

KelseyCare Advantage



Preferred &
Preferred+Choice

2011
Abridged
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.

This document includes KelseyCare Advantage's partial formulary as of January 1, 2011. For a complete, updated formulary, please call 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041.

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

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What is the KelseyCare Advantage formulary?

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

This document is a partial formulary and includes only some of the drugs covered by KelseyCare Advantage. For a complete listing of all prescription drugs covered by KelseyCare Advantage, please call 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041.

Can the formulary change?

Generally, if you are taking a drug on our 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 40. 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 list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so KelseyCare Advantage may cover your drug. You can contact Member Services at 1-866-589-5222, 24 hours a day, seven days a week. TTY/TDD users should call 1-888-206-8041.

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

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage to make an exception and cover your drug. See below for information about how to request an exception

How do I request an exception to KelseyCare Advantage’s formulary?

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, KelseyCare Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the specialty tier.

Generally, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization 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 prescriber's or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber'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 abridged formulary that begins on page 9 provides coverage information about some of the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 39. Remember: This is only a partial list of drugs covered by KelseyCare Advantage. If your prescription is not in this partial formulary, call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041 for additional help.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NEXIUM) 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:

Preferred Pharmacy		
Tier	30-day Supply	90-day Supply
1	\$3	\$7.50
2	\$30	\$75
3	\$30	\$75
4	\$60	\$150
5	33%	33%

Non-Preferred Pharmacy		
Tier	30-day Supply	90-day Supply
1	\$8	\$24
2	\$40	\$120
3	\$40	\$120
4	\$70	\$210
5	33%	33%

Preferred pharmacies are pharmacies in our network where the plan has negotiated lower cost-sharing for members for covered drugs than at non-preferred pharmacies. However, you will still have access to lower drug prices at non-preferred pharmacies than at out-of-network pharmacies. You may go to either of these types of network pharmacies to receive your covered prescription drugs.

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>buprenorphine sl</i>	2	
<i>co-gesic oral</i>	1	GAP; QL (240 EA per 30 day(s))
<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>fentanyl transderm patch 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>hydrocodone-acetaminophen oral soln</i>	1	GAP
<i>hydrocodone-acetaminophen tab 10-750 mg, 7.5-750 mg</i>	1	GAP; QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-650 mg, 10-660 mg, 7.5-650 mg</i>	1	GAP; QL (180 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-500 mg, 2.5-500 mg, 5-500 mg, 7.5-500 mg</i>	1	GAP; QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	GAP; QL (360 EA per 30 day(s))
<i>hydrocodone-ibuprofen oral</i>	1	GAP; QL (240 EA per 30 day(s))
<i>margesic-h oral</i>	1	GAP; QL (240 EA per 30 day(s))
<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>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))

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>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>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))
Anesthetics - Drugs for Numbing		
<i>lidocaine hcl mm</i>	1	GAP
<i>lidocaine hcl top</i>	1	GAP
LIDODERM TOP	3	PA; QL (90 EA per 30 day(s))
Antibacterials - Drugs to Treat Bacterial Infections		
<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
AVELOX ORAL	3	
AVELOX ABC PACK ORAL	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))
BICILLIN C-R IM	3	
BICILLIN L-A IM	3	
<i>cefadroxil oral</i>	1	GAP
<i>cefdinir oral</i>	1	GAP
<i>cefepime inj</i>	2	
<i>cefotaxime inj</i>	2	
<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	
<i>cefuroxime axetil oral</i>	1	GAP
<i>cephalexin 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
CIPRODEX OTIC	4	QL (7.5 ML per 25 day(s))
<i>ciprofloxacin oral</i>	1	GAP
<i>clarithromycin oral</i>	1	GAP
<i>clarithromycin er oral</i>	1	GAP
CLEOCIN ORAL	4	
<i>clindamycin hcl oral</i>	1	GAP
<i>dicloxacillin oral</i>	1	GAP
DORYX ORAL	4	
<i>doxycycline hyclate iv</i>	2	
<i>doxycycline hyclate oral</i>	1	GAP
<i>erythromycin opht</i>	1	GAP
FURADANTIN ORAL	4	
<i>gentamicin inj</i>	1	GAP
<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	
LEVAQUIN IV	3	
LEVAQUIN ORAL	3	
<i>metronidazole oral</i>	1	GAP
<i>metronidazole top</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-polymyxin-hc otic</i>	1	GAP
<i>nitrofurantoin cap 100mg</i>	1	GAP
<i>nitrofurantoin (macrocryst25%) 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>piperacillin-tazobactam iv</i>	2	
PREVPAC ORAL	4	
PRIMAXIN IM IM	5	
PRIMAXIN IV SOLUTION 250 mg	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
PRIMAXIN IV SOLUTION 500 mg	5	
<i>silver sulfadiazine top</i>	1	GAP
SPECTRACEF ORAL	3	
<i>ssd top</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
<i>trimethoprim oral</i>	1	GAP
VANCOCIN ORAL	5	PA
<i>vancomycin iv</i>	1	GAP
VIBATIV IV	5	PA
ZOSYN IN DEXTROSE (ISO-OSM) IV	3	
ZYVOX IV	3	PA
ZYVOX ORAL	3	PA
Anticonvulsants - Drugs to Treat Seizures		
BANZEL ORAL	3	QL (240 EA per 30 day(s))
<i>carbamazepine oral</i>	1	GAP
CARBATROL ORAL	3	
<i>divalproex oral</i>	1	GAP
<i>epitol oral</i>	1	GAP
<i>ethosuximide oral</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))
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

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>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	
<i>phenytoin sodium extended oral</i>	1	GAP
<i>primidone oral</i>	1	GAP
<i>topiramate sprinkle cap</i>	2	
<i>topiramate tab</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))
EXELON TD	3	QL (30 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>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>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))
CYMBALTA CAP 60 mg	3	ST; QL (30 EA per 30 day(s))
CYMBALTA CAP 20 mg, 30 mg	3	ST; QL (60 EA per 30 day(s))
<i>doxepin oral</i>	1	GAP
EFFEXOR XR 24 HR CAP 150 mg	4	ST; QL (60 EA per 30 day(s))
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>mirtazapine oral</i>	1	GAP; QL (30 EA per 30 day(s))
<i>nortriptyline oral</i>	1	GAP
PRISTIQ ORAL	4	ST; QL (30 EA per 30 day(s))
<i>tranylcypromine oral</i>	1	GAP

