



# Aetna Medicare

## 2010 Formulary (List of Covered Drugs)

**PLEASE READ:**

This document contains  
information about the drugs  
we cover in this plan

M0001\_M\_PE\_MM\_90647  
S5810\_M\_PE\_MM\_90647

We want you to know<sup>®</sup>

 **Aetna<sup>®</sup> Medicare**

**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.**

FID: 10232 Version: 18  
Last Updated September 2009

---

## What is the Aetna Medicare formulary?

A formulary is a list of covered drugs selected by Aetna Medicare 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. Aetna Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 2009. To get updated information about the drugs covered by Aetna Medicare, please visit our website at [www.aetnamedicare.com](http://www.aetnamedicare.com) or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 7 days a week, 8 am to 8 pm. TTY/TDD users should call 1-888-760-4748.

In the event of CMS-approved mid-year non-maintenance formulary changes, an update sheet will be mailed to members as an insert to this printed formulary.

## How do I use the formulary?

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

### Medical condition

The formulary begins on page 7. 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 — Heart, Blood Pressure and Cholesterol Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 67. 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?

Aetna Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Aetna Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare before you fill your prescriptions. If you don't get approval, Aetna Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Aetna Medicare limits the amount of the drug that Aetna Medicare will cover. For example, Aetna Medicare provides 1 tablet per day per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Aetna Medicare 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, Aetna Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at [www.aetnamedicare.com](http://www.aetnamedicare.com).

You can ask Aetna Medicare to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 4 for information about how to request an exception.

## What if my drug is not on the formulary?

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

- You can ask Member Services for a list of similar drugs that are covered by Aetna Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Aetna Medicare.
- You can ask Aetna Medicare to make an exception and cover your drug. See page 4 for information about how to request an exception.

## How do I request an exception to the Aetna Medicare formulary?

You can ask Aetna Medicare 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, Aetna Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost/unique drug tier.

Generally, Aetna Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 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 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 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 31-day supply) for the applicable drug(s) and cost-sharing.

## For more information

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

If you have questions about Aetna Medicare, please call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 7 days a week, 8 am to 8 pm. TTY/TDD users should call 1-888-760-4748. Or, visit [www.aetnamedicare.com](http://www.aetnamedicare.com).

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

## Aetna Medicare's formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Aetna Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 67.

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

The information in the Notes column tells you if Aetna Medicare has any special requirements for coverage of your drug. The following abbreviations are used:

- QL** = Quantity Limits
- PR** = Precertification
- ST** = Step Therapy
- LD\*** = Limited Distribution

\* These prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 7 days a week, 8 am to 8 pm TTY/TDD users should call 1-888-760-4748.

**Note:** The Aetna Medicare Rx Plus<sup>®</sup>, Aetna Medicare Rx<sup>®</sup> – Costco Plus, and Aetna Medicare Rx Premier<sup>®</sup> PDP plans include coverage for generic benzodiazepines and barbiturates as an enhanced benefit. These drugs are listed in the chart beginning on page 65.

## Drug tier copay levels

Aetna Medicare's 2010 formulary covers most drugs identified by Medicare as Part D drugs. Your copay may differ depending upon the tier at which the drug resides.

Non-specialty generic drugs are covered at lower copays than non-specialty brand name drugs. Specialty tier generic and brand name prescription drugs are always on the highest tier. You will be able to determine if a drug is a generic if it is in lower-case italic type. Brand name drugs will appear in upper-case bold type.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult the Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay Tier	Type of Drug
Tier 1 ( <i>Lowest Copay Amount</i> )	Preferred generic prescription drugs
Tier 2	Non-preferred generic prescription drugs
Tier 3	Preferred brand name prescription drugs
Tier 4	Non-preferred brand name prescription drugs
Tier 5	Specialty tier brand name and generic prescription drugs

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> =	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications	Copay tier level	<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

## Preferred Drug List

Drug Name	Copay Tier	Notes	QL/Days
<b>ALCOHOL, SMOKING DETERRENTS AND ANTIDOTES</b>			
<b>ANTABUSE</b>	4		
<i>bupropion hcl sr</i>	1	QL	2 /1 day(s)
<b>CAMPRAL</b>	4		
<b>CHANTIX</b>	4	ST QL	2 /1 day(s)
<b>CUPRIMINE</b>	3		
<i>depade</i>	2		
<b>DEPEN TITRATABS</b>	4		
<b>EXJADE</b>	5		
<i>fomepizole</i>	5		
<i>kionex</i>	2		
<i>naloxone</i>	1		
<i>naltrexone</i>	2		
<b>NICOTROL</b>	4		
<i>sodium polystyrene sulfonate</i>	2		
<i>sps</i>	2		
<b>SYPRINE</b>	4		
<b>ANALGESICS — PAIN DRUGS</b>			
<i>astramorph</i>	1	PR	
<i>buprenorphine</i>	1		
<i>butorphanol</i>	2	QL	50 /30 day(s)
<i>butorphanol inj</i>	1		
<b>CAPITAL/CODEINE</b>	4	ST QL	166.7 /1 day(s)
<i>cocet</i>	2	QL	6 /1 day(s)
<i>codeine and acetaminophen solution</i>	1	QL	166.7 /1 day(s)
<i>codeine and acetaminophen tablet</i>	1	QL	13 /1 day(s)
<i>codeine, acetaminophen, butalbital and caffeine</i>	2	QL	6 /1 day(s)
<i>codeine, aspirin, butalbital and caffeine</i>	2	QL	6 /1 day(s)
<i>co-gesic</i>	1	QL	8 /1 day(s)
<b>DARVON-N</b>	4	PR ST QL	6 /1 day(s)
<i>dihydrocodeine/acetaminophen/caffeine</i>	2	QL	5 /1 day(s)
<i>duramorph</i>	1	PR	

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<b>EMBEDA 100-4, 80-3.2MG</b>	5	ST QL	2 /1 day(s)
<i>endocet 10-650mg</i>	1	QL	6 /1 day(s)
<i>endocet 5-325, 7.5-325, 10-325mg</i>	1	QL	12 /1 day(s)
<i>endocet 7.5-500mg</i>	1	QL	8 /1 day(s)
<i>endodan</i>	2	QL	12 /1 day(s)
<i>fentanyl inj</i>	1		
<i>fentanyl ot lozenge</i>	5	PR QL	4 /1 day(s)
<i>fentanyl patch</i>	2	QL	20 /30 day(s)
<b>FENTORA</b>	5	PR ST QL	8 /1 day(s)
<i>hydrocodone and acetaminophen 2.5-500, 5-500, 7.5-500, 10-500mg</i>	1	QL	8 /1 day(s)
<i>hydrocodone and acetaminophen 5-325, 7.5-325, 10-325mg</i>	1	QL	12 /1 day(s)
<i>hydrocodone and acetaminophen 7.5-650, 10-650, 10-660mg</i>	1	QL	6 /1 day(s)
<i>hydrocodone and acetaminophen 7.5-750, 10-750mg</i>	1	QL	5 /1 day(s)
<i>hydrocodone and acetaminophen solution 7.5-500/15ml</i>	1	QL	120 /1 day(s)
<i>hydrocodone and acetaminophen solution 10-325/15ml</i>	1	QL	185 /1 day(s)
<i>hydrocodone and ibuprofen</i>	1	QL	5 /1 day(s)
<i>hydromorphone 2mg</i>	1	QL	16 /1 day(s)
<i>hydromorphone 4, 8mg</i>	1	QL	8 /1 day(s)
<i>hydromorphone inj</i>	1		
<b>KADIAN</b>	3	QL	2 /1 day(s)
<i>levorphanol</i>	2	QL	6 /1 day(s)
<b>MAGNACET</b>	4	ST QL	10 /1 day(s)
<i>margesic-h</i>	1	QL	8 /1 day(s)
<i>meperidine inj</i>	1	PR	
<i>meperidine solution</i>	1	PR QL	40 /1 day(s)
<i>meperidine tablets</i>	1	PR QL	4 /1 day(s)
<i>methadone concentrate</i>	1	QL	20 /1 day(s)
<i>methadone inj</i>	2		
<i>methadone solution</i>	2	QL	100 /1 day(s)
<i>methadone tablet for suspension</i>	2	PR QL	2 /1 day(s)
<i>methadone tablets</i>	1	QL	20 /1 day(s)

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>methadose</i>	1	QL	20 /1 day(s)
<i>morphine sulfate</i>	1	QL	6 /1 day(s)
<i>morphine sulfate er</i>	2	QL	3 /1 day(s)
<i>morphine sulfate inj</i>	1	PR	
<i>morphine sulfate solution</i>	1	QL	45 /1 day(s)
<i>nalbuphine</i>	2		
<b>ONSOLIS</b>	5	PR ST QL LD	4 /1 day(s)
<b>ONSOLIS 200MCG</b>	5	PR ST QL LD	8 /1 day(s)
<b>OPANA ER</b>	3	QL	2 /1 day(s)
<b>OPANA ER 40MG</b>	3	QL	4 /1 day(s)
<i>oxycodone 15, 30mg</i>	1	QL	6 /1 day(s)
<i>oxycodone 5mg</i>	1	QL	12 /1 day(s)
<i>oxycodone and acetaminophen 10-650mg</i>	1	QL	6 /1 day(s)
<i>oxycodone and acetaminophen 2.5-325mg</i>	2	QL	12 /1 day(s)
<i>oxycodone and acetaminophen 5-325, 7.5-325, 10-325mg</i>	1	QL	12 /1 day(s)
<i>oxycodone and acetaminophen 5-500, 7.5-500mg</i>	1	QL	8 /1 day(s)
<i>oxycodone and aspirin</i>	2	QL	12 /1 day(s)
<i>oxycodone and ibuprofen</i>	2	QL	4 /1 day(s)
<i>oxycodone er 10, 20, 40mg</i>	2	QL	4 /1 day(s)
<i>oxycodone er 80mg</i>	5	QL	4 /1 day(s)
<b>OXYCONTIN</b>	3	QL	4 /1 day(s)
<i>pentazocine and acetaminophen</i>	1	PR QL	6 /1 day(s)
<i>pentazocine and naloxone</i>	2	PR QL	12 /1 day(s)
<b>PRIALT</b>	5	PR	
<i>propoxyphene hydrochloride</i>	1	PR QL	6 /1 day(s)
<i>propoxyphene hydrochloride and acetaminophen tablets</i>	1	QL	6 /1 day(s)
<i>propoxyphene napsylate and acetaminophen 100-500mg</i>	1	PR QL	8 /1 day(s)
<i>propoxyphene napsylate and acetaminophen 100-650mg</i>	1	PR QL	6 /1 day(s)
<i>propoxyphene napsylate and acetaminophen 5-325mg</i>	1	PR QL	12 /1 day(s)
<i>reprexain</i>	1	QL	5 /1 day(s)
<i>roxicet 5-325mg</i>	1	QL	12 /1 day(s)

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>roxicet 5-500mg</i>	2	QL	8 /1 day(s)
<i>roxicet solution</i>	2	QL	60 /1 day(s)
<i>stagesic</i>	1	QL	8 /1 day(s)
<b>SUBOXONE</b>	4	PR	
<b>SUBUTEX</b>	4	PR	
<b>TALWIN</b>	4	PR	
<i>tramadol</i>	1	QL	8 /1 day(s)
<i>tramadol and acetaminophen</i>	1	QL	8 /1 day(s)
<i>trezix</i>	2	QL	11 /1 day(s)
<i>vanacet</i>	1	QL	8 /1 day(s)
<i>vicodin hp</i>	1	QL	6 /1 day(s)
<i>zerlor</i>	2	QL	5 /1 day(s)
<b>ANESTHETIC DRUGS</b>			
<i>anestacon gel</i>	1		
<i>lidocaine</i>	1		
<i>lidocaine and prilocaine</i>	1		
<i>lidocaine prefill syringe</i>	2		
<b>LIDODERM</b>	3	PR ST QL	3 /1 day(s)
<b>ANTI-ANXIETY DRUGS</b>			
<i>bupirone</i>	1		
<i>meprobamate</i>	2	PR	
<b>ANTIBACTERIAL DRUGS — ANTIBIOTICS</b>			
<i>amikacin 100/2ml</i>	1		
<i>amikacin 500/2ml</i>	2		
<i>amoclan</i>	1		
<i>amoxicillin</i>	1		
<i>amoxicillin and clavulanic acid</i>	1		
<i>amoxil caps 500mg</i>	1		
<i>amoxil susp 250/5ml</i>	1		
<i>ampicillin</i>	1		
<i>ampicillin inj</i>	2		
<i>ampicillin sodium and sulbactam sodium</i>	2		
<b>AUGMENTIN XR</b>	4		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>AVELOX</b>	4		
<b>AZACTAM</b>	3		
<b>AZACTAM IN DEXTROSE</b>	3		
<i>azithromycin</i>	1		
<i>azithromycin inj</i>	2		
<i>baciim</i>	1		
<b>BACTROBAN NASAL</b>	4		
<b>CEDAX</b>	4		
<i>cefaclor</i>	1		
<i>cefaclor er</i>	2		
<i>cefadroxil capsules</i>	1		
<i>cefadroxil suspension</i>	2		
<i>cefadroxil tablets</i>	2		
<i>cefazolin</i>	2		
<i>cefdinir</i>	2		
<i>cefepime</i>	2		
<b>CEFIZOX IN DEXTROSE 5%</b>	4		
<i>cefotaxime</i>	2		
<i>cefotetan</i>	2		
<i>cefoxitin</i>	2		
<i>cefpodoxime</i>	2		
<i>cefprozil</i>	1		
<i>ceftazidime inj</i>	2		
<i>ceftriaxone</i>	2		
<i>cefuroxime</i>	2		
<i>cefuroxime tablets</i>	1		
<i>cephalexin</i>	1		
<i>chloramphenicol</i>	2		
<b>CIPRO SUSPENSION</b>	4		
<i>ciprofloxacin inj</i>	2		
<i>ciprofloxacin sr</i>	2		
<i>ciprofloxacin tablets</i>	1		
<i>clarithromycin er</i>	2		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>clarithromycin susp</i>	2		
<i>clarithromycin tablets</i>	1		
<b>CLEOCIN 75MG</b>	4		
<b>CLEOCIN PEDIATRIC GRANULE</b>	4		
<b>CLEOCIN SUPPOSITORY</b>	4		
<i>clindamycin capsules</i>	1		
<i>clindamycin cream</i>	1		
<i>clindamycin inj</i>	2		
<b>CLINDESSE</b>	4		
<i>colistimethate</i>	5		
<b>CUBICIN</b>	5		
<i>demeclocycline 150mg</i>	2	PR	
<i>demeclocycline 300mg</i>	5	PR	
<i>dicloxacillin</i>	1		
<i>doxy-caps</i>	1	PR	
<i>doxycycline hyclate capsules 50mg</i>	1	PR	
<i>doxycycline hyclate capsules 75, 100mg</i>	2	PR	
<i>doxycycline hyclate inj</i>	2	PR	
<i>doxycycline hyclate tablets 100mg</i>	2	PR	
<i>doxycycline hyclate tablets 20mg</i>	1	PR	
<i>doxycycline monohydrate tablets 150mg</i>	2		
<i>doxycycline monohydrate tablets 50, 75mg</i>	2	PR	
<i>doxycycline susp</i>	1		
<i>e.e.s. tablets</i>	1		
<b>ERYPED</b>	4		
<b>ERY-TAB</b>	4		
<b>ERYTHROCIN INJ</b>	4		
<i>erythromycin</i>	1		
<i>erythromycin and sulfisoxazole</i>	1		
<i>erythromycin stearate</i>	1		
<b>FACTIVE</b>	4		
<b>GANTRISIN PEDIATRIC</b>	4		
<i>gentamicin</i>	1		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<b>INVANZ</b>	4		
<i>kanamycin sulfate</i>	2		
<b>KETEK</b>	4		
<b>LEVAQUIN</b>	4		
<b>MERREM</b>	4		
<b>METRO I.V.</b>	4		
<i>metronidazole</i>	1		
<b>METRONIDAZOLE AND SODIUM CHLORIDE</b>	4		
<i>metronidazole capsule</i>	2		
<i>minocycline capsules</i>	1	PR	
<i>minocycline tablets</i>	2	PR	
<b>MOXATAG</b>	4		
<i>myrac</i>	2	PR	
<i>nafcillin</i>	5		
<b>NEO-FRADIN</b>	4		
<i>neomycin sulfate</i>	1		
<i>ofloxacin</i>	1		
<i>oxacillin</i>	2		
<i>oxacillin 10gm</i>	5		
<i>paromomycin</i>	2		
<b>PCE</b>	4		
<i>penicillin g</i>	2		
<b>PENICILLIN G PROCAINE</b>	4		
<i>penicillin gk</i>	2		
<i>penicillin vk</i>	1		
<i>pfizerpen-g 5mu</i>	2		
<i>piperacillin</i>	2		
<i>polymyxin b sulfate</i>	1		
<b>PRIMAXIN</b>	3		
<b>PRIMSOL</b>	4		
<b>RANICLOR</b>	4		
<b>SPECTRACEF</b>	4		
<i>streptomycin</i>	1		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>sulfadiazine</i>	2		
<i>sulfamethoxazole and trimethoprim</i>	1		
<i>sulfamethoxazole and trimethoprim inj</i>	2		
<i>sulfatrim</i>	1		
<b>SUPRAX</b>	4		
<b>SYNERCID</b>	5		
<i>tazicef</i>	2		
<i>tetracycline</i>	1	PR	
<b>TOBI</b>	5	PR QL	8400 /28 day(s)
<i>tobramycin</i>	2		
<i>trimethoprim</i>	1		
<i>trimox</i>	1		
<b>TYGACIL</b>	4		
<b>VANCOCIN CAPSULE</b>	5		
<b>VANCOMYCIN D5W</b>	4		
<i>vancomycin inj</i>	2		
<i>vandazole</i>	1		
<i>veetids</i>	1		
<b>VIBRAMYCIN SYRUP</b>	4	PR	
<b>XIFAXAN</b>	4	PR QL	9 /30 day(s)
<b>ZMAX</b>	4		
<b>ZYVOX</b>	5	PR	
<b>ZYVOX SUSP</b>	5		
<b>ANTICONVULSANTS — SEIZURE CONTROL DRUGS</b>			
<b>BANZEL 200MG</b>	4	PR QL	3 /1 day(s)
<b>BANZEL 400MG</b>	4	PR QL	8 /1 day(s)
<i>carbamazepime er</i>	2		
<i>carbamazepine</i>	1		
<b>CARBATROL</b>	4		
<b>CELONTIN</b>	4		
<b>DILANTIN 30MG</b>	4		
<b>DILANTIN CHEWS</b>	4		
<i>divalproex ec</i>	1		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>divalproex er</i>	2		
<i>divalproex sprinkles</i>	1		
<i>epitol</i>	1		
<i>ethosuximide capsules</i>	2		
<i>ethosuximide solution</i>	1		
<b>FELBATOL</b>	4		
<i>fosphenytoin</i>	2		
<i>gabapentin</i>	1	QL	6 /1 day(s)
<i>gabapentin capsules 400mg</i>	1	QL	9 /1 day(s)
<b>GABITRIL</b>	4	ST	
<b>KEPPRA INJ</b>	4		
<b>KEPPRA XR</b>	3		
<b>LAMICTAL ODT</b>	4	ST	
<b>LAMICTAL ODT KIT</b>	4		
<i>lamotrigine</i>	2		
<i>levetiracetam</i>	2		
<b>LYRICA</b>	4	ST QL	3 /1 day(s)
<b>LYRICA 225, 300MG</b>	4	ST QL	2 /1 day(s)
<b>NEURONTIN SOLUTION</b>	4		
<i>oxcarbazepine</i>	2		
<b>PEGANONE</b>	4		
<b>PHENYTEK</b>	4		
<i>phenytoin</i>	1		
<i>primidone</i>	1		
<b>SABRIL POWDER</b>	5	PR QL	6 /1 day(s)
<b>SABRIL TABLETS</b>	5	PR ST QL	3.34 /1 day(s)
<b>STAVZOR</b>	4	ST	
<b>TEGRETOL-XR</b>	4		
<b>TOPAMAX</b>	4		
<i>topiramate</i>	2		
<b>TRILEPTAL SUSPENSION</b>	4	ST	
<i>valproate sodium</i>	2		
<i>valproic acid</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>VIMPAT 100, 150, 200MG</b>	4	PR QL	2 /1 day(s)
<b>VIMPAT 200MG/20ML</b>	5	PR QL	40 /1 day(s)
<b>VIMPAT 50MG</b>	4	PR QL	6 /1 day(s)
<b>VIMPAT INJ</b>	4	PR QL	40 /1 day(s)
<i>zonisamide</i>	1		
<b>ANTIDEMENTIA DRUGS</b>			
<b>ARICEPT</b>	3		
<b>COGNEX</b>	4		
<i>ergoloid mesylates</i>	2		
<b>EXELON/PATCH</b>	3		
<i>galantamine</i>	2		
<b>NAMENDA</b>	3		
<b>RAZADYNE SOLUTION</b>	4	ST	
<b>ANTIDEPRESSANT DRUGS</b>			
<i>amitriptyline</i>	1		
<i>amoxapine</i>	1		
<i>budeprion sr</i>	1	QL	2 /1 day(s)
<i>budeprion xl</i>	1	QL	1 /1 day(s)
<i>budeprion xl 300mg</i>	2	QL	1 /1 day(s)
<i>bupropion 75, 100mg</i>	1	QL	6 /1 day(s)
<i>bupropion sr 100, 150, 200mg</i>	1	QL	2 /1 day(s)
<i>chlordiazepoxide and amitriptyline</i>	1		
<i>citalopram solution</i>	2		
<i>citalopram tablets</i>	1	QL	1 /1 day(s)
<i>clomipramine</i>	1		
<b>CYMBALTA</b>	4	ST QL	2 /1 day(s)
<b>CYMBALTA 60MG</b>	4	ST QL	1 /1 day(s)
<i>desipramine</i>	1		
<i>doxepin</i>	1		
<b>EFFEXOR XR 150MG</b>	3	ST QL	2 /1 day(s)
<b>EFFEXOR XR 37.5, 75MG</b>	3	ST QL	1 /1 day(s)
<b>EMSAM</b>	4	PR ST QL	1 /1 day(s)
<i>fluoxetine 10mg</i>	1	QL	1 /1 day(s)

