

KelseyCare Advantage



Preferred

2011
Comprehensive
Formulary



KelseyCare Advantage

2011 Formulary

(List of Covered Drugs)

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

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

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

KelseyCare Advantage is a Medicare Advantage organization with a Medicare contract. To receive this material in an alternate format or language, such as Spanish, please call our Member Services Department at 713-442-CARE (713-442-2273) or toll free at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call TTY/TDD: 1-888-206-8041.

Formulary File Submission ID 00011444, Version 8

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.

Can the Formulary change?

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

If we remove drugs from our formulary, 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, 2011. To get updated information about the drugs covered by KelseyCare Advantage, please call Member Services at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041.

To review formulary changes during the year, you may request a copy of the Formulary Addendum to be mailed to your home. Please call Member Services at 713-442-CARE (2273) or 1-866-535-8343, 8:00 a.m. to 8:00 p.m., 7 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 60. 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.

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 formulary, you should first contact Member Services and confirm that your drug is not covered. 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 the KelseyCare Advantage 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 limit 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 restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

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 transition 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, seven 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 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 60.

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 Notes 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 informational 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 indicated with a "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 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 | 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

Higher 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:

| In-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 | Notes |
|--|------|--------------------------------|
| Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | |
| <i>acetaminophen-codeine elixir</i> | 1 | GAP |
| <i>acetaminophen-codeine tab</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>ascomp w/codeine oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>buprenorphine sl</i> | 2 | |
| <i>butorphanol tartrate injection 1 mg/mL</i> | 1 | GAP |
| <i>butorphanol tartrate injection 2 mg/mL</i> | 2 | |
| <i>butorphanol tartrate nasl</i> | 1 | GAP; QL (10 ML per 30 day(s)) |
| <i>cod-butalbital-acetaminop-caf oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>codeine sulfate oral</i> | 1 | GAP |
| <i>co-gesic oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>dihydrocode-acetaminophen-caff oral</i> | 1 | GAP |
| DILAUDID-5 ORAL | 3 | |
| <i>duramorph inj</i> | 1 | PA; GAP |
| <i>endocet tab 10-650 mg</i> | 1 | GAP; QL (180 EA per 30 day(s)) |
| <i>endocet tab 7.5-500 mg</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>endocet tab 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>endodan oral</i> | 1 | GAP |
| <i>fentanyl transderm patch</i> <i>12 mcg/hr; 25 mcg/hr; 50 mcg/hr; 75 mcg/hr</i> | 2 | QL (15 EA per 30 day(s)) |
| <i>fentanyl transderm patch 100 mcg/hr</i> | 2 | QL (30 EA per 30 day(s)) |
| <i>fentanyl citrate bucl</i> | 5 | PA; QL (120 EA per 30 day(s)) |
| <i>hydrocodone-acetaminophen oral soln</i> | 1 | GAP |
| <i>hydrocodone-acetaminophen tab</i> <i>10-750 mg, 7.5-750 mg</i> | 1 | GAP; QL (150 EA per 30 day(s)) |
| <i>hydrocodone-acetaminophen tab</i> <i>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 oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>hydromorphone oral</i> | 2 | |
| <i>hydromorphone (pf) inj</i> | 2 | |
| <i>ibuprofen-oxycodone oral</i> | 1 | GAP; QL (150 EA per 30 day(s)) |
| <i>levorphanol tartrate oral</i> | 2 | |
| <i>margesic-h oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>mepерidine oral</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 | Notes |
|--|-------------|--------------------------------|
| <i>meperidine (pf) inj</i> | 1 | GAP |
| <i>methadone oral</i> | 1 | GAP |
| <i>methadose oral</i> | 1 | GAP |
| <i>morphine inj</i> | 1 | GAP |
| <i>morphine oral soln</i> | 1 | GAP |
| <i>morphine sr tab 60 mg</i> | 1 | GAP |
| <i>morphine sr tab 100 mg, 15 mg, 200 mg, 30 mg</i> | 2 | |
| <i>morphine tab</i> | 1 | GAP |
| <i>morphine (pf) inj</i> | 1 | GAP |
| <i>morphine concentrate oral</i> | 1 | GAP |
| <i>nalbuphine inj</i> | 2 | |
| <i>oxycodone oral</i> | 1 | GAP |
| <i>oxycodone hcl-oxycodone-asa oral</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>oxycodone-acetaminophen cap</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>oxycodone-acetaminophen tab 7.5-500 mg</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>oxycodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>oxycodone-acetaminophen tab 2.5-325 mg</i> | 2 | QL (360 EA per 30 day(s)) |
| OXYCONTIN 12 HR TAB 10 mg, 20 mg, 30 mg, 40 mg | 3 | QL (62 EA per 31 day(s)) |
| OXYCONTIN 12 HR TAB 80 mg | 5 | QL (124 EA per 31 day(s)) |
| <i>pentazocine-acetaminophen oral</i> | 1 | GAP; QL (180 EA per 30 day(s)) |
| <i>pentazocine-naloxone oral</i> | 1 | GAP |
| <i>propoxyphene oral</i> | 1 | GAP |
| <i>propoxyphene n-acetaminophen tab 100-650 mg</i> | 1 | GAP; QL (180 EA per 30 day(s)) |
| <i>propoxyphene n-acetaminophen tab 100-500 mg</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>propoxyphene n-acetaminophen tab 50-325 mg</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>propoxyphene-acetaminophen oral</i> | 1 | GAP; QL (180 EA per 30 day(s)) |
| <i>roxicet oral</i> | 1 | GAP; QL (360 EA per 30 day(s)) |
| <i>stagesic oral</i> | 1 | GAP |
| <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</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>tramadol-acetaminophen oral</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>zerlor oral</i> | 1 | GAP |
| Anesthetics - Drugs for Numbing | | |
| <i>anestacon mm</i> | 1 | GAP |
| <i>lidocaine (pf) inj</i> | 1 | GAP |
| <i>lidocaine hcl inj</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 | Notes |
|---|------|-------------------------------|
| <i>lidocaine hcl mm</i> | 1 | GAP |
| <i>lidocaine hcl top</i> | 1 | GAP |
| <i>lidocaine-prilocaine top</i> | 1 | GAP |
| LIDODERM TOP | 3 | PA; QL (90 EA per 30 day(s)) |
| <i>parcaine opht</i> | 1 | GAP |
| Antibacterials - Drugs to Treat Bacterial Infections | | |
| <i>alcohol swabs top</i> | 1 | GAP |
| <i>amikacin injection 500 mg/2 mL</i> | 1 | GAP |
| <i>amikacin injection 100 mg/2 mL</i> | 2 | |
| <i>amoxicillin oral</i> | 1 | GAP |
| <i>amoxicillin-pot clavulanate oral</i> | 1 | GAP |
| <i>ampicillin oral</i> | 1 | GAP |
| <i>ampicillin sodium inj</i> | 2 | |
| <i>ampicillin-sulbactam inj</i> | 2 | |
| AVELOX ORAL | 3 | |
| AVELOX ABC PACK ORAL | 3 | |
| AVELOX IN NAACL (ISO-OSMOTIC) IV | 3 | |
| <i>azithromycin iv</i> | 2 | |
| <i>azithromycin oral susp</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)) |
| <i>baci-im im</i> | 1 | PA; GAP |
| BACTROBAN TOP | 3 | |
| BICILLIN C-R IM | 3 | |
| BICILLIN L-A IM | 3 | |
| <i>cefaclor oral</i> | 1 | GAP |
| <i>cefadroxil oral</i> | 1 | GAP |
| <i>cefazolin inj</i> | 1 | GAP |
| <i>cefazolin in dextrose (iso-os) iv</i> | 1 | GAP |
| <i>cefdinir oral</i> | 1 | GAP |
| <i>cefepime inj</i> | 2 | |
| <i>cefotaxime inj</i> | 2 | |
| <i>cefoxitin iv</i> | 1 | GAP |
| <i>cefpodoxime oral</i> | 1 | GAP |
| <i>cefprozil oral</i> | 1 | GAP |
| <i>ceftazidime inj</i> | 1 | GAP |
| <i>ceftriaxone solution for injection 10 gram</i> | 1 | GAP |
| <i>ceftriaxone solution for injection 250 mg, 500 mg</i> | 2 | |

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 | Notes |
|--|-------------|---------------------------|
| <i>cefuroxime axetil oral</i> | 1 | GAP |
| <i>cefuroxime sodium inj</i> | 2 | |
| <i>cefuroxime sodium iv</i> | 2 | |
| CEFUROXIME-DEXTROSE (ISO-OSM) IV | 3 | |
| <i>cephalexin oral</i> | 1 | GAP |
| CIPRO ORAL | 4 | |
| CIPRO HC OTIC | 3 | |
| CIPRODEX OTIC | 4 | QL (7.5 ML per 25 day(s)) |
| <i>ciprofloxacin iv</i> | 1 | GAP |
| <i>ciprofloxacin opht</i> | 1 | GAP |
| <i>ciprofloxacin oral</i> | 1 | GAP |
| <i>ciprofloxacin er oral</i> | 1 | GAP |
| <i>clarithromycin oral</i> | 1 | GAP |
| <i>clarithromycin er oral</i> | 1 | GAP |
| CLEOCIN CAP 75MG | 4 | |
| CLEOCIN PED SOL 75MG/5ML | 4 | |
| CLEOCIN VAGL | 3 | |
| <i>clindamycin hcl oral</i> | 1 | GAP |
| <i>clindamycin phosphate iv</i> | 1 | GAP |
| <i>clindamycin phosphate vagl</i> | 1 | GAP |
| <i>colistimethate sodium inj</i> | 5 | |
| CUBICIN IV | 5 | |
| <i>demeclocycline oral</i> | 2 | |
| <i>dicloxacillin oral</i> | 1 | GAP |
| DORYX ORAL | 4 | |
| <i>doxycycline hyclate iv</i> | 2 | |
| <i>doxycycline hyclate oral</i> | 1 | GAP |
| <i>doxycycline monohydrate oral</i> | 1 | GAP |
| <i>e.e.s. 400 oral</i> | 1 | GAP |
| E.E.S. GRANULES ORAL | 3 | |
| ERYPED 200 ORAL | 3 | |
| ERYTHROCIN IV | 3 | |
| <i>erythrocin stearate oral</i> | 1 | GAP |
| <i>erythromycin opht</i> | 1 | GAP |
| <i>erythromycin oral</i> | 1 | GAP |
| <i>erythromycin-sulfisoxazole oral</i> | 1 | GAP |
| FURADANTIN ORAL | 4 | |
| <i>gentamicin inj</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 | Notes |
|---|------|-------|
| <i>gentamicin opht</i> | 1 | GAP |
| <i>gentamicin top</i> | 1 | GAP |
| <i>gentamicin in nacl (iso-osm) iv</i> | 1 | GAP |
| <i>gentamicin sulfate (pf) iv</i> | 1 | GAP |
| INVANZ INJ | 4 | |
| <i>kanamycin inj</i> | 1 | GAP |
| LEVAQUIN IV | 3 | |
| LEVAQUIN ORAL | 3 | |
| LEVAQUIN IN D5W IV | 3 | |
| MACRODANTIN ORAL | 3 | |
| <i>methenamine hippurate oral</i> | 1 | GAP |
| <i>metronidazole oral</i> | 1 | GAP |
| <i>metronidazole top</i> | 1 | GAP |
| <i>metronidazole vagl</i> | 1 | GAP |
| <i>metronidazole in nacl (iso-os) iv</i> | 1 | GAP |
| <i>minocycline cap</i> | 1 | GAP |
| <i>minocycline tab</i> | 2 | |
| <i>mupirocin top</i> | 1 | GAP |
| <i>nafcillin solution for injection 10 gram</i> | 1 | GAP |
| <i>nafcillin solution for injection 1 gram</i> | 2 | |
| <i>neomycin oral</i> | 1 | GAP |
| <i>neomycin-polymyxin b gu ir</i> | 1 | GAP |
| <i>neomycin-polymyxin-hc otic</i> | 1 | GAP |
| <i>nitrofurantoin (macrocryst25%) oral</i> | 1 | GAP |
| <i>nitrofurantoin macrocrystal oral</i> | 1 | GAP |
| <i>ofloxacin opht</i> | 1 | GAP |
| <i>ofloxacin oral</i> | 1 | GAP |
| <i>ofloxacin otic</i> | 1 | GAP |
| ORACEA ORAL | 3 | |
| <i>paromomycin oral</i> | 1 | GAP |
| <i>penicillin g potassium inj</i> | 2 | |
| <i>penicillin g procaine im</i> | 1 | GAP |
| <i>penicillin g sodium inj</i> | 1 | GAP |
| <i>penicillin v potassium oral</i> | 1 | GAP |
| <i>pfizerpen-g inj</i> | 1 | GAP |
| <i>piperacillin-tazobactam iv</i> | 2 | |
| <i>polymyxin b sulfate inj</i> | 1 | GAP |
| PREVPAC ORAL | 4 | |

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 | Notes |
|--|------|---------------------------|
| PRIMAXIN IM IM | 5 | |
| PRIMAXIN IV SOLUTION 250 mg | 3 | |
| PRIMAXIN IV SOLUTION 500 mg | 5 | |
| <i>silver sulfadiazine top</i> | 1 | GAP |
| SPECTRACEF ORAL | 3 | |
| <i>ssd top</i> | 1 | GAP |
| STREPTOMYCIN IM | 4 | |
| <i>sulfacetamide sodium (acne) top</i> | 1 | GAP |
| <i>sulfacetamide-prednisolone opht</i> | 1 | GAP |
| <i>sulfadiazine oral</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim iv</i> | 1 | GAP |
| <i>sulfamethoxazole-trimethoprim oral</i> | 1 | GAP |
| <i>sulfatrim oral</i> | 1 | GAP |
| SUPRAX ORAL | 4 | |
| <i>tazicef inj</i> | 1 | GAP |
| <i>tazicef iv</i> | 1 | GAP |
| <i>tetracycline oral</i> | 1 | GAP |
| <i>thermazene top</i> | 1 | GAP |
| TIMENTIN IV | 4 | |
| TOBI INHL | 5 | PA |
| <i>tobramycin sulfate inj</i> | 2 | |
| <i>tobramycin sulfate opht</i> | 2 | |
| <i>trimethoprim oral</i> | 1 | GAP |
| TYGACIL IV | 5 | |
| VANCOCIN ORAL | 5 | PA |
| <i>vancomycin iv</i> | 1 | GAP |
| <i>vandazole vagl</i> | 1 | GAP |
| VIBATIV IV | 5 | PA |
| VIBRAMYCIN ORAL | 3 | |
| ZOSYN IN DEXTROSE (ISO-OSM) IV | 3 | |
| ZYVOX IV | 3 | PA |
| ZYVOX ORAL | 3 | PA |
| Anticonvulsants - Drugs to Treat Seizures | | |
| <i>BANZEL ORAL</i> | 3 | QL (240 EA per 30 day(s)) |
| <i>carbamazepine oral</i> | 1 | GAP |
| <i>CARBATROL ORAL</i> | 3 | |
| <i>CELONTIN ORAL</i> | 4 | |
| <i>DILANTIN INFATABS ORAL</i> | 3 | |

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 | Notes |
|---|------|--------------------------------|
| <i>divalproex oral</i> | 1 | GAP |
| <i>epitol oral</i> | 1 | GAP |
| <i>ethosuximide oral</i> | 1 | GAP |
| FELBATOL ORAL | 4 | |
| <i>fosphenytoin inj</i> | 1 | GAP |
| <i>gabapentin cap 400 mg</i> | 1 | GAP; QL (270 EA per 25 day(s)) |
| <i>gabapentin cap 100 mg</i> | 1 | GAP; QL (300 EA per 25 day(s)) |
| <i>gabapentin cap 300 mg</i> | 1 | GAP; QL (360 EA per 25 day(s)) |
| <i>gabapentin tab 800 mg</i> | 1 | GAP; QL (120 EA per 25 day(s)) |
| <i>gabapentin tab 600 mg</i> | 1 | GAP; QL (180 EA per 25 day(s)) |
| GABITRIL TAB 12 mg, 2 mg | 4 | QL (124 EA per 31 day(s)) |
| GABITRIL TAB 4 mg | 4 | QL (420 EA per 30 day(s)) |
| GABITRIL TAB 16 mg | 4 | QL (93 EA per 31 day(s)) |
| KEPPRA IV | 3 | |
| KEPPRA XR 24 HR TAB 750 mg | 3 | QL (120 EA per 30 day(s)) |
| KEPPRA XR 24 HR TAB 500 mg | 3 | QL (180 EA per 30 day(s)) |
| <i>lamotrigine dispersible tab</i> | 2 | |
| <i>lamotrigine tab</i> | 1 | GAP |
| <i>levetiracetam oral soln</i> | 1 | GAP |
| <i>levetiracetam tab 250 mg, 750 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>levetiracetam tab 500 mg</i> | 1 | GAP; QL (180 EA per 30 day(s)) |
| <i>levetiracetam tab 1,000 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| LYRICA CAP 150 mg, 225 mg, 25 mg, 300 mg, 75 mg | 3 | PA; QL (60 EA per 30 day(s)) |
| LYRICA CAP 100 mg, 200 mg, 50 mg | 3 | PA; QL (90 EA per 30 day(s)) |
| NEURONTIN ORAL | 3 | QL (2160 ML per 30 day(s)) |
| <i>oxcarbazepine oral</i> | 2 | |
| PEGANONE ORAL | 4 | |
| PHENYTEK ORAL | 3 | |
| <i>phenytoin oral</i> | 1 | GAP |
| <i>phenytoin sodium iv</i> | 1 | GAP |
| <i>phenytoin sodium extended oral</i> | 1 | GAP |
| <i>primidone oral</i> | 1 | GAP |
| SABRIL ORAL | 5 | LA; QL (180 EA per 30 day(s)) |
| TEGRETOL XR 12 HR TAB 100 mg | 3 | |
| TEGRETOL XR 12 HR TAB 200 mg, 400 mg | 4 | |
| <i>topiramate sprinkle cap</i> | 2 | |
| <i>topiramate tab</i> | 1 | GAP |
| TRILEPTAL ORAL | 3 | |

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 | Notes |
|--|------|--------------------------------|
| <i>valproate sodium iv</i> | 2 | |
| <i>valproic acid oral</i> | 1 | GAP |
| <i>valproic acid (as sodium salt) oral</i> | 1 | GAP |
| VIMPAT IV | 3 | QL (1200 ML per 30 day(s)) |
| VIMPAT ORAL | 3 | QL (60 EA per 30 day(s)) |
| <i>zonisamide oral</i> | 1 | GAP |
| Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia | | |
| ARICEPT ORAL | 3 | QL (30 EA per 30 day(s)) |
| ARICEPT ODT ORAL | 3 | QL (30 EA per 30 day(s)) |
| <i>ergoloid oral</i> | 2 | |
| EXELON CAP | 3 | QL (60 EA per 30 day(s)) |
| EXELON ORAL SOLN | 3 | QL (180 ML per 30 day(s)) |
| EXELON TD | 3 | QL (30 EA per 30 day(s)) |
| <i>galantamine oral soln</i> | 1 | GAP; QL (180 ML per 30 day(s)) |
| <i>galantamine sr 24 hr cap</i> | 1 | GAP; QL (31 EA per 31 day(s)) |
| <i>galantamine tab</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| NAMENDA ORAL SOLN | 3 | QL (300 ML 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 ORAL | 3 | |
| Antidepressants - Drugs to Treat Depression | | |
| <i>amitriptyline oral</i> | 1 | GAP |
| <i>amoxapine oral</i> | 1 | GAP |
| APLENZIN ORAL | 4 | QL (90 EA per 30 day(s)) |
| <i>budeprion sr oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>budeprion xl 24 hr tab 150 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>budeprion xl 24 hr tab 300 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>buproban oral</i> | 1 | GAP |
| <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)) |
| <i>bupropion hcl tab 75 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>clomipramine oral</i> | 1 | GAP |
| 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>desipramine oral</i> | 1 | GAP |
| <i>doxepin oral</i> | 1 | GAP |
| EFFEXOR XR 24 HR CAP 150 mg | 4 | ST; QL (60 EA per 30 day(s)) |

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 | Notes |
|---|------|--------------------------------|
| EFFEXOR XR 24 HR CAP 37.5 mg, 75 mg | 4 | ST; QL (90 EA per 30 day(s)) |
| EMSAM TD | 4 | QL (30 EA per 30 day(s)) |
| <i>imipramine hcl oral</i> | 1 | GAP |
| <i>imipramine pamoate oral</i> | 2 | |
| <i>maprotiline tab 75 mg</i> | 1 | GAP |
| <i>maprotiline tab 25 mg, 50 mg</i> | 1 | GAP; QL (93 EA per 31 day(s)) |
| MARPLAN ORAL | 4 | |
| <i>mirtazapine oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>nefazodone tab 100 mg, 150 mg, 250 mg, 50 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>nefazodone tab 200 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>nortriptyline oral</i> | 1 | GAP |
| <i>perphenazine-amitriptyline oral</i> | 1 | GAP |
| PRISTIQ ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>protriptyline oral</i> | 1 | GAP |
| SAVELLA TAB | 3 | ST; QL (60 EA per 30 day(s)) |
| SAVELLA TABS IN A DOSE PACK | 3 | ST; QL (55 EA per 28 day(s)) |
| SURMONTIL ORAL | 4 | |
| <i>tranylcypromine oral</i> | 1 | GAP |
| <i>trazodone oral</i> | 1 | GAP |
| <i>venlafaxine tab 75 mg</i> | 1 | GAP; QL (150 EA per 30 day(s)) |
| <i>venlafaxine tab 37.5 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>venlafaxine tab 100 mg, 25 mg, 50 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| VENLAFAXINE ER 24 HR TAB 225 mg | 3 | ST; QL (30 EA per 30 day(s)) |
| VENLAFAXINE ER 24 HR TAB 150 mg | 3 | ST; QL (60 EA per 30 day(s)) |
| VENLAFAXINE ER 24 HR TAB 37.5 mg, 75 mg | 3 | ST; QL (90 EA per 30 day(s)) |
| Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrants | | |
| <i>acetylcysteine misc</i> | 1 | PA; GAP |
| <i>amifostine iv</i> | 5 | |
| ANTABUSE ORAL | 3 | |
| <i>buprenorphine inj</i> | 2 | |
| CAMPRAL DOSE PAK ORAL | 3 | QL (180 EA per 30 day(s)) |
| CHANTIX ORAL | 3 | PA; QL (60 EA per 30 day(s)) |
| <i>depade oral</i> | 1 | GAP |
| ETHYOL IV | 3 | |
| EXJADE ORAL | 5 | PA; LA |
| <i>fomepizole iv</i> | 1 | GAP |
| FUSILEV IV | 4 | |

