

**Medco Medicare Prescription Plan® (PDP)
2012 Formulary
(List of Covered Drugs)**

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

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

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

A Medicare-approved Part D sponsor

This information is available for free in other languages. Please contact our Customer Service numbers at **1-800-758-4574**; New York State residents: **1-800-758-4570** (TTY/TDD users only: **1-800-716-3231**) for additional information. Customer Service is available 24 hours a day, 7 days a week.

Esta información está disponible sin cargo en otros idiomas. Por favor comuníquese a los números de Servicio al cliente al **1-800-758-4574**; residentes de New York: **1-800-758-4570** (sólo los usuarios de TTY/TDD: **1-800-716-3231**) para obtener información adicional. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

This document is available in braille. Please call the Customer Service numbers listed above if you need plan information in another format.

What is the *Medco Medicare Prescription Plan (PDP) Formulary?*

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

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by **Medco Medicare Prescription Plan (PDP)**, please visit our website at www.medco.com or call Customer Service at **1-800-758-4574**; New York State residents: **1-800-758-4570**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY/TDD users should call **1-800-716-3231**. If there are additional changes made to the formulary that affect you and are not mentioned above, you will also be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 35. 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?

Medco Medicare Prescription Plan (PDP) 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:** **Medco Medicare Prescription Plan (PDP)** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medco Medicare Prescription Plan (PDP) before you fill your prescriptions. If you don't get approval, Medco Medicare Prescription Plan (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medco Medicare Prescription Plan (PDP)** limits the amount of the drug that Medco Medicare Prescription Plan (PDP) will cover. For example, Medco Medicare Prescription Plan (PDP) provides two inhalers (17 grams) for a one-month supply per prescription for PROAIR[®] HFA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medco Medicare Prescription Plan (PDP)** 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, Medco Medicare Prescription Plan (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medco Medicare Prescription Plan (PDP) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.medco.com.

You can ask **Medco Medicare Prescription Plan (PDP)** to make an exception to these restrictions or limits. See the section "How do I request an exception to the Medco Medicare Prescription Plan (PDP) Formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that **Medco Medicare Prescription Plan (PDP)** does not cover your drug, you have two options:

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

You can ask **Medco Medicare Prescription Plan (PDP)** 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, Medco Medicare Prescription Plan (PDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Preferred Brand Drug 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 Specialty Drug tier.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you are requesting a formulary, tiering, or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believes 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.

Other times when we will cover a temporary 31-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

The Plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your **Medco Medicare Prescription Plan (PDP)** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medco Medicare Prescription Plan (PDP)**, please call Customer Service at **1-800-758-4574**; New York State residents: **1-800-758-4570**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY/TDD users should call **1-800-716-3231**. Or visit **www.medco.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.

Medco Medicare Prescription Plan (PDP)’s Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medco Medicare Prescription Plan (PDP)**. If you have trouble finding your drug in the list, turn to the Index that begins on page 35.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEXIUM®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*). The information in the Requirements/Limits column tells you if **Medco Medicare Prescription Plan (PDP)** has any special requirements for coverage of your drug.

Your Costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage. Medco Medicare Prescription Plan (PDP)** has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different co-payment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage (EOC)* has more information about the plan’s coverage stages and lists the co-payment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-payments and coinsurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service for more information.

Drug Tiers

Tier	Includes	Helpful Tips
Tier 1: Preferred Generic Drugs	This tier includes many commonly prescribed low-cost drugs.	This tier includes commonly prescribed generic drugs and may include other low-cost drugs. Use Tier 1 drugs for the lowest co-payments.
Tier 2: Non-Preferred Generic Drugs	This tier includes additional low-cost drugs.	This tier includes generic drugs and may include other low-cost drugs. Use Tier 2 drugs to keep your co-payments low.
Tier 3: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some generic drugs.	Drugs in this tier will generally have lower co-payments than non-preferred drugs.
Tier 4: Non-Preferred Brand Drugs	This tier includes non-preferred brand-name drugs as well as some generic drugs.	Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2, and 3. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost drugs.	To learn more about medications in this tier, you may contact a Medco Specialist Pharmacist at the numbers listed on the cover of this document.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try a certain drug 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

LA: Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call Customer Service at **1-800-758-4574**; New York State residents: **1-800-758-4570**, 24 hours a day, 7 days a week. (TTY/TDD users should call **1-800-716-3231**.)

FF: Free First Fill. This prescription drug may be provided at a reduced cost-sharing amount the first time you fill it.

ED: Enhanced Drug. 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 toward 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.

CB: Capped Benefit. This prescription drug has a capped benefit limit.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

Commonly Prescribed Therapeutic Drug Categories

ANTI - INFECTIVES

ANTIFUNGAL AGENTS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b</i>	2	PA MO
ANCOBON	3	MO
<i>clotrimazole troc</i>	2	MO
DIFLUCAN IN NAACL	3	
ERAXIS INJ 100MG	3	
<i>fluconazole in dextrose inj 0; 400mg/200ml</i>	2	
<i>fluconazole susr</i>	1	MO
<i>fluconazole tabs</i>	1	MO
GRIS-PEG	4	MO
<i>griseofulvin microsize</i>	2	MO
<i>itraconazole</i>	2	MO
<i>ketoconazole</i>	2	MO
NOXAFIL	3	MO
<i>nystatin susp</i>	1	MO
<i>nystatin tabs</i>	1	MO
ORAVIG	3	MO
SPORANOX ORAL SOLN	3	MO
<i>terbinafine tabs</i>	1	MO
VFEND IV	3	MO
VFEND SUSR	3	MO
<i>voriconazole</i>	2	MO