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>fluoxetine 20mg</i>	1	QL	4 /1 day(s)
<i>fluoxetine 40mg</i>	1	QL	2 /1 day(s)
<i>fluoxetine solution</i>	1	QL	20 /1 day(s)
<i>fluvoxamine 100mg</i>	1	QL	3 /1 day(s)
<i>fluvoxamine 25, 50mg</i>	1	QL	1 /1 day(s)
<i>imipramine hydrochloride</i>	1		
<i>imipramine pamoate</i>	2		
<b>LEXAPRO</b>	4	ST QL	1 /1 day(s)
<b>LEXAPRO SOLUTION</b>	4	ST QL	20 /1 day(s)
<i>maprotiline</i>	1		
<b>MARPLAN</b>	4		
<i>mirtazapine</i>	1	QL	1 /1 day(s)
<b>NARDIL</b>	3		
<i>nefazodone</i>	1	ST	
<i>nortriptyline</i>	1		
<i>paroxetine 10, 20mg</i>	1	QL	1 /1 day(s)
<i>paroxetine 30, 40mg</i>	1	QL	2 /1 day(s)
<i>paroxetine er 12.5mg</i>	2	QL	6 /1 day(s)
<i>paroxetine er 25mg</i>	2	QL	3 /1 day(s)
<i>paroxetine suspension</i>	2	QL	30 /1 day(s)
<b>PAXIL CR 37.5MG</b>	4	ST QL	2 /1 day(s)
<b>PEXEVA 10, 20MG</b>	4	ST QL	1 /1 day(s)
<b>PEXEVA 30, 40MG</b>	4	ST QL	2 /1 day(s)
<b>PRISTIQ</b>	3	ST QL	1 /1 day(s)
<i>protriptyline</i>	2		
<b>PROZAC WEEKLY</b>	4	ST QL	4 /28 day(s)
<b>SARAFEM</b>	4	QL	1 /1 day(s)
<b>SARAFEM 20MG</b>	4	QL	4 /1 day(s)
<i>selfemra 10mg</i>	2	QL	1 /1 day(s)
<i>selfemra 20mg</i>	2	QL	4 /1 day(s)
<i>sertraline 100mg</i>	1	QL	2 /1 day(s)
<i>sertraline 25mg</i>	1	QL	1 /1 day(s)
<i>sertraline 50mg</i>	1	QL	1.5 /1 day(s)

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>sertraline oral solution</i>	2	QL	10 /1 day(s)
<b>SURMONTIL 100MG</b>	4		
<i>tranylcypromine</i>	2		
<i>trazodone</i>	1		
<i>trimipramine</i>	2		
<i>venlafaxine 25, 100mg</i>	2	QL	3 /1 day(s)
<i>venlafaxine 37.5mg</i>	2	QL	4 /1 day(s)
<i>venlafaxine 50mg</i>	2	QL	6 /1 day(s)
<i>venlafaxine 75mg</i>	2	QL	5 /1 day(s)
<b>VENLAFAXINE ER 150MG</b>	4	ST QL	2 /1 day(s)
<b>VENLAFAXINE ER 37.5, 75, 225MG</b>	4	ST QL	1 /1 day(s)
<b>ANTIEMETICS — NAUSEA/VOMITING DRUGS</b>			
<b>ANTIVERT</b>	4		
<b>ANZEMET TABLETS</b>	4	PR ST QL	5 /30 day(s)
<b>CESAMET</b>	5	PR	
<i>compro</i>	1		
<i>dronabinol</i>	5	PR	
<i>dronabinol 2.5mg</i>	2	PR	
<b>EMEND 40, 80, 125MG</b>	4	PR QL	5 /30 day(s)
<b>EMEND 80-125MG</b>	4	PR QL	6 /30 day(s)
<b>EMEND SOLUTION</b>	4	PR QL	5 /30 day(s)
<i>granisetron inj</i>	2	PR	
<i>granisetron tab</i>	2	PR QL	2 /1 day(s)
<i>granisol</i>	2	PR QL	10 /1 day(s)
<i>meclizine</i>	1		
<i>metoclopramide</i>	1		
<i>ondansetron 24mg</i>	1	PR QL	5 /30 day(s)
<i>ondansetron 4mg</i>	1	PR QL	6 /1 day(s)
<i>ondansetron 8mg</i>	1	PR QL	3 /1 day(s)
<i>ondansetron inj</i>	2	PR	
<i>ondansetron oral solution</i>	2	PR QL	30 /1 day(s)
<i>phenadoz</i>	1	PR	
<i>prochlorperazine</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>promethazine</i>	1	PR	
<i>promethegan</i>	1	PR	
<b>SANCUSO</b>	5	PR ST QL	4 /30 day(s)
<i>trimethobenzamide capsules</i>	1	PR	
<i>trimethobenzamide inj</i>	2	PR	
<b>ANTIFUNGAL DRUGS</b>			
<i>amphotericin b</i>	2		
<b>ANCOBON</b>	5		
<b>CANCIDAS</b>	5	PR	
<i>clotrimazole lozenge</i>	1		
<i>fluconazole 150mg</i>	1	QL	1 /30 day(s)
<i>fluconazole inj</i>	2		
<i>fluconazole suspension</i>	2		
<i>fluconazole tablet</i>	1		
<i>griseofulvin suspension</i>	1		
<b>GRIS-PEG</b>	4		
<b>GYNAZOLE-1</b>	4		
<i>itraconazole</i>	2	PR	
<i>ketoconazole tablets</i>	1		
<i>miconazole 3</i>	1		
<b>MYCAMINE</b>	5	PR	
<b>NOXAFIL</b>	5	PR	
<i>nystatin</i>	1		
<b>SPORANOX SOLUTION</b>	5	PR	
<i>terbinafine</i>	1	PR	
<i>terconazole</i>	1		
<b>VFEND</b>	5	PR	
<i>zazole</i>	1		
<b>ANTIGOUT AGENTS — GOUT DRUGS</b>			
<i>allopurinol inj</i>	5		
<i>allopurinol tablets</i>	1		
<i>colchicine</i>	1		
<i>probenecid</i>	1		

<b>KEY</b>	<b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
------------	---	---	---

Drug Name	Copay Tier	Notes	QL/Days
<i>probenecid and colchicine</i>	1		
<b>ULORIC</b>	3	ST	
<b>ANTI-INFLAMMATORY DRUGS</b>			
<b>ARTHROTEC</b>	4		
<b>CELEBREX</b>	4	PR QL	2 /1 day(s)
<b>CELEBREX 200MG</b>	4	PR QL	1 /1 day(s)
<i>diclofenac potassium</i>	1		
<i>diclofenac sodium</i>	1		
<i>diflunisal</i>	1		
<i>etodolac</i>	1		
<i>fenoprofen</i>	1		
<b>FLECTOR PATCH</b>	4	QL	2 /1 day(s)
<i>flurbiprofen</i>	1		
<i>ibuprofen</i>	1		
<b>INDOCIN</b>	4		
<i>indomethacin</i>	1		
<i>indomethacin er</i>	2		
<i>ketoprofen</i>	1		
<i>ketoprofen er</i>	2		
<i>ketorolac inj</i>	1	PR QL	20 /5 day(s)
<i>ketorolac tablets</i>	1	PR QL	20 /30 day(s)
<i>meclofenamate</i>	1		
<i>meloxicam</i>	1		
<i>meloxicam suspension</i>	2		
<i>nabumetone</i>	1		
<b>NALFON</b>	4		
<i>naproxen</i>	1		
<i>naproxen sodium</i>	1		
<i>naproxen suspension</i>	2		
<i>oxaprozin</i>	1		
<i>piroxicam</i>	1		
<i>sulindac</i>	1		
<i>tolmetin capsules</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>tolmetin tablets</i>	2		
<b>ANTIMIGRAINE AGENTS — MIGRAINE DRUGS</b>			
<b>AMERGE</b>	3	QL	9 /30 day(s)
<i>dihydroergotamine</i>	2		
<b>ERGOMAR</b>	4		
<i>ergotamine and caffeine</i>	1		
<b>MAXALT/MLT</b>	3	QL	12 /30 day(s)
<b>MIGERGOT</b>	4		
<b>MIGRANAL</b>	4	QL	8 /30 day(s)
<i>sumatriptan inj</i>	2	QL	5 /30 day(s)
<i>sumatriptan tablets</i>	2	QL	18 /30 day(s)
<b>ANTIMYASTHENIC AGENTS — MYESTHENIA GRAVIS DRUGS</b>			
<i>guanidine</i>	1		
<b>MESTINON SYRUP</b>	4		
<b>MESTINON TIMESPAN</b>	4		
<b>MYTELASE</b>	4		
<i>pyridostigmine</i>	1		
<b>ANTIMYCOBACTERIALS — TUBERCULOSIS DRUGS</b>			
<b>CAPASTAT</b>	5		
<i>dapsone</i>	1		
<i>ethambutol</i>	2		
<i>isonarif</i>	2		
<i>isoniazid</i>	2		
<i>isoniazid tablets</i>	1		
<b>MYCOBUTIN</b>	4		
<b>PASER</b>	4		
<b>PRIFTIN</b>	4		
<i>pyrazinamide</i>	2		
<i>rifampin capsules</i>	1		
<i>rifampin inj</i>	2		
<b>RIFATER</b>	4		
<b>SEROMYCIN</b>	4		
<b>TRECTOR</b>	4		

KEY	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
<b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications		

