

2012 Employer Group Formulary

► Priority Health Medicare

Please read:

List of covered drugs

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

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Note to existing members:

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

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

A health plan with a Medicare contract.

If you would prefer us to send you information in another format (like Braille or large print) please contact Priority Health Medicare at toll-free 888 389-6648 (TTY users should call 711), 8 a.m. – 8 p.m., 7 days a week.

Introduction

What is the Priority Health Medicare Formulary?

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

Can the Formulary change?

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

If we remove drugs from our formulary, 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 May 1, 2012. To get updated information about the drugs covered by Priority Health Medicare, please visit our website at prioritymedicare.com or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 10. 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 69. 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?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical

condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

- **Limited Availability:** This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.
- **Part B vs. Part D:** This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **Home Infusion:** This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.
- **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.
- **Free First Fill:** This prescription drug will be provided at zero cost-sharing the first time you fill it.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at prioritymedicare.com.

You can ask Priority Health Medicare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Priority Health Medicare formulary?” on page 6 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 Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.

- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover.
- If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand 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 tier.

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability

to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-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.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 31 days of medication unless the prescription is written for less than 31 days.

Priority Health Medicare realizes that a 31-day transition may not be sufficient time to talk to your doctor and review alternatives. Therefore, we may grant up to a maximum of two 31-day supply authorizations per non-formulary medication or formulary medication requiring step therapy or prior authorization during a single transition event.

For more information

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

If you have questions about Priority Health Medicare, please call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711. Or visit prioritymedicare.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.

Formulary

The formulary that begins on page 10 provides coverage information about some of the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

The information in the Requirements/Limits column tells you if Priority Health Medicare has any special requirements for coverage of your drug.

List of Abbreviations

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 18 tablets per prescription for Maxalt. This may be in addition to a standard one month or three month supply.

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

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

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

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888 389-6648, 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

ED: 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.

FF: Free First Fill. This prescription drug will be provided at zero cost-sharing the first time you fill it.

**All drugs listed on our formulary are available via mail order.*

Drug Name:	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	ED-Excluded Drug
	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy

Analgesics

Analgesics		
Analgesics		
<i>butalbital/acetaminophen/caffeine</i>	1	ED
GRALISE	3	QL (93 per 31 days) ST
GRALISE STARTER	3	QL (93 per 31 days) ST
Nonsteroidal Anti-inflammatory Drugs		
<i>butalbital/aspirin/caffeine</i>	1	ED
CAMBIA	3	ST
<i>mefenamic acid</i>	1	
<i>naproxen</i>	1	
<i>naproxen sodium</i>	1	
<i>salsalate</i>	1	
SPRIX	3	QL (5 per 30 days)
TREXIMET	3	QL (18 per 31 days)
VOLTAREN GEL	3	ST
Opioid Analgesics		
ABSTRAL	3	PA
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	
<i>acetaminophen/codeine</i>	1	
<i>acetaminophen/codeine #3</i>	1	
<i>acetaminophen/codeine #4</i>	1	
<i>ascomp/codeine</i>	1	
AVINZA	3	ST
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hcl injection</i>	1	HI
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	
<i>butorphanol tartrate nasal solution</i>	1	
<i>butorphanol tartrate injection</i>	1	B/D
BUTRANS	3	QL (4 per 28 days) ST
CAPITAL/CODEINE	2	
<i>co-gesic</i>	1	
EMBEDA	3	ST
<i>endocet</i>	1	
EXALGO	3	ST
<i>fentanyl</i>	1	QL (15 per 30 days)
<i>fentanyl citrate</i>	1	HI
<i>fentanyl citrate oral transmucosal</i>	1	QL (124 per 31 days)

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name:	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	ED-Excluded Drug
	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	
<i>hydrocodone bitartrate/acetaminophen tablet 750mg; 10mg</i>	1	
<i>hydrocodone/acetaminophen</i>	1	
<i>hydrocodone/ibuprofen</i>	1	
<i>hydromorphone hcl tablet</i>	1	
<i>hydromorphone hcl injection</i>	1	
INFUMORPH 500	2	
<i>levorphanol tartrate</i>	1	
<i>margesic-h</i>	1	
<i>methadone hcl concentrate, tablet</i>	1	
<i>methadose</i>	1	
<i>methyl dopa</i>	1	
<i>methylphenidate hcl</i>	1	
<i>morphine sulfate er capsule 100mg, 20mg, 60mg, 80mg</i>	1	QL (62 per 31 days)
<i>morphine sulfate er capsule 30mg, 50mg</i>	1	QL (31 per 31 days)
<i>morphine sulfate er tablet</i>	1	
<i>morphine sulfate tablet</i>	1	
<i>morphine sulfate injection</i>	1	
<i>nalbuphine hcl</i>	1	HI
ONSOLIS	3	PA
<i>oxycodone hcl tablet</i>	1	
<i>oxycodone/acetaminophen</i>	1	
<i>oxycodone/aspirin tablet 325mg; 4.5mg; 0.38mg</i>	1	
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 40MG	2	QL (124 per 31 days)
OXYCONTIN TABLET EXTENDED RELEASE 12 HOUR 60MG, 80MG	2	QL (62 per 31 days)
<i>oxymorphone hydrochloride</i>	1	
<i>reprexain tablet 10mg; 200mg</i>	1	
ROXICET SOLUTION	2	
ROXICET TABLET 500MG; 5MG	2	
<i>roxicet tablet 325mg; 5mg</i>	1	
RYBIX ODT	3	QL (186 per 31 days)

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	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
RYZOLT	3	
<i>stagesic</i>	1	
SUBOXONE	2	
<i>tramadol hcl</i>	1	
<i>tramadol hcl er</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	1	
<i>zerlor</i>	1	
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl jelly</i>	1	B/D
<i>lidocaine hcl gel, external solution</i>	1	B/D
<i>lidocaine hcl injection 1%</i>	1	B/D
<i>lidocaine/prilocaine</i>	1	B/D
LIDODERM	2	PA
SYNERA	3	B/D
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	3	
ARTHROTEC 75	3	
CELEBREX	3	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium ec</i>	1	
<i>diclofenac sodium xr</i>	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
FLECTOR	3	ST
<i>flurbiprofen</i>	1	
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>meloxicam</i>	1	

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Drug Name:	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	ED-Excluded Drug
	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>nabumetone</i>	1	
NALFON CAPSULE 200MG	2	
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
<i>tolmetin sodium</i>	1	
ZIPSOR	3	ST
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	HI
CORTISPORIN	3	
<i>gentak</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	HI
<i>gentamicin sulfate 40mg/ml injection</i>	1	
<i>gentamicin sulfate cream, ointment</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI	4	B/D
<i>tobramycin sulfate add-vantage</i>	1	B/D HI
<i>tobramycin sulfate/sodium chloride</i>	1	HI
<i>tobramycin sulfate ophthalmic solution</i>	1	
<i>tobramycin sulfate injection</i>	1	HI
Antibacterials, Other		
<i>bacitracin/polymyxin b</i>	1	
BACTROBAN NASAL	2	
CLEOCIN PEDIATRIC GRANULES	2	
CLEOCIN SUPPOSITORY	2	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin phosphate add-vantage</i>	1	B/D
<i>colistimethate sodium</i>	1	HI
CUBICIN	4	B/D HI
FLAGYL ER	2	

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	T3-Non-preferred brand	FF- Free First Fill
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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
LINCOCIN	3	HI
<i>methenamine hippurate</i>	1	
<i>metronidazole</i>	1	
<i>metronidazole in nacl 0.79%</i>	1	HI
<i>metronidazole vaginal</i>	1	
MONUROL	2	
<i>mupirocin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
NEUTREXIN	4	B/D
NORITATE	2	
PHISOHEX	2	
PREVPAC	2	
PRIMSOL	2	
<i>silver sulfadiazine</i>	1	
SULFAMYLON	3	
<i>trimethoprim</i>	1	
TYGACIL	2	HI
VANCOCIN HCL	4	
<i>vancomycin hcl</i>	1	B/D HI
VIBATIV	2	B/D
XIFAXAN TABLET 200MG	3	QL (31 per 31 days)
XIFAXAN TABLET 550MG	3	QL (62 per 31 days)
ZYVOX	4	PA
Beta-lactam, Cephalosporins		
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection 1gm; 5%</i>	1	HI
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
<i>cefepime</i>	1	HI
<i>cefotaxime sodium injection 10gm, 1gm, 2gm</i>	1	HI
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	HI
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	HI
CEFTIN SUSPENSION RECONSTITUTED	2	

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	T2-Preferred brand	ED-Excluded Drug
	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
250MG/5ML		
<i>ceftriaxone in iso-osmotic dextrose</i>	1	B/D HI
<i>ceftriaxone sodium</i>	1	HI
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	HI
<i>cefuroxime/dextrose</i>	1	B/D
<i>cephalexin</i>	1	
SUPRAX	2	
<i>tazicef injection</i>	1	HI
TEFLARO	3	B/D
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE	2	HI
CAYSTON	4	
<i>imipenem/cilastatin</i>	1	
MERREM	3	
PRIMAXIN I.M.	3	
PRIMAXIN IV	2	HI
PRIMAXIN IV ADD-VANTAGE	2	B/D HI
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin/potassium clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium injection 125mg, 250mg, 2gm, 500mg</i>	1	HI
<i>ampicillin-sulbactam</i>	1	HI
<i>bactocill in dextrose injection 0; 1gm/50ml</i>	1	HI
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
<i>oxacillin sodium</i>	1	HI
<i>penicillin g potassium</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	HI
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium</i>	1	HI

Note: All drugs listed on the formulary are available via mail order. Tier 4 drugs are 31-day supply only.

Drug Name:	Drug Tiers:	Notes:
	T1 -Generic	B/D -Part B vs. Part D
	T2 -Preferred brand	ED -Excluded Drug
	T3 -Non-preferred brand	FF - Free First Fill
	T4 -Specialty	HI -Home Infusion
	T5 -Infertility	LA -Limited Availability
		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
ZOSYN	3	HI
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection</i>	1	B/D HI
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
DIFICID	4	QL (20 per 30 days) ST
E.E.S. 400	2	
E.E.S. GRANULES	2	
<i>ery</i>	1	
ERY-TAB	2	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	2	
<i>erythromycin</i>	1	
<i>erythromycin/sulfisoxazole</i>	1	
PCE	2	
<i>romycin</i>	1	
Quinolones		
AVELOX TABLET	3	
CIPRO SUSPENSION RECONSTITUTED	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin extended-release</i>	1	
<i>ciprofloxacin hcl</i>	1	
LEVAQUIN ORAL SOLUTION, TABLET	2	
LEVAQUIN INJECTION 25MG/ML	2	HI
<i>levofloxacin</i>	1	
<i>ofloxacin solution, tablet</i>	1	
ZYMAR	2	
ZYMAXID	3	ST
Sulfonamides		
<i>sodium sulfacetamide</i>	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfamethoxazole/trimethoprim injection</i>	1	
Tetracyclines		

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate capsule, tablet</i>	1	
<i>doxycycline hyclate injection</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline hcl</i>	1	
Anticonvulsants		
Anticonvulsants, Other		
BANZEL	3	PA
<i>clonazepam</i>	1	ED
<i>clonazepam odt</i>	1	ED
<i>clorazepate dipotassium</i>	1	ED
KEPPRA XR	3	
<i>levetiracetam er tablet</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam injection</i>	1	
VIMPAT ORAL SOLUTION, TABLET	3	
VIMPAT INJECTION	3	
Calcium Channel Modifying Agents		
CELONTIN	2	
<i>ethosuximide</i>	1	
LYRICA	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>gabapentin</i>	1	
GABITRIL	2	
HORIZANT	3	QL (31 per 31 days) ST
<i>primidone</i>	1	
SABRIL	4	
STAVZOR	3	ST
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	
<i>zonisamide</i>	1	
Glutamate Reducing Agents		
<i>felbamate</i>	1	
FELBATOL	3	

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		QL -Quantity Limits
		ST -Step Therapy
LAMICTAL ODT	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	
LAMICTAL XR	3	
<i>lamotrigine</i>	1	
Sodium Channel Inhibitors		
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DILANTIN INFATABS	2	
DILANTIN CAPSULE 30MG	2	
<i>epitol</i>	1	
EQUETRO	3	
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG	2	
Antidementia Agents		
Cholinesterase Inhibitors		
ARICEPT TABLET 23MG	2	
<i>donepezil hcl</i>	1	
EXELON PATCH 24 HOUR, SOLUTION	2	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine tartrate</i>	1	
Glutamate Pathway Modifiers		
NAMENDA TITRATION PAK	2	
NAMENDA TABLET	2	
Antidepressants		
Antidepressants, Other		
APLENZIN	3	
<i>budeprion sr</i>	1	
<i>budeprion xl</i>	1	
<i>bupropion hcl</i>	1	
<i>bupropion hcl sr</i>	1	