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 | Notes |
|---|------|-----------------------------------|
| <i>kionex oral</i> | 1 | GAP |
| <i>leucovorin calcium inj</i> | 1 | GAP |
| <i>leucovorin calcium oral</i> | 2 | |
| <i>mesna iv</i> | 2 | |
| MESNEX ORAL | 5 | |
| <i>naloxone inj</i> | 2 | |
| <i>naltrexone oral</i> | 1 | GAP |
| NICOTROL INHL | 3 | |
| <i>sodium polystyrene sulfonate oral</i> | 1 | GAP |
| SYPRINE ORAL | 4 | |
| Antiemetics - Drugs to Treat Nausea and Vomiting | | |
| <i>compro rect</i> | 1 | GAP |
| <i>dronabinol cap 2.5 mg</i> | 2 | PA; QL (60 EA per 30 day(s)) |
| <i>dronabinol cap 10 mg, 5 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 | 3 | PA; QL (3 EA per 1 day(s)) |
| <i>granisetron iv</i> | 2 | PA |
| <i>granisetron oral</i> | 5 | PA; QL (60 EA per 30 day(s)) |
| <i>granisetron (pf) iv</i> | 2 | PA |
| <i>granisol oral</i> | 2 | PA |
| <i>meclizine oral</i> | 1 | GAP |
| <i>metoclopramide inj</i> | 1 | GAP |
| <i>metoclopramide oral</i> | 1 | GAP |
| METUZOLV ODT ORAL | 4 | |
| <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)) |
| <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)) |
| <i>ondansetron hcl oral soln</i> | 5 | PA; QL (450 ML per 30 day(s)) |
| <i>ondansetron hcl (pf) inj</i> | 1 | PA; GAP |
| <i>phenadoz rect</i> | 1 | GAP |
| <i>prochlorperazine rect</i> | 1 | GAP |
| <i>prochlorperazine edisylate inj</i> | 1 | GAP |
| <i>prochlorperazine maleate oral</i> | 1 | GAP |
| <i>promethazine inj</i> | 1 | GAP |
| <i>promethazine oral</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 | Notes |
|---|-------------|-----------------------------|
| <i>promethazine rect</i> | 1 | GAP |
| <i>promethazine vc oral</i> | 1 | GAP |
| <i>promethegan rect</i> | 1 | GAP |
| SANCUSO TD | 4 | PA; QL (4 EA per 28 day(s)) |
| <i>transderm-scop td</i> | 2 | |
| <i>trimethobenzamide im</i> | 1 | GAP |
| <i>trimethobenzamide oral</i> | 1 | PA; GAP |
| Antifungals - Drugs to Treat Fungal Infections | | |
| <i>amphotericin b inj</i> | 1 | GAP |
| ANCOBON ORAL | 5 | |
| CANCIDAS IV | 5 | PA |
| <i>ciclopirox shampoo</i> | 2 | |
| <i>ciclopirox topical cream</i> | 2 | PA |
| <i>ciclopirox topical gel</i> | 2 | PA |
| <i>ciclopirox topical soln</i> | 2 | PA |
| <i>ciclopirox topical susp</i> | 2 | PA |
| <i>clotrimazole mm</i> | 1 | GAP |
| <i>clotrimazole top</i> | 1 | GAP |
| <i>clotrimazole-betamethasone top</i> | 1 | GAP |
| <i>econazole top</i> | 1 | GAP |
| ERAXIS(WATER DILUENT) IV | 4 | PA |
| EXTINA TOP | 4 | |
| <i>fluconazole oral</i> | 1 | GAP |
| <i>fluconazole in dextrose(iso-o) iv</i> | 2 | |
| <i>griseofulvin microsize oral</i> | 1 | GAP |
| GRIS-PEG ORAL | 4 | |
| <i>itraconazole oral</i> | 2 | PA |
| <i>ketoconazole oral</i> | 1 | GAP |
| <i>ketoconazole top</i> | 1 | GAP |
| <i>kuric top</i> | 1 | GAP |
| <i>miconazole-3 vagl</i> | 1 | GAP |
| NATACYN OPHT | 3 | |
| NOXAFIL ORAL | 5 | PA; ST |
| <i>nyamyc top</i> | 1 | GAP |
| <i>nystatin oral</i> | 1 | GAP |
| <i>nystatin top</i> | 1 | GAP |
| <i>nystatin-triamcinolone top</i> | 1 | GAP |
| <i>nystop top</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 | Notes |
|--|------|-----------------------------------|
| <i>OXISTAT TOP</i> | 4 | |
| <i>pedi-dri top</i> | 1 | GAP |
| SPORANOX ORAL | 4 | PA |
| <i>terbinafine oral</i> | 1 | PA; GAP; QL (30 EA per 30 day(s)) |
| <i>terconazole vagl</i> | 1 | GAP |
| VFEND ORAL SUSP | 5 | PA; QL (300 ML per 30 day(s)) |
| VFEND TAB 50 mg | 5 | PA; QL (120 EA per 30 day(s)) |
| VFEND TAB 200 mg | 5 | PA; QL (60 EA per 30 day(s)) |
| VFEND IV | 5 | PA |
| <i>zazole vagl</i> | 1 | GAP |
| Antigout Agents - Drugs to Treat Gout | | |
| <i>allopurinol oral</i> | 1 | GAP |
| <i>allopurinol sodium iv</i> | 1 | GAP |
| <i>colchicine-probenecid oral</i> | 1 | GAP |
| COLCRYS ORAL | 3 | QL (120 EA per 30 day(s)) |
| <i>probenecid oral</i> | 1 | GAP |
| ULORIC ORAL | 3 | PA; QL (30 EA per 30 day(s)) |
| <i>Anti-inflammatory Agents</i> | | |
| 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 potassium oral</i> | 1 | GAP |
| <i>diclofenac sodium oral</i> | 1 | GAP |
| <i>diflunisal oral</i> | 1 | GAP |
| <i>etodolac oral</i> | 1 | GAP |
| <i>fenoprofen oral</i> | 1 | GAP |
| FLECTOR TOP | 4 | QL (60 EA per 30 day(s)) |
| <i>flurbiprofen oral</i> | 1 | GAP |
| <i>ibuprofen oral</i> | 1 | GAP |
| <i>indomethacin oral</i> | 1 | GAP |
| <i>ketoprofen oral</i> | 1 | GAP |
| <i>ketorolac injection 30 mg/mL (1 mL)</i> | 1 | GAP; QL (20 ML per 30 day(s)) |
| <i>ketorolac injection 15 mg/mL</i> | 1 | GAP; QL (40 ML per 30 day(s)) |
| <i>ketorolac oral</i> | 1 | GAP; QL (20 EA per 30 day(s)) |
| <i>meclofenamate oral</i> | 1 | GAP |
| <i>meloxicam oral susp</i> | 1 | GAP; QL (300 ML per 30 day(s)) |
| <i>meloxicam tab</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>nabumetone oral</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 | Notes |
|---|------|-------------------------------|
| <i>naproxen oral</i> | 1 | GAP |
| <i>naproxen sodium oral</i> | 1 | GAP |
| <i>oxaprozin oral</i> | 1 | GAP |
| <i>piroxicam oral</i> | 1 | GAP |
| <i>sulindac oral</i> | 1 | GAP |
| <i>tolmetin oral</i> | 1 | GAP |
| Antimigraine Agents - Drugs to Treat Migraines | | |
| <i>dihydroergotamine inj</i> | 2 | QL (24 ML per 28 day(s)) |
| <i>ergotamine-caffeine oral</i> | 1 | GAP; QL (40 EA per 30 day(s)) |
| FROVA ORAL | 4 | ST; QL (12 EA per 30 day(s)) |
| MAXALT ORAL | 4 | ST; QL (12 EA per 30 day(s)) |
| MAXALT-MLT ORAL | 4 | ST; QL (12 EA per 30 day(s)) |
| MIGERGOT RECT | 3 | QL (20 EA per 28 day(s)) |
| MIGRANAL NASL | 4 | QL (12 ML per 30 day(s)) |
| RELPAX ORAL | 3 | ST; QL (9 EA per 30 day(s)) |
| <i>sumatriptan succinate oral</i> | 1 | GAP; QL (9 EA per 30 day(s)) |
| <i>sumatriptan succinate subq</i> | 1 | GAP; QL (4 ML per 30 day(s)) |
| ZOMIG NASL | 4 | ST; QL (6 EA per 30 day(s)) |
| ZOMIG ORAL | 4 | ST; QL (9 EA per 30 day(s)) |
| ZOMIG ZMT ORAL | 4 | ST; QL (9 EA per 30 day(s)) |
| Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis | | |
| GUANIDINE ORAL | 4 | |
| MESTINON ORAL | 3 | |
| MESTINON TIMESPAN ORAL | 3 | |
| <i>pyridostigmine bromide oral</i> | 1 | GAP |
| REGONOL INJ | 3 | |
| Antimycobacterials - Drugs to Treat Infections | | |
| CAPASTAT INJ | 3 | |
| DAPSONE ORAL | 3 | |
| <i>ethambutol oral</i> | 1 | GAP |
| <i>isonarif oral</i> | 1 | GAP |
| <i>isoniazid inj</i> | 1 | GAP |
| <i>isoniazid oral</i> | 1 | GAP |
| MYCOBUTIN ORAL | 4 | |
| PASER ORAL | 4 | |
| PRIFTIN ORAL | 4 | |
| <i>pyrazinamide oral</i> | 1 | GAP |
| <i>rifamate oral</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 | Notes |
|--|------|-------|
| <i>rifampin oral</i> | 1 | GAP |
| <i>rifampin IV</i> | 5 | |
| SEROMYCIN ORAL | 4 | |
| TRECATOR ORAL | 4 | |
| Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects | | |
| ABRAXANE IV | 4 | |
| <i>adriamycin pfs iv</i> | 1 | GAP |
| AFINITOR ORAL | 5 | PA |
| ALIMTA IV | 5 | |
| ALKERAN IV | 5 | |
| ARIMIDEX ORAL | 3 | |
| AROMASIN ORAL | 4 | |
| ARRANON IV | 4 | |
| ARZERRA IV | 5 | PA |
| AVASTIN IV | 5 | PA |
| BICNU IV | 3 | |
| <i>bleomycin inj</i> | 2 | |
| BUSULFEX IV | 3 | |
| CAMPATH IV | 5 | |
| CAMPTOSAR IV | 3 | |
| <i>carboplatin iv</i> | 1 | GAP |
| CEENU ORAL | 3 | |
| <i>cerubidine iv</i> | 1 | GAP |
| <i>cisplatin iv</i> | 1 | GAP |
| <i>cladribine iv</i> | 1 | GAP |
| CLOLAR IV | 4 | |
| COSMEGEN IV | 3 | |
| <i>cyclophosphamide oral</i> | 2 | PA |
| <i>cytarabine inj</i> | 1 | GAP |
| <i>cytarabine (pf) inj</i> | 1 | GAP |
| <i>dacarbazine iv</i> | 1 | GAP |
| <i>daunorubicin iv</i> | 1 | GAP |
| DOXIL IV | 5 | |
| <i>doxorubicin iv</i> | 1 | GAP |
| DROXIA ORAL | 3 | |
| ELOXATIN IV | 4 | |
| ELSPAR INJ | 3 | |
| EMCYT ORAL | 3 | |

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 | Notes |
|----------------------------|------|------------------------------|
| <i>epirubicin iv</i> | 2 | |
| ERBITUX IV | 5 | PA |
| ETOPOPHOS IV | 4 | |
| <i>etoposide iv</i> | 1 | GAP |
| FARESTON ORAL | 3 | |
| FASLODEX IM | 5 | |
| FEMARA ORAL | 3 | |
| <i>fludarabine iv</i> | 5 | |
| <i>fluorouracil iv</i> | 1 | GAP |
| GEMZAR IV | 4 | |
| 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)) |
| HERCEPTIN IV | 5 | |
| HEXALEN ORAL | 5 | PA |
| HYCAMTIN IV | 3 | |
| <i>hydroxyurea oral</i> | 1 | GAP |
| <i>idarubicin iv</i> | 5 | |
| IFEX IV | 4 | |
| <i>ifosfamide iv</i> | 2 | |
| IFOSFAMIDE-MESNA IV | 5 | |
| IRESSA ORAL | 5 | PA |
| <i>irinotecan iv</i> | 2 | |
| ISTODAX IV | 5 | PA |
| IXEMPRA IV | 5 | PA |
| LEUKERAN ORAL | 3 | |
| LYSODREN ORAL | 3 | |
| MATULANE ORAL | 5 | |
| <i>melphalan iv</i> | 5 | |
| <i>mercaptopurine oral</i> | 1 | GAP |
| <i>mitomycin iv</i> | 1 | GAP |
| <i>mitoxantrone iv</i> | 2 | |
| MUSTARGEN INJ | 3 | |
| NEXAVAR ORAL | 5 | PA; LA |
| NIPENT IV | 5 | |
| ONCASPAR INJ | 3 | |
| ONTAK IV | 5 | |
| <i>oxaliplatin iv</i> | 5 | |
| <i>paclitaxel iv</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 | Notes |
|---|------|-----------------------------------|
| PANRETIN TOP | 5 | |
| <i>pentostatin iv</i> | 5 | |
| PHOTOFRIN IV | 3 | |
| REVLIMID ORAL | 5 | PA; LA |
| RITUXAN IV | 5 | PA |
| SPRYCEL TAB 20 mg | 5 | PA; ST; QL (150 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)) |
| <i>tamoxifen oral</i> | 1 | GAP |
| TARCEVA ORAL | 5 | PA |
| TARGRETIN ORAL | 5 | PA |
| TARGRETIN TOP | 5 | |
| TASIGNA ORAL | 5 | PA; ST; QL (120 EA per 30 day(s)) |
| TAXOTERE IV | 5 | |
| THALOMID ORAL | 5 | PA |
| THIOGUANINE ORAL | 4 | |
| THIOTEPA INJ | 4 | |
| <i>toposar iv</i> | 1 | GAP |
| TORISEL IV | 4 | PA |
| TREANDA IV | 5 | |
| TRETINOIN (CHEMOTHERAPY) ORAL | 5 | |
| TRISENOX IV | 4 | |
| TYKERB ORAL | 5 | PA; LA |
| VECTIBIX IV | 5 | PA |
| VELCADE IV | 5 | |
| VIDAZA SUBQ | 5 | |
| <i>vinblastine iv</i> | 1 | GAP |
| <i>vincristine iv</i> | 1 | GAP |
| <i>vinorelbine iv</i> | 1 | GAP |
| VOTRIENT ORAL | 5 | PA |
| ZANOSAR IV | 4 | |
| ZOLINZA ORAL | 5 | PA; ST |
| Antiparasitics - Drugs to Treat Parasitic Infections | | |
| <i>acticin top</i> | 1 | GAP |
| ALBENZA ORAL | 3 | |

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 | Notes |
|--|------|----------------------------------|
| ALINIA ORAL SUSP | 3 | QL (150 ML per 30 day(s)) |
| ALINIA TAB | 3 | QL (6 EA per 30 day(s)) |
| <i>chloroquine phosphate oral</i> | 1 | GAP |
| DARAPRIM ORAL | 3 | |
| EURAX TOP | 3 | |
| <i>hydroxychloroquine oral</i> | 1 | GAP |
| <i>lindane top</i> | 2 | |
| MALARONE ORAL | 4 | |
| <i>malathion top</i> | 1 | GAP |
| <i>mebendazole oral</i> | 1 | GAP |
| <i>mefloquine oral</i> | 1 | GAP |
| MEPRON ORAL | 5 | |
| <i>permethrin top</i> | 1 | GAP |
| QUALAQUIN ORAL | 3 | |
| TINDAMAX ORAL | 3 | |
| Antiparkinson Agents - Drugs to Treat Parkinson's Disease | | |
| <i>amantadine oral</i> | 1 | GAP |
| APOKYN SUBQ | 5 | PA; LA; QL (60 ML per 30 day(s)) |
| <i>atamet oral</i> | 1 | GAP |
| AZILECT ORAL | 3 | QL (30 EA per 30 day(s)) |
| <i>benztropine inj</i> | 2 | |
| <i>benztropine oral</i> | 1 | GAP |
| <i>bromocriptine cap</i> | 2 | |
| <i>bromocriptine tab</i> | 1 | GAP |
| <i>cabergoline oral</i> | 1 | GAP |
| <i>carbidopa-levodopa oral</i> | 2 | |
| COMTAN ORAL | 3 | |
| <i>pramipexole oral</i> | 2 | |
| <i>ropinirole oral</i> | 1 | GAP |
| <i>selegiline hcl oral</i> | 1 | GAP |
| STALEVO 100 ORAL | 3 | |
| STALEVO 125 ORAL | 3 | |
| STALEVO 150 ORAL | 3 | |
| STALEVO 200 ORAL | 3 | |
| STALEVO 50 ORAL | 3 | |
| STALEVO 75 ORAL | 3 | |
| TASMAR ORAL | 4 | |

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 | Notes |
|--|------|-------------------------------|
| <i>trihexyphenidyl oral</i> | 1 | GAP |
| Antipsychotics - Drugs to Treat Mood Disorders | | |
| ABILIFY IM | 4 | |
| ABILIFY ORAL SOLN | 4 | QL (900 ML per 30 day(s)) |
| ABILIFY TAB | 4 | QL (30 EA per 30 day(s)) |
| ABILIFY DISCMELT ORAL | 4 | QL (60 EA per 30 day(s)) |
| <i>chlorpromazine inj</i> | 1 | GAP |
| <i>chlorpromazine oral</i> | 1 | GAP |
| <i>clozapine tab 200 mg, 25 mg, 50 mg</i> | 2 | ST; QL (120 EA per 30 day(s)) |
| <i>clozapine tab 100 mg</i> | 2 | ST; QL (270 EA per 30 day(s)) |
| FANAPT ORAL | 4 | ST |
| FAZACLO TAB, RAPID DISSOLVE 12.5 mg, 25 mg | 4 | ST; QL (120 EA per 30 day(s)) |
| FAZACLO TAB, RAPID DISSOLVE 100 mg | 4 | ST; QL (270 EA per 30 day(s)) |
| <i>fluphenazine decanoate inj</i> | 1 | GAP |
| <i>fluphenazine hcl inj</i> | 1 | GAP |
| <i>fluphenazine hcl oral</i> | 1 | GAP |
| GEODON IM | 3 | QL (60 EA per 30 day(s)) |
| GEODON ORAL | 3 | QL (60 EA per 30 day(s)) |
| <i>haloperidol oral</i> | 1 | GAP |
| <i>haloperidol decanoate im</i> | 1 | GAP |
| <i>haloperidol lactate inj</i> | 1 | GAP |
| <i>haloperidol lactate oral</i> | 1 | GAP |
| INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg | 4 | QL (30 EA per 30 day(s)) |
| INVEGA 24 HR TAB 6 mg | 4 | QL (60 EA per 30 day(s)) |
| INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL | 4 | QL (1 ML per 28 day(s)) |
| INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL | 5 | QL (1 ML per 28 day(s)) |
| <i>loxapine succinate oral</i> | 1 | GAP |
| NAVANE ORAL | 3 | |
| ORAP ORAL | 3 | |
| <i>perphenazine oral</i> | 1 | GAP |
| RISPERDAL CONSTA IM SYRINGE 12.5 mg/2 mL, 25 mg/2 mL | 4 | |
| RISPERDAL CONSTA IM SYRINGE 37.5 mg/2 mL, 50 mg/2 mL | 5 | |
| <i>risperidone oral soln</i> | 2 | QL (240 ML per 30 day(s)) |
| <i>risperidone tab</i> | 2 | QL (120 EA per 30 day(s)) |
| <i>risperidone tab, rapid dissolve</i> | 2 | QL (120 EA per 30 day(s)) |

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 | Notes |
|--|-------------|---------------------------|
| SAPHRIS SL | 4 | QL (62 EA per 31 day(s)) |
| SEROQUEL TAB 400 mg | 3 | QL (60 EA per 30 day(s)) |
| SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg | 3 | QL (90 EA per 30 day(s)) |
| SEROQUEL XR 24 HR TAB 150 mg, 200 mg | 3 | QL (30 EA per 30 day(s)) |
| SEROQUEL XR 24 HR TAB 300 mg, 400 mg, 50 mg | 3 | QL (60 EA per 30 day(s)) |
| <i>thioridazine oral</i> | 1 | GAP |
| <i>thiothixene oral</i> | 1 | GAP |
| <i>trifluoperazine oral</i> | 1 | GAP |
| ZYPREXA IM | 3 | QL (30 EA per 30 day(s)) |
| ZYPREXA ORAL | 3 | QL (30 EA per 30 day(s)) |
| ZYPREXA ZYDIS ORAL | 3 | QL (30 EA per 30 day(s)) |
| Antispasticity Agents - Drugs to Treat Spasms | | |
| <i>baclofen oral</i> | 1 | GAP |
| <i>dantrolene oral</i> | 2 | |
| <i>tizanidine oral</i> | 1 | GAP |
| Antivirals - Drugs to Treat Viral Infections | | |
| <i>acyclovir oral</i> | 1 | GAP |
| <i>acyclovir sodium iv</i> | 1 | GAP |
| APTIVUS CAP | 5 | QL (120 EA per 30 day(s)) |
| APTIVUS ORAL SOLN | 5 | QL (300 ML per 30 day(s)) |
| ATRIPLA ORAL | 5 | QL (30 EA per 30 day(s)) |
| BARACLUDE ORAL SOLN | 3 | QL (600 ML per 30 day(s)) |
| BARACLUDE TAB | 5 | QL (30 EA per 30 day(s)) |
| COMBIVIR ORAL | 3 | |
| CRIXIVAN ORAL | 3 | |
| DENAVIR TOP | 3 | |
| <i>didanosine oral</i> | 2 | |
| EMTRIVA ORAL | 4 | |
| EPIVIR ORAL | 3 | |
| EPIVIR HBV ORAL | 3 | |
| EPZICOM ORAL | 5 | |
| <i>famciclovir tab 500 mg</i> | 2 | QL (60 EA per 30 day(s)) |
| <i>famciclovir tab 125 mg, 250 mg</i> | 2 | QL (90 EA per 30 day(s)) |
| <i>foscarnet iv</i> | 2 | |
| FUZEON SUBQ | 5 | QL (60 EA per 30 day(s)) |
| GANCICLOVIR CAP 250 mg | 3 | |
| GANCICLOVIR CAP 500 mg | 5 | |
| HEPSERA ORAL | 5 | QL (30 EA per 30 day(s)) |

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 | Notes |
|--------------------------------------|------|----------------------------|
| INTELENCE ORAL | 5 | QL (120 EA per 30 day(s)) |
| INVIRASE ORAL | 5 | |
| ISENTRESS ORAL | 5 | QL (60 EA per 30 day(s)) |
| KALETRA ORAL SOLN | 5 | |
| KALETRA TAB 100-25 mg | 4 | |
| KALETRA TAB 200-50 mg | 5 | |
| LEXIVA ORAL SUSP | 4 | |
| LEXIVA TAB | 5 | |
| NORVIR CAP | 3 | |
| NORVIR ORAL SOLN | 5 | |
| PREZISTA TAB 75 mg | 4 | |
| PREZISTA TAB 400 mg, 600 mg | 5 | |
| REBETOL ORAL | 5 | PA |
| RESCRIPTOR ORAL | 4 | |
| RETROVIR IV | 5 | |
| REYATAZ ORAL | 5 | |
| <i>ribasphere cap 200mg</i> | 2 | PA |
| <i>ribasphere tab 200 mg</i> | 2 | PA |
| <i>ribasphere tab 400 mg, 600 mg</i> | 5 | PA |
| <i>ribavirin tab 200 mg</i> | 2 | PA |
| <i>ribavirin cap 200mg</i> | 5 | PA |
| <i>ribavirin tab 400 mg, 600 mg</i> | 5 | PA |
| <i>rimantadine oral</i> | 1 | GAP |
| 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 oral</i> | 2 | |
| SUSTIVA ORAL | 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)) |
| TAMIFLU ORAL SUSP | 3 | QL (275 ML per 180 day(s)) |
| TRIZIVIR ORAL | 5 | |
| TRUVADA ORAL | 5 | |
| TYZEKA ORAL | 5 | QL (30 EA per 30 day(s)) |
| <i>valacyclovir oral</i> | 2 | QL (60 EA per 30 day(s)) |
| VALCYTE ORAL | 5 | |
| VALTREX ORAL | 3 | QL (60 EA per 30 day(s)) |
| VIDEX 2 GRAM PEDIATRIC ORAL | 4 | |
| VIRACEPT ORAL POWDER | 4 | |

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 | Notes |
|---|------|--------------------------------|
| VIRACEPT TAB | 5 | |
| VIRAMUNE ORAL | 3 | |
| VIREAD ORAL | 4 | |
| ZIAGEN ORAL | 3 | |
| <i>zidovudine oral</i> | 2 | |
| ZOVIRAX OINTMENT | 3 | QL (30 GM per 30 day(s)) |
| ZOVIRAX TOPICAL CREAM | 3 | QL (15 GM per 30 day(s)) |
| Anxiolytics - Drugs to Treat Anxiety | | |
| <i>amitriptyline-chlordiazepoxide oral</i> | 1 | GAP |
| <i>bupirone oral</i> | 1 | GAP |
| <i>citalopram oral soln</i> | 1 | GAP; QL (600 ML per 30 day(s)) |
| <i>citalopram tab 10 mg, 40 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>citalopram tab 20 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>fluoxetine cap 20 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>fluoxetine cap 10 mg, 40 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>fluoxetine oral soln</i> | 1 | GAP; QL (600 ML per 30 day(s)) |
| <i>fluoxetine tab 20 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>fluoxetine tab 10 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>fluvoxamine oral</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| LEXAPRO ORAL SOLN | 3 | ST; QL (600 ML per 30 day(s)) |
| LEXAPRO TAB | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>meprobamate oral</i> | 1 | GAP |
| NARDIL ORAL | 3 | |
| <i>paroxetine oral susp</i> | 2 | QL (900 ML per 30 day(s)) |
| <i>paroxetine sr 24 hr tab 12.5 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>paroxetine sr 24 hr tab 25 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>paroxetine tab</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>sertraline oral concentrate</i> | 1 | GAP; QL (300 ML per 30 day(s)) |
| <i>sertraline tab</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| Bipolar Agents - Drugs to Treat Mood Disorders | | |
| <i>lithium carbonate oral</i> | 1 | GAP |
| <i>lithium citrate oral</i> | 1 | GAP |
| Blood Glucose Regulators - Drugs to Regulate Blood Sugar | | |
| <i>acarbose oral</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| ACTOPLUS MET ORAL | 3 | ST; QL (90 EA per 30 day(s)) |
| ACTOS TAB 30 mg, 45 mg | 3 | ST; QL (30 EA per 30 day(s)) |
| ACTOS TAB 15 mg | 3 | ST; QL (60 EA per 30 day(s)) |
| APIDRA SUBQ | 3 | QL (35 ML per 30 day(s)) |

