

2010 GENERIC FOCUSED FORMULARY

Tufts Health Plan

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Tufts Health Plan's Generic Focused Formulary applies to members of Select Network products, with the exception of HMO Select 10. This document includes the Tufts Health Plan Generic Focused Formulary as of January 1, 2010. Please note that the formulary will be periodically updated. For questions regarding this formulary, please call our Member Services Department at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. – 7:00 p.m. and Friday, 8:00 a.m. – 5:00 p.m.

Last Updated – January 1, 2010

TUFTS  Health Plan

Tufts Generic Focused Formulary

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE
MEDICATIONS WE COVER IN THIS PLAN. 5

TUFTS HEALTH PLAN GENERIC FOCUSED FORMULARY.....	5
GENERIC DRUGS.....	5
CHANGES TO THE FORMULARY.....	5
THREE-TIER PHARMACY COPAYMENT PROGRAM	6
HOW TO USE THE FORMULARY.....	7
LEGEND	8
PHARMACY PROGRAMS	8
MEDICAL REVIEW PROCESS.....	11
OVER-THE-COUNTER DRUGS (OTC)	12
MANAGED MAIL ORDER PROGRAM.....	12
NOTICE.....	13
ANALGESICS	14
NSAIDs	14
GOUT.....	14
NARCOTIC ANALGESICS	14
NARCOTIC ANALGESICS, CII.....	14
NON-NARCOTIC ANALGESICS.....	15
VISCOSUPPLEMENTS.....	15
ANTI-INFECTIVES.....	15
ANTIBACTERIALS.....	15
ANTIFUNGALS	16
ANTIMALARIALS	17
ANTIRETROVIRAL AGENTS	17
ANTITUBERCULAR AGENTS	18
ANTIVIRALS.....	18
MISCELLANEOUS	19
ANTINEOPLASTIC AGENTS.....	19
ALKYLATING AGENTS	19
ANTIBODIES	20
ANTIMETABOLITES	20
HORMONAL ANTINEOPLASTIC AGENTS	20
KINASE INHIBITORS	21
PROTECTIVE AGENTS	21
MISCELLANEOUS	21
CARDIOVASCULAR	22
ACE INHIBITORS	22
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS.....	22
ACE INHIBITOR/DIURETIC COMBINATIONS	22
ADRENOLYTICS, CENTRAL	22
ALDOSTERONE RECEPTOR ANTAGONISTS.....	22
ALPHA BLOCKERS.....	22
ANGIOTENSIN II RECEPTOR ANTAGONISTS.....	23

ANTIARRHYTHMICS	23
ANTILIPEMICS.....	23
BETA-BLOCKERS	24
BETA-BLOCKER/DIURETIC COMBINATIONS	24
CALCIUM CHANNEL BLOCKERS	24
DIGITALIS GLYCOSIDES	24
DIURETICS	25
ENDOTHELIN RECEPTOR ANTAGONISTS	25
NITRATES.....	25
PROSTAGLANDIN VASODILATORS.....	25
MISCELLANEOUS	25
CENTRAL NERVOUS SYSTEM	26
ANTIANKXIETY	26
ANTICONVULSANTS	26
ANTIDEMENTIA	27
ANTIDEPRESSANTS.....	27
ANTIPARKINSONIAN AGENTS	29
ANTIPSYCHOTICS.....	29
ATTENTION DEFICIT HYPERACTIVITY DISORDER	29
FIBROMYALGIA	30
HUNTINGTON'S DISEASE AGENTS	30
HYPNOTICS	30
MIGRAINE	31
MOOD STABILIZERS	31
MULTIPLE SCLEROSIS AGENTS.....	31
MUSCULOSKELETAL THERAPY AGENTS	32
MYASTHENIA GRAVIS.....	32
NARCOLEPSY/CATAPLEXY	32
PREMENSTRUAL DYSPHORIC DISORDER	32
PSYCHOTHERAPEUTIC-MISCELLANEOUS	32
ENDOCRINE AND METABOLIC	33
ANDROGENS.....	33
ANTIDIABETICS.....	33
BISPHOSPHONATES	34
CALCITONINS	34
CALCIUM RECEPTOR ANTAGONISTS	34
CONTRACEPTIVES	35
ENDOMETRIOSIS.....	36
ENZYME REPLACEMENTS	36
ESTROGENS.....	37
ESTROGEN/PROGESTINS	37
FERTILITY REGULATORS.....	37
GLUCOCORTICOIDS	38
GLUCOSE ELEVATING AGENTS	38
HUMAN GROWTH HORMONES.....	38

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS	38
INSULIN-LIKE GROWTH FACTORS.....	38
PARATHYROID HORMONES	38
PHENYLKETONURIA TREATMENT AGENTS.....	38
PHOSPHATE BINDER AGENTS	39
PROGESTINS	39
SELECTIVE ESTROGEN RECEPTOR MODULATORS	39
THYROID AGENTS.....	39
VASOPRESSIN RECEPTOR ANTAGONISTS.....	39
VASOPRESSINS	39
MISCELLANEOUS	39
GASTROINTESTINAL.....	40
ANTIDIARRHEALS	40
ANTIEMETICS.....	40
ANTISPASMODICS	40
CHOLELITHOLYTICS	41
H ₂ -RECEPTOR ANTAGONISTS	41
INFLAMMATORY BOWEL DISEASE	41
LAXATIVES	41
PANCREATIC ENZYMES.....	42
PROTON PUMP INHIBITORS	42
SALIVA STIMULANTS.....	42
STEROIDS, RECTAL.....	42
MISCELLANEOUS	42
GENITOURINARY	42
BENIGN PROSTATIC HYPERPLASIA	42
URINARY ANTISPASMODICS.....	43
VAGINAL ANTI-INFECTIVES.....	43
MISCELLANEOUS	43
HEMATOLOGIC.....	43
ANTICOAGULANTS	43
GAUCHER DISEASE AGENTS	43
HEMATOPOIETIC GROWTH FACTORS.....	44
IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS	44
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	44
PLATELET AGGREGATION INHIBITORS	44
PLATELET SYNTHESIS INHIBITORS	44
STEM CELL MOBILIZERS	44
MISCELLANEOUS	45
IMMUNOLOGIC AGENTS	45
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)	45
IMMUNOMODULATORS	45
IMMUNOGLOBULINS	46
IMMUNOSUPPRESSANTS.....	46

NUTRITIONAL/SUPPLEMENTS	46
ELECTROLYTES.....	46
VITAMINS AND MINERALS	47
RESPIRATORY	47
ANAPHYLAXIS TREATMENT AGENTS	47
ANTICHOLINERGICS	47
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS.....	47
ANTIHISTAMINES, SEDATING.....	48
ANTIHISTAMINE/DECONGESTANT COMBINATIONS.....	48
ANTITUSSIVES.....	48
ANTITUSSIVE COMBINATIONS.....	48
BETA AGONISTS.....	48
CYSTIC FIBROSIS	49
DECONGESTANT/EXPECTORANT COMBINATIONS	49
LEUKOTRIENE RECEPTOR ANTAGONISTS	49
MAST CELL STABILIZERS.....	50
NASAL ANTIHISTAMINES	50
NASAL STEROIDS	50
STEROID/BETA AGONIST COMBINATIONS.....	50
STEROID INHALANTS	50
XANTHINES	50
MISCELLANEOUS	51
TOPICAL	51
DERMATOLOGY	51
MOUTH/THROAT/DENTAL AGENTS	54
OPHTHALMIC	54
OTIC.....	56
FOR MORE INFORMATION.....	57

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE MEDICATIONS WE COVER IN THIS PLAN.

