

BlueRx Option I (PDP)

Comprehensive Formulary

List of Covered Drugs

2011



BlueRx Option I (PDP)

2011 Formulary (List of Covered Drugs)

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

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

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

BlueRx (PDP) is a Medicare-approved Part D sponsor.

To receive this material in large print, contact Member Services at 1-800-327-3998 (**AL**)/ 1-888-311-7508 (**TN**), 8 a.m. to 8 p.m., 7 days a week. On weekends and holidays that occur between March 2 and October 14, you may be required to leave a message. Calls will be returned the next business day. TTY users should call 1-800-257-3384.

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What is the BlueRx Option I (PDP) Formulary?

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

Can the Formulary change?

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2011. To get updated information about the drugs covered by BlueRx Option I (PDP), please visit our Web site at www.bluerxalatenn.com or call Member Services at 1-800-327-3998 (AL)/ 1-888-311-7508 (TN), 8 a.m. to 8 p.m., 7 days a week. On weekends and holidays that occur between March 2 and October 14, you may be required to leave a message. Calls will be returned the next business day. TTY users should call 1-800-257-3384. In the event BlueRx Option I (PDP) makes a non-maintenance change to the formulary, such as removing a drug from our formulary, or adding prior authorizations, quantity limits and/or step therapy restrictions to a drug, or changing a tiered cost-sharing status, our Plan will mail a written notice at least 60 days prior to the change becoming effective. Please keep the notice with your formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 21. 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?

BlueRx Option I (PDP) 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:** BlueRx Option I (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from BlueRx Option I (PDP) before you fill your prescriptions. If you don't get approval, BlueRx Option I (PDP) may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueRx Option I (PDP) limits the amount of the drug that BlueRx Option I (PDP) will cover. For example, BlueRx Option I (PDP) provides two tablets per day per prescription for *enalapril*. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, BlueRx Option I (PDP) 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, BlueRx Option I (PDP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueRx Option I (PDP) 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.bluerxalatenn.com.

You can ask BlueRx Option I (PDP) to make an exception to these restrictions or limits. See the section, "How do I request an exception to the BlueRx Option I (PDP) formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that BlueRx Option I (PDP) does not cover your drug, you have two options:

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

How do I request an exception to the BlueRx Option I (PDP) Formulary?

You can ask BlueRx Option I (PDP) 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, BlueRx Option I (PDP) limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3: Generic and Non-Preferred Brand Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2: Preferred Brand Drugs 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 Tier 4: Specialty Tier Drugs tier.

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

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

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

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

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

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

If you are a current member of BlueRx Option I (PDP), an unexpected transition could occur if you experience a level-of-care change. For example, if you are hospitalized and given a drug that is not on the formulary, once you are discharged from the hospital to your home, you will need to talk to your doctor about continuing the drug. If you and your doctor decide you should continue taking the drug, you will need to request a formulary exception for your plan to cover it. However, our plan may provide you a temporary 31-day transition supply of the drug (unless you have a prescription written for fewer days) while you decide what action to take. Please contact our plan about the availability of a transition supply of medication when you experience a level-of-care change.

For more information

For more detailed information about your BlueRx Option I (PDP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueRx Option I (PDP), please call Member Services at 1-800-327-3998 (**AL**)/ 1-888-311-7508 (**TN**), 8 a.m. to 8 p.m., 7 days a week. On weekends and holidays that occur between March 2 and October 14, you may be required to leave a message. Calls will be returned the next business day. TTY users should call 1-800-257-3384. Or visit www.bluerxalatenn.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.

BlueRx Option I (PDP) Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by BlueRx Option I (PDP). If you have trouble finding your drug in the list, turn to the Index that begins on page 21.

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

The information in the Notes columns tells you if BlueRx Option I (PDP) has any special requirements for coverage of your drug.

The B or D column identifies drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance (B or D).

X = Drugs identified as being covered by either Medicare Part B or Medicare Part D depending on the circumstance. Medicare Part B drugs will not be covered under this Plan.

The remaining notes columns indicate if a drug has any additional requirements or limits under Utilization Management including Prior Authorization, Quantity Limits, and Step Therapy.

• = Utilization Management

† = Quantity limit restrictions for these drugs are listed beginning on page viii

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in our network. Drugs identified as Limited Distribution Drugs will be marked with an asterisk after the drug name in the formulary. These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-800-327-3998 (**AL**)/1-888-311-7508 (**TN**), 8 a.m. to 8 p.m., 7 days a week. TTY users should call 1-800-257-3384.

* = Limited Distribution Drugs

An Abbreviations Key for prescription drug dosages is provided below as a quick reference for our list of formulary drugs beginning on page 1.

Prescription Drug Dosage Restrictions Abbreviations Key

Key	
caps	capsules
chew tabs	chewable tablets
conc	concentrate
crm	cream
DR	delayed-release
ER	extended-release
IM	intramuscular
inhal	inhalation
inj	injection
IR	immediate-release
IV	intravenous
liq	liquid
lotn	lotion
ODT	orally disintegrating tablets
oint	ointment
SL	sublingual
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

The second column of the chart provides information on which Drug Tier each drug has been assigned. The table below describes your share of the cost when you get a one-month (30-day) supply or a long-term (90-day) supply of a covered Part D prescription drug from a Network Pharmacy, including Mail-Order pharmacies, after your \$310 yearly deductible has been met on all covered Part D Drugs:

Drug Tiers and Tier Names	One-month (30-day) supply (or less)	Long-term (90-day) supply
1 - Generic Drugs	\$4 copay	\$12 copay
2 - Preferred Brand Drugs	\$35 copay	\$105 copay
3 - Generic and Non-Preferred Brand Drugs	\$70 copay	\$210 copay
4 - Specialty Tier Drugs	25% coinsurance	25% coinsurance

The following drugs have quantity limit restrictions. For information on requesting an exception, see page iv.

Drug Name	Monthly Limit (Unless Noted)
<i>acetaminophen/codeine (TYLENOL/CODEINE)</i>	360 tablets
ACTIQ—fentanyl citrate lollipops	120 lollipops
ADCIRCA	60 tablets
ALTACE tabs	60 tablets
AMBIEN CR	30 tablets
AMERGE	18 tablets
<i>amlodipine/benazepril (LOTREL) 2.5/10, 5/10, 5/20, 10/20</i>	30 capsules
<i>amphetamine/dextroamphetamine (ADDERALL) tabs, 20mg</i>	90 tablets
<i>amphetamine/dextroamphetamine (ADDERALL) tabs, 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	60 tablets
AMPYRA	60 tablets
ARIXTRA 2.5mg/0.5mL	15 mL/90 days
ARIXTRA 5.0mg/0.4mL, 7.5mg/0.6mL, 10mg/0.8mL	24 mL/90 days
AVINZA	30 capsules
AZOR	30 tablets
<i>benazepril (LOTENSIN)</i>	60 tablets
<i>benazepril/hydrochlorothiazide (LOTENSIN HCT) TABS, 5-6.25mg, 10-12.5mg</i>	30 tablets
<i>benazepril/hydrochlorothiazide (LOTENSIN HCT) TABS, 20-12.5mg, 20-25mg</i>	60 tablets
BENICAR tabs, 5 mg	60 tablets
BENICAR tabs, 20 mg, 40 mg	30 tablets
BENICAR HCT	30 tablets
<i>budesonide inhal susp (PULMICORT RESPULES)</i>	120 mL
BYETTA	3 mL
<i>captopril tabs, 50 mg</i>	270 tablets

Drug Name	Monthly Limit (Unless Noted)
<i>captopril tabs, 12.5 mg, 25 mg, 100 mg</i>	90 tablets
<i>captopril/hydrochlorothiazide tabs, 25-25mg, 50-25mg</i>	60 tablets
<i>captopril/hydrochlorothiazide tabs, 25-15mg, 50-15mg</i>	90 tablets
CELEBREX	60 capsules
CESAMET	180 capsules
CHANTIX starter kit, tabs	336 tablets/year
CLARINEX tabs	30 tablets
CLARINEX REDITAB	30 tablets
CLARINEX-D 12 HOUR	60 tablets
CLARINEX-D 24 HOUR	30 tablets
Co-gesic–hydrocodone/acetaminophen	240 tablets
DETROL	60 tablets
DETROL LA	30 capsules
<i>dexmethylphenidate (FOCALIN) tabs</i>	60 tablets
<i>dextroamphetamine ER caps (DEXEDRINE SPANSULES), 5 mg</i>	90 capsules
<i>dextroamphetamine ER caps(DEXEDRINE SPANSULES), 10 mg, 15 mg</i>	120 capsules
DIOVAN tabs, 40mg, 80mg, 160mg	60 tablets
DIOVAN tabs, 320mg	30 tablets
DIOVAN HCT	30 tablets
EFFEXOR XR caps, 37.5mg, 150mg	30 capsules
EFFEXOR XR caps, 75mg	90 capsules
ELIDEL	30 grams
EMSAM	30 patches
<i>enalapril (VASOTEC)</i>	60 tablets
<i>enalapril/hydrochlorothiazide (VASERETIC) tabs, 5-12.5mg</i>	30 tablets
<i>enalapril/hydrochlorothiazide (VASERETIC) tabs, 10-25mg</i>	60 tablets
<i>Endocet–oxycodone/acetaminophen tabs, 10-325mg, 10-650mg</i>	180 tablets
<i>Endocet–oxycodone/acetaminophen tabs, 5-325mg</i>	360 tablets
<i>Endocet–oxycodone/acetaminophen tabs, 7.5-325mg, 7.5-500mg</i>	240 tablets
EXFORGE	30 tablets
<i>fentanyl transdermal (DURAGESIC)</i>	15 patches
<i>fentanyl citrate lollipops (ACTIQ)</i>	120 lollipops
FLECTOR	60 patches
<i>fluconazole (DIFLUCAN) TABS, 150mg</i>	30 tablets
<i>fluticasone nasal susp (FLONASE)</i>	16 g
<i>focalin xr caps, 15 mg</i>	30 capsules
FORTEO	3 mL
<i>fosinopril (MONOPRIL)</i>	60 tablets
<i>fosinopril/hydrochlorothiazide (MONOPRIL HCT) tabs, 10-12.5mg</i>	120 tablets
<i>fosinopril/hydrochlorothiazide (MONOPRIL HCT) tabs, 20-12.5mg</i>	120 tablets
FRAGMIN 2500unit/0.2mL	6 mL/90 days
FRAGMIN 10000unit/mL	30 mL/90 days

Drug Name	Monthly Limit (Unless Noted)
FRAGMIN 5000/0.2mL, 7500/0.3mL, 25000/mL	38 mL/90 days
GLEEVEC 100mg	240 tablets
GLEEVEC 400mg	60 tablets
<i>hydrocodone bitartrate/acetaminophen (MAXIDONE) tabs, 10-750 mg</i>	150 tablets
<i>hydrocodone/acetaminophen (LORCET, LORCET PLUS, LORTAB 7.5, LORTAB 10, NORCO, Vicodin HP) tabs, 10-325mg, 10-500mg, 10-650mg, 10-660mg, 7.5-325mg, 7.5-500mg, 7.5-650mg</i>	180 tablets
<i>hydrocodone/acetaminophen (Co-gesic, LORTAB 5, VICODIN) tabs, 2.5-500mg, 5-500mg</i>	240 tablets
<i>hydrocodone/acetaminophen (NORCO) tabs, 5-325mg</i>	360 tablets
<i>hydrocodone/acetaminophen (VICODIN ES) tabs, 7.5-750mg</i>	150 tablets
<i>hydrocodone/acetaminophen (Margesic-H, Stagesic) caps</i>	240 capsules
IMITREX–sumatriptan nasal spray, 5mg/act, 20mg/act	12 units
IMITREX STATDOSE–sumatriptan inj kit, 4 mg/0.5 mL, 6 mg/0.5 mL	6 mL
INNOHEP	30 mL/90 days
IRESSA	30 tablets
JANUMET	60 tablets
JANUVIA	30 tablets
KADIAN 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	60 capsules
KADIAN 100mg, 200mg	120 capsules
KINERET	30 syringes
<i>lansoprazole DR caps (PREVACID)</i>	30 capsules
<i>lisinopril (PRINIVIL, ZESTRIL) tabs, 2.5mg, 5mg, 10mg, 30mg</i>	30 tablets
<i>lisinopril (PRINIVIL, ZESTRIL) tabs, 20 mg</i>	120 tablets
<i>lisinopril (ZESTRIL), tabs, 40mg</i>	60 tablets
<i>lisinopril/hydrochlorothiazide (PRINZIDE, ZESTORETIC) tabs, 10-12.5mg</i>	30 tablets
<i>lisinopril/hydrochlorothiazide (PRINZIDE, ZESTORETIC) tabs, 20-12.5mg</i>	120 tablets
<i>lisinopril/hydrochlorothiazide (PRINZIDE, ZESTORETIC) tabs, 20-25mg</i>	60 tablets
<i>losartan (COZAAR)</i>	30 tablets
<i>losartan/hydrochlorothiazide (HYZAAR)</i>	30 tablets
LOVAZA	120 capsules
LOVENOX	30 mL/90 days
LYRICA 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	90 capsules
LYRICA 225mg, 300mg	60 capsules
<i>Margesic-H–hydrocodone/acetaminophen caps</i>	240 capsules
MAXALT-MLT	24 tablets
<i>Metadate ER–methylphenidate ER</i>	90 tablets
<i>methadone tabs (DOLOPHINE, Methadose)</i>	360 tablets
<i>methadone conc 10 mg/mL</i>	360 mL
<i>Methadose–methadone tabs</i>	360 tablets
<i>Methylin–methylphenidate tabs, 5mg, 10mg</i>	60 tablets
<i>Methylin–methylphenidate tabs, 20mg</i>	90 tablets

Drug Name	Monthly Limit (Unless Noted)
<i>Methylin ER</i> – <i>methylphenidate ER</i>	90 tablets
<i>methylphenidate (Methylin, RITALIN) tabs, 5mg, 10mg</i>	60 tablets
<i>methylphenidate (Methylin, RITALIN) tabs, 20mg</i>	90 tablets
<i>methylphenidate ER (Metadate ER, Methylin ER, RITALIN SR) tabs, 20mg</i>	90 tablets
<i>moexipril (UNIVASC)</i>	60 tablets
<i>moexipril hcl/hydrochlorothiazide (UNIRETIC) tabs, 7.5-12.5mg</i>	30 tablets
<i>moexipril hcl/hydrochlorothiazide (UNIRETIC) tabs, 15-12.5mg, 15-25mg</i>	60 tablets
<i>morphine sulfate tabs</i>	180 tablets
<i>morphine sulfate ER (MS CONTIN, ORAMORPH SR)</i>	90 tablets
MORPHINE SULFATE oral soln, 10 mg/5 mL	900 mL
NASONEX	34 g
NEXIUM DR caps	30 capsules
NEXIUM SUSP PACKET	30 packets
NUCYNTA 50mg	360 tablets
NUCYNTA 75mg	240 tablets
NUCYNTA 100mg	180 tablets
NUVIGIL	30 tablets
<i>omeprazole (PRILOSEC) DR caps</i>	30 capsules
<i>ondansetron (ZOFTRAN) tabs, 4mg, 8mg</i>	90 tablets
<i>ondansetron tabs, 24mg</i>	30 tablets
<i>ondansetron ODT (ZOFTRAN ODT)</i>	90 tablets
ONGLYZA	30 tablets
ORTHO EVRA	3 patches
<i>oxycodone (ROXICODONE) tabs, 5mg, 30 mg</i>	360 tablets
<i>oxycodone (ROXICODONE) tabs, 15mg</i>	180 tablets
<i>OXYCODONE tabs, 10 mg</i>	180 tablets
<i>oxycodone/acetaminophen (TYLOX) caps, 5-500mg</i>	240 capsules
<i>oxycodone/acetaminophen (Endocet, PERCOCET, Roxicet) tabs, 2.5-325mg, 5-325mg</i>	360 tablets
<i>oxycodone/acetaminophen (Endocet, PERCOCET) tabs, 10-325mg</i>	180 tablets
<i>oxycodone/acetaminophen (Endocet, PERCOCET) tabs, 7.5-325mg, 7.5-500mg</i>	240 tablets
<i>oxycodone/aspirin (PERCODAN)</i>	180 tablets
<i>oxycodone/ibuprofen (COMBUNOX)</i>	120 tablets
OXYCONTIN	90 tablets
<i>pantoprazole tabs (PROTONIX)</i>	30 tablets
<i>perindopril (ACEON)</i>	60 tablets
PRISTIQ	30 tablets
PROVIGIL tabs, 100 mg, 200mg	30 tablets
<i>quinapril (ACCUPRIL)</i>	60 tablets
<i>quinapril/hydrochlorothiazide (ACCURETIC, Quinaretic) tabs, 10-12.5mg, 20-25mg</i>	30 tablets
<i>quinapril/hydrochlorothiazide (ACCURETIC, Quinaretic) tabs, 20-12.5mg</i>	60 tablets
<i>ramipril caps (ALTACE)</i>	60 capsules