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	T5 -Infertility	LA -Limited Availability
		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone hcl</i>	1	
OLEPTRO	3	ST
<i>trazodone hcl</i>	1	
<i>venlafaxine hcl</i>	1	
Monoamine Oxidase Inhibitors		
EMSAM	2	ST
MARPLAN	2	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
Serotonin/ Norepinephrine Reuptake Inhibitors		
<i>citalopram hydrobromide</i>	1	
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	2	QL (124 per 31 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG	2	QL (186 per 31 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60MG	2	QL (62 per 31 days)
<i>escitalopram oxalate</i>	1	
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
LEXAPRO	2	ST
LUVOX CR	3	ST
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (15 per 30 days) ST
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	ST
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<i>selfemra</i>	1	
<i>sertraline hcl</i>	1	
SYMBYAX	2	
<i>venlafaxine hcl er capsule extended release 24</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>hour</i>		
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 225MG	2	
<i>venlafaxine hcl er tablet extended release 24 hour 150mg, 37.5mg, 75mg</i>	1	
VIIBRYD	3	QL (31 per 31 days) ST
Tricyclics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>maprotiline hcl</i>	1	
<i>nortriptyline hcl</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>protriptyline hcl</i>	1	
SILENOR	3	ST
SURMONTIL	2	
<i>trimipramine maleate</i>	1	
Antidotes, Deterrents, and Toxicologic Agents		
Antidotes		
CUPRIMINE	3	
EXJADE TABLET SOLUBLE 125MG	3	
EXJADE TABLET SOLUBLE 250MG, 500MG	4	
<i>kionex</i>	1	
RELISTOR	3	PA
<i>sodium polystyrene sulfonate</i>	1	
SYPRINE	2	
Deterrents		
ANTABUSE	2	
<i>buproban</i>	1	
CAMPRAL	3	
CHANTIX	3	
<i>disulfiram</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
NICOTROL INHALER	2	
NICOTROL NS	2	
Toxicologic Agents		
<i>depade</i>	1	
FERRIPROX	4	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
SUBOXONE	2	
Antiemetics		
Antiemetics		
ANZEMET TABLET	2	QL (20 per 31 days) B/D
<i>compro</i>	1	
<i>dronabinol</i>	1	B/D
EMEND	3	QL (6 per 31 days) B/D
<i>granisetron hcl tablet</i>	1	B/D
<i>granisetron hcl injection</i>	1	HI
<i>granisol</i>	1	B/D
<i>meclizine hcl</i>	1	
<i>meloxicam</i>	1	
<i>metoclopramide hcl tablet</i>	1	
<i>metoclopramide hcl injection</i>	1	B/D
METOZOLV ODT	3	ST
<i>ondansetron hcl oral solution, tablet</i>	1	B/D
<i>ondansetron hcl injection</i>	1	HI
<i>ondansetron odt</i>	1	B/D
<i>phenadoz</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl suppository</i>	1	
<i>promethazine hcl injection 25mg/ml</i>	1	
<i>promethegan</i>	1	
SANCUSO	3	QL (4 per 28 days) PA
ZUPLENZ	3	QL (93 per 31 days) B/D
Antifungals		

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		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy

Antifungals

<i>amphotericin b</i>	1	
ANCOBON	2	
CANCIDAS	4	
<i>ciclopirox</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
ERAXIS	3	
EXELDERM CREAM	2	
<i>fluconazole</i>	1	
GRIFULVIN V	2	
GNAZOLE-1	3	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
<i>miconazole 3</i>	1	
MYCAMINE	4	
NAFTIN	2	
<i>nyamyc</i>	1	
<i>nystatin</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystop</i>	1	
ORAVIG	3	ST
OXISTAT	2	
<i>pedi-dri</i>	1	
<i>terbinafine hcl</i>	1	
<i>terconazole</i>	1	
VFEND	4	
VFEND IV	3	
ZAZOLE CREAM 0.8%	3	
<i>zazole cream 0.4%</i>	1	

Antigout Agents

Antigout Agents		
<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
COLCRYS	2	
KRYSTEXXA	4	B/D
<i>probenecid</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	3	ST
Antimigraine Agents		
Abortive		
AXERT	3	QL (12 per 31 days)
ERGOMAR	2	
<i>ergotamine tartrate/caffeine</i>	1	
FROVA	3	QL (18 per 31 days)
<i>isometheptene/dichloralphenazone/acetaminophen</i>	1	ED
MAXALT	2	QL (18 per 31 days)
MAXALT-MLT	2	QL (18 per 31 days)
<i>migergot</i>	1	
MIGRANAL	3	QL (12 per 31 days)
<i>naratriptan hcl</i>	1	
RELPAX	3	QL (12 per 31 days)
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
<i>sumatriptan succinate refill</i>	1	
ZOMIG	3	QL (12 per 31 days)
ZOMIG ZMT	3	QL (12 per 31 days)
Prophylactic		
INNOPRAN XL	3	
<i>topiramate</i>	1	
Antimyasthenic Agents		
Parasympathomimetics		
<i>bethanechol chloride</i>	1	
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	2	
<i>pyridostigmine bromide</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone</i>	1	
MYCOBUTIN	3	
Antituberculars		

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		QL -Quantity Limits
		ST -Step Therapy
CAPASTAT SULFATE	2	
<i>ethambutol hcl</i>	1	
<i>isonarif</i>	1	
<i>isoniazid syrup, tablet</i>	1	
PASER	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin capsule</i>	1	
<i>rifampin injection</i>	1	
RIFATER	3	
SEROMYCIN	3	
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
BICNU	3	
BUSULFEX	3	
CEENU	3	
<i>cyclophosphamide</i>	1	B/D
<i>cytarabine aqueous</i>	1	
<i>dacarbazine</i>	1	
HEXALEN	4	
<i>ifosfamide</i>	1	
<i>ifosfamide/mesna</i>	1	
LEUKERAN	2	
MATULANE	4	
MUSTARGEN	3	
<i>thiotepa</i>	1	
TREANDA	4	
ZANOSAR	3	
<i>Antiangiogenic Agents</i>		
CAPRELSA TABLET	4	PA
REVLIMID	4	QL (31 per 31 days) LA
THALOMID	4	
VANDETANIB	4	PA
VOTRIENT	4	
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	

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		QL-Quantity Limits
		ST-Step Therapy
FARESTON	3	
FASLODEX	4	
<i>tamoxifen citrate</i>	1	
Antimetabolites		
<i>cladribine</i>	1	
CLOLAR	3	
<i>cytarabine</i>	1	
DROXIA	3	
ELITEK	3	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
FOLOTYN	4	
<i>fosphenytoin sodium</i>	1	
<i>gemcitabine hcl</i>	4	
<i>hydroxyurea</i>	1	
<i>melphalan hydrochloride</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
ORTHOCLONE OKT3	3	
<i>pentostatin</i>	1	
SIMULECT	3	
<i>tabloid</i>	1	
Antineoplastics, Other		
<i>adriamycin</i>	1	
AFINITOR	4	
ALIMTA	4	
<i>amifostine</i>	4	
AVASTIN	4	
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cyclophosphamide</i>	1	B/D
DACOGEN	4	
<i>daunorubicin hcl</i>	1	
DAUNOXOME	3	
<i>dexrazoxane</i>	1	
<i>docetaxel</i>	4	

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DOXIL	4	
<i>doxorubicin hcl</i>	1	
<i>epirubicin</i>	1	
ERIVEDGE	4	PA QL (31 per 31 days)
<i>etoposide</i>	1	
FIRMAGON INJECTION 80MG	3	PA
FIRMAGON INJECTION 120MG	4	PA
HALAVEN	4	
<i>idrarubicin hcl</i>	1	
<i>irinotecan</i>	1	
ISTODAX	4	
JAKAFI	4	PA
JEVTANA	4	PA
LIPODOX	4	
<i>mesna</i>	1	
MESNEX TABLET	3	
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
ONTAK	2	
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
PHOTOFRIN	4	B/D
PICATO GEL	3	ST
PROLEUKIN	4	
SYLATRON	4	PA
TAXOTERE	4	
<i>toposar</i>	1	
<i>topotecan hcl</i>	4	
TORISEL	4	PA
TRISENOX	3	
TYKERB	4	PA
VELCADE	2	
VIDAZA	4	
<i>vinblastine sulfate</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	

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ZOLINZA	4	
ZYTIGA	4	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole</i>	1	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Molecular Target Inhibitors</i>		
AFINITOR	4	
GLEEVEC	4	
INLYTA	4	ST
IRESSA	4	
NEXAVAR	4	
SPRYCEL	4	
SUTENT	4	
TARCEVA	4	
TASIGNA	4	
XALKORI	4	PA QL (62 per 31 days)
ZELBORAF	4	PA QL (248 per 31 days)
<i>Monoclonal Antibodies</i>		
ARZERRA	4	PA
CAMPATH	4	
ERBITUX	4	PA
HERCEPTIN	4	
RITUXAN	4	PA
VECTIBIX	4	PA
YERVOY	4	PA
<i>Retinoids</i>		
PANRETIN	4	
TARGRETIN	4	
<i>tretinoin</i>	4	
Antiparasitics		
<i>Anthelmintics</i>		
ALBENZA	2	
BILTRICIDE	2	
<i>mebendazole</i>	1	
STROMEKTOL	2	

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		ST -Step Therapy
Antiprotozoals		
ALINIA	2	
<i>atovaquone/proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	2	
<i>mefloquine hcl</i>	1	
MEPRON	4	
NEBUPENT	2	PA
<i>primaquine phosphate</i>	1	
QUALAQUIN	3	
Pediculicides/ Scabicides		
<i>acticin</i>	1	
EURAX	2	
<i>lindane</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
ULESFIA	2	
Antiparkinson Agents		
Antiparkinson Agents		
<i>amantadine hcl</i>	1	
APOKYN	2	
AZILECT	2	
<i>benztropine mesylate tablet</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa cr</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa sr</i>	1	
COMTAN	2	
LODOSYN	2	
MIRAPEX ER	3	ST
<i>pramipexole dihydrochloride</i>	1	
REQUIP XL	3	ST
<i>ropinirole hcl</i>	1	

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		QL-Quantity Limits
		ST-Step Therapy
<i>selegiline hcl</i>	1	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	
STALEVO 75	3	
TASMAR	3	
<i>trihexyphenidyl hcl</i>	1	
Antipsychotics		
Atypicals		
ABILIFY DISCMELT	2	
ABILIFY ORAL SOLUTION, TABLET	2	
ABILIFY INJECTION	2	
<i>clozapine</i>	1	
FANAPT	3	ST
FANAPT TITRATION PACK	3	ST
FAZACLO	2	
GEODON CAPSULE	2	
GEODON INJECTION	2	
INVEGA	3	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML, 78MG/0.5ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	4	
LATUDA	3	QL (31 per 31 days)
<i>olanzapine</i>	1	QL (31 per 31 days)
<i>olanzapine odt</i>	1	QL (31 per 31 days)
<i>olanzapine hcl solr</i>	1	
RISPERDAL CONSTA	3	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SAPHRIS	3	ST
SEROQUEL	2	
SEROQUEL XR	2	
SYMBYAX	2	
<i>ziprasidone hcl</i>	1	

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
ZYPREXA RELPREVV	4	B/D
ZYPREXA ZYDIS	2	QL (31 per 31 days)
ZYPREXA TABLET	2	QL (31 per 31 days)
ZYPREXA INJECTION	2	QL (31 per 31 days)
Conventional		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hcl injection</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl concentrate, elixir, tablet</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>loxapine succinate</i>	1	
ORAP	2	
<i>perphenazine</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen</i>	1	
<i>dantrolene sodium</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>foscarnet sodium</i>	1	
GANCICLOVIR CAPSULE 500MG	4	
<i>ganciclovir capsule 250mg</i>	1	
VALCYTE TABLET	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors		
COMPLERA	4	QL (31 per 31 days)
EDURANT	2	QL (31 per 31 days)
INTELENCE	4	
RESCRIPTOR	2	
SUSTIVA	2	
VIRAMUNE	2	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
VIRAMUNE XR	2	QL (31 per 31 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors		
ATRIPLA	4	
COMBIVIR	4	
<i>didanosine</i>	1	
EMTRIVA	2	
EPIVIR	2	
EPIVIR HBV	2	
EPZICOM	3	
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
RETROVIR IV INFUSION	2	
<i>stavudine</i>	1	
TRIZIVIR	4	
TRUVADA	4	
VIDEX PEDIATRIC	2	
VIREAD	4	
ZERIT SOLUTION RECONSTITUTED	2	
ZIAGEN	2	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	4	
ISENTRESS	4	
SELZENTRY	4	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLUTION	3	
APTIVUS CAPSULE	4	
CRIXIVAN	2	
INVIRASE CAPSULE	3	
INVIRASE TABLET	4	
KALETRA	3	
LEXIVA SUSPENSION	3	
LEXIVA TABLET	4	
NORVIR	3	
PREZISTA TABLET 150MG, 75MG	2	
PREZISTA TABLET 400MG, 600MG	4	
REYATAZ CAPSULE 100MG	3	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
REYATAZ CAPSULE 150MG, 200MG, 300MG	4	
VICTRELIS	4	PA
VIRACEPT	2	
Anti-influenza Agents		
<i>amantadine hcl</i>	1	
RELENZA DISKHALER	2	
<i>rimantadine hcl</i>	1	
TAMIFLU SUSPENSION RECONSTITUTED	3	QL (350 per 365 days)
TAMIFLU CAPSULE 30MG	3	QL (112 per 365 days)
TAMIFLU CAPSULE 45MG, 75MG	3	QL (56 per 365 days)
Antihepatitis Agents		
BARACLUDE SOLUTION	3	
BARACLUDE TABLET 1MG	3	
BARACLUDE TABLET 0.5MG	4	
HEPSERA	4	
INCIVEK	4	PA QL (186 per 31 days)
<i>ribapak tablet 400mg, 600mg</i>	1	
<i>ribasphere</i>	1	
<i>ribavirin</i>	1	
TYZEKA	4	
VIRAZOLE	4	B/D
Antiherpetic Agents		
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	B/D
DENAVIR	2	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
XERESE	3	
ZIRGAN GEL	3	
ZOVIRAX CREAM, OINTMENT	2	
Anxiolytics		
Anxiolytics, Other		
<i>alprazolam</i>	1	ED
<i>alprazolam er</i>	1	ED
<i>alprazolam odt</i>	1	ED
<i>buspirone hcl</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>lorazepam</i>	1	ED
<i>lorazepam intensol</i>	1	ED
<i>oxazepam</i>	1	ED
Bipolar Agents		
<i>Bipolar Agents</i>		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule</i>	1	
<i>lithium citrate</i>	1	
<i>risperidone odt</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose</i>	1	
ACTOPLUS MET	2	
ACTOPLUS MET XR	2	
ACTOS	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
BYDUREON	2	ST QL (4 per 28 days)
BYETTA	2	ST
CYCLOSET	3	ST
DUETACT	2	
FORTAMET	2	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hcl</i>	1	
GLUMETZA	3	ST
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hcl</i>	1	
<i>glycron tablet 1.5mg, 3mg, 6mg</i>	1	
GLYSET	2	
JANUMET	2	
JANUMET XR 1000MG/100MG, 500MG/50MG	2	QL (31 per 31 days)
JANUMET XR 1000MG/50MG	2	QL (62 per 31 days)