This document includes the Tufts Health Plan Generic Focused Formulary effective as of January 1, 2010. Please note that the formulary will be periodically updated.

TUFTS HEALTH PLAN GENERIC FOCUSED FORMULARY

The Tufts Health Plan Generic Focused Formulary is a list of covered drugs selected by Tufts Health Plan in consultation with a committee of practicing health care providers. The Generic Focused Formulary represents a guide to treatments within select therapeutic categories for physicians and plan participants.

Tufts Health Plan will generally cover the drugs listed in the Generic Focused Formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Health Plan network pharmacy (including the CVS Caremark Mail Service Program or a Tufts Health Plan designated specialty pharmacy provider), and other plan rules are followed. For more information on how to fill your prescriptions, please review your Tufts Health Plan benefit document.

GENERIC DRUGS

Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand name drug. Multiple manufacturers may produce the same generic drug and the product may differ from its brand name counterpart in color, size, or shape, but the differences do not affect the effectiveness. Generic versions of brand name drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA). When you use a generic drug, you can expect the generic to produce the same effects as the brand name drug.

The FDA works closely with all pharmaceutical companies to make sure that all drugs sold in the U.S. meet appropriate standards for strength, quality, and purity. Generic drugs have the same active ingredients and come in the same strengths and dosage forms as the equivalent brand name drug.

CHANGES TO THE FORMULARY

Brand name products not listed in the formulary are not covered. Multi-source brands, which are those products that have a generic equivalent, are not listed and are therefore not covered under this benefit. If the patent of a brand name drug listed expires and a generic version becomes available, the brand will be considered multi-source, and will no longer be covered. This change will happen automatically and without notification to members or providers. Tufts Health Plan frequently evaluates the drug list to ensure the most clinically appropriate choices are available to members. Please note that drug tier placement is subject to change throughout the year. This Generic Focused Formulary List is current as of the most recent revision date of January 1, 2010.

If Tufts Health Plan removes drugs from the formulary (with the exception of multi-source brand name drugs), or adds prior authorization, quantity limits and/or step therapy restrictions on a drug, we will notify affected members of the change at least 60 days before the change becomes effective. Please see page 8 for a description of pharmacy programs.

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 for safety reasons, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

This document includes the Tufts Health Plan Generic Focused Formulary effective as of January 1, 2010. Please note that the formulary will be periodically updated.

THREE-TIER PHARMACY COPAYMENT PROGRAM

Tufts Health Plan has developed a Three-Tier Copayment Program for its Generic Focused Formulary under which all covered drugs, including injectable drugs not covered under the medical benefit, are placed in a tier based on the following criteria:

- Tier-1: Generics should be considered the first line of prescribing, and most generics are covered on Tier-1 (lowest copayment). Generics listed in the therapeutic categories are for representational purposes only and not meant to be all-inclusive.
- Tier-2: Brand name medications for which there are no or limited generic availability and which are more cost-effective than comparable drugs listed on Tier-3 may be included on Tier-2 (middle copayment).
- Tier-3: Drugs that offer no significant clinical or cost advantage over generic medications or drugs not selected for Tier-2 will be covered on Tier-3 (highest copayment)

Drugs approved through the Medical Review Exception Process will be subject to a Tier-3 copayment.

Understanding Tier Placement in the Formulary Document

In Tier-1, the generic name (in lower case) is listed in *italic type*.
For example: *amoxicillin*

In Tier-2 and Tier-3, only the brand name of the drug is listed.
For example: HUMALOG

Brand name products not listed in the formulary are not covered. Multi-source brands, which are those products that have a generic equivalent, are not listed and are therefore not covered under this benefit. If the patent of a brand name drug listed expires and a generic version becomes available, the brand would be considered multi-source and will no longer be covered. This change will happen automatically and without notification to members or providers. Tufts Health Plan frequently evaluates the drug list to ensure the most clinically appropriate choices are available to members. Please note that drug tier placement is subject to change throughout the year. This Generic Focused Formulary List is current as of the most recent revision date of January 1, 2010.

HOW TO USE THE FORMULARY

The formulary that begins on page 14 provides coverage information about the drugs covered on the Tufts Health Plan Generic Focused Formulary. If you have trouble finding your drug in the list, turn to the Index that begins on page 58. If you do not see your drug listed or have any questions about the coverage status of a drug, please call our Member Services Department at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. - 7:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m.

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that begins on page 58. 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. 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.

LEGEND

Next to some of the drug names on this formulary, one or more of the abbreviations or symbols shown in the Legend below may appear. They are included to alert the prescribing physician to any special coverage considerations.

DL Dispensing Limitation applies.

See page 9 for a description of the program. Drugs in the Dispensing Limitations Program are listed throughout the formulary with (DL). Dispensing Limitation details are listed at the bottom of the drug's therapeutic category.

MM Managed Mail Order Program applies.

See page 12 for a description of the program. Drugs in the Managed Mail Order Program are listed throughout the formulary with (MM).

SP Designated Specialty Pharmacy Program

See page 10 for a description of the program. Drugs in the Designated Specialty Pharmacy Program are listed throughout the formulary with (SP). Designated Specialty Pharmacy details, including telephone numbers, are listed at the bottom of the drug's therapeutic category.

PA Prior Authorization required.

See page 9 for a description of the program. Drugs in the Prior Authorization Program are listed throughout the formulary with (PA).

SI Designated Specialty Infusion Program for drugs covered under the medical benefit.

See page 11 for a description of the program. Drugs in the medical benefit Designated Specialty Infusion Program are listed throughout the book with (SI).

ST^{PA} Step Therapy Prior Authorization required.

See page 9 for a description of the program. Drugs in the Prior Authorization Step Therapy Program are listed throughout the formulary with (ST^{PA}).