Drug Name	Copay Tier	Notes	QL/Days
<b>ANTINEOPLASTICS — ANTI-CANCER DRUGS</b>			
<b>ABRAXANE</b>	5		
<i>adriamycin</i>	2		
<b>AFINITOR 10MG</b>	5	PR QL	2 /1 day(s)
<b>AFINITOR 5MG</b>	5	PR QL	3 /1 day(s)
<b>ALIMTA</b>	5		
<b>ALKERAN INJ</b>	5	PR	
<i>amifostine</i>	5		
<b>ARIMIDEX</b>	3		
<b>AROMASIN</b>	4		
<b>ARRANON</b>	5		
<b>AVASTIN</b>	5		
<b>BICNU</b>	4		
<i>bleomycin sulfate</i>	2		
<b>BUSULFEX</b>	5	PR	
<b>CAMPATH</b>	5		
<i>carboplatin</i>	1		
<b>CEENU</b>	4		
<i>cisplatin</i>	1		
<i>cladribine</i>	2		
<b>CLOLAR</b>	5		
<b>COSMEGEN</b>	5		
<i>cyclophosphamide</i>	2	PR	
<i>cytarabine</i>	1		
<i>cytarabine 1, 2gm</i>	2		
<i>dacarbazine</i>	2		
<b>DACOGEN</b>	5	PR	
<i>daunorubicin</i>	2		
<b>DAUNOXOME</b>	4		
<i>dexrazoxane</i>	5		
<b>DOXIL</b>	5		
<i>doxorubicin</i>	2		
<b>DROXIA</b>	4		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>ELITEK</b>	5	PR	
<b>ELOXATIN</b>	5		
<b>ELSPAR</b>	5		
<b>EMCYT</b>	4		
<i>epirubicin</i>	5		
<b>ERBITUX</b>	5	PR	
<b>ETOPOPHOS</b>	5	PR	
<i>etoposide</i>	1	PR	
<b>FARESTON</b>	4		
<b>FASLODEX</b>	5		
<b>FEMARA</b>	4		
<i>fludarabine</i>	2		
<i>fluorouracil inj</i>	1		
<b>FUSILEV</b>	5		
<b>GEMZAR</b>	5		
<b>GLEEVEC</b>	5		
<b>HERCEPTIN</b>	5		
<b>HEXALEN</b>	5	PR	
<b>HYCANTIN</b>	5		
<i>hydroxyurea</i>	1		
<i>idarubicin</i>	5		
<i>ifosfamide</i>	2		
<i>ifosfamide/mesna</i>	5		
<b>IRESSA</b>	5	PR	
<i>irinotecan</i>	2		
<b>IXEMPRA</b>	5		
<i>leucovorin inj</i>	2	PR	
<i>leucovorin inj 350mg</i>	1	PR	
<i>leucovorin tablets</i>	1		
<b>LEUKERAN</b>	3		
<b>MATULANE</b>	5		
<i>megestrol</i>	1	PR	
<i>mercaptopurine</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>mesna</i>	2		
<b>MESNEX TABLETS</b>	5		
<i>mitomycin</i>	2		
<i>mitoxantrone</i>	5		
<b>MUSTARGEN</b>	4		
<b>MYLOTARG</b>	5		
<b>NEXAVAR</b>	5	PR	
<b>ONCASPAR</b>	5		
<b>ONTAK</b>	5		
<i>onxol</i>	2		
<i>oxaliplatin</i>	5	PR	
<i>paclitaxel</i>	2		
<b>PANRETIN</b>	5		
<i>pentostatin</i>	5		
<b>PHOTOFRIN</b>	5		
<b>PROLEUKIN</b>	5		
<b>REVLIMID</b>	5	LD	
<b>RITUXAN</b>	5	PR	
<b>SPRYCEL</b>	5	PR	
<b>SUTENT</b>	5	PR	
<b>TABLOID</b>	4		
<i>tamoxifen</i>	1		
<b>TARCEVA</b>	5	PR	
<b>TARGRETIN</b>	5		
<b>TASIGNA</b>	5	PR QL	4 /1 day(s)
<b>TAXOTERE</b>	5		
<b>THALOMID</b>	5		
<i>thiotepa</i>	2		
<b>TICE BCG</b>	4		
<i>toposar</i>	1	PR	
<b>TORISEL</b>	5		
<b>TREANDA</b>	5		
<i>tretinoin capsule</i>	5		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>TRISENOX</b>	4		
<b>TYKERB</b>	5	PR QL	5 /1 day(s)
<b>VECTIBIX</b>	5	PR	
<b>VELCADE</b>	5		
<b>VIDAZA</b>	5		
<i>vinblastine</i>	2		
<i>vincasar pfs</i>	2		
<i>vincristine</i>	2		
<i>vinorelbine</i>	2		
<b>VUMON</b>	4		
<b>ZANOSAR</b>	4		
<b>ZOLINZA</b>	5	PR QL	4 /1 day(s)
<b>ANTIPARASITICS — DRUGS FOR THE TREATMENT OF PARASITES</b>			
<b>ALBENZA</b>	4		
<b>ALINIA</b>	4		
<b>BILTRICIDE</b>	4		
<i>chloroquine</i>	2		
<b>DARAPRIM</b>	4		
<b>FANSIDAR</b>	4		
<b>HALFAN</b>	4		
<i>hydroxychloroquine</i>	1		
<i>mebendazole</i>	1		
<i>mefloquine</i>	1		
<b>MEPRON</b>	5		
<b>NEBUPENT</b>	4	PR	
<b>NEUTREXIN</b>	5		
<i>primaquine</i>	1		
<b>QUALAQUIN</b>	4		
<b>STROMEKTOL</b>	4		
<b>TINDAMAX</b>	4		
<b>ANTI-PARKINSON AGENTS — PARKINSON'S DRUGS</b>			
<b>APOKYN</b>	5	PR	
<i>atamet</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>AZILECT</b>	3		
<i>benztropine</i>	1		
<i>benztropine mesylate inj 1mg/ml</i>	5		
<i>carbidopa and levodopa</i>	1		
<i>carbidopa and levodopa odt/er/sr</i>	2		
<b>COMTAN</b>	3		
<b>LODOSYN</b>	4		
<i>parcopa</i>	2		
<b>REQUIP XL 12MG</b>	4	ST QL	2 /1 day(s)
<b>REQUIP XL 2MG</b>	4	ST QL	1 /1 day(s)
<b>REQUIP XL 4MG</b>	4	ST QL	5 /1 day(s)
<b>REQUIP XL 6MG</b>	4	ST QL	4 /1 day(s)
<b>REQUIP XL 8MG</b>	4	ST QL	3 /1 day(s)
<i>ropinirole</i>	1		
<i>selegiline</i>	1		
<b>STALEVO</b>	3		
<b>TASMAR</b>	4		
<i>trihexyphenidyl</i>	1		
<b>ANTIPSYCHOTIC/BIPOLAR DRUGS</b>			
<b>ABILIFY</b>	4	ST QL	1 /1 day(s)
<b>ABILIFY DISCMELT</b>	4	ST QL	2 /1 day(s)
<b>ABILIFY INJ</b>	4		
<b>ABILIFY SOLUTION</b>	4	ST QL	30 /1 day(s)
<i>chlorpromazine</i>	1		
<i>clozapine 100mg</i>	2	QL	9 /1 day(s)
<i>clozapine 200mg</i>	2	QL	4 /1 day(s)
<i>clozapine 25, 50mg</i>	2	QL	3 /1 day(s)
<b>EQUETRO</b>	4		
<b>FAZACLO 100MG</b>	4	ST QL	9 /1 day(s)
<b>FAZACLO 12.5MG</b>	4	ST QL	2 /1 day(s)
<b>FAZACLO 25MG</b>	4	ST QL	3 /1 day(s)
<i>fluphenazine</i>	1		
<i>fluphenazine 2.5mg/ml</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>GEODON</b>	4	ST QL	2 /1 day(s)
<b>GEODON INJ</b>	4	ST	
<i>haloperidol</i>	1		
<i>haloperidol decanoate</i>	2		
<b>INVEGA</b>	4	PR ST QL	2 /1 day(s)
<b>INVEGA 9MG</b>	4	PR ST QL	1 /1 day(s)
<b>INVEGA SUSTENNA INJ</b>	5		
<i>lithium carbonate</i>	1		
<i>lithium citrate syrup</i>	1		
<i>loxapine</i>	1		
<b>MOBAN</b>	4		
<b>NAVANE 20MG</b>	4		
<b>ORAP</b>	4		
<i>perphenazine</i>	1		
<i>perphenazine and amitriptyline</i>	1		
<b>RISPERDAL 37.5MG</b>	5	QL	75 /30 day(s)
<b>RISPERDAL 50MG</b>	5	QL	100 /30 day(s)
<b>RISPERDAL INJ</b>	4	QL	100 /30 day(s)
<b>RISPERDAL M-TAB 0.5, 1, 2, 3MG</b>	4	ST QL	2 /1 day(s)
<b>RISPERDAL M-TAB 4MG</b>	4	ST QL	4 /1 day(s)
<i>risperidone 0.25, 0.5, 1, 2, 3mg</i>	2	QL	2 /1 day(s)
<i>risperidone 4mg</i>	2	QL	4 /1 day(s)
<i>risperidone solution</i>	2		
<b>SAPHRIS</b>	4	ST QL	2 /1 day(s)
<b>SEROQUEL 200MG</b>	3	QL	4 /1 day(s)
<b>SEROQUEL 25MG</b>	3	QL	6 /1 day(s)
<b>SEROQUEL 300, 400MG</b>	3	QL	2 /1 day(s)
<b>SEROQUEL 50, 100MG</b>	3	QL	3 /1 day(s)
<b>SEROQUEL XR 150, 200MG</b>	3	QL	1 /1 day(s)
<b>SEROQUEL XR 300, 400MG</b>	3	QL	2 /1 day(s)
<b>SEROQUEL XR 50MG</b>	3	QL	6 /1 day(s)
<b>SYMBYAX</b>	4	ST QL	1 /1 day(s)
<i>thioridazine</i>	1	PR	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>thiothixene</i>	1		
<i>trifluoperazine</i>	1		
<b>ZYPREXA 2.5MG</b>	3	QL	2 /1 day(s)
<b>ZYPREXA INJ</b>	3		
<b>ZYPREXA/ZYDIS</b>	3	QL	1 /1 day(s)
<b>ANTISPASTICITY AGENTS AND SKELETAL MUSCLE RELAXERS</b>			
<i>baclofen</i>	1		
<b>BOTOX</b>	5	PR	
<i>carisoprodol</i>	1	PR QL	84 /30 day(s)
<i>carisoprodol and aspirin</i>	1	PR QL	240 /30 day(s)
<i>carisoprodol, codeine and aspirin</i>	2	PR QL	240 /30 day(s)
<i>chlorzoxazone</i>	1	PR	
<i>cyclobenzaprine</i>	1	PR	
<i>dantrolene</i>	2		
<i>methocarbamol</i>	1	PR	
<b>MYOBLOC</b>	4	PR	
<i>orphenadrine compound ds</i>	2	PR	
<i>orphenadrine inj</i>	2	PR	
<i>orphenadrine tablets</i>	1	PR	
<i>orphenadrine, aspirin and caffeine</i>	1	PR	
<i>tizanidine</i>	1		
<b>BLOOD GLUCOSE REGULATORS — DIABETES DRUGS</b>			
<i>acarbose</i>	2		
<b>ACTOPLUS MET</b>	3		
<b>ACTOS</b>	3		
<b>ALCOHOL SWABS</b>	4		
<b>APIDRA</b>	3		
<b>AVANDAMET</b>	3		
<b>AVANDARYL</b>	3		
<b>AVANDIA</b>	3		
<i>insulin syringes and pen needles — generic</i>	1	ST	
<b>INSULIN SYRINGES AND PEN NEEDLES — B/D</b>	3	ST	
<b>INSULIN SYRINGES AND PEN NEEDLES — NON B/D</b>	4	ST	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>BYETTA</b>	3	QL	2.4 /30 day(s)
<i>chlorpropamide</i>	1	PR	
<b>DUETACT</b>	3		
<b>GAUZE PADS</b>	4		
<i>glimepiride</i>	1		
<i>glipizide</i>	1		
<i>glipizide and metformin</i>	1		
<b>GLUCAGEN HYPOKIT</b>	3		
<b>GLUCAGON EMERGENCY KIT</b>	3		
<i>glyburide</i>	1		
<i>glyburide and metformin</i>	1		
<i>glyburide micronized</i>	1		
<i>glycron</i>	1		
<b>GLYCRON 4.5MG</b>	4		
<b>GLYSET</b>	4		
<b>JANUMET</b>	3		
<b>JANUVIA</b>	3		
<b>LANTUS</b>	4		
<b>LEVEMIR</b>	3		
<i>metformin</i>	1		
<b>NOVOLIN</b>	3		
<b>NOVOLOG</b>	3		
<b>PRANDIMET</b>	4		
<b>PRANDIN</b>	4		
<b>PROGLYCEM</b>	4		
<b>RIOMET</b>	4		
<b>STARLIX</b>	4		
<b>SYMLIN</b>	3		
<i>tolazamide</i>	1		
<i>tolbutamide</i>	1		
<b>BLOOD PRODUCTS</b>			
<b>AGGRENOX</b>	3		
<i>anagrelide</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>ARANESP</b>	5	PR	
<b>ARANESP 25, 40MCG</b>	3	PR	
<b>ARIXTRA</b>	5		
<b>ARIXTRA 2.5MG/0.5ML</b>	4		
<i>cilostazol</i>	1		
<b>COUMADIN INJ</b>	4		
<b>CYKLOKAPRON</b>	5		
<i>dipyridamole</i>	1		
<b>FRAGMIN</b>	5		
<b>FRAGMIN 2500, 5000U</b>	4		
<i>heparin sodium</i>	2		
<i>heparin sodium and sodium chloride</i>	1		
<i>heparin sodium/d5w</i>	1		
<b>INNOHEP</b>	4		
<i>jantoven</i>	1		
<b>LEUKINE</b>	5	PR	
<b>LOVENOX</b>	5		
<b>LOVENOX 30, 40MG</b>	3		
<b>NEULASTA</b>	5	PR	
<b>NEUMEGA</b>	5		
<b>NEUPOGEN</b>	5	PR	
<i>pentopak</i>	1		
<i>pentoxifylline er</i>	1		
<i>pentoxil</i>	1		
<b>PLAVIX 300MG</b>	4	QL	2 /365 day(s)
<b>PLAVIX 75MG</b>	4		
<b>PROCRIT 2000, 3000, 4000, 10000/ML</b>	3	PR	
<b>PROCRIT 20000, 40000/ML</b>	5	PR	
<b>PROMACTA</b>	5	PR	
<i>ticlopidine</i>	1		
<i>warfarin</i>	1		
<b>CARDIOVASCULAR AGENTS — HEART, BLOOD PRESSURE AND CHOLESTEROL DRUGS</b>			
<i>acebutolol</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>ACEON</b>	4	QL	2 /1 day(s)
<b>ACEON 8MG</b>	4		
<b>ADVICOR</b>	4	QL	2 /1 day(s)
<i>afeditab cr 30mg</i>	1	QL	1 /1 day(s)
<i>afeditab cr 60mg</i>	1	QL	2 /1 day(s)
<b>ALTOPREV</b>	4	ST QL	1 /1 day(s)
<i>amiloride</i>	1		
<i>amiloride and hydrochlorothiazide</i>	1		
<i>amiodarone</i>	1		
<i>amlodipine 10mg</i>	1		
<i>amlodipine 2.5, 5mg</i>	1	QL	1 /1 day(s)
<i>amlodipine and benazepril</i>	2		
<b>ANTARA</b>	4	ST	
<b>ATACAND</b>	4	ST QL	2 /1 day(s)
<b>ATACAND 32MG</b>	4	ST	
<b>ATACAND HCT</b>	4	ST	
<b>ATACAND HCT 16-12.5MG</b>	4	ST QL	2 /1 day(s)
<i>atenolol</i>	1		
<i>atenolol and chlorthalidone</i>	1		
<i>benazepril</i>	1	QL	2 /1 day(s)
<i>benazepril 40mg</i>	1		
<i>benazepril and hydrochlorothiazide</i>	1		
<b>BENICAR</b>	4	ST QL	1 /1 day(s)
<b>BENICAR 40MG</b>	4	ST	
<b>BENICAR HCT</b>	4	ST	
<b>BENICAR HCT 20-12.5MG</b>	4	ST QL	1 /1 day(s)
<i>betaxolol hydrochloride</i>	1		
<i>bisoprolol</i>	1		
<i>bisoprolol and hydrochlorothiazide</i>	1		
<i>bretylum tosylate</i>	1		
<i>bumetanide</i>	1		
<b>BYSTOLIC</b>	3		
<b>CADUET</b>	4	ST QL	1 /1 day(s)

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>captopril</i>	1		
<i>captopril and hydrochlorothiazide</i>	1		
<b>CARDENE I.V. 20/200, 40/200ML</b>	5	ST	
<b>CARDIZEM LA</b>	4		
<b>CARDIZEM LA 120MG</b>	4	QL	1 /1 day(s)
<b>CARDIZEM LA 180MG</b>	4	QL	3 /1 day(s)
<i>cartia xt 120mg</i>	1	QL	1 /1 day(s)
<i>cartia xt 180mg</i>	1	QL	3 /1 day(s)
<i>cartia xt 240, 300mg</i>	1		
<i>carvedilol</i>	1		
<b>CATAPRES-TTS</b>	4		
<i>chlorothiazide</i>	1		
<i>chlorthalidone</i>	1		
<i>cholestyramine</i>	1		
<i>clonidine</i>	1		
<i>clonidine patch</i>	2		
<b>CLOPRES</b>	4		
<i>colestipol granules</i>	2		
<i>colestipol tablets</i>	1		
<b>COREG CR</b>	3		
<b>COVERA-HS 180MG</b>	4	ST QL	2 /1 day(s)
<b>COVERA-HS 240MG</b>	4	ST	
<b>COZAAR</b>	3	QL	2 /1 day(s)
<b>COZAAR 100MG</b>	3		
<b>CRESTOR</b>	3	QL	1 /1 day(s)
<b>DEMSER</b>	5		
<b>DIBENZYLINE</b>	4		
<i>digoxin</i>	1		
<b>DILATRATE SR</b>	4		
<i>dilt cd 120mg</i>	1	QL	1 /1 day(s)
<i>dilt cd 180mg</i>	1	QL	3 /1 day(s)
<i>dilt cd 300mg</i>	2		
<i>diltiazem</i>	1		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>diltiazem cd 120mg</i>	1	QL	1 /1 day(s)
<i>diltiazem inj 100mg</i>	2		
<i>dilt-xr 180mg</i>	1	QL	1 /1 day(s)
<i>dilt-xr 240mg</i>	1		
<i>diltzac</i>	1	QL	1 /1 day(s)
<i>diltzac 300, 360mg</i>	2		
<b>DIOVAN</b>	3	QL	2 /1 day(s)
<b>DIOVAN 320MG</b>	3		
<b>DIOVAN HCT</b>	3	QL	1 /1 day(s)
<b>DIOVAN HCT 320-12.5, 320-25MG</b>	3		
<i>disopyramide</i>	1		
<i>doxazosin</i>	1		
<b>DYNACIRC CR</b>	4	QL	4 /1 day(s)
<b>DYNACIRC CR 10MG</b>	4		
<b>DYRENIUM</b>	4		
<b>EDECIN</b>	4		
<i>enalapril</i>	1	QL	2 /1 day(s)
<i>enalapril 20mg</i>	1		
<i>enalapril and hydrochlorothiazide</i>	1		
<i>eplerenone</i>	2		
<b>EXFORGE/HCT</b>	3	QL	1 /1 day(s)
<i>felodipine er</i>	1	QL	1 /1 day(s)
<i>felodipine er 10mg</i>	1		
<i>fenofibrate</i>	1		
<b>FENOGLIDE</b>	4	ST	
<i>flecainide</i>	1		
<i>fosinopril</i>	1	QL	2 /1 day(s)
<i>fosinopril 40mg</i>	1		
<i>fosinopril and hydrochlorothiazide</i>	1		
<i>furosemide</i>	1		
<i>gemfibrozil</i>	1		
<i>guanabenz</i>	1		
<i>guanfacine</i>	1		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>hydralazine</i>	1		
<i>hydrochlorothiazide</i>	1		
<b>HYZAAR</b>	3		
<b>HYZAAR 50-12.5MG</b>	3	QL	1 /1 day(s)
<i>indapamide</i>	1		
<b>INNOPRAN XL</b>	4		
<b>INVERSINE</b>	4		
<i>isochron</i>	1		
<i>isosorbide</i>	1		
<i>isradipine</i>	2		
<i>labetalol</i>	1		
<b>LESCOL</b>	4	ST QL	2 /1 day(s)
<b>LESCOL XL</b>	4	ST QL	1 /1 day(s)
<b>LEVATOL</b>	4		
<b>LIPITOR</b>	3	QL	1 /1 day(s)
<b>LIPOFEN</b>	4	ST	
<i>lisinopril</i>	1	QL	2 /1 day(s)
<i>lisinopril 40 mg</i>	1		
<i>lisinopril and hydrochlorothiazide</i>	1		
<b>LOTREL 5-40, 10-40MG</b>	4		
<i>lovastatin</i>	1	QL	2 /1 day(s)
<b>LOVAZA</b>	3		
<i>methyclothiazide</i>	1		
<i>methyldopa</i>	1		
<i>methyldopa and hydrochlorothiazide</i>	1		
<i>methyldopate</i>	1		
<i>metolazone</i>	1		
<i>metoprolol and hydrochlorothiazide</i>	1		
<i>metoprolol er</i>	1		
<i>metoprolol tartrate</i>	1		
<i>metoprolol tartrate and hydrochlorothiazide</i>	1		
<i>mexiletine</i>	1		
<b>MICARDIS</b>	4	ST QL	1 /1 day(s)

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<b>MICARDIS 80MG</b>	4	ST	
<b>MICARDIS HCT</b>	4	ST	
<b>MICARDIS HCT 40-12.5MG</b>	4	ST QL	1 /1 day(s)
<i>midodrine</i>	2		
<i>minitran</i>	1		
<i>minoxidil</i>	1		
<i>moexipril 15mg</i>	1		
<i>moexipril 7.5mg</i>	1	QL	2 /1 day(s)
<i>moexipril and hydrochlorothiazide</i>	1		
<i>nadolol</i>	1		
<i>nadolol and bendroflumethiazide</i>	2		
<i>niacor</i>	2		
<b>NIASPAN</b>	3		
<i>nicardipine</i>	1		
<i>nicardipine inj</i>	2		
<i>nifediac cc 30mg</i>	1	QL	1 /1 day(s)
<i>nifediac cc 60mg</i>	1	QL	2 /1 day(s)
<i>nifediac cc 90mg</i>	1		
<i>nifedical xl 30mg</i>	1	QL	1 /1 day(s)
<i>nifedical xl 60mg</i>	1	QL	2 /1 day(s)
<i>nifedipine capsules</i>	1		
<i>nifedipine er 30mg</i>	1	QL	1 /1 day(s)
<i>nifedipine er 60mg</i>	1	QL	2 /1 day(s)
<i>nifedipine er 90mg</i>	1		
<i>nimodipine</i>	5		
<i>nisoldipine 20mg</i>	2	QL	1 /1 day(s)
<i>nisoldipine 30mg</i>	2	QL	2 /1 day(s)
<i>nisoldipine 40mg</i>	2		
<b>NITRO-DUR 0.3, 0.8MG/HR</b>	4		
<i>nitroglycerin inj</i>	1		
<i>nitroglycerin transdermal</i>	1		
<b>NITROLINGUAL PUMPSPRAY</b>	4		
<b>NITROSTAT</b>	3		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<b>NORPACE CR 100MG</b>	4		
<i>pacerone</i>	2		
<i>pacerone 200mg</i>	1		
<i>pindolol</i>	1		
<i>pravastatin</i>	1	QL	1 /1 day(s)
<i>prazosin</i>	1		
<i>prevalite</i>	2		
<i>prevalite packets</i>	1		
<i>procainamide</i>	1		
<i>propafenone</i>	1		
<i>propranolol</i>	1		
<i>propranolol and hydrochlorothiazide</i>	1		
<i>quinapril</i>	1	QL	2 /1 day(s)
<i>quinapril 40mg</i>	1		
<i>quinapril and hydrochlorothiazide</i>	1		
<i>quinaretic</i>	1		
<i>quinidine</i>	1		
<i>quinidine gluconate tablets</i>	2		
<i>ramipril</i>	1	QL	2 /1 day(s)
<i>ramipril 10mg</i>	1		
<b>RANEXA 1000MG</b>	4	ST QL	2 /1 day(s)
<b>RANEXA 500MG</b>	4	ST QL	3 /1 day(s)
<i>reserpine</i>	1		
<b>RYTHMOL SR</b>	4		
<b>SAMSCA 15MG</b>	5	PR QL	4 /1 day(s)
<b>SAMSCA 30MG</b>	5	PR QL	2 /1 day(s)
<b>SIMCOR</b>	3	QL	2 /1 day(s)
<i>simvastatin</i>	1	QL	1 /1 day(s)
<i>sorine</i>	1		
<i>sotalol</i>	1		
<i>spironolactone</i>	1		
<i>spironolactone and hydrochlorothiazide</i>	1		
<b>SULAR 25.5MG</b>	4	QL	2 /1 day(s)

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>SULAR 34MG</b>	4		
<b>SULAR 8.5, 17MG</b>	4	QL	1 /1 day(s)
<b>TARKA</b>	4		
<i>taztia xt 120mg</i>	1	QL	1 /1 day(s)
<i>taztia xt 180mg</i>	1	QL	3 /1 day(s)
<i>taztia xt 240, 300, 360mg</i>	1		
<b>TEKURNA/HCT</b>	3	QL	1 /1 day(s)
<b>TEVETEN 400MG</b>	4	ST QL	2 /1 day(s)
<b>TEVETEN 600MG</b>	4	ST	
<b>TEVETEN HCT</b>	4	ST	
<b>THALITONE</b>	4		
<b>TIKOSYN</b>	3		
<b>TIMOLIDE</b>	4		
<i>timolol</i>	1		
<i>torseamide</i>	1		
<i>trandolapril</i>	1	QL	2 /1 day(s)
<i>trandolapril 4mg</i>	1		
<i>triamterene and hydrochlorothiazide</i>	1		
<b>TRICOR</b>	4		
<b>TRIGLIDE</b>	4	ST	
<b>TRILIPIX</b>	3		
<i>verapamil</i>	1		
<i>verapamil er 120mg</i>	1	QL	1 /1 day(s)
<b>VYTORIN</b>	3	QL	1 /1 day(s)
<b>ZETIA</b>	4	QL	1 /1 day(s)
<b>CENTRAL NERVOUS SYSTEM DRUGS — ATTENTION DEFICIT DISORDER/NARCOLEPSY DRUGS</b>			
<i>amphetamine and dextroamphetamine</i>	1	PR QL	2 /1 day(s)
<i>amphetamine and dextroamphetamine 20mg</i>	1	PR QL	3 /1 day(s)
<b>CONCERTA</b>	4	PR ST QL	2 /1 day(s)
<b>CONCERTA 18MG</b>	4	PR ST QL	3 /1 day(s)
<i>dexmethylphenidate</i>	1	PR QL	2 /1 day(s)
<i>dextroamphetamine</i>	1	PR QL	4 /1 day(s)
<i>dextroamphetamine cr</i>	2	PR QL	4 /1 day(s)

