

CONTENTS	PAGE
<b>Introduction</b> .....	1
<b>Preface</b> .....	2
Medication List .....	2
Pharmacy Benefit Programs .....	2
Changes to The Formulary .....	3
Prior Authorization .....	3
Obtaining Prior Coverage Authorization .....	4
Responsible Quantity Program .....	4
Responsible Steps Program .....	4
Responsible Steps Program (Medical Pharmacy) .....	4
Covered Over-The-Counter (OTC) Medications .....	5
Contraceptive Coverage .....	5
Three Month Supply .....	5
Mail Order Pharmacy .....	5
Medications That are Not Covered .....	6
Formulary Addition Request .....	6
Notice .....	6
Specialty Pharmacy Medications .....	7
Using the Medication Guide .....	8
Abbreviation/Acronym Key .....	9

CONTENTS	PAGE
<b>Preferred Medication List</b> .....	10
Anti-Infective Drugs .....	10
Cancer Drugs .....	12
Hormones, Diabetes and Related Drugs .....	13
Heart and Circulatory Drugs .....	15
Respiratory Drugs .....	18
Gastrointestinal Drugs .....	19
Genitourinary Drugs .....	20
Central Nervous System Drugs .....	21
Pain Relief Drugs .....	23
Neuromuscular Drugs .....	25
Supplements .....	26
Blood Modifying Drugs .....	26
Topical Products .....	27
Miscellaneous Categories .....	29
<b>Index</b> .....	30

This Medication Guide was current at time of printing and is subject to change.  
Please visit our web site, [www.floridablue.com](http://www.floridablue.com), for the most current information.



## INTRODUCTION

Florida Blue and Florida Blue HMO are pleased to present the Medication Guide. This is a general guide that includes an abbreviated listing of Brand and Generic prescription medications that may be covered under your plan. Since coverage for medication varies by the plan purchased by you or your employer, it's important that you refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

Current members are encouraged to log on to their member account for plan specific details about their prescription medication coverage. Go to [www.floridablue.com](http://www.floridablue.com), click on the Members tab, then click on Your Member Account to get started. Once registered, you can look up a medication by name and compare your cost at different pharmacies. You'll see notes that indicate if a medication requires a prior authorization or is not covered by your plan. For questions, please call the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Service 711.

**Si desea hablar sobre esta guía en español con uno de nuestros representantes, por favor llame al número de atención al cliente indicado en su tarjeta de asegurado y pida ser transferido a un representante bilingüe.**

**Note:** The decision concerning whether a prescription medication should be prescribed must be made by you and your physician. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a prescription medication, must be made solely by you and your treating Physician in accordance with the patient/Physician relationship.

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## Preface

### MEDICATION LIST

The Medication Guide includes the Preferred Medication List and some commonly prescribed Non-Preferred prescription medications. The Preferred Medication List reflects the current recommendations of Florida Blue and is developed in conjunction with Prime Therapeutics' National Pharmacy & Therapeutics Committee.

**Note:** This is not a complete listing of all covered prescriptions medications. Florida Blue reserves the right to modify (add, remove or change) the tier or apply limits of coverage to any prescription medication in this Medication Guide at any time.

To reduce your out-of-pocket expenses, please take a copy of this Medication Guide with you each time you visit your Physician. Please consider asking your Physician to prescribe Generic medications, or if necessary, one of the Preferred Brand prescription medications listed in the Medication Guide whenever appropriate. Your cost for Generic and Preferred Brand prescription medications on the Medication List are lower than Non Preferred Brand prescription medications.

### PHARMACY BENEFIT PROGRAMS

There are three types of pharmacy benefit programs; Generic Only, 2 Tier and 3 Tier. To understand which program you have, please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the number on your member ID card for more information.

#### Generic only benefit

Tier 1: Covered Generic Prescription Medications

#### 2 Tier Benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Brand Prescription Medications

#### 3 Tier Benefit

Tier 1: Covered Generic Prescription Medications

Tier 2: Covered Preferred Brand Prescription Medications

Tier 3: Covered Non-Preferred Brand Prescription Medications or Medications not listed on the Preferred Medication List

#### What you need to know about generic medications

Florida Blue encourages the use of Generic medications as a way to provide high-quality medications at reduced costs. Generic medications are as safe and effective as their Brand Name counterparts, and are usually considerably less expensive.

A Food and Drug Administration (FDA) approved Generic medication may be substituted for its Brand Name counterpart because it:

- Contains the same active ingredient(s) as the Brand medication
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

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## CHANGES TO THE FORMULARY

The medications listed in the Medication Guide are subject to change at any time. The Medication List is reviewed quarterly to examine new medications and new information about medications that are already on the market concerning safety, effectiveness and current use in therapy. The most up to date information about modifications to the medications listed in this Medication Guide can be found by:

Going to [www.floridablue.com](http://www.floridablue.com).

- Click on the **Members** tab
- Click on the **Login Now** button and either **Login** or **Register**
- Once Logged in, click on **My Plan**, then select **Pharmacy** from the drop down menu
- Under Medication Guide/Approved Drug Lists, click [Medication Guide](#) or [Medication Guide Updates](#)

Medication Guides are posted every January and July, and Medication Guide Updates are posted January, April, July and October.

There are varying reasons why changes are made to the medications listed in the Medication Guide:

- The tier level of a Brand prescription medication included on the Medication List may increase (change from Tier 2 to Tier 3) when an FDA-approved bioequivalent Generic prescription medication becomes available.
- Newly marketed Brand prescription medications are usually introduced on Tier 3 until the opportunity exists to review the medication level, at which time a determination will be made as to which tier will apply based on safety, efficacy and the availability of other products within that class of medications.

### **Additional requirements or limits on coverage**

Some covered medications may have additional requirements or limits on coverage. This section refers to our Responsible Rx programs including Prior Authorization, Responsible Quantity and Responsible Steps.

## PRIOR AUTHORIZATION

The **Prior Authorization program** encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization program list of medications, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. Medications on the Medication List that require Prior Authorization for coverage are indicated in the Prior Authorization column following the product name.

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if Prior Authorization requirements apply to your plan. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

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## OBTAINING PRIOR COVERAGE AUTHORIZATION

Information about **Prior Authorization** and forms for how to obtain a Prior Authorization approval can be found here:

[Prior Authorization Program Information and Forms](#)

**Note:** Your provider is required to complete and submit the Prior Authorization form in order for a coverage determination to be made.

1. Once a decision is made, you and/or your doctor will be informed of the decision.
2. If the decision is made to authorize coverage, the medication(s) and/or supplies may be obtained from a Participating Pharmacy or at the appropriate location if the medication(s) will be administered by a health professional. Prior Authorization approval does not waive your financial responsibility.
3. If a decision is made to deny authorization, you are free to purchase the prescription medication, supplies or Over-the-Counter (OTC) medication, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your plan.

**Note:** You have the right to request an appeal if coverage authorization is denied. Please refer to the 'How to Appeal an Adverse Benefit Determination' subsection of the Claims Processing and Appeal and Grievance Process section or the administrative remedies section in your current Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how to file an appeal.

## RESPONSIBLE QUANTITY PROGRAM

The **Responsible Quantity Program** encourages the appropriate, safe and cost-effective use of medication by setting a maximum quantity per month for a medication or supply. The quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

Information about the Responsible Quantity Program and steps for how to obtain an exception can be found here:

[Responsible Quantity Program Information](#)

## RESPONSIBLE STEPS PROGRAM

The **Responsible Steps Program** promotes the appropriate, safe, and effective use of medications and helps you save on prescriptions. Responsible Steps is based on nationally recognized therapeutic guidelines, clinical evidence, and research. Prescription medications included in the Responsible Steps program are not covered unless you have tried one or more covered alternative medications first.

### RESPONSIBLE STEPS PROGRAM (MEDICAL PHARMACY)

Physician-administered Prescription Drugs which are rendered in a Physician's office may be included in the **Responsible Steps for Medical Pharmacy** program. If you are taking a medication in the Responsible Steps Program, please contact your physician/provider to discuss what medication options are best for you.

Information about the Responsible Steps Program and the Responsible Steps for Medical Pharmacy Program and steps for how to obtain an exception can be found at: [Responsible Steps Program Information](#) or [Responsible Steps for Medical Pharmacy Program Information](#).

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if Responsible Steps requirements apply to your plan. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your Member ID card.

## Exception Requests

If for medical reasons, you require a quantity of medication outside the Responsible Quantity Program limits or you cannot use one of the alternative medications and require the medication listed in the Responsible Steps or Responsible Steps for Medical Pharmacy programs, or you require a tier exception for an oral contraceptive drug, your physician may submit an exception request by completing one of the forms below:

[Prior Authorization Forms](#)

[Responsible Quantity Authorization Form](#)

[Responsible Steps Program Information and Authorization Forms](#)

[Responsible Steps for Medical Pharmacy Information and Authorization Forms](#)

[Oral Contraceptives Tier Exception Request Form](#)

### COVERED OVER-THE-COUNTER (OTC) MEDICATIONS

An over-the-counter medication can be an appropriate treatment for some conditions and may offer a lower cost alternative to some commonly prescribed medications. Your pharmacy benefit may provide coverage for select OTC medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if OTC medications are covered under your plan. Only those OTC medications prescribed by your physician and designated on the Medication List with “OTC” in parenthesis following the medication name are eligible for coverage.

### CONTRACEPTIVE COVERAGE

If your pharmacy plan includes contraceptives at no cost, as a result of the expanded PPACA Preventive Services benefits, only *generic* contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if this benefit applies to your plan. Coverage details are also available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

### THREE MONTH SUPPLY

Some plans allow you to purchase up to a three-month supply of medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan includes this benefit. In addition to being able to obtain up to a three month supply of medication through our mail order pharmacy, you may be able to receive up to a three month supply of your medication through a participating retail pharmacy. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

### MAIL ORDER PHARMACY

Obtaining prescription medications through the Mail Order Pharmacy may reduce the cost you pay for your prescription medications. Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription medication endorsement to determine if your plan provides a mail order pharmacy benefit.

Members who have pharmacy benefits through Florida Blue can access and print out the [Mail Order Pharmacy Form](#) on our website, [www.floridablue.com](http://www.floridablue.com).

**Note:** If the original prescription was filled at a pharmacy other than the Mail Order Pharmacy, you must submit a new, original three month supply prescription with a quantity of up to a three month supply and not less than a two month supply along with the Registration and Prescription Order Form. Prescriptions may not be transferred from a retail pharmacy to the Mail Order Pharmacy.

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## MEDICATIONS THAT ARE NOT COVERED

Your pharmacy benefit may not cover select medications. Some of the reasons a medication may not be covered are:

- The medication has been shown to have excessive adverse effects and/or safer alternatives
- The medication has a preferred formulary alternative or over-the-counter (OTC) alternative
- The medication is no longer marketed
- The medication has a widely available/distributed AB rated generic equivalent formulation
- The medication has been repackaged — a pharmaceutical product that is removed from the original manufacturer container (Brand Originator) and repackaged by another manufacturer with a different NDC

A list of medications that are not covered may be found at [Medications Not Covered List](#)

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine the Medication Exclusions that apply to your plan. Coverage details may also be available to you by logging into the member section of [www.floridablue.com](http://www.floridablue.com) or by calling the customer service number listed on your member ID card.

## FORMULARY ADDITION REQUEST

Physicians may request the addition of a medication to the Preferred Medication List by submitting a written request to Florida Blue.

Please mail to:

Florida Blue

Attn: Pharmacy Programs

P.O. Box 1798

Jacksonville, FL 32231-0014

## NOTICE

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida and Health Options, Inc.

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## SPECIALTY PHARMACY MEDICATIONS

Specialty Pharmacy medications are high-cost injectable, infused, oral or inhaled medications that generally require close supervision and monitoring of the patient's therapy.

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement for information on how Specialty Pharmacy medications are covered on your plan. Coverage details are also available to you by calling the customer service number listed on your member ID card.

Specialty Medications are divided into two categories:

- **Self-Administered** – Patients self-administer these Specialty Pharmacy medications themselves. Because these medications are intended to be self-administered, these medications may not be covered if administered in a physician's office. If these medications are not obtained from an in network specialty pharmacy, out of network cost shares may apply.

[A current listing of Self-Administered Specialty Medications can be found here](#)

- **Provider-Administered** – These medications require the administration to be performed by a physician. The Specialty Pharmacy medications are ordered by a provider and administered in an office or outpatient setting. Provider-administered Specialty Pharmacy medications are covered under your medical benefit. These medications can be obtained from any health care provider and out of network cost shares do not apply.

[A current listing of Provider-Administered Specialty Medications can be found here](#)

**Note:** We have noted medications that may be covered as either Self-Administered and/or Provider-Administered. These Specialty Pharmacy medications can be obtained in either setting.

### Participating Specialty Pharmacy Provider

If you are currently taking a Specialty Pharmacy medication, then your network for Specialty Pharmacies is limited to the following participating Specialty Pharmacy providers. Unless indicated below, any other pharmacy is considered a non-participating Specialty Pharmacy even if it participates in Florida Blue's networks for Non-Specialty Pharmacy medications.

#### Caremark Specialty Pharmacy Services

All Products

Phone: 1-866-278-5108

Fax: 1.800.323.2445

[Caremark Specialty Pharmacy](#)

#### Caremark Hemophilia Services

Hemophilia Products

Telephone: 1.866.792.2731 (Mon-Fri., 9:00 a.m. to 7:30 p.m. EST)

Fax: 1.866.811.7450

[Caremark Hemophilia](#)

**Note:** Specialty Pharmacy medications are not covered when purchased through the Mail Order Pharmacy.

Self-administered specialty medications as classified by Florida Blue obtained outside of the state of Florida may be obtained by a member with a written prescription through the preferred specialty pharmacy provider Caremark Specialty.

If a member resides or is traveling outside the state of Florida and needs to receive a provider administered specialty medication, the prescribing physician should coordinate with the participating specialty pharmacy provider for their area or contact the local BlueCross and BlueShield Plan. This coordination can help ensure members receive their medications at the in-network cost share.

Members that receive a written prescription directly from their provider for a provider administered specialty medication should contact customer service for further assistance.

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## USING THE MEDICATION GUIDE

The Medication List is organized into broad categories (e.g., Antibacterials).

1	2	3	4		
Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>ANTIDIARRHEALS</b>					
<b>loperamide</b>	1				
<b>ULCER/GERD</b>					
ACIPHEX*	3			•	•
CARAFATE susp	2				
cimetidine	1				
DEXILANT*	3			•	•
dicyclomine caps, tabs (Bentyl)	1				
famotidine (Pepcid)	1				

- 1 The first column of the chart lists the medication name. Generic medications are listed in lowercase boldface (e.g., **metformin**). Brand name medications are capitalized (e.g., CRESTOR).

Separate medication entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

**Note:** Self-administered injectable medications are designated in the Medication List with “inj” following the medication name (e.g., Arixtra inj).

- 2 The second column indicates the Tier level:

- 1 (Lowest Cost): Covered Generic Prescription Medications
- 2 (Higher Cost): Covered Preferred Brand Prescription Medications
- 3 (Highest Cost): Covered Non-Preferred Brand Prescription Medications

- 3 The third column indicates if the medication is a Self-Administered Specialty medication.

- 4 The remaining columns indicate the Responsible Rx Pharmacy program(s) that apply to the prescription medication (e.g., Prior Authorization, Responsible Quantity, and Responsible Steps). If an indicator is present in the column(s), then the Responsible Rx Program applies.

- 5 An asterisk (\*) next to a drug name signifies that this drug may not be covered. Please refer to your individual coverage policy.