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
JANUVIA	2	ST
JANUVIA	2	ST
JENTADUETO	3	QL (62 per 31 days)
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	2	QL (31 per 31 days)
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	2	QL (62 per 31 days)
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
ONGLYZA	2	ST
PRANDIMET	3	
PRANDIN	3	
SYMLIN	2	ST
SYMLINPEN 120	2	ST
SYMLINPEN 60	2	ST
<i>tolazamide</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	3	QL (31 per 31 days) ST
VICTOZA	2	ST
Glycemic Agents		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	
Insulins		
APIDRA	2	
APIDRA SOLOSTAR	2	
HUMALOG	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 PEN	2	
HUMULIN N	2	
HUMULIN N U-100 PEN	2	

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	T4 -Specialty	HI -Home Infusion
	T5 -Infertility	LA -Limited Availability
		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG PENFILL	2	
Blood Products/Modifiers/ Volume Expanders		
Anticoagulants		
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	
COUMADIN TABLET	2	
COUMADIN INJECTION	2	
ENOXAPARIN SODIUM INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML	4	
<i>enoxaparin sodium injection 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	1	QL (21 per 31 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (28 per 31 days)
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	QL (31 per 31 days)
FRAGMIN INJECTION 25000UNIT/ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 7500UNIT/0.3ML	4	
<i>heparin sodium</i>	1	B/D HI
<i>heparin sodium/d5w</i>	1	
<i>heparin sodium/nacl 0.45%</i>	1	
<i>heparin sodium/nacl 0.9%</i>	1	

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>heparin sodium/sodium chloride 0.9% premix</i>	1	
INNOHEP	3	
<i>jantoven</i>	1	
LOVENOX INJECTION 300MG/3ML	3	
PRADAXA	2	QL (62 per 31 days)
<i>warfarin sodium</i>	1	
XARELTO	2	QL (31 per 31 days)
Blood Formation Products		
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	B/D
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML	4	B/D
EPOGEN	3	B/D
LEUKINE	4	
NEULASTA	4	
NEUMEGA	4	
NEUPOGEN	4	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	B/D
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	B/D
Blood Products/Modifiers/ Volume Expanders		
PROMACTA	4	PA
SOLIRIS	4	PA
Coagulants		
BRILINTA	2	QL (62 per 31 days)
CYKLOKAPRON	2	
LYSTEDA	3	
Platelet Aggregation Inhibitors		
AGGRENOX	2	
<i>cilostazol</i>	1	
EFFIENT	2	
PLAVIX	2	
<i>ticlopidine hcl</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy

Cardiovascular Agents

Alpha-adrenergic Agonists		
<i>clonidine hcl</i>	1	
<i>clorpres</i>	1	
<i>guanabenz acetate</i>	1	
<i>guanfacine hcl</i>	1	
INTUNIV	3	
KAPVAY	3	QL (62 per 31 days)
<i>methyldopa</i>	1	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>midodrine hcl</i>	1	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1	
<i>reserpine tablet 0.25mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tablet</i>	1	
<i>amiodarone hcl injection</i>	1	
<i>disopyramide phosphate</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
PACERONE TABLET 100MG	2	
<i>pacerone tablet 200mg</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	3	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
TIKOSYN	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	

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		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BYSTOLIC	3	
<i>carvedilol</i>	1	
COREG CR	3	ST
<i>labetalol hcl tablet</i>	1	
<i>labetalol hcl injection</i>	1	
LEVATOL	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol</i>	1	
<i>nadolol/bendroflumethiazide</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl oral solution, tablet</i>	1	
<i>propranolol hcl injection</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>timolol maleate</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	1	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	FF
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	2	
<i>cartia xt</i>	1	
<i>dilt-cd</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem cd</i>	1	
<i>diltiazem hcl er</i>	1	
<i>diltiazem hcl capsule extended release 24 hour, tablet</i>	1	
<i>diltiazem hcl injection 25mg/5ml</i>	1	
<i>diltzac</i>	1	
DYNACIRC CR	2	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>matzim la</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifediac cc</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine tablet extended release 24 hour 20mg, 30mg, 40mg</i>	1	
<i>taztia xt</i>	1	
TRIBENZOR	3	ST
TWYNSTA	3	ST
<i>verapamil hcl er</i>	1	
<i>verapamil hcl tablet</i>	1	
Cardiovascular Agents, Other		
DEMSER	3	
<i>digoxin oral solution, tablet</i>	1	
<i>digoxin injection</i>	1	
RANEXA	2	
Diuretics		
<i>acetazolamide</i>	1	
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide tablet</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
DYRENIUM	2	
EDECRIN	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	1	HI
<i>furosemide oral solution 10mg/ml</i>	1	
<i>hydrochlorothiazide capsule</i>	1	
<i>hydrochlorothiazide tablet 25mg, 50mg</i>	1	
<i>indapamide</i>	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
SAMSCA	4	PA
THALITONE	2	

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>torseamide tablet</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	
Dyslipidemics		
ADVICOR	2	
ALTOPREV	3	ST
<i>atorvastatin calcium</i>	1	
CADUET	3	ST
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
COLESTID FLAVORED	2	
<i>colestipol hcl</i>	1	
CRESTOR	2	
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
LESCOL	3	
LESCOL XL	3	ST
LIPITOR	3	ST
LIVALO	3	ST
<i>lovastatin</i>	1	
LOVAZA	2	PA
<i>niacor</i>	1	
NIASPAN	2	
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
<i>propranolol hcl er</i>	1	
SIMCOR	2	
<i>simvastatin</i>	1	
TRICOR	2	
TRIGLIDE TABLET	3	
TRILIPIX	2	
VYTORIN	3	ST
WELCHOL	2	
ZETIA	2	
Renin-angiotensin-aldosterone System Inhibitors		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	FF

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AMTURNIDE	2	QL (31 per 31 days) ST
ATACAND	3	ST
ATACAND HCT	3	ST
AVALIDE	3	ST
AVAPRO	3	ST
AZOR	3	ST
<i>benazepril hcl</i>	1	FF
<i>benazepril hcl/hydrochlorothiazide</i>	1	FF
BENICAR	3	ST
BENICAR HCT	3	ST
<i>captopril</i>	1	FF
<i>captopril/hydrochlorothiazide</i>	1	FF
DIOVAN	2	ST
DIOVAN HCT	2	ST
EDARBYCLOR	3	ST QL (31 per 31 days)
<i>enalapril maleate</i>	1	FF
<i>enalapril maleate/hydrochlorothiazide</i>	1	FF
<i>eprenone</i>	1	
<i>eprosartan mesylate</i>	1	
EXFORGE	2	ST
EXFORGE HCT	2	ST
<i>fosinopril sodium</i>	1	FF
<i>fosinopril sodium/hydrochlorothiazide</i>	1	FF
<i>lisinopril</i>	1	FF
<i>lisinopril/hydrochlorothiazide</i>	1	FF
<i>losartan potassium</i>	1	FF
<i>losartan potassium/hydrochlorothiazide</i>	1	FF
MICARDIS	2	ST
MICARDIS HCT	2	ST
<i>moexipril hcl</i>	1	FF
<i>moexipril/hydrochlorothiazide</i>	1	FF
<i>perindopril erbumine</i>	1	FF
<i>quinapril hcl</i>	1	FF
<i>quinapril/hydrochlorothiazide</i>	1	FF
<i>ramipril</i>	1	FF
<i>spironolactone</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	

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	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
TEKAMLO	2	ST
TEKTURNA	2	ST
TEKTURNA HCT	2	ST
TEVETEN	3	ST
TEVETEN HCT	3	ST
<i>trandolapril</i>	1	FF
VALTURNA	2	ST
Vasodilators		
BIDIL	2	
<i>hydralazine hcl tablet</i>	1	
<i>hydralazine hcl injection</i>	1	
<i>isochron</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate er</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minoxidil</i>	1	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	2	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin patch 24 hour</i>	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	
RECTIV OINT	3	QL (30 per 30 days)
Central Nervous System Agents		
Amphetamines, ADHD		
<i>amphetamine/dextroamphetamine tablet</i>	1	
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (31 per 31 days)
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
VYVANSE	3	
Non-amphetamines, ADHD		
CONCERTA	3	
DAYTRANA	3	
<i>dexmethylphenidate hcl</i>	1	

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	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 5MG	3	
METADATE CD	3	
<i>metadate er</i>	1	
<i>methylin er</i>	1	
METHYLIN TABLET CHEWABLE	2	
<i>methylin tablet</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	
<i>methylphenidate hcl sr</i>	1	
<i>methylphenidate hydrochloride</i>	1	
RITALIN LA	3	
STRATTERA	2	
Non-amphetamines, Other		
AMPYRA	4	PA
NUDEXTA	3	QL (62 per 31 days)
NUVIGIL	3	PA
PROVIGIL	2	PA
RILUTEK	3	
XYREM	4	QL (540 per 30 days) PA LA
Dental and Oral Agents		
Dental and Oral Agents		
APHTHASOL	2	
<i>chlorhexidine gluconate</i>	1	
EVOXAC	2	
<i>pilocarpine hcl</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone in orabase</i>	1	
Dermatological Agents		
Dermatological Agents		
<i>adapalene</i>	1	
<i>ammonium lactate</i>	1	
<i>amnesteam</i>	1	
ATRALIN	3	
AZELEX	2	
<i>calcipotriene solution</i>	1	

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		QL-Quantity Limits
		ST-Step Therapy
<i>calcitriol oint</i>	1	
CARAC	3	
<i>claravis</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
CONDYLOX	3	
DIFFERIN GEL 0.3%	3	
DOVONEX	2	
ELIDEL	2	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA	2	
FLUOROPLEX	3	
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
<i>laclotion</i>	1	
OXSORALEN	2	
OXSORALEN ULTRA	4	
<i>podofilox</i>	1	
PROTOPIC	2	
REGRANEX	3	ST
RETIN-A MICRO GEL 0.04%	3	
SANTYL	2	
<i>selenium sulfide</i>	1	
SOLARAZE	2	
<i>sotret</i>	1	
TAZORAC	3	
<i>tretinoin</i>	1	
VECTICAL	3	ST
VEREGEN	3	
ZONALON	3	ST
ZYCLARA	3	ST
ZYCLARA PUMP	3	ST
Enzyme Replacements/ Modifiers		
<i>Enzyme Replacements/ Modifiers</i>		
ADAGEN	4	
ALDURAZYME	4	
BUPHENYL	4	

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			PA-Prior Authorization
			QL-Quantity Limits
			ST-Step Therapy
CARBAGLU	4		PA
CEREDASE	4		
CEREZYME	2		
CREON	2		
CYSTADANE	2		
CYSTAGON	2		
ELAPRASE	4		B/D
FABRAZYME	4		
KUVAN	4		
LUMIZYME	4		B/D
NAGLAZYME	4		
ORFADIN	4		
PANCREAZE	2		
PULMOZYME	4		B/D
ZAVESCA	4		
ZENPEP	2		
Gastrointestinal Agents			
<i>Antispasmodics, Gastrointestinal</i>			
CANTIL	2		
CUVPOSA	3		
<i>glycopyrrolate tablet</i>	1		
<i>methscopolamine bromide</i>	1		
<i>propantheline bromide</i>	1		
<i>Gastrointestinal Agents, Other</i>			
AMITIZA	2		
GASTROCROM	2		
<i>gavilyte-g</i>	1		
KRISTALOSE	2		
<i>lactulose</i>	1		
<i>loperamide hcl</i>	1		
<i>metoclopramide hcl</i>	1		
<i>peg 3350/electrolytes</i>	1		
<i>polyethylene glycol 3350</i>	1		
SUPREP BOWEL PREP	3		
<i>trilyte</i>	1		
<i>ursodiol</i>	1		
VISICOL	2		