PHARMACY PROGRAMS

You can find out if your drug has any additional requirements or limits by looking in the formulary. For your convenience, special programs are listed with the drugs throughout the formulary and details can be found at the bottom of the drug's therapeutic category.

Tufts Health Plan has pharmacy programs in place to help manage the pharmacy benefit. Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Dispensing Limitations (DL):

Because of potential safety and utilization concerns, Tufts Health Plan has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process.

Drugs in the Dispensing Limitations Program are listed throughout the formulary with (DL). Dispensing Limitation details are listed at the bottom of the affected drug's therapeutic category.

Like all covered medications, you may obtain up to a 30-day supply of medications that have a dispensing limitation at a retail pharmacy, and up to a 90-day supply of medications by mail order. Medications that have dispensing limitations for less than an 84-day supply are not appropriate for mail order and should be obtained at your local retail pharmacy.

Prior Authorization (PA):

Tufts Health Plan requires you and your physician to get Prior Authorization for certain drugs. This means that you will need to get approval from Tufts Health Plan before you fill your prescriptions. If you don't get approval, Tufts Health Plan may not cover the drug.

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. To ensure safety and affordability for everyone, some medications need prior authorization. This helps us work with your physician to ensure that medications are prescribed appropriately. If your physician feels that it is medically necessary for you to take one of the drugs listed below, he/she can submit a request for coverage to Tufts Health Plan under the Medical Review process, which can be found at: www.tuftshealthplan.com

Step Therapy Prior Authorization (ST^{PA}):

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered. Step Therapy protocols are based on current medical findings, FDA approved drug labeling, and drug costs.

Some types of Step Therapy include requiring the use of generics before brand name drugs, preferred before non-preferred brand name drugs, and first-line before second-line therapies. Medications included on step one of a Step Therapy Program are usually covered without Prior Authorization. All other medications subject to Step Therapy are not covered unless a member tries and fails one or more medications on a previous step.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Health Plan for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process, which can be found at: www.tuftshealthplan.com

Designated Specialty Pharmacy Program (SP):

Tufts Health Plan's goal is to offer its members the most clinically appropriate, cost-effective services and medications. We have designated special pharmacies to supply a select number of medications used in the treatment of complex disease states. These pharmacies specialize in providing these medications and are staffed with nurses, coordinators, and pharmacists to provide support services for members. Medications under this program include, but are not limited to, drugs used in the treatment of infertility, multiple sclerosis, hepatitis C, growth hormone deficiency, rheumatoid arthritis, and cancers treated with oral medications. Up to a 30-day supply can be obtained through the mail from these special providers. Drugs in the Designated Specialty Pharmacy Program are listed throughout the book with (SP).

Designated Specialty Pharmacy Program details are listed at the bottom of the affected drug's therapeutic category including the drug name, pharmacy, and toll-free number. Tufts Health Plan currently contracts with the following special designated special pharmacy providers:

Caremark Inc. Specialty Pharmacy (Call 1-800-237-2767 for information and services)

Curascript (Call 1-877-238-8387 for information and services)

Freedom Drug (Call 1-877-585-4560 for information and services)

ivpcare (Call 1-866-657-0500 for information and services)

Village Pharmacy (Call 1-866-890-8930 for information and services)

Accredo (Call 1-866-344-4874 for information and services)

Other designated specialty pharmacies and medications may be identified and added to this program from time to time. Designated specialty pharmacies can dispense up to a 30-day supply of medications at one time. For the most current listing of designated specialty pharmacies, please contact our Member Services Department.

Please see your benefit document for more information about the Designated Specialty Pharmacy Program. If you have questions about the Designated Specialty Pharmacy Program, please call our Member Services Department at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. - 7:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m.

Designated Specialty Infusion Program (SI):

Tufts Health Plan's goal is to offer its members the most clinically appropriate, cost-effective services. We have designated home infusion providers for a select number of specialized pharmacy products and drug administration services.

The designated specialty infusion provider offers clinical management of drug therapies, nursing support, and care coordination to members with acute and chronic conditions. Place of service may be in the home or alternate infusion site based on availability of infusion centers and determination of the most clinically appropriate site for treatment. These medications are covered under the medical benefit (not the pharmacy benefit) and generally require support services, medication dose management, and special handling in addition to the drug administration services. Medications include, but are not limited to, medications used in the treatment of hemophilia, pulmonary arterial hypertension, and immune deficiency.

Drugs in the Specialty Infusion Program are listed throughout the book with (SI), indicating the Specialty Infusion Program. Other specialty infusion providers and medications may be identified and added to this program from time to time. For the most current listing, please contact our Member Services Department at the appropriate toll-free number listed on the back of this handbook, or visit our Web site at:

www.tuftshealthplan.com

MEDICAL REVIEW PROCESS

You can ask Tufts Health Plan to make an exception to our coverage rules. Requests for coverage based on medical necessity under the Dispensing Limitations Program (DL), Prior Authorization Program (PA), and Step Therapy Program (ST^{PA}), or for a drug that is not included on the Generic Focused Formulary, should be completed by the physician and sent to Tufts Health Plan. The request must include clinical information that supports why the drug is medically necessary for the member. If Tufts Health Plan does not approve the request, the member has the right to appeal. The appeal process is

described in the member's benefit document. Please visit our Web site at www.tuftshealthplan.com for a complete listing of our current Pharmacy Medical Necessity Guidelines.

Please note that drugs approved through the Medical Review exception process will be subject to a Tier-3 copayment.

OVER-THE-COUNTER DRUGS (OTC)

When one or more drugs in a therapeutic class become available OTC (no prescription is required), Tufts Health Plan may not cover the prescription drugs in the class, including generic medications. For more information, please call our Member Services Department at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. - 7:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m.

MANAGED MAIL ORDER PROGRAM

Tufts Health Plan has implemented a mandatory mail program for maintenance medications across all *Tufts Health Plan HMO Select* products. Under this program, a member can only fill a prescription for any one maintenance medication two times at a retail pharmacy (initial fill plus first refill) and will then receive coverage for that prescription via the CVS Caremark mail order service only. This mandatory mail order program will apply to most drugs used to treat chronic conditions.

Tufts Health Plan offers the managed mail program through our relationship with our pharmacy benefit management company, CVS Caremark. This mail order service provides a high quality of service and added convenience to members. It controls costs with greater volume and efficiency discounts, as well as reduced dispensing fees. Members may obtain up to a 90-day supply for maintenance medications. Also, by using CVS Caremark's FastStartSM program, members can access the mail order program by phone.

Members may obtain up to a 90-day supply for all maintenance medications at mail order, including maintenance drugs with dispensing limitations (DL). Please note that some medications may not be appropriate for mail order. These include medications listed throughout this formulary document with dispensing limitations (DL) of less than 84 or 90 days. Prescriptions for medications listed throughout this formulary with dispensing limitations (DL) of less than 84 days should be presented at your local retail pharmacy.