ANTIVIRALS

<i>acyclovir caps</i>	1	MO
<i>acyclovir inj 500mg</i>	1	MO
<i>acyclovir susp</i>	1	MO
<i>acyclovir tabs</i>	1	MO
<i>amantadine</i>	2	MO
APTIVUS CAPS	5	MO
APTIVUS ORAL SOLN	5	
ATRIPLA	5	MO
BARACLUDGE ORAL SOLN	3	QL(1890 per 90 days)
BARACLUDGE TABS	3	MO QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/ Limits
COMBIVIR	5	MO
CRIXIVAN CAPS 100MG	3	
CRIXIVAN CAPS 200MG, 400MG	3	MO
<i>didanosine</i>	2	MO
EDURANT	5	MO
EMTRIVA	3	MO
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	5	MO
<i>famciclovir</i>	2	MO
<i>foscarnet sodium</i>	2	PA MO
FUZEON	5	MO
<i>ganciclovir caps</i>	2	MO
HEPSERA	5	QL(90 per 90 days)
INTELENCE	5	MO
INVIRASE CAPS	4	MO
INVIRASE TABS	5	MO
ISENTRESS	5	MO
KALETRA ORAL SOLN	5	MO
KALETRA TABS 200MG; 50MG	5	MO
KALETRA TABS 100MG; 25MG	3	MO
LEXIVA SUSP	3	MO
LEXIVA TABS	5	MO
NORVIR	3	MO
PREZISTA TABS 150MG	3	
PREZISTA TABS 75MG	3	MO
PREZISTA TABS 400MG, 600MG	5	MO
REBETOL ORAL SOLN	3	PA MO
RELENZA DISKHALER	3	QL(300 per 365 days)
RESCRIPTOR	4	MO
RETROVIR IV INFUSION	3	MO
REYATAZ	3	MO
<i>ribapak</i>	5	PA MO
<i>ribasphere caps</i>	2	PA MO
<i>ribasphere tabs 200mg</i>	2	PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere tabs 400mg</i>	5	PA	<i>cefotaxime sodium inj 2gm</i>	2	MO
<i>ribasphere tabs 600mg</i>	5	PA MO	<i>cefoxitin sodium inj 10gm, 2gm</i>	2	
<i>ribavirin</i>	2	PA	<i>cefoxitin sodium inj 1gm</i>	2	MO
<i>rimantadine hcl</i>	2	MO	<i>cefpodoxime proxetil</i>	2	MO
SELZENTRY	5	MO	<i>ceftazidime inj 1gm, 6gm</i>	2	
<i>stavudine</i>	2	MO	<i>ceftazidime inj 2gm</i>	2	MO
SUSTIVA	3	MO	<i>ceftriaxone sodium inj 10gm</i>	2	
TAMIFLU CAPS 45MG, 75MG	3	QL(60 per 365 days)	<i>ceftriaxone sodium inj 1gm, 250mg, 2gm, 500mg</i>	2	MO
TAMIFLU CAPS 30MG	3	QL(120 per 365 days)	<i>cefuroxime axetil</i>	2	MO
TAMIFLU SUSR 12MG/ML	3	MO	<i>cefuroxime sodium inj 7.5gm</i>	2	
TRIZIVIR	5	MO	<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	MO
TRUVADA	5	MO	<i>cephalexin</i>	1	MO
TYZEKA	5	MO	FORTAZ INJ 1GM/50ML; 5%, 2GM/50ML; 5%, 6GM	3	
<i>valacyclovir hcl tabs 1000mg</i>	2	QL(100 per 90 days)	SUPRAX SUSR	4	MO
<i>valacyclovir hcl tabs 500mg</i>	2	QL(200 per 90 days)	TAZICEF INJ 1GM, 2GM, 6GM	3	
VALCYTE ORAL SOLN	5	MO	TEFLARO	3	
VALCYTE TABS	5	MO	ZINACEF IN ISO-OSMOTIC DEXTROSE	3	
VIDEX PEDIATRIC ORAL SOLN 2GM	3	MO	ZINACEF IN ISO-OSMOTIC DILUENT	3	
VIRACEPT POWD	3	MO	ZINACEF INJ 1.5GM, 750MG	3	
VIRACEPT TABS	5	MO	ERYTHROMYCINS / OTHER MACROLIDES		
VIRAMUNE	3	MO	<i>azithromycin inj 500mg</i>	2	MO
VIREAD	3	MO	<i>azithromycin susr</i>	2	MO
ZIAGEN	3	MO	<i>azithromycin tabs</i>	2	MO
<i>zidovudine</i>	2	MO	<i>clarithromycin</i>	2	MO
CEPHALOSPORINS			<i>clarithromycin er</i>	2	MO
<i>cefaclor</i>	2	MO	<i>e.e.s. 400</i>	2	MO
<i>cefadroxil</i>	2	MO	E.E.S. GRANULES	3	MO
<i>cefazolin inj 1gm; 5%, 20gm, 500mg</i>	2		ERY-TAB TBEC 500MG	3	MO
<i>cefazolin inj 1gm</i>	2	MO	<i>ery-tab tbec 250mg, 333mg</i>	2	MO
<i>cefdinir</i>	2	MO	ERYTHROCIN	3	
<i>cefepime inj 2gm</i>	2		LACTOBIONATE INJ 500MG		
<i>cefepime inj 1gm</i>	2	MO	<i>erythrocin stearate</i>	1	MO
<i>cefotaxime sodium inj 10gm, 1gm, 500mg</i>	2		ERYTHROMYCIN BASE	3	MO
			<i>erythromycin ethylsuccinate</i>	2	MO
			<i>erythromycin/sulfisoxazole</i>	2	MO
			ZMAX	3	MO
			MISCELLANEOUS ANTIINFECTIVES		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALBENZA	3	MO	MEPRON	5	MO
ALINIA	3	MO	<i>meropenem inj 500mg</i>	2	MO
<i>amikacin sulfate inj 500mg/2ml</i>	2		<i>metronidazole</i>	1	MO
<i>amikacin sulfate inj 50mg/ml</i>	2	MO	<i>metronidazole in nacl 0.79%</i>	2	MO
AZACTAM IN ISO-OSMOTIC DEXTROSE	3		MYCOBUTIN	3	MO
AZACTAM INJ 2GM	3	MO	NEBUPENT	3	PA MO
<i>aztreonam inj 1gm</i>	2	MO	<i>neomycin sulfate</i>	2	MO
BILTRICIDE	3	MO	<i>paromomycin</i>	2	MO
CAPASTAT SULFATE	4		PASER	3	MO
CAYSTON	5	LA	PRIMAQUINE	3	MO
<i>chloroquine</i>	2	MO	PRIMAXIN I.M.	3	MO
CLEOCIN GALAXY	3		PRIMAXIN IV	3	MO
CLEOCIN PEDIATRIC GRANULES	3	MO	<i>pyrazinamide</i>	2	MO
<i>clindamycin hcl</i>	2	MO	QUALAQUIN	3	MO
<i>clindamycin phosphate advantage</i>	2	MO	<i>rifampin</i>	2	MO
COARTEM	3	MO	SEROMYCIN	3	MO
<i>colistimethate sodium</i>	2	MO	STREPTOMYCIN SULFATE	3	MO
CUBICIN	3	PA MO	STROMEKTOL	3	MO
DAPSONE	3	MO	TOBI	5	PA MO
DARAPRIM	3	MO	<i>tobramycin inj 10mg/ml</i>	1	
<i>ethambutol tabs 400mg</i>	2		<i>tobramycin inj 80mg/2ml</i>	1	MO
<i>ethambutol tabs 100mg</i>	2	MO	TOBRAMYCIN SULFATE / SODIUM CHLORIDE	3	
<i>gentamicin sulfate inj 10mg/ml</i>	2		TRECTOR	3	MO
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO	TYGACIL	3	MO
<i>gentamicin sulfate/0.9% sodium chloride</i>	2		XIFAXAN TABS 200MG	3	QL(9 per 30 days) MO
<i>gentamicin sulfate/sodium chloride inj 1.2mg/ml; 0.9%</i>	2		XIFAXAN TABS 550MG	3	QL(180 per 90 days) MO
<i>hydroxychloroquine</i>	2	MO	ZYVOX INJ	3	MO
<i>isonarif</i>	2	MO	ZYVOX SUSR	3	QL(1800 per 30 days) MO
ISONIAZID SYRP	3	MO	ZYVOX TABS	3	QL(56 per 30 days) MO
<i>isoniazid tabs</i>	1	MO			
<i>isotonic gentamicin inj 0.6mg/ml; 0.9%, 0.8mg/ml; 0.9%</i>	2				
KETEK	3	QL(20 per 30 days) MO	PENICILLINS		
MALARONE	3	MO	<i>amoxicillin</i>	1	MO
<i>mebendazole</i>	2	MO	<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>mefloquine hcl</i>	2	MO	<i>amoxicillin/clavulanate potassium er</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/potassium clavulanate tabs</i>	2	MO	SULFA'S / RELATED AGENTS		
<i>ampicillin caps</i>	2	MO	<i>sulfadiazine</i>	2	MO
<i>ampicillin inj 10gm, 1gm</i>	2		<i>sulfamethoxazole/trimethoprim</i>	1	MO
AMPICILLIN INJ 125MG	3		<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>ampicillin susr</i>	2	MO	TETRACYCLINES		
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2		<i>demeclocycline hcl</i>	2	MO
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	MO	<i>doxycycline hyclate caps</i>	1	MO
BICILLIN C-R	3	MO	<i>doxycycline hyclate inj</i>	1	MO
BICILLIN L-A	3	MO	<i>doxycycline hyclate tabs</i>	1	MO
<i>dicloxacillin sodium</i>	2	MO	<i>doxycycline hyclate tbec</i>	1	MO
<i>nafcillin sodium inj 10gm</i>	2		<i>doxycycline monohydrate tabs 150mg, 50mg, 75mg</i>	2	MO
<i>nafcillin sodium inj 1gm</i>	2	MO	<i>minocycline hcl</i>	2	MO
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	3		<i>minocycline hcl er</i>	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3		<i>tetracycline hcl</i>	1	MO
<i>penicillin g potassium inj 5mu</i>	2		VIBRAMYCIN SYRP	3	MO
PENICILLIN G PROCAINE	3	MO	URINARY TRACT AGENTS		
PENICILLIN G SODIUM	3		MACRODANTIN CAPS 25MG	3	MO
<i>penicillin v potassium</i>	1	MO	<i>methenamine hippurate</i>	2	MO
<i>pfizerpen-g inj 20mu</i>	2		<i>nitrofurantoin</i>	2	MO
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	MO	<i>nitrofurantoin macrocrystalline caps 50mg</i>	2	MO
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML	3		<i>nitrofurantoin monohydrate</i>	2	MO
QUINOLONES			PRIMSOL	4	MO
AVELOX ABC PACK	3	MO	<i>trimethoprim</i>	2	MO
AVELOX INJ	3		VANCOMYCIN		
AVELOX TABS	3	MO	VANCOCIN ORAL	3	MO
CIPRO I.V.-IN D5W INJ 200MG; 5%	3	MO	<i>vancomycin inj 10gm, 500mg</i>	2	PA
<i>ciprofloxacin inj 400mg/40ml</i>	1		<i>vancomycin inj 1000mg</i>	2	PA MO
<i>ciprofloxacin tabs</i>	1	MO	VIBATIV INJ 250MG	3	
LEVAQUIN INJ 5%; 750MG/150ML	4		ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
LEVAQUIN INJ 25MG/ML	4	MO	ADJUNCTIVE AGENTS		
LEVAQUIN ORAL SOLN	4	MO	<i>amifostine</i>	5	MO
LEVAQUIN TABS	4	MO	<i>dexrazoxane inj 500mg</i>	2	MO
NOROXIN	4	MO	ELITEK INJ 1.5MG	5	
<i>ofloxacin</i>	2	MO	<i>leucovorin calcium inj 100mg, 350mg</i>	2	MO
			<i>leucovorin calcium tabs 25mg, 5mg</i>	2	MO
			LEUCOVORIN CALCIUM TABS 10MG, 15MG	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>mesna</i>	2	MO	CYTARABINE AQUEOUS INJ 100MG/ML	3	MO
MESNEX TABS	3	MO	<i>cytarabine aqueous inj 20mg/ml</i>	2	MO
XGEVA	5	PA QL(5.1 per 90 days)	<i>cytarabine inj 500mg</i>	2	MO
		MO	<i>dacarbazine inj 200mg</i>	2	MO
ZINECARD INJ 250MG	3	MO	DACOGEN	3	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			<i>daunorubicin hcl inj 20mg</i>	2	
ABRAXANE	4	MO	DAUNOXOME	4	MO
<i>adriamycin inj 2mg/ml</i>	2		DOCETAXEL INJ 80MG/8ML	3	
AFINITOR TABS 10MG	5	PA QL(180 per 90 days)	DOXIL	3	MO
		MO	<i>doxorubicin hcl</i>	2	
AFINITOR TABS 2.5MG, 5MG	5	PA QL(270 per 90 days)	DROXIA	3	MO
		MO	ELLENCE INJ 200MG/100ML	4	MO
ALIMTA INJ 500MG	4	MO	ELOXATIN INJ 100MG/20ML	4	MO
ALKERAN INJ	4		ELSPAR	4	MO
<i>anastrozole</i>	2	MO	EMCYT	3	MO
ARRANON	4		<i>epirubicin hcl inj 50mg/25ml</i>	2	
ARZERRA	3	MO	ERBITUX INJ 100MG/50ML	4	MO
AVASTIN INJ 100MG/4ML	4	MO	ETOPOPHOS	4	MO
<i>azathioprine</i>	2	PA MO	<i>etoposide inj</i>	2	MO
<i>azathioprine sodium</i>	2	PA MO	<i>exemestane</i>	2	MO
<i>bicalutamide</i>	2	MO	FARESTON	4	MO
BICNU	4	MO	FASLODEX	5	MO
<i>bleomycin sulfate inj 30unit</i>	2	MO	FIRMAGON INJ 120MG	5	QL(1 per 90 days) MO
BUSULFEX	3		FIRMAGON INJ 80MG	3	MO
CAMPATH	4		<i>fludarabine phosphate inj 50mg</i>	2	MO
<i>carboplatin inj 150mg/15ml</i>	2	MO	<i>fluorouracil inj 500mg/10ml</i>	2	MO
CEENU	3	MO	<i>flutamide</i>	2	MO
CELLCEPT INTRAVENOUS	3		<i>gemcitabine hcl inj 1gm</i>	5	MO
CELLCEPT SUSR	3	PA MO	<i>gengraf</i>	2	PA MO
<i>cisplatin inj 100mg/100ml</i>	2	MO	GLEEVEC	5	MO
<i>cladribine</i>	2	MO	HALAVEN	5	MO
CLOLAR	4		HERCEPTIN	4	MO
COSMEGEN	4	MO	HEXALEN	5	MO
<i>cyclophosphamide tabs</i>	2	PA MO	<i>hydroxyurea</i>	2	MO
<i>cyclosporine caps 100mg, 25mg</i>	2	PA MO	<i>idarubicin hcl inj 10mg/10ml</i>	2	
CYCLOSPORINE CAPS 50MG	3	PA	IFEX INJ 3GM	4	MO
<i>cyclosporine inj</i>	2	PA	<i>ifosfamide inj 1gm</i>	2	
<i>cyclosporine oral soln</i>	2	PA MO	<i>ifosfamide/mesna</i>	5	
			<i>irinotecan inj 100mg/5ml</i>	5	MO
			ISTODAX	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT INJ 45MG	5	MO	ONTAK	4	
JEVTANA	5	MO	<i>oxaliplatin inj 100mg/20ml</i>	5	
<i>letrozole</i>	2	MO	<i>paclitaxel inj 300mg/50ml</i>	2	MO
LEUKERAN	3	MO	<i>pentostatin</i>	2	MO
<i>leuprolide acetate</i>	2	MO	PHOTOFRIN	4	
LUPRON DEPOT INJ 3.75MG	3	MO	PROGRAF INJ	3	PA
LUPRON DEPOT INJ 11.25MG, 22.5MG, 30MG, 7.5MG	5	MO	RAPAMUNE	3	PA MO
LUPRON DEPOT-PED INJ 11.25MG, 15MG	5	MO	REVLIMID CAPS 15MG, 25MG	5	LA QL(21 per 28 days) MO
LYSODREN	3	MO	REVLIMID CAPS 10MG, 5MG	5	LA QL(30 per 30 days) MO
MATULANE	5	MO	RHEUMATREX	4	PA MO
MEGACE ES	3	QL(150 per 30 days) MO	RITUXAN	3	PA MO
<i>megestrol acetate susp</i>	1	QL(600 per 30 days) MO	SANDIMMUNE CAPS	3	PA MO
<i>megestrol acetate tabs</i>	1	QL(240 per 30 days) MO	SANDIMMUNE INJ	3	PA
<i>melphalan hydrochloride</i>	2		SANDIMMUNE ORAL SOLN	3	PA MO
<i>mercaptopurine</i>	2	MO	SANDOSTATIN LAR DEPOT	4	MO
<i>methotrexate</i>	2	PA MO	SIMULECT INJ 20MG	3	MO
<i>methotrexate sodium inj 25mg/ml</i>	2	MO	SOMATULINE DEPOT	5	MO
METHOTREXATE SODIUM INJ 1GM	4		SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL(90 per 90 days) MO
<i>mitomycin inj 20mg</i>	2	MO	SPRYCEL TABS 20MG	5	QL(180 per 90 days) MO
<i>mitoxantrone hcl</i>	2	MO	SUTENT	5	PA QL(90 per 90 days) MO
MUSTARGEN	4	MO	TABLOID	3	MO
<i>mycophenolate mofetil</i>	2	PA MO	<i>tacrolimus</i>	2	PA MO
MYFORTIC	3	PA MO	<i>tamoxifen citrate</i>	2	MO
NEORAL	3	PA MO	TARCEVA TABS 100MG, 150MG	5	PA QL(90 per 90 days) MO
NEXAVAR	5	LA PA QL(360 per 90 days) MO	TARCEVA TABS 25MG	5	PA QL(180 per 90 days) MO
NILANDRON	4	QL(120 per 90 days) MO	TARGRETIN	3	MO
NIPENT	4	MO	TASIGNA CAPS 200MG	5	QL(336 per 84 days) MO
<i>octreotide inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	MO	TAXOTERE INJ 80MG/2ML	5	
<i>octreotide inj 1000mcg/ml, 500mcg/ml</i>	5	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TAXOTERE INJ 80MG/4ML	5	MO	BANZEL	3	MO
THALOMID	5	PA MO	<i>carbamazepine</i>	1	MO
<i>thiotepa</i>	2	MO	<i>carbamazepine er tb12</i>	1	MO
<i>toposar</i>	2	MO	CARBATROL	3	MO
<i>topotecan hcl inj 4mg</i>	2	MO	CELONTIN	3	MO
TORISEL	5	PA MO	DILANTIN CAPS 30MG	3	MO
TREANDA INJ 100MG	5	MO	DILANTIN INFATABS	3	MO
TRELSTAR DEPOT MIXJECT	4	MO	<i>divalproex sodium cpsp</i>	2	MO
TRELSTAR LA MIXJECT	4	MO	<i>divalproex sodium er</i>	2	MO
TRELSTAR MIXJECT	4		<i>divalproex sodium tbec</i>	2	MO
<i>tretinoin</i>	2	MO	<i>epitol</i>	1	MO
TRISENOX	3	MO	EQUETRO	3	MO
TYKERB	5	LA QL(540 per 90 days)	<i>ethosuximide</i>	2	MO
		MO	FELBATOL	3	MO
VANDETANIB TABS 300MG	5	QL(90 per 90 days)	<i>gabapentin</i>	2	MO
VANDETANIB TABS 100MG	5	QL(180 per 90 days)	GABITRIL	3	MO
VECTIBIX INJ 100MG/5ML	5	MO	LAMICTAL ODT TBDP	3	MO
VELCADE	4	MO	LAMICTAL XR KIT	3	MO
VIDAZA	5	QL(4200 per 90 days)	LAMICTAL XR TB24 100MG, 200MG, 25MG, 50MG	3	MO
		MO	<i>lamotrigine</i>	2	MO
<i>vinblastine sulfate inj 10mg</i>	2		<i>levetiracetam inj</i>	2	
<i>vincasar pfs</i>	2	MO	<i>levetiracetam oral soln</i>	2	MO
<i>vincristine sulfate</i>	2	MO	<i>levetiracetam tabs</i>	2	MO
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	MO	LYRICA CAPS 225MG, 300MG	3	QL(180 per 90 days)
VOTRIENT	5	QL(360 per 90 days)			MO
		MO	LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	3	QL(270 per 90 days)
ZANOSAR	4	MO	<i>oxcarbazepine</i>	2	MO
ZOLINZA	5	QL(360 per 90 days)	PEGANONE	3	MO
		MO	<i>phenytoin</i>	2	MO
ZORTRESS TABS 0.5MG, 0.75MG	5	PA MO	PHENYTOIN SODIUM	3	
ZORTRESS TABS 0.25MG	3	PA MO	<i>phenytoin sodium extended</i>	2	MO
ZYTIGA	5	PA QL(360 per 90 days)	<i>primidone</i>	2	MO
		MO	SABRIL	3	MO
			TEGRETOL-XR TB12 100MG	3	MO
			<i>topiramate</i>	2	MO
			<i>valproate sodium</i>	2	MO
			<i>valproic acid</i>	2	MO
			VIMPAT INJ	3	