ABBREVIATION/ACRONYM KEY

**caps** ..... capsules  
**chew tabs** ..... chewable tablets  
**conc** ..... concentrate  
**crm** ..... cream  
**ext-release** ..... extended-release  
**inhal** ..... inhalation  
**inj** ..... injection  
**lotn** ..... lotion  
**NP** ..... non-preferred  
**ODT** ..... orally disintegrating tabs  
**oint** ..... ointment

**OTC** ..... over-the-counter drug  
**PA** ..... Prior Coverage Authorization required  
**QL** ..... Responsible Quantity Program – quantity limit applies  
**RS** ..... Responsible Steps Program – prerequisite drug required  
**SI** ..... Self-Administered Injectable  
**SL** ..... sublingual  
**SP** ..... Self-Administered Specialty Pharmacy  
**soln** ..... solution  
**supp** ..... suppositories  
**susp** ..... suspension  
**tabs** ..... tablets

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>ANTI-INFECTIVE DRUGS</b>					
<b>PENICILLINS</b>					
AMOXICILLIN chew tabs, 250 mg	2				
<b>amoxicillin/potassium clavulanate</b> (Augmentin)	1				
<b>amoxicillin/potassium clavulanate ext-release</b> (Augmentin XR)	1				
<b>amoxicillin, NP = chew tabs, 125 mg</b>	1				
<b>ampicillin caps</b>	1				
AMPICILLIN susp	2				
AUGMENTIN susp, 125 mg/5 mL	2				
<b>dicloxacillin</b>	1				
<b>penicillin v potassium</b>	1				
<b>CEPHALOSPORINS</b>					
<b>cefadroxil</b>	1				
<b>cefdinir</b>	1				
<b>cefpodoxime</b>	1				
<b>cefprozil</b>	1				
<b>cefuroxime</b> (Ceftin)	1				
<b>cephalexin, NP = tabs</b> (Keflex)	1				
<b>MACROLIDES</b>					
<b>azithromycin</b> (Zithromax)	1				
<b>clarithromycin</b> (Biaxin)	1				
<b>clarithromycin ext-release</b> (Biaxin XL)	1				
DIFICID	3			•	
E.E.S. 400	2				
ERY-TAB	2				
ERYTHROMYCIN delayed-release caps	2				
ERYTHROMYCIN ETHYLSUCCINATE	2				
ZITHROMAX packets	2				
<b>TETRACYCLINES</b>					
ADOXA/CK/TT*	3				•
ALODOX*	3				•
AVIDOXY/DK*	3				•
<b>demeclocycline</b>	1				
DORYX	3				•
<b>doxycycline hyclate</b> (Periostat, Vibramycin)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
DOXYCYCLINE HYCLATE delayed-release tabs, 75 mg	3				•
DYNACIN	3				•
MINOCIN/PAC*	3				•
<b>minocycline</b> (Dynacin, Minocin)	1				
MONODOX	3				•
ORAXYL	3				•
PERIOSTAT	3				•
SOLODYN	3				•
TETRACYCLINE	2				
VIBRAMYCIN	3				•
<b>FLUOROQUINOLONES</b>					
CIPRO susp	2				
<b>ciprofloxacin</b> (Cipro)	1				
<b>levofloxacin</b> (Levaquin)	1				
<b>AMINOGLYCOSIDES</b>					
<b>neomycin sulfate</b>	1				
<b>paromomycin</b>	1				
TOBI	2				
<b>TUBERCULOSIS</b>					
<b>ethambutol</b> (Myambutol)	1				
ISONIAZID syrup	2				
<b>isoniazid tabs</b>	1				
<b>isoniazid/rifampin</b> (Rifamate)	1				
MYCOBUTIN	2				
PRIFTIN	2				
<b>pyrazinamide</b>	1				
<b>rifampin</b> (Rifadin)	1				
<b>FUNGAL INFECTIONS</b>					
<b>fluconazole</b> (Diflucan)	1				
<b>flucytosine</b> (Ancobon)	1				
GRIFULVIN V	2				
<b>griseofulvin microsize</b>	1				
<b>itraconazole</b> (Sporanox)	1		•		
<b>ketoconazole tabs</b>	1				
LAMISIL granules	2		•		
LAMISIL tabs	3		•		
NOXAFIL	2		•		

**KEY Tier**  
 1 = Covered Generic Drugs  
 2 = Preferred Brand Drugs

3 = Non-preferred Brand Drugs  
 • Responsible Rx Program

X = Self-Administered Specialty Medication  
 \* = May not be covered – see endorsement

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps	Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>nystatin oral</b>	1					EDURANT	2			•	
SPORANOX caps	3		•			EMTRIVA	2			•	
SPORANOX soln	2		•			EPIVIR soln	2			•	
<b>terbinafine</b> (Lamisil)	1		•			EPIVIR tabs	3			•	
VFEND oral susp	2		•			EPZICOM	2			•	
VFEND tabs	3		•			FUZEON	2	X		•	
<b>voriconazole</b> (Vfend)	1		•			INTELENCE	2			•	
<b>VIRAL INFECTIONS</b>						INVIRASE	2			•	
<b>Cytomegalovirus</b>						ISENTRESS	2			•	
VALCYTE	2					KALETRA	2			•	
<b>Hepatitis</b>						<b>lamivudine</b> (Epivir)	1			•	
BARACLUDE	2					<b>lamivudine/zidovudine</b> (Combivir)	1			•	
COPEGUS	3	X	•			LEXIVA	2			•	
EPIVIR-HBV	2					NEVIRAPINE susp	2			•	
HEPSERA	2					<b>nevirapine tabs</b> (Viramune)	1			•	
INCIVEK	2	X	•			NORVIR	2			•	
INFERGEN	3	X	•			PREZISTA	2			•	
PEG-INTRON	3	X	•			RESCRIPTOR	2			•	
PEGASYS	2	X	•			RETROVIR	3			•	
REBETOL	3	X	•			REYATAZ	2			•	
RIBAPAK	3	X	•			SELZENTRY	2			•	
RIBASPHERE 400 mg, 600 mg	3	X	•			<b>stavudine</b> (Zerit)	1			•	
RIBATAB	2	X	•			STRIBILD	2			•	
<b>ribavirin</b> (Copegus, Rebetol)	1	X	•			SUSTIVA	2			•	
VICTRELIS	2	X	•			TRIZIVIR	2			•	
<b>Herpes</b>						TRUVADA	2			•	
<b>acyclovir</b> (Zovirax)	1					VIDEX	2			•	
<b>famciclovir</b> (Famvir)	1					VIDEX EC	3			•	
<b>valacyclovir</b> (Valtrex)	1					VIRACEPT	2			•	
<b>HIV/AIDS</b>						VIRAMUNE susp	2			•	
<b>abacavir</b> (Ziagen)	1			•		VIRAMUNE tabs	3			•	
APTIVUS	2			•		VIRAMUNE XR	2			•	
ATRIPLA	2			•		VIREAD	2			•	
COMBIVIR	3			•		ZERIT	3			•	
COMPLERA	2			•		ZIAGEN soln	2			•	
CRIXIVAN	2			•		ZIAGEN tabs	3			•	
<b>didanosine delayed-release</b> (Videx EC)	1			•		<b>zidovudine</b> (Retrovir)	1			•	

**KEY** | **Tier**  
1 = Covered Generic Drugs  
2 = Preferred Brand Drugs

3 = Non-preferred Brand Drugs  
• Responsible Rx Program

X = Self-Administered Specialty Medication  
\* = May not be covered – see endorsement

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>Influenza</b>					
RELENZA	3			•	
TAMIFLU	2			•	
<b>MALARIA</b>					
<b>atovaquone/proguanil 250-100 mg</b> (Malarone)	1				
ATOVAQUONE/PROGUANIL 62.5-25 mg	2				
<b>chloroquine phosphate</b> (Aralen)	1				
COARTEM	2				
DARAPRIM	2				
<b>hydroxychloroquine</b> (Plaquenil)	1				
MALARONE 62.5-25 mg	2				
<b>mefloquine</b>	1				
PRIMAQUINE	2				
QUALAQUIN	3			•	
<b>quinine sulfate</b> (Qualaquin)	1			•	
<b>WORM INFECTIONS</b>					
ALBENZA	2				
BILTRICIDE	2				
STROMEKTOL	2				
<b>OTHER ANTI-INFECTIVES</b>					
ALINIA	2				
CAYSTON	2				
<b>clindamycin</b> (Cleocin, Cleocin Pediatric)	1				
<b>colistimethate</b> (Coly-Mycin M)	1				
DAPSONE	2				
<b>erythromycin/sulfisoxazole</b>	1				
MEPRON	2				
<b>metronidazole</b> (Flagyl)	1				
NEBUPENT	2				
PRIMSOL	2				
<b>sulfamethoxazole/trimethoprim</b> (Bactrim)	1				
<b>trimethoprim</b>	1				
<b>vancomycin</b> (Vancocin)	1				
XIFAXAN	2				
YODOXIN	2				
ZYVOX	2		•		

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>IMMUNIZING AGENTS</b>					
GAMMAGARD	3	X	•		
GAMMAKED	3	X	•		
GAMUNEX/C	3	X	•		
HIZENTRA	3	X	•		
VIVAGLOBIN	3	X	•		
<b>CANCER DRUGS</b>					
ACTIMMUNE	2	X			
AFINITOR	2	X	•	•	
ALKERAN tabs	2				
<b>anastrozole</b> (Arimidex)	1				
<b>bicalutamide</b> (Casodex)	1				
BOSULIF	2	X	•	•	
CAPRELSA	2	X	•	•	
CEENU	2				
CYCLOPHOSPHAMIDE tabs	2				
EMCYT	2				
ERIVEDGE	2	X	•	•	
ETOPOSIDE caps	2				
<b>exemestane</b> (Aromasin)	1				
FARESTON	2				
FEMARA	3		•		
<b>flutamide</b>	1				
GLEEVEC	2	X	•	•	
HEXALEN	2	X	•		
HYCANTIN caps	2	X	•		
<b>hydroxyurea</b> (Hydrea)	1				
INLYTA	2	X	•	•	
INTRON A	2	X	•		
IRESSA	2	X			
JAKAFI	2	X	•	•	
<b>letrozole</b> (Femara)	1		•		
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	2				
<b>leucovorin calcium tabs, 5 mg, 25 mg</b>	1				
LEUKERAN	2				
<b>leuprolide acetate inj</b>	1	X	•		
LYSODREN	2	X	•		

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
MATULANE	2	X	•		
<b>megestrol</b> (Megace)	1				
<b>mercaptopurine</b> (Purinethol)	1				
MESNEX tabs	2				
<b>methotrexate</b>	1				
MYLERAN	2				
NEXAVAR	2	X	•	•	
NILANDRON	2				
OFORTA	2	X	•		
PROLEUKIN	2				
SPRYCEL	2	X	•	•	
STIVARGA	2	X	•	•	
SUTENT	2	X	•	•	
SYLATRON	2	X	•		
TABLOID	2				
<b>tamoxifen</b>	1				
TARCEVA	2	X	•	•	
TARGRETIN caps	2	X	•		
TASIGNA	2	X	•	•	
TEMODAR caps	2	X	•		
<b>tretinoin caps</b>	1	X	•		
TYKERB	2	X	•	•	
VANDETANIB	2	X	•	•	
VOTRIENT	2	X	•	•	
XALKORI	2	X	•	•	
XELODA	2	X	•		
XTANDI	2	X	•	•	
ZELBORAF	2	X	•	•	
ZOLINZA	2	X	•	•	
ZYTIGA	2	X	•	•	
<b>HORMONES, DIABETES AND RELATED DRUGS</b>					
<b>CORTICOSTEROIDS</b>					
<b>budesonide ext-release</b> (Entocort EC)	1				
CORTISONE ACETATE	2				
<b>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</b>	1				
DEXAMETHASONE soln; tabs, 1 mg, 2 mg	2				
<b>fludrocortisone</b>	1				
<b>Drug Name</b>					
<b>hydrocortisone</b> (Cortef)	1				
<b>methylprednisolone</b> (Medrol)	1				
<b>prednisolone</b> (Prelone)	1				
<b>prednisolone sodium phosphate</b> (Orapred, Pediapred)	1				
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	2				
<b>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</b>	1				
<b>MALE HORMONES</b>					
ANDRODERM	2		•	•	
ANDROGEL	2		•	•	
ANDROID	3		•		
ANDROXY	2		•		
AXIRON	3		•	•	
<b>danazol</b>	1				
DELATESTRYL	3		•	•	
DEPO-TESTOSTERONE	3		•	•	
FORTESTA	3		•	•	
METHITEST	3		•		
STRIANT	3		•	•	
TESTIM	3		•	•	
<b>testosterone cypionate</b> (Depo-testosterone)	1		•	•	
<b>testosterone enanthate</b> (Delatestryl)	1		•	•	
TESTRED	3		•		
<b>ESTROGENS</b>					
ALORA	3			•	
CLIMARA	3			•	
CLIMARA PRO	2			•	
DIVIGEL	2			•	
ELESTRIN	3			•	
ESTRADERM	3			•	
<b>estradiol patches</b> (Climara)	1			•	
<b>estradiol tabs</b> (Estrace)	1				
<b>estradiol/norethindrone acetate</b> (Activella)	1				
ESTRASORB	3			•	
ESTROGEL	3			•	

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<b>estropiate 0.75 mg, 1.5 mg</b>	1				
EVAMIST	3			•	
FEMHRT LOW DOSE 0.5 mg-2.5 mcg	2				
JINTELI	2				
MENEST	2				
MENOSTAR	3			•	
PREMARIN	2				
PREMPHASE	2				
PREMPRO	2				
VIVELLE-DOT	2			•	
<b>PROGESTINS</b>					
<b>medroxyprogesterone acetate</b> (Provera)	1				
<b>norethindrone acetate</b> (Aygestin)	1				
<b>progesterone micronized</b> (Prometrium)	1				
<b>BIRTH CONTROL</b>					
ELLA	2				
<b>levonorgestrel</b> (Plan B, Plan B One-Step)	1				
<b>oral contraceptives – all generics</b>	1				
<b>INFERTILITY</b>					
BRAVELLE	2	X			
CETROTIDE	3	X			
<b>clomiphene</b> (Clomid)	1				
FOLLISTIM AQ	3	X			
GANIRELIX	3	X	•		
LUVERIS	3	X			
MENOPUR	3	X			
OVIDREL	3	X			
REPRONEX	3	X			
<b>DIABETES</b>					
<b>acarbose</b> (Precose)	1				
ACTOPLUS MET/XR	3				•
ACTOS	3				•
AVANDAMET	3				•
AVANDARYL	3				•
AVANDIA	3				•
BYDUREON	2			•	•
BYETTA inj	2			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
DUETACT	3				•
<b>glimepiride</b> (Amaryl)	1				
<b>glipizide</b> (Glucotrol)	1				
<b>glipizide ext-release</b> (Glucotrol XL)	1				
<b>glipizide/metformin</b> (Metaglip)	1				
GLUCAGON EMERGENCY INJ KIT	2				
<b>glyburide</b> (Micronase)	1				
<b>glyburide micronized</b> (Glynase)	1				
<b>glyburide/metformin</b> (Glucovance)	1				
GLYBURIDE, distributor of Diabeta	2				
GLYSET	2				
JANUMET	2			•	•
JANUMET XR	2			•	•
JANUVIA	2			•	•
JENTADUETO	3				•
JUVISYNC	2			•	•
KOMBIGLYZE XR	2			•	•
KORLYM	3	X	•	•	
<b>metformin</b> (Glucophage)	1				
<b>metformin ext-release</b> (Glucophage XR)	1				
<b>metformin ext-release OSM</b> (Fortamet)	1				
<b>nateglinide</b> (Starlix)	1				
ONGLYZA	2			•	•
<b>pioglitazone</b> (Actos)	1				
<b>pioglitazone/metformin</b> (Actoplus Met)	1				
PRANDIN	2				
PROGLYCEM	2				
SYMLINPEN inj	2				
TRADJENTA	3			•	•
VICTOZA inj	2			•	•
<b>INSULINS</b>					
<b>Rapid-Acting Insulins</b>					
HUMALOG inj	2				
NOVOLOG inj	2				
<b>Short-Acting Insulins</b>					
HUMULIN R inj	2				
NOVOLIN R inj	2				
<b>Intermediate-Acting Insulins</b>					
HUMALOG MIX 50/50, 75/25 inj	2				

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HUMULIN N inj	2				
HUMULIN 70/30 inj	2				
NOVOLIN N inj	2				
NOVOLIN 70/30 inj	2				
NOVOLOG MIX 70/30 inj	2				
<b>Basal Insulins</b>					
LANTUS inj	2				
LEVEMIR inj	2				
<b>THYROID REGULATION</b>					
<b>levothyroxine</b> (Synthroid)	1				
<b>liothyronine</b> (Cytomel)	1				
<b>methimazole</b> (Tapazole)	1				
<b>propylthiouracil</b>	1				
THYROLAR	2				
<b>GROWTH HORMONE</b>					
EGRIFTA	3	X	•		
GENOTROPIN	3	X	•		
HUMATROPE	3	X	•		
INCRELEX	2	X	•		
NORDITROPIN	2	X	•		
NUTROPIN/AQ	3	X	•		
OMNITROPE	3	X	•		
SAIZEN	3	X	•		
SEROSTIM	3	X	•		
TEV-TROPIN	3	X	•		
ZORBTIVE	3	X	•		
<b>OTHER HORMONES AND RELATED DRUGS</b>					
ACTHAR HP	3	X	•		
ACTONEL	2			•	•
<b>alendronate</b> (Fosamax)	1			•	
AELVIA	2			•	•
BINOSTO	3			•	•
BONIVA tabs	3			•	•
<b>cabergoline</b>	1				
<b>calcitonin-salmon</b> (Miacalcin)	1				
<b>calcitriol</b> (Rocaltrol)	1				
CARBAGLU	3	X			
CYSTADANE	3	X			
<b>desmopressin inj, nasal, tabs</b> (DDAVP)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>etidronate 400 mg</b> (Didronel)	1				
EVISTA	2				
FORTEO	2	X	•		
FOSAMAX/PLUS D	3			•	•
HECTOROL	2				
<b>ibandronate</b> (Boniva)	1			•	
KUVAN	2	X	•		
<b>levocarnitine</b> (Carnitor)	1				
<b>methylethergonovine</b>	1				
<b>octreotide</b> (Sandostatin)	1	X	•		
ORFADIN	2	X	•		
SAMSCA	3			•	
SANDOSTATIN inj	3	X	•		
SENSIPAR	2				
SOMAVERT	2	X			
STIMATE	2				
SYNAREL	2	X	•		
ZEMPLAR caps	2				
<b>HEART AND CIRCULATORY DRUGS</b>					
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS</b>					
<b>benazepril</b> (Lotensin)	1				
<b>benazepril/hydrochlorothiazide</b> (Lotensin HCT)	1				
<b>captopril</b>	1				
CAPTAPRIL/HYDROCHLOROTHIAZIDE 25-15 mg, 50-15 mg	2				
<b>enalapril</b> (Vasotec)	1				
<b>enalapril/hydrochlorothiazide</b> (Vaseretic)	1				
<b>fosinopril</b>	1				
<b>fosinopril/hydrochlorothiazide</b>	1				
<b>lisinopril</b> (Prinivil, Zestril)	1				
<b>lisinopril/hydrochlorothiazide</b> (Prinzide, Zestoretic)	1				
<b>moexipril</b> (Univasc)	1				
<b>moexipril/hydrochlorothiazide</b> (Uniretic)	1				
<b>perindopril</b> (Aceon)	1				
<b>quinapril</b> (Accupril)	1				

