRO-BID	46
<i>nitrofurantoin</i>	55
<i>nitrofurantoin macrocrystalline</i>	18
<i>nitrofurantoin monohydrate</i>	18
<i>nitroglycerin</i>	46
<i>nitroglycerin in 5% dextrose</i>	46
<i>nitroglycerin in dextrose 5%</i>	46
NITROGLYCERIN LINGUAL	46
<i>nitroglycerin transdermal</i>	46
NITROLINGUAL PUMPSPRAY	46
NITROLINGUAL PUMPSPRAY	46
DUO PACK	
<i>nitroquick</i>	46
NITROSTAT	46
<i>nizatidine</i>	54
<i>nora-be</i>	61
NORDITROPIN FLEXPRO	61
NORDITROPIN NORDIFLEX PEN	61
<i>norethindrone</i>	61
<i>norethindrone acetate</i>	61
<i>norgestrel/ethinyl estradiol</i>	61
NORMOSOL-M IN D5W	79
NORMOSOL-R	79
NORMOSOL-R IN D5W	79
<i>nortrel 0.5/35 (28)</i>	61

Drug Name	Page #
<i>nortrel 1/35 (21)</i>	61
<i>nortrel 1/35 (28)</i>	61
<i>nortrel 7/7/7</i>	61
<i>nortriptyline hcl</i>	24
NORVIR	34
NOVOLIN 70/30	39
NOVOLIN N	39
NOVOLIN R	39
NOVOLOG	39
NOVOLOG FLEXPEN	39
NOVOLOG MIX 70/30	39
NOVOLOG MIX 70/30 PREFILLED	39
FLEXPEN	
NOVOLOG PENFILL	39
NOXAFIL	26
NUCYNTA	11
NUEDEXTA	49
NULOJIX	65
<i>nutrilyte</i>	79
<i>nutrilyte ii</i>	79
<i>nuzole</i>	26
<i>nyamyc</i>	26
<i>nystatin</i>	26
<i>nystatin vaginal</i>	26
<i>nystatin/triamcinolone</i>	26
<i>nystop</i>	27
OB COMPLETE	69
OB COMPLETE 400	69
OB COMPLETE ONE	69
OB COMPLETE PREMIER	69
OB COMPLETE/DHA	69
<i>ob-natal one</i>	69
OBSTETRIX DHA	69
<i>obstetrix ec</i>	69
OBTREX	69
OBTREX DHA	69
O-CAL FA	69
O-CAL PRENATAL	69
OCELLA	61
OCTAGAM	65
<i>octreotide acetate</i>	61
<i>ocusulf-10</i>	18
<i>ofloxacin</i>	18
OGESTREL	61
<i>omeprazole</i>	54
<i>omeprazole/sodium bicarbonate</i>	54
<i>ondansetron hcl</i>	25
<i>ondansetron hcl/dextrose</i>	25
<i>ondansetron odt</i>	25

Drug Name	Page #
ONTAK	29
OPANA ER	11
<i>oralone</i>	50
ORAP	32
ORAPRED	57
ORFADIN	52
<i>orphenadrine citrate</i>	49
<i>orphenadrine citrate er</i>	49
<i>orphenadrine compound ds</i>	49
<i>orphenadrine/asa/caffeine</i>	49
<i>orsythia</i>	58
ORTHOCLONE OKT3	65
<i>ortho-est</i>	61
OSMITROL VIAFLEX	46
OVCON-35	61
<i>oxacillin sodium</i>	18
<i>oxandrolone</i>	61
<i>oxaprozin</i>	11
<i>oxazepam</i>	36
<i>oxcarbazepine</i>	22
OXSORALEN	51
OXSORALEN ULTRA	51
<i>oxybutynin chloride</i>	55
<i>oxybutynin chloride er</i>	55
<i>oxycodone hcl</i>	11
<i>oxycodone hcl er</i>	12
<i>oxycodone/acetaminophen</i>	12
<i>oxycodone/aspirin</i>	12
<i>oxycodone/aspirin</i>	12
<i>oxycodone/ibuprofen</i>	12
<i>oxyfast</i>	12
<i>oxymorphone hydrochloride</i>	12
<i>oxytocin</i>	55
PAIRE OB	69
PALGIC	76
<i>pamidronate disodium</i>	66
PANRETIN	29
<i>pantoprazole sodium</i>	54
<i>parcaine</i>	73
PARCOPA	31
<i>paregoric</i>	54
<i>paromomycin sulfate</i>	18
<i>paroxetine hcl</i>	24
<i>paroxetine hcl er</i>	24
PASER	28
PATADAY	73
PATANASE	76
PATANOL	74
PCE	19

