

VCH VENTURA - COMMERCIAL							
DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$20+)	3 (\$45+)	4 (25%+)	
CHAPTER 1: ANESTHETICS							
1.2 TOPICAL ANESTHETICS							
lidocaine hcl			Green				
lidocaine hcl viscous			Green				
LIDODERM				Yellow			
CHAPTER 2: ANTIINFECTIVES							
2.1.1 CEPHALOSPORINS							
cefaclor, er			Green				
cefadroxil			Green				
cefdinir			Green				
cefepodoxime proxetil			Green				
cefuroxime (tab)			Green				
cephalexin			Green				
CEFTIN (SUSP)					Red		cefepodoxime suspension
OMNICEF					Red		cefdinir
The following drugs are not covered by the Plan:							
CEDAX			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SPECTRACEF			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SUPRAX (SUSP)			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
2.1.3 CLINDAMYCINS							
clindamycin hcl			Green				
2.1.4 ERYTHROMYCINS							
erythrocin stearate			Green				
erythromycin ethylsuccinate			Green				
PCE					Red		clarithromycin, erythromycin
2.1.4.1 OTHER MACROLIDES							
azithromycin		QL= 8 tabs (250mg); 4 tabs (500mg); 15ml suspension (100mg/5ml) - 2 bottles; 15, 22.5, 30ml susp 200mg/5ml - 2 bottles; per 30 days	Green				
clarithromycin			Green				
BIAXIN, XL					Red		clarithromycin
DYNABAC					Red		clarithromycin, erythromycin
ZITHROMAX		QL= 8 tabs/caps (250mg); 4 tabs (500mg); 100mg/5ml susp - 2 bottles; 200mg/5ml susp - 3 bottles; per 30 days			Red		clarithromycin, erythromycin
2.1.5 PENICILLINS							
amox tr/potassium clavulanate (susp)			Green				
amoxicillin			Green				
penicillin v potassium			Green				
trimox			Green				
AUGMENTIN XR					Red		amox/clavulanate (immed release)
2.1.6 SULFONAMIDES							
erythromycin w/sulfisoxazole			Green				
sulfamethoxazole/trimethoprim			Green				
2.1.7 TETRACYCLINES							
doxycycline hyclate			Green				
minocycline hcl			Green				
tetracycline hcl			Green				
ARESTIN						Blue	
Solodyne					Red		generic minocycline
2.1.8 URINARY ANTIINFECTIVES							
nitrofurantoin macrocrystal (100 mg)			Green				
2.1.9 QUINOLONES							
ciprofloxacin, er			Green				
levofloxacin			Green				
ofloxacin (tabs)			Green				
AVELOX, -ABC PACK				Yellow			
LEVAQUIN (inj)		PAR w/ injectable copay				Blue	levofloxacin, ciprofloxacin, AVELOX
FACTIVE		QL = 7 tablets/30 days			Red		levofloxacin, ciprofloxacin/er, ofloxacin, AVELOX
NOROXIN					Red		levofloxacin, ciprofloxacin/er, ofloxacin, AVELOX
2.2 TOPICAL ANTIBACTERIAL DRUGS							
gentamicin sulfite			Green				
mupirocin			Green				
mupirocin 2% ointment			Green				
silver sulfadiazine			Green				
BACTROBAN cream, nasal ointment				Yellow			
CHLORHEXIDINE GLUCONATE					Red		
2.3 ORAL ANTIFUNGAL DRUGS							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
clotrimazole							
fluconazole		PAR; QL = 2 tabs/30 days					
itraconazole		PAR; QL = 34 caps (100mg)/30 days					
ketoconazole		PAR					
nystatin							
terbinafine tablet							
LAMISIL tab		PAR					terbinafine
SPORANOX		PAR; QL = 34 caps (100mg)/30 days					itraconazole
2.4.1 VAGINAL ANTIFUNGALS							
terconazole		QL = 1 tube (cream); vaginal supp QL = 3; per 30 days					
2.4.2 OTHER TOPICAL ANTIFUNGALS							
ciclopirox (cream)							
ciclopirox (lotion)							
econazole nitrate							
ketoconazole							
nystatin							
The following drugs are not covered by the Plan:							
MENTAX			N/A	N/A	N/A	N/A	OTC LOTRIMIN ULTRA
2.4.3 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.							
clotrimazole/betamethasone							
nystatin w/triamcinolone							
2.5.1 ANTIRETROVIRALS & PROTEASE INHIBITORS							
EDURANT							
EMTRIVA		PAR					
INCIVEK							
INTELENCE		PAR					
REYATAZ		PAR					
TRUVADA		PAR					
VICTRELIS							
FUZEON		PAR with specialty copay					
2.5.2 OTHER ANTIVIRAL DRUGS							
acyclovir							
amantadine							
famciclovir		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg); per 30 days					
ribasphere		PAR with specialty copay					
ribavirin		PAR with specialty copay					
DENAVIR							
FAMVIR		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg); per 30 days					acyclovir, famciclovir
FLUMIST		PAR					
RELENZA		QL = 20 blisters/30 days					
TAMIFLU		QL=10 caps (45 mg, 75 mg); 20 caps (30 mg); 25 ml oral susp=3 bottles; per 30 days					
TYZEKA							
VALTREX		QL = 34 tabs/30 days					valacyclovir, acyclovir, famciclovir
The following drugs are not covered by the Plan:							
2.7.2 ANTITUBERCULOSIS DRUGS							
isoniazid							
rifampin							
2.7.3 PLASMODICIDES							
hydroxychloroquine sulfate							
quinine sulfate							
2.7.5 TRICHOMONOCIDES							
metronidazole							
2.8.2 AMINOGLYCOSIDES							
GENTAMICIN SULFATE		PAR w/injectable copay					
CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS							
3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS							
azathioprine							
cyclosporine softgel							
gemcitabine							
letrozole							
megestrol							
mercaptopurine							
methotrexate tablet							
tamoxifen							
ADCETRIS		PAR					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
ARIMIDEX		PAR					
ATGAM							
BENLYSTA							
CELLCEPT		PAR					
CELLCEPT inj		PAR w/specialty copay					
CIMZIA		PAR w/ specialty injectable copay					ENBREL, HUMIRA
cyclosporine injection		PAR w/ specialty injectable copay					
DEPO-PROVERA		PAR w/ injectable copay					
DOCEFREZ							
DOCETAXEL							
ELIGARD		PAR w/ specialty injectable copay					
ENBREL		PAR w/ specialty injectable copay; 50mg QL = 5 syringes/autoinjectors; 25mg QL = 10 vials/syringes; per 30 days					
ERIVEDGE		PAR					
ERWINAZE							
FEMARA		PAR					letrozole
GENGRAF							
HUMIRA		PAR, QL = 3 syringes w/specialty injectable copay; per 30 days					
INLYTA		PAR					
IRESSA		PAR with specialty copay					
JAKAFI		PAR					
methotrexate injection		PAR w/ specialty injectable copay					
MOFETIL							
MYCOPHENOLATE							
MYFORTIC		PAR					
NEORAL							
NULOJIX							
ORTHOCLONE OKT-3							
PROGRAF							
RAPAMUNE							
REVLIMID		PAR with specialty copay					
SANDIMMUNE							
SIMPONI		PAR w/ specialty injectable copay					ENBREL, HUMIRA
SIMULECT							
SUTENT		PAR with specialty copay					
TACROLIMUS							
THYMOGLOBULIN							
TREANDA		specialty copay					
TRELSTAR DEPOT		PAR w/ specialty injectable copay					ELIGARD
TRELSTAR LA		PAR w/ specialty injectable copay					ELIGARD
TYKERB		specialty copay					
vandetanib							
XALKORI							
YERVOY							
ZELBORAF							
ZENAPAX							
ZOLADEX		specialty copay					
ZOLINZA		specialty copay					
ZORTRESS							
ZYTIGA		specialty copay					
CHAPTER 4: CARDIOVASCULAR MEDICATIONS							
4.1 CARDIAC GLYCOSIDES							
digitek							
digoxin							
4.2 CALCIUM ANTAGONISTS							
amlodipine besylate							
cartia xt							
diltiazem er							
diltiazem hcl							
diltiazem xr							
felodipine er							
nicardipine hcl							

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nifedipine							
nifedipine er							amlodipine, diltiazem, verapamil
verapamil hcl							
SULAR							
The following drugs are not covered by the Plan:							
CARDENE SR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
CARDIZEM LA			N/A	N/A	N/A	N/A	diltiazem er
COVERA-HS			N/A	N/A	N/A	N/A	verapamil er
DYNACIRC, CR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
NORVASC			N/A	N/A	N/A	N/A	felodipine er, nifedipine er, SULAR
4.3.1 LOOP DIURETICS							
bumetanide							
furosemide							
torsemide							
4.3.2 THIAZIDE AND RELATED DRUGS							
hydrochlorothiazide							
indapamide							
metolazone							
4.3.3 POTASSIUM SPARING DIURETICS							
amiloride hcl w/hctz							
spironolactone							
spironolactone w/hctz							
triamterene w/hctz							
4.4 BETA-ADRENERGIC ANTAGONIST DRUGS							
atenolol							
bisoprolol fumarate							
carvedilol							
labetalol hcl							
metoprolol succ er							
metoprolol tartrate							
nadolol							
propranolol hcl							
labetalol hcl injection		PAR w/ injectable copay					
4.5.1 VASODILATOR ANTIHYPERTENSIVES							
doxazosin mesylate							
hydralazine hcl							
prazosin hcl							
terazosin hcl							
4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES							
clonidine hcl							
guanfacine hcl							
methyl dopa							
4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS							
benazepril							
captopril							
enalapril							
fosinopril							
lisinopril							
quinapril							
The following drugs are not covered by the Plan:							
ACCUPRIL			N/A	N/A	N/A	N/A	quinapril
ACEON			N/A	N/A	N/A	N/A	generic ACE inhibitor
ALTACE			N/A	N/A	N/A	N/A	generic ACE inhibitor
MAVIK			N/A	N/A	N/A	N/A	generic ACE inhibitor
UNIVASC			N/A	N/A	N/A	N/A	generic ACE inhibitor
4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS							
losartan							
BENICAR		ST					
DIOVAN		ST					
ATACAND		ST					BENICAR, DIOVAN
AVAPRO		ST					BENICAR, DIOVAN
COZAAR		ST					BENICAR, DIOVAN
MICARDIS		ST					BENICAR, DIOVAN
TEVETEN		ST					BENICAR, DIOVAN
4.5.6 OTHER ANTIHYPERTENSIVES							
atenolol w/chlorthalidone							
benazepril-hctz							
bisoprolol fumarate/hctz							
captopril/hctz							
enalapril/hctz							
fosinopril-hctz							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
lisinopril-hctz			Green				
moexepiril-hctz			Green				
quinaretic			Green				
AZOR		ST		Yellow			
BENICAR HCT		ST		Yellow			
DIOVAN HCT		ST		Yellow			
EXFORGE, -HCT		ST		Yellow			
LOTREL		ST			Red		
ATACAND HCT		ST			Red		BENICAR HCT, DIOVAN HCT
AVALIDE		ST			Red		BENICAR HCT, DIOVAN HCT
HYZAAR		ST			Red		BENICAR HCT, DIOVAN HCT
MICARDIS HCT		ST			Red		BENICAR HCT, DIOVAN HCT
TEVETEN HCT		ST			Red		BENICAR HCT, DIOVAN HCT
4.6.1 NITRATES							
isosorbide dinitrate			Green				
isosorbide mononitrate			Green				
nitroglycerin			Green				
4.6.2 OTHER VASODILATING DRUGS							
ADCIRCA	Specialty	QL= 68 tabs/30 days PAR w/ specialty copay				Blue	
REVATIO	Specialty	QL=102 tabs/30 days PAR with specialty copay				Blue	ADCIRCA
4.6.3 ENDOTHELIN RECPTN ANTAGONIST							
LETAIRIS	Specialty	PAR w/ specialty copay				Blue	
TRACLEER	Specialty	PAR w/ specialty copay				Blue	
4.7.1.1 CLASS 1A							
quinidine gluconate			Green				
4.7.1.3 CLASS 1C							
flecainide acetate			Green				
propafenone hcl			Green				
4.7.3 AMIODARONES							
amiodarone hcl			Green				
PACERONE (200mg only)				Yellow			
PACERONE					Red		amiodarone hcl
4.7.5 OTHER ANTIARRHYTHMICS							
sotalol			Green				
4.8.1 HYPOLIPOPROTEINEMICS							
cholestyramine			Green				
colestipol			Green				
fenofibrate			Green				
gemfibrozil			Green				
LOVAZA				Yellow			
NIASPAN				Yellow			
TRILIPIX					Red		fenofibrate, LIPOFEN
WELCHOL				Yellow			
ZETIA				Yellow			
ANTARA					Red		fenofibrate, LIPOFEN
FENOGLIDE					Red		fenofibrate, LIPOFEN
LIPOFEN				Yellow			
TRICOR					Red		fenofibrate, LIPOFEN
TRIGLIDE					Red		fenofibrate, LIPOFEN
4.8.2 HMG-COA REDUCTASE INHIBITORS							
lovastatin		10mg: QL=34 tabs/30 days; 20mg & 40mg: QL=68 tabs/30 days	Green				
pravastatin		QL= 34 tabs/30 days	Green				
simvastatin		QL=34 tabs/30 days	Green				
CRESTOR		ST; QL = 34 tabs (40 mg)/30 days		Yellow			
ALTOPREV		ST			Red		lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
LESCOL, XL		20mg: QL= 34 caps/30 days; 40mg: QL=68 caps/30 days; XL 80mg: QL=34 tabs/30 days			Red		lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
LIPITOR		QL=34 tabs/30 days ST			Red		lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
4.8.2.1 HMG-COA COMBINATIONS							
ADVICOR		500/20 dose: QL= 34 tabs/30 days; 750/20 & 1000/20: QL=68 tabs/30 days			Red		NIASPAN + lovastatin