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<b>quinapril/hydrochlorothiazide</b> (Accuretic)	1				
<b>ramipril</b> (Altace)	1				
<b>trandolapril</b> (Mavik)	1				
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>					
ATACAND/HCT	3			• •	
AVALIDE	3			• •	
AVAPRO	3			• •	
BENICAR/HCT	3			• •	
COZAAR	3			• •	
DIOVAN	2			• •	
DIOVAN HCT	3			• •	
EDARBI	3			• •	
EDARBYCLOR	3			• •	
<b>eprosartan</b> (Teveten)	1			•	
EXFORGE	2			• •	
EXFORGE HCT	2			• •	
HYZAAR	3			• •	
<b>irbesartan</b> (Avapro)	1			•	
<b>irbesartan/hydrochlorothiazide</b> (Avalide)	1			•	
<b>losartan</b> (Cozaar)	1			•	
<b>losartan/hydrochlorothiazide</b> (Hyzaar)	1			•	
MICARDIS	2			• •	
MICARDIS HCT	2			• •	
TEVETEN/HCT	3			• •	
TRIBENZOR	3			• •	
<b>valsartan/hydrochlorothiazide</b> (Diovan HCT)	1			•	
<b>BETA BLOCKERS AND COMBINATIONS</b>					
<b>acebutolol</b> (Sectral)	1				
<b>atenolol</b> (Tenormin)	1				
<b>atenolol/chlorthalidone</b> (Tenoretic)	1				
<b>bisoprolol</b> (Zebeta)	1				
<b>bisoprolol/hydrochlorothiazide</b> (Ziac)	1				
<b>carvedilol</b> (Coreg)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
INNOPRAN XL	2				
<b>labetalol</b> (Trandate)	1				
<b>metoprolol succinate ext-release</b> (Toprol XL)	1				
<b>metoprolol tartrate</b> (Lopressor)	1				
<b>nadolol</b> (Corgard)	1				
PINDOLOL	2				
<b>propranolol ext-release</b> (Inderal LA)	1				
PROPRANOLOL soln	2				
<b>propranolol tabs</b>	1				
PROPRANOLOL/HYDROCHLOROTHIAZIDE	2				
TIMOLOL tabs	2				
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>					
<b>amlodipine</b> (Norvasc)	1				
<b>amlodipine/benazepril</b> (Lotrel)	1				
AZOR	3			• •	
<b>diltiazem</b> (Cardizem)	1				
<b>diltiazem ext-release</b> (Cardizem CD, Dilacor XR, Tiazac)	1				
<b>felodipine ext-release</b>	1				
ISRADIPINE caps, 2.5 mg	2				
<b>nifedipine ext-release</b> (Adalat CC, Procardia XL)	1				
NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg	2				
<b>nisoldipine ext-release 8.5 mg, 17 mg, 34 mg</b> (Sular)	1				
TWYNSTA	3			• •	
VERAPAMIL 40 mg	2				
<b>verapamil 80 mg, 120 mg</b> (Calan)	1				
<b>verapamil ext-release</b> (Calan SR, Isoptin SR, Verelan, Verelan PM)	1				
<b>CHEST PAIN</b>					
<b>isosorbide dinitrate</b> (Isordil)	1				
ISOSORBIDE DINITRATE SL	2				
<b>isosorbide mononitrate</b> (Monoket)	1				
<b>isosorbide mononitrate ext-release</b> (Imdur)	1				
NITRO-BID	2				

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NITRO-DUR	2				
<b>nitroglycerin</b> (Nitro-Dur)	1				
NITROSTAT	2				
<b>CHOLESTEROL LOWERING</b>					
ADVICOR	3			•	•
ALTOPREV	3			•	•
ANTARA	3			•	•
<b>atorvastatin</b> (Lipitor)	1			•	
<b>cholestyramine</b> (Questran, Questran Light)	1				
<b>colestipol</b> (Colestid)	1				
CRESTOR	2			•	•
<b>fenofibrate</b> (Lofibra)	1			•	
<b>fenofibrate micronized</b> (Lofibra)	1			•	
FENOFIBRIC ACID	3			•	•
FENOGLIDE	3			•	•
FIBRICOR	3			•	•
<b>fluvastatin</b> (Lescol)	1			•	
<b>gemfibrozil</b> (Lopid)	1			•	
LESCOL/XL	3			•	
LIPITOR	3			•	•
LIPOFEN	3			•	•
LIVALO	3			•	•
LOFIBRA	3			•	•
LOPID	3			•	•
<b>lovastatin</b> (Mevacor)	1			•	
MEVACOR	3			•	•
NIASPAN	2				
PRAVACHOL	3			•	•
<b>pravastatin</b> (Pravachol)	1			•	
SIMCOR	3			•	•
<b>simvastatin</b> (Zocor)	1			•	
TRICOR	3			•	•
TRIGLIDE	3			•	•
TRILIPIX	3			•	•
VYTORIN	3			•	•
WELCHOL	2				
ZETIA	2			•	•
ZOCOR	3			•	•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>FLUID RETENTION</b>					
ACETAZOLAMIDE 125 mg	2				
<b>acetazolamide 250 mg</b>	1				
<b>acetazolamide ext-release</b> (Diamox Sequels)	1				
<b>amiloride</b>	1				
<b>amiloride/hydrochlorothiazide</b>	1				
<b>bumetanide</b>	1				
<b>chlorothiazide</b>	1				
<b>chlorthalidone 25 mg</b>	1				
CHLORTHALIDONE 50 mg	2				
<b>furosemide, NP = soln, 8 mg/mL</b> (Lasix)	1				
<b>hydrochlorothiazide caps</b> (Microzide)	1				
<b>hydrochlorothiazide tabs</b>	1				
<b>indapamide</b>	1				
<b>methazolamide</b> (Neptazane)	1				
<b>metolazone</b> (Zaroxolyn)	1				
<b>spironolactone</b> (Aldactone)	1				
<b>spironolactone/hydrochlorothiazide</b> (Aldactazide)	1				
<b>toremide</b> (Demadex)	1				
<b>triamterene/hydrochlorothiazide</b> (Dyazide, Maxzide, Maxzide-25)	1				
<b>HEART RHYTHM</b>					
<b>amiodarone</b> (Cordarone, Pacerone)	1				
<b>disopyramide</b> (Norpace)	1				
<b>flecainide</b> (Tambocor)	1				
MEXILETINE	2				
MULTAQ	2				
<b>propafenone</b> (Rythmol)	1				
<b>propafenone ext-release</b> (Rythmol SR)	1				
<b>quinidine gluconate ext-release</b>	1				
<b>quinidine sulfate</b>	1				
QUINIDINE SULFATE ext-release	2				
<b>sotalol</b> (Betapace, Betapace AF)	1				
<b>OTHER HEART RELATED DRUGS</b>					
ADCIRCA	2	X	•	•	
AMTURNIDE	3			•	•

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<b>clonidine</b> (Catapres, Catapres-TTS)	1				
DIGOXIN soln	2				
<b>digoxin tabs</b> (Lanoxin)	1				
<b>doxazosin</b> (Cardura)	1				
<b>eplerenone</b> (Inspra)	1				
<b>guanfacine</b> (Tenex)	1				
<b>hydralazine</b>	1				
LETAIRIS	2	X	•	•	
<b>methyldopa</b>	1				
<b>midodrine</b> (Proamatine)	1				
<b>minoxidil</b>	1				
<b>prazosin</b> (Minipress)	1				
REMODULIN	3	X	•		
RESERPINE	2				
REVATIO	3	X	•	•	
<b>sildenafil</b> (Revatio)	1	X	•	•	
TEKAMLO	3			•	•
TEKTURN/HCT	3			•	•
<b>terazosin</b>	1				
TRACLEER	2	X	•	•	
TYVASO	3	X	•		
VALTURN	3			•	•
VENTAVIS	2	X	•		
<b>ERECTILE DYSFUNCTION</b>					
CIALIS* – PA on 2.5 mg, 5 mg	3		•	•	
LEVITRA*	2				
<b>ALLERGIC REACTION KITS</b>					
EPIPEN inj	2				
EPIPEN-JR inj	2				
<b>RESPIRATORY DRUGS</b>					
<b>ANTI-HISTAMINES</b>					
<b>loratadine</b> (Claritin – OTC)	1				
CLARINEX*	3				•
<b>cyproheptadine</b>	1				
<b>desloratadine</b> (Clarinex)	1				
<b>promethazine, NP = supp, 50 mg</b>	1				
XYZAL*	3				•

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>NASAL PRODUCTS</b>					
ASTELIN	3			•	
ASTEPRO	3			•	
ATROVENT	3			•	
<b>azelastine</b> (Astelin)	1			•	
BECONASE AQ*	3			•	•
DYMISTA*	3			•	•
FLONASE*	3			•	•
FLUNISOLIDE 25 mcg, 29 mcg/spray*	3			•	•
<b>fluticasone propionate</b> (Flonase)	1			•	
<b>ipratropium</b> (Atrovent)	1			•	
NASACORT AQ*	3			•	•
NASONEX*	3			•	•
OMNARIS*	3			•	•
PATANASE	3			•	
QNASL*	3			•	•
RHINOCORT AQUA*	3			•	•
<b>triamcinolone</b> (Nasacort AQ)	1			•	
VERAMYST*	3			•	•
ZETONNA*	3			•	•
<b>COUGH/COLD/ALLERGY</b>					
<b>loratadine/pseudoephedrine</b> (Claritin-D – OTC)	1				
<b>acetylcysteine</b>	1				
CLARINEX-D*	3				•
SEMPREX-D	3				•
<b>ASTHMA/COPD</b>					
ACCOLATE	3			•	
ADVAIR DISKUS	2			•	
ADVAIR HFA	2			•	
<b>albuterol inhal soln, 0.083%, 0.5%</b>	1				
<b>albuterol inhal soln, 0.63 mg/3 mL, 1.25 mg/3 mL</b> (Accuneb)	1				
<b>albuterol syrup, tabs</b>	1				
ALVESCO	3			•	
ARCAPTA NEOHALER	3			•	
ASMANEX	2			•	
ATROVENT HFA	2			•	

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>budesonide</b> (Pulmicort Respules)	1				
COMBIVENT	2			•	
COMBIVENT RESPIMAT	2			•	
<b>cromolyn sodium inhal soln</b>	1				
DALIRESP	3			•	•
DULERA	2			•	
FLOVENT DISKUS	2			•	
FLOVENT HFA	2			•	
FORADIL AEROLIZER	2			•	
<b>ipratropium inhal soln</b>	1				
<b>ipratropium/albuterol</b> (Duoneb)	1				
MAXAIR AUTOHALER	3			•	
<b>montelukast</b> (Singulair)	1			•	
PROAIR HFA	2			•	
PROVENTIL HFA	3			•	
PULMICORT FLEXHALER	3			•	
PULMICORT RESPULES 1 mg/2 mL	2				
QVAR	2			•	
SEREVENT DISKUS	3			•	
SINGULAIR	3			•	
SPIRIVA HANDIHALER	2			•	
SYMBICORT	2			•	
<b>terbutaline</b> (Brethine)	1				
<b>theophylline ext-release</b>	1				
TUDORZA PRESSAIR	3			•	
VENTOLIN HFA	2			•	
XOPENEX HFA	3			•	
<b>zafirlukast</b> (Accolate)	1			•	
ZYFLO/CR	3			•	
<b>OTHER RESPIRATORY DRUGS</b>					
KALYDECO	2	X	•	•	
PULMOZYME	2	X			
<b>GASTROINTESTINAL DRUGS</b>					
<b>LAXATIVES</b>					
<b>lactulose</b>	1				
<b>PEG – electrolytes for soln</b> (Colyte, Golytely, Nulytely)	1				
<b>ANTIDIARRHEALS</b>					
<b>loperamide</b>	1				
<b>ULCER/GERD</b>					
ACIPHEX*	3			•	•
CARAFATE susp	2				
<b>cimetidine</b>	1				
DEXILANT*	3			•	•
<b>dicyclomine caps, tabs</b> (Bentyl)	1				
<b>famotidine</b> (Pepcid)	1				
<b>glycopyrrolate</b> (Robinul)	1				
<b>hyoscyamine</b> (Anaspaz, Levsin, Levsin/SL)	1				
<b>hyoscyamine ext-release</b> (Levbid, Symax DuoTab)	1				
<b>lansoprazole delayed-release</b> (Prevacid)	1			•	
<b>methscopolamine</b> (Pamine, Pamine Forte)	1				
<b>misoprostol</b> (Cytotec)	1				
NEXIUM	2			•	•
<b>omeprazole delayed-release</b> (Prilosec)	1			•	
<b>omeprazole/sodium bicarbonate</b> (Zegerid)	1			•	•
<b>pantoprazole delayed-release</b> (Protonix)	1			•	
PREVACID/SOLUTAB*	3			•	•
PREVPAC	2				
PRIOSEC	3			•	•
PRIOSEC OTC	2				
PROPANTHELINE 15 mg	2				
PROTONIX packets, tabs*	3			•	•
PYLERA	2				
<b>ranitidine</b> (Zantac)	1				
<b>sucralfate</b> (Carafate)	1				
ZEGERID*	3			•	•
<b>NAUSEA AND VOMITING</b>					
ANZEMET	3			•	
CESAMET	3			•	
EMEND caps, therapy pack	2			•	
<b>granisetron</b>	1			•	
GRANISOL	3			•	

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<b>meclizine</b> (Antivert)	1				
<b>ondansetron</b> (Zofran, Zofran ODT)	1			•	
<b>ondansetron tabs, 24 mg</b>	1			•	
SANCUSO	3			•	
<b>trimethobenzamide</b> (Tigan)	1				
ZOFRAN/ODT	3			•	
ZUPLENZ*	3			•	
<b>DIGESTIVE ENZYMES – Pancreatic Enzyme Products</b>					
CREON	2				
SUCRAID	3	X			
ZENPEP	2				
<b>OTHER GASTROINTESTINAL DRUGS</b>					
ASACOL/HD	2				
<b>balsalazide</b> (Colazal)	1				
<b>calcium acetate</b> (Eliphos, Phoslo)	1				
CANASA	2				
CHENODAL	2				
CIMZIA	3	X	•	•	
<b>diphenoxylate/atropine tabs</b> (Lomotil)	1				
<b>lactulose</b>	1				
LIALDA	2				
<b>mesalamine</b>	1				
<b>metoclopramide</b> (Reglan)	1				
PENTASA	2				
RELISTOR inj	3		•		
REVELA	2				
<b>sulfasalazine</b> (Azulfidine)	1				
<b>sulfasalazine delayed-release</b> (Azulfidine EN-Tabs)	1				
<b>ursodiol</b> (Actigall, Urso 250, Urso Forte)	1				
<b>GENITOURINARY DRUGS</b>					
<b>URINARY TRACT INFECTIONS</b>					
<b>nitrofurantoin</b> (Furadantin)	1				
<b>nitrofurantoin macrocrystalline</b> (Macrochantin)	1				
<b>nitrofurantoin monohydrate/ macrocrystalline</b> (Macrobid)	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>URINARY TRACT SPASMS</b>					
DETROL/LA	3			•	
DITROPAN XL	3			•	
ENABLEX	3			•	
GELNIQUE	3			•	
MYRBETRIQ	3			•	
<b>oxybutynin</b>	1			•	
<b>oxybutynin ext-release</b> (Ditropan XL)	1			•	
OXYTROL	3			•	
SANCTURA/XR	3			•	
<b>tolterodine</b> (Detrol)	1			•	
TOVIAZ	3			•	
<b>tropium</b> (Sanctura)	1			•	
<b>tropium ext-release</b> (Sanctura XR)	1			•	
VESICARE	2			•	
<b>VAGINAL PRODUCTS</b>					
ACID JELLY	2				
AVC	2				
CLEOCIN supp	2				
<b>clindamycin</b> (Cleocin)	1				
ESTRING	3			•	
FEMRING	3			•	
<b>metronidazole</b> (MetroGel-Vaginal)	1				
NYSTATIN tabs	2				
PREMARIN	2				
<b>terconazole</b> (Terazol)	1				
VAGIFEM	2				
<b>OTHER GENITOURINARY DRUGS</b>					
<b>alfuzosin ext-release</b> (Uroxatral)	1				
AVODART	2				•
CYSTAGON	2				
CYTRA-K	2				
ELMIRON	2				
<b>finasteride</b> (Proscar)	1				
JALYN	3				•
K-PHOS MF	2				
K-PHOS NO. 2	2				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>potassium citrate ext-release</b> (Urocit-K)	1				
<b>potassium citrate/citric acid powder</b> (Polycitra-K)	1				
PROSCAR	3				•
<b>sodium citrate/citric acid</b> (Shohl's)	1				
<b>tamsulosin</b> (Flomax)	1				
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANXIETY</b>					
<b>alprazolam</b> (Xanax)	1				
<b>bupirone 5 mg, 10 mg, 15 mg, 30 mg</b>	1				
BUSPIRONE 7.5 mg	2				
DIAZEPAM oral soln, 1 mg/mL	2				
<b>diazepam tabs</b> (Valium)	1				
<b>hydroxyzine hcl</b>	1				
<b>hydroxyzine pamoate 25 mg, 50 mg</b> (Vistaril)	1				
<b>lorazepam</b> (Ativan)	1				
<b>lorazepam conc</b> (Lorazepam Intensole)	1				
<b>DEPRESSION</b>					
<b>amitriptyline</b>	1				
AMOXAPINE	2				
APLENZIN	3			•	•
<b>bupropion</b> (Wellbutrin)	1			•	
<b>bupropion ext-release</b> (Wellbutrin SR, Wellbutrin XL)	1			•	
CELEXA	3			•	•
<b>citalopram</b> (Celexa)	1			•	
<b>clomipramine</b> (Anafranil)	1				
CYMBALTA	3			•	•
<b>desipramine</b> (Norpramin)	1				
<b>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; conc</b>	1				
DOXEPIN caps, 75 mg	2				
EFFEXOR XR	3			•	•
<b>escitalopram</b> (Lexapro)	1			•	
<b>fluoxetine</b> (Prozac)	1			•	
FLUOXETINE 60 mg	3			•	•
<b>fluvoxamine</b>	1			•	
Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
FORFIVO XL	3			•	•
<b>imipramine hcl</b> (Tofranil)	1				
LEXAPRO	3			•	•
LUVOX CR	3			•	•
MAPROTILINE	3			•	•
<b>mirtazapine</b> (Remeron, Remeron SolTab)	1			•	
NARDIL	2				
<b>nortriptyline caps</b> (Pamelor)	1				
OLEPTRO	3			•	•
<b>paroxetine hcl</b> (Paxil)	1			•	
<b>paroxetine hcl ext-release</b> (Paxil CR)	1			•	
PAXIL/CR	3			•	•
PEXEVA	3			•	•
<b>phenelzine</b> (Nardil)	1				
PRISTIQ	3			•	•
PROZAC	3			•	•
REMERON/SOLTAB	3			•	•
<b>sertraline</b> (Zoloft)	1			•	
<b>tranlycypromine</b> (Parnate)	1				
<b>trazodone</b>	1				
<b>venlafaxine</b>	1			•	
<b>venlafaxine ext-release caps</b> (Effexor XR)	1			•	
VENLAFAXINE ext-release tabs, 225 mg	2			•	•
VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg	3			•	•
<b>venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg</b>	1			•	
VIIBRYD	3			•	•
WELLBUTRIN/SR/XL	3			•	•
ZOLOFT	3			•	•
<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>					
ABILIFY/DISCHELT	3			•	
<b>chlorpromazine</b>	1				
<b>clozapine</b> (Clozaril)	1				
CLOZAPINE ODT	3			•	
FANAPT	3			•	
FAZACLO	3			•	
FLUPHENAZINE HCL elixir, soln	2				