Drug Name	Page #
PEDIARIX	65
<i>pedi-dri</i>	27
PEDVAX HIB	65
<i>peg 3350/electrolytes</i>	54
<i>peg-3350/electrolytes</i>	54
<i>peg-3350/nacl/na bicarbonate/kcl</i>	54
PEGANONE	22
PEGASYS	65
PEG-INTRON	65
PEG-INTRON REDIPEN	65
<i>penicillin g potassium</i>	19
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	19
<i>penicillin g procaine</i>	19
<i>penicillin g sodium</i>	19
<i>penicillin v potassium</i>	19
PENTASA	54
<i>pentazocine/acetaminophen</i>	12
<i>pentazocine/naloxone hcl</i>	12
<i>pentopak</i>	46
<i>pentoxifylline er</i>	46
<i>pentoxil</i>	46
<i>perindopril erbumine</i>	47
<i>perio gard</i>	50
<i>perisol</i>	50
<i>permethrin</i>	30
<i>perphenazine</i>	32
<i>perphenazine/amitriptyline</i>	32
PFIZERPEN-G	19
<i>phenadoz</i>	76
<i>phenazopyridine hcl</i>	55
<i>phenelzine sulfate</i>	24
PHENERGAN	76
<i>phenobarbital</i>	77
<i>phenobarbital sodium</i>	77
PHENYTEK	22
<i>phenytoin</i>	22
<i>phenytoin sodium</i>	22
<i>phenytoin sodium extended</i>	22
PHISOHEX	69
<i>phos-flur</i>	50
PHOSLO	55
PHOSLYRA	55
<i>phospha 250 neutral</i>	69
PHOSPHOLINE IODIDE	74
PHYSIOLYTE	79
PHYSIOSOL IRRIGATION	79
<i>pilocar</i>	74
<i>pilocarpine hcl</i>	50

Drug Name	Page #
<i>pilocarpine hcl</i>	74
<i>pilocarpine hydrochloride</i>	50
PILOPINE HS	74
<i>piloptic-1</i>	74
<i>piloptic-2</i>	74
<i>piloptic-4</i>	74
<i>piloptic-6</i>	74
<i>pindolol</i>	47
<i>piperacillin sodium</i>	19
<i>piperacillin sodium/ tazobactam sodium</i>	19
<i>piperacillin sodium/tazobactam sodium</i>	19
<i>piroxicam</i>	12
<i>plasma-lyte-m/d5w</i>	79
PLASMA-LYTE-R	79
<i>plasma-lyte-r/d5w</i>	79
PLAVIX	40
PNV OB+DHA	69
<i>pnv-dha</i>	69
PNV-DHA+DOCUSATE	69
PNV-OMEGA	69
<i>pnv-select</i>	69
PNV-TOTAL	69
<i>podofilox</i>	51
<i>polycin b</i>	19
<i>poly-dex</i>	19
<i>polyethylene glycol 3350</i>	54
POLYGAM S/D	65
<i>polymyxin b sulfate</i>	19
<i>polymyxin b sulfate/trimethoprim sulfate</i>	19
<i>polyvitamin/fluoride</i>	69
<i>poly-vitamin/fluoride</i>	69
POLY-VITAMIN/IRON/FLUORIDE	79
<i>portia-28</i>	61
<i>potassium acetate</i>	69
<i>potassium chloride</i>	70
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	69
POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	69
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	69
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	69
<i>potassium chloride 0.15% nacl 0.9%</i>	69
<i>potassium chloride 0.15%/d5w</i>	69
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	69

