



# 2012 List of Covered Drugs (Comprehensive Formulary)

**SeniorCare Complete (HMO SNP)**  
Minnesota Senior Health Options

**AbilityCare (HMO SNP)**  
Special Needs Basic Care



## PLEASE READ

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

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

Updated 7/2011. DHS Approved 8/5/2011

H2419, H5703\_1795 CMS Approved 8/24/2011 Formulary 00012194 version 5

For members in the counties of: Brown, Dodge, Freeborn, Goodhue, Kanabec, Morrison, Sibley, Steele, Todd, Wabasha, Wadena and Waseca.

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

# South Country Health Alliance Member Services

Toll Free: 1-866-567-7242 or TTY 711

8:00 a.m. - 8:00 p.m., 7 days a week

Attention. If you want free help translating this information, call the above number.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທສຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

LB5-0013 (10-09)

This information is available in other forms to people with disabilities by calling **1-866-567-7242** (toll free) or **711** (TTY for the hearing impaired), or through the Minnesota Relay at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

**American Indians** can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

**Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.**

South Country Health Alliance is a Coordinated Care plan with a Medicare Advantage contract and a contract with the Minnesota Medicaid program.

Throughout this document **South Country Health Alliance** or just **South Country** is used in place of **SeniorCare Complete (HMO SNP)** and **AbilityCare (HMO SNP)** as the health plan name and type.

## What is the South Country Health Alliance Formulary?

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

## Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2012. To get updated information about the drugs covered by South Country Health Alliance, please visit our Web site at [www.mnscha.org](http://www.mnscha.org), find your program (either AbilityCare or SeniorCare Complete) under Programs, click

on **Check the Drug List** and locate **Formulary Updates.pdf** or call Member Services at **1-866-567-7242**, 8 a.m. – 8 p.m., 7 days a week. TTY/TDD users should call **711**.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 28. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

South Country covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs, but work just as well and are equally as safe as the branded product.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization**

South Country requires you, or your physician, to get prior authorization for certain drugs. This means that you will need to get approval from South Country before you fill your prescriptions. If you don't get approval, South Country may not cover the drug.

- **Quantity Limits**

For certain drugs, South Country limits the amount of the drug that South Country will cover. For example, South Country provides 30 tablets per day per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy**

In some cases, South Country requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, South Country may not cover Drug B unless you try Drug A first. If Drug A does not work for you, South Country will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.mnscha.org](http://www.mnscha.org).

You can ask South Country to make an exception to these restrictions or limits. See the section, “How do I request an exception to the South Country formulary?” on this page for information about how to request an exception.

## **What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. South Country pays for certain OTC drugs. South Country will provide these OTC drugs at no cost to you. The cost to South Country of these OTC drugs will not count toward your total drug costs.

## **What are Medical Assistance (Medicaid)-covered drugs?**

Some drugs are excluded from Medicare Part D but are covered by your Medical Assistance (Medicaid) benefits through South Country. These include some over-the-counter (OTC) items, vitamins, cough and cold medicines, benzodiazepines, and barbituates. These items, if covered, have no copay. The cost to South Country for these drugs will not count toward your total drug cost. For a complete list of Medical Assistance (Medicaid) covered drugs, please go to [www.mnscha.org](http://www.mnscha.org), find your program (either AbilityCare or SeniorCare Complete) under Our Programs, click on Check the Drug List OR call Member Services

at **1-866-567-7242**, 8 a.m. – 8 p.m. 7 days a week. TTY/TDD users should call **711**.

## **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that South Country does not cover your drug, you have two options:

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

## **How do I request an exception to the South Country Formulary?**

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

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, South Country will limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception, you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s or prescribing physician’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted,

we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when

a member is discharged from a care facility to their home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a full refill upon admission or discharge. A one-time override of the "refill too soon" edits, are provided, for each medication which would be impacted due to a member being admitted to or discharged from a long term care facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a full refill upon admission or discharge.

### **For more information**

For more detailed information about your South Country prescription drug coverage, please review your **Evidence of Coverage** and other plan materials.

If you have questions about South Country, please call Member Services at **1-866-567-7242**, 8 a.m. – 8 p.m., 7 days a week. TTY/TDD users should call **711**. Or visit [www.mnscha.org](http://www.mnscha.org).

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Copayment

Depending on your income and institutional status, you will be reimbursed by South Country Health Alliance up to the full cost of the drug minus the following.

Tier	Copayment
Tier 1 drugs (covered generic drugs)	\$0, \$1.10 or \$2.60
Tier 2 drugs (covered preferred brand drugs)	\$0, \$3.30 or \$6.50
Tier 3 drugs (covered non-preferred brand drugs)	\$0, \$3.30 or \$6.50

Some drugs may be covered by Medicare Part B or Medicare Part D depending on the circumstance (shown as "X" on listings).

In 2012 when your out-of-pocket costs (your copayment and payments made on your behalf by others) reaches \$4,700, you will qualify for catastrophic coverage. During catastrophic coverage you will not have to pay co-payments for the rest of the year.

## South Country's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by South Country. If you have trouble finding your drug in the list, turn to the Index that begins on page 28.

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

The information in the Requirements/Limits column tells you if South Country has any special requirements for coverage of your drug.

Use the key below to identify the abbreviations used within the formulary list.

## Abbreviations Key

Key Word	Complete Word
caps	capsules
conc	concentrate
crm	cream
DR	delayed-release
ER	extended-release
inhal	inhalation
inj	injection
IR	immediate-release
liq	liquid
lotn	lotion
NF	non-formulary
ODT	orally disintegrating tablets
oint	ointment
pkg, pkgs	package, packages
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

Uppercase = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1 Drugs: Covered Generic drugs

2 = Tier 2 Drugs: Covered Preferred Brand drugs

3 = Tier 3 Drugs: Covered Non-Preferred Brand drugs

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance.

• = Utilization Management. Drugs that may have additional requirements or limits on coverage.

\* = Limited distribution drug. This prescription may be available only at certain pharmacies. For more information consult your Provider Directory or call Member Services at **1-866-567-7242**, 7 days a week from 8 a.m. to 8 p.m. TTY/TDD users should call **711**.

If Quantity Limits apply, the restriction amounts are indicated in the list beginning on page 20.

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<b>Analgesics</b>					
acetaminophen/caffeine/ dihydrocodeine	1			•	
acetaminophen/codeine	1			•	
AVINZA	2			•	
buprenorphine SL tabs	1				
butorphanol inj, nasal soln	1				
CELEBREX	2			•	
CODEINE SULFATE tabs, 15 mg, 30 mg, 60 mg	3				
CYMBALTA	2			•	•
etodolac	1				
fentanyl transdermal	1			•	
fentanyl citrate oral lozenges	1		•	•	
hydrocodone/acetaminophen	1			•	
hydrocodone/ibuprofen	1			•	
hydromorphone inj, 10 mg/mL	1	X			
hydromorphone tabs	1				
ibuprofen	1				
ketoprofen	1				
ketorolac tabs	1			•	
LEVORPHANOL tabs	3				
methadone tabs, 5 mg, 10 mg	1				
morphine sulfate ER tabs	1			•	
morphine sulfate inj, 0.5 mg/mL, 1 mg/mL	1	X			
MORPHINE SULFATE oral soln, tabs	3				
naproxen	1				
naproxen sodium	1				
oxycodone tabs, 5 mg, 15 mg, 30 mg	1				
oxycodone/acetaminophen	1			•	
oxycodone/aspirin	1			•	
OXYCONTIN	2			•	
SUBOXONE	3				
tramadol	1			•	
tramadol ER	1			•	
tramadol/acetaminophen	1			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<b>Anesthetics</b>					
lidocaine local inj, 0.5%, 1%; topical soln, 4%	1				
lidocaine viscous	1				
lidocaine/prilocaine crm	1				
LIDODERM	2				
<b>Antibacterials</b>					
amikacin inj	1				
amoxicillin caps, chew tabs, for susp, tabs	1				
amoxicillin/potassium clavulanate chew tabs; for susp, 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL; tabs	1				
ampicillin caps	1				
AMPICILLIN for susp	3				
ampicillin sodium for inj, 250 mg, 500 mg, 1 g, 2 g; for IV, 10 g	1				
AMPICILLIN SODIUM for IV, 1 g, 2 g	3				
AVELOX inj, tabs	2				
AZACTAM inj in dextrose	3				
azithromycin for IV, for susp, tabs	1				
AZITHROMYCIN powder pack for susp	2				
aztreonam for inj	1				
cefaclor caps	1				
cefadroxil caps, for susp, tabs	1				
cefazolin for inj, 500 mg, 1 g, 10 g, 20 g	1				
cefdinir caps, for susp	1				
cefepime for inj	1				
cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g	1				
CEFOTAXIME for inj, 20 g	3				
cefoxitin for inj	1				
cefpodoxime for susp, tabs	1				
cefprozil for susp, tabs	1				
ceftazidime for inj, for IV	1				

1 = Generic Drugs

2 = Preferred Brand Drugs

3 = Non-Preferred Brand Drugs

• = Utilization Management (UM)

\* = Limited Distribution Drug

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

† = Quantity limit restrictions for these drugs are listed beginning on page 20



Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
TIMENTIN for inj, inj	3				
TOBI	3	X			
<i>tobramycin for inj, 1.2 g; inj, 10 mg/mL, 40 mg/mL</i>	1				
TOBRAMYCIN inj in saline; IV, 10 mg/mL	3				
<i>trimethoprim tabs</i>	1				
TYGACIL	3				
VANCOCIN caps	3				
<i>vancomycin for inj, 500 mg, 1 g, 5 g</i>	1	X			
VANCOMYCIN inj in dextrose	3	X			
XIFAXAN tabs, 550 mg	2				
ZINACEF inj in dextrose, inj in sterile water	3				
ZOSYN IV in dextrose	3				
ZYVOX	3				
<b>Anticonvulsants</b>					
BANZEL	3				
<i>carbamazepine chew tabs, susp, tabs</i>	1				
<i>carbamazepine ER tabs, 200 mg, 400 mg</i>	1				
CARBATROL	3				
CELONTIN	3				
DILANTIN caps, 30 mg; chew tabs	3				
<i>divalproex DR</i>	1				
<i>divalproex ER</i>	1				
<i>ethosuximide</i>	1				
FELBATOL	3				
<i>fosphenytoin inj</i>	1				
<i>gabapentin</i>	1				
GABITRIL	3				
LAMICTAL ODT	3				•
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	1				
<i>levetiracetam</i>	1				
LYRICA	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>oxcarbazepine</i>	1				
PEGANONE	3				
<i>phenytoin susp</i>	1				
<i>phenytoin sodium extended caps, 100 mg, 200 mg, 300 mg</i>	1				
<i>primidone</i>	1				
SABRIL	3				
TEGRETOL-XR 100 mg	3				
<i>topiramate</i>	1				
<i>valproate inj</i>	1				
<i>valproic acid</i>	1				
VIMPAT	3				•
<i>zonisamide</i>	1				
<b>Antidementia Agents</b>					
<i>donepezil</i>	1			•	
EXELON oral soln, transdermal	2			•	
<i>galantamine oral soln, tabs</i>	1			•	
<i>galantamine ER caps</i>	1			•	
NAMENDA	2			•	
<i>rivastigmine caps</i>	1			•	
<b>Antidepressants</b>					
<i>amitriptyline</i>	1				
AMOXAPINE	3				
<i>bupropion hcl</i>	1			•	
<i>bupropion hcl ER, 12 hr, 24 hr</i>	1			•	
<i>citalopram</i>	1			•	
<i>clomipramine</i>	1				
CYMBALTA	2			•	•
<i>desipramine</i>	1				
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg; oral conc</i>	1				
DOXEPIN caps, 150 mg	3				
EMSAM	3				
<i>fluoxetine</i>	1			•	
<i>fluoxetine DR</i>	1			•	
<i>fluvoxamine</i>	1			•	
<i>imipramine hcl</i>	1				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
VFEND IV	3		•		
<i>voriconazole tabs</i>	3		•		
<b>Antigout Agents</b>					
<i>allopurinol</i>	1				
COLCRYS	2				
<i>probenecid</i>	1				
<i>probenecid/colchicine</i>	1				
<b>Anti-inflammatory Agents</b>					
CELEBREX	2		•		
<i>diclofenac potassium</i>	1				
<i>diclofenac sodium DR</i>	1				
<i>diclofenac sodium ER</i>	1				
<i>etodolac</i>	1				
<i>etodolac ER</i>	1				
<i>flurbiprofen</i>	1				
<i>ibuprofen</i>	1				
<i>indomethacin</i>	1				
<i>indomethacin ER</i>	1				
<i>ketoprofen</i>	1				
<i>meloxicam tabs</i>	1				
<i>nabumetone</i>	1				
<i>naproxen</i>	1				
<i>naproxen DR</i>	1				
<i>naproxen sodium</i>	1				
<i>oxaprozin</i>	1				
PENNSAID	2		•	•	
<i>piroxicam</i>	1				
<i>sulindac</i>	1				
<i>tolmetin sodium caps, 400 mg</i>	1				
VOLTAREN GEL	2		•	•	
<b>Antimigraine Agents</b>					
<i>divalproex DR</i>	1				
<i>divalproex ER</i>	1				
<i>ergotamine/caffeine tabs</i>	1				
MAXALT	2		•	•	
MAXALT-MLT	2		•	•	
MIGERGOT	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
MIGRANAL	3				
<i>naratriptan</i>	1			•	
<i>propranolol ER caps</i>	1				
<i>propranolol tabs</i>	1				
<i>sumatriptan inj, 6 mg/0.5 mL; tabs</i>	1			•	
SUMATRIPTAN nasal spray, syringe cartridge	3			•	
TIMOLOL tabs	3				
<i>topiramate</i>	1				
<b>Antimyasthenic Agents</b>					
GUANIDINE	3				
MESTINON syrup	3				
MESTINON TIMESPAN	3				
<i>pyridostigmine</i>	1				
<b>Antimycobacterials</b>					
CAPASTAT	3				
CYCLOSERINE	3				
DAPSONE	2				
<i>ethambutol</i>	1				
ISONIAZID inj	3				
<i>isoniazid tabs</i>	1				
<i>isoniazid/rifampin</i>	1				
MYCOBUTIN	3				
PASER	3				
PRIFTIN	3				
<i>pyrazinamide</i>	1				
<i>rifampin</i>	1				
SEROMYCIN	3				
TRECTOR	3				
<b>Antineoplastics</b>					
ABRAXANE	3				
ACTIMMUNE	3				
ADRIAMYCIN for inj, 20 mg	3	X			
AFINITOR	3		•	•	
ALIMTA	3				
<i>amifostine</i>	3				
ARRANON	3				