You can receive up to a three-month supply of many maintenance medications delivered right to your home or office by making a simple phone call to FastStartSM by CVS Caremark. FastStartSM calls your doctor to get prescriptions set up for mail order and you may order refills by phone or online 24 hours a day. Delivery includes free standard shipping (within 10-14 days) to your home or office. To get started with FastStartSM, call toll-free at 1-866-281-0629.

For more information, please call our Member Services Department at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. - 7:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m.

NOTICE

The information contained in the Tufts Health Plan 2010 Generic Focused Formulary and its appendices is provided by Tufts Health Plan solely for the convenience of medical providers and Tufts Health Plan members. Tufts Health Plan does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This handbook is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his/her choice of prescription drugs. Tufts Health Plan does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The information contained in this document is proprietary information and may not be reproduced in whole or in part without written permission from Tufts Health Plan.

Trade names are the intellectual property of the respective product owner. The drug names listed here are the registered and/or unregistered trade names of third-party pharmaceutical companies unrelated to and unaffiliated with Tufts Health Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between Tufts Health Plan and such third-party pharmaceutical companies.

©2010 Tufts Health Plan, Watertown, MA 02472 USA. All rights reserved.

ANALGESICS

NSAIDs

CELEBREX	Tier 3	PA
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium delayed-rel</i>	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i>	Tier 1	
<i>etodolac ext-rel</i>	Tier 1	
<i>flurbiprofen</i>	Tier 1	
<i>ibuprofen</i>	Tier 1	
<i>indomethacin</i>	Tier 1	
<i>indomethacin ext-rel</i>	Tier 1	
<i>meclofenamate</i>	Tier 1	
<i>meloxicam</i>	Tier 1	DL
<i>nabumetone</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</i>	Tier 1	
<i>oxaprozin</i>	Tier 1	
<i>piroxicam</i>	Tier 1	
<i>salsalate</i>	Tier 1	
<i>sulindac</i>	Tier 1	
VOLTAREN gel	Tier 3	DL

DL: meloxicam - 90 tabs per 90 days
Voltaren gel - 2 tubes per 1 day

GOUT

<i>allopurinol</i>	Tier 1	MM
<i>colchicine</i>	Tier 1	MM
<i>probenecid</i>	Tier 1	MM

NARCOTIC ANALGESICS

<i>butorphanol nasal spray</i>	Tier 1	DL
<i>codeine/acetaminophen</i>	Tier 1	
<i>hydrocodone/acetaminophen</i>	Tier 1	
<i>propoxyphene HCl</i>	Tier 1	
<i>propoxyphene nap/acetaminophen</i>	Tier 1	

DL: butorphanol nasal spray - 3 bottles (9 mL total) per 30 days

NARCOTIC ANALGESICS, CII

<i>codeine sulfate 30 mg, 60 mg</i>	Tier 1	
<i>fentanyl citrate lollipop</i>	Tier 1	DL
<i>fentanyl transdermal patch</i>	Tier 1	
<i>hydromorphone</i>	Tier 1	
<i>methadone</i>	Tier 1	
<i>morphine sulfate</i>	Tier 1	
<i>morphine sulfate ext-rel</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

14

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

MORPHINE SULFATE supp 30 mg	Tier 2	
<i>morphine sulfate supp 5 mg, 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone ext-rel</i>	Tier 1	DL
<i>oxycodone immediate release</i>	Tier 1	
<i>oxycodone/acetaminophen</i>	Tier 1	
<i>oxycodone/aspirin</i>	Tier 1	
OXYCONTIN	Tier 3	DL

DL: fentanyl citrate lollipop - 6 units (lollipops) per 7 days
oxycodone ext-rel - 120 tabs per 30 days
OxyContin - 120 tabs per 30 days

NON-NARCOTIC ANALGESICS

<i>butalbital compound</i>	Tier 1	
<i>butalbital/acetaminophen</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine</i>	Tier 1	
<i>butalbital/aspirin/caffeine</i>	Tier 1	
<i>tramadol</i>	Tier 1	
<i>tramadol ext-rel</i>	Tier 1	

VISCOSUPPLEMENTS

EUFLEXXA	Medical Benefit	PA SP
----------	-----------------	-------

SP: Euflexxa - Call Curascript at 1-877-238-8387

ANTI-INFECTIVES

ANTIBACTERIALS

Cephalosporins

First Generation

<i>cefadroxil</i>	Tier 1	
<i>cephalexin</i>	Tier 1	

Second Generation

<i>cefaclor</i>	Tier 1	
CEFACLOR EXT-REL 500 mg	Tier 2	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	

Third Generation

<i>cefdinir</i>	Tier 1	
<i>cefpodoxime susp</i>	Tier 1	
<i>cefpodoxime tabs</i>	Tier 1	

Fourth Generation

<i>cefepime</i>	Tier 1	
-----------------	--------	--

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Erythromycins/Macrolides

<i>azithromycin</i>	Tier 1
<i>clarithromycin</i>	Tier 1
<i>clarithromycin ext-rel</i>	Tier 1
<i>erythromycin/sulfisoxazole</i>	Tier 1
<i>erythromycins</i>	Tier 1

Fluoroquinolones

AVELOX	Tier 3
CIPRO susp	Tier 3
<i>ciprofloxacin ext-rel</i>	Tier 1
<i>ciprofloxacin tabs</i>	Tier 1
<i>ofloxacin</i>	Tier 1

Penicillins

<i>amoxicillin</i>	Tier 1
<i>amoxicillin/clavulanate</i>	Tier 1
<i>ampicillin</i>	Tier 1
<i>dicloxacillin</i>	Tier 1
<i>penicillin VK</i>	Tier 1

Sulfonamides

<i>sulfadiazine</i>	Tier 1
<i>sulfisoxazole</i>	Tier 1

Tetracyclines

<i>doxycycline hyclate</i>	Tier 1
<i>minocycline</i>	Tier 1
<i>tetracycline</i>	Tier 1

ANTIFUNGALS

<i>clotrimazole troches</i>	Tier 1	
<i>fluconazole</i>	Tier 1	
<i>griseofulvin microsize susp</i>	Tier 1	
GRIS-PEG	Tier 3	
<i>ketoconazole</i>	Tier 1	
LAMISIL ORAL GRANULES	Tier 3	PA * DL ST ^{PA}
<i>nystatin</i>	Tier 1	

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

SPORANOX oral soln	Tier 3	
terbinafine tabs	Tier 1	PA

DL: Lamisil Oral Granules (125 mg packet) - 56 packets per 28 days
Lamisil Oral Granules (187.5 mg packet) - 28 packets per 28 days