Drug Name	Page #
<i>potassium chloride 0.224%/d5w</i>	69
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	69
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	70
<i>potassium chloride 0.3%/ nacl 0.9%</i>	70
<i>potassium chloride 0.3%/d5w</i>	70
<i>potassium chloride cr</i>	70
<i>potassium chloride er</i>	70
<i>potassium chloride sr</i>	70
<i>potassium citrate extended-release pr natal 400</i>	70
<i>pr natal 400 ec</i>	70
<i>pr natal 430</i>	70
<i>pr natal 430 ec</i>	70
PRADAXA	41
<i>pramipexole dihydrochloride</i>	31
<i>pravastatin sodium</i>	47
<i>prazosin hcl</i>	47
PRED FORTE	57
PRED MILD	57
PRED-G	19
PRED-G S.O.P.	19
<i>prednicarbate</i>	57
<i>prednisolone</i>	57
<i>prednisolone acetate</i>	57
<i>prednisolone sodium phosphate</i>	57
<i>prednisone</i>	57
PREDNISONE INTENSOL	58
PREFERA OB	70
PREFERA OB + DHA	70
PREFERA OB ONE	70
PREMARIN	61
PREMARIN W/APPLICATOR	61
PREMASOL	80
PREMPHASE	61
PREMPRO	62
PRENAFIRST	70
PRENAISSANCE	70
<i>prenaplus</i>	70
PRENATABS OBN	70
<i>prenatal 19</i>	70
<i>prenatal ad</i>	70
PRENATAL LOW IRON	70
<i>prenatal plus/iron</i>	70
PRENATAL-U	70
PRENATE ELITE	70
PRENATE ESSENTIAL	70
PRENATE PLUS	70

Drug Name	Page #
PRENEXA	70
PREQUE 10	70
<i>prevalite</i>	47
PREVIDENT	50
PREVIDENT 5000 BOOSTER	50
PREVIDENT 5000 DRY MOUTH	50
PREVIDENT 5000 ENAMEL	50
PROTECT	
PREVIDENT 5000 PLUS	50
PREVIDENT 5000 SENSITIVE	50
<i>previfem</i>	62
PREZISTA	34
PRIFTIN	28
<i>primaquine phosphate</i>	31
PRIMAXIN I.M.	19
PRIMAXIN IV	19
<i>primidone</i>	22
PRIMSOL	19
PRISTIQ	24
PRIVIGEN	65
PROAIR HFA	76
<i>probenecid</i>	27
<i>probenecid/colchicine</i>	27
<i>procainamide hcl</i>	47
<i>procainamide hcl er</i>	47
PROCENTRA	37
PROCHIEVE	62
<i>prochlorperazine</i>	32
<i>prochlorperazine edisylate</i>	32
<i>prochlorperazine maleate</i>	32
PROCRIT	41
<i>proctocream hc</i>	58
PROCTOFOAM HC	51
<i>procto-kit</i>	58
<i>procto-pak</i>	58
<i>proctosol hc</i>	58
<i>proctozone-hc</i>	58
<i>progesterone</i>	62
PROGLYCEM	39
PROGRAF	65
PROLASTIN	76
PROLASTIN-C	76
PROLEUKIN	29
PROLIA	66
PROMACTA	41
<i>promethazine hcl</i>	76
<i>promethazine vc</i>	76
<i>promethazine vc plain</i>	76
<i>promethegan</i>	76