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Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
ARZERRA	2				
AVASTIN	2				
BICNU	3				
<i>bleomycin</i>	1	X			
BUSULFEX	3				
CAMPATH	3				
<i>carboplatin inj</i>	1				
CEENU	3				
<i>cisplatin</i>	1				
<i>cladribine</i>	3	X			
CLOLAR	3				
COSMEGEN	3				
CYCLOPHOSPHAMIDE for inj	3				
CYCLOPHOSPHAMIDE tabs	3	X			
<i>cytarabine for inj, 500 mg, 1 g; inj, 100 mg/mL</i>	1	X			
CYTARABINE for inj, 100 mg; inj, 20 mg/mL	3	X			
<i>dacarbazine for inj, 200 mg</i>	1				
DACARBAZINE for inj, 100 mg	3				
DACOGEN	3				
<i>daunorubicin</i>	1				
DAUNOXOME	3				
<i>dexrazoxane</i>	3				
DOCETAXEL	3				
DOXIL	3	X			
<i>doxorubicin</i>	1	X			
ELITEK	3				
ELSPAR	3				
<i>epirubicin inj, 50 mg /25 mL, 200 mg/100 mL</i>	1				
ERBITUX	3				
ETOPOPHOS	3				
<i>etoposide inj</i>	1				
<i>fludarabine</i>	3				
<i>fluorouracil inj</i>	1	X			
<i>gemcitabine for inj, 2 g</i>	1				

Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>gemcitabine for inj, 200 mg, 1 g</i>	3				
GLEEVEC	3		•	•	
HALAVEN	3				
HERCEPTIN	3				
HEXALEN	3				
<i>hydroxyurea</i>	1				
<i>idarubicin</i>	3				
IFEX for inj, 3 g	3				
<i>ifosfamide for inj, 1 g</i>	1				
IFOSFAMIDE for inj, 3 g	3				
IFOSFAMIDE/MESNA	3				
INTRON A	3				
IRESSA	3				
<i>irinotecan</i>	1				
ISTODAX	3				
IXEMPRA	3				
JEVTANA	3				
KEPIVANCE	3				
LEUCOVORIN CALCIUM for inj, 50 mg, 500 mg; inj, 10 mg/mL; tabs, 10 mg, 15 mg	3				
<i>leucovorin calcium for inj, 100 mg, 200 mg, 350 mg; tabs, 5 mg, 25 mg</i>	1				
LEUKERAN	2				
MATULANE	3				
<i>melphalan</i>	3				
<i>mercaptopurine</i>	1				
<i>mesna inj</i>	1				
MESNEX tabs	3				
METHOTREXATE for inj	3				
<i>methotrexate inj</i>	1				
<i>methotrexate tabs</i>	1	X			
<i>mitomycin for inj, 5 mg, 20 mg</i>	1				
MITOMYCIN for inj, 40 mg	3				
<i>mitoxantrone</i>	1				
MUSTARGEN	3				
NEXAVAR	3		•	•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
ONTAK	3				
<i>oxaliplatin</i>	3				
<i>paclitaxel inj, 30 mg/5mL, 100 mg/16.7 mL, 300 mg/50 mL</i>	1				
PANRETIN	3				
<i>pentostatin</i>	3				
PROLEUKIN	3				
REVLIMID*	3			•	
RITUXAN	3		•		
SPRYCEL	3		•	•	
SUTENT	3		•	•	
SYLATRON	3				
TABLOID	3				
TARCEVA	3		•	•	
TARGRETIN caps	3				
TASIGNA	3		•	•	
TAXOTERE	3				
TEMODAR for inj	3				
THALOMID	2			•	
THIOTEPA	3				
<i>topotecan for inj, 4 mg</i>	3				
TOPOTECAN inj, 1 mg/mL	3				
TORISEL	2				
TREANDA	3				
TRETINOIN caps	2				
TRISENOX	3				
TYKERB	3		•	•	
UVADEX	3				
VECTIBIX	3				
VELCADE	2				
VIDAZA	3				
VINBLASTINE	3	X			
<i>vincristine</i>	1				
<i>vinorelbine</i>	1				
VOTRIENT	3		•	•	
YERVOY	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
ZANOSAR	3				
ZOLINZA	3				
<b>Antiparasitics</b>					
ALBENZA	3				
ALINIA	3				
BILTRICIDE	3				
<i>chloroquine phosphate</i>	1				
COARTEM	3				
DARAPRIM	3				
<i>hydroxychloroquine</i>	1				
<i>lindane lotn</i>	1				
LINDANE shampoo	3				
MALARONE	3				
<i>malathion lotn</i>	1				
MEBENDAZOLE	2				
<i>mefloquine</i>	1				
MEPRON	3				
<i>paromomycin</i>	1				
PENTAM 300	3	X			
<i>permethrin</i>	1				
PRIMAQUINE	3				
STROMEKTOL	3				
ULESFIA	3				
<b>Antiparkinson Agents</b>					
<i>amantadine caps, syrup</i>	1				
AMANTADINE tabs	3				
APOKYN	3				
AZILECT	2				
<i>benztropine tabs</i>	1				
<i>bromocriptine</i>	1				
<i>carbidopa/levodopa</i>	1				
<i>carbidopa/levodopa ER</i>	1				
COMTAN	3				
<i>diphenhydramine caps, elixir, inj</i>	1				
LODOSYN	3				
<i>pramipexole</i>	1				
<i>ropinirole</i>	1				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>selegiline</i>	1				
STALEVO	2				
TASMAR	2				
<i>trihexyphenidyl</i>	1				
<b>Antipsychotics</b>					
ABILIFY	2			•	
ABILIFY DISCMELT	2			•	
CHLORPROMAZINE inj	3				
<i>chlorpromazine tabs</i>	1				
<i>clozapine</i>	1			•	
FANAPT tabs, titration pack	3			•	•
FAZACLO	3			•	•
FLUPHENAZINE elixir, inj, oral conc	3				
<i>fluphenazine tabs</i>	1				
<i>fluphenazine decanoate</i>	1				
GEODON caps, for inj	3			•	•
<i>haloperidol inj, oral conc, tabs</i>	1				
<i>haloperidol decanoate</i>	1				
INVEGA	3			•	•
INVEGA SUSTENNA	3			•	•
LATUDA	3			•	•
<i>loxapine</i>	1				
ORAP	3				
<i>perphenazine</i>	1				
RISPERDAL CONSTA	3			•	•
RISPERIDONE ODT, 0.25 mg	3			•	•
<i>risperidone ODT, oral soln, tabs</i>	1			•	
SAPHRIS	3			•	•
SEROQUEL	2			•	
SEROQUEL XR	2			•	
<i>thioridazine</i>	1				
<i>thiothixene</i>	1				
<i>trifluoperazine</i>	1				
ZYPREXA	3			•	•
ZYPREXA RELPREVV	3			•	•
ZYPREXA ZYDIS	3			•	•

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<b>Antispasticity Agents</b>					
<i>baclofen tabs</i>	1				
<i>dantrolene caps</i>	1				
<i>tizanidine tabs</i>	1				
<b>Antivirals</b>					
<i>acyclovir caps, susp, tabs</i>	1				
<i>acyclovir sodium for inj, 500 mg</i>	1	X			
ACYCLOVIR SODIUM for inj, 1000 mg; inj, 50 mg/mL	3	X			
<i>amantadine caps, syrup</i>	1				
AMANTADINE tabs	3				
APTIVUS	3				
ATRIPLA	3				
BARACLUDE	3				
COMBIVIR	2				
CRIXIVAN	3				
<i>didanosine DR</i>	1				
EMTRIVA	3				
EPIVIR	2				
EPIVIR-HBV	2				
EPZICOM	2				
<i>famciclovir</i>	1				
FOSCARNET	3	X			
FUZEON	3				
GANCICLOVIR caps	2				
<i>ganciclovir sodium for inj</i>	1	X			
HEPSERA	3				
INTELENCE	3				
INVIRASE	3				
ISENTRESS	2				
KALETRA	3				
LEXIVA	2				
NORVIR	3				
PREZISTA	3				
REBETOL oral soln	3				
RESCRIPTOR	3				
RETROVIR IV	3				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
REYATAZ	2				
RIBASPHERE tabs, 400 mg, 600 mg	3				
RIBASPHERE RIBAPAK 800, 1200	3				
<i>ribavirin</i>	1				
<i>rimantadine</i>	1				
SELZENTRY	3				
<i>stavudine</i>	1				
SUSTIVA	2				
TAMIFLU	3				
TRIZIVIR	2				
TRUVADA	3				
TYZEKA	3				
<i>valacyclovir</i>	1				
VALCYTE	3				
VIDEX for soln	3				
VIRACEPT	3				
VIRAMUNE	3				
VIRAMUNE XR	3				
VIREAD	3				
VISTIDE	3				
ZIAGEN	2				
<i>zidovudine</i>	1				
<b>Anxiolytics</b>					
<i>bupirone tabs, 5 mg, 10 mg, 15 mg, 30 mg</i>	1				
BUSPIRONE tabs, 7.5 mg	3				
DOXEPIN caps, 150 mg	3				
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg; oral conc</i>	1				
<i>hydroxyzine hcl syrup, tabs</i>	1				
<i>hydroxyzine pamoate caps</i>	1				
<i>meprobamate</i>	1				
<i>paroxetine hcl susp, tabs</i>	1			•	
<i>paroxetine hcl ER tabs</i>	1			•	
<i>sertraline</i>	1			•	
<b>Bipolar Agents</b>					
ABILIFY	2			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
ABILIFY DISCMELT	2			•	
<i>divalproex DR</i>	1				
<i>divalproex ER</i>	1				
EQUETRO	3				
GEODON caps, for inj	3			•	•
LAMICTAL ODT	3				•
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	1				
<i>lithium carbonate caps, 150 mg, 300 mg, 600 mg; tabs, 300 mg</i>	1				
<i>lithium carbonate ER tabs</i>	1				
LITHIUM CITRATE oral soln	3				
RISPERDAL CONSTA	3			•	•
RISPERIDONE ODT, 0.25 mg	3			•	•
<i>risperidone ODT, oral soln, tabs</i>	1			•	
SEROQUEL	2			•	
SEROQUEL XR	2			•	
ZYPREXA	3			•	•
ZYPREXA ZYDIS	3			•	•
<b>Blood Glucose Regulators</b>					
<i>acarbose</i>	1			•	
ACTOS	3			•	•
ALCOHOL SWABS	2				
GAUZE PADS 2" X 2"	2				
<i>glimepiride</i>	1			•	
<i>glipizide</i>	1			•	
<i>glipizide ER</i>	1			•	
<i>glipizide/metformin</i>	1			•	
GLUCAGEN KIT	2				
GLUCAGON EMERGENCY KIT	2				
<i>glyburide</i>	1			•	
GLYBURIDE (distributor of DiaBeta)	2			•	
<i>glyburide micronized</i>	1			•	
<i>glyburide/metformin</i>	1			•	
HUMALOG	2	X			
HUMALOG MIX 50/50, 75/25	2				
HUMULIN 50/50, 70/30	2				