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
SIMCOR		500/20mg, 500/40mg, 1000/40mg; QL=34 tabs/30 days; 750/20mg, 1000/20mg; QL=68 tabs/30 days					
VYTORIN		ST QL=34 tabs/30 days					NIASPAN + simvastatin
4.9 OTHER CARDIOVASCULAR DRUGS							
pentoxifylline							
FIRAZYR							
RANEXA							
CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS							
5.1.1 ANALGESICS							
tramadol hcl		QL = 272 tabs/30 days					
tramadol hcl-acetaminophen		QL = 272 tabs/30 days					
5.1.1.1 CLASS II NARCOTICS							
fentanyl		QL = 120tabs/30days PAR					
hydromorphone hcl		QL = 120tabs/30days					
meperidine hcl		QL = 120tabs/30days PAR					
morphine sulfate		QL = 120tabs/30days					
oxycodone hcl		QL = 120tabs/30days					
oxycodone w/acetaminophen		QL = 120tabs/30days					
OPANA ER		QL = 120tabs/30days					
OXYCONTIN		QL = 120tabs/30days					
ACTIQ		PAR; QL = 4/day/30 days					fentanyl citrate
AVINZA		QL = 120tabs/30days					generics
KADIAN		QL = 120tabs/30days					generics
METHADONE HCL (PWD)		QL = 120tabs/30days					
MS CONTIN		QL = 120tabs/30days					morphine sulfate
MSIR		QL = 120tabs/30days					generics
OXYIR		QL = 120tabs/30days					oxycodone hcl
fentanyl injection		PAR w/ injectable copay					
meperidine hcl injection		PAR w/ injectable copay					
5.1.1.2 CLASS III NARCOTICS							
acetaminophen w/codeine		QL = 120tabs/30days					
acetaminophen w/hydrocodone		QL = 120tabs/30days					
hydrocodone bit-ibuprofen		QL = 120tabs/30days					
reprexain		QL = 120tabs/30days					
zamicet		QL = 120tabs/30days					
SUBOXONE		QL = 120tabs/30days					
5.1.1.3 CLASS IV NARCOTICS							
propoxyphene hcl		QL = 100tabs/30days					
propoxyphene hcl w/acetaminophen		QL = 100tabs/30days					
propoxyphene napsylate w/acetaminophen		QL = 100tabs/30days					
5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES							
butalbital compound							
butalbital/acetaminophen/caffeine							
sumatriptan tab		QL= 9 tabs/30 days (25mg, 50mg, & 100mg)					
MAXALT_MLT		QL = 12 tabs/30 days					
ZOMIG_ZMT		QL= 6 tabs/30 days					
ZOMIG NASAL SPRAY		QL=6 devices/30 days					
AMERGE		QL= 9 tabs/30 days (1mg & 2.5mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
AXERT		QL= 6 tabs/30 days (6.25mg); 12 tablets/30 days (12.5 mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
FROVA		QL= 9 tabs/30 days					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX		9 tabs/30 days (25mg, 50mg, & 100mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
RELPAK		QL= 6 tabs/30 days					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
SUMATRIPTAN nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
sumatriptan injection		QL= 1 RIV/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					
IMITREX injection		QL= 1 RIV/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					sumatriptan
5.2.1 ANXIOLYTICS							
alprazolam							

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buspirone hcl							
chlordiazepoxide hcl							
clorazepate dipotassium							
diazepam							
lorazepam							
5.2.2 SEDATIVE/HYPNOTIC DRUGS							
flurazepam hcl							
temazepam							
triazolam							
zaleplon		QL= 34 caps (5mg); 68 caps (10mg); per 30 days					
zolpidem		QL=34 tabs/30 days					
Ambien		ST QL = 34 tabs/30 days				zolpidem tartrate	
AMBIEN CR		ST QL = 34 tabs/30 days					
EDLUAR		ST QL = 34 tabs/30 days				zolpidem tartrate	
LUNESTA		ST QL = 34 tabs/30 days				zolpidem tartrate	
Rozerem		QL=34 tabs/30 days ST					
Sonata		10mg: QL=68 caps/30 days; 5mg: QL=34 caps/30 days ST				zaleplon	
Silenor		QL=34 tabs/30 days ST				doxepin, Ambien	
5.3 ANTIMANIA DRUGS							
lithium carbonate, -er							
lithium citrate							
5.4.1 CARBAMAZEPINES							
carbamazepine, er, xr							
divalproex sodium							
CARBATROL						carbamazepine	
TRILEPTAL suspension						oxcarbazepine suspension	
5.4.2 ANTICONVULSANT BENZODIAZEPINES							
clonazepam							
5.4.3 HYDANTOINS							
phenytoin							
phenytoin sodium, extended							
PHENYTEK						phenytoin sodium, extended	
5.4.4 VALPROIC ACID AND DERIVATIVES							
DEPAKOTE, ER						divalproex	
5.4.6 ANTICONVULSANT BARBITURATES							
phenobarbital							
primidone							
5.4.7 OTHER ANTICONVULSANTS							
gabapentin							
lamotrigine							
levetiracetam							
lamotrigine							
topiramate							
zonisamide							
KEPPRA solution							
LYRICA							
VIMPAT							
KEPPRA tabs						levetiracetam	
LAMICTAL						lamotrigine	
NEURONTIN						gabapentin	
TOPAMAX						topiramate	
ZONEGRAN						zonisamide	
5.5.1.1 TERTIARY AMINES							
amitriptyline hcl							
doxepin hcl							
imipramine hcl							
5.5.1.2 SECONDARY AMINES							
desipramine hcl							
nortriptyline hcl							
5.5.1.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS							
citalopram							
fluoxetine hcl							
fluvoxamine maleate							
paroxetine							
sertraline							

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LEXAPRO		ST					citalopram, fluoxetine, paroxetine, sertraline
CELEXA		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
PAXIL, CR							fluoxetine (daily), citalopram, paroxetine, Generic SSRI
PROZAC WEEKLY		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
ZOLOFT		ST					fluoxetine (daily), citalopram, paroxetine, Generic SSRI
5.5.1.4 OTHER ANTIDEPRESSANTS							
budeprion sr (150 mg)							
budeprion xl							
bupropion hcl							
bupropion sr							
mirtazapine							
nefazodone hcl							
trazodone hcl							
venlafaxine (immediate release)							
CYMBALTA		ST					
EFFEXOR XR		ST					venlafaxine er
PRISTIQ		ST					venlafaxine er, CYMBALTA
APLENZIN		ST					bupropion xl
EFFEXOR		ST					venlafaxine
REMERON (M tab)							mirtazapine
SAVELLA - Off label		ST					LYRICA, CYMBALTA
VENLAFAXINE ER		ST					CYMBALTA
WELLBUTRIN XL		ST					bupropion xl
5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS							
granisetron hcl		PAR, QL = 2 tabs/30 days					
ondansetron hcl, -odt		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution); per 30 days					
prochlorperazine maleate							
trimethobenzamide hcl							
EMEND		PAR, QL = 1 cap 40 & 125mg; 2 caps 80mg, 1 pkg bifold pack; 1 pkg trifold pack; 1 vial 115 mg; per 30 days					
ANZEMET		PAR, QL= 1 tab/30 days					granisetron, ondansetron
KYTRIL		PAR, QL= 2 tab; 30ml soln; per 30 days					granisetron
ZOFRAN, ODT		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution), per 30 days					ondansetron hcl, -odt
ZOFRAN IN DEXTROSE		PAR w/ injectable copay					ondansetron in dextrose
5.7.1 ANTIPARKINSON ANTICHOLINERGIC DRUGS							
benztropine mesylate							
5.7.2 OTHER ANTIPARKINSON DRUGS							
bromocriptine mesylate							
carbidopa/levodopa							
pramipexole							
ropinirole							
STALEVO							
MIRAPEX							pramipexole
REQUIP							ropinirole
5.8 ANTIPSYCHOTIC DRUGS							
clozapine							
haloperidol							
risperidone, odt							
thioridazine hcl							
ABILIFY							
SEROQUEL, XR							
ZYPREXA							olanzapine
GEODON capsule							risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)
INVEGA							risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)
RISPERDAL							risperidone
ZYPREXA ZYDIS		PAR					ZYPREXA (NON-ZYDIS)
GEODON injection		PAR with injectable copay					RISPERDAL CONSTA
RISPERDAL CONSTA		PAR with injectable copay					