Drug Name	Page #
PROMETRIUM	62
<i>pro-otic</i>	19
<i>propafenone hcl</i>	47
<i>propafenone hcl er</i>	47
<i>propantheline bromide</i>	54
<i>proparacaine hcl</i>	74
<i>propranolol hcl</i>	47
<i>propranolol hcl er</i>	47
<i>propranolol/hydrochlorothiazide</i>	47
<i>propylthiouracil</i>	62
PROQUAD	65
PROSOL	80
PROTECTNATAL	70
<i>protriptyline hcl</i>	24
PROVENTIL HFA	76
PROVIGIL	77
PULMOZYME	76
PUREFE OB PLUS	70
<i>pyrazinamide</i>	28
<i>pyridostigmine bromide</i>	28
QUALAQUIN	31
<i>quasense</i>	62
<i>quinapril hcl</i>	47
<i>quinapril/hydrochlorothiazide</i>	47
<i>quinaretic</i>	47
<i>quinidine gluconate</i>	47
<i>quinidine gluconate er</i>	47
<i>quinidine gluconate sa</i>	47
<i>quinidine sulfate</i>	47
<i>quinidine sulfate er</i>	47
RABAVERT	65
<i>ramipril</i>	47
RANEXA	47
<i>ranitidine hcl</i>	54
RAPAFLO	55
RAPAMUNE	65
REBETOL	34
<i>reclipsen</i>	62
RECOMBIVAX HB	65
REGRANEX	51
RELENZA DISKHALER	34
RELISTOR	54
REMICADE	65
REMODULIN	76
RENAMIN	80
REVELA	55
<i>reprexain</i>	12
RESCRIPTOR	34
<i>reserpine</i>	47

Drug Name	Page #
RESTASIS	74
RETROVIR IV INFUSION	34
REVATIO	76
REVIA	13
REVLIMID	29
<i>revonto</i>	49
REYATAZ	34
<i>ribapak</i>	35
<i>ribasphere</i>	35
<i>ribavirin</i>	35
RIDAURA	65
RIFADIN	28
RIFAMATE	28
<i>rifampin</i>	28
RIFATER	28
RILUTEK	49
<i>rimantadine hcl</i>	35
<i>ringers injection</i>	80
RINGERS IRRIGATION	80
RISPERDAL CONSTA	32
<i>risperidone</i>	33
<i>risperidone odt</i>	33
RITUXAN	29
<i>rivastigmine tartrate</i>	22
<i>romycin</i>	19
<i>ropinirole hcl</i>	31
ROTARIX	65
ROTATEQ	65
<i>roxicet</i>	12
SABRIL	22
SANDOSTATIN LAR DEPOT	62
SANTYL	51
SAPHRIS	33
SAVELLA	49
SAVELLA TITRATION PACK	49
SCALACORT	58
<i>se-care</i>	71
<i>se-care conceive</i>	71
SELECT-OB	71
SELECT-OB+DHA	71
<i>selegiline hcl</i>	31
<i>selenium sulfide</i>	51
<i>selfemra</i>	24
SELZENTRY	35
<i>se-natal 19</i>	71
<i>se-natal 90</i>	71
<i>se-natal one</i>	71
SENSIPAR	62
<i>se-plete dha</i>	71

Drug Name	Page #
SEREVENT DISKUS	76
SEROMYCIN	28
SEROQUEL	33
SEROQUEL XR	33
<i>sertraline hcl</i>	24
<i>se-tan dha</i>	71
<i>seton et-ec</i>	71
<i>setonet</i>	71
<i>sf</i>	50
<i>sf 5000 plus</i>	50
<i>silver sulfadiazine</i>	19
SIMCOR	47
SIMPONI	65
SIMULECT	65
<i>simvastatin</i>	47
SINGULAIR	76
SODIUM ACETATE	80
<i>sodium bicarbonate</i>	80
<i>sodium chloride</i>	71
<i>sodium chloride 0.9%</i>	80
<i>sodium chloride 0.45% viaflex</i>	71
SODIUM FLUORIDE	71
<i>sodium lactate</i>	80
<i>sodium nitrite</i>	25
<i>sodium polystyrene sulfonate</i>	25
<i>sodium polystyrene sulfonate</i>	71
<i>sodium sulfacetamide</i>	19
<i>sodium sulfacetamide</i>	51
SOLARAZE	51
<i>solia</i>	62
SOMATULINE DEPOT	62
SOMAVERT	62
SORIATANE	51
SORIATANE CK	51
<i>sorine</i>	47
<i>sotalol hcl</i>	47
<i>sotalol hcl (af)</i>	47
<i>sotret</i>	51
SPIRIVA HANDHALER	76
<i>spironolactone</i>	47
<i>spironolactone/hydrochlorothiazide</i>	47
SPORANOX	27
<i>sprintec 28</i>	62
SPRYCEL	29
<i>sronyx</i>	62
<i>ssd</i>	19
<i>ssd af</i>	19
<i>stagesic</i>	12
STALEVO 100	31