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Drug Name	Tier	Notes
<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 Deterrents		
<i>amifostine crystalline 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>kionex oral</i>	1	GAP
<i>leucovorin calcium inj</i>	1	GAP
<i>leucovorin calcium oral</i>	2	
<i>naltrexone oral</i>	1	GAP
NICOTROL INHL	3	
<i>sodium polystyrene sulfonate oral</i>	1	GAP
Antiemetics - Drugs to Treat Nausea and Vomiting		
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
METZOZOLV 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))

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Drug Name	Tier	Notes
<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>promethazine inj</i>	1	GAP
<i>promethazine oral</i>	1	GAP
<i>promethazine rect</i>	1	GAP
<i>promethegan rect</i>	1	GAP
Antifungals - Drugs to Treat Fungal Infections		
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-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
GRIS-PEG ORAL	4	
<i>ketoconazole top</i>	1	GAP
<i>kuric top</i>	1	GAP
<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
<i>pedi-dri top</i>	1	GAP
<i>terbinafine oral</i>	1	PA; GAP; QL (30 EA per 30 day(s))
Antigout Agents - Drugs to Treat Gout		
<i>allopurinol oral</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))
Anti-inflammatory Agents		
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))

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Drug Name	Tier	Notes
<i>diclofenac sodium oral</i>	1	GAP
<i>etodolac oral</i>	1	GAP
<i>ibuprofen oral</i>	1	GAP
<i>indomethacin oral</i>	1	GAP
<i>ketoprofen 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
<i>naproxen oral</i>	1	GAP
<i>oxaprozin oral</i>	1	GAP
<i>piroxicam oral</i>	1	GAP
Antimigraine Agents - Drugs to Treat Migraines		
<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))
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		
MESTINON ORAL	3	
MESTINON TIMESPAN ORAL	3	
<i>pyridostigmine bromide oral</i>	1	GAP
REGONOL INJ	3	
Antimycobacterials - Drugs to Treat Infections		
DAPSONE ORAL	3	
<i>isoniazid inj</i>	1	GAP
<i>isoniazid oral</i>	1	GAP
MYCOBUTIN ORAL	4	
<i>rifampin oral</i>	1	GAP
<i>rifampin iv</i>	5	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
AFINITOR ORAL	5	PA
ALIMTA IV	5	

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Drug Name	Tier	Notes
ALKERAN IV	5	
ARIMIDEX ORAL	3	
AROMASIN ORAL	4	
ARZERRA IV	5	PA
BICNU IV	3	
CEENU ORAL	3	
<i>cladribine iv</i>	1	GAP
<i>cyclophosphamide oral</i>	2	PA
<i>cytarabine inj</i>	1	GAP
<i>cytarabine (pf) inj</i>	1	GAP
DROXIA ORAL	3	
EMCYT ORAL	3	
FARESTON ORAL	3	
FASLODEX IM	5	
FEMARA ORAL	3	
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))
HEXALEN ORAL	5	PA
<i>hydroxyurea oral</i>	1	GAP
<i>idarubicin iv</i>	5	
IFOSFAMIDE-MESNA IV	5	
IRESSA ORAL	5	PA
LEUKERAN ORAL	3	
<i>melphalan iv</i>	5	
<i>mitoxantrone iv</i>	2	
REVLIMID ORAL	5	PA; LA
RITUXAN IV	5	PA
<i>tamoxifen oral</i>	1	GAP
TARCEVA ORAL	5	PA
TARGRETIN ORAL	5	PA
TARGRETIN TOP	5	
TAXOTERE IV	5	
THALOMID ORAL	5	PA
TRETINOIN (CHEMOTHERAPY) ORAL	5	
Antiparasitics - Drugs to Treat Parasitic Infections		
<i>acticin top</i>	1	GAP
ALBENZA ORAL	3	

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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	
<i>hydroxychloroquine oral</i>	1	GAP
<i>lindane top</i>	2	
MALARONE ORAL	4	
<i>mebendazole oral</i>	1	GAP
<i>mefloquine oral</i>	1	GAP
<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	
<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))

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Drug Name	Tier	Notes
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
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
<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))
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))
Antispasticity Agents - Drugs to Treat Spasms		
<i>baclofen oral</i>	1	GAP
<i>tizanidine oral</i>	1	GAP
Antivirals - Drugs to Treat Viral Infections		
<i>acyclovir oral</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))
CRIXIVAN ORAL	3	
<i>didanosine oral</i>	2	
<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	
INTELENCE ORAL	5	QL (120 EA per 30 day(s))
INVIRASE ORAL	5	
LEXIVA ORAL SUSP	4	
LEXIVA TAB	5	
NORVIR CAP	3	
NORVIR ORAL SOLN	5	
PREZISTA TAB 75 mg	4	

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Drug Name	Tier	Notes
PREZISTA TAB 400 mg, 600 mg	5	
REBETOL ORAL	5	PA
RESCRIPTOR ORAL	4	
<i>ribasphere cap</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</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))
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))
TYZEKA ORAL	5	QL (30 EA per 30 day(s))
<i>valacyclovir oral</i>	2	QL (60 EA per 30 day(s))
VIDEX 2 GRAM PEDIATRIC ORAL	4	
VIRAMUNE ORAL	3	
ZIAGEN ORAL	3	
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))
LEXAPRO ORAL SOLN	3	ST; QL (600 ML per 30 day(s))
LEXAPRO TAB	3	ST; QL (30 EA per 30 day(s))
<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))

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Drug Name	Tier	Notes
<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))
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>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))
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))

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Drug Name	Tier	Notes
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))
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))
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))
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))
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
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))

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Drug Name	Tier	Notes
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 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))
NEUPOGEN INJ	5	PA
PLAVIX TAB 300 mg	3	PA
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))
<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>acetazolamide oral</i>	1	GAP
<i>afeditab cr oral</i>	1	GAP; QL (90 EA per 30 day(s))

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Drug Name	Tier	Notes
ALDACTAZIDE ORAL	4	
<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))
<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))
<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>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>cartia xt oral</i>	1	GAP
<i>carvedilol oral</i>	1	GAP; QL (60 EA per 30 day(s))
<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))