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<b>LIQUADD</b>	4	PR QL	60 /1 day(s)
<b>METADATE CD</b>	4	PR ST QL	1 /1 day(s)
<b>METADATE CD 20MG</b>	4	PR ST QL	3 /1 day(s)
<b>METADATE CD 30MG</b>	4	PR ST QL	2 /1 day(s)
<i>metadate er</i>	1	PR QL	3 /1 day(s)
<i>methylin er</i>	1	PR QL	3 /1 day(s)
<i>methylin tablets</i>	1	PR QL	3 /1 day(s)
<i>methylphenidate</i>	1	PR QL	3 /1 day(s)
<b>PROVIGIL</b>	3	PR QL	2 /1 day(s)
<b>RITALIN LA</b>	4	PR ST QL	2 /1 day(s)
<b>STRATTERA</b>	3	ST QL	2 /1 day(s)
<b>STRATTERA 80, 100MG</b>	3	ST QL	1 /1 day(s)
<b>XENAZINE</b>	5		
<b>XYREM</b>	5	PR LD	
<b>DENTAL AND DRUGS FOR THE MOUTH</b>			
<b>APHTHASOL</b>	4		
<i>chlorhexidine gluconate</i>	1		
<b>KEPIVANCE</b>	5		
<i>periogard</i>	1		
<i>pilocarpine</i>	2		
<i>triamcinolone in orabase</i>	1		
<b>DERMATOLOGICAL AGENTS — DRUGS FOR SKIN CONDITIONS</b>			
<b>8-MOP</b>	5		
<i>acticin</i>	1		
<b>AKNE-MYCIN</b>	4		
<i>ala-cort</i>	1		
<b>ALA-SCALP</b>	4		
<i>alclometasone</i>	1		
<b>ALDARA</b>	3		
<b>ALTABAX</b>	4		
<i>amcinonide</i>	1		
<b>AMEVIVE</b>	5		
<i>ammonium lactate 12%</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>amnestem</i>	2	PR	
<i>augmented betamethasone dipropionate</i>	1		
<i>avita cream</i>	1		
<i>avita gel</i>	2		
<b>AZELEX</b>	4		
<b>BACTROBAN CREAM</b>	4		
<b>BENZACLIN</b>	4		
<i>betamethasone dipropionate</i>	1		
<i>betamethasone dipropionate and clotrimazole</i>	1		
<i>betamethasone valerate</i>	1		
<i>beta-val</i>	1		
<i>calcipotriene solution</i>	2		
<b>CAPEX</b>	4		
<b>CARAC</b>	4		
<i>ciclopirox</i>	2		
<i>ciclopirox solution</i>	2	PR	
<i>claravis</i>	2	PR	
<i>clindamycin phosphate</i>	1		
<i>clindamycin phosphate-benzoyl peroxide gel</i>	2		
<i>clobetasol</i>	1		
<i>clobetasol foam</i>	2		
<b>CLOBEX LOTION</b>	4		
<b>CLOBEX SHAMPOO</b>	4		
<b>CLODERM</b>	4		
<i>clotrimazole</i>	1		
<b>CONDYLOX GEL</b>	4		
<b>CORDRAN</b>	4		
<i>cormax</i>	1		
<i>del-beta</i>	1		
<b>DENAVIR</b>	4		
<i>desonide</i>	1		
<i>desoximetasone</i>	2		
<i>diflorasone cream</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>diflorasone ointment</i>	2		
<b>DOVONEX CREAM</b>	4	ST	
<i>econazole</i>	1		
<b>ELIDEL</b>	4	ST	
<b>EPIDUO</b>	4		
<i>erythromycin</i>	1		
<i>erythromycin and benzoyl peroxide</i>	1		
<b>EURAX</b>	4		
<b>EXELDERM</b>	4		
<b>FINACEA</b>	4		
<i>fluocinolone</i>	1		
<i>fluocinonide</i>	1		
<b>FLUOROPLEX</b>	4		
<i>fluorouracil</i>	2		
<i>fluticasone</i>	1		
<i>gentamicin</i>	1		
<i>halobetasol</i>	1		
<b>HALOG</b>	4		
<i>hydrocortisone</i>	1		
<i>hydrocortisone butyrate cream</i>	1		
<i>hydrocortisone butyrate ointment</i>	2		
<i>hydrocortisone solution</i>	1		
<i>hydrocortisone valerate</i>	1		
<i>isovate</i>	1		
<b>KENALOG</b>	4		
<i>ketoconazole</i>	1		
<i>kuric</i>	1		
<i>laclotion</i>	1		
<i>lindane</i>	2		
<b>LOCOID LOTION</b>	4		
<i>lokara</i>	1		
<b>MENTAX</b>	4		
<i>metronidazole</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>metronidazole cream</i>	2		
<i>metronidazole lotion</i>	2		
<i>mometasone</i>	1		
<i>mupirocin</i>	1		
<b>NAFTIN</b>	4		
<i>neomycin and polymyxin b</i>	2		
<b>NORITATE</b>	4		
<i>nyamyc</i>	1		
<i>nystatin</i>	1		
<i>nystatin and triamcinolone</i>	1		
<i>nystop</i>	1		
<b>OVIDE</b>	4		
<b>OXISTAT</b>	4		
<b>OXSORALEN</b>	4		
<b>OXSORALEN ULTRA</b>	5		
<i>pedi-dri</i>	1		
<i>permethrin</i>	1		
<b>PHISOHEX</b>	4		
<i>podofilox</i>	2		
<i>prednicarbate</i>	1		
<i>proctocream-hc 2.5%</i>	1		
<i>procto-pak</i>	1		
<i>proctosol hc 2.5%</i>	1		
<i>proctozone-hc 2.5%</i>	1		
<b>PROTOPIC</b>	4	ST	
<b>REGRANEX</b>	5	PR QL	45 /365 day(s)
<b>RETIN-A MICRO</b>	4		
<b>SANTYL</b>	4		
<i>selenium sulfide lotion</i>	1		
<i>silver sulfadiazine</i>	1		
<b>SOLARAZE</b>	4		
<b>SORIATANE</b>	5	ST	
<i>sotret</i>	2	PR	

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>ssd</i>	1		
<i>sulfacetamide lotion</i>	1		
<b>SULFAMYLON</b>	4		
<b>TACLONEX SUSPENSION</b>	4	ST	
<b>TAZORAC</b>	3		
<i>texacort 1%</i>	1		
<b>TEXACORT 2.5%</b>	4		
<i>thermazene</i>	1		
<i>tretinoin cream</i>	1		
<i>tretinoin gel</i>	2		
<i>triamcinolone</i>	1		
<i>triderm</i>	1		
<i>u-cort</i>	1		
<b>VANOS</b>	4		
<b>VECTICAL</b>	4	ST	
<b>VEREGEN</b>	4		
<b>VOLTAREN GEL</b>	3	QL	34 /1 day(s)
<b>XOLEGEL</b>	4		
<b>ZONALON</b>	4		
<b>ZOVIRAX OINTMENT</b>	4		
<b>ENZYMES</b>			
<b>ADAGEN</b>	5		
<b>ALDURAZYME</b>	5		
<b>CEREDASE</b>	5		
<b>CEREZYME</b>	5		
<b>CREON</b>	4		
<b>CYSTADANE</b>	4		
<b>CYSTAGON</b>	4		
<b>ELAPRASE</b>	5		
<b>FABRAZYME</b>	5		
<b>LIPRAM</b>	4		
<b>MYOZYME</b>	5		
<b>NAGLAZYME</b>	5		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>NPLATE</b>	5	PR	
<b>PANCREASE MT</b>	4		
<b>PANCRECARB MS</b>	4		
<b>PANCRELIPASE</b>	4		
<b>PANCRON</b>	4		
<b>SUCRAID</b>	5		
<b>ULTRASE</b>	3		
<b>VIOKASE</b>	3		
<b>ZAVESCA</b>	5	PR	
<b>GASTROINTESTINAL AGENTS — BOWEL DISEASE DRUGS</b>			
<b>AMITIZA 24MCG</b>	4	ST QL	60 /30 day(s)
<b>AMITIZA 8MCG</b>	4	PR ST QL	60 /30 day(s)
<b>ASACOL 400MG</b>	4	ST QL	12 /1 day(s)
<b>ASACOL 800MG</b>	4	ST QL	6 /1 day(s)
<i>balsalazide</i>	2		
<b>CANASA</b>	3		
<i>colocort</i>	2		
<b>CORTIFOAM</b>	4		
<i>cortisone</i>	1		
<b>DIPENTUM</b>	4	ST	
<i>diphenoxylate and atropine liquid</i>	1	PR	
<b>ENTOCORT EC</b>	4		
<b>GASTROCROM</b>	5		
<i>gavilyte</i>	1		
<i>glycolax</i>	1		
<b>GOLYTELY</b>	4		
<i>hydrocortisone enema</i>	2		
<i>lofene</i>	1	PR	
<i>lonox</i>	1	PR	
<i>loperamide</i>	1		
<i>mesalamine</i>	2		
<b>MOTOFEN</b>	4	PR	
<b>MOVIPREP</b>	4		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<b>OCL</b>	4		
<b>OSMOPREP</b>	4		
<i>peg 3350 and electrolytes</i>	1		
<b>PENTASA 250MG</b>	4	ST QL	20 /1 day(s)
<b>PENTASA 500MG</b>	4	ST QL	10 /1 day(s)
<i>sulfasalazine</i>	1		
<i>sulfazine</i>	1		
<i>trilyte</i>	1		
<b>VISICOL</b>	4		
<b>GASTROINTESTINAL AGENTS — ULCER AND STOMACH DRUGS</b>			
<i>atropine sulfate inj</i>	1	PR	
<b>AXID SOLUTION</b>	4		
<b>CANTIL</b>	4		
<i>cimetidine</i>	1		
<i>constulose</i>	1		
<i>dicyclomine</i>	1	PR	
<i>enulose</i>	1		
<i>famotidine inj 10mg/ml</i>	1		
<i>famotidine inj 20mg/50ml</i>	2		
<i>famotidine tablets</i>	1		
<i>generlac</i>	1		
<i>glycopyrrolate inj</i>	1		
<i>glycopyrrolate tablets</i>	2		
<b>HELIDAC</b>	4	QL	56 /365 day(s)
<b>KAPIDEX</b>	3	QL	1 /1 day(s)
<b>KRISTALOSE</b>	4		
<i>lactulose</i>	1		
<b>LOTRONEX</b>	3	PR	
<i>methscopolamine</i>	2		
<i>misoprostol</i>	2		
<b>NEXIUM CAPSULES</b>	3	QL	1 /1 day(s)
<b>NEXIUM GRANULES</b>	3	QL	1 /1 day(s)
<i>nizatidine</i>	1		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>omeprazole</i>	1	QL	1 /1 day(s)
<i>omeprazole 20mg</i>	1	QL	2 /1 day(s)
<i>pantoprazole</i>	2	QL	1 /1 day(s)
<b>PEPCID SUSPENSION</b>	4		
<b>PREVPAC</b>	4	QL	28 /365 day(s)
<b>PRILOSEC POWDER</b>	4	ST QL	1 /1 day(s)
<i>propantheline</i>	1	PR	
<b>PROTONIX INJ</b>	4		
<b>PYLERA</b>	3		
<i>ranitidine capsules 150mg</i>	2		
<i>ranitidine capsules 300mg</i>	1		
<i>ranitidine inj</i>	2		
<i>ranitidine syrup</i>	2		
<i>ranitidine tablets</i>	1		
<b>RELISTOR</b>	5	QL	1 /1 day(s)
<i>sucralfate</i>	1		
<i>ursodiol</i>	1		
<b>GENITOURINARY AGENTS — URINARY AND PROSTATE DRUGS</b>			
<b>AVODART</b>	3	PR	
<i>bethanechol</i>	2		
<b>CALCIBIND</b>	4		
<i>calcium acetate</i>	2		
<b>DETROL/LA</b>	3		
<i>eliphos</i>	2		
<b>ELMIRON</b>	4		
<b>ENABLEX</b>	3		
<i>finasteride</i>	1	PR	
<i>flavoxate</i>	2		
<b>FLOMAX</b>	3		
<b>FOSRENOL</b>	3		
<b>FURADANTIN</b>	4		
<b>GELNIQUE</b>	3		
<i>methenamine hippurate</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>MONUROL</b>	4		
<i>nalidixic acid</i>	1		
<i>nitrofurantoin</i>	1		
<i>oxybutynin</i>	1		
<i>oxybutynin er</i>	2		
<b>OXYTROL</b>	3		
<b>PHOSLO</b>	3		
<b>RAPAFLO</b>	3	PR	
<b>RENACIDIN</b>	4		
<b>REVELA</b>	3		
<b>RESECTISOL</b>	4		
<b>SANCTURA/XR</b>	4	ST	
<i>sorbitol</i>	1		
<i>terazosin</i>	1		
<b>THIOLA</b>	3		
<b>TOVIAZ</b>	4	ST	
<b>UROXATRAL</b>	3		
<b>VESICARE</b>	3		
<b>HORMONAL AGENTS — ADRENAL REGULATING DRUGS</b>			
<i>a-hydrocort</i>	1		
<i>a-methapred</i>	1		
<b>CELESTONE</b>	4		
<i>dexamethasone</i>	1		
<b>DEXPAK</b>	4		
<i>fludrocortisone</i>	1		
<i>hydrocortisone tablet</i>	1		
<b>LYSODREN</b>	5		
<i>methylprednisolone</i>	1		
<i>methylprednisolone acetate</i>	1		
<i>methylprednisolone sodium succinate</i>	1		
<i>methylprednisolone sodium succinate inj 1000mg</i>	2		
<i>millipred</i>	1		
<b>MILLIPRED SOLUTION</b>	4		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>prednisolone</i>	1		
<i>prednisone</i>	1		
<b>PREDNISONE CONCENTRATE</b>	4		
<b>SOLU-CORTEF 250, 500MG</b>	4		
<i>veripred</i>	2		
<b>HORMONAL AGENTS — ESTROGEN AND STEROID REPLACEMENT DRUGS, OTHERS</b>			
<b>ACTIVELLA 0.5-0.1MG</b>	4		
<b>ALORA</b>	4	QL	8 /28 day(s)
<b>ANADROL-50</b>	5	PR	
<b>ANDRODERM</b>	3		
<b>ANDROGEL</b>	3		
<b>ANDROID</b>	4	PR	
<b>ANDROXY</b>	4		
<i>apri</i>	1		
<i>aranelle</i>	1		
<i>aviane</i>	1		
<i>balziva</i>	1		
<i>bicalutamide</i>	1		
<i>camila</i>	1		
<b>CASODEX</b>	4		
<b>CENESTIN</b>	4		
<i>cesia</i>	1		
<b>CLIMARA PRO</b>	4	QL	4 /28 day(s)
<b>COMBIPATCH</b>	4	QL	8 /28 day(s)
<i>cryselle</i>	1		
<i>danazol</i>	2		
<b>DEPO-ESTRADIOL</b>	4		
<b>DIVIGEL</b>	4		
<b>ENJUUIA</b>	4		
<i>enpresse-28</i>	1		
<i>errin</i>	1		
<b>ESTRACE VAGINAL CREAM</b>	4		
<b>ESTRADERM</b>	4	QL	8 /28 day(s)

