

KelseyCare Advantage



Preferred Rx

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](http://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](http://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](http://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, please call Member Services at 1-866-589-5222, 24 hours a day, 7 days a week. TTY/TDD users should call 1-888-206-8041 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.

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:

<b>Cost Sharing Tier</b>	<b>Drugs included in tier</b>
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 Ad-

ministration (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:

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

<b>Non-Preferred Pharmacy</b>		
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
<b>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<i>acetaminophen-codeine elixir</i>	1	
<i>acetaminophen-codeine tab</i>	1	QL (360 EA per 30 day(s))
<i>buprenorphine sl</i>	2	
<i>co-gesic oral</i>	1	QL (240 EA per 30 day(s))
<i>duramorph inj</i>	1	PA;
<i>endocet tab 10-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>endocet tab 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>endocet tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	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	
<i>hydrocodone-acetaminophen tab 10-750 mg, 7.5-750 mg</i>	1	QL (150 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-650 mg, 10-660 mg, 7.5-650 mg</i>	1	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	QL (240 EA per 30 day(s))
<i>hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>hydrocodone-ibuprofen oral</i>	1	QL (240 EA per 30 day(s))
<i>margesic-h oral</i>	1	QL (240 EA per 30 day(s))
<i>methadone oral</i>	1	
<i>methadose oral</i>	1	
<i>morphine inj</i>	1	
<i>morphine oral soln</i>	1	
<i>morphine sr tab 60 mg</i>	1	
<i>morphine sr tab 100 mg, 15 mg, 200 mg, 30 mg</i>	2	
<i>morphine tab</i>	1	
<i>morphine (pf) inj</i>	1	
<i>morphine concentrate oral</i>	1	
<i>oxycodone-acetaminophen cap</i>	1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 7.5-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>oxycodone-acetaminophen tab 2.5-325 mg</i>	2	QL (360 EA per 30 day(s))

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>propoxyphene n-acetaminophen tab 100-650 mg</i>	1	QL (180 EA per 30 day(s))
<i>propoxyphene n-acetaminophen tab 100-500 mg</i>	1	QL (240 EA per 30 day(s))
<i>propoxyphene n-acetaminophen tab 50-325 mg</i>	1	QL (360 EA per 30 day(s))
<i>roxicet oral</i>	1	QL (360 EA per 30 day(s))
<i>stagesic oral</i>	1	
<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	QL (240 EA per 30 day(s))
<i>tramadol-acetaminophen oral</i>	1	QL (240 EA per 30 day(s))
<b>Anesthetics - Drugs for Numbing</b>		
<i>lidocaine hcl mm</i>	1	
<i>lidocaine hcl top</i>	1	
LIDODERM TOP	3	PA; QL (90 EA per 30 day(s))
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>		
<i>amikacin injection 500 mg/2 mL</i>	1	
<i>amikacin injection 100 mg/2 mL</i>	2	
<i>amoxicillin oral</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
AVELOX ORAL	3	
AVELOX ABC PACK ORAL	3	
<i>azithromycin iv</i>	2	
<i>azithromycin oral susp</i>	1	
<i>azithromycin tab 250 mg, 500 mg</i>	1	QL (12 EA per 30 day(s))
<i>azithromycin tab 600 mg</i>	1	QL (30 EA per 30 day(s))
BICILLIN C-R IM	3	
BICILLIN L-A IM	3	
<i>cefadroxil oral</i>	1	
<i>cefdinir oral</i>	1	
<i>cefepime inj</i>	2	
<i>cefotaxime inj</i>	2	
<i>cefpodoxime oral</i>	1	
<i>cefprozil oral</i>	1	
<i>ceftazidime inj</i>	1	
<i>ceftriaxone solution for injection 10 gram</i>	1	
<i>ceftriaxone solution for injection 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral</i>	1	
<i>cephalexin oral</i>	1	