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH
ANTICONVULSANTS**

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL SOLN	3	MO	MIGRANAL	4	QL(24 per 90 days)
VIMPAT TABS	3	MO			MO
<i>zonisamide</i>	2	MO	<i>naratriptan hcl tabs 2.5mg</i>	2	QL(24 per 90 days)
ANTIPARKINSONISM AGENTS					MO
APOKYN	3	LA MO	<i>naratriptan hcl tabs 1mg</i>	2	QL(36 per 90 days)
AZILECT	3	MO			MO
<i>benztropine mesylate inj</i>	1		REL PAX	3	QL(24 per 90 days)
<i>benztropine mesylate tabs</i>	1	MO			MO
<i>bromocriptine mesylate</i>	2	MO	<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(12 per 90 days)
<i>carbidopa / levodopa</i>	2	MO			MO
<i>carbidopa/levodopa cr</i>	2	MO	<i>sumatriptan succinate tabs 100mg</i>	2	QL(27 per 90 days)
<i>carbidopa/levodopa odt</i>	2	MO			MO
<i>carbidopa/levodopa sr tbc 50mg; 200mg</i>	2	MO	<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	QL(54 per 90 days)
COMTAN	3	MO			MO
LODOSYN	3	MO	MISCELLANEOUS NEUROLOGICAL THERAPY		
MIRAPEX ER TB24 0.375MG, 0.75MG, 1.5MG, 3MG, 4.5MG	3	MO	ARICEPT ODT	3	QL(90 per 90 days)
<i>pramipexole dihydrochloride</i>	2	MO			MO
REQUIP XL	3	MO	ARICEPT TABS 23MG	3	QL(90 per 90 days)
<i>ropinirole</i>	2	MO			MO
<i>selegiline</i>	2	MO	COPAXONE	5	PA QL(90 per 90 days)
STALEVO 100	3	MO			MO
STALEVO 125	3	MO	<i>donepezil hcl</i>	2	QL(90 per 90 days)
STALEVO 150	3	MO			MO
STALEVO 200	3	MO	EXELON ORAL SOLN	3	MO
STALEVO 50	3	MO	EXELON PT24	3	QL(90 per 90 days)
STALEVO 75	3	MO			MO
<i>trihexyphenidyl</i>	1	MO	<i>galantamine hydrobromide cp24</i>	2	QL(90 per 90 days)
ZELAPAR	3	MO			MO
MIGRAINE / CLUSTER HEADACHE THERAPY			<i>galantamine hydrobromide oral soln</i>	2	MO
<i>dihydroergotamine mesylate</i>	2	MO	<i>galantamine hydrobromide tabs</i>	2	QL(180 per 90 days)
<i>ergotamine tartrate / caffeine</i>	2	MO			MO
MAXALT	3	QL(36 per 90 days)			
		MO			
MAXALT-MLT	3	QL(36 per 90 days)			
		MO			
<i>migergot</i>	2	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GILENYA	5	PA QL(28 per 28 days)	<i>duramorph</i>	2	MO
MYTELASE	3	MO	EMBEDA	4	
NAMENDA ORAL SOLN	3	MO	<i>endocet</i>	2	MO
NAMENDA TABS 10MG	3	QL(180 per 90 days)	EXALGO	4	MO
NAMENDA TABS 5MG	3	QL(270 per 90 days)	<i>fentanyl citrate</i>	2	
NAMENDA TITRATION PAK	3	MO	<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	PA QL(360 per 90 days)
NUEDEXTA	3	QL(180 per 90 days)	<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA QL(360 per 90 days)
<i>rivastigmine tartrate</i>	2	QL(180 per 90 days)	<i>fentanyl patches</i>	2	MO
XENAZINE	5	LA MO	<i>hydrocodone</i>	2	MO
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			<i>bitartrate/acetaminophen tabs</i>		
<i>baclofen</i>	1	MO	<i>hydrocodone/acetaminophen oral soln 500mg/15ml; 7.5mg/15ml</i>	2	MO
<i>cyclobenzaprine hcl</i>	1	MO	<i>hydrocodone/acetaminophen tabs</i>	2	MO
<i>dantrolene sodium caps</i>	2	MO	<i>hydrocodone/ibuprofen</i>	2	MO
MESTINON SYRP	3	MO	<i>hydromorphone hcl inj 10mg/ml</i>	2	MO
MESTINON TIMESPAN	3	MO	<i>hydromorphone hcl tabs</i>	2	MO
<i>pyridostigmine bromide</i>	2	MO	INFUMORPH 200	3	MO
<i>regonol</i>	2		INFUMORPH 500	3	MO
<i>tizanidine hcl</i>	2	MO	KADIAN	3	MO
NARCOTIC ANALGESICS			<i>levorphanol tartrate</i>	2	MO
<i>acetaminophen / codeine oral soln</i>	2	MO	<i>margesic-h</i>	2	MO
<i>acetaminophen / codeine tabs 300mg; 15mg</i>	2	MO	<i>methadone hcl conc</i>	2	MO
<i>acetaminophen/codeine #3</i>	2	MO	<i>methadone hcl inj</i>	2	
<i>acetaminophen/codeine #4</i>	2	MO	<i>methadone hcl oral soln 5mg/5ml</i>	2	MO
<i>ascomp/codeine</i>	2	MO	METHADONE HCL ORAL SOLN 10MG/5ML	3	MO
BUPRENEX	3	MO	<i>methadone hcl tabs</i>	2	MO
<i>buprenorphine hcl inj</i>	2		<i>methadose tabs</i>	2	MO
<i>buprenorphine hcl subl</i>	2	MO	<i>morphine sulfate er</i>	2	MO
<i>codeine sulfate</i>	2	MO	<i>morphine sulfate inj 0.5mg/ml</i>	2	
DILAUDID INJ	3	MO	<i>morphine sulfate inj 1mg/ml</i>	2	MO
DILAUDID-5	3	MO	<i>morphine sulfate oral soln</i>	2	MO
DILAUDID-HP INJ 10MG/ML	3		<i>morphine sulfate tabs</i>	2	MO
			ONSOLIS FILM 1200MCG, 400MCG, 600MCG, 800MCG	3	QL(360 per 90 days)
			ONSOLIS FILM 200MCG	3	QL(720 per 90 days)
			OPANA ER	3	MO
			<i>oxycodone / acetaminophen caps</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone / acetaminophen tabs 325mg; 5mg</i>	2		<i>indomethacin er</i>	1	MO
<i>oxycodone / acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg, 500mg; 7.5mg, 650mg; 10mg</i>	2	MO	<i>ketoprofen</i>	2	MO
<i>oxycodone hcl caps</i>	2	MO	<i>ketoprofen er</i>	2	MO
<i>oxycodone hcl conc</i>	2	MO	<i>meclofenamate sodium</i>	2	MO
<i>oxycodone hcl tabs 15mg, 30mg, 5mg</i>	2	MO	<i>mefenamic acid</i>	2	MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2		<i>meloxicam</i>	1	MO
<i>oxycodone/aspirin tabs 325mg; 4.5mg; 0.38mg</i>	2	MO	<i>nabumetone</i>	2	MO
OXYCONTIN	3	MO	<i>naloxone</i>	2	
<i>oxymorphone hydrochloride</i>	2	MO	<i>naltrexone</i>	2	MO
<i>reprexain tabs 10mg; 200mg</i>	2	MO	<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
ROXICET ORAL SOLN	3	MO	<i>naproxen susp</i>	1	MO
<i>roxicet tabs 325mg; 5mg</i>	2	MO	<i>naproxen tabs 250mg, 375mg</i>	1	MO
<i>stagesic</i>	2	MO	<i>naproxen tbec</i>	1	MO
<i>zerlor</i>	2	MO	<i>oxaprozin</i>	2	MO
NON-NARCOTIC ANALGESICS			PENNSAID	3	MO
ARTHROTEC 50	4	MO	<i>piroxicam</i>	1	MO
ARTHROTEC 75	4	MO	SUBOXONE	3	MO
<i>butorphanol tartrate nasal soln</i>	2	PA QL(30 per 90 days) MO	<i>sulindac</i>	2	MO
CELEBREX	3	QL(180 per 90 days) MO	<i>tolmetin sodium</i>	2	MO
<i>depade</i>	2	MO	<i>tramadol</i>	2	QL(720 per 90 days) MO
<i>diclofenac potassium</i>	2	MO	<i>tramadol hcl er</i>	2	QL(90 per 90 days) MO
<i>diclofenac sodium</i>	1	MO	VIMOVO	3	QL(180 per 90 days) MO
<i>diclofenac sodium ec</i>	1	MO	VOLTAREN GEL	3	MO
<i>diclofenac sodium xr</i>	1	MO	PSYCHOTHERAPEUTIC DRUGS		
<i>diflunisal</i>	2	MO	ABILIFY DISCMELT TBDP 15MG	3	QL(180 per 90 days) MO
<i>etodolac</i>	2	MO	ABILIFY DISCMELT TBDP 10MG	3	QL(270 per 90 days) MO
<i>fenoprofen calcium</i>	2	MO	ABILIFY INJ	3	MO
FLECTOR	4	MO	ABILIFY ORAL SOLN	3	MO
<i>flurbiprofen</i>	2	MO	ABILIFY TABS 20MG, 2MG, 30MG, 5MG	3	QL(90 per 90 days) MO
<i>ibuprofen susp</i>	1	MO			
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	MO			
<i>indomethacin caps</i>	1	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS 15MG	3	QL(180 per 90 days) MO	<i>dextroamphetamine sulfate er</i>	2	PA MO
ABILIFY TABS 10MG	3	QL(270 per 90 days) MO	<i>doxepin</i>	1	MO
<i>amitriptyline</i>	1	MO	EMSAM	4	QL(90 per 90 days) MO
<i>amoxapine</i>	2	MO	FANAPT TABS 1MG, 2MG, 4MG	4	QL(90 per 90 days) MO
<i>budeprion sr</i>	2	QL(180 per 90 days) MO	FANAPT TABS 10MG, 12MG, 6MG, 8MG	4	QL(180 per 90 days) MO
<i>budeprion xl tb24 300mg</i>	2	QL(90 per 90 days) MO	FANAPT TITRATION PACK	4	MO
<i>budeprion xl tb24 150mg</i>	2	QL(270 per 90 days) MO	FAZACLO	4	
<i>bupropion hcl</i>	2	MO	<i>fluoxetine caps 40mg</i>	1	QL(180 per 90 days) MO
<i>bupropion hcl sr</i>	2	QL(180 per 90 days) MO	<i>fluoxetine caps 20mg</i>	1	QL(360 per 90 days) MO
<i>bupirone hcl</i>	2	MO	<i>fluoxetine caps 10mg</i>	1	QL(720 per 90 days) MO
<i>chlordiazepoxide/amitriptyline</i>	2	MO	<i>fluoxetine dr</i>	1	QL(12 per 90 days) MO
<i>chlorpromazine</i>	2	MO	<i>fluoxetine oral soln</i>	1	MO
<i>citalopram oral soln</i>	1	MO	<i>fluoxetine tabs 20mg</i>	1	QL(360 per 90 days) MO
<i>citalopram tabs 40mg</i>	1	QL(90 per 90 days) MO	<i>fluoxetine tabs 10mg</i>	1	QL(720 per 90 days) MO
<i>citalopram tabs 10mg</i>	1	QL(180 per 90 days) MO	<i>fluphenazine conc</i>	1	
<i>citalopram tabs 20mg</i>	1	QL(270 per 90 days) MO	<i>fluphenazine decanoate inj</i>	1	MO
<i>clomipramine</i>	2	MO	<i>fluphenazine elix</i>	1	MO
<i>clozapine tabs 100mg, 25mg, 50mg</i>	2	MO	<i>fluphenazine inj</i>	1	MO
CLOZAPINE TABS 200MG	3	MO	<i>fluphenazine tabs</i>	1	MO
CYMBALTA CPEP 60MG	3	QL(90 per 90 days) MO	<i>fluvoxamine</i>	2	QL(270 per 90 days) MO
CYMBALTA CPEP 20MG, 30MG	3	QL(180 per 90 days) MO	FOCALIN XR	3	PA MO
<i>desipramine</i>	2	MO	GEODON CAPS	3	QL(180 per 90 days) MO
<i>dextroamphetamine sulfate</i>	2	PA MO	GEODON INJ	3	MO
			HALDOL	3	MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 100	3	MO	METADATE CD CPR 20MG,	4	PA MO
HALDOL DECANOATE 50	3	MO	30MG, 40MG, 50MG, 60MG		
<i>haloperidol conc</i>	2	MO	<i>methylphenidate hcl tabs 20mg</i>	2	PA
<i>haloperidol decanoate inj</i>	2	MO	<i>methylphenidate hcl tabs 10mg,</i>	2	PA MO
<i>haloperidol lactate inj</i>	2	MO	<i>5mg</i>		
<i>haloperidol tabs</i>	1	MO	<i>methylphenidate hydrochloride</i>	2	PA MO
<i>imipramine</i>	2	MO	<i>mirtazapine</i>	2	QL(90 per 90 days)
<i>imipramine pamoate</i>	2	MO			MO
INVEGA SUSTENNA INJ 39MG/0.25ML	3	QL(0.75 per 90 days)	<i>mirtazapine odt tbdp 30mg, 45mg</i>	2	QL(90 per 90 days)
		MO			MO
INVEGA SUSTENNA INJ 78MG/0.5ML	3	QL(1.5 per 90 days)	<i>nefazodone</i>	2	QL(180 per 90 days)
		MO			MO
INVEGA SUSTENNA INJ 117MG/0.75ML	3	QL(2.25 per 90 days)	<i>nortriptyline</i>	1	MO
		MO	ORAP	3	MO
INVEGA SUSTENNA INJ 156MG/ML	3	QL(3 per 90 days)	<i>paroxetine er tb24 12.5mg,</i>	1	QL(180 per 90 days)
INVEGA SUSTENNA INJ 234MG/1.5ML	3	QL(4.5 per 90 days)	<i>37.5mg</i>		MO
		MO	<i>paroxetine er tb24 25mg</i>	1	QL(270 per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	3	QL(90 per 90 days)			MO
		MO	<i>paroxetine susp</i>	1	MO
INVEGA TB24 6MG	3	QL(180 per 90 days)	<i>paroxetine tabs 20mg, 40mg</i>	1	QL(90 per 90 days)
		MO			MO
LATUDA TABS 80MG	3	QL(90 per 90 days)	<i>paroxetine tabs 10mg, 30mg</i>	1	QL(180 per 90 days)
		MO			MO
LATUDA TABS 40MG	3	QL(180 per 90 days)	PAXIL SUSP	3	MO
		MO	<i>perphenazine</i>	2	MO
LEXAPRO ORAL SOLN	3	MO	<i>phenelzine sulfate</i>	2	MO
LEXAPRO TABS	3	QL(90 per 90 days)	PRISTIQ	3	QL(90 per 90 days)
		MO			MO
<i>lithium carbonate</i>	1	MO	<i>protriptyline hcl</i>	2	MO
<i>lithium carbonate er</i>	1	MO	PROVIGIL	3	PA QL(90 per 90 days)
<i>lithium citrate</i>	2	MO			MO
<i>loxapine</i>	2	MO	RISPERDAL CONSTA	3	QL(12 per 84 days)
<i>maprotiline</i>	2	MO			MO
MARPLAN	3	MO	<i>risperidone odt</i>	2	QL(180 per 90 days)
					MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral soln</i>	2	MO	<i>venlafaxine hcl er cp24 75mg</i>	2	QL(270 per 90 days) MO
<i>risperidone tabs</i>	2	QL(180 per 90 days) MO	<i>venlafaxine hcl tabs 100mg, 25mg, 37.5mg</i>	2	QL(270 per 90 days) MO
RITALIN LA	4	PA MO	<i>venlafaxine hcl tabs 75mg</i>	2	QL(450 per 90 days) MO
ROZEREM	4	MO	<i>venlafaxine hcl tabs 50mg</i>	2	QL(675 per 90 days) MO
SAPHRIS	3	QL(180 per 90 days) MO	VIIBRYD	4	PA QL(90 per 90 days) MO
SEROQUEL TABS 25MG, 300MG, 400MG	3	QL(180 per 90 days) MO	XYREM	5	PA
SEROQUEL TABS 100MG, 200MG, 50MG	3	QL(270 per 90 days) MO	<i>zaleplon caps 5mg</i>	2	QL(90 per 90 days) MO
SEROQUEL XR TB24 150MG, 300MG, 400MG	3	QL(180 per 90 days) MO	<i>zaleplon caps 10mg</i>	2	QL(180 per 90 days) MO
SEROQUEL XR TB24 200MG, 50MG	3	QL(270 per 90 days) MO	<i>zolpidem</i>	2	MO
<i>sertraline conc</i>	2	MO	<i>zolpidem tartrate er</i>	2	MO
<i>sertraline tabs 100mg, 25mg</i>	2	QL(180 per 90 days) MO	ZYPREXA INJ	3	MO
<i>sertraline tabs 50mg</i>	2	QL(270 per 90 days) MO	ZYPREXA TABS	3	QL(90 per 90 days) MO
SILENOR	4	QL(90 per 90 days) MO	ZYPREXA ZYDIS	3	QL(90 per 90 days) MO
STRATTERA	3	MO	CARDIOVASCULAR, HYPERTENSION / LIPIDS		
SURMONTIL	4	MO	ANTIARRHYTHMIC AGENTS		
SYMBYAX	4	QL(90 per 90 days) MO	<i>amiodarone inj 50mg/ml</i>	2	
<i>thioridazine</i>	2	MO	<i>amiodarone tabs</i>	2	MO
<i>thiothixene</i>	1	MO	<i>disopyramide phosphate</i>	2	MO
<i>tranlycypromine</i>	2	MO	<i>flecainide acetate</i>	2	MO
<i>trazodone</i>	1	MO	<i>mexiletine</i>	2	MO
<i>trifluoperazine</i>	2	MO	MULTAQ	3	MO
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	QL(90 per 90 days) MO	NORPACE CR CP12 100MG	3	MO
			PACERONE TABS 100MG	3	MO
			<i>pacerone tabs 200mg</i>	2	MO
			<i>procainamide</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	2	MO	<i>captopril/hydrochlorothiazide tabs 25mg; 15mg, 25mg; 25mg, 50mg; 15mg</i>	2	QL(90 per 90 days) MO
<i>propafenone hcl er</i>	2	MO	<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	2	QL(270 per 90 days) MO
<i>quinidine gluconate er</i>	2	MO	<i>cartia xt</i>	2	MO
<i>quinidine sulfate</i>	2	MO	<i>carvedilol</i>	2	MO
<i>quinidine sulfate er</i>	2	MO	<i>chlorothiazide</i>	1	MO
<i>sorine tabs 240mg</i>	1		<i>chlorothiazide sodium</i>	2	MO
<i>sorine tabs 120mg, 160mg, 80mg</i>	1	MO	<i>chlorthalidone tabs 25mg, 50mg</i>	1	MO
<i>sotalol</i>	1	MO	<i>clonidine ptwk</i>	2	MO
TIKOSYN	4	MO	<i>clonidine tabs</i>	1	MO
ANTIHYPERTENSIVE THERAPY					
<i>acebutolol</i>	2	MO	COREG CR	3	MO
<i>afeditab cr</i>	2	MO	DEMSER	3	MO
<i>amiloride</i>	2	MO	DIBENZYLINE	4	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO	<i>dilt-cd cp24 120mg, 300mg</i>	2	MO
<i>amlodipine</i>	2	MO	<i>dilt-xr cp24 180mg, 240mg</i>	2	
<i>amlodipine / benazepril</i>	2	QL(90 per 90 days) MO	<i>diltiazem cd cp24 120mg, 240mg, 300mg</i>	2	MO
AMTURNIDE	3	QL(90 per 90 days) MO	<i>diltiazem hcl er cp12</i>	2	MO
<i>atenolol</i>	1	MO	<i>diltiazem hcl er cp24 360mg, 420mg</i>	2	MO
<i>atenolol / chlorthalidone</i>	1	MO	<i>diltiazem hcl inj 25mg/5ml</i>	2	
<i>benazepril</i>	1	MO	DILTIAZEM HCL INJ 100MG	3	
<i>benazepril / hydrochlorothiazide tabs 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(360 per 90 days) MO	<i>diltiazem hcl tabs</i>	2	MO
<i>benazepril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	QL(720 per 90 days) MO	<i>diltzac cp24 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>benazepril / hydrochlorothiazide tabs 5mg; 6.25mg</i>	2	QL(1440 per 90 days) MO	DIOVAN HCT	3	QL(90 per 90 days) MO
<i>betaxolol hcl</i>	2	MO	DIOVAN TABS 320MG	3	QL(90 per 90 days) MO
BIDIL	3	QL(540 per 90 days) MO	DIOVAN TABS 160MG, 40MG, 80MG	3	QL(180 per 90 days) MO
<i>bisoprolol fumarate</i>	2	MO	<i>doxazosin</i>	1	QL(180 per 90 days) MO
<i>bisoprolol fumarate / hydrochlorothiazide</i>	1	MO	EDECIN	3	MO
<i>bumetanide</i>	1	MO	<i>enalapril</i>	1	MO
BYSTOLIC	3	MO	<i>enalapril / hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	QL(90 per 90 days) MO
<i>captopril</i>	1	MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril / hydrochlorothiazide tabs 10mg; 25mg</i>	1	QL(180 per 90 days) MO	<i>losartan</i>	2	QL(90 per 90 days) MO
<i>eplerenone</i>	2	MO	<i>potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 25mg; 100mg</i>		
EXFORGE	3	QL(90 per 90 days) MO	<i>losartan</i>	2	QL(180 per 90 days) MO
EXFORGE HCT	3	QL(90 per 90 days) MO	<i>potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>		
<i>felodipine er</i>	2	MO	<i>matzim la</i>	2	MO
<i>fosinopril</i>	2	MO	<i>methyclothiazide</i>	2	MO
<i>fosinopril / hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	QL(90 per 90 days) MO	<i>metolazone</i>	2	MO
<i>fosinopril / hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	QL(360 per 90 days) MO	<i>metoprolol succinate er</i>	2	
<i>furosemide inj</i>	1	MO	<i>metoprolol tartrate inj</i>	1	MO
<i>furosemide oral soln 10mg/ml</i>	1	MO	<i>metoprolol tartrate tabs</i>	1	MO
FUROSEMIDE ORAL SOLN 8MG/ML	3	MO	<i>metoprolol/hydrochlorothiazide</i>	2	MO
<i>furosemide tabs</i>	1	MO	MICARDIS HCT	3	QL(90 per 90 days) MO
<i>guanfacine hcl</i>	1	MO	MICARDIS TABS 20MG, 40MG	3	QL(90 per 90 days) MO
<i>hydralazine</i>	1	MO	MICARDIS TABS 80MG	3	QL(180 per 90 days) MO
<i>hydrochlorothiazide</i>	1	MO	<i>minoxidil tabs</i>	2	MO
<i>indapamide</i>	1	MO	<i>moexipril</i>	2	MO
<i>isradipine</i>	2	MO	<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg, 12.5mg; 7.5mg</i>	2	QL(90 per 90 days) MO
<i>labetalol inj</i>	2		<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	2	QL(180 per 90 days) MO
<i>labetalol tabs</i>	2	MO	<i>nadolol</i>	1	MO
<i>lisinopril</i>	1	MO	<i>nadolol/bendroflumethiazide</i>	2	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(90 per 90 days) MO	<i>nicardipine caps</i>	2	MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	QL(360 per 90 days) MO	<i>nifediac cc</i>	2	MO
<i>losartan potassium tabs 100mg</i>	2	QL(90 per 90 days) MO	<i>nifedical xl</i>	2	MO
<i>losartan potassium tabs 25mg, 50mg</i>	2	QL(180 per 90 days) MO	<i>nifedipine</i>	2	MO