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 | Notes |
|--|------|--------------------------------|
| APIDRA SOLOSTAR SUBQ | 3 | QL (35 ML per 30 day(s)) |
| AVANDAMET ORAL | 3 | ST; QL (120 EA per 30 day(s)) |
| AVANDARYL TAB 4-1 mg, 4-4 mg, 8-2 mg, 8-4 mg | 3 | ST; QL (30 EA per 30 day(s)) |
| AVANDARYL TAB 4-2 mg | 3 | ST; QL (60 EA per 30 day(s)) |
| AVANDIA TAB 2 mg, 8 mg | 3 | ST; QL (30 EA per 30 day(s)) |
| AVANDIA TAB 4 mg | 3 | ST; 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 (4.6 ML per 30 day(s)) |
| <i>chlorpropamide oral</i> | 1 | GAP |
| <i>curity gauze top</i> | 1 | GAP |
| DUETACT ORAL | 3 | ST; QL (60 EA per 30 day(s)) |
| <i>glimepiride tab 1 mg, 2 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>glimepiride tab 4 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>glipizide er 24 hr tab 2.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>glipizide xl 24 hr tab 5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>glipizide xl 24 hr 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>glipizide-metformin oral</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| GLUCAGEN HYPOKIT INJ | 4 | |
| GLUCAGON EMERGENCY INJ | 3 | QL (2 EA per 30 day(s)) |
| <i>glyburide oral</i> | 1 | GAP |
| <i>glyburide micronized tab 1.5 mg, 3 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>glyburide micronized tab 6 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>glyburide-metformin tab 5-500 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>glycron oral</i> | 1 | GAP |
| GLYSET ORAL | 4 | QL (90 EA per 30 day(s)) |
| HUMALOG SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMALOG MIX 50-50 SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMALOG MIX 75-25 SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMALOG PEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMULIN 70/30 SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMULIN 70/30 PEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMULIN N SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMULIN N PEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| HUMULIN R INJ | 3 | QL (35 ML per 30 day(s)) |
| “HUMULIN R U-500 “”CONCENTRATED”” INJ” | 3 | QL (35 ML per 30 day(s)) |

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 | Notes |
|---|-------------|--------------------------------|
| INSULIN PEN NEEDLE MISC | 3 | QL (100 EA per 30 day(s)) |
| INSULIN SYRINGE-NEEDLE U-100 MISC | 3 | QL (100 EA per 30 day(s)) |
| JANUMET ORAL | 3 | ST; QL (60 EA per 30 day(s)) |
| JANUVIA ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| LANTUS SUBQ | 3 | QL (35 ML per 30 day(s)) |
| LANTUS SOLOSTAR SUBQ | 3 | QL (35 ML per 30 day(s)) |
| LEVEMIR SUBQ | 3 | QL (35 ML per 30 day(s)) |
| LEVEMIR FLEXPEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| <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 (90 EA per 30 day(s)) |
| <i>metformin tab 500 mg</i> | 1 | GAP; QL (120 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 oral</i> | 2 | QL (90 EA per 30 day(s)) |
| NOVOLIN 70/30 SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLIN 70/30 INNOLET SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLIN N SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLIN N INNOLET SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLIN R INJ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLOG SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLOG FLEXPEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLOG MIX 70-30 SUBQ | 3 | QL (35 ML per 30 day(s)) |
| NOVOLOG MIX 70-30 FLEXPEN SUBQ | 3 | QL (35 ML per 30 day(s)) |
| ONGLYZA ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| 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)) |
| SAFETY NEEDLES MISC | 3 | QL (100 EA per 30 day(s)) |
| SYMLIN SUBQ | 3 | PA; QL (20 ML per 30 day(s)) |
| SYMLINPEN 120 SUBQ | 3 | PA; QL (5.4 ML per 30 day(s)) |
| SYMLINPEN 60 SUBQ | 3 | PA; QL (6 ML per 30 day(s)) |
| <i>tolazamide oral</i> | 1 | GAP |
| <i>tolbutamide oral</i> | 1 | GAP |
| VICTOZA SUBQ | 4 | ST; QL (9 ML per 30 day(s)) |
| Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders | | |
| AGGRENOX ORAL | 3 | QL (60 EA per 30 day(s)) |
| <i>anagrelide oral</i> | 1 | GAP |
| ARANESP (POLYSORBATE) INJECTION 40 mcg/mL | 4 | 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 | Notes |
|---|------|--------------------------------|
| ARANESP (POLYSORBATE) INJECTION 25 mcg/mL | 4 | PA; QL (4 ML per 30 day(s)) |
| ARANESP (POLYSORBATE) INJECTION 100 mcg/mL, 200 mcg/mL, 300 mcg/mL, 60 mcg/mL | 5 | PA |
| ARANESP (POLYSORBATE) SYRINGE 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 100 mcg/0.5 mL, 150 mcg/0.3 mL, 200 mcg/0.4 mL, 300 mcg/0.6 mL, 500 mcg/mL, 60 mcg/0.3 mL | 5 | PA |
| ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL | 3 | PA; QL (5.5 ML per 30 day(s)) |
| ARIXTRA SUB-Q SYRINGE 5 mg/0.4 mL | 5 | PA; QL (4.4 ML per 30 day(s)) |
| ARIXTRA SUB-Q SYRINGE 7.5 mg/0.6 mL | 5 | PA; QL (6.6 ML per 30 day(s)) |
| ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL | 5 | PA; QL (8.8 ML per 11 day(s)) |
| <i>cilostazol oral</i> | 1 | GAP |
| COUMADIN ORAL | 3 | |
| <i>dipyridamole oral</i> | 1 | GAP |
| EFFIENT TAB 10 mg | 3 | PA; QL (36 EA per 30 day(s)) |
| EFFIENT TAB 5 mg | 3 | PA; QL (43 EA per 30 day(s)) |
| EPOGEN INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL | 4 | PA; QL (12 ML per 30 day(s)) |
| EPOGEN INJECTION 20,000 unit/2 mL, 20,000 unit/mL, 40,000 unit/mL | 5 | PA |
| <i>heparin (porcine) inj</i> | 1 | GAP |
| <i>heparin (porcine) in d5w iv</i> | 1 | PA; GAP |
| <i>heparin (porcine) in ns (pf) iv</i> | 1 | GAP |
| <i>heparin (porcine)-0.45% nacl iv</i> | 1 | PA; GAP |
| <i>heparin, porcine (pf) iv</i> | 1 | GAP |
| <i>jantoven oral</i> | 1 | GAP |
| LEUKINE INJ | 3 | PA |
| LOVENOX SUB-Q | 3 | PA; QL (5 ML per 30 day(s)) |
| LOVENOX SUB-Q SYRINGE 120 mg/0.8 mL, 80 mg/0.8 mL | 3 | PA; QL (11.2 ML per 30 day(s)) |
| LOVENOX SUB-Q SYRINGE 100 mg/mL, 150 mg/mL | 3 | PA; QL (14 ML per 30 day(s)) |
| LOVENOX SUB-Q SYRINGE 30 mg/0.3 mL | 3 | PA; QL (4.2 ML per 30 day(s)) |
| LOVENOX SUB-Q SYRINGE 40 mg/0.4 mL | 3 | PA; QL (5.6 ML per 30 day(s)) |
| LOVENOX SUB-Q SYRINGE 60 mg/0.6 mL | 3 | PA; QL (8.4 ML per 30 day(s)) |
| MOZOBIL SUBQ | 5 | PA |
| NEULASTA SUBQ | 5 | PA |
| NEUMEGA SUBQ | 5 | QL (21 EA per 30 day(s)) |
| NEUPOGEN INJ | 5 | PA |
| PLAVIX TAB 300 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 | Notes |
|--|------|----------------------------------|
| PLAVIX TAB 75 mg | 3 | PA; QL (34 EA per 30 day(s)) |
| PROCRIT INJECTION 10,000 unit/mL, 20,000 unit/mL | 3 | PA; QL (12 ML per 28 day(s)) |
| PROCRIT INJECTION 2,000 unit/mL, 3,000 unit/mL, 4,000 unit/mL, 40,000 unit/mL | 3 | PA; QL (12 ML per 30 day(s)) |
| PROMACTA ORAL | 5 | PA; LA; QL (30 EA per 30 day(s)) |
| <i>ticlopidine oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>warfarin oral</i> | 1 | GAP |
| Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions | | |
| <i>acebutolol oral</i> | 1 | GAP |
| <i>acetazolamide oral</i> | 1 | GAP |
| ADVICOR 24 HR TAB 1,000-40 mg | 4 | ST; QL (30 EA per 30 day(s)) |
| ADVICOR 24 HR TAB 1,000-20 mg, 500-20 mg, 750-20 mg | 4 | ST; QL (60 EA per 30 day(s)) |
| <i>afeditab cr oral</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| ALDACTAZIDE ORAL | 4 | |
| <i>amiloride oral</i> | 1 | GAP |
| <i>amiloride-hydrochlorothiazide oral</i> | 1 | GAP |
| <i>amiodarone tab 400 mg</i> | 2 | |
| AMIODARONE IV | 3 | |
| AMIODARONE TAB 200 mg | 3 | |
| <i>amlodipine tab 10 mg, 2.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>amlodipine tab 5 mg</i> | 1 | GAP; QL (45 EA per 30 day(s)) |
| <i>amlodipine-benazepril oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| ATACAND ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| ATACAND HCT ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>atenolol oral</i> | 1 | GAP |
| <i>atenolol-chlorthalidone oral</i> | 1 | GAP |
| AVALIDE TAB 300-12.5 mg, 300-25 mg | 4 | ST; QL (30 EA per 30 day(s)) |
| AVALIDE TAB 150-12.5 mg | 4 | ST; QL (60 EA per 30 day(s)) |
| AVAPRO ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| AZOR ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>benazepril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>benazepril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>benazepril-hydrochlorothiazide tab 10-12.5 mg</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| BENICAR ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| BENICAR HCT ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>betaxolol oral</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 | Notes |
|---|-------------|--------------------------------|
| <i>bisoprolol fumarate oral</i> | 1 | GAP |
| <i>bisoprolol-hydrochlorothiazide oral</i> | 1 | GAP |
| <i>bumetanide inj</i> | 1 | GAP |
| <i>bumetanide oral</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)) |
| CADUET ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>captopril tab 100 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>captopril tab 12.5 mg, 25 mg, 50 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>captopril-hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>captopril-hydrochlorothiazide tab 50-25 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>cartia xt oral</i> | 1 | GAP |
| <i>carvedilol oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>chlorothiazide oral</i> | 1 | GAP |
| <i>chlorothiazide sodium iv</i> | 5 | |
| <i>chlorthalidone oral</i> | 1 | GAP |
| <i>cholestyramine light oral</i> | 1 | GAP |
| <i>clonidine oral</i> | 1 | GAP |
| <i>clonidine weekly transderm patch 0.1 mg/24 hr</i> | 1 | GAP; QL (8 EA per 30 day(s)) |
| <i>clonidine weekly transderm patch 0.2 mg/24 hr, 0.3 mg/24 hr</i> | 2 | QL (8 EA per 30 day(s)) |
| <i>colestipol oral</i> | 1 | GAP |
| COREG CR ORAL | 3 | QL (30 EA per 30 day(s)) |
| COZAAR ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| CRESTOR ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>dexrazoxane iv</i> | 5 | |
| <i>digoxin inj</i> | 1 | GAP |
| <i>digoxin oral</i> | 1 | GAP |
| <i>dilt-cd oral</i> | 1 | GAP |
| <i>diltiazem hcl iv</i> | 1 | GAP |
| <i>diltiazem hcl oral</i> | 1 | GAP |
| <i>dilt-xr oral</i> | 1 | GAP |
| <i>diltzac er oral</i> | 1 | GAP |
| DIOVAN ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| DIOVAN HCT ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>disopyramide oral</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 | Notes |
|--|-------------|--------------------------------|
| <i>doxazosin oral</i> | 1 | GAP; QL (62 EA per 31 day(s)) |
| <i>enalapril maleate oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>enalapril-hydrochlorothiazide tab 5-12.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>enalapril-hydrochlorothiazide tab 10-25 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>eplerenone tab 25 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>eplerenone tab 50 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| EXFORGE ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| EXFORGE HCT ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>felodipine oral</i> | 1 | GAP |
| <i>fenofibrate oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>fenofibrate micronized oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| 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 oral</i> | 1 | GAP |
| <i>fosinopril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>furosemide inj</i> | 1 | GAP |
| <i>furosemide oral</i> | 1 | GAP |
| <i>gemfibrozil oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>guanabenz oral</i> | 1 | GAP |
| <i>guanfacine oral</i> | 1 | GAP |
| <i>hydralazine inj</i> | 1 | GAP |
| <i>hydralazine oral</i> | 1 | GAP |
| <i>hydrochlorothiazide oral</i> | 1 | GAP |
| HYZAAR ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>indapamide oral</i> | 1 | GAP |
| <i>isochron oral</i> | 1 | GAP |
| ISORDIL ORAL | 3 | |
| <i>isosorbide dinitrate oral</i> | 1 | GAP |
| <i>isosorbide dinitrate sl</i> | 1 | GAP |
| <i>isosorbide mononitrate oral</i> | 1 | GAP |
| <i>isradipine oral</i> | 1 | GAP |
| <i>labetalol iv</i> | 1 | GAP |
| <i>labetalol oral</i> | 1 | GAP |
| LESCOL XL ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| LIPITOR ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>lisinopril tab 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |

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 | Notes |
|--|-------------|--------------------------------|
| <i>lisinopril tab 30 mg, 40 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>lisinopril-hydrochlorothiazide tab 20-25 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>lisinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>lovastatin tab 10 mg, 20 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>lovastatin tab 40 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>methazolamide oral</i> | 1 | GAP |
| <i>methyclothiazide oral</i> | 1 | GAP |
| <i>methyldopa oral</i> | 1 | GAP |
| <i>methyldopa-hydrochlorothiazide oral</i> | 1 | GAP |
| <i>metolazone oral</i> | 1 | GAP |
| <i>metoprolol succinate oral</i> | 1 | GAP |
| <i>metoprolol tartrate iv</i> | 1 | GAP |
| <i>metoprolol tartrate oral</i> | 1 | GAP |
| <i>metoprolol-hydrochlorothiazide oral</i> | 1 | GAP |
| <i>mexiletine oral</i> | 1 | GAP |
| MICARDIS ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| MICARDIS HCT ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>midodrine oral</i> | 2 | |
| <i>minitran td</i> | 1 | GAP |
| <i>minoxidil oral</i> | 1 | GAP |
| <i>moexipril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>moexipril-hydrochlorothiazide tab 15-12.5 mg, 7.5-12.5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>moexipril-hydrochlorothiazide tab 15-25 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| MULTAQ ORAL | 4 | |
| <i>nadolol oral</i> | 1 | GAP |
| <i>nadolol-bendroflumethiazide oral</i> | 1 | GAP |
| <i>niacor oral</i> | 1 | GAP |
| NIASPAN ORAL | 3 | QL (60 EA per 30 day(s)) |
| <i>nicardipine iv</i> | 1 | GAP |
| <i>nicardipine oral</i> | 1 | GAP |
| <i>nifediac cc tab 90 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>nifediac cc tab 30 mg, 60 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>nifedical xl 24 hr tab 60 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>nifedical xl 24 hr tab 30 mg</i> | 1 | GAP; QL (90 EA per 30 day(s)) |
| <i>nifedipine oral</i> | 1 | GAP |
| <i>nimodipine oral</i> | 5 | |
| <i>nisoldipine oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |

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 | Notes |
|--|------|-----------------------------------|
| NITRO-DUR TD | 3 | |
| <i>nitroglycerin iv</i> | 1 | GAP |
| <i>nitroglycerin td</i> | 1 | GAP |
| NITROLINGUAL TL | 4 | |
| NITROSTAT SL | 3 | |
| PACERONE ORAL | 3 | |
| <i>pentopak oral</i> | 1 | GAP |
| <i>pentoxifylline oral</i> | 1 | GAP |
| <i>perindopril erbumine tab 2 mg, 4 mg</i> | 2 | QL (30 EA per 30 day(s)) |
| <i>perindopril erbumine tab 8 mg</i> | 2 | QL (60 EA per 30 day(s)) |
| <i>pindolol oral</i> | 1 | GAP |
| <i>pravastatin oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>prazosin cap 5 mg</i> | 1 | GAP; QL (120 EA per 30 day(s)) |
| <i>prazosin cap 1 mg</i> | 1 | GAP; QL (124 EA per 31 day(s)) |
| <i>prazosin cap 2 mg</i> | 1 | GAP; QL (240 EA per 30 day(s)) |
| <i>prevalite oral</i> | 1 | GAP |
| <i>procainamide inj</i> | 1 | GAP |
| PROGLYCEM ORAL | 4 | |
| <i>propafenone tab 150 mg, 225 mg</i> | 1 | GAP |
| <i>propafenone tab 300 mg</i> | 2 | |
| <i>propranolol iv</i> | 1 | GAP |
| <i>propranolol oral</i> | 1 | GAP |
| <i>propranolol-hydrochlorothiazid oral</i> | 1 | GAP |
| <i>quinapril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>quinapril-hydrochlorothiazide oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>quinidine gluconate inj</i> | 1 | GAP |
| <i>quinidine gluconate oral</i> | 1 | GAP |
| <i>quinidine sulfate oral</i> | 1 | GAP |
| <i>ramipril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| RANEXA ORAL | 4 | PA; ST; QL (120 EA per 30 day(s)) |
| <i>reserpine oral</i> | 1 | GAP |
| RYTHMOL SR ORAL | 3 | |
| SAMSCA TAB 15 mg | 5 | QL (30 EA per 30 day(s)) |
| SAMSCA TAB 30 mg | 5 | QL (60 EA per 30 day(s)) |
| SIMCOR 24 HR TAB 500-20 mg, 750-20 mg | 3 | ST; QL (30 EA per 30 day(s)) |
| SIMCOR 24 HR TAB 1,000-20 mg | 3 | ST; QL (60 EA per 30 day(s)) |
| <i>simvastatin oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |

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 | Notes |
|--|------|-----------------------------------|
| <i>sorine oral</i> | 1 | GAP |
| <i>sotalol iv</i> | 1 | GAP |
| <i>sotalol oral</i> | 1 | GAP |
| <i>spironolactone oral</i> | 1 | GAP |
| <i>spironolacton-hydrochlorothiaz oral</i> | 1 | GAP |
| <i>taztia xt oral</i> | 1 | GAP |
| TEKTURNA ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| TEKTURNA HCT ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>terazosin oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| TIKOSYN ORAL | 4 | |
| <i>timolol maleate oral</i> | 1 | GAP |
| <i>torseamide oral</i> | 1 | GAP |
| <i>trandolapril oral</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>triamterene-hydrochlorothiazid oral</i> | 1 | GAP |
| TRICOR ORAL | 4 | QL (30 EA per 30 day(s)) |
| TRILIPIX ORAL | 3 | QL (30 EA per 30 day(s)) |
| <i>verapamil iv</i> | 1 | GAP |
| <i>verapamil oral</i> | 1 | GAP |
| WELCHOL ORAL POWDER PACK | 3 | |
| WELCHOL TAB | 3 | QL (210 EA per 30 day(s)) |
| ZETIA ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| Central Nervous System Agents - Drugs to Treat Nerve Conditions | | |
| ADDERAL XR ORAL | 2 | PA; QL (30 EA per 30 day(s)) |
| <i>amphetamine salt combo oral</i> | 1 | PA; GAP; QL (60 EA per 30 day(s)) |
| CONCERTA 24 HR TAB 18 mg, 27 mg, 54 mg | 3 | PA; QL (30 EA per 30 day(s)) |
| CONCERTA 24 HR TAB 36 mg | 3 | PA; QL (60 EA per 30 day(s)) |
| <i>dexmethylphenidate oral</i> | 1 | PA; GAP; QL (60 EA per 30 day(s)) |
| <i>dextroamphetamine sr cap</i> | 2 | PA; QL (120 EA per 30 day(s)) |
| <i>dextroamphetamine tab</i> | 2 | PA |
| METADATE CD ORAL | 4 | PA |
| <i>metadate er oral</i> | 1 | PA; GAP; QL (90 EA per 30 day(s)) |
| <i>methylin oral</i> | 1 | PA; GAP; QL (90 EA per 30 day(s)) |
| <i>methylin er oral</i> | 1 | PA; GAP; QL (90 EA per 30 day(s)) |
| <i>methylphenidate oral</i> | 1 | PA; GAP; QL (90 EA per 30 day(s)) |
| NUVIGIL ORAL | 4 | PA; QL (31 EA per 31 day(s)) |
| PROVIGIL TAB 200 mg | 3 | PA; QL (60 EA per 30 day(s)) |

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 | Notes |
|--|-------------|-----------------------------------|
| PROVIGIL TAB 100 mg | 3 | PA; QL (90 EA per 30 day(s)) |
| RILUTEK ORAL | 5 | PA |
| RITALIN LA CAP 10 mg, 20 mg, 40 mg | 4 | PA; QL (30 EA per 30 day(s)) |
| RITALIN LA CAP 30 mg | 4 | PA; QL (60 EA per 30 day(s)) |
| STRATTERA ORAL | 3 | PA; QL (30 EA per 30 day(s)) |
| XENAZINE ORAL | 5 | PA; LA; QL (124 EA per 25 day(s)) |
| XYREM ORAL | 3 | PA; LA; QL (540 ML per 30 day(s)) |
| Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions | | |
| <i>chlorhexidine gluconate mm</i> | 1 | GAP |
| CYKLOKAPRON IV | 3 | |
| EVOXAC ORAL | 4 | |
| KEPIVANCE IV | 5 | |
| <i>periogard mm</i> | 1 | GAP |
| <i>pilocarpine tab 5 mg</i> | 1 | GAP |
| <i>pilocarpine tab 7.5 mg</i> | 2 | |
| <i>triamcinolone acetonide dent</i> | 1 | GAP |
| Dermatological Agents - Drugs to Treat Skin Conditions | | |
| ACANYA TOP | 4 | PA |
| ALDARA TOP | 3 | QL (12 EA per 30 day(s)) |
| <i>ammonium lactate top</i> | 1 | GAP |
| <i>amnesteem oral</i> | 2 | |
| ATRALIN TOP | 4 | PA |
| <i>avita top</i> | 1 | PA; GAP |
| AZELEX TOP | 4 | |
| BENZACLIN CAREKIT TOP | 3 | |
| <i>calcipotriene top</i> | 2 | QL (60 ML per 30 day(s)) |
| CARAC TOP | 3 | |
| <i>claravis oral</i> | 2 | |
| <i>clindamycin phosphate top</i> | 1 | GAP |
| <i>clindamycin-benzoyl peroxide top</i> | 2 | |
| CONDYLOX TOP | 3 | |
| DIFFERIN TOP | 3 | PA |
| DOVONEX TOP | 3 | QL (120 GM per 30 day(s)) |
| ELIDEL TOP | 3 | ST |
| <i>ery pads top</i> | 1 | GAP |
| <i>erythromycin with ethanol top</i> | 1 | GAP |
| <i>erythromycin-benzoyl peroxide top</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 | Notes |
|---|------|--------------------------|
| FINACEA TOP | 4 | |
| FLUOROPLEX TOP | 3 | |
| <i>fluorouracil topical cream</i> | 2 | |
| <i>fluorouracil topical soln</i> | 1 | GAP |
| <i>laclotion top</i> | 1 | GAP |
| OXSORALEN ULTRA ORAL | 5 | |
| <i>podofilox top</i> | 1 | GAP |
| PROTOPIC TOP | 4 | ST |
| REGRANEX TOP | 5 | PA |
| RETIN-A MICRO TOP | 4 | PA |
| SANTYL TOP | 4 | |
| <i>selenium sulfide top</i> | 1 | GAP |
| SOLARAZE TOP | 4 | |
| <i>sotret cap 10 mg, 20 mg, 40 mg</i> | 2 | |
| SOTRET CAP 30 mg | 3 | |
| <i>tretinoin top</i> | 1 | PA; GAP |
| VECTICAL TOP | 3 | |
| VEREGEN TOP | 4 | QL (15 GM per 30 day(s)) |
| <i>water for irrigation, sterile ir</i> | 1 | GAP |
| ZONALON TOP | 3 | QL (45 GM per 30 day(s)) |
| Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency | | |
| ADAGEN IM | 5 | PA; LA |
| ALDURAZYME IV | 5 | PA; LA |
| BUPHENYL ORAL | 4 | |
| CEREDASE IV | 5 | PA |
| CEREZYME IV | 5 | PA; LA |
| CREON ORAL | 3 | |
| CYSTAGON ORAL | 4 | LA |
| ELAPRASE IV | 5 | PA |
| ELITEK IV | 5 | PA |
| FABRAZYME IV | 5 | PA; LA |
| KUVAN ORAL | 3 | PA |
| NAGLAZYME IV | 5 | PA; LA |
| ORFADIN ORAL | 5 | LA |
| SUCRAID ORAL | 5 | PA |
| ZAVESCA ORAL | 5 | LA |
| ZENPEP ORAL | 3 | |