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<i>carvedilol</i>	1				
<i>chlorothiazide tabs</i>	1				
<i>chlorthalidone tabs, 25 mg, 50 mg</i>	1				
<i>cholestyramine</i>	1				
<i>cholestyramine light</i>	1				
<i>clonidine tabs, transdermal</i>	1				
<i>colestipol</i>	1				
CRESTOR	2			•	
DIBENZYLINE	3				
DIGOXIN oral soln	3				
<i>digoxin tabs</i>	1				
<i>diltiazem tabs</i>	1				
<i>diltiazem ER caps, 12 hr, 24 hr</i>	1				
<i>diltiazem ER tabs, 24hr</i>	1				
DIOVAN	2			•	•
DIOVAN HCT	2			•	•
<i>disopyramide</i>	1				
DYNACIRC CR	3				
<i>enalapril</i>	1				
<i>enalapril/hydrochlorothiazide</i>	1				
<i>eplerenone</i>	1				
EXFORGE	2			•	•
EXFORGE HCT	2			•	•
<i>felodipine ER</i>	1				
<i>fenofibrate micronized caps, 67 mg, 134 mg, 200 mg; tabs, 54 mg, 160 mg</i>	1			•	
<i>flecainide</i>	1				
<i>fosinopril</i>	1				
<i>fosinopril/hydrochlorothiazide</i>	1				
<i>furosemide inj; oral soln, 10 mg/mL; tabs</i>	1				
<i>gemfibrozil</i>	1			•	
<i>guanfacine</i>	1				
<i>hydralazine tabs</i>	1				
<i>hydrochlorothiazide caps, 12.5 mg; tabs, 25 mg, 50 mg</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
HYDROCHLOROTHIAZIDE tabs, 12.5 mg	3				
<i>indapamide</i>	1				
<i>isosorbide dinitrate ER tabs</i>	1				
<i>isosorbide dinitrate SL tabs, tabs</i>	1				
<i>isosorbide mononitrate</i>	1				
<i>isosorbide mononitrate ER</i>	1				
ISRADIPINE caps, 2.5 mg	3				
<i>isradipine caps, 5 mg</i>	1				
<i>labetalol tabs</i>	1				
LETAIRIS	3			•	•
LIPITOR	3			•	
LIPOFEN	3			•	
<i>lisinopril</i>	1				
<i>lisinopril/hydrochlorothiazide</i>	1				
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1			•	
LOVAZA	2				
<i>methazolamide</i>	1				
<i>methyl dopa</i>	1				
<i>metolazone</i>	1				
<i>metoprolol succinate ER</i>	1				
<i>metoprolol tartrate tabs</i>	1				
<i>metoprolol/hydrochlorothiazide tabs, 50-25 mg, 100-25 mg</i>	1				
MEXILETINE	3				
<i>midodrine</i>	1				
<i>minoxidil tabs</i>	1				
<i>moexipril</i>	1				
<i>moexipril/hydrochlorothiazide</i>	1				
MULTAQ	2				
<i>nadolol tabs, 20 mg, 40 mg, 80 mg</i>	1				
NIASPAN	2			•	
<i>nicardipine caps</i>	1				
<i>nifedipine ER tabs</i>	1				

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<i>nisoldipine ER tabs, 8.5 mg, 17 mg, 25.5 mg, 34 mg</i>	1				
NITRO-BID oint	3				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1				
NITROMIST spray	3				
NITROSTAT SL tabs	2				
NORPACE CR caps, 100 mg	3				
<i>perindopril</i>	1				
PINDOLOL	3				
<i>pravastatin</i>	1			•	
<i>propafenone</i>	1				
<i>propafenone ER caps</i>	1				
<i>propranolol ER caps</i>	1				
<i>propranolol tabs</i>	1				
<i>quinapril</i>	1				
<i>quinapril/hydrochlorothiazide</i>	1				
<i>quinidine gluconate ER</i>	1				
<i>quinidine sulfate</i>	1				
<i>ramipril</i>	1				
RANEXA	2				
REMODULIN	3	X			
REVATIO tabs	3		•	•	
<i>simvastatin</i>	1			•	
<i>sotalol tabs</i>	1				
<i>sotalol AF tabs</i>	1				
<i>spironolactone</i>	1				
<i>spironolactone/hydrochlorothiazide tabs, 25-25 mg</i>	1				
TEKTURNA	2			•	•
TEKTURNA HCT	2			•	•
TIKOSYN	3				
TIMOLOL tabs	3				
<i>toremide tabs</i>	1				
TRACLEER*	3			•	
<i>trandolapril</i>	1				

Drug Name	Drug Tier	Requirements/ Limits			
		B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>triamterene/hydrochlorothiazide caps, tabs</i>	1				
TRICOR	3			•	
TRILIPIX	2			•	
VALTURNA	2			•	•
<i>verapamil tabs</i>	1				
<i>verapamil ER caps, ER tabs</i>	1				
VYTORIN	2			•	
WELCHOL	2				
ZETIA	2			•	•
<b>Central Nervous System Agents</b>					
<i>amphetamine/dextroamphetamine tabs</i>	1			•	
<i>dexmethylphenidate tabs</i>	1			•	
<i>dextroamphetamine tabs, 5 mg</i>	1			•	
DEXTROAMPHETAMINE tabs, 10 mg	3			•	
<i>dextroamphetamine ER caps</i>	1			•	
INTUNIV	2			•	
<i>methylphenidate tabs, 5 mg, 10 mg, 20 mg</i>	1			•	
<i>methylphenidate ER tabs, 10 mg, 20 mg</i>	1			•	
NUVIGIL	3		•	•	
PROVIGIL	3		•	•	
RILUTEK	2				
XENAZINE	3		•	•	
XYREM*	3		•	•	
<b>Dental and Oral Agents</b>					
<i>chlorhexidine gluconate oral rinse, 0.12%</i>	1				
<i>doxycycline hyclate tabs, 20 mg</i>	1				
<i>pilocarpine tabs</i>	1				
<i>triamcinolone acetonide paste</i>	1				
<b>Dermatological Agents</b>					
<i>alclometasone</i>	1				
<i>amcinonide crm</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>ammonium lactate crm; lotn, 12%</i>	1				
AZELEX crm	3				
<i>betamethasone dipropionate crm, lotn, oint</i>	1				
<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	1				
<i>betamethasone valerate crm, lotn, oint</i>	1				
CALCIPOTRIENE oint	3				
<i>calcipotriene soln</i>	1				
CALCITRENE oint	3				
CARAC	3				
<i>ciclopirox crm, gel, soln (nail lacquer), shampoo, susp</i>	1				
<i>clindamycin gel, lotn, soln, swabs</i>	1				
<i>clindamycin/benzoyl peroxide</i>	1				
<i>clobetasol crm, crm (emollient), gel, oint, soln</i>	1				
<i>clotrimazole crm</i>	1				
<i>clotrimazole/betamethasone crm, lotn</i>	1				
CORTIFOAM	3				
DENAVIR crm	3				
<i>desonide crm, lotn, oint</i>	1				
<i>desoximetasone crm, gel, oint</i>	1				
<i>diflorasone oint</i>	1				
DOVONEX crm	3				
<i>econazole crm</i>	1				
<i>erythromycin gel, pads, soln</i>	1				
<i>erythromycin/benzoyl peroxide gel</i>	1				
FINACEA gel	3				
FLUOCINOLONE crm, 0.01%	3				
<i>fluocinonide crm, crm (emollient), gel, oint, soln</i>	1				
FLUOROPLEX	3				
<i>fluorouracil crm, 5%; soln, 2%, 5%</i>	1				
<i>fluticasone crm, oint</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>gentamicin crm, oint</i>	1				
<i>halobetasol crm, oint</i>	1				
<i>hydrocortisone crm; lotn, 1%, 2.5%; oint; rectal crm</i>	1				
<i>hydrocortisone butyrate crm, oint, soln</i>	1				
<i>hydrocortisone valerate crm, oint</i>	1				
<i>isotretinoin caps</i>	1				
<i>ketoconazole crm, shampoo</i>	1				
<i>lidocaine gel, 2%; oint, 5%</i>	1				
METROGEL 1%	3				
<i>metronidazole crm, gel, lotn</i>	1				
<i>mometasone crm, lotn, oint</i>	1				
<i>mupirocin oint</i>	1				
<i>nystatin crm, oint, topical powder</i>	1				
<i>nystatin/triamcinolone crm, oint</i>	1				
ORACEA caps	3				
OXSORALEN ULTRA caps	2				
PANRETIN	3				
<i>podofilox soln</i>	1				
<i>prednicarbate crm, oint</i>	1				
SANTYL oint	2				
<i>selenium sulfide lotn/shampoo</i>	1				
<i>silver sulfadiazine crm</i>	1				
<i>sodium chloride irrigation, 0.9%</i>	1				
SOLARAZE gel	2				
SORIATANE caps	3				
<i>sulfacetamide sodium lotn</i>	1				
TARGRETIN gel	3				
TAZORAC crm, gel	3				
<i>tretinoin crm, gel</i>	1				
<i>triamcinolone crm; lotn; oint, 0.025%, 0.1%</i>	1				
TRIAMCINOLONE oint, 0.5%	3				
<i>urea/hydrocortisone acetate crm, 10-1%</i>	1				
VECTICAL	2				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
TOVIAZ	2			•	
<i>trosipium</i>	1			•	
VESICARE	2			•	
<b>Hormonal Agents, Stimulant/ Replacement/Modifying</b>					
ANADROL-50	3				
ANDRODERM	2				
ANDROGEL	2				
ANDROXY	3				
<i>chorionic gonadotropin</i>	1				
COMBIPATCH	2				
CORTISONE	3				
<i>danazol</i>	1				
DEPO-PROVERA 400 mg/mL	3				
<i>desmopressin nasal soln, nasal spray, tabs</i>	1				
<i>dexamethasone tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	X			
DEXAMETHASONE tabs, 1 mg, 2 mg	3	X			
<i>dexamethasone elixir, 0.5 mg/5 mL</i>	1				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	1				
DIVIGEL	2				
ELLA	3				
ESTRACE vaginal crm	3				
ESTRADERM	2				
<i>estradiol tabs, transdermal</i>	1				
<i>estradiol/norethindrone acetate tabs, 1-0.5 mg</i>	1				
<i>estropipate</i>	1				
EVISTA	2				
<i>fludrocortisone</i>	1				
<i>hydrocortisone tabs</i>	1				
INCRELEX	3				
<i>levothyroxine tabs (Levoxyl)</i>	1				
<i>Levoxyl</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>liothyronine tabs</i>	1				
<i>medroxyprogesterone inj, 150 mg/mL; tabs</i>	1				
<i>megestrol susp, 40 mg/mL; tabs</i>	1				
METHERGINE tabs	2				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	1	X			
<i>methylprednisolone sodium succinate for inj</i>	1				
<i>norethindrone acetate</i>	1				
OMNITROPE	3		•		
<i>oral contraceptives - all generics</i>	1				
<i>oxandrolone tabs, 2.5 mg</i>	1				
<i>oxandrolone tabs, 10 mg</i>	3				
<i>prednisolone syrup</i>	1	X			
<i>prednisolone sodium phosphate oral soln</i>	1	X			
PREDNISONE oral soln, 5 mg/5 mL; tabs, 50 mg	3	X			
<i>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	X			
PREMARIN tabs	2				
PREMARIN VAGINAL crm	2				
PREMPHASE	2				
PREMPRO	2				
STIMATE	3				
TESTIM	3				
<i>testosterone cypionate</i>	1				
<i>testosterone enanthate</i>	1				
VAGIFEM vaginal tabs, 10 mcg	2				
VIVELLE-DOT	2				
<b>Hormonal Agents, Suppressant</b>					
<i>anastrozole tabs</i>	1				
AROMASIN	2				
<i>bicalutamide</i>	1				
<i>cabergoline</i>	1				
ELIGARD	3				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
MENOMUNE	3				
MENVEO	3				
<i>mycophenolate mofetil caps, tabs</i>	1	X			
MYFORTIC	3	X			
ORTHOCLONE OKT3	3	X			
PEDVAX HIB	3				
PEG-INTRON	3		•		
PEGASYS	3		•		
PENTACEL	3				
PROGRAF inj	3	X			
PROQUAD	3				
PROTOPIC	2			•	
RABAVERT	3	X			
RAPAMUNE	2	X			
RECOMBIVAX HB	3	X			
RIDAURA	3				
ROTARIX	3				
ROTATEQ	3				
SIMULECT	3	X			
SYNAGIS	3				
<i>tacrolimus caps</i>	1	X			
TETANUS TOXOID ADSORBED	3	X			
TETANUS/DIPHtheria ADSORBED adult	2				
THALOMID	2		•		
THYMOGLOBULIN	3	X			
TRIPEDIA	3				
TWINRIX	3				
TYPHIM VI	3				
TYSABRI*	3		•	•	
VAQTA	3				
VARIVAX	3				
XOLAIR	3		•		
YF-VAX	3				
ZORTRESS	3	X			
ZOSTAVAX	3			•	
ZYCLARA	2		•	•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<b>Inflammatory Bowel Disease Agents</b>					
APRISO	2				
ASACOL	2				
ASACOL HD	2				
<i>balsalazide</i>	1				
CANASA	2				
DIPENTUM	3				
ENTOCORT EC	3				
<i>hydrocortisone enema</i>	1				
LIALDA	2				
<i>mesalamine enema</i>	1				
PENTASA	2				
<i>sulfasalazine</i>	1				
<i>sulfasalazine DR</i>	1				
<b>Metabolic Bone Disease Agents</b>					
ACTONEL	3			•	•
<i>alendronate tabs</i>	1			•	
ATELVIA	2			•	•
BONIVA inj, tabs	2	X		•	•
<i>calcitonin nasal spray</i>	1				
<i>calcitriol caps, inj, oral soln</i>	1	X			
<i>etidronate disodium tabs, 400 mg</i>	1				
ETIDRONATE DISODIUM tabs, 200 mg	3				
FORTEO	3		•		
ZEMPLAR caps, inj	2	X			
ZOMETA	3				
<b>Ophthalmic Agents</b>					
ALPHAGAN P soln, 0.1%	3				
<i>azelastine</i>	1				
AZOPT	3				
<i>bacitracin/polymyxin B</i>	1				
BESIVANCE	3				
BETAXOLOL soln, 0.5%	3				
BETOPTIC S susp	3				
<i>brimonidine soln</i>	1				
<i>bromfenac</i>	1				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>carteolol</i>	1				
<i>ciprofloxacin</i>	1				
COMBIGAN	2				
<i>cromolyn sodium</i>	1				
<i>dexamethasone sodium phosphate</i>	1				
<i>diclofenac sodium</i>	1				
<i>dorzolamide</i>	1				
<i>dorzolamide/timolol</i>	1				
DUREZOL	3				
<i>erythromycin</i>	1				
<i>fluorometholone</i>	1				
<i>flurbiprofen soln</i>	1				
<i>gentamicin oint, soln</i>	1				
ISTALOL	3				
<i>ketorolac</i>	1				
LACRISERT	3				
<i>latanoprost</i>	1				
<i>levobunolol soln, 0.5%</i>	1				
LEVOBUNOLOL soln, 0.25%	3				
LOTEMAX	2				
LUMIGAN	2				
<i>metipranolol</i>	1				
MOXEZA	3				
<i>naphazoline</i>	1				
NATACYN	3				
<i>neomycin/polymyxin B/bacitracin oint</i>	1				
NEOMYCIN/POLYMYXIN B/ BACITRACIN/HYDROCORTISONE oint	3				
<i>neomycin/polymyxin B/ dexamethasone oint, susp</i>	1				
<i>neomycin/polymyxin B/gramicidin soln</i>	1				
NEVANAC	3				
<i>ofloxacin</i>	1				
PATADAY	2				
PATANOL	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
PHOSPHOLINE IODIDE	3				
<i>polymyxin B/trimethoprim</i>	1				
<i>prednisolone acetate</i>	1				
RESTASIS	2				
<i>sulfacetamide sodium soln</i>	1				
<i>sulfacetamide sodium/prednisolone soln</i>	1				
<i>timolol maleate soln</i>	1				
<i>timolol maleate gel-forming soln</i>	1				
TOBRADEX oint	2				
<i>tobramycin</i>	1				
<i>tobramycin/dexamethasone</i>	1				
TRAVATAN Z	2				
<i>trifluridine</i>	1				
<i>tropicamide</i>	1				
VIGAMOX	2				
<b>Otic Agents</b>					
<i>acetic acid soln</i>	1				
<i>acetic acid/aluminum acetate soln</i>	1				
CIPRODEX	3				
DERMOTIC soln	2				
<i>hydrocortisone/acetic acid soln</i>	1				
<i>neomycin/polymyxin B/ hydrocortisone soln, susp</i>	1				
<i>ofloxacin soln</i>	1				
<b>Respiratory Tract Agents</b>					
<i>acetylcysteine inhal soln</i>	1	X			
ADVAIR DISKUS	2			•	
ADVAIR HFA	2			•	
<i>albuterol sulfate syrup, tabs</i>	1				
<i>albuterol sulfate ER</i>	1				
<i>albuterol sulfate inhal soln</i>	1	X			
AMINOPHYLLINE tabs	3				
ASMANEX	2			•	
ASTEPRO	2			•	
ATROVENT HFA	3			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
<i>azelastine nasal spray, 137 mcg/ spray</i>	1			•	
<i>carbinoxamine maleate</i>	1				
<i>clemastine</i>	1				
COMBIVENT	3			•	
<i>cromolyn sodium inhal soln</i>	1	X			
<i>cyproheptadine</i>	1				
<i>diphenhydramine caps, elixir, inj</i>	1				
EIPEN	2				
EIPEN-JR	2				
<i>fexofenadine</i>	1				
FLOVENT DISKUS	2			•	
FLOVENT HFA	2			•	
<i>flunisolide nasal spray, 0.025%</i>	1			•	
FLUNISOLIDE nasal, 29 mcg/spray	3			•	
<i>fluticasone nasal spray</i>	1			•	
FORADIL AEROLIZER	2			•	
<i>hydroxyzine hcl syrup, tabs</i>	1				
<i>hydroxyzine pamoate caps</i>	1				
<i>ipratropium nasal spray</i>	1			•	
<i>metaproterenol syrup</i>	1				
NASONEX	2			•	
PATANASE	3			•	
PROAIR HFA	2			•	
PROLASTIN	3				
<i>promethazine supp, syrup, tabs</i>	1				
<i>promethazine/phenylephrine syrup</i>	1				
PULMOZYME	3	X			
QVAR INHALER	2			•	
SEREVENT DISKUS	2			•	
SINGULAIR	2				•
SPIRIVA HANDIHALER	2			•	
SYMBICORT INHALER	2			•	
<i>terbutaline tabs</i>	1				
THEOPHYLLINE ER tabs, 12 hr, 450 mg	3				
<i>theophylline ER tabs, 12 hr, 24 hr</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits†	Step Therapy
TYZINE	3				
TYZINE PEDIATRIC	3				
VENTOLIN HFA	2			•	
<i>zafirlukast</i>	1				•
<b>Sedatives/Hypnotics</b>					
LUNESTA	3			•	•
<i>zaleplon</i>	1			•	
<i>zolpidem</i>	1			•	
<b>Skeletal Muscle Relaxants</b>					
<i>cyclobenzaprine</i>	1				
<i>methocarbamol tabs</i>	1				
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>					
<i>amino acid IV</i>	1	X			
<i>fat emulsion IV soln, 20%, 30%</i>	1	X			
<i>iv fluids - generics</i>	1				
IV FLUIDS - KCL/D5W/LACTATED RINGERS inj	3				
<i>levocarnitine oral soln, tabs</i>	1	X			
<i>potassium chloride ER caps, 10 mEq</i>	1				
<i>potassium chloride ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	1				