			<i>nifedipine er tb24 30mg, 60mg</i>	2	
			<i>nifedipine er tb24 90mg</i>	2	MO
			<i>nimodipine</i>	2	MO
			<i>nisoldipine</i>	2	MO
			<i>nisoldipine er</i>	2	MO
			<i>perindopril erbumine</i>	2	MO
			<i>pindolol</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>prazosin</i>	1	QL(360 per 90 days) MO	<i>verapamil inj</i>	1	
<i>propranolol hcl er</i>	1	MO	<i>verapamil tabs</i>	1	MO
<i>propranolol hcl inj</i>	1		CARDIAC GLYCOSIDES		
<i>propranolol hcl oral soln</i>	1	MO	<i>digoxin inj</i>	1	
<i>propranolol hcl tabs</i>	1	MO	<i>digoxin oral soln</i>	1	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO	<i>digoxin tabs</i>	1	MO
<i>quinapril</i>	2	MO	LANOXIN INJ	3	
<i>quinapril/hydrochlorothiazide</i>	2	QL(90 per 90 days) MO	LANOXIN TABS	3	MO
<i>ramipril</i>	2	MO	COAGULATION THERAPY		
REMODYLIN	5	PA MO	AGGRENOX	3	MO
<i>reserpine</i>	2	MO	ARIXTRA	3	MO
SODIUM EDECIN	3		<i>cilostazol</i>	2	MO
<i>spironolactone</i>	1	MO	CYKLOKAPRON	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO	EFFIENT	3	MO
<i>taztia xt</i>	2	MO	<i>enoxaparin sodium inj</i>	2	MO
TEKAMLO	3	QL(90 per 90 days) MO	<i>30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>		
TEKTURNA	3	QL(90 per 90 days) MO	<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	MO
TEKTURNA HCT	3	QL(90 per 90 days) MO	FRAGMIN	3	MO
<i>terazosin hcl</i>	1	QL(180 per 90 days) MO	HEPARIN SODIUM INJ 2000UNIT/ML	3	MO
<i>timolol maleate</i>	1	MO	<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	MO
<i>torse mide tabs</i>	2	MO	<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>trandolapril</i>	2	MO	HEPARIN SODIUM/NACL 0.45%	3	
<i>triamterene/hydrochlorothiazide</i>	1	MO	<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
TWYNSTA	3	QL(90 per 90 days) MO	<i>jantoven</i>	1	MO
VALTURNA	3	QL(90 per 90 days) MO	LOVENOX INJ 300MG/3ML	3	MO
<i>verapamil er cp24</i>	1	MO	<i>pentopak</i>	2	MO
<i>verapamil er tbc 120mg, 240mg</i>	1		<i>pentoxifylline er</i>	2	MO
<i>verapamil er tbc 180mg</i>	1	MO	PLAVIX	3	MO
			PRADAXA	3	MO
			PROMACTA TABS 50MG, 75MG	5	LA PA QL(90 per 90 days) MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 25MG	5	LA PA QL(270 per 90 days) MO	ZETIA	3	QL(90 per 90 days) MO
<i>ticlopidine hcl</i>	2	MO	MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>warfarin</i>	1	MO	RANEXA	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS			NITRATES		
CADUET	3	QL(90 per 90 days) MO	<i>isosorbide dinitrate</i>	1	MO
<i>cholestyramine light pack</i>	2	MO	<i>isosorbide dinitrate er</i>	1	MO
<i>colestipol</i>	2	MO	<i>isosorbide mononitrate</i>	2	MO
CRESTOR	3	QL(90 per 90 days) MO	<i>isosorbide mononitrate er</i>	1	MO
<i>fenofibrate</i>	2	MO	<i>nitro-bid</i>	2	MO
<i>fenofibrate micronized</i>	2	MO	NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	3	MO
<i>gemfibrozil</i>	2	MO	<i>nitroglycerin inj</i>	2	PA
<i>lipitor</i>	2	QL(90 per 90 days) MO	<i>nitroglycerin pt24 0.2mg/hr, 0.6mg/hr</i>	2	
<i>lovastatin tabs 10mg</i>	1	QL(90 per 90 days) MO	<i>nitroglycerin pt24 0.4mg/hr</i>	2	MO
<i>lovastatin tabs 20mg, 40mg</i>	1	QL(180 per 90 days) MO	<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	2	MO
LOVAZA	3	MO	NITROLINGUAL PUMPSPRAY	3	MO
NIASPAN	3	MO	NITROSTAT	3	MO
<i>pravastatin tabs 10mg, 20mg, 80mg</i>	2	QL(90 per 90 days) MO	DERMATOLOGICALS/TOPICAL THERAPY		
<i>pravastatin tabs 40mg</i>	2	QL(180 per 90 days) MO	ANTIPSORIATIC / ANTISEBORRHEIC		
<i>prevalite powd</i>	2	MO	<i>calcipotriene</i>	2	MO
<i>simvastatin</i>	2	QL(90 per 90 days) MO	<i>selenium sulfide lotn 2.5%</i>	1	MO
TRICOR	3	MO	SORIATANE	3	MO
TRILIPIX	3	MO	BURN THERAPY		
WELCHOL	3	MO	<i>silver sulfadiazine</i>	2	MO
			<i>ssd</i>	2	MO
			<i>thermazene</i>	2	MO
			MISCELLANEOUS DERMATOLOGICALS		
			8-MOP	3	MO
			<i>ammonium lactate</i>	2	MO
			CARAC	3	MO
			CARMOL-HC	3	MO
			CONDYLOX GEL	3	MO
			ELIDEL	4	MO
			FLUOROPLEX	3	MO
			<i>fluorouracil crea</i>	2	MO
			<i>fluorouracil external soln</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i>	2	MO	<i>lidocaine oint</i>	2	MO
<i>laclotion</i>	2	MO	<i>lidocaine viscous</i>	2	MO
OXSORALEN ULTRA	5	MO	LIDODERM	3	PA MO
PANRETIN	3	MO	TOPICAL ANTIBACTERIALS		
<i>podofilox</i>	2	MO	ALTABAX	3	MO
PROTOPIC	4	MO	BACTROBAN CREA	3	MO
REGRANEX	3	PA MO	<i>gentamicin sulfate crea</i>	1	MO
SOLARAZE	3	MO	<i>gentamicin sulfate oint 0.1%</i>	1	MO
UVADEX	4		<i>mupirocin</i>	2	MO
VEREGEN	4	MO	PHISOHEX	3	MO
ZONALON	3	MO	<i>sodium sulfacetamide</i>	2	MO
THERAPY FOR ACNE			SULFAMYLON	3	MO
<i>adapalene</i>	2		TOPICAL ANTIFUNGALS		
<i>amnesteem</i>	2		<i>ciclopirox</i>	2	MO
<i>avita crea</i>	2	MO	<i>ciclopirox nail lacquer</i>	2	MO
AZELEX	3	MO	<i>ciclopirox olamine</i>	2	MO
<i>claravis caps 10mg, 20mg, 40mg</i>	2		<i>clotrimazole / betamethasone</i>	2	MO
<i>claravis caps 30mg</i>	5		<i>clotrimazole external crea</i>	2	MO
<i>clindamycin phosphate external soln</i>	2	MO	<i>clotrimazole external soln</i>	2	MO
<i>clindamycin phosphate foam</i>	2	MO	<i>econazole nitrate</i>	2	MO
<i>clindamycin phosphate gel</i>	2	MO	<i>ketoconazole</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO	NAFTIN	3	MO
<i>clindamycin phosphate swab</i>	2	MO	<i>nyamyc</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	2	MO	<i>nystatin / triamcinolone</i>	1	MO
DIFFERIN LOTN	3	MO	<i>nystatin crea</i>	1	MO
<i>ery</i>	1	MO	<i>nystatin external powd</i>	1	
<i>erythromycin / benzoyl peroxide</i>	2	MO	<i>nystatin oint</i>	1	MO
<i>erythromycin external soln</i>	1	MO	<i>nystop</i>	1	MO
<i>erythromycin gel</i>	1	MO	<i>pedi-dri</i>	1	MO
FINACEA	3	MO	TOPICAL ANTIVIRALS		
METROGEL	3	MO	DENAVIR	3	MO
<i>metronidazole</i>	1	MO	ZOVIRAX CREA	4	MO
<i>sotret</i>	2		ZOVIRAX OINT	4	MO
TAZORAC	3	MO	TOPICAL CORTICOSTEROIDS		
<i>tretinoin</i>	2	MO	<i>ala cort</i>	1	MO
TOPICAL ANESTHETICS			<i>alclometasone dipropionate</i>	2	MO
<i>lidocaine / prilocaine crea</i>	2	MO	<i>amcinonide crea</i>	2	MO
<i>lidocaine external soln</i>	2	MO	<i>amcinonide lotn</i>	2	MO
<i>lidocaine gel</i>	2	MO	<i>amcinonide oint</i>	2	
<i>lidocaine inj 0.5%, 1%</i>	2		<i>augmented betamethasone dipropionate crea</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>augmented betamethasone dipropionate lotn</i>	2	MO	SANTYL	3	MO
<i>augmented betamethasone dipropionate oint</i>	1	MO	TOPICAL SCABICIDES / PEDICULICIDES		
<i>betamethasone dipropionate</i>	2	MO	<i>acticin</i>	2	MO
<i>betamethasone valerate</i>	1	MO	EURAX	3	MO
CAPEX	3	MO	LINDANE	3	QL(1800 per 365 days) MO
<i>clobetasol propionate e</i>	2	MO	<i>malathion</i>	2	MO
<i>clobetasol propionate external soln</i>	2		<i>permethrin crea</i>	2	MO
<i>clobetasol propionate gel</i>	2	MO	ULESFIA	4	MO
<i>clobetasol propionate oint</i>	2	MO	DIAGNOSTICS / MISCELLANEOUS AGENTS		
CLOBEX LOTN	3	MO	MISCELLANEOUS AGENTS		
CLOBEX SHAM	3	MO	ACTONEL TABS 30MG	4	PA QL(60 per 120 days) MO
CORDRAN TAPE	3	MO	ADAGEN	5	LA MO
DERMA-SMOOTHIE / FS BODY OIL	3	MO	<i>alendronate sodium tabs 40mg</i>	2	PA QL(180 per 365 days) MO
<i>desonide</i>	2	MO	<i>anagrelide hydrochloride</i>	2	MO
<i>desoximetasone</i>	2	MO	ANTABUSE TABS 250MG	3	MO
<i>diflorasone diacetate</i>	2	MO	ARALAST NP INJ 400MG	5	LA MO
<i>fluocinolone acetonide</i>	1	MO	BUPHENYL	3	MO
<i>fluocinonide emollient base</i>	2		CAMPRAL	3	QL(540 per 90 days) MO
<i>fluocinonide external soln</i>	2	MO	CHEMET	3	MO
<i>fluocinonide gel</i>	2	MO	CLINIMIX / DEXTROSE	3	
<i>fluocinonide oint</i>	2	MO	DEXTROSE 10%/NACL 0.45%	3	
<i>fluticasone propionate</i>	2	MO	<i>dextrose 10% flex container</i>	2	
<i>halobetasol propionate</i>	2	MO	DEXTROSE 10%/NACL 0.2%	3	
<i>hydrocortisone butyrate</i>	2	MO	<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	1	MO	<i>dextrose 5%</i>	2	MO
<i>hydrocortisone lotn 2.5%</i>	1	MO	<i>dextrose 5%/nacl 0.2%</i>	2	
<i>hydrocortisone oint 1%, 2.5%</i>	1	MO	<i>dextrose 5%/nacl 0.225%</i>	2	
<i>hydrocortisone valerate</i>	2	MO	DEXTROSE 5%/NACL 0.33%	3	
LOCOID LOTN	3	MO	<i>dextrose 5%/nacl 0.45%</i>	2	MO
LUXIQ	3	MO	<i>dextrose 5%/nacl 0.9%</i>	2	MO
<i>mometasone furoate</i>	2	MO	<i>etidronate disodium</i>	2	MO
PANDEL	3	MO	EVOXAC	4	MO
<i>prednicarbate</i>	2	MO	EXJADE TBSO 125MG	3	LA MO
<i>triamcinolone acetonide crea</i>	1	MO			
<i>triamcinolone acetonide lotn</i>	1	MO			
<i>triamcinolone acetonide oint</i>	1	MO			
<i>triderm</i>	1	MO			
TOPICAL ENZYMES					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXJADE TBSO 250MG, 500MG	5	LA MO	<i>chlorhexidine gluconate oral rinse</i>	1	MO
FOSRENOL	3	MO	<i>ipratropium bromide nasal soln</i>	1	MO
INCRELEX	5	LA PA MO	<i>perio gard</i>	1	MO
<i>kionex powd</i>	2	MO	<i>triamcinolone in orabase</i>	1	MO
<i>levocarnitine oral soln</i>	2	PA MO	TYZINE	3	MO
<i>levocarnitine tabs</i>	2	PA MO	TYZINE PEDIATRIC NASAL DROPS	3	
<i>midodrine</i>	2	MO	MISCELLANEOUS OTIC PREPARATIONS		
ORFADIN	5	LA MO	<i>acetazol hc</i>	2	MO
<i>pilocarpine hcl tabs</i>	2	MO	<i>acetic acid</i>	2	MO
PROLASTIN INJ 500MG	5	LA MO	<i>acetic acid / hydrocortisone</i>	2	MO
PROLASTIN-C	5	LA	DERMOTIC	3	MO
RENAGEL	3	MO	<i>ofloxacin</i>	2	MO
REVELA	3	MO	OTIC STEROID / ANTIBIOTIC		
RILUTEK	5	MO	CIPRO HC	4	MO
SKELID	4	PA QL(180 per 90 days)	CIPRODEX	3	MO
		MO	COLY-MYCIN S	3	MO
<i>sodium chloride 0.9%</i>	2	MO	CORTISPORIN-TC	3	MO
<i>sodium chloride inj 0.9%</i>	2	MO	<i>cortomycin</i>	2	MO
<i>sodium polystyrene sulfonate</i>	2	MO	<i>neomycin/polymyxin/hc</i>	2	MO
SYPRINE	3	MO	<i>neomycin/polymyxin/hydrocortisone otic susp</i>	2	MO
SMOKING DETERRENTS			ENDOCRINE/DIABETES		
<i>buproban</i>	2	PA QL(180 per 90 days)	ADRENAL HORMONES		
		MO	<i>a-hydrocort</i>	2	MO
CHANTIX TABS	3	PA MO	<i>a-methapred inj 40mg</i>	2	PA
CHANTIX TABS 0.5MG, 1MG	3	PA QL(168 per 90 days)	<i>a-methapred inj 125mg</i>	2	PA MO
		MO	<i>cortisone acetate</i>	2	MO
NICOTROL INHALER	4	PA QL(1008 per 90 days)	DEPO-MEDROL	3	PA MO
		MO	<i>dexamethasone elix</i>	1	MO
NICOTROL NASAL	4	PA QL(120 per 90 days)	<i>dexamethasone inj 4mg/ml</i>	1	MO
		MO	DEXAMETHASONE	3	MO
EAR, NOSE / THROAT MEDICATIONS			INTENSOL		
MISCELLANEOUS AGENTS			<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 4mg, 6mg</i>	1	MO
ASTEPRO	3	MO	DEXAMETHASONE TABS 1MG, 2MG	3	MO
<i>azelastine hcl</i>	2	MO	<i>fludrocortisone acetate</i>	2	MO
BACTROBAN NASAL	3	MO	<i>hydrocortisone tabs</i>	1	MO
			<i>methylprednisolone acetate</i>	2	PA MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i>	2	PA	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
<i>sodiumsuccinate inj 125mg, 40mg</i>			BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	MO
METHYLPREDNISOLONE	3	PA MO	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	MO
SODIUMSUCCINATE INJ 1000MG			BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	MO
<i>methylprednisolone tabs 32mg</i>	1	PA	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	MO
<i>methylprednisolone tabs 16mg, 4mg, 8mg</i>	1	PA MO	BYETTA	4	QL(7.2 per 90 days) ST MO
<i>prednisolone sodium phosphate oral soln</i>	2	PA MO	DUETACT	3	QL(90 per 90 days) MO
<i>prednisone</i>	1	PA MO	GAUZE PADS 2"X2"	3	MO
PREDNISONE INTENSOL	3	PA MO	<i>glimepiride tabs 1mg, 2mg</i>	1	QL(90 per 90 days) MO
SOLU-CORTEF INJ 100MG, 250MG	3	MO	<i>glimepiride tabs 4mg</i>	1	QL(180 per 90 days) MO
SOLU-MEDROL INJ 2GM	3	PA	<i>glipizide / metformin</i>	2	QL(360 per 90 days) MO
SOLU-MEDROL INJ 125MG, 40MG, 500MG	3	PA MO	<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL(90 per 90 days) MO
ANTITHYROID AGENTS			<i>glipizide er tb24 10mg</i>	1	QL(180 per 90 days) MO
<i>methimazole</i>	2	MO	<i>glipizide tabs 10mg</i>	1	QL(360 per 90 days) MO
<i>propylthiouracil</i>	2	MO	<i>glipizide tabs 5mg</i>	1	QL(720 per 90 days) MO
DIABETES THERAPY			GLUCAGEN HYPOKIT	3	MO
<i>acarbose</i>	2	QL(270 per 90 days) MO	GLUCAGON EMERGENCY KIT	3	MO
ACTOPLUS MET	3	QL(270 per 90 days) MO	<i>glyburide / metformin tabs 1.25mg; 250mg, 2.5mg; 500mg</i>	2	QL(180 per 90 days) MO
ACTOS	3	QL(90 per 90 days) MO			
ALCOHOL PREPS	3				
AVANDAMET	3	QL(180 per 90 days) MO			
AVANDARYL TABS 2MG; 8MG, 4MG; 4MG, 4MG; 8MG	3	QL(90 per 90 days) MO			
AVANDARYL TABS 1MG; 4MG, 2MG; 4MG	3	QL(180 per 90 days) MO			
AVANDIA TABS 8MG	3	QL(90 per 90 days) MO			
AVANDIA TABS 2MG, 4MG	3	QL(180 per 90 days) MO			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide / metformin tabs 5mg; 500mg</i>	2	QL(360 per 90 days) MO	HUMULIN R	3	QL(60 per 30 days) MO
<i>glyburide micronized</i>	1	QL(180 per 90 days) MO	HUMULIN R U-500 (CONCENTRATED)	3	QL(60 per 30 days) MO
<i>glyburide tabs 1.25mg, 2.5mg</i>	1	QL(180 per 90 days) MO	JANUMET	3	QL(180 per 90 days) MO
<i>glyburide tabs 5mg</i>	1	QL(360 per 90 days) MO	JANUVIA	3	QL(90 per 90 days) MO
<i>glycron tabs 1.5mg</i>	1	QL(180 per 90 days) MO	KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL(90 per 90 days) MO
GLYCRON TABS 4.5MG	3	QL(360 per 90 days) MO	KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL(180 per 90 days) MO
HUMALOG	3	QL(60 per 30 days) MO	LANTUS	3	QL(30 per 30 days) MO
HUMALOG KWIKPEN	3	QL(60 per 30 days) MO	LANTUS SOLOSTAR	3	QL(30 per 30 days) MO
HUMALOG MIX 50/50	3	QL(60 per 30 days) MO	<i>metformin hcl er tb24 750mg</i>	1	QL(270 per 90 days) MO
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 per 30 days) MO	<i>metformin hcl er tb24 500mg</i>	1	QL(450 per 90 days) MO
HUMALOG MIX 75/25	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 1000mg</i>	1	QL(180 per 90 days) MO
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 850mg</i>	1	QL(270 per 90 days) MO
HUMULIN 70/30	3	QL(60 per 30 days) MO	<i>metformin hcl tabs 500mg</i>	1	QL(450 per 90 days) MO
HUMULIN 70/30 PEN	3	QL(60 per 30 days) MO	<i>nateglinide</i>	2	QL(270 per 90 days) MO
HUMULIN N	3	QL(60 per 30 days) MO	NOVOLOG	3	QL(60 per 30 days) MO
HUMULIN N U-100 PEN	3	QL(60 per 30 days) MO	NOVOLOG FLEXPEN	3	QL(60 per 30 days) MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG MIX 70/30	3	QL(60 per 30 days) MO	<i>fortical</i>	2	QL(12 per 90 days) MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	QL(60 per 30 days) MO	KUVAN	5	LA MO
ONGLYZA	3	QL(90 per 90 days) MO	NAGLAZYME	5	LA MO
PRANDIN TABS 0.5MG, 1MG	3	QL(360 per 90 days) MO	<i>oxandrolone tabs 10mg</i>	5	PA MO
PRANDIN TABS 2MG	3	QL(720 per 90 days) MO	<i>oxandrolone tabs 2.5mg</i>	2	PA MO
PROGLYCEM	3	MO	SAMSCA TABS 30MG	5	QL(730 per 365 days) MO
SYMLIN	4	QL(60 per 90 days) MO	SAMSCA TABS 15MG	5	QL(1460 per 365 days) MO
SYMLINPEN 120	4	QL(33 per 90 days) MO	SENSIPAR TABS 60MG, 90MG	5	MO
SYMLINPEN 60	4	QL(33 per 90 days) MO	SENSIPAR TABS 30MG	3	MO
<i>tolazamide</i>	2	MO	SOMAVERT	3	PA QL(90 per 90 days) MO
<i>tolbutamide</i>	2	MO	STIMATE	3	MO
MISCELLANEOUS HORMONES			SYNAREL	4	MO
ALDURAZYME	5	LA PA MO	<i>testosterone cypionate inj 100mg/ml</i>	2	PA MO
ANADROL-50	4	PA MO	<i>testosterone enanthate</i>	2	PA MO
ANDRODERM	3	PA MO	ZAVESCA	3	LA
ANDROGEL GEL 50MG/5GM	3	PA MO	ZEMPLAR	3	PA MO
ANDROGEL PUMP GEL 1.62%	3	PA MO	ZOMETA	5	QL(30 per 90 days) MO
ANDROID	3	PA MO	THYROID HORMONES		
<i>androxy</i>	2	PA MO	<i>levothyroxine tabs</i>	1	
<i>cabergoline</i>	2	MO	<i>levoxyl</i>	1	MO
<i>calcitonin-salmon</i>	2	QL(12 per 90 days) MO	<i>liothyronine sodium tabs</i>	2	MO
<i>calcitriol</i>	2	PA MO	SYNTHROID	3	MO
CEREZYME INJ 200UNIT	5	LA PA MO	<i>unithroid tabs 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>danazol</i>	2	MO	GASTROENTEROLOGY		
<i>desmopressin acetate</i>	2	MO	ANTIDIARRHEALS / ANTISPASMODICS		
FABRAZYME INJ 35MG	5	LA PA MO	<i>atropine sulfate inj 0.1mg/ml</i>	2	
			ATROPINE SULFATE INJ 0.05MG/ML	3	
			<i>dicyclomine hcl caps</i>	2	MO
			<i>dicyclomine hcl inj</i>	2	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl oral soln</i>	2	MO	<i>gavilyte-g</i>	2	QL(4000 per 30 days) MO
<i>dicyclomine hcl tabs</i>	2	MO	<i>gavilyte-n/flavor pack</i>	2	QL(4000 per 30 days) MO
<i>glycopyrrolate</i>	2	MO	<i>granisetron inj 0.1mg/ml, 1mg/ml</i>	2	QL(42 per 90 days) MO
<i>loperamide hcl caps</i>	2	MO	<i>granisetron tabs</i>	2	PA QL(180 per 90 days) MO
<i>propantheline bromide</i>	2	MO	<i>hydrocortisone enem</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS			<i>lactulose</i>	1	MO