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<b>fluphenazine hcl tabs</b>	1				
GEODON	3			•	
<b>haloperidol lactate oral soln</b>	1				
<b>haloperidol tabs</b>	1				
INVEGA	3			•	
LATUDA	3			•	
<b>lithium carbonate</b>	1				
<b>lithium carbonate ext-release 300 mg</b> (Lithobid)	1				
<b>lithium carbonate ext-release 450 mg</b>	1				
LITHIUM CITRATE	2				
<b>loxapine</b> (Loxitane)	1				
<b>olanzapine</b> (Zyprexa, Zyprexa Zydis)	1			•	
<b>perphenazine</b>	1				
<b>prochlorperazine</b>	1				
<b>quetiapine</b> (Seroquel)	1			•	
RISPERDAL/M-TAB	3			•	
<b>risperidone</b> (Risperdal, Risperdal M-Tab)	1			•	
RISPERIDONE ODT 0.25 mg	2			•	
SAPHRIS	3			•	
SEROQUEL	3			•	
SEROQUEL XR	2			•	
<b>thiothixene</b>	1				
<b>trifluoperazine</b>	1				
<b>ziprasidone</b> (Geodon)	1			•	
ZYPREXA/RELPREVV/ZYDIS	3			•	
<b>SLEEP AIDS</b>					
AMBIEN/CR*	3			•	•
EDLUAR*	3			•	•
<b>estazolam</b>	1				
INTERMEZZO*	3			•	•
LUNESTA	3			•	•
<b>phenobarbital elixir; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg</b>	1				
PHENOBARBITAL 64.8 mg; NP = 97.2 mg	2				
ROZEREM	3			•	•
SILENOR*	3			•	•
SONATA	3			•	•
<b>temazepam</b> (Restoril)	1				
<b>zaleplon</b> (Sonata)	1			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>zolpidem</b> (Ambien)	1			•	
<b>zolpidem ext-release</b> (Ambien CR)	1			•	
ZOLPIMIST*	3			•	•
<b>HYPERACTIVITY/NARCOLEPSY</b>					
ADDERALL/XR	3			•	•
<b>amphetamine/dextroamphetamine</b> (Adderall)	1			•	
<b>amphetamine/dextroamphetamine ext-release</b> (Adderall XR)	1			•	
<b>caffeine citrate</b> (Cafcit)	1				
CONCERTA	3			•	•
DAYTRANA	3			•	•
DESOXYN	3			•	•
DEXEDRINE	3			•	•
<b>dexmethylphenidate</b> (Focalin)	1			•	
<b>dextroamphetamine</b>	1			•	
<b>dextroamphetamine ext-release</b> (Dexedrine Spansule)	1			•	
FOCALIN/XR	3			•	•
INTUNIV	3			•	•
KAPVAY	3			•	•
METADATE CD/ER	3			•	•
<b>methamphetamine</b> (Desoxyn)	1			•	
METHYLIN	3			•	•
METHYLPHENIDATE ext-release tabs, 10 mg, 18 mg, 27 mg, 36 mg, 54 mg	3			•	
<b>methylphenidate ext-release caps</b> (Metadate CD, Ritalin LA)	1			•	
<b>methylphenidate ext-release tabs, 20 mg</b> (Ritalin SR)	1			•	
<b>modafinil</b> (Provigil)	1			•	•
NUVIGIL	3			•	•
PROCENTRA	3			•	•
PROVIGIL	3			•	•
RITALIN/LA/SR	3			•	•
STRATTERA	2			•	
VYVANSE	2			•	
<b>MULTIPLE SCLEROSIS</b>					
AMPYRA	3			•	•
AUBAGIO	3	X		•	•
AVONEX	3	X		•	•

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BETASERON	2	X	•	•	
COPAXONE	2	X	•	•	
EXTAVIA	3	X	•	•	
GILENYA	3	X	•	•	
REBIF	2	X	•	•	
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>					
ARICEPT 23 mg	2				
<b>bupropion ext-release*</b> (Zyban)	1				
CHANTIX*	2				
<b>disulfiram</b> (Antabuse)	1				
<b>donepezil</b> (Aricept, Aricept ODT)	1				
EXELON patches	2				
<b>galantamine</b> (Razadyne)	1				
<b>galantamine ext-release</b> (Razadyne ER)	1				
GRALISE	3				•
HORIZANT	3				•
<b>naltrexone</b> (ReVia)	1				
NAMENDA	2				
NICOTROL INHALER*	2				
NICOTROL NS*	2				
<b>olanzapine/fluoxetine</b> (Symbyax)	1			•	
ORAP	2				
<b>rivastigmine</b> (Exelon)	1				
SAVELLA	2			•	
SYMBYAX	3			•	
XENAZINE	3	X	•		
XYREM	3	X	•	•	
<b>PAIN RELIEF DRUGS</b>					
<b>NON-NARCOTIC DRUGS</b>					
ALAGESIC LQ	3			•	
<b>butalbital/acetaminophen</b> (Sedapap)	1			•	
<b>butalbital/acetaminophen/caffeine</b> (Esgic, Esgic Plus, Fioricet)	1			•	
<b>butalbital/aspirin/caffeine</b> (Fiorinal)	1			•	
DOLGIC PLUS	3			•	
ESGIC/PLUS*	3			•	
FIORICET*	3			•	
FIORINAL*	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
ORBIVAN/CF	3			•	
PHRENILIN FORTE	3			•	
<b>salsalate</b>	1				
TENCON	3			•	
<b>NARCOTIC DRUGS</b>					
ABSTRAL	3		•	•	
<b>acetaminophen/caffeine/dihydrocodeine</b>	1			•	
<b>acetaminophen/codeine</b> (Tylenol w/Codeine)	1			•	
ACTIQ	3		•	•	
AVINZA	3			•	
<b>buprenorphine</b> (Subutex)	1			•	
<b>butalbital/acetaminophen/caffeine/codeine</b> (Fioricet w/Codeine)	1			•	
<b>butalbital/aspirin/caffeine/codeine</b> (Fiorinal w/Codeine)	1			•	
<b>butorphanol nasal</b>	1			•	
BUTRANS	3			•	
CAPITAL and CODEINE	3			•	
CONZIP*	3			•	
DURAGESIC	3			•	
EXALGO	3			•	
<b>fentanyl</b> (Actiq)	1		•	•	
<b>fentanyl</b> (Duragesic)	1			•	
FENTORA	3		•	•	
FIORICET w/CODEINE*	3			•	
FIORINAL w/CODEINE*	3			•	
HYCET	3			•	
HYDROCODONE/ACETAMINOPHEN soln, 10-325 mg/15 mL	3			•	
<b>hydrocodone/acetaminophen – Stagesic</b>	1			•	
<b>hydrocodone/ibuprofen</b> (Ibudone, Reprexain, Vicoprofen)	1			•	
<b>hydromorphone soln, tabs</b> (Dilaudid)	1				
IBUDONE	3			•	
KADIAN	3			•	
LAZANDA	3		•	•	
LORCET/PLUS*	3			•	
LORTAB*	3			•	

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MAGNACET	3			•	
MAXIDONE	3			•	
<b>methadone conc, soln</b>	1				
<b>methadone tabs</b> (Dolophine)	1				
<b>morphine sulfate conc, soln</b>	1				
<b>morphine sulfate ext-release</b> (Kadian, MS Contin)	1			•	
MORPHINE SULFATE supp, 30 mg; tabs	2				
MS CONTIN	3			•	
NORCO*	3			•	
NUCYNTA	3			•	
NUCYNTA ER	2			•	
ONSOLIS	3		•	•	
OPANA ER	3			•	
ORAMORPH SR	3			•	
OXECTA	3			•	
<b>oxycodone caps</b>	1			•	
OXYCODONE conc; soln; tabs, 10 mg, 20 mg	2			•	
<b>oxycodone tabs, 5 mg, 15 mg, 30 mg</b> (Roxicodone)	1			•	
<b>oxycodone/acetaminophen</b> (Percocet, Tylox)	1			•	
<b>oxycodone/aspirin – Endodan</b> (Percodan)	1			•	
<b>oxycodone/ibuprofen</b>	1			•	
OXYCONTIN	2			•	
OXYMORPHONE ext-release 7.5 mg, 15 mg	3			•	
<b>pentazocine/acetaminophen</b>	1			•	
PERCOCET	3			•	
PERCODAN	3			•	
PRIMLEV	3			•	
REPREXAIN	3			•	
ROXICET soln	2			•	
ROXICET tabs	3			•	
RYBIX ODT*	3			•	
RYZOLT*	3			•	
SUBOXONE	2			•	
SUBSYS	3		•	•	
SUBUTEX	3			•	
<b>tramadol</b> (Ultram)	1			•	
<b>tramadol ext-release</b> (Ryzolt, Ultram ER)	1			•	

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<b>tramadol/acetaminophen</b> (Ultracet)	1			•	
TREZIX	3			•	
TYLENOL/CODEINE	3			•	
TYLOX	3			•	
ULTRACET*	3			•	
ULTRAM/ER*	3			•	
VICODIN/ES/HP*	3			•	
VICOPROFEN*	3			•	
XODOL	3			•	
XOLOX	3			•	
ZAMICET	3			•	
ZOLVIT	3			•	
ZYDONE	3			•	
<b>RHEUMATOID AND OSTEOARTHRITIS</b>					
ARCALYST	3	X	•		
CAMBIA*	3			•	•
CELEBREX	3			•	•
<b>diclofenac potassium</b> (Cataflam)	1				
<b>diclofenac sodium delayed-release</b>	1				
<b>diclofenac sodium ext-release</b> (Voltaren-XR)	1				
DUEXIS*	3			•	•
ENBREL	2	X	•	•	
<b>etodolac</b>	1				
HUMIRA	2	X	•	•	
<b>ibuprofen</b>	1				
<b>indomethacin</b>	1				
<b>ketoprofen</b>	1				
<b>ketorolac tabs</b>	1			•	
KINERET	3	X	•	•	
<b>leflunomide</b> (Arava)	1				
<b>meloxicam tabs</b> (Mobic)	1				
<b>nabumetone</b>	1				
<b>naproxen</b> (Naprosyn)	1				
<b>naproxen delayed-release</b> (EC-Naprosyn)	1				
<b>naproxen sodium</b> (Anaprox)	1				
ORENCIA	3	X	•	•	
<b>oxaprozin</b> (Daypro)	1				
<b>piroxicam</b> (Feldene)	1				
RIDAURA	2				

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Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps	Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
SIMPONI	2	X	•	•		<b>divalproex delayed-release</b> (Depakote Sprinkles, Depakote)	1				
SPRIX	3			•		<b>divalproex ext-release</b> (Depakote ER)	1				
<b>sulindac</b> (Clinoril)	1					<b>ethosuximide</b> (Zarontin)	1				
VIMOVO*	3			•	•	<b>gabapentin</b> (Neurontin)	1				
ZIPSOR*	3			•	•	GABITRIL 2 mg, 4 mg	3				
<b>MIGRAINE HEADACHES</b>						GABITRIL 12 mg, 16 mg	2				
<b>acetaminophen/isometheptene/ dichloralphenazone</b>	1					<b>lamotrigine</b> (Lamictal)	1				
ALSUMA	3			•		<b>levetiracetam</b> (Keppra)	1				
AMERGE	3			•		LYRICA	3			•	•
AXERT	3			•		<b>oxcarbazepine</b> (Trileptal)	1				
ERGOMAR	2					PEGANONE	2				
FROVA	3			•		<b>phenytoin sodium ext-release</b> (Dilantin)	1				
IMITREX inj, tabs	3			•		<b>phenytoin susp</b> (Dilantin)	1				
IMITREX nasal	2			•		<b>primidone</b> (Mysoline)	1				
MAXALT	2			•		SABRIL	2				
MAXALT-MLT	2			•		TEGRETOL-XR 100 mg	2				
MIGRANAL	2			•		<b>tiagabine</b> (Gabitril)	1				
<b>naratriptan</b> (Amerge)	1			•		<b>topiramate</b> (Topamax Sprinkle, Topamax)	1				
RELPAX	3			•		<b>valproic acid</b> (Depakene)	1				
<b>sumatriptan inj, tabs</b> (Imitrex)	1			•		<b>zonisamide</b> (Zonegran)	1				
SUMATRIPTAN nasal	3			•		<b>PARKINSON'S DISEASE</b>					
SUMAVEL DOSEPRO inj	3			•		<b>amantadine caps, syrup</b>	1				
TREXIMET*	3			•		AMANTADINE tabs	2				
ZOMIG/ZMT	3			•		APOKYN	3	X			
<b>GOUT</b>						AZILECT	2				
<b>allopurinol</b> (Zyloprim)	1					<b>benztropine</b>	1				
COLCRYS	2					<b>bromocriptine</b> (Parlodel)	1				
<b>probenecid</b>	1					<b>carbidopa/levodopa</b> (Parcopa, Sinemet)	1				
<b>probenecid/colchicine</b>	1					<b>carbidopa/levodopa ext-release</b> (Sinemet CR)	1				
<b>NEUROMUSCULAR DRUGS</b>						COMTAN	2				
<b>SEIZURES</b>						<b>pramipexole</b> (Mirapex)	1				
<b>carbamazepine</b> (Tegretol)	1					<b>ropinirole</b> (Requip)	1				
<b>carbamazepine ext-release</b> (Carbatrol, Tegretol-XR)	1					<b>selegiline caps</b> (Eldepryl)	1				
CELONTIN	2					<b>selegiline tabs</b>	1				
<b>clonazepam</b> (Klonopin)	1					<b>trihexyphenidyl</b>	1				
DIASTAT	2					<b>MUSCLE RELAXANTS</b>					
DILANTIN 30 mg	2					<b>baclofen</b>	1				
DILANTIN INFATABS	2					<b>chlorzoxazone</b> (Parafon Forte)	1				
						<b>cyclobenzaprine</b> (Fexmid, Flexeril)	1				

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<b>dantrolene</b> (Dantrium)	1				
<b>metaxalone</b> (Skelaxin)	1				
<b>methocarbamol</b> (Robaxin)	1				
<b>orphenadrine citrate ext-release</b>	1				
<b>orphenadrine/aspirin/caffeine 25-385-30 mg</b>	1				
ORPHENADRINE/ASPIRIN/CAFFEINE 50-770-60 mg	2				
<b>tizanidine</b> (Zanaflex)	1				
<b>OTHER NEUROMUSCULAR DRUGS</b>					
MESTINON syrup	2				
MESTINON TIMESPAN	2				
MYTELASE	2				
<b>neostigmine inj</b> (Prostigmin)	1				
PROSTIGMIN tabs	2				
<b>pyridostigmine</b> (Mestinon)	1				
RILUTEK	2				
<b>SUPPLEMENTS</b>					
<b>VITAMINS</b>					
<b>ergocalciferol</b> (Drisdol)	1				
MEPHYTON	2				
<b>MULTIVITAMINS</b>					
<b>pediatric multivitamins</b>	1				
<b>pediatric vitamins ADC</b>	1				
PRENATAL MULTIVITAMINS/FOLIC ACID	2				
TRI-VIT/FLUORIDE/IRON	2				
<b>MINERALS AND ELECTROLYTES</b>					
<b>potassium bicarbonate/chloride effervescent tabs, 25 mEq</b>	1				
<b>potassium chloride packets; soln, 10%</b>	1				
POTASSIUM CHLORIDE soln, 20%	2				
<b>potassium chloride ext-release</b>	1				
<b>potassium phosphate/sodium phosphates</b> (K-Phos Neutral)	1				
<b>sodium fluoride chew tabs; soln, 0.275 mg/drop, 1.1 mg/mL</b> (Luride)	1				
SODIUM FLUORIDE tabs	2				
<b>BLOOD MODIFYING DRUGS</b>					
<b>anagrelide</b> (Agrylin)	1				
ARANESP	2	X	•		
ARIXTRA inj	3			•	

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
BERINERT	3	X	•		
<b>cilostazol</b> (Pletal)	1				
CINRYZE	3	X	•		
<b>clopidogrel</b> (Plavix)	1				
<b>cyanocobalamin inj</b>	1				
<b>dipyridamole</b> (Persantine)	1				
DROXIA	2				
<b>enoxaparin inj</b> (Lovenox)	1			•	
EPOGEN	3	X	•		
FIRAZYR	2	X	•		
<b>folic acid tabs, 1 mg</b>	1				
<b>fondaparinux inj</b> (Arixtra)	1			•	
FRAGMIN inj	3			•	
INNOHEP inj	3			•	
IPRIVASK	3			•	
LEUKINE	2	X			
LOVENOX inj	3			•	
NEULASTA	2	X	•		
NEUMEGA	2	X	•		
NEUPOGEN	2	X	•		
<b>pentoxifylline ext-release</b> (Trental)	1				
PRADAXA	3			•	
PROCRIT	2	X	•		
PROMACTA	3	X	•		
<b>warfarin</b> (Coumadin)	1				
XARELTO	3			•	
ZAVESCA	2	X	•		
<b>COAGULATION FACTORS</b>					
ADVATE	2	X	•		
ALPHANATE/VWF	2	X	•		
ALPHANINE SD	3	X	•		
BEBULIN/VH	3	X	•		
BENEFIX	2	X	•		
CORIFACT	3	X	•		
FEIBA NF	3	X	•		
FEIBA VH IMMUNO	2	X	•		
HELIXATE FS	2	X	•		
HEMOFIL M	3	X	•		
HUMATE-P	2	X	•		
KOATE-DVI	2	X	•		