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		QL-Quantity Limits
		ST-Step Therapy
Histamine2 (H2) Blocking Agents		
<i>cimetidine</i>	1	
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine hcl injection</i>	1	
<i>famotidine tablet</i>	1	
<i>famotidine injection</i>	1	
<i>nizatidine capsule</i>	1	
<i>ranitidine hcl capsule, syrup, tablet</i>	1	
Irritable Bowel Syndrome Agents		
LOTRONEX	2	
Protectants		
CARAFATE ORAL SUSPENSION	2	
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Proton Pump Inhibitors		
ACIPHEX	3	ST
DEXILANT	3	ST
<i>lansoprazole</i>	1	
<i>lansoprazole odt</i>	1	
NEXIUM	2	ST
NEXIUM I.V.	3	
<i>omeprazole</i>	1	
<i>omeprazole/sodium bicarbonate</i>	1	
<i>pantoprazole sodium</i>	1	
VIMOVO	3	ST
Genitourinary Agents		
Antispasmodics, Urinary		
DETROL	2	ST
DETROL LA	2	ST
ENABLEX	2	
<i>flavoxate hcl</i>	1	
GELNIQUE	3	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	3	ST
SANCTURA XR	3	ST
TOVIAZ	2	ST

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		QL-Quantity Limits
		ST-Step Therapy
<i>tropium chloride</i>	1	
VESICARE	3	ST
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
AVODART	2	
<i>doxazosin mesylate</i>	1	
<i>finasteride</i>	1	
JALYN	3	ST
RAPAFLO	2	ST
<i>tamsulosin hcl</i>	1	
<i>terazosin hcl</i>	1	
UROXATRAL	3	ST
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
CIALIS TABLET 2.5MG, 5MG	2	QL (31 per 31 days) ST
CIALIS TABLET 10MG, 20MG	2	QL (6 per 31 days) ED
ELMIRON	3	
LEVITRA	2	QL (6 per 31 days) ED
VIAGRA	2	QL (6 per 31 days) ED
Phosphate Binders		
<i>calcium acetate</i>	1	
FOSRENOL	3	
PHOSLYRA	3	
RENVELA	2	ST
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Glucocorticoids/ Mineralocorticoids		
<i>ala cort</i>	1	
ALA SCALP	2	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>augmented betamethasone dipropionate cream, gel, ointment</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate</i>	1	
CAPEX	3	
CELESTONE	2	

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		QL-Quantity Limits
		ST-Step Therapy
<i>clobetasol propionate</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	
CLODERM	2	
CORDRAN TAPE	2	
CORTIFOAM	2	
<i>cortisone acetate</i>	1	
DERMA-SMOOTHIE/FS BODY OIL	2	
DERMA-SMOOTHIE/FS SCALP OIL	2	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>dexamethasone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fludrocortisone acetate</i>	1	
<i>fluocinolone acetonide cream, solution</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emollient base</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol propionate</i>	1	
HALOG CREAM	3	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone in absorbbase</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG	2	
<i>lokara</i>	1	
MEDROL TABLET 2MG	2	
<i>methylprednisolone</i>	1	
<i>mometasone furoate</i>	1	
<i>nizatidine</i>	1	
<i>perphenazine</i>	1	
<i>prednicarbate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	

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		QL-Quantity Limits
		ST-Step Therapy
<i>prednisone intensol</i>	1	
<i>procto-pak</i>	1	
<i>proctocream hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone acetonide in absorbbase</i>	1	
<i>triderm</i>	1	
<i>u-cort</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
ACTHAR HP	4	PA
<i>chorionic gonadotropin</i>	1	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	
<i>desmopressin acetate nasal solution 0.01%</i>	1	
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA
HUMATROPE COMBO PACK	4	PA
HUMATROPE INJECTION 6MG	3	PA
HUMATROPE INJECTION 12MG, 24MG	4	PA
INCRELEX	4	
NORDITROPIN FLEXPRO INJECTION 15MG/1.5ML, 5MG/1.5ML	4	PA
NUTROPIN	4	PA
NUTROPIN AQ	4	PA
NUTROPIN AQ PEN	4	PA
SEROSTIM	4	PA
ZORBTIVE	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</i>		
CAVERJECT	2	QL (6 per 31 days) ED
CAVERJECT IMPULSE	2	QL (6 per 31 days) ED
MUSE	2	QL (6 per 31 days) ED

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		ST -Step Therapy

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Anabolic Steroids		
ANADROL-50	2	
<i>oxandrolone</i>	1	
Androgens		
ANDRODERM	2	
ANDROGEL	2	
ANDROGEL PUMP GEL	2	
<i>androxy</i>	1	
AXIRON	3	
<i>danazol</i>	1	
TESTIM	2	PA
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
Estrogens		
ALORA	2	
<i>amethia</i>	1	
<i>amethia lo</i>	1	
<i>amethyst</i>	1	
<i>balziva</i>	1	
BEYAZ	3	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>cryselle-28</i>	1	
DEPO-ESTRADIOL	2	
DIVIGEL	2	
ELESTRIN	2	
ESTRACE CREAM	2	
ESTRADERM	2	
<i>estradiol patch</i>	1	
<i>estradiol tablet</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRASORB	3	
ESTRING	2	
EVAMIST	2	
FEMCON FE	3	

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		ST-Step Therapy
FEMRING	2	
<i>gianvi</i>	1	
<i>kelnor 1/35</i>	1	
<i>levora 0.15/30-28</i>	1	
LOESTRIN 24 FE	3	
LOSEASONIQUE	2	
LYBREL	3	
MAKENA	4	B/D
MENEST	3	
MENOSTAR	2	
<i>microgestin 1/20</i>	1	
<i>microgestin fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
NATAZIA	3	
<i>necon 1/35-28</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING	3	
OVCON-50 28	3	
<i>portia-28</i>	1	
PREMARIN CREAM W/APPLICATOR	2	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
SAFYRAL	3	
SEASONIQUE	2	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-sprintec</i>	1	
VAGIFEM	2	
VIVELLE-DOT PATCH BIWEEKLY	2	
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
BRAVELLE	5	ED
FOLLISTIM AQ	5	ED
GONAL-F	5	ED
GONAL-F RFF	5	ED

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		QL-Quantity Limits
		ST-Step Therapy
GONAL-F RFF PEN	5	ED
OVIDREL	5	ED
Progestins		
ACTIVEVELLA TABLET 0.5MG; 0.1MG	2	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>aviane</i>	1	
<i>camila</i>	1	
CLIMARA PRO	2	
COMBIPATCH	2	
CRINONE	3	
ELLA	3	
<i>errin</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
FEMHRT 1/5	2	
FEMHRT LOW DOSE	2	
<i>jolivette</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>kariva</i>	1	
<i>leena</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>mononessa</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/50-28</i>	1	
<i>necon 10/11-28</i>	1	
<i>necon 7/7/7</i>	1	
<i>next choice</i>	1	
<i>nora-be</i>	1	
<i>norethindrone acetate</i>	1	
<i>nortrel 1/35 (21)</i>	1	

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		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
<i>ocella</i>	1	
<i>ogestrel</i>	1	
ORTHO EVRA	2	
<i>progesterone caps</i>	1	
PROMETRIUM	2	
<i>quasense</i>	1	
<i>tri-previfem</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Selective Estrogen Receptor Modifying Agents		
EVISTA	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothroid</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>lidocaine</i>	1	B/D
<i>liothyronine sodium tablet</i>	1	
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lovastatin</i>	1	
THYROLAR-1	3	
THYROLAR-1/2	3	
THYROLAR-1/4	3	
THYROLAR-2	3	
THYROLAR-3	3	
TIROSINT	3	ST
<i>unithroid tablet 125mcg, 25mcg</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR	2	
Hormonal Agents, Suppressant (Pituitary)		

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	T3 -Non-preferred brand	FF - Free First Fill
	T4 -Specialty	HI -Home Infusion
	T5 -Infertility	LA -Limited Availability
		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	1	
ELIGARD	3	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT-PED INJECTION 11.25MG	3	B/D
LUPRON DEPOT-PED INJECTION 15MG, 7.5MG	4	B/D
LUPRON DEPOT INJECTION 11.25MG, 22.5MG, 3.75MG, 30MG, 7.5MG	3	B/D
LUPRON DEPOT INJECTION 45MG	4	B/D
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	1	
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4	
SANDOSTATIN LAR DEPOT	4	
SOMATULINE DEPOT	4	B/D
SOMAVERT	4	
SYNAREL	4	
TRELSTAR DEPOT	4	B/D
TRELSTAR DEPOT MIXJECT	2	
TRELSTAR LA	4	B/D
TRELSTAR LA MIXJECT	2	
TRELSTAR MIXJECT	4	

Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)

Antiandrogens

<i>bicalutamide</i>	1	
<i>flutamide</i>	1	
NILANDRON	2	

Hormonal Agents, Suppressant (Sex Hormones/ Modifiers)

<i>clomiphene citrate</i>	5	ED
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Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	

Immunological Agents

Immune Suppressants

ACTEMRA	4	PA
AZASAN	3	B/D

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		ST-Step Therapy
<i>azathioprine</i>	1	B/D
<i>azathioprine sodium</i>	1	B/D
BENLYSTA	4	
CELLCEPT SUSPENSION RECONSTITUTED	2	B/D
CIMZIA	4	PA
<i>cyclosporine</i>	1	B/D
<i>cyclosporine modified</i>	1	B/D
DEPEN TITRATABS	3	
ENBREL	4	PA
ENBREL SURECLICK	4	PA
<i>engraf</i>	1	B/D
HUMIRA PEN	4	QL (6 per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	4	PA
HUMIRA INJECTION 20MG/0.4ML	4	PA
HUMIRA INJECTION 40MG/0.8ML	4	QL (6 per 28 days) PA
IFEX	3	B/D
<i>methotrexate</i>	1	
<i>mycophenolate mofetil</i>	1	B/D
MYFORTIC	2	B/D
NULOJIX	4	PA
ORENCIA 125MG/1ML	4	PA
ORENCIA 250MG	4	
RAPAMUNE	2	B/D
REMICADE	4	PA
RHEUMATREX	3	B/D
SANDIMMUNE ORAL SOLUTION	2	B/D
SIMPONI	4	PA
<i>tacrolimus</i>	1	B/D
TREXALL	3	B/D
ZORTRESS	3	B/D
Immunizing Agents, Passive		
ATGAM	4	PA
CARIMUNE NANOFILTERED	4	PA
GAMASTAN S/D	2	PA
GAMMAGARD LIQUID	4	PA
GAMUNEX	4	PA
HIZENTRA	4	PA

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		QL-Quantity Limits
		ST-Step Therapy
THYMOGLOBULIN	4	PA
VIVAGLOBIN	4	PA
<i>Immunomodulators</i>		
ACTIMMUNE	4	PA
ARCALYST	4	
AVONEX	4	ST
BETASERON	4	ST
COPAXONE	4	
EXTAVIA	4	ST
GILENYA	4	PA
INFERGEN	4	
INTRON-A W/DILUENT INJECTION 10MU	3	
INTRON-A W/DILUENT INJECTION 18MU, 50MU	4	
INTRON-A INJECTION 3MU/0.2ML, 6000000UNIT/ML	3	
INTRON-A INJECTION 10MU/0.2ML, 10MU/ML, 5MU/0.2ML	4	
KINERET	4	PA
<i>leflunomide</i>	1	
PEG-INTRON	4	PA
PEG-INTRON REDIPEN	4	PA
PEGASYS INJECTION 180MCG/0.5ML	4	
PEGASYS PROCLICK	4	
REBIF	4	
REBIF TITRATION PACK	4	
RIDAURA	2	
<i>Vaccines</i>		
ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
<i>diphtheria/tetanus toxoid pediatric</i>	1	
ENGERIX-B	2	
GARDASIL	2	

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HAVRIX	2	B/D
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
JE-VAX	2	
M-M-R II W/DILUENT 10 DOSE	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDIARIX	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTATEQ	2	
<i>tetanus toxoid adsorbed</i>	1	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	1	
TRIHIBIT	2	
TRIPEDIA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	B/D
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
Glucocorticoids		
<i>colocort</i>	1	
ENTOCORT EC	3	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	
Salicylates		
APRISO	3	
ASACOL	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	

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		ST -Step Therapy
CANASA	2	
DIPENTUM	3	
LIALDA	3	
<i>mesalamine</i>	1	
PENTASA	2	
Sulfonamides		
<i>sulfasalazine</i>	1	
<i>sulfazine ec</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	2	QL (1 per 28 days)
ACTONEL TABLET 30MG, 5MG	2	QL (31 per 31 days)
ACTONEL TABLET 35MG	2	QL (4 per 28 days)
<i>alendronate sodium</i>	1	
AELVIA	3	
BONIVA TABLET	3	
BONIVA INJECTION	3	B/D
<i>calcitonin-salmon</i>	1	B/D
<i>calcitriol</i>	1	B/D
<i>etidronate disodium</i>	1	
FORTEO	4	PA
<i>fortical</i>	1	B/D
FOSAMAX PLUS D	2	QL (4 per 28 days)
FOSAMAX SOLUTION	2	
HECTOROL	2	B/D
<i>ibandronate sodium tab</i>	1	
MIACALCIN NASAL SOLUTION	2	B/D
MIACALCIN INJECTION	2	B/D
<i>pamidronate disodium</i>	1	B/D
PROLIA	3	PA
RECLAST	3	B/D
ZEMPLAR INJECTION	2	B/D
ZEMPLAR CAPSULE 1MCG, 2MCG	3	B/D
ZEMPLAR CAPSULE 4MCG	4	B/D
ZOMETA	4	B/D
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		

