



**2008 Formulary
2008 Formulario
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS COVERED BY THIS PLAN**

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

This document includes the partial formulary for **Medco Medicare Prescription Plan™** for Tennessee Valley Authority (TVA), as of January 01, 2008. **For a complete, updated formulary, please visit our website or call our Customer Service department (see below).**

Please note that “**Plan**” refers to **Medco Medicare Prescription Plan** throughout this formulary.

Customer Service department phone number1-800-592-4520
Customer Service TTY/TDD phone number1-800-716-3231
Customer Service days and hours of operation24 hours a day, 7 days a week,
except Thanksgiving and Christmas
Customer Service is available in English and other languages.
Website www.medco.com



2008 Formulario (Lista de medicamentos cubiertos)

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN**

Nota para miembros actuales: Este formulario se ha modificado durante el año en curso. Favor de revisar este documento para asegurarse de que contiene los medicamentos que usted toma.

Este documento incluye el formulario parcial de **Medco Medicare Prescription Plan™** para Tennessee Valley Authority (TVA), y su fecha de vigencia es del 01 de enero del 2008. **Para obtener un formulario completo y actualizado, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente (ver a continuación).**

Tenga en cuenta que “**Plan**” se refiere a **Medco Medicare Prescription Plan** cada vez que se menciona en este formulario.

Número telefónico del departamento de Atención al cliente.....1-800-592-4520

Número telefónico de Atención al cliente para usuarios de TTY/TDD1-800-716-3231

**Horario de nuestro departamento de Atención al cliente.....24 horas, 7 días a la semana,
excepto durante Acción de Gracias y Navidad**

El servicio de Atención al cliente está disponible en inglés y en otros idiomas.

Sitio web.....www.medco.com

What is a Formulary?

A formulary is a list of covered drugs we have selected 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. Generally, the drugs listed in our formulary are covered as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other **Plan** rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered under this **Plan**. **For a complete listing of all prescription drugs covered by the Plan, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**

Can the Formulary change?

Generally, if you are taking a drug on our 2008 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2008 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 amount 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 improve the safety of your drugs.

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 the date indicated on the front cover. **To get updated information about the drugs covered, please visit our website or call our Customer Service department using the information provided on the front cover of this 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 according to 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, Hypertension & Lipids." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 33. 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?

Both brand-name drugs and generic drugs are covered under this **Plan**. A generic drug has the same active-ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs and are approved by the Food and Drug Administration (FDA).

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:** You or your physician are required to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Quantity Limits:** For certain drugs, the amount of the drug that will be covered by the **Plan** is limited. For example, the **Plan** provides 30 tablets per prescription for CRESTOR.
- **Step Therapy:** In some cases, you are required 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 ask us to make an exception to these restrictions or limits. See the section "How do I request an exception to the Formulary?" on page iii 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 our Customer Service department and ask if your drug is covered. This document includes only a partial list of covered drugs, so the **Plan** may cover your drug. **You can contact our Customer Service department using the information provided on the front cover of this formulary.**

If you learn that your drug is not covered, you have two options:

- You can ask our Customer Service department for a list of similar drugs that are covered. When you receive the list, show it to your doctor, and ask him or her to prescribe a similar drug that is covered.

- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like *Viagra*[®], *Cialis*[®], *Levitra*[®], and *Caverject*[®]. **For more information, you can contact our Customer Service department using the information provided on the front cover of this formulary.**

How do I request an exception to the Formulary?

You can ask us 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, the amount of the drug that we will cover is limited. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 3, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 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 specialty drugs that are in Tier 4.

Generally, your request for an exception will only be approved if the alternative drugs included in the **Plan's** formulary, the lower-tiered drugs, or the 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 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 are taking. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our **Plan**.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a

network pharmacy. After your first 30-day supply, the **Plan** 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 30-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 30-day emergency supply of that drug (unless you have a prescription written for fewer days) while you pursue a formulary exception.

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you enter a long-term care facility
- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care

The **Plan** will send you a letter within 3 business days of your filling a temporary transition supply notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions, please call our Customer Service department using the information provided on the front cover of this formulary.

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**.

Formulary

The formulary on page 7 provides coverage information about some of the drugs covered by this **Plan**. If you have trouble finding your drug in the list, turn to the Index that begins on page 33. Remember: This is only a partial list of drugs covered. **If your prescription is not in this partial formulary, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.**

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

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

The tier level refers to the level of coverage for each medication. The amount you pay at each tier level during your initial coverage period is explained below. After you reach your \$50 deductible, you are responsible for paying these amounts for your medications until you reach a true out-of-pocket cost of \$4,050.

	Retail Pharmacy Co-payment 30-day supply	Retail Pharmacy Co-payment 90-day supply	Medco By Mail Pharmacy Co-payment 90-day supply
Generics drugs (Tier 1)	\$10.00	\$30.00	\$20.00
Plan-preferred brand-name drugs (Tier 2)	\$30.00	\$90.00	\$60.00
Non-preferred brand-name (Tier 3)	\$50.00	\$150.00	\$100.00
Specialty (Tier 4)	\$50.00	\$150.00	\$100.00

If you are not sure whether your drug is covered, please visit our website or call our Customer Service department using the information provided on the front cover of this formulary.

¿Qué es un formulario?

Un formulario es una lista de medicamentos cubiertos que hemos seleccionado, tras consultar con un grupo de proveedores de cuidado de salud, la cual representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. En general, los medicamentos incluidos en el formulario se cubren, siempre y cuando el medicamento sea necesario desde el punto de vista médico, la receta se surta en una farmacia de la red, y se cumplan otras condiciones del **Plan**. Para obtener más información acerca de cómo surtir sus recetas, lea su folleto informativo sobre coberturas.

Este documento es un formulario parcial e incluye solamente algunos de los medicamentos cubiertos bajo este **Plan**. **Para recibir una lista completa de todos los medicamentos recetados cubiertos por el Plan, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

¿Puede cambiar el formulario?

En general, si usted está tomando un medicamento de nuestro formulario de 2008 que fue cubierto al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2008, excepto si un medicamento genérico nuevo y menos costoso llega al mercado o si se publica nueva información desfavorable sobre la seguridad o la eficacia de un medicamento. Otros cambios al formulario, tales como la eliminación de un medicamento de nuestro formulario, no afectarán a los miembros que tomen el medicamento actualmente. Dicho medicamento seguirá estando disponible al mismo costo compartido para los miembros que lo tomen, durante el resto del año de cobertura. Creemos que es importante que obtenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que estaban disponibles cuando eligió nuestro **Plan**, a excepción de los casos en los que puede ahorrar más dinero o cuando se puede aumentar la seguridad de sus medicamentos.

Si retiramos medicamentos de nuestro formulario o si agregamos el requisito de autorización previa, límites de cantidad y/o restricciones de terapia a un medicamento, o bien si cambiamos un medicamento a un nivel más alto de costo compartido, debemos informar el cambio a los miembros que se vean afectados, por lo menos 60 días antes de la fecha en que entre en vigor el cambio, o cuando el miembro solicite que se vuelva a surtir la receta, en cuyo momento el miembro recibirá un suministro del medicamento de 60 días. Si la agencia Food and Drug Administration (FDA) determina que un medicamento que forma parte de nuestro formulario no es seguro, o si el fabricante del medicamento lo retira del mercado, retiraremos inmediatamente el medicamento de nuestro formulario y se lo informaremos a los miembros que lo tomen. El formulario incluido es vigente en la fecha que se indica en la portada. **Para recibir información actualizada sobre los medicamentos cubiertos, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

¿Cómo se utiliza el formulario?

Hay dos maneras de buscar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 7. Los medicamentos que aparecen en este formulario están agrupados en categorías de acuerdo al tipo de condiciones médicas que pueden curar. Por ejemplo, los medicamentos utilizados en el tratamiento de condiciones médicas cardíacas se encuentran en la categoría “Agentes cardiovasculares, de hipertensión y lípidos.” Si sabe para qué se utiliza su medicamento, busque la categoría en la lista que comienza en la página 1. Luego busque la categoría de su medicamento.

Lista alfabética

Si no está seguro de la categoría en la que debe buscar, busque su medicamento en el índice que comienza en la página 33. El índice consta de una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto medicamentos de marca como genéricos. Busque su medicamento en el índice. Junto a su medicamento, encontrará el número de la página en la que puede encontrar información sobre la cobertura. Vaya a la página que se indica en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Este **Plan** cubre tanto medicamentos de marca como genéricos. Un medicamento genérico contiene el mismo ingrediente activo que un medicamento de marca. Los medicamentos genéricos cuestan menos que los de marca y han sido aprobados por la agencia Food and Drug Administration (FDA).

¿Hay alguna restricción en mi cobertura?

