



# Blue MedicareRx<sup>SM</sup> Premier (PDP) 2011 Formulary (List of Covered Drugs)

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

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

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2012.

Please call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week, to receive material in an alternate format or language. TTY users should call 1-866-236-1069.

## **What is the Blue MedicareRx Premier Formulary?**

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

## **Can the Formulary change?**

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) 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 October 1, 2010. To get updated information about the drugs covered by Blue MedicareRx Premier, please visit our Web site at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) or call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

If we have a mid-year non-maintenance formulary change, we will provide a notice in the monthly Explanation of Benefits and on our Web site, [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com). You may ask for a copy of the most recent formulary by calling Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.

## How do I use the Formulary?

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 26. 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?

Blue MedicareRx Premier 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:** Blue MedicareRx Premier requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue MedicareRx Premier before you fill your prescriptions. If you don't get approval, Blue MedicareRx Premier may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Premier limits the amount of the drug that Blue MedicareRx Premier will cover. For example, Blue MedicareRx Premier provides 12 units per prescription for MAXALT. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Premier 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, Blue MedicareRx Premier may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx Premier will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

You can ask Blue MedicareRx Premier to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Blue MedicareRx Premier formulary?” on page 3 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 Care and confirm that your drug is not covered. If you learn that Blue MedicareRx Premier does not cover your drug, you have two options:

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

You can ask Blue MedicareRx Premier 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, Blue MedicareRx Premier limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 4 (Non-Preferred Brand Drugs), you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 3 (Preferred Brand Drugs) instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Tier 5 (Specialty Tier Drugs).

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

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

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

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, and 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 up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover, such as benzodiazepines or drugs that might be covered under Medicare Part B.

## For more information

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

If you have questions about Blue MedicareRx Premier, please call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069. Or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.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](http://www.medicare.gov).

## Blue MedicareRx Premier's Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Blue MedicareRx Premier. If you have trouble finding your drug in the list, turn to the Index that begins on page 26.

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

The information in the Notes column tells you if Blue MedicareRx Premier has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D stands for drugs covered under Medicare Part B or D.
- ED stands for Excluded 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 towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 1-866-236-1069.
- GC stands for Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

In the drug listing, the Tier column identifies which tier each drug is in. The amount you will pay at the pharmacy, also known as co-payment or coinsurance, is determined by the drug tier. The table on the next page outlines your copayments/coinsurance for drugs in each tier during the initial coverage stage.

**Blue MedicareRx Premier Initial Coverage Stage**

	<b>Retail or Out-of-Network*</b> up to 30-day supply / <b>Long-Term Care</b> Up to 31-day supply	<b>Retail</b> up to 90-day supply	<b>Mail order</b> up to 90-day supply
Tier 1 - Preferred Generic Drugs	\$4	\$12	\$4
Tier 2 - Generic Drugs	\$9	\$27	\$22.50
Tier 3 - Preferred Brand Drugs	\$30	\$90	\$75
Tier 4 - Non-Preferred Brand Drugs	\$70	\$210	\$175
Tier 5 - Specialty Tier Drugs	33%	33%	33%

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what we would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Certain generic benzodiazepines and generic barbiturates are included in this cost-sharing tier for the purpose of assigning a copayment amount. These drugs are not normally covered in a Medicare Prescription Drug Plan.

## Blue MedicareRx Premier 2011 Comprehensive Drug List

Drug	Tier	Notes
<b>ANALGESICS</b>		
<b>COX-2 INHIBITORS</b>		
CELEBREX	3	PA
<b>GOUT</b>		
<i>allopurinol</i>	1	GC
<i>allopurinol sodium</i>	2	GC
<i>colchicine w/ probenecid</i>	2	GC
COLCRYS	4	QL
QL (60 tabs / 25 days)		
<i>probenecid</i>	2	GC
ULORIC	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen w/ codeine</i>	2	GC
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	GC
<i>butalbital-aspirin-caffeine w/cod</i>	2	GC
<i>butorphanol tartrate</i>	2	GC
<i>hydrocodone-acetaminophen</i>	2	GC
<b>NARCOTIC ANALGESICS, CII</b>		
AVINZA	4	QL
QL (60 ea / 25 days)		
DILAUDID-5	3	
<i>fentanyl</i>	2	QL GC
QL (10 ea / 25 days)		
patch		
<i>fentanyl citrate</i>	2	B/D GC
injection		
<i>hydromorphone hcl</i> 10mg/ml	2	B/D GC
<i>hydromorphone hcl</i> 2mg, 4mg, 8mg	2	GC
KADIAN	3	QL
QL (60 ea / 25 days)		
<i>methadone hcl</i> 10mg, 5mg	2	QL GC
QL (240 tabs / 25 days)		
<i>methadone hcl</i> 10mg/ml	2	GC
METHADONE HCL 10mg/5ml, 5mg/5ml	3	
<i>morphine sulfate</i> .5mg/ml, 1mg/ml, 5mg/ml	2	B/D GC
<i>morphine sulfate</i> 100mg, 15mg, 30mg, 60mg	2	QL GC
QL (90 ea / 25 days)		
<i>morphine sulfate</i> 15mg, 30mg	2	GC
<i>morphine sulfate</i> 200mg	2	QL GC
QL (60 ea / 25 days)		
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	3	
OPANA ER	4	QL

Drug	Tier	Notes
QL (120 ea / 25 days)		
<i>oxycodone hcl</i>	2	GC
<i>oxycodone w/ acetaminophen</i>	2	GC
<i>oxycodone w/ aspirin</i>	2	GC
OXYCONTIN	3	QL
QL (120 ea / 25 days)		
ROXICET	3	
solution		
<b>NON-NARCOTIC ANALGESICS</b>		
<i>tramadol hcl</i>	2	GC
<i>tramadol-acetaminophen</i>	2	GC
<b>NSAIDS</b>		
<i>diclofenac potassium</i>	2	GC
<i>diclofenac sodium</i>	2	GC
<i>diflunisal</i>	2	GC
<i>etodolac</i>	2	GC
<i>flurbiprofen</i>	1	GC
<i>ibuprofen</i>	1	GC
INDOCIN	3	
suspension		
<i>indomethacin</i>	2	GC
<i>ketoprofen</i>	2	GC
<i>ketorolac tromethamine</i>	2	GC QL
QL (20 tabs / 25 days)		
<i>meloxicam</i>	2	GC
<i>nabumetone</i>	2	GC
<i>naproxen</i> 250mg, 375mg	1	GC
<i>naproxen</i> 125mg/5ml, 375mg, 500mg	2	GC
<i>naproxen sodium</i>	2	GC
<i>oxaprozin</i>	2	GC
<i>piroxicam</i>	1	GC
<i>sulindac</i>	2	GC
<i>tolmetin sodium</i>	2	GC
VOLTAREN	3	
gel		
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine hcl (local anesth.)</i>	2	GC
<b>ANTI-INFECTIVES</b>		
<b>ANTIBACTERIALS</b>		
<i>amikacin sulfate</i>	2	GC
<i>amoxicillin</i>	1	GC
<i>amoxicillin &amp; pot clavulanate</i>	2	GC
<i>ampicillin</i> 250mg, 500mg	1	GC
<i>ampicillin</i> 125mg/5ml, 250mg/5ml	2	GC
<i>ampicillin &amp; sulbactam sodium</i>	2	GC
<i>ampicillin sodium</i>	2	GC
AVELOX	3	
AVELOX ABC PACK	3	

GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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Drug	Tier	Notes
<i>azithromycin</i>	2	GC
BICILLIN C-R	3	
BICILLIN L-A	3	
CEDAX	4	
<i>cefaclor</i>	2	GC
CEFACTOR ER	3	
<i>cefadroxil</i>	2	GC
<i>cefazolin sodium</i> 1gm, 20gm, 500mg	2	GC
CEFAZOLIN SODIUM	3	
<i>cefdinir</i>	2	GC
<i>cefepime hcl</i>	2	GC
<i>cefotaxime sodium</i>	2	GC
<i>cefoxitin sodium</i>	2	GC
<i>cefpodoxime proxetil</i>	2	GC
<i>cefprozil</i>	2	GC
<i>ceftriaxone sodium</i>	2	GC
<i>cefuroxime axetil</i>	2	GC
<i>cefuroxime sodium</i>	2	GC
CEFUROXIME/DEXTROSE	3	
<i>cephalexin</i> 250mg, 500mg	1	GC
<i>cephalexin</i> 125mg/5ml, 250mg/5ml	2	GC
CIPRO suspension	3	
<i>ciprofloxacin</i>	2	GC
<i>ciprofloxacin hcl</i> 250mg, 500mg, 750mg	1	GC
<i>ciprofloxacin hcl</i> 100mg	2	GC
<i>ciprofloxacin-ciprofloxacin hcl</i> ext rel	2	GC
<i>clarithromycin</i>	2	GC
<i>dicloxacillin sodium</i>	2	GC
<i>doxycycline (monohydrate)</i>	2	GC
<i>doxycycline hyclate</i> 100mg, 50mg	1	GC
<i>doxycycline hyclate</i> 100mg injection	2	GC
<i>doxycycline hyclate</i> 20mg	2	GC
ERYPED 200	3	
ERYTHROCIN LACTOBIONATE3		
<i>erythromycin base</i>	1	GC
<i>erythromycin ethylsuccinate</i>	1	GC
<i>erythromycin stearate</i>	1	GC
<i>gentamicin in saline</i>	2	GC
<i>gentamicin sulfate</i>	2	GC
LEVAQUIN	4	
<i>minocycline hcl</i>	2	GC
<i>nafticillin sodium</i>	2	GC
<i>neomycin sulfate</i>	2	GC
<i>paromomycin sulfate</i>	2	GC

Drug	Tier	Notes
<i>penicillin g potassium</i>	2	GC
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium-tazobactam sodium</i>	2	GC
<i>streptomycin sulfate</i>	2	GC
SULFADIAZINE	3	
SUPRAX	4	
<i>tetracycline hcl</i>	1	GC
<i>tobramycin sulfate</i>	2	GC
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i>	2	B/D GC
ANCOBON	3	
CANCIDAS	3	
<i>clotrimazole</i>	2	GC
<i>fluconazole</i> 150mg	1	GC
<i>fluconazole</i> 100mg, 10mg/ml, 200mg, 40mg/ml, 50mg	2	GC
<i>fluconazole in dextrose</i>	2	GC
GRIS-PEG	3	
<i>griseofulvin microsize</i>	2	GC
<i>itraconazole</i>	2	PA GC
<i>ketoconazole</i>	2	GC
NOXAFIL	5	
<i>nystatin</i>	2	GC
SPORANOX	4	
<i>terbinafine hcl</i>	2	PA GC
VFEND	5	
VFEND IV	5	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate</i>	2	GC
COARTEM	4	
DARAPRIM	3	
MALARONE	3	
<i>mefloquine hcl</i>	2	GC
QUALAQUIN	4	
<b>ANTI RETROVIRAL AGENTS</b>		
APTIVUS	3	
ATRIPLA	5	
COMBIVIR	3	
CRIXIVAN	3	
<i>didanosine</i>	2	GC
EMTRIVA	3	
EPIVIR	3	
EPZICOM	3	
FUZEON	5	
INTELENCE	3	
INVIRASE	3	
ISENTRESS	5	
KALETRA	3	
LEXIVA	3	

GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug	Tier	Notes
NORVIR	3	
PREZISTA 75mg	3	
PREZISTA 400mg, 600mg	5	
RESCRIPTOR	3	
RETROVIR IV INFUSION	3	
REYATAZ	3	
SELZENTRY	5	
<i>stavudine</i>	2	GC
SUSTIVA	3	
TRIZIVIR	3	
TRUVADA	3	
VIDEX	3	
VIRACEPT	3	
VIRAMUNE	3	
VIREAD	3	
ZIAGEN	3	
<i>zidovudine</i>	2	GC
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	4	
<i>ethambutol hcl</i>	2	GC
<i>isoniazid</i> 100mg, 300mg	1	GC
<i>isoniazid</i> 100mg/ml, 50mg/5ml	2	GC
MYCOBUTIN	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	GC
<i>rifampin</i>	2	GC
SEROMYCIN	4	
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	2	GC
<i>acyclovir sodium</i>	2	GC
BARACLUDE	3	
EPIVIR HBV	3	
<i>famciclovir</i>	2	GC
<i>ganciclovir</i> 250mg	2	GC
GANCICLOVIR 500mg	5	
HEPSERA	5	PA
REBETOL	5	PA
RELENZA DISKHALER	3	
RIBAPAK	5	PA
RIBASPHERE	5	PA
RIBAVIRIN	5	PA
<i>ribavirin (hepatitis c)</i> 200mg tablet	2	PA GC
<i>rimantadine hydrochloride</i>	2	GC
TAMIFLU	3	
TYZEKA	3	PA
<i>valacyclovir hcl</i>	2	GC
VALCYTE	5	
<b>MISCELLANEOUS</b>		

Drug	Tier	Notes
ALBENZA	3	
ALINIA 100mg/5ml QL (3 bottles / 25 days)	3	QL
ALINIA 500mg QL (12 tabs / 25 days)	3	QL
CLEOCIN 75mg	3	
CLEOCIN PEDIATRIC GRANULE	3	
<i>clindamycin hcl</i>	2	GC
<i>clindamycin phosphate</i>	2	GC
<i>colistimethate sodium</i>	2	B/D GC
CUBICIN	5	
<i>dapsone</i>	2	GC
<i>erythromycin-sulfisoxazole</i>	2	GC
FURADANTIN	4	
INVANZ	3	
MACRODANTIN	3	
<i>mebendazole</i>	2	GC
MEPRON	5	
<i>metronidazole</i> 250mg, 500mg	1	GC
<i>metronidazole</i> 375mg	2	GC
<i>metronidazole in nacl</i>	2	GC
<i>nitrofurantoin macrocrystal</i>	2	GC
<i>nitrofurantoin monohyd macro</i>	2	GC
PRIMAXIN I.M.	3	
PRIMAXIN IV	3	
<i>sulfamethoxazole-trimethoprim</i> tablet	1	GC
<i>sulfamethoxazole-trimethoprim</i>	2	GC
TINDAMAX	3	
<i>trimethoprim</i>	1	GC
TYGACIL	5	
VANCOGIN HCL	5	
<i>vancomycin hcl</i>	2	GC
VANCOMYCIN HCL ISO- OSMOTI	3	
ZYVOX	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BICNU	3	B/D
BUSULFEX	3	B/D
CEENU	3	
<i>cyclophosphamide</i>	2	B/D GC
<i>dacarbazine</i>	2	B/D GC
EMCYT	3	
HEXALEN	5	
IFEX	3	B/D
IFOSFAMIDE	5	B/D
LEUKERAN	3	
<i>melphalan hcl</i>	2	B/D GC
MUSTARGEN	3	B/D

GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

Drug	Tier	Notes
TREANDA	5	B/D
<b>ANTHRACYCLINES</b>		
<i>daunorubicin hcl</i>	2	B/D GC
DOXIL	5	B/D
<i>doxorubicin hcl</i>	2	B/D GC
EPIRUBICIN HCL	5	B/D
<i>idarubicin hcl</i>	2	B/D GC
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	2	B/D GC
COSMEGEN	3	B/D
<i>mitomycin</i>	2	B/D GC
<b>ANTIMETABOLITES</b>		
ALIMTA	5	B/D
<i>cytarabine</i>	2	B/D GC
<i>fluorouracil</i>	2	B/D GC
GEMZAR	3	B/D
<i>mercaptopurine</i>	2	GC
<i>methotrexate sodium</i> 1gm, 25mg/ml	2	B/D GC
<i>pentostatin</i>	2	B/D GC
TABLOID	3	
VIDAZA	5	B/D
<b>ANTIMITOTIC, TAXOIDS</b>		
<i>paclitaxel</i>	2	B/D GC
TAXOTERE	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
VINBLASTINE SULFATE	3	B/D
<i>vincristine sulfate</i>	2	B/D GC
<i>vinorelbine tartrate</i>	2	B/D GC
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	B/D
CAMPATH	3	B/D
HERCEPTIN	5	B/D
ISTODAX	5	B/D
ONTAK	3	B/D
PROLEUKIN	5	B/D
RITUXAN	5	PA
VELCADE	5	B/D
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
ARIMIDEX	3	
AROMASIN	3	
<i>bicalutamide</i>	2	GC
DEPO-PROVERA	3	B/D
FARESTON	3	
FASLODEX	5	B/D
FEMARA	3	
<i>flutamide</i>	2	GC
<i>leuprolide acetate</i>	2	PA GC
LUPRON DEPOT 11.25mg, 3.75mg	3	PA

Drug	Tier	Notes
LUPRON DEPOT 22.5mg, 30mg, 7.5mg	5	PA
LUPRON DEPOT-PED	5	PA
MEGACE ES	3	
<i>megestrol acetate</i>	2	GC
NILANDRON	3	
<i>tamoxifen citrate</i>	2	GC
TRELSTAR DEPOT MIXJECT	3	B/D
TRELSTAR LA MIXJECT	3	B/D
<b>KINASE INHIBITORS</b>		
AFINITOR	5	
GLEEVEC	5	
NEXAVAR	5	
SPRYCEL	5	
SUTENT	5	
TARCEVA	5	
TASIGNA	5	
TYKERB	5	
VOTRIENT	5	
<b>MISCELLANEOUS</b>		
DROXIA	3	
ELSPAR	3	B/D
<i>hydroxyurea</i>	2	GC
IRINOTECAN	5	B/D
LYSODREN	3	
MATULANE	3	
MITOXANTRONE HCL	5	B/D
ONCASPASPAR	3	B/D
PHOTOFRIN	3	B/D
TARGRETIN 75mg	5	
TRETINOIN 10mg capsule	5	
TRISENOX	3	B/D
ZOLINZA	5	
<b>NUCLEOSIDE ANALOGS</b>		
<i>cladribine</i>	2	B/D GC
FLUDARABINE PHOSPHATE	5	B/D
<b>PLATINUM COORDINATION COMPLEX</b>		
<i>carboplatin</i>	2	B/D GC
<i>cisplatin</i>	2	B/D GC
OXALIPLATIN	5	B/D
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline</i>	2	B/D GC
<i>dexrazoxane</i>	2	B/D GC
ELITEK	5	B/D
<i>ifosfamide &amp; mesna</i>	2	B/D GC
<i>leucovorin calcium</i> 100mg, 350mg	2	B/D GC
<i>leucovorin calcium</i> 25mg, 5mg	2	GC
LEUCOVORIN CALCIUM 10mg, 15mg	3	

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Drug	Tier	Notes
mesna	2	B/D GC
MESNEX	3	
<b>TOPOISOMERASE INHIBITORS</b>		
etoposide	2	B/D GC
HYCAMTIN injection	3	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
amlodipine besylate-benazepril hcl	2	GC
benazepril & hydrochlorothiazide	2	GC
captopril & hydrochlorothiazide	2	GC
enalapril maleate & hydrochlorothiazide	2	GC
fosinopril sodium & hydrochlorothiazide	2	GC
lisinopril & hydrochlorothiazide	2	GC
LOTREL 5-40mg, 10-40mg	3	
moexipril-hydrochlorothiazide	2	GC
quinapril-hydrochlorothiazide	2	GC
TARKA	4	
trandolapril-verapamil hcl	2	GC
<b>ACE INHIBITORS</b>		
benazepril hcl	1	GC
captopril	1	GC
enalapril maleate	1	GC
fosinopril sodium	2	GC
lisinopril	2	GC
moexipril hcl	2	GC
perindopril erbumine	2	GC
quinapril hcl	2	GC
ramipril	2	GC
trandolapril	2	GC
<b>ADRENOLYTICS, CENTRAL</b>		
clonidine hcl .1mg, .2mg, .3mg	1	GC
clonidine hcl .1mg/24hr, .2mg/24hr, .3mg/24hr	2	GC
guanfacine hcl	2	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
eplerenone	2	GC
spironolactone	2	GC
<b>ALPHA BLOCKERS</b>		
doxazosin mesylate	1	GC
prazosin hcl	2	GC
terazosin hcl	2	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
ATACAND HCT	4	
DIOVAN HCT	3	

Drug	Tier	Notes
EXFORGE	3	
EXFORGE HCT	3	
losartan potassium & hydrochlorothiazide	2	GC
MICARDIS HCT	4	
TEVETEN HCT	4	
VALTURNA	3	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND	4	
BENICAR	3	
BENICAR HCT	3	
DIOVAN	3	
losartan potassium	2	GC
MICARDIS	4	
TEVETEN	4	
<b>ANTIARRHYTHMICS</b>		
amiodarone hcl 200mg, 400mg	2	GC
amiodarone hcl 50mg/ml	2	B/D GC
disopyramide phosphate	2	GC
flecainide acetate	2	GC
mexiletine hcl	2	GC
MULTAQ	3	
NORPACE CR	3	
PACERONE	3	
propafenone hcl	2	GC
quinidine gluconate	2	GC
quinidine sulfate	2	GC
RYTHMOL SR	3	
sotalol hcl	2	GC
TIKOSYN	3	
<b>ANTILIPEMICS</b>		
ADVICOR	4	
ALTOPREV	4	
ANTARA	3	
cholestyramine light	2	GC
colestipol hcl	2	GC
CRESTOR	3	
fenofibrate	2	GC
fenofibrate micronized	2	GC
gemfibrozil	2	GC
LESCOL	4	
LESCOL XL	4	
LIPITOR	3	
lovastatin	2	GC
LOVAZA	4	
NIASPAN	3	
pravastatin sodium	2	GC
SIMCOR	4	
simvastatin	2	GC
TRICOR	3	