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<i>estradiol and norethindrone acetate</i>	1		
<i>estradiol patch</i>	1	QL	4 /28 day(s)
<i>estradiol tablets</i>	1		
<i>estradiol valerate</i>	1		
<i>estradiol valerate 40mg/ml</i>	2		
<b>ESTRASORB</b>	4		
<b>ESTRING</b>	4		
<b>ESTROGEL</b>	4		
<i>estropipate</i>	1	PR	
<b>EVAMIST</b>	3		
<b>EVISTA</b>	3		
<b>FEMHRT</b>	4		
<b>FEMRING</b>	4		
<b>FEMTRACE</b>	4		
<i>flutamide</i>	2		
<i>gildess fe</i>	1		
<i>gynodiol</i>	1		
<i>jolivette</i>	1		
<i>junel</i>	1		
<i>kariva</i>	1		
<i>kelnor 1/35</i>	1		
<i>leena</i>	1		
<i>lessina</i>	1		
<i>levora</i>	1		
<b>LOESTRIN 24 FE</b>	4		
<i>low-ogestrel</i>	1		
<i>lutera</i>	1		
<i>medroxyprogesterone</i>	1		
<i>megestrol</i>	2		
<b>MENEST</b>	4	PR	
<b>MENOSTAR</b>	4	QL	4 /28 day(s)
<b>METHITEST</b>	4	PR	
<i>microgestin</i>	1		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>mononessa</i>	1		
<i>necon</i>	1		
<i>next choice</i>	1		
<b>NILANDRON</b>	4		
<i>nora-be</i>	1		
<i>norethindrone acetate</i>	2		
<i>nortrel</i>	1		
<i>ocella</i>	1		
<i>ogestrel</i>	1		
<b>ORTHO EVRA</b>	4		
<b>ORTHO TRI-CYCLEN LO</b>	4		
<i>ortho-est</i>	1	PR	
<i>oxandrolone 10mg</i>	5	PR	
<i>oxandrolone 2.5mg</i>	2	PR	
<b>PLAN B</b>	4		
<i>portia</i>	1		
<b>PREFEST</b>	4		
<b>PREMARIN</b>	4	PR	
<b>PREMARIN VAGINAL CREAM</b>	4		
<b>PREMPHASE</b>	4	PR	
<b>PREMPRO</b>	4	PR	
<i>previfem</i>	1		
<b>PROCHIEVE</b>	4		
<b>PROMETRIUM</b>	4		
<i>quasense</i>	1		
<i>reclipsen</i>	1		
<b>SEASONIQUE</b>	4		
<i>solia</i>	1		
<i>sprintec</i>	1		
<i>sronyx</i>	1		
<b>TESLAC</b>	4		
<b>TESTIM</b>	4	ST	
<i>testosterone cypionate</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>testosterone enanthate</i>	2		
<b>TESTRED</b>	4	PR	
<i>tri-legest</i>	1		
<i>tri-lo sprintec</i>	1		
<i>trinessa</i>	1		
<i>tri-previfem</i>	1		
<i>tri-sprintec</i>	1		
<i>trivora</i>	1		
<b>VAGIFEM</b>	4		
<i>velivet</i>	1		
<b>VIVELLE-DOT</b>	4	QL	8 /28 day(s)
<b>YAZ</b>	4		
<i>zovia</i>	1		
<b>HORMONAL AGENTS — PITUITARY DRUGS</b>			
<i>bromocriptine</i>	2		
<i>cabergoline</i>	2		
<b>DEGARELIX 120MG</b>	5	PR QL	2 /365 day(s)
<b>DEGARELIX 80MG</b>	4	PR QL	80 /28 day(s)
<i>desmopressin</i>	2		
<b>ELIGARD</b>	4	PR	
<b>INCRELEX</b>	5	PR	
<b>IPLEX</b>	5	PR	
<i>leuprolide</i>	2	PR	
<b>LUPRON DEPOT 37.5MG</b>	4	PR	
<b>LUPRON DEPOT 7.5MG</b>	5	PR	
<b>LUPRON DEPOT-PED</b>	5	PR	
<b>NORDITROPIN</b>	5	PR	
<i>octreotide</i>	5	PR	
<i>octreotide 50mcg/ml</i>	2	PR	
<b>PLENAXIS</b>	5		
<b>SANDOSTATIN LAR DEPOT</b>	5	PR ST	
<b>SOMATULINE</b>	5	PR ST	
<b>SOMAVERT</b>	5	PR ST	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>SYNAREL</b>	5		
<b>HORMONAL AGENTS — THYROID DRUGS</b>			
<b>CYTOMEL</b>	3		
<i>levothroid</i>	1		
<i>levothyroxine</i>	1		
<i>levoxyl</i>	1		
<i>liothyronine</i>	1		
<i>liothyronine inj</i>	5		
<i>methimazole</i>	1		
<i>propylthiouracil</i>	1		
<b>THYROLAR</b>	4		
<i>unithroid</i>	1		
<b>IMMUNOLOGIC AGENTS — IMMUNOLOGY DRUGS AND VACCINES</b>			
<b>ACTHIB</b>	3		
<b>ACTIMMUNE</b>	5	PR	
<b>ADACEL</b>	4		
<b>ARCALYST</b>	5		
<b>ATGAM</b>	5	PR	
<b>ATTENUVAX</b>	4		
<b>AVONEX</b>	5	PR	
<b>AZASAN</b>	4	PR	
<i>azathioprine 100mg</i>	5	PR	
<i>azathioprine 50mg</i>	1	PR	
<b>BETASERON</b>	5	PR	
<b>BOOSTRIX</b>	4		
<b>CELLCEPT CAPSULES</b>	4	PR	
<b>CELLCEPT I.V.</b>	4	PR	
<b>CELLCEPT SUSPENSION</b>	5	PR	
<b>CELLCEPT TABLETS</b>	5	PR	
<b>CIMZIA</b>	5	PR	
<b>COMVAX</b>	4		
<b>COPAXONE</b>	5	PR	
<i>cyclosporine</i>	2	PR	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
DAPTACEL	4		
DECAVAC	4		
DIPHTHERIA/TETANUS TOXOID	3		
ENBREL	5	PR	
ENGERIX-B	3	PR	
EXTAVIA	5	PR	
FLEBOGAMMA	5	PR	
GAMASTAN S/D	4	PR	
GAMMAGARD	5	PR	
GAMUNEX	5	PR	
GARDASIL	4	PR	
<i>gengraf</i>	2	PR	
HAVRIX	4	PR	
HIBERIX	4		
HIBTITER	4		
HUMIRA	5	PR	
ILARIS	5	PR	
IMOVAX RABIES (H.D.C.V.)	4	PR	
INFANRIX	4		
INFERGEN	5	PR	
INTRON-A	5	PR	
IPOL INACTIVATED IPV	3		
IXIARO	4		
JE-VAX	4		
KINERET	5	PR	
KINRIX	4		
<i>leflunomide</i>	1		
MENACTRA	4		
MENOMUNE-A/C/Y/W-135	3		
MERUVAX II W/DILUENT 10 D	4		
<i>methotrexate 2.5mg</i>	1		
<i>methotrexate inj 1gm</i>	2	PR	
<i>methotrexate inj 25mg/ml</i>	1	PR	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>M-M-R II</b>	3		
<b>MUMPSVAX</b>	4		
<i>mycophenolate</i>	2	PR	
<b>MYFORTIC 180MG</b>	4	PR	
<b>MYFORTIC 360MG</b>	5	PR	
<b>OCTAGAM</b>	5	PR	
<b>ORENCIA</b>	5	PR	
<b>ORTHOCLONE OKT3</b>	5	PR	
<b>PEDIARIX</b>	4		
<b>PEDVAX HIB</b>	4		
<b>PEGASYS</b>	5	PR	
<b>PEG-INTRON</b>	5	PR	
<b>PENTACEL</b>	4		
<b>POLYGAM S/D</b>	3	PR	
<b>PROGRAF 0.5, 1MG</b>	4	PR	
<b>PROGRAF CAPSULES 5MG</b>	5	PR	
<b>PROGRAF INJ</b>	4	PR	
<b>PROQUAD</b>	3		
<b>RABAVERT</b>	4	PR	
<b>RAPAMUNE</b>	5	PR	
<b>RAPAMUNE SOLUTION</b>	4	PR	
<b>REBIF</b>	5	PR	
<b>RECOMBIVAX HB</b>	4	PR	
<b>REMICADE</b>	5	PR	
<b>RIDAURA</b>	4		
<b>ROTARIX</b>	4		
<b>ROTATEQ</b>	3		
<b>SIMPONI</b>	5	PR QL	50 /30 day(s)
<b>SIMULECT</b>	5	PR	
<b>SYNAGIS</b>	5	PR	
<i>tacrolimus</i>	5	PR	
<b>TETANUS TOXOID ADSORBED</b>	3	PR	
<b>TETANUS/DIPHTHERIA TOXOID</b>	3		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<b>THYMOGLOBULIN</b>	4	PR	
<b>TRIHIBIT</b>	4		
<b>TRIPEDIA</b>	4		
<b>TWINRIX</b>	4		
<b>TYPHIM VI</b>	4		
<b>TYSABRI</b>	5	PR LD	
<b>VAQTA</b>	4	PR	
<b>VARIVAX</b>	3		
<b>VIVOTIF BERNA</b>	3		
<b>XOLAIR</b>	5	PR	
<b>YF-VAX</b>	3		
<b>ZENAPAX</b>	5	PR	
<b>ZOSTAVAX</b>	4	PR QL	1 /365 day(s)
<b>METABOLIC BONE DISEASE AGENTS — OSTEOPOROSIS (BONE LOSS) DRUGS</b>			
<b>ACTONEL 150MG</b>	3	QL	1 /28 day(s)
<b>ACTONEL 35MG</b>	3	QL	4 /28 day(s)
<b>ACTONEL 5, 30MG</b>	3		
<b>ACTONEL 75MG</b>	3	QL	2 /28 day(s)
<b>ACTONEL WITH CALCIUM</b>	3	QL	1 /1 day(s)
<i>alendronate</i>	1		
<i>alendronate 35, 70mg</i>	1	QL	4 /28 day(s)
<i>calcitonin</i>	2		
<i>etidronate</i>	2		
<b>FORTEO</b>	5	ST	
<i>fortical</i>	2		
<b>FOSAMAX SOLUTION</b>	4	QL	300 /28 day(s)
<b>HECTOROL</b>	3		
<i>pamidronate</i>	2		
<b>ZEMPLAR</b>	3		
<b>ZOMETA</b>	5		
<b>MISCELLANEOUS</b>			
<b>BUPHENYL</b>	5		
<b>KUVAN</b>	5	PR	

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>METHERGINE</b>	4		
<b>ORFADIN</b>	5	PR	
<b>RILUTEK</b>	5	PR	
<b>OPHTHALMIC AND OTIC AGENTS — EYE AND EAR DRUGS</b>			
<i>ace acd/alum sol 2% otic</i>	1		
<i>acetazol hc sol otic</i>	1		
<i>acetazolamide</i>	1		
<i>acetazolamide inj</i>	2		
<i>acetic acid</i>	1		
<i>acetic acid and hydrocortisone</i>	1		
<b>ACULAR/LS</b>	4	ST	
<i>ak-con</i>	1		
<i>ak-poly-bac</i>	1		
<i>ak-tob</i>	1		
<b>ALAMAST</b>	4		
<b>ALOCRI</b>	4		
<b>ALOMIDE</b>	4		
<b>ALPHAGAN P</b>	3		
<b>ALREX</b>	4	ST	
<b>AZASITE</b>	4		
<b>AZOPT</b>	4	ST	
<i>bacitracin optical ointment</i>	1		
<i>bacitracin zinc and polymyxin b sulfate ophth</i>	1		
<i>bacitracin zinc, neomycin and polymyxin b ophth</i>	1		
<i>bacitracin, hydrocortisone and neomycin ophth</i>	1		
<i>betaxolol ophth</i>	1		
<b>BETIMOL</b>	4		
<b>BETOPTIC-S</b>	4		
<b>BLEPHAMIDE</b>	4		
<i>borofair</i>	1		
<i>brimonidine</i>	1		
<i>carteolol</i>	1		
<b>CILOXAN OINTMENT</b>	4		

<b>KEY</b>		<b>Notes</b>
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>CIPRO HC</b>	4		
<b>CIPRODEX</b>	4		
<i>ciprofloxacin ophth</i>	1		
<b>COLY-MYCIN-S</b>	4		
<b>COMBIGAN</b>	4		
<b>CORTISPORIN-TC</b>	4		
<i>cortomycin</i>	1		
<i>cromolyn ophth solution</i>	1		
<b>DERMOTIC</b>	3		
<i>dexamethasone and neomycin sulfate and polymyxin b</i>	1		
<i>dexamethasone ophth solution</i>	2		
<i>dexasporin</i>	1		
<i>diclofenac ophth solution</i>	2		
<i>dipivefrin</i>	1		
<i>dorzol/timol</i>	2		
<i>dorzolamide</i>	1		
<b>DUREZOL</b>	4		
<b>ELESTAT</b>	4		
<b>EMADINE</b>	4		
<i>erythromycin ophth ointment</i>	1		
<b>FLAREX</b>	4		
<i>fluorometholone</i>	1		
<i>fluor-op</i>	1		
<i>flurbiprofen ophth solution</i>	1		
<b>FML FORTE</b>	4		
<b>FML S.O.P.</b>	4		
<i>genoptic</i>	1		
<i>gentak ointment</i>	1		
<i>gentamicin ointment ophth</i>	1		
<i>gentasol</i>	1		
<i>gramicidin and neomycin and polymyxin b</i>	1		
<i>hydrocortisone and neomycin and polymyxin</i>	1		
<i>hydrocortisone and neomycin sulfate and polymyxin</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>IOPIDINE</b>	4		
<b>ISTALOL</b>	4		
<i>ketotifen drops</i>	1		
<b>LACRISERT</b>	4		
<i>levobunolol</i>	1		
<b>LOTEMAX</b>	4	ST	
<b>LUMIGAN</b>	3		
<b>MAXIDEX</b>	4		
<i>methazolamide</i>	1		
<i>metipranolol</i>	1		
<i>mydral</i>	1		
<i>naphazoline</i>	1		
<b>NATACYN</b>	3		
<i>neomycin and polymyxin-hc otic</i>	1		
<b>NEVANAC</b>	4	ST	
<i>ocusulf-10</i>	1		
<i>ofloxacin ophth</i>	1		
<i>ofloxacin otic</i>	1		
<b>OPTIVAR</b>	3		
<i>parcaine</i>	1		
<b>PATADAY</b>	4		
<b>PATANOL</b>	4		
<b>PHOSPHOLINE IODIDE</b>	4		
<b>PILOPINE HS</b>	4		
<i>polycin b</i>	1		
<i>poly-dex</i>	1		
<i>polymyxin b and trimethoprim</i>	1		
<b>POLY-PRED</b>	4		
<b>PRED MILD</b>	4		
<b>PRED-G</b>	4		
<i>prednisolone acetate ophth</i>	1		
<i>prednisolone sodium phosphate and sulfacetamide</i>	1		
<i>prednisolone sodium phosphate ophth</i>	1		

<b>KEY</b>	<b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
------------	---	---	---

Drug Name	Copay Tier	Notes	QL/Days
<i>proparacaine hydrochloride</i>	1		
<b>QUIXIN</b>	4		
<b>RESTASIS</b>	3		
<i>romycin</i>	1		
<i>sulf-10</i>	1		
<i>sulfacetamide sodium ophth</i>	1		
<i>timolol ophth solution</i>	1		
<b>TOBRADEX OINTMENT</b>	4		
<i>tobramycin ophth</i>	1		
<i>tobramycin/sus dexameth</i>	2		
<i>tobrasol</i>	1		
<b>TOBREX OINTMENT</b>	4		
<b>TRAVATAN</b>	3		
<i>trifluridine</i>	2		
<i>tropicacyl</i>	1		
<i>tropicamide</i>	1		
<b>VEXOL</b>	4		
<b>VIGAMOX</b>	4		
<b>XALATAN</b>	4		
<b>XIBROM</b>	4	ST	
<b>ZYLET</b>	4		
<b>ZYMAR</b>	4		
<b>PARATHYROID SUPPRESSANT DRUGS</b>			
<b>SENSIPAR</b>	5		
<b>SENSIPAR 30MG</b>	3		
<b>RESPIRATORY TRACT AGENTS — ALLERGY/ASTHMA/COPD DRUGS</b>			
<b>ACCOLATE</b>	4	QL	2 /1 day(s)
<i>acetylcysteine</i>	1	PR	
<b>ADCIRCA</b>	5	PR	
<b>ADVAIR</b>	3		
<b>ADVAIR HFA</b>	3		
<b>AEROBID/M</b>	4		
<i>albuterol er tablets</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>albuterol neb solution</i>	1	PR	
<i>albuterol syrup</i>	1		
<i>albuterol tablets</i>	1		
<i>albuterol-ipratropium</i>	2	PR	
<b>ALVESCO</b>	4		
<i>aminophylline</i>	1		
<b>ARALAST</b>	5		
<b>ASMANEX</b>	3		
<b>ASTELIN</b>	4		
<b>ATROVENT</b>	4		
<b>BECONASE AQ</b>	4	ST	
<b>BROVANA</b>	4	PR	
<i>carbinoxamine</i>	1		
<i>cetirizine syrup</i>	1	PR QL	10 /1 day(s)
<b>CLARINEX</b>	4	QL	1 /1 day(s)
<b>CLARINEX SYRUP</b>	4	PR QL	10 /1 day(s)
<b>CLARINEX-D 12 HOUR</b>	4	QL	2 /1 day(s)
<b>CLARINEX-D 24 HOUR</b>	4	QL	1 /1 day(s)
<i>clemastine</i>	1		
<b>COMBIVENT</b>	4		
<i>cromolyn neb solution</i>	2	PR	
<i>cyproheptadine</i>	1	PR	
<i>dexchlorpheniramine</i>	1	PR	
<i>diphenhydramine</i>	1	PR	
<b>ELIXOPHYLLIN</b>	4		
<i>epinephrine</i>	1		
<b>EPIPEN</b>	4		
<b>EPIPEN-JR</b>	4		
<i>fexofenadine</i>	1	QL	2 /1 day(s)
<i>fexofenadine 180mg</i>	1	QL	1 /1 day(s)
<b>FLOVENT DISK</b>	3		
<b>FLOVENT HFA</b>	3		
<i>flunisolide</i>	1		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>fluticasone spray</i>	1		
<b>FORADIL AEROLIZER</b>	3		
<i>hydroxyzine hydrochloride</i>	1	PR	
<i>hydroxyzine pamoate</i>	1	PR	
<b>INTAL INHALER</b>	3		
<i>ipratropium inhalant</i>	1	PR	
<i>ipratropium spray</i>	1		
<b>LETAIRIS</b>	5		
<i>levalbuterol solution</i>	2	PR	
<i>metaproterenol syrup</i>	1		
<i>metaproterenol tablets</i>	2		
<b>OMNARIS</b>	4	ST	
<i>palgic</i>	1		
<b>PATANASE</b>	4		
<b>PERFOROMIST NEB</b>	4	PR	
<b>PROAIR HFA</b>	3		
<b>PROLASTIN</b>	5		
<i>promethazine vc</i>	1		
<b>PROVENTIL HFA</b>	3		
<b>PULMICORT INHALER</b>	4		
<b>PULMOZYME</b>	5	PR	
<b>QVAR</b>	4		
<b>REMODULIN</b>	5		
<b>REVATIO</b>	5	PR	
<b>RHINOCORT AQUA</b>	4	ST	
<b>SEMPREX-D</b>	4	QL	4 /1 day(s)
<b>SEREVENT DISKUS</b>	4	ST	
<b>SINGULAIR</b>	3	QL	1 /1 day(s)
<b>SPIRIVA HANDIHALER</b>	3		
<b>SYMBICORT</b>	3		
<i>terbutaline inj</i>	1	PR	
<i>terbutaline tablet</i>	1		
<b>THEO-24</b>	4		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>theochron</i>	1		
<i>theophylline er/cr/sr</i>	1		
<b>TRACLEER</b>	5	LD	
<b>TWINJECT</b>	4		
<b>TYZINE</b>	3		
<b>VENTAVIS</b>	5	PR	
<b>VENTOLIN HFA</b>	4		
<b>ZYFLO CR</b>	4	QL	4 /1 day(s)
<b>SEDATIVES/HYPNOTICS — SLEEP AIDS</b>			
<b>AMBIEN CR</b>	3	ST QL	1 /1 day(s)
<i>zaleplon 10mg</i>	2	QL	2 /1 day(s)
<i>zaleplon 5mg</i>	2	QL	3 /1 day(s)
<i>zolpidem 10mg</i>	1	QL	1 /1 day(s)
<i>zolpidem 5mg</i>	1	QL	2 /1 day(s)
<b>THERAPEUTIC SUPPLEMENTS</b>			
<b>AMINOSYN</b>	4		
<i>ammonium chloride</i>	1		
<i>calcitriol</i>	2		
<i>calcitriol capsules</i>	1		
<b>CLINISOL SF</b>	4		
<i>dextrose</i>	2		
<i>ed k+10</i>	1		
<b>INTRALIPID</b>	4		
<b>ISOLYTE-H</b>	4		
<b>ISOLYTE-M</b>	4		
<b>KAON-CL-10</b>	4		
<i>kcl with dextrose</i>	2		
<b>KCL WITH DEXTROSE</b>	4		
<i>klor-con 8</i>	1		
<i>klor-con m10</i>	1		
<i>klor-con m15</i>	2		
<i>klor-con m20</i>	1		
<i>lactated ringer's</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<b>LACTATED RINGER'S IRRIGATION</b>	4		
<i>levocarnitine</i>	2		
<i>magnesium sulfate</i>	1		
<b>NEPHRAMINE</b>	4		
<b>NORMOSOL</b>	4		
<b>PHYSIOLYTE</b>	4		
<b>PHYSIOSOL</b>	4		
<b>PLASMA-LYTE-R</b>	4		
<b>POTASSIUM CHLORIDE</b>	4		
<i>potassium chloride</i>	1		
<b>POTASSIUM CHLORIDE AND SODIUM CHLORIDE</b>	4		
<i>potassium chloride 10meq capsules</i>	1		
<i>potassium chloride and sodium chloride</i>	1		
<i>potassium chloride cr, er, sr tablets</i>	1		
<i>potassium citrate extended</i>	1		
<i>premasol</i>	2		
<b>PRENATAL VITAMINS</b>	4	PR	
<b>PROSOL</b>	4		
<b>RENAMIN</b>	4		
<b>RINGER'S IRRIGATION</b>	4		
<i>ringer's solution</i>	1		
<i>sodium bicarbonate</i>	1		
<i>sodium chloride inj</i>	1		
<i>sodium chloride irrigation</i>	1		
<b>SODIUM FLUORIDE 1MG</b>	4		
<i>sodium lactate</i>	1		
<i>sterile water</i>	1		
<b>TIS-U-SOL</b>	4		
<b>TPN ELECTROLYTES FTV</b>	4		
<b>VIRAL INFECTION DRUGS</b>			
<i>acyclovir capsules</i>	1		
<i>acyclovir inj 50mg/ml</i>	2		
<i>acyclovir suspension</i>	2		

KEY		Notes
<b>UPPERCASE</b> = Brand name prescription drugs	<b>1, 2, 3, 4, 5 =</b> Copay tier level	<b>QL</b> = Quantity limits
<b>Lower case italics</b> = Generic medications		<b>ST</b> = Step therapy
		<b>PR</b> = Precertification
		<b>LD</b> = Limited distribution

Drug Name	Copay Tier	Notes	QL/Days
<i>acyclovir tablets</i>	1		
<b>AGENERASE</b>	4		
<i>amantadine</i>	1		
<b>APTIVUS</b>	5		
<b>ATRIPLA</b>	5		
<b>BARACLUDE</b>	5	QL	1 /1 day(s)
<b>BARACLUDE SOLUTION</b>	3	QL	20 /1 day(s)
<b>COMBIVIR</b>	5		
<b>CRIXIVAN</b>	3		
<i>didanosine</i>	2		
<b>EMTRIVA</b>	3		
<b>EPIVIR</b>	4		
<b>EPIVIR HBV</b>	3		
<b>EPZICOM</b>	5		
<i>famciclovir</i>	2		
<b>FORTOVASE</b>	4		
<i>foscarnet sodium</i>	2	PR	
<b>FUZEON</b>	5		
<i>ganciclovir</i>	2		
<b>HEPSERA</b>	5		
<b>HIVID</b>	4		
<b>INTELENCE</b>	5		
<b>INVIRASE</b>	5		
<b>ISENTRESS</b>	5		
<b>KALETRA 100-25MG</b>	4		
<b>KALETRA 200-50MG</b>	5		
<b>KALETRA CAPSULES</b>	4		
<b>KALETRA SOLUTION</b>	5		
<b>LEXIVA</b>	5		
<b>LEXIVA SUSPENSION</b>	4		
<b>NORVIR</b>	4		
<b>NORVIR SOLUTION</b>	5		
<b>PREZISTA</b>	5		