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## 2012 Quantity Limits

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
ABILIFY DISCMELT all strengths	60 tablets
ABILIFY injection	90 vials
ABILIFY oral solution	750 mL
ABILIFY tabs all strengths	30 tablets
<i>acarbose 25 mg, 50 mg, 100 mg</i>	90 tablets
<i>acetaminophen w/codeine 300-15 mg, 300-30 mg</i>	360 tablets
<i>acetaminophen w/codeine 300-60 mg</i>	180 tablets
<i>acetaminophen w/codeine soln 120 mg/12 mg/5 mL</i>	2700 mL
<i>acetaminophen/cafeine/dihydrocodeine 712.8-60-32 mg</i>	150 tablets
ACTONEL 150 mg	1 tablet
ACTONEL 35 mg	4 tablets per 28 days
ACTONEL 5 mg, 30 mg	30 tablets
ACTOS 15 mg, 30 mg, 45 mg	30 tablets
ADCIRCA 20 mg	60 tablets
ADVAIR DISKUS	1 package of 60
ADVAIR HFA	1 canister
AFINITOR 2.5 mg, 5 mg, 10 mg	30 tablets
<i>alendronate 35 mg, 70 mg</i>	4 tablets per 28 days
<i>alendronate 5 mg, 10 mg, 40 mg</i>	30 tablets
<i>amphetaminel dextroamphetamine 20 mg</i>	90 tablets
<i>amphetaminel dextroamphetamine 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	60 tablets
AMPYRA 10 mg	60 tablets
ARIXTRA	30 syringes per 90 days
ASMANEX	1 canister
ASTEPRO	2 bottles
ATELVIA 35 mg	4 tablets per 28 days
ATROVENT HFA INHALER	2 canisters
AVINZA SR 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	30 capsules
AVODART 0.5 mg	30 capsules
AVONEX 30 mcg, 30 mcg/0.5 mL	4 vials/syringes per 28 days
<i>azelastine hcl 0.1%</i>	2 bottles
AZOR 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	30 tablets
BENICAR 20 mg, 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BENICAR HCT 20-12.5 mg, 40-12.5 mg, 40-25 mg	30 tablets
BETASERON 0.3 mg	14 vials/syringes per 28 days
BONIVA 150 mg	1 tablet
BONIVA injection	3 mL per 90 days
<i>bupropion 100 mg</i>	120 tablets
<i>bupropion 75 mg</i>	60 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>bupropion ER 100 mg, 150 mg, 200 mg</i>	60 tablets
<i>bupropion hcl XL 150 mg, 300 mg</i>	30 tablets
CELEBREX 400 mg	30 capsules
CELEBREX 50 mg, 100 mg, 200 mg	60 capsules
CHANTIX	168 days of therapy
<i>citalopram 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>citalopram 10 mg/5 mL</i>	600 mL
<i>clozapine 100 mg</i>	270 tablets
<i>clozapine 200 mg</i>	120 tablets
<i>clozapine 25 mg, 50 mg</i>	90 tablets
COMBIVENT	2 canisters
COPAXONE 20 mg/mL	30 syringes
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg, 10 mg, 20 mg	45 tablets
CYMBALTA 20 mg, 30 mg	60 capsules
CYMBALTA 60 mg	30 capsules
DETROL all strengths	60 tablets
DETROL LA all strengths	30 capsules
<i>dexmethylphenidate 2.5 mg, 5 mg, 10 mg</i>	60 tablets
<i>dextroamphetamine 10 mg</i>	180 tablets
<i>dextroamphetamine 5 mg</i>	60 tablets
<i>dextroamphetamine ER 10 mg, 15 mg</i>	120 capsules
<i>dextroamphetamine ER 5 mg</i>	90 capsules
DIOVAN 320 mg	30 tablets
DIOVAN 40 mg, 80 mg, 160 mg	60 tablets
DIOVAN HCT 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	30 tablets
<i>donepezil donepezil ODT 5 mg, 10 mg</i>	30 tablets
<i>doxazosin 1 mg, 2 mg, 4 mg</i>	30 tablets
<i>doxazosin 8 mg</i>	60 tablets
<i>endocet 10-325 mg, 10-650 mg</i>	180 tablets
<i>endocet 5-325 mg</i>	360 tablets
<i>endocet 7.5-325 mg, 7.5-500 mg</i>	240 tablets
<i>endodan 4.88-325 mg</i>	360 tablets
<i>enoxaparin</i>	30 syringes, 10 vials per 90 days
EXELON 4.6 mg/24 hr, 9.5 mg/24 hr	30 patches
EXELON 2 mg/mL	240 mL
EXFORGE 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	30 tablets
EXFORGE HCT 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	30 tablets
FANAPT 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
FANAPT PAK	1 kit/4 days
FAZACLO 12.5 mg, 100 mg	90 tablets
FAZACLO 150 mg	180 tablets
FAZACLO 200 mg	120 tablets
FAZACLO 25 mg	270 tablets
<i>fenofibrate 160 mg</i>	30 tablets
<i>fenofibrate 54 mg</i>	60 tablets
<i>fenofibrate 67 mg, 134 mg, 200 mg</i>	30 capsules
<i>fentanyl citrate oral loz 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	120 lozenges
<i>fentanyl transdermal all strengths</i>	15 patches
<i>finasteride 5 mg</i>	30 tablets
FLOVENT DISKUS 250 mcg	4 cartons of 60
FLOVENT DISKUS 50 mcg, 100 mcg	1 carton of 60
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg, 110 mcg	1 canister
FLUNISOLIDE 29 mcg/spray	3 bottles
<i>flunisolide nasal</i>	3 bottles
<i>fluoxetine 10 mg</i>	30 capsules or tablets
<i>fluoxetine 20 mg</i>	120 capsules or tablets
<i>fluoxetine 20 mg/5 mL</i>	600 mL
<i>fluoxetine 40 mg</i>	60 capsules
<i>fluoxetine weekly DR 90 mg</i>	4 capsules per 28 days
<i>fluticasone nasal</i>	1 bottle
<i>fluvoxamine 100 mg</i>	90 tablets
<i>fluvoxamine 25 mg, 50 mg</i>	30 tablets
FORADIL	1 package of 60
<i>galantamine 4 mg, 8 mg, 12 mg</i>	60 tablets
<i>galantamine ER 8 mg, 16 mg, 24 mg</i>	30 capsules
<i>galantamine oral soln 4 mg/mL</i>	200 mL
<i>gemfibrozil 600 mg</i>	60 tablets
GEODON capsules – all strengths	60 capsules
GEODON injection	60 vials
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets
<i>glimepiride 1 mg, 2 mg</i>	30 tablets
<i>glimepiride 4 mg</i>	60 tablets
<i>glipizide 10 mg</i>	120 tablets
<i>glipizide 5 mg</i>	30 tablets
<i>glipizide ER 10 mg</i>	60 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>glipizide ER 2.5 mg, 5 mg</i>	30 tablets
<i>glipizidel metformin 2.5-250 mg</i>	60 tablets
<i>glipizidel metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>glyburide 1.25 mg, 2.5 mg</i>	30 tablets
GLYBURIDE 1.25 mg, 2.5 mg	30 tablets
GLYBURIDE 5 mg	120 tablets
<i>glyburide 5 mg</i>	120 tablets
<i>glyburide micronized 1.5 mg, 3 mg</i>	30 tablets
<i>glyburide micronized 6 mg</i>	60 tablets
<i>glyburidel metformin 1.25-250 mg</i>	60 tablets
<i>glyburidel metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>hydrocodonel acetaminophen 10-660 mg</i>	180 tablets
<i>hydrocodonel acetaminophen 2.5-500 mg, 5-500 mg</i>	240 tablets
<i>hydrocodonel acetaminophen 5-300 mg, 5-325 mg</i>	360 tablets
<i>hydrocodonel acetaminophen 5-500 mg</i>	240 capsules
<i>hydrocodonel acetaminophen 7.5 mg/500 mg/ 15 mL</i>	2700 mL
<i>hydrocodonel acetaminophen 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg</i>	180 tablets
<i>hydrocodonel acetaminophen 7.5-750 mg, 10-750 mg</i>	150 tablets
<i>hydrocodonel ibuprofen all strengths</i>	150 tablets
<i>hydrogesic 5-500 mg</i>	240 capsules
<i>imiquimod</i>	12 packets
INTUNIV ER 1 mg, 2 mg, 3 mg, 4 mg	30 tablets
INVEGA 1.5 mg, 3 mg, 9 mg	30 tablets
INVEGA 6 mg	60 tablets
INVEGA SUSTENNA	1 kit
<i>ipratropium nasal 0.03%</i>	2 bottles
<i>ipratropium nasal 0.06%</i>	3 bottles
JANUMET all strengths	60 tablets
JANUVIA all strengths	30 tablets
<i>ketorolac 10 mg</i>	21 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-500 mg, 5-1000 mg	30 tablets
<i>lansoprazole/lansoprazole ODT 15 mg, 30 mg</i>	30 capsules/tablets
LATUDA	30 tablets
LETAIRIS 5 mg, 10 mg	30 tablets
LIPITOR 10 mg, 20 mg, 40 mg	45 tablets
LIPITOR 80 mg	30 tablets
LIPOFEN 150 mg	30 capsules
LIPOFEN 50 mg	60 capsules