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		PA -Prior Authorization
		QL -Quantity Limits
		ST -Step Therapy
<i>alcohol preps</i>	1	
<i>anagrelide hydrochloride</i>	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	2	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	2	
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	2	
CINRYZE	4	B/D
CURITY GAUZE PADS 2"X2"	2	
<i>dextrose 10% flex container</i>	1	B/D
<i>dextrose 5%</i>	1	B/D
FIRAZYR	4	
INTRALIPID	2	B/D
KALBITOR	4	B/D
<i>leucovorin calcium</i>	1	
<i>levocarnitine</i>	1	B/D
<i>methylergonovine maleate</i>	1	
<i>pentopak</i>	1	
<i>pentoxifylline er</i>	1	
XENAZINE	4	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>ak-con</i>	1	
<i>bacitracin</i>	1	
CILOXAN	2	
<i>gentamicin sulfate</i>	1	
<i>gantasol</i>	1	
LACRISERT	2	
<i>mydral</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>polycin b</i>	1	
<i>proparacaine hcl</i>	1	

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		ST-Step Therapy
RESTASIS	3	
TOBREX OINTMENT	2	
<i>trifluridine</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
<i>tropicacyl</i>	1	
<i>tropicamide solution 0.5%, 1%</i>	1	
VIGAMOX	2	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	3	
ALOMIDE	3	
<i>azelastine hcl</i>	1	
BEPREVE	3	ST
<i>cromolyn sodium</i>	1	
EMADINE	2	ST
<i>epinastine hcl</i>	1	
LASTACAFT	3	ST
PATADAY	3	ST
PATANOL	3	ST
Ophthalmic Anti-inflammatories		
ALREX	3	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	2	
<i>bromfenac</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>diclofenac sodium</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
<i>ketorolac tromethamine</i>	1	
LOTEMAX	2	
MAXIDEX	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	
NEVANAC	3	
<i>poly-dex ointment</i>	1	
POLY-PRED	2	

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		ST-Step Therapy
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VEXOL	2	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
AZOPT	2	
<i>betaxolol hcl</i>	1	
BETIMOL	2	
BETOPTIC-S	2	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
IOPIDINE SOLUTION 1%	3	
<i>levobunolol hcl</i>	1	
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	3	
PILOPINE HS	2	
PROPINE	2	
<i>timolol maleate</i>	1	
<i>timolol maleate ophthalmic gel forming</i>	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost</i>	1	
LUMIGAN	2	ST
TRAVATAN Z	2	
Otic Agents		
Otic Agents		

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		ST-Step Therapy
<i>acetic acid</i>	1	
<i>acetic acid/aluminum acetate</i>	1	
<i>acetic acid/hydrocortisone</i>	1	
CIPRO HC	3	
CIPRODEX	2	
COLY-MYCIN S	2	
<i>cortomycin</i>	1	
DERMOTIC	2	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
Respiratory Tract Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ADVAIR DISKUS	2	
ADVAIR HFA	2	
ALVESCO	3	
ASMANEX 120 METERED DOSES	3	
ASMANEX 14 METERED DOSES	3	
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	3	
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	
ASMANEX 60 METERED DOSES	3	
BECONASE AQ	3	
<i>budesonide</i>	1	B/D
DULERA	3	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
NASACORT AQ	3	
OMNARIS	3	
PULMICORT FLEXHALER	2	
PULMICORT SUSPENSION 1MG/2ML	2	B/D
QVAR	2	
RHINOCORT AQUA	3	
SYMBICORT	2	
<i>triamcinolone acetonide</i>	1	

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VERAMYST	3	
Antihistamines		
ASTEPRO	3	
<i>azelastine hcl</i>	1	
<i>carbinoxamine maleate</i>	1	
<i>cetirizine hcl syrup</i>	1	
CLARINEX	3	ST
CLARINEX REDITABS	3	ST
CLARINEX-D 12 HOUR	3	ST
CLARINEX-D 24 HOUR	3	ST
<i>clemastine fumarate</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
SEMPREX-D	3	
XYZAL SOLUTION	3	
Antileukotrienes		
SINGULAIR	2	
<i>zafirlukast</i>	1	
ZYFLO CR	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	B/D
SPIRIVA HANDIHALER	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)		
<i>aminophylline tablet</i>	1	
<i>aminophylline injection</i>	1	
ELIXOPHYLLIN	3	
<i>theochron</i>	1	
<i>theophylline er</i>	1	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
ARCAPTA NEOHALER	3	QL (31 per 31 days) ST
BROVANA	2	B/D
COMBIVENT	2	

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		ST -Step Therapy
<i>epinephrine</i>	1	
<i>epinephrine hcl</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	QL (3 per 30 days)
FORADIL AEROLIZER	3	
<i>levalbuterol</i>	1	B/D
<i>metaproterenol sulfate</i>	1	
PERFOROMIST	2	B/D
PROAIR HFA	2	
SEREVENT DISKUS	3	
<i>terbutaline sulfate tablet</i>	1	
<i>terbutaline sulfate injection</i>	1	
TWINJECT	3	
VENTOLIN HFA	2	
XOPENEX	3	B/D
XOPENEX HFA	3	
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium</i>	1	B/D
<i>Pulmonary Antihypertensives</i>		
ADCIRCA	4	
LETAIRIS	4	
REVATIO TABLET	4	
TRACLEER	4	LA
TYVASO	4	PA
TYVASO REFILL	4	PA
TYVASO STARTER	4	PA
VENTAVIS	4	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine</i>	1	
ARALAST NP	4	
<i>benzonatate</i>	1	ED
DALIRESP	3	PA QL (31 per 31 days)
<i>flunisolide</i>	1	
GLASSIA	4	PA
<i>ipratropium bromide</i>	1	
NASONEX	2	
PROLASTIN	4	PA

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TYZINE	3	
TYZINE PEDIATRIC NASAL DROPS	3	
XOLAIR	4	PA
ZEMAIRA	4	PA
Sedatives/Hypnotics		
<i>Sedatives/Hypnotics</i>		
<i>estazolam</i>	1	ED
LUNESTA	3	ST
ROZEREM	3	ST
<i>temazepam</i>	1	ED
<i>triazolam</i>	1	QL (31 per 31 days) ED
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er</i>	1	
ZOLPIMIST	3	QL (7.7 per 31 days) ST
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone</i>	1	
<i>orphenadrine citrate injection</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine compound ds</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
Therapeutic Nutrients/Minerals/ Electrolytes		
<i>Electrolytes/Minerals</i>		
AMINOSYN 7%/ELECTROLYTES	2	B/D
AMINOSYN II 3.5%/DEXTROSE5%	2	B/D
AMINOSYN II 4.25/DEXTROSE10%	2	B/D
AMINOSYN II 4.25/DEXTROSE20%	2	B/D
AMINOSYN II 4.25/DEXTROSE25% INJECTION 30.6MEQ/L; 422MG/100ML; 432MG/100ML; 298MG/100ML; 25%; 314MG/100ML; 212MG/100ML; 128MG/100ML; 280MG/100ML; 425MG/100ML; 446MG/100ML; 73MG/100ML; 126MG/100ML; 307MG/100ML; 225MG/100ML; 19MEQ/L; 170MG/100ML; 85MG/100ML;	2	B/D

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		QL -Quantity Limits
		ST -Step Therapy
115MG/100ML; 212MG/100ML		
AMINOSYN II 8.5%/ELECTROLYTES	2	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	2	B/D
AMINOSYN II INJECTION 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	2	B/D
AMINOSYN-HF	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN INJECTION 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 86MEQ/L; 640MG/100ML; 490MG/100ML; 640MG/100ML; 150MG/100ML; 360MG/100ML; 470MG/100ML; 360MG/100ML; 200MG/100ML; 220MG/100ML; 5.4MEQ/L; 430MG/100ML; 210MG/100ML; 260MG/100ML; 80MG/100ML; 44MG/100ML; 400MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 20%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D

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Drug Name:	Drug Tiers:	Notes:
	T1 -Generic T2 -Preferred brand T3 -Non-preferred brand T4 -Specialty T5 -Infertility	B/D -Part B vs. Part D ED -Excluded Drug FF - Free First Fill HI -Home Infusion LA -Limited Availability PA -Prior Authorization QL -Quantity Limits ST -Step Therapy
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
<i>dextrose 10%/nacl 0.45%</i>	1	B/D
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	B/D
<i>dextrose 10%/nacl 0.2%</i>	1	B/D
<i>dextrose 2.5%/nacl 0.45%</i>	1	B/D
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	B/D
<i>dextrose 5%/lactated ringers</i>	1	B/D
<i>dextrose 5%/nacl 0.2%</i>	1	B/D
<i>dextrose 5%/nacl 0.225%</i>	1	B/D
<i>dextrose 5%/nacl 0.33%</i>	1	B/D
<i>dextrose 5%/nacl 0.45%</i>	1	B/D
<i>dextrose 5%/nacl 0.9%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.2%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.33%</i>	1	B/D
<i>dextrose 5%/sodium chloride 0.9%</i>	1	B/D
<i>ed k+10</i>	1	
FREAMINE III	2	B/D
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	1	B/D
<i>kcl 0.15%/d5w/lr</i>	1	B/D
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	B/D
<i>kcl 0.224%/d5w/nacl 0.2%</i>	1	B/D
<i>kcl 0.3%/d5w/lr iv lac ring</i>	1	B/D
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m20</i>	1	
<i>lactated ringers</i>	1	B/D
<i>lactated ringers irrigation</i>	1	
<i>lactated ringers viaflex</i>	1	B/D
<i>leucovorin calcium</i>	1	B/D

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Drug Name:	Drug Tiers:	Notes:
	T1-Generic	B/D-Part B vs. Part D
	T2-Preferred brand	ED-Excluded Drug
	T3-Non-preferred brand	FF- Free First Fill
	T4-Specialty	HI-Home Infusion
	T5-Infertility	LA-Limited Availability
		PA-Prior Authorization
		QL-Quantity Limits
		ST-Step Therapy
<i>magnesium sulfate in d5w</i>	1	B/D HI
<i>magnesium sulfate injection 50%</i>	1	B/D
<i>magnesium sulfate injection 40mg/ml, 80mg/ml</i>	1	B/D HI
NEPHRAMINE	2	B/D
NORMOSOL -R	2	B/D
<i>normosol-m in d5w</i>	1	B/D
<i>novamine</i>	1	B/D
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	1	B/D
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	1	B/D
<i>potassium chloride 0.15%/d5w</i>	1	B/D
<i>potassium chloride 0.15%/nacl 0.9%</i>	1	B/D
<i>potassium chloride 0.224%/d5w</i>	1	B/D
<i>potassium chloride 0.3%/ nacl 0.9%</i>	1	B/D
<i>potassium chloride 0.3%/d5w</i>	1	B/D
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	1	B/D
<i>potassium chloride er</i>	1	
<i>potassium chloride sr</i>	1	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 30meq/100ml, 40meq/100ml</i>	1	B/D HI
<i>potassium citrate extended-release</i>	1	
PREMASOL	2	B/D
PROCALAMINE	2	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium chloride 0.45% viaflex</i>	1	B/D HI
TROPHAMINE	2	B/D
Vitamins		
<i>cyanocobalamin</i>	1	ED
<i>prenatabs obn</i>	1	

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Index

A

abilify.....	29	alclometasone dipropionate	47
abilify discmelt.....	29	alcohol preps.....	59
abstral	10	aldurazyme.....	44
acarbose	33	alendronate sodium.....	58
acebutolol hcl.....	37	alfuzosin	47
acetaminophen/caffeine/dihydrocodeine bitartrate.....	10	alimta.....	25
acetaminophen/codeine.....	10	alinia.....	28
acetaminophen/codeine #3.....	10	allopurinol.....	22
acetaminophen/codeine #4.....	10	allopurinol sodium	22
acetazolamide.....	39	alocril.....	60
acetic acid.....	62	alomide.....	60
acetic acid/aluminum acetate.....	62	alora	50
acetic acid/hydrocortisone.....	62	alphagan p	61
acetylcysteine	64	alprazolam.....	32
aciphex.....	46	alprazolam er.....	32
actemra	54	alprazolam odt.....	32
acthar hp	49	alrex	60
acthib	56	altoprev	40
acticin.....	28	alvesco	62
actimmune	56	amantadine hcl.....	28, 32
activella	52	amcinonide.....	47
actonel	58	amethia	50
actoplus met.....	33	amethia lo.....	50
actoplus met xr.....	33	amethyst.....	50
actos	33	amifostine.....	25
acyclovir.....	32	amikacin sulfate.....	13
acyclovir sodium	32	amiloride hcl	39
adacel	56	amiloride/hydrochlorothiazide.....	39
adagen	44	aminophylline	63
adapalene	43	aminosyn.....	65, 66
adcirca	64	aminosyn 7%/electrolytes.....	65
adriamycin.....	25	aminosyn ii	65, 66
advair diskus	62	aminosyn ii 3.5%/dextrose5%	65
advair hfa	62	aminosyn ii 4.25/dextrose10%.....	65
advicor	40	aminosyn ii 4.25/dextrose20%.....	65
afeditab cr	38	aminosyn ii 4.25/dextrose25%.....	65
afinitor	25, 27	aminosyn ii 8.5%/electrolytes	66
aggrenox	36	aminosyn ii m 4.25/dextrose 10%.....	66
ak-con	59	aminosyn-hf.....	66
ala cort	47	aminosyn-pf.....	66
ala scalp.....	47	aminosyn-pf 7%.....	66
ala-cort.....	47	amiodarone hcl.....	37
albenza	27	amitiza	45
albuterol sulfate.....	63	amitriptyline hcl.....	20
albuterol sulfate er	63	amlodipine besylate.....	38, 40
		amlodipine besylate/benazepril hcl.....	38
		amlodipine besylate/benazepril hydrochloride	40