PA *: Lamisil Oral Granules - Prior Authorization required for members 18 years of age and older

ST^{PA}: Lamisil Oral Granules - Step Therapy required for members 17 years of age and younger

ANTIMALARIALS

chloroquine	Tier 1	
COARTEM	Tier 2	DL
mefloquine	Tier 1	
QUALAQUIN	Tier 3	

DL: Coartem - 24 tabs per 180 days

ANTIRETROVIRAL AGENTS

Antiretroviral Combinations

ATRIPLA	Tier 2	MM
COMBIVIR	Tier 2	MM
EPZICOM	Tier 2	MM
TRIZIVIR	Tier 2	MM
TRUVADA	Tier 2	MM

Chemokine Receptor Antagonists

SELZENTRY	Tier 2	DL MM
-----------	--------	-------

DL: Selzentry (150 mg) - 60 tabs per 30 days
Selzentry (300 mg) - 120 tabs per 30 days

Fusion Inhibitors

FUZEON	Tier 3	SP MM
--------	--------	-------

SP: Fuzeon - Call Curascript at 1-877-238-8387

Integrase Inhibitors

ISENTRESS	Tier 2	DL MM
-----------	--------	-------

DL: Isentress - 360 tabs per 90 days

Non-Nucleoside Reverse-Transcriptase Inhibitors

INTELENCE	Tier 2	MM
RESCRIPTOR	Tier 2	MM
SUSTIVA	Tier 2	MM
VIRAMUNE	Tier 2	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Nucleoside Reverse-Transcriptase Inhibitors

<i>didanosine delayed-rel</i>	Tier 1	MM
EMTRIVA	Tier 2	MM
EPIVIR	Tier 2	MM
<i>stavudine</i>	Tier 1	MM
VIDEX	Tier 2	MM
ZIAGEN	Tier 2	MM
<i>zidovudine</i>	Tier 1	MM

Nucleotide Reverse-Transcriptase Inhibitors

VIREAD	Tier 2	MM
--------	--------	----

Protease Inhibitors

APTIVUS	Tier 2	MM
CRIXIVAN	Tier 2	MM
INVIRASE	Tier 2	MM
KALETRA	Tier 2	MM
LEXIVA	Tier 2	MM
NORVIR	Tier 2	MM
PREZISTA	Tier 2	MM
REYATAZ	Tier 2	MM
VIRACEPT	Tier 2	MM

ANTITUBERCULAR AGENTS

<i>ethambutol</i>	Tier 1	
<i>isoniazid</i>	Tier 1	
<i>pyrazinamide</i>	Tier 1	
<i>rifampin</i>	Tier 1	

ANTIVIRALS

Cytomegalovirus Agents

<i>ganciclovir</i>	Tier 1	MM
VALCYTE	Tier 3	MM

Hepatitis Agents

BARACLUDE	Tier 2	MM
EPIVIR-HBV	Tier 2	MM
HEPSERA	Tier 2	MM
REBETOL soln	Tier 3	SP
<i>ribavirin</i>	Tier 1	SP
TYZEKA	Tier 2	DL MM

DL: Tyzeka - 30 tabs per 30 days

SP: Rebetol solution - Call Caremark at 1-800-237-2767

ribavirin - Call Caremark at 1-800-237-2767

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

18

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Herpes Agents

<i>acyclovir</i>	Tier 1	
<i>famciclovir</i>	Tier 1	DL
<i>valacyclovir</i>	Tier 1	DL

DL: famciclovir (125 mg) - 21 tabs per 7 days
 famciclovir (250 mg) - 60 tabs per 30 days
 famciclovir (500 mg) - 21 tabs per 7 days
 valacyclovir - 90 tabs per 90 days

Influenza Agents

<i>amantadine</i>	Tier 1	MM
RELENZA	Tier 2	DL
<i>rimantadine</i>	Tier 1	
TAMIFLU	Tier 2	DL

DL: Relenza - 1 package (20 doses) per 365 days
 Tamiflu caps - 10 caps per 365 days
 Tamiflu susp - 75 mL per 365 days

MISCELLANEOUS

<i>clindamycin</i>	Tier 1	
DAPSONE	Tier 3	
FURADANTIN oral susp	Tier 3	
<i>mebendazole</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystals</i>	Tier 1	
<i>sulfamethoxazole/trimethoprim</i>	Tier 1	
SYNAGIS	Medical Benefit	PA SP
TINDAMAX	Tier 3	
<i>trimethoprim</i>	Tier 1	
VANCOCIN	Tier 3	
XIFAXAN	Tier 3	PA DL
ZYVOX	Tier 3	DL

DL: Xifaxan - 9 tabs per 30 days
 Zyvox - 56 tabs per 28 days
 SP: Synagis - Call Curascript at 1-877-238-8387

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

ALKERAN	Tier 2	
CEENU	Tier 2	SP
CYCLOPHOSPHAMIDE	Tier 2	SP
EMCYT	Tier 2	SP
LEUKERAN	Tier 2	SP

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

19

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

MYLERAN	Tier 2	SP
TEMODAR	Tier 2	DL SP

DL: Temodar (5 mg) - 15 caps per 21 days
 Temodar (20 mg) - 20 caps per 21 days
 Temodar (100 mg) - 20 caps per 21 days
 Temodar (140 mg) - 15 caps per 21 days
 Temodar (180 mg) - 10 caps per 21 days
 Temodar (250 mg) - 10 caps per 21 days

SP: For all SP drugs listed in this category - Call Curascript at
 1-877-238-8387

ANTIBODIES

RITUXAN	Medical Benefit	PA
---------	-----------------	----

ANTIMETABOLITES

<i>mercaptopurine</i>	Tier 1	SP
THIOGUANINE	Tier 2	SP
TREXALL	Tier 2	
XELODA	Tier 2	PA DL SP

DL: Xeloda (150 mg) - 84 caps per 14 days
 Xeloda (500 mg) - 168 caps per 14 days

SP: For all SP drugs listed in this category - Call Curascript at
 1-877-238-8387

HORMONAL ANTINEOPLASTIC AGENTS

Antiandrogens

<i>bicalutamide</i>	Tier 1	SP
<i>flutamide</i>	Tier 1	

SP: bicalutamide - Call Curascript at 1-877-238-8387

Antiestrogens

FARESTON	Tier 2	MM
FASLODEX	Tier 2	
<i>tamoxifen</i>	Tier 1	MM

Aromatase Inhibitors

ARIMIDEX	Tier 2	MM
AROMASIN	Tier 2	MM
FEMARA	Tier 2	MM

Luteinizing Hormone-Releasing Hormone (LHRH) Agonists

ELIGARD	Tier 2	
<i>leuprolide acetate</i>	Tier 1	
LUPRON DEPOT	Tier 3	
TRELSTAR DEPOT	Tier 3	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