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KOGENATE FS	2	X	•			PRED MILD	2				
MONOCLATE-P	3	X	•			<b>prednisolone acetate susp</b> (Pred Forte)	1				
MONONINE	3	X	•			PREDNISOLONE SODIUM PHOSPHATE soln, 1%	2				
NOVOSEVEN/RT	2	X	•			<b>sulfacetamide sodium/prednisolone soln</b>	1				
PROFILNINE SD	3	X	•			TOBRADEX oint	2				
RECOMBINATE	2	X	•			<b>tobramycin/dexamethasone susp</b> (Tobradex)	1				
WILATE	2	X	•			<b>Glaucoma</b>					
XYNTHA	2	X	•			ALPHAGAN P 0.1%	2				
<b>TOPICAL PRODUCTS</b>						BETIMOL	2				
<b>EYE</b>						<b>brimonidine soln, 0.15%</b> (Alphagan P)	1				
<b>Anti-infectives</b>						<b>brimonidine soln, 0.2%</b>	1				
BACITRACIN oint	2					<b>carteolol soln</b>	1				
<b>bacitracin/polymyxin B oint</b>	1					<b>dorzolamide soln</b> (Trusopt)	1				
CILOXAN oint	2					<b>dorzolamide/timolol maleate soln</b> (Cosopt)	1				
<b>ciprofloxacin soln</b> (Ciloxan)	1					<b>latanoprost soln</b> (Xalatan)	1			•	
<b>erythromycin oint</b>	1					<b>levobunolol soln, 0.5%</b> (Betagan)	1				
<b>gentamicin oint, soln</b> (Garamycin)	1					LUMIGAN	2			•	
NATACYN	2					<b>metipranolol soln</b> (Optipranolol)	1				
<b>neomycin/polymyxin B/bacitracin oint</b>	1					PHOSPHOLINE IODIDE soln	2				
<b>neomycin/polymyxin B/gramicidin soln</b> (Neosporin)	1					<b>pilocarpine soln</b> (Isopto Carpine)	1				
<b>ofloxacin soln</b> (Ocuflox)	1					<b>timolol maleate soln</b> (Timoptic, Timoptic-XE)	1				
<b>polymyxin B/trimethoprim soln</b> (Polytrim)	1					TRAVATAN Z	2			•	
<b>sulfacetamide sodium soln</b> (Bleph-10)	1					XALATAN	3			•	
<b>tobramycin soln</b> (Tobrex)	1					<b>Other Eye Products</b>					
TOBEX oint	2					ATROPINE SULFATE oint	2				
<b>trifluridine soln</b> (Viroptic)	1					<b>atropine sulfate soln</b> (Isopto Atropine)	1				
VIGAMOX	2					<b>azelastine soln</b> (Optivar)	1				
<b>Steroids and Combination Products</b>						<b>cromolyn sodium soln</b>	1				
BLEPHAMIDE	2					CYCLOGYL 0.5%	2				
BLEPHAMIDE S.O.P.	2					<b>cyclopentolate soln</b> (Cyclogyl)	1				
<b>dexamethasone sodium phosphate soln</b>	1					<b>diclofenac soln</b> (Voltaren)	1				
<b>fluorometholone susp, 0.1%</b> (FML Liquifilm)	1					<b>flurbiprofen soln</b> (Ocufen)	1				
FML oint	2					<b>homatropine soln</b> (Isopto Homatropine)	1				
LOTEMAX	2					<b>ketorolac soln</b> (Acular, Acular LS)	1				
<b>neomycin/polymyxin B/bacitracin/hydrocortisone oint</b>	1					<b>tropicamide soln</b> (Mydracyl)	1				
<b>neomycin/polymyxin B/dexamethasone oint, susp</b> (Maxitrol)	1										

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<b>EAR</b>					
<b>acetic acid soln</b> (Vosol)	1				
ACETIC ACID/ALUMINUM ACETATE soln	2				
<b>benzocaine/antipyrine soln</b>	1				
CIPRODEX	2				
<b>hydrocortisone/acetic acid soln</b> (Vosol HC)	1				
<b>neomycin/polymyxin B/hydrocortisone soln, susp</b> (Cortisporin)	1				
<b>ofloxacin soln</b>	1				
<b>MOUTH AND THROAT (LOCAL)</b>					
<b>cevimeline</b> (Evoxac)	1				
<b>chlorhexidine rinse</b> (Peridex)	1				
<b>clotrimazole troche</b>	1				
<b>lidocaine viscous</b>	1				
<b>nystatin susp</b>	1				
<b>pilocarpine</b> (Salagen)	1				
<b>sodium fluoride</b> (Prevident)	1				
<b>triamcinolone paste</b>	1				
<b>ANORECTAL AGENTS</b>					
<b>hydrocortisone acetate crm, supp</b> (Anusol-HC, Proctocort)	1				
<b>hydrocortisone enema</b> (Cortenema)	1				
PROCTOFOAM HC	2				
<b>SKIN CONDITIONS/PRODUCTS</b>					
<b>Acne</b>					
<b>adapalene</b> (Differin)	1				
<b>clindamycin</b> (Cleocin-T)	1				
<b>clindamycin/benzoyl peroxide</b> (Benzaclin, Duac)	1				
<b>erythromycin pads, soln</b>	1				
<b>erythromycin/benzoyl peroxide</b> (Benzamycin)	1				
FINACEA	2				
<b>isotretinoin</b>	1				
METROGEL 1%	2				
<b>metronidazole</b> (Metrocream, Metro lotion)	1				
<b>metronidazole gel</b>	1				
ORACEA	3				•
<b>sulfacetamide sodium/sulfur, NP = susp, 10-5%</b>	1				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
TAZORAC	2				•
<b>tretinoin</b> (Retin-A)	1				
<b>Anti-infectives</b>					
BACTROBAN crm	2				
CICLODAN KIT*	3		•		
<b>ciclopirox</b> (Loprox)	1				
<b>ciclopirox soln, 8%</b> (Penlac)	1		•		
CNL8 NAIL KIT*	3		•		
<b>econazole</b>	1				
FLECTOR patch	3			•	•
<b>keetoconazole</b> (Nizoral)	1				
<b>mupirocin oint</b> (Bactroban)	1				
<b>nystatin topical</b>	1				
PEDIPIROX-4 NAIL	3		•		
PENLAC nail lacquer	3		•		
PENNSAID	3			•	•
<b>silver sulfadiazine</b> (Silvadene)	1				
VOLTAREN gel	3			•	•
ZOVIRAX	2				
<b>Corticosteroids</b>					
<b>alclometasone</b> (Aclovate)	1				
<b>amcinonide crm</b>	1				
<b>betamethasone dipropionate</b>	1				
<b>betamethasone dipropionate, augmented</b> (Diprolene)	1				
<b>betamethasone valerate crm, lotn</b>	1				
CAPEX	2				
<b>clobetasol</b> (Olux, Temovate)	1				
CLODERM	3				•
CUTIVATE	3				•
DESONATE	3				•
<b>desonide</b> (Desowen)	1				
<b>desoximetasone crm, 0.25%; gel; oint, 0.25%</b> (Topicort)	1				
<b>diflorasone oint</b>	1				
<b>fluocinolone</b> (Derma-Smoothe/FS, Synalar)	1				
<b>fluocinonide</b>	1				
<b>fluticasone propionate</b> (Cutivate)	1				
<b>halobetasol</b> (Ultravate)	1				
<b>hydrocortisone topical</b>	1				

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<b>hydrocortisone valerate</b> (Westcort)	1				
LOCOID	3				•
LUXIQ	3				•
<b>mometasone</b> (Elocon)	1				
OLUX/E	3				•
PRAMOSONE lotn; oint 1-1%	2				
<b>pramoxine/hydrocortisone</b> (Pramosone)	1				
TACLONEX	3			•	
<b>triamcinolone, NP = oint, 0.5%</b>	1				
VANOS	3				•
VERDESO	3				•
<b>Other Skin Products</b>					
<b>calcipotriene crm, soln</b> (Dovonex)	1			•	
CONDYLOX gel	2				
DOVONEX	3			•	
DRITHO-CREME HP	3			•	
ELIDEL	3				•
<b>fluorouracil</b> (Efudex)	1				
<b>imiquimod</b> (Aldara)	1				
<b>lidocaine jelly, 2%; oint, 5%; soln, 4%</b> (Xylocaine)	1				
<b>lidocaine/prilocaine crm</b> (Emla)	1				
<b>lindane</b>	1				
<b>malathion</b> (Ovide)	1				
OXSORALEN-ULTRA	2				
PANRETIN	2				
<b>permethrin crm, 5%</b>	1				
PICATO	2				
<b>podofilox</b> (Condylox)	1				
PROTOPIC	3				•
SANTYL	2				
<b>selenium sulfide</b> (Selsun)	1				
SOLARAZE	2				
SORIATANE	2				
SORILUX	3			•	
TARGRETIN gel	2				
ULESFIA	2				
VECTICAL	3			•	
ZITHRANOL-RR	3			•	
8-MOP	2				

Drug Name	Drug Tier	Specialty	Prior Authorization	Quantity Limits	Responsible Steps
<b>MISCELLANEOUS CATEGORIES</b>					
<b>DIABETIC SUPPLIES</b>					
BLOOD GLUCOSE METERS – BAYER BREEZE 2, CONTOUR, CONTOUR LINK, CONTOUR NEXT, DIDGET	2				
BLOOD GLUCOSE METERS – LIFESCAN ONETOUCH BASIC, ULTRA, ULTRA 2, ULTRA MINI, ULTRALINK, ULTRA SMART, SURESTEP, SURESTEP PRO, VERIO IQ	2				
INSULIN PEN NEEDLES – BD ULTRA-FINE, NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS	2				
LANCET DEVICES – VARIOUS MANUFACTURERS	2				
LANCETS – VARIOUS MANUFACTURERS	2				
SYRINGES/NEEDLES – BD; OTHER VARIOUS MANUFACTURERS – for self-injectable drug administration	2				
TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT	2			•	
TEST STRIPS – LIFESCAN ONETOUCH BASIC, PROFILE, FASTTAKE, SURESTEP, ULTRA BLUE, VERIO, VERIO IQ	2			•	
TEST STRIPS – Non-Preferred	3			•	•
<b>MISCELLANEOUS DRUGS</b>					
<b>azathioprine</b> (Imuran)	1				
CELLCEPT oral susp	2				
CHEMET	2				
CUPRIMINE	2				
<b>cyclosporine</b> (Sandimmune)	1				
<b>cyclosporine modified caps, 25 mg, 100 mg; soln</b> (Neoral)	1				
EXJADE	2	X			
FERRIPROX	3	X			
<b>mycophenolate mofetil</b> (Cellcept)	1				
RAPAMUNE	2				
REVLIMID	2	X	•	•	
<b>sodium polystyrene sulfonate</b>	1				
SYPRINE	2				
<b>tacrolimus</b> (Prograf)	1				
THALOMID	2	X	•	•	
ZORTRESS	2				

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## Index

## 8

8-MOP..... 29

## A

**abacavir** (Ziagen) ..... 11

ABILIFY/DISC MELT ..... 21

ABSTRAL ..... 23

**acarbose** (Precose)..... 14

ACCOLATE..... 18

**acebutolol** (Sectral) ..... 16**acetaminophen/caffeine/dihydrocodeine** ..... 23**acetaminophen/codeine** (Tylenol w/Codeine)..... 23**acetaminophen/isometheptene/dichloralphenazone** ..... 25

ACETAZOLAMIDE 125 mg ..... 17

**acetazolamide 250 mg** ..... 17**acetazolamide ext-release** (Diamox Sequels) ..... 17

ACETIC ACID/ALUMINUM ACETATE ear soln ..... 28

**acetic acid ear soln** (Vosol)..... 28**acetylcysteine**..... 18

ACID JELLY..... 20

ACIPHEX ..... 19

ACTHAR HP..... 15

ACTIMMUNE..... 12

ACTIQ ..... 23

ACTONEL ..... 15

ACTOPLUS MET/XR ..... 14

ACTOS ..... 14

**acyclovir** (Zovirax) ..... 11**adapalene** (Differin) ..... 28

ADCIRCA ..... 17

ADDERALL/XR ..... 22

ADOXA/CK/TT ..... 10

ADVAIR DISKUS ..... 18

ADVAIR HFA ..... 18

ADVATE ..... 26

ADVICOR ..... 17

AFINITOR ..... 12

ALAGESIC LQ ..... 23

ALBENZA ..... 12

**albuterol inhal soln, 0.63 mg/3 mL, 1.25 mg/3 mL** (Accuneb) ..... 18**albuterol inhal soln, 0.083%, 0.5%** ..... 18**albuterol syrup, tabs** ..... 18**alclometasone** (Aclovate) ..... 28**alendronate** (Fosamax) ..... 15**alfuzosin ext-release** (Uroxatral)..... 20

ALINIA ..... 12

ALKERAN tabs ..... 12

**allopurinol** (Zyloprim) ..... 25

ALODOX ..... 10

ALORA ..... 13

ALPHAGAN P 0.1% ..... 27

ALPHANATE/VWF ..... 26

ALPHANINE SD ..... 26

**alprazolam** (Xanax) ..... 21

ALSUMA ..... 25

ALTOPREV ..... 17

ALVESCO..... 18

**amantadine caps, syrup** ..... 25

AMANTADINE tabs ..... 25

AMBIEN/CR ..... 22

**amcinonide crm** ..... 28

AMERGE ..... 25

**amiloride** ..... 17**amiloride/hydrochlorothiazide** ..... 17**amiodarone** (Cardarone, Pacerone) ..... 17**amitriptyline** ..... 21**amlodipine/benazepril** (Lotrel) ..... 16**amlodipine** (Norvasc) ..... 16

AMOXAPINE ..... 21

AMOXICILLIN chew tabs, 250 mg..... 10

**amoxicillin, NP = chew tabs, 125 mg** ..... 10**amoxicillin/potassium clavulanate** (Augmentin) ..... 10**amoxicillin/potassium clavulanate ext-release** (Augmentin XR) ..... 10**amphetamine/dextroamphetamine** (Adderall) ..... 22**amphetamine/dextroamphetamine ext-release** (Adderall XR) ..... 22**ampicillin caps** ..... 10

AMPICILLIN susp ..... 10

AMPYRA ..... 22

AMTURNIDE ..... 17

**anagrelide** (Agrylin) ..... 26**anastrozole** (Arimidex) ..... 12

ANDRODERM ..... 13

ANDROGEL ..... 13

ANDROID ..... 13

ANDROXY ..... 13

ANTARA ..... 17

ANZEMET ..... 19

APLENZIN ..... 21

APOKYN ..... 25

APTIVUS ..... 11

ARANESP ..... 26

ARCALYST ..... 24

ARCAPTA NEOHALER ..... 18

ARICEPT 23 mg ..... 23

ARIXTRA inj ..... 26

ASACOL/HD ..... 20

ASMANEX ..... 18

ASTELIN ..... 18

ASTEPRO ..... 18

ATACAND/HCT ..... 16



ATELVIA.....	15	BETASERON.....	23
<b>atenolol/chlorthalidone</b> (Tenoretic).....	16	BETIMOL.....	27
<b>atenolol</b> (Tenormin).....	16	<b>bicalutamide</b> (Casodex).....	12
<b>atorvastatin</b> (Lipitor).....	17	BILTRICIDE.....	12
ATOVAQUONE/PROGUANIL 62.5-25 mg.....	12	BINOSTO.....	15
<b>atovaquone/proguanil 250-100 mg</b> (Malarone).....	12	<b>bisoprolol/hydrochlorothiazide</b> (Ziac).....	16
ATRIPLA.....	11	<b>bisoprolol</b> (Zebeta).....	16
ATROPINE SULFATE eye oint.....	27	BLEPHAMIDE.....	27
<b>atropine sulfate eye soln</b> (Isopto Atropine).....	27	BLEPHAMIDE S.O.P.....	27
ATROVENT HFA.....	18	BLOOD GLUCOSE METERS – BAYER BREEZE 2, CONTOUR, CONTOUR LINK, CONTOUR NEXT, DIDGET.....	29
ATROVENT nasal.....	18	BLOOD GLUCOSE METERS – LIFESCAN ONETOUCH BASIC, ULTRA, ULTRA 2, ULTRA MINI, ULTRALINK, ULTRA SMART, SURESTEP, SURESTEP PRO, VERIO IQ.....	29
AUBAGIO.....	22	BONIVA tabs.....	15
AUGMENTIN susp, 125 mg/5 mL.....	10	BOSULIF.....	12
AVALIDE.....	16	BRAVELLE.....	14
AVANDAMET.....	14	<b>brimonidine eye soln, 0.2%</b> .....	27
AVANDARYL.....	14	<b>brimonidine eye soln, 0.15%</b> (Alphagan P).....	27
AVANDIA.....	14	<b>bromocriptine</b> (Parlodel).....	25
AVAPRO.....	16	<b>budesonide ext-release</b> (Entocort EC).....	13
AVC.....	20	<b>budesonide</b> (Pulmicort Respules).....	19
AVIDOXY/DK.....	10	<b>bumetanide</b> .....	17
AVINZA.....	23	<b>buprenorphine</b> (Subutex).....	23
AVODART.....	20	<b>bupropion ext-release</b> (Wellbutrin SR, Wellbutrin XL).....	21
AVONEX.....	22	<b>bupropion ext-release</b> (Zyban).....	23
AXERT.....	25	<b>bupropion</b> (Wellbutrin).....	21
AXIRON.....	13	<b>buspirone 5 mg, 10 mg, 15 mg, 30 mg</b> .....	21
<b>azathioprine</b> (Imuran).....	29	BUSPIRONE 7.5 mg.....	21
<b>azelastine eye soln</b> (Optivar).....	27	<b>butalbital/acetaminophen/caffeine/codeine</b> (Fioricet w/Codeine).....	23
<b>azelastine nasal</b> (Astelin).....	18	<b>butalbital/acetaminophen/caffeine</b> (Esgic, Esgic Plus, Fioricet).....	23
AZILECT.....	25	<b>butalbital/acetaminophen</b> (Sedapap).....	23
<b>azithromycin</b> (Zithromax).....	10	<b>butalbital/aspirin/caffeine/codeine</b> (Fiorinal w/Codeine).....	23
AZOR.....	16	<b>butalbital/aspirin/caffeine</b> (Fiorinal).....	23
<b>B</b> .....		<b>butorphanol nasal</b> .....	23
BACITRACIN eye oint.....	27	BUTRANS.....	23
<b>bacitracin/polymyxin B eye oint</b> .....	27	BYDUREON.....	14
<b>baclofen</b> .....	25	BYETTA inj.....	14
BACTROBAN crm.....	28	<b>C</b> .....	
<b>balsalazide</b> (Colazal).....	20	<b>cabergoline</b> .....	15
BARACLUDE.....	11	<b>caffeine citrate</b> (Cafcit).....	22
BEBULIN/VH.....	26	<b>calcipotriene crm, soln</b> (Dovonex).....	29
BECONASE AQ.....	18	<b>calcitonin-salmon</b> (Miacalcin).....	15
<b>benazepril/hydrochlorothiazide</b> (Lotensin HCT).....	15	<b>calcitriol</b> (Rocaltrol).....	15
<b>benazepril</b> (Lotensin).....	15	<b>calcium acetate</b> (Eliphos, Phoslo).....	20
BENEFIX.....	26	CAMBIA.....	24
BENICAR/HCT.....	16	CANASA.....	20
<b>benzocaine/antipyrine ear soln</b> .....	28	CAPEX.....	28
<b>benztropine</b> .....	25	CAPITAL and CODEINE.....	23
BERINERT.....	26	CAPRELSA.....	12
<b>betamethasone dipropionate</b> .....	28	<b>captopril</b> .....	15
<b>betamethasone dipropionate, augmented</b> (Diprolene).....	28		
<b>betamethasone valerate crm, lotn</b> .....	28		