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Drug	Tier	Notes
TRILIPIX	3	
VYTORIN	4	
WELCHOL	3	
ZETIA	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	GC
<i>metoprolol &amp; hydrochlorothiazide</i>	2	GC
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i>	2	GC
<i>atenolol</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
BYSTOLIC	3	
<i>carvedilol</i>	2	GC
COREG CR	3	
<i>labetalol hcl</i>	2	GC
<i>metoprolol succinate</i>	2	GC
<i>metoprolol tartrate</i> 100mg, 25mg, 50mg	1	GC
<i>metoprolol tartrate</i> 1mg/ml	2	GC
<i>nadolol</i>	2	GC
<i>pindolol</i>	1	GC
<i>propranolol hcl</i> 10mg, 20mg, 40mg, 80mg	1	GC
<i>propranolol hcl</i> 120mg, 160mg, 1mg/ml, 20mg/5ml, 40mg/5ml, 60mg	2	GC
<i>propranolol hcl</i> 80mg ext rel	2	GC
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS</b>		
CADUET	4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	2	GC
CARDIZEM CD 360mg	3	
<i>diltiazem hcl</i> 120mg, 30mg, 60mg, 90mg	1	GC
<i>diltiazem hcl</i> 120mg, 180mg, 240mg, 60mg, 90mg ext rel	2	GC
<i>diltiazem hcl</i> 25mg/5ml	2	GC
<i>diltiazem hcl coated beads</i> ext rel	2	GC
<i>diltiazem hcl extended release beads</i> ext rel	2	GC
<i>felodipine</i>	2	GC
<i>isradipine</i>	2	GC
<i>nifedipine</i>	2	GC

Drug	Tier	Notes
NIMODIPINE	5	
<i>nisoldipine</i>	2	GC
<i>verapamil hcl</i> 120mg, 40mg, 80mg	1	GC
<i>verapamil hcl</i> 100mg, 180mg, 2.5mg/ml, 200mg, 240mg, 300mg	2	GC
<i>verapamil hcl</i> 120mg ext rel	2	GC
<b>DIGITALIS GLYCOSIDES</b>		
<i>digoxin</i> .125mg, .25mg	1	GC
<i>digoxin</i> .05mg/ml, .25mg/ml	2	GC
LANOXIN	3	
<b>DIRECT RENIN INHIBITORS</b>		
TEKTURNA	3	
TEKTURNA HCT	3	
<b>DIURETICS</b>		
<i>acetazolamide</i>	2	GC
ALDACTAZIDE 50/50	3	
<i>amiloride &amp; hydrochlorothiazide</i>	1	GC
<i>amiloride hcl</i>	2	GC
<i>bumetanide</i>	2	GC
<i>chlorothiazide</i>	1	GC
<i>chlorthalidone</i>	1	GC
<i>furosemide</i> 10mg/ml, 20mg, 40mg, 80mg	1	GC
<i>furosemide</i> 10mg/ml injection	2	GC
<i>hydrochlorothiazide</i>	1	GC
<i>indapamide</i>	1	GC
<i>methazolamide</i>	2	GC
<i>metolazone</i>	2	GC
<i>spironolactone &amp; hydrochlorothiazide</i>	1	GC
THALITONE	3	
<i>toremide</i> 100mg, 10mg, 20mg, 5mg	2	GC
TORSEMIDE 20mg/2ml injection	3	
<i>triamterene &amp; hydrochlorothiazide</i>	1	GC
<b>MISCELLANEOUS</b>		
BIDIL	3	
<i>hydralazine hcl</i>	2	GC
<i>methyldopa</i>	2	GC
<i>midodrine hcl</i>	2	GC
<i>minoxidil</i>	2	GC
RANEXA	3	
<b>NITRATES</b>		
ISORDIL TITRADOSE	3	

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Drug	Tier	Notes
<i>isosorbide dinitrate</i> 10mg, 2.5mg, 20mg, 30mg, 5mg	1	GC
<i>isosorbide dinitrate</i> 40mg	2	GC
<i>isosorbide mononitrate</i>	2	GC
NITRO-DUR .3mg,.8mg	3	
<i>nitroglycerin</i>	2	GC
NITROLINGUAL PUMPSPRAY	3	
NITROSTAT	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	5	PA
LETAIRIS	5	PA
REVATIO	5	PA
TRACLEER	5	LA PA
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>bupirone hcl</i>	2	GC
<i>fluvoxamine maleate</i>	2	GC
<i>meprobamate</i>	2	GC
<b>ANTI-ANXIETY-BENZODIAZEPINES</b>		
<i>alprazolam</i> QL (60 tabs / 25 days) 0.25mg, 0.5mg, 1mg	1	ED QL GC
<i>alprazolam</i> QL (60 ea / 25 days) 0.25mg,0.5mg,1mg ODT	1	ED QL GC
<i>alprazolam</i> QL (30 ea / 25 days) 0.5mg,1mg,2mg ER/XR	2	ED QL GC
<i>chlordiazepoxide hcl</i> QL (60 caps / 25 days) 5mg, 10mg	1	ED QL ST GC
<i>clonazepam</i> QL (60 ea / 25 days) 0.125mg,0.25mg,0.5mg ODT	1	ED QL GC
<i>clonazepam</i> QL (60 tabs / 25 days) 0.5mg	1	ED QL GC
<i>clorazepate dipotassium</i> QL (30 tabs / 25 days) 3.75mg, 7.5mg, 15mg	2	ED QL ST GC
<i>diazepam</i> QL (300ml/25days) 1mg/ml	1	ED QL ST GC
<i>diazepam</i> QL (60 tabs / 25 days) 2mg, 5mg	1	ED QL ST GC
<i>lorazepam</i> QL (60 tabs / 25 days) 0.5mg, 1mg	1	ED QL GC
<i>oxazepam</i> QL (60 caps / 25 days)	2	ED QL GC

Drug	Tier	Notes
10mg, 15mg		
<b>ANTICONVULSANTS</b>		
BANZEL	4	
<i>carbamazepine</i>	2	GC
CARBATROL	4	
CELONTIN	3	
DILANTIN	3	
DILANTIN INFATABS	3	
<i>divalproex sodium</i>	2	GC
<i>ethosuximide</i>	2	GC
FELBATOL	4	
<i>gabapentin</i> 100mg QL (1080 caps / 25 days) ext rel	2	QL GC
<i>gabapentin</i> 300mg QL (360 caps / 25 days) ext rel	2	QL GC
<i>gabapentin</i> 400mg QL (270 caps / 25 days) ext rel	2	QL GC
<i>gabapentin</i> 600mg QL (180 tabs / 25 days) ext rel	2	QL GC
<i>gabapentin</i> 800mg QL (120 tabs / 25 days) ext rel	2	QL GC
GABITRIL	4	
KEPPRA injection	3	
<i>lamotrigine</i>	2	GC
<i>levetiracetam</i>	2	GC
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg QL (120 caps / 25 days)	3	QL
LYRICA 300mg QL (60 caps / 25 days)	3	QL
<i>mephobarbital</i> 32mg, 50mg, 100mg	2	ED GC
NEURONTIN QL (5 bottles / 25 days) solution	3	QL
<i>oxcarbazepine</i>	2	GC
PEGANONE	3	
<i>phenobarbital</i> 15mg,16.2mg,30mg,32.4mg, 60mg,97.2mg,100mg	1	ED GC
<i>phenobarbital</i> 20mg/5ml Elixir	1	ED GC
<i>phenytoin</i>	2	GC
<i>phenytoin sodium</i>	2	GC
<i>phenytoin sodium extended</i>	2	GC

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Drug	Tier	Notes
<i>primidone</i>	2	GC
SABRIL	5	
TEGRETOL-XR	3	
<i>topiramate</i>	2	GC
<i>valproate sodium</i>	2	GC
<i>valproic acid</i>	2	GC
VIMPAT	3	
<i>zonisamide</i>	2	GC
<b>ANTIDEMENTIA</b>		
ARICEPT	3	
ARICEPT ODT	3	
EXELON 1.5mg, 2mg/ml, 3mg, 4.5mg, 6mg	3	
EXELON 4.6mg/24hr, 9.5mg/24hr patch	3	
<i>galantamine hydrobromide</i>	2	GC
NAMENDA	3	
NAMENDA TITRATION PAK	3	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i>	1	GC
AMOXAPINE	3	
<i>bupropion hcl</i>	2	GC
<i>citalopram hydrobromide</i> 10mg, 20mg, 40mg	1	GC
<i>citalopram hydrobromide</i> 10mg/5ml	2	GC
<i>clomipramine hcl</i>	2	GC
CYMBALTA	3	
<i>desipramine hcl</i>	2	GC
<i>doxepin hcl</i>	1	GC
EFFEXOR XR	3	
EMSAM	3	
<i>fluoxetine hcl</i>	2	GC
<i>imipramine hcl</i>	2	GC
LEXAPRO	3	
<i>maprotiline hcl</i>	2	GC
MARPLAN	3	
<i>mirtazapine</i>	2	GC
NARDIL	3	
<i>nefazodone hcl</i>	2	GC
<i>nortriptyline hcl</i> 10mg, 25mg, 50mg, 75mg	1	GC
<i>nortriptyline hcl</i> 10mg/5ml	2	GC
<i>paroxetine hcl</i>	2	GC
PRISTIQ	3	
<i>protriptyline hcl</i>	2	GC
<i>sertraline hcl</i>	2	GC
SURMONTIL	3	
<i>tranylcypromine sulfate</i>	2	GC
<i>trazodone hcl</i> 100mg, 150mg,	1	GC

Drug	Tier	Notes
50mg		
<i>trazodone hcl</i> 300mg	2	GC
<i>venlafaxine hcl</i>	2	GC
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i>	2	GC
APOKYN	5	
AZILECT	3	
<i>benztropine mesylate</i> .5mg, 1mg, 2mg	1	GC
<i>benztropine mesylate</i> 1mg/ml	2	GC
<i>bromocriptine mesylate</i>	2	GC
<i>carbidopa-levodopa</i>	2	GC
COMTAN	3	
<i>pramipexole dihydrochloride</i>	2	GC
REQUIP XL	4	
<i>ropinirole hydrochloride</i>	2	GC
<i>selegiline hcl</i>	2	GC
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
<i>trihexyphenidyl hcl</i>	2	GC
<b>ANTIPSYCHOTICS</b>		
ABILIFY	4	
ABILIFY DISCMELT	4	
<i>chlorpromazine hcl</i> 100mg, 10mg, 200mg, 25mg, 50mg	2	GC
CHLORPROMAZINE HCL 25mg/ml	3	
<i>clozapine</i> 100mg, 25mg, 50mg	2	GC
CLOZAPINE 200mg	2	GC
FANAPT	4	
FANAPT TITRATION PACK	4	
FAZACLO	4	
<i>fluphenazine decanoate</i>	2	GC
<i>fluphenazine hcl</i>	2	GC
GEODON	3	
<i>haloperidol</i>	2	GC
<i>haloperidol decanoate</i>	2	GC
<i>haloperidol lactate</i>	2	GC
INVEGA	4	
INVEGA SUSTENNA 39mg/0.25ml, 78mg/0.5ml	4	
INVEGA SUSTENNA 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	
<i>loxapine succinate</i>	2	GC
NAVANE	3	
ORAP	3	