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Drug Name	Tier	Notes
<i>colestipol oral</i>	1	GAP
COREG CR ORAL	3	QL (30 EA per 30 day(s))
CRESTOR ORAL	3	ST; QL (30 EA per 30 day(s))
<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
<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))
EXFORGE 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>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>hydralazine inj</i>	1	GAP
<i>hydralazine oral</i>	1	GAP
<i>hydrochlorothiazide oral</i>	1	GAP
<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>labetalol iv</i>	1	GAP
<i>labetalol oral</i>	1	GAP

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Drug Name	Tier	Notes
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))
<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>methyldopa 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
MICARDIS HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>minitran td</i>	1	GAP
<i>minoxidil oral</i>	1	GAP
MULTAQ ORAL	4	
<i>nadolol oral</i>	1	GAP
<i>niacor oral</i>	1	GAP
NIASPAN ORAL	3	QL (60 EA per 30 day(s))
<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
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>pravastatin oral</i>	1	GAP; QL (30 EA per 30 day(s))
<i>prevalite oral</i>	1	GAP
<i>propranolol iv</i>	1	GAP
<i>propranolol oral</i>	1	GAP

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Drug Name	Tier	Notes
<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>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>simvastatin oral</i>	1	GAP; QL (30 EA per 30 day(s))
<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>torseamide oral</i>	1	GAP
<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		
<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))

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Drug Name	Tier	Notes
NUVIGIL ORAL	4	PA; QL (31 EA per 31 day(s))
PROVIGIL TAB 200 mg	3	PA; QL (60 EA per 30 day(s))
PROVIGIL TAB 100 mg	3	PA; QL (90 EA per 30 day(s))
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))
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
<i>chlorhexidine gluconate mm</i>	1	GAP
<i>periogard mm</i>	1	GAP
<i>triamcinolone acetonide dent</i>	1	GAP
Dermatological Agents - Drugs to Treat Skin Conditions		
ALDARA TOP	3	QL (12 EA per 30 day(s))
<i>ammonium lactate top</i>	1	GAP
ATRALIN TOP	4	PA
<i>avita top</i>	1	PA; GAP
<i>calcipotriene top</i>	2	QL (60 ML per 30 day(s))
CARAC TOP	3	
CONDYLOX TOP	3	
DOVONEX TOP	3	QL (120 GM per 30 day(s))
ELIDEL TOP	3	ST
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
SANTYL TOP	4	
<i>selenium sulfide top</i>	1	GAP
SOLARAZE TOP	4	
<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

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Drug Name	Tier	Notes
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	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
ACIPHEX ORAL	4	ST; QL (30 EA per 30 day(s))
CARAFATE ORAL	3	
CIMZIA SUBQ	5	PA
<i>constulose oral</i>	1	GAP
<i>dicyclomine im</i>	2	
<i>dicyclomine oral</i>	1	GAP
<i>diphenoxylate-atropine oral</i>	1	GAP
<i>famotidine oral</i>	1	GAP
<i>famotidine (pf) iv</i>	1	GAP
<i>gavilyte-c oral</i>	1	GAP
<i>gavilyte-g oral</i>	1	GAP
<i>glycopyrrolate inj</i>	1	GAP
<i>glycopyrrolate oral</i>	1	GAP
KRISTALOSE ORAL	4	
<i>lactulose oral</i>	1	GAP
<i>lansoprazole oral</i>	2	QL (30 EA per 30 day(s))
LOTRONEX ORAL	3	PA; QL (60 EA per 30 day(s))
<i>misoprostol oral</i>	1	GAP
NEXIUM ORAL	3	ST; QL (30 EA per 30 day(s))
NEXIUM PACKET ORAL	3	ST; QL (30 EA per 30 day(s))
<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))
<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

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Drug Name	Tier	Notes
<i>ranitidine hcl inj</i>	1	GAP
<i>ranitidine hcl oral</i>	1	GAP
<i>sucralfate oral</i>	1	GAP
<i>ursodiol oral</i>	2	
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>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
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))
UROXATRAL ORAL	3	QL (30 EA per 30 day(s))
VESICARE ORAL	3	QL (30 EA per 30 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
<i>ala-cort 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>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>fludrocortisone oral</i>	1	GAP
<i>fluocinonide top</i>	1	GAP

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Drug Name	Tier	Notes
<i>halobetasol propionate top</i>	1	GAP
<i>hydrocortisone top</i>	1	GAP
<i>lokara top</i>	1	GAP
<i>methylprednisolone oral</i>	1	GAP
<i>mometasone top</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
<i>triamcinolone acetonide top</i>	1	GAP
<i>triderm 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>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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
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))
ESTRACE VAGL	4	
ESTRADERM TD	3	
<i>estradiol oral</i>	1	GAP

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Drug Name	Tier	Notes
<i>estradiol weekly transderm patch</i> 0.0375 mg/24 hr; 0.05 mg/24 hr; 0.06 mg/24 hr; 0.1 mg/24 hr	1	GAP; QL (4 EA per 28 day(s))
<i>estradiol weekly transderm patch</i> 0.025 mg/24 hr; 0.075 mg/24 hr	1	GAP; QL (8 EA per 28 day(s))
ESTRING VAGL	4	QL (1 EA per 90 day(s))
EVISTA ORAL	3	QL (30 EA per 30 day(s))
GYNODIOL ORAL	3	
<i>medroxyprogesterone oral</i>	1	GAP
<i>megestrol 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))
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))
TESTIM TD	4	PA
<i>testosterone cypionate im</i>	1	PA; GAP
<i>testosterone enanthate im</i>	1	PA; GAP
VAGIFEM VAGL	3	
VIVELLE-DOT TD	3	QL (8 EA per 30 day(s))
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
<i>levothroid oral</i>	1	GAP
<i>levothyroxine oral</i>	1	GAP
<i>levoxyl 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

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Drug Name	Tier	Notes
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
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
ADACEL (ADOLESCENT & ADULT) IM	3	
ALFERON N INJ	4	
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	
CERVARIX IM	4	
COMVAX IM	3	
COPAXONE SUBQ	5	PA
DAPTACEL (PEDIATRIC) (PF) IM	3	
DECAVAC IM	3	
ENBREL SUB-Q KIT	5	PA; ST; QL (16 EA per 30 day(s))