CAPTOPRIL/HYDROCHLOROTHIAZIDE 25-15 mg, 50-15 mg	15	<b>clarithromycin</b> (Biaxin)	10
CARAFATE susp	19	<b>clarithromycin ext-release</b> (Biaxin XL)	10
CARBAGLU	15	CLEOCIN supp	20
<b>carbamazepine ext-release</b> (Carbatrol, Tegretol-XR)	25	CLIMARA	13
<b>carbamazepine</b> (Tegretol)	25	CLIMARA PRO	13
<b>carbidopa/levodopa ext-release</b> (Sinemet CR)	25	<b>clindamycin/benzoyl peroxide</b> (Benzaclin, Duac)	28
<b>carbidopa/levodopa</b> (Parcopa, Sinemet)	25	<b>clindamycin</b> (Cleocin, Cleocin Pediatric)	12
<b>carteolol eye soln</b>	27	<b>clindamycin</b> (Cleocin-T)	28
<b>carvedilol</b> (Coreg)	16	<b>clindamycin crm</b> (Cleocin)	20
CAYSTON	12	<b>clobetazol</b> (Olux, Temovate)	28
CEENU	12	CLODERM	28
<b>cefadroxil</b>	10	<b>clomiphene</b> (Clomid)	14
<b>cefdinir</b>	10	<b>clomipramine</b> (Anafranil)	21
<b>cefepodoxime</b>	10	<b>clonazepam</b> (Klonopin)	25
<b>cefprozil</b>	10	<b>clonidine</b> (Catapres, Catapres-TTS)	18
<b>cefuroxime</b> (Ceftin)	10	<b>clopidogrel</b> (Plavix)	26
CELEBREX	24	<b>clotrimazole troche</b>	28
CELEXA	21	<b>clozapine</b> (Clozaril)	21
CELLCEPT oral susp	29	CLOZAPINE ODT	21
CELONTIN	25	CNL8 NAIL KIT	28
<b>cephalexin, NP = tabs</b> (Keflex)	10	COARTEM	12
CESAMET	19	COLCRYST	25
CETROTIDE	14	<b>colestipol</b> (Colestid)	17
<b>cevimeline</b> (Evoxac)	28	<b>colistimethate</b> (Coly-Mycin M)	12
CHANTIX	23	COMBIVENT	19
CHEMET	29	COMBIVENT RESPIMAT	19
CHENODAL	20	COMBIVIR	11
<b>chlorhexidine oral rinse</b> (Peridex)	28	COMPLERA	11
<b>chloroquine phosphate</b> (Aralen)	12	COMTAN	25
<b>chlorothiazide</b>	17	CONCERTA	22
<b>chlorpromazine</b>	21	CONDYLOX gel	29
<b>chlorthalidone 25 mg</b>	17	CONZIP	23
CHLORTHALIDONE 50 mg	17	COPAXONE	23
<b>chlorzoxazone</b> (Parafon Forte)	25	COPEGUS	11
<b>cholestyramine</b> (Questran, Questran Light)	17	CORIFACT	26
CIALIS – PA on 2.5 mg, 5 mg	18	CORTISONE ACETATE	13
CICLODAN KIT	28	COZAAR	16
<b>ciclopirox</b> (Loprox)	28	CREON	20
<b>ciclopirox soln, 8%</b> (Penlac)	28	CRESTOR	17
<b>cilostazol</b> (Pletal)	26	CRIXIVAN	11
CILOXAN oint	27	<b>cromolyn sodium eye soln</b>	27
<b>cimetidine</b>	19	<b>cromolyn sodium inhal soln</b>	19
CIMZIA	20	CUPRIMINE	29
CINRYZE	26	CUTIVATE	28
CIPRODEX	28	<b>cyanocobalamin inj</b>	26
<b>ciprofloxacin</b> (Cipro)	10	<b>cyclobenzaprine</b> (Flexmid, Flexeril)	25
<b>ciprofloxacin eye soln</b> (Ciloxan)	27	CYCLOGYL 0.5%	27
CIPRO susp	10	<b>cyclopentolate eye soln</b> (Cyclogyl)	27
<b>citalopram</b> (Celexa)	21	CYCLOPHOSPHAMIDE tabs	12
CLARINEX	18	<b>cyclosporine modified caps, 25 mg, 100 mg; soln</b> (Neoral)	29
CLARINEX-D	18	<b>cyclosporine</b> (Sandimmune)	29

CYMBALTA .....	21	DIOVAN HCT .....	16
<b>cyproheptadine</b> .....	18	<b>diphenoxylate/atropine tabs</b> (Lomotil) .....	20
CYSTADANE .....	15	<b>dipyridamole</b> (Persantine) .....	26
CYSTAGON .....	20	<b>disopyramide</b> (Norpace) .....	17
CYTRA-K .....	20	<b>disulfiram</b> (Antabuse) .....	23
<b>D</b>		DITROPAN XL .....	20
DALIRESP .....	19	<b>divalproex delayed-release</b> (Depakote Sprinkles, Depakote) .....	25
<b>danazol</b> .....	13	<b>divalproex ext-release</b> (Depakote ER) .....	25
<b>dantrolene</b> (Dantrium) .....	26	DIVIGEL .....	13
DAPSONE .....	12	DOLGIC PLUS .....	23
DARAPRIM .....	12	<b>donepezil</b> (Aricept, Aricept ODT) .....	23
DAYTRANA .....	22	DORYX .....	10
DELATESTRYL .....	13	<b>dorzolamide eye soln</b> (Trusopt) .....	27
<b>demeclocycline</b> .....	10	<b>dorzolamide/timolol maleate eye soln</b> (Cosopt) .....	27
DEPO-TESTOSTERONE .....	13	DOVONEX .....	29
<b>desipramine</b> (Norpramin) .....	21	<b>doxazosin</b> (Cardura) .....	18
<b>desloratadine</b> (Clarinex) .....	18	<b>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; conc</b> .....	21
<b>desmopressin inj, nasal, tabs</b> (DDAVP) .....	15	DOXEPIN caps, 75 mg .....	21
DESONATE .....	28	DOXYCYCLINE HYCLATE delayed-release tabs, 75 mg .....	10
<b>desonide</b> (Desowen) .....	28	<b>doxycycline hyclate</b> (Periostat, Vibramycin) .....	10
<b>desoximetasone crm, 0.25%; gel; oint, 0.25%</b> (Topicort) .....	28	DRITHO-CREME HP .....	29
DESOXYN .....	22	DROXIA .....	26
DETROL/LA .....	20	DUETACT .....	14
<b>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</b> .....	13	DUEXIS .....	24
<b>dexamethasone sodium phosphate eye soln</b> .....	27	DULERA .....	19
DEXAMETHASONE soln; tabs, 1 mg, 2 mg .....	13	DURAGESIC .....	23
DEXEDRINE .....	22	DYMISTA .....	18
DEXILANT .....	19	DYNACIN .....	10
<b>dexmethylphenidate</b> (Focalin) .....	22	<b>E</b>	
<b>dextroamphetamine</b> .....	22	<b>econazole</b> .....	28
<b>dextroamphetamine ext-release</b> (Dexedrine Spansule) .....	22	EDARBI .....	16
DIASTAT .....	25	EDARBYCLOR .....	16
DIAZEPAM oral soln, 1 mg/mL .....	21	EDLUAR .....	22
<b>diazepam tabs</b> (Valium) .....	21	EDURANT .....	11
<b>diclofenac eye soln</b> (Voltaren) .....	27	E.E.S. 400 .....	10
<b>diclofenac potassium</b> (Cataflam) .....	24	EFFEXOR XR .....	21
<b>diclofenac sodium delayed-release</b> .....	24	EGRIFTA .....	15
<b>diclofenac sodium ext-release</b> (Voltaren-XR) .....	24	ELESTRIN .....	13
<b>dicloxacillin</b> .....	10	ELIDEL .....	29
<b>dicyclomine caps, tabs</b> (Bentyl) .....	19	ELLA .....	14
<b>didanosine delayed-release</b> (Videx EC) .....	11	ELMIRON .....	20
DIFICID .....	10	EMCYT .....	12
<b>diflorasone oint</b> .....	28	EMEND caps, therapy pack .....	19
DIGOXIN soln .....	18	EMTRIVA .....	11
<b>digoxin tabs</b> (Lanoxin) .....	18	ENABLEX .....	20
DILANTIN 30 mg .....	25	<b>enalapril/hydrochlorothiazide</b> (Vaseretic) .....	15
DILANTIN INFATABS .....	25	<b>enalapril</b> (Vasotec) .....	15
<b>diltiazem</b> (Cardizem) .....	16	ENBREL .....	24
<b>diltiazem ext-release</b> (Cardizem CD, Dilacor XR, Tiazac) .....	16	<b>enoxaparin inj</b> (Lovenox) .....	26
DIOVAN .....	16	EPIPEN inj .....	18

EPIPEN-JR inj	18	FEIBA VH IMMUNO	26
EPIVIR-HBV	11	<b>felodipine ext-release</b>	16
EPIVIR soln	11	FEMARA	12
EPIVIR tabs	11	FEMHRT LOW DOSE 0.5 mg-2.5 mcg	14
<b>eplerenone</b> (Inspra)	18	FEMRING	20
EPOGEN	26	<b>fenofibrate</b> (Lofibra)	17
<b>eprosartan</b> (Teveten)	16	<b>fenofibrate micronized</b> (Lofibra)	17
EPZICOM	11	FENOFIBRIC ACID	17
<b>ergocalciferol</b> (Drisdol)	26	FENOGLIDE	17
ERGOMAR	25	<b>fentanyl</b> (Actiq)	23
ERIVEDGE	12	<b>fentanyl</b> (Duragesic)	23
ERY-TAB	10	FENTORA	23
<b>erythromycin/benzoyl peroxide</b> (Benzamycin)	28	FERRIPROX	29
ERYTHROMYCIN delayed-release caps	10	FIBRICOR	17
ERYTHROMYCIN ETHYLSUCCINATE	10	FINACEA	28
<b>erythromycin eye oint</b>	27	<b>finasteride</b> (Proscar)	20
<b>erythromycin pads, soln</b>	28	FIORICET	23
<b>erythromycin/sulfisoxazole</b>	12	FIORICET w/CODEINE	23
<b>escitalopram</b> (Lexapro)	21	FIORINAL	23
ESGIC/PLUS	23	FIORINAL w/CODEINE	23
<b>estazolam</b>	22	FIRAZYR	26
ESTRADERM	13	<b>flecainide</b> (Tambocor)	17
<b>estradiol/norethindrone acetate</b> (Activella)	13	FLECTOR patch	28
<b>estradiol patches</b> (Climara)	13	FLONASE	18
<b>estradiol tabs</b> (Estrace)	13	FLOVENT DISKUS	19
ESTRASORB	13	FLOVENT HFA	19
ESTRING	20	<b>fluconazole</b> (Diflucan)	10
ESTROGEL	13	<b>flucytosine</b> (Ancobon)	10
<b>estropiate 0.75 mg, 1.5 mg</b>	14	<b>fludrocortisone</b>	13
<b>ethambutol</b> (Myambutol)	10	FLUNISOLIDE 25 mcg, 29 mcg/spray	18
<b>ethosuximide</b> (Zarontin)	25	<b>fluocinolone</b> (Derma-Smoothie/FS, Synalar)	28
<b>etidronate 400 mg</b> (Didronel)	15	<b>fluocinonide</b>	28
<b>etodolac</b>	24	<b>fluorometholone eye susp, 0.1%</b> (FML Liquifilm)	27
ETOPOSIDE caps	12	<b>fluorouracil</b> (Efudex)	29
EVAMIST	14	FLUOXETINE 60 mg	21
EVISTA	15	<b>fluoxetine</b> (Prozac)	21
EXALGO	23	FLUPHENAZINE HCL elixir, soln	21
EXELON patches	23	<b>fluphenazine hcl tabs</b>	22
<b>exemestane</b> (Aromasin)	12	<b>flurbiprofen eye soln</b> (Ocufen)	27
EXFORGE	16	<b>flutamide</b>	12
EXFORGE HCT	16	<b>fluticasone propionate</b> (Cutivate)	28
EXJADE	29	<b>fluticasone propionate</b> (Flonase)	18
EXTAVIA	23	<b>fluvastatin</b> (Lescol)	17
<b>F</b>		<b>fluvoxamine</b>	21
<b>famciclovir</b> (Famvir)	11	FML oint	27
<b>famotidine</b> (Pepcid)	19	FOCALIN/XR	22
FANAPT	21	<b>folic acid tabs, 1 mg</b>	26
FARESTON	12	FOLLISTIM AQ	14
FAZACLO	21	<b>fondaparinux inj</b> (Arixtra)	26
FEIBA NF	26	FORADIL AEROLIZER	19

FORFIVO XL	21	HEPSERA	11
FORTEO	15	HEXALEN	12
FORTESTA	13	HIZENTRA	12
FOSAMAX/PLUS D	15	<b>homatropine eye soln</b> (Isopto Homatropine)	27
<b>fosinopril</b>	15	HORIZANT	23
<b>fosinopril/hydrochlorothiazide</b>	15	HUMALOG inj.	14
FRAGMIN inj.	26	HUMALOG MIX 50/50, 75/25 inj	14
FROVA	25	HUMATE-P	26
<b>furosemide, NP = soln, 8 mg/mL</b> (Lasix)	17	HUMATROPE	15
FUZEON	11	HUMIRA	24
<b>G</b>		HUMULIN 70/30 inj.	15
<b>gabapentin</b> (Neurontin)	25	HUMULIN N inj.	15
GABITRIL 2 mg, 4 mg	25	HUMULIN R inj.	14
GABITRIL 12 mg, 16 mg	25	HYCAMTIN caps.	12
<b>galantamine ext-release</b> (Razadyne ER)	23	HYCET	23
<b>galantamine</b> (Razadyne)	23	<b>hydalazine</b>	18
GAMMAGARD	12	<b>hydrochlorothiazide caps</b> (Microzide)	17
GAMMAKED	12	<b>hydrochlorothiazide tabs</b>	17
GAMUNEX/C	12	HYDROCODONE/ACETAMINOPHEN soln, 10-325 mg/15 mL	23
GANIRELIX	14	<b>hydrocodone/acetaminophen – Stagesic</b>	23
GELNIQUE	20	<b>hydrocodone/ibuprofen</b> (Ibudone, Reprexain, Vicoprofen)	23
<b>gemfibrozil</b> (Lopid)	17	<b>hydrocortisone acetate rectal crm, supp</b> (Anusol-HC, Proctocort)	28
GENOTROPIN	15	<b>hydrocortisone/acetic acid ear soln</b> (Vosol HC)	28
<b>gentamicin eye oint, soln</b> (Garamycin)	27	<b>hydrocortisone</b> (Cortef)	13
GEODON	22	<b>hydrocortisone enema</b> (Cortenema)	28
GILENYA	23	<b>hydrocortisone topical</b>	28
GLEEVEC	12	<b>hydrocortisone valerate</b> (Westcort)	29
<b>glimepiride</b> (Amaryl)	14	<b>hydromorphone soln, tabs</b> (Dilaudid)	23
<b>glipizide ext-release</b> (Glucotrol XL)	14	<b>hydroxychloroquine</b> (Plaquenil)	12
<b>glipizide</b> (Glucotrol)	14	<b>hydroxyurea</b> (Hydrea)	12
<b>glipizide/metformin</b> (Metaglip)	14	<b>hydroxyzine hcl</b>	21
GLUCAGON EMERGENCY INJ KIT	14	<b>hydroxyzine pamoate 25 mg, 50 mg</b> (Vistaril)	21
GLYBURIDE, distributor of Diabeta	14	<b>hyoscyamine</b> (Anaspaz, Levsin, Levsin/SL)	19
<b>glyburide/metformin</b> (Glucovance)	14	<b>hyoscyamine ext-release</b> (Levbid, Symax DuoTab)	19
<b>glyburide</b> (Micronase)	14	HYZAAR	16
<b>glyburide micronized</b> (Glynase)	14	<b>I</b>	
<b>glycopyrrolate</b> (Robinul)	19	<b>ibandronate</b> (Boniva)	15
GLYSET	14	IBUDONE	23
GRALISE	23	<b>ibuprofen</b>	24
<b>granisetron</b>	19	<b>imipramine hcl</b> (Tofranil)	21
GRANISOL	19	<b>imiquimod</b> (Aldara)	29
GRIFULVIN V	10	IMITREX inj, tabs	25
<b>griseofulvin microsize</b>	10	IMITREX nasal	25
<b>guanfacine</b> (Tenex)	18	INCIVEK	11
<b>H</b>		INCRELEX	15
<b>halobetasol</b> (Ultravate)	28	<b>indapamide</b>	17
<b>haloperidol lactate oral soln</b>	22	<b>indomethacin</b>	24
<b>haloperidol tabs</b>	22	INFERGEN	11
HECTOROL	15	INLYTA	12
HELIXATE FS	26	INNOHEP inj	26
HEMOFIL M	26		

