

KelseyCare Advantage



Dow Preferred
(HMO)

2012
Abridged
Formulary



KelseyCare Advantage Preferred (HMO) 2012 Formulary (List of Covered Drugs)

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

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

This document includes KelseyCare Advantage's partial formulary as of January 1, 2012. For a complete, updated formulary, please visit our Web site at www.kelseycareadvantage.com/dow/ or call 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

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.

KelseyCare Advantage is a Medicare Advantage organization with a Medicare contract.

This information is available for free in other languages. Please call our Member Services Department at 1-866-534-0554 for additional information.

Esta información es gratuito en otros idiomas. Por favor llame a nuestro departamento de Servicios al número gratuito 1-866-589-5222 para obtener información adicional.

Formulary ID: 00012291, Version 4

What is the KelseyCare Advantage formulary?

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

This document is a partial formulary and includes only some of the drugs covered by KelseyCare Advantage. For a complete listing of all prescription drugs covered by KelseyCare Advantage, please visit our Web site at www.kelseycareadvantage.com/dow/ or call 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

Can the formulary change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by KelseyCare Advantage, please visit our Web site at www.kelseycareadvantage.com/dow/ or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

To review and/or print formulary changes during the year, please visit our Web site at www.kelseycareadvantage.com/dow/ and refer to the 2012 KelseyCare Advantage Formulary Addendum on the Dow Chemical page. If you would like to request a copy of the Formulary Addendum to be mailed to your home, please call Member Services at 713-442-CARE (2273) or 1-866-534-0554, 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users should call 1-866-302-9336.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. 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 9. 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 37. 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?

KelseyCare Advantage 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:** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you don't get approval, KelseyCare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for CRESTOR. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, KelseyCare Advantage 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, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.kelseycareadvantage.com/dow/.

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

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so KelseyCare Advantage may cover your drug. You can contact Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

If you learn that KelseyCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage 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 KelseyCare Advantage’s formulary?

You can ask KelseyCare Advantage 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, KelseyCare Advantage 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 tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, KelseyCare Advantage 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 restric-

tions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

Unexpected medication changes due to level-of-care changes

When you transfer from one treatment setting to another, such as moving from an inpatient hospital setting to home, it is called a level-of-care change. These types of changes often do not leave you enough time to determine if a new prescription contains a drug that is on the plan formulary. In these unexpected situations, KelseyCare Advantage will cover a temporary 30-day transition supply (unless you have a prescription written for fewer days). If your level-of-care change involves moving to a long-term care facility and a new drug is prescribed, the plan covers a temporary 31-day supply (unless you have a prescription written for fewer days).

For more information

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

If you have questions about KelseyCare Advantage, please call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041. Or, visit www.kelseycareadvantage.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.

KelseyCare Advantage's Formulary

The abridged formulary that begins on page 9 provides coverage information about some of the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 37. Remember: This is only a partial list of drugs covered by KelseyCare Advantage. If your prescription is not in this partial formulary, please visit our Web site at www.kelseycareadvantage.com/dow/ or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041 for additional help.

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

The information in the “Requirements/Limits” column tells you if KelseyCare Advantage has any special requirements for coverage of your drug.

The abbreviations represent special drug requirements, limits that are described on page 3, and other information abbreviation descriptions.

GAP= We provide coverage of these prescription drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. Copayments may differ depending on which network pharmacy fills your prescription.

LA= Limited Access

PA= Prior Authorization Required

QL= Quantity Limits Apply

ST= Step Therapy Applies

Drugs with “LA” have limited distribution. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041.

Next to the “Drug Name” column is a column labeled “Tier”. This identifies in which tier the drug is assigned and will determine the amount you pay for your prescription.

The amount you pay for your prescriptions depends on the medication's tier. Every drug on the plan's Drug List is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug:

Cost Sharing Tier	Drugs Included in Tier
Tier 1 (lowest)	Preferred Generic
Tier 2	Non-Preferred Generic
Tier 3	Preferred Brand
Tier 4 (highest)	Non-Preferred Brand
Tier 5 (highest)	Specialty

Tier 1 – Preferred Generic

Lowest cost tier – Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 – Non-Preferred Generic

Middle cost tier – includes non-preferred generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer.

Tier 3 – Preferred Brand

Middle cost tier – includes preferred brand drugs.

Tier 4 – Non-Preferred Brand

Highest cost tier – includes non-preferred brand drugs.

Tier 5 – Specialty

Highest cost tier – contains very high cost brand and generic prescription drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

The copays/coinsurance are:

Network Pharmacy		
Tier	30-day Supply	90-day Supply
1	\$10	\$20
2	\$15	\$30
3	\$15	\$30
4	\$30	\$60
5	\$30	\$60

Drug Table

Drug Name	Tier	Requirements/Limits
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
<i>acetaminophen-codeine Tab 300-15 mg, 300-30 mg, 300-60 mg</i>	1	GAP; QL (360 EA per 30 day(s))
CO-GESIC TAB 5-500 mg	1	GAP; QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-750 mg, 7.5-750 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-650 mg, 10-660 mg, 7.5-650 mg</i>	1	GAP; QL (180 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen Tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	GAP; QL (360 EA per 30 day(s))
<i>hydrocodone-ibuprofen Tab 7.5-200 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>methadone Tab 10 mg, 5 mg</i>	1	GAP
METHADOSE TAB 10 mg, 5 mg	1	GAP
<i>morphine ER Tab 60 mg</i>	1	GAP
<i>morphine ER Tab 100 mg, 15 mg, 200 mg, 30 mg</i>	2	
<i>tramadol ER 24 hr Tab 200 mg</i>	2	QL (30 EA per 30 day(s))
<i>tramadol ER 24 hr Tab 100 mg</i>	2	QL (90 EA per 30 day(s))
<i>tramadol Tab 50 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>tramadol-acetaminophen Tab 37.5-325 mg</i>	1	GAP; QL (240 EA per 30 day(s))
Anesthetics - Drugs for Numbing		
<i>lidocaine Ointment 5 %</i>	1	PA; GAP
<i>lidocaine-prilocaine Topical Cream 2.5-2.5 %</i>	1	PA; GAP
LIDODERM ADHESIVE PATCH 5 % (700 mg/patch)	4	PA; QL (90 EA per 30 day(s))
Antibacterials - Drugs to Treat Bacterial Infections		
<i>amoxicillin Cap 250 mg, 500 mg</i>	1	GAP
<i>amoxicillin Tab 500 mg, 875 mg</i>	1	GAP
<i>amoxicillin-potassium clavulanate Tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	GAP
<i>ampicillin Cap 250 mg, 500 mg</i>	1	GAP
<i>azithromycin Oral Susp 100 mg/5 mL, 200 mg/5 mL</i>	1	GAP
<i>azithromycin Tab 250 mg, 500 mg</i>	1	GAP; QL (12 EA per 30 day(s))
<i>azithromycin Tab 600 mg</i>	1	GAP; QL (30 EA per 30 day(s))
BICILLIN C-R IM SYRINGE 1,200,000 unit/ 2 mL(600k/600k), 1,200,000 unit/ 2 mL(900k/300k)	3	
BICILLIN L-A IM SYRINGE 1,200,000 unit/2 mL, 2,400,000 unit/4 mL, 600,000 unit/mL	3	
<i>cefaclor Cap 250 mg, 500 mg</i>	1	GAP

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

Drug Name	Tier	Requirements/Limits
<i>cefadroxil Cap 500 mg</i>	1	GAP
<i>cefadroxil Oral Susp 250 mg/5 mL, 500 mg/5 mL</i>	1	GAP
<i>cefadroxil Tab 1 gram</i>	1	GAP
<i>cefdinir Cap 300 mg</i>	1	GAP
<i>cefdinir Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>cefpodoxime Tab 100 mg, 200 mg</i>	1	GAP
<i>cefuroxime axetil Tab 250 mg, 500 mg</i>	1	GAP
<i>cephalexin Cap 250 mg, 500 mg</i>	1	GAP
<i>ciprofloxacin Eye Drops 0.3 %</i>	1	GAP
<i>ciprofloxacin Tab 100 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
<i>ciprofloxacin ER multiphase 24 hr Tab 1,000 mg, 500 mg</i>	1	GAP
<i>clarithromycin ER 24 hr Tab 500 mg</i>	1	GAP
<i>clarithromycin Tab 250 mg, 500 mg</i>	1	GAP
CLEOCIN CAP 75 mg	4	
<i>clindamycin Cap 150 mg, 300 mg</i>	1	GAP
<i>clindamycin IV 600 mg/4 mL</i>	1	GAP
<i>clindamycin Vaginal Cream 2 %</i>	1	GAP
<i>dicloxacillin Cap 250 mg, 500 mg</i>	1	GAP
<i>doxycycline hyclate Cap 100 mg, 50 mg</i>	1	GAP
<i>doxycycline hyclate Cap, Delayed Release 75 mg</i>	1	GAP
<i>erythromycin Eye Ointment 5 mg/gram (0.5 %)</i>	1	GAP
<i>gentamicin Eye Drops 0.3 %</i>	1	GAP
<i>gentamicin Injection 40 mg/mL</i>	1	GAP
<i>gentamicin Ointment 0.1 %</i>	1	GAP
<i>gentamicin Topical Cream 0.1 %</i>	1	GAP
<i>gentamicin in sodium chloride(iso-osmotic) IV Piggy Back 100 mg/100 mL, 60 mg/100 mL, 70 mg/50 mL, 80 mg/100 mL, 90 mg/100 mL</i>	1	GAP
<i>gentamicin sulfate (PF) IV 80 mg/8 mL</i>	1	GAP
INVANZ SOLUTION FOR INJECTION 1 gram	4	
LEVAQUIN TAB 250 mg, 500 mg, 750 mg	3	
LINCOCIN INJECTION 300 mg/mL	4	
<i>metronidazole Cap 375 mg</i>	1	GAP
<i>metronidazole Lotion 0.75 %</i>	1	GAP
<i>metronidazole Tab 250 mg, 500 mg</i>	1	GAP
<i>metronidazole Topical Cream 0.75 %</i>	1	GAP
<i>metronidazole Topical Gel 0.75 %</i>	1	GAP
<i>metronidazole Vaginal Gel 0.75 %</i>	1	GAP

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

Drug Name	Tier	Requirement/Limits
<i>minocycline Cap 100 mg, 50 mg, 75 mg</i>	1	GAP
<i>mupirocin Ointment 2 %</i>	1	GAP
<i>nafcillin Solution for Injection 10 gram</i>	1	GAP
<i>nafcillin Solution for Injection 1 gram</i>	2	
<i>nitrofurantoin macrocrystal Cap 50 mg</i>	1	GAP
<i>nitrofurantoin monohydrate/macrocrystals Cap 100 mg</i>	1	GAP
<i>ofloxacin Ear Drops 0.3 %</i>	1	GAP
<i>ofloxacin Eye Drops 0.3 %</i>	1	GAP
<i>ofloxacin Tab 200 mg, 300 mg, 400 mg</i>	1	GAP
<i>penicillin G potassium Solution for Injection 5 million unit</i>	2	
<i>penicillin G procaine IM Syringe 1,200,000 unit</i>	1	GAP
<i>penicillin G sodium Solution for Injection 5 million unit</i>	1	GAP
<i>penicillin V potassium Oral Susp 125 mg/5 mL, 250 mg/5 mL</i>	1	GAP
<i>penicillin V potassium Tab 250 mg, 500 mg</i>	1	GAP
<i>piperacillin-tazobactam IV Solution 3.375 gram</i>	2	
PRIMAXIN IM SUSP 500 mg	3	
PRIMAXIN IV SOLUTION 250 mg, 500 mg	3	
<i>silver sulfadiazine Topical Cream 1 %</i>	1	GAP
SSD TOPICAL CREAM 1 %	1	GAP
<i>sulfadiazine Tab 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim Oral Susp 200-40 mg/5 mL</i>	1	GAP
<i>sulfamethoxazole-trimethoprim Tab 400-80 mg, 800-160 mg</i>	1	GAP
THERMAZENE TOPICAL CREAM 1 %	1	GAP
TIMENTIN IV SOLUTION 3.1 g	4	
<i>tobramycin Eye Drops 0.3 %</i>	2	
<i>tobramycin Injection 10 mg/mL, 40 mg/mL</i>	2	
<i>trimethoprim Tab 100 mg</i>	1	GAP
<i>vancomycin IV Solution 1,000 mg, 10 gram</i>	1	PA; GAP
VIBATIV IV SOLUTION 250 mg	4	PA
ZYVOX IV 600 mg/300 mL	5	PA
ZYVOX ORAL SUSP 100 mg/5 mL	3	PA
ZYVOX TAB 600 mg	3	PA

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

Drug Name	Tier	Requirements/Limits
Anticonvulsants - Drugs to Treat Seizures		
BANZEL TAB 200 mg, 400 mg	3	
<i>carbamazepine ER 12 hr Tab 200 mg, 400 mg</i>	1	GAP
<i>carbamazepine Tab 200 mg</i>	1	GAP
DILANTIN CAP 30 mg	3	
DILANTIN EXTENDED CAP 100 mg	3	
<i>divalproex ER 24 hr Tab 250 mg, 500 mg</i>	1	GAP
<i>divalproex Tab, Delayed Release 125 mg, 250 mg, 500 mg</i>	1	GAP
EPITOL TAB 200 mg	1	GAP
<i>ethosuximide Cap 250 mg</i>	1	GAP
<i>ethosuximide Syrup 250 mg/5 mL</i>	1	GAP
<i>gabapentin Cap 100 mg, 300 mg, 400 mg</i>	1	GAP
<i>gabapentin Oral Soln 250 mg/5 mL</i>	1	GAP
<i>gabapentin Tab 600 mg, 800 mg</i>	1	GAP
<i>lamotrigine Tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GAP
<i>levetiracetam Tab 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	GAP
LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	PA
<i>phenytoin sodium extended Cap 100 mg, 200 mg, 300 mg</i>	1	GAP
<i>primidone Tab 250 mg, 50 mg</i>	1	GAP
<i>topiramate Tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
<i>donepezil Tab 10 mg, 5 mg</i>	2	QL (30 EA per 30 day(s))
<i>EXELON TRANSDERM 24 HR PATCH 4.6 mg/24 hour; 9.5 mg/24 hour</i>	3	QL (30 EA per 30 day(s))
NAMENDA TAB 10 mg	3	QL (60 EA per 30 day(s))
NAMENDA TAB 5 mg	3	QL (90 EA per 30 day(s))
NAMENDA TITRATION PAK TABS IN A DOSE PACK 5-10 mg	3	
Antidepressants - Drugs to Treat Depression		
<i>amitriptyline Tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
BUDEPRION SR TAB 150 mg	1	GAP; QL (60 EA per 30 day(s))
BUDEPRION SR TAB 100 mg	1	GAP; QL (90 EA per 30 day(s))
<i>bupropion HCl SR Tab 150 mg, 200 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>bupropion HCl SR Tab 100 mg</i>	1	GAP; QL (90 EA per 30 day(s))
<i>bupropion HCl Tab 100 mg</i>	1	GAP; QL (120 EA per 30 day(s))

GAP= We provide additional coverage of this prescription drug in the coverage gap.