TRELSTAR LA	Tier 3	
VANTAS	Medical Benefit	PA
VIADUR	Medical Benefit	PA
ZOLADEX	Tier 3	

Progestins

<i>megestrol acetate</i>	Tier 1	
--------------------------	--------	--

KINASE INHIBITORS

AFINITOR	Tier 2	PA DL SP
GLEEVEC	Tier 2	PA SP
IRESSA	Tier 2	PA DL SP
NEXAVAR	Tier 2	PA DL SP
SPRYCEL	Tier 2	PA DL SP
SUTENT	Tier 2	PA SP
TARCEVA	Tier 2	PA DL SP
TASIGNA	Tier 2	PA SP
TYKERB	Tier 2	PA DL SP

DL: Afinitor - 30 tabs per 30 days
Iressa - 30 tabs per 30 days
Nexavar - 120 tabs per 30 days
Sprycel (20 mg, 50 mg, 70 mg) - 60 tabs per 30 days
(for any combination of strengths)
Sprycel (100 mg) - 30 tabs per 30 days
Tarceva (25 mg) - 90 tabs per 30 days
Tarceva (100 mg) - 30 tabs per 30 days
Tarceva (150 mg) - 30 tabs per 30 days
Tykerb - 105 tabs per 21 days

SP: For all SP drugs listed in this category - Call Curascript at
1-877-238-8387

PROTECTIVE AGENTS

<i>leucovorin (except 15 mg)</i>	Tier 1	
----------------------------------	--------	--

MISCELLANEOUS

<i>etoposide</i>	Tier 1	SP
HEXALEN	Tier 2	
HYCAMTIN capsules	Tier 2	PA DL SP
<i>hydroxyurea</i>	Tier 1	
LYSODREN	Tier 2	
MATULANE	Tier 2	SP
TARGRETIN caps	Tier 2	SP

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>tretinoin caps</i>	Tier 1	SP
ZOLINZA	Tier 2	PA SP

DL: Hycamtin 0.25 mg - 15 capsules per 21 days

Hycamtin 1 mg - 25 capsules per 21 days

SP: For all SP drugs listed in this category - Call Curascript at
1-877-238-8387

CARDIOVASCULAR ACE INHIBITORS

<i>benazepril</i>	Tier 1	MM
<i>captopril</i>	Tier 1	MM
<i>enalapril</i>	Tier 1	MM
<i>fosinopril</i>	Tier 1	MM
<i>lisinopril</i>	Tier 1	MM
<i>moexipril</i>	Tier 1	MM
<i>perindopril</i>	Tier 1	MM
<i>quinapril</i>	Tier 1	MM
<i>ramipril caps</i>	Tier 1	MM
<i>trandolapril</i>	Tier 1	MM

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

<i>amlodipine/benazepril</i>	Tier 1	MM
------------------------------	--------	----

ACE INHIBITOR/DIURETIC COMBINATIONS

<i>benazepril/hydrochlorothiazide</i>	Tier 1	MM
<i>captopril/hydrochlorothiazide</i>	Tier 1	MM
<i>enalapril/hydrochlorothiazide</i>	Tier 1	MM
<i>lisinopril/hydrochlorothiazide</i>	Tier 1	MM
<i>moexipril/hydrochlorothiazide</i>	Tier 1	MM
<i>quinapril/hydrochlorothiazide</i>	Tier 1	MM

ADRENOLYTICS, CENTRAL

<i>clonidine</i>	Tier 1	MM
<i>clonidine patch</i>	Tier 1	MM
<i>guanfacine</i>	Tier 1	MM

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	Tier 1	ST ^{PA} MM
<i>spironolactone</i>	Tier 1	MM

ALPHA BLOCKERS

<i>doxazosin</i>	Tier 1	MM
<i>prazosin</i>	Tier 1	MM
<i>terazosin</i>	Tier 1	MM

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR	Tier 2	MM
COZAAR	Tier 3	MM
DIOVAN	Tier 3	MM

ANTIARRHYTHMICS

<i>amiodarone</i>	Tier 1	MM
<i>disopyramide</i>	Tier 1	MM
<i>disopyramide ext-rel</i>	Tier 1	MM
<i>flecainide</i>	Tier 1	MM
<i>mexiletine</i>	Tier 1	MM
<i>procainamide ext-rel</i>	Tier 1	MM
<i>propafenone</i>	Tier 1	MM
<i>quinidine gluconate ext-rel</i>	Tier 1	MM
<i>quinidine sulfate</i>	Tier 1	MM
<i>quinidine sulfate ext-rel</i>	Tier 1	MM
RYTHMOL SR	Tier 3	MM
<i>sotalol</i>	Tier 1	MM
<i>sotalol AF</i>	Tier 1	MM
TIKOSYN	Tier 3	MM

ANTILIPEMICS

Antilipemic Combinations

VYTORIN	Tier 2	ST ^{PA} MM
---------	--------	---------------------

Bile Acid Resins

<i>cholestyramine</i>	Tier 1	MM
<i>colestipol</i>	Tier 1	MM
WELCHOL	Tier 3	MM

Cholesterol Absorption Inhibitors

ZETIA	Tier 2	ST ^{PA} MM
-------	--------	---------------------

Fibrates

ANTARA	Tier 3	MM
<i>fenofibrate</i>	Tier 1	MM
<i>gemfibrozil</i>	Tier 1	MM

HMG-CoA Reductase Inhibitors

CRESTOR	Tier 2	ST ^{PA} MM
LESCOL	Tier 3	ST ^{PA} MM
LESCOL XL	Tier 3	ST ^{PA} MM
LIPITOR	Tier 3	ST ^{PA} MM
<i>lovastatin</i>	Tier 1	MM
<i>pravastatin</i>	Tier 1	MM
<i>simvastatin</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

23

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Niacins

NIASPAN	Tier 3	MM
---------	--------	----

BETA-BLOCKERS

<i>acebutolol</i>	Tier 1	
<i>atenolol</i>	Tier 1	MM
<i>betaxolol</i>	Tier 1	MM
<i>bisoprolol</i>	Tier 1	MM
<i>carvedilol</i>	Tier 1	MM
<i>labetalol</i>	Tier 1	MM
<i>metoprolol</i>	Tier 1	MM
<i>metoprolol succinate ext-rel</i>	Tier 1	MM
<i>nadolol</i>	Tier 1	MM
<i>pindolol</i>	Tier 1	MM
<i>propranolol</i>	Tier 1	MM
<i>propranolol ext-rel</i>	Tier 1	MM

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol/chlorthalidone</i>	Tier 1	MM
<i>bisoprolol/hydrochlorothiazide</i>	Tier 1	MM
<i>metoprolol/hydrochlorothiazide</i>	Tier 1	MM