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
ZYPREXA injection		PAR 10mg vial; with injectable copay					
5.9.1 CNS STIMULANT DRUGS							
amphetamine salt combo							
dextroamphetamine-amphetamine							
methamphetamine hcl							
methylin							
methylin er							
methylphenidate er							
methylphenidate hcl							
CONCERTA							
PROVIGIL							
VYVANSE							
ADDERALL XR							
FOCALIN, XR							dextroamphetamine-amphetamine dexmethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
METADATE CD							dexmethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
RITALIN LA							dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
5.9.3 ANTIDEMENTIA DRUGS							
ARICEPT, -ODT							
EXELON							rivastigmine
EXELON PATCH							galantamine er, rivastigmine
NAMENDA							
5.9.4 DRUGS TO TREAT MULTIPLE SCLEROSIS							
COPAXONE		PAR w/ specialty injectable copay; QL = 1 kit/30 days					
5.9.6 OTHER DRUGS FOR ADHD							
STRATTERA							
CHAPTER 6: DERMATOLOGICAL MEDICATIONS							
6.1 TOPICAL CORTICOSTEROID DRUGS							
alclometasone dipropionate							
betamethasone dipropionate							
betamethasone dp augmented							
clobetasol propionate							
desonide							
desoximetasone							
diflorasone diacetate							
fluocinonide							
fluticasone propionate (oint)							
mometasone furoate							
triamcinolone acetonide							
The following drugs are not covered by the Plan:							
HYDROCORTISONE			N/A	N/A	N/A	N/A	
6.2 ANTIPRURITIC DRUGS							
hydroxyzine hcl							
hydroxyzine pamoate							
6.3 ANTIACNE DRUGS							
clindamycin phosphate							
erythromycin base							
metronidazole (0.75%)							
sod.sulfacetamide/sulfur tf							
tretinoin		PAR age >34					
ACCUTANE							amnestem
DIFFERIN							adapalene, tretinoin
FINACEA, PLUS							metronidazole topical
ATRALIN							adapalene, tretinoin
AVITA		PAR age >34					tretinoin
BENZACLIN							benzoyl peroxide + clindamycin
BENZAMYCIN							erythromycin/benzoyl peroxide
DUAC							benzoyl peroxide + clindamycin
METROGEL							metronidazole (0.75%)
METROLOTION							metronidazole (0.75%)
RETIN-A MICRO		PAR age >34					adapalene, tretinoin
6.7 KERATOLYTIC DRUGS							
CONDYLOX							GENERIC PODOFILOX SOLUTION
6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS							
calcipotriene solution							
selenium sulfide							
TAZORAC							

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
VECTICAL							DOVONEX CREAM
DOVONEX solution							calcipotriene solution
KLARON							generic
6.9.2 TOPICAL DERMATOLOGICAL DRUGS							
ALDARA							imiquimod
CARAC							
PROTOPIC							
ELIDEL							PROTOPIC
6.9.3 SCABICIDES							
EURAX							
LINDANE							
CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS							
7.1 DRUGS AFFECTING THE EAR							
a/b otic							
ofloxacin (ear drops)							
CIPRODEX OTIC							
CERUMENEX							OTC DEBROX, MURINE EAR
CETRAXAL							CIPRODEX
CIPRO HC							CIPRODEX
FLOXIN (OTIC DROPS)							ofloxacin
7.2 DRUGS AFFECTING THE NOSE							
azelastine		QL= 2 bottles/30 days					
flunisolide nasal spray		QL= 3 inhalers/bottles/30 days					
fluticasone propionate (nasal spray)		QL= 2 sprays/30 days					
ipratropium bromide		QL= 0.03%, 2 bottles/30 days; 0.6% 2 bottles/30 days					
triamcinolone 55mcg nasal spray							
ASTELIN		QL= 2 bottles/30 days					azelastine
ASTEPRO		QL= 2 bottles/30 days					
NASONEX		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone, OMNARIS
BECONASE AQ		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
NASACORT AQ		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
NASAREL		ST QL= 3 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
OMNARIS		ST QL= 2 bottles/30 days					
PATANASE		QL= 2 bottles/30 days					ASTELIN, ASTEPRO
RHINOCORT AQUA		ST QL=3 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
VERAMYST		ST QL= 2 bottles/30 days					triamcinolone 55mcg nasal spray, flunisolide, fluticasone
7.3 DRUGS AFFECTING THE THROAT AND MOUTH							
chlorhexidine gluconate							
MUGARD							
CHAPTER 8: ENDOCRINE MEDICATIONS							
8.1.1 INSULIN							
HUMALOG (vial only)							
HUMALOG MIX 75/25 (vial only)							
HUMULIN 50/50 (vial only)							
HUMULIN 70/30 (vial only)							
HUMULIN L (vial only)							
HUMULIN N (vial only)							
HUMULIN R (vial only)							
HUMULIN U (vial only)							
LANTUS (vial only)							
LEVEMIR, FLEXPEN							
NOVOLIN 70/30 (vial only)							
NOVOLIN L (vial only)							
NOVOLIN N (vial only)							
NOVOLIN R (vial only)							
NOVOLOG (vial only)							
NOVOLOG MIX 70/30 (vial only)							
APIDRA							HUMALOG , NOVOLOG
LANTUS cartridges, solostar							LANTUS vials, LEVEMIR/FLEXPEN
8.1.2 ORAL HYPOGLYCEMIC DRUGS							
acarbose							
glipizide							
glipizide er							
glyburide							

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
glyburide-metformin							
metformin er							
metformin hcl							
nateglinide							
PRANDIMET		QL = 170 tabs/30 days					nateglinide + metformin
PRANDIN							nateglinide
RIOMET							
STARLIX							nateglinide
8.1.3 INSULIN SENSITIZERS							
ACTOS		QL= 34 tabs/30 days					
ACTOPLUS MET		QL= 102 tabs/30 days					
DUETACT		QL= 34 tabs/30 days					
AVANDAMET		QL= 68 tabs/30 days					ACTOPLUS MET
AVANDARYL		QL= 34 tabs/30 days					DUETACT
AVANDIA		QL= 68 tabs (2mg & 4mg); 34 tabs (8mg); per 30 days					ACTOS
8.1.4 AMYLIN ANALOGUES							
SYMLIN/SYMLINPEN		QL = 7 vials; 8 pens/30 days					
8.1.5.1 INCRETIN MIMETICS							
BYETTA		QL = 2 syringes/30 days					
8.1.5.2 DIPEPTIDYL PEPTIDASE - IV INHIE							
JANUMET		ST QL= 68 tabs/30 days					
JANUVIA		ST QL= 34 tabs/30 days					
ONGLYZA		ST QL= 34 tabs/30 days					JANUMET, JANUVIA, TRADJENTA
TRADJENTA		QL= 34 tabs/30 days					
8.2 GLUCOSE ELEVATING DRUGS							
GLUCAGEN							
8.3.1 GLUCOCORTICOID DRUGS							
dexamethasone							
hydrocortisone							
methylprednisolone							
prednisolone							
prednisone							
VERIPRED 20							
8.3.2 MINERALOCORTICOID DRUGS							
fludrocortisone acetate							
8.4.1 THYROID SUPPLEMENTS							
levothyroid							
levothyroxine sodium							
levoxyl							
thyroid							
unithroid							
SYNTHROID							levothyroxine sodium, levoxyl
8.4.2 ANTITHYROID DRUGS							
methimazole							
propylthiouracil							
8.6 OTHER ENDOCRINE DRUGS							
alendronate sodium		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg); per 30 days					
desmopressin tab		PAR					
ACTONEL, -WITH CALCIUM		QL= 34 tabs (5mg & 30mg); 5 tabs (35mg); 2 tabs (75 mg); 1 tab (150 mg); 35 tabs (with Calcium); per 30 days					
SENSIPAR							
BONIVA tablets		QL = 34 tabs (2.5 mg); 1 tab (150 mg); per 30 days					alendronate tablet, ACTONEL
FOSAMAX		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg); 5 bottles (oral solution); per 30 days					alendronate tablet
FOSAMAX PLUS D		QL = 5 tabs/30 days					alendronate tablet
MIACALCIN Nasal Spray							alendronate, ACTONEL
desmopressin injection		PAR w/specialty injectable copay					
BONIVA injection		PAR w/specialty injectable copay					RECLAST
DDAVP		PAR w/specialty injectable copay					desmopressin
FORTEO		PAR w/specialty injectable copay; QL = 1 pen (600 mcg/2.4 mL pen; per 30 days					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
MIACALCIN Injection		PAR with injectable copay					
RECLAST Injection		PAR w/specialty injectable copay					
TESTOPEL							
CHAPTER 9: GASTROINTESTINAL MEDICATIONS							
9.2 ANTIDIARRHEAL DRUGS							
diphenoxylate w/atropine							
loperamide hcl							
9.3 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY							
dicyclomine hcl							
hyoscyamine sulfate							
metoclopramide hcl							
CUVPOSA							
9.4 ANTIULCER DRUGS							
cimetidine							
famotidine							
nizatidine							
ranitidine hcl							
9.4.1 OTHER ANTIULCER DRUGS							
misoprostol							
sucralfate							
9.4.2 PROTON PUMP INHIBITORS							
lansoprazole		15mg: QL= 34 caps/30 days					
omeprazole		QL = 34 caps (10mg)/30 days					
pantoprazole		QL= 34 tabs/30 days					
PRILOSEC OTC		QL = 34 tabs/30 days					
NEXIUM		ST QL=34 caps/packets/30 days					
ACIPHEX		ST					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
KAPIDEX		ST QL=34 caps/30 days					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
PREVACID		ST QL=34 caps or tabs (15 mg)/30 days					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
PRILOSEC		ST QL=34 caps (10 mg, 20 mg); 34 packets (10 mg susp); 68 packets (2.5 mg susp); per 30 days					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
PROTONIX		ST QL= 34 tabs (20 mg)/30 days					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
ZEGERID		ST QL=34 pcks or caps/30 days					Prilosec OTC, lansoprazole, omeprazole, NEXIUM
9.4.3 HELICOBACTER PYLORI DRUGS							
PYLERA							
HELIDAC							PYLERA
PREVPAC		QL= 1 pkg/30 days					PYLERA
9.5 LAXATIVES AND CATHARTICS							
glycolax							
9.6 OTHER GI DRUGS							
balsalazide disodium							
hydrocortisone							
sulfasalazine							
ANALPRAM-HC							hc pramoxine 2.5%
ASACOL, HD							
CANASA							
CREON							
LIALDA							APRISO, ASACOL/HD, PENTASA
PANCRELIPASE EC							
PENTASA							
ULTRASE, MT							CREON DR
APRISO							
COLAZAL							balsalazide disodium
DIPENTUM							balsalazide, ASACOL/HD
GOLYTELY							
NULYTELY							
SOLESTA							
VIOKASE							CREON DR
URSO, -FORTE							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
9.7 IRRITABLE BOWEL DRUGS							
AMITIZA							
CHAPTER 10: HIV							
10.0 HIV							
APTIVUS							
ATRIPLA							
COMBIVIR							
COMPLERA							
CRIVAN							
DIDANOSINE							
EDURANT							
EMTRIVA							
EPIVIR							
EPIVIR HBV							
EPZICOM							
FUZEON							
INTELENCE							
INVIRASE							
ISENTRISS							
KALETRA							
LEXIVA							
NORVIR							
PREZISTA							
RESCRIPTOR							
RETROVIR							
REYATAZ							
SELZENTRY							
STAVUDINE							
SUSTIVA							
TRIZIVIR							
TRUVADA							
VIDEX							
VIDEX EC							
VIRACEPT							
VIRAMUNE							
VIRAMUNE XR							
VIREAD							
ZERIT							
ZIAGEN							
ZIDOVUDINE							
CHAPTER 11: IMMUNOLOGICALS AND VACCINES							
11.0 IMMUNOLOGICALS AND VACCINES							
FLEBOGAMMA		PAR w/ specialty injectable copay				GAMMAGARD S/D, GAMUNEX, PRIVIGEN	
GAMMAGARD S/D		PAR w/ specialty injectable copay					
GAMUNEX		PAR w/ specialty injectable copay					
GAMMAKED		PAR w/ specialty injectable copay					
HYPERHEP B S-D		PAR w/ specialty injectable copay					
HYPERRHO S-D		PAR w/ specialty injectable copay					
MICRHOGAM		PAR w/ specialty injectable copay				HYPERRHO S-D	
NABI-HB		PAR w/ specialty injectable copay				BAYHEP B	
PRIVIGEN		PAR w/ specialty injectable copay					
RHOGAM		PAR w/ specialty injectable copay				HYPERRHO S-D	
RHOPHYLAC		PAR w/ specialty injectable copay				HYPERRHO S-D	
WINRHO SDF		PAR w/ specialty injectable copay				HYPERRHO S-D	
11.2.1 MYELOID STIMULANTS							
NEULASTA		PAR w/ specialty injectable copay; QL = 2 syringes/30 days					
NEUPOGEN		PAR w/ specialty injectable copay					
11.2.2 ERYTHROID STIMULANTS							
ARANESP		PAR w/ specialty injectable copay					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
EPOGEN		PAR w/ specialty injectable copay					ARANESP, PROCRIT
PROCRIT		PAR w/ specialty injectable copay					
11.2.3 INTERFERONS							
AMPYRA							
AVONEX, ADMINISTRATION PACK		PAR with specialty injectable copay; QL = 4 vials/4 syringes/30 days					
BETASERON		PAR with specialty injectable copay; QL = 15 vials with prefilled diluent syringe/30 days					
GILENYA							
INFERGEN		PAR w/ specialty injectable copay					
INTRON A		PAR w/ specialty injectable copay					
PEGASYS		PAR with specialty injectable copay; QL = 5 vials; Convenience Pack = 1 box/30 days					
PEG-INTRON, REDIPEN		PAR with specialty injectable copay; QL = 5 pens/vials/30 days					PEGASYS
REBIF		PAR with specialty injectable copay; QL = 15 syringes; Titration Pack = 1 package/30 days					
SYLATRON							
11.2.4 GROWTH HORMONES AND RELATED DRUGS							
GENOTROPIN		PAR w/ specialty injectable copay					
HUMATROPE		PAR w/ specialty injectable copay					
NORDITROPIN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
NUTROPIN, AQ		PAR w/ specialty injectable copay					
OMNITROPE		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
SAIZEN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
TEV-TROPIN		PAR w/ specialty injectable copay					GENOTROPIN, NUTROPIN/AQ
11.2.5 INTERLEUKINS							
NEUMEGA		PAR w/ specialty injectable copay; QL = 21 vials/30 days					
CHAPTER 12: MUSCULOSKELETAL MEDICATIONS							
12.1.1 SALICYLATES AND RELATED DRUGS							
diflunisal							
salsalate							
12.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS							
diclofenac sodium							
etodolac							
ibuprofen							
indomethacin							
ketoprofen							
ketorolac		QL= 20 tabs/5 days					
meloxicam		QL=34 tabs/30 days					
nabumetone							
naproxen							
oxaprozin							
piroxicam							
sulindac							
CELEBREX		ST					
MOBIC		ST QL = 34 Tabs/30 days					meloxicam
12.1.4 OTHER DRUGS FOR ARTHRITIS							
supartz		PAR w/ specialty injectable copay					EUFLEXXA
EUFLEXXA		PAR w/ specialty injectable copay					
HYALGAN		PAR w/ specialty injectable copay					EUFLEXXA
ORTHOVISC		PAR w/ specialty injectable copay					EUFLEXXA