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 | Notes |
|---|------|-------------------------------|
| Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| ACIPHEX ORAL | 4 | ST; QL (30 EA per 30 day(s)) |
| <i>atropine inj</i> | 1 | GAP |
| CARAFATE ORAL | 3 | |
| <i>cimetidine inj</i> | 1 | GAP |
| <i>cimetidine oral</i> | 1 | GAP |
| CIMZIA SUBQ | 5 | PA |
| <i>constulose oral</i> | 1 | GAP |
| <i>dicyclomine im</i> | 2 | |
| <i>dicyclomine oral</i> | 1 | GAP |
| DIPENTUM ORAL | 4 | |
| <i>diphenoxylate-atropine oral</i> | 1 | GAP |
| <i>enulose oral</i> | 1 | GAP |
| <i>famotidine oral</i> | 1 | GAP |
| <i>famotidine (pf) iv</i> | 1 | GAP |
| <i>famotidine(pf) in sal (iso-os) iv</i> | 1 | GAP |
| <i>gavilyte-c oral</i> | 1 | GAP |
| <i>gavilyte-g oral</i> | 1 | GAP |
| <i>gavilyte-n oral</i> | 1 | GAP |
| <i>generlac oral</i> | 1 | GAP |
| <i>glycopyrrolate inj</i> | 1 | GAP |
| <i>glycopyrrolate oral</i> | 1 | GAP |
| HALFLYTELY-BISACODYL BOWEL KIT ORAL | 3 | |
| KRISTALOSE ORAL | 4 | |
| <i>lactulose oral</i> | 1 | GAP |
| <i>lansoprazole oral</i> | 2 | QL (30 EA per 30 day(s)) |
| <i>loperamide oral</i> | 1 | GAP |
| LOTRONEX ORAL | 3 | PA; QL (60 EA per 30 day(s)) |
| <i>methscopolamine oral</i> | 1 | GAP |
| <i>misoprostol oral</i> | 1 | GAP |
| NEXIUM ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| NEXIUM IV IV | 3 | ST |
| NEXIUM PACKET ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| <i>nizatidine cap</i> | 1 | GAP |
| <i>nizatidine oral soln</i> | 2 | |
| <i>omeprazole cap, delayed release 40 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>omeprazole cap, delayed release 10 mg, 20 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| OSMOPREP ORAL | 3 | |

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 | Notes |
|---|------|-------------------------------|
| <i>pantoprazole oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>polyethylene glycol 3350 oral</i> | 1 | GAP |
| PROTONIX IV | 3 | ST |
| <i>ranitidine hcl inj</i> | 1 | GAP |
| <i>ranitidine hcl oral</i> | 1 | GAP |
| RELISTOR SUBQ | 4 | PA; QL (18 ML per 30 day(s)) |
| <i>sucralfate oral</i> | 1 | GAP |
| <i>trilyte with flavor packets oral</i> | 1 | GAP |
| <i>ursodiol oral</i> | 2 | |
| VISICOL ORAL | 3 | |
| ZEGERID CAP 20-1.1 mg-gram | 4 | ST; QL (30 EA per 30 day(s)) |
| ZEGERID CAP 40-1.1 mg-gram | 4 | ST; QL (60 EA per 30 day(s)) |
| ZEGERID ORAL PACKET | 4 | ST; QL (30 EA per 30 day(s)) |
| Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions | | |
| AVODART ORAL | 3 | QL (30 EA per 30 day(s)) |
| <i>bethanechol chloride oral</i> | 1 | GAP |
| <i>calcium acetate oral</i> | 1 | GAP |
| DETROL ORAL | 3 | QL (60 EA per 30 day(s)) |
| DETROL LA ORAL | 3 | QL (30 EA per 30 day(s)) |
| ELMIRON ORAL | 4 | |
| ENABLEX ORAL | 4 | QL (30 EA per 30 day(s)) |
| <i>finasteride oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>flavoxate oral</i> | 1 | GAP |
| FLOMAX ORAL | 3 | QL (60 EA per 30 day(s)) |
| FOSRENOL ORAL | 3 | QL (90 EA per 30 day(s)) |
| <i>oxybutynin chloride er 24 hr tab 5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>oxybutynin chloride er 24 hr tab 10 mg, 15 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| <i>oxybutynin chloride syrup</i> | 1 | GAP |
| <i>oxybutynin chloride tab</i> | 1 | GAP |
| OXYTROL TD | 3 | QL (8 EA per 28 day(s)) |
| RENAGEL ORAL | 3 | |
| RENVELA ORAL PWPK 2.4 gram | 3 | QL (175 EA per 30 day(s)) |
| RENVELA ORAL PWPK 0.8 gram | 3 | QL (525 EA per 30 day(s)) |
| RENVELA TAB | 3 | QL (525 EA per 30 day(s)) |
| SANCTURA XR ORAL | 4 | QL (30 EA per 30 day(s)) |
| THIOLA ORAL | 4 | |
| UROXATRAL ORAL | 3 | QL (30 EA per 30 day(s)) |
| VESICARE ORAL | 3 | QL (30 EA per 30 day(s)) |

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 | Notes |
|---|------|-------|
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| <i>a-hydrocort inj</i> | 1 | GAP |
| <i>ala-cort top</i> | 1 | GAP |
| <i>alclometasone top</i> | 1 | GAP |
| <i>amcinonide top</i> | 1 | GAP |
| <i>a-methapred inj</i> | 1 | GAP |
| <i>betamethasone dipropionate top</i> | 1 | GAP |
| <i>betamethasone valerate top</i> | 1 | GAP |
| <i>betamethasone, augmented top</i> | 1 | GAP |
| <i>beta-val top</i> | 1 | GAP |
| <i>clobetasol ointment</i> | 1 | GAP |
| <i>clobetasol topical foam</i> | 2 | |
| <i>clobetasol topical gel</i> | 1 | GAP |
| <i>clobetasol topical soln</i> | 1 | GAP |
| <i>clobetasol propionate 0.5 mg/ml topical cream [isovate]</i> | 1 | GAP |
| <i>clobetasol-emollient top</i> | 1 | GAP |
| <i>colocort rect</i> | 2 | |
| CORDRAN TOP | 4 | |
| <i>cortisone oral</i> | 1 | GAP |
| DERMA-SMOOTH/FS BODY OIL TOP | 4 | |
| <i>desonide top</i> | 1 | GAP |
| <i>desoximetasone ointment</i> | 2 | |
| <i>desoximetasone topical cream</i> | 1 | GAP |
| <i>desoximetasone topical gel</i> | 1 | GAP |
| <i>dexamethasone oral</i> | 1 | GAP |
| <i>dexamethasone intensol oral</i> | 1 | GAP |
| <i>dexamethasone sodium phosphate inj</i> | 1 | GAP |
| <i>diflorasone top</i> | 1 | GAP |
| <i>fludrocortisone oral</i> | 1 | GAP |
| <i>fluocinolone top</i> | 1 | GAP |
| <i>fluocinonide top</i> | 1 | GAP |
| <i>fluocinonide-emollient top</i> | 1 | GAP |
| <i>fluticasone top</i> | 1 | GAP |
| <i>halobetasol propionate top</i> | 1 | GAP |
| <i>hydrocortisone oral</i> | 1 | GAP |
| <i>hydrocortisone rect</i> | 2 | |
| <i>hydrocortisone top</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 | Notes |
|---|-------------|--------------|
| <i>hydrocortisone butyrate top</i> | 1 | GAP |
| <i>hydrocortisone valerate top</i> | 1 | GAP |
| <i>lokara top</i> | 1 | GAP |
| LUXIQ TOP | 4 | |
| <i>methylprednisolone oral</i> | 1 | GAP |
| <i>methylprednisolone acetate inj</i> | 1 | GAP |
| <i>methylprednisolone sodium succ inj</i> | 1 | GAP |
| <i>mometasone top</i> | 1 | GAP |
| <i>prednicarbate top</i> | 1 | GAP |
| <i>prednisolone oral</i> | 1 | GAP |
| <i>prednisolone sodium phosphate oral</i> | 1 | GAP |
| <i>prednisone oral</i> | 1 | GAP |
| <i>prednisone intensol oral</i> | 1 | GAP |
| <i>proctocream-hc rect</i> | 1 | GAP |
| <i>procto-pak rect</i> | 1 | GAP |
| <i>proctosol hc rect</i> | 1 | GAP |
| <i>proctozone-hc rect</i> | 1 | GAP |
| SOLU-CORTEF INJ | 3 | |
| <i>triamcinolone acetonide top</i> | 1 | GAP |
| <i>triderm top</i> | 1 | GAP |
| <i>u-cort top</i> | 1 | GAP |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| <i>chorionic gonadotropin, human im</i> | 2 | PA |
| <i>ddavp inj</i> | 2 | |
| <i>ddavp nasl</i> | 2 | |
| <i>desmopressin inj</i> | 2 | |
| <i>desmopressin nasl</i> | 2 | |
| <i>desmopressin oral</i> | 2 | |
| GENOTROPIN SUBQ | 5 | PA |
| GENOTROPIN MINIQUICK SUBQ | 4 | PA |
| HUMATROPE INJ | 5 | PA |
| INCRELEX SUBQ | 5 | PA |
| NORDITROPIN CARTRIDGE SUBQ | 5 | PA |
| NORDITROPIN NORDIFLEX SUBQ | 5 | PA |
| NUTROPIN SUBQ | 5 | PA |
| NUTROPIN AQ SUBQ | 5 | PA |
| <i>pregnyl im</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 | Notes |
|--|------|-------------------------------|
| SAIZEN SUBQ | 5 | PA |
| SAIZEN CLICK.EASY SUBQ | 5 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| ACTIVELLA ORAL | 3 | |
| ALORA TD | 4 | QL (8 EA per 28 day(s)) |
| ANADROL-50 ORAL | 5 | PA |
| ANDRODERM TD | 3 | PA |
| ANDROGEL TD | 3 | PA; QL (300 GM per 30 day(s)) |
| <i>apri oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>aranelle (28) oral</i> | 1 | GAP |
| <i>aviane oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>balziva (28) oral</i> | 1 | GAP |
| <i>camila oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| CENESTIN ORAL | 4 | |
| <i>cesia oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| CLIMARA PRO TD | 4 | |
| COMBIPATCH TD | 3 | QL (8 EA per 28 day(s)) |
| <i>cryselle (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>danazol oral</i> | 2 | |
| DEPO-PROVERA IM | 3 | |
| <i>enpresse oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>errin oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| ESTRACE VAGL | 4 | |
| ESTRADERM TD | 3 | |
| <i>estradiol oral</i> | 1 | GAP |
| <i>estradiol weekly transderm patch 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.1 mg/24 hr</i> | 1 | GAP; QL (4 EA per 28 day(s)) |
| <i>estradiol weekly transderm patch 0.025 mg/24 hr, 0.075 mg/24 hr</i> | 1 | GAP; QL (8 EA per 28 day(s)) |
| <i>estradiol valerate im</i> | 1 | GAP |
| <i>estradiol-norethindrone acet oral</i> | 1 | GAP |
| ESTRING VAGL | 4 | QL (1 EA per 90 day(s)) |
| <i>estropipate oral</i> | 1 | GAP |
| EVISTA ORAL | 3 | QL (30 EA per 30 day(s)) |
| FEMHRT 1/5 ORAL | 4 | |
| FEMHRT LOW DOSE ORAL | 4 | |
| FEMRING VAGL | 4 | QL (1 EA per 90 day(s)) |
| GYNODIOL ORAL | 3 | |

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 | Notes |
|--|-------------|-------------------------------|
| <i>jolivette oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>junel 1.5/30 (21) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>junel 1/20 (21) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>junel fe 1.5/30 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>junel fe 1/20 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>kariva oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>kelnor 1/35 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>leena 28 oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>lessina oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>levora-28 oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>low-ogestrel (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>lutera (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>medroxyprogesterone im</i> | 1 | GAP |
| <i>medroxyprogesterone oral</i> | 1 | GAP |
| MEGACE ES ORAL | 4 | |
| <i>megestrol oral</i> | 1 | GAP |
| MENEST ORAL | 3 | |
| <i>microgestin 1.5/30 (21) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>microgestin 1/20 (21) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>microgestin fe 1.5/30 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>microgestin fe 1/20 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>mononessa (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>necon 0.5/35 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>necon 1/35 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>necon 10/11 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>necon 7/7/7 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>next choice oral</i> | 2 | |
| <i>nora-be oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>norethindrone acetate oral</i> | 1 | GAP |
| <i>nortrel 0.5/35 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>nortrel 1/35 (21) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>nortrel 1/35 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>nortrel 7/7/7 (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| NUVARING VAGL | 4 | QL (1 EA per 28 day(s)) |
| <i>ocella oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>ogestrel (28) oral</i> | 1 | GAP |
| ORTHO EVRA TD | 4 | QL (3 EA per 28 day(s)) |
| <i>ortho-est 0.625 oral</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 | Notes |
|---|------|-------------------------------|
| <i>ortho-est 1.25 oral</i> | 1 | GAP |
| <i>oxandrolone tab 2.5 mg</i> | 2 | PA; QL (60 EA per 30 day(s)) |
| <i>oxandrolone tab 10 mg</i> | 5 | PA; QL (60 EA per 30 day(s)) |
| <i>portia oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| PREFEST ORAL | 4 | |
| PREMARIN INJ | 3 | |
| PREMARIN ORAL | 3 | |
| PREMARIN VAGL | 3 | |
| PREMPHASE ORAL | 3 | QL (28 EA per 28 day(s)) |
| PREMPRO ORAL | 3 | QL (28 EA per 28 day(s)) |
| <i>previfem oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| PROMETRIUM ORAL | 4 | |
| <i>quasense oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>reclipsen (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>solia oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>sprintec (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>sronyx oral</i> | 1 | GAP |
| TESTIM TD | 4 | PA |
| <i>testosterone cypionate im</i> | 1 | PA; GAP |
| <i>testosterone enanthate im</i> | 1 | PA; GAP |
| <i>tri-legest fe oral</i> | 1 | GAP |
| <i>trinessa (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>tri-previfem (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>tri-sprintec (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>trivora (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| VAGIFEM VAGL | 3 | |
| <i>velivet oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| VIVELLE-DOT TD | 3 | QL (8 EA per 30 day(s)) |
| YAZ 28 ORAL | 4 | QL (28 EA per 28 day(s)) |
| <i>zovia 1/35e (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| <i>zovia 1/50e (28) oral</i> | 1 | GAP; QL (28 EA per 28 day(s)) |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones | | |
| CYTOMEL ORAL | 4 | |
| <i>levothroid oral</i> | 1 | GAP |
| <i>levothyroxine oral</i> | 1 | GAP |
| <i>levoxyl oral</i> | 1 | GAP |
| <i>liothyronine iv</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 | Notes |
|--|------|-------------------------------|
| <i>liothyronine oral</i> | 1 | GAP |
| SYNTHROID ORAL | 3 | |
| <i>unithroid oral</i> | 1 | GAP |
| Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| SENSIPAR TAB 30 mg | 3 | PA; QL (120 EA per 30 day(s)) |
| SENSIPAR TAB 90 mg | 5 | PA; QL (120 EA per 30 day(s)) |
| SENSIPAR TAB 60 mg | 5 | PA; QL (150 EA per 30 day(s)) |
| Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| ELIGARD SUBQ | 4 | PA |
| FIRMAGON SUB-Q SOLN 80 mg | 4 | PA |
| FIRMAGON SUB-Q SOLN 120 mg | 5 | PA |
| <i>leuprolide subq</i> | 1 | PA; GAP |
| LUPRON DEPOT IM KIT | 4 | PA |
| LUPRON DEPOT IM SYRINGE | 5 | PA |
| LUPRON DEPOT (3 MONTH) IM KIT | 4 | PA |
| LUPRON DEPOT (3 MONTH) IM SYRINGE | 5 | PA |
| LUPRON DEPOT (4 MONTH) IM | 5 | PA |
| LUPRON DEPOT-PED IM | 5 | PA |
| <i>octreotide acetate injection 50 mcg/mL</i> | 2 | PA |
| <i>octreotide acetate injection 1,000 mcg/mL, 100 mcg/mL, 200 mcg/mL, 500 mcg/mL</i> | 5 | PA |
| SANDOSTATIN LAR DEPOT IM | 5 | PA |
| SOMATULINE DEPOT SUBQ | 5 | PA |
| SOMAVERT SUBQ | 5 | PA; LA |
| SYNAREL NASL | 5 | PA |
| TRELSTAR IM | 5 | PA |
| Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions | | |
| <i>bicalutamide oral</i> | 2 | |
| <i>flutamide oral</i> | 1 | GAP |
| NILANDRON ORAL | 3 | |
| Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones | | |
| <i>methimazole oral</i> | 1 | GAP |
| <i>propylthiouracil oral</i> | 1 | GAP |
| Immunological Agents - Drugs that Stimulate or Suppress the Immune System | | |
| ACTHIB IM | 3 | |
| ACTIMMUNE SUBQ | 5 | PA; LA |

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 | Notes |
|---|------|----------------------------------|
| ADACEL (ADOLESCENT & ADULT) IM | 3 | |
| ALFERON N INJ | 4 | |
| ARCALYST SUBQ | 5 | PA |
| ATTENUVAX (PF) SUBQ | 3 | |
| AVONEX IM | 5 | PA; QL (4 EA per 30 day(s)) |
| AVONEX ADMINISTRATION PACK IM | 5 | PA; QL (4 EA per 30 day(s)) |
| AZASAN ORAL | 4 | PA |
| <i>azathioprine oral</i> | 1 | PA; GAP |
| BETASERON SUBQ | 5 | PA |
| BOOSTRIX IM | 3 | |
| CELLCEPT ORAL | 5 | PA |
| CERVARIX IM | 4 | |
| COMVAX IM | 3 | |
| COPAXONE SUBQ | 5 | PA |
| CUPRIMINE ORAL | 3 | |
| <i>cyclosporine iv</i> | 1 | PA; GAP |
| <i>cyclosporine oral</i> | 2 | PA |
| <i>cyclosporine modified cap 50 mg</i> | 1 | PA; GAP |
| <i>cyclosporine modified cap 100 mg</i> | 2 | PA |
| <i>cyclosporine modified oral soln</i> | 2 | PA |
| DAPTACEL (PEDIATRIC) (PF) IM | 3 | |
| DECAVAC IM | 3 | |
| ENBREL SUB-Q KIT | 5 | PA; ST; QL (16 EA per 30 day(s)) |
| ENBREL SUB-Q SYRINGE | 5 | PA; ST |
| ENGERIX-B (PF) IM | 3 | PA |
| EXTAVIA SUBQ | 5 | PA |
| GAMASTAN S/D IM | 3 | PA |
| GAMUNEX IV | 5 | PA |
| GARDASIL IM | 3 | |
| <i>gengraf oral</i> | 2 | PA |
| HAVRIX (PF) IM | 3 | |
| HUMIRA SUBQ | 5 | PA; ST; QL (6 EA per 28 day(s)) |
| HUMIRA CROHN'S DIS START PCK SUBQ | 5 | PA; ST; QL (6 EA per 28 day(s)) |
| IMOVAX RABIES VACCINE IM | 3 | |
| INFANRIX (PF) IM | 3 | |
| INFERGEN SUBQ | 5 | PA |
| INTRON A INJECTION 18 mu | 5 | PA |
| INTRON A SOLUTION FOR INJECTION 10 mu | 4 | 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 | Notes |
|--|------|------------------------------------|
| INTRON A SUBQ PEN KIT 3,000,000 unit/0.2 mL | 4 | PA; QL (2.4 EA per 30 day(s)) |
| INTRON A SUBQ PEN KIT 10,000,000 unit/0.2 mL, 5,000,000 unit/0.2 mL | 5 | PA |
| IPOL INJ | 3 | |
| JE-VAX SUBQ | 3 | |
| KINERET SUBQ | 5 | PA; ST; QL (18.8 ML per 28 day(s)) |
| <i>leflunomide oral</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| MENACTRA IM | 3 | |
| MENOMUNE - A/C/Y/W-135 (PF) SUBQ | 3 | |
| MERUVAX II (PF) SUBQ | 3 | |
| <i>methotrexate sodium inj</i> | 1 | GAP |
| <i>methotrexate sodium oral</i> | 1 | GAP |
| <i>methotrexate sodium (pf) inj</i> | 1 | GAP |
| M-M-R II (PF) SUBQ | 3 | |
| <i>mycophenolate mofetil cap</i> | 1 | PA; GAP |
| <i>mycophenolate mofetil tab</i> | 5 | PA |
| MYFORTIC ORAL | 4 | PA |
| NEORAL ORAL | 4 | PA |
| PEDIARIX (PF) IM | 3 | |
| PEDVAX HIB IM | 3 | |
| PEGASYS CONVENIENCE PACK SUBQ | 5 | PA |
| PEGINTRON SUBQ | 5 | PA |
| PEGINTRON REDIPEN SUBQ | 5 | PA |
| PROLEUKIN IV | 5 | PA |
| PROQUAD SUBQ | 3 | |
| RABAVERT (PF) IM | 3 | |
| RAPAMUNE ORAL | 4 | PA |
| REBIF SUBQ | 5 | PA |
| REBIF TITRATION PACK SUBQ | 5 | PA |
| RECOMBIVAX HB (PF) IM | 3 | PA |
| REMICADE IV | 5 | PA |
| RIDAURA ORAL | 4 | |
| ROTATEQ VACCINE ORAL | 3 | |
| SANDIMMUNE IV | 4 | PA |
| SANDIMMUNE ORAL | 4 | PA |
| SIMPONI SUBQ | 5 | PA |
| STELARA SUBQ | 5 | PA; QL (1 ML per 28 day(s)) |
| <i>tacrolimus oral</i> | 2 | 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 | Notes |
|--|------|--------------------------------|
| TETANUS TOXOID, ADSORBED (PF) IM | 3 | |
| TETANUS, DIPHTHERIA TOXD PED-PF IM | 3 | |
| TETANUS-DIPHTHERIA TOXOIDS-TD IM | 3 | |
| TREXALL ORAL | 4 | |
| TRIHIBIT PRESERVATIVE FREE IM | 3 | |
| TRIPEDIA (PF) IM | 3 | |
| TWINRIX (PF) IM | 3 | |
| TYPHIM VI IM | 3 | |
| TYSABRI IV | 5 | PA; LA |
| VAQTA (PF) IM | 3 | |
| VARIVAX (PF) SUBQ | 3 | |
| VIVOTIF BERNA VACCINE ORAL | 3 | |
| YF-VAX SUBQ | 3 | |
| ZOSTAVAX SUBQ | 3 | |
| Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease | | |
| APRISO ORAL | 3 | QL (120 EA per 30 day(s)) |
| ASACOL ORAL | 3 | QL (360 EA per 30 day(s)) |
| <i>balsalazide oral</i> | 2 | |
| CANASA RECT | 3 | QL (60 EA per 30 day(s)) |
| ENTOCORT EC ORAL | 4 | |
| <i>mesalamine rect</i> | 2 | |
| PENTASA ORAL | 3 | QL (240 EA per 30 day(s)) |
| <i>sulfasalazine oral</i> | 1 | GAP |
| <i>sulfazine ec oral</i> | 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 30 mg, 5 mg | 4 | ST; QL (30 EA per 30 day(s)) |
| ACTONEL TAB 35 mg | 4 | ST; QL (4 EA per 30 day(s)) |
| <i>alendronate tab 10 mg, 40 mg, 5 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>alendronate tab 35 mg, 70 mg</i> | 1 | GAP; QL (4 EA per 28 day(s)) |
| BONIVA ORAL | 4 | ST; QL (1 EA per 30 day(s)) |
| <i>calcitonin (salmon) nasl</i> | 1 | GAP; QL (3.7 ML per 30 day(s)) |
| <i>calcitriol cap</i> | 1 | GAP |
| <i>calcitriol iv</i> | 2 | |
| <i>calcitriol oral soln</i> | 2 | |
| CYSTADANE ORAL | 3 | |
| <i>etidronate disodium oral</i> | 1 | GAP |
| FORTEO SUBQ | 5 | 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 | Notes |
|--|------|-------------------------------|
| <i>fortical nasal</i> | 2 | QL (4 ML per 28 day(s)) |
| FOSAMAX ORAL | 4 | ST; QL (300 ML per 28 day(s)) |
| FOSAMAX PLUS D ORAL | 4 | ST; QL (4 EA per 28 day(s)) |
| HECTOROL IV | 4 | |
| HECTOROL ORAL | 4 | |
| MIACALCIN INJ | 4 | PA |
| <i>pamidronate iv</i> | 2 | |
| ZEMPLAR IV | 4 | |
| ZEMPLAR ORAL | 4 | |
| ZOMETA IV | 5 | PA |
| Ophthalmic Agents - Drugs to Treat Eye Conditions | | |
| <i>ak-con opht</i> | 1 | GAP |
| <i>ak-tob opht</i> | 1 | GAP |
| ALOCRILOPHT | 4 | QL (15 ML per 30 day(s)) |
| ALOMIDOPHT | 4 | QL (30 ML per 30 day(s)) |
| ALPHAGAN P OPHT | 3 | QL (15 ML per 25 day(s)) |
| ALREX OPHT | 4 | QL (15 ML per 30 day(s)) |
| <i>apraclonidine opht</i> | 2 | QL (20 ML per 25 day(s)) |
| AZASITE OPHT | 3 | QL (5 ML per 15 day(s)) |
| <i>azelastine opht</i> | 2 | QL (6 ML per 30 day(s)) |
| AZOPT OPHT | 3 | QL (10 ML per 25 day(s)) |
| <i>bacitracin opht</i> | 1 | GAP |
| <i>bacitracin-polymyxin b opht</i> | 1 | GAP |
| <i>betaxolol opht</i> | 1 | GAP |
| BETIMOL OPHT | 4 | QL (10 ML per 25 day(s)) |
| BETOPTIC S OPHT | 3 | QL (20 ML per 25 day(s)) |
| BLEPHAMIDE S.O.P. OPHT | 3 | |
| <i>brimonidine opht</i> | 1 | GAP |
| <i>carteolol opht</i> | 1 | GAP; QL (10 ML per 25 day(s)) |
| CILOXAN OPHT | 3 | QL (4 GM per 15 day(s)) |
| COMBIGAN OPHT | 4 | QL (10 ML per 25 day(s)) |
| <i>cromolyn opht</i> | 1 | GAP |
| <i>dexamethasone sodium phosphate opht</i> | 1 | GAP |
| <i>dexasporin opht</i> | 1 | GAP |
| <i>diclofenac sodium opht</i> | 1 | GAP; QL (5 ML per 25 day(s)) |
| <i>dorzolamide opht</i> | 1 | GAP; QL (10 ML per 25 day(s)) |
| <i>dorzolamide-timolol opht</i> | 1 | GAP; QL (10 ML per 25 day(s)) |
| DUREZOL OPHT | 4 | QL (10 ML per 25 day(s)) |