Puede haber requisitos adicionales o límites de cobertura para algunos medicamentos cubiertos. Entre estos requisitos y límites pueden incluirse:

- **Autorización previa:** Usted o su médico debe obtener autorización previa para obtener ciertos medicamentos. Esto significa que deberá obtener aprobación del plan antes de que se surtan sus recetas. Si no obtiene dicha aprobación, su medicamento podría no cubrirse.
- **Límites de cantidad:** En el caso de ciertos medicamentos, la cantidad que será cubierta por el **Plan** está limitada. Por ejemplo, el **Plan** suministra 30 tabletas de CRESTOR por receta.
- **Terapia de paso:** En algunos casos, es necesario que primero pruebe ciertos medicamentos como parte del tratamiento de su condición médica antes de que podamos cubrir otro medicamento para curar esa condición médica. Por ejemplo, si puede utilizarse tanto un medicamento A como un medicamento B en el tratamiento de la misma condición médica, es posible que no cubramos el medicamento B a menos que pruebe primero el medicamento A. Si el medicamento A no le produce mejoras, cubriremos el medicamento B.

Puede averiguar si su medicamento está sujeto a otros requisitos o límites, por medio del formulario que comienza en la página 7.

Puede solicitar que hagamos una excepción a estas restricciones o límites. Consulte la sección, “¿Cómo puedo solicitar una excepción al formulario?” que está en la página ix para obtener información acerca de cómo solicitar una excepción.

¿Qué ocurre si mi medicamento no se encuentra en el formulario?

Si su medicamento no se incluye en este formulario, primero debe ponerse en contacto con nuestro departamento de Atención al cliente y preguntar si su medicamento está cubierto. Este documento incluye solamente una lista parcial de medicamentos cubiertos, por lo que el **Plan** puede cubrir su medicamento.

Puede ponerse en contacto con nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.

Si descubre que su medicamento no está cubierto, cuenta con dos opciones:

- Puede solicitar a nuestro departamento de Atención al cliente una lista de medicamentos similares que estén cubiertos. Cuando reciba la lista, muéstresela a su doctor y pídale que le recete un medicamento similar que esté cubierto.
- Puede solicitar que hagamos una excepción y cubramos su medicamento. A continuación, encontrará información para solicitar una excepción.

NOTA: Debido a un cambio en Medicare, la mayoría de los planes de medicamentos Medicare ya no cubren medicamentos para disfunción eréctil (ED), tales como *Viagra*[®], *Cialis*[®], *Levitra*[®], y *Caverject*[®]. **Para obtener más información, póngase en contacto con nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

¿Cómo puedo solicitar una excepción al formulario?

Puede solicitar que hagamos una excepción a las reglas de cobertura. Puede solicitar que hagamos diferentes tipos de excepciones.

- Puede solicitar que cubramos su medicamento, aún si no aparece en nuestro formulario.
- Puede solicitar que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, en el caso de ciertos medicamentos, la cantidad que cubriremos está limitada. Si su medicamento tiene un límite de cantidad, puede solicitar que renunciemos al límite y que cubramos más.
- Puede solicitar que proporcionemos un mayor nivel de cobertura de su medicamento. Si su medicamento se incluye en el Nivel 3, puede solicitar que lo cubramos al costo compartido que se aplica a los medicamentos del Nivel 2. Esto disminuiría la cantidad que debe pagar por el medicamento. Tenga en cuenta que si accedemos a cubrir un medicamento que no está en nuestro formulario, no podrá pedirnos que otorguemos un mayor nivel de cobertura del medicamento. Además, no podrá pedir que otorguemos un mayor nivel de cobertura en el caso de medicamentos especializados que están en el Nivel 4.

En general, su petición de excepción se aprobará solamente si los medicamentos alternativos incluidos en el formulario del **Plan**, los medicamentos de nivel más bajo o restricciones adicionales de utilización no son tan eficaces para el tratamiento de su condición médica y/o pueden causarle efectos de salud desfavorables.

Debe ponerse en contacto con nosotros para solicitar una decisión de cobertura inicial para una excepción de formulario, nivel o restricción de utilización. Cuando solicite una excepción de formulario, nivel o restricción de utilización, debe proporcionar una declaración de su médico que apoye su petición. En general, debemos tomar una decisión en un plazo de 72 horas, después de recibir la declaración de su médico recetante que apoye su petición. Puede solicitar una excepción urgente (rápida) si usted o su doctor

consideran que su salud podría perjudicarse seriamente si espera hasta 72 horas, a que tomemos una decisión. Si se acepta su solicitud de excepción urgente, debemos tomar una decisión en un máximo de 24 horas, después de recibir la declaración de su médico recetante que apoye su petición.

¿Qué puedo hacer antes de hablar con mi médico acerca del cambio de medicamentos o una solicitud de excepción?

Como miembro nuevo o actual de nuestro **Plan**, puede estar tomando medicamentos que no aparecen en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero cuya obtención está limitada. Por ejemplo, puede ser necesario que obtenga nuestra autorización previa antes de que se surta su receta. Debe hablar con su doctor para decidir si debe sustituir su medicamento con uno que sea adecuado y que cubramos, o solicitar una excepción de formulario para que cubramos el medicamento que tome. Mientras decide junto con su médico lo que debe hacer, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro **Plan**.

Cubriremos un suministro temporal de 30 días, para cada medicamento que tome y que no esté en nuestro formulario, o bien si su obtención está limitada (a menos que tenga una receta para menos tiempo), cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, el **Plan** no pagará estos medicamentos, aún si ha sido miembro del **Plan** durante menos de 90 días.

Si es residente de un centro de cuidado a largo plazo, cubriremos un suministro temporal de transición de 30 días (a menos que tenga una receta para menos tiempo). Cubriremos más de un suministro de estos medicamentos, durante los primeros 90 días que sea miembro de nuestro **Plan**. Si necesita un medicamento que no está en nuestro formulario, o cuya obtención está limitada, pero ha sido miembro de nuestro **Plan** durante más de 90 días, cubriremos un suministro de emergencia de ese medicamento de 30 días (a menos que tenga una receta para menos tiempo), mientras solicita una excepción al formulario.

Otros casos en los que cubriremos un suministro temporal de transición de 30 días (o menos, si tiene una receta para menos tiempo) son:

- Cuando ingresa a un centro de cuidado a largo plazo
- Cuando sale de un centro de cuidado a largo plazo
- Cuando es dado de alta de un hospital
- Cuando sale de un centro de enfermería experta
- Cuando cancela el cuidado de un hospicio

El **Plan** le enviará una carta en un plazo de 3 días laborales después de surtir su suministro temporal de transición, informándole que recibió un suministro temporal y explicando sus opciones.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos recetados, consulte su folleto informativo sobre coberturas y otros materiales del **Plan**.

Si tiene cualquier pregunta, llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, llame a Medicare, al **1-800-MEDICARE (1-800-633-4227)** las 24 horas, 7 días a la semana. Los usuarios de TTY/TDD pueden llamar al **1-877-486-2048**. O bien, visite **www.medicare.gov**.

Formulario

El formulario, que comienza en la página 7, proporciona información sobre la cobertura y sobre algunos de los medicamentos cubiertos por este **Plan**. Si le es difícil encontrar su medicamento en la lista, vaya al índice que comienza en la página 33. Recuerde que esta es sólo una lista parcial de los medicamentos cubiertos. **Si su medicamento recetado no se incluye en este formulario parcial, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.**

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca aparecen en mayúsculas (por ejemplo, NEXIUM) y los medicamentos genéricos en minúsculas y en cursiva (por ejemplo, *omeprazole*).

La información de la columna Requisitos/Límites le indica si hay algún requisito especial para cubrir su medicamento.

El nivel se refiere al grado de cobertura de cada medicamento. La cantidad que paga en cada nivel durante su período de cobertura inicial se explica a continuación. Una vez que llegue a su deducible de \$50, será responsable de pagar estas cantidades por sus medicamentos hasta que su costo real de desembolso sume \$4,050.

	Copago de farmacia minorista Suministro de 30 días	Copago de farmacia minorista Suministro de 90 días	Copago de farmacia Medco By Mail Suministro de 90 días
Genéricos (Nivel 1)	\$10.00	\$30.00	\$20.00
Marca preferida por el plan (Nivel 2)	\$30.00	\$90.00	\$60.00
Marca no preferida (Nivel 3)	\$50.00	\$150.00	\$100.00
Especializado (Nivel 4)	\$50.00	\$150.00	\$100.00

Si no está seguro de que su medicamento esté cubierto, visite nuestro sitio web o llame a nuestro departamento de Atención al cliente, utilizando la información que se proporciona en la portada de este formulario.

COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

Anti - Infectives.....	7
Antifungal Agents.....	7
Antivirals.....	7
HIV/AIDS THERAPY.....	7
Cephalosporins.....	7
Erythromycins & Other Macrolides.....	8
Miscellaneous Anti-Infectives.....	8
ANTIMALARIALS.....	8
ANTIMYCOBACTERIALS.....	8
Penicillins.....	9
Quinolones.....	9
Sulfas & Related Agents.....	9
Tetracyclines.....	9
Urinary Tract Agents.....	9
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COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

ANTI - INFECTIVES

Antifungal Agents

Drug Name	Drug Tier	Req./ Limits
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Generics

<i>clotrimazole</i>	1	
<i>fluconazole</i>	1	QL
<i>fluconazole suspension</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	QL

Brands

ERAXIS	4	
NOXAFIL	2	QL
VFEND	2	QL,PA
VFEND IV	2	PA

Antivirals

Drug Name	Drug Tier	Req./ Limits
-----------	-----------	--------------

Generics

<i>foscarnet sodium</i>	1	PA
<i>ribapak</i>	1	QL,PA
<i>ribasphere</i>	1	QL,PA
<i>ribavirin</i>	1	QL,PA

Brands

BARACLUDGE	2	QL
CYTOVENE	2	PA
EPIVIR HBV	2	
FAMVIR	2	QL
HEPSERA	2	QL,PA
REBETOL	2	QL,PA

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Drug Name	Drug Tier	Req./ Limits
RELENZA	2	QL
TAMIFLU	2	QL
VALTREX	2	QL

HIV/AIDS THERAPY

Generics

<i>zidovudine</i>	1	
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Brands

AGENERASE	3	
COMBIVIR	2	
EPIVIR	2	
EPZICOM	2	
INVIRASE	2	
LEXIVA	2	
PREZISTA	4	
RESCRIPTOR	3	
RETROVIR IV	2	
REYATAZ	2	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	4	
VIDEX	2	
VIDEX EC	2	
ZERIT	2	
ZIAGEN	2	

Cephalosporins

Drug Name	Drug Tier	Req./ Limits
-----------	-----------	--------------

Generics

<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefдинир</i>	1	
<i>cefotaxime sodium</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>cefepime 10gm vial</i>	1	
<i>ceftriaxone</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
Brands		
CEFAZOLIN SODIUM 500MG/50ML	2	
CEFTRIAZONE IV PIGGYBACK	2	
CEFUROXIME 1.5GM/50ML	2	
CEFUROXIME SODIUM 750MG/50ML	2	
MAXIPIME	3	
Erythromycins & Other Macrolides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>azithromycin</i>	1	
<i>azithromycin suspension</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin ER</i>	1	
Brands		
ZITHROMAX PACKET	2	
Miscellaneous Anti-Infectives		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>clindamycin HCl</i>	1	
<i>clindamycin phosphate</i>	1	
<i>mebendazole</i>	1	
<i>metronidazole</i>	1	
<i>neomycin sulfate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>pentamidine isethionate</i>	1	PA
Brands		
ALINIA	2	QL
CLEOCIN PALMITATE	2	
GENTAMICIN SULFATE 80MG VIAL	2	
KETEK	2	QL
MEPRON	2	
NEBUPENT	2	QL,PA
NEUTREXIN	2	
PRIMAXIN	2	
PRIMAXIN I.M.	2	
TOBI	4	PA
TYGACIL	2	
XIFAXAN	3	QL,PA
ZYVOX	2	QL,PA
ZYVOX INJECTION	2	PA
ANTIMALARIALS		
Generics		
<i>chloroquine phosphate</i>	1	
<i>mefloquine HCl</i>	1	
Brands		
QUALAQUIN	2	
ANTIMYCOBACTERIALS		
Generics		
<i>isoniazid</i>	1	
<i>rifampin</i>	1	
Brands		
ISONIAZID SYRUP	2	

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Drug Name	Drug Tier	Req./ Limits
Penicillins		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>amoxicillin</i>	1	
<i>nafcillin sodium 10gm vial</i>	1	
Brands		
AUGMENTIN XR	2	
NAFCILLIN SODIUM 1GM VIAL	2	
Quinolones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ciprofloxacin HCl</i>	1	
<i>ofloxacin</i>	1	
Brands		
AVELOX	2	
LEVAQUIN	3	
Sulfas & Related Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>sulfadiazine</i>	1	
Tetracyclines		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>doxycycline hyclate</i>	1	
<i>tetracycline HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
Urinary Tract Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
PRIMSOL	3	
Vancomycin		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>vancomycin HCl</i>	1	
Brands		
VANCOGIN HCl	2	
VANCOMYCIN HCl 10GM VIAL	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
Adjunctive Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>leucovorin calcium 100mg vial</i>	1	
<i>leucovorin calcium 200mg vial</i>	1	
<i>leucovorin calcium 25mg tablet</i>	1	
<i>leucovorin calcium 350mg vial</i>	1	
<i>leucovorin calcium 50mg vial</i>	1	
<i>leucovorin calcium 5mg tablet</i>	1	
Brands		
LEUCOVORIN CALCIUM 10MG TABLET	2	
LEUCOVORIN CALCIUM 10MG/ML	2	

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Drug Name	Drug Tier	Req./ Limits
LEUCOVORIN CALCIUM 15MG TABLET	2	
LEUCOVORIN CALCIUM 500MG VIAL	2	
MESNEX	2	
Antineoplastic & Immunosuppressant Drugs		
Drug Name	Drug Tier	Req./ Limits
ANTINEOPLASTIC DRUGS		
Generics		
<i>bleomycin sulfate</i>	1	
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
<i>cyclophosphamide injection</i>	1	
<i>cyclophosphamide tablet</i>	1	PA
<i>cytarabine</i>	1	
<i>dacarbazine</i>	1	
<i>daunorubicin HCl</i>	1	
<i>doxorubicin HCl</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	
<i>hydroxyurea</i>	1	
<i>ifosfamide/mesna</i>	1	
<i>megestrol acetate</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate injection</i>	1	
<i>methotrexate tablet</i>	1	PA
<i>mitomycin</i>	1	
<i>octreotide acetate 1000mcg/ml</i>	1	
<i>octreotide acetate 200mcg/ml</i>	1	
<i>onxol</i>	1	
<i>paclitaxel</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>tamoxifen citrate</i>	1	
<i>tretinoin</i>	1	
<i>vinblastine sulfate</i>	1	
<i>vincristine sulfate</i>	1	
Brands		
ALKERAN INJECTION	4	
ARIMIDEX	2	
AROMASIN	2	
AVASTIN	3	PA
BICNU	3	
CASODEX	2	
CYTARABINE 100MG/ML INJECTION	3	
ELIGARD	3	
ELOXATIN	3	
EPIRUBICIN HCl	3	
ERBITUX	3	PA
FASLODEX	4	PA
FLOXURIDINE	3	
GLEEVEC	4	PA
IFOSFAMIDE	3	
IFOSFAMIDE/MESNA 3-1G	3	
LEUKERAN	2	
MUSTARGEN	3	
MYLOTARG	3	
NEXAVAR	4	QL,PA
OCTREOTIDE ACETATE 100MCG/ML	2	
OCTREOTIDE ACETATE 500MCG/ML	2	
OCTREOTIDE ACETATE 50MCG/ML	2	
PLENAXIS	3	
REVLIMID	4	PA
RHEUMATREX TABLET	3	PA
RITUXAN	3	PA

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Drug Name	Drug Tier	Req./ Limits
SOLTAMOX	2	
SPRYCEL	4	QL,PA
SUTENT	4	QL,PA
TARCEVA	4	QL,PA
TARGRETIN	2	PA
TESLAC	3	
THIOTEPA	3	
TYKERB	4	QL
VIDAZA	4	QL,PA
ZOLADEX	3	
ZOLINZA	4	
IMMUNOSUPPRESSANT DRUGS		
Generics		
<i>azathioprine</i>	1	PA
<i>cyclosporine</i>	1	PA
<i>gengraf</i>	1	PA
Brands		
CELLCEPT	2	PA
CYCLOSPORINE AMPULE	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
PROGRAF	2	PA
RAPAMUNE	2	PA
SANDIMMUNE	2	PA

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Drug Name	Drug Tier	Req./ Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
Anticonvulsants		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>carbamazepine</i>	1	
<i>phenytoin</i>	1	
<i>valproic acid capsule</i>	1	
<i>valproic acid syrup</i>	1	
Brands		
CARBATROL	2	
DEPAKOTE	2	
DEPAKOTE ER	2	
KEPPRA	2	
LAMICTAL	2	
LYRICA	2	QL
PHENYTEK	3	
TEGRETOL XR	2	
TOPAMAX	2	
VALPROIC ACID LIQUID	2	
Antiparkinsonism Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>carbidopa/levodopa</i>	1	
<i>selegiline HCl</i>	1	
Brands		
APOKYN	2	PA
COMTAN	2	
MIRAPEX	2	
REQUIP	2	

Drug Name	Drug Tier	Req./ Limits
STALEVO	2	
ZELAPAR	2	
Migraine & Cluster Headache Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ergotamine-caffeine</i>	1	
Brands		
AMERGE	2	QL
IMITREX INJECTION	2	QL
IMITREX NASAL SPRAY	2	QL
IMITREX TABLET	2	QL
MAXALT	2	QL
MAXALT MLT	2	QL
MIGRANAL	3	QL
RELPAK	2	QL
ZOMIG	2	QL
ZOMIG NASAL SPRAY	2	QL
ZOMIG ZMT	2	QL
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>naloxone HCl</i>	1	
Brands		
SUBOXONE	2	