Drug Name	Monthly Limit (Unless Noted)
RELENZA	56 blisters/180 days
RELPAX	9 tablets
RESTASIS	64 vials
REVATIO	90 tablets
REVLIMID 5mg, 10mg	30 capsules
REVLIMID 15mg, 25mg	21 capsules
RITALIN LA 10mg, 20mg, 30mg	60 capsules
RITALIN LA 40mg	30 capsules
<i>Roxicet–oxycodone/acetaminophen tabs, 5-325mg</i>	360 tablets
SPIRIVA HANDIHALER	30 capsules
<i>Stagesic–hydrocodone/acetaminophen caps</i>	240 capsules
STRATTERA 80mg, 100mg	30 capsules
STRATTERA 10mg, 18mg, 25mg, 40mg, 60mg	60 capsules
<i>sumatriptan (IMITREX) tabs</i>	18 tablets
<i>sumatriptan (IMITREX) inj kit, 4mg/0.5mL, 6 mg/0.5 mL, syringe cartridge</i>	6 mL
<i>sumatriptan (IMITREX) inj (vials), 6mg/0.5mL</i>	5 mL
SUMAVEL DOSEPRO	6 syringes
SYMBYAX	30 capsules
SYMLIN	20 mL
SYMLINPEN	15 mL
TAMIFLU susp, 12mg/mL	680 mL
TAMIFLU caps, 75mg	28 capsules/180 days
TARKA–trandolapril/verapamil	30 tablets
TASIGNA	120 capsules
TEKTURNA	30 tablets
TEKTURNA HCT	30 tablets
THALOMID 50mg, 100mg	30 capsules
THALOMID 150mg, 200mg	60 capsules
<i>tramadol (ULTRAM)</i>	240 tablets
<i>tramadol ER (ULTRAM ER)</i>	30 tablets
<i>tramadol/acetaminophen (ULTRACET)</i>	240 tablets
<i>trandolapril (MAVIK) tabs, 1mg, 2mg</i>	30 tablets
<i>trandolapril (MAVIK) tabs, 4mg</i>	60 tablets
<i>trandolapril/verapamil (TARKA)</i>	30 tablets
TYZEKA	30 tablets
VENLAFAXINE ER tabs	30 tablets
<i>Vicodin HP–hydrocodone/acetaminophen</i>	180 tablets
WELCHOL	210 tablets
<i>zaleplon (SONATA)</i>	30 capsules
ZETIA	30 tablets
<i>zolpidem (AMBIEN)</i>	30 tablets
ZYVOX	60 tablets

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Analgesics					
acetaminophen/caffeine/dihydrocodeine	1				
acetaminophen/codeine	1			•	
ACTIQ lollipops	4		•	•	
AVINZA	3			•	
buprenorphine inj, SL	1				
butorphanol inj, nasal	1				
CELEBREX	2			•	
codeine sulfate tabs	1				
CYMBALTA	2				
diflunisal	1				
etodolac caps, tabs	1				
fentanyl transdermal	1			•	
fentanyl citrate inj	1				
fentanyl citrate lollipops	1		•	•	
hydrocodone/acetaminophen caps, tabs	1			•	
hydrocodone/acetaminophen soln, 7.5-500 mg/15 mL	1				
hydrocodone/ibuprofen	1				
hydromorphone inj, 10 mg/mL	1	X			
hydromorphone tabs	1				
ibuprofen	1				
KADIAN	2			•	
ketoprofen	1				
ketorolac inj	1				
levorphanol	1				
methadone conc; tabs, 5 mg, 10 mg	1			•	
methadone inj	1				
morphine sulfate ER	1			•	
morphine sulfate inj, 0.5 mg/mL, 1 mg/mL, 5 mg/mL	1	X			
MORPHINE SULFATE oral soln, 10 mg/5 mL	3			•	
morphine sulfate tabs	1			•	
morphine sulfate oral soln, 20 mg/mL	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
nalbuphine inj	1				
naproxen	1				
naproxen sodium	1				
NUCYNTA	3			•	
OXYCODONE tabs, 10 mg	3			•	
oxycodone tabs, 5 mg, 15 mg, 30 mg	1			•	
oxycodone/acetaminophen	1			•	
oxycodone/aspirin	1			•	
oxycodone/ibuprofen	1			•	
OXYCONTIN	2			•	
REPREXAIN	3				
SUBOXONE	3				
tramadol	1			•	
tramadol ER	1			•	
tramadol/acetaminophen	1			•	
trexix	1				
ZAMICET	3				
Anesthetics					
lidocaine local inj, 0.5%, 1%	1				
lidocaine/prilocaine crm, kit	1				
LIDODERM	3				
Antibacterials					
amikacin inj	1				
amoxicillin caps, chew tabs, for susp, tabs	1				
amoxicillin/potassium clavulanate chew tabs, for susp, tabs	1				
amoxicillin/potassium clavulanate ER	1				
ampicillin caps, for susp	1				
ampicillin sodium for inj, for IV	1				
ampicillin/sulbactam for inj, for IV	1				
AVELOX inj, tabs	2				
AZACTAM inj in dextrose, for inj	3				
azithromycin	1				
bacitracin for inj	1				
BIAXIN for susp, 125 mg/5 mL	3				
BICILLIN C-R	3				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
BICILLIN L-A	3				
CEDAX	3				
<i>cefaclor caps, for susp</i>	1				
<i>cefaclor ER</i>	1				
<i>cefadroxil caps, for susp, tabs</i>	1				
<i>cefazolin for inj, for IV</i>	1				
CEFAZOLIN inj in dextrose	3				
<i>cefdinir caps, for susp</i>	1				
<i>cefepime for inj</i>	1				
<i>cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g</i>	1				
CEFOTETAN	3				
<i>cefoxitin for inj, for IV</i>	1				
<i>cefpodoxime for susp, tabs</i>	1				
<i>cefprozil for susp, tabs</i>	1				
<i>ceftazidime for inj, for IV</i>	1				
<i>ceftriaxone for inj, for IV soln</i>	1				
<i>cefuroxime axetil for susp, tabs</i>	1				
<i>cefuroxime sodium for inj; for IV, 1.5 g</i>	1				
<i>cephalexin caps, susp</i>	1				
<i>ciprofloxacin inj, tabs</i>	1				
<i>ciprofloxacin/ciprofloxacin hcl ER tabs</i>	1				
<i>clarithromycin for susp, tabs</i>	1				
<i>clarithromycin ER</i>	1				
<i>clindamycin caps, 150 mg, 300 mg; inj; vaginal crm</i>	1				
<i>colistimethate sodium for inj</i>	1				
<i>demeclocycline tabs</i>	1				
<i>dicloxacillin caps</i>	1				
DORIBAX	3				
<i>doxycycline hyclate caps, for inj, tabs</i>	1				
<i>doxycycline monohydrate caps, for susp, tabs</i>	1				
ERYTHROCIN for inj	3				
<i>erythromycin DR caps</i>	1				
ERYTHROMYCIN FILMTABS	3				
<i>erythromycin ethylsuccinate</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>erythromycin stearate tabs</i>	1				
<i>erythromycin/sulfisoxazole susp</i>	1				
FORTAZ inj in dextrose, 1 g, 2 g	3				
<i>gentamicin inj</i>	1				
KANAMYCIN inj	3				
KETEK	2				
LEVAQUIN	3				
MAXIPIME for IV soln, 2 g	2				
MERREM for inj	2				
<i>methenamine hippurate tabs</i>	1				
<i>metronidazole caps, 375 mg; inj; tabs; vaginal gel</i>	1				
<i>minocycline caps, tabs</i>	1				
<i>minocycline ER tabs, 45 mg, 90 mg, 135 mg</i>	1				
MONODOX 75 mg	3				
MOXATAG	3				
<i>neomycin sulfate tabs</i>	1				
<i>nitrofurantoin macrocrystalline caps</i>	1				
<i>nitrofurantoin monohydrate/ macrocrystalline caps</i>	1				
<i>ofloxacin tabs</i>	1				
<i>oxacillin sodium for inj</i>	1				
<i>penicillin g potassium for inj</i>	1				
PENICILLIN G POTASSIUM inj in dextrose	3				
PENICILLIN G PROCAINE	3				
PENICILLIN G SODIUM for inj	3				
<i>penicillin v potassium for soln, tabs</i>	1				
<i>piperacillin/tazobactam for inj, 3 g-0.375 g</i>	1				
<i>polymyxin B sulfate for inj</i>	1				
PRIMAXIN for inj, 500 mg; for IV	3				
SPECTRACEF	2				
SULFADIAZINE tabs	2				
<i>sulfamethoxazole/trimethoprim inj, susp, tabs</i>	1				
SUPRAX	3				
<i>tetracycline caps</i>	1				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TIMENTIN	3				
<i>tobramycin for inj, inj</i>	1				
<i>trimethoprim tabs</i>	1				
TYGACIL for inj	3				
VANCOGIN caps	4				
<i>vancomycin for inj, 1 g, 10 g</i>	1				
VANCOMYCIN inj in dextrose	3				
ZOSYN for inj, 2 g/0.25 g, 4 g/0.5 g	4				
ZOSYN for inj, 3 g/0.375 g; IV in dextrose	3				
ZYVOX for oral susp, IV	4				
ZYVOX tabs	4			•	
Anticonvulsants					
BANZEL	3				
<i>carbamazepine chew tabs, susp, tabs</i>	1				
<i>carbamazepine ER 200 mg, 400 mg</i>	1				
CARBATROL	3				
CELONTIN	3				
DEPACON	3				
DEPAKENE	3				
DEPAKOTE	3				
DEPAKOTE ER	3				
DEPAKOTE SPRINKLES	3				
DILANTIN caps, 30 mg	2				
DILANTIN caps, 100 mg; susp	3				
DILANTIN INFATABS	2				
<i>divalproex DR, sprinkle caps, tabs</i>	1				
<i>divalproex ER</i>	1				
<i>ethosuximide caps, soln</i>	1				
FELBATOL susp, tabs	3				
<i>fosphenytoin inj</i>	1				
<i>gabapentin</i>	1				
GABITRIL	3				
KEPPRA inj	2				
KEPPRA soln, tabs	3				
KEPPRA XR	3				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
LAMICTAL chew tabs, 5 mg, 25 mg; starter kit	2				
LAMICTAL ODT	2				
LAMICTAL XR	3				
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	1				
<i>levetiracetam soln, tabs</i>	1				
LYRICA	2			•	
NEURONTIN soln	3				
<i>oxcarbazepine susp, tabs</i>	1				
PEGANONE	3				
PHENYTEK	2				
<i>phenytoin susp</i>	1				
<i>phenytoin sodium extended caps, 100 mg, 200 mg, 300 mg</i>	1				
<i>phenytoin sodium inj</i>	1				
<i>primidone</i>	1				
SABRIL	4			•	
STAVZOR	3				
TEGRETOL-XR	3				
TOPAMAX	3				
<i>topiramate sprinkle caps, tabs</i>	1				
TRILEPTAL	3				
<i>valproate inj</i>	1				
<i>valproic acid caps, syrup</i>	1				
VIMPAT inj, oral soln, tabs	3				
<i>zonisamide</i>	1				
Antidementia Agents					
ARICEPT tabs, 5 mg, 10 mg	2				
ARICEPT ODT	2				
COGNEX	3				
EXELON caps, patch, soln	2				
<i>galantamine soln, tabs</i>	1				
<i>galantamine ER</i>	1				
NAMENDA tabs, titration pak	2				
RAZADYNE ER	3				
RAZADYNE soln	3				
Antidepressants					
<i>amitriptyline</i>	1				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>amoxapine</i>	1				
<i>bupropion hcl</i>	1				
<i>bupropion hcl ER 12 hr, 24 hr</i>	1				
<i>citalopram</i>	1				
<i>clomipramine</i>	1				
CYMBALTA	2				
<i>desipramine</i>	1				
<i>doxepin caps, conc</i>	1				
EFFEXOR XR caps	3			•	
EMSAM	3			•	
<i>fluoxetine caps, soln, tabs</i>	1				
<i>flouxetine DR</i>	1				
<i>fluvoxamine</i>	1				
<i>imipramine hcl</i>	1				
LEXAPRO	2				
LUVOX CR	3				
<i>maprotiline tabs, 25 mg</i>	1				
MARPLAN	3				
<i>mirtazapine tabs</i>	1				
<i>mirtazapine ODT</i>	1				
NARDIL	2				
<i>nefazodone</i>	1				
<i>nortriptyline</i>	1				
OLEPTRO	3				
<i>paroxetine hcl susp, tabs</i>	1				
<i>paroxetine hcl ER</i>	1				
PAXIL CR 37.5 mg	3				
<i>perphenazine/ amitriptyline tabs, 2-25 mg, 4-25 mg</i>	1				
PRISTIQ	3			•	
<i>protriptyline</i>	1				
<i>sertraline oral conc, tabs</i>	1				
SURMONTIL caps, 100 mg	3				
SYMBYAX	3			•	
<i>tranylcypromine</i>	1				
<i>trazodone</i>	1				
<i>venlafaxine tabs</i>	1				
VENLAFAXINE ER tabs	3			•	

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
VIVACTIL	3				
Antidotes, Deterrents, and Toxicologic Agents					
ANTABUSE	2				
<i>bupropion hcl ER 12 hr (smoking deterrent)</i>	1				
CAMPRAL	3				
CHANTIX starter kit, tabs	3			•	
EXJADE	2				
<i>fomepizole inj</i>	1				
<i>naloxone inj</i>	1				
<i>naltrexone tabs</i>	1				
NICOTROL nasal spray	3				
NICOTROL INHALER	3				
<i>sodium polystyrene sulfonate</i>	1				
SYPRINE	3				
Antiemetics					
CESAMET	3	X		•	
<i>chlorpromazine inj, tabs</i>	1				
<i>dronabinol</i>	1	X			
EMEND caps	2	X			
<i>granisetron tabs</i>	1	X			
<i>granisetron inj</i>	1				
<i>hydroxyzine pamoate caps</i>	1				
<i>meclizine tabs, 12.5 mg, 25 mg</i>	1				
<i>metoclopramide inj, soln, tabs</i>	1				
METOZOLV ODT	3				
<i>ondansetron oral soln</i>	1	X			
<i>ondansetron inj, 2 mg/mL</i>	1				
<i>ondansetron ODT, tabs</i>	1	X		•	
<i>prochlorperazine inj, supp, tabs</i>	1				
<i>promethazine inj, supp, syrup, tabs</i>	1				
Antifungals					
ABELCET	3	X			
AMBISOME	3	X			
<i>amphotericin B for inj, 50 mg</i>	1	X			
ANCOBON	3				
CANCIDAS	4				
<i>clotrimazole troche</i>	1				

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Drug Name	Drug Tier	Notes:			Step Therapy
		B or D	Prior Authorization	Quantity Limits †	
ERAXIS	3				
<i>fluconazole in dextrose; for susp; tabs, 50 mg, 100 mg, 200 mg</i>	1				
<i>fluconazole tabs, 150 mg</i>	1		•		
GRIFULVIN V tabs	3				
GRIS-PEG ultramicrosize tabs	3				
<i>griseofulvin microsize susp</i>	1				
<i>itraconazole caps</i>	1				
<i>ketoconazole tabs</i>	1				
LAMISIL granules	3				
<i>miconazole vaginal supp, 200 mg</i>	1				
MYCAMINE	4				
NOXAFIL	4		•		
<i>nystatin susp, tabs</i>	1				
<i>terbinafine tabs</i>	1				
<i>terconazole vaginal crm, supp</i>	1				
VFEND	3		•		
VFEND IV	3		•		
Antigout Agents					
<i>allopurinol for inj, tabs</i>	1				
COLCRYS	3				
<i>probenecid</i>	1				
<i>probenecid/colchicine</i>	1				
ULORIC	3		•		
Anti-inflammatory Agents					
ARTHROTEC	3				
CELEBREX	2		•		
<i>diclofenac potassium tabs</i>	1				
<i>diclofenac sodium DR tabs</i>	1				
<i>diclofenac sodium ER tabs</i>	1				
<i>diflunisal</i>	1				
<i>etodolac caps, tabs</i>	1				
<i>etodolac ER</i>	1				
<i>fenoprofen tabs</i>	1				
<i>flurbiprofen</i>	1				
<i>ibuprofen</i>	1				
<i>indomethacin caps</i>	1				
<i>indomethacin ER</i>	1				