CALCIUM CHANNEL BLOCKERS

Dihydropyridines

<i>amlodipine</i>	Tier 1	MM
<i>felodipine ext-rel</i>	Tier 1	MM
<i>nicardipine</i>	Tier 1	MM
<i>nifedipine</i>	Tier 1	MM
<i>nifedipine ext-rel</i>	Tier 1	MM
<i>nimodipine</i>	Tier 1	MM
<i>nisoldipine ext-rel</i>	Tier 1	MM

Non-dihydropyridines

<i>diltiazem</i>	Tier 1	MM
<i>diltiazem ext-rel</i>	Tier 1	MM
<i>verapamil</i>	Tier 1	MM
<i>verapamil ext-rel</i>	Tier 1	MM

DIGITALIS GLYCOSIDES

<i>digoxin</i>	Tier 1	MM
<i>digoxin ped elixir</i>	Tier 1	MM
LANOXICAPS	Tier 3	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

DIURETICS

<i>amiloride</i>	Tier 1	MM
<i>amiloride/hydrochlorothiazide</i>	Tier 1	MM
<i>bumetanide</i>	Tier 1	MM
<i>chlorthalidone</i>	Tier 1	MM
<i>furosemide</i>	Tier 1	MM
<i>hydrochlorothiazide</i>	Tier 1	MM
<i>indapamide</i>	Tier 1	MM
<i>metolazone</i>	Tier 1	MM
<i>spironolactone</i>	Tier 1	MM
<i>spironolactone/hydrochlorothiazide</i>	Tier 1	MM
<i>toremide</i>	Tier 1	MM
<i>triamterene/hydrochlorothiazide</i>	Tier 1	MM

ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS	Tier 2	PA SP
TRACLEER	Tier 3	PA SP

SP: Letairis - Call Accredo at 1-866-344-4874
 Tracleer - Call Accredo at 1-866-344-4874

NITRATES

Oral

<i>isosorbide dinitrate ext-rel tabs</i>	Tier 1	MM
<i>isosorbide mononitrate ext-rel</i>	Tier 1	MM

Sublingual

<i>nitroglycerin sublingual</i>	Tier 1	
---------------------------------	--------	--

Transdermal

NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	Tier 2	MM
<i>nitroglycerin transdermal</i>	Tier 1	MM

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium</i>	Medical Benefit	PA SI
REMODULIN	Medical Benefit	PA SI
TYVASO	Medical Benefit	PA SI
VENTAVIS	Medical Benefit	PA SI

MISCELLANEOUS

ADCIRCA	Tier 2	PA DL SP
<i>hydralazine</i>	Tier 1	MM
<i>methyldopa</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>midodrine</i>	Tier 1	MM
<i>papaverine</i>	Tier 1	
RANEXA	Tier 3	MM
REVATIO	Tier 3	PA DL SP

DL: Adcirca - 60 tabs per 30 days

DL: Revatio - 90 tabs per 30 days

SP: For all SP drugs listed in this category - Call Accredo at 1-866-344-4874

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Benzodiazepines

<i>alprazolam</i>	Tier 1	
<i>alprazolam ext-rel</i>	Tier 1	
<i>chlordiazepoxide</i>	Tier 1	
<i>clonazepam</i>	Tier 1	
<i>clorazepate</i>	Tier 1	
<i>diazepam</i>	Tier 1	
<i>lorazepam</i>	Tier 1	
<i>oxazepam</i>	Tier 1	

Miscellaneous

<i>bupirone</i>	Tier 1	
<i>fluvoxamine</i>	Tier 1	

ANTICONVULSANTS

BANZEL	Tier 2	PA DL MM
<i>carbamazepine</i>	Tier 1	MM
<i>carbamazepine ext-rel</i>	Tier 1	MM
CARBATROL	Tier 3	MM
DIASTAT	Tier 2	DL
DIASTAT ACUDIAL	Tier 2	DL
DILANTIN INFATABS	Tier 2	MM
<i>divalproex sodium delayed-rel</i>	Tier 1	MM
<i>divalproex sodium ext-rel</i>	Tier 1	MM
<i>divalproex sodium sprinkle 125 mg</i>	Tier 1	MM
<i>ethosuximide</i>	Tier 1	MM
<i>gabapentin</i>	Tier 1	MM
GABITRIL	Tier 2	MM
<i>lamotrigine dispersible tabs</i>	Tier 1	MM
<i>lamotrigine tabs</i>	Tier 1	MM
<i>levetiracetam</i>	Tier 1	MM
LYRICA	Tier 3	ST ^{PA} MM
<i>mephobarbital</i>	Tier 1	MM
<i>oxcarbazepine tabs</i>	Tier 1	MM
<i>phenobarbital</i>	Tier 1	MM
<i>phenytoin sodium ext-rel caps</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

26

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>primidone</i>	Tier 1	MM
SABRIL	Tier 2	MM
STAVZOR	Tier 3	MM
TEGRETOL-XR	Tier 3	MM
<i>topiramate</i>	Tier 1	MM
TRILEPTAL susp	Tier 3	MM
<i>valproate sodium</i>	Tier 1	MM
<i>valproic acid</i>	Tier 1	MM
VIMPAT tablets	Tier 2	PA DL MM
<i>zonisamide</i>	Tier 1	MM

DL: Banzel 200 mg tablets - 1440 tablets/90 days;
 Banzel 400 mg tablets - 720 tablets/90 days
 Diastat - 1 kit (2 units) per 30 days
 Diastat AcuDial - 1 kit (2 units) per 30 days
 Vimpat tablets - 180 tablets per 90 days

ANTIDEMENTIA

ARICEPT	Tier 2	MM
COGNEX	Tier 2	MM
EXELON	Tier 2	MM
EXELON PATCH	Tier 2	MM
<i>galantamine</i>	Tier 1	MM
<i>galantamine ext-rel</i>	Tier 1	MM
<i>galantamine oral solution</i>	Tier 1	MM
NAMENDA	Tier 2	MM

ANTIDEPRESSANTS

Monoamine Oxidase Inhibitors (MAOIs)

EMSAM	Tier 3	ST ^{PA}
MARPLAN	Tier 3	
NARDIL	Tier 2	
<i>tranylcypromine</i>	Tier 1	

ST^{PA}: Emsam - Step Therapy required for members 18 years of age and older

Selective Serotonin Reuptake Inhibitors (SSRIs)

<i>citalopram</i>	Tier 1	
<i>fluoxetine</i>	Tier 1	
LEXAPRO	Tier 3	ST ^{PA}
<i>paroxetine HCl</i>	Tier 1	
<i>paroxetine HCl ext-rel</i>	Tier 1	
<i>sertraline</i>	Tier 1	