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Drug	Tier	Notes
<i>perphenazine</i>	2	GC
RISPERDAL CONSTA 12.5mg, 25mg	3	
RISPERDAL CONSTA 37.5mg, 50mg	5	
<i>risperidone</i>	2	GC
SAPHRIS	4	
SEROQUEL	3	
SEROQUEL XR	3	
<i>thioridazine hcl</i>	2	GC
<i>thiothixene</i>	2	GC
<i>trifluoperazine hcl</i>	2	GC
ZYPREXA	3	
ZYPREXA ZYDIS	3	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine</i>	2	PA GC
CONCERTA	4	PA
<i>dexmethylphenidate hcl</i>	2	PA GC
<i>dextroamphetamine sulfate</i> 10mg, 5mg	2	PA GC
<i>dextroamphetamine sulfate</i> 10mg, 15mg, 5mg ext rel	2	GC
METADATE CD	4	PA
METHYLIN	4	PA
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	2	PA GC
<i>methylphenidate hcl</i> 10mg, 20mg ext rel	2	GC
RITALIN LA	4	PA
STRATTERA	3	PA
<b>HYPNOTICS</b>		
<i>flurazepam hcl</i> QL (15 caps / 25 days) 15mg	1	ED QL ST GC
LUNESTA QL (180 tabs / year)	4	QL
<i>temazepam</i> QL (15 caps / 25 days) 7.5mg, 15mg	1	ED QL GC
<i>triazolam</i> QL (10 tabs / 25 days) 0.125mg	1	ED QL GC
<i>zaleplon</i> QL (180 caps / year)	2	QL GC
<i>zolpidem tartrate</i> QL (180 tabs / year)	2	QL GC

**MIGRAINE**

Drug	Tier	Notes
<i>dihydroergotamine mesylate</i>	2	GC
<i>ergotamine w/ caffeine</i>	2	GC
FROVA QL (18 tabs / 25 days)	4	QL
MAXALT QL (12 tabs / 25 days)	3	QL
MAXALT-MLT QL (12 ea / 25 days)	3	QL
MIGERGOT	3	
RELMAX QL (12 tabs / 25 days)	4	QL
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg QL (9 tabs / 25 days)	2	QL GC
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml QL (20 vials / 25 days)	2	QL GC
ZOMIG 2.5mg, 5mg QL (12 tabs / 25 days)	4	QL
ZOMIG 5mg QL (2 bottles / 25 days)	4	QL
ZOMIG ZMT QL (12 ea / 25 days)	4	QL
<b>MISCELLANEOUS</b>		
GUANIDINE HCL	3	
<i>lithium carbonate</i>	2	GC
LITHIUM CITRATE	3	
MESTINON	3	
MESTINON TIMESPAN	3	
<i>pyridostigmine bromide</i>	2	GC
REGONOL	3	
RILUTEK	5	
SAVELLA	3	
SAVELLA TITRATION PACK	3	
XENAZINE	5	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	PA
AVONEX	5	PA
BETASERON	5	PA
COPAXONE	5	PA
EXTAVIA	5	PA
REBIF	5	PA
REBIF TITRATION PACK	5	PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i>	2	GC
<i>carisoprodol</i>	1	GC
<i>chlorzoxazone</i>	1	GC
<i>cyclobenzaprine hcl</i>	2	GC
<i>dantrolene sodium</i>	2	GC
<i>metaxalone</i>	2	GC
<i>methocarbamol</i>	1	GC

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Drug	Tier	Notes
<i>orphenadrine citrate</i>	2	GC
ORPHENADRINE COMPOUND DS	3	
<i>orphenadrine w/ aspirin &amp; caff</i>	2	GC
ROBAXIN injection	3	
<i>tizanidine hcl</i>	2	GC
<b><i>NARCOLEPSY/CATAPLEXY</i></b>		
PROVIGIL	3	PA
XYREM	5	LA PA
<b><i>PSYCHOTHERAPEUTIC-MISCELLANEOUS</i></b>		
ANTABUSE	3	
<i>buprenorphine hcl</i>	2	PA GC
<i>bupropion hcl (smoking deterrent)</i>	2	GC
CAMPRAL	3	PA
CHANTIX	4	PA
<i>naloxone hcl</i>	2	GC
<i>naltrexone hcl</i>	2	GC
NICOTROL INHALER	4	PA
NICOTROL NS	4	PA
<i>perphenazine-amitriptyline</i>	2	GC
SUBOXONE	3	PA
<b><i>ENDOCRINE AND METABOLIC</i></b>		
<b><i>ANDROGENS</i></b>		
ANDRODERM	3	PA
ANDROGEL	3	PA
<i>oxandrolone 2.5mg</i>	2	PA GC
OXANDROLONE 10mg	5	PA
TESTIM	4	PA
<i>testosterone cypionate</i>	2	GC
<i>testosterone enanthate</i>	2	GC
<b><i>ANTIDIABETICS</i></b>		
<i>acarbose</i>	2	GC
ACTOPLUS MET	3	
ACTOS	3	
ALCOHOL PREPS	3	
APIDRA	3	
APIDRA SOLOSTAR	3	
AVANDAMET	3	
AVANDARYL	3	
AVANDIA	3	
BYETTA	3	PA
DUETACT	3	
GAUZE PADS AND DRESSINGS - PADS 2 X 2	3	
<i>glimepiride</i>	2	GC
<i>glipizide 10mg, 5mg</i>	1	GC
<i>glipizide 10mg, 2.5mg, 5mg ext rel</i>	2	GC

Drug	Tier	Notes
<i>glipizide-metformin hcl</i>	2	GC
<i>glyburide</i>	2	GC
<i>glyburide micronized</i>	1	GC
<i>glyburide-metformin</i>	2	GC
HUMALOG	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 PEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 PEN	3	
HUMALOG PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 PEN	3	
HUMULIN N	3	
HUMULIN N U-100 PEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTR	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
JANUMET	3	
JANUVIA	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
<i>metformin hcl</i>	2	GC
<i>nateglinide</i>	2	GC
NEEDLES, INSULIN DISP., SAFETY	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 INNOLET	3	
NOVOLIN N	3	
NOVOLIN N INNOLET	3	
NOVOLIN R	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
ONGLYZA	3	
PRANDIN	3	
RELION R	3	
SYMLIN	3	PA
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
<b><i>BISPHOSPHONATES</i></b>		
ACTONEL	4	

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Drug	Tier	Notes
<i>alendronate sodium</i>	2	GC
BONIVA	3	
ZOMETA	5	
<b>CALCITONINS</b>		
<i>calcitonin (salmon)</i>	2	GC
MIACALCIN injection	3	
<b>CALCIUM RECEPTOR ANTAGONISTS</b>		
SENSIPAR 30mg	3	
SENSIPAR 60mg, 90mg	5	
<b>CHELATING AGENTS</b>		
EXJADE	5	PA
<i>sodium polystyrene sulfonate</i>	2	GC
SYPRINE	3	
<b>CONTRACEPTIVES</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	2	GC
<i>desogestrel-ethinyl estradiol (triphasic)</i>	2	GC
<i>drospirenone-ethinyl estradiol</i>	2	GC
<i>ethynodiol diacet &amp; eth estrad</i>	2	GC
<i>levonorgestrel &amp; eth estradiol</i>	2	GC
<i>levonorgestrel (emergency oc)</i>	2	GC
<i>levonorgestrel-eth estradiol (triphasic)</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive)</i>	2	GC
NECON 10/11-28	3	
<i>norethin acet &amp; estrad-fe</i>	2	GC
<i>norethindrone &amp; eth estradiol</i>	2	GC
<i>norethindrone (contraceptive)</i>	2	GC
<i>norethindrone acet &amp; eth estra</i>	2	GC
<i>norethindrone acetate-ethinyl estradiol-fe</i>	2	GC
<i>norethindrone-eth estradiol (triphasic)</i>	2	GC
<i>norgestimate-ethinyl estradiol</i>	2	GC
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	GC
<i>norgestrel &amp; ethinyl estradiol</i>	2	GC
NUVARING	3	
ORTHO EVRA	3	
ORTHO TRI-CYCLEN LO	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i>	2	GC
SYNAREL	3	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL	5	

Drug	Tier	Notes
CEREZYME	5	PA
CYSTADANE	3	
CYSTAGON	3	
ELAPRASE	5	PA
FABRAZYME	5	PA
KUVAN	5	
<i>levocarnitine (metabolic modifiers)</i>	2	GC
MYOZYME	5	PA
NAGLAZYME	5	PA
ORFADIN	5	PA
SUCRAID	5	PA
VPRIV	5	PA
ZAVESCA	5	PA
<b>ESTROGEN/PROGESTINS</b>		
CLIMARA PRO	3	
COMBIPATCH	3	
FEMHRT 1/5	4	
FEMHRT LOW DOSE	4	
PREFEST	4	
PREMPHASE	3	
PREMPRO	3	
<b>ESTROGENS</b>		
ALORA	3	
CENESTIN	4	
ESTRACE cream	4	
ESTRADERM	3	
<i>estradiol .5mg, 1mg, 2mg</i>	1	GC
<i>estradiol .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	2	GC
ESTRING	4	
<i>estropipate</i>	1	GC
FEMRING	4	
GYNODIOL	3	
PREMARIN	3	
PREMARIN W/APPLICATOR	3	
VAGIFEM	3	
VIVELLE-DOT	3	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate</i>	2	GC
<i>dexamethasone .5mg, .75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	GC
<i>dexamethasone .5mg/5ml</i>	2	GC
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	GC
<i>fludrocortisone acetate</i>	2	GC

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Drug	Tier	Notes
hydrocortisone	2	GC
hydrocortisone sod succinate	2	GC
methylprednisolone 4mg	1	GC
methylprednisolone 16mg, 32mg, 8mg	2	GC
methylprednisolone acetate	2	GC
methylprednisolone sod succ	2	GC
prednisolone	2	GC
prednisolone sodium phosphate	2	GC
prednisone 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	GC
prednisone 5mg/5ml	2	GC
PREDNISON INTENSOL	3	
SOLU-CORTEF	3	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	3	
<b>HUMAN GROWTH HORMONES</b>		
INCRELEX	5	PA
NORDITROPIN CARTRIDGE	5	PA
NORDITROPIN NORDIFLEX PEN	5	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
TEV-TROPIN	5	PA
<b>MISCELLANEOUS</b>		
cabergoline	2	GC
chorionic gonadotropin	2	PA GC
octreotide acetate 50mcg/ml	2	PA GC
OCTREOTIDE ACETATE 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
<b>PARATHYROID HORMONES</b>		
FORTEO	5	PA
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate (phosphate binder)	2	GC
FOSRENOL	3	
PHOSLO	3	
RENAGEL	3	
REVELA	3	
<b>PROGESTINS</b>		
medroxyprogesterone acetate	1	GC
norethindrone acetate	2	GC
PROMETRIUM	4	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>		

Drug	Tier	Notes
EVISTA	3	
<b>THYROID AGENTS</b>		
levothyroxine sodium	1	GC
liothyronine sodium	2	GC
methimazole	2	GC
propylthiouracil	2	GC
SYNTHROID	3	
<b>VASOPRESSINS</b>		
desmopressin acetate	2	GC
desmopressin acetate refrigerated	2	GC
desmopressin acetate spray refrigerated	2	GC
<b>GASTROINTESTINAL ANTIDIARRHEALS</b>		
diphenoxylate w/ atropine tablet	1	GC
diphenoxylate w/ atropine	2	GC
loperamide hcl	1	GC
<b>ANTIEMETICS</b>		
DRONABINOL 2.5mg QL (60 caps / 25 days)	4	QL PA
DRONABINOL 10mg, 5mg QL (60 caps / 25 days)	5	QL PA
EMEND 80mg QL (4 caps / 25 days)	3	B/D QL
EMEND 125mg QL (2 caps / 25 days)	3	B/D QL
EMEND 40mg	3	
granisetron hcl	2	B/D GC
meclizine hcl	2	GC
metoclopramide hcl 10mg, 5mg, 5mg/5ml	1	GC
metoclopramide hcl 5mg/ml injection	2	GC
ondansetron	2	B/D GC
ondansetron hcl	2	B/D GC
prochlorperazine	2	GC
prochlorperazine edisylate	2	GC
prochlorperazine maleate	1	GC
promethazine hcl 6.25mg/5ml	1	GC
promethazine hcl 12.5mg, 25mg, 25mg/ml, 50mg, 50mg/ml	2	GC
SANCUSO QL (2 patch / 15 days)	3	QL
TRANSDERM-SCOP	3	
trimethobenzamide hcl	2	GC
<b>ANTISPASMODICS</b>		
dicyclomine hcl 10mg, 20mg	1	GC
dicyclomine hcl 10mg/5ml, 10mg/ml	2	GC