Drug Name	Drug Tier	Notes:			Step Therapy
		B or D	Prior Authorization	Quantity Limits †	
<i>ketoprofen</i>	1				
<i>ketoprofen ER</i>	1				
<i>meloxicam</i>	1				
<i>nabumetone</i>	1				
NAPRELAN 750 mg	3				
<i>naproxen</i>	1				
<i>naproxen DR</i>	1				
<i>naproxen sodium</i>	1				
<i>oxaprozin</i>	1				
<i>piroxicam</i>	1				
<i>sulindac</i>	1				
<i>tolmetin sodium</i>	1				
Antimigraine Agents					
AMERGE	3		•	•	
DEPAKOTE	3				
DEPAKOTE ER	3				
DEPAKOTE SPRINKLES	3				
<i>dihydroergotamine inj</i>	1				
<i>divalproex DR, sprinkle caps, tabs</i>	1				
<i>divalproex ER</i>	1				
ERGOMAR	3				
<i>ergotamine/cafeine tabs</i>	1				
IMITREX inj kit, nasal spray	2		•	•	
MAXALT	2			•	
MAXALT-MLT	2		•	•	
MIGRANAL	3				
<i>propranolol ER</i>	1				
<i>propranolol inj, tabs</i>	1				
RELPAK	3		•	•	
<i>sumatriptan inj kit, inj (vials), syringe cartridge, tabs</i>	1		•		
SUMAVEL DOSEPRO	3		•		
<i>timolol tabs</i>	1				
TOPAMAX	3				
<i>topiramate sprinkle caps, tabs</i>	1				
Antimyasthenic Agents					
MYTELASE	3				
<i>pyridostigmine tabs</i>	1				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
REGONOL	3				
Antimycobacterials					
CAPASTAT for inj	3				
DAPSONE	2				
<i>ethambutol</i>	1				
<i>isoniazid inj, tabs</i>	1				
ISONIAZID syrup	2				
<i>isoniazid/rifampin</i>	1				
MYCOBUTIN	3				
PASER	3				
PRIFTIN	3				
<i>pyrazinamide</i>	1				
<i>rifampin caps, for inj</i>	1				
RIFATER	3				
SEROMYCIN	3				
TRECTOR	3				
Antineoplastics					
ACTIMMUNE*	4				
AFINITOR	4		•		
ALFERON N	4				
ALIMTA	4				
ALKERAN inj	3	X			
<i>amifostine</i>	1				
ARZERRA	4				
AVASTIN	3				
BICNU	3				
<i>bleomycin sulfate for inj, 30 unit</i>	1	X			
BUSULFEX	3				
CAMPATH	3				
<i>carboplatin inj, 10 mg/mL</i>	1				
CEENU caps	3				
<i>cisplatin</i>	1				
<i>cladribine inj</i>	1	X			
<i>cyclophosphamide for inj</i>	1				
<i>cyclophosphamide tabs</i>	1	X			
<i>cytarabine for inj, 500 mg; inj</i>	1	X			
<i>dacarbazine</i>	1				
DACOGEN	3				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>daunorubicin</i>	1				
<i>dexrazoxane for inj 500 mg</i>	1				
<i>doxorubicin</i>	1	X			
DROXIA	3				
ELITEK	3				
ELOXATIN	3				
ELSPAR	4				
<i>epirubicin inj, 2 mg/mL</i>	1				
ERBITUX	4				
ETOPOPHOS	3				
<i>etoposide inj</i>	1				
<i>fludarabine for inj</i>	1				
<i>fluorouracil inj</i>	1	X			
GEMZAR	4				
GLEEVEC	4		•	•	
HEXALEN	4				
HYCANTIN inj	3				
<i>hydroxyurea</i>	1				
<i>idarubicin</i>	1				
IFEX	3				
<i>ifosfamide</i>	1				
<i>ifosfamidemesna</i>	1				
INTRON-A inj pen kit, 3 million units	3				
INTRON-A inj pen kit, 5, 10, 18 million units	4				
INTRON-A W/DILUENT 10 million units	3				
IRESSA*	4			•	
<i>irinotecan</i>	1				
ISTODAX	4				
IXEMPRA KIT	4				
<i>leucovorin calcium for inj, 100 mg, 350 mg; tabs, 5 mg, 25 mg</i>	1				
LEUKERAN	2				
MATULANE	4				
<i>melfalan</i>	1				
<i>mercaptopurine</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>mesna inj</i>	1				
MESNEX tabs	3	X			
<i>methotrexate for inj, inj</i>	1				
<i>methotrexate tabs</i>	1	X			
<i>mitomycin for inj, 20 mg</i>	1				
<i>mitoxantrone</i>	1				
MUSTARGEN	3				
NEXAVAR*	4		•		
NIPENT	4				
ONCASPAR	4				
ONTAK	3				
<i>oxaliplatin</i>	1				
<i>paclitaxel</i>	1				
PANRETIN	3				
<i>pentostatin</i>	1				
PHOTOFRIN	3				
PROLEUKIN	4				
REVLIMID*	4		•	•	
RITUXAN	4				•
SPRYCEL	4		•		
SUTENT	4		•		
TABLOID	3				
TARCEVA	4		•		
TARGRETIN caps	2				
TASIGNA	4		•	•	
TAXOTERE	4				
THALOMID	4		•	•	
<i>thiotepa</i>	1				
TORISEL	4				
TREANDA	4	X			
<i>tretinoin caps</i>	1				
TRISENOX	3				
TYKERB	4		•		
UVADEX	3				
VECTIBIX	3				
VELCADE	3				
VIDAZA	3				
<i>vincristine</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>vinorelbine</i>	1				
VOTRIENT	4		•		
ZANOSAR	4				
ZOLINZA	4				
Antiparasitics					
ALBENZA	3				
ALINIA	3				
<i>chloroquine phosphate</i>	1				
COARTEM	3				
DARAPRIM	2				
EURAX	3				
<i>hydroxychloroquine</i>	1				
<i>lindane lotn, shampoo</i>	1				
<i>malathion lotn</i>	1				
<i>mebendazole</i>	1				
<i>mefloquine</i>	1				
MEPRON	3				
NEUTREXIN	3				
OVIDE	3				
<i>paromomycin</i>	1				
<i>permethrin</i>	1				
PRIMAQUINE	2				
QUALAQUIN	3		•		
ULESFIA	3				
Antiparkinson Agents					
<i>amantadine caps, soln, tabs</i>	1				
APOKYN	4				
AZILECT	3				
<i>benztropine inj, tabs</i>	1				
<i>bromocriptine</i>	1				
<i>carbidopa/levodopa ER, ODT, tabs</i>	1				
COMTAN	2				
<i>diphenhydramine caps, elixir, inj</i>	1				
LODOSYN	3				
MIRAPEX tabs, 0.75 mg	3				
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1				
REQUIP XL	3				

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<i>ropinirole</i>	1				
<i>selegiline</i>	1				
STALEVO	2				
TASMAR	3				
<i>trihexyphenidyl</i>	1				
Antipsychotics					
ABILIFY inj, soln, tabs	3				•
ABILIFY DISCMELT	3				•
<i>chlorpromazine inj, tabs</i>	1				
<i>clozapine tabs, 25 mg, 50 mg, 100 mg</i>	1				
CLOZAPINE tabs, 200 mg	3				•
FANAPT tabs, titration pack	3				•
FAZACLO	3				•
FLUPHENAZINE conc, elixir, inj	3				
<i>fluphenazine tabs</i>	1				
<i>fluphenazine decanoate</i>	1				
GEODON caps	2				•
GEODON for inj	3				•
<i>haloperidol conc, inj, tabs</i>	1				
<i>haloperidol decanoate inj</i>	1				
INVEGA	3				•
INVEGA SUSTENNA	3				•
<i>loxapine caps</i>	1				
MOBAN	2				
ORAP	2				
<i>perphenazine tabs</i>	1				
RISPERDAL CONSTA	3				•
<i>risperidone ODT, soln, tabs</i>	1				
SAPHRIS	3				•
SEROQUEL	2				•
SEROQUEL XR	2				•
<i>thioridazine</i>	1				
<i>thiothixene</i>	1				
<i>trifluoperazine</i>	1				
ZYPREXA inj, tabs	3				•
ZYPREXA ZYDIS	3				•
Antispasticity Agents					
<i>baclofen tabs</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>dantrolene caps</i>	1				
<i>tizanidine tabs</i>	1				
Antivirals					
<i>acyclovir caps, susp, tabs</i>	1				
<i>acyclovir for inj, 500 mg</i>	1	X			
<i>amantadine caps, soln, tabs</i>	1				
APTIVUS	3				
ATRIPLA	3				
BARACLUDE	3				
COMBIVIR	3				
CRIXIVAN	3				
<i>didanosine DR</i>	1				
EMTRIVA	2				
EPIVIR	2				
EPIVIR-HBV	2				
EPZICOM	3				
<i>famciclovir</i>	1				
<i>foscarnet</i>	1	X			
FUZEON	4				
<i>ganciclovir caps</i>	1				
HEPSERA	3				
INTELENCE	3				
INVIRASE	3				
ISENTRESS	2				
KALETRA	3				
LEXIVA	3				
NORVIR	3				
PREZISTA	3				
REBETOL soln	3				
RELENZA	3				•
RESCRIPTOR	3				
RETROVIR IV	3				
REYATAZ	2				
<i>ribavirin</i>	1				
<i>rimantadine</i>	1				
SELZENTRY	3				
<i>stavudine</i>	1				
SUSTIVA	2				
TAMIFLU	3				•

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TRIZIVIR	3				
TRUVADA	3				
TYZEKA	3			•	
<i>valacyclovir</i>	1				
VALCYTE	4				
VIDEX for soln	2				
VIRACEPT	3				
VIRAMUNE	3				
VIREAD	3				
VISTIDE	3				
ZERIT soln	2				
ZIAGEN	3				
<i>zidovudine caps, soln, tabs</i>	1				
Anxiolytics					
<i>bupirone tabs</i>	1				
<i>doxepin caps, conc</i>	1				
<i>hydroxyzine pamoate caps</i>	1				
LEXAPRO	2				
<i>meprobamate</i>	1				
<i>paroxetine hcl susp, tabs</i>	1				
<i>paroxetine hcl ER</i>	1				
PAXIL CR 37.5 mg	3				
<i>sertraline oral conc, tabs</i>	1				
Bipolar Agents					
ABILIFY inj, soln, tabs	3				•
ABILIFY DISCMELT	3				•
DEPAKOTE	3				
DEPAKOTE ER	3				
DEPAKOTE SPRINKLES	3				
<i>divalproex DR, sprinkle caps, tabs</i>	1				
<i>divalproex ER</i>	1				
GEODON caps	2				•
GEODON for inj	3				•
LAMICTAL chew tabs, 5 mg, 25 mg; starter kit	2				
LAMICTAL ODT	2				
LAMICTAL XR	3				
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>lithium carbonate caps, 150 mg, 300 mg, 600 mg</i>	1				
<i>lithium carbonate ER tabs, 300 mg, 450 mg</i>	1				
<i>lithium citrate soln</i>	1				
RISPERDAL CONSTA	3				•
<i>risperidone ODT, soln, tabs</i>	1				
SEROQUEL	2				•
SEROQUEL XR	2				•
ZYPREXA inj, tabs	3				•
ZYPREXA ZYDIS	3				•
Blood Glucose Regulators					
<i>acarbose</i>	1				
ACTOPLUS MET	3				•
ACTOPLUS MET XR	3				
ACTOS	3				•
ALCOHOL SWABS	3				
APIDRA cartridge	2				
APIDRA vial	3	X			
APIDRA SOLOSTAR	3	X			
BYETTA	2			•	•
DUETACT	3				•
FORTAMET	3				
GAUZE PADS 2"X2"	2				
<i>glimepiride</i>	1				
<i>glipizide</i>	1				
<i>glipizide ER</i>	1				
<i>glipizide/metformin</i>	1				
GLUCAGEN HYPOKIT	3				
GLUCAGEN KIT	3				
GLUCAGON EMERGENCY KIT	2				
<i>glyburide</i>	1				
<i>glyburide micronized</i>	1				
<i>glyburide/metformin</i>	1				
GLYSET	3				
HUMALOG	2	X			
HUMALOG MIX 75/25, 50/50	2				
HUMULIN 70/30, 50/50	2				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
HUMULIN N	2				
HUMULIN R	2				
HUMULIN R U-500 vial, 500 units/ mL	2				
INSULIN INJECTION DEVICE	2				
INSULIN INJECTION DEVICE/ NOVOLIN	2				
INSULIN SYRINGE/NEEDLE	2				
JANUMET	2			•	•
JANUVIA	2			•	•
LANTUS	2				
LEVEMIR	2				
<i>metformin</i>	1				
<i>metformin ER</i>	1				
<i>nateglinide</i>	1				
NOVOLIN N	2				
NOVOLIN R	2				
NOVOLIN 70/30	2				
NOVOLOG	2	X			
NOVOLOG MIX 70/30	2				
ONGLYZA	2			•	•
PRANDIMET	3				
PRANDIN	3				
PROGLYCEM	3				
RELION R	2				
RELION 70/30	2				
RIOMET	3				
STARLIX tabs, 60 mg	2				
SYMLIN	3			•	
<i>tolazamide</i>	1				
Blood Products/Modifiers/Volume Expanders					
AGGRENOLX	3				
<i>anagrelide</i>	1				
ARANESP	2	X	•		
ARIXTRA	2			•	
<i>cilostazol</i>	1				
COUMADIN	2				
CYKLOKAPRON	2				
<i>dipyridamole tabs</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
DROXIA	3				
EFFIENT	3				
EPOGEN	2	X	•		
FRAGMIN	3			•	
<i>heparin inj in D5W; inj in 0.9% NaCl</i>	1				
<i>heparin sodium inj, 1,000 units/mL, 5,000 units/mL, 10,000 units/mL</i>	1				
INNOHEP	3			•	
LEUKINE	4				
LOVENOX	2			•	
NEULASTA	4		•		
NEUMEGA	4		•		
NEUPOGEN	2		•		
<i>pentoxifylline ER</i>	1				
PLAVIX	2				
PROCRIT	2	X	•		
PROMACTA	4		•		
<i>ticlopidine</i>	1				
<i>warfarin tabs</i>	1				
Cardiovascular Agents					
<i>acebutolol</i>	1				
<i>acetazolamide ER</i>	1				
<i>acetazolamide tabs</i>	1				
ADCIRCA	3		•	•	
ALTACE tabs	3			•	•
<i>amiloride</i>	1				
<i>amiloride/hydrochlorothiazide</i>	1				
<i>amiodarone inj; tabs, 200 mg, 400 mg</i>	1				
<i>amlodipine</i>	1				
<i>amlodipine/benazepril 2.5/10, 5/10, 5/20, 10/20 mg</i>	1			•	
<i>atenolol</i>	1				
<i>atenolol/chlorthalidone</i>	1				
AZOR	2			•	•
<i>benazepril</i>	1			•	
<i>benazepril/hydrochlorothiazide</i>	1			•	
BENICAR	2			•	•
BENICAR HCT	2			•	•

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Drug Name	Notes:				
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<i>betaxolol</i>	1				
<i>bisoprolol</i>	1				
<i>bisoprolol/hydrochlorothiazide</i>	1				
<i>bumetanide inj, tabs</i>	1				
BYSTOLIC	3				
<i>captopril</i>	1		•		
<i>captopril/hydrochlorothiazide</i>	1		•		
CARDIZEM LA	3				
<i>carvedilol</i>	1				
CATAPRES-TTS	3				
<i>chlorothiazide</i>	1				
<i>chlorthalidone 25 mg, 50 mg</i>	1				
<i>cholestyramine</i>	1				
<i>cholestyramine light</i>	1				
<i>clonidine tabs, transdermal</i>	1				
<i>colestipol powder, tabs</i>	1				
COREG CR	2				
COVERA-HS	3				
CRESTOR	2				
DIAMOX SEQUELS	3				
<i>digoxin inj, tabs</i>	1				
<i>diltiazem tabs</i>	1				
<i>diltiazem ER caps, 12 hr, 24 hr</i>	1				
<i>diltiazem ER tabs, 24 hr</i>	1				
<i>diltiazem IV soln, 5 mg/mL</i>	1				
DIOVAN	2		•	•	
DIOVAN HCT	2		•	•	
<i>disopyramide</i>	1				
<i>disopyramide ER 150 mg</i>	1				
DYNACIRC CR	2				
<i>enalapril</i>	1		•		
<i>enalapril/hydrochlorothiazide</i>	1		•		
<i>eplerenone</i>	1				
EXFORGE	2		•	•	
<i>felodipine ER</i>	1				
<i>fenofibrate micronized caps, 67 mg, 134 mg, 200 mg; tabs, 54 mg, 160 mg</i>	1				
<i>flecainide</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>fosinopril</i>	1			•	
<i>fosinopril/hydrochlorothiazide</i>	1			•	
<i>furosemide inj; soln, 10 mg/mL; tabs</i>	1				
<i>gemfibrozil</i>	1				
<i>guanfacine</i>	1				
<i>hydralazine inj, tabs</i>	1				
<i>hydrochlorothiazide caps, tabs</i>	1				
<i>indapamide</i>	1				
<i>isosorbide dinitrate SL, tabs</i>	1				
<i>isosorbide dinitrate ER</i>	1				
<i>isosorbide mononitrate</i>	1				
<i>isosorbide mononitrate ER</i>	1				
<i>isradipine caps</i>	1				
<i>labetalol</i>	1				
LANOXIN inj, tabs	2				
LETAIRIS	4				
LIPITOR	2				
<i>lisinopril</i>	1			•	
<i>lisinopril/hydrochlorothiazide</i>	1			•	
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1				
LOVAZA	2			•	
<i>methazolamide</i>	1				
<i>methyclothiazide</i>	1				
<i>methyl dopa</i>	1				
<i>methyl dopal/hydrochlorothiazide</i>	1				
<i>methyl dopate inj</i>	1				
<i>metolazone</i>	1				
<i>metoprolol succinate ER</i>	1				
<i>metoprolol tartrate inj, tabs</i>	1				
<i>metoprolol/hydrochlorothiazide</i>	1				
<i>mexiletine</i>	1				
<i>midodrine</i>	1				
<i>minoxidil tabs</i>	1				
<i>moexipril</i>	1			•	
<i>moexipril/hydrochlorothiazide</i>	1			•	
MULTAQ	3				
<i>nadolol tabs</i>	1				

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Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>nadolol/bendroflumethiazide</i>	1				
<i>niacin tabs, 500 mg</i>	1				
NIASPAN	2				
<i>nicardipine</i>	1				
<i>nifedipine ER tabs (for Adalat CC, Procardia XL)</i>	1				
<i>nimodipine</i>	1				
NIMOTOP	4				
NISOLDIPINE tabs, 20 mg, 30 mg, 40 mg	3				
NITRO-BID oint	3				
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	3				
<i>nitroglycerin inj</i>	1				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1				
NITROLINGUAL PUMPSPRAY	3				
NITROSTAT SL	3				
NORPACE CR 100 mg	3				
<i>perindopril</i>	1			•	
<i>pindolol</i>	1				
<i>pravastatin</i>	1				
<i>propafenone</i>	1				
<i>propranolol ER</i>	1				
<i>propranolol inj, tabs</i>	1				
<i>propranolol/hydrochlorothiazide</i>	1				
<i>quinapril</i>	1			•	
<i>quinapril/hydrochlorothiazide</i>	1			•	
<i>quinidine gluconate ER</i>	1				
<i>quinidine sulfate</i>	1				
<i>ramipril caps</i>	1			•	
RANEXA	2				
REMODULIN*	3	X			
REVATIO	4		•	•	
RYTHMOL SR	2				
<i>simvastatin</i>	1				
<i>sotalol</i>	1				
<i>sotalol AF</i>	1				
<i>spironolactone</i>	1				

Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>spironolactone/hydrochlorothiazide 25/25 mg</i>	1				
SULAR	2				
TARKA	2			•	•
TEKTURNA	3			•	•
TEKTURNA HCT	3			•	•
TIKOSYN	3				
<i>timolol tabs</i>	1				
TORSEMIDE inj, 10 mg/mL	3				
<i>toremide tabs</i>	1				
TRACLEER*	4		•		
<i>trandolapril</i>	1			•	
<i>trandolapril/verapamil</i>	1			•	
<i>triamterene/hydrochlorothiazide caps, 37.5-25 mg, 50-25 mg</i>	1				
<i>triamterene/hydrochlorothiazide tabs, 37.5-25 mg, 75-50 mg</i>	1				
TRICOR	3				
TRILIPIX	2				
<i>verapamil inj, tabs</i>	1				
<i>verapamil ER caps (for Verelan, Verelan PM)</i>	1				
<i>verapamil ER tabs (for Calan SR, Isoptin SR)</i>	1				
WELCHOL	3			•	
ZETIA	2			•	•
Central Nervous System Agents					
<i>amphetamine/dextroamphetamine tabs</i>	1			•	
<i>dexmethylphenidate tabs</i>	1			•	
<i>dextroamphetamine ER</i>	1			•	
<i>dextroamphetamine tabs, 5 mg, 10 mg</i>	1				
<i>focalin xr caps, 15 mg</i>	1			•	
<i>methamphetamine tabs, 5 mg</i>	1				
<i>methylphenidate tabs, 5 mg, 10 mg, 20 mg</i>	1			•	
<i>methylphenidate ER, 10 mg, 20 mg</i>	1			•	
NUVIGIL	3		•	•	

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PROVIGIL tabs, 100mg	3		•	•	
PROVIGIL tabs, 200mg	3			•	
RILUTEK	2				
RITALIN LA	3			•	
SAVELLA tabs, titration pack	3				
STRATTERA	3			•	
XENAZINE	3		•		
XYREM*	3		•		
Dental and Oral Agents					
<i>chlorhexidine gluconate</i>	1				
<i>doxycycline hyclate tabs, 20 mg</i>	1				
EVOXAC	3				
<i>pilocarpine tabs</i>	1				
<i>triamcinolone acetonide paste</i>	1				
Dermatological Agents					
<i>alclometasone crm, oint</i>	1				
ALTABAX	3				
<i>amcinonide</i>	1				
<i>ammonium lactate crm, lotn</i>	1				
BACTROBAN crm	2				
<i>betamethasone dipropionate crm, lotn, oint</i>	1				
<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	1				
<i>betamethasone valerate crm, lotn, oint</i>	1				
<i>calcipotriene soln</i>	1				
<i>ciclopirox crm, gel, soln (nail lacquer), shampoo, susp</i>	1				
<i>clindamycin foam, gel, lotn, soln, swabs</i>	1				
<i>clindamycin/benzoyl peroxide</i>	1				
<i>clobetasol</i>	1				
<i>clotrimazole crm, soln</i>	1				
<i>clotrimazole/betamethasone crm, lotn</i>	1				
CONDYLOX gel	2				
DENAVIR	2				
DESONATE	3				
<i>desonide crm, lotn, oint</i>	1				

Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>desoximetasone crm, gel, oint</i>	1				
<i>diflorasone crm, oint</i>	1				
DOVONEX crm	3				
<i>econazole crm</i>	1				
<i>erythromycin gel, pads, soln</i>	1				
<i>erythromycin/benzoyl peroxide gel</i>	1				
EXTINA	3				
FLECTOR	3			•	
<i>fluocinolone</i>	1				
<i>fluocinonide</i>	1				
FLUOROPLEX	3				
<i>fluorouracil crm, 5%; soln, 2%, 5%</i>	1				
<i>fluticasone crm, oint</i>	1				
<i>gentamicin crm, oint</i>	1				
<i>halobetasol crm, oint</i>	1				
<i>hydrocortisone crm, lotn, oint, rectal crm</i>	1				
<i>hydrocortisone butyrate crm, oint, soln</i>	1				
<i>hydrocortisone valerate crm, oint irrigation solution - generic</i>	1				
<i>isotretinoin caps</i>	1				
<i>ketoconazole crm, shampoo</i>	1				
LAMISIL soln	3				
<i>lidocaine jelly, 2%; oint, 5%; soln, 4%</i>	1				
LOCOID lotn	3				
<i>locoid oint, soln</i>	1				
<i>metronidazole crm, gel, lotn</i>	1				
<i>mometasone crm, lotn, oint</i>	1				
<i>mupirocin oint</i>	1				
NAFTIN	2				
NAFTIN-MP	2				
<i>nystatin crm, oint, topical powder</i>	1				
<i>nystatin/triamcinolone crm, oint</i>	1				
OXSORALEN ULTRA soft gelatin caps	3				
PANRETIN	3				
PHISOHEX	3				
<i>podofilox soln</i>	1				

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<i>prednicarbate crm, oint</i>	1				
REGRANEX	3				
SANTYL oint	3				
<i>selenium sulfide lotn/shampoo</i>	1				
<i>silver sulfadiazine crm</i>	1				
SOLARAZE gel	2				
STELARA	4				•
<i>sulfacetamide sodium lotn</i>	1				
TARGRETIN gel	2				
TAZORAC crm, gel	3				
<i>tretinoin crm, gel</i>	1				
<i>triamcinolone crm, oint, 0.025%, 0.1%, 0.5%</i>	1				
<i>triamcinolone lotn, 0.025%, 0.1%</i>	1				
TRIAMCINOLONE oint, 0.05%	2				
<i>urealhydrocortisone acetate crm 1%</i>	1				
VECTICAL	3				
VOLTAREN gel	2				
XOLEGEL	3				
ZONALON crm	2				
ZOVIRAX crm, oint	3				
Enzyme Replacements/Modifiers					
ADAGEN	4				
ALDURAZYME*	4				
BUPHENYL oral powder, tabs	3				
CEREDASE	4				
CEREZYME*	4				
CREON caps, 6000 units, 12,000 units, 24,000 units	2				
CYSTADANE	3				
CYSTAGON	3				
ELAPRASE	3				
FABRAZYME* for IV, 35 mg	4				
KUVAN	3				
LUMIZYME	3				
MYOZYME*	3				
NAGLAZYME*	4				
ORFADIN	4				
SUCRAID	4				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
ZAVESCA*	4				
Gastrointestinal Agents					
<i>cimetidine inj, soln, tabs</i>	1				
CIMZIA	4				•
<i>diphenoxylate/atropine</i>	1				
<i>famotidine inj, tabs</i>	1				
GASTROCROM	3				
<i>glycopyrrolate</i>	1				
HALFLYTELY	3				
<i>lactulose</i>	1				
<i>lansoprazole DR caps</i>	1				•
<i>loperamide caps</i>	1				
LOTRONEX	2				
<i>methscopolamine</i>	1				
<i>misoprostol</i>	1				
NEXIUM DR, caps, for susp	2				•
NEXIUM I.V.	3				
<i>nizatidine</i>	1				
<i>octreotide</i>	1				
<i>omeprazole DR caps</i>	1				•
OSMOPREP	3				
<i>pantoprazole tabs</i>	1				•
<i>peg 3350 for soln</i>	1				
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	1				
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	1				
<i>ranitidine caps, inj, syrup, tabs</i>	1				
RELISTOR	3				•
RELISTOR kit	4				•
REMICADE	4				•
SANDOSTATIN	4				
SANDOSTATIN LAR DEPOT	4				
<i>sucralfate tabs</i>	1				
<i>ursodiol</i>	1				
VISICOL	3				
Genitourinary Agents					
AVODART	2				
<i>bethanechol</i>	1				

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Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>calcium acetate caps</i>	1				
DETROL	2			•	
DETROL LA	2			•	
<i>doxazosin</i>	1				
ELIPHOS	3				
ENABLEX	2				
<i>finasteride</i>	1				
<i>flavoxate</i>	1				
FLOMAX	2				
FOSRENOL	3				
GELNIQUE	3				
<i>neomycin/polymyxin B GU</i>	1				
<i>oxybutynin</i>	1				
<i>oxybutynin ER</i>	1				
OXYTROL	3				
<i>potassium citrate ER</i>	1				
<i>prazosin</i>	1				
RAPAFLO	3				
RENAGEL	3				
RENVELA	3				
<i>tamsulosin</i>	1				
<i>terazosin</i>	1				
THIOLA	3				
UROXATRAL	3				
VESICARE	2				
Hormonal Agents, Stimulant/ Replacement/Modifying					
ANADROL-50	4				
ANDRODERM	3				
ANDROGEL	2				
ANDROXY	3				
<i>chorionic gonadotropin</i>	1				
COMBIPATCH	3				
<i>cortisone acetate tabs, 25 mg</i>	1				
CYTOMEL	3				
<i>danazol</i>	1				
DDAVP nasal spray	3				

Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>desmopressin inj, nasal soln, nasal spray, tabs</i>	1				
DEXAMETHASONE conc; soln; tabs, 1 mg, 2 mg	2				
<i>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	1				
ENDOMETRIN	3				
EVISTA	2				
<i>fludrocortisone</i>	1				
GENOTROPIN	3		•		
HUMATROPE	2		•		
<i>hydrocortisone tabs</i>	1				
<i>hydrocortisone sodium succinate for inj, 100 mg</i>	1				
INCRELEX*	4				
<i>levonorgestrel, 0.75 mg – Next Choice</i>	1				
<i>levothyroxine tabs (Levoxyl)</i>	1				
<i>Levoxyl</i>	1				
<i>liothyronine inj, tabs</i>	1				
<i>medroxyprogesterone inj, 150 mg/mL; tabs</i>	1				
<i>megestrol susp, 40 mg/mL; tabs</i>	1		•		
<i>methylprednisolone for inj</i>	1				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	1	X			
<i>methylprednisolone acetate inj</i>	1				
MILLIPRED	3				
<i>norethindrone acetate tabs</i>	1				
NUTROPIN AQ	4		•		
NUVARING	3				
OMNITROPE for inj, 5.8 mg	3		•		
<i>oral contraceptives - generics</i>	1				
ORAPRED ODT	3				
ORTHO EVRA	2			•	
<i>oxandrolone tabs</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>prednisolone syrup</i>	1	X			
<i>prednisolone sodium phosphate soln</i>	1	X			
PREDNISONE oral soln, 5 mg/5 mL	2	X			
<i>prednisone tabs</i>	1	X			
PREDNISONE INTENSOL	2				
PREMARIN for inj, tabs	2				
PREMARIN VAGINAL crm	2				
PREMPHASE	2				
PREMPRO	2				
PROMETRIUM	3				
SAIZEN	4		•		
SAMSCA	4				
SOLU-CORTEF for inj, 250 mg	2				
STIMATE	3				
SYNTHROID	2				
TESTIM	2				
<i>testosterone cypionate</i>	1				
<i>testosterone enanthate</i>	1				
TEV-TROPIN	3		•		
VAGIFEM	3				
VERIPRED 20	3	X			
Hormonal Agents, Suppressant					
ARIMIDEX	2				
AROMASIN	3				
<i>bicalutamide</i>	1				
<i>cabergoline</i>	1				
CASODEX	3				
EMCYT	2				
FARESTON	2				
FASLODEX	3				
FEMARA	3				
<i>flutamide</i>	1				
<i>leuprolide acetate 5 mg/mL</i>	1				
LUPRON	4				
LUPRON DEPOT	4				
LUPRON DEPOT-PED 11.25 mg, 15 mg	4				
LYSODREN	2				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>methimazole tabs, 5 mg, 10 mg</i>	1				
NILANDRON	3				
<i>propylthiouracil</i>	1				
SENSIPAR	2				
SOMATULINE DEPOT	4				
SOMAVERT*	4				
SYNAREL	3				
<i>tamoxifen</i>	1				
Immunological Agents					
ACTHIB	2				
ADACEL	2				
ALDARA	2		•		
AMEVIVE*	4				•
AMPYRA	4		•	•	
ARCALYST	4		•		
ATTENUVAX	2				
AVONEX	4				
AZATHIOPRINE for inj	3	X			
<i>azathioprine tabs, 50 mg</i>	1	X			
BETASERON	4				
BOOSTRIX	2				
CARIMUNE	3	X			
CELLCEPT for IV	2	X			
CELLCEPT oral susp	2	X			
CERVARIX	2				
COMVAX	2				
COPAXONE	4				
CUPRIMINE	2				
<i>cyclosporine caps, IV</i>	1	X			
<i>cyclosporine modified caps, 25 mg, 100 mg; soln</i>	1	X			
CYCLOSPORINE MODIFIED caps, 50 mg	3	X			
DAPTACEL	2				
DECAVAC	2				
DEPEN TITRATABS	3				
DIPHThERIA/TETANUS ADSORBED pediatric	2				
ELIDEL	3			•	

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Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
ENBREL	4				•
ENGERIX-B	2				
EXTAVIA	4				
<i>gamastan sld</i>	1	X			
GAMMAGARD	3	X			
GAMUNEX	3	X			
GARDASIL	2				
HAVRIX	2				
HUMIRA	4				•
<i>imiquimod crm, 5%</i>	1		•		
IMOVAX RABIES	2	X			
INFANRIX	2				
IPOL	2				
IXIARO	3				
JE-VAX	2				
KINERET	4			•	•
<i>leflunomide</i>	1				
M-M-R II	2				
MENACTRA	2				
MENOMUNE	2				
MERUVAX II	2				
<i>methotrexate inj, for inj</i>	1				
<i>methotrexate tabs</i>	1	X			
<i>mycophenolate mofetil caps, tabs</i>	1	X			
MYFORTIC	3	X			
OCTAGAM	3	X			
ORENCIA	4				•
PEDIARIX	2				
PEDVAX HIB	2				
PEG-INTRON	4		•		
PEGASYS	4		•		
PRIVIGEN	3	X			
PROGRAF caps, inj	3	X			
PROQUAD	2				
PROTOPIC	2				
RABAVERT	2	X			
RAPAMUNE	3	X			
REBIF	4				

Drug Name	Drug Tier	Notes:			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
RECOMBIVAX HB	2	X			
RIDAURA	3				
ROTATEQ	2				
<i>tacrolimus caps</i>	1	X			
TETANUS TOXOID ADSORBED	2	X			
TETANUS/DIPHTHERIA ADSORBED adult	2				
THALOMID	4		•	•	
TRIHIBIT	2				
TRIPEDIA	2				
TWINRIX	2				
TYPHIM VI	2				
TYSABRI*	4				•
VAQTA	2				
VARIVAX	2				
VIVOTIF BERNA	2				
XOLAIR*	4		•		
YF-VAX	2				
ZOSTAVAX	2				
Inflammatory Bowel Disease Agents					
APRISO	3				
ASACOL	3				
ASACOL HD	3				
<i>balsalazide</i>	1				
CANASA	3				
COLAZAL	3				
ENTOCORT EC	3				
<i>hydrocortisone enema</i>	1				
LIALDA	2				
<i>mesalamine enema</i>	1				
PENTASA	2				
<i>sulfasalazine</i>	1				
<i>sulfasalazine DR</i>	1				
Metabolic Bone Disease Agents					
ACTONEL	3				•
<i>alendronate tabs</i>	1				
BONIVA inj	3				•

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
BONIVA tabs	2				•
<i>calcitonin spray</i>	1				
<i>calcitriol caps; inj, 1 mcg/mL; oral soln</i>	1				
<i>etidronate disodium tabs</i>	1				
FORTEO	3		•	•	
HECTOROL	2				
MIACALCIN inj	3				
ZOMETA	4				
Ophthalmic Agents					
ACULAR LS	3				
ALPHAGAN P 0.1%	2				
<i>apraclonidine 0.5%</i>	1				
AZASITE	3				
<i>azelastine</i>	1				
AZOPT	2				
<i>bacitracin oint</i>	1				
<i>bacitracin/polymyxin B</i>	1				
BESIVANCE	3				
<i>betaxolol soln</i>	1				
<i>brimonidine soln, 0.15%, 0.2%</i>	1				
<i>carteolol</i>	1				
<i>ciprofloxacin</i>	1				
COMBIGAN	3				
COSOPT	3				
<i>cromolyn sodium</i>	1				
<i>dexamethasone sodium phosphate</i>	1				
<i>diclofenac sodium</i>	1				
<i>dorzolamide</i>	1				
<i>dorzolamide/timolol</i>	1				
DUREZOL	3				
<i>erythromycin oint</i>	1				
<i>fluorometholone</i>	1				
<i>flurbiprofen soln</i>	1				
<i>gentamicin oint, soln</i>	1				
IQUIX	3				
<i>ketorolac</i>	1				
LACRISERT	3				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>levobunolol</i>	1				
LUMIGAN	3				
<i>metipranolol</i>	1				
<i>naphazoline</i>	1				
NATACYN	2				
<i>neomycin/polymyxin B/bacitracin oint</i>	1				
<i>neomycin/polymyxin B/bacitracin/hydrocortisone oint</i>	1				
<i>neomycin/polymyxin B/dexamethasone oint, susp</i>	1				
<i>neomycin/polymyxin B/gramicidin soln</i>	1				
<i>neomycin/polymyxin B/hydrocortisone susp</i>	1				
<i>ofloxacin</i>	1				
PATADAY	3				
PATANOL	3				
PILOPINE HS	3				
<i>polymyxin B/trimethoprim</i>	1				
<i>prednisolone acetate</i>	1				
<i>prednisolone sodium phosphate soln, 1%</i>	1				
<i>proparacaine soln 0.5%</i>	1				
RESTASIS	3			•	
<i>sulfacetamide sodium soln</i>	1				
<i>sulfacetamide sodium/prednisolone soln</i>	1				
<i>timolol maleate gel-forming soln</i>	1				
<i>timolol maleate soln</i>	1				
TOBRADEX oint	3				
TOBRADEX susp	3				
<i>tobramycin</i>	1				
<i>tobramycin/dexamethasone</i>	1				
TRAVATAN	2				
TRAVATAN Z	2				
<i>trifluridine</i>	1				
<i>tropicamide</i>	1				
TRUSOPT	3				
VIGAMOX	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
XALATAN	2				
XIBROM	3				
ZIRGAN	3				
Otic Agents					
<i>acetic acid soln</i>	1				
<i>acetic acid/aluminum acetate soln</i>	1				
CETRAXAL	3				
CIPRO HC	3				
CIPRODEX	3				
DERMOTIC soln	2				
<i>hydrocortisonelacetic acid soln</i>	1				
<i>neomycin/polymyxin B/ hydrocortisone soln, susp</i>	1				
<i>ofloxacin soln</i>	1				
Respiratory Tract Agents					
ACCOLATE	3				
<i>acetylcysteine inhal soln</i>	1	X			
ADVAIR DISKUS	2				
ADVAIR HFA	2				
<i>albuterol sulfate inhal soln</i>	1	X			
<i>albuterol sulfate oral soln, tabs</i>	1				
<i>albuterol sulfate ER</i>	1				
ALVESCO	3				
<i>aminophylline inj, tabs</i>	1				
ASMANEX	3				
ASTELIN	2				
ASTEPRO	2				
ATROVENT HFA	3				
<i>azelastine nasal spray, 137 mcg/ spray</i>	1				
AZMACORT	3				
<i>budesonide inhal susp</i>	1	X		•	
<i>carbinoxamine maleate soln, 4 mg/5 mL; tabs</i>	1				
<i>cetirizine soln</i>	1				
CLARINEX soln, tabs	2			•	
CLARINEX REDITABS	2			•	
CLARINEX-D 12 hr, 24 hr	2			•	
<i>clemastine</i>	1				

Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>cromolyn sodium inhal soln</i>	1	X			
<i>cyproheptadine</i>	1				
<i>diphenhydramine caps, elixir, inj</i>	1				
<i>epinephrine inj, 0.1 mg/mL</i>	1				
EIPEN	3				
EIPEN-JR	3				
<i>fexofenadine</i>	1				
FLOVENT DISKUS	2				
FLOVENT HFA	2				
<i>flunisolide soln, spray</i>	1				
<i>fluticasone susp</i>	1			•	
FORADIL AEROLIZER	2				
<i>hydroxyzine pamoate caps</i>	1				
<i>ipratropium inhal soln</i>	1	X			
<i>ipratropium nasal</i>	1				
<i>ipratropium/albuterol sulfate inhal soln</i>	1	X			
<i>metaproterenol syrup</i>	1				
NASONEX	2			•	
PATANASE	3				
PROAIR HFA	2				
PROLASTIN/C* for IV soln	2				
<i>promethazine inj, supp, syrup, tabs</i>	1				
<i>promethazine/phenylephrine syrup</i>	1				
PROVENTIL HFA	2				
PULMOZYME	4	X			
QVAR INHALER	2				
SEREVENT DISKUS	2				
SINGULAIR	2				
SPIRIVA HANDIHALER	2			•	
SYMBICORT INHALER	2				
<i>terbutaline inj, tabs</i>	1				
<i>theophylline ER tabs – 12 hr, 24 hr</i>	1				
TYZINE	2				
TYZINE PEDIATRIC	2				
VENTOLIN HFA	2				
XYZAL oral soln, tabs	3				
ZYFLO CR	3				

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Drug Name	Notes:				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Sedatives/Hypnotics					
AMBIEN CR	3			•	•
EDLUAR	3				•
<i>zaleplon</i>	1			•	
<i>zolpidem</i>	1			•	
Skeletal Muscle Relaxants					
<i>baclofen tabs</i>	1				
<i>dantrolene caps</i>	1				
<i>methocarbamol tabs</i>	1				
<i>tizanidine tabs</i>	1				
Therapeutic Nutrients/Minerals/Electrolytes					
<i>alcohol 5%/dextrose 5% IV soln</i>	1				
AMINO ACIDS IV - brands	3	X			
<i>amino acids IV - generics</i>	1	X			
AMINO ACIDS/DEXTROSE IV - brands	3	X			
<i>amino acids/dextrose IV - generics</i>	1	X			
AMINO ACIDS/ELECTROLYTES IV - brands	3	X			
<i>amino acids/electrolytes IV - generics</i>	1	X			
FAT EMULSION IV - brands	3	X			
<i>fat emulsion IV - generics</i>	1	X			
IV FLUIDS - brands	3				
<i>IV fluids - generics</i>	1				
<i>levocarnitine inj, soln, tabs</i>	1				
<i>potassium chloride ER caps, 8 mEq, 10 mEq</i>	1				
<i>potassium chloride ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	1				
<i>prenatabs obn</i>	1				
<i>re-nata 29 prenatal vit</i>	1				
<i>sodium fluoride tab, 1 mg</i>	1				
<i>vitaspire prenatal tabs</i>	1				

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<i>ampicillin caps, for susp</i>	1	<i>atenolol/chlorthalidone</i>	10
<i>ampicillin sodium for inj, for IV</i>	1	ATRIPLA	8
<i>ampicillin/sulbactam for inj, for IV</i>	1	ATROVENT HFA	19
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APOKYN	7	AZILECT	7
<i>apraclonidine 0.5% eye soln</i>	18	<i>azithromycin</i>	1
APRISO	17	AZMACORT	19
APTIVUS	8	AZOPT	18
ARALEN	<i>See chloroquine phosphate</i>	AZOR	10
ARANESP	10	AZULFIDINE EN-TABS	<i>See sulfasalazine DR</i>
		AZULFIDINE	<i>See sulfasalazine</i>

B

<i>bacitracin eye oint.</i>	18
<i>bacitracin for inj.</i>	1
<i>bacitracin/polymyxin B eye oint.</i>	18
<i>baclofen tabs</i>	8, 20
BACTRIM DS . See <i>sulfamethoxazole/trimethoprim susp, tabs</i>	
BACTROBAN crm	13
BACTROBAN oint See <i>mupirocin oint</i>	
<i>balsalazide</i>	17
BANZEL	3
BARACLUDE	8
<i>benazepril</i>	10
<i>benazepril/hydrochlorothiazide</i>	10
BENICAR	10
BENICAR HCT	10
BENZACLIN See <i>clindamycin/benzoyl peroxide</i>	
BENZAMYCIN See <i>erythromycin/benzoyl peroxide gel</i>	
<i>benztropine inj, tabs</i>	7
BESIVANCE	18
BETAGAN See <i>levobunolol eye soln</i>	
<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	13
<i>betamethasone dipropionate crm, lotn, oint</i>	13
<i>betamethasone valerate crm, lotn, oint</i>	13
BETAPACE AF See <i>sotalol AF</i>	
BETAPACE See <i>sotalol</i>	
BETASERON	16
<i>betaxolol eye soln.</i>	18
<i>betaxolol tabs</i>	11
<i>bethanechol</i>	14
BIAXIN for susp, 125 mg/5 mL	1
See also <i>clarithromycin</i>	
BIAXIN See <i>clarithromycin</i>	
BIAXIN XL See <i>clarithromycin ER</i>	
<i>bicalutamide</i>	16
BICILLIN C-R	1
BICILLIN L-A	2
BICNU	6
<i>bisoprolol.</i>	11
<i>bisoprolol/hydrochlorothiazide</i>	11
<i>bleomycin sulfate for inj, 30 unit.</i>	6

BLEPH-10 See <i>sulfacetamide sodium eye soln</i>	
BONIVA inj	17
BONIVA tabs	18
BOOSTRIX	16
BRETHINE See <i>terbutaline</i>	
<i>brimonidine eye soln, 0.15%, 0.2%</i>	18
<i>bromocriptine</i>	7
<i>budesonide inhal susp.</i>	19
<i>bumetanide inj, tabs</i>	11
BUPHENYL oral powder, tabs	14
BUPRENEX inj See <i>buprenorphine</i>	
<i>buprenorphine inj, SL.</i>	1
<i>bupropion hcl</i>	4
<i>bupropion hcl ER 12 hr, 24 hr</i>	4
<i>bupropion hcl ER 12 hr (smoking deterrent).</i>	4
BUSPAR See <i>buspirone</i>	
<i>buspirone tabs</i>	9
BUSULFEX	6
<i>butorphanol inj, nasal.</i>	1
BYETTA	9
BYSTOLIC	11

C

<i>cabergoline</i>	16
CAFERGOT See <i>ergotamine/caffeine</i>	
CALAN See <i>verapamil</i>	
CALAN SR See <i>verapamil ER</i>	
CALCIJEX See <i>calcitriol</i>	
<i>calcipotriene soln</i>	13
<i>calcitonin spray.</i>	18
<i>calcitriol caps; inj, 1 mcg/mL; oral soln</i>	18
<i>calcium acetate caps</i>	15
CAMPATH	6
CAMPRAL	4
CAMPTOSAR See <i>irinotecan</i>	
CANASA	17
CANCIDAS	4
CAPASTAT for inj	6
<i>captopril</i>	11
<i>captopril/hydrochlorothiazide</i>	11
CARAFATE See <i>sucralfate</i>	
<i>carbamazepine chew tabs, susp, tabs</i>	3

carbamazepine ER tabs, 200 mg, 400 mg	3	CELLCEPT for IV	16
CARBATROL	3	CELLCEPT oral susp	16
carbidopa/levodopa ER, ODT, tabs	7	CELONTIN	3
carbinoxamine maleate soln, 4 mg/5 mL; tabs	19	cephalexin caps, susp	2
carboplatin inj, 10 mg/mL	6	CEREBYX	See fosphenytoin
CARDIZEM CD	See diltiazem ER	CEREDASE	14
CARDIZEM LA	11	CEREZYME*	14
See also diltiazem ER		CERUBIDINE	See daunorubicin
CARDIZEM	See diltiazem	CERVARIX	16
CARDURA	See doxazosin	CESAMET	4
CARIMUNE	16	cetirizine oral soln	19
CARNITOR	See levocarnitine	CETRAXAL ear soln	19
carteolol eye soln	18	CHANTIX starter kit, tabs	4
carvedilol	11	chlorhexidine gluconate	13
CASODEX	16	chloroquine phosphate	7
See also bicalutamide		chlorothiazide	11
CATAFLAM	See diclofenac potassium tabs	chlorpromazine inj, tabs	4, 8
CATAPRES	See clonidine	chlorthalidone 25 mg, 50 mg	11
CATAPRES-TTS	11	cholestyramine	11
See also clonidine tabs, transdermal		cholestyramine light	11
CEDAX	2	chorionic gonadotropin	15
CEENU caps	6	ciclopirox crm, gel, soln (nail lacquer), shampoo, susp	13
cefaclor caps, for susp	2	cilostazol	10
cefaclor ER	2	CILOXAN	See ciprofloxacin eye soln
cefadroxil caps, for susp, tabs	2	cimetidine inj, soln, tabs	14
cefazolin for inj, for IV	2	CIMZIA	14
CEFAZOLIN inj in dextrose	2	CIPRODEX ear susp	19
cefdinir caps, for susp	2	ciprofloxacin/ciprofloxacin hcl ER tabs	2
cefepime for inj	2	ciprofloxacin eye soln	18
cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g	2	ciprofloxacin inj, tabs	2
CEFOTETAN	2	CIPRO HC ear susp	19
cefoxitin for inj, for IV	2	CIPRO	See ciprofloxacin
cefpodoxime for susp, tabs	2	cisplatin	6
cefprozil for susp, tabs	2	citalopram	4
ceftazidime for inj, for IV	2	cladribine inj	6
CEFTIN for susp, tabs	See cefuroxime axetil	CLARINEX-D 12 hr, 24 hr	19
ceftriaxone for inj, for IV soln	2	CLARINEX REDITABS	19
cefuroxime axetil for susp, tabs	2	CLARINEX soln, tabs	19
cefuroxime sodium for inj; for IV, 1.5 g	2	clarithromycin ER	2
CELEBREX	1, 5	clarithromycin for susp, tabs	2
CELEXA	See citalopram	clemastine	19
CELLCEPT caps, tabs	See mycophenolate mofetil	CLEOCIN	See clindamycin

CLEOCIN-T gel, lotn, soln, swabs . . .	See <i>clindamycin gel, lotn, soln, swabs</i>
<i>clindamycin/benzoyl peroxide</i>	13
<i>clindamycin caps, 150 mg, 300 mg; inj; vaginal crm</i>	2
<i>clindamycin foam, gel, lotn, soln, swabs</i>	13
CLINORIL	See <i>sulindac</i>
<i>clobetasol</i>	13
<i>clomipramine</i>	4
<i>clonidine tabs, transdermal</i>	11
<i>clotrimazole/betamethasone crm, lotn</i>	13
<i>clotrimazole crm, soln</i>	13
<i>clotrimazole troche</i>	4
CLOZAPINE tabs, 200 mg	8
<i>clozapine tabs, 25 mg, 50 mg, 100 mg</i>	8
CLOZARIL	See <i>clozapine</i>
COARTEM	7
<i>codeine sulfate tabs</i>	1
COGENTIN	See <i>benztropine</i>
COGNEX	3
COLAZAL	17
	See also <i>balsalazide</i>
COLCRYS	5
COLESTID powder, tabs	See <i>colestipol</i>
<i>colestipol powder, tabs</i>	11
<i>colistimethate sodium for inj</i>	2
COLY-MYCIN M	See <i>colistimethate sodium for inj</i>
COLYTE	See <i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>
COMBIGAN	18
COMBIPATCH	15
COMBIVIR	8
COMTAN	7
COMVAX	16
CONDYLOX gel	13
COPAXONE	16
COPEGUS	See <i>ribavirin</i>
CORDARONE	See <i>amiodarone</i>
COREG CR	11
COREG	See <i>carvedilol</i>
CORGARD	See <i>nadolol</i>
CORTEF	See <i>hydrocortisone tabs</i>
CORTENEMA	See <i>hydrocortisone enema</i>
<i>cortisone acetate tabs, 25 mg</i>	15
CORTISPORIN ear soln, susp	See <i>neomycin/polymyxin B/hydrocortisone ear soln, susp</i>
CORZIDE	See <i>nadolol/bendroflumethiazide</i>
COSOPT	18
	See also <i>dorzolamid/timolol eye soln</i>
COUMADIN	10
	See also <i>warfarin tabs</i>
COVERA-HS	11
CREON caps, 6000 units, 12,000 units, 24,000 units . .	14
CRESTOR	11
CRIXIVAN	8
<i>cromolyn sodium eye soln</i>	18
<i>cromolyn sodium inhal soln</i>	19
CUPRIMINE	16
CUTIVATE crm, oint	See <i>fluticasone crm, oint</i>
<i>cyclophosphamide for inj</i>	6
<i>cyclophosphamide tabs</i>	6
<i>cyclosporine caps, IV</i>	16
<i>cyclosporine modified caps, 25 mg, 100 mg; soln</i>	16
CYCLOSPORINE MODIFIED caps, 50 mg	16
CYKLOKAPRON	10
CYMBALTA	1, 4
<i>cyproheptadine</i>	19
CYSTADANE	14
CYSTAGON	14
<i>cytarabine for inj, 500 mg; inj</i>	6
CYTOMEL	15
	See also <i>liothyronine sodium</i>
CYTOTEC	See <i>misoprostol</i>
D	
<i>dacarbazine</i>	6
DACOGEN	6
<i>danazol</i>	15
DANTRIUM	See <i>dantrolene caps</i>
<i>dantrolene caps</i>	8, 20
DAPSONE	6
DAPTACEL	16
DARAPRIM	7
<i>daunorubicin</i>	6
DAYPRO	See <i>oxaprozin</i>
DDAVP nasal spray	15
	See also <i>desmopressin</i>