Drug Name	Tier	Notes
CIPRODEX OTIC	4	QL (7.5 ML per 25 day(s))
<i>ciprofloxacin oral</i>	1	
<i>clarithromycin oral</i>	1	
<i>clarithromycin er oral</i>	1	
CLEOCIN ORAL	4	
<i>clindamycin hcl oral</i>	1	
<i>dicloxacillin oral</i>	1	
DORYX ORAL	4	
<i>doxycycline hyclate iv</i>	2	
<i>doxycycline hyclate oral</i>	1	
<i>erythromycin opht</i>	1	
FURADANTIN ORAL	4	
<i>gentamicin inj</i>	1	
<i>gentamicin opht</i>	1	
<i>gentamicin top</i>	1	
<i>gentamicin in nacl (iso-osm) iv</i>	1	
<i>gentamicin sulfate (pf) iv</i>	1	
INVANZ INJ	4	
LEVAQUIN IV	3	
LEVAQUIN ORAL	3	
<i>metronidazole oral</i>	1	
<i>metronidazole top</i>	1	
<i>minocycline cap</i>	1	
<i>minocycline tab</i>	2	
<i>mupirocin top</i>	1	
<i>nafcillin solution for injection 10 gram</i>	1	
<i>nafcillin solution for injection 1 gram</i>	2	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>nitrofurantoin cap 100mg</i>	1	
<i>nitrofurantoin (macrocryst25%) oral</i>	1	
<i>penicillin g potassium inj</i>	2	
<i>penicillin g procaine im</i>	1	
<i>penicillin g sodium inj</i>	1	
<i>penicillin v potassium oral</i>	1	
<i>piperacillin-tazobactam iv</i>	2	
PREVPAC ORAL	4	
PRIMAXIN IM IM	5	
PRIMAXIN IV SOLUTION 250 mg	3	

Drug Name	Tier	Notes
PRIMAXIN IV SOLUTION 500 mg	5	
<i>silver sulfadiazine top</i>	1	
SPECTRACEF ORAL	3	
<i>ssd top</i>	1	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim iv</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim oral</i>	1	
SUPRAX ORAL	4	
<i>tazicef inj</i>	1	
<i>tazicef iv</i>	1	
<i>tetracycline oral</i>	1	
<i>thermazene top</i>	1	
<i>trimethoprim oral</i>	1	
VANCOCIN ORAL	5	PA
<i>vancomycin iv</i>	1	
VIBATIV IV	5	PA
ZOSYN IN DEXTROSE (ISO-OSM) IV	3	
ZYVOX IV	3	PA
ZYVOX ORAL	3	PA
<b>Anticonvulsants - Drugs to Treat Seizures</b>		
BANZEL ORAL	3	QL (240 EA per 30 day(s))
<i>carbamazepine oral</i>	1	
CARBATROL ORAL	3	
<i>divalproex oral</i>	1	
<i>epitol oral</i>	1	
<i>ethosuximide oral</i>	1	
<i>gabapentin cap 400 mg</i>	1	QL (270 EA per 25 day(s))
<i>gabapentin cap 100 mg</i>	1	QL (300 EA per 25 day(s))
<i>gabapentin cap 300 mg</i>	1	QL (360 EA per 25 day(s))
<i>gabapentin tab 800 mg</i>	1	QL (120 EA per 25 day(s))
<i>gabapentin tab 600 mg</i>	1	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	
<i>levetiracetam oral soln</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>levetiracetam tab 250 mg, 750 mg</i>	1	QL (120 EA per 30 day(s))
<i>levetiracetam tab 500 mg</i>	1	QL (180 EA per 30 day(s))
<i>levetiracetam tab 1,000 mg</i>	1	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	
<i>primidone oral</i>	1	
<i>topiramate sprinkle cap</i>	2	
<i>topiramate tab</i>	1	
<b>Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia</b>		
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	
<b>Antidepressants - Drugs to Treat Depression</b>		
<i>amitriptyline oral</i>	1	
<i>budeprion sr oral</i>	1	QL (60 EA per 30 day(s))
<i>budeprion xl 24 hr tab 150 mg</i>	1	QL (30 EA per 30 day(s))
<i>budeprion xl 24 hr tab 300 mg</i>	1	QL (90 EA per 30 day(s))
<i>bupropion hcl sr tab 150 mg, 200 mg</i>	1	QL (60 EA per 30 day(s))
<i>bupropion hcl sr tab 100 mg</i>	1	QL (90 EA per 30 day(s))
<i>bupropion hcl tab 100 mg</i>	1	QL (120 EA per 30 day(s))
<i>bupropion hcl tab 75 mg</i>	1	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	
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	QL (30 EA per 30 day(s))
<i>nortriptyline oral</i>	1	
PRISTIQ ORAL	4	ST; QL (30 EA per 30 day(s))
<i>tranylcypromine oral</i>	1	