.....	59
bd insulin syringe ultrafine/0.5ml/30g x 1/2	59
.....	59
bd insulin syringe ultrafine/1ml/31g x 5/16	59
.....	59
bd pen needle/ultrafine/29g x 12.7mm	59
beconase aq	62
benazepril hcl.....	41
benazepril hcl/hydrochlorothiazide	41
benicar	41
benicar hct	41
benlysta.....	55
benzonatate	64
benztropine mesylate	28
bepreve	60
betamethasone dipropionate.....	47
betamethasone valerate.....	47
betaseron	56
betaxolol hcl	37, 61
bethanechol chloride	23, 47
betimol	61
betoptic-s	61
beyaz	50
bicalutamide	54
bicnu	24
bidil.....	42
biltricide	27
bisoprolol fumarate	37, 38
bisoprolol fumarate/hydrochlorothiazide..	38
bleomycin sulfate	25
blephamide	60
blephamide s.o.p.....	60
boniva	58
boostrix	56
bravelle	51
brilinta	36
brimonidine tartrate	61
bromfenac	60
bromocriptine mesylate	28
brovana	63
budeprion sr	18
budeprion xl	18
budesonide	62
bumetanide	39
buphenyl	44
buprenorphine hcl	10
buproban.....	20
bupropion hcl	18
bupropion hcl sr	18
buspironone hcl.....	32

busulfex	24
butalbital/acetaminophen/caffeine	10
butalbital/acetaminophen/caffeine/codeine	10
.....	10
butalbital/aspirin/caffeine	10
butorphanol tartrate	10
butrans	10
bydureon	33
byetta	33
bystolic	38

C

cabergoline.....	54
caduet	40
calcipotriene	43
calcitonin-salmon.....	58
calcitriol	44, 58
calcium acetate	47
cambia.....	10
camila.....	52
campath	27
campral	20
camrese	50
camrese lo.....	50
canasa.....	58
cancidas	22
cantil.....	45
capastat sulfate	24
capex.....	47
capital/codeine	10
caprelsa.....	24
captopril.....	41
captopril/hydrochlorothiazide.....	41
carac	44
carafate	46
carbaplatin	25
carbamazepine.....	18
carbamazepine er.....	18
carbatrol	18
carbidopa/levodopa	28
carbidopa/levodopa cr.....	28
carbidopa/levodopa er.....	28
carbidopa/levodopa odt.....	28
carbidopa/levodopa sr.....	28
carbinoxamine maleate	63
carboplatin.....	25
cardizem la.....	38
carimune nanofiltered.....	55
carteolol hcl	61
cartia xt.....	38

carvedilol.....	38	cimzia.....	55
caverject.....	49	cinryze.....	59
caverject impulse.....	49	cipro.....	16, 62
cayston.....	15	cipro hc.....	62
ceenu.....	24	ciprodex.....	62
cefaclor.....	14	ciprofloxacin er.....	16
cefadroxil.....	14	ciprofloxacin extended-release.....	16
cefazolin sodium.....	14	ciprofloxacin hcl.....	16
cefdinir.....	14	cisplatin.....	25
cefditoren pivoxil.....	14	citalopram hydrobromide.....	19
cefepime.....	14	cladribine.....	25
cefotaxime sodium.....	14	claravis.....	44
cefoxitin sodium.....	14	clarinex.....	63
cefpodoxime proxetil.....	14	clarinex redivals.....	63
cefprozil.....	14	clarinex-d 12 hour.....	63
ceftazidime.....	14	clarinex-d 24 hour.....	63
ceftin.....	14	clarithromycin.....	16
ceftriaxone in iso-osmotic dextrose.....	15	clarithromycin er.....	16
ceftriaxone sodium.....	15	clemastine fumarate.....	63
cefuroxime axetil.....	15	cleocin.....	13
cefuroxime sodium.....	15	cleocin pediatric granules.....	13
cefuroxime/dextrose.....	15	climara pro.....	52
celebrex.....	12	clindamycin hcl.....	13
celestone.....	47	clindamycin palmitate hcl.....	13
cellcept.....	55	clindamycin phosphate.....	13, 44
celontin.....	17	clindamycin phosphate add-vantage.....	13
cephalexin.....	15	clindamycin/benzoyl peroxide.....	44
ceredase.....	45	clinimix 2.75%/dextrose 5%.....	66
cerezyme.....	45	clinimix 4.25%/dextrose 10%.....	66
cervarix.....	56	clinimix 4.25%/dextrose 20%.....	66
cetirizine hcl.....	63	clinimix 4.25%/dextrose 25%.....	66
chantix.....	20	clinimix 4.25%/dextrose 5%.....	66
chlordiazepoxide/amitriptyline.....	20	clinimix 5%/dextrose 15%.....	66
chlorhexidine gluconate.....	43	clinimix 5%/dextrose 20%.....	67
chloroquine phosphate.....	28	clinimix 5%/dextrose 25%.....	67
chlorothiazide.....	39	clinimix e 2.75%/dextrose 10%.....	67
chlorpromazine hcl.....	30	clinimix e 2.75%/dextrose 5%.....	67
chlorthalidone.....	39	clinimix e 4.25%/dextrose 25%.....	67
chlorzoxazone.....	65	clinimix e 4.25%/dextrose 5%.....	67
cholestyramine.....	40	clinimix e 5%/dextrose 15%.....	67
cholestyramine light.....	40	clinimix e 5%/dextrose 20%.....	67
chorionic gonadotropin.....	49	clinimix e 5%/dextrose 25%.....	67
cialis.....	47	clobetasol propionate.....	48
ciclopirox.....	22	clobetasol propionate e.....	48
ciclopirox nail lacquer.....	22	clobetasol propionate emollient.....	48
ciclopirox olamine.....	22	cloderm.....	48
cilostazol.....	36	clolar.....	25
ciloxan.....	59	clomiphene citrate.....	54
cimetidine.....	46	clomipramine hcl.....	20
cimetidine hcl.....	46	clonazepam.....	17

clonazepam odt.....	17
clonidine hcl	37
clorazepate dipotassium	17
clorpres	37
clotrimazole.....	22
clotrimazole/betamethasone dipropionate.....	22
clozapine	29
co-gesic.....	10
colcrys.....	23
colestid flavored	40
colestipol hcl	40
colistimethate sodium.....	13
colocort	57
coly-mycin s	62
combigan	61
combipatch.....	52
combivent.....	63
combivir.....	31
compera	30
compro	21
comtan	28
comvax.....	56
concerta	42
condylox.....	44
copaxone	56
cordran tape.....	48
coreg cr	38
cortifoam	48
cortisone acetate.....	48
cortisporin	13
cortomycin.....	62
coumadin	35
creon.....	45
crestor.....	40
crinone	52
crixivan.....	31
cromolyn sodium.....	60, 64
cryselle-28.....	50
cubicin.....	13
cuprimine	20
curity gauze pads 2.....	59
cuvposa.....	45
cyanocobalamin	68
cyclophosphamide	24, 25
cycloset.....	33
cyclosporine	55
cyclosporine modified.....	55
cyklokapron.....	36
cymbalta.....	19
cystadane.....	45

cystagon	45
cytarabine.....	24, 25
cytarabine aqueous	24

D

dacarbazine.....	24
dacogen	25
daliresp.....	64
danazol.....	50
dantrolene sodium.....	30
dapsone	23
daptacel.....	56
daraprim	28
daunorubicin hcl	25
daunoxome	25
daytrana	42
decavac.....	56
demeclocycline hcl	17
demser	39
denavir	32
depade	21
depen titratabs.....	55
depo-estradiol.....	50
derma-smoothe/fs body oil	48
derma-smoothe/fs scalp oil	48
dermotic	62
desipramine hcl	20
desmopressin acetate	49
desonide.....	48
desoximetasone	48
detrol	46
detrol la	46
dexamethasone.....	48, 60
dexamethasone intensol	48
dexamethasone sodium phosphate... ..	48, 60
dexilant.....	46
dexmethylphenidate hcl.....	42
dexrazoxane.....	25
dextroamphetamine sulfate	42
dextroamphetamine sulfate er	42
dextrose 10%/nacl 0.45%.....	67
dextrose 5% /electrolyte #48 viaflex	67
dextrose 10% flex container	59
dextrose 10%/nacl 0.2%.....	67
dextrose 2.5%/nacl 0.45%.....	67
dextrose 2.5%/sodium chloride 0.45% ...	67
dextrose 5%	59, 67
dextrose 5%/lactated ringers	67
dextrose 5%/nacl 0.2%.....	67
dextrose 5%/nacl 0.225%.....	67

dextrose 5%/nacl 0.33%	67
dextrose 5%/nacl 0.45%	67
dextrose 5%/nacl 0.9%	67
dextrose 5%/sodium chloride 0.2%	67
dextrose 5%/sodium chloride 0.33%	67
dextrose 5%/sodium chloride 0.9%	67
diclofenac potassium.....	12
diclofenac sodium	12, 60
diclofenac sodium dr	12
diclofenac sodium ec.....	12
diclofenac sodium xr	12
dicloxacillin sodium	15
didanosine.....	31
differin	44
dificid.....	16
diflorasone diacetate	48
diflunisal	12
digoxin.....	39
dilantin.....	18
dilantin infatabs	18
dilt-cd	38
diltiazem cd	38
diltiazem hcl	38
diltiazem hcl er	38
dilt-xr	38
diltzac.....	38
diovan	41
diovan hct.....	41
dipentum	58
diphtheria/tetanus toxoid pediatric	56
disopyramide phosphate	37
disulfiram.....	20
divalproex sodium	17
divalproex sodium er	17
divigel.....	50
docetaxel.....	25
donepezil hcl	18
dorzolamide hcl.....	61
dorzolamide hcl/timolol maleate	61
dovonex	44
doxazosin mesylate.....	47
doxepin hcl.....	20
doxil.....	26
doxorubicin hcl	26
doxycycline hyclate	17
doxycycline monohydrate.....	17
dronabinol	21
droxia	25
duetact	33
dulera	62

dynacirc cr.....	38
dyrenium	39

E

e.e.s. 400	16
e.e.s. granules.....	16
econazole nitrate	22
ed k+10	67
edarbyclor	41
edecrin	39
edurant	30
effient	36
elaprase	45
elestrin.....	50
elidel	44
eligard	54
elitek.....	25
elixophyllin.....	63
ella.....	52
elmiron	47
emadine	60
embeda	10
emcyt.....	24
emend	21
emsam	19
emtriva	31
enablex.....	46
enalapril maleate	41
enalapril maleate/hydrochlorothiazide	41
enbrel	55
enbrel sureclick	55
endocet	10
engerix-b	56
enoxaparin sodium	35
entocort ec	57
epinastine hcl	60
epinephrine	64
epinephrine hcl.....	64
epipen 2-pak.....	64
epipen-jr 2-pak	64
epirubicin	26
epitol.....	18
epivir.....	31
epivir hbv	31
eplerenone	41
epogen	36
eprosartan mesylate.....	41
epzicom	31
equetro	18
eraxis.....	22

erbitux	27
ergomar.....	23
ergotamine tartrate/caffeine	23
erivedge	26
errin.....	52
ery	16
ery-tab.....	16
erythrocin lactobionate	16
erythrocin stearate	16
erythromycin	16, 44
erythromycin/benzoyl peroxide	44
erythromycin/sulfisoxazole	16
escitalopram oxalate	19
estazolam.....	65
estrace	50
estraderm.....	50
estradiol	50, 52
estradiol valerate.....	50
estradiol/norethindrone acetate.....	50, 52
estrasorb	50
estring	50
ethambutol hcl.....	24
ethosuximide.....	17
etidronate disodium.....	58
etodolac	12
etodolac er	12
etoposide	26
eurax.....	28
evamist.....	50
evista.....	53
evoxac.....	43
exalgo	10
exelderm	22
exelon	18
exemestane	27
exforge	41
exforge hct	41
exjade	20
extavia.....	56

F

fabrazyme	45
famciclovir	32
famotidine	46
fanapt.....	29
fanapt titration pack.....	29
fareston	25
faslodex.....	25
fazaclo.....	29
felbamate	17

felbatol.....	17
felodipine er.....	38
femcon fe	50
femhrt 1/5	52
femhrt low dose	52
femring	51
fenofibrate	40
fenofibrate micronized	40
fenofibric acid	40
fenoprofen calcium	12
fentanyl.....	10
fentanyl citrate.....	10
fentanyl citrate oral transmucosal.....	10
ferriprox	21
finacea.....	44
finasteride.....	47
firazyr	59
firmagon	26
flagyl er.....	13
flarex	60
flavoxate hcl	46
flecainide acetate	37
flector	12
flovent diskus.....	62
flovent hfa.....	62
fluconazole	22
fludarabine phosphate.....	25
fludrocortisone acetate	48
flunisolide	62, 64
fluocinolone acetonide.....	48
fluocinonide	48
fluocinonide emollient base	48
fluocinonide-e	48
fluorometholone.....	60
fluoroplex.....	44
fluorouracil.....	25, 44
fluoxetine dr.....	19
fluoxetine hcl	19
fluphenazine decanoate	30
fluphenazine hcl	30
flurbiprofen	12, 60
flurbiprofen sodium.....	60
flutamide.....	54
fluticasone propionate	48, 62
fluvoxamine maleate	19
fml	60
fml forte	60
focalin xr.....	43
follistim aq	51
folotyn.....	25

fondaparinux sodium.....	35
foradil aerolizer	64
fortamet.....	33
forteo.....	58
fortical	58
fosamax	58
fosamax plus d.....	58
foscarnet sodium.....	30
fosinopril sodium	41
fosinopril sodium/hydrochlorothiazide	41
fosphenytoin sodium	25
fosrenol	47
fragmin	35
freamine iii.....	67
frova	23
furosemide	39
fuzeon	31