INNOPRAN XL .....	16	KORLYM .....	14
INSULIN PEN NEEDLES – BD ULTRA-FINE, NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS .....	29	K-PHOS MF .....	20
INTELENCE .....	11	K-PHOS NO. 2 .....	20
INTERMEZZO .....	22	KUVAN .....	15
INTRON A .....	12	<b>L</b>	
INTUNIV .....	22	<b>labetalol</b> (Trandate) .....	16
INVEGA .....	22	<b>lactulose</b> .....	19, 20
INVIRASE .....	11	LAMISIL granules .....	10
<b>ipratropium/albuterol</b> (Duoneb) .....	19	LAMISIL tabs .....	10
<b>ipratropium inhal soln</b> .....	19	<b>lamivudine</b> (EpiVir) .....	11
<b>ipratropium nasal</b> (Atrovent) .....	18	<b>lamivudine/zidovudine</b> (Combivir) .....	11
IPRIVASK .....	26	<b>lamotrigine</b> (Lamictal) .....	25
<b>irbesartan</b> (Avapro) .....	16	LANCET DEVICES – VARIOUS MANUFACTURERS .....	29
<b>irbesartan/hydrochlorothiazide</b> (Avalide) .....	16	LANCETS – VARIOUS MANUFACTURERS .....	29
IRESSA .....	12	<b>lansoprazole delayed-release</b> (Prevacid) .....	19
ISENTRESS .....	11	LANTUS inj .....	15
<b>isoniazid/rifampin</b> (Rifamate) .....	10	<b>latanoprost eye soln</b> (Xalatan) .....	27
ISONIAZID syrup .....	10	LATUDA .....	22
<b>isoniazid tabs</b> .....	10	LAZANDA .....	23
<b>isosorbide dinitrate</b> (Isordil) .....	16	<b>leflunomide</b> (Arava) .....	24
ISOSORBIDE DINITRATE SL .....	16	LESCOL/XL .....	17
<b>isosorbide mononitrate ext-release</b> (Imdur) .....	16	LETAIRIS .....	18
<b>isosorbide mononitrate</b> (Monoket) .....	16	<b>letrozole</b> (Femara) .....	12
<b>isotretinoin</b> .....	28	<b>leucovorin calcium tabs, 5 mg, 25 mg</b> .....	12
ISRADIPINE caps, 2.5 mg .....	16	LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg .....	12
<b>itraconazole</b> (Sporanox) .....	10	LEUKERAN .....	12
<b>J</b>		LEUKINE .....	26
JAKAFI .....	12	<b>leuprolide acetate inj</b> .....	12
JALYN .....	20	LEVEMIR inj .....	15
JANUMET .....	14	<b>levetiracetam</b> (Keppra) .....	25
JANUMET XR .....	14	LEVITRA .....	18
JANUVIA .....	14	<b>levobunolol eye soln, 0.5%</b> (Betagan) .....	27
JENTADUETO .....	14	<b>levocarnitine</b> (Carnitor) .....	15
JINTELI .....	14	<b>levofloxacin</b> (Levaquin) .....	10
JUVISYNC .....	14	<b>levonorgestrel</b> (Plan B, Plan B One-Step) .....	14
<b>K</b>		<b>levothyroxine</b> (Synthroid) .....	15
KADIAN .....	23	LEXAPRO .....	21
KALETRA .....	11	LEXIVA .....	11
KALYDECO .....	19	LIALDA .....	20
KAPVAY .....	22	<b>lidocaine jelly, 2%; oint, 5%; soln, 4%</b> (Xylocaine) .....	29
<b>ketoconazole</b> (Nizoral) .....	28	<b>lidocaine/prilocaine crm</b> (Emla) .....	29
<b>ketoconazole tabs</b> .....	10	<b>lidocaine viscous</b> .....	28
<b>ketoprofen</b> .....	24	<b>lindane</b> .....	29
<b>ketorolac eye soln</b> (Acular, Acular LS) .....	27	<b>liothyronine</b> (Cytomel) .....	15
<b>ketorolac tabs</b> .....	24	LIPITOR .....	17
KINERET .....	24	LIPOFEN .....	17
KOATE-DVI .....	26	<b>lisinopril/hydrochlorothiazide</b> (Prinzide, Zestoretic) .....	15
KOGENATE FS .....	27	<b>lisinopril</b> (Prinivil, Zestril) .....	15
KOMBIGLYZE XR .....	14	<b>lithium carbonate</b> .....	22
		<b>lithium carbonate ext-release 300 mg</b> (Lithobid) .....	22

<b>lithium carbonate ext-release 450 mg</b> .....	22	MESTINON TIMESPAN .....	26
LITHIUM CITRATE .....	22	METADATE CD/ER .....	22
LIVALO .....	17	<b>metaxalone</b> (Skelaxin) .....	26
LOCOID .....	29	<b>metformin ext-release</b> (Glucophage XR) .....	14
LOFIBRA .....	17	<b>metformin ext-release OSM</b> (Fortamet) .....	14
<b>loperamide</b> .....	19	<b>metformin</b> (Glucophage) .....	14
LOPID .....	17	<b>methadone conc, soln</b> .....	24
<b>loratadine</b> (Claritin – OTC) .....	18	<b>methadone tabs</b> (Dolophine) .....	24
<b>loratadine/pseudoephedrine</b> (Claritin-D – OTC) .....	18	<b>methamphetamine</b> (Desoxyn) .....	22
<b>lorazepam</b> (Ativan) .....	21	<b>methazolamide</b> (Neptazane) .....	17
<b>lorazepam conc</b> (Lorazepam Intensol) .....	21	<b>methimazole</b> (Tapazole) .....	15
LORCET/PLUS .....	23	METHITEST .....	13
LORTAB .....	23	<b>methocarbamol</b> (Robaxin) .....	26
<b>losartan</b> (Cozaar) .....	16	<b>methotrexate</b> .....	13
<b>losartan/hydrochlorothiazide</b> (Hyzaar) .....	16	<b>methscopolamine</b> (Pamine, Pamine Forte) .....	19
LOTEMAX .....	27	<b>methyl dopa</b> .....	18
<b>lovastatin</b> (Mevacor) .....	17	<b>methylergonovine</b> .....	15
LOVENOX inj. ....	26	METHYLIN .....	22
<b>loxapine</b> (Loxitane) .....	22	METHYLPHENIDATE ext-release tabs, 10 mg, 18 mg, 27 mg, 36 mg, 54 mg ..	22
LUMIGAN .....	27	<b>methylphenidate ext-release caps</b> (Metadate CD, Ritalin LA) .....	22
LUNESTA .....	22	<b>methylphenidate ext-release tabs, 20 mg</b> (Ritalin SR) .....	22
LUVERIS .....	14	<b>methylphenidate tabs</b> (Ritalin) .....	22
LUVOX CR .....	21	<b>methylprednisolone</b> (Medrol) .....	13
LUXIQ .....	29	<b>metipranolol eye soln</b> (Optipranolol) .....	27
LYRICA .....	25	<b>metoclopramide</b> (Reglan) .....	20
LYSODREN .....	12	<b>metolazone</b> (Zaroxolyn) .....	17
<b>M</b>		<b>metoprolol succinate ext-release</b> (Toprol XL) .....	16
MAGNACET .....	24	<b>metoprolol tartrate</b> (Lopressor) .....	16
MALARONE 62.5-25 mg .....	12	METROGEL 1% topical .....	28
<b>malathion</b> (Ovide) .....	29	<b>metronidazole</b> (Flagyl) .....	12
MAPROTILINE .....	21	<b>metronidazole</b> (Metrocream, Metrolotion) .....	28
MATULANE .....	13	<b>metronidazole</b> (MetroGel-Vaginal) .....	20
MAXAIR AUTOHALER .....	19	<b>metronidazole topical gel</b> .....	28
MAXALT .....	25	MEVACOR .....	17
MAXALT-MLT .....	25	MEXILETINE .....	17
MAXIDONE .....	24	MICARDIS .....	16
<b>meclizine</b> (Antivert) .....	20	MICARDIS HCT .....	16
<b>medroxyprogesterone acetate</b> (Provera) .....	14	<b>midodrine</b> (Proamatine) .....	18
<b>mefloquine</b> .....	12	MIGRANAL .....	25
<b>megestrol</b> (Megace) .....	13	MINOCIN/PAC .....	10
<b>meloxicam tabs</b> (Mobic) .....	24	<b>minocycline</b> (Dynacin, Minocin) .....	10
MENEST .....	14	<b>minoxidil</b> .....	18
MENOPUR .....	14	<b>mirtazapine</b> (Remeron, Remeron SolTab) .....	21
MENOSTAR .....	14	<b>misoprostol</b> (Cytotec) .....	19
MEPHYTON .....	26	<b>modafinil</b> (Provigil) .....	22
MEPRON .....	12	<b>moexipril/hydrochlorothiazide</b> (Uniretic) .....	15
<b>mercaptopurine</b> (Purinethol) .....	13	<b>moexipril</b> (Univasc) .....	15
<b>mesalamine</b> .....	20	<b>mometasone</b> (Elocon) .....	29
MESNEX tabs .....	13	MONOCLATE-P .....	27
MESTINON syrup .....	26	MONODOX .....	10
		MONONINE .....	27

<b>montelukast</b> (Singulair) . . . . .	19	<b>nitrofurantoin</b> (Furadantin) . . . . .	20
<b>morphine sulfate conc, soln</b> . . . . .	24	<b>nitrofurantoin macrocrystalline</b> (Macrochantin) . . . . .	20
<b>morphine sulfate ext-release</b> (Kadian, MS Contin) . . . . .	24	<b>nitrofurantoin monohydrate/macrocrystalline</b> (Macrobid) . . . . .	20
MORPHINE SULFATE supp, 30 mg; tabs . . . . .	24	<b>nitroglycerin</b> (Nitro-Dur) . . . . .	17
MS CONTIN . . . . .	24	NITROSTAT . . . . .	17
MULTAQ . . . . .	17	NORCO . . . . .	24
<b>mupirocin oint</b> (Bactroban) . . . . .	28	NORDITROPIN . . . . .	15
MYCOBUTIN . . . . .	10	<b>norethindrone acetate</b> (Aygestin) . . . . .	14
<b>mycophenolate mofetil</b> (Cellcept) . . . . .	29	<b>nortriptyline caps</b> (Pamelor) . . . . .	21
MYLERAN . . . . .	13	NORVIR . . . . .	11
MYRBETRIQ . . . . .	20	NOVOLIN 70/30 inj . . . . .	15
MYTELASE . . . . .	26	NOVOLIN N inj . . . . .	15
<b>N</b>		NOVOLIN R inj . . . . .	14
<b>nabumetone</b> . . . . .	24	NOVOLOG inj . . . . .	14
<b>nadolol</b> (Corgard) . . . . .	16	NOVOLOG MIX 70/30 inj . . . . .	15
<b>naltrexone</b> (ReVia) . . . . .	23	NOVOSEVEN/RT . . . . .	27
NAMENDA . . . . .	23	NOXAFIL . . . . .	10
<b>naproxen delayed-release</b> (EC-Naprosyn) . . . . .	24	NUCYNTA . . . . .	24
<b>naproxen</b> (Naprosyn) . . . . .	24	NUCYNTA ER . . . . .	24
<b>naproxen sodium</b> (Anaprox) . . . . .	24	NUTROPIN/AQ . . . . .	15
<b>naratriptan</b> (Amerge) . . . . .	25	NUVIGIL . . . . .	22
NARDIL . . . . .	21	<b>nystatin oral</b> . . . . .	11
NASACORT AQ . . . . .	18	<b>nystatin susp</b> . . . . .	28
NASONEX . . . . .	18	<b>nystatin topical</b> . . . . .	28
NATACYN . . . . .	27	NYSTATIN vaginal tabs . . . . .	20
<b>nateglinide</b> (Starlix) . . . . .	14	<b>O</b>	
NEBUPENT . . . . .	12	<b>octreotide</b> (Sandostatin) . . . . .	15
<b>neomycin/polymyxin B/bacitracin eye oint</b> . . . . .	27	<b>ofloxacin ear soln</b> . . . . .	28
<b>neomycin/polymyxin B/bacitracin/hydrocortisone eye oint</b> . . . . .	27	<b>ofloxacin eye soln</b> (Ocuflox) . . . . .	27
<b>neomycin/polymyxin B/dexamethasone eye oint, susp</b> (Maxitrol) . . . . .	27	OFORTA . . . . .	13
<b>neomycin/polymyxin B/gramicidin eye soln</b> (Neosporin) . . . . .	27	<b>olanzapine/fluoxetine</b> (Symbyax) . . . . .	23
<b>neomycin/polymyxin B/hydrocortisone ear soln, susp</b> (Cortisporin) . . . . .	28	<b>olanzapine</b> (Zyprexa, Zyprexa Zydis) . . . . .	22
<b>neomycin sulfate</b> . . . . .	10	OLEPTRO . . . . .	21
<b>neostigmine inj</b> (Prostigmin) . . . . .	26	OLUX/E . . . . .	29
NEULASTA . . . . .	26	<b>omeprazole delayed-release</b> (Prilosec) . . . . .	19
NEUMEGA . . . . .	26	<b>omeprazole/sodium bicarbonate</b> (Zegerid) . . . . .	19
NEUPOGEN . . . . .	26	OMNARIS . . . . .	18
NEVIRAPINE susp . . . . .	11	OMNITROPE . . . . .	15
<b>nevirapine tabs</b> (Viramune) . . . . .	11	<b>ondansetron tabs, 24 mg</b> . . . . .	20
NEXAVAR . . . . .	13	<b>ondansetron</b> (Zofran, Zofran ODT) . . . . .	20
NEXIUM . . . . .	19	ONGLYZA . . . . .	14
NIASPAN . . . . .	17	ONSOLIS . . . . .	24
NICOTROL INHALER . . . . .	23	OPANA ER . . . . .	24
NICOTROL NS . . . . .	23	ORACEA . . . . .	28
<b>nifedipine ext-release</b> (Adalat CC, Procardia XL) . . . . .	16	<b>oral contraceptives – all generics</b> . . . . .	14
NILANDRON . . . . .	13	ORAMORPH SR . . . . .	24
<b>nisoldipine ext-release 8.5 mg, 17 mg, 34 mg</b> (Sular) . . . . .	16	ORAP . . . . .	23
NISOLDIPINE ext-release 20 mg, 25.5 mg, 30 mg, 40 mg . . . . .	16	ORAXYL . . . . .	10
NITRO-BID . . . . .	16	ORBIVAN/CF . . . . .	23
NITRO-DUR . . . . .	17	ORENCIA . . . . .	24
		ORFADIN . . . . .	15