12 Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Tier	Requirement/Limits
<i>bupropion HCl Tab 75 mg</i>	1	GAP; QL (90 EA per 30 day(s))
CYMBALTA CAP 60 mg	3	ST; QL (30 EA per 30 day(s))
CYMBALTA CAP 20 mg, 30 mg	3	ST; QL (60 EA per 30 day(s))
<i>doxepin Cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	GAP
EMSAM TRANSDERM 24 HR PATCH 12 mg/24 hr, 6 mg/24 hr, 9 mg/24 hr	4	QL (30 EA per 30 day(s))
MARPLAN TAB 10 mg	4	
<i>mirtazapine Tab 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	GAP; QL (30 EA per 30 day(s))
PRISTIQ 24 HR TAB 100 mg, 50 mg	4	ST; QL (30 EA per 30 day(s))
<i>trazodone Tab 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GAP
<i>venlafaxine Tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	GAP
Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrants		
<i>acetylcysteine Soln 10 % (100 mg/mL), 20 % (200 mg/mL)</i>	1	PA; GAP
CHANTIX TAB 0.5 mg, 1 mg	3	PA; QL (60 EA per 30 day(s))
CHANTIX STARTING MONTH PAK TABS IN A DOSE PACK 0.5(11)-1(3X14) mg	3	PA; QL (60 EA per 30 day(s))
<i>leucovorin calcium Solution for Injection 100 mg, 350 mg</i>	1	GAP
<i>leucovorin calcium Tab 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>naloxone Syringe 0.4 mg/mL, 1 mg/mL</i>	2	
<i>naltrexone Tab 50 mg</i>	1	GAP
NICOTROL INHALATION CARTRIDGE 10 mg	3	
Antiemetics - Drugs to Treat Nausea and Vomiting		
<i>dronabinol Cap 2.5 mg, 5 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>dronabinol Cap 10 mg</i>	5	PA; QL (60 EA per 30 day(s))
EMEND CAP 125 mg, 40 mg	3	PA; QL (1 EA per 1 day(s))
EMEND CAP 80 mg	3	PA; QL (2 EA per 1 day(s))
EMEND CAPS IN DOSE PACK 125-80-80 mg	3	PA; QL (3 EA per 1 day(s))
<i>granisetron IV 1 mg/mL (1 mL)</i>	2	PA
<i>granisetron Tab 1 mg</i>	2	PA; QL (60 EA per 30 day(s))
<i>granisetron (PF) IV 100 mcg/mL</i>	2	PA
<i>meclizine Tab 12.5 mg, 25 mg</i>	1	GAP
<i>metoclopramide Tab 5 mg</i>	1	GAP
<i>metoclopramide Tab 10 mg</i>	1	GAP
<i>ondansetron Tab, Rapid Dissolve 8 mg</i>	1	PA; GAP QL (45 EA per 30 day(s))
<i>ondansetron Tab, Rapid Dissolve 4 mg</i>	1	PA; GAP QL (9 EA per 3 day(s))

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Drug Name	Tier	Requirements/Limits
<i>ondansetron HCl Tab 24 mg</i>	1	PA; GAP QL (18 EA per 30 day(s))
<i>ondansetron HCl Tab 4 mg, 8 mg</i>	1	PA; GAP QL (9 EA per 3 day(s))
Antifungals - Drugs to Treat Fungal Infections		
<i>ciclopirox Shampoo 1 %</i>	2	
<i>ciclopirox Topical Cream 0.77 %</i>	2	PA
<i>ciclopirox Topical Gel 0.77 %</i>	2	PA
<i>ciclopirox Topical Soln 8 %</i>	2	PA
<i>ciclopirox Topical Susp 0.77 %</i>	2	PA
<i>clotrimazole-betamethasone Topical Cream 1-0.05 %</i>	1	GAP
<i>econazole Topical Cream 1 %</i>	1	GAP
<i>fluconazole Tab 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GAP
<i>griseofulvin microsize Oral Susp 125 mg/5 mL</i>	1	GAP
<i>ketoconazole Shampoo 2 %</i>	1	GAP
<i>ketoconazole Topical Cream 2 %</i>	1	GAP
NAFTIN TOPICAL CREAM 1 %	4	
NYAMYC TOPICAL POWDER 100,000 unit/g	1	GAP
<i>nystatin Oral Susp 100,000 unit/mL</i>	1	GAP
<i>nystatin Topical Powder 100,000 unit/g</i>	1	GAP
<i>nystatin-triamcinolone Topical Cream 100,000-0.1 unit/g-%</i>	1	GAP
NYSTOP TOPICAL POWDER 100,000 unit/g	1	GAP
PEDI-DRI TOPICAL POWDER 100,000 unit/g	1	GAP
<i>terbinafine Tab 250 mg</i>	1	PA; GAP
Antigout Agents - Drugs to Treat Gout		
<i>allopurinol Tab 100 mg, 300 mg</i>	1	GAP
<i>colchicine-probenecid Tab 0.5-500 mg</i>	1	GAP
COLCRYS TAB 0.6 mg	3	QL (120 EA per 30 day(s))
<i>probenecid Tab 500 mg</i>	1	GAP
Anti-inflammatory Agents		
ARTHROTEC 50 TAB 50-200 mg-mcg	3	
ARTHROTEC 75 TAB 75-200 mg-mcg	3	
CELEBREX CAP 100 mg	3	ST; QL (30 EA per 30 day(s))
CELEBREX CAP 200 mg, 400 mg, 50 mg	3	ST; QL (60 EA per 30 day(s))
<i>diclofenac sodium Tab, Delayed Release 25 mg, 50 mg, 75 mg</i>	1	GAP
<i>etodolac Tab 400 mg, 500 mg</i>	1	GAP
<i>ibuprofen Tab 400 mg, 600 mg, 800 mg</i>	1	GAP
<i>indomethacin Cap 25 mg, 50 mg</i>	1	GAP
<i>meloxicam Tab 15 mg, 7.5 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>nabumetone Tab 500 mg, 750 mg</i>	1	GAP
<i>piroxicam Cap 10 mg, 20 mg</i>	1	GAP
Antimigraine Agents - Drugs to Treat Migraines		
MIGERGOT RECTAL SUPPOSITORY 2-100 mg	3	QL (20 EA per 28 day(s))
MIGRANAL NASAL SPRAY 0.5 mg/pump Act.	4	QL (12 ML per 30 day(s))
<i>naratriptan Tab 1 mg, 2.5 mg</i>	2	QL (12 EA per 28 day(s))
<i>sumatriptan Tab 100 mg, 25 mg, 50 mg</i>	1	GAP; QL (9 EA per 30 day(s))
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON TIMESPAN TAB 180 mg	3	
<i>pyridostigmine bromide Tab 60 mg</i>	1	GAP
Antimycobacterials - Drugs to Treat Infections		
<i>dapsone Tab 100 mg, 25 mg</i>	3	
<i>ethambutol Tab 100 mg, 400 mg</i>	1	GAP
<i>isoniazid Tab 100 mg, 300 mg</i>	1	GAP
MYCOBUTIN CAP 150 mg	4	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
ABRAXANE IV SOLUTION 100 mg	5	
ADRIAMYCIN PFS IV 2 mg/mL	1	GAP
AFINITOR TAB 10 mg, 2.5 mg, 5 mg	5	PA
ALIMTA IV SOLUTION 500 mg	5	
<i>anastrozole Tab 1 mg</i>	2	
ARRANON IV 250 mg/50 mL	4	
ARZERRA IV 100 mg/5 mL	5	PA
AVASTIN IV 25 mg/mL	5	PA
BICNU IV SOLUTION 100 mg	3	
<i>bleomycin Solution for Injection 30 unit</i>	2	
BUSULFEX IV 60 mg/10 mL	3	
CAMPATH IV 30 mg/mL	5	
<i>carboplatin IV 10 mg/mL</i>	1	GAP
CEENU CAP 10 mg, 100 mg, 40 mg	3	
CERUBIDINE IV SOLUTION 20 mg	1	GAP
<i>cisplatin IV 1 mg/mL</i>	1	GAP
<i>cladribine IV 10 mg/10 mL</i>	5	
CLOLAR IV 20 mg/20 mL	4	
COSMEGEN IV SOLUTION 0.5 mg	3	
<i>cyclophosphamide Tab 25 mg, 50 mg</i>	2	PA
<i>cytarabine Injection 20 mg/mL</i>	1	GAP
<i>cytarabine (PF) Injection 2 gram/20 mL (100 mg/mL)</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
<i>cytarabine (PF) Solution for Injection 500 mg</i>	1	GAP
<i>dacarbazine IV Solution 200 mg</i>	1	GAP
DACOGEN IV SOLUTION 50 mg	5	PA
<i>daunorubicin IV Solution 20 mg</i>	1	GAP
DAUNOXOME IV 2 mg/mL	4	
DOXIL IV 2 mg/mL	5	
<i>doxorubicin IV 2 mg/mL</i>	1	GAP
DROXIA CAP 200 mg, 300 mg, 400 mg	3	
ELSPAR SOLUTION FOR INJECTION 10,000 unit	3	
EMCYT CAP 140 mg	3	
<i>epirubicin IV 50 mg/25 mL</i>	2	
ERBITUX IV 100 mg/50 mL	5	PA
ETOPOPHOS IV SOLUTION 100 mg	4	
<i>etoposide IV 20 mg/mL</i>	1	GAP
FARESTON TAB 60 mg	3	
FASLODEX IM SYRINGE 250 mg/5 mL	5	
<i>fludarabine IV powder for Solution 50 mg</i>	5	
<i>fluorouracil IV 500 mg/10 mL</i>	1	GAP
FOLOTYN IV 40 mg/2 mL (20 mg/mL)	5	PA
<i>gemcitabine IV Solution 1 gram</i>	5	
GLEEVEC TAB 400 mg	5	PA; QL (60 EA per 30 day(s))
GLEEVEC TAB 100 mg	5	PA; QL (90 EA per 30 day(s))
HALAVEN IV 1 mg/2 mL (0.5 mg/mL)	5	PA
HERCEPTIN IV SOLUTION 440 mg	5	
HEXALEN CAP 50 mg	5	PA
<i>hydroxyurea Cap 500 mg</i>	1	GAP
<i>idarubicin IV 1 mg/mL</i>	5	
IFEX IV SOLUTION 3 gram	4	
<i>ifosfamide IV Solution 1 gram</i>	2	
<i>ifosfamide-mesna IV Kit 1-1 gram, 3,000-1,000 mg</i>	5	
IRESSA TAB 250 mg	5	PA
<i>irinotecan IV 100 mg/5 mL</i>	2	
ISTODAX IV SOLUTION 10 mg/2 mL	5	PA
IXEMPRA IV SOLUTION 45 mg	5	PA
JEVTANA IV 10 mg/mL (Final)	5	PA
LEUKERAN TAB 2 mg	3	
LYSODREN TAB 500 mg	3	
MATULANE CAP 50 mg	5	

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Drug Name	Tier	Requirement/Limits
<i>melphalan IV Solution 50 mg</i>	5	
<i>mercaptopurine Tab 50 mg</i>	1	GAP
<i>mitomycin IV Solution 20 mg</i>	1	GAP
<i>mitoxantrone Concentrate, IV 2 mg/mL</i>	2	
MUSTARGEN SOLUTION FOR INJECTION 10 mg	3	
NEXAVAR TAB 200 mg	5	PA; LA
ONTAK IV 150 mcg/mL	5	
<i>oxaliplatin Soln 100 mg/20 mL</i>	5	
<i>paclitaxel Concentrate, IV 6 mg/mL</i>	1	GAP
PANRETIN TOPICAL GEL 0.1 %	5	
<i>pentostatin IV Solution 10 mg</i>	5	
PHOTOFRIN IV SOLUTION 75 mg	5	
REVLIMID CAP 10 mg, 15 mg, 25 mg, 5 mg	5	PA; LA
RITUXAN CONCENTRATE, IV 10 mg/mL	5	PA
SPRYCEL TAB 20 mg	5	PA; ST; QL (150 EA per 30 day(s))
SPRYCEL TAB 140 mg, 80 mg	5	PA; ST; QL (30 EA per 30 day(s))
SPRYCEL TAB 100 mg, 50 mg, 70 mg	5	PA; ST; QL (60 EA per 30 day(s))
SUTENT CAP 25 mg, 50 mg	5	PA; QL (30 EA per 30 day(s))
SUTENT CAP 12.5 mg	5	PA; QL (90 EA per 30 day(s))
TABLOID TAB 40 mg	4	
<i>tamoxifen Tab 10 mg, 20 mg</i>	1	GAP
TARCEVA TAB 100 mg, 150 mg, 25 mg	5	PA
TARGRETIN CAP 75 mg	5	PA
TARGRETIN TOPICAL GEL 1 %	5	
TASIGNA CAP 200 mg	5	PA; ST; QL (120 EA per 30 day(s))
TAXOTERE IV 80 mg/4 mL (20 mg/mL)	5	
THALOMID CAP 100 mg, 150 mg, 200 mg, 50 mg	5	PA
<i>thiotepa Solution for Injection 15 mg</i>	4	
TOPOSAR IV 20 mg/mL	1	GAP
<i>topotecan IV Solution 4 mg</i>	2	
TORISEL IV SOLUTION 30 mg/3 mL (10 mg/mL) (Final)	5	PA
TREANDA IV SOLUTION 100 mg	5	
<i>tretinoin (chemotherapy) Cap 10 mg</i>	5	
TRISENOX IV 10 mg/10 mL	4	
TYKERB TAB 250 mg	5	PA; LA
VECTIBIX IV 100 mg/5 mL (20 mg/mL)	5	PA
VELCADE IV SOLUTION 3.5 mg	5	

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Drug Name	Tier	Requirements/Limits
VIDAZA SUB-Q SOLN 100 mg	5	
<i>vinblastine IV powder for Solution 10 mg</i>	1	GAP
<i>vincristine IV 1 mg/mL</i>	1	GAP
<i>vinorelbine IV 50 mg/5 mL</i>	1	GAP
VOTRIENT TAB 200 mg	5	PA
ZANOSAR IV SOLUTION 1 gram	4	
ZOLINZA CAP 100 mg	5	PA; ST
ZORTRESS TAB 0.25 mg	4	PA
ZORTRESS TAB 0.5 mg, 0.75 mg	5	PA
Antiparasitics - Drugs to Treat Parasitic Infections		
ALBENZA TAB 200 mg	3	
ALINIA ORAL SUSP 100 mg/5 mL	3	QL (150 ML per 30 day(s))
ALINIA TAB 500 mg	3	QL (6 EA per 30 day(s))
<i>chloroquine Tab 250 mg, 500 mg</i>	1	GAP
EURAX LOTION 10 %	3	
EURAX TOPICAL CREAM 10 %	3	
<i>hydroxychloroquine Tab 200 mg</i>	1	GAP
<i>lindane Lotion 1 %</i>	2	
<i>lindane Shampoo 1 %</i>	2	
<i>mebendazole Chewable Tab 100 mg</i>	1	GAP
NEBUPENT SOLUTION FOR INHALATION 300 mg	4	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
<i>amantadine Cap 100 mg</i>	1	GAP
APOKYN SUBQ CARTRIDGE 10 mg/mL	5	PA; LA; QL (60 ML per 30 day(s))
AZILECT TAB 0.5 mg, 1 mg	3	
<i>benztropine Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
<i>bromocriptine Cap 5 mg</i>	2	
<i>bromocriptine Tab 2.5 mg</i>	1	GAP
<i>cabergoline Tab 0.5 mg</i>	1	GAP
<i>carbidopa-levodopa Tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GAP
COMTAN TAB 200 mg	3	
<i>pramipexole Tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	GAP
<i>selegiline Cap 5 mg</i>	1	GAP
<i>selegiline Tab 5 mg</i>	1	GAP
STALEVO 100 TAB 25-100-200 mg	3	