G

gabapentin	17
gabitril	17
galantamine hydrobromide.....	18
gamastan s/d	55
gammagard liquid	55
gamunex	55
ganciclovir	30
gardasil	56
gastrocrom	45
gavilyte-g.....	45
gelnique	46
gemcitabine hcl.....	25
gemfibrozil.....	40
gengraf.....	55
genotropin	49
genotropin miniquick	49
gentak	13
gentamicin sulfate	13, 59
gentamicin sulfate/0.9% sodium chloride	13
gentasol	59
geodon	29
gianvi.....	51
gilenya.....	56
glassia.....	64
gleevec.....	27
glimepiride.....	33
glipizide	33
glipizide er.....	33
glipizide xl	33
glipizide/metformin hcl.....	33
glucagen hypokit.....	34

glucagon emergency kit	34
glumetza.....	33
glyburide.....	33
glyburide micronized	33
glyburide/metformin hcl	33
glycopyrrolate	45
glycron.....	33
glyset.....	33
gonal-f	51, 52
gonal-f rff	51, 52
gonal-f rff pen	52
gralise.....	10
granisetron hcl.....	21
granisol.....	21
grifulvin v	22
guanabenz acetate.....	37
guanfacine hcl	37
guanidine hcl	23
gynazole-1	22

H

halaven.....	26
halobetasol propionate	48
halog	48
haloperidol.....	30
haloperidol decanoate	30
haloperidol lactate	30
havrix.....	57
hectorol	58
heparin sodium.....	35, 36
heparin sodium/d5w	35
heparin sodium/nacl 0.45%	35
heparin sodium/nacl 0.9%	35
heparin sodium/sodium chloride 0.9% premix.....	36
hepsera	32
herceptin	27
hexalen.....	24
hizentra	55
horizant	17
humalog	34
humalog kwikpen.....	34
humalog mix 50/50	34
humalog mix 50/50 kwikpen	34
humalog mix 75/25	34
humalog mix 75/25 kwikpen	34
humatrope	49
humatrope combo pack.....	49
humira	55
humira pen	55

humira pen-crohns diseasestarter.....	55
humulin 70/30	34
humulin 70/30 pen	34
humulin n	34
humulin n u-100 pen	34
humulin r	35
humulin r u-500 (concentrated)	35
hydralazine hcl	42
hydrochlorothiazide	39
hydrocodone bitartrate/acetaminophen... 11	
hydrocodone/acetaminophen	11
hydrocodone/ibuprofen	11
hydrocortisone	48, 57
hydrocortisone butyrate.....	48
hydrocortisone in absorbase	48
hydrocortisone valerate.....	48
hydromorphone hcl	11
hydroxychloroquine sulfate	28
hydroxyurea	25

I

ibandronate sodium.....	58
ibuprofen	12
idarubicin hcl.....	26
ifex	55
ifosfamide.....	24
ifosfamide/mesna	24
imipenem/cilastatin.....	15
imipramine hcl.....	20
imipramine pamoate.....	20
imiquimod.....	44
imovax rabies (h.d.c.v.).....	57
incivek	32
increlex.....	49
indapamide	39
indomethacin.....	12
indomethacin er	12
infanrix	57
infergen	56
infumorph 500	11
inlyta.....	27
innohep	36
innopran xl	23
intelence.....	30
intralipid.....	59
intron-a	56
intron-a w/diluent.....	56
intuniv.....	37
invega	29
invega sustenna.....	29

invirase	31
iopidine	61
ipol inactivated ipv	57
ipratropium bromide	63, 64
ipratropium bromide/albuterol sulfate	63
iressa.....	27
irinotecan.....	26
isentress.....	31
isochron.....	42
isometheptene/dichloralphenazone/acetami nophen	23
isonarif.....	24
isoniazid	24
isosorbide dinitrate	42
isosorbide dinitrate er	42
isosorbide mononitrate	42
isosorbide mononitrate er	42
isradipine.....	38
istodax.....	26
itraconazole	22
ixiaro.....	57

J

jakafi.....	26
jalyn	47
jantoven.....	36
janumet	33
janumet xr	33
januvia	34
jentaducto	34
je-vax.....	57
jevtana.....	26
jolivette	52
junel 1.5/30.....	52
junel 1/20.....	52
junel fe 1.5/30.....	52
junel fe 1/20.....	52

K

kalbitor.....	59
kaletra	31
kapvay.....	37
kariva.....	52
kcl 0.15%/d5w/ nacl 0.3%	67
kcl 0.15%/d5w/lr	67
kcl 0.15%/d5w/nacl 0.45%	67
kcl 0.224%/d5w/nacl 0.2%	67
kcl 0.3%/d5w/lr iv lac ring	67
kelnor 1/35	51
kenalog.....	48

keppra xr	17
ketoconazole	22
ketoprofen	12
ketoprofen er	12
ketorolac tromethamine	60
kineret	56
kionex.....	20
klor-con 10	67
klor-con 8	67
klor-con m20	67
kombiglyze xr	34
kristalose	45
krystexxa	23
kuvan	45

L

labetalol hcl	38
laclotion	44
lacrisert	59
lactated ringers	67
lactated ringers irrigation	67
lactated ringers viaflex	67
lactulose	45
lamictal odt.....	18
lamictal starter/taking carbamazepine/not taking valproate	18
lamictal xr	18
lamivudine	31
lamivudine/zidovudine	31
lamotrigine	18
lansoprazole.....	46
lansoprazole odt.....	46
lantus	35
lantus solostar	35
lastacraft.....	60
latanoprost	61
latuda	29
leena	52
leflunomide.....	56
lescol.....	40
lescol xl	40
letairis.....	64
letrozole	27
leucovorin calcium	59, 67
leukeran	24
leukine.....	36
leuprolide acetate.....	54
levabuterol.....	64
levaquin.....	16
levatol.....	38

levemir.....	35
levemir flexpen	35
levetiracetam	17
levitra.....	47
levobunolol hcl.....	61
levocarnitine	59
levocetirizine dihydrochloride	63
levofloxacin	16
levora 0.15/30-28	51
levorphanol tartrate	11
levothroid.....	53
levothyroxine sodium.....	53
levoxyl	53
lexapro	19
lexiva	31
lialda.....	58
lidocaine	12, 53
lidocaine hcl.....	12
lidocaine hcl jelly	12
lidocaine/prilocaine.....	12
lidoderm	12
lincocin	14
lindane.....	28
liothyronine sodium	53
lipitor.....	40
lipodox.....	26
lisinopril	41
lisinopril/hydrochlorothiazide	41
lithium carbonate	33, 53
lithium carbonate er	33, 53
lithium citrate	33
livalo	40
lodosyn	28
loestrin 24 fe.....	51
lokara	48
loperamide hcl	45
lorazepam	33
lorazepam intensol	33
losartan potassium	41
losartan potassium/hydrochlorothiazide ..	41
loseasonique	51
lotemax.....	60
lotronex	46
lovastatin	40, 53
lovaza	40
lovenox.....	36
low-ogestrel.....	52
loxapine succinate	30
lumigan.....	61
lumizyme	45

lunesta	65
lupron depot	54
lupron depot-ped	54
lutera	52
luvox cr	19
lybrel	51
lyrica	17
lysodren	53
lysteda	36

M

magnesium sulfate	68
magnesium sulfate in d5w	68
makena	51
malarone	28
malathion	28
maprotiline hcl	20
margesic-h	11
marplan	19
matulane	24
matzim la	39
maxalt	23
maxalt-mlt	23
maxidex	60
mebendazole	27
meclizine hcl	21
medrol	48
medroxyprogesterone acetate	52
mefenamic acid	10
mefloquine hcl	28
megestrol acetate	52
meloxicam	12, 21
melphalan hydrochloride	25
menactra	57
menest	51
menomune-a/c/y/w-135	57
menostar	51
menveo	57
mepron	28
mercaptopurine	25
merrem	15
mesalamine	58
mesna	26
mesnex	26
mestinon timespan	23
metadate cd	43
metadate er	43
metaproterenol sulfate	64
metformin hcl	34
metformin hcl er	34

methadone hcl	11
methadose	11
methazolamide	61
methenamine hippurate	14
methimazole	54
methotrexate	25, 55
methotrexate sodium	25
methscopolamine bromide	45
methylclothiazide	39
methyldopa	11, 37
methyldopa/hydrochlorothiazide	37
methylergonovine maleate	59
methylin	43
methylin er	43
methylphenidate hcl	11, 43
methylphenidate hcl er	43
methylphenidate hcl sr	43
methylphenidate hydrochloride	43
methylprednisolone	48, 57
metipranolol	61
metoclopramide hcl	21, 45
metolazone	39
metoprolol succinate er	38
metoprolol tartrate	38
metoprolol/hydrochlorothiazide	38
metozolv odt	21
metronidazole	14
metronidazole in nacl 0.79%	14
metronidazole vaginal	14
mexiletine hcl	37
miacalcin	58
micardis	41
micardis hct	41
miconazole 3	22
microgestin 1.5/30	52
microgestin 1/20	51
microgestin fe	51
microgestin fe 1.5/30	51
midodrine hcl	37
migergot	23
migranal	23
minocycline hcl	17
minoxidil	42
mirapex er	28
mirtazapine	19
mirtazapine odt	19
misoprostol	46
mitomycin	26
mitoxantrone hcl	26
m-m-r ii w/diluent 10 dose	57

moexipril hcl	41
moexipril/hydrochlorothiazide	41
mometasone furoate	48
mononessa	52
monurol	14
morphine sulfate	11
morphine sulfate er	11
multaq	37
mupirocin	14
muse	49
mustargen	24
mycamine.....	22
mycobutin.....	23
mycophenolate mofetil	55
mydral	59
myfortic	55

N

nabumetone	13
nadolol	38
nadolol/bendroflumethiazide	38
naftillin sodium	15
naftin	22
naglazyme.....	45
nalbuphine hcl.....	11
nalfon	13
naloxone hcl.....	21
naltrexone hcl.....	21
namenda	18
namenda titration pak.....	18
naproxen	10, 13
naproxen dr.....	13
naproxen sodium	10
naratriptan hcl	23
nasacort aq	62
nasonex	64
natazia	51
nateglinide.....	34
nebutent.....	28
necon 0.5/35-28	52
necon 1/35-28	51
necon 1/50-28	52
necon 10/11-28	52
necon 7/7/7	52
nefazodone hcl.....	19
neomycin sulfate	13
neomycin/bacitracin/polymyxin	14
neomycin/polymyxin/bacitracin/hydrocortiso ne	59
neomycin/polymyxin/dexamethasone	60

neomycin/polymyxin/gramicidin.....	59
neomycin/polymyxin/hc	62
neomycin/polymyxin/hydrocortisone..	14, 62
nephramine	68
neulasta	36
neumega	36
neupogen	36
neutrexin	14
nevanac.....	60
nexavar	27
nexium.....	46
nexium i.v.	46
next choice	52
niacor	40
niaspan.....	40
nicardipine hcl	39
nicotrol inhaler	21
nicotrol ns	21
nifediac cc	39
nifedical xl	39
nifedipine er.....	39
nilandron	54
nimodipine	39
nisoldipine	39
nitro-bid	42
nitro-dur	42
nitroglycerin	42
nitroglycerin transdermal	42
nitrolingual pumpspray	42
nitrostat	42
nizatidine	46, 48
nora-be	52
norditropin flexpro.....	49
norethindrone acetate	52
noritate	14
normosol -r	68
normosol-m in d5w	68
nortrel 0.5/35 (28).....	51
nortrel 1/35 (21).....	52
nortrel 1/35 (28).....	51
nortrel 7/7/7	51
nortriptyline hcl	20
norvir	31
novamine.....	68
novolin 70/30	35
novolin n	35
novolin r.....	35
novolog.....	35
novolog flexpen	35
novolog mix 70/30	35

novolog mix 70/30 prefilled flexpen	35
novolog penfill	35
nuedexta	43
nulojix.....	55
nutropin	49
nutropin aq.....	49
nutropin aq pen	49
nuvaring	51
nuvigil.....	43
nyamyc.....	22
nystatin.....	22
nystatin/triamcinolone	22
nystop	22