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 | Notes |
|---|-------------|--------------------------------|
| <i>fluorometholone opht</i> | 1 | GAP |
| <i>flurbiprofen sodium opht</i> | 1 | GAP; QL (2.5 ML per 25 day(s)) |
| FML S.O.P. OPHT | 3 | |
| <i>gentak opht</i> | 1 | GAP |
| <i>gentasol opht</i> | 1 | GAP |
| <i>ketorolac opht</i> | 2 | QL (10 ML per 25 day(s)) |
| LACRISERT OPHT | 3 | QL (60 EA per 25 day(s)) |
| <i>levobunolol opht</i> | 1 | GAP; QL (10 ML per 25 day(s)) |
| LOTEMAX OPHT | 3 | QL (20 ML per 25 day(s)) |
| LUMIGAN OPHT | 3 | PA; QL (5 ML per 30 day(s)) |
| <i>metipranolol opht</i> | 1 | GAP |
| <i>mydral opht</i> | 1 | GAP |
| <i>naphazoline opht</i> | 1 | GAP |
| <i>neomycin-bacitracin-poly-hc opht</i> | 1 | GAP |
| <i>neomycin-bacitracin-polymyxin opht</i> | 1 | GAP |
| <i>neomycin-polymyxin-dexameth opht</i> | 1 | GAP |
| <i>neomycin-polymyxin-gramicidin opht</i> | 1 | GAP |
| <i>neomycin-polymyxin-hc opht</i> | 1 | GAP |
| OPTIVAR OPHT | 3 | QL (6 ML per 25 day(s)) |
| PATADAY OPHT | 3 | QL (7.5 ML per 30 day(s)) |
| PATANOL OPHT | 3 | QL (15 ML per 30 day(s)) |
| PHOSPHOLINE IODIDE OPHT | 3 | |
| <i>polycin b opht</i> | 1 | GAP |
| <i>poly-dex opht</i> | 1 | GAP |
| PRED MILD OPHT | 3 | |
| <i>prednisolone acetate opht</i> | 1 | GAP |
| <i>prednisolone sodium phosphate opht</i> | 1 | GAP |
| <i>proparacaine opht</i> | 1 | GAP |
| QUIXIN OPHT | 4 | |
| RESTASIS OPHT | 3 | QL (60 EA per 30 day(s)) |
| <i>romycin opht</i> | 1 | GAP |
| <i>sulfacetamide sodium opht</i> | 1 | GAP |
| <i>timolol eye gel forming soln ,</i> | 1 | GAP |
| <i>timolol maleate eye drops ,</i> | 1 | GAP; QL (10 ML per 25 day(s)) |
| <i>tobramycin-dexamethasone opht</i> | 1 | GAP; QL (20 ML per 25 day(s)) |
| <i>tobrasol opht</i> | 1 | GAP |
| TRAVATAN Z OPHT | 3 | QL (5 ML per 30 day(s)) |
| <i>trifluridine opht</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 | Notes |
|--|------|------------------------------------|
| <i>trimethoprim-polymyxin b opht</i> | 1 | GAP |
| <i>tropicamide opht</i> | 1 | GAP |
| VIGAMOX OPHT | 3 | |
| XALATAN OPHT | 3 | QL (2.5 ML per 30 day(s)) |
| XIBROM OPHT | 3 | QL (10 ML per 365 day(s)) |
| ZYMAR OPHT | 3 | |
| Otic Agents - Drugs to Treat Ear Conditions | | |
| <i>acetazol hc otic</i> | 1 | GAP |
| <i>acetic acid otic</i> | 1 | GAP |
| <i>borofair otic</i> | 1 | GAP |
| <i>cortomycin otic</i> | 1 | GAP |
| <i>hydrocortisone-acetic acid otic</i> | 1 | GAP |
| Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions | | |
| ACCOLATE ORAL | 4 | ST; QL (60 EA per 30 day(s)) |
| ADCIRCA ORAL | 5 | PA; QL (60 EA per 30 day(s)) |
| ADVAIR DISKUS INHL | 3 | QL (60 EA per 30 day(s)) |
| ADVAIR HFA INHL | 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 %)</i> | 1 | PA; GAP; QL (360 ML per 25 day(s)) |
| <i>albuterol sulfate neb solution 5 mg/mL</i> | 1 | PA; GAP; QL (60 ML per 25 day(s)) |
| <i>albuterol sulfate oral</i> | 1 | GAP |
| ALLEGRA-D 12 HOUR ORAL | 4 | QL (60 EA per 30 day(s)) |
| ALLEGRA-D 24 HOUR ORAL | 4 | QL (30 EA per 30 day(s)) |
| ALVESCO INHL | 4 | QL (18.3 GM per 25 day(s)) |
| <i>aminophylline iv</i> | 1 | GAP |
| <i>aminophylline oral</i> | 1 | GAP |
| ARALAST NP IV | 5 | LA |
| ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (120 doses) | 3 | QL (120 GM per 30 day(s)) |
| ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (14 doses) | 3 | QL (2 GM per 25 day(s)) |
| ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (30 doses) | 3 | QL (30 GM per 30 day(s)) |
| ASMANEX TWISTHALER BREATH ACTIVATED 220 mcg (60 doses) | 3 | QL (60 GM per 30 day(s)) |
| ASTELIN NASL | 3 | QL (68 ML per 30 day(s)) |
| ASTEPRO NASL | 3 | QL (30 ML per 25 day(s)) |
| ATROVENT HFA INHL | 3 | QL (25.8 GM per 30 day(s)) |

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 | Notes |
|---|------|------------------------------------|
| BROVANA INHL | 4 | PA; QL (120 ML per 25 day(s)) |
| <i>budesonide inhl</i> | 2 | PA; QL (120 ML per 25 day(s)) |
| <i>carbinoxamine maleate oral</i> | 1 | GAP |
| <i>cetirizine oral</i> | 1 | GAP |
| CLARINEX ORAL | 4 | |
| CLARINEX-D 12 HOUR ORAL | 4 | |
| CLARINEX-D 24 HOUR ORAL | 4 | |
| <i>clemastine oral</i> | 1 | GAP |
| COMBIVENT INHL | 3 | QL (29.4 GM per 30 day(s)) |
| <i>cromolyn inhl</i> | 1 | PA; GAP; QL (240 ML per 25 day(s)) |
| <i>cyproheptadine oral</i> | 1 | GAP |
| <i>dexchlorpheniramine maleate oral</i> | 1 | GAP |
| <i>diphenhydramine hcl inj</i> | 1 | GAP |
| <i>diphenhydramine hcl oral</i> | 1 | GAP |
| ELIXOPHYLLIN ORAL | 3 | |
| <i>epinephrine hcl inj</i> | 1 | GAP |
| EPIPEN IM | 3 | QL (2 EA per 30 day(s)) |
| EPIPEN JR IM | 3 | QL (2 EA per 30 day(s)) |
| <i>fexofenadine tab 180 mg</i> | 1 | GAP; QL (30 EA per 30 day(s)) |
| <i>fexofenadine tab 30 mg, 60 mg</i> | 1 | GAP; QL (60 EA per 30 day(s)) |
| FLOVENT DISKUS INHL | 3 | QL (120 EA per 25 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>flunisolide nasl</i> | 1 | GAP; QL (16 ML per 25 day(s)) |
| <i>fluticasone nasl</i> | 1 | GAP; QL (16 GM per 25 day(s)) |
| FORADIL AEROLIZER INHL | 3 | PA; QL (60 EA per 30 day(s)) |
| GASTROCROM ORAL | 3 | |
| <i>hydroxyzine hcl im</i> | 1 | GAP |
| <i>hydroxyzine hcl oral</i> | 1 | GAP |
| <i>hydroxyzine pamoate oral</i> | 1 | GAP |
| <i>ipratropium bromide inhl</i> | 1 | PA; GAP; QL (252 ML per 25 day(s)) |
| <i>ipratropium bromide nasl</i> | 1 | GAP; QL (30 ML per 30 day(s)) |
| <i>ipratropium-albuterol inhl</i> | 1 | PA; GAP; QL (540 ML per 25 day(s)) |

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 | Notes |
|------------------------------|------|-----------------------------------|
| LETAIRIS ORAL | 5 | PA; LA; QL (30 EA per 30 day(s)) |
| <i>levalbuterol hcl inhl</i> | 2 | PA |
| MAXAIR AUTOHALER INHL | 4 | QL (14 GM per 25 day(s)) |
| <i>metaproterenol oral</i> | 1 | GAP |
| MYOZYME IV | 5 | PA |
| NASACORT AQ NASL | 4 | QL (16.5 GM per 30 day(s)) |
| NASONEX NASL | 3 | QL (34 GM per 25 day(s)) |
| PROAIR HFA INHL | 3 | QL (17 GM per 30 day(s)) |
| PROLASTIN IV | 5 | |
| PROVENTIL HFA INHL | 3 | QL (13.4 GM per 30 day(s)) |
| PULMICORT INHL | 4 | PA; QL (120 ML per 30 day(s)) |
| PULMICORT FLEXHALER INHL | 4 | QL (1 EA per 30 day(s)) |
| PULMOZYME INHL | 5 | PA |
| QVAR INHL | 4 | QL (29.2 GM per 30 day(s)) |
| REVATIO IV | 5 | PA |
| REVATIO ORAL | 5 | PA; QL (90 EA per 30 day(s)) |
| RHINOCORT AQUA NASL | 4 | QL (17.2 GM per 30 day(s)) |
| SEREVENT DISKUS INHL | 3 | PA; QL (60 EA per 30 day(s)) |
| SINGULAIR ORAL | 3 | ST; QL (30 EA per 30 day(s)) |
| SPIRIVA WITH HANDIHALER INHL | 3 | QL (30 EA per 25 day(s)) |
| SYMBICORT INHL | 3 | QL (11 GM per 30 day(s)) |
| <i>terbutaline oral</i> | 1 | GAP |
| <i>terbutaline subq</i> | 2 | |
| THEO-24 ORAL | 3 | |
| <i>theochron oral</i> | 1 | GAP |
| <i>theophylline oral</i> | 1 | GAP |
| TRACLEER TAB 62.5 mg | 5 | PA; LA; QL (120 EA per 30 day(s)) |
| TRACLEER TAB 125 mg | 5 | PA; LA; QL (60 EA per 30 day(s)) |
| TWINJECT AUTOINJECTOR IM | 3 | QL (4 EA per 365 day(s)) |
| TYZINE NASL | 3 | |
| VENTOLIN HFA INHL | 3 | QL (36 GM per 30 day(s)) |
| VERAMYST NASL | 4 | QL (10 GM per 30 day(s)) |
| XOLAIR SUBQ | 5 | PA; ST; LA |
| XOPENEX INHL | 3 | PA |
| XOPENEX HFA INHL | 3 | QL (30 GM per 30 day(s)) |
| XYZAL ORAL SOLN | 4 | |

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 | Notes |
|--|------|-------------------------------|
| XYZAL TAB | 4 | QL (30 EA per 30 day(s)) |
| Sedatives/Hypnotics - Drugs for Sedation and Sleep | | |
| AMBIEN CR ORAL | 4 | QL (30 EA per 30 day(s)) |
| LUNESTA ORAL | 3 | QL (30 EA per 30 day(s)) |
| <i>zaleplon oral</i> | 1 | GAP; QL (15 EA per 30 day(s)) |
| <i>zolpidem oral</i> | 1 | GAP; QL (15 EA per 30 day(s)) |
| Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | |
| <i>carisoprodol oral</i> | 1 | GAP |
| <i>carisoprodol-asa-codeine oral</i> | 1 | GAP |
| <i>carisoprodol-aspirin oral</i> | 1 | GAP |
| <i>chlorzoxazone oral</i> | 1 | GAP |
| <i>cyclobenzaprine oral</i> | 1 | GAP |
| <i>methocarbamol oral</i> | 1 | GAP |
| <i>orphenadrine citrate inj</i> | 2 | |
| <i>orphenadrine citrate oral</i> | 1 | GAP |
| <i>orphenadrine compound oral</i> | 1 | GAP |
| SKELAXIN ORAL | 3 | |
| Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies | | |
| <i>1/2 ns with potassium chloride iv</i> | 1 | GAP |
| <i>alcohol in d5w iv</i> | 1 | GAP |
| AMINOSYN 3.5 % IV | 3 | |
| AMINOSYN 5 % IV | 3 | |
| AMINOSYN 7 % WITH ELECTROLYTES IV | 3 | |
| AMINOSYN 8.5 % IV | 3 | |
| <i>aminosyn 8.5 %-electrolytes iv</i> | 1 | GAP |
| AMINOSYN II 15% IV | 3 | |
| AMINOSYN II 3.5 %/DEXTROSE 5 % IV | 3 | |
| AMINOSYN II 3.5 %-DEXTROSE 25% IV | 3 | |
| AMINOSYN II 3.5% M/DEXTROSE 5% IV | 3 | |
| AMINOSYN II 3.5%-LYTES-CA-D25W IV | 3 | |
| AMINOSYN II 4.25%/DEXTROSE 20% IV | 3 | |
| AMINOSYN II 4.25%-DEXTROSE 10% IV | 3 | |
| AMINOSYN II 4.25%-DEXTROSE 25% IV | 3 | |
| AMINOSYN II 4.25%-LYTES-CA-D25 IV | 3 | |
| AMINOSYN II 5%/DEXTROSE 25% IV | 3 | |
| <i>aminosyn II 8.5 %-electrolytes iv</i> | 1 | GAP |
| AMINOSYN M 3.5 % IV | 3 | |

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 | Notes |
|--|------|---------|
| AMINOSYN-HBC 7% IV | 3 | |
| <i>aminosyn-hf 8 % iv</i> | 1 | GAP |
| AMINOSYN-PF 10 % IV | 3 | |
| CLINIMIX 2.75%/D5 SULFITE FREE IV | 3 | |
| CLINIMIX 4.25%/D5 SULFITE FREE IV | 3 | |
| CLINIMIX 5%/D15 SULFITE FREE IV | 3 | |
| CLINIMIX 5%/D20 SULFITE FREE IV | 3 | |
| CLINIMIX 5%/D25 SULFITE FREE IV | 3 | |
| <i>d10 %-0.45 % sodium chloride iv</i> | 1 | GAP |
| <i>d10-1/4ns & potassium chloride iv</i> | 1 | GAP |
| <i>d2.5 %-0.45 % sodium chloride iv</i> | 1 | GAP |
| <i>d5 %-0.45 % sodium chloride iv</i> | 1 | GAP |
| <i>d5 %-0.9 % sodium chloride iv</i> | 1 | GAP |
| <i>d5-1/2 ns & potassium chloride iv</i> | 1 | GAP |
| <i>d5-1/3 ns & potassium chloride iv</i> | 1 | GAP |
| <i>d5-1/4 ns & potassium chloride iv</i> | 1 | GAP |
| <i>d5-lr with potassium chloride iv</i> | 1 | GAP |
| <i>d5-ns with potassium chloride iv</i> | 1 | GAP |
| <i>d5w with potassium chloride iv</i> | 1 | GAP |
| <i>dextrose 10% in water (d10w) iv</i> | 1 | GAP |
| <i>dextrose 10%-1/4 normal saline iv</i> | 1 | GAP |
| <i>dextrose 5% in water (d5w) iv</i> | 1 | GAP |
| <i>dextrose 5%-0.3 % sod.chloride iv</i> | 1 | GAP |
| <i>dextrose 5%-1/4 normal saline iv</i> | 1 | GAP |
| <i>ed k+10 oral</i> | 1 | GAP |
| <i>intralipid iv</i> | 1 | PA; GAP |
| ISOLYTE-H IN D5W IV | 3 | |
| <i>isolyte-m in d5w iv</i> | 1 | GAP |
| ISOLYTE-P IN D5W IV | 3 | |
| ISOLYTE-S IV | 3 | |
| ISOLYTE-S IN D5W IV | 3 | |
| <i>kaon cl-10 oral</i> | 1 | GAP |
| <i>klor-con oral</i> | 1 | GAP |
| KLOR-CON M15 ORAL | 3 | |
| <i>klor-con m20 oral</i> | 1 | GAP |
| <i>lactated ringers ir</i> | 1 | GAP |
| <i>lactated ringers iv</i> | 1 | GAP |
| <i>levocarnitine iv</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 | Notes |
|--|-------------|--------------|
| <i>levocarnitine oral</i> | 1 | GAP |
| <i>levocarnitine (with sucrose) oral</i> | 1 | GAP |
| <i>liposyn iii iv</i> | 1 | PA; GAP |
| NEPHRAMINE 5.4 % IV | 3 | |
| <i>normosol-m in d5w iv</i> | 1 | GAP |
| <i>normosol-r in d5w iv</i> | 1 | GAP |
| <i>normosol-r ph 7.4 iv</i> | 1 | GAP |
| <i>novamine 15 % iv</i> | 1 | PA; GAP |
| <i>ns with potassium chloride iv</i> | 1 | GAP |
| <i>physiolyte ir</i> | 1 | PA; GAP |
| PLASMA-LYTE 148 IV | 3 | |
| PLASMA-LYTE 148 IN D5W IV | 3 | |
| PLASMA-LYTE 56 IV | 3 | |
| PLASMA-LYTE A IV | 3 | |
| <i>plasma-lyte r iv</i> | 1 | GAP |
| PLASMA-LYTE-56 IN D5W IV | 3 | |
| <i>potassium chloride iv</i> | 1 | GAP |
| <i>potassium chloride oral</i> | 1 | GAP |
| <i>potassium citrate oral</i> | 1 | GAP |
| <i>premasol 6 % iv</i> | 1 | GAP |
| <i>prenatabs obn oral</i> | 1 | GAP |
| PROCALAMINE 3% IV | 3 | |
| <i>ringers ir</i> | 1 | GAP |
| <i>sodium bicarbonate iv</i> | 1 | GAP |
| <i>sodium chloride ir</i> | 1 | GAP |
| <i>sodium chloride iv</i> | 1 | GAP |
| <i>sodium chloride 0.45 % iv</i> | 1 | GAP |
| <i>sodium chloride 0.9 % iv</i> | 1 | GAP |
| <i>sodium chloride 3 % iv</i> | 1 | GAP |
| <i>sodium chloride 5 % iv</i> | 1 | GAP |
| <i>sodium fluoride oral</i> | 1 | GAP |
| <i>sodium lactate iv</i> | 1 | GAP |
| <i>tis-u-sol ir</i> | 1 | GAP |
| <i>tpn electrolytes iv</i> | 2 | |

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.

Index of Drugs

| | | | |
|---|----|---|----|
| 1/2 ns with potassium chloride iv | 57 | alcohol in d5w iv. | 57 |
| ABILIFY DISCMELT ORAL | 26 | alcohol swabs top | 11 |
| ABILIFY IM. | 26 | ALDACTAZIDE ORAL | 33 |
| ABILIFY ORAL SOLN | 26 | ALDARA TOP. | 39 |
| ABILIFY TAB | 26 | ALDURAZYME IV. | 40 |
| ABRAXANE IV | 22 | alendronate tab 10 mg, 40 mg, 5 mg. | 51 |
| ACANYA TOP. | 39 | alendronate tab 35 mg, 70 mg. | 51 |
| acarbose oral | 29 | ALFERON N INJ. | 49 |
| ACCOLATE ORAL | 54 | ALIMTA IV | 22 |
| acebutolol oral | 33 | ALINIA ORAL SUSP. | 25 |
| acetaminophen-codeine elixir | 9 | ALINIA TAB | 25 |
| acetaminophen-codeine tab | 9 | ALKERAN IV | 22 |
| acetazol hc otic. | 54 | ALLEGRA-D 12 HOUR ORAL | 54 |
| acetazolamide oral | 33 | ALLEGRA-D 24 HOUR ORAL | 54 |
| acetic acid otic | 54 | allopurinol oral | 20 |
| acetylcysteine misc | 17 | allopurinol sodium iv | 20 |
| ACIPHEX ORAL. | 41 | ALOCRILOPHT | 52 |
| ACTHIB IM. | 48 | ALOMIDE OPHT | 52 |
| acticin top. | 24 | ALORA TD | 45 |
| ACTIMMUNE SUBQ. | 48 | ALPHAGAN P OPHT | 52 |
| ACTIVELLA ORAL. | 45 | ALREX OPHT. | 52 |
| ACTONEL TAB 30 mg, 5 mg | 51 | ALVESCO INHL | 54 |
| ACTONEL TAB 35 mg | 51 | amantadine oral | 25 |
| ACTONEL TAB 150 mg | 51 | AMBIEN CR ORAL. | 57 |
| ACTOPLUS MET ORAL. | 29 | amcinonide top. | 43 |
| ACTOS TAB 15 mg. | 29 | a-methapred inj | 43 |
| ACTOS TAB 30 mg, 45 mg. | 29 | amifostine iv | 17 |
| acyclovir oral | 27 | amikacin injection 100 mg/2 mL | 11 |
| acyclovir sodium iv. | 27 | amikacin injection 500 mg/2 mL | 11 |
| ADACEL (ADOLESCENT & ADULT) IM | 49 | amiloride-hydrochlorothiazide oral. | 33 |
| ADAGEN IM | 40 | amiloride oral | 33 |
| ADCIRCA ORAL. | 54 | aminophylline iv | 54 |
| ADDERAL XR ORAL | 38 | aminophylline oral | 54 |
| adriamycin pfs iv | 22 | AMINOSYN 3.5 % IV | 57 |
| ADVAIR DISKUS INHL | 54 | AMINOSYN 5 % IV | 57 |
| ADVAIR HFA INHL. | 54 | AMINOSYN 7 % WITH ELECTROLYTES IV. | 57 |
| ADVICOR 24 HR TAB | 33 | aminosyn 8.5 %-electrolytes iv | 57 |
| afeditab cr oral | 33 | AMINOSYN 8.5 % IV | 57 |
| AFINITOR ORAL | 22 | AMINOSYN-HBC 7% IV | 58 |
| AGGRENOX ORAL. | 31 | aminosyn-hf 8 % iv. | 58 |
| a-hydrocort inj | 43 | AMINOSYN II 3.5 %/DEXTROSE 5 % IV | 57 |
| ak-con opht. | 52 | AMINOSYN II 3.5 %-DEXTROSE 25% IV | 57 |
| ak-tob opht | 52 | AMINOSYN II 3.5%-LYTES-CA-D25W IV | 57 |
| ala-cort top | 43 | AMINOSYN II 3.5% M/DEXTROSE 5% IV | 57 |
| ALBENZA ORAL | 24 | AMINOSYN II 4.25%-DEXTROSE 10% IV | 57 |
| albuterol sulfate neb solution | 54 | AMINOSYN II 4.25%/DEXTROSE 20% IV | 57 |
| albuterol sulfate oral | 54 | AMINOSYN II 4.25%-DEXTROSE 25% IV | 57 |
| alclometasone top | 43 | AMINOSYN II 4.25%-LYTES-CA-D25 IV | 57 |