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
SYNVISC, ONE		PAR w/ specialty injectable copay					EUFLEXXA
12.2 DRUGS TO PREVENT AND TREAT GOUT							
allopurinol							
colchicine							
probenecid							
ULORIC							
12.3.1 DIRECT MUSCLE RELAXANTS							
baclofen							
tizanidine hcl							
12.3.2 CNS MUSCLE RELAXANTS							
carisoprodol							metaxalone, tizanidine
cyclobenzaprine hcl							metaxalone, tizanidine
methocarbamol							
orphenadrine citrate							
SKELAXIN							metaxalone
orphenadrine citrate injectable		PAR w/injectable copay					
CHAPTER 13: NUTRITION,BLOOD							
13.1.2 VITAMINS & MINERALS & RELATED PRODUCTS							
METANX							neurpath b tablet
NASCOBAL							cyanocobalamin
CEREFOLIN							generic vitamin supplement
13.1.3 THERAPEUTIC VITAMINS & MINERALS							
calcitriol		PAR w/ injectable copay					
folic acid							
HECTOROL capsule							calcitriol, ZEMPLAR
HECTOROL injection		PAR w/ specialty injectable copay					
13.2 POTASSIUM SUPPLEMENTS							
klor-con							
potassium chloride		PAR w/ injectable copay					
13.3.1 ORAL ANTICOAGULANTS, VITAMIN K							
warfarin sodium							
COUMADIN							warfarin sodium
13.3.2 HEPARIN AND HEPARIN ANTAGONISTS							
fondaparinux		PAR w/ specialty injectable copay					
ARIXTRA		PAR w/ specialty injectable copay					fondaparinux
FRAGMIN		PAR w/ specialty injectable copay					enoxaparin, fondaparinux
INNOHEP		PAR w/ specialty injectable copay					enoxaparin, fondaparinux
LOVENOX		PAR w/ specialty injectable copay					enoxaparin, fondaparinux
13.4 ANTIPLATELET DRUGS							
cilostazol							
dipyridamole							
ticlopidine hcl							
AGGRENOX		PAR					
EFFIENT		PAR					
PLAVIX		PAR					
13.5 HEMOSTATICS							
ADVATE		PAR w/ specialty injectable copay					
ALPHANATE		PAR w/ specialty injectable copay					
ALPHANINE SD		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
BEBULIN VH IMMUNO		PAR w/ specialty injectable copay					
BENEFIX		PAR w/ specialty injectable copay					
CORTIFACT		PAR w/ specialty injectable copay					
HELIXATE FS		PAR w/ specialty injectable copay					
HEMOFIL-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
HUMATE-P		PAR w/ specialty injectable copay					
KOATE-DVI		PAR w/ specialty injectable copay					
KOGENATE FS		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONARC-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
MONOCLATE-P		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONONINE		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
PROFILNINE SD		PAR w/ specialty injectable copay					
RECOMBINATE		PAR w/ specialty injectable copay					
REFACTO		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
XYNTHA		PAR w/ specialty injectable copay					
13.7 BLOOD DETOXICANTS							
lactulose							
RENAGEL							
REVELA							
FOSRENOL							RENAGEL, REVELA
CHAPTER 14: OBSTETRICAL & GYNECOLOGICAL MEDICATIONS							
14.1.1 PRENATAL VITAMINS							
natacare plus							
prenatal rx							
PRENATE ELITE							ADVANCED-RF NATALCARE
14.1.2 SPECIALIZED OB/GYN DRUGS							
novarel		PAR w/ specialty infertility copay; QL = 3 vials/30 days					
CETROTIDE		PAR w/ specialty infertility copay					
ELIGARD		PAR w/ specialty infertility copay					
GANIRELIX ACETATE		PAR w/ specialty infertility copay					
LUPRON		PAR w/ specialty infertility copay					leuprolide acetate
LUPRON DEPOT		PAR w/ specialty infertility copay					ELIGARD
OVIDREL		PAR w/ specialty infertility copay					ch.gonadotropin, novarel
PREGNYL		PAR w/ specialty infertility copay; QL = 3 vials/30 days					ch.gonadotropin, novarel
14.2 OVULATORY STIMULANTS							
clomiphene citrate		PAR >150MG w/ infertility copay					
BRAVELLE		PAR w/ specialty infertility copay					GONAL F/RFF
FERTINEX		PAR w/ specialty infertility copay					GONAL F/RFF
FOLLISTIM AQ		PAR w/ specialty infertility copay					GONAL F/RFF
GONAL-F/RFF		PAR w/ specialty infertility copay					
MAKENA		PAR w/ specialty infertility copay					
MENOPUR		PAR w/ specialty infertility copay					
REPRONEX		PAR w/ specialty infertility copay					MENOPUR
14.3 ANDROGEN DRUGS							
ANDRODERM							
ANDROGEL							
TESTIM							ANDRODERM, ANDROGEL
14.4 ESTROGEN DRUGS							
estradiol							
estradiol transdermal patch		QL= 5 patches/30 days					
estropipate							
ALORA		QL= 10 patches/30 days					
MENEST							
PREMARIN							
PREMARIN CREAM							VAGIFEM
VAGIFEM							
CENESTIN							estradiol, MENEST, PREMARIN
DIVIGEL		QL = 34 packets/30 days					generic patches, ALORA
ELESTRIN		QL = 1 pump/30 days					generic patches, ALORA
ENJUVA							estradiol, MENEST, PREMARIN
ESTRADERM		QL= 10 patches/30 days					generic patches, ALORA
ESTRASORB		QL = 68 packets/30 days					generic patches, ALORA
ESTROGEL		QL = 2 pump bottles/30 days					generic patches, ALORA
FEMTRACE							estradiol, MENEST, PREMARIN

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
MENOSTAR		QL= 5 patches/30 days					generic patches, ALORA
VIVELLE-DOT		QL= 10 patches/30 days					generic patches, ALORA
14.4.1 ESTROGEN/PROGESTIN COMBINATIONS							
estradiol-norethindrone acetat							
CLIMARA PRO		QL = 5 patches/30 days					estradiol patch + progesterone
PREMPHASE							
PREMPRO							
ANGELIQ							PREMPRO/PREMPHASE
COMBIPATCH							
FEMHRT							PREMPRO/PREMPHASE
PREFEST							PREMPRO/PREMPHASE
14.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR							
EVISTA							
14.5 PROGESTIN DRUGS							
camila							
errin							
jolivette							
medroxyprogesterone acetate							
nora-be							
norethindrone acetate							
CRINONE							ENDOMETRIN
NEXPLANON							
PROCHIEVE							
PROMETRIUM							
NOR-Q-D							camila, nora-be
ORTHO MICRONOR							errin, jolivette
medroxyprogesterone acetate injection		PAR w/injectable copay					
DEPO-PROVERA contraceptive injection		PAR (Brand Only) w/injectable copay; QL = 1 vial/syringe /30 days					medroxyprogesterone acetate
14.7 CONTRACEPTIVES							
apri							
aranelle							
aviane							
cesia							
cryselle							
enpresse							
junel fe							
kariva							
kelnor 1/35							
lessina							
levora-28							
low-ogestrel							
lutera							
microgestin							
microgestin fe							
mononessa							
necon							
nortrel							
ocella							
previfem							
solla							
sprintec							
trinessa							
tri-previfem							
tri-sprintec tablet							
trivora-28							
velivet 28 day							
zovia 1/35e							
ORTHO TRI-CYCLEN LO							generic, NUVARING
YAZ							gianvi
ALESSE							aviane, lessina
CYCLESSA							cesia, velivet
DEMULEN 1/50							zovia 1/50e
DESOGEN							apri
ESTROSTEP FE							tri-legest fe-28
LEVLEN							levora, portia
LO/OVRAL							cryselle, low-ogestrel
LOESTRIN							junel, microgestin
LOESTRIN FE							junel fe, microgestin
MIRCETTE							kariva
MODICON							necon, nortrel
NORDETTE							levora, portia
NORINYL 1/35							necon, nortrel