DECAVAC	16	<i>diclofenac sodium eye soln</i>	18
DECLOMYCIN	See demeclocycline tabs	<i>dicloxacillin caps</i>	2
DEMADEX	See torsemide	<i>didanosine DR</i>	8
<i>demeclocycline tabs</i>	2	DIDRONEL tabs	See etidronate disodium tabs
DENAVIR	13	<i>diflorasone crm, oint</i>	13
DEPACON	3	<i>diflunisal</i>	1, 5
See also valproate inj		<i>digoxin inj, tabs</i>	11
DEPAKENE	3	<i>dihydroergotamine inj</i>	5
See also valproic acid		DILACOR XR	See diltiazem ER caps, 12 hr, 24 hr
DEPAKOTE ER	3, 5, 9	DILANTIN caps, 30 mg	3
See also divalproex ER		DILANTIN caps, 100 mg; susp	3
DEPAKOTE	3, 5, 9	See also phenytoin	
See also divalproex DR, sprinkle caps, tabs		DILANTIN INFATABS	3
DEPAKOTE SPRINKLES	3, 5, 9	DILAUDID-HP	See hydromorphone inj, 10 mg/mL
See also divalproex DR, sprinkle caps, tabs		DILAUDID	See hydromorphone tabs
DEPEN TITRATABS	16	<i>diltiazem ER caps, 12 hr, 24 hr</i>	11
DEPO-MEDROL	See methylprednisolone acetate inj	<i>diltiazem ER tabs, 24 hr</i>	11
DEPO-PROVERA	See medroxyprogesterone acetate inj	<i>diltiazem IV soln, 5 mg/mL</i>	11
DEPO-TESTOSTERONE	See testosterone cypionate	<i>diltiazem tabs</i>	11
DERMATOP	See prednicarbate crm, oint	DIOVAN	11
DERMOTIC ear soln	19	DIOVAN HCT	11
<i>desipramine</i>	4	<i>diphenhydramine caps, elixir, inj</i>	7, 19
<i>desmopressin inj, nasal soln, nasal spray, tabs</i>	15	<i>diphenoxylate/atropine</i>	14
DESONATE	13	DIPHThERIA/TETANUS ADSORBED pediatric	16
<i>desonide crm, lotn, oint</i>	13	DIPROLENE AF	See betamethasone dipropionate, augmented
<i>desoximetasone crm, gel, oint</i>	13	DIPROLENE lotn, oint	See betamethasone dipropionate, augmented
DETROL	15	<i>dipyridamole tabs</i>	10
DETROL LA	15	<i>disopyramide</i>	11
DEXAMETHASONE conc; soln; tabs, 1 mg, 2 mg	15	<i>disopyramide ER 150 mg</i>	11
<i>dexamethasone sodium phosphate eye soln</i>	18	DITROPAN XL	See oxybutynin ER
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	15	<i>divalproex DR, sprinkle caps, tabs</i>	3, 5, 9
<i>dexamethasone elixir; tabs</i>	15	<i>divalproex ER</i>	3, 5, 9
DEXEDRINE SPANSULE	See dextroamphetamine ER	DOLOPHINE	See methadone tabs, 5 mg, 10 mg
<i>dexmethylphenidate tabs</i>	12	DORIBAX	2
<i>dexrazoxane for inj 500 mg</i>	6	<i>dorzolamide eye soln</i>	18
<i>dextroamphetamine ER</i>	12	<i>dorzolamide/timolol eye soln</i>	18
<i>dextroamphetamine tabs, 5 mg, 10 mg</i>	12	DOVONEX crm	13
D.H.E. 45	See dihydroergotamine inj	<i>doxazosin</i>	15
DIAMOX SEQUELS	11	<i>doxepin caps, conc</i>	4, 9
See also acetazolamide ER		<i>doxorubicin</i>	6
<i>diclofenac potassium tabs</i>	5	<i>doxycycline hyclate caps, for inj, tabs</i>	2
<i>diclofenac sodium DR tabs</i>	5		
<i>diclofenac sodium ER tabs</i>	5		

<i>doxycycline hyclate tabs, 20 mg</i>	13	ENTOCORT EC	17
<i>doxycycline monohydrate caps, for susp, tabs</i>	2	<i>epinephrine inj, 0.1 mg/mL</i>	19
<i>dronabinol</i>	4	EPIPEN	19
DROXIA	6, 10	EPIPEN-JR	19
DUETACT	9	<i>epirubicin inj, 2 mg/mL</i>	6
DUONEB <i>See ipratropium/albuterol sulfate inhal soln</i>		EPIVIR	8
DURAGESIC <i>See fentanyl transdermal</i>		EPIVIR-HBV	8
DUREZOL	18	<i>eplerenone</i>	11
DYAZIDE <i>See triamterene/hydrochlorothiazide caps</i>		EPOGEN	10
DYNACIN <i>See minocycline caps, tabs</i>		EPZICOM	8
DYNACIRC CR	11	ERAXIS	5
E		ERBITUX	6
EC-NAPROSYN <i>See naproxen DR</i>		ERGOMAR	5
<i>econazole crm</i>	13	<i>ergotamine/caffeine tabs</i>	5
EDLUAR	20	ERYTHROCIN for inj	2
EFFEXOR <i>See venlafaxine tabs</i>		<i>erythromycin benzoyl peroxide topical gel</i>	13
EFFEXOR XR caps	4	<i>erythromycin DR caps</i>	2
EFFIENT	10	<i>erythromycin ethylsuccinate</i>	2
EFUDEX crm, soln <i>See fluorouracil crm, 5%; soln 5%</i>		<i>erythromycin eye oint</i>	18
ELAPRASE	14	ERYTHROMYCIN FILMTABS	2
ELDEPRYL <i>See selegiline</i>		<i>erythromycin stearate tabs</i>	2
ELIDEL	16	<i>erythromycin/sulfisoxazole oral susp</i>	2
ELIMITE <i>See permethrin</i>		<i>erythromycin topical gel, pads, soln</i>	13
ELIPHOS	15	<i>ethambutol</i>	6
ELITEK	6	<i>ethosuximide caps, soln</i>	3
ELLENCÉ <i>See epirubicin</i>		ETHYOL <i>See amifostine</i>	
ELOCON crm, oint, soln <i>See mometasone crm, oint, soln</i>		<i>etidronate disodium tabs</i>	18
ELOXATIN	6	<i>etodolac caps, tabs</i>	1, 5
<i>See also oxaliplatin</i>		<i>etodolac ER</i>	5
ELSPAR	6	ETOPOPHOS	6
EMCYT	16	<i>etoposide inj</i>	6
EMEND caps	4	EURAX	7
EMLA <i>See lidocaine/prilocaine crm</i>		EVISTA	15
EMSAM	4	EVOXAC	13
EMTRIVA	8	EXELON caps, patch, soln	3
ENABLEX	15	EXFORGE	11
<i>enalapril</i>	11	EXJADE	4
<i>enalapril/hydrochlorothiazide</i>	11	EXTAVIA	17
ENBREL	17	EXTINA	13
ENDOMETRIN	15	F	
ENGERIX-B	17	FABRAZYME* for IV, 35 mg	14

<i>famciclovir</i>	8	<i>fluorouracil crm, 5%; soln, 2%, 5%</i>	13
<i>famotidine inj, tabs</i>	14	<i>fluorouracil inj</i>	6
FAMVIR	See <i>famciclovir</i>	<i>fluoxetine caps, soln, tabs</i>	4
FANAPT tabs, titration pack	8	<i>fluoxetine DR</i>	4
FARESTON	16	FLUPHENAZINE conc, elixir, inj	8
FASLODEX	16	<i>fluphenazine decanoate</i>	8
FAT EMULSION IV - brands	20	<i>fluphenazine tabs</i>	8
<i>fat emulsion IV - generics</i>	20	<i>flurbiprofen</i>	5
FAZACLO	8	<i>flurbiprofen eye soln</i>	18
FELBATOL susp, tabs	3	<i>flutamide</i>	16
FELDENE	See <i>piroxicam</i>	<i>fluticasone nasal susp</i>	19
<i>felodipine ER</i>	11	<i>fluticasone topical crm, oint</i>	13
FEMARA	16	<i>fluvoxamine</i>	4
<i>fenofibrate caps, tabs</i>	11	FML LIQUIFILM	See <i>fluorometholone eye susp</i>
<i>fenoprofen tabs</i>	5	FOCALIN tabs	See <i>dexmethylphenidate tabs</i>
<i>fentanyl citrate inj</i>	1	<i>focalin xr caps, 15 mg</i>	12
<i>fentanyl citrate lollipops</i>	1	<i>fomepizole inj</i>	4
<i>fentanyl transdermal</i>	1	FORADIL AEROLIZER	19
<i>fexofenadine</i>	19	FORTAMET	9
<i>finasteride</i>	15	FORTAZ inj in dextrose, 1 g, 2 g	2
FLAGYL	See <i>metronidazole</i>	FORTEO	18
<i>flavoxate</i>	15	<i>foscarnet</i>	8
<i>flecainide</i>	11	<i>fosinopril</i>	11
FLECTOR	13	<i>fosinopril/hydrochlorothiazide</i>	11
FLOMAX	15	<i>fosphenytoin inj</i>	3
See also <i>tamsulosin</i>		FOSRENOL	15
FLONASE	See <i>fluticasone nasal susp</i>	FRAGMIN	10
<i>flouxetine DR</i>	4	<i>furosemide inj; soln, 10 mg/mL; tabs</i>	11
FLOVENT DISKUS	19	FUZEON	8
FLOVENT HFA	19		
FLOXIN OTIC	See <i>ofloxacin ear soln</i>		
<i>fluconazole</i>	5	G	
<i>fluconazole tabs, 150 mg</i>	5	<i>gabapentin</i>	3
<i>fludarabine for inj</i>	6	GABITRIL	3
FLUDARA	See <i>fludarabine</i>	<i>galantamine ER</i>	3
<i>fludrocortisone</i>	15	<i>galantamine soln, tabs</i>	3
FLUMADINE	See <i>rimantadine</i>	<i>gamastan s/d</i>	17
<i>flunisolide nasal soln, spray</i>	19	GAMMAGARD	17
<i>fluocinolone</i>	13	GAMUNEX	17
<i>fluocinonide</i>	13	<i>ganciclovir caps</i>	8
<i>fluorometholone eye susp</i>	18	GARDASIL	17
FLUOROPLEX	13	GASTROCROM	14
		GAUZE PADS 2"X2"	9

GELNIQUE	15	HAVRIX	17
<i>gemfibrozil</i>	11	HECTOROL	18
GEMZAR	6	<i>heparin inj in D5W; inj in 0.9% NaCl</i>	10
GENOTROPIN	15	<i>heparin sodium inj, 1,000 units/mL, 5,000 units/mL, 10,000 units/mL</i>	10
<i>gentamicin eye oint, soln</i>	18	HEPSERA	8
<i>gentamicin inj</i>	2	HEXALEN	6
<i>gentamicin topical crm, oint</i>	13	HIPREX	See <i>methenamine hippurate</i>
GEODON caps	8, 9	HUMALOG	9
GEODON for inj	8, 9	HUMALOG MIX 75/25, 50/50	9
GLEEVEC	6	HUMATROPE	15
<i>glimepiride</i>	9	HUMIRA	17
<i>glipizide</i>	9	HUMULIN 70/30, 50/50	9
<i>glipizide ER</i>	9	HUMULIN N	10
<i>glipizide/metformin</i>	9	HUMULIN R	10
GLUCAGEN HYPOKIT	9	HUMULIN R U-500 vial, 500 units/mL	10
GLUCAGEN KIT	9	HYCAMTIN inj	6
GLUCAGON EMERGENCY KIT	9	<i>hydralazine inj, tabs</i>	11
GLUCOPHAGE	See <i>metformin</i>	HYDREA	See <i>hydroxyurea</i>
GLUCOPHAGE XR	See <i>metformin ER</i>	<i>hydrochlorothiazide caps, tabs</i>	11
GLUCOTROL	See <i>glipizide</i>	<i>hydrocodone/acetaminophen caps, tabs</i>	1
GLUCOTROL XL	See <i>glipizide ER</i>	<i>hydrocodone/acetaminophen soln, 7.5-500 mg/15 mL</i>	1
GLUCOVANCE	See <i>glyburide/metformin</i>	<i>hydrocodone/ibuprofen</i>	1, 5
<i>glyburide</i>	9	<i>hydrocortisone/acetic acid ear soln</i>	19
<i>glyburide/metformin</i>	9	<i>hydrocortisone butyrate crm, oint, soln</i>	13
<i>glyburide micronized</i>	9	<i>hydrocortisone crm, lotn, oint, rectal crm</i>	13
<i>glycopyrrolate</i>	14	<i>hydrocortisone enema</i>	17
GLYNASE	See <i>glyburide micronized</i>	<i>hydrocortisone sodium succinate for inj, 100 mg</i>	15
GLYSET	9	<i>hydrocortisone tabs</i>	15
<i>granisetron inj</i>	4	<i>hydrocortisone valerate crm, oint</i>	13
<i>granisetron tabs</i>	4	<i>hydromorphone inj, 10 mg/mL</i>	1
GRIFULVIN V tabs	5	<i>hydromorphone tabs</i>	1
<i>griseofulvin microsize susp</i>	5	<i>hydroxychloroquine</i>	7
GRIS-PEG	5	<i>hydroxyurea</i>	6
<i>guanfacine</i>	11	<i>hydroxyzine pamoate caps</i>	4, 9, 19

H

HALDOL DECANOATE-100	See <i>haloperidol decanoate</i>
HALDOL	See <i>haloperidol conc, inj, tabs</i>
HALFLYTELY	14
<i>halobetasol crm, oint</i>	13
<i>haloperidol conc, inj, tabs</i>	8
<i>haloperidol decanoate inj</i>	8

I

<i>ibuprofen</i>	1, 5
IDAMYCIN PFS	See <i>idarubicin</i>
<i>idarubicin</i>	6
IFEX	6
<i>ifosfamide</i>	6

<i>ifosfamid/mesna</i>	6	ISORDIL	<i>See isosorbide dinitrate</i>
<i>imipramine hcl</i>	4	<i>isosorbide dinitrate ER</i>	11
<i>imiquimod crm, 5%</i>	17	<i>isosorbide dinitrate SL, tabs</i>	11
IMITREX inj kit, nasal spray	5	<i>isosorbide mononitrate</i>	11
IMITREX	<i>See sumatriptan inj (vials), tabs</i>	<i>isosorbide mononitrate ER</i>	11
IMOVAX RABIES	17	<i>isotretinoin caps</i>	13
IMURAN	<i>See azathioprine</i>	<i>isradipine caps</i>	11
INCRELEX*	15	ISTODAX	6
<i>indapamide</i>	11	<i>itraconazole caps</i>	5
INDERAL LA	<i>See propranolol ER</i>	IV FLUIDS - brands	20
INDOCIN SR	<i>See indomethacin ER</i>	<i>IV fluids - generics</i>	20
<i>indomethacin caps</i>	5	IXEMPRA KIT	6
<i>indomethacin ER</i>	5	IXIARO	17
INFANRIX	17		
INNOHEP	10	J	
INSPRA	<i>See eplerenone</i>	JANUMET	10
INSULIN	9, 10	JANUVIA	10
INSULIN INJECTION DEVICE	10	JE-VAX	17
INSULIN INJECTION DEVICE/NOVOLIN	10		
INSULIN SYRINGE/NEEDLE	10	K	
INTELENCE	8	KADIAN	1
INTRON-A inj pen kit, 3 million units	6	KALETRA	8
INTRON-A inj pen kit, 5, 10, 18 million units	6	KANAMYCIN inj	2
INTRON-A W/DILUENT 10 million units	6	KAYEXALATE	<i>See sodium polystyrene sulfonate</i>
INVEGA	8	KEFLEX	<i>See cephalixin</i>
INVEGA SUSTENNA	8	KEPPRA inj	3
INVIRASE	8	KEPPRA soln, tabs	3
IOPIDINE	<i>See apraclonidine eye soln</i>	<i>See also levetiracetam soln, tabs</i>	
IPOL	17	KEPPRA XR	3
<i>ipratropium/albuterol sulfate inhal soln</i>	19	KERLONE	<i>See betaxolol tabs</i>
<i>ipratropium inhal soln</i>	19	KETEK	2
<i>ipratropium nasal soln</i>	19	<i>ketoconazole crm, shampoo</i>	13
IQUIX	18	<i>ketoconazole tabs</i>	5
IRESSA*	6	<i>ketoprofen</i>	1, 5
<i>irinotecan</i>	6	<i>ketoprofen ER</i>	5
<i>irrigation solution - generic</i>	13	<i>ketorolac eye soln</i>	18
ISENTRESS	8	<i>ketorolac inj</i>	1
ISMO	<i>See isosorbide mononitrate</i>	KINERET	17
<i>isoniazid inj, tabs</i>	6	KLARON lotn	<i>See sulfacetamide sodium</i>
<i>isoniazid/rifampin</i>	6	K-TABS	<i>See potassium chloride ER</i>
ISONIAZID syrup	6	KUVAN	14
ISOPTIN SR	<i>See verapamil ER</i>	KYTRIL inj	<i>See granisetron inj</i>

KYTRIL tabs	See granisetron tabs	LIDODERM	1
		<i>lindane lotn, shampoo</i>	7
		<i>liothyronine inj, tabs</i>	15
L		LIPITOR	11
<i>labetalol</i>	11	<i>lisinopril</i>	11
LAC-HYDRIN crm, lotn	See ammonium lactate crm, lotn	<i>lisinopril hydrochlorothiazide</i>	11
LACRISERT	18	<i>lithium carbonate caps, 150 mg, 300 mg, 600 mg</i>	9
<i>lactulose</i>	14	<i>lithium carbonate ER tabs, 300 mg, 450 mg</i>	9
LAMICTAL chew tabs, 5 mg, 25 mg; starter kit	3, 9	<i>lithium citrate</i>	9
See also lamotrigine		LITHOBID	See lithium carbonate ER
LAMICTAL ODT	3, 9	LOCOID lotn	13
LAMICTAL XR	3, 9	<i>locoid oint, soln</i>	13
LAMISIL granules	5	See also hydrocortisone butyrate	
LAMISIL	See terbinafine tabs	LODOSYN	7
LAMISIL soln	13	LOFIBRA	See fenofibrate
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	3, 9	LOMOTIL	See diphenoxylate/atropine
LANOXIN inj, tabs	11	<i>loperamide caps</i>	14
See also digoxin inj, tabs		LOPID	See gemfibrozil
<i>lansoprazole DR caps</i>	14	LOPRESSOR HCT	See metoprolol hydrochlorothiazide
LANTUS	10	LOPRESSOR	See metoprolol tartrate
LASIX	See furosemide	LOPROX gel, shampoo	See ciclopirox
<i>leflunomide</i>	17	LORCET PLUS	See hydrocodone/acetaminophen
LETAIRIS	11	LORCET	See hydrocodone/acetaminophen
<i>leucovorin calcium for inj, 100 mg, 350 mg; tabs, 5 mg, 25 mg</i>	6	LORTAB	See hydrocodone/acetaminophen
LEUKERAN	6	<i>losartan</i>	11
LEUKINE	10	<i>losartan/hydrochlorothiazide</i>	11
<i>leuprolide acetate 5 mg/mL</i>	16	LOTENSIN HCT	See benazepril hydrochlorothiazide
LEUSTATIN	See cladribine	LOTENSIN	See benazepril
LEVAQUIN	2	LOTREL	See amlodipine/benazepril
LEVEMIR	10	LOTRISONE crm, lotn	See clotrimazole/betamethasone crm, lotn
<i>levetiracetam soln, tabs</i>	3	LOTRONEX	14
<i>levobunolol eye soln</i>	18	<i>lovastatin</i>	11
<i>levocarnitine inj, soln, tabs</i>	20	LOVAZA	11
<i>levonorgestrel</i>	15	LOVENOX	10
<i>levorphanol</i>	1	<i>loxapine caps</i>	8
<i>levothyroxine tabs (Levoxyl)</i>	15	LOXITANE	See loxapine
<i>Levoxyl</i>	15	LUMIGAN	18
LEXAPRO	4, 9	LUMIZYME	14
LEXIVA	8	LUPRON DEPOT	16
LIALDA	17	LUPRON DEPOT-PED 11.25 mg, 15 mg	16
<i>lidocaine jelly, 2%; oint, 5%; topical soln, 4%</i>	13	LUPRON	16
<i>lidocaine local inj, 0.5%, 1%</i>	1	See also leuprolide acetate	
<i>lidocaine/prilocaine crm, kit</i>	1		