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Drug Name	Tier	Requirement/Limits
STALEVO 125 TAB 31.25-125-200 mg	3	
STALEVO 150 TAB 37.5-150-200 mg	3	
STALEVO 200 TAB 50-200-200 mg	3	
STALEVO 50 TAB 12.5-50-200 mg	3	
STALEVO 75 TAB 18.75-75-200 mg	3	
TASMAR TAB 100 mg	4	
Antipsychotics - Drugs to Treat Mood Disorders		
ABILIFY TAB 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 day(s))
<i>chlorpromazine Tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>fluphenazine Tab 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>risperidone Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (120 EA per 30 day(s))
SEROQUEL TAB 400 mg	3	PA; QL (60 EA per 30 day(s))
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg	3	PA; QL (90 EA per 30 day(s))
Antispasticity Agents - Drugs to Treat Spasms		
<i>baclofen Tab 10 mg, 20 mg</i>	1	GAP
<i>tizanidine Tab 2 mg, 4 mg</i>	1	GAP
Antivirals - Drugs to Treat Viral Infections		
<i>acyclovir Tab 400 mg, 800 mg</i>	1	GAP
APTIVUS CAP 250 mg	5	QL (120 EA per 30 day(s))
APTIVUS ORAL SOLN 100 mg/mL	5	QL (300 ML per 30 day(s))
ATRIPLA TAB 600-200-300 mg	5	QL (30 EA per 30 day(s))
BARACLUDE ORAL SOLN 0.05 mg/mL	3	QL (600 ML per 30 day(s))
BARACLUDE TAB 0.5 mg	5	QL (60 EA per 30 day(s))
COMBIVIR TAB 150-300 mg	3	
CRIXIVAN CAP 100 mg, 200 mg, 400 mg	3	
<i>didanosine Cap, Delayed Release 125 mg, 200 mg, 250 mg, 400 mg</i>	2	
EMTRIVA CAP 200 mg	4	
EMTRIVA ORAL SOLN 10 mg/mL	4	
EPIVIR ORAL SOLN 10 mg/mL	3	
EPIVIR TAB 150 mg, 300 mg	3	
EPIVIR HBV ORAL SOLN 25 mg/5 mL (5 mg/mL)	3	
EPIVIR HBV TAB 100 mg	3	
EPZICOM TAB 600-300 mg	5	
FUZEON SUB-Q KIT 90 mg	5	QL (60 EA per 30 day(s))
INTELENCE TAB 100 mg	5	QL (120 EA per 30 day(s))
INTELENCE TAB 200 mg	5	QL (60 EA per 30 day(s))

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Drug Name	Tier	Requirements/Limits
INVIRASE CAP 200 mg	4	
INVIRASE TAB 500 mg	5	
ISENTRESS TAB 400 mg	5	QL (60 EA per 30 day(s))
KALETRA ORAL SOLN 400-100 mg/5 mL	5	
KALETRA TAB 100-25 mg	4	
KALETRA TAB 200-50 mg	5	
LEXIVA ORAL SUSP 50 mg/mL	4	
LEXIVA TAB 700 mg	5	
NORVIR CAP 100 mg	3	
NORVIR ORAL SOLN 80 mg/mL	3	
NORVIR TAB 100 mg	3	
PREZISTA TAB 150 mg, 75 mg	4	
PREZISTA TAB 400 mg, 600 mg	5	
RELENZA DISKHALER FOR INHALATION 5 mg/ Actuation	3	QL (60 EA per 180 day(s))
RESCRIPTOR DISPERSIBLE TAB 100 mg	4	
RESCRIPTOR TAB 200 mg	4	
RETROVIR IV 10 mg/mL	4	
REYATAZ CAP 100 mg	4	
REYATAZ CAP 150 mg, 200 mg, 300 mg	5	
RIBASPHERE CAP 200 mg	2	PA
RIBASPHERE TAB 200 mg	2	PA
RIBASPHERE TAB 400 mg, 600 mg	5	PA
SELZENTRY TAB 300 mg	5	QL (120 EA per 30 day(s))
SELZENTRY TAB 150 mg	5	QL (60 EA per 30 day(s))
<i>stavudine Cap 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>stavudine Oral Solution 1 mg/mL</i>	2	
SUSTIVA CAP 200 mg, 50 mg	4	
SUSTIVA TAB 600 mg	4	
TAMIFLU CAP 45 mg, 75 mg	3	QL (28 EA per 180 day(s))
TAMIFLU CAP 30 mg	3	QL (84 EA per 90 day(s))
TRIZIVIR TAB 300-150-300 mg	5	
TRUVADA TAB 200-300 mg	5	
<i>valacyclovir Tab 1 g, 500 mg</i>	2	
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION 10 mg/ mL (Final)	4	
VIRACEPT ORAL POWDER 50 mg/g	4	
VIRACEPT TAB 250 mg, 625 mg	5	
VIRAMUNE ORAL SUSP 50 mg/5 mL	3	

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Drug Name	Tier	Requirement/Limits
VIRAMUNE TAB 200 mg	3	
VIREAD TAB 300 mg	4	
ZIAGEN ORAL SOLN 20 mg/mL	3	
ZIAGEN TAB 300 mg	3	
<i>zidovudine Cap 100 mg</i>	2	
<i>zidovudine Syrup 10 mg/mL</i>	2	
<i>zidovudine Tab 300 mg</i>	2	
Anxiolytics - Drugs to Treat Anxiety		
<i>bupirone Tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	GAP
<i>citalopram Tab 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>fluoxetine Cap 10 mg, 20 mg, 40 mg</i>	1	GAP
LEXAPRO TAB 10 mg	3	ST
LEXAPRO TAB 20 mg, 5 mg	3	ST; QL (30 EA per 30 day(s))
<i>paroxetine Tab 10 mg, 20 mg, 30 mg, 40 mg</i>	1	GAP
<i>sertraline Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
Bipolar Agents - Drugs to Treat Mood Disorders		
<i>lithium carbonate Cap 150 mg, 300 mg, 600 mg</i>	1	GAP
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
<i>acarbose Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
ACTOPLUS MET TAB 15-500 mg, 15-850 mg	3	QL (90 EA per 30 day(s))
ACTOS TAB 30 mg, 45 mg	3	QL (30 EA per 30 day(s))
ACTOS TAB 15 mg	3	QL (60 EA per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 10 mcg/0.04 mL	3	ST; QL (2.4 ML per 30 day(s))
BYETTA SUB-Q PEN INJECTOR 5 mcg/0.02 mL	3	ST; QL (4.8 ML per 30 day(s))
<i>glimepiride Tab 2 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glimepiride Tab 1 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glimepiride Tab 4 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 5 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 2.5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glipizide ER 24 hour Tab 10 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>glipizide Tab 10 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glipizide Tab 5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glyburide Tab 5 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glyburide Tab 2.5 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>glyburide Tab 1.25 mg</i>	1	GAP; QL (480 EA per 30 day(s))
<i>glyburide-metformin Tab 2.5-500 mg, 5-500 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>glyburide-metformin Tab 1.25-250 mg</i>	1	GAP; QL (240 EA per 30 day(s))
GLYSET TAB 100 mg, 25 mg, 50 mg	4	ST; QL (90 EA per 30 day(s))

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Drug Name	Tier	Requirements/Limits
HUMALOG SUB-Q 100 unit/mL	3	
HUMALOG KWIKPEN SUB-Q PEN 100 unit/mL	3	
HUMALOG MIX 50-50 SUSP, SUB-Q INJ 100 unit/mL (50-50)	3	
HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN 100 unit/mL (50-50)	3	
HUMALOG MIX 75-25 SUSP, SUB-Q INJ 100 unit/mL (75-25)	3	
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN 100 unit/mL (75-25)	3	
HUMULIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30)	3	
HUMULIN 70/30 PEN SUBQ 100 unit/mL (70-30)	3	
HUMULIN N SUSP, SUB-Q INJ 100 unit/mL	3	
HUMULIN N PEN SUBQ 100 unit/mL (3 mL)	3	
HUMULIN R INJECTION 100 unit/mL	3	
“HUMULIN R U-500 ”“CONCENTRATED”” INSULIN INJECTION 500 unit/mL”	3	
JANUMET TAB 50-1,000 mg, 50-500 mg	3	ST; QL (60 EA per 30 day(s))
JANUVIA TAB 100 mg, 25 mg, 50 mg	3	ST; QL (30 EA per 30 day(s))
LANTUS SUB-Q 100 unit/mL	3	
LANTUS SOLOSTAR SUB-Q INSULIN PEN 100 unit/mL (3 mL)	3	
LEVEMIR SUB-Q 100 unit/mL	4	
LEVEMIR FLEXPEN SUB-Q INSULIN PEN 100 unit/mL	4	
<i>metformin ER 24 hr Tab 500 mg</i>	1	GAP; QL (120 EA per 30 day(s))
<i>metformin ER 24 hr Tab 750 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>metformin Tab 500 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>metformin Tab 1,000 mg</i>	1	GAP; QL (60 EA per 30 day(s))
<i>metformin Tab 850 mg</i>	1	GAP; QL (90 EA per 30 day(s))
<i>nateglinide Tab 120 mg, 60 mg</i>	2	QL (90 EA per 30 day(s))
NOVOLIN 70/30 SUSP, SUB-Q INJ 100 unit/mL (70-30)	4	
NOVOLIN N SUSP, SUB-Q INJ 100 unit/mL	4	
NOVOLIN R INJECTION 100 unit/mL	4	
NOVOLOG SUB-Q 100 unit/mL	4	
NOVOLOG FLEXPEN SUB-Q 100 unit/mL	4	
NOVOLOG MIX 70-30 SUB-Q 100 unit/mL (70-30)	4	
NOVOLOG MIX 70-30 FLEXPEN SUB-Q 100 unit/mL (70-30)	4	
PRANDIN TAB 0.5 mg, 1 mg	3	QL (120 EA per 30 day(s))
PRANDIN TAB 2 mg	3	QL (240 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
SYMLIN SUB-Q 600 mcg/mL	3	PA
SYMLINPEN 120 SUB-Q PEN INJECTOR 2,700 mcg/2.7 mL	3	PA
SYMLINPEN 60 SUB-Q PEN INJECTOR 1,500 mcg/1.5 mL	3	PA
VICTOZA SUB-Q PEN INJECTOR 0.6 mg/0.1 mL (18 mg/3 mL)	4	ST; QL (18 ML per 28 day(s))
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
AGGRENOX 12 HR CAP 200-25 mg	3	QL (60 EA per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 40 mcg/mL, 60 mcg/mL	4	PA
ARANESP (POLYSORBATE) INJECTION 25 mcg/mL	4	PA; QL (4 ML per 30 day(s))
ARANESP (POLYSORBATE) INJECTION 200 mcg/mL, 300 mcg/mL	5	PA
ARANESP (POLYSORBATE) SYRINGE 100 mcg/0.5 mL, 40 mcg/0.4 mL	4	PA
ARANESP (POLYSORBATE) SYRINGE 25 mcg/0.42 mL	4	PA; QL (1.7 ML per 30 day(s))
ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL	5	PA
ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL	3	
ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL, 5 mg/0.4 mL, 7.5 mg/0.6 mL	5	
<i>cilostazol Tab 100 mg, 50 mg</i>	1	GAP
COUMADIN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	3	
<i>enoxaparin Sub-Q Syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL</i>	2	
<i>heparin (porcine) Injection 1,000 unit/mL, 10,000 unit/mL, 20,000 unit/mL, 5,000 unit/mL</i>	1	PA; GAP
<i>heparin, porcine (PF) IV 10,000 unit/5 mL</i>	1	PA; GAP
JANTOVEN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GAP
PLAVIX TAB 300 mg	3	
PLAVIX TAB 75 mg	3	QL (34 EA per 30 day(s))
PROMACTA TAB 25 mg, 50 mg, 75 mg	5	PA; LA; QL (30 EA per 30 day(s))
<i>warfarin Tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GAP
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
<i>acetazolamide Tab 125 mg, 250 mg</i>	1	GAP
AFEDITAB CR 30 mg, 60 mg	1	GAP

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Drug Name	Tier	Requirements/Limits
ALDACTAZIDE TAB 50-50 mg	4	
<i>amiloride-hydrochlorothiazide Tab 5-50 mg</i>	1	GAP
<i>amiodarone Tab 200 mg, 400 mg</i>	1	GAP
<i>amlodipine Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>amlodipine-benazepril Cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	GAP
AMTURNIDE TAB 150-5-12.5 mg, 300-10-12.5 mg, 300-10-25 mg, 300-5-12.5 mg, 300-5-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>atenolol Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>atenolol-chlorthalidone Tab 100-25 mg, 50-25 mg</i>	1	GAP
AVAPRO TAB 150 mg, 300 mg, 75 mg	4	ST; QL (30 EA per 30 day(s))
<i>benazepril Tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>benazepril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GAP
BENICAR TAB 20 mg, 40 mg, 5 mg	4	ST; QL (30 EA per 30 day(s))
BENICAR HCT TAB 20-12.5 mg, 40-12.5 mg, 40-25 mg	4	ST; QL (30 EA per 30 day(s))
<i>bisoprolol-hydrochlorothiazide Tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GAP
<i>bumetanide Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
BYSTOLIC TAB 10 mg	3	QL (120 EA per 30 day(s))
BYSTOLIC TAB 2.5 mg	3	QL (30 EA per 30 day(s))
BYSTOLIC TAB 20 mg	3	QL (60 EA per 30 day(s))
BYSTOLIC TAB 5 mg	3	QL (90 EA per 30 day(s))
CARTIA XT 24 HR CAP 120 mg, 180 mg, 240 mg, 300 mg	1	GAP
<i>carvedilol Tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GAP
CHOLESTYRAMINE LIGHT PACKET 4 gram	1	GAP
<i>clonidine Tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	GAP
CRESTOR TAB 20 mg, 40 mg	3	QL (30 EA per 30 day(s))
CRESTOR TAB 10 mg, 5 mg	3	ST; QL (30 EA per 30 day(s))
<i>digoxin Tab 125 mcg, 250 mcg</i>	1	GAP
DILT-CD 24 HR CAP 120 mg, 300 mg	1	GAP
<i>diltiazem CD 24 hr Cap 120 mg, 240 mg, 300 mg</i>	1	GAP
DIOVAN TAB 160 mg, 320 mg, 40 mg, 80 mg	3	ST; QL (30 EA per 30 day(s))
DIOVAN HCT TAB 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	3	ST; QL (30 EA per 30 day(s))
<i>doxazosin Tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	GAP
<i>enalapril maleate Tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GAP
<i>enalapril-hydrochlorothiazide Tab 10-25 mg, 5-12.5 mg</i>	1	GAP

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24 Please refer to our Evidence of Coverage for more information about this coverage.