Drug Name	Tier	Notes
<i>trazodone oral</i>	1	
<i>venlafaxine tab 75 mg</i>	1	QL (150 EA per 30 day(s))
<i>venlafaxine tab 37.5 mg</i>	1	QL (60 EA per 30 day(s))
<i>venlafaxine tab 100 mg, 25 mg, 50 mg</i>	1	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))
<b>Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents</b>		
<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	
ETHYOL IV	3	
EXJADE ORAL	5	PA; LA
<i>kionex oral</i>	1	
<i>leucovorin calcium inj</i>	1	
<i>leucovorin calcium oral</i>	2	
<i>naltrexone oral</i>	1	
NICOTROL INHL	3	
<i>sodium polystyrene sulfonate oral</i>	1	
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>		
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	
<i>metoclopramide inj</i>	1	
<i>metoclopramide oral</i>	1	
METZOZOLV ODT ORAL	4	
<i>ondansetron tab, rapid dissolve 8 mg</i>	1	PA; QL (45 EA per 30 day(s))
<i>ondansetron tab, rapid dissolve 4 mg</i>	1	PA; QL (9 EA per 3 day(s))
<i>ondansetron hcl tab 24 mg</i>	1	PA; QL (18 EA per 30 day(s))
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	PA; QL (9 EA per 3 day(s))

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>ondansetron hcl oral soln</i>	5	PA; QL (450 ML per 30 day(s))
<i>ondansetron hcl (pf) inj</i>	1	PA;
<i>phenadoz rect</i>	1	
<i>promethazine inj</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rect</i>	1	
<i>promethegan rect</i>	1	
<b>Antifungals - Drugs to Treat Fungal Infections</b>		
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	
<i>econazole top</i>	1	
ERAXIS(WATER DILUENT) IV	4	PA
EXTINA TOP	4	
<i>fluconazole oral</i>	1	
GRIS-PEG ORAL	4	
<i>ketoconazole top</i>	1	
<i>kuric top</i>	1	
<i>nyamyc top</i>	1	
<i>nystatin oral</i>	1	
<i>nystatin top</i>	1	
<i>nystatin-triamcinolone top</i>	1	
<i>nystop top</i>	1	
<i>pedi-dri top</i>	1	
<i>terbinafine oral</i>	1	PA; QL (30 EA per 30 day(s))
<b>Antigout Agents - Drugs to Treat Gout</b>		
<i>allopurinol oral</i>	1	
<i>colchicine-probenecid oral</i>	1	
COLCRYS ORAL	3	QL (120 EA per 30 day(s))
<i>probenecid oral</i>	1	
ULORIC ORAL	3	PA; QL (30 EA per 30 day(s))
<b>Anti-inflammatory Agents</b>		
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))

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>diclofenac sodium oral</i>	1	
<i>etodolac oral</i>	1	
<i>ibuprofen oral</i>	1	
<i>indomethacin oral</i>	1	
<i>ketoprofen oral</i>	1	
<i>meloxicam oral susp</i>	1	QL (300 ML per 30 day(s))
<i>meloxicam tab</i>	1	QL (30 EA per 30 day(s))
<i>nabumetone oral</i>	1	
<i>naproxen oral</i>	1	
<i>oxaprozin oral</i>	1	
<i>piroxicam oral</i>	1	
<b>Antimigraine Agents - Drugs to Treat Migraines</b>		
<i>ergotamine-caffeine oral</i>	1	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	QL (9 EA per 30 day(s))
<i>sumatriptan succinate subq</i>	1	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))
<b>Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis</b>		
MESTINON ORAL	3	
MESTINON TIMESPAN ORAL	3	
<i>pyridostigmine bromide oral</i>	1	
REGONOL INJ	3	
<b>Antimycobacterials - Drugs to Treat Infections</b>		
DAPSONE ORAL	3	
<i>isoniazid inj</i>	1	
<i>isoniazid oral</i>	1	
MYCOBUTIN ORAL	4	
<i>rifampin oral</i>	1	
<i>rifampin iv</i>	5	
<b>Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects</b>		
AFINITOR ORAL	5	PA
ALIMTA IV	5	

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	
<i>cyclophosphamide oral</i>	2	PA
<i>cytarabine inj</i>	1	
<i>cytarabine (pf) inj</i>	1	
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	
<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	
TARCEVA ORAL	5	PA
TARGRETIN ORAL	5	PA
TARGRETIN TOP	5	
TAXOTERE IV	5	
THALOMID ORAL	5	PA
TRETINOIN (CHEMOTHERAPY) ORAL	5	
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>		
<i>acticin top</i>	1	
ALBENZA ORAL	3	