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
NORINYL 1/50							necon
NUVARING							
ORTHO EVRA							generics
ORTHO TRI-CYCLEN							trinessa, trisprintec
ORTHO-CEPT							apri, reclipen
ORTHO-CYCLEN							mononessa, sprintec
ORTHO-NOVUM							necon, nortrel
OVCON-35							balziva
OVCON-50							ogestrel
SEASONALE							jolessa, quasense
SEASONIQUE, LOSEASONIQUE							
TRI-NORINYL							aranelle, leena
TRIPHASIL							enpresse, trivora
YASMIN							ocella
CHAPTER 15: OPHTHALMIC MEDICATIONS							
15.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS							
ciprofloxacin hcl (ophth drops)							
erythromycin							
gentamicin sulfate							
ofloxacin (eye drops)							
polymyxin b sul/trimethoprim							
sulfacetamide sodium							
tobramycin sulfate							
AZASITE							
VIGAMOX							
ZYMAR							
BESIVANCE							ciprofloxacin, VIGAMOX, ZYMAR
IQUIX							ciprofloxacin, VIGAMOX, ZYMAR
MOXEZA							
QUIXIN							ciprofloxacin, VIGAMOX, ZYMAR
15.2 OPHTHALMIC CORTICOSTEROID DRUGS							
prednisolone acetate							
ALREX							
FML FORTE							generic ophthalmic steroids
LOTEMAX							generic ophthalmic steroids
VEXOL							generic ophthalmic steroids
15.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS							
neomycin/polymyxin/dexameth							
ZYLET							
15.5 ANTIGLAUCOMA DRUGS							
apraclonidine							
brimonidine tartrate							
levobunolol hcl							
pilocarpine hcl							
timolol maleate							
ALPHAGAN P							brimonidine tartrate
LUMIGAN							
XALATAN							LUMIGAN
AZOPT							brimonidine tartrate, dorzolamide, ALPHAGAN P
TRAVATAN, Z							LUMIGAN, XALATAN
15.6 OTHER OPHTHALMIC DRUGS							
azelastine							
bromfenac sodium							
cromolyn sodium							
diclofenac							
epinastine							
PATADAY							
PATANOL							
RESTASIS		QL = 60 vials/30 days					
ZADITOR							
ACULAR, LS							ketorolac
ACUVAIL							diclofenac sodium, ketorolac
ALAMAST							epinastine, azelastine, PATADAY, PATANOL
ALOCRIAL							epinastine, azelastine, PATADAY, PATANOL
BEPREVE							epinastine, azelastine, PATADAY, PATANOL
ELESTAT							epinastine, azelastine, PATADAY, PATANOL
EYLEA							
NEVANAC							diclofenac sodium, ketorolac
OPTIVAR							azelastine
XIBROM							bromfenac sodium, diclofenac sodium, ketorolac
CHAPTER 16: RESPIRATORY MEDICATIONS							

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
16.1.1 BETA-2 ADRENERGIC DRUGS							
FORADIL		QL= 12 caps/12pk; 120 caps/60pk; per 30 days		Yellow			
PERFOROMIST		QL = 120 vials/30 days		Yellow			
PROAIR HFA		QL = 3 inhalers/30 days		Yellow			
SEREVENT DISKUS		QL= 1 pkg/28 blisters; 2 pkgs/60 blisters; per 30 days			Red		FORADIL
VENTOLIN HFA		QL =3 inh (18 gm); 1 inh (8 gm); per 30 days		Yellow			
BROVANA		QL = 3 cartons/30 days			Red		PERFOROMIST
MAXAIR AUTOHALER		QL=2 inhalers/30 days			Red		PROAIR HFA, VENTOLIN HFA
PROVENTIL HFA		QL=3 inhalers/30 days			Red		PROAIR HFA, VENTOLIN HFA
XOPENEX					Red		albuterol neb
XOPENEX HFA		QL=3 inhalers/30 days			Red		PROAIR HFA, VENTOLIN HFA
16.1.2 METHYL XANTHINE DRUGS							
theophylline, -er			Green				
theophylline anhydrous			Green				
16.1.3 OTHER DRUGS FOR ASTHMA							
ipratropium bromide			Green				
ADVAIR DISKUS		QL= 120 inh/60pk; 28 inh/28pk; 16 inh/16pk; per 30 days		Yellow			
ADVAIR HFA		QL = 2 inhalers/30 days		Yellow			
ATROVENT HFA		QL= 2 inhalers HFA/30 days		Yellow			
COMBIVENT		QL= 3 inhalers/30 days		Yellow			
FLOVENT DISKUS		QL (50mcg & 100mcg) 2 inhalers; (250mcg) 5 inhalers; per 30 days		Yellow			
FLOVENT HFA		QL = 44mcg - 2 inhalers; 110 mcg - 1 inhaler; 220 mcg - 3 inhalers; per 30 days		Yellow			
PULMICORT		QL= 70 ampules (0.25 mg/2 mL or 0.5 mg/2 mL); 35 ampules (1 mg/2 mL); 2 inhalers; per 30 days			Red		budesonide suspension for inhalation 0.25mg/2ml, 0.5mg/2ml
PULMICORT FLEXHALER		QL= 2 inh (90 mcg); 3 inh (180 mcg); per 30 days		Yellow			
QVAR		QL= 3 inhalers/30 days		Yellow			
SPIRIVA		QL= 1 package (6 capsules or 90 capsules); 2 packages (30 capsules); per 30 days		Yellow			
SYMBICORT		QL = 2 inhalers/30 days		Yellow			
TILADE		QL= 3 inhalers/30 days		Yellow			
AEROBID, M		QL= 3 inhalers			Red		FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ALVESCO		QL = 2 inh (80 mcg); 3 inh (160 mcg); per 30 days			Red		FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ASMANEX		QL = 1 inh (#16 inhalation units); 2 inh (#30, #60, #120 inhalation units); per 30 days			Red		FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
AZMACORT		QL= 3 inhalers/30 days			Red		FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
EPIPEN		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay; per 30 days				Blue	
EPIPEN JR.		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay ; per 30 days				Blue	
TWINJECT		QL = 3 units/pkg size 1; 4 units/pkg size 2; w/injectable copay; per 30 days				Blue	EPINEPHRINE AUTOINJECTOR, EPIPEN/JR
KALYDECO						Blue	
16.1.4 LEUKOTRIENE MODIFIERS							
SINGULAIR	ST			Yellow			
ACCOLATE	ST				Red		SINGULAIR
ZYFLO/CR	ST				Red		SINGULAIR
16.2.1 ANTIHISTAMINES							
cyproheptadine hcl			Green				
promethazine hcl			Green				
ALLEGRA		QL=68 tabs/caps (30mg & 60mg); 34 tabs (180mg); per 30 days			Red		fexofenadine

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (25%+)	
CLARINEX		QL= 34 tabs/30 days					fexofenadine
ZYRTEC		QL= 34 tabs/30 days					fexofenadine
16.2.3 ANTIHISTAMINE/DECONGESTANT COMBINATIONS							
fexofenadine-pse							
promethazine vc							
ALLEGRA-D		QL = 68 tabs (12 hr); 34 tabs (24 hr); per 30 days					OTC cetirizine-D
ZYRTEC-D		QL= 68 tablets/30 days					OTC cetirizine-D
16.3 ANTITUSSIVE AND EXPECTORANT DRUGS							
benzonatate							
guaifenesin w/codeine							
guaifenesin pse							
hydone							
prolex dh							
promethazine w/codeine							
promethazine w/dm							
promethazine vc w/codeine							
TUSSIONEX							di-hydro-cp syrup
CHAPTER 17: UROLOGICAL MEDICATIONS							
17.1.1 ANTICHOLINERGIC ANTISPASMODICS							
oxybutynin chloride		QL = 34 tabs (er)/30 days					
OXYTROL		QL= 10 patches/30 days					oxybutynin/er
ENABLEX							oxybutynin/er
GELNIQUE		QL = 34 sachets/30 days					oxybutynin er
SANCTURA, XR							oxybutynin/er
TOVIAZ							oxybutynin/er
VESICARE							oxybutynin/er
17.1.3 URINARY ANESTHETICS							
phenazopyridine hcl							
17.1.4 OTHER GENITOURINARY PRODUCTS							
finasteride							
FLOMAX							TAMSULOSIN
MUSE		QL=12 urethral suppositories/30 days					
UROXATRAL		PAR					alfuzosin
VIAGRA		PAR, QL= 6 tabs/30 days					
AVODART							finasteride
RAPAFLO							doxazosin, TAMSULOSIN
CAVERJECT		PAR, w/ injectable copay					
		QL= 12 vials/30 days					
EDEX		PAR, w/ injectable copay					CAVERJECT
		QL= 12 vials or kits/30 days					
The following drugs are not covered by the Plan:							
CIALIS		QL = 34 tabs/30 days	N/A	N/A	N/A	N/A	VIAGRA
LEVITRA		PAR, QL= 6 tabs/30 days	N/A	N/A	N/A	N/A	VIAGRA
CHAPTER 18: DIAGNOSTIC & MISCELLANEOUS MEDICATIONS							
18.1 DIAGNOSTIC PRODUCTS							
FERRIPROX							
PRECISION XTRA							
18.3.1 APPETITE SUPPRESSANTS							
18.3.2 OTHER WEIGHT LOSS PRODUCTS							
XENICAL		PAR					Xenical 120 mg covered with PAR. Xenical 60mg is not covered. Alternative: OTC ALLI
CHAPTER 19: MEDICAL (MISCELLANEOUS) SUPPLIES							
19.1 DIABETIC SUPPLIES							
ACCU-CHEK							
ACCU-CHEK III							
ACCU-CHEK INSTANTPLUS							
ACCU-CHEK SIMPLICITY							
BAYER BREEZE 2							
BAYER CONTOUR (excluding USB meter)							
CHEMSTRIP BG							
NOVOFINE 32							
PRECISION							
PRECISION XTRA							
CHAPTER 20: SMOKING CESSATION							
20.1 SMOKING CESSATION							
ZYBAN		SC					bupropion, sr
CHANTIX		SC					
NICOTROL INHALER		SC					OTC nicotine gum