<b>KEY</b>  <b>UPPERCASE</b> = Brand name prescription drugs <b>Lower case italics</b> = Generic medications	<b>1, 2, 3, 4, 5</b> = Copay tier level	<b>Notes</b> <b>QL</b> = Quantity limits <b>ST</b> = Step therapy <b>PR</b> = Precertification <b>LD</b> = Limited distribution
---	--	---

Drug Name	Copay Tier	Notes	QL/Days
<b>REBETOL SOLUTION</b>	5	PR	
<b>RELENZA DISKHALER</b>	4	QL	560 /365 day(s)
<b>RESCRIPTOR</b>	4		
<b>RETROVIR IV INFUSION</b>	4		
<b>REYATAZ</b>	5		
<i>ribapak</i>	5	PR	
<i>ribasphere</i>	5	PR	
<i>ribavirin capsule</i>	5	PR	
<i>ribavirin tablet</i>	5		
<i>ribavirin tablet 200mg</i>	5	PR	
<i>rimantadine</i>	1		
<b>SELZENTRY</b>	5		
<i>stavudine</i>	2		
<b>SUSTIVA</b>	3		
<b>TAMIFLU CAPSULES</b>	4	QL	20 /365 day(s)
<b>TAMIFLU CAPSULES 75MG</b>	4	QL	84 /365 day(s)
<b>TAMIFLU SUSPENSION</b>	4	QL	525 /365 day(s)
<b>TRIZIVIR</b>	5		
<b>TRUVADA</b>	5		
<b>TYZEKA</b>	4	QL	1 /1 day(s)
<b>VALCYTE</b>	5		
<b>VIDEX SOLUTION</b>	4		
<b>VIRACEPT</b>	5		
<b>VIRAMUNE</b>	4		
<b>VIRAZOLE</b>	5		
<b>VIREAD</b>	4		
<b>ZERIT SOLUTION</b>	3		
<b>ZIAGEN</b>	4		
<i>zidovudine</i>	2		
<i>zidovudine tablets</i>	1		

# Enhanced Benefit Coverage only for

Aetna Medicare Rx Plus® Plan

Aetna Medicare Rx® — Costco Plus Plan

Aetna Medicare Rx Premier® Plan

**KEY**

EB = Enhanced benefit†

QL = Quantity limits

Drug Name	Copay Tier	Notes	QL/Days
<i>alprazolam 0.25mg</i>	1	EB QL	4 /1 day(s)
<i>alprazolam 0.5, 2mg</i>	1	EB QL	3 /1 day(s)
<i>alprazolam 0.5mg odt</i>	1	EB QL	3 /1 day(s)
<i>alprazolam 1mg</i>	1	EB QL	5 /1 day(s)
<i>alprazolam 2mg odt</i>	1	EB QL	3 /1 day(s)
<i>alprazolam con 1 mg/ml</i>	1	EB QL	5 /1 day(s)
<i>alprazolam xr/er</i>	1	EB QL	1 /1 day(s)
<i>chlordiazepoxide</i>	1	EB QL	4 /1 day(s)
<i>clonazepam odt 0.125mg</i>	1	EB QL	3 /1 day(s)
<i>clonazepam odt 0.25, 0.5, 2mg</i>	1	EB QL	2 /1 day(s)
<i>clonazepam odt 1mg</i>	1	EB QL	4 /1 day(s)
<i>clonazepam 0.5mg</i>	1	EB QL	3 /1 day(s)
<i>clonazepam 1mg</i>	1	EB QL	4 /1 day(s)
<i>clonazepam 2mg</i>	1	EB	2 /1 day(s)
<i>clorazepate dipotassium 15mg</i>	1	EB QL	1 /1 day(s)
<i>clorazepate dipotassium 3.75, 7.5mg</i>	1	EB QL	3 /1 day(s)
<i>diazepam</i>	1	EB QL	4 /1 day(s)
<i>diazepam con 5mg/ml</i>	1	EB QL	8 /1 day(s)
<i>diazepam sol 1mg/ml</i>	1	EB QL	40 /1 day(s)
<i>estazolam 1mg</i>	1	EB QL	2 /1 day(s)
<i>estazolam 2mg</i>	1	EB QL	1 /1 day(s)
<i>flurazepam</i>	1	EB QL	1 /1 day(s)
<i>lorazepam</i>	1	EB QL	3 /1 day(s)
<i>lorazepam inj 2mg/ml</i>	1	EB QL	4 /1 day(s)
<i>lorazepam inj 4mg/ml</i>	1	EB QL	4 /1 day(s)
<i>mephobarbital 100mg</i>	1	EB QL	6 /1 day(s)
<i>mephobarbital 32, 50mg</i>	1	EB QL	4 /1 day(s)

## Enhanced Benefit Coverage only for

**Aetna Medicare Rx Plus® Plan**

**Aetna Medicare Rx® — Costco Plus Plan**

**Aetna Medicare Rx Premier® Plan**

(continued)

### KEY

**EB** = Enhanced benefit<sup>†</sup>

**QL** = Quantity limits

<b>Drug Name</b>	<b>Copay Tier</b>	<b>Notes</b>	<b>QL/Days</b>
<i>midazolam inj 1mg/ml</i>	1	EB QL	5 /1 day(s)
<i>midazolam inj 2mg/2ml</i>	1	EB QL	2 /1 day(s)
<i>midazolam inj 5mg/ml</i>	1	EB QL	1 /1 day(s)
<i>midazolam sol 1mg/ml</i>	1	EB QL	5 /1 day(s)
<i>midazolam sol 5mg/ml</i>	1	EB QL	1 /1 day(s)
<i>midazolam syp 2mg/ml</i>	1	EB QL	10 /1 day(s)
<i>oxazepam</i>	1	EB QL	4 /1 day(s)
<i>phenobarbital 15, 16.2, 30, 32.4mg</i>	1	EB QL	4 /1 day(s)
<i>phenobarbital 60, 64.8, 97.2, 100mg</i>	1	EB QL	3 /1 day(s)
<i>phenobarbital elixir 20mg/5ml</i>	1	EB QL	40 /1 day(s)
<i>phenobarbital inj 130mg/ml</i>	1	EB QL	5 /1 day(s)
<i>phenobarbital inj 65mg/ml</i>	1	EB QL	4 /1 day(s)
<i>temazepam 15mg</i>	1	EB QL	2 /1 day(s)
<i>temazepam 30mg</i>	1	EB QL	1 /1 day(s)
<i>triazolam</i>	1	EB QL	2 /1 day(s)

<sup>†</sup> These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

Please consult the Evidence of Coverage for actual coverage requirements on this enhanced benefit.

# Aetna Medicare Preferred Drug List

## Alphabetical Listing Index

8-MOP	38	ADAGEN	42
ABILIFY	26	ADCIRCA	58
ABILIFY DISCMELT	26	adriamycin	22
ABILIFY INJ	26	ADVAIR	58
ABILIFY SOLUTION	26	ADVAIR HFA	58
ABRAXANE	22	ADVICOR	31
acarbose	28	AEROBID/M	58
ACCOLATE	58	afeditab cr 30mg	31
ace acd/alum sol 2% otic	55	afeditab cr 60mg	31
acebutolol	30	AFINITOR 5MG	22
ACEON	31	AFINITOR 10MG	22
ACEON 8MG	31	AGENERASE	63
acetazol hc sol otic	55	AGGRENEX	29
acetazolamide	55	a-hydrocort	46
acetazolamide inj	55	ak-con	55
acetic acid	55	AKNE-MYCIN	38
acetic acid and hydrocortisone	55	ak-poly-bac	55
acetylcysteine	58	ak-tob	55
ACTHIB	51	ala-cort	38
acticin	38	ALAMAST	55
ACTIMMUNE	51	ALA-SCALP	38
ACTIVELLA 0.5-0.1MG	47	ALBENZA	25
ACTONEL 5, 30MG	54	albuterol er tablets	58
ACTONEL 35MG	54	albuterol-ipratropium	59
ACTONEL 75MG	54	albuterol neb solution	59
ACTONEL 150MG	54	albuterol syrup	59
ACTONEL WITH CALCIUM	54	albuterol tablets	59
ACTOPLUS MET	28	alclometasone	38
ACTOS	28	ALCOHOL SWABS	28
ACULAR/LS	55	ALDARA	38
acyclovir capsules	62	ALDURAZYME	42
acyclovir inj 50mg/ml	62	alendronate	54
acyclovir suspension	62	alendronate 35, 70mg	54
acyclovir tablets	63	ALIMTA	22
ADACEL	51	ALINIA	25

ALKERAN INJ	22	amoclan	10
allopurinol inj	19	amoxapine	16
allopurinol tablets	19	amoxicillin	10
ALOCRIIL	55	amoxicillin and clavulanic acid	10
ALOMIDE	55	amoxil caps 500mg	10
ALORA	47	amoxil susp 250/5ml	10
ALPHAGAN P	55	amphetamine and dextroamphetamine	37
alprazolam 0.5, 2mg	65	amphetamine and dextroamphetamine 20mg	37
alprazolam 0.5mg odt	65	amphotericin b	19
alprazolam 0.25mg	65	ampicillin	10
alprazolam 1mg	65	ampicillin inj	10
alprazolam 2mg odt	65	ampicillin sodium and sulbactam sodium	10
alprazolam con 1 mg/ml	65	ANADROL-50	47
alprazolam xr/er	65	anagrelide	29
ALREX	55	ANCOBON	19
ALTABAX	38	ANDRODERM	47
ALTOPREV	31	ANDROGEL	47
ALVESCO	59	ANDROID	47
amantadine	63	ANDROXY	47
AMBIEN CR	61	anestacon gel	10
amcinonide	38	ANTABUSE	7
AMERGE	21	ANTARA	31
a-methapred	46	ANTIVERT	18
AMEVIVE	38	ANZEMET TABLETS	18
amifostine	22	APHTHASOL	38
amikacin 100/2ml	10	APIDRA	28
amikacin 500/2ml	10	APOKYN	25
amiloride	31	apri	47
amiloride and hydrochlorothiazide	31	APTIVUS	63
aminophylline	59	ARALAST	59
AMINOSYN	61	aranelle	47
amiodarone	31	ARANESP	30
AMITIZA 8MCG	43	ARANESP 25, 40MCG	30
AMITIZA 24MCG	43	ARCALYST	51
amitriptyline	16	ARICEPT	16
amlodipine 2.5, 5mg	31	ARIMIDEX	22
amlodipine 10mg	31	ARIXTRA	30
amlodipine and benazepril	31	ARIXTRA 2.5MG/0.5ML	30
ammonium chloride	61	AROMASIN	22
ammonium lactate 12%	38	ARRANON	22
amnesteem	39	ARTHROTEC	20

ASACOL 400MG	43	baciim	11
ASACOL 800MG	43	bacitracin, hydrocortisone and neomycin ophth	55
ASMANEX	59	bacitracin optical ointment	55
ASTELIN	59	bacitracin zinc and polymyxin b sulfate ophth	55
astramorph	7	bacitracin zinc, neomycin and polymyxin b ophth	55
ATACAND	31	baclofen	28
ATACAND 32MG	31	BACTROBAN CREAM	39
ATACAND HCT	31	BACTROBAN NASAL	11
ATACAND HCT 16-12.5MG	31	balsalazide	43
atamet	25	balziva	47
atenolol	31	BANZEL 200MG	14
atenolol and chlorthalidone	31	BANZEL 400MG	14
ATGAM	51	BARACLUDE	63
ATRIPLA	63	BARACLUDE SOLUTION	63
atropine sulfate inj	44	BECONASE AQ	59
ATROVENT	59	benazepril	31
ATTENUVAX	51	benazepril 40mg	31
augmented betamethasone dipropionate	39	benazepril and hydrochlorothiazide	31
AUGMENTIN XR	10	BENICAR	31
AVANDAMET	28	BENICAR 40MG	31
AVANDARYL	28	BENICAR HCT	31
AVANDIA	28	BENICAR HCT 20-12.5MG	31
AVASTIN	22	BENZACLIN	39
AVELOX	11	benztropine	26
aviane	47	benztropine mesylate inj 1mg/ml	26
avita cream	39	betamethasone dipropionate	39
avita gel	39	betamethasone dipropionate and clotrimazole	39
AVODART	45	betamethasone valerate	39
AVONEX	51	BETASERON	51
AXID SOLUTION	44	beta-val	39
AZACTAM	11	betaxolol hydrochloride	31
AZACTAM IN DEXTROSE	11	betaxolol ophth	55
AZASAN	51	bethanechol	45
AZASITE	55	BETIMOL	55
azathioprine 50mg	51	BETOPTIC-S	55
azathioprine 100mg	51	bicalutamide	47
AZELEX	39	BICNU	22
AZILECT	26	BILTRICIDE	25
azithromycin	11	bisoprolol	31
azithromycin inj	11	bisoprolol and hydrochlorothiazide	31
AZOPT	55	bleomycin sulfate	22

BLEPHAMIDE	55	captopril and hydrochlorothiazide	32
BOOSTRIX	51	CARAC	39
borofair	55	carbamazepime er	14
BOTOX	28	carbamazepine	14
bretylum tosylate	31	CARBATROL	14
brimonidine	55	carbidopa and levodopa	26
bromocriptine	50	carbidopa and levodopa odt/er/sr	26
BROVANA	59	carbinoxamine	59
budeprion sr	16	carboplatin	22
budeprion xl	16	CARDENE I.V. 20/200, 40/200ML	32
budeprion xl 300mg	16	CARDIZEM LA	32
bumetanide	31	CARDIZEM LA 120MG	32
BUPHENYL	54	CARDIZEM LA 180MG	32
buprenorphine	7	carisoprodol	28
bupropion 75, 100mg	16	carisoprodol and aspirin	28
bupropion hcl sr	7	carisoprodol, codeine and aspirin	28
bupropion sr 100, 150, 200mg	16	carteolol	55
bupirone	10	cartia xt 120mg	32
BUSULFEX	22	cartia xt 180mg	32
butorphanol	7	cartia xt 240, 300mg	32
butorphanol inj	7	carvedilol	32
BYETTA	29	CASODEX	47
BYSTOLIC	31	CATAPRES-TTS	32
cabergoline	50	CEDAX	11
CADUET	31	CEENU	22
CALCIBIND	45	cefaclor	11
calcipotriene solution	39	cefaclor er	11
calcitonin	54	cefadroxil capsules	11
calcitriol	61	cefadroxil suspension	11
calcitriol capsules	61	cefadroxil tablets	11
calcium acetate	45	cefazolin	11
camila	47	cefdinir	11
CAMPATH	22	cefepime	11
CAMPRAL	7	CEFIZOX IN DEXTROSE 5%	11
CANASA	43	cefotaxime	11
CANCIDAS	19	cefotetan	11
CANTIL	44	cefoxitin	11
CAPASTAT	21	cefpodoxime	11
CAPEX	39	cefprozil	11
CAPITAL/CODEINE	7	ceftazidime inj	11
captopril	32	ceftriaxone	11

cefuroxime	11	CIPRO SUSPENSION	11
cefuroxime tablets	11	cisplatin	22
CELEBREX	20	citalopram solution	16
CELEBREX 200MG	20	citalopram tablets	16
CELESTONE	46	cladribine	22
CELLCEPT CAPSULES	51	claravis	39
CELLCEPT I.V.	51	CLARINEX	59
CELLCEPT SUSPENSION	51	CLARINEX-D 12 HOUR	59
CELLCEPT TABLETS	51	CLARINEX-D 24 HOUR	59
CELONTIN	14	CLARINEX SYRUP	59
CENESTIN	47	clarithromycin er	11
cephalexin	11	clarithromycin susp	12
CEREDASE	42	clarithromycin tablets	12
CEREZYME	42	clemastine	59
CESAMET	18	CLEOCIN 75MG	12
cesia	47	CLEOCIN PEDIATRIC GRANULE	12
cetirizine syrup	59	CLEOCIN SUPPOSITORY	12
CHANTIX	7	CLIMARA PRO	47
chloramphenicol	11	clindamycin capsules	12
chlordiazepoxide	65	clindamycin cream	12
chlordiazepoxide and amitriptyline	16	clindamycin inj	12
chlorhexidine gluconate	38	clindamycin phosphate	39
chloroquine	25	clindamycin phosphate-benzoyl peroxide gel	39
chlorothiazide	32	CLINDESSE	12
chlorpromazine	26	CLINISOL SF	61
chlorpropamide	29	clobetasol	39
chlorthalidone	32	clobetasol foam	39
chlorzoxazone	28	CLOBEX LOTION	39
cholestyramine	32	CLOBEX SHAMPOO	39
ciclopirox	39	CLODERM	39
ciclopirox solution	39	CLOLAR	22
cilostazol	30	clomipramine	16
CILOXAN OINTMENT	55	clonazepam 0.5mg	65
cimetidine	44	clonazepam 1mg	65
CIMZIA	51	clonazepam 2mg	65
CIPRODEX	56	clonazepam odt 0.25, 0.5, 2mg	65
ciprofloxacin inj	11	clonazepam odt 0.125mg	65
ciprofloxacin ophth	56	clonazepam odt 1mg	65
ciprofloxacin sr	11	clonidine	32
ciprofloxacin tablets	11	clonidine patch	32
CIPRO HC	56	clorazepate dipotassium 3.75, 7.5mg	65

clorazepate dipotassium 15mg	65	COVERA-HS 180MG	32
CLORPRES	32	COVERA-HS 240MG	32
clotrimazole	39	COZAAR	32
clotrimazole lozenge	19	COZAAR 100MG	32
clozapine 25, 50mg	26	CREON	42
clozapine 100mg	26	CRESTOR	32
clozapine 200mg	26	CRIXIVAN	63
cocet	7	cromolyn neb solution	59
codeine, acetaminophen, butalbital and caffeine	7	cromolyn ophth solution	56
codeine and acetaminophen solution	7	cryselle	47
codeine and acetaminophen tablet	7	CUBICIN	12
codeine, aspirin, butalbital and caffeine	7	CUPRIMINE	7
co-gesic	7	cyclobenzaprine	28
COGNEX	16	cyclophosphamide	22
colchicine	19	cyclosporine	51
colestipol granules	32	CYKLOKAPRON	30
colestipol tablets	32	CYMBALTA	16
colistimethate	12	CYMBALTA 60MG	16
colocort	43	cyproheptadine	59
COLY-MYCIN-S	56	CYSTADANE	42
COMBIGAN	56	CYSTAGON	42
COMBIPATCH	47	cytarabine	22
COMBIVENT	59	cytarabine 1, 2gm	22
COMBIVIR	63	CYTOMEL	51
compro	18	dacarbazine	22
COMTAN	26	DACOGEN	22
COMVAX	51	danazol	47
CONCERTA	37	dantrolene	28
CONCERTA 18MG	37	dapsone	21
CONDYLOX GEL	39	DAPTACEL	52
constulose	44	DARAPRIM	25
COPAXONE	51	DARVON-N	7
CORDRAN	39	daunorubicin	22
COREG CR	32	DAUNOXOME	22
cormax	39	DECAVAC	52
CORTIFOAM	43	DEGARELIX 80MG	50
cortisone	43	DEGARELIX 120MG	50
CORTISPORIN-TC	56	del-beta	39
cortomycin	56	demeclocycline 150mg	12
COSMEGEN	22	demeclocycline 300mg	12
COUMADIN INJ	30	DEMSEK	32