LUVOX CR	4	MESTINON	See pyridostigmine
LYRICA	3	METAGLIP	See glipizide/metformin
LYSODREN	16	metaproterenol syrup	19
M		metformin	10
MACROBID	See nitrofurantion monohydrate macrocrystalline	metformin ER	10
MACRODANTIN	See nitrofurantoin macrocrystalline	methadone conc; tabs, 5 mg, 10 mg	1
malathion lotn	7	methadone inj	1
maprotiline tabs, 25 mg	4	methamphetamine tabs, 5 mg	12
MARINOL	See dronabinol	methazolamide	11
MARPLAN	4	methenamine hippurate tabs	2
MATULANE	6	methimazole tabs, 5 mg, 10 mg	16
MAVIK	See trandolapril	methocarbamol tabs	20
MAXALT	5	methotrexate for inj, inj	7, 17
MAXALT-MLT	5	methotrexate tabs	7, 17
MAXIDONE	See hydrocodone/acetaminophen	methscopolamine	14
MAXIPIME for IV soln, 2 g	2	methyclothiazide	11
MAXITROL eye oint, susp	See neomycin/polymyxin B/ dexamethasone eye oint, susp	methyl dopa	11
MAXZIDE-25	See triamterene/hydrochlorothiazide tabs	methyl dopa/hydrochlorothiazide	11
MAXZIDE	See triamterene/hydrochlorothiazide tabs	methyl dopate inj	11
mebendazole	7	methylphenidate ER 10 mg, 20 mg	12
meclizine tabs, 12.5 mg, 25 mg	4	methylphenidate tabs, 5 mg, 10 mg, 20 mg	12
MEDROL	See methylprednisolone tabs	methylprednisolone acetate inj	15
medroxyprogesterone inj, 150 mg/mL; tabs	15	methylprednisolone for inj	15
mefloquine	7	methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg	15
MEGACE	See megestrol	metipranolol eye soln	18
megestrol susp, 40 mg/mL; tabs	15	metoclopramide inj, soln, tabs	4
meloxicam	5	metolazone	11
melfhalan	6	metoprolol/hydrochlorothiazide	11
MENACTRA	17	metoprolol succinate ER	11
MENOMUNE	17	metoprolol tartrate inj, tabs	11
meprobamate	9	METAZOLV ODT	4
MEPRON	7	METROCREAM	See metronidazole topical crm, gel, lotn
mercaptopurine	6	METROGEL VAGINAL	See metronidazole
MERREM	2	METROLOTION	See metronidazole topical crm, gel, lotn
MERUVAX II	17	metronidazole caps, 375 mg; inj; tabs; vaginal gel	2
mesalamine enema	17	metronidazole topical crm, gel, lotn	13
mesna inj	7	MEVACOR	See lovastatin
MESNEX inj	See mesna	mexiletine	11
MESNEX tabs	7	MIACALCIN inj	18
		MIACALCIN spray	See calcitonin spray
		miconazole vaginal supp, 200 mg	5
		midodrine	11

MIGRANAL.....	5
MILLIPRED.....	15
MINIPRESS.....	See prazosin
MINOCIN.....	See minocycline caps, tabs
<i>minocycline caps, tabs</i>	2
<i>minocycline ER tabs, 45 mg, 90 mg, 135 mg</i>	2
<i>minoxidil tabs</i>	11
MIRAPEX tabs, 0.75 mg.....	7
<i>mirtazapine ODT</i>	4
<i>mirtazapine tabs</i>	4
<i>misoprostol</i>	14
<i>mitomycin for inj, 20 mg</i>	7
<i>mitoxantrone</i>	7
M-M-R II.....	17
MOBAN.....	8
MOBIC.....	See meloxicam
<i>moexipril</i>	11
<i>moexipril/hydrochlorothiazide</i>	11
<i>mometasone crm, lotn, oint</i>	13
MONODOX 75 mg.....	2
MONOKET.....	See isosorbide mononitrate
MONOPRIL.....	See fosinopril
<i>morphine sulfate ER</i>	1
<i>morphine sulfate inj, 0.5 mg/mL, 1 mg/mL, 5 mg/mL</i>	1
MORPHINE SULFATE oral soln, 10 mg/5 mL.....	1
<i>morphine sulfate oral soln, 20 mg/mL</i>	1
<i>morphine sulfate tabs</i>	1
MOXATAG.....	2
MS CONTIN.....	See morphine sulfate ER
MULTAQ.....	11
<i>mupirocin oint</i>	13
MUSTARGEN.....	7
MYAMBUTOL.....	See ethambutol
MYCAMINE.....	5
MYCOBUTIN.....	6
<i>mycophenolate mofetil caps, tabs</i>	17
MYCOSTATIN topical powder.....	See nystatin powder
MYDRIACYL.....	See tropicamide eye soln
MYFORTIC.....	17
MYOZYME*.....	14
MYSOLINE.....	See primidone
MYTELASE.....	5

N

<i>nabumetone</i>	5
<i>nadolol/bendroflumethiazide</i>	12
<i>nadolol tabs</i>	11
NAFTIN.....	13
NAFTIN-MP.....	13
NAGLAZYME*.....	14
<i>nalbuphine inj</i>	1
<i>naloxone inj</i>	4
<i>naltrexone tabs</i>	4
NAMENDA tabs, titration pak.....	3
<i>naphazoline eye soln</i>	18
NAPRELAN 750 mg.....	5
NAPROSYN.....	See naproxen
<i>naproxen</i>	1, 5
<i>naproxen DR</i>	5
<i>naproxen sodium</i>	1, 5
NARDIL.....	4
NASONEX.....	19
NATACYN.....	18
<i>nateglinide</i>	10
NAVANE.....	See thiothixene
NAVELBINE.....	See vinorelbine
<i>nefazodone</i>	4
<i>neomycin/polymyxin B/bacitracin eye oint</i>	18
<i>neomycin/polymyxin B/bacitracin/hydrocortisone eye oint</i>	18
<i>neomycin/polymyxin B/dexamethasone eye oint, susp</i>	18
<i>neomycin/polymyxin B/gramicidin eye soln</i>	18
<i>neomycin/polymyxin B GU</i>	15
<i>neomycin/polymyxin B/hydrocortisone ear soln, susp</i>	19
<i>neomycin/polymyxin B/hydrocortisone eye susp</i>	18
<i>neomycin sulfate tabs</i>	2
NEORAL.....	See cyclosporine modified
NEULASTA.....	10
NEUMEGA.....	10
NEUPOGEN.....	10
NEURONTIN caps, tabs.....	See gabapentin
NEURONTIN soln.....	3
NEUTREXIN.....	7
NEXAVAR*.....	7
NEXIUM DR, caps, for susp.....	14

NEXIUM I.V.	14	NULYTELY See peg 3350/kcl/sod bicarb/nacl for soln	
<i>niacin tabs, 500 mg</i>	12	NUTROPIN AQ	15
NIASPAN	12	NUVARING	15
<i>nicardipine</i>	12	NUVIGIL	12
NICOTROL INHALER	4	<i>nystatin crm, oint, topical powder</i>	13
NICOTROL nasal spray	4	<i>nystatin susp, tabs</i>	5
<i>nifedipine ER tabs (for Adalat CC, Procardia XL)</i>	12	<i>nystatin/triamcinolone topical crm, oint</i>	13
NILANDRON	16		
<i>nimodipine</i>	12	O	
NIMOTOP	12	OCTAGAM	17
<i>See also nimodipine</i>		<i>octreotide</i>	14
NIPENT	7	OCUFLOX See <i>ofloxacin eye soln</i>	
<i>See also pentostatin</i>		<i>ofloxacin ear soln</i>	19
NISOLDIPINE tabs, 20 mg, 30 mg, 40 mg	12	<i>ofloxacin eye soln</i>	18
NITRO-BID oint	12	<i>ofloxacin tabs</i>	2
NITRO-DUR 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr		OLEPTRO	4
<i>See nitroglycerin transdermal</i>		<i>omeprazole DR caps</i>	14
NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	12	OMNICEF See <i>cefdinir</i>	
<i>nitrofurantoin macrocrystalline caps</i>	2	OMNIPRED See <i>prednisolone acetate eye susp</i>	
<i>nitrofurantoin monohydrate/macrocrystalline caps</i>	2	OMNITROPE for inj, 5.8 mg	15
<i>nitroglycerin inj</i>	12	ONCASPAR	7
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	12	<i>ondansetron inj, 2 mg/mL</i>	4
NITROLINGUAL	12	<i>ondansetron ODT, tabs</i>	4
NITROSTAT SL	12	<i>ondansetron oral soln</i>	4
<i>nizatidine</i>	14	ONGLYZA	10
NIZORAL See <i>ketoconazole</i>		ONTAK	7
NORCO See <i>hydrocodone/acetaminophen</i>		OPTIPRANOLOL See <i>metipranolol eye soln</i>	
<i>norethindrone acetate tabs</i>	15	<i>oral contraceptives - generics</i>	15
NORPACE CR 100 mg	12	ORAP	8
NORPACE See <i>disopyramide</i>		ORAPRED ODT	15
NORPRAMIN See <i>desipramine</i>		ORAPRED soln See <i>prednisolone sodium phosphate oral soln</i>	
<i>nortriptyline</i>	4	ORENCIA	17
NORVASC See <i>amlodipine</i>		ORFADIN	14
NORVIR	8	ORTHO EVRA	15
NOVANTRONE See <i>mitoxantrone</i>		OSMOPREP	14
NOVOLIN 70/30	10	OVIDE	7
NOVOLIN N	10	<i>See also malathion</i>	
NOVOLIN R	10	<i>oxacillin sodium for inj</i>	2
NOVOLOG	10	<i>oxaliplatin</i>	7
NOVOLOG MIX 70/30	10	OXANDRIN See <i>oxandrolone</i>	
NOXAFIL	5	<i>oxandrolone tabs</i>	15
NUCYNTA	1		

<i>oxaprozin</i>	5	<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	14
<i>oxcarbazepine susp, tabs</i>	3	PEGANONE	3
OXSORALEN ULTRA soft gelatin caps	13	PEGASYS	17
<i>oxybutynin</i>	15	PEG-INTRON	17
<i>oxybutynin ER</i>	15	<i>penicillin g potassium for inj</i>	2
<i>oxycodone/acetaminophen</i>	1	PENICILLIN G POTASSIUM inj in dextrose	2
<i>oxycodone/aspirin</i>	1	PENICILLIN G PROCAINE	2
<i>oxycodone/ibuprofen</i>	1	PENICILLIN G SODIUM for inj	2
<i>oxycodone tabs, 5 mg, 15 mg, 30 mg</i>	1	<i>penicillin v potassium for soln, tabs</i>	2
OXYCODONE tabs, 10 mg	1	PENLAC	See <i>ciclopirox</i>
OXYCONTIN	1	PENTASA	17
OXYIR	See <i>oxycodone</i>	<i>pentostatin</i>	7
OXYTROL	15	<i>pentoxifylline ER</i>	10
P			
PACERONE tabs, 400 mg	See <i>amiodarone</i>	PEPCID	See <i>famotidine</i>
<i>paclitaxel</i>	7	PERCOCET	See <i>oxycodone/acetaminophen</i>
PAMELOR	See <i>nortriptyline</i>	PERCODAN	See <i>oxycodone/aspirin</i>
PAMINE FORTE	See <i>methscopolamine</i>	PERIDEX	See <i>chlorhexidine gluconate</i>
PAMINE	See <i>methscopolamine</i>	<i>perindopril</i>	12
PANLOR	See <i>acetaminophen/caffeine/dihydrocodeine</i>	PERIOSTAT	See <i>doxycycline hyclate</i>
PANLOR SS	See <i>acetaminophen/caffeine/dihydrocodeine</i>	<i>permethrin</i>	7
PANRETIN	7, 13	<i>perphenazine/amitriptyline tabs, 2-25 mg, 4-25 mg</i>	4
<i>pantoprazole tabs</i>	14	<i>perphenazine tabs</i>	8
PARCOPA	See <i>carbidopa/levodopa ER, ODT, tabs</i>	PERSANTINE	See <i>dipyridamole tabs</i>
PARLODEL	See <i>bromocriptine</i>	PHENERGAN inj	See <i>promethazine inj, supp, syrup, tabs</i>
PARNATE	See <i>tranylcypromine</i>	PHENYTEK	3
<i>paromomycin</i>	7	See also <i>phenytoin sodium extended</i>	
<i>paroxetine hcl ER</i>	4, 9	<i>phenytoin sodium extended caps, 100 mg, 200 mg, 300 mg</i>	3
<i>paroxetine hcl susp, tabs</i>	4, 9	<i>phenytoin sodium inj</i>	3
PASER	6	<i>phenytoin susp</i>	3
PATADAY	18	PHISOHEX	13
PATANASE	19	PHOSLO	See <i>calcium acetate caps</i>
PATANOL	18	PHOTOFRIN	7
PAXIL CR 37.5 mg	4, 9	<i>pilocarpine tabs</i>	13
PAXIL	See <i>paroxetine hcl susp, tabs</i>	PILOPINE HS	18
PEDIAPRED	See <i>prednisolone sodium phosphate oral soln</i>	<i>pindolol</i>	12
PEDIARIX	17	<i>piperacillin/tazobactam for inj, 3 g-0.375 g</i>	2
PEDVAX HIB	17	<i>piroxicam</i>	5
<i>peg 3350 for soln</i>	14	PLAN B 0.75 mg	See <i>levonorgestrel, 0.75 mg</i>
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	14	PLAQUENIL	See <i>hydroxychloroquine</i>
		PLAVIX	10
		PLETAL	See <i>cilostazol</i>

<i>podofilox soln</i>	13	<i>probenecid</i>	5
<i>polymyxin B sulfate for inj.</i>	2	<i>probenecid/colchicine</i>	5
<i>polymyxin B/trimethoprim eye soln</i>	18	<i>prochlorperazine inj, supp, tabs.</i>	4
POLYTRIM	See <i>polymyxin B/trimethoprim eye soln</i>	PROCRIT	10
<i>potassium chloride ER caps, 8 mEq, 10 mEq</i>	20	PROGLYCEM	10
<i>potassium chloride ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	20	PROGRAF caps, inj	17
<i>potassium citrate ER</i>	15	<i>See also tacrolimus</i>	
<i>pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg.</i>	7	PROLASTIN/C* for IV soln	19
PRANDIMET	10	PROLEUKIN	7
PRANDIN	10	PROMACTA	10
PRAVACHOL	See <i>pravastatin</i>	<i>promethazine inj, supp, syrup, tabs.</i>	4, 19
<i>pravastatin</i>	12	<i>promethazine/phenylephrine syrup.</i>	19
<i>prazosin</i>	15	PROMETRIUM	16
PRECOSE	See <i>acarbose</i>	<i>propafenone</i>	12
PRED FORTE	See <i>prednisolone acetate eye susp</i>	<i>proparacaine eye soln 0.5%</i>	18
<i>prednicarbate crm, oint</i>	14	<i>propranolol ER</i>	5, 12
<i>prednisolone acetate eye susp</i>	18	<i>propranolol/hydrochlorothiazide</i>	12
<i>prednisolone sodium phosphate eye soln, 1%</i>	18	<i>propranolol inj, tabs</i>	5, 12
<i>prednisolone sodium phosphate oral soln</i>	16	<i>propylthiouracil</i>	16
<i>prednisolone syrup.</i>	16	PROQUAD	17
PREDNISON INTENSOL	16	PROSCAR	See <i>finasteride</i>
PREDNISON oral soln, 5 mg/5 mL	16	PROTOPIC	17
<i>prednisone tabs</i>	16	<i>protriptyline</i>	4
PRELONE	See <i>prednisolone syrup</i>	PROVENTIL HFA	19
PREMARIN for inj, tabs	16	PROVERA	See <i>medroxyprogesterone</i>
PREMARIN VAGINAL crm	16	PROVIGIL tabs, 100 mg	13
PREMPHASE	16	PROVIGIL tabs, 200 mg	13
PREMPRO	16	PROZAC	See <i>fluoxetine</i>
<i>prenatabs obn</i>	20	PROZAC WEEKLY	See <i>fluoxetine DR</i>
PREVACID	See <i>lansoprazole DR caps</i>	PULMICORT RESPULES	See <i>budesonide inhal susp</i>
PREZISTA	8	PULMOZYME	19
PRIFTIN	6	PURINETHOL	See <i>mercaptopurine</i>
PRIOSEC	See <i>omeprazole DR caps</i>	<i>pyrazinamide</i>	6
PRIMAQUINE	7	<i>pyridostigmine tabs</i>	5
PRIMAXIN for inj, 500 mg; for IV	2		
<i>primidone</i>	3	Q	
PRINIVIL	See <i>lisinopril</i>	QUALAQUIN	7
PRINZIDE	See <i>lisinopril/hydrochlorothiazide</i>	QUESTRAN LIGHT	See <i>cholestyramine light</i>
PRISTIQ	4	QUESTRAN	See <i>cholestyramine</i>
PRIVIGEN	17	<i>quinapril</i>	12
PROAIR HFA	19	<i>quinapril/hydrochlorothiazide.</i>	12
PROAMATINE	See <i>midodrine</i>	<i>quinidine gluconate ER</i>	12