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	
DARAPRIM ORAL	3	
<i>hydroxychloroquine oral</i>	1	
<i>lindane top</i>	2	
MALARONE ORAL	4	
<i>mebendazole oral</i>	1	
<i>mefloquine oral</i>	1	
<i>permethrin top</i>	1	
QUALAQUIN ORAL	3	
TINDAMAX ORAL	3	
<b>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</b>		
<i>amantadine oral</i>	1	
APOKYN SUBQ	5	PA; LA; QL (60 ML per 30 day(s))
<i>atamet oral</i>	1	
AZILECT ORAL	3	QL (30 EA per 30 day(s))
<i>benztropine inj</i>	2	
<i>benztropine oral</i>	1	
<i>bromocriptine cap</i>	2	
<i>bromocriptine tab</i>	1	
<i>cabergoline oral</i>	1	
<i>carbidopa-levodopa oral</i>	2	
COMTAN ORAL	3	
<i>pramipexole oral</i>	2	
<i>ropinirole oral</i>	1	
<i>selegiline hcl oral</i>	1	
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	
<b>Antipsychotics - Drugs to Treat Mood Disorders</b>		
ABILIFY IM	4	
ABILIFY ORAL SOLN	4	QL (900 ML per 30 day(s))

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	
<i>chlorpromazine oral</i>	1	
GEODON ORAL	3	QL (60 EA per 30 day(s))
<i>haloperidol oral</i>	1	
<i>haloperidol decanoate im</i>	1	
<i>haloperidol lactate inj</i>	1	
<i>haloperidol lactate oral</i>	1	
<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))
<b>Antispasticity Agents - Drugs to Treat Spasms</b>		
<i>baclofen oral</i>	1	
<i>tizanidine oral</i>	1	
<b>Antivirals - Drugs to Treat Viral Infections</b>		
<i>acyclovir oral</i>	1	
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	

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	
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	
<b>Anxiolytics - Drugs to Treat Anxiety</b>		
<i>amitriptyline-chlordiazepoxide oral</i>	1	
<i>bupirone oral</i>	1	
<i>citalopram oral soln</i>	1	QL (600 ML per 30 day(s))
<i>citalopram tab 10 mg, 40 mg</i>	1	QL (30 EA per 30 day(s))
<i>citalopram tab 20 mg</i>	1	QL (90 EA per 30 day(s))
<i>fluoxetine cap 20 mg</i>	1	QL (120 EA per 30 day(s))
<i>fluoxetine cap 10 mg, 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>fluoxetine oral soln</i>	1	QL (600 ML per 30 day(s))
<i>fluoxetine tab 20 mg</i>	1	QL (120 EA per 30 day(s))
<i>fluoxetine tab 10 mg</i>	1	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	QL (60 EA per 30 day(s))
<i>paroxetine sr 24 hr tab 25 mg</i>	1	QL (90 EA per 30 day(s))
<i>paroxetine tab</i>	1	QL (30 EA per 30 day(s))

Drug Name	Tier	Notes
<i>sertraline oral concentrate</i>	1	QL (300 ML per 30 day(s))
<i>sertraline tab</i>	1	QL (60 EA per 30 day(s))
<b>Bipolar Agents - Drugs to Treat Mood Disorders</b>		
<i>lithium carbonate oral</i>	1	
<i>lithium citrate oral</i>	1	
<b>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</b>		
<i>acarbose oral</i>	1	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	QL (30 EA per 30 day(s))
<i>glimepiride tab 4 mg</i>	1	QL (60 EA per 30 day(s))
<i>glipizide er 24 hr tab 2.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>glipizide xl 24 hr tab 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>glipizide xl 24 hr tab 10 mg</i>	1	QL (60 EA per 30 day(s))
<i>glipizide tab 10 mg</i>	1	QL (120 EA per 30 day(s))
<i>glipizide tab 5 mg</i>	1	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	
<i>glyburide micronized tab 1.5 mg, 3 mg</i>	1	QL (30 EA per 30 day(s))
<i>glyburide micronized tab 6 mg</i>	1	QL (60 EA per 30 day(s))
<i>glyburide-metformin tab 5-500 mg</i>	1	QL (120 EA per 30 day(s))
<i>glyburide-metformin tab 1.25-250 mg, 2.5-500 mg</i>	1	QL (60 EA per 30 day(s))
<i>glycron oral</i>	1	
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))