AMITIZA	3	MO	LOTRONEX	3	QL(180 per 90 days) MO
ASACOL	3	MO	<i>meclizine hcl</i>	2	MO
ASACOL HD	3	MO	<i>mesalamine enem</i>	2	MO
<i>balsalazide</i>	2	MO	<i>metoclopramide</i>	1	MO
CANASA	3	MO	<i>ondansetron hcl inj 4mg/2ml</i>	2	MO
CIMZIA	5	PA QL(6 per 28 days) MO	<i>ondansetron hcl oral soln</i>	2	PA MO
<i>compro</i>	2	MO	<i>ondansetron hcl tabs 24mg</i>	2	PA QL(21 per 90 days)
<i>constulose</i>	1	MO	<i>ondansetron hcl tabs 4mg, 8mg</i>	2	PA QL(135 per 90 days) MO
CORTIFOAM	3	MO	<i>ondansetron odt</i>	2	PA QL(135 per 90 days) MO
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT; 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO	PENTASA	3	MO
CYSTADANE	3	MO	<i>polyethylene glycol 3350 powd</i>	2	MO
DIPENTUM	4	MO	<i>prochlorperazine</i>	2	
<i>dronabinol</i>	2	PA MO	<i>prochlorperazine edisylate</i>	2	MO
EMEND CAPS 40MG	3	PA QL(3 per 90 days) MO	<i>prochlorperazine maleate</i>	1	MO
EMEND CAPS 125MG	3	PA QL(6 per 90 days) MO	<i>procto-pak</i>	1	MO
EMEND CAPS	3	PA QL(18 per 90 days) MO	<i>proctosol hc</i>	1	MO
EMEND CAPS 80MG	3	PA QL(24 per 90 days) MO	<i>proctozone-hc</i>	1	MO
ENTOCORT EC	3	MO	RELISTOR	3	MO
<i>enulose</i>	1	MO	REMICADE	5	PA MO
GASTROCROM	3	MO	SANCUSO	3	QL(6 per 90 days) MO
<i>gavilyte-c</i>	2	QL(4000 per 30 days) MO	<i>sulfasalazine tabs</i>	2	MO
			<i>sulfazine ec</i>	2	
			TRANSDERM-SCOP	4	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>trilyte</i>	2	QL(4000 per 30 days) MO	<i>sucralfate</i>	2	MO
<i>ursodiol caps</i>	2	MO	ZANTAC INJ 50MG/50ML; 0.45%	3	MO
<i>ursodiol tabs</i>	2		IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
ZENPEP	3	MO	BIOTECHNOLOGY DRUGS		
ZUPLENZ	3	PA QL(135 per 90 days) MO	ACTIMMUNE	5	LA PA MO
ULCER THERAPY			ARANESP INJ 500MCG/ML	3	PA QL(3 per 90 days) MO
CARAFATE SUSP	3	MO	ARANESP INJ 150MCG/0.3ML	3	PA QL(3.6 per 90 days) MO
DEXILANT	4	QL(90 per 90 days) ST MO	ARANESP INJ 200MCG/0.4ML	3	PA QL(4.8 per 90 days) MO
<i>famotidine inj</i>	1	MO	ARANESP INJ 100MCG/0.5ML	3	PA QL(6 per 90 days) MO
<i>famotidine premixed</i>	2		ARANESP INJ 300MCG/0.6ML, 60MCG/0.3ML	3	PA QL(7.2 per 90 days) MO
<i>famotidine susr</i>	1	MO	ARANESP INJ 40MCG/0.4ML	3	PA QL(9.6 per 90 days) MO
<i>famotidine tabs 20mg, 40mg</i>	1	MO	ARANESP INJ 25MCG/0.42ML	3	PA QL(10.08 per 90 days) MO
<i>lansoprazole</i>	2	QL(180 per 90 days) MO	ARANESP INJ 100MCG/ML, 200MCG/ML, 300MCG/ML	3	PA QL(12 per 90 days) MO
<i>lansoprazole odt</i>	2	QL(180 per 90 days) MO	ARANESP INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	3	PA QL(24 per 90 days) MO
<i>misoprostol</i>	2	MO	ARCALYST	5	LA MO
NEXIUM	3	QL(90 per 90 days) MO	AVONEX	5	PA QL(12 per 90 days) MO
NEXIUM I.V. INJ 20MG	3		BETASERON	5	PA QL(45 per 90 days) MO
NEXIUM I.V. INJ 40MG	3	MO	EPOGEN INJ 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA QL(36 per 90 days) MO
<i>nizatidine</i>	2	MO			
<i>omeprazole cpdr 40mg</i>	2	QL(90 per 90 days) MO			
<i>omeprazole cpdr 10mg, 20mg</i>	2	QL(180 per 90 days) MO			
<i>omeprazole/sodium bicarbonate</i>	2	QL(90 per 90 days) MO			
PREVPAC	4	MO			
PYLERA	3	MO			
<i>ranitidine hcl caps</i>	1	MO			
<i>ranitidine hcl syrp</i>	1	MO			
<i>ranitidine hcl tabs</i>	1	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 10000UNIT/ML	4	PA QL(72 per 90 days) MO	PROCRIT INJ 40000UNIT/ML	3	PA QL(18 per 90 days) MO
INTRON-A INJ 3MU/0.2ML	3	PA	PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA QL(36 per 90 days) MO
INTRON-A INJ 6000000UNIT/ML	3	PA MO	PROLEUKIN	5	MO
INTRON-A INJ 10MU/0.2ML, 5MU/0.2ML	5	PA	REBIF	5	PA QL(18 per 90 days) MO
INTRON-A WITH DILUENT INJ 10MU	5	PA MO	REBIF TITRATION PACK	5	PA MO
LEUKINE	5	PA MO	TEV-TROPIN	3	PA MO
MOZOBIL	5	QL(4.8 per 90 days) MO	VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
NEULASTA	4	PA QL(3.6 per 90 days) MO	ACTHIB	3	
NEUMEGA	5	PA QL(63 per 90 days) MO	ADACEL	3	MO
NEUPOGEN INJ 300MCG/0.5ML	5	PA QL(21 per 90 days) MO	BOOSTRIX	3	MO
NEUPOGEN INJ 480MCG/0.8ML	5	PA QL(33.6 per 90 days) MO	CERVARIX	3	PA
NEUPOGEN INJ 480MCG/1.6ML	5	PA QL(67.2 per 90 days) MO	COMVAX	3	MO
NORDITROPIN FLEXPRO	5	PA MO	DAPTACEL	3	MO
NORDITROPIN NORDIFLEX PEN	5	PA MO	DECAVAC	3	MO
<i>omnitrope inj 5mg/1.5ml</i>	2	PA MO	DIPHThERIA/TETANUS TOXOID PEDIATRIC	3	MO
PEG-INTRON INJ 50MCG/0.5ML	5	PA QL(12 per 90 days) MO	ENGERIX-B INJ 10MCG/0.5ML	3	PA
PEG-INTRON REDIPEN	5	PA QL(12 per 90 days) MO	ENGERIX-B INJ 20MCG/ML	3	PA MO
PEGASYS INJ 180MCG/0.5ML	5	PA QL(6 per 90 days) MO	GARDASIL	3	PA MO
PEGASYS INJ 180MCG/ML	5	PA QL(12 per 90 days) MO	HAVRIX INJ 720ELU/0.5ML	3	
			HAVRIX INJ 1440ELU/ML	3	MO
			HIZENTRA INJ 1GM/5ML	5	PA MO
			IMOVAX RABIES (H.D.C.V.)	3	
			INFANRIX	3	MO
			IPOL INACTIVATED IPV	3	MO
			IXIARO	3	
			JE-VAX	3	MO
			M-M-R II W/DILUENT 10 DOSE	3	MO
			MENACTRA	3	
			MENOMUNE-A/C/Y/W-135	3	MO
			MENVEO	3	
			PEDVAX HIB	3	MO
			PRIVIGEN INJ 20GM/200ML	5	PA MO
			PROQUAD	3	
			RABAVERT	3	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJ 40MCG/ML	3	PA	BONIVA TABS	4	PA MO
RECOMBIVAX HB INJ 10MCG/ML	3	PA MO	EVISTA	3	QL(90 per 90 days) MO
ROTATEQ	3		FORTEO	3	QL(7.2 per 90 days) MO
TETANUS / DIPHTHERIA TOXOIDS-ADSORBED ADULT TETANUS TOXOID ADSORBED	3	MO	OTHER RHEUMATOLOGICALS		
THYMOGLOBULIN	3	PA	CUPRIMINE	3	MO
TRIPEDIA	3		DEPEN TITRATABS	3	MO
TWINRIX	3	PA MO	ENBREL	5	PA QL(600 per 90 days) MO
TYPHIM VI	3		HUMIRA INJ 20MG/0.4ML	5	PA QL(2.4 per 90 days) MO
VAQTA	3	MO	HUMIRA INJ 40MG/0.8ML	5	PA QL(4.8 per 90 days) MO
VARIVAX	3		HUMIRA PEN-CROHNS DISEASE STARTER	5	PA MO
VIVAGLOBIN	5	PA MO	<i>leflunomide</i>	2	QL(90 per 90 days) MO
YF-VAX	3		RIDAURA	4	MO
ZOSTAVAX	3	PA	SAVELLA	3	QL(180 per 90 days) MO
MUSCULOSKELETAL / RHEUMATOLOGY			SAVELLA TITRATION PACK	3	MO
GOUT THERAPY			SIMPONI	5	PA QL(1 per 30 days) MO
<i>allopurinol</i>	1	MO	OBSTETRICS / GYNECOLOGY		
COLCRYS	3	QL(360 per 90 days) MO	ESTROGENS / PROGESTINS		
<i>probenecid</i>	2	MO	ALORA	3	MO
<i>probenecid / colchicine</i>	2	MO	<i>camila</i>	2	MO
ULORIC	3	MO	CLIMARA PRO	3	MO
OSTEOPOROSIS THERAPY			COMBIPATCH	3	MO
ACTONEL TABS 150MG	4	QL(3 per 90 days) ST MO	CRINONE GEL 4%	3	MO
ACTONEL TABS 35MG	4	QL(12 per 90 days) ST MO	CRINONE GEL 8%	3	PA MO
ACTONEL TABS 5MG	4	QL(90 per 90 days) ST MO	DEPO-PROVERA	3	MO
<i>alendronate sodium tabs 35mg, 70mg</i>	2	QL(12 per 90 days) MO	DEPO-SUBQ PROVERA 104	4	MO
<i>alendronate sodium tabs 10mg, 5mg</i>	2	QL(90 per 90 days) MO	DIVIGEL GEL 1MG/GM	3	MO
			<i>errin</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ESTRADERM	3	MO	<i>balziva</i>	2	MO
<i>estradiol / norethindrone acetate tabs 1mg; 0.5mg</i>	2	MO	<i>cesia</i>	2	MO
<i>estradiol ptwk</i>	1		<i>cryselle-28</i>	2	MO
<i>estradiol tabs</i>	1	MO	<i>cyclafem 1/35</i>	2	MO
ESTRING	4	QL(1 per 90 days) MO	<i>cyclafem 7/7/7</i>	2	MO
<i>estropipate</i>	1	MO	ELLA	3	
<i>jinteli</i>	2	MO	<i>enpresse-28</i>	2	MO
<i>jolivette</i>	2	MO	<i>gianvi</i>	2	MO
<i>medroxyprogesterone acetate</i>	1	MO	<i>junel</i>	2	MO
MENOSTAR	4	MO	<i>junel fe 1.5/30</i>	2	MO
<i>nora-be</i>	2	MO	<i>junel fe 1/20</i>	2	MO
<i>norethindrone tabs 5mg</i>	2	MO	<i>kariva</i>	2	MO
<i>ortho-est</i>	1		<i>kelnor 1/35</i>	2	MO
PREFEST	4	MO	<i>leena</i>	2	MO
PREMARIN TABS	3	MO	<i>lessina-28</i>	2	MO
PREMARIN W/APPLICATOR	3	MO	<i>levora</i>	2	MO
PREMPHASE	3	MO	<i>low-ogestrel</i>	2	MO
PREMPRO	3	MO	<i>luter</i>	2	MO
PROMETRIUM	3	MO	<i>microgestin 1.5/30</i>	2	MO
VAGIFEM	3	MO	<i>microgestin 1/20</i>	2	MO
VIVELLE-DOT	3	MO	<i>microgestin fe</i>	2	MO
MISCELLANEOUS OB/GYN			<i>microgestin fe 1.5/30</i>	2	MO
CLEOCIN SUPP	3	MO	<i>mononessa</i>	2	MO
<i>clindamycin phosphate crea</i>	2	MO	<i>necon 0.5/35-28</i>	2	MO
GYNAZOLE-1	3		<i>necon 1/35-28</i>	2	MO
LYSTEDA	4	QL(120 per 90 days) MO	<i>necon 10/11-28</i>	2	MO
<i>metronidazole vaginal</i>	1	MO	<i>necon 7/7/7</i>	2	MO
<i>miconazole 3</i>	2	MO	<i>next choice</i>	2	
NUVARING	4	MO	<i>nortrel 0.5/35 (28)</i>	2	MO
ORTHO EVRA	4	MO	<i>nortrel 1/35 (21)</i>	2	MO
<i>terconazole</i>	2	MO	<i>nortrel 1/35 (28)</i>	2	MO
<i>vandazole</i>	1	MO	<i>nortrel 7/7/7</i>	2	MO
<i>zazole crea 0.4%</i>	2	MO	<i>ocella</i>	2	MO
ORAL CONTRACEPTIVES / RELATED AGENTS			<i>ogestrel</i>	2	MO
<i>apri</i>	2	MO	<i>portia-28</i>	2	MO
<i>aranelle</i>	2	MO	<i>previfem</i>	2	MO
<i>aviane</i>	2	MO	<i>quasense</i>	2	MO
			<i>reclipsen</i>	2	MO
			<i>solia</i>	2	MO
			<i>sprintec 28</i>	2	MO
			<i>sronyx</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tri-legest fe</i>	2	MO	<i>trifluridine</i>	2	MO
<i>tri-previfem</i>	2	MO	ZIRGAN	4	MO
<i>tri-sprintec</i>	2	MO	BETA-BLOCKERS		
<i>trinessa</i>	2	MO	<i>betaxolol hcl</i>	2	MO
<i>trivora-28</i>	2	MO	BETOPTIC-S	3	MO
<i>velivet</i>	2	MO	<i>carteolol hcl</i>	2	MO
<i>zeosa</i>	2	MO	ISTALOL	3	MO
<i>zovia 1/35e</i>	2	MO	<i>levobunolol hcl</i>	1	MO
<i>zovia 1/50e</i>	2	MO	<i>metipranolol</i>	2	MO
OXYTOCICS			<i>timolol maleate</i>	1	MO
METHERGINE TABS	3		<i>timolol maleate ophthalmic gel forming</i>	1	MO
OPHTHALMOLOGY			TIMOPTIC OCUDOSE	3	MO
ANTIBIOTICS			CYCLOPLEGIC MYDRIATICS		
<i>ak-tob</i>	1		<i>tropicamide</i>	1	MO
AZASITE	3	MO	DIRECT ACTING MIOTICS		
<i>bacitracin / polymyxin b</i>	2	MO	PILOPINE HS	3	MO
<i>bacitracin ophthalmic oint</i>	1	MO	MISCELLANEOUS OPHTHALMOLOGICS		
BESIVANCE	3	MO	ALOCRIAL	4	MO
CILOXAN OINT	3	MO	<i>azelastine hcl</i>	2	MO
<i>ciprofloxacin ophthalmic soln</i>	1	MO	BEPREVE	3	MO
<i>erythromycin oint</i>	1	MO	<i>cromolyn sodium ophthalmic soln</i>	2	MO
<i>gentak</i>	1	MO	<i>epinastine hcl</i>	2	MO
<i>gentamicin sulfate ophthalmic soln</i>	1	MO	LACRISERT	3	MO
<i>gentasol</i>	1	MO	PATADAY	3	MO
<i>levofloxacin ophthalmic soln</i>	2	MO	PATANOL	3	MO
MOXEZA	3	MO	RESTASIS	3	MO
NATACYN	3	MO	NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>neomycin/bacitracin/polymyxin</i>	1	MO	ACUVAIL	3	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO	BROMDAY	3	MO
<i>ofloxacin</i>	2	MO	<i>bromfenac</i>	2	MO
<i>romycin</i>	2	MO	<i>diclofenac sodium</i>	1	MO
<i>tobramycin ophthalmic soln</i>	1	MO	<i>flurbiprofen sodium</i>	2	MO
<i>tobrasol</i>	1		<i>ketorolac tromethamine ophthalmic soln</i>	2	MO
TOBEX OINT	3	MO	NEVANAC	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO	ORAL DRUGS FOR GLAUCOMA		
VIGAMOX	3	MO	<i>acetazolamide</i>	2	MO
ZYMAR	3	MO	<i>acetazolamide sodium</i>	2	
ZYMAXID	3	MO	<i>methazolamide</i>	2	MO
ANTIVIRALS					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS			VASOCONSTRICTOR DECONGESTANTS		
AZOPT	3	MO	<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	MO
COMBIGAN	3	MO	IOPIDINE OPHTHALMIC SOLN 1%	4	MO
<i>dorzolamide hcl</i>	2	MO	RESPIRATORY AND ALLERGY		
<i>dorzolamide hcl/timolol maleate</i>	2	MO	ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>latanoprost</i>	2	MO	<i>ak-con</i>	1	MO
LUMIGAN	3	MO	STEROID-ANTIBIOTIC COMBINATIONS		
TRAVATAN Z	3	MO	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS			<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO	<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO	<i>poly-dex oint</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	2	MO	<i>poly-dex susp</i>	1	MO
<i>poly-dex oint</i>	1	MO	TOBRADEX OINT	3	MO
<i>poly-dex susp</i>	1	MO	TOBRADEX ST	3	MO
TOBRADEX OINT	3	MO	<i>tobramycin/dexamethasone</i>	2	MO
TOBRADEX ST	3	MO	ZYLET	3	MO
<i>tobramycin/dexamethasone</i>	2	MO	STEROID-SULFONAMIDE COMBINATIONS		
ZYLET	3	MO	<i>sulfacetamide sodium / prednisolone sodium phosphate</i>	2	MO
STEROID-SULFONAMIDE COMBINATIONS			STERIODS		
<i>sulfacetamide sodium / prednisolone sodium phosphate</i>	2	MO	ALREX	3	MO
STERIODS			<i>dexamethasone ophthalmic soln</i>	1	MO
ALREX	3	MO	DUREZOL	3	MO
<i>dexamethasone ophthalmic soln</i>	1	MO	<i>fluorometholone</i>	2	MO
DUREZOL	3	MO	FML	3	MO
<i>fluorometholone</i>	2	MO	FML FORTE	3	MO
FML	3	MO	LOTEMAX	3	MO
FML FORTE	3	MO	<i>prednisolone acetate</i>	2	MO
LOTEMAX	3	MO	<i>prednisolone sodium phosphate ophthalmic soln</i>	2	MO
<i>prednisolone acetate</i>	2	MO	SULFONAMIDES		
<i>prednisolone sodium phosphate ophthalmic soln</i>	2	MO	BLEPH-10	3	MO
SULFONAMIDES			<i>sodium sulfacetamide</i>	2	MO
BLEPH-10	3	MO	SYMPATHOMIMETICS		
<i>sodium sulfacetamide</i>	2	MO	ALPHAGAN P	3	MO
SYMPATHOMIMETICS			<i>apraclonidine</i>	2	MO
ALPHAGAN P	3	MO	<i>brimonidine tartrate ophthalmic soln 0.2%</i>	2	MO
<i>apraclonidine</i>	2	MO	IOPIDINE OPHTHALMIC SOLN 1%	4	MO
RESPIRATORY AND ALLERGY			VASOCONSTRICTOR DECONGESTANTS		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			<i>ak-con</i>	1	MO
<i>carbinoxamine maleate</i>	2	MO	RESPIRATORY AND ALLERGY		
<i>cetirizine hcl syrup</i>	2	MO	ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
CLARINEX REDITABS	3	QL(90 per 90 days)	<i>carbinoxamine maleate</i>	2	MO
		MO	<i>cetirizine hcl syrup</i>	2	MO
CLARINEX SYRP	3	MO	CLARINEX REDITABS	3	QL(90 per 90 days)
CLARINEX TABS	3	QL(90 per 90 days)			MO
		MO	CLARINEX SYRP	3	MO
CLARINEX-D 12 HOUR	3	QL(180 per 90 days)	CLARINEX TABS	3	QL(90 per 90 days)
		MO			MO
CLARINEX-D 24 HOUR	3	QL(90 per 90 days)	CLARINEX-D 12 HOUR	3	QL(180 per 90 days)
		MO			MO
<i>clemastine fumarate syrup</i>	2	MO	CLARINEX-D 24 HOUR	3	QL(90 per 90 days)
<i>clemastine fumarate tabs 2.68mg</i>	2	MO			MO
<i>epinephrine hcl inj 0.1mg/ml</i>	2	MO	<i>clemastine fumarate syrup</i>	2	MO
EPIPEN	3	MO	<i>clemastine fumarate tabs 2.68mg</i>	2	MO
EPIPEN-JR	3	MO	<i>epinephrine hcl inj 0.1mg/ml</i>	2	MO
<i>fexofenadine hcl tabs 180mg</i>	2	QL(90 per 90 days)	EPIPEN	3	MO
<i>fexofenadine hcl tabs 30mg, 60mg</i>	2	QL(180 per 90 days)	EPIPEN-JR	3	MO
<i>hydroxyzine hcl inj 25mg/ml</i>	2	MO	<i>fexofenadine hcl tabs 180mg</i>	2	QL(90 per 90 days)
<i>hydroxyzine hcl inj 50mg/ml</i>	2	MO	<i>fexofenadine hcl tabs 30mg, 60mg</i>	2	QL(180 per 90 days)
<i>hydroxyzine hcl syrup</i>	2	MO	<i>hydroxyzine hcl inj 25mg/ml</i>	2	MO
<i>hydroxyzine hcl tabs</i>	2	MO	<i>hydroxyzine hcl inj 50mg/ml</i>	2	MO
<i>levocetirizine dihydrochloride</i>	2	QL(90 per 90 days)	<i>hydroxyzine hcl syrup</i>	2	MO
		MO	<i>hydroxyzine hcl tabs</i>	2	MO
<i>palgic liqd</i>	2	MO	<i>levocetirizine dihydrochloride</i>	2	QL(90 per 90 days)
<i>phenadoz</i>	2	MO			MO
<i>promethazine hcl inj 25mg/ml</i>	2	MO	<i>palgic liqd</i>	2	MO
<i>promethazine hcl inj 50mg/ml</i>	2	MO	<i>phenadoz</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl supp</i>	2	MO	FLOVENT HFA AERO	3	QL(63.6 per 90 days)
<i>promethazine hcl syrup</i>	2	MO	110MCG/ACT		MO
<i>promethazine hcl tabs</i>	2	MO	FLOVENT HFA AERO	3	QL(72 per 90 days)
<i>promethegan supp 25mg</i>	2		220MCG/ACT, 44MCG/ACT		MO
<i>promethegan supp 50mg</i>	2	MO	<i>flunisolide nasal soln 0.025%</i>	2	MO
TWINJECT	3	MO	<i>fluticasone propionate</i>	2	MO
PULMONARY AGENTS			FORADIL AEROLIZER	3	QL(180 per 90 days)
<i>acetylcysteine</i>	2	PA MO			MO
ADVAIR DISKUS	3	QL(180 per 90 days)	<i>ipratropium bromide inhalation soln</i>	1	PA MO
		MO	<i>ipratropium bromide/albuterol sulfate</i>	2	PA MO
ADVAIR HFA	3	QL(36 per 90 days)	LETAIRIS	5	LA PA
		MO			QL(90 per 90 days)
<i>albuterol sulfate er</i>	1	MO			MO
<i>albuterol sulfate nebu</i>	1	PA MO	<i>metaproterenol sulfate</i>	2	MO
<i>albuterol sulfate syrup</i>	1	MO	NASONEX	3	MO
<i>albuterol sulfate tabs</i>	1	MO	PERFOROMIST	3	PA MO
<i>aminophylline inj</i>	1		PROAIR HFA	3	QL(51 per 90 days)
<i>aminophylline tabs</i>	1	MO			MO
ASMANEX 120 METERED DOSES	3	QL(3 per 90 days) MO	PULMICORT SUSP 1MG/2ML	3	PA MO
ASMANEX 14 METERED DOSES	3	QL(3 per 90 days) MO	PULMOZYME	5	PA MO
ASMANEX 30 METERED DOSES	3	QL(3 per 90 days) MO	REVATIO INJ	5	QL(3375 per 90 days)
ASMANEX 60 METERED DOSES	3	QL(3 per 90 days) MO			MO
ATROVENT HFA	3	QL(77.4 per 90 days)	REVATIO TABS	5	PA QL(270 per 90 days)
		MO			MO
<i>budesonide susp</i>	2	PA MO	SEREVENT DISKUS	3	QL(180 per 90 days)
COMBIVENT	3	QL(88.2 per 90 days)			MO
		MO	SINGULAIR	3	QL(90 per 90 days)
<i>cromolyn sodium nebu</i>	2	PA MO			MO
DULERA	4	QL(39 per 90 days)	SPIRIVA HANDIHALER	3	QL(90 per 90 days)
		MO			MO
ELIXOPHYLLIN	4	MO	SYMBICORT AERO	3	QL(30.6 per 90 days)
FLOVENT DISKUS	3	QL(360 per 90 days)	80MCG/ACT; 4.5MCG/ACT		
		MO	SYMBICORT AERO	3	QL(30.6 per 90 days)
			160MCG/ACT; 4.5MCG/ACT		MO