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Drug Name	Tier	Notes
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	
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	
INTRON A INJECTION	5	PA
INTRON A SOLUTION FOR INJECTION	4	PA
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	
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	
REBIF SUBQ	5	PA
REBIF TITRATION PACK SUBQ	5	PA
RECOMBIVAX HB (PF) IM	3	PA
REMICADE IV	5	PA
RIDAURA ORAL	4	

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Drug Name	Tier	Notes
ROTATEQ VACCINE ORAL	3	
SIMPONI SUBQ	5	PA
STELARA SUBQ	5	PA; QL (1 ML per 28 day(s))
TETANUS TOXOID, ADSORBED (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	
FORTEO SUBQ	5	PA

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Drug Name	Tier	Notes
<i>fortical nasl</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))
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		
ALPHAGAN P OPHT	3	QL (15 ML per 25 day(s))
ALREX OPHT	4	QL (15 ML per 30 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>brimonidine opht</i>	1	GAP
COMBIGAN OPHT	4	QL (10 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))
<i>flurbiprofen sodium opht</i>	1	GAP; QL (2.5 ML per 25 day(s))
<i>gentak opht</i>	1	GAP
<i>gentasol opht</i>	1	GAP
<i>ketorolac opht</i>	2	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))
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	
PRED MILD OPHT	3	
<i>prednisolone acetate opht</i>	1	GAP
RESTASIS OPHT	3	QL (60 EA per 30 day(s))
<i>romycin 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))
TRAVATAN Z OPHT	3	QL (5 ML per 30 day(s))
XALATAN OPHT	3	QL (2.5 ML per 30 day(s))
ZYMAR OPHT	3	
Otic Agents - Drugs to Treat Ear Conditions		
<i>acetasol hc otic</i>	1	GAP
<i>acetic acid otic</i>	1	GAP

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Drug Name	Tier	Notes
<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</i> 0.63 mg/3 mL, 1.25 mg/3 mL, 2.5 mg /3 mL (0.083 %)	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
ASTEPRO NASL	3	QL (30 ML per 25 day(s))
ATROVENT HFA INHL	3	QL (25.8 GM per 30 day(s))
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
ELIXOPHYLLIN ORAL	3	
<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 HFA AEROSOL INHALER 44 mcg/Actuation	3	QL (21.2 GM per 30 day(s))
FLOVENT HFA AEROSOL INHALER 110 mcg/Actuation, 220 mcg/Actuation	3	QL (24 GM per 30 day(s))
<i>fluticasone nasl</i>	1	GAP; QL (16 GM per 25 day(s))
GASTROCROM ORAL	3	
<i>hydroxyzine hcl im</i>	1	GAP
<i>hydroxyzine hcl 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))
<i>levalbuterol hcl inhl</i>	2	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))
PROVENTIL HFA INHL	3	QL (13.4 GM per 30 day(s))
QVAR INHL	4	QL (29.2 GM per 30 day(s))

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Drug Name	Tier	Notes
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))
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))
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))
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>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>cyclobenzaprine oral</i>	1	GAP
<i>methocarbamol oral</i>	1	GAP
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
AMINOSYN 3.5 % IV	3	
AMINOSYN 5 % IV	3	
AMINOSYN 8.5 % IV	3	
AMINOSYN II 15% IV	3	
AMINOSYN II 3.5 %/DEXTROSE 5 % IV	3	
AMINOSYN II 3.5 %-DEXTROSE 25% IV	3	
AMINOSYN II 4.25%/DEXTROSE 20% IV	3	
AMINOSYN II 4.25%-DEXTROSE 25% IV	3	
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	

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Drug Name	Tier	Notes
CLINIMIX 5%/D20 SULFITE FREE IV	3	
CLINIMIX 5%/D25 SULFITE FREE IV	3	
<i>ed k+10 oral</i>	1	GAP
<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
NEPHRAMINE 5.4 % IV	3	
<i>novamine 15 % iv</i>	1	PA; GAP
<i>potassium chloride iv</i>	1	GAP
<i>potassium chloride oral</i>	1	GAP
<i>premasol 6 % iv</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>tpn electrolytes iv</i>	2	

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diltiazem hcl oral	25	ESTRACE VAGL	31
dilt-xr oral	25	ESTRADERM TD	31
diltzac er oral	25	estradiol oral	31
DIOVAN HCT ORAL	25	estradiol weekly transderm patch	32
DIOVAN ORAL	25	ESTRING VAGL	32
diphenoxylate-atropine oral	29	ethosuximide oral	12
dipyridamole oral	23	ETHYOL IV	14
disopyramide oral	25	etodolac oral	16
divalproex oral	12	EVISTA ORAL	32
DORYX ORAL	11	EXELON TD	13
dorzolamide opht	36	EXFORGE ORAL	25
dorzolamide-timolol opht.	36	EXJADE ORAL	14
DOVONEX TOP	28	EXTAVIA SUBQ	34
doxazosin oral	25	EXTINA TOP	15
doxepin oral	13	FABRAZYME IV	29
doxycycline hyclate iv	11	famotidine oral	29
doxycycline hyclate oral	11	famotidine (pf) iv	29
DROXIA ORAL	17	FARESTON ORAL	17
duramorph inj.	9	FASLODEX IM	17
econazole top	15	felodipine oral	25
ed k+10 oral	39	FEMARA ORAL	17
EFFEXOR XR 24 HR CAP 37.5 mg, 75 mg	13	fenofibrate micronized oral	25
EFFEXOR XR 24 HR CAP 150 mg	13	fenofibrate oral	25
EFFIENT TAB 5 mg	23	FENOGLIDE TAB 40 mg	25
EFFIENT TAB 10 mg	23	FENOGLIDE TAB 120 mg	25
ELAPRASE IV	29	fentanyl transderm patch	9
ELIDEL TOP	28	fentanyl transderm patch 100 mcg/hr.	9
ELIGARD SUBQ	32	fexofenadine tab 30 mg, 60 mg	37
ELITEK IV	29	fexofenadine tab 180 mg	37
ELIXOPHYLLIN ORAL	37	finasteride oral	30
ELMIRON ORAL	30	FIRMAGON SUB-Q SOLN 80 mg	32
EMCYT ORAL	17	FIRMAGON SUB-Q SOLN 120 mg	32
EMEND CAP 80 mg	14	flecainide oral	25
EMEND CAP 125 mg, 40 mg	14	FLOVENT HFA AEROSOL INHALER	37
EMEND CAPS IN DOSE PACK	14	FLOVENT HFA AEROSOL INHALER 44 mcg/Actuation	37
EMSAM TD	13	fluconazole oral	15
ENABLEX ORAL	30	fludrocortisone oral	30
enalapril-hydrochlorothiazide tab 5-12.5 mg	25	fluocinonide top	30
enalapril-hydrochlorothiazide tab 10-25 mg	25	FLUOROPLEX TOP	28
enalapril maleate oral	25	fluorouracil topical cream	28
ENBREL SUB-Q KIT	33	fluorouracil topical soln	28
ENBREL SUB-Q SYRINGE	34	fluoxetine cap 10 mg, 40 mg	20
endocet tab	9		