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	QL (120 EA per 30 day(s))
<i>metformin er 24 hr tab 750 mg</i>	1	QL (90 EA per 30 day(s))
<i>metformin tab 500 mg</i>	1	QL (120 EA per 30 day(s))
<i>metformin tab 1,000 mg</i>	1	QL (60 EA per 30 day(s))
<i>metformin tab 850 mg</i>	1	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))
<b>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</b>		
AGGRENOX ORAL	3	QL (60 EA per 30 day(s))
<i>anagrelide oral</i>	1	
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))

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	
COUMADIN ORAL	3	
<i>dipyridamole oral</i>	1	
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	
<i>heparin (porcine) in ns (pf) iv</i>	1	
<i>heparin (porcine)-0.45% nacl iv</i>	1	PA;
<i>heparin, porcine (pf) iv</i>	1	
<i>jantoven oral</i>	1	
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	QL (60 EA per 30 day(s))
<i>warfarin oral</i>	1	
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>		
<i>acetazolamide oral</i>	1	
<i>afeditab cr oral</i>	1	QL (90 EA per 30 day(s))

Drug Name	Tier	Notes
ALDACTAZIDE ORAL	4	
<i>amiloride-hydrochlorothiazide oral</i>	1	
<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	QL (30 EA per 30 day(s))
<i>amlodipine tab 5 mg</i>	1	QL (45 EA per 30 day(s))
<i>amlodipine-benazepril oral</i>	1	QL (30 EA per 30 day(s))
ATACAND ORAL	4	ST; QL (30 EA per 30 day(s))
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone oral</i>	1	
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	QL (60 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	QL (120 EA per 30 day(s))
<i>benazepril-hydrochlorothiazide tab 10-12.5 mg</i>	1	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	
<i>bisoprolol-hydrochlorothiazide oral</i>	1	
<i>bumetanide inj</i>	1	
<i>bumetanide oral</i>	1	
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	QL (120 EA per 30 day(s))
<i>captopril tab 12.5 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 day(s))
<i>cartia xt oral</i>	1	
<i>carvedilol oral</i>	1	QL (60 EA per 30 day(s))
<i>chlorthalidone oral</i>	1	
<i>cholestyramine light oral</i>	1	
<i>clonidine oral</i>	1	
<i>clonidine weekly transderm patch 0.1 mg/24 hr</i>	1	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))