Drug Name	Tier	Requirement/Limits
<i>felodipine ER 24 hr Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>fenofibrate Tab 160 mg, 54 mg</i>	1	GAP
<i>fenofibrate micronized Cap 134 mg, 200 mg, 67 mg</i>	1	GAP
FENOGLIDE TAB 120 mg	4	QL (30 EA per 30 day(s))
FENOGLIDE TAB 40 mg	4	QL (60 EA per 30 day(s))
<i>flecainide Tab 100 mg, 150 mg, 50 mg</i>	1	GAP
<i>furosemide Tab 20 mg, 40 mg, 80 mg</i>	1	GAP
<i>gemfibrozil Tab 600 mg</i>	1	GAP
<i>hydralazine Tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>hydrochlorothiazide Cap 12.5 mg</i>	1	GAP
<i>hydrochlorothiazide Tab 12.5 mg, 25 mg, 50 mg</i>	1	GAP
<i>indapamide Tab 1.25 mg, 2.5 mg</i>	1	GAP
<i>isosorbide mononitrate ER 24 hr Tab 120 mg, 30 mg, 60 mg</i>	1	GAP
<i>labetalol Tab 100 mg, 200 mg, 300 mg</i>	1	GAP
LANOXIN TAB 125 mcg, 250 mcg	3	
LIPITOR TAB 40 mg, 80 mg	4	QL (30 EA per 30 day(s))
LIPITOR TAB 10 mg, 20 mg	4	ST; QL (30 EA per 30 day(s))
<i>lisinopril Tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GAP
<i>lisinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GAP
<i>losartan Tab 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 day(s))
<i>losartan-hydrochlorothiazide Tab 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	QL (30 EA per 30 day(s))
<i>lovastatin Tab 10 mg, 20 mg, 40 mg</i>	1	GAP
LOVAZA CAP 1 gram	3	
MATZIM LA 24 HR TAB 420 mg	1	GAP; QL (30 EA per 30 day(s))
MATZIM LA 24 HR TAB 180 mg, 240 mg, 300 mg, 360 mg	2	QL (30 EA per 30 day(s))
<i>methazolamide Tab 25 mg, 50 mg</i>	1	GAP
<i>methyldopa Tab 250 mg, 500 mg</i>	1	GAP
<i>methyldopa-hydrochlorothiazide Tab 250-15 mg, 250-25 mg</i>	1	GAP
<i>metolazone Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>metoprolol succinate ER 24 hr Tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GAP
<i>metoprolol tartrate Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
NIASPAN EXTENDED-RELEASE 24 HR TAB 1,000 mg, 500 mg, 750 mg	3	QL (60 EA per 30 day(s))
NIFEDIAC CC TAB 30 mg, 60 mg, 90 mg	1	GAP

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Drug Name	Tier	Requirements/Limits
NIFEDICAL XL 24 HR TAB 30 mg, 60 mg	1	GAP
<i>nifedipine ER 24 hr Tab 30 mg, 60 mg, 90 mg</i>	1	GAP
NITROSTAT SUBLINGUAL TAB 0.3 mg, 0.4 mg, 0.6 mg	3	
PACERONE TAB 200 mg	1	GAP
PACERONE TAB 100 mg	3	
<i>pravastatin Tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GAP
PREVALITE ORAL POWDER 4 gram	1	GAP
<i>propafenone ER 12 hr Cap 225 mg, 325 mg, 425 mg</i>	2	
<i>propranolol ER 24 hr Cap extended release 120 mg, 160 mg, 60 mg, 80 mg</i>	1	GAP
<i>propranolol Tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GAP
<i>quinapril Tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GAP
<i>quinapril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GAP
<i>ramipril Cap 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>simvastatin Tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GAP
<i>sotalol Tab 120 mg, 160 mg, 240 mg, 80 mg</i>	1	GAP
<i>spironolactone Tab 100 mg, 25 mg, 50 mg</i>	1	GAP
<i>spironolactone-hydrochlorothiazide Tab 25-25 mg</i>	1	GAP
TEKTURNA TAB 150 mg, 300 mg	4	ST; QL (30 EA per 30 day(s))
<i>terazosin Cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GAP
<i>torseamide Tab 10 mg, 100 mg, 20 mg, 5 mg</i>	1	GAP
<i>triamterene-hydrochlorothiazide Cap 37.5-25 mg, 50-25 mg</i>	1	GAP
<i>triamterene-hydrochlorothiazide Tab 37.5-25 mg, 75-50 mg</i>	1	GAP
TRICOR TAB 145 mg, 48 mg	4	QL (30 EA per 30 day(s))
TRILIPIX CAP 135 mg, 45 mg	3	QL (30 EA per 30 day(s))
<i>verapamil ER Tab 120 mg, 180 mg, 240 mg</i>	1	GAP
VYTORIN 10-10 TAB 10-10 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-20 TAB 10-20 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-40 TAB 10-40 mg	4	ST; QL (30 EA per 30 day(s))
VYTORIN 10-80 TAB 10-80 mg	4	ST; QL (30 EA per 30 day(s))
WELCHOL TAB 625 mg	3	QL (210 EA per 30 day(s))
ZETIA TAB 10 mg	3	ST; QL (30 EA per 30 day(s))
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
AMPHETAMINE SALT COMBO TAB 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; GAP; QL (60 EA per 30 day(s))
AMPYRA 12 HR TAB 10 mg	5	PA; LA; QL (60 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
<i>dextroamphetamine ER Cap 10 mg, 15 mg, 5 mg</i>	2	PA; QL (120 EA per 30 day(s))
<i>dextroamphetamine Tab 10 mg, 5 mg</i>	2	PA
<i>methylphenidate ER Tab 20 mg</i>	1	PA; GAP; QL (90 EA per 30 day(s))
<i>methylphenidate Tab 10 mg, 20 mg, 5 mg</i>	1	PA; GAP; QL (90 EA per 30 day(s))
PROVIGIL TAB 200 mg	3	PA; QL (60 EA per 30 day(s))
PROVIGIL TAB 100 mg	3	PA; QL (90 EA per 30 day(s))
STRATTERA CAP 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	3	PA; QL (30 EA per 30 day(s))
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
<i>chlorhexidine gluconate Mouthwash 0.12 %</i>	1	GAP
PERIOGARD MOUTHWASH 0.12 %	1	GAP
Dermatological Agents - Drugs to Treat Skin Conditions		
<i>ammonium lactate Lotion 12 %</i>	1	GAP
<i>ammonium lactate Topical Cream 12 %</i>	1	GAP
<i>calcipotriene Ointment 0.005 %</i>	2	
CARAC TOPICAL CREAM 0.5 %	3	
<i>clindamycin Lotion 1 %</i>	1	GAP
<i>clindamycin phosphate Topical Swab 1 %</i>	1	GAP
<i>clindamycin Topical Foam 1 %</i>	2	
<i>clindamycin Topical Gel 1 %</i>	1	GAP
<i>clindamycin Topical Soln 1 %</i>	1	GAP
<i>clindamycin-benzoyl peroxide Topical Gel 1-5 %</i>	2	
CONDYLOX TOPICAL GEL 0.5 %	3	
ELIDEL TOPICAL CREAM 1 %	3	ST
<i>erythromycin with ethanol Topical Gel 2 %</i>	1	GAP
<i>erythromycin with ethanol Topical Soln 2 %</i>	1	GAP
<i>erythromycin-benzoyl peroxide Topical Gel 3-5 %</i>	1	GAP
<i>imiquimod Topical Cream Packet 5 %</i>	2	QL (12 EA per 30 day(s))
OXSORALEN ULTRA CAP 10 mg	5	
<i>podofilox Topical Soln 0.5 %</i>	1	GAP
PROTOPIC OINTMENT 0.03 %, 0.1 %	4	ST
<i>selenium sulfide Topical Susp 2.5 %</i>	1	GAP
SOLARAZE TOPICAL GEL 3 %	4	
VECTICAL OINTMENT 3 mcg/gram	4	
VEREGEN OINTMENT 15 %	4	QL (15 GM per 30 day(s))
ZONALON TOPICAL CREAM 5 %	3	QL (45 GM per 30 day(s))
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
ADAGEN IM 250 unit/mL	5	PA; LA
ALDURAZYME IV 2.9 mg/5 mL	5	PA; LA

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Drug Name	Tier	Requirements/Limits
BUPHENYL TAB 500 mg	5	
CEREDASE IV 80 unit/mL	5	PA
CEREZYME IV SOLUTION 200 unit	5	PA; LA
CREON CAP 12,000-38,000 -60,000 unit, 24,000-76,000 -120,000 unit, 6,000-19,000 -30,000 unit	3	
CYSTAGON CAP 150 mg, 50 mg	4	LA
ELAPRASE IV 6 mg/3 mL	5	PA
ELITEK IV SOLUTION 1.5 mg	5	PA
FABRAZYME IV SOLUTION 35 mg	5	PA; LA
KUVAN SOLUBLE TAB 100 mg	5	PA
NAGLAZYME IV 5 mg/5 mL	5	PA; LA
ORFADIN CAP 10 mg, 2 mg, 5 mg	5	LA
PANCREAZE CAP 10,500-25,000 -43,750 unit, 16,800-40,000 -70,000 unit, 21,000-37,000 -61,000 unit, 4,200-10,000 -17,500 unit	4	
ZAVESCA CAP 100 mg	5	LA
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ACIPHEX TAB 20 mg	4	ST; QL (30 EA per 30 day(s))
CARAFATE ORAL SUSP 100 mg/mL	3	
CIMZIA SUBQ SYRINGE KIT 400 mg/2 mL (200 mg/mL x 2)	5	PA
CIMZIA POWDER FOR RECONSTITUTION SUB-Q KIT 400 mg (200 mg x 2)	5	PA
CONSTULOSE ORAL SOLN 10 gram/15 mL	1	GAP
<i>famotidine Tab 20 mg, 40 mg</i>	1	GAP
GAVILYTE-C ORAL SOLUTION 240-22.72-6.72 gram	1	GAP
GAVILYTE-G ORAL SOLUTION 236-22.74-6.74 gram	1	GAP
<i>glycopyrrolate Injection 0.2 mg/mL</i>	1	GAP
<i>glycopyrrolate Tab 1 mg, 2 mg</i>	1	GAP
<i>lactulose Oral Soln 10 gram/15 mL</i>	1	GAP
<i>lansoprazole Cap, Delayed Release 15 mg, 30 mg</i>	2	QL (30 EA per 30 day(s))
LOTRONEX TAB 0.5 mg, 1 mg	3	PA; QL (60 EA per 30 day(s))
<i>methscopolamine Tab 2.5 mg, 5 mg</i>	1	GAP
<i>misoprostol Tab 100 mcg, 200 mcg</i>	1	GAP
MOVIPREP ORAL POWDER PACKET 100-7.5-2.691 gram	3	
NEXIUM CAP 20 mg, 40 mg	3	ST; QL (30 EA per 30 day(s))
<i>omeprazole Cap, Delayed Release 10 mg, 20 mg, 40 mg</i>	1	GAP
<i>pantoprazole Tab, Delayed Release 20 mg, 40 mg</i>	1	GAP

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Drug Name	Tier	Requirement/Limits
<i>polyethylene glycol 3350 Oral Powder 17 gram/dose</i>	1	GAP
<i>ranitidine Tab 150 mg, 300 mg</i>	1	GAP
<i>sucralfate Tab 1 gram</i>	1	GAP
<i>ursodiol Cap 300 mg</i>	2	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
AVODART CAP 0.5 mg	3	QL (30 EA per 30 day(s))
<i>bethanechol chloride Tab 10 mg, 25 mg, 5 mg, 50 mg</i>	1	GAP
<i>calcium acetate Cap 667 mg</i>	1	GAP
DETROL LA 24 HR CAP 2 mg, 4 mg	3	QL (30 EA per 30 day(s))
ELMIRON CAP 100 mg	4	
<i>finasteride Tab 5 mg</i>	1	GAP
FOSRENOL CHEWABLE TAB 750 mg	3	QL (150 EA per 30 day(s))
FOSRENOL CHEWABLE TAB 500 mg	3	QL (225 EA per 30 day(s))
FOSRENOL CHEWABLE TAB 1,000 mg	3	QL (90 EA per 30 day(s))
<i>oxybutynin chloride ER 24 hr Tab 10 mg, 15 mg, 5 mg</i>	1	GAP
<i>oxybutynin chloride Tab 5 mg</i>	1	GAP
<i>tamsulosin ER 24 hr Cap 0.4 mg</i>	2	QL (60 EA per 30 day(s))
UROXATRAL 24 HR TAB 10 mg	3	QL (30 EA per 30 day(s))
VESICARE TAB 10 mg, 5 mg	3	QL (30 EA per 30 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>betamethasone dipropionate Lotion 0.05 %</i>	2	
<i>betamethasone valerate Lotion 0.1 %</i>	1	GAP
<i>betamethasone valerate Topical Cream 0.1 %</i>	1	GAP
<i>betamethasone, augmented Lotion 0.05 %</i>	1	GAP
<i>betamethasone, augmented Topical Cream 0.05 %</i>	1	GAP
<i>clobetasol Ointment 0.05 %</i>	1	GAP
<i>clobetasol Topical Soln 0.05 %</i>	1	GAP
<i>desonide Lotion 0.05 %</i>	1	GAP
<i>desonide Topical Cream 0.05 %</i>	1	GAP
<i>dexamethasone Tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	GAP
<i>fludrocortisone Tab 0.1 mg</i>	1	GAP
<i>fluocinonide Ointment 0.05 %</i>	1	GAP
<i>fluocinonide Topical Soln 0.05 %</i>	1	GAP
LOKARA LOTION 0.05 %	1	GAP
<i>methylprednisolone Tabs in a Dose Pack 4 mg</i>	1	GAP
<i>prednisone Tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
PROCTOCREAM-HC RECTAL 2.5 %	1	GAP
PROCTO-PAK RECTAL CREAM 1 %	1	GAP
PROCTOSOL HC RECTAL CREAM 2.5 %	1	GAP
PROCTOZONE-HC RECTAL CREAM 2.5 %	1	GAP
<i>triamcinolone acetonide Ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	GAP
<i>triamcinolone acetonide Topical Cream 0.025 %, 0.1 %, 0.5 %</i>	1	GAP
TRIDERM TOPICAL CREAM 0.1 %	1	GAP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>chorionic gonadotropin, human IM 10,000 unit</i>	2	PA
<i>desmopressin Tab 0.1 mg, 0.2 mg</i>	2	
HUMATROPE INJECTION, CARTRIDGE 6 (18 unit) mg	4	PA
HUMATROPE INJECTION, CARTRIDGE 12 (36 unit) mg, 24 (72 unit) mg	5	PA
HUMATROPE SOLUTION FOR INJECTION 5 (15 unit) mg	5	PA
INCRELEX SUB-Q 10 mg/mL	5	PA
NORDITROPIN FLEXPOR SUB-Q PEN INJECTOR 10 mg/1.5 mL (6.7 mg/mL), 15 mg/1.5 mL (10 mg/mL), 5 mg/1.5 mL (3.3 mg/mL)	5	PA
NORDITROPIN NORDIFLEX SUB-Q PEN INJECTOR 30 mg/3 mL (10 mg/mL)	5	PA
PREGNYL IM 10,000 unit	1	PA; GAP
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
ANADROL-50 TAB 50 mg	5	PA
ANDRODERM TRANSDERM 24 HR PATCH 2.5 mg/24 hr, 5 mg/24 hr	3	PA
<i>danazol Cap 100 mg, 200 mg, 50 mg</i>	2	
<i>estradiol Tab 0.5 mg, 1 mg, 2 mg</i>	1	GAP
EVISTA TAB 60 mg	3	QL (30 EA per 30 day(s))
FEMRING VAGINAL 0.05 mg/24 hr, 0.1 mg/24 hr	4	QL (1 EA per 90 day(s))
<i>medroxyprogesterone IM Susp 150 mg/mL</i>	1	GAP
<i>medroxyprogesterone Tab 10 mg, 2.5 mg, 5 mg</i>	1	GAP
<i>oxandrolone Tab 2.5 mg</i>	2	PA
<i>oxandrolone Tab 10 mg</i>	5	PA
PREMARIN VAGINAL CREAM 0.625 mg/g	3	
PROMETRIUM CAP 100 mg, 200 mg	4	
VAGIFEM VAGINAL TAB 10 mcg	3	