O

ocella.....	53
octreotide acetate	54
ofloxacin.....	16
ogestrel	53
olanzapine.....	29
olanzapine hcl	29
oleptro	19
omeprazole	46
omeprazole/sodium bicarbonate	46
omnaris	62
ondansetron hcl	21
ondansetron odt	21
onglyza.....	34
onsolis.....	11
ontak	26
orap.....	30
oravig	22
orencia	55
orfadin	45
orphenadrine citrate	65
orphenadrine citrate er	65
orphenadrine compound ds	65
orphenadrine/asa/caffeine.....	65
ortho evra.....	53
orthoclone okt3	25
ovcon-50 28	51
ovidrel	52
oxacillin sodium.....	15
oxaliplatin	26
oxandrolone	50
oxaprozin	13
oxazepam	33
oxcarbazepine.....	18
oxistat.....	22
oxsoralen	44

oxsoralen ultra.....	44
oxybutynin chloride.....	46
oxybutynin chloride er	46
oxycodone hcl	11
oxycodone/acetaminophen	11
oxycodone/aspirin	11
oxycodone/ibuprofen	11
oxycontin	11
oxymorphone hydrochloride	11
oxytrol.....	46

P

pacerone	37
paclitaxel	26
pamidronate disodium	58
pancreaze	45
panretin	27
pantoprazole sodium	46
paromomycin sulfate	13
paroxetine hcl	19
paroxetine hcl er.....	19
paser	24
pataday	60
patanol	60
pce	16
pediarix.....	57
pedi-dri	22
pedvax hib.....	57
peg 3350/electrolytes	45
peganone	18
pegasys	56
peg-intron	56
peg-intron redipen	56
penicillin g potassium	15
penicillin g potassium in iso-osmotic dextrose.....	15
penicillin g procaine.....	15
penicillin g sodium	15
penicillin v potassium	15
pentasa	58
pentopak	59
pentostatin.....	25
pentoxifylline er	59
perforomist	64
perindopril erbumine.....	41
permethrin	28
perphenazine.....	20, 30, 48
perphenazine/amitriptyline	20
phenadoz	21
phenelzine sulfate	19

phenytoin	18	premasol	68
phenytoin sodium	18	prenatabs obn	68
phenytoin sodium extended	18	prevalite	40
phisohex	14	previfem	51
phoslyra	47	prevpac	14
phospholine iodide	61	prezista	31
photofrin	26	priftin	24
picato	26	primaquine phosphate	28
pilocarpine hcl	43	primaxin i.m.	15
pilocarpine hydrochloride	43	primaxin iv	15
pilopine hs	61	primaxin iv add-vantage	15
pindolol	38	primidone	17
piperacillin sodium	15	primsol	14
piroxicam	13	pristiq	19
plavix	36	proair hfa	64
podofilox	44	probenecid	23
polycin b	59	probenecid/colchicine	23
poly-dex	60	procalamine	68
polyethylene glycol 3350	45	prochlorperazine	21
poly-pred	60	prochlorperazine edisylate	21
portia-28	51	prochlorperazine maleate	21
potassium chloride	68	procrit	36
potassium chloride 0.075%/d5w/nacl 0.225%	68	proctocream hc	49
potassium chloride 0.15% /nacl 0.45% viaflex	68	procto-pak	49
potassium chloride 0.15%/d5w	68	proctosol hc	49
potassium chloride 0.15%/nacl 0.9%	68	proctozone-hc	49
potassium chloride 0.224%/d5w	68	progesterone	53
potassium chloride 0.3%/ nacl 0.9%	68	proglycem	34
potassium chloride 0.3%/d5w	68	prolastin	64
potassium chloride 0.3%/nacl 0.9%/viaflex	68	proleukin	26
potassium chloride er	68	prolia	58
potassium chloride sr	68	promacta	36
potassium citrate extended-release	68	promethazine hcl	21
pradaxa	36	promethegan	21
pramipexole dihydrochloride	28	prometrium	53
prandimet	34	propafenone hcl	37
prandin	34	propantheline bromide	45
pravastatin sodium	40	proparacaine hcl	59
prazosin hcl	37	propine	61
pred mild	61	propranolol hcl	38, 40
pred-g	61	propranolol hcl er	38, 40
pred-g s.o.p.	61	propranolol/hydrochlorothiazide	38
prednicarbate	48	propylthiouracil	54
prednisolone acetate	61	proquad	57
prednisolone sodium phosphate	48, 61	protopic	44
prednisone	48, 49	protriptyline hcl	20
prednisone intensol	49	provigil	43
		pulmicort	62
		pulmicort flexhaler	62
		pulmozyme	45

pyrazinamide.....	24
pyridostigmine bromide	23

Q

qualaquin	28
quasense	53
quinapril hcl.....	41
quinapril/hydrochlorothiazide	41
quinidine gluconate er.....	37
quinidine sulfate	37
qvar	62

R

rabavert.....	57
ramipril	41
ranexa	39
ranitidine hcl.....	46
rapaflo	47
rapamune.....	55
rebif.....	56
rebif titration pack.....	56
reclast	58
reclipsen.....	51
recombivax hb.....	57
rectiv	42
regranex.....	44
relenza diskhaler	32
relistor	20
relpax	23
remicade	55
renvela	47
reprexain	11
requip xl	28
rescriptor	30
reserpine	37
restasis.....	60
retin-a micro	44
retrovir iv infusion.....	31
revatio	64
revlimid.....	24
reyataz	31, 32
rheumatrex.....	55
rhinocort aqua	62
ribapak	32
ribasphere	32
ribavirin	32
ridaura	56
rifampin	24
rifater.....	24
rilutek	43

rimantadine hcl.....	32
risperdal consta	29
risperidone	29, 33
risperidone odt.....	29, 33
ritalin la	43
rituxan	27
rivastigmine tartrate.....	18
romycin.....	16
ropinirole hcl.....	28
rotrateq	57
roxicet.....	11
rozerem	65
rybix odt.....	11
rythmol sr	37
ryzolt.....	12

S

sabril.....	17
safyral.....	51
salsalate	10
samsca	39
sanctura xr	46
sancuso	21
sandimmune.....	55
sandostatin lar depot.....	54
santyl.....	44
saphris.....	29
savella	19
savella titration pack.....	19
seasonique	51
selegiline hcl.....	29
selenium sulfide.....	44
selfemra	19
selzentry	31
semprex-d	63
sensipar.....	53
serevent diskus	64
seromycin	24
seroquel	29
seroquel xr	29
serostim.....	49
sertraline hcl	19
silenor.....	20
silver sulfadiazine	14
simcor.....	40
simponi	55
simulect	25
simvastatin	40
singulair.....	63
sodium chloride 0.9%.....	68

sodium chloride 0.45% viaflex.....	68
sodium polystyrene sulfonate.....	20
sodium sulfacetamide	16
solaraze	44
soliris.....	36
somatuline depot.....	54
somavert	54
sorine	37
sotalol hcl.....	37
sotalol hcl (af).....	37
sotret.....	44
spiriva handihaler.....	63
spironolactone.....	41
spironolactone/hydrochlorothiazide.....	41
sprintec 28	51
sprix	10
sprycel.....	27
sronyx	51
stagesic.....	12
stalevo 100.....	29
stalevo 125.....	29
stalevo 150.....	29
stalevo 200.....	29
stalevo 50.....	29
stalevo 75.....	29
stavudine.....	31
stavzor	17
strattera.....	43
stromectol	27
suboxone	12, 21
sucalfate	46
sulfacetamide sodium/prednisolone sodium phosphate	61
sulfadiazine	16
sulfamethoxazole/trimethoprim	16
sulfamethoxazole/trimethoprim ds	16
sulfamylon.....	14
sulfasalazine	58
sulfazine ec.....	58
sulindac.....	13
sumatriptan	23
sumatriptan succinate	23
sumatriptan succinate refill.....	23
suprax	15
suprep bowel prep	45
surmontil	20
sustiva.....	30
sutent	27
sylatron	26
symbicort.....	62

symbyax	19, 29
symlin	34
symlinpen 120	34
symlinpen 60	34
synarel.....	54
synera	12
syprine.....	20

T

tabloid.....	25
tacrolimus	55
tamiflu.....	32
tamoxifen citrate	25
tamsulosin hcl.....	47
tarceva	27
targetin	27
tasigna.....	27
tasmar	29
taxotere	26
tazicef.....	15
tazorac	44
taztia xt.....	39
teflaro	15
tegreto-xr	18
tekamlo.....	42
tekturna	42
tekturna hct	42
temazepam	65
terazosin hcl	47
terbinafine hcl	22
terbutaline sulfate	64
terconazole.....	22
testim.....	50
testosterone cypionate	50
testosterone enanthate.....	50
tetanus toxoid adsorbed	57
tetanus/diphtheria toxoids-adsorbed adult	57
tetracycline hcl.....	17
teveten	42
teveten hct.....	42
thalitone.....	39
thalamid.....	24
theochron	63
theophylline er	63
thioridazine hcl	30
thiotepa	24
thiothixene	30
thymoglobulin	56
thyrolar-1	53

thyrolar-1/2.....	53
thyrolar-1/4.....	53
thyrolar-2.....	53
thyrolar-3.....	53
ticlopidine hcl	36
tikosyn.....	37
timolol maleate	38, 61
timolol maleate ophthalmic gel forming ...	61
tirosint	53
tizanidine hcl	30
tobi	13
tobradex	61
tobramycin sulfate.....	13
tobramycin sulfate add-vantage	13
tobramycin sulfate/sodium chloride	13
tobramycin/dexamethasone	61
tobrex.....	60
tolazamide.....	34
tolbutamide	34
tolmetin sodium.....	13
topiramate	23
toposar	26
topotecan hcl.....	26
torisel	26
toremide	40
toviaz.....	46
tracleer	64
tradjenta	34
tramadol hcl	12
tramadol hcl er	12
tramadol hydrochloride/acetaminophen ..	12
trandolapril	42
tranylcypromine sulfate	19
travatan z	61
trazodone hcl	19
treanda.....	24
trecator.....	24
trelstar depot	54
trelstar depot mixject.....	54
trelstar la	54
trelstar la mixject.....	54
trelstar mixject.....	54
tretinoin	27, 44
trexall	55
treximet	10
triamcinolone acetonide	49, 62
triamcinolone acetonide in absorbbase.....	49
triamcinolone in orabase	43
triamterene/hydrochlorothiazide.....	40
triazolam	65

tribenzor	39
tricolor	40
triderm	49
trifluoperazine hcl	30
trifluridine.....	60
triglide.....	40
trihexyphenidyl hcl.....	29
trihabit.....	57
tri-legest fe	51
trilipix	40
trilyte.....	45
trimethoprim	14, 60
trimethoprim sulfate/polymyxin b sulfate .	60
trimipramine maleate.....	20
tripedia	57
tri-previfem	53
trisenox.....	26
tri-sprintec	51
trivora-28	53
trizivir	31
trophamine	68
tropicacyl	60
tropicamide.....	60
tropium chloride	47
truvada	31
twinject	64
twinrix	57
twynsta	39
tygacil	14
tykerb	26
typhim vi	57
tyvaso.....	64
tyvaso refill	64
tyvaso starter.....	64
tyzeka.....	32
tyzine.....	65
tyzine pediatric nasal drops.....	65

U

u-cort	49
ulesfia.....	28
uloric.....	23
unithroid	53
uroxatral	47
ursodiol.....	45

V

vagifem.....	51
valacyclovir hcl	32
valcyte	30

valproate sodium.....	17
valproic acid	17
valturna	42
vancocin hcl	14
vancomycin hcl	14
vandetanib	24
vaqta	57
varivax.....	57
vectibix	27
vectical	44
velcade.....	26
velivet.....	53
venlafaxine hcl	19, 20
venlafaxine hcl er	19, 20
ventavis.....	64
ventolin hfa.....	64
veramyst	63
verapamil hcl.....	39
verapamil hcl er.....	39
veregen	44
vesicare.....	47
vexol.....	61
vfend	22
vfend iv.....	22
viagra	47
vibativ	14
victoza.....	34
victrelis	32
vidaza.....	26
videx pediatric	31
vigamox.....	60
viibryd.....	20
vimovo.....	46
vimpat	17
vinblastine sulfate	26
vincasar.....	26
vincristine sulfate	26
vinorelbine tartrate	26
viracept	32
viramune	30, 31
viramune xr	31
virazole.....	32
viread	31
visicol	45
vivaglobin	56
vivelle-dot.....	51
voltaren	10
votrient	24
vytorin	40
vyvanse.....	42

W

warfarin sodium	36
welchol	40

X

xalkori.....	27
xarelto	36
xenazine	59
xerese	32
xifaxan.....	14
xolair.....	65
xopenex.....	64
xopenex hfa.....	64
xyrem	43
xyzal	63

Y

yervoy.....	27
yf-vax.....	57

Z

zafirlukast	63
zaleplon	65
zanosar	24
zavesca	45
zazole	22
zelboraf	27
zemaira	65
zemplar	58
zenpep	45
zerit	31
zerlor	12
zetia.....	40
ziagen.....	31
zidovudine	31
ziprasidone hcl	29
zipsor.....	13
zirgan	32
zolinza	27
zolpidem tartrate.....	65
zolpidem tartrate er	65
zolpimist	65
zometa	58
zomig.....	23
zomig zmt.....	23
zonalon.....	44
zonisamide	17
zorbtive.....	49
zortress	55

zostavax.....	57
zosyn.....	16
zovia 1/35e.....	53
zovia 1/50e.....	53
zovirax.....	32
zuplenz.....	21
zyclara.....	44
zyflo cr.....	63

zymar	16
zymaxid	16
zyprexa.....	30
zyprexa relprevv	30
zyprexa zydis.....	30
zytiga	27
zyvox	14



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