Drug Name	Page #
STALEVO 125	31
STALEVO 150	31
STALEVO 200	31
STALEVO 50	31
STALEVO 75	31
<i>stavudine</i>	35
<i>sterile water irrigation</i>	80
STRATTERA	37
<i>streptomycin sulfate</i>	19
STROMECTOL	31
SUBOXONE	13
<i>sucralfate</i>	54
<i>sulf-10</i>	19
<i>sulfacetamide sodium</i>	19
<i>sulfacetamide sodium</i>	51
<i>sulfacetamide sodium/prednisolone</i>	19
<i>sodium phosphate</i>	
<i>sulfadiazine</i>	19
<i>sulfamethoxazole/trimethoprim</i>	19
<i>sulfamethoxazole/trimethoprim ds</i>	19
SULFAMYLON	20
<i>sulfasalazine</i>	54
<i>sulfatrim</i>	20
<i>sulfazine</i>	54
<i>sulfazine ec</i>	54
<i>sulindac</i>	12
SUMATRIPTAN	27
<i>sumatriptan succinate</i>	27
SUPRAX	20
SURMONTIL	24
SUSTIVA	35
SUTENT	29
<i>syeda</i>	58
SYLATRON	30
<i>symax-sl</i>	54
SYMBICORT	76
SYMLIN	39
SYNAGIS	65
SYNAREL	62
SYNTHROID	62
SYPRINE	71
TABLOID	30
TACLONEX SCALP	52
<i>tacrolimus</i>	65
TALWIN	12
TAMIFLU	35
<i>tamoxifen citrate</i>	30
<i>tamsulosin hcl</i>	55
TANDEM DHA	71

Drug Name	Page #
TANDEM OB	71
TAPAZOLE	62
TARCEVA	30
TARGRETIN	30
<i>taron ec calcium</i>	71
TARON-BC	71
TARON-C DHA	71
TARON-DUO EC	71
TARON-EC CAL	71
TARON-PREX	71
TASIGNA	30
<i>tazicef</i>	20
TAZORAC	52
<i>taztia xt</i>	48
TEFLARO	20
TEGRETOL-XR	22
TEKAMLO	48
TEKTURNA	48
TEKTURNA HCT	48
<i>temazepam</i>	77
<i>terazosin hcl</i>	48
<i>terbinafine hcl</i>	27
<i>terbutaline sulfate</i>	77
<i>terconazole</i>	27
<i>testosterone cypionate</i>	62
<i>testosterone enanthate</i>	62
TESTRED	62
TETANUS TOXOID ADSORBED	65
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	65
<i>tetracycline hcl</i>	20
TEXACORT	58
THALOMID	30
THEO-24	77
<i>theochron</i>	77
<i>theophylline cr</i>	77
<i>theophylline er</i>	77
<i>theophylline td</i>	77
THERACYS	30
<i>thermazene</i>	20
<i>thioridazine hcl</i>	33
<i>thiothixene</i>	33
THYMOGLOBULIN	65
THYROLAR-1	62
THYROLAR-1/2	62
THYROLAR-1/4	62
THYROLAR-2	62
THYROLAR-3	62
TICE BCG	30