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate</i>	2	MO	<i>oxybutynin tabs</i>	1	QL(360 per 90 days)
THEO-24	4	MO			MO
<i>theochron tb12 300mg</i>	2		OXYTROL	3	QL(32 per 90 days)
<i>theochron tb12 100mg</i>	2	MO			MO
<i>theophylline er</i>	2	MO	TOVIAZ	3	QL(90 per 90 days)
TRACLEER	5	LA PA QL(180 per 90 days)			MO
		MO	<i>tropium chloride</i>	2	QL(180 per 90 days)
VENTOLIN HFA	3	QL(108 per 90 days)			MO
		MO	VESICARE	3	QL(90 per 90 days)
VERAMYST	3	MO			MO
XOLAIR	5	PA QL(7.2 per 30 days)	BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
		MO	AVODART	3	QL(90 per 90 days)
<i>zafirlukast</i>	2	QL(180 per 90 days)			MO
		MO	<i>finasteride</i>	2	QL(90 per 90 days)
ZYFLO CR	4	QL(360 per 90 days)			MO
		MO	JALYN	3	QL(90 per 90 days)
UROLOGICALS					MO
ANTICHOLINERGICS /			RAPAFLO	3	QL(90 per 90 days)
ANTISPASMODICS					MO
DETROL	3	QL(180 per 90 days)	<i>tamsulosin hcl</i>	2	QL(180 per 90 days)
		MO			MO
DETROL LA	3	QL(90 per 90 days)	UROXATRAL	3	QL(90 per 90 days)
		MO			MO
ENABLEX	3	QL(90 per 90 days)	CHOLINERGIC STIMULANTS		
		MO	<i>bethanechol chloride</i>	2	MO
<i>flavoxate hcl</i>	2	MO	MISCELLANEOUS UROLOGICALS		
GELNIQUE	3	QL(90 per 90 days)	CYSTAGON	3	LA
		MO	ELMIRON	3	MO
<i>oxybutynin er tb24 5mg</i>	1	QL(90 per 90 days)	<i>potassium citrate extended-release</i>	2	MO
		MO	VITAMINS, HEMATINICS /		
<i>oxybutynin er tb24 10mg, 15mg</i>	1	QL(180 per 90 days)	ELECTROLYTES		
		MO	ELECTROLYTES		
<i>oxybutynin syrp</i>	1	MO			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate</i>	2	MO	<i>potassium chloride inj</i>	2	
<i>eliphos</i>	2	MO	<i>10meq/100ml, 10meq/50ml,</i>		
K-TABS	4	MO	<i>2meq/ml</i>		
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2		POTASSIUM CHLORIDE INJ	3	
<i>kcl 0.15%/d5w/lr</i>	2		0.4MEQ/ML, 30MEQ/100ML		
KCL 0.15%/D5W/NACL 0.2%	3		<i>ringers injection</i>	2	
KCL 0.15%/D5W/NACL 0.225%	3		<i>sodium bicarbonate inj 7.5%,</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2		<i>8.4%</i>		
<i>kcl 0.3%/d5w/lr iv lac ring</i>	2		<i>sodium chloride 0.45% viaflex</i>	2	MO
KCL 0.3%/D5W/NACL 0.2%	3		<i>sodium chloride inj 3%, 5%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2		<i>sodium chloride inj 2.5meq/ml</i>	2	MO
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2		MISCELLANEOUS NUTRITION PRODUCTS		
<i>klor-con 10</i>	2	MO	AMINOSYN	3	
<i>klor-con 8</i>	2	MO	AMINOSYN II	3	
KLOR-CON M15	4	MO	AMINOSYN II M	3	
<i>klor-con m20</i>	2	MO	AMINOSYN-HBC	3	
LACTATED RINGERS	3	MO	AMINOSYN-HF	3	
MAGNESIUM SULFATE IN D5W INJ 5%; 10MG/ML	3		AMINOSYN-PF	3	
MAGNESIUM SULFATE INJ	3		AMINOSYN-PF 7%	3	
NORMOSOL	3		CLINIMIX / DEXTROSE	3	
POTASSIUM CHLORIDE 0.075%/D5W/NACL 0.225%	3		CLINISOL SF	3	
POTASSIUM CHLORIDE 0.15%/NACL 0.45% VIAFLEX	3		DEXTROSE 5%	3	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	2		/ELECTROLYTE #48 VIAFLEX	3	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	2	MO	FREAMINE III	3	
<i>potassium chloride 0.15% nacl 0.9%</i>	2		HEPATAMINE	3	
POTASSIUM CHLORIDE 0.15%/D5W	3		HEPATASOL	3	
POTASSIUM CHLORIDE 0.22%/D5W/NACL 0.45%	3		INTRALIPID INJ 1.7%; 30%	3	
<i>potassium chloride 0.224%/d5w</i>	2		<i>intralipid inj 2.25%; 20%</i>	2	
POTASSIUM CHLORIDE 0.3%/NACL 0.9%	3		IONOSOL	3	
<i>potassium chloride 0.3%/d5w</i>	2		ISOLYTE	3	
<i>potassium chloride er cpcr</i>	2	MO	KCL 0.15%/D10W/NACL 0.2%	3	
<i>potassium chloride er tbcr 10meq</i>	2		LIPOSYN III INJ 1.8%; 2.5%; 30%	3	
<i>potassium chloride er tbcr 20meq</i>	2	MO	NEPHRAMINE	3	
			NORMOSOL	3	
			PLASMA-LYTE	3	