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Drug Name	Tier	Requirement/Limits
ZOVIA 1/35E (28) TAB 1-35 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
ZOVIA 1/50E (28) TAB 1-50 mg-mcg	1	GAP; QL (28 EA per 28 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
LEVOTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP
<i>levothyroxine Tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GAP
LEVOXYL TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP
SYNTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	3	
UNITHROID TAB 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	GAP
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
SENSIPAR TAB 30 mg	3	PA
SENSIPAR TAB 60 mg, 90 mg	5	PA
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>leuprolide Sub-Q Kit 1 mg/0.2 mL</i>	1	PA; GAP
<i>octreotide acetate Injection 100 mcg/mL, 200 mcg/mL, 50 mcg/mL</i>	2	PA
<i>octreotide acetate Injection 1,000 mcg/mL, 500 mcg/mL</i>	5	PA
SANDOSTATIN LAR DEPOT IM KIT 10 mg, 20 mg, 30 mg	5	PA
SOMAVERT SUB-Q SOLN 10 mg, 15 mg, 20 mg	5	PA; LA
TRELSTAR IM SUSP 22.5 mg	5	PA
TRELSTAR IM SYRINGE 11.25 mg/2 mL, 3.75 mg/2 mL	5	PA
Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>bicalutamide Tab 50 mg</i>	2	
<i>flutamide Cap 125 mg</i>	1	GAP
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
<i>methimazole Tab 10 mg, 5 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
ACTHIB IM 10 mcg/0.5 mL	3	
ACTIMMUNE SUB-Q 2 million unit/0.5 mL	5	PA; LA
ADACEL (ADOLESCENT & ADULT) IM SUSP 2-5-3-5-5 Lf-mcg-Lf/0.5mL	3	
AVONEX IM KIT 30 mcg	5	PA
AVONEX ADMINISTRATION PACK IM KIT 30 mcg/0.5 mL	5	PA
AZASAN TAB 100 mg, 75 mg	4	PA
<i>azathioprine Tab 50 mg</i>	1	PA; GAP
BETASERON SUB-Q KIT 0.3 mg	5	PA
BOOSTRIX IM SYRINGE 2.5-8-5 Lf-mcg-Lf/0.5mL	3	
CERVARIX IM SYRINGE 20-20 mcg/0.5 mL	4	
COMVAX IM 5-7.5-125 mcg/0.5 mL	3	
COPAXONE SUB-Q KIT 20 mg	5	PA
DAPTACEL (PEDIATRIC) (PF) IM SUSP 15-10-5 Lf-mcg-Lf/0.5mL	3	
DECAVAC IM SYRINGE 5-2 Lf unit/0.5 mL	3	
ENBREL SUB-Q KIT 25 mg	5	PA; ST; QL (16 EA per 30 day(s))
ENBREL SUB-Q SYRINGE 25 mg/0.5mL (0.51), 50 mg/mL (0.98 mL)	5	PA; ST
ENGERIX-B (PF) IM SUSP 10 mcg/0.5 mL	3	PA
ENGERIX-B (PF) IM SYRINGE 20 mcg/mL	3	PA
GAMASTAN S/D IM 15-18 % Range	3	PA
GAMUNEX IV 10 %	5	PA
GARDASIL IM SUSP 20-40-40-20 mcg/0.5 mL	3	
HAVRIX (PF) IM SUSP 1,440 EL unit/mL	3	
HAVRIX (PF) IM SYRINGE 720 EL unit/0.5 mL	3	
HUMIRA SUB-Q KIT 20 mg/0.4 mL, 40 mg/0.8 mL	5	PA; ST; QL (6 EA per 28 day(s))
HUMIRA CROHN'S DISEASE STARTER PACK SUBQ PEN KIT 40 mg/0.8 mL	5	PA; ST; QL (6 EA per 28 day(s))
IMOVAX RABIES VACCINE IM SOLUTION 2.5 unit	3	
INFANRIX (PF) IM SUSP 25-58-10 Lf-mcg-Lf/0.5mL	3	
INTRON A INJECTION 6 million unit/mL	4	PA
INTRON A SOLUTION FOR INJECTION 10 million unit (1 mL)	5	PA
INTRON A SUBQ PEN KIT 3 million unit /0.2 mL-6 doses	4	PA
INTRON A SUBQ PEN KIT 10 million unit/0.2 mL, 5 million unit/0.2 mL	5	PA

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Drug Name	Tier	Requirement/Limits
IPOL SUSP FOR INJECTION 40-8-32 unit/0.5 mL	3	
IXIARO (PF) IM SYRINGE 6 mcg/0.5 mL	3	
JE-VAX SUB-Q SOLN	3	
<i>leflunomide Tab 10 mg, 20 mg</i>	1	GAP
MENACTRA (PF) IM SYRINGE 4 mcg/0.5 mL	3	
MENOMUNE - A/C/Y/W-135 (PF) SUB-Q SOLN 50 mcg	3	
MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 mcg/0.5 mL	3	
methotrexate sodium Tab 2.5 mg	1	GAP
M-M-R II (PF) SUB-Q SUSP 1,000-12,500 TCID50/0.5 mL	3	
PEDVAX HIB (PF) IM 7.5 mcg/0.5 mL	3	
PEGASYS SUB-Q 180 mcg/mL	5	PA
PEGASYS CONVENIENCE PACK SUB-Q KIT 180 mcg/0.5 mL	5	PA
PROQUAD SUB-Q 10exp3-4.3-3- 3.99 TCID50/0.5	3	
RABAVERT (PF) IM KIT 2.5 unit	3	
RECOMBIVAX HB (PF) IM SUSP 10 mcg/mL, 40 mcg/mL	3	PA
ROTATEQ VACCINE ORAL SUSP 2 mL	3	
<i>tetanus toxoid,adsorbed (PF) IM 5 Lf unit/0.5 mL</i>	3	
<i>tetanus,diphtheria toxoids ped (PF) IM Susp 5-6.7 Lf unit</i>	3	
<i>tetanus-diphtheria toxoids-Td IM Susp 2-2 Lf unit/0.5 mL</i>	3	
TREXALL TAB 10 mg, 15 mg, 5 mg, 7.5 mg	4	
TRIPEDIA (PF) IM SUSP 6.7-46.8-5 Lf-mcg-Lf/0.5mL	3	
TWINRIX (PF) IM SUSP 720-20 EL unit-mcg/mL	3	
TYPHIM VI IM 25 mcg/0.5 mL	3	
VAQTA (PF) IM SUSP 25 unit/0.5 mL	3	
VARIVAX (PF) SUB-Q SOLN 1,350 unit/0.5 mL	3	
YF-VAX SUB-Q SUSP 10 exp4.74 unit/0.5 mL	3	
ZOSTAVAX SUB-Q SOLN 19,400 unit	3	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
ASACOL TAB 400 mg	3	
SULFAZINE EC TAB 500 mg	1	GAP
Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
ACTONEL TAB 150 mg	4	ST; QL (1 EA per 28 day(s))
ACTONEL TAB 5 mg	4	ST; QL (30 EA per 30 day(s))
ACTONEL TAB 35 mg	4	ST; QL (4 EA per 30 day(s))

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Drug Name	Tier	Requirements/Limits
ACTONEL TAB 30 mg	4	ST; QL (30 EA per 30 day(s))
<i>alendronate Tab 40 mg</i>	1	GAP
<i>alendronate Tab 10 mg, 35 mg, 5 mg</i>	1	GAP
<i>alendronate Tab 70 mg</i>	1	GAP; QL (4 EA per 28 day(s))
BONIVA TAB 150 mg	3	ST; QL (1 EA per 30 day(s))
<i>calcitonin (salmon) Nasal Spray Aerosol 200 unit/Actuation</i>	1	PA; GAP; QL (3.7 ML per 30 day(s))
<i>calcitriol Cap 0.25 mcg, 0.5 mcg</i>	1	PA; GAP
HECTOROL CAP 0.5 mcg, 1 mcg, 2.5 mcg	4	PA
MIACALCIN INJECTION 200 unit/mL	4	PA
<i>pamidronate IV 30 mg/10 mL (3 mg/mL), 90 mg/10 mL (9 mg/mL)</i>	2	
RECLAST IV 5 mg/100 mL	4	PA
Ophthalmic Agents - Drugs to Treat Eye Conditions		
AK-TOB EYE DROPS 0.3 %	1	GAP
ALREX EYE DROPS 0.2 %	4	QL (15 ML per 30 day(s))
AZOPT EYE DROPS 1 %	3	QL (10 ML per 25 day(s))
<i>brimonidine Eye Drops 0.2 %</i>	1	GAP
COMBIGAN EYE DROPS 0.2-0.5 %	4	QL (10 ML per 25 day(s))
<i>dorzolamide Eye Drops 2 %</i>	1	GAP; QL (10 ML per 25 day(s))
<i>dorzolamide-timolol Eye Drops 2-0.5 %</i>	1	GAP; QL (10 ML per 25 day(s))
<i>ketorolac Eye Drops 0.4 %, 0.5 %</i>	2	
LOTEMAX EYE DROPS 0.5 %	3	QL (20 ML per 25 day(s))
LUMIGAN EYE DROPS 0.01 %, 0.03 %	3	PA; QL (5 ML per 30 day(s))
PATADAY EYE DROPS 0.2 %	3	QL (7.5 ML per 30 day(s))
PATANOL EYE DROPS 0.1 %	3	QL (15 ML per 30 day(s))
PRED MILD EYE DROPS 0.12 %	3	
<i>prednisolone acetate Eye Drops, Susp 1 %</i>	1	GAP
RESTASIS EYE DROPPERETTE 0.05 %	3	QL (60 EA per 30 day(s))
ROMYCIN EYE OINTMENT 5 mg/gram (0.5 %)	1	GAP
<i>timolol maleate Eye Drops 0.25 %, 0.5 %</i>	1	GAP; QL (10 ML per 25 day(s))
<i>tobramycin-dexamethasone Eye Drops, Susp 0.3-0.1 %</i>	1	GAP; QL (20 ML per 25 day(s))
TOBRASOL EYE DROPS 0.3 %	1	GAP
TRAVATAN Z EYE DROPS 0.004 %	3	QL (5 ML per 30 day(s))
VIGAMOX EYE DROPS 0.5 %	3	
ZYMAR EYE DROPS 0.3 %	3	
ZYMAXID EYE DROPS 0.5 %	4	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
ADCIRCA TAB 20 mg	5	PA; QL (60 EA per 30 day(s))

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Drug Name	Tier	Requirement/Limits
ADVAIR DISKUS FOR INHALATION 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 EA per 30 day(s))
ADVAIR HFA AEROSOL INHALER 115-21 mcg/Actuation, 230-21 mcg/Actuation, 45-21 mcg/Actuation	3	QL (60 GM per 30 day(s))
<i>albuterol sulfate Neb Solution 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %), 5 mg/mL</i>	1	PA; GAP
<i>aminophylline IV 250 mg/10 mL</i>	1	GAP
<i>aminophylline Tab 100 mg, 200 mg</i>	1	GAP
ARALAST NP IV SUSP 500 mg	5	PA; LA
ASTEPRO NASAL SPRAY 0.15 % (205.5 mcg)	3	QL (30 ML per 25 day(s))
ATROVENT HFA AEROSOL INHALER 17 mcg/Actuation	3	QL (25.8 GM per 30 day(s))
<i>azelastine Nasal Spray Aerosol 137 mcg</i>	2	QL (30 ML per 25 day(s))
COMBIVENT AEROSOL INHALER 18-103 mcg/Actuation	3	QL (29.4 GM per 30 day(s))
FLOVENT HFA AEROSOL INHALER 44 mcg/Actuation	3	QL (21.2 GM per 30 day(s))
FLOVENT HFA AEROSOL INHALER 110 mcg/Actuation, 220 mcg/Actuation	3	QL (24 GM per 30 day(s))
<i>fluticasone Nasal Spray, Susp 50 mcg/Actuation</i>	1	GAP; QL (16 GM per 25 day(s))
GLASSIA IV 1 g/50 mL (2 %)	5	PA
<i>ipratropium bromide Nasal Spray 0.03 %, 0.06 %</i>	1	GAP
<i>ipratropium bromide Soln for Inhalation 0.02 %</i>	1	PA; GAP
<i>ipratropium-albuterol Neb Solution 0.5 mg-3 mg(2.5 mg base)/3 mL</i>	1	PA; GAP
<i>levalbuterol Neb Solution 1.25 mg/0.5 mL</i>	2	PA
MYOZYME IV SOLUTION 50 mg	5	PA
NASONEX SPRAY 50 mcg/Actuation	3	QL (34 GM per 25 day(s))
PROAIR HFA AEROSOL INHALER 90 mcg/Actuation	3	QL (17 GM per 30 day(s))
PROLASTIN IV SUSP 500 mg	5	PA
PROVENTIL HFA AEROSOL INHALER 90 mcg/Actuation	3	QL (13.4 GM per 30 day(s))
REVATIO IV 10 mg/12.5 mL	5	PA
REVATIO TAB 20 mg	5	PA
SINGULAIR TAB 10 mg	3	ST; QL (30 EA per 30 day(s))
SPIRIVA WITH HANDIHALER & INHALATION CAPS 18 mcg	3	QL (30 EA per 25 day(s))
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 mcg/Actuation, 80-4.5 mcg/Actuation	3	QL (11 GM per 30 day(s))
<i>theophylline ER 12 hr Tab 100 mg, 200 mg, 300 mg, 450 mg</i>	1	GAP
<i>theophylline ER Tab 400 mg, 600 mg</i>	1	GAP

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Drug Name	Tier	Requirements/Limits
VENTOLIN HFA AEROSOL INHALER 90 mcg/ Actuation	3	QL (36 GM per 30 day(s))
XOPENEX NEB SOLUTION 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	3	PA
XOPENEX HFA AEROSOL INHALER 45 mcg/ Actuation	3	QL (30 GM per 30 day(s))
<i>zafirlukast Tab 10 mg, 20 mg</i>	2	QL (60 EA per 30 day(s))
Sedatives/Hypnotics - Drugs for Sedation and Sleep		
LUNESTA TAB 1 mg, 2 mg, 3 mg	3	QL (30 EA per 30 day(s))
<i>zolpidem ER multiphase Tab 12.5 mg, 6.25 mg</i>	2	QL (30 EA per 30 day(s))
<i>zolpidem Tab 10 mg, 5 mg</i>	1	GAP
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
AMINOSYN II 15% IV 15 %	3	PA
AMINOSYN II 3.5 %/DEXTROSE 5 % IV 3.5 %	3	PA
AMINOSYN II 3.5 % IN DEXTROSE 25 % IV 3.5 %	3	PA
AMINOSYN II 3.5% M/DEXTROSE 5% IV 3.5 %	3	PA
AMINOSYN II 4.25%/DEXTROSE 20% IV 4.25 %	3	PA
AMINOSYN II 4.25% IN DEXTROSE 10% IV 4.25 %	3	PA
AMINOSYN II 4.25 % IN DEXTROSE 25 % IV 4.25 %	3	PA
AMINOSYN II 5%/DEXTROSE 25% IV 5 %	3	PA
AMINOSYN II 8.5 % WITH ELECTROLYTES IV 8.5 %	1	PA; GAP
ED K+10 TAB 10 mEq	1	GAP
KLOR-CON TAB 8 mEq	1	GAP
KLOR-CON 10 TAB 10 mEq	1	GAP
KLOR-CON M15 TAB 15 mEq	3	
KLOR-CON M20 TAB 20 mEq	1	GAP
<i>potassium chloride ER Cap 10 mEq, 8 mEq</i>	1	GAP
<i>potassium chloride ER Tab, Particles/Crystals 10 mEq, 20 mEq</i>	1	GAP

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ADRIAMYCIN PFS IV 2 mg/mL	15	amoxicillin Tab 500 mg, 875 mg	9
ADVAIR DISKUS FOR INHALATION 100-50 mcg/ dose, 250-50 mcg/dose, 500-50 mcg/dose . .	35	AMPHETAMINE SALT COMBO TAB 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg. . . .	26
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ARANESP (POLYSORBATE) SYRINGE 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL	23	betamethasone valerate Lotion 0.1 %	29
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ASTEPRO NASAL SPRAY 0.15 % (205.5 mcg)	35	bisoprolol-hydrochlorothiazide Tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	24
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atenolol Tab 100 mg, 25 mg, 50 mg	24	BONIVA TAB 150 mg	34
ATRIPLA TAB 600-200-300 mg	19	BOOSTRIX IM SYRINGE 2.5-8-5 Lf-mcg-Lf/0.5mL	32
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AVASTIN IV 25 mg/mL	15	bromocriptine Tab 2.5 mg	18
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AVONEX IM KIT 30 mcg	32	bumetanide Tab 0.5 mg, 1 mg, 2 mg	24
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azithromycin Tab 250 mg, 500 mg	9	buspironone Tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	21
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AZOPT EYE DROPS 1 %	34	BYETTA SUB-Q PEN INJECTOR 5 mcg/0.02 mL	21
baclofen Tab 10 mg, 20 mg	19	BYETTA SUB-Q PEN INJECTOR 10 mcg/0.04 mL	21
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		calcium acetate Cap 667 mg	29