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Drug Name	Drug Tier	Req./ Limits
Miscellaneous Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>tramadol HCl</i>	1	
Miscellaneous Neurological Therapy		
Drug Name	Drug Tier	Req./ Limits
Brands		
ARICEPT	2	QL,PA
ARICEPT ODT	2	QL,PA
COPAXONE	4	QL,PA
EXELON	2	QL,PA
EXELON SOLUTION	2	PA
NAMENDA	3	QL,PA
NAMENDA DOSE PACK	3	PA
NAMENDA SOLUTION	3	PA
RAZADYNE	2	QL,PA
RAZADYNE ER	2	QL,PA
RAZADYNE SOLUTION	2	PA
Muscle Relaxants & Antispasmodic Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>baclofen tablet</i>	1	
<i>pyridostigmine bromide</i>	1	
<i>tizanidine HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
Narcotic Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acetaminophen/codeine</i>	1	
<i>fentanyl lollipop</i>	1	QL,PA
<i>fentanyl patch</i>	1	
<i>hydromorphone HCl</i>	1	
<i>levorphanol tartrate</i>	1	
<i>meperidine HCl</i>	1	
<i>methadone HCl</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate solution</i>	1	
<i>narvox</i>	1	
<i>oramorph SR</i>	1	
<i>oxycodone HCl</i>	1	
Brands		
DILAUDID-HP	2	
FENTANYL INJECTION	2	
INFUMORPH	2	
KADIAN	2	
METHADONE HCl SOLUTION	2	
MORPHINE SULFATE 10MG/ML AMPULE	2	
MORPHINE SULFATE 250MG/10ML VIAL	2	
MORPHINE SULFATE 8MG INJECTION	2	
OXYCONTIN	2	
OXYFAST	2	

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Drug Name	Drug Tier	Req./ Limits
Non-Narcotic Analgesics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>butorphanol tartrate</i>	1	QL,PA
<i>diclofenac sodium</i>	1	
<i>ibuprofen suspension</i>	1	
<i>meloxicam</i>	1	
Brands		
CELEBREX	2	QL
Propoxyphene		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>propoxyphene HCl</i>	1	
<i>propoxyphene hcl/acetaminophen</i>	1	
Psychotherapeutic Drugs		
Drug Name	Drug Tier	Req./ Limits
ANTIDEPRESSANT AGENTS		
Generics		
<i>amitriptyline HCl</i>	1	
<i>budeprion XL 300mg</i>	1	QL
<i>bupropion HCl</i>	1	
<i>citalopram hydrobromide</i>	1	QL
<i>citalopram hydrobromide solution</i>	1	
<i>doxepin HCl</i>	1	
<i>fluoxetine HCl</i>	1	QL
<i>fluoxetine HCl solution</i>	1	
<i>paroxetine HCl</i>	1	QL
<i>paroxetine HCl suspension</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>sertraline concentrate</i>	1	
<i>sertraline HCl</i>	1	QL
<i>sertraline HCl concentrate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone HCl</i>	1	
<i>trimipramine maleate</i>	1	
Brands		
CYMBALTA	2	QL
EFFEXOR XR	2	QL
NARDIL	2	
PAXIL CR	2	QL
WELLBUTRIN XL 150MG	2	QL
ANTIPSYCHOTICS		
Generics		
<i>chlorpromazine HCl</i>	1	PA
<i>haloperidol</i>	1	
<i>perphenazine</i>	1	PA
Brands		
ABILIFY	3	QL
ABILIFY INJECTION	3	
GEODON	2	QL
INVEGA	2	
RISPERDAL SOLUTION	2	QL
SEROQUEL	2	QL
SEROQUEL 400MG	2	
SEROQUEL 50MG	2	
ZYPREXA	2	QL
ZYPREXA ZYDIS	2	QL
ANXIOLYTICS		
Generics		
<i>buspirone HCl</i>	1	

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Drug Name	Drug Tier	Req./ Limits
HYPNOTIC AGENTS		
Generics		
<i>zolpidem tartrate</i>	1	QL
Brands		
AMBIEN CR	2	QL
LUNESTA	2	QL
ROZEREM	3	QL
SONATA	3	QL
MISCELLANEOUS PSYCHOTHERAPEUTIC AGENTS		
Generics		
<i>amphetamine salt combo</i>	1	PA
<i>dexmethylphenidate HCl</i>	1	PA
<i>dextroamphetamine sulfate</i>	1	PA
<i>dextrostat</i>	1	PA
<i>metadate ER</i>	1	PA
<i>methylin ER</i>	1	PA
<i>methylin tablet</i>	1	PA
<i>methylphenidate ER</i>	1	PA
<i>methylphenidate HCl</i>	1	PA
Brands		
ADDERALL XR	2	PA
FOCALIN XR	2	PA
METADATE CD	3	PA
METHYLIN CHEWABLE	3	PA
METHYLIN SOLUTION	3	PA
PROVIGIL	2	QL,PA
RITALIN LA	3	PA
STRATTERA	2	PA

Drug Name	Drug Tier	Req./ Limits
TRICYCLIC ANTIDEPRESSANTS/BENZODIAZEPINE COMBINATIONS		
Generics		
<i>amitriptyline/chlordiazepoxide</i>	1	
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
Antiarrhythmic Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>mexiletine HCl</i>	1	
<i>procainamide HCl</i>	1	
<i>quinidine sulfate</i>	1	
Brands		
PROCAINAMIDE HCl SUSTAINED RELEASE	2	
RYTHMOL SR	2	
Antihypertensive Therapy		
Drug Name	Drug Tier	Req./ Limits
ACE INHIBITORS		
Generics		
<i>captopril</i>	1	QL
<i>enalapril maleate</i>	1	QL
<i>fosinopril sodium</i>	1	QL
<i>lisinopril</i>	1	QL
<i>moexipril HCl</i>	1	QL
<i>quinapril</i>	1	QL
<i>trandolapril</i>	1	QL

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Drug Name	Drug Tier	Req./ Limits
Brands		
ACEON	2	QL
ALTACE	2	QL
ZESTRIL	3	QL
ADRENERGIC AGONISTS AND RELATED DRUGS		
Generics		
<i>clonidine HCl</i>	1	
<i>doxazosin mesylate</i>	1	QL
<i>terazosin HCl</i>	1	QL
ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS AND RENIN INHIBITORS		
Brands		
ATACAND	2	QL
ATACAND HCT	2	QL
AVALIDE	2	QL
AVAPRO	2	QL
COZAAR	2	QL
DIOVAN	2	QL
DIOVAN HCT	2	QL
HYZAAR	2	QL
MICARDIS	2	QL
MICARDIS HCT	2	QL
TEKTURNA	2	QL
ANTIHYPERTENSIVE COMBINATIONS		
Generics		
<i>amlodipine besylate/benazepril 10mg-20mg</i>	1	QL
<i>amlodipine besylate/benazepril 2.5mg-10mg</i>	1	QL
<i>amlodipine besylate/benazepril 5mg-10mg</i>	1	QL

Drug Name	Drug Tier	Req./ Limits
<i>amlodipine besylate/benazepril 5mg-20mg</i>	1	QL
<i>captopril/hydrochlorothiazide</i>	1	QL
<i>lisinopril/hydrochlorothiazide</i>	1	QL
<i>moexipril/hydrochlorothiazide</i>	1	QL
Brands		
ZESTORETIC	3	QL
BETA BLOCKERS		
Generics		
<i>labetalol HCl</i>	1	
<i>metoprolol ER</i>	1	
<i>metoprolol tartrate</i>	1	
<i>propranolol HCl ER</i>	1	
<i>timolol maleate</i>	1	
Brands		
COREG	2	
COREG CR	2	
CALCIUM CHANNEL BLOCKERS		
Generics		
<i>amlodipine besylate</i>	1	
<i>diltiazem HCl</i>	1	
<i>diltiazem HCl ER</i>	1	
<i>felodipine ER</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine ER</i>	1	
<i>verapamil HCl</i>	1	
Brands		
DILTIAZEM HCl VIAL	2	
NIMOTOP	2	
SULAR	2	

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Drug Name	Drug Tier	Req./ Limits
DIURETICS		
Generics		
<i>amiloride HCl</i>	1	
<i>furosemide</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
Brands		
FUROSEMIDE SOLUTION	2	
VASODILATORS		
Generics		
<i>hydralazine HCl</i>	1	
<i>minoxidil</i>	1	
Brands		
BIDIL	2	QL
Cardiac Glycosides		
Drug Name		
Drug Tier		
Req./ Limits		
Generics		
<i>digoxin</i>	1	
Brands		
LANOXICAPS	2	
LANOXIN	2	
LANOXIN INJECTION	2	