Drug Name	Page #
<i>ticlopidine hcl</i>	41
TIKOSYN	48
<i>tilia fe</i>	62
<i>timolol maleate</i>	48
<i>timolol maleate</i>	74
<i>timolol maleate ophthalmic gel forming</i>	74
TIS-U-SOL	80
<i>tizanidine hcl</i>	49
TL-SELECT	71
<i>t-naf</i>	50
TOBI	20
TOBRADEX ST	20
<i>tobramycin sulfate</i>	20
<i>tobramycin sulfate add-vantage</i>	20
<i>tobramycin sulfate/sodium chloride</i>	20
<i>tobramycin/dexamethasone</i>	20
<i>tobrasol</i>	20
TOBEX	20
<i>tolazamide</i>	39
<i>tolbutamide</i>	39
<i>tolmetin sodium</i>	12
<i>topiragen</i>	22
<i>topiramate</i>	22
TOPOTECAN HCL	30
<i>torse mide</i>	48
TPN ELECTROLYTES	80
<i>tpn electrolytes ii</i>	80
TRACLEER	77
<i>tramadol hcl</i>	12
<i>tramadol hcl er</i>	12
<i>tramadol</i>	12
<i>hydrochloride/acetaminophen</i>	
<i>trandolapril</i>	48
<i>tranlycypromine sulfate</i>	24
TRAVATAN	74
TRAVATAN Z	74
<i>trazodone hcl</i>	24
TRECTOR	28
<i>tretinoin</i>	30
<i>tretinoin</i>	52
TRETIN-X	52
TREXALL	65
TRI RX	71
<i>triadvance</i>	71
<i>triamcinolone acetonide</i>	50
<i>triamcinolone acetonide</i>	58
<i>triamcinolone acetonide in absorbase</i>	58
<i>triamcinolone in orabase</i>	50
<i>triamterene/hydrochlorothiazide</i>	48

Drug Name	Page #
<i>triazolam</i>	77
<i>tricare</i>	71
TRICARE DHA 301	71
TRICARE PRENATAL DHA ONE	71
TRICOR	48
<i>triderm</i>	58
<i>trifluoperazine hcl</i>	33
<i>trifluridine</i>	35
<i>trihexyphenidyl hcl</i>	31
TRIHIBIT	65
<i>tri-legest fe</i>	62
TRILIPIX	48
<i>tri-lo-sprintec</i>	62
<i>trilyte</i>	54
<i>trimethobenzamide hcl</i>	25
<i>trimethoprim</i>	20
<i>trimethoprim sulfate/polymyxin b sulfate</i>	20
<i>trimipramine maleate</i>	24
TRINATAL GT	71
<i>trinatal rx 1</i>	71
TRINATAL ULTRA	71
TRINATE	71
<i>trinessa</i>	62
TRIPEDIA	65
<i>triple antibiotic</i>	20
<i>triple-vitamin/fluoride</i>	71
<i>tri-previfem</i>	62
TRISENOX	30
<i>tri-sprintec</i>	62
TRIVEEN-DUO DHA	72
TRIVEEN-ONE	72
TRIVEEN-PRX RNF	72
TRIVEEN-TEN	72
TRIVEEN-U	72
<i>tri-vit/fluoride</i>	71
<i>tri-vit/fluoride/iron</i>	80
<i>tri-vitamin/fluoride</i>	71
<i>tri-vitamin/iron/fluoride</i>	80
<i>trivora-28</i>	62
TRIZIVIR	35
<i>tropicacyl</i>	74
<i>tropicamide</i>	74
<i>trospium chloride</i>	55
<i>trust natal dha</i>	72
TRUVADA	35
TWINRIX	65
TYGACIL	20
TYKERB	30