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CARAC TOPICAL CREAM 0.5 %	27	ciprofloxacin Tab 100 mg, 250 mg, 500 mg, 750 mg	10
CARAFATE ORAL SUSP 100 mg/mL	28	cisplatin IV 1 mg/mL	15
carbamazepine ER 12 hr Tab 200 mg, 400 mg .	12	citalopram Tab 10 mg, 20 mg, 40 mg	21
carbamazepine Tab 200 mg	12	cladribine IV 10 mg/10 mL	15
carbidopa-levodopa Tab 10-100 mg, 25-100 mg, 25-250 mg	18	clarithromycin ER 24 hr Tab 500 mg	10
carboplatin IV 10 mg/mL	15	clarithromycin Tab 250 mg, 500 mg	10
CARTIA XT 24 HR CAP 120 mg, 180 mg, 240 mg, 300 mg	24	CLEOCIN CAP 75 mg	10
carvedilol Tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	24	clindamycin-benzoyl peroxide Topical Gel 1-5 %	27
CEENU CAP 10 mg, 100 mg, 40 mg	15	clindamycin Cap 150 mg, 300 mg	10
cefaclor Cap 250 mg, 500 mg	9	clindamycin IV 600 mg/4 mL	10
cefadroxil Cap 500 mg	10	clindamycin Lotion 1 %	27
cefadroxil Oral Susp 250 mg/5 mL, 500 mg/5 mL	10	clindamycin phosphate Topical Swab 1 %	27
cefadroxil Tab 1 gram	10	clindamycin Topical Foam 1 %	27
cefdinir Cap 300 mg	10	clindamycin Topical Gel 1 %	27
cefdinir Oral Susp 125 mg/5 mL, 250 mg/5 mL	10	clindamycin Topical Soln 1 %	27
cefepodoxime Tab 100 mg, 200 mg	10	clindamycin Vaginal Cream 2 %	10
cefuroxime axetil Tab 250 mg, 500 mg	10	clobetasol Ointment 0.05 %	29
CELEBREX CAP 100 mg	14	clobetasol Topical Soln 0.05 %	29
CELEBREX CAP 200 mg, 400 mg, 50 mg	14	CLOLAR IV 20 mg/20 mL	15
cephalexin Cap 250 mg, 500 mg	10	clonidine Tab 0.1 mg, 0.2 mg, 0.3 mg	24
CEREDASE IV 80 unit/mL	28	clotrimazole-betamethasone Topical Cream 1-0.05 %	14
CEREZYME IV SOLUTION 200 unit	28	CO-GESIC TAB 5-500 mg	9
CERUBIDINE IV SOLUTION 20 mg	15	colchicine-probenecid Tab 0.5-500 mg	14
CERVARIX IM SYRINGE 20-20 mcg/0.5 mL	32	COLCRYS TAB 0.6 mg	14
CHANTIX STARTING MONTH PAK TABS IN A DOSE PACK 0.5(11)-1(3X14) mg	13	COMBIGAN EYE DROPS 0.2-0.5 %	34
CHANTIX TAB 0.5 mg, 1 mg	13	COMBIVENT AEROSOL INHALER 18-103 mcg/Actuation	35
chlorhexidine gluconate Mouthwash 0.12 %	27	COMBIVIR TAB 150-300 mg	19
chloroquine Tab 250 mg, 500 mg	18	COMTAN TAB 200 mg	18
chlorpromazine Tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	19	COMVAX IM 5-7.5-125 mcg/0.5 mL	32
CHOLESTYRAMINE LIGHT PACKET 4 gram	24	CONDYLOX TOPICAL GEL 0.5 %	27
chorionic gonadotropin, human IM 10,000 unit .	30	CONSTULOSE ORAL SOLN 10 gram/15 mL	28
ciclopirox Shampoo 1 %	14	COPAXONE SUB-Q KIT 20 mg	32
ciclopirox Topical Cream 0.77 %	14	COSMEGEN IV SOLUTION 0.5 mg	15
ciclopirox Topical Gel 0.77 %	14	COUMADIN TAB 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	23
ciclopirox Topical Soln 8 %	14	CREON CAP 12,000-38,000 -60,000 unit, 24,000- 76,000 -120,000 unit, 6,000-19,000 -30,000 unit	28
ciclopirox Topical Susp 0.77 %	14	CRESTOR TAB 10 mg, 5 mg	24
cilostazol Tab 100 mg, 50 mg	23	CRESTOR TAB 20 mg, 40 mg	24
CIMZIA POWDER FOR RECONSTITUTION SUB-Q KIT 400 mg (200 mg x 2)	28	CRIXIVAN CAP 100 mg, 200 mg, 400 mg	19
CIMZIA SUBQ SYRINGE KIT 400 mg/2 mL (200 mg/mL x 2)	28	cyclophosphamide Tab 25 mg, 50 mg	15
ciprofloxacin ER multiphase 24 hr Tab 1,000 mg, 500 mg	10	CYMBALTA CAP 20 mg, 30 mg	13
		CYMBALTA CAP 60 mg	13
		CYSTAGON CAP 150 mg, 50 mg	28

cytarabine Injection 20 mg/mL	15	dronabinol Cap 2.5 mg, 5 mg	13
cytarabine (PF) Injection 2 gram/20 mL (100 mg/mL)	15	dronabinol Cap 10 mg	13
cytarabine (PF) Solution for Injection 500 mg.	16	DROXIA CAP 200 mg, 300 mg, 400 mg.	16
dacarbazine IV Solution 200 mg	16	econazole Topical Cream 1 %	14
DACOGEN IV SOLUTION 50 mg.	16	ED K+10 TAB 10 mEq.	36
danazol Cap 100 mg, 200 mg, 50 mg.	30	ELAPRASE IV 6 mg/3 mL	28
dapsone Tab 100 mg, 25 mg	15	ELIDEL TOPICAL CREAM 1 %	27
DAPTACEL (PEDIATRIC) (PF) IM SUSP 15-10-5 Lf-mcg-Lf/0.5mL	32	ELITEK IV SOLUTION 1.5 mg	28
daunorubicin IV Solution 20 mg	16	ELMIRON CAP 100 mg	29
DAUNOXOME IV 2 mg/mL	16	ELSPAR SOLUTION FOR INJECTION 10,000 unit.	16
DECAVAC IM SYRINGE 5-2 Lf unit/0.5 mL . . .	32	EMCYT CAP 140 mg	16
desmopressin Tab 0.1 mg, 0.2 mg	30	EMEND CAP 80 mg	13
desonide Lotion 0.05 %	29	EMEND CAP 125 mg, 40 mg	13
desonide Topical Cream 0.05 %	29	EMEND CAPS IN DOSE PACK 125-80-80 mg .	13
DETROL LA 24 HR CAP 2 mg, 4 mg.	29	EMSAM TRANSDERM 24 HR PATCH 12 mg/24 hr, 6 mg/24 hr, 9 mg/24 hr	13
dexamethasone Tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	29	EMTRIVA CAP 200 mg	19
dextroamphetamine ER Cap 10 mg, 15 mg, 5 mg 27		EMTRIVA ORAL SOLN 10 mg/mL.	19
dextroamphetamine Tab 10 mg, 5 mg.	27	enalapril-hydrochlorothiazide Tab 10-25 mg, 5-12.5 mg.	24
diclofenac sodium Tab, Delayed Release 25 mg, 50 mg, 75 mg.	14	enalapril maleate Tab 10 mg, 2.5 mg, 20 mg, 5 mg.	24
dicloxacillin Cap 250 mg, 500 mg	10	ENBREL SUB-Q KIT 25 mg.	32
didanosine Cap, Delayed Release 125 mg, 200 mg, 250 mg, 400 mg	19	ENBREL SUB-Q SYRINGE 25 mg/0.5mL (0.51), 50 mg/mL (0.98 mL).	32
digoxin Tab 125 mcg, 250 mcg	24	ENGERIX-B (PF) IM SUSP 10 mcg/0.5 mL . . .	32
DILANTIN CAP 30 mg.	12	ENGERIX-B (PF) IM SYRINGE 20 mcg/mL . . .	32
DILANTIN EXTENDED CAP 100 mg	12	enoxaparin Sub-Q Syringe 100 mg/mL, 120 mg/0.8 mL, 150 mg/mL, 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL. . .	23
DILT-CD 24 HR CAP 120 mg, 300 mg.	24	epirubicin IV 50 mg/25 mL.	16
diltiazem CD 24 hr Cap 120 mg, 240 mg, 300 mg.	24	EPITOL TAB 200 mg	12
DIOVAN HCT TAB 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg.	24	EPIVIR HBV ORAL SOLN 25 mg/5 mL (5 mg/mL)	19
DIOVAN TAB 160 mg, 320 mg, 40 mg, 80 mg. .	24	EPIVIR HBV TAB 100 mg	19
divalproex ER 24 hr Tab 250 mg, 500 mg. . . .	12	EPIVIR ORAL SOLN 10 mg/mL.	19
divalproex Tab, Delayed Release 125 mg, 250 mg, 500 mg.	12	EPIVIR TAB 150 mg, 300 mg.	19
donepezil Tab 10 mg, 5 mg	12	EPZICOM TAB 600-300 mg.	19
dorzolamide Eye Drops 2 %	34	ERBITUX IV 100 mg/50 mL.	16
dorzolamide-timolol Eye Drops 2-0.5 %	34	erythromycin-benzoyl peroxide Topical Gel 3-5 %	27
doxazosin Tab 1 mg, 2 mg, 4 mg, 8 mg	24	erythromycin Eye Ointment 5 mg/gram (0.5 %) 10	
doxepin Cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg.	13	erythromycin with ethanol Topical Gel 2 % . . .	27
DOXIL IV 2 mg/mL.	16	erythromycin with ethanol Topical Soln 2 % . .	27
doxorubicin IV 2 mg/mL	16	estradiol Tab 0.5 mg, 1 mg, 2 mg.	30
doxycycline hyclate Cap 100 mg, 50 mg.	10	ethambutol Tab 100 mg, 400 mg.	15
doxycycline hyclate Cap, Delayed Release 75 mg.	10	ethosuximide Cap 250 mg	12
		ethosuximide Syrup 250 mg/5 mL.	12
		etodolac Tab 400 mg, 500 mg	14

ETOPOPHOS IV SOLUTION 100 mg	16	gram	28
etoposide IV 20 mg/mL	16	GAVILYTE-G ORAL SOLUTION 236-22.74-6.74	
EURAX LOTION 10 %	18	gram	28
EURAX TOPICAL CREAM 10 %	18	gemcitabine IV Solution 1 gram	16
EVISTA TAB 60 mg	30	gemfibrozil Tab 600 mg	25
EXELON TRANSDERM 24 HR PATCH		gentamicin Eye Drops 0.3 %	10
4.6 mg/24 hour, 9.5 mg/24 hour	12	gentamicin Injection 40 mg/mL	10
FABRAZYME IV SOLUTION 35 mg	28	gentamicin in sodium chloride(iso-osmotic) IV	
famotidine Tab 20 mg, 40 mg	28	Piggy Back 100 mg/100 mL, 60 mg/100 mL, 70	
FARESTON TAB 60 mg	16	mg/50 mL, 80 mg/100 mL, 90 mg/100 mL	10
FASLODEX IM SYRINGE 250 mg/5 mL	16	gentamicin Ointment 0.1 %	10
felodipine ER 24 hr Tab 10 mg, 2.5 mg, 5 mg	25	gentamicin sulfate (PF) IV 80 mg/8 mL	10
FEMRING VAGINAL 0.05 mg/24 hr,		gentamicin Topical Cream 0.1 %	10
0.1 mg/24 hr	30	GLASSIA IV 1 g/50 mL (2 %)	35
fenofibrate micronized Cap 134 mg, 200 mg,		GLEEVEC TAB 100 mg	16
67 mg	25	GLEEVEC TAB 400 mg	16
fenofibrate Tab 160 mg, 54 mg	25	glimepiride Tab 1 mg	21
FENOGLIDE TAB 40 mg	25	glimepiride Tab 2 mg	21
FENOGLIDE TAB 120 mg	25	glimepiride Tab 4 mg	21
finasteride Tab 5 mg	29	glipizide ER 24 hour Tab 2.5 mg	21
flecainide Tab 100 mg, 150 mg, 50 mg	25	glipizide ER 24 hour Tab 5 mg	21
FLOVENT HFA AEROSOL INHALER		glipizide ER 24 hour Tab 10 mg	21
44 mcg/Actuation	35	glipizide Tab 5 mg	21
FLOVENT HFA AEROSOL INHALER 110 mcg/		glipizide Tab 10 mg	21
Actuation, 220 mcg/Actuation	35	glyburide-metformin Tab 1.25-250 mg	21
fluconazole Tab 100 mg, 150 mg, 200 mg,		glyburide-metformin Tab 2.5-500 mg, 5-500 mg	21
50 mg	14	glyburide Tab 1.25 mg	21
fludarabine IV powder for Solution 50 mg	16	glyburide Tab 2.5 mg	21
fludrocortisone Tab 0.1 mg	29	glyburide Tab 5 mg	21
fluocinonide Ointment 0.05 %	29	glycopyrrolate Injection 0.2 mg/mL	28
fluocinonide Topical Soln 0.05 %	29	glycopyrrolate Tab 1 mg, 2 mg	28
fluorouracil IV 500 mg/10 mL	16	GLYSET TAB 100 mg, 25 mg, 50 mg	21
fluoxetine Cap 10 mg, 20 mg, 40 mg	21	granisetron IV 1 mg/mL (1 mL)	13
fluphenazine Tab 1 mg, 10 mg, 2.5 mg, 5 mg	19	granisetron (PF) IV 100 mcg/mL	13
flutamide Cap 125 mg	31	granisetron Tab 1 mg	13
fluticasone Nasal Spray, Susp 50 mcg/		griseofulvin microsize Oral Susp 125 mg/5 mL	14
Actuation	35	HALAVEN IV 1 mg/2 mL (0.5 mg/mL)	16
FOLOTYN IV 40 mg/2 mL (20 mg/mL)	16	HAVRIX (PF) IM SUSP 1,440 EL unit/mL	32
FOSRENOL CHEWABLE TAB 1,000 mg	29	HAVRIX (PF) IM SYRINGE 720 EL unit/0.5 mL	32
FOSRENOL CHEWABLE TAB 500 mg	29	HECTOROL CAP 0.5 mcg, 1 mcg, 2.5 mcg	34
FOSRENOL CHEWABLE TAB 750 mg	29	heparin (porcine) Injection 1,000 unit/mL,	
furosemide Tab 20 mg, 40 mg, 80 mg	25	10,000 unit/mL, 20,000 unit/mL, 5,000 unit/	
FUZEON SUB-Q KIT 90 mg	19	mL	23
gabapentin Cap 100 mg, 300 mg, 400 mg	12	heparin, porcine (PF) IV 10,000 unit/5 mL	23
gabapentin Oral Soln 250 mg/5 mL	12	HERCEPTIN IV SOLUTION 440 mg	16
gabapentin Tab 600 mg, 800 mg	12	HEXALEN CAP 50 mg	16
GAMASTAN S/D IM 15-18 % Range	32	HUMALOG KWIKPEN SUB-Q PEN 100 unit/mL	
GAMUNEX IV 10 %	32	22	
GARDASIL IM SUSP 20-40-40-20 mcg/0.5 mL	32	HUMALOG MIX 50-50 KWIKPEN SUB-Q PEN	
GAVILYTE-C ORAL SOLUTION 240-22.72-6.72		100 unit/mL (50-50)	22