Drug Name	Drug Tier	Req./ Limits
Coagulation Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>cilostazol</i>	1	QL
<i>dipyridamole</i>	1	
<i>jantoven</i>	1	
<i>pentoxifylline</i>	1	
<i>ticlopidine HCl</i>	1	QL
<i>warfarin sodium</i>	1	
Brands		
AGGRENOX	2	QL
ARIXTRA	2	
FRAGMIN	2	
HEPARIN SODIUM 10000 U/5ML	2	
HEPARIN SODIUM 25000U/10ML	2	
LOVENOX	2	
Hemostatics		
Drug Name	Drug Tier	Req./ Limits
Brands		
CYKLOKAPRON	2	
Lipid/Cholesterol Lowering Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>colestipol HCl</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	QL

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Drug Name	Drug Tier	Req./ Limits
<i>pravastatin</i>	1	QL
<i>simvastatin</i>	1	QL
Brands		
ADVICOR	3	
ANTARA	2	
CADUET	2	QL
COLESTID	2	
CRESTOR	2	QL
LIPITOR	2	QL
LOVAZA	2	QL
NIASPAN	2	
TRICOR	2	
TRIGLIDE	2	
VYTORIN	2	QL
ZETIA	2	QL
Miscellaneous Cardiovascular Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
RANEXA	2	QL,ST
Nitrates		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>nitro-bid</i>	1	
<i>nitroglycerin CR</i>	1	
<i>nitroglycerin injection</i>	1	PA
<i>nitroglycerin patch</i>	1	
Brands		
NITROLINGUAL	2	
NITROSTAT	2	

Drug Name	Drug Tier	Req./ Limits
DERMATOLOGICALS/TOPICAL THERAPY		
Antipsoriatic / Antiseborrheic		
Drug Name	Drug Tier	Req./ Limits
Brands		
DOVONEX	2	
RAPTIVA	4	QL,PA
SORIATANE	2	
Burn Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>silver sulfadiazine</i>	1	
Miscellaneous Dermatologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>fluorouracil</i>	1	
Brands		
CARAC	2	
CARMOL HC	2	
EFUDEX	2	
ELIDEL	3	PA
OXSORALEN ULTRA	2	
PANRETIN	2	PA
PROTOPIC	3	PA
REGRANEX	2	PA
SOLARAZE	2	
ZONALON	2	

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Drug Name	Drug Tier	Req./ Limits
Therapy For Acne		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>avita</i>	1	PA
<i>clindamycin phosphate</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin/benzoyl peroxide gel</i>	1	
<i>metronidazole</i>	1	
<i>tretinoin cream</i>	1	PA
Brands		
EVOCLIN	2	
FINACEA	2	
METROGEL	2	
TAZORAC	2	PA
Topical Anesthetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>lidocaine HCl</i>	1	
Brands		
EMLA	3	
Topical Antibacterials		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>mupirocin</i>	1	
<i>sodium sulfacetamide</i>	1	
Brands		
KLARON	2	

Drug Name	Drug Tier	Req./ Limits
Topical Antifungals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>clotrimazole</i>	1	
<i>econazole nitrate</i>	1	
<i>nystatin</i>	1	
Brands		
ERTACZO	2	
LOPROX	2	
Topical Antivirals		
Drug Name	Drug Tier	Req./ Limits
Brands		
DENAVIR	2	
ZOVIRAX CREAM	3	
ZOVIRAX OINTMENT	3	
Topical Corticosteroids		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>alclometasone dipropionate cream</i>	1	
<i>alclometasone dipropionate ointment</i>	1	
<i>amcinonide cream</i>	1	
<i>amcinonide lotion</i>	1	
<i>amcinonide ointment</i>	1	
<i>betamethasone dipropionate lotion</i>	1	
<i>betamethasone valerate</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate cream</i>	1	
<i>fluticasone propionate ointment</i>	1	
<i>halobetasol propionate cream</i>	1	
<i>halobetasol propionate ointment</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate cream</i>	1	
<i>hydrocortisone butyrate ointment</i>	1	
<i>hydrocortisone butyrate solution</i>	1	
<i>prednicarbate cream</i>	1	
<i>prednicarbate ointment</i>	1	
<i>triamcinolone acetonide</i>	1	
Brands		
DIPROLENE	3	
LUXIQ	2	
OLUX	2	
PANDEL	2	
PSORCON E	2	
Topical Scabicides / Pediculicides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>permethrin</i>	1	
Brands		
EURAX	2	

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Drug Name	Drug Tier	Req./ Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>anagrelide hydrochloride</i>	1	QL
<i>pilocarpine HCl</i>	1	
Brands		
ACTONEL 30MG	2	QL,PA
ADAGEN	4	
CARNITOR	2	
EVOXAC	2	
EXJADE	4	
FOSAMAX 40MG	2	QL,PA
FOSRENOL	2	
INCRELEX	4	PA
ORFADIN	4	
PHOSLO	2	
PROLASTIN	4	PA
RENAGEL	2	
SKELID	3	QL,PA
THALOMID	4	PA
Smoking Deterrents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>buproban 150mg</i>	1	QL,PA
<i>bupropion HCl ER</i>	1	QL,PA
<i>bupropion HCl SR</i>	1	QL,PA
<i>nicotine patch</i>	1	PA

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Drug Name	Drug Tier	Req./ Limits
Brands		
CHANTIX	2	PA
NICOTROL	3	QL,PA
NICOTROL NS	3	QL,PA
EAR, NOSE & THROAT MEDICATIONS		
Miscellaneous Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>triamcinolone acetonide</i>	1	
Brands		
ADRENALIN CHLORIDE NASAL	2	
BACTROBAN NASAL	2	
TYZINE	2	
Miscellaneous Otic Preparations		
Drug Name	Drug Tier	Req./ Limits
Brands		
DERMOTIC	2	
FLOXIN	2	
Otic Steroid / Antibiotic		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	
<i>neomycin/polymyxin/hydrocortiso ne</i>	1	

Drug Name	Drug Tier	Req./ Limits
Brands		
CIPRODEX	2	
ENDOCRINE/DIABETES		
Adrenal Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>a-methapred</i>	1	PA
<i>dexamethasone</i>	1	
<i>dexamethasone elixir</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1	PA
<i>prednisolone</i>	1	PA
<i>prednisone</i>	1	PA
<i>solu-medrol 500mg/4ml</i>	1	PA
Brands		
CORTEF	2	
DEPO-MEDROL	2	PA
DEXAMETHASONE 1MG TABLET	2	
DEXAMETHASONE 2MG TABLET	2	
DEXAMETHASONE DROPS	2	
DEXAMETHASONE SOLUTION	2	
METHYLPREDNISOLONE 100MG VIAL	2	PA
PREDNISONE CONCENTRATE	2	PA
SOLU-MEDROL	2	PA

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Drug Name	Drug Tier	Req./ Limits
Antithyroid Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>methimazole</i>	1	
Diabetes Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>glimepiride</i>	1	QL
<i>glipizide</i>	1	QL
<i>glipizide/metformin</i>	1	QL
<i>glyburide</i>	1	
<i>metformin HCl</i>	1	QL
<i>metformin HCl ER</i>	1	QL
<i>tolazamide</i>	1	
Brands		
ACTOPLUS MET	2	QL
ACTOS	2	QL
APIDRA	2	
AVANDAMET	2	QL
AVANDARYL	2	QL
AVANDIA	2	QL
BYETTA	3	QL
DUETACT	2	QL
EXUBERA COMBINATION PACK 15	2	
EXUBERA KIT	2	QL
FORTAMET	2	QL
GLYCRON 4.5MG	2	QL
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	

Drug Name	Drug Tier	Req./ Limits
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	QL
JANUVIA	2	QL
LANTUS	2	
LEVEMIR	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
PRANDIN	2	QL
STARLIX	2	QL
SYMLIN	3	QL,PA
Diabetic Supplies, Misc.		
Drug Name	Drug Tier	Req./ Limits
Brands		
ALCOHOL SWABS	2	
BD ALCOHOL SWABS	2	
BD INSULIN PEN NEEDLES	2	
BD INSULIN SYRINGE	2	
BD SAFETYGLIDE	2	
GLUCAGON EMERGENCY KIT	2	
Miscellaneous Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>androxy</i>	1	PA
<i>oxandrolone</i>	1	PA
<i>testosterone cypionate</i>	1	PA

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Drug Name	Drug Tier	Req./ Limits
<i>testosterone enanthate</i>	1	PA
Brands		
ALDURAZYME	4	PA
ANADROL-50	3	PA
ANDRODERM	2	QL,PA
ANDROGEL	2	QL,PA
CEREZYME	4	PA
DEPO-TESTOSTERONE	2	PA
FABRAZYME	4	PA
HECTOROL	2	
MIACALCIN NASAL SPRAY	2	QL
NAGLAZYME	4	
SENSIPAR	2	QL,PA
SOMAVERT	2	QL,PA
STIMATE	2	
TESTIM	3	QL,PA
ZAVESCA	2	
ZEMPLAR	2	
Thyroid Hormones		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>levothyroxine sodium</i>	1	
<i>liothyronine sodium</i>	1	
Brands		
CYTOMEL	2	