DENAVIR	39	dilt cd 120mg	32
depade	7	dilt cd 180mg	32
DEPEN TITRATABS	7	dilt cd 300mg	32
DEPO-ESTRADIOL	47	diltiazem	32
DERMOTIC	56	diltiazem cd 120mg	33
desipramine	16	diltiazem inj 100mg	33
desmopressin	50	dilt-xr 180mg	33
desonide	39	dilt-xr 240mg	33
desoximetasone	39	diltzac	33
DETROL/LA	45	diltzac 300, 360mg	33
dexamethasone	46	DIOVAN	33
dexamethasone and neomycin sulfate and polymyxin b	56	DIOVAN 320MG	33
dexamethasone ophth solution	56	DIOVAN HCT	33
dexasporin	56	DIOVAN HCT 320-12.5, 320-25MG	33
dexchlorpheniramine	59	DIPENTUM	43
dexmethylphenidate	37	diphenhydramine	59
DEXPAK	46	diphenoxylate and atropine liquid	43
dexrazoxane	22	dipivefrin	56
dextroamphetamine	37	DIPHTHERIA/TETANUS TOXOID	52
dextroamphetamine cr	37	dipyridamole	30
dextrose	61	disopyramide	33
diazepam	65	divalproex ec	14
diazepam con 5mg/ml	65	divalproex er	15
diazepam sol 1mg/ml	65	divalproex sprinkles	15
DIBENZYLINE	32	DIVIGEL	47
diclofenac ophth solution	56	dorzolamide	56
diclofenac potassium	20	dorzol/timol	56
diclofenac sodium	20	DOVONEX CREAM	40
dicloxacillin	12	doxazosin	33
dicyclomine	44	doxepin	16
didanosine	63	DOXIL	22
diflorasone cream	39	doxorubicin	22
diflorasone ointment	40	doxy-caps	12
diflunisal	20	doxycycline hyclate capsules 50mg	12
digoxin	32	doxycycline hyclate capsules 75, 100mg	12
dihydrocodeine/acetaminophen/caffeine	7	doxycycline hyclate inj	12
dihydroergotamine	21	doxycycline hyclate tablets 20mg	12
DILANTIN 30MG	14	doxycycline hyclate tablets 100mg	12
DILANTIN CHEWS	14	doxycycline monohydrate tablets 50, 75mg	12
DILATRATE SR	32	doxycycline monohydrate tablets 150mg	12
		doxycycline susp	12

dronabinol	18	endodan	8
dronabinol 2.5mg	18	ENGERIX-B	52
DROXIA	22	ENJUVA	47
DUETACT	29	enpresse-28	47
duramorph	7	ENTOCORT EC	43
DUREZOL	56	enulose	44
DYNACIRC CR	33	EPIDUO	40
DYNACIRC CR 10MG	33	epinephrine	59
DYRENIUM	33	EPIPEN	59
econazole	40	EPIPEN-JR	59
EDECRIN	33	epirubicin	23
ed k+10	61	epitol	15
e.e.s. tablets	12	EPIVIR	63
EFFEXOR XR 37.5, 75MG	16	EPIVIR HBV	63
EFFEXOR XR 150MG	16	eplerenone	33
ELAPRASE	42	EPZICOM	63
ELESTAT	56	EQUETRO	26
ELIDEL	40	ERBITUX	23
ELIGARD	50	ergoloid mesylates	16
eliphos	45	ERGOMAR	21
ELITEK	23	ergotamine and caffeine	21
ELIXOPHYLLIN	59	errin	47
ELMIRON	45	ERYPED	12
ELOXATIN	23	ERY-TAB	12
ELSPAR	23	ERYTHROCIN INJ	12
EMADINE	56	erythromycin	12,40
EMBEDA 100-4, 80-3.2MG	8	erythromycin and benzoyl peroxide	40
EMCYT	23	erythromycin and sulfisoxazole	12
EMEND 40, 80, 125MG	18	erythromycin ophth ointment	56
EMEND 80-125MG	18	erythromycin stearate	12
EMEND SOLUTION	18	estazolam 1mg	65
EMSAM	16	estazolam 2mg	65
EMTRIVA	63	ESTRACE VAGINAL CREAM	47
ENABLEX	45	ESTRADERM	47
enalapril	33	estradiol and norethindrone acetate	48
enalapril 20mg	33	estradiol patch	48
enalapril and hydrochlorothiazide	33	estradiol tablets	48
ENBREL	52	estradiol valerate	48
endocet 5-325, 7.5-325, 10-325mg	8	estradiol valerate 40mg/ml	48
endocet 7.5-500mg	8	ESTRASORB	48
endocet 10-650mg	8	ESTRING	48

ESTROGEL	48	fentanyl patch	8
estropipate	48	FENTORA	8
ethambutol	21	fexofenadine	59
ethosuximide capsules	15	fexofenadine 180mg	59
ethosuximide solution	15	FINACEA	40
etidronate	54	finasteride	45
etodolac	20	FLAREX	56
ETOPOPHOS	23	flavoxate	45
etoposide	23	FLEBOGAMMA	52
EURAX	40	flecainide	33
EVAMIST	48	FLECTOR PATCH	20
EVISTA	48	FLOMAX	45
EXELDERM	40	FLOVENT DISK	59
EXELON/PATCH	16	FLOVENT HFA	59
EXFORGE/HCT	33	fluconazole 150mg	19
EXJADE	7	fluconazole inj	19
EXTAVIA	52	fluconazole suspension	19
FABRAZYME	42	fluconazole tablet	19
FACTIVE	12	fludarabine	23
famciclovir	63	fludrocortisone	46
famotidine inj 10mg/ml	44	flunisolide	59
famotidine inj 20mg/50ml	44	fluocinolone	40
famotidine tablets	44	fluocinonide	40
FANSIDAR	25	fluorometholone	56
FARESTON	23	fluor-op	56
FASLODEX	23	FLUOROPLEX	40
FAZACLO 12.5MG	26	fluorouracil	40
FAZACLO 25MG	26	fluorouracil inj	23
FAZACLO 100MG	26	fluoxetine 10mg	16
FELBATOL	15	fluoxetine 20mg	17
felodipine er	33	fluoxetine 40mg	17
felodipine er 10mg	33	fluoxetine solution	17
FEMARA	23	fluphenazine	26
FEMHRT	48	fluphenazine 2.5mg/ml	26
FEMRING	48	flurazepam	65
FEMTRACE	48	flurbiprofen	20
fenofibrate	33	flurbiprofen ophth solution	56
FENOGLIDE	33	flutamide	48
fenoprofen	20	fluticasone	40
fentanyl inj	8	fluticasone spray	60
fentanyl ot lozenge	8	fluvoxamine 25, 50mg	17

fluvoxamine 100mg	17	gentamicin	12,40
FML FORTE	56	gentamicin ointment ophth	56
FML S.O.P.	56	gentasol	56
fomepizole	7	GEODON	27
FORADIL AEROLIZER	60	GEODON INJ	27
FORTEO	54	gildess fe	48
fortical	54	GLEEVEC	23
FORTOVASE	63	glimepiride	29
FOSAMAX SOLUTION	54	glipizide	29
foscarnet sodium	63	glipizide and metformin	29
fosinopril	33	GLUCAGEN HYPOKIT	29
fosinopril 40mg	33	GLUCAGON EMERGENCY KIT	29
fosinopril and hydrochlorothiazide	33	glyburide	29
fosphenytoin	15	glyburide and metformin	29
FOSRENOL	45	glyburide micronized	29
FRAGMIN	30	glycolax	43
FRAGMIN 2500, 5000U	30	glycopyrrolate inj	44
FURADANTIN	45	glycopyrrolate tablets	44
furosemide	33	glycron	29
FUSILEV	23	GLYCRON 4.5MG	29
FUZEON	63	GLYSET	29
gabapentin	15	GOLYTELY	43
gabapentin capsules 400mg	15	gramicidin and neomycin and polymyxin b	56
GABITRIL	15	granisetron inj	18
galantamine	16	granisetron tab	18
GAMASTAN S/D	52	granisol	18
GAMMAGARD	52	griseofulvin suspension	19
GAMUNEX	52	GRIS-PEG	19
ganciclovir	63	guanabenz	33
GANTRISIN PEDIATRIC	12	guanfacine	33
GARDASIL	52	guanidine	21
GASTROCROM	43	GYNAZOLE-1	19
GAUZE PADS	29	gynodiol	48
gavilyte	43	HALFAN	25
GELNIQUE	45	halobetasol	40
gemfibrozil	33	HALOG	40
GEMZAR	23	haloperidol	27
generlac	44	haloperidol decanoate	27
gengraf	52	HAVRIX	52
genoptic	56	HECTOROL	54
gentak ointment	56	HELIDAC	44

heparin sodium	30	HYZAAR	34
heparin sodium and sodium chloride	30	HYZAAR 50-12.5MG	34
heparin sodium/d5w	30	ibuprofen	20
HEPSERA	63	idarubicin	23
HERCEPTIN	23	ifosfamide	23
HEXALEN	23	ifosfamide/mesna	23
HIBERIX	52	ILARIS	52
HIBTITER	52	imipramine hydrochloride	17
HIVID	63	imipramine pamoate	17
HUMIRA	52	IMOVAX RABIES (H.D.C.V.)	52
HYCAMTIN	23	INCRELEX	50
hydralazine	34	indapamide	34
hydrochlorothiazide	34	INDOCIN	20
hydrocodone and acetaminophen 2.5-500, 5-500, 7.5-500, 10-500mg	8	indomethacin	20
hydrocodone and acetaminophen 5-325, 7.5-325, 10-325mg	8	indomethacin er	20
hydrocodone and acetaminophen 7.5-650, 10-650, 10-660mg	8	INFANRIX	52
hydrocodone and acetaminophen 7.5-750, 10-750mg	8	INFERGEN	52
hydrocodone and acetaminophen solution 7.5-500/15ml	8	INNOHEP	30
hydrocodone and acetaminophen solution 10-325/15ml	8	INNOPRAN XL	34
hydrocodone and ibuprofen	8	INSULIN SYRINGES AND PEN NEEDLES — B/D	28
hydrocortisone	40	insulin syringes and pen needles — generic	28
hydrocortisone and neomycin and polymyxin	56	INSULIN SYRINGES AND PEN NEEDLES — NON B/D	28
hydrocortisone and neomycin sulfate and polymyxin	56	INTAL INHALER	60
hydrocortisone butyrate cream	40	INTELENCE	63
hydrocortisone butyrate ointment	40	INTRALIPID	61
hydrocortisone enema	43	INTRON-A	52
hydrocortisone solution	40	INVANZ	13
hydrocortisone tablet	46	INVEGA	27
hydrocortisone valerate	40	INVEGA 9MG	27
hydromorphone 2mg	8	INVEGA SUSTENNA INJ	27
hydromorphone 4, 8mg	8	INVERSINE	34
hydromorphone inj	8	INVIRASE	63
hydroxychloroquine	25	IOPIDINE	57
hydroxyurea	23	IPLEX	50
hydroxyzine hydrochloride	60	IPOL INACTIVATED IPV	52
hydroxyzine pamoate	60	ipratropium inhalant	60
		ipratropium spray	60
		IRESSA	23
		irinotecan	23
		ISENTRESS	63
		isochron	34

ISOLYTE-H	61	ketotifen drops	57
ISOLYTE-M	61	KINERET	52
isonarif	21	KINRIX	52
isoniazid	21	kionex	7
isoniazid tablets	21	klor-con 8	61
isosorbide	34	klor-con m10	61
isovate	40	klor-con m15	61
isradipine	34	klor-con m20	61
ISTALOL	57	KRISTALOSE	44
itraconazole	19	kuric	40
IXEMPRA	23	KUVAN	54
IXIARO	52	labetalol	34
jantoven	30	laclotion	40
JANUMET	29	LACRISERT	57
JANUVIA	29	lactated ringer's	61
JE-VAX	52	LACTATED RINGER'S IRRIGATION	62
jolivette	48	lactulose	44
junel	48	LAMICTAL ODT	15
KADIAN	8	LAMICTAL ODT KIT	15
KALETRA 100-25MG	63	lamotrigine	15
KALETRA 200-50MG	63	LANTUS	29
KALETRA CAPSULES	63	leena	48
KALETRA SOLUTION	63	leflunomide	52
kanamycin sulfate	13	LESCOL	34
KAON-CL-10	61	LESCOL XL	34
KAPIDEX	44	lessina	48
kariva	48	LETAIRIS	60
kcl with dextrose	61	leucovorin inj	23
KCL WITH DEXTROSE	61	leucovorin inj 350mg	23
kelnor 1/35	48	leucovorin tablets	23
KENALOG	40	LEUKERAN	23
KEPIVANCE	38	LEUKINE	30
KEPPRA INJ	15	leuprolide	50
KEPPRA XR	15	levalbuterol solution	60
KETEK	13	LEVAQUIN	13
ketoconazole	40	LEVATOL	34
ketoconazole tablets	19	LEVEMIR	29
ketoprofen	20	levetiracetam	15
ketoprofen er	20	levobunolol	57
ketorolac inj	20	levocarnitine	62
ketorolac tablets	20	levora	48

levorphanol	8	low-ogestrel	48
levothroid	51	loxapine	27
levothyroxine	51	LUMIGAN	57
levoxyl	51	LUPRON DEPOT 7.5MG	50
LEXAPRO	17	LUPRON DEPOT 37.5MG	50
LEXAPRO SOLUTION	17	LUPRON DEPOT-PED	50
LEXIVA	63	lutra	48
LEXIVA SUSPENSION	63	LYRICA	15
lidocaine	10	LYRICA 225, 300MG	15
lidocaine and prilocaine	10	LYSODREN	46
lidocaine prefill syringe	10	MAGNACET	8
LIDODERM	10	magnesium sulfate	62
lindane	40	maprotiline	17
liothyronine	51	margesic-h	8
liothyronine inj	51	MARPLAN	17
LIPITOR	34	MATULANE	23
LIPOFEN	34	MAXALT/MLT	21
LIPRAM	42	MAXIDEX	57
LIQUADD	38	mebendazole	25
lisinopril	34	meclizine	18
lisinopril 40 mg	34	meclofenamate	20
lisinopril and hydrochlorothiazide	34	medroxyprogesterone	48
lithium carbonate	27	mefloquine	25
lithium citrate syrup	27	megestrol	23,48
LOCOID LOTION	40	meloxicam	20
LODOSYN	26	meloxicam suspension	20
LOESTRIN 24 FE	48	MENACTRA	52
lofene	43	MENEST	48
lokara	40	MENOMUNE-A/C/Y/W-135	52
lonox	43	MENOSTAR	48
loperamide	43	MENTAX	40
lorazepam	65	meperidine inj	8
lorazepam inj 2mg/ml	65	meperidine solution	8
lorazepam inj 4mg/ml	65	meperidine tablets	8
LOTEMAX	57	mephobarbital 32, 50mg	65
LOTREL 5-40, 10-40MG	34	mephobarbital 100mg	65
LOTRONEX	44	meprobamate	10
lovastatin	34	MEPRON	25
LOVAZA	34	mercaptopurine	23
LOVENOX	30	MERREM	13
LOVENOX 30, 40MG	30	MERUVAX II W/DILUENT 10 D	52

mesalamine	43	metolazone	34
mesna	24	metoprolol and hydrochlorothiazide	34
MESNEX TABLETS	24	metoprolol er	34
MESTINON SYRUP	21	metoprolol tartrate	34
MESTINON TIMESPAN	21	metoprolol tartrate and hydrochlorothiazide	34
METADATE CD	38	METRO I.V.	13
METADATE CD 20MG	38	metronidazole	13,40
METADATE CD 30MG	38	METRONIDAZOLE AND SODIUM CHLORIDE	13
metadate er	38	metronidazole capsule	13
metaproterenol syrup	60	metronidazole cream	41
metaproterenol tablets	60	metronidazole lotion	41
metformin	29	mexiletine	34
methadone concentrate	8	MICARDIS	34
methadone inj	8	MICARDIS 80MG	35
methadone solution	8	MICARDIS HCT	35
methadone tablet for suspension	8	MICARDIS HCT 40-12.5MG	35
methadone tablets	8	miconazole 3	19
methadose	9	microgestin	48
methazolamide	57	midazolam inj 1mg/ml	66
methenamine hippurate	45	midazolam inj 2mg/2ml	66
METHERGINE	55	midazolam inj 5mg/ml	66
methimazole	51	midazolam sol 1mg/ml	66
METHITEST	48	midazolam sol 5mg/ml	66
methocarbamol	28	midazolam syp 2mg/ml	66
methotrexate 2.5mg	52	midodrine	35
methotrexate inj 1gm	52	MIGERGOT	21
methotrexate inj 25mg/ml	52	MIGRANAL	21
methscopolamine	44	millipred	46
methyclothiazide	34	MILLIPRED SOLUTION	46
methyl dopa	34	minitran	35
methyl dopa and hydrochlorothiazide	34	minocycline capsules	13
methyl dopate	34	minocycline tablets	13
methylin er	38	minoxidil	35
methylin tablets	38	mirtazapine	17
methylphenidate	38	misoprostol	44
methylprednisolone	46	mitomycin	24
methylprednisolone acetate	46	mitoxantrone	24
methylprednisolone sodium succinate	46	M-M-R II	53
methylprednisolone sodium succinate inj 1000mg	46	MOBAN	27
metipranolol	57	moexipril 7.5mg	35
metoclopramide	18	moexipril 15mg	35

moexipril and hydrochlorothiazide	35	NARDIL	17
mometasone	41	NATACYN	57
mononessa	49	NAVANE 20MG	27
MONUROL	46	NEBUPENT	25
morphine sulfate	9	necon	49
morphine sulfate er	9	nefazodone	17
morphine sulfate inj	9	NEO-FRADIN	13
morphine sulfate solution	9	neomycin and polymyxin b	41
MOTOFEN	43	neomycin and polymyxin-hc otic	57
MOVIPREP	43	neomycin sulfate	13
MOXATAG	13	NEPHRAMINE	62
MUMPSVAX	53	NEULASTA	30
mupirocin	41	NEUMEGA	30
MUSTARGEN	24	NEUPOGEN	30
MYCAMINE	19	NEURONTIN SOLUTION	15
MYCOBUTIN	21	NEUTREXIN	25
mycophenolate	53	NEVANAC	57
mydral	57	NEXAVAR	24
MYFORTIC 180MG	53	NEXIUM CAPSULES	44
MYFORTIC 360MG	53	NEXIUM GRANULES	44
MYLOTARG	24	next choice	49
MYOBLOC	28	niacor	35
MYOZYME	42	NIASPAN	35
myrac	13	nicardipine	35
MYTELASE	21	nicardipine inj	35
nabumetone	20	NICOTROL	7
nadolol	35	nifediac cc 30mg	35
nadolol and bendroflumethiazide	35	nifediac cc 60mg	35
nafcillin	13	nifediac cc 90mg	35
NAFTIN	41	nifedical xl 30mg	35
NAGLAZYME	42	nifedical xl 60mg	35
nalbuphine	9	nifedipine capsules	35
NALFON	20	nifedipine er 30mg	35
nalidixic acid	46	nifedipine er 60mg	35
naloxone	7	nifedipine er 90mg	35
naltrexone	7	NILANDRON	49
NAMENDA	16	nimodipine	35
naphazoline	57	nisoldipine 20mg	35
naproxen	20	nisoldipine 30mg	35
naproxen sodium	20	nisoldipine 40mg	35
naproxen suspension	20	NITRO-DUR 0.3, 0.8MG/HR	35