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>losartan 100 mg</i>	30 tablets
<i>losartan 25 mg, 50 mg</i>	60 tablets
<i>losartan/HCTZ 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	30 tablets
<i>lovastatin all strengths</i>	60 tablets
LOVENOX 300 mg/3 mL	10 vials per 90 days
LUNESTA 1 mg, 2 mg, 3 mg	30 tablets
MAPROTILINE 25 mg, 50 mg, 75 mg	90 tablets
<i>margesic-H 5-500 mg</i>	240 capsules
MAXALT/MAXALT MLT all strengths	24 tablets
<i>metadate ER 20 mg</i>	90 tablets
<i>metformin 1000 mg</i>	60 tablets
<i>metformin 500 mg, 850 mg</i>	90 tablets
<i>metformin ER 500 mg</i>	120 tablets
<i>metformin ER 750 mg</i>	60 tablets
<i>methylin ER 10 mg, 20 mg</i>	90 tablets
<i>methylphenidate 5 mg, 10 mg, 20 mg</i>	90 tablets
<i>methylphenidate ER 20 mg</i>	90 tablets
<i>mirtazapine 7.5 mg</i>	30 tablets
<i>mirtazapine/mirtazapine ODT 15 mg, 30 mg, 45 mg</i>	30 tablets
<i>morphine sulfate SR 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	90 tablets
NAMENDA 10 mg/5 mL	360 mL
NAMENDA 5 mg, 10 mg	60 tablets
NAMENDA TITRATION PACK	49 tablets per 28 days
<i>naratriptan all strengths</i>	18 tablets
NASONEX	2 bottles
<i>nateglinide 60 mg, 120 mg</i>	90 tablets
NEXAVAR 200 mg	120 tablets
NEXIUM all strengths	30 capsules or packets
NIASPAN ER 500 mg	30 tablets
NIASPAN ER 750 mg, 1000 mg	60 tablets
NUVIGIL all strengths	30 tablets
OLEPTRO 150 mg	45 tablets
OLEPTRO 300 mg	30 tablets
<i>omeprazole 10 mg, 20 mg, 40 mg</i>	30 capsules
ONGLYZA 2.5 mg, 5 mg	30 tablets
<i>oxybutynin 5 mg</i>	120 tablets
<i>oxybutynin ER 10 mg, 15 mg</i>	60 tablets
<i>oxybutynin ER 5 mg</i>	30 tablets
<i>oxybutynin syrup</i>	600 mL

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>oxycodone w/acetaminophen 10-325 mg, 10-650 mg</i>	180 tablets
<i>oxycodone w/acetaminophen 2.5-325 mg, 5-325 mg</i>	360 tablets
<i>oxycodone w/acetaminophen 5-500 mg</i>	240 capsules
<i>oxycodone w/acetaminophen 7.5-325 mg, 7.5-500 mg</i>	240 tablets
<i>oxycodone/aspirin full strength</i>	360 tablets
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
OXYCONTIN 60 mg, 80 mg	120 tablets
<i>pantoprazole tabs – all strengths</i>	30 tablets
<i>paroxetine hcl 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>paroxetine hcl 10 mg/5 mL</i>	900 mL
<i>paroxetine hcl 30 mg</i>	60 tablets
<i>paroxetine hcl ER 12.5 mg</i>	30 tablets
<i>paroxetine hcl ER 25 mg, 37.5 mg</i>	60 tablets
PATANASE	1 bottle
PENNSAID 1.5%	300 mL
PRADAXA	60 capsules
PRANDIN 0.5 mg, 1 mg	120 tablets
PRANDIN 2 mg	240 tablets
<i>pravastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>pravastatin 80 mg</i>	30 tablets
PRISTIQ	30 tablets
PROAIR HFA	2 canisters
PROVIGIL all strengths	30 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
RAPAFLO 4 mg, 8 mg	30 capsules
REVATIO 20 mg	90 tablets
REVLIMID 15 mg, 25 mg	21 capsules per 28 days
REVLIMID 5 mg, 10 mg	30 capsules
RISPERDAL CONSTA injection	2 vials per 28 days
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone 4 mg</i>	120 tablets
RISPERIDONE ODT 0.25 mg	60 tablets
<i>risperidone ODT 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone ODT 4 mg</i>	120 tablets
<i>risperidone oral solution</i>	480 mL
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	60 capsules
SANCTURA XR 60 mg	30 capsules
SAPHRIS 5 mg, 10 mg	60 tablets
SEREVENT DISKUS	1 package of 60

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
SEROQUEL 25 mg, 50 mg, 100 mg, 200 mg	90 tablets
SEROQUEL 300 mg, 400 mg	60 tablets
SEROQUEL XR 150 mg, 200 mg	30 tablets
SEROQUEL XR 50 mg, 300 mg, 400 mg	60 tablets
<i>sertraline 100 mg</i>	60 tablets
<i>sertraline 20 mg/mL</i>	300 mL
<i>sertraline 25 mg, 50 mg</i>	30 tablets
<i>simvastatin 20 mg</i>	60 tablets
<i>simvastatin 5 mg, 10 mg, 40 mg</i>	45 tablets
<i>simvastatin 80 mg</i>	30 tablets
SPIRIVA	30 capsules
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tablets
<i>stagesic 5-500 mg</i>	240 capsules
SUMATRIPTAN injection kit	12 doses/6 packages
SUMATRIPTAN injection vial 4 mg/0.5 mL	12 doses
<i>sumatriptan injection vial 6 mg/0.5 mL</i>	5 mL/2 packages
SUMATRIPTAN NASAL	12 units/2 packages
<i>sumatriptan tabs – all strengths</i>	18 tablets
SUTENT 12.5 mg, 25 mg, 50 mg	30 capsules
SYMBICORT	1 canister
<i>tamsulosin 0.4 mg</i>	60 capsules
TARCEVA 100 mg, 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg, 200 mg	120 capsules
TEKTURNA 150 mg, 300 mg	30 tablets
TEKTURNA HCT 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg	30 tablets
<i>terazosin 1 mg, 2 mg, 5 mg</i>	30 capsules
<i>terazosin 10 mg</i>	60 capsules
THALOMID 150 mg, 200 mg	60 capsules
THALOMID 50 mg, 100 mg	30 capsules
TOVIAZ all strengths	30 tablets
TRACLEER 62.5 mg, 125 mg	60 tablets
<i>tramadol hcl 50 mg</i>	240 tablets
<i>tramadol hcl SR 100 mg, 200 mg</i>	30 tablets
<i>tramadol/acetaminophen 37.5-325 mg</i>	240 tablets
TRICOR 145 mg	30 tablets
TRICOR 48 mg	60 tablets
TRILIPIX 135 mg	30 tablets
TRILIPIX 45 mg	60 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>trospium</i>	60 tablets
TYKERB 250 mg	180 tablets
TYSABRI 300 mg/15 mL	1 vial per 28 days
VALTURNA 150-160 mg, 300-320 mg	30 tablets
<i>venlafaxine 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	90 tablets
<i>venlafaxine ER capsules 37.5 mg, 150 mg</i>	30 capsules
<i>venlafaxine ER capsules 75 mg</i>	90 capsules
<i>venlafaxine ER tabs 37.5 mg, 150 mg</i>	30 tablets
<i>venlafaxine ER tabs 75 mg</i>	90 tablets
VENTOLIN HFA	2 canisters
VESICARE all strengths	30 tablets
<i>vicodin HP 10-660 mg</i>	180 tablets
VICTOZA 18 mg/3 mL 2 Pen Package	1 package of 2 pens
VICTOZA 18 mg/3 mL 3 Pen Package	1 package of 3 pens
VOLTAREN gel	10 tubes
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg, 10-20 mg, 10-40 mg	45 tablets
VYTORIN 10-80 mg	30 tablets
XENAZINE 12.5 mg	240 tablets
XENAZINE 25 mg	120 tablets
XYREM 500 mg/mL	540 mL
<i>zaleplon 5 mg, 10 mg</i>	30 capsules
<i>zerlor 712.8-60-32 mg</i>	150 tablets
ZETIA 10 mg	30 tablets
<i>zolpidem 5 mg, 10 mg</i>	30 tablets
ZOSTAVAX	1 vaccine per lifetime
ZYCLARA	56 packets per 8 weeks
ZYPREXA injection	90 vials
ZYPREXA RELPREVV 210 mg, 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
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DOXIL . . . . .	6	<i>erythromycin eye oint</i> . . . . .	18
<i>doxorubicin</i> . . . . .	6	<i>erythromycin gel, pads, soln</i> . . . . .	13
<i>doxycycline hyclate caps, for inj, tabs</i> . . . . .	2	ESTRACE vaginal crm . . . . .	15
<i>doxycycline hyclate tabs</i> . . . . .	12	ESTRADERM . . . . .	15
<i>doxycycline monohydrate caps, tabs</i> . . . . .	2	<i>estradiol/norethindrone acetate tabs</i> . . . . .	15
<i>dronabinol</i> . . . . .	4	<i>estradiol tabs, transdermal</i> . . . . .	15
DUREZOL eye emulsion . . . . .	18	<i>estropipate</i> . . . . .	15
DYNACIRC CR. . . . .	11	<i>ethambutol</i> . . . . .	5
<b>E</b>		<i>ethosuximide</i> . . . . .	3
<i>econazole crm</i> . . . . .	13	<i>etidronate disodium tabs</i> . . . . .	17
E.E.S granules . . . . .	2	ETIDRONATE DISODIUM tabs . . . . .	17
EFFIENT . . . . .	10	<i>etodolac</i> . . . . .	1, 5
ELAPRASE . . . . .	14	<i>etodolac ER</i> . . . . .	5
ELIGARD . . . . .	15	ETOPOPHOS . . . . .	6
ELITEK . . . . .	6	<i>etoposide inj</i> . . . . .	6
ELLA . . . . .	15	EVISTA . . . . .	15
ELSPAR . . . . .	6	EXELON oral soln, transdermal . . . . .	3
EMCYT . . . . .	16	<i>exemestane</i> . . . . .	16
EMEND caps . . . . .	4	EXFORGE . . . . .	11
EMSAM . . . . .	3	EXFORGE HCT . . . . .	11
EMTRIVA . . . . .	8	EXJADE . . . . .	4
<i>enalapril</i> . . . . .	11	<b>F</b>	
<i>enalapril/hydrochlorothiazide</i> . . . . .	11	FABRAZYME . . . . .	14
ENBREL . . . . .	16	<i>famciclovir</i> . . . . .	8
ENGERIX-B . . . . .	16	<i>famotidine for susp, inj, tabs</i> . . . . .	14
<i>enoxaparin inj</i> . . . . .	10	FANAPT tabs, titration pack . . . . .	8
ENTOCORT EC . . . . .	17	FARESTON . . . . .	16
EPIPEN . . . . .	19	FASLODEX . . . . .	16
EPIPEN-JR . . . . .	19	<i>fat emulsion IV soln</i> . . . . .	19
<i>epirubicin inj</i> . . . . .	6	FAZACLO . . . . .	8
EPIVIR . . . . .	8	FELBATOL . . . . .	3
EPIVIR-HBV . . . . .	8	<i>felodipine ER</i> . . . . .	11
<i>eplerenone</i> . . . . .	11	FEMARA . . . . .	16