Drug Name	Drug Tier	Req./ Limits
GASTROENTEROLOGY		
Antidiarrheals & Antispasmodics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>diphenoxylate/atropine</i>	1	
<i>glycopyrrolate</i>	1	
Miscellaneous Gastrointestinal Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>lactulose</i>	1	
<i>metoclopramide HCl</i>	1	
<i>ondansetron HCl in dextrose</i>	1	
<i>ondansetron HCl solution</i>	1	PA
<i>ondansetron HCl tablet</i>	1	QL,PA
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate suppository</i>	1	PA
<i>prochlorperazine maleate tablet</i>	1	PA
<i>procto-pak</i>	1	
<i>ursodiol</i>	1	
Brands		
AMITIZA	2	QL,PA
ANZEMET	3	QL,PA
CANASA	2	
COLAZAL	2	
CREON	2	
EMEND	2	QL,PA
LIALDA	2	
LOTRONEX	2	QL,PA
MARINOL	3	PA
PENTASA	2	

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Drug Name	Drug Tier	Req./ Limits
REMICADE	4	PA
SUCRAID	4	
ULTRASE	2	
URSO	2	
URSO FORTE	2	
BOWEL EVACUANTS		
Generics		
<i>polyethylene glycol</i>	1	
Brands		
HALFLYTELY	3	
MOVIPREP	2	
NULYTELY	3	
Ulcer Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>misoprostol</i>	1	
<i>sucralfate</i>	1	
Brands		
PREVPAC	3	
H2 ANTAGONISTS		
Generics		
<i>famotidine</i>	1	QL
<i>famotidine injection</i>	1	
<i>nizatidine</i>	1	QL
<i>ranitidine HCl</i>	1	QL
Brands		
ZANTAC INJECTION	2	
ZANTAC RX	2	

Drug Name	Drug Tier	Req./ Limits
PROTON PUMP INHIBITORS		
Generics		
<i>omeprazole</i>	1	QL
Brands		
NEXIUM	2	QL
NEXIUM I.V.	2	
PREVACID	2	QL
PREVACID IV	2	
PREVACID SUSPENSION	2	
PRILOSEC 40MG	3	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
Biotechnology Drugs		
Drug Name	Drug Tier	Req./ Limits
Brands		
ACTIMMUNE	4	PA
ARANESP	2	QL,PA
AVONEX ADMINISTRATION PACK	4	QL,PA
BETASERON	4	QL,PA
EPOGEN	3	QL,PA
INTRON A	2	PA
LEUKINE	4	PA
NEULASTA	3	QL,PA
NEUMEGA	4	QL,PA
NEUPOGEN	4	QL,PA
NORDITROPIN	4	PA
NORDITROPIN NORDIFLEX	4	PA
PEGASYS	2	QL,PA
PEG-INTRON	2	QL,PA
PEG-INTRON REDIPEN	2	QL,PA

Drug Name	Drug Tier	Req./ Limits
PROCRIT	2	QL,PA
PROLEUKIN	4	
REBIF	4	QL,PA
ROFERON-A	2	PA
TEV-TROPIN	4	PA
Vaccines & Miscellaneous Immunologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>tetanus toxoid</i>	1	
Brands		
ACTHIB	2	
COMVAX	2	PA
DAPTACEL	2	
DIPHThERIA/TETANUS TOXOIDS	2	
ENGERIX-B	2	PA
GARDASIL	2	PA
HAVRIX	2	
IMMUNE GLOBULIN	2	PA
IMOVAX RABIES VACCINE	2	
INFANRIX	2	
JE-VAX	2	
MENACTRA	2	
MENOMUNE-A/C/Y/W-135	2	
PEDIARIX	2	PA
RABAVERT	2	
RECOMBIVAX HB	2	PA
TETANUS DIPHThERIA TOXOIDS	2	
THYMOGLOBULIN	2	PA
TICE BCG	2	PA
TRIHIBIT	2	

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Drug Name	Drug Tier	Req./ Limits
TRIPEDIA	2	
TWINRIX	2	PA
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	PA
MISCELLANEOUS VITAMINS, HEMATINICS & ELECTROLYTES		
Miscellaneous Nutrition Products		
Drug Name	Drug Tier	Req./ Limits
Brands		
FREAMINE HBC	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
Gout Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
Brands		
COLCHICINE VIAL	2	

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Drug Name	Drug Tier	Req./ Limits
Osteoporosis Therapy		
Drug Name	Drug Tier	Req./ Limits
Brands		
ACTONEL	2	QL
ACTONEL WITH CALCIUM	2	QL
BONIVA	2	QL
EVISTA	2	QL
FORTEO	2	QL
FOSAMAX	2	QL
Other Rheumatologicals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>leflunomide</i>	1	QL,PA
Brands		
ENBREL	4	QL,PA
HUMIRA	4	QL,PA
RIDAURA	3	
OBSTETRICS & GYNECOLOGY		
Estrogens & Progestins		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i>	1	
Brands		
ACTIVELLA	2	QL
ALORA	2	QL
CENESTIN	2	QL
CLIMARA PRO	2	QL

Drug Name	Drug Tier	Req./ Limits
COMBIPATCH	2	QL
ENJUVIA	2	QL
ESTRASORB	3	QL
ESTRING	3	QL
ESTROGEL	3	QL
FEMHRT	3	QL
PREFEST	3	QL
PREMARIN	3	QL
PREMARIN CREAM	2	
PREMPHASE	2	QL
PREMPRO	2	QL
VAGIFEM	2	
VIVELLE	2	QL
Miscellaneous Ob/Gyn		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>clindamycin phosphate cream</i>	1	
<i>metronidazole vaginal</i>	1	
<i>nystatin</i>	1	
<i>terconazole</i>	1	
<i>zazole</i>	1	
Brands		
NUVARING	3	
Oral Contraceptives & Related Agents		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>aranelle</i>	1	
<i>balziva</i>	1	
<i>cesia</i>	1	
<i>jolessa</i>	1	

Drug Name	Drug Tier	Req./ Limits
<i>junel</i>	1	
<i>junel FE</i>	1	
<i>leena</i>	1	
<i>levora-28</i>	1	
<i>low-ogestrel</i>	1	
<i>microgestin</i>	1	
<i>microgestin FE</i>	1	
<i>mononessa</i>	1	
<i>necon</i>	1	
<i>nortrel</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>previfem</i>	1	
<i>quasense</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>trinessa</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>velivet</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Brands		
ORTHO EVRA	3	
PLAN B	2	
Oxytocics		
Drug Name	Drug Tier	Req./ Limits
Brands		
METHERGINE	2	

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Drug Name	Drug Tier	Req./ Limits
OPHTHALMOLOGY		
Antibiotics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ciprofloxacin HCl</i>	1	
<i>erythromycin</i>	1	
Brands		
CILOXAN	2	
VIGAMOX	2	
ZYMAR	2	
Antivirals		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>trifluridine</i>	1	
Beta-Blockers		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>timolol maleate</i>	1	
Brands		
BETOPTIC S	3	
ISTALOL	2	
TIMOPTIC SINGLE USE DROPPERETTE	2	

Drug Name	Drug Tier	Req./ Limits
Miscellaneous Ophthalmologics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ketotifen fumarate</i>	1	
<i>proparacaine HCl</i>	1	
Brands		
ALOCRIAL	3	
ELESTAT	2	
OPTIVAR	2	
PATANOL	2	
RESTASIS	2	QL
Non-Steroidal Anti-Inflammatory Agents		
Drug Name	Drug Tier	Req./ Limits
Brands		
ACULAR	2	
NEVANAC	2	
VOLTAREN	2	
XIBROM	2	
Oral Drugs For Glaucoma		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>acetazolamide sodium</i>	1	

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Drug Name	Drug Tier	Req./ Limits
Other Glaucoma Drugs		
Drug Name	Drug Tier	Req./ Limits
Brands		
AZOPT	2	
COSOPT	2	
LUMIGAN	2	
TRAVATAN	2	
TRAVATAN Z	2	
TRUSOPT	2	
XALATAN	2	
Steroid-Antibiotic Combinations		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/hydrocortisone</i>	1	
Brands		
TOBRADEX	2	
ZYLET	2	
Steroids		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>fluorometholone</i>	1	
Brands		
ALREX	3	
LOTEMAX	2	

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Drug Name	Drug Tier	Req./ Limits
VEXOL	3	
Steroid-Sulfonamide Combinations		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>sulfacetamide/prednisolone</i>	1	
Sulfonamides		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>ocusulf-10</i>	1	
<i>sulfacetamide sodium</i>	1	
Sympathomimetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>dipivefrin HCl</i>	1	
Brands		
ALPHAGAN P	2	
RESPIRATORY AND ALLERGY		
Antihistamine & Antiallergenic Agents		
Drug Name	Drug Tier	Req./ Limits
ADRENERGICS		
Generics		
<i>adrenalin chloride</i>	1	
Brands		
EPIPEN	2	