nitrofurantoin	46	ondansetron inj	18
nitroglycerin inj	35	ondansetron oral solution	18
nitroglycerin transdermal	35	ONSOLIS	9
NITROLINGUAL PUMPSPRAY	35	ONSOLIS 200MCG	9
NITROSTAT	35	ONTAK	24
nizatidine	44	onxol	24
nora-be	49	OPANA ER	9
NORDITROPIN	50	OPANA ER 40MG	9
norethindrone acetate	49	OPTIVAR	57
NORITATE	41	ORAP	27
NORMOSOL	62	ORENCIA	53
NORPACE CR 100MG	36	ORFADIN	55
nortrel	49	orphenadrine, aspirin and caffeine	28
nortriptyline	17	orphenadrine compound ds	28
NORVIR	63	orphenadrine inj	28
NORVIR SOLUTION	63	orphenadrine tablets	28
NOVOLIN	29	ORTHOCLONE OKT3	53
NOVOLOG	29	ortho-est	49
NOXAFIL	19	ORTHO EVRA	49
NPLATE	43	ORTHO TRI-CYCLEN LO	49
nyamyc	41	OSMOPREP	44
nystatin	19,41	OVIDE	41
nystatin and triamcinolone	41	oxacillin	13
nystop	41	oxacillin 10gm	13
ocella	49	oxaliplatin	24
OCL	44	oxandrolone 2.5mg	49
OCTAGAM	53	oxandrolone 10mg	49
octreotide	50	oxaprozin	20
octreotide 50mcg/ml	50	oxazepam	66
ocusulf-10	57	oxcarbazepine	15
ofloxacin	13	OXISTAT	41
ofloxacin ophth	57	OXSORALEN	41
ofloxacin otic	57	OXSORALEN ULTRA	41
ogestrel	49	oxybutynin	46
omeprazole	45	oxybutynin er	46
omeprazole 20mg	45	oxycodone 5mg	9
OMNARIS	60	oxycodone 15, 30mg	9
ONCASPAR	24	oxycodone and acetaminophen 2.5-325mg	9
ondansetron 4mg	18	oxycodone and acetaminophen 5-325, 7.5-325, 10-325mg	9
ondansetron 8mg	18	oxycodone and acetaminophen 5-500, 7.5-500mg	9
ondansetron 24mg	18		

oxycodone and acetaminophen 10-650mg	9	PENICILLIN G PROCAINE	13
oxycodone and aspirin	9	penicillin vk	13
oxycodone and ibuprofen	9	PENTACEL	53
oxycodone er 10, 20, 40mg	9	PENTASA 250MG	44
oxycodone er 80mg	9	PENTASA 500MG	44
OXYCONTIN	9	pentazocine and acetaminophen	9
OXYTROL	46	pentazocine and naloxone	9
pacerone	36	pentopak	30
pacerone 200mg	36	pentostatin	24
paclitaxel	24	pentoxifylline er	30
palgic	60	pentoxil	30
pamidronate	54	PEPCID SUSPENSION	45
PANCREASE MT	43	PERFOROMIST NEB	60
PANCRECARB MS	43	periogard	38
PANCRELIPASE	43	permethrin	41
PANCRON	43	perphenazine	27
PANRETIN	24	perphenazine and amitriptyline	27
pantoprazole	45	PEXEVA 10, 20MG	17
parcaine	57	PEXEVA 30, 40MG	17
parcopa	26	pfizerpen-g 5mu	13
paromomycin	13	phenadoz	18
paroxetine 10, 20mg	17	phenobarbital 15, 16.2, 30, 32.4mg	66
paroxetine 30, 40mg	17	phenobarbital 60, 64.8, 97.2, 100mg	66
paroxetine er 12.5mg	17	phenobarbital elixir 20mg/5ml	66
paroxetine er 25mg	17	phenobarbital inj 65mg/ml	66
paroxetine suspension	17	phenobarbital inj 130mg/ml	66
PASER	21	PHENYTEK	15
PATADAY	57	phenytoin	15
PATANASE	60	PHISOHEX	41
PATANOL	57	PHOSLO	46
PAXIL CR 37.5MG	17	PHOSPHOLINE IODIDE	57
PCE	13	PHOTOFRIN	24
PEDIARIX	53	PHYSIOLYTE	62
pedi-dri	41	PHYSIOSOL	62
PEDVAX HIB	53	pilocarpine	38
peg 3350 and electrolytes	44	PILOPINE HS	57
PEGANONE	15	pindolol	36
PEGASYS	53	piperacillin	13
PEG-INTRON	53	piroxicam	20
penicillin g	13	PLAN B	49
penicillin gk	13	PLASMA-LYTE-R	62

PLAVIX 75MG	30	PREVPAC	45
PLAVIX 300MG	30	PREZISTA	63
PLENAXIS	50	PRIALT	9
podofilox	41	PRIFTIN	21
polycin b	57	PRILOSEC POWDER	45
poly-dex	57	primaquine	25
POLYGAM S/D	53	PRIMAXIN	13
polymyxin b and trimethoprim	57	primidone	15
polymyxin b sulfate	13	PRIMSOL	13
POLY-PRED	57	PRISTIQ	17
portia	49	PROAIR HFA	60
potassium chloride	62	probenecid	19
POTASSIUM CHLORIDE	62	probenecid and colchicine	20
potassium chloride 10meq capsules	62	procainamide	36
potassium chloride and sodium chloride	62	PROCHIEVE	49
POTASSIUM CHLORIDE AND SODIUM CHLORIDE	62	prochlorperazine	18
potassium chloride cr, er, sr tablets	62	PROCRIT 2000, 3000, 4000, 10000/ML	30
potassium citrate extended	62	PROCRIT 20000, 40000/ML	30
PRANDIMET	29	proctocream-hc 2.5%	41
PRANDIN	29	procto-pak	41
pravastatin	36	proctosol hc 2.5%	41
prazosin	36	proctozone-hc 2.5%	41
PRED-G	57	PROGLYCEM	29
PRED MILD	57	PROGRAF 0.5, 1MG	53
prednicarbate	41	PROGRAF CAPSULES 5MG	53
prednisolone	47	PROGRAF INJ	53
prednisolone acetate ophth	57	PROLASTIN	60
prednisolone sodium phosphate and sulfacetamide	57	PROLEUKIN	24
prednisolone sodium phosphate ophth	57	PROMACTA	30
prednisone	47	promethazine	19
PREDNISON CONCENTRATE	47	promethazine vc	60
PREFEST	49	promethegan	19
PREMARIN	49	PROMETRIUM	49
PREMARIN VAGINAL CREAM	49	propafenone	36
premasol	62	propantheline	45
PREMPHASE	49	proparacaine hydrochloride	58
PREMPRO	49	propoxyphene hydrochloride	9
PRENATAL VITAMINS	62	propoxyphene hydrochloride and acetaminophen tablet	9
prevalite	36	propoxyphene napsylate and acetaminophen 5-325mg	9
prevalite packets	36		
previfem	49		

propoxyphene napsylate and acetaminophen 100-500mg	9	RAPAFLO	46
propoxyphene napsylate and acetaminophen 100-650mg	9	RAPAMUNE	53
propranolol	36	RAPAMUNE SOLUTION	53
propranolol and hydrochlorothiazide	36	RAZADYNE SOLUTION	16
propylthiouracil	51	REBETOL SOLUTION	64
PROQUAD	53	REBIF	53
PROSOL	62	reclipsen	49
PROTONIX INJ	45	RECOMBIVAX HB	53
PROTOPIC	41	REGRANEX	41
protriptyline	17	RELENZA DISKHALER	64
PROVENTIL HFA	60	RELISTOR	45
PROVIGIL	38	REMICADE	53
PROZAC WEEKLY	17	REMODULIN	60
PULMICORT INHALER	60	RENACIDIN	46
PULMOZYME	60	RENAMIN	62
PYLERA	45	RENEVELA	46
pyrazinamide	21	reprexain	9
pyridostigmine	21	REQUIP XL 2MG	26
QUALAQUIN	25	REQUIP XL 4MG	26
quasense	49	REQUIP XL 6MG	26
quinapril	36	REQUIP XL 8MG	26
quinapril 40mg	36	REQUIP XL 12MG	26
quinapril and hydrochlorothiazide	36	RESCRIPTOR	64
quinaretic	36	RESECTISOL	46
quinidine	36	reserpine	36
quinidine gluconate tablets	36	RESTASIS	58
QUIXIN	58	RETIN-A MICRO	41
QVAR	60	RETROVIR IV INFUSION	64
RABAVERT	53	REVATIO	60
ramipril	36	REVLIMID	24
ramipril 10mg	36	REYATAZ	64
RANEXA 500MG	36	RHINOCORT AQUA	60
RANEXA 1000MG	36	ribapak	64
RANICLOR	13	ribasphere	64
ranitidine capsules 150mg	45	ribavirin capsule	64
ranitidine capsules 300mg	45	ribavirin tablet	64
ranitidine inj	45	ribavirin tablet 200mg	64
ranitidine syrup	45	RIDAURA	53
ranitidine tablets	45	rifampin capsules	21
		rifampin inj	21
		RIFATER	21

RILUTEK	55	SENSIPAR	58
rimantadine	64	SENSIPAR 30MG	58
RINGER'S IRRIGATION	62	SEREVENT DISKUS	60
ringer's solution	62	SEROMYCIN	21
RIOMET	29	SEROQUEL 25MG	27
RISPERDAL 37.5MG	27	SEROQUEL 50, 100MG	27
RISPERDAL 50MG	27	SEROQUEL 200MG	27
RISPERDAL INJ	27	SEROQUEL 300, 400MG	27
RISPERDAL M-TAB 0.5, 1, 2, 3MG	27	SEROQUEL XR 50MG	27
RISPERDAL M-TAB 4MG	27	SEROQUEL XR 150, 200MG	27
risperidone 0.25, 0.5, 1, 2, 3mg	27	SEROQUEL XR 300, 400MG	27
risperidone 4mg	27	sertraline 25mg	17
risperidone solution	27	sertraline 50mg	17
RITALIN LA	38	sertraline 100mg	17
RITUXAN	24	sertraline oral solution	18
romycin	58	silver sulfadiazine	41
ropinirole	26	SIMCOR	36
ROTARIX	53	SIMPONI	53
ROTATEQ	53	SIMULECT	53
roxicet 5-325mg	9	simvastatin	36
roxicet 5-500mg	10	SINGULAIR	60
roxicet solution	10	sodium bicarbonate	62
RYTHMOL SR	36	sodium chloride inj	62
SABRIL POWDER	15	sodium chloride irrigation	62
SABRIL TABLETS	15	SODIUM FLUORIDE 1MG	62
SAMSCA 15MG	36	sodium lactate	62
SAMSCA 30MG	36	sodium polystyrene sulfonate	7
SANCTURA/XR	46	SOLARAZE	41
SANCUSO	19	solia	49
SANDOSTATIN LAR DEPOT	50	SOLU-CORTEF 250, 500MG	47
SANTYL	41	SOMATULINE	50
SAPHRIS	27	SOMAVERT	50
SARAFEM	17	sorbitol	46
SARAFEM 20MG	17	SORIATANE	41
SEASONIQUE	49	sorine	36
selegiline	26	sotalol	36
selenium sulfide lotion	41	sotret	41
selfemra 10mg	17	SPECTRACEF	13
selfemra 20mg	17	SPIRIVA HANDIHALER	60
SELZENTRY	64	spironolactone	36
SEMPREX-D	60	spironolactone and hydrochlorothiazide	36

SPORANOX SOLUTION	19	SYMBYAX	27
sprintec	49	SYMLIN	29
SPRYCEL	24	SYNAGIS	53
sps	7	SYNAREL	51
sronyx	49	SYNERCID	14
ssd	42	SYPRINE	7
stagesic	10	TABLOID	24
STALEVO	26	TACLONEX SUSPENSION	42
STARLIX	29	tacrolimus	53
stavudine	64	TALWIN	10
STAVZOR	15	TAMIFLU CAPSULES	64
sterile water	62	TAMIFLU CAPSULES 75MG	64
STRATTERA	38	TAMIFLU SUSPENSION	64
STRATTERA 80, 100MG	38	tamoxifen	24
streptomycin	13	TARCEVA	24
STROMEKTOL	25	TARGRETIN	24
SUBOXONE	10	TARKA	37
SUBUTEX	10	TASIGNA	24
SUCRAID	43	TASMAR	26
sucralfate	45	TAXOTERE	24
SULAR 8.5, 17MG	37	tazicef	14
SULAR 25.5MG	36	TAZORAC	42
SULAR 34MG	37	taztia xt 120mg	37
sulf-10	58	taztia xt 180mg	37
sulfacetamide lotion	42	taztia xt 240, 300, 360mg	37
sulfacetamide sodium ophth	58	TEGRETOL-XR	15
sulfadiazine	14	TEKTURNA/HCT	37
sulfamethoxazole and trimethoprim	14	temazepam 15mg	66
sulfamethoxazole and trimethoprim inj	14	temazepam 30mg	66
SULFAMYLON	42	terazosin	46
sulfasalazine	44	terbinafine	19
sulfatrim	14	terbutaline inj	60
sulfazine	44	terbutaline tablet	60
sulindac	20	terconazole	19
sumatriptan inj	21	TESLAC	49
sumatriptan tablets	21	TESTIM	49
SUPRAX	14	testosterone cypionate	49
SURMONTIL 100MG	18	testosterone enanthate	50
SUSTIVA	64	TESTRED	50
SUTENT	24	TETANUS/DIPHTHERIA TOXOID	53
SYMBICORT	60	TETANUS TOXOID ADSORBED	53

tetracycline	14	TORISEL	24
TEVETEN 400MG	37	toremide	37
TEVETEN 600MG	37	TOVIAZ	46
TEVETEN HCT	37	TPN ELECTROLYTES FTV	62
texacort 1%	42	TRACLEER	61
TEXACORT 2.5%	42	tramadol	10
THALITONE	37	tramadol and acetaminophen	10
THALOMID	24	trandolapril	37
THEO-24	60	trandolapril 4mg	37
theochron	61	tranylcypromine	18
theophylline er/cr/sr	61	TRAVATAN	58
thermazene	42	trazodone	18
THIOLA	46	TREANDA	24
thioridazine	27	TRECTOR	21
thiotepa	24	tretinoin capsule	24
thiothixene	28	tretinoin cream	42
THYMOGLOBULIN	54	tretinoin gel	42
THYROLAR	51	trezix	10
TICE BCG	24	triamcinolone	42
ticlopidine	30	triamcinolone in orabase	38
TIKOSYN	37	triamterene and hydrochlorothiazide	37
TIMOLIDE	37	triazolam	66
timolol	37	TRICOR	37
timolol ophth solution	58	triderm	42
TINDAMAX	25	trifluoperazine	28
TIS-U-SOL	62	trifluridine	58
tizanidine	28	TRIGLIDE	37
TOBI	14	trihexyphenidyl	26
TOBRADEX OINTMENT	58	TRIHIBIT	54
tobramycin	14	tri-legest	50
tobramycin ophth	58	TRILEPTAL SUSPENSION	15
tobramycin/sus dexameth	58	TRILIPIX	37
tobrasol	58	tri-lo sprintec	50
TOBEX OINTMENT	58	trilyte	44
tolazamide	29	trimethobenzamide capsules	19
tolbutamide	29	trimethobenzamide inj	19
tolmetin capsules	20	trimethoprim	14
tolmetin tablets	21	trimipramine	18
TOPAMAX	15	trimox	14
topiramate	15	trinessa	50
toposar	24	TRIPEDIA	54

tri-previfem	50	venlafaxine 50mg	18
TRISENOX	25	venlafaxine 75mg	18
tri-sprintec	50	VENLAFAXINE ER 37.5, 75, 225MG	18
trivora	50	VENLAFAXINE ER 150MG	18
TRIZIVIR	64	VENTAVIS	61
tropicacyl	58	VENTOLIN HFA	61
tropicamide	58	verapamil	37
TRUVADA	64	verapamil er 120mg	37
TWINJECT	61	VEREGEN	42
TWINRIX	54	veripred	47
TYGACIL	14	VESICARE	46
TYKERB	25	VEXOL	58
TYPHIM VI	54	VFEND	19
TYSABRI	54	VIBRAMYCIN SYRUP	14
TYZEKA	64	vicodin hp	10
TYZINE	61	VIDAZA	25
u-cort	42	VIDEX SOLUTION	64
ULORIC	20	VIGAMOX	58
ULTRASE	43	VIMPAT 50MG	16
unithroid	51	VIMPAT 100, 150, 200MG	16
UROXATRAL	46	VIMPAT 200MG/20ML	16
ursodiol	45	VIMPAT INJ	16
VAGIFEM	50	vinblastine	25
VALCYTE	64	vincasar pfs	25
valproate sodium	15	vincristine	25
valproic acid	15	vinorelbine	25
vanacet	10	VIOKASE	43
VANCOGIN CAPSULE	14	VIRACEPT	64
VANCOMYCIN D5W	14	VIRAMUNE	64
vancomycin inj	14	VIRAZOLE	64
vandazole	14	VIREAD	64
VANOS	42	VISICOL	44
VAQTA	54	VIVELLE-DOT	50
VARIVAX	54	VIVOTIF BERNA	54
VECTIBIX	25	VOLTAREN GEL	42
VECTICAL	42	VUMON	25
veetids	14	VYTORIN	37
VELCADE	25	warfarin	30
velivet	50	XALATAN	58
venlafaxine 25, 100mg	18	XENAZINE	38
venlafaxine 37.5mg	18	XIBROM	58

XIFAXAN	14
XOLAIR	54
XOLEGEL	42
XYREM	38
YAZ	50
YF-VAX	54
zaleplon 5mg	61
zaleplon 10mg	61
ZANOSAR	25
ZAVESCA	43
zazole	19
ZEMPLAR	54
ZENAPAX	54
ZERIT SOLUTION	64
zerlor	10
ZETIA	37
ZIAGEN	64
zidovudine	64
zidovudine tablets	64
ZMAX	14
ZOLINZA	25
zolpidem 5mg	61
zolpidem 10mg	61
ZOMETA	54
ZONALON	42
zonisamide	16
ZOSTAVAX	54
zovia	50
ZOVIRAX OINTMENT	42
ZYFLO CR	61
ZYLET	58
ZYMAR	58
ZYPREXA 2.5MG	28
ZYPREXA INJ	28
ZYPREXA/ZYDIS	28
ZYVOX	14
ZYVOX SUSP	14

Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company. Coverage is provided through a Medicare Advantage organization or a Medicare Prescription Drug Plan Sponsor with a Medicare contract. Benefits, limitations, service areas, and premiums are subject to change on January 1 of each year.

You must be entitled to Medicare benefits under Part A and/or enrolled in Part B, and continue to pay your Part B premium and Part A, if applicable, if not otherwise paid for under Medicaid or by another third party. You must reside in the Aetna Medicare Prescription Drug Plan service area.

Medicare beneficiaries may enroll in a plan only during specific times of the year. To obtain additional information, please contact Member Services at the toll-free number on the back of your member ID card (TTY/TDD 1-888-760-4748).

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

You may be enrolled in only one Medicare Prescription Drug Plan at a time. If you are enrolled in a Medicare Advantage (MA) plan that includes prescription drug coverage, you may not enroll in a Medicare prescription drug plan. Enrollees in a Private Fee-for-Service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) or an 1876 Cost plan may enroll in a PDP.

If an individual qualifies for extra help with the Medicare Prescription Drug Plan costs, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare tells us how much extra help an individual is getting. An individual can obtain information on whether they qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD: 1-877-486-2048), 24 hours a day/7 days a week. Medicare beneficiaries may also enroll in an Aetna Medicare plan through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

Translation of this material into another language may be available. For assistance, please call Member Services at: 1-800-282-5366 (TTY/TDD: 1-888-760-4748).

Puede estar disponible la traducción de este material en otro idioma. Para ayuda, por favor llame a Servicios al Miembro al: 1-800-282-5366 (TTY/TDD: 1-888-760-4748).

See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy clinical programs such as precertification, step therapy, and quantity limits may apply to your prescription drug coverage. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

© 2009 Aetna Inc.

We want you to know<sup>®</sup>