HUMALOG MIX 50-50 SUSP, SUB-Q INJ	INCRELEX SUB-Q 10 mg/mL	30
100 unit/mL (50-50)	indapamide Tab 1.25 mg, 2.5 mg	25
HUMALOG MIX 75-25 KWIKPEN SUB-Q PEN	indomethacin Cap 25 mg, 50 mg	14
100 unit/mL (75-25)	INFANRIX (PF) IM SUSP 25-58-10 Lf-mcg-	
HUMALOG MIX 75-25 SUSP, SUB-Q INJ	Lf/0.5mL	32
100 unit/mL (75-25)	INTELENCE TAB 100 mg	19
HUMALOG SUB-Q 100 unit/mL	INTELENCE TAB 200 mg	19
HUMATROPE INJECTION, CARTRIDGE 6	INTRON A INJECTION 6 million unit/mL	32
(18 unit) mg	INTRON A SOLUTION FOR INJECTION	
HUMATROPE INJECTION, CARTRIDGE 12	10 million unit (1 mL)	32
(36 unit) mg, 24 (72 unit) mg	INTRON A SUBQ PEN KIT 3 million unit /0.2	
HUMATROPE SOLUTION FOR INJECTION 5 (15	mL-6 doses	32
unit) mg	INTRON A SUBQ PEN KIT 10 million unit/0.2	
HUMIRA CROHN'S DISEASE STARTER PACK	mL, 5 million unit/0.2 mL	32
SUBQ PEN KIT 40 mg/0.8 mL	INVANZ SOLUTION FOR INJECTION 1 gram	10
HUMIRA SUB-Q KIT 20 mg/0.4 mL,	INVIRASE CAP 200 mg	20
40 mg/0.8 mL	INVIRASE TAB 500 mg	20
HUMULIN 70/30 PEN SUBQ 100 unit/mL	IPOL SUSP FOR INJECTION 40-8-	
(70-30)	32 unit/0.5 mL	33
HUMULIN 70/30 SUSP, SUB-Q INJ 100 unit/mL	ipratropium-albuterol Neb Solution 0.5 mg-3	
(70-30)	mg(2.5 mg base)/3 mL	35
HUMULIN N PEN SUBQ 100 unit/mL (3 mL)	ipratropium bromide Nasal Spray 0.03 %,	
HUMULIN N SUSP, SUB-Q INJ 100 unit/mL	0.06 %	35
HUMULIN R INJECTION 100 unit/mL	ipratropium bromide Soln for Inhalation	
"HUMULIN R U-500 "CONCENTRATED"	0.02 %	35
INSULIN INJECTION 500 unit/mL	IRESSA TAB 250 mg	16
hydalazine Tab 10 mg, 100 mg, 25 mg, 50 mg	irinotecan IV 100 mg/5 mL	16
hydrochlorothiazide Cap 12.5 mg	ISENTRESS TAB 400 mg	20
hydrochlorothiazide Tab 12.5 mg, 25 mg,	isoniazid Tab 100 mg, 300 mg	15
50 mg	isosorbide mononitrate ER 24 hr Tab 120 mg,	
hydrocodone-acetaminophen Tab 10-325 mg,	30 mg, 60 mg	25
5-325 mg, 7.5-325 mg	ISTODAX IV SOLUTION 10 mg/2 mL	16
hydrocodone-acetaminophen Tab 10-500 mg,	IXEMPRA IV SOLUTION 45 mg	16
2.5-500 mg, 5-500 mg, 7.5-500 mg	IXIARO (PF) IM SYRINGE 6 mcg/0.5 mL	33
hydrocodone-acetaminophen Tab 10-650 mg,	JANTOVEN TAB 1 mg, 10 mg, 2 mg, 2.5 mg,	
10-660 mg, 7.5-650 mg	3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	23
hydrocodone-acetaminophen Tab 10-750 mg,	JANUMET TAB 50-1,000 mg, 50-500 mg	22
7.5-750 mg	JANUVIA TAB 100 mg, 25 mg, 50 mg	22
hydrocodone-ibuprofen Tab 7.5-200 mg	JE-VAX SUB-Q SOLN	33
hydroxychloroquine Tab 200 mg	JEVTANA IV 10 mg/mL (Final)	16
hydroxyurea Cap 500 mg	KALETRA ORAL SOLN 400-100 mg/5 mL	20
ibuprofen Tab 400 mg, 600 mg, 800 mg	KALETRA TAB 100-25 mg	20
idarubicin IV 1 mg/mL	KALETRA TAB 200-50 mg	20
IFEX IV SOLUTION 3 gram	ketoconazole Shampoo 2 %	14
ifosfamide IV Solution 1 gram	ketoconazole Topical Cream 2 %	14
ifosfamide-mesna IV Kit 1-1 gram, 3,000-1,000	ketorolac Eye Drops 0.4 %, 0.5 %	34
mg	KLOR-CON 10 TAB 10 mEq	36
imiquimod Topical Cream Packet 5 %	KLOR-CON M15 TAB 15 mEq	36
IMOVAX RABIES VACCINE IM SOLUTION 2.5	KLOR-CON M20 TAB 20 mEq	36
unit	KLOR-CON TAB 8 mEq	36

KUVAN SOLUBLE TAB 100 mg	28	mg, 5 mg	25
labetalol Tab 100 mg, 200 mg, 300 mg	25	lithium carbonate Cap 150 mg, 300 mg, 600 mg	21
lactulose Oral Soln 10 gram/15 mL	28	LOKARA LOTION 0.05 %	29
lamotrigine Tab 100 mg, 150 mg, 200 mg, 25 mg	12	losartan-hydrochlorothiazide Tab 100-12.5 mg, 100-25 mg, 50-12.5 mg	25
LANOXIN TAB 125 mcg, 250 mcg	25	losartan Tab 100 mg, 25 mg, 50 mg	25
lansoprazole Cap, Delayed Release 15 mg, 30 mg	28	LOTEMAX EYE DROPS 0.5 %	34
LANTUS SOLOSTAR SUB-Q INSULIN PEN 100 unit/mL (3 mL)	22	LOTRONEX TAB 0.5 mg, 1 mg	28
LANTUS SUB-Q 100 unit/mL	22	lovastatin Tab 10 mg, 20 mg, 40 mg	25
leflunomide Tab 10 mg, 20 mg	33	LOVAZA CAP 1 gram	25
leucovorin calcium Solution for Injection 100 mg, 350 mg	13	LUMIGAN EYE DROPS 0.01 %, 0.03 %	34
leucovorin calcium Tab 10 mg, 15 mg, 25 mg, 5 mg	13	LUNESTA TAB 1 mg, 2 mg, 3 mg	36
LEUKERAN TAB 2 mg	16	LYRICA CAP 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	12
leuprolide Sub-Q Kit 1 mg/0.2 mL	31	LYSODREN TAB 500 mg	16
levalbuterol Neb Solution 1.25 mg/0.5 mL	35	MARPLAN TAB 10 mg	13
LEVAQUIN TAB 250 mg, 500 mg, 750 mg	10	MATULANE CAP 50 mg	16
LEVEMIR FLEXPEN SUB-Q INSULIN PEN 100 unit/mL	22	MATZIM LA 24 HR TAB 180 mg, 240 mg, 300 mg, 360 mg	25
LEVEMIR SUB-Q 100 unit/mL	22	MATZIM LA 24 HR TAB 420 mg	25
levetiracetam Tab 1,000 mg, 250 mg, 500 mg, 750 mg	12	mebendazole Chewable Tab 100 mg	18
LEVOTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	31	meclizine Tab 12.5 mg, 25 mg	13
levothyroxine Tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	31	medroxyprogesterone IM Susp 150 mg/mL	30
LEVOXYL TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	31	medroxyprogesterone Tab 10 mg, 2.5 mg, 5 mg	30
LEXAPRO TAB 10 mg	21	meloxicam Tab 15 mg, 7.5 mg	14
LEXAPRO TAB 20 mg, 5 mg	21	melphalan IV Solution 50 mg	17
LEXIVA ORAL SUSP 50 mg/mL	20	MENACTRA (PF) IM SYRINGE 4 mcg/0.5 mL	33
LEXIVA TAB 700 mg	20	MENOMUNE - A/C/Y/W-135 (PF) SUB-Q SOLN 50 mcg	33
lidocaine Ointment 5 %	9	MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 mcg/0.5 mL	33
lidocaine-prilocaine Topical Cream 2.5-2.5 %	9	mercaptapurine Tab 50 mg	17
LIDODERM ADHESIVE PATCH 5 % (700 mg/ patch)	9	MESTINON TIMESPAN TAB 180 mg	15
LINCOCIN INJECTION 300 mg/mL	10	metformin ER 24 hr Tab 500 mg	22
lindane Lotion 1 %	18	metformin ER 24 hr Tab 750 mg	22
lindane Shampoo 1 %	18	metformin Tab 1,000 mg	22
LIPITOR TAB 10 mg, 20 mg	25	metformin Tab 500 mg	22
LIPITOR TAB 40 mg, 80 mg	25	metformin Tab 850 mg	22
lisinopril-hydrochlorothiazide Tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	25	methadone Tab 10 mg, 5 mg	9
lisinopril Tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	25	METHADOSE TAB 10 mg, 5 mg	9
		methazolamide Tab 25 mg, 50 mg	25
		methimazole Tab 10 mg, 5 mg	31
		methotrexate sodium Tab 2.5 mg	33
		methscopolamine Tab 2.5 mg, 5 mg	28
		methyl dopa-hydrochlorothiazide Tab 250-15 mg, 250-25 mg	25
		methyl dopa Tab 250 mg, 500 mg	25
		methylphenidate ER Tab 20 mg	27
		methylphenidate Tab 10 mg, 20 mg, 5 mg	27
		methylprednisolone Tabs in a Dose Pack 4 mg	29

metoclopramide Tab 5 mg	13	NIASPAN EXTENDED-RELEASE 24 HR TAB	
metoclopramide Tab 10 mg	13	1,000 mg, 500 mg, 750 mg	25
metolazone Tab 10 mg, 2.5 mg, 5 mg	25	NICOTROL INHALATION CARTRIDGE 10 mg	13
metoprolol succinate ER 24 hr Tab 100 mg,		NIFEDIAC CC TAB 30 mg, 60 mg, 90 mg	25
200 mg, 25 mg, 50 mg.	25	NIFEDICAL XL 24 HR TAB 30 mg, 60 mg	26
metoprolol tartrate Tab 100 mg, 25 mg, 50 mg.	25	nifedipine ER 24 hr Tab 30 mg, 60 mg, 90 mg .	26
metronidazole Cap 375 mg	10	nitrofurantoin macrocrystal Cap 50 mg	11
metronidazole Lotion 0.75 %	10	nitrofurantoin monohydrate/macrocrystals Cap	
metronidazole Tab 250 mg, 500 mg	10	100 mg.	11
metronidazole Topical Cream 0.75 %	10	NITROSTAT SUBLINGUAL TAB 0.3 mg, 0.4 mg,	
metronidazole Topical Gel 0.75 %	10	0.6 mg	26
metronidazole Vaginal Gel 0.75 %	10	NORDITROPIN FLEXPEN SUB-Q PEN INJEC-	
MIACALCIN INJECTION 200 unit/mL	34	TOR 10 mg/1.5 mL (6.7 mg/mL), 15 mg/1.5	
MIGERGOT RECTAL SUPPOSITORY 2-100 mg.	15	mL (10 mg/mL), 5 mg/1.5 mL (3.3 mg/mL)	30
MIGRANAL NASAL SPRAY 0.5 mg/pump Act..	15	NORDITROPIN NORDIFLEX SUB-Q PEN	
minocycline Cap 100 mg, 50 mg, 75 mg	11	INJECTOR 30 mg/3 mL (10 mg/mL)	30
mirtazapine Tab 15 mg, 30 mg, 45 mg, 7.5 mg .	13	NORVIR CAP 100 mg.	20
misoprostol Tab 100 mcg, 200 mcg.	28	NORVIR ORAL SOLN 80 mg/mL.	20
mitomycin IV Solution 20 mg	17	NORVIR TAB 100 mg.	20
mitoxantrone Concentrate, IV 2 mg/mL	17	NOVOLIN 70/30 SUSP, SUB-Q INJ	
M-M-R II (PF) SUB-Q SUSP 1,000-12,500		100 unit/mL (70-30)	22
TCID50/0.5 mL	33	NOVOLIN N SUSP, SUB-Q INJ 100 unit/mL . . .	22
morphine ER Tab 60 mg	9	NOVOLIN R INJECTION 100 unit/mL	22
morphine ER Tab 100 mg, 15 mg, 200 mg,		NOVOLOG FLEXPEN SUB-Q 100 unit/mL.	22
30 mg.	9	NOVOLOG MIX 70-30 FLEXPEN SUB-Q 100	
MOVIPREP ORAL POWDER PACKET		unit/mL (70-30)	22
100-7.5-2.691 gram	28	NOVOLOG MIX 70-30 SUB-Q 100 unit/mL	
mupirocin Ointment 2 %	11	(70-30)	22
MUSTARGEN SOLUTION FOR INJECTION 10		NOVOLOG SUB-Q 100 unit/mL.	22
mg	17	NYAMYC TOPICAL POWDER 100,000 unit/g. .	14
MYCOBUTIN CAP 150 mg.	15	nystatin Oral Susp 100,000 unit/mL	14
MYOZYME IV SOLUTION 50 mg.	35	nystatin Topical Powder 100,000 unit/g	14
nabumetone Tab 500 mg, 750 mg	15	nystatin-triamcinolone Topical Cream 100,000-	
naftillin Solution for Injection 1 gram.	11	0.1 unit/g-%	14
naftillin Solution for Injection 10 gram.	11	NYSTOP TOPICAL POWDER 100,000 unit/g. .	14
NAFTIN TOPICAL CREAM 1 %	14	octreotide acetate Injection 1,000 mcg/mL, 500	
NAGLAZYME IV 5 mg/5 mL.	28	mcg/mL	31
naloxone Syringe 0.4 mg/mL, 1 mg/mL.	13	octreotide acetate Injection 100 mcg/mL, 200	
naltrexone Tab 50 mg	13	mcg/mL, 50 mcg/mL	31
NAMENDA TAB 5 mg	12	ofloxacin Ear Drops 0.3 %	11
NAMENDA TAB 10 mg	12	ofloxacin Eye Drops 0.3 %	11
NAMENDA TITRATION PAK TABS IN A DOSE		ofloxacin Tab 200 mg, 300 mg, 400 mg	11
PACK 5-10 mg.	12	omeprazole Cap, Delayed Release 10 mg,	
naratriptan Tab 1 mg, 2.5 mg	15	20 mg, 40 mg.	28
NASONEX SPRAY 50 mcg/Actuation	35	ondansetron HCl Tab 4 mg, 8 mg	14
nateglinide Tab 120 mg, 60 mg	22	ondansetron HCl Tab 24 mg	14
NEBUPENT SOLUTION FOR INHALATION		ondansetron Tab, Rapid Dissolve 4 mg.	13
300 mg.	18	ondansetron Tab, Rapid Dissolve 8 mg.	13
NEXAVAR TAB 200 mg	17	ONTAK IV 150 mcg/mL	17
NEXIUM CAP 20 mg, 40 mg	28	ORFADIN CAP 10 mg, 2 mg, 5 mg	28