| | | | |
|---|----|---|----|
| AMINOSYN II 5%/DEXTROSE 25% IV | 57 | ARIXTRA SUB-Q SYRINGE 7.5 mg/0.6 mL . . . | 32 |
| aminosyn II 8.5 %-electrolytes iv | 57 | ARIXTRA SUB-Q SYRINGE 10 mg/0.8 mL . . . | 32 |
| AMINOSYN II 15% IV | 57 | AROMASIN ORAL | 22 |
| AMINOSYN M 3.5 % IV | 57 | ARRANON IV | 22 |
| AMINOSYN-PF 10 % IV | 58 | ARZERRA IV | 22 |
| AMIODARONE IV | 33 | ASACOL ORAL | 51 |
| AMIODARONE TAB 200 mg | 33 | ascomp w/codeine oral | 9 |
| amiodarone tab 400 mg | 33 | ASMANEX TWISTHALER | 54 |
| amitriptyline-chlordiazepoxide oral | 29 | ASTELIN NASL | 54 |
| amitriptyline oral | 16 | ASTEPRO NASL | 54 |
| amlodipine-benazepril oral | 33 | ATACAND HCT ORAL | 33 |
| amlodipine tab 5 mg | 33 | ATACAND ORAL | 33 |
| amlodipine tab 10 mg, 2.5 mg | 33 | atamet oral | 25 |
| ammonium lactate top | 39 | atenolol-chlorthalidone oral | 33 |
| amnesteem oral | 39 | atenolol oral | 33 |
| amoxapine oral | 16 | ATRALIN TOP | 39 |
| amoxicillin oral | 11 | ATRIPLA ORAL | 27 |
| amoxicillin-pot clavulanate oral | 11 | atropine inj | 41 |
| amphetamine salt combo oral | 38 | ATROVENT HFA INHL | 54 |
| amphotericin b inj | 19 | ATTENUVAX (PF) SUBQ | 49 |
| ampicillin oral | 11 | AVALIDE TAB 150-12.5 mg | 33 |
| ampicillin sodium inj | 11 | AVALIDE TAB 300-12.5 mg, 300-25 mg | 33 |
| ampicillin-sulbactam inj | 11 | AVANDAMET ORAL | 30 |
| ANADROL-50 ORAL | 45 | AVANDARYL TAB 4-1 mg, 4-4 mg, 8-2 mg, 8-4 mg | 30 |
| anagrelide oral | 31 | AVANDARYL TAB 4-2 mg | 30 |
| ANCOBON ORAL | 19 | AVANDIA TAB 2 mg, 8 mg | 30 |
| ANDRODERM TD | 45 | AVANDIA TAB 4 mg | 30 |
| ANDROGEL TD | 45 | AVAPRO ORAL | 33 |
| anestacon mm | 10 | AVASTIN IV | 22 |
| ANTABUSE ORAL | 17 | AVELOX ABC PACK ORAL | 11 |
| Anti-inflammatory Agents | 20 | AVELOX IN NACL (ISO-OSMOTIC) IV | 11 |
| APIDRA SOLOSTAR SUBQ | 30 | AVELOX ORAL | 11 |
| APIDRA SUBQ | 29 | aviane oral | 45 |
| APLENZIN ORAL | 16 | avita top | 39 |
| APOKYN SUBQ | 25 | AVODART ORAL | 42 |
| apraclonidine opht | 52 | AVONEX ADMINISTRATION PACK IM | 49 |
| apri oral | 45 | AVONEX IM | 49 |
| APRISO ORAL | 51 | AZASAN ORAL | 49 |
| APTIVUS CAP | 27 | AZASITE OPHT | 52 |
| APTIVUS ORAL SOLN | 27 | azathioprine oral | 49 |
| ARALAST NP IV | 54 | azelastine opht | 52 |
| aranelle (28) oral | 45 | AZELEX TOP | 39 |
| ARANESP (POLYSORBATE) | 31 | AZILECT ORAL | 25 |
| ARANESP (POLYSORBATE) INJECTION | 32 | azithromycin iv | 11 |
| ARCALYST SUBQ | 49 | azithromycin oral susp | 11 |
| ARICEPT ODT ORAL | 16 | azithromycin tab 250 mg, 500 mg | 11 |
| ARICEPT ORAL | 16 | azithromycin tab 600 mg | 11 |
| ARIMIDEX ORAL | 22 | AZOPT OPHT | 52 |
| ARIXTRA SUB-Q SYRINGE 2.5 mg/0.5 mL | 32 | AZOR ORAL | 33 |
| ARIXTRA SUB-Q SYRINGE 5 mg/0.4 mL | 32 | | |

| | | | |
|---|----|--|----|
| baci-im im | 11 | buprenorphine sl | 9 |
| bacitracin opht | 52 | buproban oral | 16 |
| bacitracin-polymyxin b opht | 52 | bupropion hcl sr tab 100 mg | 16 |
| baclofen oral | 27 | bupropion hcl sr tab 150 mg, 200 mg | 16 |
| BACTROBAN TOP | 11 | bupropion hcl tab 75 mg | 16 |
| balsalazide oral | 51 | bupropion hcl tab 100 mg | 16 |
| balziva (28) oral | 45 | bupirone oral | 29 |
| BANZEL ORAL | 14 | BUSULFEX IV | 22 |
| BARACLUDE ORAL SOLN | 27 | butorphanol tartrate injection 1 mg/mL | 9 |
| BARACLUDE TAB | 27 | butorphanol tartrate injection 2 mg/mL | 9 |
| benazepril-hydrochlorothiazide tab | 33 | butorphanol tartrate nasl | 9 |
| benazepril oral | 33 | BYETTA SUB-Q PEN INJECTOR | |
| BENICAR HCT ORAL | 33 | 5 mcg/0.02 mL | 30 |
| BENICAR ORAL | 33 | BYETTA SUB-Q PEN INJECTOR | |
| BENZAACLIN CAREKIT TOP | 39 | 10 mcg/0.04 mL | 30 |
| benztropine inj | 25 | BYSTOLIC TAB 2.5 mg | 34 |
| benztropine oral | 25 | BYSTOLIC TAB 5 mg | 34 |
| betamethasone, augmented top | 43 | BYSTOLIC TAB 10 mg | 34 |
| betamethasone dipropionate top | 43 | BYSTOLIC TAB 20 mg | 34 |
| betamethasone valerate top | 43 | cabergoline oral | 25 |
| BETASERON SUBQ | 49 | CADUET ORAL | 34 |
| beta-val top | 43 | calcipotriene top | 39 |
| betaxolol opht | 52 | calcitonin (salmon) nasl | 51 |
| betaxolol oral | 33 | calcitriol cap | 51 |
| bethanechol chloride oral | 42 | calcitriol iv | 51 |
| BETIMOL OPHT | 52 | calcitriol oral soln | 51 |
| BETOPTIC S OPHT | 52 | calcium acetate oral | 42 |
| bicalutamide oral | 48 | camila oral | 45 |
| BICILLIN C-R IM | 11 | CAMPATH IV | 22 |
| BICILLIN L-A IM | 11 | CAMPRAL DOSE PAK ORAL | 17 |
| BICNU IV | 22 | CAMPTOSAR IV | 22 |
| bisoprolol fumarate oral | 34 | CANASA RECT | 51 |
| bisoprolol-hydrochlorothiazide oral | 34 | CANCIDAS IV | 19 |
| bleomycin inj | 22 | CAPASTAT INJ | 21 |
| BLEPHAMIDE S.O.P. OPHT | 52 | captopril-hydrochlorothiazide tab | |
| BONIVA ORAL | 51 | 25-15 mg, 25-25 mg, 50-15 mg | 34 |
| BOOSTRIX IM | 49 | captopril-hydrochlorothiazide tab 50-25 mg | 34 |
| borofair otic | 54 | captopril tab 12.5 mg, 25 mg, 50 mg | 34 |
| brimonidine opht | 52 | captopril tab 100 mg | 34 |
| bromocriptine cap | 25 | CARAC TOP | 39 |
| bromocriptine tab | 25 | CARAFATE ORAL | 41 |
| BROVANA INHL | 55 | carbamazepine oral | 14 |
| budeprion sr oral | 16 | CARBATROL ORAL | 14 |
| budeprion xl 24 hr tab 150 mg | 16 | carbidopa-levodopa oral | 25 |
| budeprion xl 24 hr tab 300 mg | 16 | carbinoxamine maleate oral | 55 |
| budesonide inhl | 55 | carboplatin iv | 22 |
| bumetanide inj | 34 | carisoprodol-asa-codeine oral | 57 |
| bumetanide oral | 34 | carisoprodol-aspirin oral | 57 |
| BUPHENYL ORAL | 40 | carisoprodol oral | 57 |
| buprenorphine inj | 17 | carteolol opht | 52 |

| | | | |
|--|----|--|----|
| cartia xt oral | 34 | cilostazol oral | 32 |
| carvedilol oral | 34 | CILOXAN OPHT | 52 |
| CEENU ORAL | 22 | cimetidine inj | 41 |
| cefaclor oral | 11 | cimetidine oral | 41 |
| cefadroxil oral | 11 | CIMZIA SUBQ | 41 |
| cefazolin in dextrose (iso-os) iv | 11 | CIPRODEX OTIC | 12 |
| cefazolin inj | 11 | ciprofloxacin er oral | 12 |
| cefdinir oral | 11 | ciprofloxacin iv | 12 |
| cefepime inj | 11 | ciprofloxacin opht | 12 |
| cefotaxime inj | 11 | ciprofloxacin oral | 12 |
| cefoxitin iv | 11 | CIPRO HC OTIC | 12 |
| cefpodoxime oral | 11 | CIPRO ORAL | 12 |
| cefprozil oral | 11 | cisplatin iv | 22 |
| ceftazidime inj | 11 | citalopram oral soln | 29 |
| ceftriaxone solution for injection 10 gram | 11 | citalopram tab 10 mg, 40 mg | 29 |
| ceftriaxone solution for injection 250 mg, 500 mg | 11 | citalopram tab 20 mg | 29 |
| cefuroxime axetil oral | 12 | cladribine iv | 22 |
| CEFUROXIME-DEXTROSE (ISO-OSM) IV | 12 | claravis oral | 39 |
| cefuroxime sodium inj | 12 | CLARINEX-D 12 HOUR ORAL | 55 |
| cefuroxime sodium iv | 12 | CLARINEX-D 24 HOUR ORAL | 55 |
| CELEBREX CAP 100 mg | 20 | CLARINEX ORAL | 55 |
| CELEBREX CAP 200 mg, 400 mg, 50 mg | 20 | clarithromycin er oral | 12 |
| CELLCEPT ORAL | 49 | clarithromycin oral | 12 |
| CELONTIN ORAL | 14 | clemastine oral | 55 |
| CENESTIN ORAL | 45 | CLEOCIN CAP 75MG | 12 |
| cephalexin oral | 12 | CLEOCIN PED SOL 75MG/5ML | 12 |
| CEREDASE IV | 40 | CLEOCIN VAGL | 12 |
| CEREZYME IV | 40 | CLIMARA PRO TD | 45 |
| cerubidine iv | 22 | clindamycin-benzoyl peroxide top | 39 |
| CERVARIX IM | 49 | clindamycin hcl oral | 12 |
| cesia oral | 45 | clindamycin phosphate iv | 12 |
| cetirizine oral | 55 | clindamycin phosphate top | 39 |
| CHANTIX ORAL | 17 | clindamycin phosphate vagl | 12 |
| chlorhexidine gluconate mm | 39 | CLINIMIX 2.75%/D5 SULFITE FREE IV | 58 |
| chloroquine phosphate oral | 25 | CLINIMIX 4.25%/D5 SULFITE FREE IV | 58 |
| chlorothiazide oral | 34 | CLINIMIX 5%/D15 SULFITE FREE IV | 58 |
| chlorothiazide sodium iv | 34 | CLINIMIX 5%/D20 SULFITE FREE IV | 58 |
| chlorpromazine inj | 26 | CLINIMIX 5%/D25 SULFITE FREE IV | 58 |
| chlorpromazine oral | 26 | clobetasol-emollient top | 43 |
| chlorpropamide oral | 30 | clobetasol ointment | 43 |
| chlorthalidone oral | 34 | clobetasol propionate 0.5 mg/ml topical cream [isovate] | 43 |
| chlorzoxazone oral | 57 | clobetasol topical foam | 43 |
| cholestyramine light oral | 34 | clobetasol topical gel | 43 |
| chorionic gonadotropin, human im | 44 | clobetasol topical soln | 43 |
| ciclopirox shampoo | 19 | CLOLAR IV | 22 |
| ciclopirox topical cream | 19 | clomipramine oral | 16 |
| ciclopirox topical gel | 19 | clonidine oral | 34 |
| ciclopirox topical soln | 19 | clonidine weekly transderm patch | 34 |
| ciclopirox topical susp | 19 | clotrimazole-betamethasone top | 19 |

| | | | |
|--|----|---|----|
| clotrimazole mm. | 19 | cyproheptadine oral. | 55 |
| clotrimazole top | 19 | CYSTADANE ORAL | 51 |
| clozapine tab 100 mg | 26 | CYSTAGON ORAL | 40 |
| clozapine tab 200 mg, 25 mg, 50 mg | 26 | cytarabine inj | 22 |
| cod-butalbital-acetaminop-caf oral | 9 | cytarabine (pf) inj | 22 |
| codeine sulfate oral | 9 | CYTOMEL ORAL | 47 |
| co-gesic oral | 9 | d2.5 %-0.45 % sodium chloride iv | 58 |
| colchicine-probenecid oral | 20 | d5 %-0.9 % sodium chloride iv | 58 |
| COLCRYS ORAL | 20 | d5 %-0.45 % sodium chloride iv | 58 |
| colestipol oral | 34 | d5-1/2 ns & potassium chloride iv | 58 |
| colistimethate sodium inj | 12 | d5-1/3 ns & potassium chloride iv | 58 |
| colocort rect | 43 | d5-1/4 ns & potassium chloride iv | 58 |
| COMBIGAN OPHT | 52 | d5-lr with potassium chloride iv | 58 |
| COMBIPATCH TD | 45 | d5-ns with potassium chloride iv | 58 |
| COMBIVENT INHL | 55 | d5w with potassium chloride iv | 58 |
| COMBIVIR ORAL | 27 | d10 %-0.45 % sodium chloride iv | 58 |
| compro rect | 18 | d10-1/4ns & potassium chloride iv | 58 |
| COMTAN ORAL | 25 | dacarbazine iv | 22 |
| COMVAX IM | 49 | danazol oral | 45 |
| CONCERTA 24 HR TAB 18 mg, 27 mg, 54 mg | 38 | dantrolene oral | 27 |
| CONCERTA 24 HR TAB 36 mg | 38 | DAPSONE ORAL | 21 |
| CONDYLOX TOP | 39 | DAPTACEL (PEDIATRIC) (PF) IM | 49 |
| constulose oral | 41 | DARAPRIM ORAL | 25 |
| COPAXONE SUBQ | 49 | daunorubicin iv | 22 |
| CORDRAN TOP | 43 | ddavp inj | 44 |
| COREG CR ORAL | 34 | ddavp nasl | 44 |
| cortisone oral | 43 | DECAVAC IM | 49 |
| cortomycin otic | 54 | demeclocycline oral | 12 |
| COSMEGEN IV | 22 | DENAVIR TOP | 27 |
| COUMADIN ORAL | 32 | depade oral | 17 |
| COZAAR ORAL | 34 | DEPO-PROVERA IM | 45 |
| CREON ORAL | 40 | DERMA-SMOOTH/FS BODY OIL TOP | 43 |
| CRESTOR ORAL | 34 | desipramine oral | 16 |
| CRIXIVAN ORAL | 27 | desmopressin inj | 44 |
| cromolyn inhl | 55 | desmopressin nasl | 44 |
| cromolyn opht | 52 | desmopressin oral | 44 |
| cryselle (28) oral | 45 | desonide top | 43 |
| CUBICIN IV | 12 | desoximetasone ointment | 43 |
| CUPRIMINE ORAL | 49 | desoximetasone topical cream | 43 |
| curity gauze top | 30 | desoximetasone topical gel | 43 |
| cyclobenzaprine oral | 57 | DETROL LA ORAL | 42 |
| cyclophosphamide oral | 22 | DETROL ORAL | 42 |
| cyclosporine iv | 49 | dexamethasone intensol oral | 43 |
| cyclosporine modified cap 50 mg | 49 | dexamethasone oral | 43 |
| cyclosporine modified cap 100 mg | 49 | dexamethasone sodium phosphate inj | 43 |
| cyclosporine modified oral soln | 49 | dexamethasone sodium phosphate opht | 52 |
| cyclosporine oral | 49 | dexasporin opht | 52 |
| CYKLOKAPRON IV | 39 | dexchlorpheniramine maleate oral | 55 |
| CYMBALTA CAP 20 mg, 30 mg | 16 | dexmethylphenidate oral | 38 |
| CYMBALTA CAP 60 mg | 16 | dextrazoxane iv | 34 |

| | | | |
|---|----|---|----|
| dextroamphetamine sr cap | 38 | DROXIA ORAL | 22 |
| dextroamphetamine tab. | 38 | DUETACT ORAL | 30 |
| dextrose 5%-0.3 % sod.chloride iv | 58 | duramorph inj. | 9 |
| dextrose 5%-1/4 normal saline iv | 58 | DUREZOL OPHT | 52 |
| dextrose 5% in water (d5w) iv | 58 | econazole top | 19 |
| dextrose 10%-1/4 normal saline iv | 58 | ed k+10 oral | 58 |
| dextrose 10% in water (d10w) iv | 58 | e.e.s. 400 oral | 12 |
| diclofenac potassium oral | 20 | E.E.S. GRANULES ORAL | 12 |
| diclofenac sodium opht | 52 | EFFEXOR XR 24 HR CAP 37.5 mg, 75 mg | 17 |
| diclofenac sodium oral | 20 | EFFEXOR XR 24 HR CAP 150 mg | 16 |
| dicloxacillin oral | 12 | EFFIENT TAB 5 mg | 32 |
| dicyclomine im | 41 | EFFIENT TAB 10 mg | 32 |
| dicyclomine oral | 41 | ELAPRASE IV | 40 |
| didanosine oral | 27 | ELIDEL TOP | 39 |
| DIFFERIN TOP | 39 | ELIGARD SUBQ | 48 |
| diflorasone top | 43 | ELITEK IV | 40 |
| diflunisal oral | 20 | ELIXOPHYLLIN ORAL | 55 |
| digoxin inj. | 34 | ELMIRON ORAL | 42 |
| digoxin oral | 34 | ELOXATIN IV | 22 |
| dihydrocode-acetaminophen-caff oral | 9 | ELSPAR INJ | 22 |
| dihydroergotamine inj | 21 | EMCYT ORAL | 22 |
| DILANTIN INFATABS ORAL | 14 | EMEND CAP 80 mg | 18 |
| DILAUDID-5 ORAL | 9 | EMEND CAP 125 mg, 40 mg | 18 |
| dilt-cd oral | 34 | EMEND CAPS IN DOSE PACK | 18 |
| diltiazem hcl iv | 34 | EMSAM TD | 17 |
| diltiazem hcl oral | 34 | EMTRIVA ORAL | 27 |
| dilt-xr oral | 34 | ENABLEX ORAL | 42 |
| diltzac er oral | 34 | enalapril-hydrochlorothiazide tab 5-12.5 mg | 35 |
| DIOVAN HCT ORAL | 34 | enalapril-hydrochlorothiazide tab 10-25 mg | 35 |
| DIOVAN ORAL | 34 | enalapril maleate oral | 35 |
| DIPENTUM ORAL | 41 | ENBREL SUB-Q KIT | 49 |
| diphenhydramine hcl inj | 55 | ENBREL SUB-Q SYRINGE | 49 |
| diphenhydramine hcl oral | 55 | endocet tab 7.5-500 mg | 9 |
| diphenoxylate-atropine oral | 41 | endocet tab 10-325 mg, 5-325 mg, 7.5-325 mg | 9 |
| dipyridamole oral | 32 | endocet tab 10-650 mg | 9 |
| disopyramide oral | 34 | endodan oral | 9 |
| divalproex oral | 15 | ENGERIX-B (PF) IM | 49 |
| DORYX ORAL | 12 | enpresse oral | 45 |
| dorzolamide opht | 52 | ENTOCORT EC ORAL | 51 |
| dorzolamide-timolol opht | 52 | enulose oral | 41 |
| DOVONEX TOP | 39 | epinephrine hcl inj | 55 |
| doxazosin oral | 35 | EPIPEN IM | 55 |
| doxepin oral | 16 | EPIPEN JR IM | 55 |
| DOXIL IV | 22 | epirubicin iv | 23 |
| doxorubicin iv | 22 | epitol oral | 15 |
| doxycycline hyclate iv | 12 | EPIVIR HBV ORAL | 27 |
| doxycycline hyclate oral | 12 | EPIVIR ORAL | 27 |
| doxycycline monohydrate oral | 12 | eplerenone tab 25 mg | 35 |
| dronabinol cap 2.5 mg | 18 | eplerenone tab 50 mg | 35 |
| dronabinol cap 10 mg, 5 mg | 18 | EPOGEN INJECTION | 32 |

| | | | |
|---|----|--|----|
| EPZICOM ORAL | 27 | FAZACLO TAB, RAPID DISSOLVE | |
| ERAXIS(WATER DILUENT) IV | 19 | 12.5 mg, 25 mg | 26 |
| ERBITUX IV | 23 | FAZACLO TAB, RAPID DISSOLVE 100 mg . . | 26 |
| ergoloid oral | 16 | FELBATOL ORAL | 15 |
| ergotamine-caffeine oral | 21 | felodipine oral. | 35 |
| errin oral. | 45 | FEMARA ORAL | 23 |
| ery pads top | 39 | FEMHRT 1/5 ORAL | 45 |
| ERYPED 200 ORAL | 12 | FEMHRT LOW DOSE ORAL | 45 |
| ERYTHROCIN IV | 12 | FEMRING VAGL. | 45 |
| erythrocin stearate oral | 12 | fenofibrate micronized oral | 35 |
| erythromycin-benzoyl peroxide top | 39 | fenofibrate oral. | 35 |
| erythromycin opht | 12 | FENOGLIDE TAB 40 mg | 35 |
| erythromycin oral. | 12 | FENOGLIDE TAB 120 mg | 35 |
| erythromycin-sulfisoxazole oral | 12 | fenopropfen oral. | 20 |
| erythromycin with ethanol top | 39 | fentanyl citrate bucl. | 9 |
| ESTRACE VAGL. | 45 | fentanyl transderm patch | 9 |
| ESTRADERM TD | 45 | fexofenadine tab 30 mg, 60 mg | 55 |
| estradiol-norethindrone acet oral | 45 | fexofenadine tab 180 mg | 55 |
| estradiol oral. | 45 | FINACEA TOP | 40 |
| estradiol valerate im. | 45 | finasteride oral | 42 |
| estradiol weekly transderm patch | 45 | FIRMAGON SUB-Q SOLN 80 mg. | 48 |
| ESTRING VAGL | 45 | FIRMAGON SUB-Q SOLN 120 mg. | 48 |
| estropipate oral | 45 | flavoxate oral | 42 |
| ethambutol oral | 21 | flecainide oral. | 35 |
| ethosuximide oral. | 15 | FLECTOR TOP. | 20 |
| ETHYOL IV | 17 | FLOMAX ORAL | 42 |
| etidronate disodium oral | 51 | FLOVENT DISKUS INHL. | 55 |
| etodolac oral. | 20 | FLOVENT HFA AEROSOL INHALER | 55 |
| ETOPOPHOS IV | 23 | fluconazole in dextrose(iso-o) iv. | 19 |
| etoposide iv. | 23 | fluconazole oral | 19 |
| EURAX TOP | 25 | fludarabine iv | 23 |
| EVISTA ORAL | 45 | fludrocortisone oral | 43 |
| EVOXAC ORAL | 39 | flunisolide nasl | 55 |
| EXELON CAP. | 16 | fluocinolone top | 43 |
| EXELON ORAL SOLN | 16 | fluocinonide-emollient top. | 43 |
| EXELON TD. | 16 | fluocinonide top | 43 |
| EXFORGE HCT ORAL. | 35 | fluorometholone opht | 53 |
| EXFORGE ORAL | 35 | FLUOROPLEX TOP | 40 |
| EXJADE ORAL. | 17 | fluorouracil iv | 23 |
| EXTAVIA SUBQ | 49 | fluorouracil topical cream | 40 |
| EXTINA TOP | 19 | fluorouracil topical soln | 40 |
| FABRAZYME IV | 40 | fluoxetine cap 10 mg, 40 mg | 29 |
| famciclovir tab 125 mg, 250 mg. | 27 | fluoxetine cap 20 mg | 29 |
| famciclovir tab 500 mg. | 27 | fluoxetine oral soln. | 29 |
| famotidine oral | 41 | fluoxetine tab 10 mg | 29 |
| famotidine(pf) in sal (iso-os) iv | 41 | fluoxetine tab 20 mg | 29 |
| famotidine (pf) iv. | 41 | fluphenazine decanoate inj | 26 |
| FANAPT ORAL. | 26 | fluphenazine hcl inj | 26 |
| FARESTON ORAL | 23 | fluphenazine hcl oral | 26 |
| FASLODEX IM | 23 | flurbiprofen oral | 20 |