<i>fenofibrate caps, tabs</i> . . . . .	11	<i>furosemide inj, oral soln, tabs</i> . . . . .	11
<i>fentanyl citrate oral lozenges</i> . . . . .	1	FUZEON . . . . .	8
<i>fentanyl transdermal</i> . . . . .	1	<b>G</b>	
<i>fexofenadine</i> . . . . .	19	<i>gabapentin</i> . . . . .	3
FINACEA gel . . . . .	13	GABITRIL . . . . .	3
<i>finasteride</i> . . . . .	14	<i>galantamine ER caps</i> . . . . .	3
FIRMAGON . . . . .	16	<i>galantamine oral soln, tabs</i> . . . . .	3
<i>flecainide</i> . . . . .	11	GAMMAGARD . . . . .	16
FLOVENT DISKUS . . . . .	19	GANCICLOVIR caps . . . . .	8
FLOVENT HFA . . . . .	19	<i>ganciclovir sodium for inj</i> . . . . .	8
<i>fluconazole for susp, tabs</i> . . . . .	4	GARDASIL . . . . .	16
<i>fluconazole inj in dextrose, inj in normal saline</i> . . . . .	4	GASTROCROM . . . . .	14
FLUCONAZOLE inj in normal saline . . . . .	4	GAUZE PADS 2" X 2" . . . . .	9
<i>fludarabine</i> . . . . .	6	<i>gemcitabine for inj</i> . . . . .	6
<i>fludrocortisone</i> . . . . .	15	<i>gemfibrozil</i> . . . . .	11
<i>flunisolide nasal spray</i> . . . . .	19	<i>gentamicin crm, oint</i> . . . . .	13
FLUNISOLIDE nasal spray . . . . .	19	<i>gentamicin eye oint, soln</i> . . . . .	18
FLUOCINOLONE crm . . . . .	13	<i>gentamicin inj, inj in saline</i> . . . . .	2
<i>fluocinonide crm, crm (emollient), gel, oint, soln</i> . . . . .	13	GENTAMICIN inj in saline . . . . .	2
<i>fluorometholone eye susp</i> . . . . .	18	GEODON caps, for inj . . . . .	8, 9
FLUOROPLEX . . . . .	13	GLEEVEC . . . . .	6
<i>fluorouracil crm, soln</i> . . . . .	13	<i>glimepiride</i> . . . . .	9
<i>fluorouracil inj</i> . . . . .	6	<i>glipizide</i> . . . . .	9
<i>fluoxetine</i> . . . . .	3	<i>glipizide ER</i> . . . . .	9
<i>fluoxetine DR</i> . . . . .	3	<i>glipizide/metformin</i> . . . . .	9
<i>fluphenazine decanoate</i> . . . . .	8	GLUCAGEN KIT . . . . .	9
FLUPHENAZINE elixir, inj, oral conc . . . . .	8	GLUCAGON EMERGENCY KIT . . . . .	9
<i>fluphenazine tabs</i> . . . . .	8	<i>glyburide</i> . . . . .	9
<i>flurbiprofen</i> . . . . .	5	GLYBURIDE (distributor of DiaBeta) . . . . .	9
<i>flurbiprofen eye soln</i> . . . . .	18	<i>glyburide/metformin</i> . . . . .	9
<i>flutamide</i> . . . . .	16	<i>glyburide micronized</i> . . . . .	9
<i>fluticasone crm, oint</i> . . . . .	13	<i>glycopyrrolate tabs</i> . . . . .	14
<i>fluticasone nasal spray</i> . . . . .	19	<i>granisetron tabs</i> . . . . .	4
<i>fluvoxamine</i> . . . . .	3	<i>griseofulvin</i> . . . . .	4
<i>fomepizole</i> . . . . .	4	GRIS-PEG . . . . .	4
FORADIL AEROLIZER . . . . .	19	<i>guanfacine</i> . . . . .	11
FORTAZ for inj, inj in dextrose . . . . .	2	GUANIDINE . . . . .	5
FORTEO . . . . .	17	<b>H</b>	
FOSCARNET . . . . .	8	HALAVEN . . . . .	6
<i>fosinopril</i> . . . . .	11	<i>halobetasol crm, oint</i> . . . . .	13
<i>fosinopril/hydrochlorothiazide</i> . . . . .	11	<i>haloperidol decanoate</i> . . . . .	8
<i>fosphenytoin inj</i> . . . . .	3		
FOSRENOL . . . . .	14		

<i>haloperidol inj, oral conc, tabs</i> . . . . .	8	<i>indapamide</i> . . . . .	11
HAVRIX . . . . .	16	<i>indomethacin</i> . . . . .	5
<i>heparin sodium inj, inj in dextrose</i> . . . . .	10	<i>indomethacin ER</i> . . . . .	5
HEPSERA . . . . .	8	INFANRIX . . . . .	16
HERCEPTIN . . . . .	6	INFERGEN . . . . .	16
HEXALEN . . . . .	6	INSULIN INJECTION DEVICE . . . . .	10
HIBERIX . . . . .	16	INSULIN INJECTION DEVICE/NOVOLIN . . . . .	10
HUMALOG . . . . .	9	INSULIN SYRINGE/NEEDLE . . . . .	10
HUMALOG MIX 50/50, 75/25 . . . . .	9	INTELENCE . . . . .	8
HUMIRA . . . . .	16	INTRON A . . . . .	6
HUMULIN 50/50, 70/30 . . . . .	9	INTUNIV . . . . .	12
HUMULIN N . . . . .	10	INVANZ for inj . . . . .	2
HUMULIN R U-100, U-500 . . . . .	10	INVEGA . . . . .	8
<i>hydralazine tabs</i> . . . . .	11	INVEGA SUSTENNA . . . . .	8
<i>hydrochlorothiazide caps, tabs</i> . . . . .	11	INVIRASE . . . . .	8
HYDROCHLOROTHIAZIDE tabs . . . . .	11	IPOL . . . . .	16
<i>hydrocodone/acetaminophen</i> . . . . .	1	<i>ipratropium nasal spray</i> . . . . .	19
<i>hydrocodone/ibuprofen</i> . . . . .	1	IRESSA . . . . .	6
<i>hydrocortisonel/acetic acid ear soln</i> . . . . .	18	<i>irinotecan</i> . . . . .	6
<i>hydrocortisone butyrate crm, oint, soln</i> . . . . .	13	ISENTRESS . . . . .	8
<i>hydrocortisone crm, lotn, oint, rectal crm</i> . . . . .	13	ISONIAZID inj . . . . .	5
<i>hydrocortisone enema</i> . . . . .	17	<i>isoniazid/rifampin</i> . . . . .	5
<i>hydrocortisone tabs</i> . . . . .	15	<i>isoniazid tabs</i> . . . . .	5
<i>hydrocortisone valerate crm, oint</i> . . . . .	13	<i>isosorbide dinitrate ER tabs</i> . . . . .	11
<i>hydromorphone inj</i> . . . . .	1	<i>isosorbide dinitrate SL tabs, tabs</i> . . . . .	11
<i>hydromorphone tabs</i> . . . . .	1	<i>isosorbide mononitrate</i> . . . . .	11
<i>hydroxychloroquine</i> . . . . .	7	<i>isosorbide mononitrate ER</i> . . . . .	11
<i>hydroxyurea</i> . . . . .	6	<i>isotretinoin caps</i> . . . . .	13
<i>hydroxyzine hcl syrup, tabs</i> . . . . .	4, 9, 19	<i>isradipine caps</i> . . . . .	11
<i>hydroxyzine pamoate caps</i> . . . . .	4, 9, 19	ISRADIPINE caps . . . . .	11
<b>I</b>		ISTALOL eye soln . . . . .	18
<i>ibuprofen</i> . . . . .	1, 5	ISTODAX . . . . .	6
<i>idarubicin</i> . . . . .	6	<i>itraconazole caps</i> . . . . .	4
IFEX for inj . . . . .	6	<i>iv fluids - generics</i> . . . . .	19
<i>ifosfamide for inj</i> . . . . .	6	IV FLUIDS - KCL/D5W/LACTATED RINGERS inj . . . . .	19
IFOSFAMIDE for inj . . . . .	6	IXEMPRA . . . . .	6
IFOSFAMIDE/MESNA . . . . .	6	IXIARO . . . . .	16
<i>imipramine hcl</i> . . . . .	3	<b>J</b>	
<i>imipramine pamoate</i> . . . . .	4	JANUMET . . . . .	10
<i>imiquimod crm</i> . . . . .	16	JANUVIA . . . . .	10
IMOVAX RABIES . . . . .	16	JE-VAX . . . . .	16
INCRELEX . . . . .	15	JEVTANA . . . . .	6

<b>K</b>		<i>lidocaine gel, oint</i> . . . . .	13
KALETRA . . . . .	8	<i>lidocaine local inj, topical soln</i> . . . . .	1
KANAMYCIN inj . . . . .	2	<i>lidocaine/prilocaine crm</i> . . . . .	1
KEPIVANCE . . . . .	6	<i>lidocaine viscous</i> . . . . .	1
<i>ketoconazole crm, shampoo</i> . . . . .	13	LIDODERM . . . . .	1
<i>ketoconazole tabs</i> . . . . .	4	<i>lindane lotn</i> . . . . .	7
<i>ketoprofen</i> . . . . .	1, 5	LINDANE shampoo . . . . .	7
<i>ketorolac eye soln</i> . . . . .	18	<i>liothyronine tabs</i> . . . . .	15
<i>ketorolac tabs</i> . . . . .	1	LIPITOR . . . . .	11
KINRIX . . . . .	16	LIPOFEN . . . . .	11
KOMBIGLYZE XR . . . . .	10	<i>lisinopril</i> . . . . .	11
KUVAN . . . . .	14	<i>lisinopril/hydrochlorothiazide</i> . . . . .	11
<b>L</b>		<i>lithium carbonate caps, tabs</i> . . . . .	9
<i>labetalol tabs</i> . . . . .	11	<i>lithium carbonate ER tabs</i> . . . . .	9
LACRISERT eye insert . . . . .	18	LITHIUM CITRATE oral soln . . . . .	9
<i>lactulose</i> . . . . .	14	LODOSYN . . . . .	7
LAMICTAL ODT . . . . .	3, 9	<i>loperamide caps</i> . . . . .	14
<i>lamotrigine chew tabs, tabs</i> . . . . .	3, 9	<i>losartan</i> . . . . .	11
<i>lansoprazole DR</i> . . . . .	14	<i>losartan/hydrochlorothiazide</i> . . . . .	11
LANTUS . . . . .	10	LOTEMAX eye susp . . . . .	18
<i>latanoprost eye soln</i> . . . . .	18	LOTRONEX . . . . .	14
LATUDA . . . . .	8	<i>lovastatin</i> . . . . .	11
<i>leflunomide</i> . . . . .	16	LOVAZA . . . . .	11
LETAIRIS . . . . .	11	LOVENOX . . . . .	10
<i>letrozole</i> . . . . .	16	<i>loxapine</i> . . . . .	8
LEUCOVORIN CALCIUM for inj, inj, tabs . . . . .	6	LUMIGAN eye soln . . . . .	18
<i>leucovorin calcium for inj, tabs</i> . . . . .	6	LUNESTA . . . . .	19
LEUKERAN . . . . .	6	LUPRON DEPOT . . . . .	16
LEUKINE . . . . .	10	LUPRON DEPOT-PED . . . . .	16
<i>leuprolide acetate inj</i> . . . . .	16	LYRICA . . . . .	3
LEVAQUIN oral soln . . . . .	2	LYSODREN . . . . .	16
LEVEMIR . . . . .	10	<b>M</b>	
<i>levetiracetam</i> . . . . .	3	MALARONE . . . . .	7
<i>levobunolol eye soln</i> . . . . .	18	<i>malathion lotn</i> . . . . .	7
LEVOBUNOLOL eye soln . . . . .	18	MAPROTILINE . . . . .	4
<i>levocarnitine oral soln, tabs</i> . . . . .	19	MARPLAN . . . . .	4
LEVORPHANOL tabs . . . . .	1	MATULANE . . . . .	6
<i>levothyroxine tabs (Levoxyl)</i> . . . . .	15	MAXALT . . . . .	5
<i>Levoxyl</i> . . . . .	15	MAXALT-MLT . . . . .	5
LEXIVA . . . . .	8	MEBENDAZOLE . . . . .	7
LIALDA . . . . .	17	<i>meclizine tabs</i> . . . . .	4
		<i>medroxyprogesterone inj, tabs</i> . . . . .	15