quinidine sulfate	12	REVATIO	12
QVAR INHALER	19	REVIA	See naltrexone tabs
R			
RABAVERT	17	REVLIMID*	7
ramipril caps	12	REYATAZ	8
RANEXA	12	ribavirin	8
ranitidine caps, inj, syrup, tabs	14	RIDAURA	17
RAPAFLO	15	RIFADIN	See rifampin
RAPAMUNE	17	RIFAMATE	See isoniazid/rifampin
RAPIFLUX	See fluoxetine hcl caps, soln, tabs	rifampin caps, for inj	6
RAZADYNE ER	3	RIFATER	6
See also galantamine ER		RILUTEK	13
RAZADYNE soln	3	rimantadine	8
See also galantamine tabs, soln		RIOMET	10
REBETOL caps	See ribavirin	RISPERDAL CONSTA	8, 9
REBETOL soln	8	RISPERDAL M-TAB	See risperidone ODT, soln, tabs
See also ribavirin soln		RISPERDAL soln, tabs	See risperidone ODT, soln, tabs
REBIF	17	risperidone ODT, soln, tabs	8, 9
RECOMBIVAX HB	17	RITALIN LA	13
REGLAN inj, tabs	See metoclopramide inj, soln, tabs	RITALIN	See methylphenidate
REGONOL	6	RITALIN SR	See methylphenidate ER
REGRANEX	14	RITUXAN	7
RELENZA	8	ROBAXIN	See methocarbamol
RELION 70/30	10	ROCALTROL	See calcitriol caps, oral soln
RELION R	10	ROCEPHIN	See ceftriaxone sodium for inj, for IV soln
RELISTOR	14	ropinirole	8
RELISTOR kit	14	ROTATEQ	17
RELPAX	5	ROXICODONE	See oxycodone
REMERON	See mirtazapine	RYTHMOL	See propafenone
REMERON SOLTAB	See mirtazapine ODT	RYTHMOL SR	12
REMICADE	14	S	
REMODULIN*	12	SABRIL	3
RENAGEL	15	SAIZEN	16
re-nata 29 prenatal vit	20	SALAGEN	See pilocarpine tabs
REVELA	15	SAMSCA	16
REPREXAIN	1	SANDIMMUNE	See cyclosporine caps, for IV
REQUIP	See ropinirole	SANDOSTATIN LAR DEPOT	14
REQUIP XL	7	SANDOSTATIN	14
RESCRIPTOR	8	See also octreotide	
RESTASIS	18	SANTYL topical oint	14
RETIN-A crm, gel	See tretinoin	SAPHRIS	8
RETROVIR IV	8	SAVELLA tabs, titration pack	13

SECTRAL	See <i>acebutolol</i>	STELARA	14
<i>selegiline</i>	8	STIMATE	16
<i>selenium sulfide lotn/shampoo</i>	14	STRATTERA	13
SELSUN lotn/shampoo	See <i>selenium sulfide</i>	SUBOXONE	1
SELZENTRY	8	SUBUTEX	See <i>buprenorphine SL</i>
SENSIPAR	16	SUCRAID	14
SEPTRA DS	See <i>sulfamethoxazole/trimethoprim susp, tabs</i>	<i>sucrafate tabs</i>	14
SEREVENT DISKUS	19	SULAR	12
SEROMYCIN	6	<i>sulfacetamide sodium eye soln</i>	18
SEROQUEL	8, 9	<i>sulfacetamide sodium lotn</i>	14
SEROQUEL XR	8, 9	<i>sulfacetamide sodium/prednisolone eye soln</i>	18
<i>sertraline oral conc, tabs</i>	4, 9	SULFADIAZINE tabs	2
SILVADENE crm	See <i>silver sulfadiazine</i>	<i>sulfamethoxazole/trimethoprim inj, susp, tabs</i>	2
<i>silver sulfadiazine crm</i>	14	<i>sulfasalazine</i>	17
<i>simvastatin</i>	12	<i>sulfasalazine DR</i>	17
SINEMET CR	See <i>carbidopallevodopa ER, ODT, tabs</i>	<i>sulindac</i>	5
SINEMET	See <i>carbidopallevodopa ER, ODT, tabs</i>	<i>sumatriptan inj kit, inj (vials), syringe cartridge, tabs</i>	5
SINGULAIR	19	SUMAVEL DOSEPRO	5
<i>sodium fluoride tab, 1 mg</i>	20	SUPRAX	2
<i>sodium polystyrene sulfonate</i>	4	SURMONTIL caps, 100 mg	4
SOLARAZE gel	14	SUSTIVA	8
SOLODYN	See <i>minocycline caps, tabs</i>	SUTENT	7
SOLU-CORTEF for inj, 100 mg	See <i>hydrocortisone sodium succinate</i>	SYMBICORT INHALER	19
SOLU-CORTEF for inj, 250 mg	16	SYMBYAX	4
SOMATULINE DEPOT	16	SYMLIN	10
SOMAVERT*	16	SYNAREL	16
SONATA	See <i>zaleplon</i>	SYNTHROID	16
<i>sotalol</i>	12	See also <i>levothyroxine</i>	
<i>sotalol AF</i>	12	SYPRINE	4
SPECTRACEF	2	T	
SPIRIVA HANDIHALER	19	TABLOID	7
<i>spironolactone</i>	12	<i>tacrolimus caps</i>	17
<i>spironolactone/hydrochlorothiazide 25/25 mg</i>	12	TAMBOCOR	See <i>flecainide</i>
SPORANOX	See <i>itraconazole</i>	TAMIFLU	8
SPRYCEL	7	<i>tamoxifen</i>	16
STADOL	See <i>butorphanol inj</i>	<i>tamsulosin</i>	15
STALEVO	8	TAPAZOLE	See <i>methimazole</i>
STARLIX tabs, 60 mg	10	TARCEVA	7
See also <i>nateglinide</i>		TARGRETIN caps	7
<i>stavudine</i>	8	TARGRETIN gel	14
STAVZOR	3		

TARKA	12	TIMOPTIC-XE	. See <i>timolol maleate gel-forming eye soln tizanidine tabs</i>	.8, 20
<i>See also trandolapril/verapamil</i>		TOBRADEX eye oint		18
TASIGNA	7	TOBRADEX		18
TASMAR	8	<i>See also tobramycin/dexamethasone eye susp</i>		
TAXOTERE	7	<i>tobramycin/dexamethasone eye susp</i>		18
TAZORAC crm, gel	14	<i>tobramycin eye soln</i>		18
TEGRETOL	. See <i>carbamazepine</i>	<i>tobramycin for inj, inj</i>		3
TEGRETOL-XR	3	TOBREX eye soln	. See <i>tobramycin eye soln</i>	
<i>See also carbamazepine ER</i>		TOFRANIL	. See <i>imipramine hcl</i>	
TEKURNA	12	<i>tolazamide</i>		10
TEKURNA HCT	12	<i>tolmetin sodium</i>		5
TEMOVATE	. See <i>clobetasol</i>	TOPAMAX		3, 5
TENEX	. See <i>guanfacine</i>	<i>See also topiramate sprinkle caps, tabs</i>		
TENORETIC	. See <i>atenolol/chlorthalidone</i>	TOPICORT	. See <i>desoximetasone</i>	
TENORMIN	. See <i>atenolol</i>	<i>topiramate sprinkle caps, tabs</i>		3, 5
TERAZOL	. See <i>terconazole vaginal crm, supp</i>	TOPROL XL	. See <i>metoprolol succinate ER</i>	
<i>terazosin</i>	15	TORISEL		7
<i>terbinafine tabs</i>	5	TORSEMIDE inj, 10 mg/mL		12
<i>terbutaline inj, tabs</i>	19	<i>torseamide tabs</i>		12
<i>terconazole vaginal crm, supp</i>	5	TRACLEER*		12
TESTIM	16	<i>tramadol</i>		1
<i>testosterone cypionate</i>	16	<i>tramadol/acetaminophen</i>		1
<i>testosterone enanthate</i>	16	<i>tramadol ER</i>		1
TETANUS/DIPHThERIA ADSORBED adult	17	TRANDATE	. See <i>labetalol</i>	
TETANUS TOXOID ADSORBED	17	<i>trandolapril</i>		12
<i>tetracycline caps</i>	2	<i>trandolapril/verapamil</i>		12
TEV-TROPIN	16	<i>tranylcypromine</i>		4
THALOMID	7, 17	TRAVATAN		18
<i>theophylline ER tabs – 12 hr, 24 hr</i>	19	TRAVATAN Z		18
THIOLA	15	<i>trazodone</i>		4
<i>thioridazine</i>	8	TREANDA		7
<i>thiotepa</i>	7	TRECATOR		6
<i>thiothixene</i>	8	TRENTAL	. See <i>pentoxifylline ER</i>	
TIAZAC	. See <i>diltiazem ER</i>	<i>tretinoin caps</i>		7
TICLID	. See <i>ticlopidine</i>	<i>tretinoin crm, gel</i>		14
<i>ticlopidine</i>	10	<i>trezix</i>		1
TIKOSYN	12	<i>triamcinolone acetonide dental paste</i>		13
TIMENTIN	3	<i>triamcinolone crm, oint, 0.025%, 0.1%, 0.5%</i>		14
<i>timolol maleate eye soln</i>	18	<i>triamcinolone lotn, 0.025%, 0.1%</i>		14
<i>timolol maleate gel-forming eye soln</i>	18	TRIAMCINOLONE oint, 0.05%		14
<i>timolol tabs</i>	5, 12	<i>triamterene/hydrochlorothiazide caps, 37.5-25 mg, 50-25 mg</i>		12
TIMOPTIC	. See <i>timolol maleate eye soln</i>			

<i>triamterene/hydrochlorothiazide tabs, 37.5-25 mg, 75-50 mg</i>	12
TRICOR	12
<i>trifluoperazine</i>	8
<i>trifluridine eye soln</i>	18
<i>trihexyphenidyl</i>	8
TRIHIBIT	17
TRILEPTAL	3
<i>See also oxcarbazepine</i>	
TRILIPIX	12
<i>trimethoprim tabs</i>	3
TRIPEDIA	17
TRISENOX	7
TRIZIVIR	9
<i>tropicamide eye soln</i>	18
TRUSOPT	18
<i>See also dorzolamide eye soln</i>	
TRUVADA	9
TWINRIX	17
TYGACIL for inj.	3
TYKERB	7
TYLENOL/CODEINE	<i>See acetaminophen/codeine</i>
TYLOX	<i>See oxycodone/acetaminophen</i>
TYPHIM VI	17
TYSABRI*	17
TYZEKA	9
TYZINE	19
TYZINE PEDIATRIC	19

U

ULESFIA	7
ULORIC	5
ULTRACET	<i>See tramadol/acetaminophen</i>
ULTRAM ER	<i>See tramadol ER</i>
ULTRAM	<i>See tramadol</i>
ULTRAVATE	<i>See halobetasol</i>
UNASYN	<i>See ampicillin/sulbactam for inj</i>
UNIPHYL	<i>See theophylline 24 hr</i>
UNIRETIC	<i>See moexipril/hydrochlorothiazide</i>
UNIVASC	<i>See moexipril</i>
<i>ureal/hydrocortisone acetate crm 1%</i>	14
URECHOLINE	<i>See bethanechol</i>
UREX	<i>See methenamine hippurate</i>

UROCIT-K 10	<i>See potassium citrate ER</i>
UROXATRAL	15
<i>ursodiol</i>	14
UVADEX	7

V

VAGIFEM	16
<i>valacyclovir</i>	9
VALCYTE	9
<i>valproate inj.</i>	3
<i>valproic acid caps, syrup</i>	3
VALTREX	<i>See valacyclovir</i>
VANCOCIN caps	3
<i>vancomycin for inj, 1 g, 10 g</i>	3
VANCOMYCIN inj in dextrose	3
VAQTA	17
VARIVAX	17
VASERETIC	<i>See enalapril/hydrochlorothiazide</i>
VASOTEC	<i>See enalapril</i>
VECTIBIX	7
VECTICAL	14
VELCADE	7
VENLAFAXINE ER tabs	4
<i>venlafaxine tabs</i>	4
VENTOLIN HFA	19
<i>verapamil ER caps (for Verelan, Verelan PM)</i>	12
<i>verapamil ER tabs (for Calan SR, Isoptin SR)</i>	12
<i>verapamil inj, tabs.</i>	12
VERELAN PM	<i>See verapamil ER caps</i>
VERELAN	<i>See verapamil ER caps</i>
VERIPRED 20	16
VESICARE	15
VFEND	5
VFEND IV	5
VIBRAMYCIN for susp ...	<i>See doxycycline monohydrate</i>
VIBRAMYCIN	<i>See doxycycline hyclate</i>
VIBRATAB	<i>See doxycycline hyclate</i>
VICODIN ES	<i>See hydrocodone/acetaminophen</i>
VICODIN	<i>See hydrocodone/acetaminophen</i>
VICOPROFEN	<i>See hydrocodone/ibuprofen</i>
VIDAZA	7
VIDEX EC	<i>See didanosine DR</i>

VIDEX for soln	9
VIGAMOX	18
VIMPAT inj, oral soln, tabs	3
<i>vincristine</i>	7
<i>vinorelbine</i>	7
VIRACEPT	9
VIRAMUNE	9
VIREAD	9
VIROPTIC	See <i>trifluridine eye soln</i>
VISICOL	14
VISTARIL caps	See <i>hydroxyzine pamoate</i>
VISTIDE	9
<i>vitaspire prenatal tabs</i>	20
VIVACTIL	4
	See also <i>protriptyline</i>
VIVOTIF BERNA	17
VOLTAREN eye soln	See <i>diclofenac sodium eye soln</i>
VOLTAREN	See <i>diclofenac sodium tabs</i>
VOLTAREN topical gel	14
VOLTAREN-XR	See <i>diclofenac sodium ER</i>
VOSPIRE ER	See <i>albuterol sulfate ER</i>
VOTRIENT	7

W

<i>warfarin tabs</i>	10
WELCHOL	12
WELLBUTRIN	See <i>bupropion hcl</i>
WELLBUTRIN SR	See <i>bupropion hcl ER 12 hr</i>
WELLBUTRIN XL	See <i>bupropion hcl ER 24 hr</i>
WESTCORT oint	See <i>hydrocortisone valerate</i>

X

XALATAN	19
XENAZINE	13
XIBROM eye soln	19
XOLAIR*	17
XOLEGEL	14
XYLOCAINE gel	See <i>lidocaine jelly, oint, topical soln</i>
XYLOCAINE	See <i>lidocaine local inj, 0.5%, 1%</i>
XYREM*	13
XYZAL oral soln, tabs	19

Y

YF-VAX	17
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Z

<i>zaleplon</i>	20
ZAMICET	1
ZANAFLEX	See <i>tizanidine tabs</i>
ZANOSAR	7
ZANTAC	See <i>ranitidine</i>
ZARONTIN	See <i>ethosuximide caps, soln</i>
ZAROXOLYN	See <i>metolazone</i>
ZAVESCA*	14
ZEBETA	See <i>bisoprolol</i>
ZERIT caps	See <i>stavudine</i>
ZERIT soln	9
	See also <i>stavudine</i>
ZESTORETIC	See <i>lisinopril/hydrochlorothiazide</i>
ZESTRIL	See <i>lisinopril</i>
ZETIA	12
ZIAC	See <i>bisoprolol/hydrochlorothiazide</i>
ZIAGEN	9
<i>zidovudine caps, soln, tabs</i>	9
ZINACEF	See <i>cefuroxime sodium</i>
ZINECARD	See <i>dexrazoxane</i>
ZIRGAN eye gel	19
ZITHROMAX	See <i>azithromycin</i>
ZOCOR	See <i>simvastatin</i>
ZOFRAN ODT	See <i>ondansetron ODT</i>
ZOFRAN soln, tabs	See <i>ondansetron soln, tabs</i>
ZOLINZA	7
ZOLOFT	See <i>sertraline oral conc, tabs</i>
<i>zolpidem</i>	20
ZOMETA	18
ZONALON crm	14
ZONEGRAN	See <i>zonisamide</i>
<i>zonisamide</i>	3
ZOSTAVAX	17
ZOSYN for inj, 2 g/0.25 g, 4 g/0.5 g	3
ZOSYN for inj, 3 g/0.375 g; IV in dextrose	3
ZOVIRAX caps, susp, tabs	See <i>acyclovir</i>
ZOVIRAX crm, oint	14
ZYBAN	See <i>bupropion hcl ER 12 hr (smoking deterrent)</i>

ZYFLO CR	19
ZYLOPRIM	<i>See allopurinol</i>
ZYPREXA inj, tabs.....	8, 9
ZYPREXA ZYDIS.....	8, 9
ZYVOX for oral susp, IV.....	3
ZYVOX tabs	3

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