| | | | |
|--|----|---|----|
| flurbiprofen sodium opht. | 53 | gentak opht. | 53 |
| flutamide oral | 48 | gentamicin inj. | 12 |
| fluticasone nasl. | 55 | gentamicin in nacl (iso-osm) iv. | 13 |
| fluticasone top | 43 | gentamicin opht | 13 |
| fluvoxamine oral. | 29 | gentamicin sulfate (pf) iv | 13 |
| FML S.O.P. OPHT. | 53 | gentamicin top | 13 |
| fomepizole iv. | 17 | gentasol opht | 53 |
| FORADIL AEROLIZER INHL | 55 | GEODON IM. | 26 |
| FORTEO SUBQ | 51 | GEODON ORAL. | 26 |
| fortical nasl. | 52 | GLEEVEC TAB 100 mg | 23 |
| FOSAMAX ORAL | 52 | GLEEVEC TAB 400 mg | 23 |
| FOSAMAX PLUS D ORAL | 52 | glimepiride tab 1 mg, 2 mg | 30 |
| foscarnet iv. | 27 | glimepiride tab 4 mg | 30 |
| fosinopril-hydrochlorothiazide tab 10-12.5 mg. .35 | | glipizide er 24 hr tab 2.5 mg | 30 |
| fosinopril-hydrochlorothiazide tab 20-12.5 mg. .35 | | glipizide-metformin oral. | 30 |
| fosinopril oral | 35 | glipizide tab 5 mg | 30 |
| fosphenytoin inj | 15 | glipizide tab 10 mg | 30 |
| FOSRENOL ORAL | 42 | glipizide xl 24 hr tab 5 mg | 30 |
| FROVA ORAL | 21 | glipizide xl 24 hr tab 10 mg | 30 |
| FURADANTIN ORAL | 12 | GLUCAGEN HYPOKIT INJ | 30 |
| furosemide inj. | 35 | GLUCAGON EMERGENCY INJ. | 30 |
| furosemide oral. | 35 | glyburide-metformin tab 1.25-250 mg, 2.5-500 mg. | 30 |
| FUSILEV IV | 17 | glyburide-metformin tab 5-500 mg | 30 |
| FUZEON SUBQ | 27 | glyburide micronized tab 1.5 mg, 3 mg. | 30 |
| gabapentin cap 100 mg | 15 | glyburide micronized tab 6 mg | 30 |
| gabapentin cap 300 mg | 15 | glyburide oral | 30 |
| gabapentin cap 400 mg | 15 | glycopyrrolate inj. | 41 |
| gabapentin tab 600 mg. | 15 | glycopyrrolate oral. | 41 |
| gabapentin tab 800 mg. | 15 | glycron oral. | 30 |
| GABITRIL TAB 4 mg | 15 | GLYSET ORAL | 30 |
| GABITRIL TAB 12 mg, 2 mg | 15 | granisetron iv | 18 |
| GABITRIL TAB 16 mg | 15 | granisetron oral | 18 |
| galantamine oral soln. | 16 | granisetron (pf) iv | 18 |
| galantamine sr 24 hr cap | 16 | granisol oral | 18 |
| galantamine tab | 16 | griseofulvin microsize oral. | 19 |
| GAMASTAN S/D IM | 49 | GRIS-PEG ORAL | 19 |
| GAMUNEX IV. | 49 | guanabenz oral | 35 |
| GANCICLOVIR CAP 250 mg | 27 | guanfacine oral. | 35 |
| GANCICLOVIR CAP 500 mg | 27 | GUANIDINE ORAL | 21 |
| GARDASIL IM. | 49 | GYNODIOL ORAL | 45 |
| GASTROCROM ORAL | 55 | HALFLYTELY-BISACODYL BOWEL KIT ORAL | 41 |
| gavilyte-c oral. | 41 | halobetasol propionate top | 43 |
| gavilyte-g oral. | 41 | haloperidol decanoate im. | 26 |
| gavilyte-n oral. | 41 | haloperidol lactate inj | 26 |
| gemfibrozil oral. | 35 | haloperidol lactate oral | 26 |
| GEMZAR IV | 23 | haloperidol oral | 26 |
| generlac oral. | 41 | HAVRIX (PF) IM | 49 |
| gengraf oral. | 49 | HECTOROL IV | 52 |
| GENOTROPIN MINIQUICK SUBQ | 44 | | |
| GENOTROPIN SUBQ. | 44 | | |

| | | | |
|---|----|--|----|
| HECTOROL ORAL | 52 | imipramine hcl oral | 17 |
| heparin (porcine)-0.45% nacl iv | 32 | imipramine pamoate oral | 17 |
| heparin (porcine) in d5w iv | 32 | IMOVAX RABIES VACCINE IM | 49 |
| heparin (porcine) inj | 32 | INCRELEX SUBQ | 44 |
| heparin (porcine) in ns (pf) iv | 32 | indapamide oral | 35 |
| heparin, porcine (pf) iv | 32 | indomethacin oral | 20 |
| HEPSERA ORAL | 27 | INFANRIX (PF) IM | 49 |
| HERCEPTIN IV | 23 | INFERGEN SUBQ | 49 |
| HEXALEN ORAL | 23 | INSULIN PEN NEEDLE MISC | 31 |
| HUMALOG MIX 50-50 SUBQ | 30 | INSULIN SYRINGE-NEEDLE U-100 MISC | 31 |
| HUMALOG MIX 75-25 SUBQ | 30 | INTELENCE ORAL | 28 |
| HUMALOG PEN SUBQ | 30 | intralipid iv | 58 |
| HUMALOG SUBQ | 30 | INTRON A INJECTION 18 mu | 49 |
| HUMATROPE INJ | 44 | INTRON A SOLUTION FOR INJECTION 10 mu | 49 |
| HUMIRA CROHN'S DIS START PCK SUBQ | 49 | INTRON A SUBQ PEN KIT | 50 |
| HUMIRA SUBQ | 49 | INVANZ INJ | 13 |
| HUMULIN 70/30 PEN SUBQ | 30 | INVEGA 24 HR TAB 1.5 mg, 3 mg, 9 mg | 26 |
| HUMULIN 70/30 SUBQ | 30 | INVEGA 24 HR TAB 6 mg | 26 |
| HUMULIN N PEN SUBQ | 30 | INVEGA SUSTENNA IM SYRINGE 39 mg/0.25 mL, 78 mg/0.5 mL | 26 |
| HUMULIN N SUBQ | 30 | INVEGA SUSTENNA IM SYRINGE 117 mg/0.75 mL, 156 mg/mL (1 mL), 234 mg/1.5 mL | 26 |
| HUMULIN R INJ | 30 | INVIRASE ORAL | 28 |
| "HUMULIN R U-500 "CONCENTRATED" " INJ" | 30 | IPOL INJ | 50 |
| HYCAMTIN IV | 23 | ipratropium-albuterol inhl | 55 |
| hydralazine inj | 35 | ipratropium bromide inhl | 55 |
| hydralazine oral | 35 | ipratropium bromide nasl | 55 |
| hydrochlorothiazide oral | 35 | IRESSA ORAL | 23 |
| hydrocodone-acetaminophen oral soln | 9 | irinotecan iv | 23 |
| hydrocodone-acetaminophen tab | 9 | ISENTRESS ORAL | 28 |
| hydrocodone-ibuprofen oral | 9 | isochron oral | 35 |
| hydrocortisone-acetic acid otic | 54 | ISOLYTE-H IN D5W IV | 58 |
| hydrocortisone butyrate top | 44 | isolyte-m in d5w iv | 58 |
| hydrocortisone oral | 43 | ISOLYTE-P IN D5W IV | 58 |
| hydrocortisone rect | 43 | ISOLYTE-S IN D5W IV | 58 |
| hydrocortisone top | 43 | ISOLYTE-S IV | 58 |
| hydrocortisone valerate top | 44 | isonarif oral | 21 |
| hydromorphone oral | 9 | isoniazid inj | 21 |
| hydromorphone (pf) inj | 9 | isoniazid oral | 21 |
| hydroxychloroquine oral | 25 | ISORDIL ORAL | 35 |
| hydroxyurea oral | 23 | isosorbide dinitrate oral | 35 |
| hydroxyzine hcl im | 55 | isosorbide dinitrate sl | 35 |
| hydroxyzine hcl oral | 55 | isosorbide mononitrate oral | 35 |
| hydroxyzine pamoate oral | 55 | isradipine oral | 35 |
| HYZAAR ORAL | 35 | ISTODAX IV | 23 |
| ibuprofen oral | 20 | itraconazole oral | 19 |
| ibuprofen-oxycodone oral | 9 | IXEMPRA IV | 23 |
| idarubicin iv | 23 | jantoven oral | 32 |
| IFEX IV | 23 | | |
| ifosfamide iv | 23 | | |
| IFOSFAMIDE-MESNA IV | 23 | | |

| | | | |
|-------------------------------------|----|---|----|
| JANUMET ORAL | 31 | LETAIRIS ORAL | 56 |
| JANUVIA ORAL | 31 | leucovorin calcium inj | 18 |
| JE-VAX SUBQ | 50 | leucovorin calcium oral | 18 |
| jolivette oral | 46 | LEUKERAN ORAL | 23 |
| junel 1.5/30 (21) oral | 46 | LEUKINE INJ | 32 |
| junel 1/20 (21) oral | 46 | leuprolide subq | 48 |
| junel fe 1.5/30 (28) oral | 46 | levalbuterol hcl inhl | 56 |
| junel fe 1/20 (28) oral | 46 | LEVAQUIN IN D5W IV | 13 |
| KALETRA ORAL SOLN | 28 | LEVAQUIN IV | 13 |
| KALETRA TAB 100-25 mg | 28 | LEVAQUIN ORAL | 13 |
| KALETRA TAB 200-50 mg | 28 | LEVEMIR FLEXPEN SUBQ | 31 |
| kanamycin inj | 13 | LEVEMIR SUBQ | 31 |
| kaon cl-10 oral | 58 | levetiracetam oral soln | 15 |
| kariva oral | 46 | levetiracetam tab 1,000 mg | 15 |
| kelnor 1/35 (28) oral | 46 | levetiracetam tab 250 mg, 750 mg | 15 |
| KEPIVANCE IV | 39 | levetiracetam tab 500 mg | 15 |
| KEPPRA IV | 15 | levobunolol opht | 53 |
| KEPPRA XR 24 HR TAB 500 mg | 15 | levocarnitine iv | 58 |
| KEPPRA XR 24 HR TAB 750 mg | 15 | levocarnitine oral | 59 |
| ketoconazole oral | 19 | levocarnitine (with sucrose) oral | 59 |
| ketoconazole top | 19 | levora-28 oral | 46 |
| ketoprofen oral | 20 | levorphanol tartrate oral | 9 |
| ketorolac injection 15 mg/mL | 20 | levothroid oral | 47 |
| ketorolac injection 30 mg/mL (1 mL) | 20 | levothyroxine oral | 47 |
| ketorolac opht | 53 | levoxyl oral | 47 |
| ketorolac oral | 20 | LEXAPRO ORAL SOLN | 29 |
| KINERET SUBQ | 50 | LEXAPRO TAB | 29 |
| kionex oral | 18 | LEXIVA ORAL SUSP | 28 |
| KLOR-CON M15 ORAL | 58 | LEXIVA TAB | 28 |
| klor-con m20 oral | 58 | lidocaine hcl inj | 10 |
| klor-con oral | 58 | lidocaine hcl mm | 11 |
| KRISTALOSE ORAL | 41 | lidocaine hcl top | 11 |
| kuric top | 19 | lidocaine (pf) inj | 10 |
| KUVAN ORAL | 40 | lidocaine-prilocaine top | 11 |
| labetalol iv | 35 | LIDODERM TOP | 11 |
| labetalol oral | 35 | lindane top | 25 |
| laclotion top | 40 | liothyronine iv | 47 |
| LACRISERT OPHT | 53 | liothyronine oral | 48 |
| lactated ringers ir | 58 | LIPITOR ORAL | 35 |
| lactated ringers iv | 58 | liposyn iii iv | 59 |
| lactulose oral | 41 | lisinopril-hydrochlorothiazide tab | 36 |
| lamotrigine dispersible tab | 15 | lisinopril tab 10 mg, 2.5 mg, 20 mg, 5 mg | 35 |
| lamotrigine tab | 15 | lisinopril tab 30 mg, 40 mg | 36 |
| lansoprazole oral | 41 | lithium carbonate oral | 29 |
| LANTUS SOLOSTAR SUBQ | 31 | lithium citrate oral | 29 |
| LANTUS SUBQ | 31 | lokara top | 44 |
| leena 28 oral | 46 | loperamide oral | 41 |
| leflunomide oral | 50 | LOTEMAX OPHT | 53 |
| LESCOL XL ORAL | 35 | LOTRONEX ORAL | 41 |
| lessina oral | 46 | lovastatin tab 10 mg, 20 mg | 36 |

| | | | |
|--|----|-------------------------------------|----|
| lovastatin tab 40 mg | 36 | mesalamine rect | 51 |
| LOVENOX SUB-Q | 32 | mesna iv | 18 |
| LOVENOX SUB-Q SYRINGE | 32 | MESNEX ORAL | 18 |
| low-ogestrel (28) oral | 46 | MESTINON ORAL | 21 |
| loxapine succinate oral | 26 | MESTINON TIMESPAN ORAL | 21 |
| LUMIGAN OPHT | 53 | METADATE CD ORAL | 38 |
| LUNESTA ORAL | 57 | metadate er oral | 38 |
| LUPRON DEPOT (3 MONTH) IM KIT | 48 | metaproterenol oral | 56 |
| LUPRON DEPOT (3 MONTH) IM SYRINGE | 48 | metformin er 24 hr tab 500 mg | 31 |
| LUPRON DEPOT (4 MONTH) IM | 48 | metformin er 24 hr tab 750 mg | 31 |
| LUPRON DEPOT IM KIT | 48 | metformin tab 1,000 mg | 31 |
| LUPRON DEPOT IM SYRINGE | 48 | metformin tab 500 mg | 31 |
| LUPRON DEPOT-PED IM | 48 | metformin tab 850 mg | 31 |
| lutera (28) oral | 46 | methadone oral | 10 |
| LUXIQ TOP | 44 | methadose oral | 10 |
| LYRICA CAP 100 mg, 200 mg, 50 mg | 15 | methazolamide oral | 36 |
| LYRICA CAP 150 mg, 225 mg, 25 mg, 300 mg, 75 mg | 15 | methenamine hippurate oral | 13 |
| LYSODREN ORAL | 23 | methimazole oral | 48 |
| MACRODANTIN ORAL | 13 | methocarbamol oral | 57 |
| MALARONE ORAL | 25 | methotrexate sodium inj | 50 |
| malathion top | 25 | methotrexate sodium oral | 50 |
| maprotiline tab 25 mg, 50 mg | 17 | methotrexate sodium (pf) inj | 50 |
| maprotiline tab 75 mg | 17 | methscopolamine oral | 41 |
| margesic-h oral | 9 | methyclothiazide oral | 36 |
| MARPLAN ORAL | 17 | methyldopa-hydrochlorothiazide oral | 36 |
| MATULANE ORAL | 23 | methyldopa oral | 36 |
| MAXAIR AUTOHALER INHL | 56 | methylin er oral | 38 |
| MAXALT-MLT ORAL | 21 | methylin oral | 38 |
| MAXALT ORAL | 21 | methylyphenidate oral | 38 |
| mebendazole oral | 25 | methylprednisolone acetate inj | 44 |
| meclizine oral | 18 | methylprednisolone oral | 44 |
| meclofenamate oral | 20 | methylprednisolone sodium succ inj | 44 |
| medroxyprogesterone im | 46 | metipranolol opht | 53 |
| medroxyprogesterone oral | 46 | metoclopramide inj | 18 |
| mefloquine oral | 25 | metoclopramide oral | 18 |
| MEGACE ES ORAL | 46 | metolazone oral | 36 |
| megestrol oral | 46 | metoprolol-hydrochlorothiazide oral | 36 |
| meloxicam oral susp | 20 | metoprolol succinate oral | 36 |
| meloxicam tab | 20 | metoprolol tartrate iv | 36 |
| melphalan iv | 23 | metoprolol tartrate oral | 36 |
| MENACTRA IM | 50 | METOZOLV ODT ORAL | 18 |
| MENEST ORAL | 46 | metronidazole in nacl (iso-os) iv | 13 |
| MENOMUNE - A/C/Y/W-135 (PF) SUBQ | 50 | metronidazole oral | 13 |
| meperidine oral | 9 | metronidazole top | 13 |
| meperidine (pf) inj | 10 | metronidazole vagl | 13 |
| meprobamate oral | 29 | mexiletine oral | 36 |
| MEPRON ORAL | 25 | MIACALCIN INJ | 52 |
| mercaptopurine oral | 23 | MICARDIS HCT ORAL | 36 |
| MERUVAX II (PF) SUBQ | 50 | MICARDIS ORAL | 36 |
| | | miconazole-3 vagl | 19 |

| | | | |
|---|----|---|----|
| microgestin 1.5/30 (21) oral | 46 | NAMENDA TITRATION PAK ORAL | 16 |
| microgestin 1/20 (21) oral | 46 | naphazoline opht | 53 |
| microgestin fe 1.5/30 (28) oral | 46 | naproxen oral | 21 |
| microgestin fe 1/20 (28) oral | 46 | naproxen sodium oral | 21 |
| midodrine oral | 36 | NARDIL ORAL | 29 |
| MIGERGOT RECT | 21 | NASACORT AQ NASL | 56 |
| MIGRANAL NASL | 21 | NASONEX NASL | 56 |
| minitran td | 36 | NATACYN OPHT | 19 |
| minocycline cap | 13 | nateglinide oral | 31 |
| minocycline tab | 13 | NAVANE ORAL | 26 |
| minoxidil oral | 36 | necon 0.5/35 (28) oral | 46 |
| mirtazapine oral | 17 | necon 1/35 (28) oral | 46 |
| misoprostol oral | 41 | necon 7/7/7 (28) oral | 46 |
| mitomycin iv | 23 | necon 10/11 (28) oral | 46 |
| mitoxantrone iv | 23 | nefazodone tab | 17 |
| M-M-R II (PF) SUBQ | 50 | neomycin-bacitracin-poly-hc opht | 53 |
| moexipril-hydrochlorothiazide tab | 36 | neomycin-bacitracin-polymyxin opht | 53 |
| moexipril oral | 36 | neomycin oral | 13 |
| mometasone top | 44 | neomycin-polymyxin b gu ir | 13 |
| mononessa (28) oral | 46 | neomycin-polymyxin-dexameth opht | 53 |
| morphine concentrate oral | 10 | neomycin-polymyxin-gramicidin opht | 53 |
| morphine inj | 10 | neomycin-polymyxin-hc opht | 53 |
| morphine oral soln | 10 | neomycin-polymyxin-hc otic | 13 |
| morphine (pf) inj | 10 | NEORAL ORAL | 50 |
| morphine sr tab 60 mg | 10 | NEPHRAMINE 5.4 % IV | 59 |
| morphine sr tab 100 mg, 15 mg, 200 mg, 30 mg | 10 | NEULASTA SUBQ | 32 |
| morphine tab | 10 | NEUMEGA SUBQ | 32 |
| MOZOBIL SUBQ | 32 | NEUPOGEN INJ | 32 |
| MULTAQ ORAL | 36 | NEURONTIN ORAL | 15 |
| mupirocin top | 13 | NEXAVAR ORAL | 23 |
| MUSTARGEN INJ | 23 | NEXIUM IV IV | 41 |
| MYCOBUTIN ORAL | 21 | NEXIUM ORAL | 41 |
| mycophenolate mofetil cap | 50 | NEXIUM PACKET ORAL | 41 |
| mycophenolate mofetil tab | 50 | next choice oral | 46 |
| mydral opht | 53 | niacor oral | 36 |
| MYFORTIC ORAL | 50 | NIASPAN ORAL | 36 |
| MYOZYME IV | 56 | nicardipine iv | 36 |
| nabumetone oral | 20 | nicardipine oral | 36 |
| nadolol-bendroflumethiazide oral | 36 | NICOTROL INHL | 18 |
| nadolol oral | 36 | nifediac cc tab 30 mg, 60 mg | 36 |
| nafcillin solution for injection 1 gram | 13 | nifediac cc tab 90 mg | 36 |
| nafcillin solution for injection 10 gram | 13 | nifedical xl 24 hr tab 30 mg | 36 |
| NAGLAZYME IV | 40 | nifedical xl 24 hr tab 60 mg | 36 |
| nalbuphine inj | 10 | nifedipine oral | 36 |
| naloxone inj | 18 | NILANDRON ORAL | 48 |
| naltrexone oral | 18 | nimodipine oral | 36 |
| NAMENDA ORAL SOLN | 16 | NIPENT IV | 23 |
| NAMENDA TAB 5 mg | 16 | nisoldipine oral | 36 |
| NAMENDA TAB 10 mg | 16 | NITRO-DUR TD | 37 |
| | | nitrofurantoin (macrocryst25%) oral | 13 |

| | | | |
|---|----|---|----|
| nitrofurantoin macrocrystal oral | 13 | omeprazole cap, delayed release 40 mg | 41 |
| nitroglycerin iv | 37 | ONCASPAR INJ | 23 |
| nitroglycerin td. | 37 | ondansetron hcl oral soln | 18 |
| NITROLINGUAL TL | 37 | ondansetron hcl (pf) inj. | 18 |
| NITROSTAT SL | 37 | ondansetron hcl tab 4 mg, 8 mg | 18 |
| nizatidine cap | 41 | ondansetron hcl tab 24 mg | 18 |
| nizatidine oral soln. | 41 | ondansetron tab, rapid dissolve 4 mg | 18 |
| nora-be oral | 46 | ondansetron tab, rapid dissolve 8 mg | 18 |
| NORDITROPIN CARTRIDGE SUBQ | 44 | ONGLYZA ORAL | 31 |
| NORDITROPIN NORDIFLEX SUBQ | 44 | ONTAK IV | 23 |
| norethindrone acetate oral | 46 | OPTIVAR OPHT | 53 |
| normosol-m in d5w iv | 59 | ORACEA ORAL | 13 |
| normosol-r in d5w iv | 59 | ORAP ORAL | 26 |
| normosol-r ph 7.4 iv | 59 | ORFADIN ORAL | 40 |
| nortrel 0.5/35 (28) oral | 46 | orphenadrine citrate inj. | 57 |
| nortrel 1/35 (21) oral | 46 | orphenadrine citrate oral | 57 |
| nortrel 1/35 (28) oral | 46 | orphenadrine compound oral | 57 |
| nortrel 7/7/7 (28) oral | 46 | ortho-est 0.625 oral | 46 |
| nortriptyline oral | 17 | ortho-est 1.25 oral | 47 |
| NORVIR CAP | 28 | ORTHO EVRA TD | 46 |
| NORVIR ORAL SOLN | 28 | OSMOPREP ORAL | 41 |
| novamine 15 % iv | 59 | oxaliplatin iv | 23 |
| NOVOLIN 70/30 INNOLET SUBQ | 31 | oxandrolone tab 2.5 mg | 47 |
| NOVOLIN 70/30 SUBQ | 31 | oxandrolone tab 10 mg | 47 |
| NOVOLIN N INNOLET SUBQ | 31 | oxaprozin oral | 21 |
| NOVOLIN N SUBQ | 31 | oxcarbazepine oral | 15 |
| NOVOLIN R INJ | 31 | OXISTAT TOP | 20 |
| NOVOLOG FLEXPEN SUBQ | 31 | OXSORALEN ULTRA ORAL | 40 |
| NOVOLOG MIX 70-30 FLEXPEN SUBQ | 31 | oxybutynin chloride er 24 hr tab 5 mg | 42 |
| NOVOLOG MIX 70-30 SUBQ | 31 | oxybutynin chloride er 24 hr tab 10 mg, 15 mg | 42 |
| NOVOLOG SUBQ | 31 | oxybutynin chloride syrup | 42 |
| NOXAFIL ORAL | 19 | oxybutynin chloride tab | 42 |
| ns with potassium chloride iv | 59 | oxycodone-acetaminophen cap. | 10 |
| NUTROPIN AQ SUBQ | 44 | oxycodone-acetaminophen tab | 10 |
| NUTROPIN SUBQ | 44 | oxycodone hcl-oxycodone-asa oral | 10 |
| NUVARING VAGL | 46 | oxycodone oral | 10 |
| NUVIGIL ORAL | 38 | OXYCONTIN 12 HR TAB | 10 |
| nyamyc top | 19 | OXYTROL TD | 42 |
| nystatin oral | 19 | PACERONE ORAL | 37 |
| nystatin top | 19 | paclitaxel iv | 23 |
| nystatin-triamcinolone top | 19 | pamidronate iv | 52 |
| nystop top | 19 | PANRETIN TOP | 24 |
| ocella oral | 46 | pantoprazole oral | 42 |
| octreotide acetate injection | 48 | parcaine opht | 11 |
| ofloxacin opht. | 13 | paromomycin oral | 13 |
| ofloxacin oral | 13 | paroxetine oral susp. | 29 |
| ofloxacin otic | 13 | paroxetine sr 24 hr tab 12.5 mg | 29 |
| ogestrel (28) oral | 46 | paroxetine sr 24 hr tab 25 mg | 29 |
| omeprazole cap, delayed release 10 mg, 20 mg | 41 | paroxetine tab | 29 |
| | | PASER ORAL | 21 |