fluoxetine cap 20 mg	20	glipizide xl 24 hr tab 5 mg	21
fluoxetine oral soln.	20	glipizide xl 24 hr tab 10 mg	21
fluoxetine tab 10 mg	20	GLUCAGEN HYPOKIT INJ	21
fluoxetine tab 20 mg	20	GLUCAGON EMERGENCY INJ	21
flurbiprofen sodium opht.	36	glyburide-metformin tab	21
flutamide oral	33	glyburide micronized tab 1.5 mg, 3 mg	21
fluticasone nasl.	37	glyburide micronized tab 6 mg	21
FORTEO SUBQ	35	glyburide oral	21
fortical nasl.	36	glycopyrrolate inj	29
FOSAMAX ORAL	36	glycopyrrolate oral	29
FOSAMAX PLUS D ORAL	36	glycron oral	21
foscarnet iv	19	GLYSET ORAL	21
fosinopril oral	25	granisetron iv	14
FROVA ORAL	16	granisetron oral	14
FURADANTIN ORAL	11	granisetron (pf) iv	14
furosemide inj.	25	granisol oral	14
furosemide oral	25	GRIS-PEG ORAL	15
FUZEON SUBQ	19	GYNODIOL ORAL	32
gabapentin cap 100 mg	12	halobetasol propionate top	31
gabapentin cap 300 mg	12	haloperidol decanoate im.	19
gabapentin cap 400 mg	12	haloperidol lactate inj	19
gabapentin tab 600 mg	12	haloperidol lactate oral	19
gabapentin tab 800 mg	12	haloperidol oral	19
GAMASTAN S/D IM	34	HAVRIX (PF) IM	34
GAMUNEX IV	34	heparin (porcine)-0.45% nacl iv	23
GANCICLOVIR CAP 250 mg	19	heparin (porcine) inj	23
GANCICLOVIR CAP 500 mg	19	heparin (porcine) in ns (pf) iv	23
GARDASIL IM	34	heparin, porcine (pf) iv	23
GASTROCROM ORAL	37	HEXALEN ORAL	17
gavilyte-c oral	29	HUMALOG MIX 50-50 SUBQ	21
gavilyte-g oral	29	HUMALOG MIX 75-25 SUBQ	21
gemfibrozil oral	25	HUMALOG PEN SUBQ	21
GEMZAR IV	17	HUMALOG SUBQ	21
GENOTROPIN MINIQUICK SUBQ	31	HUMATROPE INJ	31
GENOTROPIN SUBQ	31	HUMIRA CROHN'S DIS START PCK SUBQ	34
gentak opht.	36	HUMIRA SUBQ	34
gentamicin inj.	11	HUMULIN 70/30 PEN SUBQ	21
gentamicin in nacl (iso-osm) iv	11	HUMULIN 70/30 SUBQ	21
gentamicin opht	11	HUMULIN N PEN SUBQ	21
gentamicin sulfate (pf) iv	11	HUMULIN N SUBQ	21
gentamicin top	11	HUMULIN R INJ	22
gentasol opht	36	"HUMULIN R U-500 "CONCENTRATED" INJ"	22
GEODON ORAL	19	hydralazine inj	25
GLEEVEC TAB 100 mg	17	hydralazine oral	25
GLEEVEC TAB 400 mg	17	hydrochlorothiazide oral	25
glimepiride tab 1 mg, 2 mg	21	hydrocodone-acetaminophen oral soln.	9
glimepiride tab 4 mg	21	hydrocodone-acetaminophen tab	9
glipizide er 24 hr tab 2.5 mg	21	hydrocodone-ibuprofen oral	9
glipizide tab 5 mg	21	hydrocortisone-acetic acid otic	37
glipizide tab 10 mg	21		