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Drug	Tier	Notes
glycopyrrolate	2	GC
<b>H2-RECEPTOR ANTAGONISTS</b>		
cimetidine	1	GC
cimetidine hcl	2	GC
famotidine	2	GC
famotidine in nacl	2	GC
PEPCID suspension	3	
ranitidine hcl	2	GC
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	
ASACOL	4	
CANASA	3	
CIMZIA	5	PA
DIPENTUM	4	
ENTOCORT EC	4	
hydrocortisone (intrarectal)	2	GC
LIALDA	3	
mesalamine	2	GC
PENTASA	3	
sulfasalazine	2	GC
<b>LAXATIVES</b>		
HALFLYTELY BOWEL PREP	3	
KRISTALOSE	4	
lactulose	2	GC
lactulose (encephalopathy)	2	GC
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	2	GC
peg 3350-potassium chloride-sod bicarbonate-sod chloride	2	GC
polyethylene glycol 3350	2	GC
RELISTOR	3	PA
VISICOL	4	
<b>MISCELLANEOUS</b>		
AMITIZA	3	
CARAFATE suspension	3	
GASTROCROM	3	
LOTRONEX	3	
misoprostol	2	GC
sucralfate	2	GC
ursodiol	2	GC
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	3	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>		
PREVPAC	3	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	3	QL

Drug	Tier	Notes
QL (90 days per year)		
LANSOPRAZOLE	4	QL
QL (90 days per year)		
NEXIUM	3	QL
QL (90 days per year)		
NEXIUM I.V.	3	
omeprazole	2	QL GC
QL (90 days per year)		
PANTOPRAZOLE SODIUM	4	QL
QL (90 days per year)		
ZEGERID	4	QL
QL (90 days per year)		
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
AVODART	3	
finasteride	2	GC
tamsulosin hcl	2	GC
UROXATRAL	3	
<b>MISCELLANEOUS</b>		
bethanechol chloride	2	GC
ELMIRON	4	
potassium citrate (alkalinizer)	2	GC
THIOLA	3	
<b>URINARY ANTISPASMODICS</b>		
DETROL	4	
DETROL LA	3	
ENABLEX	3	
GELNIQUE	3	
oxybutynin chloride 5mg	1	GC
oxybutynin chloride 10mg, 15mg, 5mg ext rel	2	GC
oxybutynin chloride 5mg/5ml	2	GC
OXYTROL	4	
SANCTURA XR	4	
TOVIAZ	4	
VESICARE	3	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN 100mg suppository	3	
clindamycin phosphate vaginal	2	GC
metronidazole vaginal	2	GC
terconazole vaginal	2	GC
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARIXTRA 2.5mg/0.5ml	3	
ARIXTRA 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
COUMADIN	3	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	3	

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Drug	Tier	Notes
FRAGMIN 10000unit/ml, 25000unit/ml, 7500unit/0.3ml	5	
<i>heparin (porcine) in sodium chloride</i>	2	GC
<i>heparin sod (porcine) in d5w</i>	2	GC
HEPARIN SODIUM	3	
<i>heparin sodium (porcine)</i>	2	GC
HEPARIN SODIUM/NACL 0.45%	3	
LOVENOX	3	
<i>warfarin sodium</i>	1	GC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
LEUKINE	5	PA
MOZOBIL	5	PA
NEUPOGEN	5	PA
PROCRIT 10000unit/ml, 2000unit/ml, 3000unit/ml, 4000unit/ml	3	PA
PROCRIT 20000unit/ml, 40000unit/ml	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i>	2	PA GC
<i>cilostazol</i>	2	GC
CYKLOKAPRON	3	
<i>pentoxifylline</i>	1	GC
PROMACTA	5	PA
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	3	
<i>dipyridamole</i>	2	GC
EFFIENT	3	
PLAVIX	3	
<i>ticlopidine hcl</i>	2	GC
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ACTEMRA	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASE	5	PA
<i>hydroxychloroquine sulfate</i>	2	GC
<i>leflunomide</i>	2	GC
<i>methotrexate sodium 2.5mg</i>	2	GC
REMICADE	5	PA
RHEUMATREX	3	
<b>IMMUNOGLOBULINS</b>		
GAMASTAN S/D	3	B/D
GAMMAGARD LIQUID	5	PA
GAMUNEX	5	PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	PA
ARCALYST	5	PA

Drug	Tier	Notes
INFERGEN	5	PA
INTRON-A	5	B/D
INTRON-A W/DILUENT	3	B/D
PEG-INTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PEGASYS	5	PA
REVLIMID	5	LA PA
THALOMID	5	PA
<b>IMMUNOSUPPRESSANTS</b>		
AZASAN	3	B/D
<i>azathioprine</i>	2	B/D GC
<i>azathioprine sodium</i>	2	B/D GC
CELLCEPT	3	B/D
<i>cyclosporine</i>	2	B/D GC
<i>cyclosporine modified (for microemulsion)</i>	2	B/D GC
<i>mycophenolate mofetil</i>	2	B/D GC
MYFORTIC	3	B/D
NEORAL	3	B/D
PROGRAF .5mg, 1mg	3	B/D
PROGRAF 5mg	5	B/D
RAPAMUNE	3	B/D
SANDIMMUNE	3	B/D
<i>tacrolimus .5mg, 1mg</i>	2	B/D GC
TACROLIMUS 5mg	5	B/D
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
ATTENUVAX	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DECAVAC	3	B/D
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B	3	B/D
GARDASIL	3	
HAVRIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JE-VAX	3	
M-M-R II W/DILUENT 10 DOS	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MERUVAX II W/DILUENT 10 D	3	
PEDIARIX	3	
PEDVAX HIB	3	
PROQUAD	3	

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Drug	Tier	Notes
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTATEQ	3	
TETANUS TOXOID ADSORBED	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRIHIBIT	3	
TRIPEDIA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VIVOTIF BERNA	3	
YF-VAX	3	
ZOSTAVAX	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
KLOR-CON M15	3	
<i>parenteral electrolytes</i>	2	B/D
<i>potassium chloride 10meq, 2meq/ml, 8meq</i>	2	GC
<i>potassium chloride microencapsulated crystals cr</i>	2	GC
<i>sodium chloride 2.5meq/ml</i>	2	GC
<i>sodium fluoride</i>	2	GC
<b>IV NUTRITION</b>		
<i>amino acid electrolyte infusion</i>	2	B/D GC
<i>amino acid infusion</i>	2	B/D GC
AMINOSYN	3	B/D
AMINOSYN 7%/ELECTROLYTES	3	B/D
AMINOSYN II	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 3.5%/DEXTROSE	3	B/D
AMINOSYN II 4.25%/DEXTROSE	3	B/D
AMINOSYN II 5%/DEXTROSE 25	3	B/D
AMINOSYN II M 3.5%/DEXTRO	3	B/D
AMINOSYN M	3	B/D
AMINOSYN-HBC	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
CLINIMIX 2.75%/DEXTROSE 5	3	B/D
CLINIMIX 4.25%/DEXTROSE 1	3	B/D
CLINIMIX 4.25%/DEXTROSE 2	3	B/D
CLINIMIX 4.25%/DEXTROSE 5	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 5%/DEXTROSE 25%	3	B/D
CLINIMIX E 2.75%/DEXTROSE	3	B/D
CLINIMIX E 4.25%/DEXTROSE	3	B/D

Drug	Tier	Notes
CLINIMIX E 5%/DEXTROSE 15	3	B/D
CLINIMIX E 5%/DEXTROSE 20	3	B/D
CLINIMIX E 5%/DEXTROSE 25	3	B/D
<i>fat emulsion</i>	2	B/D GC
FREAMINE HBC 6.9%	3	B/D
FREAMINE III 3%	3	B/D
HEPATASOL	3	B/D
LIPOSYN II	3	B/D
LIPOSYN III	3	B/D
NEPHRAMINE	3	B/D
PREMASOL	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
RENAMIN	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
<i>alcohol in d5w</i>	2	GC
<i>dextrose</i>	2	GC
DEXTROSE 5%	3	
DEXTROSE 5%/POTASSIUM CHL	3	
<i>dextrose w/ sodium chloride</i>	2	GC
<i>electrolyte-m in dextrose</i>	2	GC
<i>electrolyte-r</i>	2	GC
<i>electrolyte-r in dextrose</i>	2	GC
IONOSOL-B/DEXTROSE 5%	3	
IONOSOL-MB/DEXTROSE 5%	3	
IONOSOL-T/DEXTROSE 5%	3	
ISOLYTE-H/DEXTROSE 5%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	
ISOLYTE-S/DEXTROSE 5%	3	
KCL 0.15%/D10W/NACL 0.2%	3	
KCL 0.15%/D5W/LR	3	
KCL 0.15%/D5W/NACL 0.225%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringer's</i>	2	GC
MAGNESIUM SULFATE IN D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE 56	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
PLASMA-LYTE-148/D5W	3	
PLASMA-LYTE-56/D5W	3	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	2	GC
POTASSIUM CHLORIDE 0.15%	3	
POTASSIUM CHLORIDE 0.3%/	3	

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Drug	Tier	Notes
potassium chloride in d5w lactated ringers	2	GC
potassium chloride in dextrose	2	GC
potassium chloride in dextrose & sodium chloride	2	GC
potassium chloride in nacl ringer's	2	GC
sodium chloride .45%, .9%, 3%, 5%	2	GC
<b>VITAMINS</b>		
calcitriol .25mcg, .5mcg capsule	2	GC
calcitriol 1mcg/ml	2	GC
CALCITRIOL 2mcg/ml	3	
HECTOROL	4	
prenatal without a vit w/ iron carbonyl-folic acid	2	GC
ZEMPLAR	3	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
bacitracin-poly-neomycin-hc	1	GC
BLEPHAMIDE S.O.P.	3	
neomycin-polymy-dexameth	1	GC
neomycin-polymyxin-hc (ophth)	2	GC
sulfacetamide sod-prednisolone	2	GC
TOBRADEX	4	
tobramycin-dexamethasone	2	GC
<b>ANTI-INFECTIVES</b>		
AZASITE	3	
bacitracin (ophthalmic)	2	GC
bacitracin-polymyxin b (ophth)	2	GC
CILOXAN ointment	3	
ciprofloxacin hcl (ophth)	2	GC
erythromycin (ophth)	1	GC
gentamicin sulfate (ophth) .3%	1	GC
gentamicin sulfate (ophth) .3% ointment	2	GC
NATACYN	3	
neomycin-bacitracin zn-polymyxin	1	GC
neomycin-polymy-gramicid	2	GC
ofloxacin (ophth)	2	GC
polymyxin b-trimethoprim	1	GC
QUIXIN	4	
sulfacetamide sodium (ophth)	1	GC
tobramycin sulfate (ophth)	1	GC
TOBEX ointment	3	
trifluridine	2	GC
VIGAMOX	3	