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>colestipol oral</i>	1	
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	
<i>digoxin oral</i>	1	
<i>dilt-cd oral</i>	1	
<i>diltiazem hcl iv</i>	1	
<i>diltiazem hcl oral</i>	1	
<i>dilt-xr oral</i>	1	
<i>diltzac er oral</i>	1	
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	
<i>doxazosin oral</i>	1	QL (62 EA per 31 day(s))
<i>enalapril maleate oral</i>	1	QL (60 EA per 30 day(s))
<i>enalapril-hydrochlorothiazide tab 5-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>enalapril-hydrochlorothiazide tab 10-25 mg</i>	1	QL (60 EA per 30 day(s))
EXFORGE ORAL	4	ST; QL (30 EA per 30 day(s))
<i>felodipine oral</i>	1	
<i>fenofibrate oral</i>	1	QL (30 EA per 30 day(s))
<i>fenofibrate micronized oral</i>	1	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	
<i>fosinopril oral</i>	1	QL (60 EA per 30 day(s))
<i>furosemide inj</i>	1	
<i>furosemide oral</i>	1	
<i>gemfibrozil oral</i>	1	QL (60 EA per 30 day(s))
<i>hydralazine inj</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
<i>isochron oral</i>	1	
ISORDIL ORAL	3	
<i>isosorbide dinitrate oral</i>	1	
<i>isosorbide dinitrate sl</i>	1	
<i>isosorbide mononitrate oral</i>	1	
<i>labetalol iv</i>	1	
<i>labetalol oral</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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	QL (30 EA per 30 day(s))
<i>lisinopril tab 30 mg, 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	QL (120 EA per 30 day(s))
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	QL (30 EA per 30 day(s))
<i>lovastatin tab 10 mg, 20 mg</i>	1	QL (30 EA per 30 day(s))
<i>lovastatin tab 40 mg</i>	1	QL (60 EA per 30 day(s))
<i>methazolamide oral</i>	1	
<i>methyldopa oral</i>	1	
<i>metolazone oral</i>	1	
<i>metoprolol succinate oral</i>	1	
<i>metoprolol tartrate iv</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide oral</i>	1	
MICARDIS HCT ORAL	4	ST; QL (30 EA per 30 day(s))
<i>minitran td</i>	1	
<i>minoxidil oral</i>	1	
MULTAQ ORAL	4	
<i>nadolol oral</i>	1	
<i>niacor oral</i>	1	
NIASPAN ORAL	3	QL (60 EA per 30 day(s))
<i>nifediac cc tab 90 mg</i>	1	QL (60 EA per 30 day(s))
<i>nifediac cc tab 30 mg, 60 mg</i>	1	QL (90 EA per 30 day(s))
<i>nifedical xl 24 hr tab 60 mg</i>	1	QL (30 EA per 30 day(s))
<i>nifedical xl 24 hr tab 30 mg</i>	1	QL (90 EA per 30 day(s))
<i>nifedipine oral</i>	1	
NITRO-DUR TD	3	
<i>nitroglycerin iv</i>	1	
<i>nitroglycerin td</i>	1	
NITROLINGUAL TL	4	
NITROSTAT SL	3	
PACERONE ORAL	3	
<i>pentopak oral</i>	1	
<i>pentoxifylline oral</i>	1	
<i>pravastatin oral</i>	1	QL (30 EA per 30 day(s))
<i>prevalite oral</i>	1	
<i>propranolol iv</i>	1	
<i>propranolol oral</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>quinapril oral</i>	1	QL (60 EA per 30 day(s))
<i>quinapril-hydrochlorothiazide oral</i>	1	QL (30 EA per 30 day(s))
<i>ramipril oral</i>	1	QL (60 EA per 30 day(s))
RANEXA ORAL	4	PA; ST; QL (120 EA per 30 day(s))
<i>simvastatin oral</i>	1	QL (30 EA per 30 day(s))
<i>sorine oral</i>	1	
<i>sotalol iv</i>	1	
<i>sotalol oral</i>	1	
<i>spironolactone oral</i>	1	
<i>spironolacton-hydrochlorothiaz oral</i>	1	
<i>taztia xt oral</i>	1	
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	QL (60 EA per 30 day(s))
TIKOSYN ORAL	4	
<i>torseamide oral</i>	1	
<i>triamterene-hydrochlorothiazid oral</i>	1	
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	
<i>verapamil oral</i>	1	
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))
<b>Central Nervous System Agents - Drugs to Treat Nerve Conditions</b>		
<i>amphetamine salt combo oral</i>	1	PA; 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; 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; QL (90 EA per 30 day(s))
<i>methylin oral</i>	1	PA; QL (90 EA per 30 day(s))
<i>methylin er oral</i>	1	PA; QL (90 EA per 30 day(s))
<i>methylphenidate oral</i>	1	PA; 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))

Drug Name	Tier	Notes
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))
<b>Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions</b>		
<i>chlorhexidine gluconate mm</i>	1	
<i>periogard mm</i>	1	
<i>triamcinolone acetonide dent</i>	1	
<b>Dermatological Agents - Drugs to Treat Skin Conditions</b>		
ALDARA TOP	3	QL (12 EA per 30 day(s))
<i>ammonium lactate top</i>	1	
ATRALIN TOP	4	PA
<i>avita top</i>	1	PA;
<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	
<i>laclotion top</i>	1	
OXSORALEN ULTRA ORAL	5	
<i>podofilox top</i>	1	
PROTOPIC TOP	4	ST
SANTYL TOP	4	
<i>selenium sulfide top</i>	1	
SOLARAZE TOP	4	
<i>tretinoin top</i>	1	PA;
VECTICAL TOP	3	
VEREGEN TOP	4	QL (15 GM per 30 day(s))
<i>water for irrigation, sterile ir</i>	1	
ZONALON TOP	3	QL (45 GM per 30 day(s))
<b>Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency</b>		
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	