hydrocortisone top.	31	labetalol iv.	25
hydroxychloroquine oral	18	labetalol oral.	25
hydroxyurea oral	17	laclotion top	28
hydroxyzine hcl im.	37	lactulose oral	29
hydroxyzine hcl oral.	37	lamotrigine dispersible tab	12
ibuprofen oral.	16	lamotrigine tab	12
idarubicin iv	17	lansoprazole oral	29
IFOSFAMIDE-MESNA IV.	17	LANTUS SOLOSTAR SUBQ.	22
IMOVAX RABIES VACCINE IM.	34	LANTUS SUBQ.	22
INCRELEX SUBQ.	31	leflunomide oral	34
indapamide oral	25	leucovorin calcium inj	14
indomethacin oral	16	leucovorin calcium oral	14
INFANRIX (PF) IM.	34	LEUKERAN ORAL.	17
INTELENCE ORAL	19	LEUKINE INJ.	23
INTRON A INJECTION	34	leuprolide subq.	32
INTRON A SOLUTION FOR INJECTION	34	levalbuterol hcl inhl	37
INTRON A SUBQ PEN KIT	34	LEVAQUIN IV.	11
INVANZ INJ	11	LEVAQUIN ORAL.	11
INVIRASE ORAL	19	LEVEMIR FLEXPEN SUBQ.	22
IPOL INJ	34	LEVEMIR SUBQ.	22
ipratropium-albuterol inhl	37	levetiracetam oral soln.	12
ipratropium bromide inhl.	37	levetiracetam tab 1,000 mg	13
ipratropium bromide nasl	37	levetiracetam tab 250 mg, 750 mg	13
IRESSA ORAL	17	levetiracetam tab 500 mg.	13
isochron oral.	25	levothroid oral	32
isoniazid inj.	16	levothyroxine oral	32
isoniazid oral.	16	levoxyl oral	32
ISORDIL ORAL.	25	LEXAPRO ORAL SOLN.	20
isosorbide dinitrate oral.	25	LEXAPRO TAB.	20
isosorbide dinitrate sl.	25	LEXIVA ORAL SUSP	19
isosorbide mononitrate oral.	25	LEXIVA TAB.	19
jantoven oral.	23	lidocaine hcl mm	10
JANUMET ORAL	22	lidocaine hcl top.	10
JANUVIA ORAL	22	LIDODERM TOP	10
JE-VAX SUBQ.	34	lindane top	18
kaon cl-10 oral	39	LIPITOR ORAL.	26
KEPPRA IV.	12	lisinopril-hydrochlorothiazide tab	26
KEPPRA XR 24 HR TAB 500 mg.	12	lisinopril tab 10 mg, 2.5 mg, 20 mg, 5 mg	26
KEPPRA XR 24 HR TAB 750 mg.	12	lisinopril tab 30 mg, 40 mg.	26
ketoconazole top	15	lithium carbonate oral	21
ketoprofen oral.	16	lithium citrate oral	21
ketorolac opht	36	lokara top	31
KINERET SUBQ.	34	LOTEMAX OPHT.	36
kionex oral	14	LOTRONEX ORAL.	29
KLOR-CON M15 ORAL	39	lovastatin tab 10 mg, 20 mg.	26
klor-con m20 oral	39	lovastatin tab 40 mg.	26
klor-con oral	39	LOVENOX SUB-Q	23
KRISTALOSE ORAL.	29	LOVENOX SUB-Q SYRINGE	23
kuric top	15	LUMIGAN OPHT	36
KUVAN ORAL.	29	LUNESTA ORAL	38

LUPRON DEPOT (3 MONTH) IM KIT	33	metoprolol tartrate iv.	26
LUPRON DEPOT (3 MONTH) IM SYRINGE	33	metoprolol tartrate oral	26
LUPRON DEPOT (4 MONTH) IM	33	METZOLV ODT ORAL	14
LUPRON DEPOT IM KIT	33	metronidazole oral	11
LUPRON DEPOT IM SYRINGE	33	metronidazole top	11
LUPRON DEPOT-PED IM	33	MIACALCIN INJ	36
LYRICA CAP	13	MICARDIS HCT ORAL	26
MALARONE ORAL	18	MIGERGOT RECT	16
margesic-h oral	9	minitran td	26
MAXALT-MLT ORAL	16	minocycline cap	11
MAXALT ORAL	16	minocycline tab	11
mebendazole oral	18	minoxidil oral	26
meclizine oral	14	mirtazapine oral	13
medroxyprogesterone oral	32	misoprostol oral	29
mefloquine oral	18	mitoxantrone iv	17
megestrol oral	32	M-M-R II (PF) SUBQ	34
meloxicam oral susp.	16	mometasone top.	31
meloxicam tab	16	morphine concentrate oral	9
melphalan iv	17	morphine inj	9
MENACTRA IM	34	morphine oral soln	9
MENOMUNE - A/C/Y/W-135 (PF) SUBQ	34	morphine (pf) inj	9
MERUVAX II (PF) SUBQ	34	morphine sr tab	9
mesalamine rect	35	morphine sr tab 60 mg	9
MESTINON ORAL	16	morphine tab	9
MESTINON TIMESPAN ORAL	16	MULTAQ ORAL	26
METADATE CD ORAL	27	mupirocin top.	11
metadate er oral	27	MYCOBUTIN ORAL	16
metformin er 24 hr tab 500 mg	22	nabumetone oral	16
metformin er 24 hr tab 750 mg	22	nadolol oral	26
metformin tab 1,000 mg	22	nafcillin solution for injection 1 gram	11
metformin tab 500 mg	22	nafcillin solution for injection 10 gram	11
metformin tab 850 mg	22	NAGLAZYME IV	29
methadone oral	9	naltrexone oral	14
methadose oral	9	NAMENDA ORAL SOLN	13
methazolamide oral	26	NAMENDA TAB 5 mg	13
methimazole oral	33	NAMENDA TAB 10 mg	13
methocarbamol oral	38	NAMENDA TITRATION PAK ORAL	13
methotrexate sodium inj	34	naproxen oral	16
methotrexate sodium oral	34	NASACORT AQ NASL	37
methotrexate sodium (pf) inj	34	NASONEX NASL	37
methyl dopa oral	26	nateglinide oral	22
methylin er oral	27	neomycin-polymyxin-hc otic	11
methylin oral	27	NEPHRAMINE 5.4 % IV	39
methylphenidate oral	27	NEUPOGEN INJ	23
methylprednisolone oral	31	NEURONTIN ORAL	13
metoclopramide inj	14	NEXIUM ORAL	29
metoclopramide oral	14	NEXIUM PACKET ORAL	29
metolazone oral	26	niacor oral	26
metoprolol-hydrochlorothiazide oral	26	NIASPAN ORAL	26
metoprolol succinate oral	26	NICOTROL INHL	14