<i>mefloquine</i> . . . . .	7	<i>metronidazole caps, inj, tabs, vaginal gel</i> . . . . .	2
MEFOXIN inj in dextrose . . . . .	2	<i>metronidazole crm, gel, lotn</i> . . . . .	13
<i>megestrol susp, tabs</i> . . . . .	15	MEXILETINE . . . . .	11
<i>meloxicam tabs</i> . . . . .	5	<i>midodrine</i> . . . . .	11
<i>melphalan</i> . . . . .	6	MIGERGOT . . . . .	5
MENACTRA . . . . .	16	MIGRANAL . . . . .	5
MENOMUNE . . . . .	17	<i>minocycline caps, tabs</i> . . . . .	2
MENVEO . . . . .	17	<i>minoxidil tabs</i> . . . . .	11
<i>meprobamate</i> . . . . .	9	<i>mirtazapine</i> . . . . .	4
MEPRON . . . . .	7	<i>misoprostol</i> . . . . .	14
<i>mercaptopurine</i> . . . . .	6	<i>mitomycin for inj</i> . . . . .	6
<i>meropenem for IV</i> . . . . .	2	MITOMYCIN for inj . . . . .	6
<i>mesalamine enema</i> . . . . .	17	<i>mitoxantrone</i> . . . . .	6
<i>mesna inj</i> . . . . .	6	M-M-R II W/DILUENT . . . . .	16
MESNEX tabs . . . . .	6	<i>moexipril</i> . . . . .	11
MESTINON syrup . . . . .	5	<i>moexipril hydrochlorothiazide</i> . . . . .	11
MESTINON TIMESPAN . . . . .	5	<i>mometasone crm, lotn, oint</i> . . . . .	13
<i>metaproterenol syrup</i> . . . . .	19	<i>morphine sulfate ER tabs</i> . . . . .	1
<i>metformin</i> . . . . .	10	<i>morphine sulfate inj</i> . . . . .	1
<i>metformin ER</i> . . . . .	10	MORPHINE SULFATE oral soln, tabs . . . . .	1
<i>methadone tabs</i> . . . . .	1	MOXEZA eye soln . . . . .	18
<i>methazolamide</i> . . . . .	11	MULTAQ . . . . .	11
<i>methenamine hippurate tabs</i> . . . . .	2	<i>mupirocin oint</i> . . . . .	13
METHERGINE tabs . . . . .	15	MUSTARGEN . . . . .	6
<i>methimazole</i> . . . . .	16	MYCAMINE . . . . .	4
<i>methocarbamol tabs</i> . . . . .	19	MYCOBUTIN . . . . .	5
METHOTREXATE for inj . . . . .	6	<i>mycophenolate mofetil caps, tabs</i> . . . . .	17
<i>methotrexate inj</i> . . . . .	6	MYFORTIC . . . . .	17
<i>methotrexate tabs</i> . . . . .	6	MYOZYME . . . . .	14
<i>methscopolamine</i> . . . . .	14		
<i>methyl dopa</i> . . . . .	11	<b>N</b>	
<i>methylphenidate ER tabs</i> . . . . .	12	<i>nabumetone</i> . . . . .	5
<i>methylphenidate tabs</i> . . . . .	12	<i>nadolol tabs</i> . . . . .	11
<i>methylprednisolone sodium succinate for inj</i> . . . . .	15	NAFCILLIN for inj, for IV . . . . .	2
<i>methylprednisolone tabs</i> . . . . .	15	NAGLAZYME . . . . .	14
<i>metipranolol eye soln</i> . . . . .	18	NALOXONE inj . . . . .	4
<i>metoclopramide inj, oral soln, tabs</i> . . . . .	4	<i>naltrexone tabs</i> . . . . .	4
<i>metolazone</i> . . . . .	11	NAMENDA . . . . .	3
<i>metoprolol hydrochlorothiazide tabs</i> . . . . .	11	<i>naphazoline eye soln</i> . . . . .	18
<i>metoprolol succinate ER</i> . . . . .	11	<i>naproxen</i> . . . . .	1, 5
<i>metoprolol tartrate tabs</i> . . . . .	11	<i>naproxen DR</i> . . . . .	5
METROGEL 1% . . . . .	13	<i>naproxen sodium</i> . . . . .	1, 5
METRO IV . . . . .	2	<i>naratriptan</i> . . . . .	5

NARDIL . . . . .	4	NUVIGIL . . . . .	12
NASONEX . . . . .	19	<i>nystatin crm, oint, topical powder</i> . . . . .	13
NATACYN eye susp . . . . .	18	<i>nystatin susp, tabs</i> . . . . .	4
<i>nateglinide</i> . . . . .	10	<i>nystatin/triamcinolone crm, oint</i> . . . . .	13
NEFAZODONE . . . . .	4	<b>O</b>	
<i>neomycin/polymyxin B/bacitracin eye oint</i> . . . . .	18	<i>octreotide inj</i> . . . . .	14
NEOMYCIN/POLYMYXIN B/BACITRACIN/ HYDROCORTISONE eye oint . . . . .	18	<i>ofloxacin ear soln</i> . . . . .	18
<i>neomycin/polymyxin B/dexamethasone eye oint, susp</i> . . . . .	18	<i>ofloxacin eye soln</i> . . . . .	18
<i>neomycin/polymyxin B/gramicidin eye soln</i> . . . . .	18	<i>ofloxacin tabs</i> . . . . .	2
<i>neomycin/polymyxin B GU irrigation soln</i> . . . . .	14	OLEPTRO . . . . .	4
<i>neomycin/polymyxin B/hydrocortisone ear soln, susp</i> . . . . .	18	<i>omeprazole DR caps</i> . . . . .	14
<i>neomycin sulfate tabs</i> . . . . .	2	OMNITROPE . . . . .	15
NEULASTA . . . . .	10	<i>ondansetron inj</i> . . . . .	4
NEUMEGA . . . . .	10	<i>ondansetron ODT, oral soln, tabs</i> . . . . .	4
NEUPOGEN . . . . .	10	ONGLYZA . . . . .	10
NEVANAC eye susp . . . . .	18	ONTAK . . . . .	7
NEXAVAR . . . . .	6	ORACEA caps . . . . .	13
NEXIUM . . . . .	14	<i>oral contraceptives - all generics</i> . . . . .	15
NEXIUM I.V. . . . .	14	ORAP . . . . .	8
NIASPAN . . . . .	11	ORAVIG . . . . .	4
<i>nicardipine caps</i> . . . . .	11	ORFADIN . . . . .	14
NICOTROL NS nasal spray . . . . .	4	ORTHOCLONE OKT3 . . . . .	17
<i>nifedipine ER tabs</i> . . . . .	11	<i>oxaliplatin</i> . . . . .	7
NILANDRON . . . . .	16	<i>oxandrolone tabs</i> . . . . .	15
<i>nisoldipine ER tabs</i> . . . . .	12	<i>oxaprozin</i> . . . . .	5
NITRO-BID oint . . . . .	12	<i>oxcarbazepine</i> . . . . .	3
<i>nitrofurantoin macrocrystalline caps</i> . . . . .	2	OXSORALEN ULTRA caps . . . . .	13
<i>nitrofurantoin monohydrate/macrocrystalline caps</i> . . . . .	2	<i>oxybutynin</i> . . . . .	14
<i>nitroglycerin transdermal</i> . . . . .	12	<i>oxybutynin ER</i> . . . . .	14
NITROMIST spray . . . . .	12	<i>oxycodone</i> . . . . .	1
NITROSTAT SL tabs . . . . .	12	<i>oxycodone/acetaminophen</i> . . . . .	1
<i>nizatidine caps</i> . . . . .	14	<i>oxycodone/aspirin</i> . . . . .	1
<i>norethindrone acetate</i> . . . . .	15	OXYCONTIN . . . . .	1
NORPACE CR caps . . . . .	12	<b>P</b>	
<i>nortriptyline</i> . . . . .	4	<i>paclitaxel inj</i> . . . . .	7
NORVIR . . . . .	8	PANRETIN . . . . .	7, 13
NOVOLIN 70/30 . . . . .	10	<i>pantoprazole DR tabs</i> . . . . .	14
NOVOLIN N . . . . .	10	<i>paromomycin</i> . . . . .	7
NOVOLIN R . . . . .	10	<i>paroxetine hcl ER tabs</i> . . . . .	4, 9
NOVOLOG . . . . .	10	<i>paroxetine hcl susp, tabs</i> . . . . .	4, 9
NOVOLOG MIX 70/30 . . . . .	10	PASER . . . . .	5
NOXAFIL . . . . .	4		

PATADAY eye soln . . . . .	18	<i>prazosin</i> . . . . .	14
PATANASE . . . . .	19	<i>prednicarbate crm, oint</i> . . . . .	13
PATANOL eye soln . . . . .	18	<i>prednisolone acetate eye susp</i> . . . . .	18
PEDVAX HIB . . . . .	17	<i>prednisolone sodium phosphate oral soln</i> . . . . .	15
<i>peg 3350/kcl/sod bicarb/nacl for soln</i> . . . . .	14	<i>prednisolone syrup</i> . . . . .	15
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i> . . . . .	14	PREDNISONE oral soln, tabs . . . . .	15
PEGANONE . . . . .	3	<i>prednisone tabs</i> . . . . .	15
PEGASYS . . . . .	17	PREMARIN tabs . . . . .	15
PEG-INTRON . . . . .	17	PREMARIN VAGINAL crm . . . . .	15
<i>penicillin g potassium for inj</i> . . . . .	2	PREMPHASE . . . . .	15
PENICILLIN G POTASSIUM inj in dextrose . . . . .	2	PREMPRO . . . . .	15
PENICILLIN G SODIUM for inj . . . . .	2	PREVPAC . . . . .	2, 14
<i>penicillin v potassium for oral soln, tabs</i> . . . . .	2	PREZISTA . . . . .	8
PENNSAID . . . . .	5	PRIFTIN . . . . .	5
PENTACEL . . . . .	17	PRIMAQUINE . . . . .	7
PENTAM 300 . . . . .	7	PRIMAXIN . . . . .	2
PENTASA . . . . .	17	<i>primidone</i> . . . . .	3
<i>pentostatin</i> . . . . .	7	PRISTIQ . . . . .	4
<i>pentoxifylline ER</i> . . . . .	10	PROAIR HFA . . . . .	19
<i>perindopril</i> . . . . .	12	<i>probenecid</i> . . . . .	5
<i>permethrin</i> . . . . .	7	<i>probenecid/colchicine</i> . . . . .	5
<i>perphenazine</i> . . . . .	8	<i>prochlorperazine inj, supp, tabs</i> . . . . .	4
PERPHENAZINE/AMITRIPTYLINE . . . . .	4	PROCRIT . . . . .	10
<i>phenelzine</i> . . . . .	4	PROGLYCEM . . . . .	10
<i>phenytoin sodium extended caps</i> . . . . .	3	PROGRAF inj . . . . .	17
<i>phenytoin susp</i> . . . . .	3	PROLASTIN . . . . .	19
PHOSPHOLINE IODIDE eye soln . . . . .	18	PROLEUKIN . . . . .	7
<i>pilocarpine tabs</i> . . . . .	12	PROMACTA . . . . .	10
PINDOLOL . . . . .	12	<i>promethazine/phenylephrine syrup</i> . . . . .	19
<i>piperacillin/tazobactam for inj</i> . . . . .	2	<i>promethazine supp, syrup, tabs</i> . . . . .	4, 19
<i>piroxicam</i> . . . . .	5	<i>propafenone</i> . . . . .	12
PLAVIX tabs . . . . .	10	<i>propafenone ER caps</i> . . . . .	12
<i>podofilox soln</i> . . . . .	13	<i>propranolol ER caps</i> . . . . .	5, 12
<i>polyethylene glycol 3350 oral powder</i> . . . . .	14	<i>propranolol tabs</i> . . . . .	5, 12
<i>polymyxin B/trimethoprim eye soln</i> . . . . .	18	<i>propylthiouracil</i> . . . . .	16
<i>potassium chloride ER caps</i> . . . . .	19	PROQUAD . . . . .	17
<i>potassium chloride ER tabs</i> . . . . .	19	PROTOPIC . . . . .	17
<i>potassium citrate ER</i> . . . . .	14	<i>protriptyline</i> . . . . .	4
PRADAXA . . . . .	10	PROVIGIL . . . . .	12
<i>pramipexole</i> . . . . .	7	PULMOZYME . . . . .	19
PRANDIN . . . . .	10	PYLERA . . . . .	14
<i>pravastatin</i> . . . . .	12	<i>pyrazinamide</i> . . . . .	5