Drug	Tier	Notes
ZYMAR	3	
<b>ANTI-INFLAMMATORIES</b>		
dexamethasone sodium phosphate (ophth)	2	GC
diclofenac sodium (ophth)	2	GC
fluorometholone (ophth)	1	GC
flurbiprofen sodium	1	GC
FML	3	
ketorolac tromethamine (ophth)	2	GC
LOTEMAX	4	
PRED MILD	4	
prednisolone acetate (ophth)	1	GC
PREDNISOLONE SODIUM PHOSP	3	
XIBROM	4	
<b>ANTIALLERGICS</b>		
ALOCRIAL	4	
ALOMIDE	4	
ALREX	3	
azelastine hcl (ophth)	2	GC
cromolyn sodium (ophth)	2	GC
PATADAY	3	
PATANOL	3	
<b>ANTIGLAUCOMA</b>		
AZOPT	3	
BETIMOL	4	
BETOPTIC-S	3	
brimonidine tartrate	2	GC
carteolol hcl (ophth)	2	GC
COMBIGAN	3	
dorzolamide hcl	2	GC
dorzolamide-timolol	2	GC
levobunolol hcl	1	GC
LUMIGAN	3	QL
QL (2.5ml / 25 days)		
metipranolol	2	GC
PILOPINE HS	3	
timolol maleate (ophth) .25%, .5%	1	GC
timolol maleate (ophth) .25%, .5% gel	2	GC
TRAVATAN Z	3	QL
QL (2.5ml / 25 days)		
XALATAN	4	QL
QL (1 bottle / 25 days)		
<b>MISCELLANEOUS</b>		
LACRISERT	3	
naphazoline hcl	1	GC
proparacaine hcl	2	GC
RESTASIS	3	

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Drug	Tier	Notes
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
COMBIVENT QL (2 inhalers / 25 days)	3	QL
<i>ipratropium-albuterol</i> QL (180 vials / 25 days)	2	B/D QL GC
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA QL (2 inhalers per 25 days)	3	QL
<i>ipratropium bromide</i> QL (126 bags / 25 days)	2	B/D QL GC
<i>ipratropium bromide (nasal)</i>	2	GC
SPIRIVA HANDIHALER QL (30 caps / 25 days)	3	QL
<b>ANTIHISTAMINES, LOW/NONSEDATING</b>		
ASTEPRO QL (2 spray-bottles / 25 days)	3	QL
<i>azelastine hcl</i> QL (2 bottles / 25 days)	2	QL GC
<i>cetirizine hcl</i>	2	GC
<i>fexofenadine hcl</i>	2	GC
XYZAL	3	
<b>ANTIHISTAMINES, SEDATING</b>		
<i>clemaprostine fumarate</i>	2	GC
<i>cyproheptadine hcl</i>	2	GC
<i>diphenhydramine hcl</i> 12.5mg/5ml, 50mg	1	GC
<i>diphenhydramine hcl</i> 50mg/ml	2	GC
<i>hydroxyzine hcl</i>	2	GC
<i>hydroxyzine pamoate</i>	1	GC
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg	1	GC
<i>albuterol sulfate</i> .083%, .63mg/3ml, 1.25mg/3ml QL (100 bags / 25 days)	2	B/D QL GC
<i>albuterol sulfate</i> .5% QL (3 bottles / 25 days)	2	B/D QL GC
<i>albuterol sulfate</i> 4mg, 8mg	2	GC
FORADIL AEROLIZER QL (60 caps / 25 days)	4	QL
<i>levalbuterol hcl</i> QL (90 bags / 25 days)	2	B/D QL GC
PROAIR HFA QL (2 inhalers / 25 days)	3	QL
PROVENTIL HFA QL (2 inhalers / 25 days)	4	QL
SEREVENT DISKUS QL (1 inhaler / 25 days)	3	QL
<i>terbutaline sulfate</i>	2	GC

Drug	Tier	Notes
XOPENEX QL (96 bags / 25 days)	4	B/D QL
XOPENEX HFA QL (2 inhalers / 25 days)	4	QL
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
ACCOLATE	4	
SINGULAIR	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sodium</i> QL (120 bags / 25 days)	2	B/D QL GC
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i>	2	B/D GC
ARALAST NP	5	PA
<i>epinephrine hcl</i>	2	GC
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
PULMOZYME	5	B/D
TOBI	5	B/D
TYZINE	3	
TYZINE PEDIATRIC NASAL DR 3		
XOLAIR	5	PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> QL (2 bottles / 25 days)	2	QL GC
<i>fluticasone propionate (nasal)</i> QL (1 bottle / 25 days)	2	QL GC
NASACORT AQ QL (1 inhaler / 25 days)	3	QL
NASONEX QL (2 inhalers / 25 days)	4	QL
RHINOCORT AQUA QL (2 inhalers / 25 days)	4	QL
<b>STEROID INHALANTS</b>		
ASMANEX 120 METERED DOSES QL (2 inhalers / 25 days)	3	QL
ASMANEX 14 METERED DOSES QL (2 inhalers / 25 days)	3	QL
ASMANEX 30 METERED DOSES QL (2 inhalers / 25 days)	3	QL
ASMANEX 60 METERED DOSES QL (2 inhalers / 25 days)	3	QL
FLOVENT DISKUS QL (2 inhalers / 25 days)	3	QL
FLOVENT HFA QL (2 inhalers / 25 days)	3	QL
QVAR QL (3 inhalers / 25 days)	4	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		

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Drug	Tier	Notes
ADVAIR DISKUS QL (1 kit / 25 days)	3	QL
ADVAIR HFA QL (1 inhaler / 25 days)	3	QL
PULMICORT FLEXHALER 180mcg/act QL (2 inhalers / 25 days)	4	QL
PULMICORT FLEXHALER 90mcg/act QL (4 inhalers / 25 days)	4	QL
SYMBICORT QL (1 inhaler / 25 days)	3	QL
<b>XANTHINES</b>		
<i>aminophylline</i> 100mg, 200mg	1	GC
<i>aminophylline</i> 25mg/ml	2	GC
ELIXOPHYLLIN	3	
THEO-24	3	
<i>theophylline</i>	2	GC
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	GC
<i>clindamycin phosphate (topical)</i>	2	GC
<i>clindamycin phosphate-benzoyl peroxide</i>	2	GC
<i>erythromycin (acne aid)</i>	2	GC
<i>isotretinoin</i>	2	GC
RETIN-A MICRO	4	PA
<i>sulfacetamide sodium (acne)</i>	2	GC
<i>tretinoin</i> .01%, .025%, .05%, .1%	2	PA GC
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC	3	
FLUOROPLEX	4	
<i>fluorouracil (topical)</i>	2	GC
SOLARAZE	3	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	3	
BACTROBAN cream	3	
<i>gentamicin sulfate (topical)</i>	1	GC
<i>mupirocin</i>	2	GC
<i>silver sulfadiazine</i>	1	GC
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i>	2	GC
<i>ciclopirox olamine</i>	2	GC
<i>clotrimazole (topical)</i>	2	GC
<i>econazole nitrate</i>	2	GC
<i>ketokonazole (topical) 2%</i>	2	GC
MENTAX	4	
<i>nystatin (topical)</i> 100000unit/gm	1	GC

Drug	Tier	Notes
cream,ointment		
<i>nystatin (topical)</i> 100000unit/gm	2	GC
OXISTAT	4	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>hydrocortisone (rectal)</i>	1	GC
ZONALON	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>calcipotriene</i>	2	GC
DOVONEX cream	3	
OXSORALEN ULTRA	5	PA
SORIATANE	4	
STELARA	5	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketokonazole (topical) 2%</i>	2	GC
<i>selenium sulfide</i>	2	GC
<b>DERMATOLOGY, ANTIVIRALS</b>		
DENAVIR	3	
ZOVIRAX cream,ointment	3	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate</i>	2	GC
<i>betamethasone dipropionate (topical)</i>	1	GC
<i>betamethasone dipropionate augmented</i>	2	GC
<i>betamethasone valerate</i>	1	GC
<i>clobetasol propionate</i>	2	GC
<i>clobetasol propionate emollient base</i>	2	GC
CORDRAN	4	
CORDRAN TAPE	4	
DERMA-SMOOTH/FS BODY OIL	3	
<i>desonide</i>	2	GC
DESOWEN	3	
OINTMENT/CETAPHIL		
<i>desoximetasone</i>	2	GC
<i>diflorasone diacetate</i>	2	GC
<i>fluocinolone acetonide</i>	2	GC
<i>fluocinonide</i>	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>fluticasone propionate</i>	2	GC
<i>halobetasol propionate</i>	2	GC
<i>hydrocortisone (topical)</i>	1	GC
<i>hydrocortisone butyrate</i>	2	GC
<i>hydrocortisone valerate</i>	2	GC
KENALOG	3	
LOCOID LIPOCREAM	4	
LUXIQ	4	
<i>mometasone furoate</i>	2	GC

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Drug	Tier	Notes
<i>triamcinolone acetonide (topical)</i> 1 .025%, .1%, .5% cream, ointment		GC
<i>triamcinolone acetonide (topical)</i> 2 .025%, .1%		GC
<b>DERMATOLOGY, IMMUNOMODULATORS</b>		
ELIDEL	3	PA
PROTOPIC	3	PA
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i>	2	GC
<i>lidocaine hcl</i>	2	GC
<i>lidocaine-prilocaine</i>	2	GC
LIDODERM	3	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
CONDYLOX	4	
<i>imiquimod</i>	2	GC
<i>lactic acid (ammonium lactate)</i>	2	GC
PANRETIN	5	
<i>podofilox</i>	2	GC
TARGRETIN 1%	5	
<b>DERMATOLOGY, ROSACEA</b>		
FINACEA	4	
METROGEL	3	
<i>metronidazole (topical)</i>	2	GC
ORACEA	3	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	3	
<i>malathion</i>	2	GC
<i>permethrin</i>	1	GC
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	5	PA
SANTYL	3	
<i>sodium chloride (gu irrigant)</i>	2	GC
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	GC
EVOXAC	3	
<i>lidocaine hcl (mouth-throat)</i>	1	GC
<i>nystatin (mouth-throat)</i>	2	GC
<i>pilocarpine hcl (oral)</i>	2	GC
<i>triamcinolone acetonide (mouth)</i>	2	GC
<b>OTIC</b>		
<i>acetic acid (otic)</i>	2	GC
<i>acetic acid-aluminum acetate</i>	2	GC
CIPRO HC	4	
CIPRODEX	4	
DERMOTIC	3	
<i>hydrocortisone w/acetic acid</i>	2	GC
<i>neomycin-polymyxin-hc (otic)</i>	2	GC