nifediac cc tab 30 mg, 60 mg	26	oxandrolone tab 10 mg	32
nifediac cc tab 90 mg	26	oxaprozin oral	16
nifedical xl 24 hr tab 30 mg	26	oxcarbazepine oral	13
nifedical xl 24 hr tab 60 mg	26	OXSORALEN ULTRA ORAL	28
nifedipine oral	26	oxybutynin chloride er 24 hr tab 5 mg	30
NILANDRON ORAL	33	oxybutynin chloride er 24 hr tab 10 mg, 15 mg	30
NITRO-DUR TD	26	oxybutynin chloride syrup	30
nitrofurantoin cap 100mg	11	oxybutynin chloride tab	30
nitrofurantoin (macrocryst25%) oral	11	oxycodone-acetaminophen cap	9
nitroglycerin iv	26	oxycodone-acetaminophen tab 7.5-500 mg	9
nitroglycerin td	26	PACERONE ORAL	26
NITROLINGUAL TL	26	pamidronate iv	36
NITROSTAT SL	26	pantoprazole oral	29
NORDITROPIN CARTRIDGE SUBQ	31	paroxetine oral susp	20
NORDITROPIN NORDIFLEX SUBQ	31	paroxetine sr 24 hr tab 12.5 mg	20
nortriptyline oral	13	paroxetine sr 24 hr tab 25 mg	20
NORVIR CAP	19	paroxetine tab	20
NORVIR ORAL SOLN	19	PATADAY OPHT	36
novamine 15 % iv	39	PATANOL OPHT	36
NOVOLIN 70/30 INNOLET SUBQ	22	pedi-dri top	15
NOVOLIN 70/30 SUBQ	22	PEDVAX HIB IM	34
NOVOLIN N INNOLET SUBQ	22	PEGASYS CONVENIENCE PACK SUBQ	34
NOVOLIN N SUBQ	22	PEGINTRON REDIPEN SUBQ	34
NOVOLIN R INJ	22	PEGINTRON SUBQ	34
NOVOLOG FLEXPEN SUBQ	22	penicillin g potassium inj	11
NOVOLOG MIX 70-30 FLEXPEN SUBQ	22	penicillin g procaine im	11
NOVOLOG MIX 70-30 SUBQ	22	penicillin g sodium inj	11
NOVOLOG SUBQ	22	penicillin v potassium oral	11
NUTROPIN AQ SUBQ	31	PENTASA ORAL	35
NUTROPIN SUBQ	31	pentopak oral	26
NUVIGIL ORAL	28	pentoxifylline oral	26
nyamyc top	15	perio gard mm	28
nystatin oral	15	permethrin top	18
nystatin top	15	phenadoz rect	15
nystatin-triamcinolone top	15	phenytoin sodium extended oral	13
nystop top	15	PHOSPHOLINE IODIDE OPHT	36
octreotide acetate injection 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml	33	piperacillin-tazobactam iv	11
octreotide acetate injection 50 mcg/mL	33	piroxicam oral	16
omeprazole cap, delayed release 10 mg, 20 mg	29	PLAVIX TAB 75 mg	23
omeprazole cap, delayed release 40 mg	29	PLAVIX TAB 300 mg	23
ondansetron hcl oral soln	15	podofilox top	28
ondansetron hcl (pf) inj	15	polyethylene glycol 3350 oral	29
ondansetron hcl tab 4 mg, 8 mg	14	potassium chloride iv	39
ondansetron hcl tab 24 mg	14	potassium chloride oral	39
ondansetron tab, rapid dissolve 4 mg	14	pramipexole oral	18
ondansetron tab, rapid dissolve 8 mg	14	PRANDIN TAB 0.5 mg, 1 mg	22
ORFADIN ORAL	29	PRANDIN TAB 2 mg	22
oxandrolone tab 2.5 mg	32	pravastatin oral	26
		PRED MILD OPHT	36

prednisolone acetate opht	36	RANEXA ORAL	27
prednisone intensol oral	31	ranitidine hcl inj	30
prednisone oral	31	ranitidine hcl oral	30
pregnyl im	31	REBETOL ORAL	20
PREMARIN INJ	32	REBIF SUBQ	34
PREMARIN ORAL	32	REBIF TITRATION PACK SUBQ	34
PREMARIN VAGL	32	RECOMBIVAX HB (PF) IM	34
premasol 6 % iv	39	REGONOL INJ	16
PREMPHASE ORAL	32	RELPAK ORAL	16
PREMPRO ORAL	32	REMICADE IV	34
prevalite oral	26	RENVELA ORAL PWPk 0.8 gram	30
PREVPAC ORAL	11	RENVELA ORAL PWPk 2.4 gram	30
PREZISTA TAB 75 mg	19	RENVELA TAB	30
PREZISTA TAB 400 mg, 600 mg	20	RESCRIPTOR ORAL	20
PRIMAXIN IM IM	11	RESTASIS OPHT	36
PRIMAXIN IV SOLUTION 250 mg	11	REVLIMID ORAL	17
PRIMAXIN IV SOLUTION 500 mg	12	ribasphere cap	20
primidone oral	13	ribasphere tab 200 mg	20
PRISTIQ ORAL	13	ribasphere tab 400 mg, 600 mg	20
PROAIR HFA INHL	37	ribavirin cap	20
probenecid oral	15	ribavirin tab 200 mg	20
PROCRIT INJECTION	23	ribavirin tab 400 mg, 600 mg	20
proctocream-hc rect	31	RIDAURA ORAL	34
procto-pak rect	31	rifampin iv	16
proctosol hc rect	31	rifampin oral	16
proctozone-hc rect	31	rimantadine oral	20
PROLEUKIN IV	34	risperidone oral soln	19
promethazine inj	15	risperidone tab	19
promethazine oral	15	risperidone tab, rapid dissolve	19
promethazine rect	15	RITALIN LA CAP 10 mg, 20 mg, 40 mg	28
promethegan rect	15	RITALIN LA CAP 30 mg	28
propoxyphene n-acetaminophen	10	RITUXAN IV	17
propoxyphene n-acetaminophen tab 100-650 mg	10	romycin opht	36
propranolol iv	26	ropinirole oral	18
propranolol oral	26	ROTATEQ VACCINE ORAL	35
propylthiouracil oral	33	roxicet oral	10
PROQUAD SUBQ	34	SANDOSTATIN LAR DEPOT IM	33
PROTONIX IV	29	SANTYL TOP	28
PROTOPIC TOP	28	selegiline hcl oral	18
PROVENTIL HFA INHL	37	selenium sulfide top	28
PROVIGIL TAB 100 mg	28	SELZENTRY TAB 150 mg	20
PROVIGIL TAB 200 mg	28	SELZENTRY TAB 300 mg	20
pyridostigmine bromide oral	16	SENSIPAR TAB 30 mg	32
QUALAQUIN ORAL	18	SENSIPAR TAB 60 mg	32
quinapril-hydrochlorothiazide oral	27	SENSIPAR TAB 90 mg	32
quinapril oral	27	SEROQUEL TAB	19
QVAR INHL	37	SEROQUEL XR 24 HR TAB	19
RABAVERT (PF) IM	34	sertraline oral concentrate	21
ramipril oral	27	sertraline tab	21
		silver sulfadiazine top	12