Drug Name	Drug Tier	Requirements/ Limits
PREMASOL INJ 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	3	
<i>premasol inj 52meq/l;</i> <i>1760mg/100ml; 880mg/100ml;</i> <i>34meq/l; 1760mg/100ml;</i> <i>372mg/100ml; 406mg/100ml;</i> <i>526mg/100ml; 492mg/100ml;</i> <i>492mg/100ml; 526mg/100ml;</i> <i>356mg/100ml; 356mg/100ml;</i> <i>390mg/100ml; 34mg/100ml;</i> <i>152mg/100ml</i>	2	
TRAVASOL	3	
TROPHAMINE	3	
VITAMINS / HEMATINICS		
<i>prenatal vitamins (generic)</i>	1	
<i>sodium fluoride tabs</i>	2	MO

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<i>acetylcysteine</i>	31
ACTHIB	26
<i>acticin</i>	19
ACTIMMUNE	25
ACTONEL	19, 27
ACTOPLUS MET.....	21
ACTOS.....	21
ACUVAIL.....	29
<i>acyclovir</i>	1
ADACEL.....	26
ADAGEN	19
<i>adapalene</i>	18
<i>adriamycin</i>	5
ADVAIR DISKUS.....	31
ADVAIR HFA	31
<i>afeditab cr</i>	14
AFINITOR	5
AGGRENOX	16
<i>a-hydrocort</i>	20
<i>ak-con</i>	30
<i>ak-tob</i>	29
<i>ala cort</i>	18
ALBENZA	3
<i>albuterol sulfate</i>	31
<i>albuterol sulfate er</i>	31
<i>alclometasone dipropionate</i>	18
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<i>alendronate sodium</i>	19, 27
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ALKERAN	5
<i>allopurinol</i>	27
ALOCRIAL	29
ALORA.....	27
ALPHAGAN P	30
ALREX	30
ALTABAX	18
<i>amantadine</i>	1
<i>amcinonide</i>	18
<i>a-methapred</i>	20
<i>amifostine</i>	4
<i>amikacin sulfate</i>	3
<i>amiloride</i>	14
<i>amiloride/hydrochlorothiazide</i>	14
<i>aminophylline</i>	31
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<i>amiodarone</i>	13
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<i>amitriptyline</i>	11
<i>amlodipine</i>	14
<i>amlodipine / benazepril</i>	14
<i>ammonium lactate</i>	17
<i>amnestem</i>	18
<i>amoxapine</i>	11
<i>amoxicillin</i>	3
<i>amoxicillin/clavulanate potassium</i>	3
<i>amoxicillin/clavulanate potassium er</i>	3
<i>amoxicillin/potassium clavulanate</i>	4
<i>amphotericin b</i>	1
<i>ampicillin</i>	4

<i>ampicillin-sulbactam</i>	4	AVANDIA.....	21
AMTURNIDE.....	14	AVASTIN.....	5
ANADROL-50.....	23	AVELOX.....	4
<i>anagrelide hydrochloride</i>	19	AVELOX ABC PACK.....	4
<i>anastrozole</i>	5	<i>aviane</i>	28
ANCOBON.....	1	<i>avita</i>	18
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ANDROGEL.....	23	AVONEX.....	25
ANDROGEL PUMP.....	23	AZACTAM.....	3
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<i>androxy</i>	23	AZASITE.....	29
ANTABUSE.....	19	<i>azathioprine</i>	5
APOKYN.....	8	<i>azathioprine sodium</i>	5
<i>apraclonidine</i>	30	<i>azelastine hcl</i>	20, 29
<i>apri</i>	28	AZELEX.....	18
APTIVUS.....	1	AZILECT.....	8
ARALAST NP.....	19	<i>azithromycin</i>	2
<i>aranelle</i>	28	AZOPT.....	30
ARANESP.....	25	<i>aztreonam</i>	3
ARCALYST.....	25	B	
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ARICEPT ODT.....	8	<i>bacitracin / polymyxin b</i>	29
ARIXTRA.....	16	<i>baclofen</i>	9
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ARTHROTEC 50.....	10	BACTROBAN NASAL.....	20
ARTHROTEC 75.....	10	<i>balsalazide</i>	24
ARZERRA.....	5	<i>balziva</i>	28
ASACOL.....	24	BANZEL.....	7
ASACOL HD.....	24	BARACLUDGE.....	1
<i>ascomp/codeine</i>	9	BD INSULIN SYRINGE	
ASMANEX 120 METERED DOSES.....	31	SAFETYGLIDE/1ML/29G X 1/2.....	21
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ASMANEX 30 METERED DOSES.....	31	ULTRAFINE/0.3ML/31G X 5/16.....	21
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ASTEPRO.....	20	ULTRAFINE/0.5ML/30G X 1/2.....	21
<i>atenolol</i>	14	BD INSULIN SYRINGE ULTRAFINE/1ML/31G	
<i>atenolol / chlorthalidone</i>	14	X 5/16.....	21
ATRIPLA.....	1	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	
<i>atropine sulfate</i>	23	21
ATROVENT HFA.....	31	<i>benazepril</i>	14
<i>augmented betamethasone dipropionate</i>	18, 19	<i>benazepril / hydrochlorothiazide</i>	14
AVANDAMET.....	21	<i>benztropine mesylate</i>	8
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<i>betamethasone dipropionate</i>	19	<i>calcitriol</i>	23
<i>betamethasone valerate</i>	19	<i>calcium acetate</i>	33
BETASERON	25	<i>camila</i>	27
<i>betaxolol hcl</i>	14, 29	CAMPATH.....	5
<i>bethanechol chloride</i>	32	CAMPRAL	19
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<i>bicalutamide</i>	5	CAPASTAT SULFATE	3
BICILLIN C-R	4	CAPEX	19
BICILLIN L-A	4	<i>captopril</i>	14
BICNU	5	<i>captopril/hydrochlorothiazide</i>	14
BIDIL	14	CARAC.....	17
BILTRICIDE.....	3	CARAFATE	25
<i>bisoprolol fumarate</i>	14	<i>carbamazepine</i>	7
<i>bisoprolol fumarate / hydrochlorothiazide</i>	14	<i>carbamazepine er</i>	7
<i>bleomycin sulfate</i>	5	CARBATROL	7
BLEPH-10.....	30	<i>carbidopa / levodopa</i>	8
BONIVA	27	<i>carbidopa/levodopa cr</i>	8
BOOSTRIX.....	26	<i>carbidopa/levodopa odt</i>	8
<i>brimonidine tartrate</i>	30	<i>carbidopa/levodopa sr</i>	8
BROMDAY	29	<i>carbinoxamine maleate</i>	30
<i>bromfenac</i>	29	<i>carboplatin</i>	5
<i>bromocriptine mesylate</i>	8	CARMOL-HC.....	17
<i>budeprion sr</i>	11	<i>carteolol hcl</i>	29
<i>budeprion xl</i>	11	<i>cartia xt</i>	14
<i>budesonide</i>	31	<i>carvedilol</i>	14
<i>bumetanide</i>	14	CAYSTON.....	3
BUPHENYL.....	19	CEENU	5
BUPRENEX.....	9	<i>cefaclor</i>	2
<i>buprenorphine hcl</i>	9	<i>cefadroxil</i>	2
<i>buproban</i>	20	<i>cefazolin</i>	2
<i>bupropion hcl</i>	11	<i>cefdinir</i>	2
<i>bupropion hcl sr</i>	11	<i>cefepime</i>	2
<i>buspirone hcl</i>	11	<i>cefotaxime sodium</i>	2
BUSULFEX	5	<i>cefoxitin sodium</i>	2
<i>butorphanol tartrate</i>	10	<i>cefpodoxime proxetil</i>	2
BYETTA	21	<i>ceftazidime</i>	2
BYSTOLIC	14	<i>ceftriaxone sodium</i>	2
C		<i>cefuroxime axetil</i>	2
<i>cabergoline</i>	23	<i>cefuroxime sodium</i>	2
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		CELLCEPT.....	5