Drug	Tier	Notes
<i>ofloxacin (otic)</i>	2	GC

GC - We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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CALCITRIOL .....	22	<i>chlorthalidone</i> .....	13	15 .....	22
<i>calcium acetate (phosphate</i>		<i>chlorzoxazone</i> .....	16	CLINIMIX E 5%/DEXTROSE	
<i>binder)</i> .....	18	<i>cholestyramine light</i> .....	12	20 .....	22
CAMPATH.....	10	<i>chorionic gonadotropin</i> .....	18	CLINIMIX E 5%/DEXTROSE	
CAMPRAL.....	16	<i>ciclopirox</i> .....	25	25 .....	22
		<i>ciclopirox olamine</i> .....	25	<i>clobetasol propionate</i> .....	25

<i>clobetasol propionate</i>		<i>daunorubicin hcl</i> .....	10	<i>diltiazem hcl coated beads</i> .	12
<i>emollient base</i> .....	25	DECAVAC .....	21	<i>diltiazem hcl extended release</i>	
<i>clomipramine hcl</i> .....	14	DENAVIR.....	25	<i>beads</i> .....	12
<i>clonazepam</i> .....	13	DEPO-PROVERA.....	10	DIOVAN.....	11
<i>clonidine hcl</i> .....	11	DERMA-SMOOTH/FS		DIOVAN HCT .....	11
<i>clorazepate dipotassium</i> ....	13	BODY OIL.....	25	DIPENTUM.....	19
<i>clotrimazole</i> .....	8	DERMOTIC.....	26	<i>diphenhydramine hcl</i> .....	24
<i>clotrimazole (topical)</i> .....	25	<i>desipramine hcl</i> .....	14	<i>diphenoxylate w/ atropine</i> ...	19
<i>clozapine</i> .....	15	<i>desmopressin acetate</i> .....	19	DIPHThERIA/TETANUS	
CLOZAPINE.....	15	<i>desmopressin acetate</i>		TOXOID.....	21
COARTEM .....	8	<i>refrigerated</i> .....	19	<i>dipyridamole</i> .....	20
<i>colchicine w/ probenecid</i> .....	7	<i>desmopressin acetate spray</i>		<i>disopyramide phosphate</i> ....	11
COLCRYS.....	7	<i>refrigerated</i> .....	19	<i>divalproex sodium</i> .....	13
<i>colestipol hcl</i> .....	12	<i>desogestrel &amp; ethinyl estradiol</i>		<i>dorzolamide hcl</i> .....	23
<i>colistimethate sodium</i> .....	9	.....	17	<i>dorzolamide-timolol</i> .....	23
COMBIGAN.....	23	<i>desogestrel-ethinyl estradiol</i>		DOVONEX .....	25
COMBIPATCH .....	18	<i>(triphasic)</i> .....	17	<i>doxazosin mesylate</i> .....	11
COMBIVENT .....	23	<i>desonide</i> .....	25	<i>doxepin hcl</i> .....	14
COMBIVIR .....	8	DESOWEN		DOXIL.....	10
COMTAN.....	15	OINTMENT/CETAPHIL .....	25	<i>doxorubicin hcl</i> .....	10
COMVAX.....	21	<i>desoximetasone</i> .....	25	<i>doxycycline (monohydrate)</i> ..	8
CONCERTA.....	15	DETROL .....	20	<i>doxycycline hyclate</i> .....	8
CONDYLOX.....	25	DETROL LA.....	20	DRONABINOL.....	19
COPAXONE.....	16	<i>dexamethasone</i> .....	18	<i>drospirenone-ethinyl estradiol</i>	
CORDRAN .....	25	DEXAMETHASONE		.....	17
CORDRAN TAPE.....	25	INTENSOL.....	18	DROXIA.....	10
COREG CR.....	12	<i>dexamethasone sodium</i>		DUETACT .....	16
<i>cortisone acetate</i> .....	18	<i>phosphate</i> .....	18		
COSMEGEN .....	10	<i>dexamethasone sodium</i>		<b>E</b>	
COUMADIN.....	20	<i>phosphate (ophth)</i> .....	23	<i>econazole nitrate</i> .....	25
CREON .....	20	DEXILANT .....	20	EFFEXOR XR .....	14
CRESTOR.....	12	<i>dexmethylphenidate hcl</i> .....	15	EFFIENT .....	20
CRIXIVAN .....	9	<i>dexrazoxane</i> .....	11	ELAPRASE .....	18
<i>cromolyn sodium</i> .....	24	<i>dextroamphetamine sulfate</i>	15	<i>electrolyte-m in dextrose</i> ....	22
<i>cromolyn sodium (ophth)</i> ....	23	<i>dextrose</i> .....	22	<i>electrolyte-r</i> .....	22
CUBICIN .....	9	DEXTROSE 5%.....	22	<i>electrolyte-r in dextrose</i> .....	22
<i>cyclobenzaprine hcl</i> .....	16	DEXTROSE 5%/POTASSIUM		ELIDEL.....	25
<i>cyclophosphamide</i> .....	10	CHL.....	22	ELITEK.....	11
<i>cyclosporine</i> .....	21	<i>dextrose w/ sodium chloride</i>	22	ELIXOPHYLLIN.....	24
<i>cyclosporine modified (for</i>		<i>diazepam</i> .....	13	ELMIRON .....	20
<i>microemulsion)</i> .....	21	<i>diclofenac potassium</i> .....	7	ELSPAR .....	10
CYKLOKAPRON.....	20	<i>diclofenac sodium</i> .....	7	EMCYT .....	10
CYMBALTA.....	14	<i>diclofenac sodium (ophth)</i> ...	23	EMEND .....	19
<i>cyproheptadine hcl</i> .....	23	<i>dicloxacillin sodium</i> .....	8	EMSAM .....	14
CYSTADANE .....	18	<i>dicyclomine hcl</i> .....	19	EMTRIVA .....	9
CYSTAGON .....	18	<i>didanosine</i> .....	9	ENABLEX.....	20
<i>cytarabine</i> .....	10	<i>diflorasone diacetate</i> .....	25	<i>enalapril maleate</i> .....	11
		<i>diflunisal</i> .....	7	<i>enalapril maleate &amp;</i>	
<b>D</b>		<i>digoxin</i> .....	12	<i>hydrochlorothiazide</i> .....	11
<i>dacarbazine</i> .....	10	<i>dihydroergotamine mesylate</i>		ENGERIX-B.....	21
<i>danazol</i> .....	17	.....	15	ENTOCORT EC .....	19
<i>dantrolene sodium</i> .....	16	DILANTIN .....	13	<i>epinephrine hcl</i> .....	24
<i>dapsone</i> .....	9	DILANTIN INFATABS.....	13	EPIPEN 2-PAK.....	24
DAPTACEL .....	21	DILAUDID-5.....	7	EPIPEN-JR 2-PAK .....	24
DARAPRIM .....	8	<i>diltiazem hcl</i> .....	12	EPIRUBICIN HCL.....	10

EPIVIR .....	9	<i>fentanyl citrate</i> .....	7	GANCICLOVIR.....	9
EPIVIR HBV .....	9	<i>fexofenadine hcl</i> .....	23	GARDASIL .....	21
<i>eplerenone</i> .....	11	FINACEA .....	26	GASTROCROM .....	19
EPZICOM.....	9	<i>finasteride</i> .....	20	GAUZE PADS AND	
<i>ergotamine w/ caffeine</i> .....	15	<i>flecainide acetate</i> .....	11	DRESSINGS - PADS 2 X 2	16
ERYPED 200 .....	8	FLOVENT DISKUS.....	24	GELNIQUE.....	20
ERYTHROCIN		FLOVENT HFA .....	24	<i>gemfibrozil</i> .....	12
LACTOBIONATE .....	8	<i>fluconazole</i> .....	8	GEMZAR .....	10
<i>erythromycin (acne aid)</i> .....	25	<i>fluconazole in dextrose</i> .....	8	<i>gentamicin in saline</i> .....	8
<i>erythromycin (ophth)</i> .....	23	FLUDARABINE PHOSPHATE		<i>gentamicin sulfate</i> .....	8
<i>erythromycin base</i> .....	8	.....	11	<i>gentamicin sulfate (ophth)</i> ..	23
<i>erythromycin ethylsuccinate</i> ..	8	<i>fludrocortisone acetate</i> .....	18	<i>gentamicin sulfate (topical)</i> ..	25
<i>erythromycin stearate</i> .....	8	<i>flunisolide (nasal)</i> .....	24	GEODON .....	15
<i>erythromycin-sulfisoxazole</i> ...	9	<i>fluocinolone acetonide</i> .....	25	GLEEVEC .....	10
ESTRACE .....	18	<i>fluocinonide</i> .....	25	<i>glimepiride</i> .....	16
ESTRADERM.....	18	<i>fluocinonide emulsified base</i>		<i>glipizide</i> .....	16
<i>estradiol</i> .....	18	.....	25	<i>glipizide-metformin hcl</i> .....	16
ESTRING .....	18	<i>fluorometholone (ophth)</i> .....	23	GLUCAGEN HYPOKIT .....	18
<i>estropipate</i> .....	18	FLUOROPLEX.....	25	GLUCAGON EMERGENCY	
<i>ethambutol hcl</i> .....	9	<i>fluorouracil</i> .....	10	KIT .....	18
<i>ethosuximide</i> .....	13	<i>fluorouracil (topical)</i> .....	25	<i>glyburide</i> .....	16
<i>ethynodiol diacet &amp; eth estrad</i>		<i>fluoxetine hcl</i> .....	14	<i>glyburide micronized</i> .....	16
.....	17	<i>fluphenazine decanoate</i> .....	15	<i>glyburide-metformin</i> .....	16
<i>etodolac</i> .....	7	<i>fluphenazine hcl</i> .....	15	<i>glycopyrrolate</i> .....	19
<i>etoposide</i> .....	11	<i>flurazepam hcl</i> .....	15	<i>granisetron hcl</i> .....	19
EURAX .....	26	<i>flurbiprofen</i> .....	7	<i>griseofulvin microsize</i> .....	8
EVISTA .....	19	<i>flurbiprofen sodium</i> .....	23	GRIS-PEG .....	8
EVOXAC .....	26	<i>flutamide</i> .....	10	<i>guanfacine hcl</i> .....	11
EXELON.....	14	<i>fluticasone propionate</i> .....	25	GUANIDINE HCL .....	16
EXFORGE.....	11	<i>fluticasone propionate (nasal)</i>		GYNODIOL .....	18
EXFORGE HCT .....	11	.....	24		
EXJADE .....	17	<i>fluvoxamine maleate</i> .....	13		
EXTAVIA .....	16	FML.....	23		
		FORADIL AEROLIZER.....	24		
<b>F</b>		FORTEO .....	18		
FABRAZYME .....	18	<i>fosinopril sodium</i> .....	11	<b>H</b>	
<i>famciclovir</i> .....	9	<i>fosinopril sodium &amp;</i>		HALFLYTELY BOWEL PREP	
<i>famotidine</i> .....	19	<i>hydrochlorothiazide</i> .....	11	.....	19
<i>famotidine in nacl</i> .....	19	FOSRENOL .....	18	<i>halobetasol propionate</i> .....	25
FANAPT .....	15	FRAGMIN .....	20	<i>haloperidol</i> .....	15
FANAPT TITRATION PACK		FREAMINE HBC 6.9% .....	22	<i>haloperidol decanoate</i> .....	15
.....	15	FREAMINE III 3% .....	22	<i>haloperidol lactate</i> .....	15
FARESTON.....	10	FROVA .....	15	HAVRIX.....	21
FASLODEX .....	10	FURADANTIN.....	9	HECTOROL .....	22
<i>fat emulsion</i> .....	22	<i>furosemide</i> .....	13	<i>heparin (porcine) in sodium</i>	
FAZACLO.....	15	FUZEON .....	9	<i>chloride</i> .....	20
FELBATOL.....	13			<i>heparin sod (porcine) in d5w</i>	
<i>felodipine</i> .....	12			.....	20
FEMARA .....	10	<b>G</b>		HEPARIN SODIUM .....	20
FEMHRT 1/5 .....	18	<i>gabapentin</i> .....	13, 14	<i>heparin sodium (porcine)</i> ....	20
FEMHRT LOW DOSE .....	18	GABITRIL .....	14	HEPARIN SODIUM/NACL	
FEMRING.....	18	<i>galantamine hydrobromide</i> ..	14	0.45% .....	20
<i>fenofibrate</i> .....	12	GAMASTAN S/D.....	21	HEPATASOL.....	22
<i>fenofibrate micronized</i> .....	12	GAMMAGARD LIQUID .....	21	HEPSERA .....	9
<i>fentanyl</i> .....	7	GAMUNEX.....	21	HERCEPTIN.....	10
		<i>ganciclovir</i> .....	9	HEXALEN.....	10
				HUMALOG .....	17
				HUMALOG MIX 50/50 .....	17
				HUMALOG MIX 50/50 PEN 17	