Drug Name	Drug Tier	Req./ Limits
ANTIHISTAMINES		
Generics		
<i>diphenhydramine HCl</i>	1	
<i>diphenhydramine HCl elixir</i>	1	
<i>fexofenadine HCl</i>	1	QL
<i>hydroxyzine HCl</i>	1	PA
<i>phenadoz</i>	1	
<i>promethazine HCl</i>	1	PA
Brands		
CLARINEX	2	QL
CLARINEX SYRUP	2	
PALGIC	3	
ANTIHISTAMINES PLUS DECONGESTANTS		
Brands		
ALLEGRA-D	3	QL
Pulmonary Agents		
Drug Name	Drug Tier	Req./ Limits
INHALED BETA AGONISTS		
Generics		
<i>albuterol inhaler</i>	1	QL
<i>albuterol sulfate for nebulization</i>	1	PA
<i>albuterol sulfate solution</i>	1	PA
<i>metaproterenol sulfate inhalation</i>	1	PA
Brands		
ACCUNEB	2	PA
ALBUTEROL SULFATE FOR NEBULIZATION 0.42MG/ML	2	PA
BROVANA	3	QL,PA
FORADIL	2	QL
PROAIR HFA	2	QL
PROVENTIL HFA	2	QL

Key:

QL = Quantity Limitations may apply

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ST = Step Therapy rules may apply

Drug Name	Drug Tier	Req./ Limits
SEREVENT DISKUS	2	QL
VENTOLIN HFA	2	QL
INHALED CORTICOSTEROIDS		
Brands		
ASMANEX	2	QL
AZMACORT	3	QL
FLOVENT HFA	2	QL
PULMICORT FOR NEBULIZATION	2	PA
PULMICORT INHALER	2	QL
QVAR	2	QL
INTRANASAL STEROIDS		
Generics		
<i>flunisolide</i>	1	QL
<i>fluticasone propionate</i>	1	QL
Brands		
NASACORT AQ	2	QL
NASAREL	3	QL
NASONEX	2	QL
RHINOCORT AQUA	3	QL
MISCELLANEOUS PULMONARY AGENTS		
Generics		
<i>acetylcysteine</i>	1	PA
<i>cromolyn sodium</i>	1	PA
<i>ipratropium bromide</i>	1	PA
<i>terbutaline sulfate</i>	1	
Brands		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
ATROVENT HFA	2	QL
COMBIVENT	2	QL
DUONEB	2	PA

Drug Name	Drug Tier	Req./ Limits
INTAL INHALER	2	QL
PULMOZYME	4	PA
REVATIO	4	QL
SINGULAIR	2	QL
SPIRIVA	2	QL
SYMBICORT	2	QL
TILADE	2	QL
TRACLEER	4	PA
ORAL BETA AGONISTS		
Generics		
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate ER</i>	1	
XANTHINES		
Generics		
<i>aminophylline</i>	1	
<i>theophylline</i>	1	
UROLOGICALS		
Anticholinergics & Antispasmodics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride ER</i>	1	QL
Brands		
DETROL	2	QL
DETROL LA	2	QL
ENABLEX	2	QL
OXYTROL	2	QL
SANCTURA	2	QL
VESICARE	2	QL

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Drug Name	Drug Tier	Req./ Limits
Benign Prostatic Hyperplasia (BPH) Therapy		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>finasteride</i>	1	QL
Brands		
AVODART	2	QL
FLOMAX	2	QL
UROXATRAL	2	QL
Cholinergic Stimulants		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>bethanechol chloride</i>	1	
Miscellaneous Urologicals		
Drug Name	Drug Tier	Req./ Limits
Brands		
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Urinary Anesthetics		
Drug Name	Drug Tier	Req./ Limits
Generics		
<i>phenazopyridine HCl</i>	1	

Drug Name	Drug Tier	Req./ Limits
VITAMINS, HEMATINICS & ELECTROLYTES		
Electrolytes		
Drug Name	Drug Tier	Req./ Limits
POTASSIUM		
Generics		
<i>potassium chloride</i>	1	
Brands		
POTASSIUM CHLORIDE IV PIGGYBACK	3	
POTASSIUM CHLORIDE/NORMAL SALINE	2	
Vitamins & Hematinics		
Drug Name	Drug Tier	Req./ Limits
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<i>prenatal RX</i>	1	

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Key:
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NEBUPENT -----	8
<i>necon</i> -----	26
<i>neomycin sulfate</i> -----	8
<i>neomycin/polymyxin/ dexamethasone</i> -----	28
<i>neomycin/polymyxin/bacitracin/</i> <i>hydrocortisone</i> -----	28
<i>neomycin/polymyxin/hydrocortisone</i> -----	20, 28
NEORAL -----	11
NEULASTA -----	24
NEUMEGA -----	24
NEUPOGEN -----	24
NEUTREXIN -----	8
NEVANAC -----	27
NEXAVAR -----	10
NEXIUM I.V. -----	24
NEXIUM -----	24
NIASPAN -----	17
<i>nicotine patch</i> -----	20
NICOTROL NS -----	20
NICOTROL -----	20
<i>nifedipine ER</i> -----	16
<i>nifedipine</i> -----	16
NIMOTOP -----	16
<i>nitro-bid</i> -----	17
<i>nitroglycerin CR</i> -----	17
<i>nitroglycerin injection</i> -----	17
<i>nitroglycerin patch</i> -----	17
NITROLINGUAL -----	17
NITROSTAT -----	17
<i>nizatidine</i> -----	23
NORDITROPIN NORDIFLEX -----	24
NORDITROPIN -----	24
<i>norethindrone acetate</i> -----	25
<i>nortrel 1/35 (21)</i> -----	26
<i>nortrel</i> -----	26
NOVOLIN 70/30 -----	22
NOVOLIN N -----	22
NOVOLIN R -----	22
NOVOLOG MIX 70/30 -----	22
NOVOLOG -----	22
NOXAFIL -----	7
NULYTELY -----	23
NUVARING -----	26

<i>nystatin</i> -----	7, 19, 26
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O

<i>octreotide acetate 1000mcg/ml</i> -----	10
OCTREOTIDE ACETATE 100MCG/ML ---	10
<i>octreotide acetate 200mcg/ml</i> -----	10
OCTREOTIDE ACETATE 500MCG/ML ---	10
OCTREOTIDE ACETATE 50MCG/ML ----	10
<i>ocusulf-10</i> -----	28
<i>ofloxacin</i> -----	9
OLUX -----	19
<i>omeprazole</i> -----	24
<i>ondansetron HCl in dextrose</i> -----	23
<i>ondansetron HCl solution</i> -----	23
<i>ondansetron HCl tablet</i> -----	23
<i>onxol</i> -----	10
OPTIVAR -----	27
<i>oramorph SR</i> -----	13
ORFADIN -----	20
ORTHO EVRA -----	26
<i>oxandrolone</i> -----	22
OXSORALEN ULTRA -----	18
<i>oxybutynin chloride ER</i> -----	30
<i>oxybutynin chloride</i> -----	30
<i>oxycodone HCl</i> -----	13
OXYCONTIN -----	13
OXYFAST -----	13
OXYTROL -----	30

P

<i>paclitaxel</i> -----	10
PALGIC -----	29
PANDEL -----	19
PANRETIN -----	18
<i>paroxetine HCl suspension</i> -----	13
<i>paroxetine HCl</i> -----	13
PATANOL -----	27
PAXIL CR -----	14
PEDIARIX -----	24
PEG-INTRON REDIPEN -----	24
PEG-INTRON -----	24
PEGASYS -----	24
<i>pentamidine isethionate</i> -----	8
PENTASA -----	23
<i>pentoxifylline</i> -----	17
<i>permethrin</i> -----	19

<i>perphenazine</i> -----	14
<i>phenadoz</i> -----	29
<i>phenazopyridine HCl</i> -----	30
PHENYTEK -----	11
<i>phenytoin</i> -----	11
PHOSLO -----	20
<i>pilocarpine HCl</i> -----	20
PLAN B -----	26
PLENAXIS -----	10
<i>polyethylene glycol</i> -----	23
POTASSIUM CHLORIDE IV PIGGYBACK	31
POTASSIUM CHLORIDE/NORMAL	
SALINE -----	31
<i>potassium chloride</i> -----	31
PRANDIN -----	22
<i>pravastatin</i> -----	17
<i>prednicarbate cream</i> -----	19
<i>prednicarbate ointment</i> -----	19
<i>prednisolone</i> -----	21
PREDNISON CONCENTRATE -----	21
<i>prednisone</i> -----	21
PREFEST -----	26
PREMARIN CREAM -----	26
PREMARIN -----	26
PREMPHASE -----	26
PREMPRO -----	26
<i>prenatal RX</i> -----	31
PREVACID IV -----	24
PREVACID SUSPENSION -----	24
PREVACID -----	24
<i>previfem</i> -----	26
PREVPAC -----	23
PREZISTA -----	7
PRILOSEC 40MG -----	24
PRIMAXIN I.M. -----	8
PRIMAXIN -----	8
PRIMSOL -----	9
PROAIR HFA -----	29
PROCAINAMIDE HCl SUSTAINED	
RELEASE -----	15
<i>procainamide HCl</i> -----	15
<i>prochlorperazine edisylate</i> -----	23
<i>prochlorperazine maleate suppository</i> -----	23
<i>prochlorperazine maleate tablet</i> -----	23
PROCRIT -----	24