Drug Name	Tier	Notes
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	
<b>Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
ACIPHEX ORAL	4	ST; QL (30 EA per 30 day(s))
CARAFATE ORAL	3	
CIMZIA SUBQ	5	PA
<i>constulose oral</i>	1	
<i>dicyclomine im</i>	2	
<i>dicyclomine oral</i>	1	
<i>diphenoxylate-atropine oral</i>	1	
<i>famotidine oral</i>	1	
<i>famotidine (pf) iv</i>	1	
<i>gavilyte-c oral</i>	1	
<i>gavilyte-g oral</i>	1	
<i>glycopyrrolate inj</i>	1	
<i>glycopyrrolate oral</i>	1	
KRISTALOSE ORAL	4	
<i>lactulose oral</i>	1	
<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	
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	QL (30 EA per 30 day(s))
<i>omeprazole cap, delayed release 10 mg, 20 mg</i>	1	QL (60 EA per 30 day(s))
<i>pantoprazole oral</i>	1	QL (30 EA per 30 day(s))
<i>polyethylene glycol 3350 oral</i>	1	
PROTONIX IV	3	ST
<i>ranitidine hcl inj</i>	1	
<i>ranitidine hcl oral</i>	1	

Drug Name	Tier	Notes
<i>sucralfate oral</i>	1	
<i>ursodiol oral</i>	2	
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>		
AVODART ORAL	3	QL (30 EA per 30 day(s))
<i>bethanechol chloride oral</i>	1	
<i>calcium acetate oral</i>	1	
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	QL (30 EA per 30 day(s))
<i>oxybutynin chloride er 24 hr tab 5 mg</i>	1	QL (30 EA per 30 day(s))
<i>oxybutynin chloride er 24 hr tab 10 mg, 15 mg</i>	1	QL (60 EA per 30 day(s))
<i>oxybutynin chloride syrup</i>	1	
<i>oxybutynin chloride tab</i>	1	
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))
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
<i>ala-cort top</i>	1	
<i>clobetasol ointment</i>	1	
<i>clobetasol topical foam</i>	2	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical soln</i>	1	
<i>clobetasol propionate 0.5 mg/ml topical cream [isovate]</i>	1	
<i>desonide top</i>	1	
<i>desoximetasone ointment</i>	2	
<i>desoximetasone topical cream</i>	1	
<i>desoximetasone topical gel</i>	1	
<i>dexamethasone oral</i>	1	
<i>dexamethasone intensol oral</i>	1	
<i>fludrocortisone oral</i>	1	
<i>fluocinonide top</i>	1	
<i>halobetasol propionate top</i>	1	
<i>hydrocortisone top</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
<i>lokara top</i>	1	
<i>methylprednisolone oral</i>	1	
<i>mometasone top</i>	1	
<i>prednisone oral</i>	1	
<i>prednisone intensol oral</i>	1	
<i>proctocream-hc rect</i>	1	
<i>procto-pak rect</i>	1	
<i>proctosol hc rect</i>	1	
<i>proctozone-hc rect</i>	1	
<i>triamcinolone acetonide top</i>	1	
<i>triderm top</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
<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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
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	
<i>estradiol weekly transderm patch</i> <i>0.0375 mg/24 hr; 0.05 mg/24 hr; 0.06 mg/24 hr; 0.1 mg/24 hr</i>	1	QL (4 EA per 28 day(s))

Drug Name	Tier	Notes
<i>estradiol weekly transderm patch 0.025 mg/24 hr; 0.075 mg/24 hr</i>	1	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	
<i>megestrol oral</i>	1	
<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;
<i>testosterone enanthate im</i>	1	PA;
VAGIFEM VAGL	3	
VIVELLE-DOT TD	3	QL (8 EA per 30 day(s))
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones</b>		
<i>levothroid oral</i>	1	
<i>levothyroxine oral</i>	1	
<i>levoxyl oral</i>	1	
SYNTHROID ORAL	3	
<i>unithroid oral</i>	1	
<b>Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
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))
<b>Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
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;
LUPRON DEPOT IM KIT	4	PA
LUPRON DEPOT IM SYRINGE	5	PA
LUPRON DEPOT (3 MONTH) IM KIT	4	PA

Drug Name	Tier	Notes
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
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
<i>bicalutamide oral</i>	2	
<i>flutamide oral</i>	1	
NILANDRON ORAL	3	
<b>Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones</b>		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
<b>Immunological Agents - Drugs that Stimulate or Suppress the Immune System</b>		
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;
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))
ENBREL SUB-Q SYRINGE	5	PA; ST
ENGERIX-B (PF) IM	3	PA
EXTAVIA SUBQ	5	PA