<b>orphenadrine/aspirin/caffeine 25-385-30 mg</b> .....	26	<b>phenytoin sodium ext-release</b> (Dilantin) .....	25
ORPHENADRINE/ASPIRIN/CAFFEINE 50-770-60 mg .....	26	<b>phenytoin susp</b> (Dilantin) .....	25
<b>orphenadrine citrate ext-release</b> .....	26	PHOSPHOLINE IODIDE eye soln .....	27
OVIDREL .....	14	PHRENILIN FORTE .....	23
<b>oxaprozin</b> (Daypro) .....	24	PICATO .....	29
<b>oxcarbazepine</b> (Trileptal) .....	25	<b>pilocarpine eye soln</b> (Isopto Carpine) .....	27
OXECTA .....	24	<b>pilocarpine</b> (Salagen) .....	28
OXSORALEN-ULTRA .....	29	PINDOLOL .....	16
<b>oxybutynin</b> .....	20	<b>pioglitazone</b> (Actos) .....	14
<b>oxybutynin ext-release</b> (Ditropan XL) .....	20	<b>pioglitazone/metformin</b> (Actoplus Met) .....	14
<b>oxycodone/acetaminophen</b> (Percocet, Tylox) .....	24	<b>piroxicam</b> (Feldene) .....	24
<b>oxycodone/aspirin – Endodan</b> (Percodan) .....	24	<b>podofilox</b> (Condylox) .....	29
<b>oxycodone caps</b> .....	24	<b>polymyxin B/trimethoprim eye soln</b> (Polytrim) .....	27
OXYCODONE conc; soln; tabs, 10 mg, 20 mg .....	24	<b>potassium bicarbonate/chloride effervescent tabs, 25 mEq</b> .....	26
<b>oxycodone/ibuprofen</b> .....	24	<b>potassium chloride ext-release</b> .....	26
<b>oxycodone tabs, 5 mg, 15 mg, 30 mg</b> (Roxicodone) .....	24	<b>potassium chloride packets; soln, 10%</b> .....	26
OXYCONTIN .....	24	POTASSIUM CHLORIDE soln, 20% .....	26
OXYMORPHONE ext-release 7.5 mg, 15 mg .....	24	<b>potassium citrate/citric acid powder</b> (Polycitra-K) .....	21
OXYTROL .....	20	<b>potassium citrate ext-release</b> (Urocit-K) .....	21
<b>P</b>		<b>potassium phosphate/sodium phosphates</b> (K-Phos Neutral) .....	26
PANRETIN .....	29	PRADAXA .....	26
<b>pantoprazole delayed-release</b> (Protonix) .....	19	<b>pramipexole</b> (Mirapex) .....	25
<b>paromomycin</b> .....	10	PRAMOSONE lotn; oint 1-1% .....	29
<b>paroxetine hcl ext-release</b> (Paxil CR) .....	21	<b>pramoxine/hydrocortisone</b> (Pramosone) .....	29
<b>paroxetine hcl</b> (Paxil) .....	21	PRANDIN .....	14
PATANASE .....	18	PRAVACHOL .....	17
PAXIL/CR .....	21	<b>pravastatin</b> (Pravachol) .....	17
<b>pediatric multivitamins</b> .....	26	<b>prazosin</b> (Minipress) .....	18
<b>pediatric vitamins ADC</b> .....	26	PRED MILD .....	27
PEDIPIROX-4 NAIL .....	28	<b>prednisolone acetate eye susp</b> (Pred Forte) .....	27
PEGANONE .....	25	<b>prednisolone</b> (Prelone) .....	13
PEGASYS .....	11	PREDNISOLONE SODIUM PHOSPHATE eye soln, 1% .....	27
<b>PEG – electrolytes for soln</b> (Colyte, Golytely, Nulytely) .....	19	<b>prednisolone sodium phosphate</b> (Orapred, Pediapred) .....	13
PEG-INTRON .....	11	PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg .....	13
<b>penicillin v potassium</b> .....	10	<b>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</b> .....	13
PENLAC nail lacquer .....	28	PREMARIN crm .....	20
PENNSAID .....	28	PREMARIN tabs .....	14
PENTASA .....	20	PREMPHASE .....	14
<b>pentazocine/acetaminophen</b> .....	24	PREMPRO .....	14
<b>pentoxifylline ext-release</b> (Trental) .....	26	PRENATAL MULTIVITAMINS/FOLIC ACID .....	26
PERCOCET .....	24	PREVACID/SOLUTAB .....	19
PERCODAN .....	24	PREVPAC .....	19
<b>perindopril</b> (Aceon) .....	15	PREZISTA .....	11
PERIOSTAT .....	10	PRIFTIN .....	10
<b>permethrin crm, 5%</b> .....	29	PRILOSEC .....	19
<b>perphenazine</b> .....	22	PRILOSEC OTC .....	19
PEXEVA .....	21	PRIMAQUINE .....	12
<b>phenelzine</b> (Nardil) .....	21	<b>primidone</b> (Mysoline) .....	25
PHENOBARBITAL 64.8 mg; NP = 97.2 mg .....	22	PRIMLEV .....	24
<b>phenobarbital elixir; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg</b> .....	22	PRIMSOL .....	12
		PRISTIQ .....	21

PROAIR HFA	19	REBIF	23
<b>probenecid</b>	25	RECOMBINATE	27
<b>probenecid/colchicine</b>	25	RELENZA	12
PROCENTRA	22	RELISTOR inj.	20
<b>prochlorperazine</b>	22	RELPAK	25
PROCRIT	26	REMERON/SOLTAB	21
PROCTOFOAM HC	28	REMODULIN	18
PROFILNINE SD	27	REVELA	20
<b>progesterone micronized</b> (Prometrium)	14	REPREXAIN	24
PROGLYCEM	14	REPRONEX	14
PROLEUKIN	13	RESCRIPTOR	11
PROMACTA	26	RESERPINE	18
<b>promethazine, NP = supp, 50 mg</b>	18	RETROVIR	11
<b>propafenone ext-release</b> (Rythmol SR)	17	REVATIO	18
<b>propafenone</b> (Rythmol)	17	REVLIMID	29
PROPANTHELINE 15 mg	19	REYATAZ	11
<b>propranolol ext-release</b> (Inderal LA)	16	RHINOCORT AQUA	18
PROPRANOLOL/HYDROCHLOROTHIAZIDE	16	RIBAPAK	11
PROPRANOLOL soln	16	RIBASPHERE 400 mg, 600 mg	11
<b>propranolol tabs</b>	16	RIBATAB	11
<b>propylthiouracil</b>	15	<b>ribavirin</b> (Copegus, Rebetol)	11
PROSCAR	21	RIDAURA	24
PROSTIGMIN tabs	26	<b>rifampin</b> (Rifadin)	10
PROTONIX packets, tabs	19	RILUTEK	26
PROTOPIC	29	RISPERDAL/M-TAB	22
PROVENTIL HFA	19	RISPERIDONE ODT 0.25 mg	22
PROVIGIL	22	<b>risperidone</b> (Risperdal, Risperdal M-Tab)	22
PROZAC	21	RITALIN/LA/SR	22
PULMICORT FLEXHALER	19	<b>rivastigmine</b> (Exelon)	23
PULMICORT RESPULES 1 mg/2 mL	19	<b>ropinirole</b> (Requip)	25
PULMOZYME	19	ROXICET soln	24
PYLERA	19	ROXICET tabs	24
<b>pyrazinamide</b>	10	ROZEREM	22
<b>pyridostigmine</b> (Mestinon)	26	RYBIX ODT	24
<b>Q</b>		RYZOLT	24
QNASL	18	<b>S</b>	
QUALAQUIN	12	SABRIL	25
<b>quetiapine</b> (Seroquel)	22	SAIZEN	15
<b>quinapril</b> (Accupril)	15	<b>salsalate</b>	23
<b>quinapril/hydrochlorothiazide</b> (Accuretic)	16	SAMSCA	15
<b>quinidine gluconate ext-release</b>	17	SANCTURA/XR	20
<b>quinidine sulfate</b>	17	SANCUSO	20
QUINIDINE SULFATE ext-release	17	SANDOSTATIN inj	15
<b>quinine sulfate</b> (Qualaquin)	12	SANTYL	29
QVAR	19	SAPHRIS	22
<b>R</b>		SAVELLA	23
<b>ramipril</b> (Altace)	16	<b>selegiline caps</b> (Eldepryl)	25
<b>ranitidine</b> (Zantac)	19	<b>selegiline tabs</b>	25
RAPAMUNE	29	<b>selenium sulfide</b> (Selsun)	29
REBETOL	11	SELZENTRY	11
		SEMPREX-D	18

SENSIPAR .....	15	<b>sumatriptan inj, tabs</b> (Imitrex) .....	25
SEREVENT DISKUS .....	19	SUMATRIPTAN nasal .....	25
SEROQUEL .....	22	SUMAVEL DOSEPRO inj .....	25
SEROQUEL XR .....	22	SUSTIVA .....	11
SEROSTIM .....	15	SUTENT .....	13
<b>sertraline</b> (Zoloft) .....	21	SYLATRON .....	13
<b>sildenafil</b> (Revatio) .....	18	SYMBICORT .....	19
SILENOR .....	22	SYMBYAX .....	23
<b>silver sulfadiazine</b> (Silvadene) .....	28	SYMLINPEN inj .....	14
SIMCOR .....	17	SYNAREL .....	15
SIMPONI .....	25	SYPRINE .....	29
<b>simvastatin</b> (Zocor) .....	17	SYRINGES/NEEDLES – BD; OTHER VARIOUS MANUFACTURERS – for self-injectable drug administration .....	29
SINGULAIR .....	19	<b>T</b>	
<b>sodium citrate/citric acid</b> (Shohl's) .....	21	TABLOID .....	13
<b>sodium fluoride chew tabs; soln, 0.275 mg/drop, 1.1 mg/mL</b> (Luride) .....	26	TACLONEX .....	29
<b>sodium fluoride</b> (Prevident) .....	28	<b>tacrolimus</b> (Prograf) .....	29
SODIUM FLUORIDE tabs .....	26	TAMIFLU .....	12
<b>sodium polystyrene sulfonate</b> .....	29	<b>tamoxifen</b> .....	13
SOLARAZE .....	29	<b>tamsulosin</b> (Flomax) .....	21
SOLODYN .....	10	TARCEVA .....	13
SOMAVERT .....	15	TARGRETIN caps .....	13
SONATA .....	22	TARGRETIN gel .....	29
SORIATANE .....	29	TASIGNA .....	13
SORILUX .....	29	TAZORAC .....	28
<b>sotalol</b> (Betapace, Betapace AF) .....	17	TEGRETOL-XR 100 mg .....	25
SPIRIVA HANDIHALER .....	19	TEKAMLO .....	18
<b>spironolactone</b> (Aldactone) .....	17	TEKTURNA/HCT .....	18
<b>spironolactone/hydrochlorothiazide</b> (Aldactazide) .....	17	<b>temazepam</b> (Restoril) .....	22
SPORANOX caps .....	11	TEMODAR caps .....	13
SPORANOX soln .....	11	TENCON .....	23
SPRIX .....	25	<b>terazosin</b> .....	18
SPRYCEL .....	13	<b>terbinafine</b> (Lamisil) .....	11
<b>stavudine</b> (Zerit) .....	11	<b>terbutaline</b> (Brethine) .....	19
STIMATE .....	15	<b>terconazole</b> (Terazol) .....	20
STIVARGA .....	13	TESTIM .....	13
STRATTERA .....	22	<b>testosterone cypionate</b> (Depo-testosterone) .....	13
STRIANT .....	13	<b>testosterone enanthate</b> (Delatestryl) .....	13
STRIBILD .....	11	TESTRED .....	13
STROMEKTOL .....	12	TEST STRIPS – BAYER ASCENSIA AUTODISC, BREEZE 2, CONTOUR, CONTOUR NEXT .....	29
SUBOXONE .....	24	TEST STRIPS – LIFESCAN ONETOUCH BASIC, PROFILE, FASTTAKE, SURESTEP, ULTRA BLUE, VERIO, VERIO IQ .....	29
SUBSYS .....	24	TEST STRIPS – Non-Preferred .....	29
SUBUTEX .....	24	TETRACYCLINE .....	10
SUCRAID .....	20	TEVETEN/HCT .....	16
<b>sucralfate</b> (Carafate) .....	19	TEV-TROPIN .....	15
<b>sulfacetamide sodium eye soln</b> (Bleph-10) .....	27	THALOMID .....	29
<b>sulfacetamide sodium/prednisolone eye soln</b> .....	27	<b>theophylline ext-release</b> .....	19
<b>sulfacetamide sodium/sulfur, NP = susp, 10-5%</b> .....	28	<b>thiothixene</b> .....	22
<b>sulfamethoxazole/trimethoprim</b> (Bactrim) .....	12	THYROLAR .....	15
<b>sulfasalazine</b> (Azulfidine) .....	20		
<b>sulfasalazine delayed-release</b> (Azulfidine EN-Tab) .....	20		
<b>sulindac</b> (Clinoril) .....	25		

<b>tiagabine</b> (Gabitril) .....	25	<b>U</b>	
<b>timolol maleate eye soln</b> (Timoptic, Timoptic-XE) .....	27	ULESFIA .....	29
TIMOLOL tabs .....	16	ULTRACET .....	24
<b>tizanidine</b> (Zanaflex) .....	26	ULTRAM/ER .....	24
TOBI .....	10	<b>ursodiol</b> (Actigall, Urso 250, Urso Forte) .....	20
TOBRADEX oint .....	27	<b>V</b>	
<b>tobramycin/dexamethasone eye susp</b> (Tobradex) .....	27	VAGIFEM .....	20
<b>tobramycin eye soln</b> (Tobrex) .....	27	<b>valacyclovir</b> (Valtrex) .....	11
TOBEX oint .....	27	VALCYTE .....	11
<b>tolterodine</b> (Detrol) .....	20	<b>valproic acid</b> (Depakene) .....	25
<b>topiramate</b> (Topamax Sprinkle, Topamax) .....	25	<b>valsartan/hydrochlorothiazide</b> (Diovan HCT) .....	16
<b>torsemide</b> (Demadex) .....	17	VALTURNA .....	18
TOVIAZ .....	20	<b>vancomycin</b> (Vancocin) .....	12
TRACLEER .....	18	VANDETANIB .....	13
TRADJENTA .....	14	VANOS .....	29
<b>tramadol/acetaminophen</b> (Ultracet) .....	24	VECTICAL .....	29
<b>tramadol ext-release</b> (Ryzolt, Ultram ER) .....	24	<b>venlafaxine</b> .....	21
<b>tramadol</b> (Ultram) .....	24	<b>venlafaxine ext-release caps</b> (Effexor XR) .....	21
<b>trandolapril</b> (Mavik) .....	16	<b>venlafaxine ext-release tabs, 37.5 mg, 75 mg, 150 mg</b> .....	21
<b>tranylcypromine</b> (Parnate) .....	21	VENLAFAXINE ext-release tabs, 37.5 mg, 75 mg, 150 mg .....	21
TRAVATAN Z .....	27	VENLAFAXINE ext-release tabs, 225 mg .....	21
<b>trazodone</b> .....	21	VENTAVIS .....	18
<b>tretinoin caps</b> .....	13	VENTOLIN HFA .....	19
<b>tretinoin</b> (Retin-A) .....	28	VERAMYST .....	18
TREXIMET .....	25	VERAPAMIL 40 mg .....	16
TREZIX .....	24	<b>verapamil 80 mg, 120 mg</b> (Calan) .....	16
<b>triamcinolone dental paste</b> .....	28	<b>verapamil ext-release</b> (Calan SR, Isoptin SR, Verelan, Verelan PM) .....	16
<b>triamcinolone</b> (Nasacort AQ) .....	18	VERDESO .....	29
<b>triamcinolone, NP = oint, 0.5%</b> .....	29	VESICARE .....	20
<b>triamterene/hydrochlorothiazide</b> (Dyazide, Maxzide, Maxzide-25) .....	17	VFEND oral susp .....	11
TRIBENZOR .....	16	VFEND tabs .....	11
TRICOR .....	17	VIBRAMYCIN .....	10
<b>trifluoperazine</b> .....	22	VICODIN/ES/HP .....	24
<b>trifluridine eye soln</b> (Viroptic) .....	27	VICOPROFEN .....	24
TRIGLIDE .....	17	VICTOZA inj .....	14
<b>trihexyphenidyl</b> .....	25	VICTRELIS .....	11
TRILIPIX .....	17	VIDEX .....	11
<b>trimethobenzamide</b> (Tigan) .....	20	VIDEX EC .....	11
<b>trimethoprim</b> .....	12	VIGAMOX .....	27
TRI-VIT/FLUORIDE/IRON .....	26	VIIBRYD .....	21
TRIZIVIR .....	11	VIMOVO .....	25
<b>tropicamide eye soln</b> (Mydracil) .....	27	VIRACEPT .....	11
<b>trospium ext-release</b> (Sanctura XR) .....	20	VIRAMUNE susp .....	11
<b>trospium</b> (Sanctura) .....	20	VIRAMUNE tabs .....	11
TRUVADA .....	11	VIRAMUNE XR .....	11
TUDORZA PRESSAIR .....	19	VIREAD .....	11
TWYNSTA .....	16	VIVAGLOBIN .....	12
TYKERB .....	13	VIVELLE-DOT .....	14
TYLENOL/CODEINE .....	24	VOLTAREN gel .....	28
TYLOX .....	24	<b>voriconazole</b> (Vfend) .....	11
TYVASO .....	18		

VOTRIENT .....	13	ZOLPIMIST .....	22
VYTORIN .....	17	ZOLVIT .....	24
VYVANSE .....	22	ZOMIG/ZMT .....	25
<b>W</b>		<b>zonisamide</b> (Zonegran) .....	25
<b>warfarin</b> (Coumadin) .....	26	ZORBTIVE .....	15
WELCHOL .....	17	ZORTRESS .....	29
WELLBUTRIN/SR/XL .....	21	ZOVIRAX topical .....	28
WILATE .....	27	ZUPLENZ .....	20
<b>X</b>		ZYDONE .....	24
XALATAN .....	27	ZYFLO/CR .....	19
XALKORI .....	13	ZYPREXA/RELPREVV/ZYDIS .....	22
XARELTO .....	26	ZYTIGA .....	13
XELODA .....	13	ZYVOX .....	12
XENAZINE .....	23		
XIFAXAN .....	12		
XODOL .....	24		
XOLOX .....	24		
XOPENEX HFA .....	19		
XTANDI .....	13		
XYNTHA .....	27		
XYREM .....	23		
XYZAL .....	18		
<b>Y</b>			
YODOXIN .....	12		
<b>Z</b>			
<b>zafirlukast</b> (Accolate) .....	19		
<b>zaleplon</b> (Sonata) .....	22		
ZAMICET .....	24		
ZAVESCA .....	26		
ZEGERID .....	19		
ZELBORAF .....	13		
ZEMPLAR caps. ....	15		
ZENPEP .....	20		
ZERIT .....	11		
ZETIA .....	17		
ZETONNA .....	18		
ZIAGEN soln .....	11		
ZIAGEN tabs .....	11		
<b>zidovudine</b> (Retrovir) .....	11		
<b>ziprasidone</b> (Geodon) .....	22		
ZIPSOR .....	25		
ZITHRANOL-RR .....	29		
ZITHROMAX packets .....	10		
ZOCOR .....	17		
ZOFRAN/ODT .....	20		
ZOLINZA .....	13		
ZOLOFT .....	21		
<b>zolpidem</b> (Ambien) .....	22		
<b>zolpidem ext-release</b> (Ambien CR) .....	22		