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a/b otic	7.1	amitriptyline hcl	5.5.1.1
ABILIFY	5.8	amlodipine besylate	4.2
acarbose	8.1.2	amox tr/potassium clavulanate (susp)	2.1.5
ACCOLATE	16.1.4	amoxicillin	2.1.5
ACCU-CHEK	19.1	amphetamine salt combo	5.9.1
ACCU-CHEK III	19.1	ANALPRAM-HC	9.6
ACCU-CHEK INSTANTPLUS	19.1	ANDRODERM	14.3
ACCU-CHEK SIMPLICITY	19.1	ANDROGEL	14.3
ACCUPRIL	4.5.4.1	ANGELIQ	14.4.1
ACCUTANE	6.3	ANTARA	4.8.1
ACEON	4.5.4.1	ANZEMET	5.6
acetaminophen w/codeine	5.1.1.2	APIDRA	8.1.1
acetaminophen w/hydrocodone	5.1.1.2	APLENZIN	5.5.1.4
ACIPHEX	9.4.2	apraclonidine	15.5
ACTIQ	5.1.1.1	apri	14.7
ACTONEL, -WITH CALCIUM	8.6	APRISO	9.6
ACTOPLUS MET	8.1.3	APTIVUS	10
ACTOS	8.1.3	aranelle	14.7
ACULAR, LS	15.6	ARANESP	10.2.2
ACUVAIL	15.6	ARESTIN	2.1.7
acyclovir	2.5.2	ARICEPT, -ODT	5.9.3
ADCETRIS	3	ARIMIDEX	3
ADCIRCA	4.6.2	ARIXTRA	13.3.2
ADDERALL XR	5.9.1	ASACOL, HD	9.6
ADVAIR DISKUS	16.1.3	ASMANEX	16.1.3
ADVAIR HFA	16.1.3	ASTELIN	7.2
ADVATE	13.5	ASTEPRO	7.2
ADVICOR	4.8.2.1	ATACAND	4.5.4.2
AEROBID, M	16.1.3	ATACAND HCT	4.5.6
AGGRENOX	13.4	atenolol	4.4
ALAMAST	15.6	atenolol w/chlorthalidone	4.5.6
alclometasone dipropionate	6.1	ATGAM	3
ALDARA	6.9.2	ATRALIN	6.3
alendronate sodium	8.6	ATRIPLA	10
ALESSE	14.7	ATROVENT HFA	16.1.3
ALLEGRA	16.2.1	AUGMENTIN XR	2.1.5
ALLEGRA-D	16.2.3	AVALIDE	4.5.6
allopurinol	12.2	AVANDAMET	8.1.3
ALOCRIL	15.6	AVANDARYL	8.1.3
ALORA	14.4	AVANDIA	8.1.3
ALPHAGAN P	15.5	AVAPRO	4.5.4.2
ALPHANATE	13.5	AVELOX, -ABC PACK	2.1.9
ALPHANINE SD	13.5	aviane	14.7
alprazolam	5.2.1	AVINZA	5.1.1.1
ALREX	15.2	AVITA	6.3
ALTACE	4.5.4.1	AVODART	17.1.4
ALTOPREV	4.8.2	AVONEX, ADMINISTRATION PACK	10.2.3
ALVESCO	16.1.3	AXERT	5.1.2
amantadine	2.5.2	AZASITE	15.1.1
AMBIEN	5.2.2	azathioprine	3
AMBIEN CR	5.2.2	azelastine	7.2, 15.6
AMERGE	5.1.2	azithromycin	2.1.4.1
amiloride hcl w/hctz	4.3.3	AZMACORT	16.1.3
amiodarone hcl	4.7.3	AZOPT	15.5
AMITIZA	9.7	AZOR	4.5.6
AMPYRA	11.2.3	baclofen	12.3.1

BACTROBAN cream, nasal ointment	2.2	CEDAX	2.1.1
balsalazide disodium	9.6	cefaclor, er	2.1.1
BAYER BREEZE 2	19.1	cefadroxil	2.1.1
BAYER CONTOUR (excluding USB meter)	19.1	cefdinir	2.1.1
BEBULIN VH IMMUNO	13.5	cefpodoxime proxetil	2.1.1
BECONASE AQ	7.2	CEFTIN (SUSP)	2.1.1
benazepril	4.5.4.1	cefuroxime (tab)	2.1.1
benazepril-hctz	4.5.6	CELEBREX	12.1.2
BENEFIX	13.5	CELEXA	5.5.1.3
BENICAR	4.5.4.2	CELLCEPT inj	3
BENICAR HCT	4.5.6	CELLCEPT oral susp	3
BENLYSTA	3	CENESTIN	14.4
BENZACLIN	6.3	cephalexin	2.1.1
BENZAMYCIN	6.3	CEREFOLIN	13.1.2
benzonatate	16.3	CERUMENEX	7.1
benztropine mesylate	5.7.1	cesia	14.7
BEPREVE	15.6	CETRAXAL	7.1
BESIVANCE	15.1.1	CETROTIDE	14.1.2
betamethasone dipropionate	6.1	CHANTIX	20.1
betamethasone dp augmented	6.1	CHEMSTRIP BG	19.1
BETASERON	10.2.3	chlordiazepoxide hcl	5.2.1
BIAXIN, XL	2.1.4.1	CHLORHEXIDINE GLUCONATE	2.2
bisoprolol fumarate	4.4	chlorhexidine gluconate	7.3
bisoprolol fumarate/hctz	4.5.6	cholestyramine	4.8.1
BONIVA injection	8.6	CIALIS	17.1.4
BONIVA tablets	8.6	ciclopirox (cream)	2.4.2
BRAVELLE	14.2	ciclopirox (lotion)	2.4.2
brimonidine tartrate	15.5	cilostazol	13.4
bromocriptine mesylate	5.7.2	cimetidine	9.4
bromfenac sodium	15.6	CIMZIA	3
BROVANA	16.1.1	CIPRO HC	7.1
budeprion sr (150 mg)	5.5.1.4	CIPRODEX OTIC	7.1
budeprion xl	5.5.1.4	ciprofloxacin hcl (ophth drops)	15.1.1
bumetanide	4.3.1	ciprofloxacin, er	2.1.9
bupropion hcl	5.5.1.4	citalopram	5.5.1.3
bupropion sr	5.5.1.4	CLARINEX	16.2.1
buspirone hcl	5.2.1	clarithromycin	2.1.4.1
butalbital compound	5.1.2	CLIMARA PRO	14.4.1
butalbital/acetaminophen/caffeine	5.1.2	clindamycin hcl	2.1.3
BYETTA	8.1.5.1	clindamycin phosphate	6.3
calcipotriene solution	6.8	clobetasol propionate	6.1
calcitriol	13.1.3	clomiphene citrate	14.2
camila	14.5	clonazepam	5.4.2
CANASA	9.6	clonidine hcl	4.5.2
captopril	4.5.4.1	clorazepate dipotassium	5.2.1
captopril/hctz	4.5.6	clotrimazole	2.3
CARAC	6.9.2	clotrimazole/betamethasone	2.4.3
carbamazepine, er, xr	5.4.1	clozapine	5.8
CARBATROL	5.4.1	COLAZAL	9.6
carbidopa/levodopa	5.7.2	colchicine	12.2
CARDENE SR	4.2	colestipol	4.8.1
CARDIZEM LA	4.2	COMBIPATCH	14.4.1
carisoprodol	12.3.2	COMBIVENT	16.1.3
cartia xt	4.2	COMBIVIR	10
carvedilol	4.4	COMPLERA	10
CAVERJECT	17.1.4	CONCERTA	5.9.1

CONDYLOX	6.7	doxazosin mesylate	4.5.1
COPAXONE	5.9.4	doxepin hcl	5.5.1.1
CORTIFACT	13.5	doxycycline hyclate	2.1.7
COUMADIN	13.3.1	DUAC	6.3
COVERA-HS	4.2	DUETACT	8.1.3
COZAAR	4.5.4.2	DYNABAC	2.1.4.1
CREON	9.6	DYNACIRC, CR	4.2
CRESTOR	4.8.2	econazole nitrate	2.4.2
CRINONE	14.5	EDEX	17.1.4
CRIXIVAN	10	EDLUAR	5.2.2
cromolyn sodium	15.6	EDURANT	2.5.1, 10
cryselle	14.7	EFFEXOR	5.5.1.4
CUVPOSA	9.3	EFFEXOR XR	5.5.1.4
CYCLESSA	14.7	EFFIENT	13.4
cyclobenzaprine hcl	12.3.2	ELESTAT	15.6
cyclosporine injection	3	ELESTRIN	14.4
cyclosporine softgel	3	ELIDEL	6.9.2
CYMBALTA	5.5.1.4	ELIGARD	14.1.2
cyproheptadine hcl	16.2.1	ELIGARD	3
DDAVP	8.6	EMEND	5.6
DEMULEN 1/50	14.7	EMTRIVA	2.5.1, 10
DENAVIR	2.5.2	ENABLEX	17.1.1
DEPAKOTE, ER	5.4.4	enalapril	4.5.4.1
DEPO-PROVERA	3	enalapril/hctz	4.5.6
DEPO-PROVERA contraceptive injection	14.5	ENBREL	3
desipramine hcl	5.5.1.2	ENJUVA	14.4
desmopressin injection	8.6	enpresse	14.7
desmopressin tab	8.6	epinastine	15.6
DESOGEN	14.7	EPIPEN	16.1.3
desonide	6.1	EPIPEN JR.	16.1.3
desoximetasone	6.1	EPIVIR, HBV	10
dexamethasone	8.3.1	EPOGEN	11.2.2
dextroamphetamine-amphetamine	5.9.1	EPZICOM	10
diazepam	5.2.1	ERIVEDGE	3
diclofenac	15.6	ERWINAZE	3
diclofenac sodium	12.1.2	errin	14.5
dicyclomine hcl	9.3	erythrocin stearate	2.1.4
DIDANOSINE	10	erythromycin	15.1.1
DIFFERIN	6.3	erythromycin base	6.3
diflorasone diacetate	6.1	erythromycin ethylsuccinate	2.1.4
diflunisal	12.1.1	erythromycin w/sulfisoxazole	2.1.6
digitek	4.1	ESTRADERM	14.4
digoxin	4.1	estradiol	14.4
diltiazem er	4.2	estradiol transdermal patch	14.4
diltiazem hcl	4.2	estradiol-norethindrone acetat	14.4.1
diltiazem xr	4.2	ESTRASORB	14.4
DIOVAN	4.5.4.2	ESTROGEL	14.4
DIOVAN HCT	4.5.6	estropipate	14.4
DIPENTUM	9.6	ESTROSTEP FE	14.7
diphenoxylate w/atropine	9.2	etodolac	12.1.2
dipyridamole	13.4	EUFLEXXA	12.1.4
divalproex sodium	5.4.1	EURAX	6.9.3
DIVIGEL	14.4	EVISTA	14.4.3
DOCEFREZ	3	EXELON	5.9.3
DOCETAXEL	3	EXELON PATCH	5.9.3
DOVONEX solution	6.8	EXFORGE, -HCT	4.5.6