Drug Name	Tier	Notes
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	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	
<i>methotrexate sodium oral</i>	1	
<i>methotrexate sodium (pf) inj</i>	1	
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	
ROTATEQ VACCINE ORAL	3	
SIMPONI SUBQ	5	PA
STELARA SUBQ	5	PA; QL (1 ML per 28 day(s))

Drug Name	Tier	Notes
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	
<b>Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease</b>		
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	
<i>sulfazine ec oral</i>	1	
<b>Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions</b>		
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	QL (30 EA per 30 day(s))
<i>alendronate tab 35 mg, 70 mg</i>	1	QL (4 EA per 28 day(s))
BONIVA ORAL	4	ST; QL (1 EA per 30 day(s))
<i>calcitonin (salmon) nasl</i>	1	QL (3.7 ML per 30 day(s))
<i>calcitriol cap</i>	1	
<i>calcitriol iv</i>	2	
<i>calcitriol oral soln</i>	2	
FORTEO SUBQ	5	PA
<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))

Drug Name	Tier	Notes
MIACALCIN INJ	4	PA
<i>pamidronate iv</i>	2	
ZEMPLAR IV	4	
ZEMPLAR ORAL	4	
ZOMETA IV	5	PA
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>		
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	
COMBIGAN OPHT	4	QL (10 ML per 25 day(s))
<i>dorzolamide opht</i>	1	QL (10 ML per 25 day(s))
<i>dorzolamide-timolol opht</i>	1	QL (10 ML per 25 day(s))
<i>flurbiprofen sodium opht</i>	1	QL (2.5 ML per 25 day(s))
<i>gentak opht</i>	1	
<i>gentasol opht</i>	1	
<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	
RESTASIS OPHT	3	QL (60 EA per 30 day(s))
<i>romycin opht</i>	1	
<i>timolol eye gel forming soln</i>	1	
<i>timolol maleate eye drops</i>	1	QL (10 ML per 25 day(s))
<i>tobramycin-dexamethasone opht</i>	1	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	
<b>Otic Agents - Drugs to Treat Ear Conditions</b>		
<i>acetasol hc otic</i>	1	
<i>acetic acid otic</i>	1	
<i>borofair otic</i>	1	
<i>cortomycin otic</i>	1	
<i>hydrocortisone-acetic acid otic</i>	1	

Drug Name	Tier	Notes
<b>Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>		
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; QL (360 ML per 25 day(s))
<i>albuterol sulfate neb solution 5 mg/mL</i>	1	PA; QL (60 ML per 25 day(s))
<i>albuterol sulfate oral</i>	1	
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; QL (240 ML per 25 day(s))
<i>cyproheptadine oral</i>	1	
ELIXOPHYLLIN ORAL	3	
<i>fexofenadine tab 180 mg</i>	1	QL (30 EA per 30 day(s))
<i>fexofenadine tab 30 mg, 60 mg</i>	1	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	QL (16 GM per 25 day(s))
GASTROCROM ORAL	3	
<i>hydroxyzine hcl im</i>	1	
<i>hydroxyzine hcl oral</i>	1	
<i>ipratropium bromide inhl</i>	1	PA; QL (252 ML per 25 day(s))
<i>ipratropium bromide nasl</i>	1	QL (30 ML per 30 day(s))
<i>ipratropium-albuterol inhl</i>	1	PA; 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))
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	
<i>theophylline oral</i>	1	

Drug Name	Tier	Notes
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))
<b>Sedatives/Hypnotics - Drugs for Sedation and Sleep</b>		
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	QL (15 EA per 30 day(s))
<b>Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</b>		
<i>carisoprodol oral</i>	1	
<i>cyclobenzaprine oral</i>	1	
<i>methocarbamol oral</i>	1	
<b>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</b>		
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	
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>ed k+10 oral</i>	1	
<i>kaon cl-10 oral</i>	1	
<i>klor-con oral</i>	1	
KLOR-CON M15 ORAL	3	

<b>Drug Name</b>	<b>Tier</b>	<b>Notes</b>
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NEPHRAMINE 5.4 % IV	3	
<i>novamine 15 % iv</i>	1	PA;
<i>potassium chloride iv</i>	1	
<i>potassium chloride oral</i>	1	
<i>premasol 6 % iv</i>	1	
<i>sodium chloride iv</i>	1	
<i>sodium chloride 0.45 % iv</i>	1	
<i>sodium chloride 0.9 % iv</i>	1	
<i>sodium chloride 3 % iv</i>	1	
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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
methyldopa 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		







KelseyCare Advantage