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<i>cephalexin</i>	2	<i>clindamycin/benzoyl peroxide</i>	18
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<i>cesia</i>	28	<i>clobetasol propionate</i>	19
<i>cetirizine hcl</i>	30	<i>clobetasol propionate e</i>	19
CHANTIX.....	20	CLOBEX.....	19
CHEMET.....	19	CLOLAR.....	5
<i>chlordiazepoxide/amitriptyline</i>	11	<i>clomipramine</i>	11
<i>chlorhexidine gluconate oral rinse</i>	20	<i>clonidine</i>	14
<i>chloroquine</i>	3	<i>clotrimazole</i>	1, 18
<i>chlorothiazide</i>	14	<i>clotrimazole / betamethasone</i>	18
<i>chlorothiazide sodium</i>	14	<i>clozapine</i>	11
<i>chlorpromazine</i>	11	COARTEM.....	3
<i>chlorthalidone</i>	14	<i>codeine sulfate</i>	9
<i>cholestyramine light</i>	17	COLCRYS.....	27
<i>ciclopirox</i>	18	<i>colestipol</i>	17
<i>ciclopirox nail lacquer</i>	18	<i>colistimethate sodium</i>	3
<i>ciclopirox olamine</i>	18	COLY-MYCIN S.....	20
<i>cilostazol</i>	16	COMBIGAN.....	30
CILOXAN.....	29	COMBIPATCH.....	27
CIMZIA.....	24	COMBIVENT.....	31
CIPRO HC.....	20	COMBIVIR.....	1
CIPRO I.V.-IN D5W.....	4	<i>compro</i>	24
CIPRODEX.....	20	COMTAN.....	8
<i>ciprofloxacin</i>	4, 29	COMVAX.....	26
<i>cisplatin</i>	5	CONDYLOX.....	17
<i>citalopram</i>	11	<i>constulose</i>	24
<i>cladribine</i>	5	COPAXONE.....	8
<i>claravis</i>	18	CORDRAN TAPE.....	19
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CLARINEX REDITABS.....	30	CORTIFOAM.....	24
CLARINEX-D 12 HOUR.....	30	<i>cortisone acetate</i>	20
CLARINEX-D 24 HOUR.....	30	CORTISPORIN-TC.....	20
<i>clarithromycin</i>	2	<i>cortomycin</i>	20
<i>clarithromycin er</i>	2	COSMEGEN.....	5
<i>clemastine fumarate</i>	30	CREON.....	24
CLEOCIN.....	28	CRESTOR.....	17
CLEOCIN GALAXY.....	3	CRINONE.....	27
CLEOCIN PEDIATRIC GRANULES.....	3	CRIXIVAN.....	1
CLIMARA PRO.....	27	<i>cromolyn sodium</i>	29, 31
<i>clindamycin hcl</i>	3	<i>cryselle-28</i>	28

CUBICIN	3	DEXILANT	25
CUPRIMINE.....	27	<i>dexrazoxane</i>	4
<i>cyclafem 1/35</i>	28	<i>dextroamphetamine sulfate</i>	11
<i>cyclafem 7/7/7</i>	28	<i>dextroamphetamine sulfate er</i>	11
<i>cyclobenzaprine hcl</i>	9	DEXTROSE 10%/NACL 0.45%	19
<i>cyclophosphamide</i>	5	DEXTROSE 5% /ELECTROLYTE #48	
<i>cyclosporine</i>	5	VIAFLEX	33
CYKLOKAPRON.....	16	<i>dextrose 10% flex container</i>	19
CYMBALTA	11	DEXTROSE 10%/NACL 0.2%	19
CYSTADANE.....	24	<i>dextrose 2.5%/sodium chloride 0.45%</i>	19
CYSTAGON	32	<i>dextrose 5%</i>	19
<i>cytarabine</i>	5	<i>dextrose 5%/nacl 0.2%</i>	19
CYTARABINE AQUEOUS	5	<i>dextrose 5%/nacl 0.225%</i>	19
D		DEXTROSE 5%/NACL 0.33%	19
<i>dacarbazine</i>	5	<i>dextrose 5%/nacl 0.45%</i>	19
DACOGEN	5	<i>dextrose 5%/nacl 0.9%</i>	19
<i>danazol</i>	23	DIBENZYLINE.....	14
<i>dantrolene sodium</i>	9	<i>diclofenac potassium</i>	10
DAPSONE	3	<i>diclofenac sodium</i>	10, 29
DAPTACEL.....	26	<i>diclofenac sodium ec</i>	10
DARAPRIM.....	3	<i>diclofenac sodium xr</i>	10
<i>daunorubicin hcl</i>	5	<i>dicloxacillin sodium</i>	4
DAUNOXOME.....	5	<i>dicyclomine hcl</i>	23, 24
DECAVAC.....	26	<i>didanosine</i>	1
<i>demeclocycline hcl</i>	4	DIFFERIN.....	18
DEMSER.....	14	<i>diflorasone diacetate</i>	19
DENAVIR.....	18	DIFLUCAN IN NACL	1
<i>depade</i>	10	<i>diflunisal</i>	10
DEPEN TITRATABS	27	<i>digoxin</i>	16
DEPO-MEDROL	20	<i>dihydroergotamine mesylate</i>	8
DEPO-PROVERA	27	DILANTIN	7
DEPO-SUBQ PROVERA 104.....	27	DILANTIN INFATABS.....	7
DERMA-SMOOTH / FS BODY OIL	19	DILAUDID	9
DERMOTIC	20	DILAUDID-5.....	9
<i>desipramine</i>	11	DILAUDID-HP.....	9
<i>desmopressin acetate</i>	23	<i>dilt-cd</i>	14
<i>desonide</i>	19	<i>diltiazem cd</i>	14
<i>desoximetasone</i>	19	<i>diltiazem hcl</i>	14
DETROL	32	<i>diltiazem hcl er</i>	14
DETROL LA.....	32	<i>dilt-xr</i>	14
<i>dexamethasone</i>	20, 30	<i>diltzac</i>	14
DEXAMETHASONE INTENSOL	20	DIOVAN.....	14
		DIOVAN HCT	14

DIPENTUM	24	EMSAM.....	11
DIPHThERIA/TETANUS TOXOID PEDIATRIC	26	EMTRIVA	1
<i>disopyramide phosphate</i>	13	ENABLEX.....	32
<i>divalproex sodium</i>	7	<i>enalapril</i>	14
<i>divalproex sodium er</i>	7	<i>enalapril / hydrochlorothiazide</i>	14, 15
DIVIGEL.....	27	ENBREL.....	27
DOCETAXEL.....	5	<i>endocet</i>	9
<i>donepezil hcl</i>	8	ENGERIX-B.....	26
<i>dorzolamide hcl</i>	30	<i>enoxaparin sodium</i>	16
<i>dorzolamide hcl/timolol maleate</i>	30	<i>enpresse-28</i>	28
<i>doxazosin</i>	14	ENTOCORT EC	24
<i>doxepin</i>	11	<i>enulose</i>	24
DOXIL	5	<i>epinastine hcl</i>	29
<i>doxorubicin hcl</i>	5	<i>epinephrine hcl</i>	30
<i>doxycycline hyclate</i>	4	EPIPEN.....	30
<i>doxycycline monohydrate</i>	4	EPIPEN-JR	30
<i>dronabinol</i>	24	<i>epirubicin hcl</i>	5
DROXIA	5	<i>epitol</i>	7
DUETACT	21	EPIVIR.....	1
DULERA.....	31	EPIVIR HBV	1
<i>duramorph</i>	9	<i>eplerenone</i>	15
DUREZOL	30	EPOGEN.....	25, 26
E		EPZICOM.....	1
<i>e.e.s. 400</i>	2	EQUETRO.....	7
E.E.S. GRANULES	2	ERAXIS	1
<i>econazole nitrate</i>	18	ERBITUX	5
EDECRIN.....	14	<i>ergotamine tartrate / caffeine</i>	8
EDURANT.....	1	<i>errin</i>	27
EFFIENT.....	16	<i>ery</i>	18
ELIDEL.....	17	ERY-TAB	2
<i>eliphos</i>	33	ERYTHROCIN LACTOBIONATE.....	2
ELITEK.....	4	<i>erythrocin stearate</i>	2
ELIXOPHYLLIN.....	31	<i>erythromycin</i>	18, 29
ELLA.....	28	<i>erythromycin / benzoyl peroxide</i>	18
ELLENCÉ.....	5	ERYTHROMYCIN BASE.....	2
ELMIRON.....	32	<i>erythromycin ethylsuccinate</i>	2
ELOXATIN.....	5	<i>erythromycin/sulfisoxazole</i>	2
ELSPAR.....	5	ESTRADERM	28
EMBEDA	9	<i>estradiol</i>	28
EMCYT.....	5	<i>estradiol / norethindrone acetate</i>	28
EMEND.....	24	ESTRING.....	28
		<i>estropipate</i>	28
		<i>ethambutol</i>	3

<i>ethosuximide</i>	7	<i>fluconazole in dextrose</i>	1
<i>etidronate disodium</i>	19	<i>fludarabine phosphate</i>	5
<i>etodolac</i>	10	<i>fludrocortisone acetate</i>	20
ETOPOPHOS.....	5	<i>flunisolide</i>	31
<i>etoposide</i>	5	<i>fluocinolone acetonide</i>	19
EURAX.....	19	<i>fluocinonide</i>	19
EVISTA.....	27	<i>fluocinonide emollient base</i>	19
EVOXAC	19	<i>fluorometholone</i>	30
EXALGO	9	FLUOROPLEX.....	17
EXELON.....	8	<i>fluorouracil</i>	5, 17
<i>exemestane</i>	5	<i>fluoxetine</i>	11
EXFORGE	15	<i>fluoxetine dr</i>	11
EXFORGE HCT	15	<i>fluphenazine</i>	11
EXJADE.....	19, 20	<i>fluphenazine decanoate inj</i>	11
F		<i>flurbiprofen</i>	10
FABRAZYME	23	<i>flurbiprofen sodium</i>	29
<i>famciclovir</i>	1	<i>flutamide</i>	5
<i>famotidine</i>	25	<i>fluticasone propionate</i>	19, 31
<i>famotidine premixed</i>	25	<i>fluvoxamine</i>	11
FANAPT	11	FML	30
FANAPT TITRATION PACK	11	FML FORTE.....	30
FARESTON	5	FOCALIN XR.....	11
FASLODEX	5	FORADIL AEROLIZER	31
FAZACLO	11	FORTAZ.....	2
FELBATOL	7	FORTEO	27
<i>felodipine er</i>	15	<i>fortical</i>	23
<i>fenofibrate</i>	17	<i>foscarnet sodium</i>	1
<i>fenofibrate micronized</i>	17	<i>fosinopril</i>	15
<i>fenopropfen calcium</i>	10	<i>fosinopril / hydrochlorothiazide</i>	15
<i>fentanyl citrate</i>	9	FOSRENOL.....	20
<i>fentanyl citrate oral transmucosal</i>	9	FRAGMIN	16
<i>fentanyl patches</i>	9	FREAMINE III	33
<i>fexofenadine hcl</i>	30	<i>furosemide</i>	15
FINACEA.....	18	FUZEON.....	1
<i>finasteride</i>	32	G	
FIRMAGON.....	5	<i>gabapentin</i>	7
<i>flavoxate hcl</i>	32	GABITRIL.....	7
<i>flecainide acetate</i>	13	<i>galantamine hydrobromide</i>	8
FLECTOR	10	<i>ganciclovir</i>	1
FLOVENT DISKUS	31	GARDASIL	26
FLOVENT HFA.....	31	GASTROCROM.....	24
<i>fluconazole</i>	1	GAUZE PADS 2.....	21

<i>gavilyte-c</i>	24
<i>gavilyte-g</i>	24
<i>gavilyte-n/ flavor pack</i>	24
GELNIQUE	32
<i>gemcitabine hcl</i>	5
<i>gemfibrozil</i>	17
<i>gengraf</i>	5
<i>gentak</i>	29
<i>gentamicin sulfate</i>	3, 18, 29
<i>gentamicin sulfate/0.9% sodium chloride</i>	3
<i>gentamicin sulfate/sodium chloride</i>	3
<i>gentasol</i>	29
GEODON	11
<i>gianvi</i>	28
GILENYA	9
GLEEVEC	5
<i>glimepiride</i>	21
<i>glipizide</i>	21
<i>glipizide / metformin</i>	21
<i>glipizide er</i>	21
GLUCAGEN HYPOKIT	21
GLUCAGON EMERGENCY KIT	21
<i>glyburide</i>	22
<i>glyburide / metformin</i>	21, 22
<i>glyburide micronized</i>	22
<i>glycopyrrolate</i>	24
<i>glycron</i>	22
<i>granisetron</i>	24
<i>griseofulvin microsize</i>	1
GRIS-PEG	1
<i>guanfacine hcl</i>	15
GYNAZOLE-1	28

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HALAVEN	5
HALDOL	11
HALDOL DECANOATE 100	12
HALDOL DECANOATE 50	12
<i>halobetasol propionate</i>	19
<i>haloperidol</i>	12
<i>haloperidol decanoate inj</i>	12
<i>haloperidol lactate inj</i>	12
HAVRIX	26

HEPARIN SODIUM	16
<i>heparin sodium/d5w</i>	16
HEPARIN SODIUM/NACL 0.45%	16
<i>heparin sodium/sodium chloride 0.9% premix</i>	16
HEPATAMINE	33
HEPATASOL	33
HEPSERA	1
HERCEPTIN	5
HEXALEN	5
HIZENTRA	26
HUMALOG	22
HUMALOG KWIKPEN	22
HUMALOG MIX 50/50	22
HUMALOG MIX 50/50 KWIKPEN	22
HUMALOG MIX 75/25	22
HUMALOG MIX 75/25 KWIKPEN	22
HUMIRA	27
HUMIRA PEN-CROHNS DISEASE STARTER	27
HUMULIN 70/30	22
HUMULIN 70/30 PEN	22
HUMULIN N	22
HUMULIN N U-100 PEN	22
HUMULIN R	22
HUMULIN R U-500 (CONCENTRATED)	22
<i>hydralazine</i>	15
<i>hydrochlorothiazide</i>	15
<i>hydrocodone bitartrate/acetaminophen</i>	9
<i>hydrocodone/acetaminophen</i>	9
<i>hydrocodone/ibuprofen</i>	9
<i>hydrocortisone</i>	19, 20, 24
<i>hydrocortisone butyrate</i>	19
<i>hydrocortisone valerate</i>	19
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine</i>	3
<i>hydroxyurea</i>	5
<i>hydroxyzine hcl</i>	30

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<i>ibuprofen</i>	10
<i>idarubicin hcl</i>	5
IFEX	5
<i>ifosfamide</i>	5

<i>ifosfamide/mesna</i>	5
<i>imipramine</i>	12
<i>imipramine pamoate</i>	12
<i>imiquimod</i>	18
IMOVAX RABIES (H.D.C.V.)	26
INCRELEX	20
<i>indapamide</i>	15
<i>indomethacin</i>	10
<i>indomethacin er</i>	10
INFANRIX.....	26
INFUMORPH 200	9
INFUMORPH 500	9
INTELENCE.....	1
INTRALIPID	33
INTRON-A.....	26
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