EYLEA	15.6	FREESTYLE TRACKER	19.1
FACTIVE	2.1.9	FREESTYLE TRACKER SYSTEM	19.1
famciclovir	2.5.2	FROVA	5.1.2
famotidine	9.4	furosemide	4.3.1
FAMVIR	2.5.2	FUZEON	2.5.1, 10
FAST TAKE	19.1	gabapentin	5.4.7
FAST TAKE MONITORING SYSTEM	19.1	GAMMAGARD S/D	11
felodipine er	4.2	GAMUNEX	11
FEMARA	3	GAMMAKED	11
FEMHRT	14.4.1	GANIRELIX ACETATE	14.1.2
FEMTRACE	14.4	GELNIQUE	17.1.1
fenofibrate	4.8.1	gemcitabine	3
FENOGLIDE	4.8.1	gemfibrozil	4.8.1
fentanyl	5.1.1.1	GENGRAF	3
fentanyl injection	5.1.1.1	GENOTROPIN	11.2.4
FERRIPROX	18.1	gentamicin sulfate	2.2
FERTINEX	14.2	gentamicin sulfate	15.1.1
fexofenadine-pse	16.2.3	GENTAMICIN SULFATE	2.8.2
FINACEA, PLUS	6.3	GEODON capsule	5.8
finasteride	17.1.4	GEODON injection	5.8
FIRAZYR	4.9	GILENYA	11.2.3
FLEBOGAMMA	11	glipizide	8.1.2
flecainide acetate	4.7.1.3	glipizide er	8.1.2
FLOMAX	17.1.4	GLUCAGEN	8.2
FLOVENT DISKUS	16.1.3	glyburide	8.1.2
FLOVENT HFA	16.1.3	glyburide-metformin	8.1.2
FLOXIN (OTIC DROPS)	7.1	glycolax	9.5
fluconazole	2.3	GOLYTELY	9.6
fludrocortisone acetate	8.3.2	GONAL-F/RFF	14.2
FLUMIST	2.5.2	granisetron hcl	5.6
flunisolide nasal spray	7.2	guaifenesin w/codeine	16.3
fluocinonide	6.1	guaifenesin pse	16.3
fluoxetine hcl	5.5.1.3	guanfacine hcl	4.5.2
flurazepam hcl	5.2.2	haloperidol	5.8
fluticasone propionate (nasal spray)	7.2	HECTOROL capsule	13.1.3
fluticasone propionate (oint)	6.1	HECTOROL injection	13.1.3
fluvoxamine maleate	5.5.1.3	HELIDAC	9.4.3
FML FORTE	15.2	HELIXATE FS	13.5
FOCALIN, XR	5.9.1	HEMOFIL-M	13.5
folic acid	13.1.3	HUMALOG (vial only)	8.1.1
FOLLISTIM AQ	14.2	HUMALOG MIX 75/25 (vial only)	8.1.1
fondaparinux	13.3.2	HUMATE-P	13.5
FORADIL	16.1.1	HUMATROPE	11.2.4
FORTEO	8.6	HUMIRA	3
FOSAMAX	8.6	HUMULIN 50/50 (vial only)	8.1.1
FOSAMAX PLUS D	8.6	HUMULIN 70/30 (vial only)	8.1.1
fosinopril	4.5.4.1	HUMULIN L (vial only)	8.1.1
fosinopril-hctz	4.5.6	HUMULIN N (vial only)	8.1.1
FOSRENOL	13.7	HUMULIN R (vial only)	8.1.1
FRAGMIN	13.3.2	HUMULIN U (vial only)	8.1.1
FREESTYLE	19.1	HYALGAN	12.1.4
FREESTYLE FLASH SYSTEM	19.1	hydnone	16.3
FREESTYLE FLASH SYSTEM KIT	19.1	hydralazine hcl	4.5.1
FREESTYLE SIDEKICK II	19.1	hydrochlorothiazide	4.3.2
FREESTYLE SYSTEM	19.1	hydrocodone bit-ibuprofen	5.1.1.2
FREESTYLE TEST STRIPS	19.1	HYDROCORTISONE	6.1

hydrocortisone	9.6	labetalol hcl	4.4
hydrocortisone	8.3.1	labetalol hcl injection	4.4
hydromorphone hcl	5.1.1.1	lactulose	13.7
hydroxychloroquine sulfate	2.7.3	LAMICTAL	5.4.7
hydroxyzine hcl	6.2	LAMISIL tab	2.3
hydroxyzine pamoate	6.2	lamotrigine	5.4.7
hyoscyamine sulfate	9.3	lansoprazole	9.4.2
HYPERHEP B S-D	11	LANTUS (vial only)	8.1.1
HYPERRHO S-D	11	LANTUS cartridges, solostar	8.1.1
HYZAAR	4.5.6	LESCOL, XL	4.8.2
ibuprofen	12.1.2	lessina	14.7
imipramine hcl	5.5.1.1	LETAIRIS	4.6.3
IMITREX	5.1.2	letrozole	3
IMITREX injection	5.1.2	LEVAQUIN (inj)	2.1.9
IMITREX nasal	5.1.2	LEVEMIR, FLEXPEN	8.1.1
indapamide	4.3.2	levetiracetam	5.4.7
indomethacin	12.1.2	LEVITRA	17.1.4
INCIVEK	2.5.1	LEVLEN	14.7
INFERGEN	11.2.3	levobunolol hcl	15.5
INLYTA	3	levofloxacin	2.1.9
INNOHEP	13.3.2	levora-28	14.7
INTELENCE	2.5.1, 10	levothroid	8.4.1
INTRON A	11.2.3	levothyroxine sodium	8.4.1
INVEGA	5.8	levoxyl	8.4.1
INVIRASE	10	LEXAPRO	5.5.1.3
ipratropium bromide	7.2	LEXIVA	10
ipratropium bromide	16.1.3	LIALDA	9.6
IQUIX	15.1.1	lidocaine hcl	1.2
IRESSA	3	lidocaine hcl viscous	1.2
ISENTRESS	10	LIDODERM	1.2
isoniazid	2.7.2	LINDANE	6.9.3
isosorbide dinitrate	4.6.1	LIPITOR	4.8.2
isosorbide mononitrate	4.6.1	LIPOFEN	4.8.1
itraconazole	2.3	lisinopril	4.5.4.1
JAKAFI	3	lisinopril-hctz	4.5.6
JANUMET	8.1.5.2	lithium carbonate, -er	5.3
JANUVIA	8.1.5.2	lithium citrate	5.3
jolivet	14.5	LO/OVRAL	14.7
junel fe	14.7	LOESTRIN	14.7
KADIAN	5.1.1.1	LOESTRIN FE	14.7
KALETRA	10	loperamide hcl	9.2
KALYDECO	16.1.3	lorazepam	5.2.1
KAPIDEX	9.4.2	losartan	4.5.4.2
kariva	14.7	LOTEMAX	15.2
kelnor 1/35	14.7	LOTREL	4.5.6
KEPPRA solution	5.4.7	lovastatin	4.8.2
KEPPRA tabs	5.4.7	LOVAZA	4.8.1
ketoconazole	2.3	LOVENOX	13.3.2
ketoconazole	2.4.2	low-ogestrel	14.7
ketoprofen	12.1.2	LUMIGAN	15.5
ketorolac	12.1.2	LUNESTA	5.2.2
KLARON	6.8	LUPRON	14.1.2
klor-con	13.2	LUPRON DEPOT	14.1.2
KOATE-DVI	13.5	lutera	14.7
KOGENATE FS	13.5	LYRICA	5.4.7
KYTRIL	5.6	MAKENA	14.2

MAVIK	4.5.4.1	MONOCLATE-P	13.5
MAXAIR AUTOHALER	16.1.1	mononessa	14.7
MAXALT, MLT	5.1.2	MONONINE	13.5
medroxyprogesterone acetate	14.5	morphine sulfate	5.1.1.1
medroxyprogesterone acetate injection	14.5	MOXEZA	15.1.1
megestrol	3	MS CONTIN	5.1.1.1
meloxicam	12.1.2	MSIR	5.1.1.1
MENEST	14.4	MUGARD	7.3
MENOPUR	14.2	mupirocin	2.2
MENOSTAR	14.4	mupirocin 2% ointment	2.2
MENTAX	2.4.2	MUSE	17.1.4
meperidine hcl	5.1.1.1	mycophenolate mofetil	3
meperidine hcl injection	5.1.1.1	MYFORTIC	3
mercaptopurine	3	NABI-HB	11
METADATE CD	5.9.1	nabumetone	12.1.2
METANX	13.1.2	nadolol	4.4
metformin er	8.1.2	NAMENDA	5.9.3
metformin hcl	8.1.2	naproxen	12.1.2
METHADONE HCL (PWD)	5.1.1.1	NASACORT AQ	7.2
methamphetamine hcl	5.9.1	NASAREL	7.2
methimazole	8.4.2	NASONEX	7.2
methocarbamol	12.3.2	natacare plus	14.1.1
methotrexate injection	3	nateglinide	8.1.2
methotrexate tablet	3	necon	14.7
methylidopa	4.5.2	nefazodone hcl	5.5.1.4
methylin	5.9.1	neomycin/polymyxin/dexameth	15.3
methylin er	5.9.1	NEORAL	3
methylphenidate er	5.9.1	NEULASTA	11.2.1
methylphenidate hcl	5.9.1	NEUMEGA	11.2.5
methylprednisolone	8.3.1	NEUPOGEN	11.2.1
metoclopramide hcl	9.3	NEURONTIN	5.4.7
metolazone	4.3.2	NEVANAC	15.6
metoprolol succ er	4.4	NEXIUM	9.4.2
metoprolol tartrate	4.4	NEXPLANON	14.5
METROGEL	6.3	NIASPAN	4.8.1
METROLOTION	6.3	nicardipine hcl	4.2
metronidazole	2.7.5	NICOTROL Inhaler	20.1
metronidazole (0.75%)	6.3	nifedipine	4.2
MIACALCIN Injection	8.6	nifedipine er	4.2
MIACALCIN Nasal Spray	8.6	nitrofurantoin macrocrystal (100 mg)	2.1.8
MICARDIS	4.5.4.2	nitroglycerin	4.6.1
MICARDIS HCT	4.5.6	nizatidine	9.4
MICRHOGAM	11	nora-be	14.5
microgestin	14.7	NORDETTE	14.7
microgestin fe	14.7	NORDITROPIN	11.2.4
minocycline hcl	2.1.7	norethindrone acetate	14.5
MIRAPEX	5.7.2	NORINYL 1/35	14.7
MIRCETTE	14.7	NORINYL 1/50	14.7
mirtazapine	5.5.1.4	NOROXIN	2.1.9
misoprostol	9.4.1	NOR-Q-D	14.5
MOBIC	12.1.2	nortrel	14.7
MODICON	14.7	nortriptyline hcl	5.5.1.2
moexepiril-hctz	4.5.6	NORVASC	4.2
MOFETIL	3	novarel	14.1.2
mometasone furoate	6.1	NORVIR	10
MONARC-M	13.5	NOVOFINE 32	19.1