oxaliplatin Soln 100 mg/20 mL	17	mg, 1 mg, 1.5 mg	18
oxandrolone Tab 2.5 mg	30	PRANDIN TAB 0.5 mg, 1 mg	22
oxandrolone Tab 10 mg	30	PRANDIN TAB 2 mg	22
OXSORALEN ULTRA CAP 10 mg	27	pravastatin Tab 10 mg, 20 mg, 40 mg, 80 mg	26
oxybutynin chloride ER 24 hr Tab 10 mg,		PRED MILD EYE DROPS 0.12 %	34
15 mg, 5 mg	29	prednisolone acetate Eye Drops, Susp 1 %	34
oxybutynin chloride Tab 5 mg	29	prednisone Tab 1 mg, 10 mg, 2.5 mg, 20 mg,	
PACERONE TAB 100 mg	26	5 mg, 50 mg	29
PACERONE TAB 200 mg	26	PREGNYL IM 10,000 unit	30
paclitaxel Concentrate, IV 6 mg/mL	17	PREMARIN VAGINAL CREAM 0.625 mg/g	30
pamidronate IV 30 mg/10 mL (3 mg/mL), 90		PREVALITE ORAL POWDER 4 gram	26
mg/10 mL (9 mg/mL)	34	PREZISTA TAB 150 mg, 75 mg	20
PANCREAZE CAP 10,500-25,000 -43,750 unit,		PREZISTA TAB 400 mg, 600 mg	20
16,800-40,000 -70,000 unit, 21,000-37,000		PRIMAXIN IM SUSP 500 mg	11
-61,000 unit, 4,200-10,000 -17,500 unit	28	PRIMAXIN IV SOLUTION 250 mg, 500 mg	11
PANRETIN TOPICAL GEL 0.1 %	17	primidone Tab 250 mg, 50 mg	12
pantoprazole Tab, Delayed Release 20 mg,		PRISTIQ 24 HR TAB 100 mg, 50 mg	13
40 mg	28	PROAIR HFA AEROSOL INHALER	
paroxetine Tab 10 mg, 20 mg, 30 mg, 40 mg	21	90 mcg/Actuation	35
PATADAY EYE DROPS 0.2 %	34	probenecid Tab 500 mg	14
PATANOL EYE DROPS 0.1 %	34	PROCTOCREAM-HC RECTAL 2.5 %	30
PEDI-DRI TOPICAL POWDER 100,000 unit/g	14	PROCTO-PAK RECTAL CREAM 1 %	30
PEDVAX HIB (PF) IM 7.5 mcg/0.5 mL	33	PROCTOSOL HC RECTAL CREAM 2.5 %	30
PEGASYS CONVENIENCE PACK SUB-Q KIT 180		PROCTOZONE-HC RECTAL CREAM 2.5 %	30
mcg/0.5 mL	33	PROLASTIN IV SUSP 500 mg	35
PEGASYS SUB-Q 180 mcg/mL	33	PROMACTA TAB 25 mg, 50 mg, 75 mg	23
penicillin G potassium Solution for Injection 5		PROMETRIUM CAP 100 mg, 200 mg	30
million unit	11	propafenone ER 12 hr Cap 225 mg, 325 mg,	
penicillin G procaine IM Syringe 1,200,000 unit	11	425 mg	26
penicillin G sodium Solution for Injection 5 mil-		propranolol ER 24 hr Cap extended release	
lion unit	11	120 mg, 160 mg, 60 mg, 80 mg	26
penicillin V potassium Oral Susp 125 mg/5 mL,		propranolol Tab 10 mg, 20 mg, 40 mg, 60 mg,	
250 mg/5 mL	11	80 mg	26
penicillin V potassium Tab 250 mg, 500 mg	11	PROQUAD SUB-Q 10exp3-4.3-3- 3.99	
pentostatin IV Solution 10 mg	17	TCID50/0.5	33
PERIOGARD MOUTHWASH 0.12 %	27	PROTOPIC OINTMENT 0.03 %, 0.1 %	27
phenytoin sodium extended Cap 100 mg,		PROVENTIL HFA AEROSOL INHALER	
200 mg, 300 mg	12	90 mcg/Actuation	35
PHOTOFRIN IV SOLUTION 75 mg	17	PROVIGIL TAB 100 mg	27
piperacillin-tazobactam IV Solution 3.375 gram	11	PROVIGIL TAB 200 mg	27
piroxicam Cap 10 mg, 20 mg	15	pyridostigmine bromide Tab 60 mg	15
PLAVIX TAB 75 mg	23	quinapril-hydrochlorothiazide Tab 10-12.5 mg,	
PLAVIX TAB 300 mg	23	20-12.5 mg, 20-25 mg	26
podofilox Topical Soln 0.5 %	27	quinapril Tab 10 mg, 20 mg, 40 mg, 5 mg	26
polyethylene glycol 3350 Oral Powder		RABAVERT (PF) IM KIT 2.5 unit	33
17 gram/dose	29	ramipril Cap 1.25 mg, 10 mg, 2.5 mg, 5 mg	26
potassium chloride ER Cap 10 mEq, 8 mEq	36	ranitidine Tab 150 mg, 300 mg	29
potassium chloride ER Tab, Particles/Crystals		RECLAST IV 5 mg/100 mL	34
10 mEq, 20 mEq	36	RECOMBIVAX HB (PF) IM SUSP 10 mcg/mL,	
pramipexole Tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75		40 mcg/mL	33

RELENZA DISKHALER FOR INHALATION	
5 mg/Actuation	20
RESCRIPTOR DISPERSIBLE TAB 100 mg.	20
RESCRIPTOR TAB 200 mg	20
RESTASIS EYE DROPPERETTE 0.05 %	34
RETROVIR IV 10 mg/mL	20
REVATIO IV 10 mg/12.5 mL	35
REVATIO TAB 20 mg	35
REVLIMID CAP 10 mg, 15 mg, 25 mg, 5 mg.	17
REYATAZ CAP 100 mg.	20
REYATAZ CAP 150 mg, 200 mg, 300 mg.	20
RIBASPHERE CAP 200 mg	20
RIBASPHERE TAB 200 mg	20
RIBASPHERE TAB 400 mg, 600 mg	20
risperidone Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg.	19
RITUXAN CONCENTRATE, IV 10 mg/mL	17
ROMYCIN EYE OINTMENT 5 mg/gram (0.5 %).	34
ropinirole Tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg.	18
ROTATEQ VACCINE ORAL SUSP 2 mL	33
SANDOSTATIN LAR DEPOT IM KIT 10 mg, 20 mg, 30 mg.	31
selegiline Cap 5 mg	18
selegiline Tab 5 mg.	18
selenium sulfide Topical Susp 2.5 %	27
SELZENTRY TAB 150 mg	20
SELZENTRY TAB 300 mg	20
SENSIPAR TAB 30 mg.	31
SENSIPAR TAB 60 mg, 90 mg.	31
SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg.	19
SEROQUEL TAB 400 mg.	19
sertraline Tab 100 mg, 25 mg, 50 mg	21
silver sulfadiazine Topical Cream 1 %	11
simvastatin Tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg.	26
SINGULAIR TAB 10 mg	35
SOLARAZE TOPICAL GEL 3 %	27
SOMAVERT SUB-Q SOLN 10 mg, 15 mg, 20 mg.	31
sotalol Tab 120 mg, 160 mg, 240 mg, 80 mg	26
SPIRIVA WITH HANDIHALER & INHALATION	
CAPS 18 mcg.	35
spironolactone-hydrochlorothiazide Tab 25-25 mg	26
spironolactone Tab 100 mg, 25 mg, 50 mg	26
SPRYCEL TAB 20 mg.	17
SPRYCEL TAB 100 mg, 50 mg, 70 mg.	17
SPRYCEL TAB 140 mg, 80 mg.	17
SSD TOPICAL CREAM 1 %	11
STALEVO 50 TAB 12.5-50-200 mg	19
STALEVO 75 TAB 18.75-75-200 mg	19
STALEVO 100 TAB 25-100-200 mg.	18
STALEVO 125 TAB 31.25-125-200 mg	19
STALEVO 150 TAB 37.5-150-200 mg	19
STALEVO 200 TAB 50-200-200 mg.	19
stavudine Cap 15 mg, 20 mg, 30 mg, 40 mg	20
stavudine Oral Solution 1 mg/mL	20
STRATTERA CAP 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg.	27
sucralfate Tab 1 gram.	29
sulfadiazine Tab 500 mg.	11
sulfamethoxazole-trimethoprim Oral Susp 200-40 mg/5 mL	11
sulfamethoxazole-trimethoprim Tab 400-80 mg, 800-160 mg	11
SULFAZINE EC TAB 500 mg.	33
sumatriptan Tab 100 mg, 25 mg, 50 mg	15
SUSTIVA CAP 200 mg, 50 mg	20
SUSTIVA TAB 600 mg	20
SUTENT CAP 12.5 mg.	17
SUTENT CAP 25 mg, 50 mg	17
SYMBICORT INHALATION HFA AEROSOL IN- HALER 160-4.5 mcg/Actuation, 80-4.5 mcg/ Actuation.	35
SYMLINPEN 60 SUB-Q PEN INJECTOR 1,500 mcg/1.5 mL	23
SYMLINPEN 120 SUB-Q PEN INJECTOR 2,700 mcg/2.7 mL	23
SYMLIN SUB-Q 600 mcg/mL	23
SYNTHROID TAB 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	31
TABLOID TAB 40 mg.	17
TAMIFLU CAP 30 mg.	20
TAMIFLU CAP 45 mg, 75 mg.	20
tamoxifen Tab 10 mg, 20 mg	17
tamsulosin ER 24 hr Cap 0.4 mg	29
TARCEVA TAB 100 mg, 150 mg, 25 mg	17
TARGRETIN CAP 75 mg	17
TARGRETIN TOPICAL GEL 1 %	17
TASIGNA CAP 200 mg.	17
TASMAR TAB 100 mg	19
TAXOTERE IV 80 mg/4 mL (20 mg/mL)	17
TEKTURNA TAB 150 mg, 300 mg.	26
terazosin Cap 1 mg, 10 mg, 2 mg, 5 mg.	26
terbinafine Tab 250 mg	14
tetanus,diphtheria toxoids ped (PF) IM Susp 5-6.7 Lf unit.	33

tetanus-diphtheria toxoids-Td IM Susp 2-2 Lf unit/0.5 mL	Lf/0.5mL	33
tetanus toxoid,adsorbed (PF) IM 5 LF unit/0.5 mL		33
THALOMID CAP 100 mg, 150 mg, 200 mg, 50 mg		17
theophylline ER 12 hr Tab 100 mg, 200 mg, 300 mg, 450 mg		35
theophylline ER Tab 400 mg, 600 mg		35
THERMAZENE TOPICAL CREAM 1 %		11
thiotepa Solution for Injection 15 mg		17
TIMENTIN IV SOLUTION 3.1 g		11
timolol maleate Eye Drops 0.25 %, 0.5 %		34
tizanidine Tab 2 mg, 4 mg		19
tobramycin-dexamethasone Eye Drops, Susp 0.3-0.1 %		34
tobramycin Eye Drops 0.3 %		11
tobramycin Injection 10 mg/mL, 40 mg/mL		11
TOBRASOL EYE DROPS 0.3 %		34
topiramate Tab 100 mg, 200 mg, 25 mg, 50 mg		12
TOPOSAR IV 20 mg/mL		17
topotecan IV Solution 4 mg		17
TORISEL IV SOLUTION 30 mg/3 mL (10 mg/mL) (Final)		17
torsemidate Tab 10 mg, 100 mg, 20 mg, 5 mg		26
tramadol-acetaminophen Tab 37.5-325 mg		9
tramadol ER 24 hr Tab 100 mg		9
tramadol ER 24 hr Tab 200 mg		9
tramadol Tab 50 mg		9
TRAVATAN Z EYE DROPS 0.004 %		34
trazodone Tab 100 mg, 150 mg, 300 mg, 50 mg		13
TREANDA IV SOLUTION 100 mg		17
TRELSTAR IM SUSP 22.5 mg		31
TRELSTAR IM SYRINGE 11.25 mg/2 mL, 3.75 mg/2 mL		31
tretinoin (chemotherapy) Cap 10 mg		17
TREXALL TAB 10 mg, 15 mg, 5 mg, 7.5 mg		33
triamcinolone acetonide Ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %		30
triamcinolone acetonide Topical Cream 0.025 %, 0.1 %, 0.5 %		30
triamterene-hydrochlorothiazide Cap 37.5-25 mg, 50-25 mg		26
triamterene-hydrochlorothiazide Tab 37.5-25 mg, 75-50 mg		26
TRICOR TAB 145 mg, 48 mg		26
TRIDERM TOPICAL CREAM 0.1 %		30
TRILIPIX CAP 135 mg, 45 mg		26
trimethoprim Tab 100 mg		11
TRIPEDIA (PF) IM SUSP 6.7-46.8-5 Lf-mcg-		
TRISENOX IV 10 mg/10 mL		17
TRIZIVIR TAB 300-150-300 mg		20
TRUVADA TAB 200-300 mg		20
TWINRIX (PF) IM SUSP 720-20 EL unit-mcg/mL		33
TYKERB TAB 250 mg		17
TYPHIM VI IM 25 mcg/0.5 mL		33
UNITHROID TAB 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg		31
UROXATRAL 24 HR TAB 10 mg		29
ursodiol Cap 300 mg		29
VAGIFEM VAGINAL TAB 10 mcg		30
valacyclovir Tab 1 g, 500 mg		20
vancomycin IV Solution 1,000 mg, 10 gram		11
VAQTA (PF) IM SUSP 25 unit/0.5 mL		33
VARIVAX (PF) SUB-Q SOLN 1,350 unit/0.5 mL		33
VECTIBIX IV 100 mg/5 mL (20 mg/mL)		17
VECTICAL OINTMENT 3 mcg/gram		27
VELCADE IV SOLUTION 3.5 mg		17
venlafaxine Tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		13
VENTOLIN HFA AEROSOL INHALER 90 mcg/Actuation		36
verapamil ER Tab 120 mg, 180 mg, 240 mg		26
VEREGEN OINTMENT 15 %		27
VESICARE TAB 10 mg, 5 mg		29
VIBATIV IV SOLUTION 250 mg		11
VICTOZA SUB-Q PEN INJECTOR 0.6 mg/0.1 mL (18 mg/3 mL)		23
VIDAZA SUB-Q SOLN 100 mg		18
VIDEX 2 GRAM PEDIATRIC ORAL SOLUTION 10 mg/mL (Final)		20
VIGAMOX EYE DROPS 0.5 %		34
vinblastine IV powder for Solution 10 mg		18
vincristine IV 1 mg/mL		18
vinorelbine IV 50 mg/5 mL		18
VIRACEPT ORAL POWDER 50 mg/g		20
VIRACEPT TAB 250 mg, 625 mg		20
VIRAMUNE ORAL SUSP 50 mg/5 mL		20
VIRAMUNE TAB 200 mg		21
VIREAD TAB 300 mg		21
VOTRIENT TAB 200 mg		18
VYTORIN 10-10 TAB 10-10 mg		26
VYTORIN 10-20 TAB 10-20 mg		26
VYTORIN 10-40 TAB 10-40 mg		26
VYTORIN 10-80 TAB 10-80 mg		26
warfarin Tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		23

WELCHOL TAB 625 mg	26	ZOLINZA CAP 100 mg	18
XOPENEX HFA AEROSOL INHALER		zolpidem ER multiphase Tab 12.5 mg, 6.25 mg .	36
45 mcg/Actuation	36	zolpidem Tab 10 mg, 5 mg	36
XOPENEX NEB SOLUTION 0.31 mg/3 mL,		ZONALON TOPICAL CREAM 5 %	27
0.63 mg/3 mL, 1.25 mg/3 mL	36	ZORTRESS TAB 0.5 mg, 0.75 mg	18
YF-VAX SUB-Q SUSP 10 exp4.74 unit/0.5 mL .	33	ZORTRESS TAB 0.25 mg	18
zafirlukast Tab 10 mg, 20 mg	36	ZOSTAVAX SUB-Q SOLN 19,400 unit	33
ZANOSAR IV SOLUTION 1 gram	18	ZOVIA 1/35E (28) TAB 1-35 mg-mcg	31
ZAVESCA CAP 100 mg	28	ZOVIA 1/50E (28) TAB 1-50 mg-mcg	31
ZETIA TAB 10 mg	26	ZYMAR EYE DROPS 0.3 %	34
ZIAGEN ORAL SOLN 20 mg/mL	21	ZYMAXID EYE DROPS 0.5 %	34
ZIAGEN TAB 300 mg	21	ZYVOX IV 600 mg/300 mL	11
zidovudine Cap 100 mg	21	ZYVOX ORAL SUSP 100 mg/5 mL	11
zidovudine Syrup 10 mg/mL	21	ZYVOX TAB 600 mg	11
zidovudine Tab 300 mg	21		

KelseyCare Advantage

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