Drug Name	Page #
TYLOX	12
TYPHIM VI	65
TYZEKA	35
TYZINE	77
TYZINE PEDIATRIC NASAL DROPS	77
<i>u-cort</i>	52
ULORIC	27
ULTIMATECARE ADVANTAGE	72
ULTIMATECARE COMBO	72
<i>ultimatecare one</i>	72
<i>ultimatecare one nf</i>	72
<i>ultra tabs</i>	72
UNITHROID	62
<i>unithroid direct</i>	63
URECHOLINE	55
<i>ursodiol</i>	54
<i>valacyclovir hcl</i>	35
VALCYTE	35
<i>valproate sodium</i>	22
<i>valproic acid</i>	22
VALTURNA	48
VANOCOCIN HCL	20
<i>vancomycin hcl</i>	20
VANCOMYCIN HCL IN DEXTROSE	20
<i>vandazole</i>	20
<i>vandetanib</i>	30
VAQTA	65
VARIVAX	65
VELCADE	30
<i>velivet</i>	63
VEMAVITE-PRX 2	72
VENA-BAL DHA	72
VENATAL COMPLETE DHA	72
VENATAL-FA	72
<i>venlafaxine hcl</i>	24
<i>venlafaxine hcl er</i>	24
VENTOLIN HFA	77
<i>verapamil hcl</i>	48
<i>verapamil hcl er</i>	48
<i>verapamil hcl sr</i>	48
VEREGEN	52
VERIPRED 20	58
VESICARE	55
VFEND	27
VFEND IV	27
VIBATIV	20
VIBRAMYCIN	20
<i>vicodin hp</i>	12

Drug Name	Page #
VICTOZA	39
VICTRELIS	35
VIDAZA	30
VIDEX PEDIATRIC	35
VIGAMOX	20
VIIBRYD	25
VIMOVO	12
VIMPAT	22
VINACAL	72
<i>vinate az</i>	72
VINATE AZ EXTRA	72
<i>vinate c</i>	72
VINATE CALCIUM	72
<i>vinate care</i>	72
<i>vinate gt</i>	72
<i>vinate ic</i>	72
<i>vinate ii</i>	72
VINATE M	72
<i>vinate one</i>	72
<i>vinate pn care</i>	72
<i>vinate ultra</i>	72
VIRACEPT	35
VIRAMUNE	35
VIRAMUNE XR	35
VIRAZOLE	35
VIREAD	35
<i>vis-phos n</i>	72
VISTIDE	35
VITAFOL-OB	72
VITAFOL-OB+DHA	72
VITAFOL-ONE	72
VITAFOL-PN	72
<i>vitamins a/c/d/fluoride</i>	72
VITA-PREN	72
<i>vitaspire</i>	72
<i>vitazol</i>	20
VIVA DHA	72
VIVACTIL	25
VIVELLE-DOT	63
VOL-NATE	72
VOL-PLUS	73
VOL-TAB RX	73
VOLTAREN	12
<i>voriconazole</i>	27
VOSPIRE ER	77
VOTRIENT	30
VPRIV	52
VYTORIN	48
<i>warfarin sodium</i>	41

Drug Name	Page #
WELCHOL	39
XARELTO	41
XENAZINE	49
XIFAXAN	20
XOLAIR	77
XYREM	77
YERVOY	30
YF-VAX	66
<i>zafirlukast</i>	77
<i>zaleplon</i>	77
ZAMICET	12
<i>zarah</i>	63
ZARONTIN	22
ZATEAN-CH	73
ZATEAN-PN	73
ZATEAN-PN DHA	73
ZATEAN-PN PLUS	73
ZAVESCA	52
<i>zazole</i>	27
ZEMAIRA	77
<i>zema-pak 10 day</i>	58
<i>zema-pak 13 day</i>	58
<i>zema-pak 6 day</i>	58
ZEMPLAR	66
ZENAPAX	66
<i>zenchent</i>	63
ZENPEP	52
<i>zeosa</i>	58
<i>zerlor</i>	12
ZETIA	48
ZIAGEN	35
<i>zidovudine</i>	35
ZIRGAN	35
ZOLINZA	30
<i>zolpidem tartrate</i>	77
<i>zolpidem tartrate er</i>	77
ZOMETA	66
ZONALON	52
<i>zonisamide</i>	22
ZORTRESS	66
ZOSTAVAX	66
<i>zovia 1/35e</i>	63
ZOVIA 1/50E	63
ZOVIRAX	35
ZYPREXA	33
ZYPREXA ZYDIS	33
ZYTIGA	30
ZYVOX	20

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