HUMALOG MIX 75/25.....	17	100 1/2 ML.....	17	<i>ketconazole (topical)</i> .....	25
HUMALOG MIX 75/25 PEN	17	INTELENCE.....	9	<i>ketoprofen</i> .....	7
HUMALOG PEN.....	17	INTRON-A .....	21	<i>ketorolac tromethamine</i> .....	7
HUMIRA .....	20	INTRON-A W/DILUENT.....	21	<i>ketorolac tromethamine</i>	
HUMIRA PEN-CROHNS		INVANZ.....	9	<i>(ophth)</i> .....	23
DISEASE.....	20	INVEGA .....	15	KLOR-CON M15 .....	21
HUMULIN 70/30.....	17	INVEGA SUSTENNA.....	15	KRISTALOSE.....	19
HUMULIN 70/30 PEN .....	17	INVIRASE .....	9	KUVAN .....	18
HUMULIN N .....	17	IONOSOL-B/DEXTROSE 5%			
HUMULIN N U-100 PEN ....	17	.....	22	<b>L</b>	
HUMULIN R .....	17	IONOSOL-MB/DEXTROSE		<i>labetalol hcl</i> .....	12
HUMULIN R U-500		5%.....	22	LACRISERT .....	23
(CONCENTR.....	17	IONOSOL-T/DEXTROSE 5%		<i>lactated ringer's</i> .....	22
HYCAMTIN .....	11	.....	22	<i>lactic acid (ammonium lactate)</i>	
<i>hydralazine hcl</i> .....	13	IPOL INACTIVATED IPV ....	21	.....	26
<i>hydrochlorothiazide</i> .....	13	<i>ipratropium bromide</i> .....	23	<i>lactulose</i> .....	19
<i>hydrocodone-acetaminophen</i>	7	<i>ipratropium bromide (nasal)</i>	23	<i>lactulose (encephalopathy)</i>	19
<i>hydrocortisone</i> .....	18	<i>ipratropium-albuterol</i> .....	23	<i>lamotrigine</i> .....	14
<i>hydrocortisone (intrarectal)</i>	19	IRINOTECAN.....	10	LANOXIN.....	12
<i>hydrocortisone (rectal)</i> .....	25	ISENTRESS .....	9	LANSOPRAZOLE .....	20
<i>hydrocortisone (topical)</i> .....	25	ISOLYTE-H/DEXTROSE 5%		LANTUS .....	17
<i>hydrocortisone butyrate</i> .....	25	.....	22	LANTUS SOLOSTAR.....	17
<i>hydrocortisone sod succinate</i>		ISOLYTE-P/DEXTROSE 5%		<i>leflunomide</i> .....	21
.....	18	.....	22	LESCOL .....	12
<i>hydrocortisone valerate</i> .....	25	ISOLYTE-S .....	22	LESCOL XL.....	12
<i>hydrocortisone w/acetic acid</i>		ISOLYTE-S/DEXTROSE 5%		LETAIRIS .....	13
.....	26	.....	22	<i>leucovorin calcium</i> .....	11
<i>hydromorphone hcl</i> .....	7	<i>isoniazid</i> .....	9	LEUCOVORIN CALCIUM ..	11
<i>hydroxychloroquine sulfate</i>	21	ISORDIL TITRADOSE .....	13	LEUKERAN .....	10
<i>hydroxyurea</i> .....	10	<i>isosorbide dinitrate</i> .....	13	LEUKINE .....	20
<i>hydroxyzine hcl</i> .....	24	<i>isosorbide mononitrate</i> .....	13	<i>leuprolide acetate</i> .....	10
<i>hydroxyzine pamoate</i> .....	24	<i>isotretinoin</i> .....	25	<i>levabuterol hcl</i> .....	24
		<i>isradipine</i> .....	12	LEVAQUIN .....	8
<b>I</b>		ISTODAX.....	10	LEVEMIR.....	17
<i>ibuprofen</i> .....	7	<i>itraconazole</i> .....	8	LEVEMIR FLEXPEN .....	17
<i>idarubicin hcl</i> .....	10	IXIARO .....	21	<i>levetiracetam</i> .....	14
IFEX.....	10			<i>levobunolol hcl</i> .....	23
IFOSFAMIDE .....	10	<b>J</b>		<i>levocarnitine (metabolic</i>	
<i>ifosfamide &amp; mesna</i> .....	11	JANUMET .....	17	<i>modifiers)</i> .....	18
<i>imipramine hcl</i> .....	14	JANUVIA.....	17	<i>levonorgestrel &amp; eth estradiol</i>	
<i>imiquimod</i> .....	25	JE-VAX .....	21	.....	17
IMOVAX RABIES (H.D.C.V.)				<i>levonorgestrel (emergency oc)</i>	
.....	21	<b>K</b>		.....	17
INCRELEX .....	18	KADIAN .....	7	<i>levonorgestrel-eth estradiol</i>	
<i>indapamide</i> .....	13	KALETRA .....	9	<i>(triphasic)</i> .....	17
INDOCIN .....	7	KCL 0.15%/D10W/NACL		<i>levonorgestrel-ethinyl</i>	
<i>indomethacin</i> .....	7	0.2%.....	22	<i>estradiol (91-day)</i> .....	17
INFANRIX .....	21	KCL 0.15%/D5W/LR .....	22	<i>levothyroxine sodium</i> .....	19
INFERGEN.....	21	KCL 0.15%/D5W/NACL		LEXAPRO .....	14
INSULIN PEN NEEDLE ....	17	0.225%.....	22	LEXIVA.....	9
INSULIN SYRINGE (DISP) U-		KCL 0.3%/D5W/NACL 0.9%		LIALDA .....	19
100 0.3 ML .....	17	.....	22	<i>lidocaine</i> .....	25
INSULIN SYRINGE (DISP) U-		KENALOG .....	25	<i>lidocaine hcl</i> .....	25
100 1 ML .....	17	KEPPRA .....	14	<i>lidocaine hcl (local anesth.)</i> ..	7
INSULIN SYRINGE (DISP) U-		<i>ketconazole</i> .....	8	<i>lidocaine hcl (mouth-throat)</i>	26

<i>lidocaine-prilocaine</i> .....	25
LIDODERM .....	25
<i>liothyronine sodium</i> .....	19
LIPITOR .....	12
LIPOSYN II.....	22
LIPOSYN III.....	22
<i>lisinopril</i> .....	11
<i>lisinopril &amp; hydrochlorothiazide</i> .....	11
<i>lithium carbonate</i> .....	16
LITHIUM CITRATE .....	16
LOCOID LIPOCREAM .....	25
<i>loperamide hcl</i> .....	19
<i>lorazepam</i> .....	13
<i>losartan potassium</i> .....	11
<i>losartan potassium &amp; hydrochlorothiazide</i> .....	11
LOTEMAX .....	23
LOTREL .....	11
LOTRONEX .....	19
<i>lovastatin</i> .....	12
LOVAZA.....	12
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<i>loxapine succinate</i> .....	15
LUMIGAN.....	23
LUNESTA.....	15
LUPRON DEPOT .....	10
LUPRON DEPOT-PED .....	10
LUXIQ .....	25
LYRICA .....	14
LYSODREN .....	10

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MAGNESIUM SULFATE IN D5W .....	22
MALARONE .....	8
<i>malathion</i> .....	26
<i>maprotiline hcl</i> .....	14
MARPLAN.....	14
MATULANE.....	10
MAXALT .....	15
MAXALT-MLT .....	15
<i>mebendazole</i> .....	9
<i>meclizine hcl</i> .....	19
<i>medroxyprogesterone acetate</i> .....	18
<i>medroxyprogesterone acetate (contraceptive)</i> .....	17
<i>mefloquine hcl</i> .....	8
MEGACE ES.....	10
<i>megestrol acetate</i> .....	10
<i>meloxicam</i> .....	7
<i>melphalan hcl</i> .....	10
MENACTRA.....	21
MENOMUNE-A/C/Y/W-135	21

MENTAX.....	25
<i>mephobarbital</i> .....	14
<i>meprobamate</i> .....	13
MEPRON .....	9
<i>mercaptapurine</i> .....	10
MERUVAX II W/DILUENT 10 D .....	21
<i>mesalamine</i> .....	19
<i>mesna</i> .....	11
MESNEX.....	11
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<i>metaxalone</i> .....	16
<i>metformin hcl</i> .....	17
<i>methadone hcl</i> .....	7
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<i>methazolamide</i> .....	13
<i>methimazole</i> .....	19
<i>methocarbamol</i> .....	16
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<i>metoclopramide hcl</i> .....	19
<i>metolazone</i> .....	13
<i>metoprolol &amp; hydrochlorothiazide</i> .....	12
<i>metoprolol succinate</i> .....	12
<i>metoprolol tartrate</i> .....	12
METROGEL.....	26
<i>metronidazole</i> .....	9
<i>metronidazole (topical)</i> .....	26
<i>metronidazole in nacl</i> .....	9
<i>metronidazole vaginal</i> .....	20
<i>mexiletine hcl</i> .....	11
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<i>minocycline hcl</i> .....	8
<i>minoxidil</i> .....	13
<i>mirtazapine</i> .....	14
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<i>morphine sulfate</i> .....	7
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MOZOBIL .....	20
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NOVOLIN N INNOLET.....	17	<i>paromomycin sulfate</i> .....	8	<i>lactated ringers</i> .....
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NUVARING.....	17	<i>chloride-sod sulfate</i> .....	19	.....
<i>nystatin</i> .....	8	<i>peg 3350-potassium chloride-</i>		<i>potassium citrate (alkalinizer)</i>
<i>nystatin (mouth-throat)</i> ..... 26		<i>sod bicarbonate-sod chloride</i>		.....
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