pyridostigmine . . . . . 5

## Q

quinapril . . . . . 12

quinapril hydrochlorothiazide . . . . . 12

quinidine gluconate ER . . . . . 12

quinidine sulfate . . . . . 12

QVAR INHALER . . . . . 19

## R

RABAVERT . . . . . 17

ramipril . . . . . 12

RANEXA . . . . . 12

ranitidine caps, syrup, tabs . . . . . 14

RAPAFLO . . . . . 14

RAPAMUNE . . . . . 17

REBETOL oral soln . . . . . 8

RECOMBIVAX HB . . . . . 17

RELISTOR . . . . . 14

REMICADE . . . . . 14

REMODULIN . . . . . 12

REVELA . . . . . 14

RESCRIPTOR . . . . . 8

RESTASIS eye emulsion . . . . . 18

RETROVIR IV . . . . . 8

REVATIO tabs . . . . . 12

REVLIMID\* . . . . . 7

REYATAZ . . . . . 9

RIBASPHERE RIBAPAK . . . . . 9

RIBASPHERE tabs . . . . . 9

ribavirin . . . . . 9

RIDAURA . . . . . 17

rifampin . . . . . 5

RILUTEK . . . . . 12

rimantadine . . . . . 9

RISPERDAL CONSTA . . . . . 8, 9

RISPERIDONE ODT . . . . . 8, 9

risperidone ODT, oral soln, tabs . . . . . 8, 9

RITUXAN . . . . . 7

rivastigmine caps . . . . . 3

ropinirole . . . . . 7

ROTARIX . . . . . 17

ROTATEQ . . . . . 17

## S

SABRIL . . . . . 3

SANCTURA XR . . . . . 14

SANTYL oint. . . . . 13

SAPHRIS . . . . . 8

selegiline . . . . . 8

selenium sulfide lotn/shampoo . . . . . 13

SELZENTRY . . . . . 9

SENSIPAR . . . . . 16

SEREVENT DISKUS . . . . . 19

SEROMYCIN . . . . . 5

SEROQUEL . . . . . 8, 9

SEROQUEL XR . . . . . 8, 9

sertraline . . . . . 4, 9

silver sulfadiazine crm . . . . . 13

SIMULECT . . . . . 17

simvastatin . . . . . 12

SINGULAIR . . . . . 19

sodium chloride irrigation . . . . . 13

sodium polystyrene sulfonate . . . . . 4

SOLARAZE gel . . . . . 13

SOMATULINE DEPOT . . . . . 16

SOMAVERT . . . . . 16

SORIATANE caps . . . . . 13

sotalol AF tabs . . . . . 12

sotalol tabs . . . . . 12

SPIRIVA HANDIHALER . . . . . 19

spironolactone . . . . . 12

spironolactone/hydrochlorothiazide tabs . . . . . 12

SPRYCEL . . . . . 7

STALEVO . . . . . 8

stavudine . . . . . 9

STIMATE . . . . . 15

STREPTOMYCIN for inj. . . . . 2

STROMECTOL . . . . . 7

SUBOXONE . . . . . 1

sucralfate tabs . . . . . 14

sulfacetamide sodium eye soln . . . . . 18

sulfacetamide sodium lotn . . . . . 13

sulfacetamide sodium/prednisolone eye soln . . . . . 18

SULFADIAZINE tabs . . . . . 2

SULFAMETHOXAZOLE/TRIMETHOPRIM inj. . . . . 2

sulfamethoxazole/trimethoprim susp, tabs . . . . . 2

<i>sulfasalazine</i> . . . . .	17	TETANUS/DIPHTHERIA ADSORBED adult . . . . .	17
<i>sulfasalazine DR</i> . . . . .	17	TETANUS TOXOID ADSORBED . . . . .	17
<i>sulindac</i> . . . . .	5	<i>tetracycline caps.</i> . . . .	2
<i>sumatriptan inj, tabs</i> . . . . .	5	THALOMID . . . . .	7, 17
SUMATRIPTAN nasal spray, syringe cartridge . . . . .	5	THEOPHYLLINE ER tabs, 12 hr. . . . .	19
SUPRAX tabs. . . . .	2	<i>theophylline ER tabs, 12 hr, 24 hr</i> . . . . .	19
SURMONTIL . . . . .	4	<i>thioridazine</i> . . . . .	8
SUSTIVA. . . . .	9	THIOTEPA . . . . .	7
SUTENT . . . . .	7	<i>thiothixene</i> . . . . .	8
SYLATRON . . . . .	7	THYMOGLOBULIN . . . . .	17
SYMBICORT INHALER. . . . .	19	TIKOSYN . . . . .	12
SYMLIN . . . . .	10	TIMENTIN for inj, inj. . . . .	3
SYNAGIS . . . . .	17	<i>timolol maleate eye soln.</i> . . . .	18
SYNAREL. . . . .	16	<i>timolol maleate gel-forming eye soln.</i> . . . .	18
SYNERCID. . . . .	2	TIMOLOL tabs . . . . .	5, 12
SYPRINE . . . . .	4	<i>tizanidine tabs.</i> . . . .	8
<b>T</b>		TOBI . . . . .	3
TABLOID. . . . .	7	TOBRADEX eye oint . . . . .	18
<i>tacrolimus caps.</i> . . . .	17	<i>tobramycin/dexamethasone eye susp.</i> . . . .	18
TAMIFLU . . . . .	9	<i>tobramycin eye soln</i> . . . . .	18
<i>tamoxifen</i> . . . . .	16	<i>tobramycin for inj, inj.</i> . . . .	3
<i>tamsulosin</i> . . . . .	14	TOBRAMYCIN inj in saline, IV . . . . .	3
TARCEVA . . . . .	7	<i>tolmetin sodium</i> . . . . .	5
TARGRETIN caps . . . . .	7	<i>topiramate</i> . . . . .	3, 5
TARGRETIN gel. . . . .	13	<i>topotecan for inj</i> . . . . .	7
TASIGNA . . . . .	7	TOPOTECAN inj. . . . .	7
TASMAR. . . . .	8	TORISEL. . . . .	7
TAXOTERE. . . . .	7	<i>torseamide tabs</i> . . . . .	12
TAZICEF inj in dextrose . . . . .	2	TOVIAZ . . . . .	15
TAZORAC crm, gel . . . . .	13	TRACLEER* . . . . .	12
TEFLARO . . . . .	2	<i>tramadol</i> . . . . .	1
TEGRETOL-XR 100 mg . . . . .	3	<i>tramadol/acetaminophen</i> . . . . .	1
TEKTURNA . . . . .	12	<i>tramadol ER</i> . . . . .	1
TEKTURNA HCT . . . . .	12	<i>trandolapril</i> . . . . .	12
TEMODAR for inj . . . . .	7	<i>tranylcypromine</i> . . . . .	4
<i>terazosin</i> . . . . .	14	TRAVATAN Z eye soln . . . . .	18
<i>terbinafine tabs</i> . . . . .	4	<i>trazodone</i> . . . . .	4
<i>terbutaline tabs</i> . . . . .	19	TREANDA. . . . .	7
<i>terconazole</i> . . . . .	4	TRECTOR . . . . .	5
TESTIM. . . . .	15	TRELSTAR. . . . .	16
<i>testosterone cypionate</i> . . . . .	15	TRELSTAR DEPOT MIXJECT . . . . .	16
<i>testosterone enanthate</i> . . . . .	15	TRELSTAR LA . . . . .	16

TRELSTAR LA MIXJECT . . . . .	16	VANCOMYCIN inj in dextrose . . . . .	3
TRETINOIN caps . . . . .	7	VAQTA . . . . .	17
<i>tretinoin crm, gel</i> . . . . .	13	VARIVAX . . . . .	17
<i>triamcinolone acetonide paste</i> . . . . .	12	VECTIBIX . . . . .	7
<i>triamcinolone crm, lotn, oint</i> . . . . .	13	VECTICAL . . . . .	13
TRIAMCINOLONE oint . . . . .	13	VELCADE . . . . .	7
<i>triamterene/hydrochlorothiazide caps, tabs</i> . . . . .	12	<i>venlafaxine ER caps</i> . . . . .	4
TRICOR . . . . .	12	<i>venlafaxine ER tabs</i> . . . . .	4
<i>trifluoperazine</i> . . . . .	8	<i>venlafaxine tabs</i> . . . . .	4
<i>trifluridine eye soln</i> . . . . .	18	VENTOLIN HFA . . . . .	19
<i>trihexyphenidyl</i> . . . . .	8	<i>verapamil ER caps, ER tabs</i> . . . . .	12
TRILIPIX . . . . .	12	<i>verapamil tabs</i> . . . . .	12
<i>trimethoprim tabs</i> . . . . .	3	VESICARE . . . . .	15
TRIPEDIA . . . . .	17	VFEND . . . . .	4
TRISENOX . . . . .	7	VFEND IV . . . . .	5
TRIZIVIR . . . . .	9	VICTOZA . . . . .	10
<i>tropicamide eye soln</i> . . . . .	18	VIDAZA . . . . .	7
<i>trospium</i> . . . . .	15	VIDEX for soln . . . . .	9
TRUVADA . . . . .	9	VIGAMOX eye soln . . . . .	18
TWINRIX . . . . .	17	VIMPAT . . . . .	3
TYGACIL . . . . .	3	VINBLASTINE . . . . .	7
TYKERB . . . . .	7	<i>vincristine</i> . . . . .	7
TYPHIM VI . . . . .	17	<i>vinorelbine</i> . . . . .	7
TYSABRI* . . . . .	17	VIRACEPT . . . . .	9
TYZEKA . . . . .	9	VIRAMUNE . . . . .	9
TYZINE . . . . .	19	VIRAMUNE XR . . . . .	9
TYZINE PEDIATRIC . . . . .	19	VIREAD . . . . .	9
<b>U</b>		VISTIDE . . . . .	9
ULESFIA . . . . .	7	VIVELLE-DOT . . . . .	15
<i>urea/hydrocortisone acetate crm</i> . . . . .	13	VIVITROL . . . . .	4
<i>ursodiol caps</i> . . . . .	14	VOLTAREN GEL . . . . .	5
UVADEX . . . . .	7	<i>voriconazole tabs</i> . . . . .	5
<b>V</b>		VOTRIENT . . . . .	7
VAGIFEM . . . . .	15	VPRIV . . . . .	14
<i>valacyclovir</i> . . . . .	9	VYTORIN . . . . .	12
VALCYTE . . . . .	9	<b>W</b>	
<i>valproate inj</i> . . . . .	3	<i>warfarin tabs</i> . . . . .	10
<i>valproic acid</i> . . . . .	3	<i>water for irrigation</i> . . . . .	14
VALTURNA . . . . .	12	WELCHOL . . . . .	12
VANCOGIN caps . . . . .	3	<b>X</b>	
<i>vancomycin for inj</i> . . . . .	3	XENAZINE . . . . .	12

XIFAXAN tabs. ....	3
XOLAIR. ....	17
XYREM* ....	12

**Y**

YERVOY. ....	7
YF-VAX. ....	17

**Z**

<i>zafirlukast</i> ....	19
<i>zaleplon</i> . ....	19
ZANOSAR ....	7
ZAVESCA. ....	14
ZEMPLAR caps, inj ....	17
ZENPEP ....	14
ZETIA ....	12
ZIAGEN. ....	9
<i>zidovudine</i> . ....	9
ZINACEF inj in dextrose, inj in sterile water ....	3
ZOLINZA. ....	7
<i>zolpidem</i> ....	19
ZOMETA. ....	17
<i>zonisamide</i> ....	3
ZORTRESS ....	17
ZOSTAVAX. ....	17
ZOSYN IV in dextrose ....	3
ZOVIRAX oint. ....	14
ZYCLARA. ....	17
ZYPREXA. ....	8, 9
ZYPREXA RELPREVV. ....	8
ZYPREXA ZYDIS. ....	8, 9
ZYVOX ....	3







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