<i>procto-pak</i> -----	23
PROGRAF -----	11
PROLASTIN -----	20
PROLEUKIN -----	24
<i>promethazine HCl</i> -----	29
<i>proparacaine HCl</i> -----	27
<i>propoxyphene hcl/acetaminophen</i> -----	13
<i>propoxyphene HCl</i> -----	13
<i>propranolol HCl ER</i> -----	16
PROTOPIC -----	18
PROVENTIL HFA -----	29
PROVIGIL -----	14
PSORCON E -----	19
PULMICORT FOR NEBULIZATION -----	29
PULMICORT INHALER -----	29
PULMOZYME -----	30
<i>pyridostigmine bromide</i> -----	12
Q	
QUALAQUIN -----	8
<i>quasense</i> -----	26
<i>quinapril</i> -----	15
<i>quinidine sulfate</i> -----	15
QVAR -----	29
R	
RABAVERT -----	24
RANEXA -----	17
<i>ranitidine HCl</i> -----	23
RAPAMUNE -----	11
RAPTIVA -----	18
RAZADYNE ER -----	12
RAZADYNE SOLUTION -----	12
RAZADYNE -----	12
REBETOL -----	7
REBIF -----	24
RECOMBIVAX HB -----	24
REGRANEX -----	18
RELENZA -----	7
RELPAK -----	12
REMICADE -----	23
RENAGEL -----	20
REQUIP -----	11
RESCRIPTOR -----	7
RESTASIS -----	27
RETROVIR IV -----	7

REVATIO -----	30
REVLIMID -----	10
REYATAZ -----	7
RHEUMATREX TABLET -----	10
RHINOCORT AQUA -----	29
<i>ribapak</i> -----	7
<i>ribasphere</i> -----	7
<i>ribavirin</i> -----	7
RIDAURA -----	25
<i>rifampin</i> -----	8
RISPERDAL SOLUTION -----	14
RITALIN LA -----	14
RITUXAN -----	10
ROFERON-A -----	24
ROZEREM -----	14
RYTHMOL SR -----	15

S

SANCTURA -----	30
SANDIMMUNE -----	11
<i>selegiline HCl</i> -----	11
SENSIPAR -----	22
SEREVENT DISKUS -----	29
SEROQUEL 400MG -----	14
SEROQUEL 50MG -----	14
SEROQUEL -----	14
<i>sertraline concentrate</i> -----	14
<i>sertraline HCl concentrate</i> -----	14
<i>sertraline HCl</i> -----	14
<i>silver sulfadiazine</i> -----	18
<i>simvastatin</i> -----	17
SINGULAIR -----	30
SKELID -----	20
<i>sodium sulfacetamide</i> -----	18
SOLARAZE -----	18
SOLTAMOX -----	11
<i>solu-medrol 500mg/4ml</i> -----	21
SOLU-MEDROL -----	21
SOMAVERT -----	22
SONATA -----	14
SORIATANE -----	18
SPIRIVA -----	30
<i>sprintec</i> -----	26
SPRYCEL -----	11
<i>sronyx</i> -----	26
STALEVO -----	12

STARLIX -----	22
STIMATE -----	22
STRATTERA -----	14
SUBOXONE -----	12
SUCRAID -----	23
<i>sucralfate</i> -----	23
SULAR -----	16
<i>sulfacetamide sodium</i> -----	28
<i>sulfacetamide/prednisolone</i> -----	28
<i>sulfadiazine</i> -----	9
SUSTIVA -----	7
SUTENT -----	11
SYMBICORT -----	30
SYMLIN -----	22

T

TAMIFLU -----	7
<i>tamoxifen citrate</i> -----	10
TARCEVA -----	11
TARGRETIN -----	11
TAZORAC -----	18
TEGRETOL XR -----	11
TEKTRUNA -----	15
<i>terazosin HCl</i> -----	15
<i>terbinafine</i> -----	7
<i>terbutaline sulfate</i> -----	29
<i>terconazole</i> -----	26
TESLAC -----	11
TESTIM -----	22
<i>testosterone cypionate</i> -----	22
<i>testosterone enanthate</i> -----	22
TETANUS DIPHTHERIA TOXOIDS -----	24
<i>tetanus toxoid</i> -----	24
<i>tetracycline HCl</i> -----	9
TEV-TROPIN -----	24
THALOMID -----	20
<i>theophylline</i> -----	30
THIOTEPA -----	11
THYMOGLOBULIN -----	24
TICE BCG -----	24
<i>ticlopidine HCl</i> -----	17
TILADE -----	30
<i>timolol maleate</i> -----	16, 27
TIMOPTIC SINGLE USE DROPPERETTE -----	27
<i>tizanidine HCl</i> -----	12
TOBI -----	8

TOBRADEX -----	28
<i>tolazamide</i> -----	21
TOPAMAX -----	11
TRACLEER -----	30
<i>tramadol HCl</i> -----	12
<i>trandolapril</i> -----	15
<i>tranylcypromine sulfate</i> -----	14
TRAVATAN Z -----	28
TRAVATAN -----	28
<i>trazodone HCl</i> -----	14
<i>tretinoin cream</i> -----	18
<i>tretinoin</i> -----	10
<i>tri-previfem</i> -----	26
<i>tri-sprintec</i> -----	26
<i>triamcinolone acetonide</i> -----	19, 20
TRICOR -----	17
<i>trifluridine</i> -----	27
TRIGLIDE -----	17
TRIHIBIT -----	24
<i>trimipramine maleate</i> -----	14
<i>trinessa</i> -----	26
TRIPEDIA -----	25
TRIZIVIR -----	7
TRUSOPT -----	28
TRUVADA -----	7
TWINRIX -----	25
TYGACIL -----	8
TYKERB -----	11
TYZINE -----	20
U	
ULTRASE -----	23
UROXATRAL -----	30
URSO FORTE -----	23
<i>ursodiol</i> -----	23
URSO -----	23
V	
VAGIFEM -----	26
<i>valproic acid capsule</i> -----	11
VALPROIC ACID LIQUID -----	11
<i>valproic acid syrup</i> -----	11
VALTREX -----	7
VANCOGIN HCl -----	9
VANCOMYCIN HCl 10GM VIAL -----	9
<i>vancomycin HCl</i> -----	9

VAQTA -----	25
VARIVAX -----	25
<i>velivet</i> -----	26
VENTOLIN HFA -----	29
<i>verapamil HCl</i> -----	16
VESICARE -----	30
VEXOL -----	28
VFEND IV -----	7
VFEND -----	7
VIDAZA -----	11
VIDEX EC -----	7
VIDEX -----	7
VIGAMOX -----	27
<i>vinblastine sulfate</i> -----	10
<i>vincristine sulfate</i> -----	10
VIVELLE -----	26
VOLTAREN -----	27
VYTORIN -----	17
W	
<i>warfarin sodium</i> -----	17
WELLBUTRIN XL 150MG -----	14
X	
XALATAN -----	28
XIBROM -----	27
XIFAXAN -----	8
Y	
YF-VAX -----	25
Z	
ZANTAC INJECTION -----	23
ZANTAC RX -----	23
ZAVESCA -----	22
<i>zazole</i> -----	26
ZELAPAR -----	12
ZEMPLAR -----	22
ZERIT -----	7
ZESTORETIC -----	16
ZESTRIL -----	15
ZETIA -----	17
ZIAGEN -----	7
<i>zidovudine</i> -----	7
ZITHROMAX PACKET -----	8
ZOLADEX -----	11
ZOLINZA -----	11
<i>zolpidem tartrate</i> -----	14

ZOMIG NASAL SPRAY -----	12
ZOMIG ZMT -----	12
ZOMIG -----	12
ZONALON -----	18
ZOSTAVAX -----	25
<i>zovia 1/35e</i> -----	26
<i>zovia 1/50e</i> -----	26
ZOVIRAX CREAM -----	19
ZOVIRAX OINTMENT -----	19
ZYLET -----	28
ZYMAR -----	27
ZYPREXA ZYDIS -----	14
ZYPREXA -----	14
ZYVOX INJECTION -----	8
ZYVOX -----	8