| | | | |
|---|----|--|----|
| PATADAY OPHT | 53 | polyethylene glycol 3350 oral | 42 |
| PATANOL OPHT | 53 | polymyxin b sulfate inj. | 13 |
| PEDIARIX (PF) IM | 50 | portia oral | 47 |
| pedi-dri top. | 20 | potassium chloride iv | 59 |
| PEDVAX HIB IM. | 50 | potassium chloride oral | 59 |
| PEGANONE ORAL. | 15 | potassium citrate oral | 59 |
| PEGASYS CONVENIENCE PACK SUBQ | 50 | pramipexole oral | 25 |
| PEGINTRON REDIPEN SUBQ | 50 | PRANDIN TAB 0.5 mg, 1 mg | 31 |
| PEGINTRON SUBQ | 50 | PRANDIN TAB 2 mg | 31 |
| penicillin g potassium inj. | 13 | pravastatin oral. | 37 |
| penicillin g procaine im | 13 | prazosin cap 1 mg. | 37 |
| penicillin g sodium inj | 13 | prazosin cap 2 mg. | 37 |
| penicillin v potassium oral | 13 | prazosin cap 5 mg. | 37 |
| PENTASA ORAL | 51 | PRED MILD OPHT. | 53 |
| pentazocine-acetaminophen oral | 10 | prednicarbate top. | 44 |
| pentazocine-naloxone oral. | 10 | prednisolone acetate opht. | 53 |
| pentopak oral | 37 | prednisolone oral | 44 |
| pentostatin iv | 24 | prednisolone sodium phosphate opht. | 53 |
| pentoxifylline oral | 37 | prednisolone sodium phosphate oral | 44 |
| perindopril erbumine tab 2 mg, 4 mg | 37 | prednisone intensol oral | 44 |
| perindopril erbumine tab 8 mg | 37 | prednisone oral. | 44 |
| periogard mm. | 39 | PREFEST ORAL. | 47 |
| permethrin top. | 25 | pregnyl im. | 44 |
| perphenazine-amitriptyline oral | 17 | PREMARIN INJ | 47 |
| perphenazine oral. | 26 | PREMARIN ORAL | 47 |
| pfizerpen-g inj. | 13 | PREMARIN VAGL | 47 |
| phenadoz rect. | 18 | premasol 6 % iv | 59 |
| PHENYTEK ORAL | 15 | PREMPHASE ORAL. | 47 |
| phenytoin oral | 15 | PREMPRO ORAL | 47 |
| phenytoin sodium extended oral. | 15 | prenatabs obn oral | 59 |
| phenytoin sodium iv. | 15 | prevalite oral. | 37 |
| PHOSPHOLINE IODIDE OPHT. | 53 | previfem oral | 47 |
| PHOTOFRIN IV | 24 | PREVPAC ORAL. | 13 |
| physiolyte ir | 59 | PREZISTA TAB 75 mg | 28 |
| pilocarpine tab 5 mg. | 39 | PREZISTA TAB 400 mg, 600 mg | 28 |
| pilocarpine tab 7.5 mg | 39 | PRIFTIN ORAL. | 21 |
| pindolol oral | 37 | PRIMAXIN IM IM | 14 |
| piperacillin-tazobactam iv | 13 | PRIMAXIN IV SOLUTION 250 mg. | 14 |
| piroxicam oral. | 21 | PRIMAXIN IV SOLUTION 500 mg. | 14 |
| PLASMA-LYTE-56 IN D5W IV | 59 | primidone oral | 15 |
| PLASMA-LYTE 56 IV | 59 | PRISTIQ ORAL. | 17 |
| PLASMA-LYTE 148 IN D5W IV | 59 | PROAIR HFA INHL | 56 |
| PLASMA-LYTE 148 IV | 59 | probenecid oral | 20 |
| PLASMA-LYTE A IV. | 59 | procainamide inj. | 37 |
| plasma-lyte r iv. | 59 | PROCALAMINE 3% IV. | 59 |
| PLAVIX TAB 75 mg | 33 | prochlorperazine edisylate inj. | 18 |
| PLAVIX TAB 300 mg | 32 | prochlorperazine maleate oral. | 18 |
| podofilox top. | 40 | prochlorperazine rect | 18 |
| polycin b opht. | 53 | PROCRIT INJECTION | 33 |
| poly-dex opht | 53 | proctocream-hc rect | 44 |

| | | | |
|--|----|--|----|
| procto-pak rect. | 44 | ramipril oral | 37 |
| proctosol hc rect | 44 | RANEXA ORAL | 37 |
| proctozone-hc rect. | 44 | ranitidine hcl inj. | 42 |
| PROGLYCEM ORAL. | 37 | ranitidine hcl oral. | 42 |
| PROLASTIN IV. | 56 | RAPAMUNE ORAL. | 50 |
| PROLEUKIN IV | 50 | REBETOL ORAL | 28 |
| PROMACTA ORAL. | 33 | REBIF SUBQ | 50 |
| promethazine inj. | 18 | REBIF TITRATION PACK SUBQ. | 50 |
| promethazine oral | 18 | reclipsen (28) oral | 47 |
| promethazine rect | 19 | RECOMBIVAX HB (PF) IM | 50 |
| promethazine vc oral | 19 | REGONOL INJ | 21 |
| promethegan rect. | 19 | REGRANEX TOP | 40 |
| PROMETRIUM ORAL | 47 | RELISTOR SUBQ. | 42 |
| propafenone tab 150 mg, 225 mg | 37 | RELPAK ORAL. | 21 |
| propafenone tab 300 mg | 37 | REMICADE IV | 50 |
| proparacaine opht | 53 | RENAGEL ORAL | 42 |
| propoxyphene-acetaminophen oral | 10 | REVELA ORAL PWPK 0.8 gram. | 42 |
| propoxyphene n-acetaminophen tab 50-325 mg | 10 | REVELA ORAL PWPK 2.4 gram. | 42 |
| propoxyphene n-acetaminophen tab 100-500 mg | 10 | REVELA TAB. | 42 |
| propoxyphene n-acetaminophen tab 100-650 mg | 10 | RESCRIPTOR ORAL | 28 |
| propoxyphene oral. | 10 | reserpine oral | 37 |
| propranolol-hydrochlorothiazid oral. | 37 | RESTASIS OPHT | 53 |
| propranolol iv | 37 | RETIN-A MICRO TOP | 40 |
| propranolol oral | 37 | RETROVIR IV. | 28 |
| propylthiouracil oral. | 48 | REVATIO IV | 56 |
| PROQUAD SUBQ. | 50 | REVATIO ORAL | 56 |
| PROTONIX IV. | 42 | REVLIMID ORAL | 24 |
| PROTOPIC TOP | 40 | REYATAZ ORAL. | 28 |
| protriptyline oral | 17 | RHINOCORT AQUA NASL | 56 |
| PROVENTIL HFA INHL. | 56 | ribasphere cap 200mg | 28 |
| PROVIGIL TAB 100 mg | 39 | ribasphere tab 200 mg | 28 |
| PROVIGIL TAB 200 mg | 38 | ribasphere tab 400 mg, 600 mg | 28 |
| PULMICORT FLEXHALER INHL | 56 | ribavirin cap 200mg | 28 |
| PULMICORT INHL. | 56 | ribavirin tab 200 mg | 28 |
| PULMOZYME INHL | 56 | ribavirin tab 400 mg, 600 mg. | 28 |
| pyrazinamide oral. | 21 | RIDAURA ORAL. | 50 |
| pyridostigmine bromide oral | 21 | rifamate oral | 21 |
| QUALAQUIN ORAL | 25 | rifampin IV | 22 |
| quasense oral | 47 | rifampin oral. | 22 |
| quinapril-hydrochlorothiazide oral | 37 | RILUTEK ORAL | 39 |
| quinapril oral | 37 | rimantadine oral. | 28 |
| quinidine gluconate inj. | 37 | ringers ir | 59 |
| quinidine gluconate oral | 37 | RISPERDAL CONSTA IM SYRINGE | 26 |
| quinidine sulfate oral | 37 | risperidone oral soln | 26 |
| QUIXIN OPHT | 53 | risperidone tab | 26 |
| QVAR INHL. | 56 | risperidone tab, rapid dissolve | 26 |
| RABAVERT (PF) IM | 50 | RITALIN LA CAP 10 mg, 20 mg, 40 mg | 39 |
| | | RITALIN LA CAP 30 mg. | 39 |
| | | RITUXAN IV. | 24 |
| | | romycin opht | 53 |

| | | | |
|--|----|---|----|
| ropinirole oral | 25 | sodium fluoride oral | 59 |
| ROTATEQ VACCINE ORAL | 50 | sodium lactate iv | 59 |
| roxicet oral | 10 | sodium polystyrene sulfonate oral | 18 |
| RYTHMOL SR ORAL | 37 | SOLARAZE TOP | 40 |
| SABRIL ORAL | 15 | solia oral | 47 |
| SAFETY NEEDLES MISC | 31 | SOLU-CORTEF INJ | 44 |
| SAIZEN CLICK.EASY SUBQ | 45 | SOMATULINE DEPOT SUBQ | 48 |
| SAIZEN SUBQ | 45 | SOMAVERT SUBQ | 48 |
| SAMSCA TAB 15 mg | 37 | sorine oral | 38 |
| SAMSCA TAB 30 mg | 37 | sotalol iv | 38 |
| SANCTURA XR ORAL | 42 | sotalol oral | 38 |
| SANCUSO TD | 19 | sotret cap 10 mg, 20 mg, 40 mg | 40 |
| SANDIMMUNE IV | 50 | SOTRET CAP 30 mg | 40 |
| SANDIMMUNE ORAL | 50 | SPECTRACEF ORAL | 14 |
| SANDOSTATIN LAR DEPOT IM | 48 | SPIRIVA WITH HANDIHALER INHL | 56 |
| SANTYL TOP | 40 | spironolactone oral | 38 |
| SAPHRIS SL | 27 | spironolacton-hydrochlorothiaz oral | 38 |
| SAVELLA TAB | 17 | SPORANOX ORAL | 20 |
| SAVELLA TABS IN A DOSE PACK | 17 | sprintec (28) oral | 47 |
| selegiline hcl oral | 25 | SPRYCEL TAB 20 mg | 24 |
| selenium sulfide top | 40 | SPRYCEL TAB 100 mg, 50 mg, 70 mg | 24 |
| SELZENTRY TAB 150 mg | 28 | sronyx oral | 47 |
| SELZENTRY TAB 300 mg | 28 | ssd top | 14 |
| SENSIPAR TAB 30 mg | 48 | stagesic oral | 10 |
| SENSIPAR TAB 60 mg | 48 | STALEVO 50 ORAL | 25 |
| SENSIPAR TAB 90 mg | 48 | STALEVO 75 ORAL | 25 |
| SEREVENT DISKUS INHL | 56 | STALEVO 100 ORAL | 25 |
| SEROMYCIN ORAL | 22 | STALEVO 125 ORAL | 25 |
| SEROQUEL TAB 100 mg, 200 mg, 25 mg, 300 mg, 50 mg | 27 | STALEVO 150 ORAL | 25 |
| SEROQUEL TAB 400 mg | 27 | STALEVO 200 ORAL | 25 |
| SEROQUEL XR 24 HR TAB 150 mg, 200 mg | 27 | stavudine oral | 28 |
| SEROQUEL XR 24 HR TAB 300 mg, 400 mg, 50 mg | 27 | STELARA SUBQ | 50 |
| sertraline oral concentrate | 29 | STRATTERA ORAL | 39 |
| sertraline tab | 29 | STREPTOMYCIN IM | 14 |
| silver sulfadiazine top | 14 | SUCRAID ORAL | 40 |
| SIMCOR 24 HR TAB 1,000-20 mg | 37 | sucralfate oral | 42 |
| SIMCOR 24 HR TAB 500-20 mg, 750-20 mg | 37 | sulfacetamide-prednisolone opht | 14 |
| SIMPONI SUBQ | 50 | sulfacetamide sodium (acne) top | 14 |
| simvastatin oral | 37 | sulfacetamide sodium opht | 53 |
| SINGULAIR ORAL | 56 | sulfadiazine oral | 14 |
| SKELAXIN ORAL | 57 | sulfamethoxazole-trimethoprim iv | 14 |
| sodium bicarbonate iv | 59 | sulfamethoxazole-trimethoprim oral | 14 |
| sodium chloride 0.9 % iv | 59 | sulfasalazine oral | 51 |
| sodium chloride 0.45 % iv | 59 | sulfatrim oral | 14 |
| sodium chloride 3 % iv | 59 | sulfazine ec oral | 51 |
| sodium chloride 5 % iv | 59 | sulindac oral | 21 |
| sodium chloride ir | 59 | sumatriptan succinate oral | 21 |
| sodium chloride iv | 59 | sumatriptan succinate subq | 21 |
| | | SUPRAX ORAL | 14 |
| | | SURMONTIL ORAL | 17 |

| | | | |
|--|----|---|----|
| SUSTIVA ORAL | 28 | ticlopidine oral | 33 |
| SUTENT CAP 12.5 mg | 24 | TIKOSYN ORAL | 38 |
| SUTENT CAP 25 mg, 50 mg | 24 | TIMENTIN IV | 14 |
| SYMBICORT INHL | 56 | timolol eye gel forming soln , | 53 |
| SYMLINPEN 60 SUBQ | 31 | timolol maleate eye drops , | 53 |
| SYMLINPEN 120 SUBQ | 31 | timolol maleate oral | 38 |
| SYMLIN SUBQ | 31 | TINDAMAX ORAL | 25 |
| SYNAREL NASL | 48 | tis-u-sol ir | 59 |
| SYNTHROID ORAL | 48 | tizanidine oral | 27 |
| SYPRINE ORAL | 18 | TOBI INHL | 14 |
| tacrolimus oral | 50 | tobramycin-dexamethasone opht | 53 |
| TAMIFLU CAP 30 mg | 28 | tobramycin sulfate inj | 14 |
| TAMIFLU CAP 45 mg, 75 mg | 28 | tobramycin sulfate opht | 14 |
| TAMIFLU ORAL SUSP | 28 | tobrasol opht | 53 |
| tamoxifen oral | 24 | tolazamide oral | 31 |
| TARCEVA ORAL | 24 | tolbutamide oral | 31 |
| TARGRETIN ORAL | 24 | tolmetin oral | 21 |
| TARGRETIN TOP | 24 | topiramate sprinkle cap | 15 |
| TASIGNA ORAL | 24 | topiramate tab | 15 |
| TASMAR ORAL | 25 | toposar iv | 24 |
| TAXOTERE IV | 24 | TORISEL IV | 24 |
| tazicef inj | 14 | torsemide oral | 38 |
| tazicef iv | 14 | tpn electrolytes iv | 59 |
| taztia xt oral | 38 | TRACLEER TAB 62.5 mg | 56 |
| TEGRETOL XR 12 HR TAB 100 mg | 15 | TRACLEER TAB 125 mg | 56 |
| TEGRETOL XR 12 HR TAB 200 mg, 400 mg | 15 | tramadol-acetaminophen oral | 10 |
| TEKTURNA HCT ORAL | 38 | tramadol er 24 hr tab 100 mg | 10 |
| TEKTURNA ORAL | 38 | tramadol er 24 hr tab 200 mg | 10 |
| terazosin oral | 38 | tramadol tab | 10 |
| terbinafine oral | 20 | trandolapril oral | 38 |
| terbutaline oral | 56 | transderm-scop td | 19 |
| terbutaline subq | 56 | tranylcypromine oral | 17 |
| terconazole vagl | 20 | TRAVATAN Z OPHT | 53 |
| TESTIM TD | 47 | trazodone oral | 17 |
| testosterone cypionate im | 47 | TREANDA IV | 24 |
| testosterone enanthate im | 47 | TRECTOR ORAL | 22 |
| TETANUS,DIPHThERIA TOXD PED-PF IM | 51 | TRELSTAR IM | 48 |
| TETANUS-DIPHThERIA TOXOIDS-TD IM | 51 | TRETINOIN (CHEMOTHERAPY) ORAL | 24 |
| TETANUS TOXOID,ADSORBED (PF) IM | 51 | tretinoin top | 40 |
| tetracycline oral | 14 | TREXALL ORAL | 51 |
| THALOMID ORAL | 24 | triamcinolone acetonide dent | 39 |
| THEO-24 ORAL | 56 | triamcinolone acetonide top | 44 |
| theochron oral | 56 | triamterene-hydrochlorothiazid oral | 38 |
| theophylline oral | 56 | TRICOR ORAL | 38 |
| thermazene top | 14 | triderm top | 44 |
| THIOGUANINE ORAL | 24 | trifluoperazine oral | 27 |
| THIOLA ORAL | 42 | trifluridine opht | 53 |
| thioridazine oral | 27 | trihexyphenidyl oral | 26 |
| THIOTEPA INJ | 24 | TRIHIBIT PRESERVATIVE FREE IM | 51 |
| thiothixene oral | 27 | tri-legest fe oral | 47 |

| | | | |
|--|----|---|----|
| TRILEPTAL ORAL..... | 15 | venlafaxine tab 75 mg..... | 17 |
| TRILIPIX ORAL..... | 38 | venlafaxine tab 100 mg, 25 mg, 50 mg..... | 17 |
| trilyte with flavor packets oral..... | 42 | VENTOLIN HFA INHL..... | 56 |
| trimethobenzamide im..... | 19 | VERAMYST NASL..... | 56 |
| trimethobenzamide oral..... | 19 | verapamil iv..... | 38 |
| trimethoprim oral..... | 14 | verapamil oral..... | 38 |
| trimethoprim-polymyxin b opht..... | 54 | VEREGEN TOP..... | 40 |
| trinessa (28) oral..... | 47 | VESICARE ORAL..... | 42 |
| TRIPEDIA (PF) IM..... | 51 | VFEND IV..... | 20 |
| tri-previfem (28) oral..... | 47 | VFEND ORAL SUSP..... | 20 |
| TRISENOX IV..... | 24 | VFEND TAB 50 mg..... | 20 |
| tri-sprintec (28) oral..... | 47 | VFEND TAB 200 mg..... | 20 |
| trivora (28) oral..... | 47 | VIBATIV IV..... | 14 |
| TRIZIVIR ORAL..... | 28 | VIBRAMYCIN ORAL..... | 14 |
| tropicamide opht..... | 54 | VICTOZA SUBQ..... | 31 |
| TRUVADA ORAL..... | 28 | VIDAZA SUBQ..... | 24 |
| TWINJECT AUTOINJECTOR IM..... | 56 | VIDEX 2 GRAM PEDIATRIC ORAL..... | 28 |
| TWINRIX (PF) IM..... | 51 | VIGAMOX OPHT..... | 54 |
| TYGACIL IV..... | 14 | VIMPAT IV..... | 16 |
| TYKERB ORAL..... | 24 | VIMPAT ORAL..... | 16 |
| TYPHIM VI IM..... | 51 | vinblastine iv..... | 24 |
| TYSABRI IV..... | 51 | vincristine iv..... | 24 |
| TYZEKA ORAL..... | 28 | vinorelbine iv..... | 24 |
| TYZINE NASL..... | 56 | VIRACEPT ORAL POWDER..... | 28 |
| u-cort top..... | 44 | VIRACEPT TAB..... | 29 |
| ULORIC ORAL..... | 20 | VIRAMUNE ORAL..... | 29 |
| unithroid oral..... | 48 | VIREAD ORAL..... | 29 |
| UROXATRAL ORAL..... | 42 | VISICOL ORAL..... | 42 |
| ursodiol oral..... | 42 | VIVELLE-DOT TD..... | 47 |
| VAGIFEM VAGL..... | 47 | VIVOTIF BERNA VACCINE ORAL..... | 51 |
| valacyclovir oral..... | 28 | VOTRIENT ORAL..... | 24 |
| VALCYTE ORAL..... | 28 | warfarin oral..... | 33 |
| valproate sodium iv..... | 16 | water for irrigation, sterile ir..... | 40 |
| valproic acid (as sodium salt) oral..... | 16 | WELCHOL ORAL POWDER PACK..... | 38 |
| valproic acid oral..... | 16 | WELCHOL TAB..... | 38 |
| VALTREX ORAL..... | 28 | XALATAN OPHT..... | 54 |
| VANCOGIN ORAL..... | 14 | XENAZINE ORAL..... | 39 |
| vancomycin iv..... | 14 | XIBROM OPHT..... | 54 |
| vandazole vagl..... | 14 | XOLAIR SUBQ..... | 56 |
| VAQTA (PF) IM..... | 51 | XOPENEX HFA INHL..... | 56 |
| VARIVAX (PF) SUBQ..... | 51 | XOPENEX INHL..... | 56 |
| VECTIBIX IV..... | 24 | XYREM ORAL..... | 39 |
| VECTICAL TOP..... | 40 | XYZAL ORAL SOLN..... | 56 |
| VELCADE IV..... | 24 | XYZAL TAB..... | 57 |
| velivet oral..... | 47 | YAZ 28 ORAL..... | 47 |
| VENLAFAXINE ER 24 HR TAB | | YF-VAX SUBQ..... | 51 |
| 37.5 mg, 75 mg..... | 17 | zaleplon oral..... | 57 |
| VENLAFAXINE ER 24 HR TAB 150 mg..... | 17 | ZANOSAR IV..... | 24 |
| VENLAFAXINE ER 24 HR TAB 225 mg..... | 17 | ZAVESCA ORAL..... | 40 |
| venlafaxine tab 37.5 mg..... | 17 | zazole vagl..... | 20 |

| | |
|--|----|
| ZEGERID CAP 20-1.1 mg-gram. | 42 |
| ZEGERID CAP 40-1.1 mg-gram. | 42 |
| ZEGERID ORAL PACKET | 42 |
| ZEMPLAR IV | 52 |
| ZEMPLAR ORAL | 52 |
| ZENPEP ORAL. | 40 |
| zerlor oral | 10 |
| ZETIA ORAL. | 38 |
| ZIAGEN ORAL | 29 |
| zidovudine oral. | 29 |
| ZOLINZA ORAL | 24 |
| zolpidem oral | 57 |
| ZOMETA IV. | 52 |
| ZOMIG NASL | 21 |
| ZOMIG ORAL | 21 |
| ZOMIG ZMT ORAL. | 21 |
| ZONALON TOP | 40 |
| zonisamide oral. | 16 |
| ZOSTAVAX SUBQ. | 51 |
| ZOSYN IN DEXTROSE (ISO-OSM) IV | 14 |
| zovia 1/35e (28) oral | 47 |
| zovia 1/50e (28) oral | 47 |
| ZOVIRAX OINTMENT | 29 |
| ZOVIRAX TOPICAL CREAM. | 29 |
| ZYMAR OPHT. | 54 |
| ZYPREXA IM | 27 |
| ZYPREXA ORAL. | 27 |
| ZYPREXA ZYDIS ORAL. | 27 |
| ZYVOX IV | 14 |
| ZYVOX ORAL | 14 |

KelseyCare Advantage