SIMPONI SUBQ	35	TARGRETIN ORAL	17
simvastatin oral	27	TARGRETIN TOP.	17
SINGULAIR ORAL	38	TASMAR ORAL	18
sodium chloride 0.9 % iv	39	TAXOTERE IV	17
sodium chloride 0.45 % iv	39	tazicef inj	12
sodium chloride 3 % iv.	39	tazicef iv	12
sodium chloride 5 % iv.	39	taztia xt oral	27
sodium chloride iv	39	TEKTURNA HCT ORAL	27
sodium polystyrene sulfonate oral	14	TEKTURNA ORAL.	27
SOLARAZE TOP	28	terazosin oral	27
SOMATULINE DEPOT SUBQ	33	terbinafine oral.	15
SOMAVERT SUBQ	33	TESTIM TD.	32
sorine oral.	27	testosterone cypionate im	32
sotalol iv	27	testosterone enanthate im.	32
sotalol oral	27	TETANUS-DIPHThERIA TOXOIDS-TD IM	35
SPECTRACEF ORAL.	12	TETANUS TOXOID,ADSORBED (PF) IM	35
SPIRIVA WITH HANDIHALER INHL	38	tetracycline oral	12
spironolactone oral.	27	THALOMID ORAL	17
spironolacton-hydrochlorothiaz oral.	27	THEO-24 ORAL	38
ssd top.	12	theochron oral	38
stagesic oral	10	theophylline oral	38
STALEVO 50 ORAL	18	thermazene top	12
STALEVO 75 ORAL	18	ticlopidine oral	23
STALEVO 100 ORAL	18	TIKOSYN ORAL	27
STALEVO 125 ORAL	18	timolol eye gel forming soln.	36
STALEVO 150 ORAL	18	timolol maleate eye drops	36
STALEVO 200 ORAL	18	TINDAMAX ORAL	18
STELARA SUBQ	35	tizanidine oral.	19
SUCRAID ORAL	29	tobramycin-dexamethasone opht	36
sucralfate oral.	30	topiramate sprinkle cap.	13
sulfadiazine oral	12	topiramate tab	13
sulfamethoxazole-trimethoprim iv	12	torsemide oral.	27
sulfamethoxazole-trimethoprim oral.	12	tpn electrolytes iv.	39
sulfasalazine oral	35	TRACLEER TAB 62.5 mg	38
sulfatrim oral	12	TRACLEER TAB 125 mg	38
sulfazine ec oral	35	tramadol-acetaminophen oral	10
sumatriptan succinate oral	16	tramadol er 24 hr tab 100 mg	10
sumatriptan succinate subq.	16	tramadol er 24 hr tab 200 mg	10
SUPRAX ORAL.	12	tramadol tab	10
SUSTIVA ORAL	20	tranlycypromine oral	13
SYMBICORT INHL	38	TRAVATAN Z OPHT.	36
SYMLINPEN 60 SUBQ	22	trazodone oral.	14
SYMLINPEN 120 SUBQ	22	TRELSTAR IM	33
SYMLIN SUBQ	22	TRETINOIN (CHEMOTHERAPY) ORAL	17
SYNTHROID ORAL	32	tretinoin top	28
TAMIFLU CAP 30 mg.	20	TREXALL ORAL	35
TAMIFLU CAP 45 mg, 75 mg.	20	triamcinolone acetonide dent	28
TAMIFLU ORAL SUSP.	20	triamcinolone acetonide top	31
tamoxifen oral	17	triamterene-hydrochlorothiazid oral.	27
TARCEVA ORAL	17	TRICOR ORAL	27

triderm top	31	ZEMPLAR ORAL	36
trihexyphenidyl oral.	18	ZENPEP ORAL.	29
TRIHIBIT PRESERVATIVE FREE IM.	35	ZETIA ORAL.	27
TRILIPIX ORAL	27	ZIAGEN ORAL	20
trimethoprim oral.	12	zolpidem oral	38
TRIPEDIA (PF) IM.	35	ZOMETA IV.	36
TWINRIX (PF) IM	35	ZOMIG NASL	16
TYPHIM VI IM.	35	ZOMIG ORAL	16
TYSABRI IV	35	ZOMIG ZMT ORAL.	16
TYZEKA ORAL.	20	ZONALON TOP	28
TYZINE NASL.	38	ZOSTAVAX SUBQ.	35
ULORIC ORAL	15	ZOSYN IN DEXTROSE (ISO-OSM) IV	12
unithroid oral	32	ZYMAR OPHT.	36
UROXATRAL ORAL.	30	ZYVOX IV	12
ursodiol oral	30	ZYVOX ORAL	12
VAGIFEM VAGL	32		
valacyclovir oral	20		
VANCOCIN ORAL	12		
vancomycin iv.	12		
VAQTA (PF) IM	35		
VARIVAX (PF) SUBQ.	35		
VECTICAL TOP	28		
VENLAFAXINE ER 24 HR TAB	14		
VENLAFAXINE ER 24 HR TAB 225 mg	14		
venlafaxine tab 37.5 mg	14		
venlafaxine tab 75 mg	14		
venlafaxine tab 100 mg, 25 mg, 50 mg	14		
VENTOLIN HFA INHL	38		
VERAMYST NASL	38		
verapamil iv	27		
verapamil oral.	27		
VEREGEN TOP	28		
VESICARE ORAL.	30		
VIBATIV IV	12		
VICTOZA SUBQ	22		
VIDEX 2 GRAM PEDIATRIC ORAL	20		
VIRAMUNE ORAL	20		
VIVELLE-DOT TD	32		
VIVOTIF BERNA VACCINE ORAL	35		
warfarin oral	23		
water for irrigation, sterile ir	28		
WELCHOL ORAL POWDER PACK	27		
WELCHOL TAB	27		
XALATAN OPHT	36		
XOLAIR SUBQ	38		
XOPENEX HFA INHL	38		
XOPENEX INHL.	38		
YF-VAX SUBQ	35		
ZAVESCA ORAL.	29		
ZEMPLAR IV	36		

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