NOVOLIN 70/30 (vial only)	8.1.1	pantoprazole	9.4.2
NOVOLIN L (vial only)	8.1.1	paroxetine	5.5.1.3
NOVOLIN N (vial only)	8.1.1	PATADAY	15.6
NOVOLIN R (vial only)	8.1.1	PATANASE	7.2
NOVOLOG (vial only)	8.1.1	PATANOL	15.6
NOVOLOG MIX 70/30 (vial only)	8.1.1	PAXIL, CR	5.5.1.3
NULOJIX	3	PCE	2.1.4
NULYTELY	9.6	PEGASYS	11.2.3
NUTROPIN, AQ	11.2.4	PEG-INTRON, REDIPEN	11.2.3
NUVARING	14.7	penicillin v potassium	2.1.5
nystatin	2.3	PENTASA	9.6
nystatin	2.4.2	pentoxifylline	4.9
nystatin w/triamcinolone	2.4.3	PERFOROMIST	16.1.1
ocella	14.7	phenazopyridine hcl	17.1.3
ofloxacin (ear drops)	7.1	phenobarbital	5.4.6
ofloxacin (eye drops)	15.1.1	PHENYTEK	5.4.3
ofloxacin (tabs)	2.1.9	phenytoin	5.4.3
omeprazole	9.4.2	phenytoin sodium, extended	5.4.3
OMNARIS	7.2	pilocarpine hcl	15.5
OMNICEF	2.1.1	piroxicam	12.1.2
OMNITROPE	11.2.4	PLAVIX	13.4
ondansetron hcl, -odt	5.6	polymyxin b sul/trimethoprim	15.1.1
ONE TOUCH BASIC SYSTEM	19.1	potassium chloride	13.2
ONE TOUCH INDUO	19.1	pramipexole	5.7.2
ONE TOUCH PROFILE SYSTEM	19.1	PRANDIMET	8.1.2
ONE TOUCH TEST STRIPS	19.1	PRANDIN	8.1.2
ONE TOUCH ULTRA SMART	19.1	pravastatin	4.8.2
ONE TOUCH ULTRA SYSTEM	19.1	prazosin hcl	4.5.1
ONE TOUCH ULTRA TEST STRIPS	19.1	PRECISION	19.1
ONGLYZA	8.1.5.2	PRECISION PCX	19.1
OPANA ER	5.1.1.1	PRECISION PCX PLUS	19.1
OPTIVAR	15.6	PRECISION Q-I-D	19.1
orphenadrine citrate	12.3.2	PRECISION SOF-TACT	19.1
orphenadrine citrate injectable	12.3.2	PRECISION XTRA	19.1
ORTHOCLONE OKT-3	3	PRECISION XTRA	19.1
ORTHO EVRA	14.7	prednisolone	8.3.1
ORTHO MICRONOR	14.5	prednisolone acetate	15.2
ORTHO TRI-CYCLEN	14.7	prednisone	8.3.1
ORTHO TRI-CYCLEN LO	14.7	PREFEST	14.4.1
ORTHO-CEPT	14.7	PREGNYL	14.1.2
ORTHO-CYCLEN	14.7	PREMARIN	14.4
ORTHO-NOVUM	14.7	PREMPHASE	14.4.1
ORTHOVISC	12.1.4	PREMPRO	14.4.1
OVCON-35	14.7	prenatal rx	14.1.1
OVCON-50	14.7	PRENATE ELITE	14.1.1
OVIDREL	14.1.2	PREVACID	9.4.2
oxaprozin	12.1.2	previfem	14.7
oxybutynin chloride	17.1.1	PREVPAC	9.4.3
oxycodone hcl	5.1.1.1	PREZISTA	10
oxycodone w/acetaminophen	5.1.1.1	PRILOSEC	9.4.2
OXYCONTIN	5.1.1.1	PRILOSEC OTC	9.4.2
OXYIR	5.1.1.1	primidone	5.4.6
OXYTROL	17.1.1	PRISTIQ	5.5.1.4
PACERONE	4.7.3	PRIVIGEN	11
PACERONE (200mg only)	4.7.3	PROAIR HFA	16.1.1
PANCRELIPASE EC	9.6	probenecid	12.2

PROCHIEVE	14.5	RHOGAM	11
prochlorperazine maleate	5.6	RHOPHYLAC	11
PROCRIT	11.2.2	ribasphere	2.5.2
PROFILNINE SD	13.5	ribavirin	2.5.2
PROGRAF	3	rifampin	2.7.2
prolex dh	16.3	RIOMET	8.1.2
promethazine hcl	16.2.1	RISPERDAL	5.8
promethazine vc	16.2.3	RISPERDAL CONSTA	5.8
promethazine vc w/codeine	16.3	risperidone, odt	5.8
promethazine w/codeine	16.3	RITALIN LA	5.9.1
promethazine w/dm	16.3	ropinirole	5.7.2
PROMETRIUM	14.5	ROZEREM	5.2.2
propafenone hcl	4.7.1.3	SAIZEN	11.2.4
propoxyphene hcl	5.1.1.3	salsalate	12.1.1
propoxyphene hcl w/acetaminophen	5.1.1.3	SANCTURA, XR	17.1.1
propoxyphene napsylate w/acetaminophen	5.1.1.3	SANDIMMUNE	3
propranolol hcl	4.4	SAVELLA - Off label	5.5.1.4
propylthiouracil	8.4.2	SEASONALE	14.7
PROTONIX	9.4.2	SEASONIQUE, LOSEASONIQUE	14.7
PROTOPIC	6.9.2	selenium sulfide	6.8
PROVENTIL HFA	16.1.1	SELZENTRY	10
PROVIGIL	5.9.1	SENSIPAR	8.6
PROZAC WEEKLY	5.5.1.3	SEREVENT DISKUS	16.1.1
PULMICORT	16.1.3	SEROQUEL, XR	5.8
PULMICORT FLEXHALER	16.1.3	sertraline	5.5.1.3
PYLERA	9.4.3	SILENOR	5.2.2
quinapril	4.5.4.1	silver sulfadiazine	2.2
quinaretic	4.5.6	SIMCOR	4.8.2.1
quinidine gluconate	4.7.1.1	SIMPONI	3
quinine sulfate	2.7.3	SIMULECT	3
QUIXIN	15.1.1	simvastatin	4.8.2
QVAR	16.1.3	SINGULAIR	16.1.4
RANEXA	4.9	SKELAXIN	12.3.2
ranitidine hcl	9.4	sod.sulfacetamide/sulfur tf	6.3
RAPAFLO	17.1.4	SOF-TACT	19.1
RAPAMUNE	3	solia	14.7
REBIF	11.2.3	SOLODYNE	2.1.7
RECLAST Injection	8.6	SOLESTA	9.6
RECOMBINATE	13.5	SONATA	5.2.2
RESCRIPTOR	10	sotalol	4.7.5
REFACTO	13.5	SPECTRACEF	2.1.1
RELENZA	2.5.2	SPIRIVA	16.1.3
RELPAK	5.1.2	spironolactone	4.3.3
REMERON (M tab)	5.5.1.4	spironolactone w/hctz	4.3.3
RENAGEL	13.7	SPORANOX	2.3
REVELA	13.7	sprintec	14.7
reprexain	5.1.1.2	STALEVO	5.7.2
REPRONEX	14.2	STARLIX	8.1.2
REQUIP	5.7.2	STAVUDINE	10
RESTASIS	15.6	STRATTERA	5.9.6
RETIN-A MICRO	6.3	SUBOXONE	5.1.1.2
RETROVIR	10	sucralfate	9.4.1
REVATIO	4.6.2	SULAR	4.2
REVLIMID	3	sulfacetamide sodium	15.1.1
REYATAZ	2.5.1, 10	sulfamethoxazole/trimethoprim	2.1.6
RHINOCORT AQUA	7.2	sulfasalazine	9.6

sulindac	12.1.2	TRICOR	4.8.1
sumatriptan injection	5.1.2	TRIGLIDE	4.8.1
SUMATRIPTAN nasal	5.1.2	TRILEPTAL suspension	5.4.1
sumatriptan tab	5.1.2	TRILIPIX	4.8.1
supartz	12.1.4	trimethobenzamide hcl	5.6
SUPRAX (SUSP)	2.1.1	trimox	2.1.5
SURESTEP	19.1	trinessa	14.7
SUSTIVA	10	TRI-NORINYL	14.7
SUTENT	3	TRIPHASIL	14.7
SYLATRON	11.2.3	tri-previfem	14.7
SYMBICORT	16.1.3	tri-sprintec tablet	14.7
SYMLIN/SYMLINPEN	8.1.4	trivora-28	14.7
SYNTHROID	8.4.1	TRIZIVIR	10
SYNVISC, ONE	12.1.4	TRUVADA	2.5.1, 10
TACROLIMUS	3	TUSSIONEX	16.3
TAMIFLU	2.5.2	TWINJECT	16.1.3
tamoxifen	3	TYKERB	3
TAZORAC	6.8	TYZEKA	2.5.2
temazepam	5.2.2	ULORIC	12.2
terazosin hcl	4.5.1	ULTRASE, MT	9.6
terbinafine tablet	2.3	unithroid	8.4.1
terconazole	2.4.1	UNIVASC	4.5.4.1
TESTIM	14.3	UROXATRAL	17.1.4
TESTOPEL	8.6	URSO, -FORTE	9.6
tetracycline hcl	2.1.7	VAGIFEM	14.4
TEVETEN	4.5.4.2	VALTREX	2.5.2
TEVETEN HCT	4.5.6	vandetanib	3
TEV-TROPIN	11.2.4	VECTICAL	6.8
theophylline anhydrous	16.1.2	velivet 28 day	14.7
theophylline, -er	16.1.2	venlafaxine (immediate release)	5.5.1.4
thioridazine hcl	5.8	VENLAFAXINE ER	5.5.1.4
THYMOGLOBULIN	3	VENTOLIN HFA	16.1.1
thyroid	8.4.1	VERAMYST	7.2
ticlopidine hcl	13.4	verapamil hcl	4.2
TILADE	16.1.3	VERIPRED 20	8.3.1
timolol maleate	15.5	VESICARE	17.1.1
tizanidine hcl	12.3.1	VEXOL	15.2
tobramycin sulfate	15.1.1	VIAGRA	17.1.4
TOPAMAX	5.4.7	VICTRELIS	2.5.1
topiramate	5.4.7	VIDEX, EC	10
torsemide	4.3.1	VIGAMOX	15.1.1
TOVIAZ	17.1.1	VIMPAT	5.4.7
TRACLEER	4.6.3	VIOKASE	9.6
TRADJENTA	8.5.1.2	VIRACEPT	10
tramadol hcl	5.1.1	VIRAMUNE, XR	10
tramadol hcl-acetaminophen	5.1.1	VIREAD	10
TRAVATAN, Z	15.5	VIVELLE-DOT	14.4
trazodone hcl	5.5.1.4	VYTORIN	4.8.2.1
TREANDA	3	VYVANSE	5.9.1
TRELSTAR DEPOT	3	warfarin sodium	13.3.1
TRELSTAR LA	3	WELCHOL	4.8.1
tretinoin	6.3	WELLBUTRIN XL	5.5.1.4
triamcinolone acetonide	6.1	WINRHO SDF	11
triamcinolone 55mcg nasal spray	7.2	XALATAN	15.5
triamterene w/hctz	4.3.3	XALKORI	3
triazolam	5.2.2	XENICAL	18.3.2

XIBROM	15.6	ZOLADEX	3
XOPENEX	16.1.1	ZOLINZA	3
XOPENEX HFA	16.1.1	ZOLOFT	5.5.1.3
XYNTHA	13.5	zolpidem	5.2.2
YASMIN	14.7	ZOMIG NASAL SPRAY	5.1.2
YAZ	14.7	ZOMIG, ZMT	5.1.2
YERVOY	3	ZONEGRAN	5.4.7
ZADITOR	15.6	zonisamide	5.4.7
zaleplon	5.2.2	ZORTRESS	3
zamicet	5.1.1.2	zovia 1/35e	14.7
ZEGERID	9.4.2	ZYBAN	20.1
ZELBORAF	3	ZYFLO/CR	16.1.4
ZENAPAX	3	ZYLET	15.3
ZERIT	10	ZYMAR	15.1.1
ZETIA	4.8.1	ZYPREXA	5.8
ZIAGEN	10	ZYPREXA injection	5.8
ZIDOVDINE	10	ZYPREXA ZYDIS	5.8
ZITHROMAX	2.1.4.1	ZYRTEC	16.2.1
ZOFRAN IN DEXTROSE	5.6	ZYRTEC-D	16.2.3
ZOFRAN, ODT	5.6	ZYTIGA	3