ST^{PA}: Lexapro - Step Therapy required for members 18 years of age or older

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)*

* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

CYMBALTA	Tier 3	DL ST ^{PA}
EFFEXOR XR	Tier 3	ST ^{PA}
PRISTIQ	Tier 2	ST ^{PA}
<i>venlafaxine</i>	Tier 1	
VENLAFAXINE OSM 24 hr ER tablet	Tier 3	ST ^{PA}

DL: Cymbalta (20 mg) - 180 caps per 90 days
 Cymbalta (30 mg) - 180 caps per 90 days
 Cymbalta (60 mg) - 90 caps per 90 days

ST^{PA}: Cymbalta - Step Therapy required for members 18 years of age or older
 Effexor XR - Step Therapy required for members 18 years of age or older
 Pristiq - Step Therapy required for members 18 years of age or older
 Venlafaxine OSM 24 hr ER tablet - Step Therapy required for members 18 years of age or older

Tricyclic Antidepressants (TCAs)

<i>amitriptyline</i>	Tier 1	
AMOXAPINE	Tier 3	
<i>clomipramine</i>	Tier 1	
<i>desipramine</i>	Tier 1	
<i>doxepin</i>	Tier 1	
<i>imipramine HCl</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	

Miscellaneous Agents

APLENZIN	Tier 3	ST ^{PA}
<i>Budeprion XL</i>	Tier 1	
<i>bupropion</i>	Tier 1	
<i>bupropion ext-rel</i>	Tier 1	
<i>maprotiline</i>	Tier 1	
<i>mirtazapine</i>	Tier 1	
<i>mirtazapine orally disintegrating</i>	Tier 1	
<i>nefazodone</i>	Tier 1	
<i>trazodone</i>	Tier 1	

ST^{PA}: Aplenzin - Step Therapy required for members 18 years of age or older

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

ANTIPARKINSONIAN AGENTS

<i>amantadine</i>	Tier 1	MM
APOKYN	Tier 3	PA
<i>benztropine</i>	Tier 1	MM
<i>bromocriptine</i>	Tier 1	MM
<i>carbidopa/levodopa</i>	Tier 1	MM
<i>carbidopa/levodopa ext-rel</i>	Tier 1	MM
COMTAN	Tier 2	MM
MIRAPEX	Tier 2	MM
<i>ropinirole</i>	Tier 1	MM
<i>selegiline</i>	Tier 1	MM
STALEVO	Tier 2	MM
<i>trihexyphenidyl</i>	Tier 1	MM

ANTIPSYCHOTICS

Atypicals

ABILIFY (tabs only)	Tier 3	
<i>clozapine</i>	Tier 1	
GEODON	Tier 2	
RISPERDAL CONSTA	Tier 3	
<i>risperidone</i>	Tier 1	
<i>risperidone orally disintegrating tabs</i>	Tier 1	
<i>risperidone soln</i>	Tier 1	
SEROQUEL	Tier 3	
SEROQUEL XR	Tier 3	
ZYPREXA	Tier 3	
ZYPREXA ZYDIS	Tier 3	

Miscellaneous

<i>chlorpromazine</i>	Tier 1	
<i>fluphenazine</i>	Tier 1	
<i>haloperidol</i>	Tier 1	
<i>loxapine</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>thioridazine</i>	Tier 1	
<i>thiothixene</i>	Tier 1	
<i>trifluoperazine</i>	Tier 1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine/dextroamphetamine mixed salts</i>	Tier 1	
<i>amphetamine/dextroamphetamine mixed salts ext-rel</i>	Tier 1	
CONCERTA	Tier 3	
DAYTRANA	Tier 3	ST ^{PA}
<i>dexmethylphenidate</i>	Tier 1	
<i>dextroamphetamine</i>	Tier 1	
<i>dextroamphetamine ext-rel</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

29

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

FOCALIN XR	Tier 3	ST ^{PA}
METADATE CD	Tier 3	
METHYLIN chewable tabs	Tier 3	
METHYLIN oral soln	Tier 3	
<i>methylphenidate</i>	Tier 1	
<i>methylphenidate ext-rel</i>	Tier 1	
PROCENTRA	Tier 3	ST ^{PA}
RITALIN LA	Tier 3	
STRATTERA	Tier 3	DL
VYVANSE	Tier 3	ST ^{PA}

DL: Strattera (10 mg) - 180 caps per 90 days
 Strattera (18 mg) - 180 caps per 90 days
 Strattera (25 mg) - 180 caps per 90 days
 Strattera (40 mg) - 180 caps per 90 days
 Strattera (60 mg) - 180 caps per 90 days
 Strattera (80 mg) - 90 caps per 90 days
 Strattera (100 mg) - 90 caps per 90 days

FIBROMYALGIA

SAVELLA	Tier 2	DL ST ^{PA} MM
---------	--------	------------------------

DL: Savella - 180 tabs per 90 days

HUNTINGTON'S DISEASE AGENTS

XENAZINE	Tier 2	PA DL SP
----------	--------	----------

DL: Xenazine (12.5 mg) - 90 tablets per 30 days
 Xenazine (25 mg) - 120 tablets per 30 days
 SP: Xenazine - Call Caremark at 1-800-237-2767

HYPNOTICS

Benzodiazepines

<i>estazolam</i>	Tier 1	
<i>flurazepam</i>	Tier 1	
<i>temazepam</i>	Tier 1	
<i>triazolam</i>	Tier 1	

Non-Benzodiazepines

<i>chloral hydrate</i>	Tier 1	
LUNESTA	Tier 3	DL ST ^{PA}
ROZEREM	Tier 3	DL ST ^{PA}
<i>zaleplon</i>	Tier 1	DL
<i>zolpidem</i>	Tier 1	DL

DL: Lunesta - 30 tabs per 90 days
 Rozerem - 30 tabs per 90 days
 zaleplon - 30 caps per 90 days
 zolpidem - 30 tabs per 90 days

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

MIGRAINE

Ergotamine Derivatives

<i>dihydroergotamine inj</i>	Tier 1	
<i>ergotamine/caffeine</i>	Tier 1	
MIGRANAL	Tier 3	DL

DL: Migranal - 1 box (8 vials) per 30 days

Selective Serotonin Agonists

AMERGE	Tier 3	DL
FROVA	Tier 3	DL
MAXALT/MAXALT-MLT	Tier 3	DL
<i>sumatriptan</i>	Tier 1	DL
ZOMIG/ZOMIG ZMT	Tier 2	DL

DL: Amerge - 9 tabs per 30 days
Frova - 9 tabs per 30 days
Maxalt/Maxalt-MLT - 9 tabs per 30 days
sumatriptan inj - 4 injections (2 kits) per 30 days or
4 injections (4 vials) per 30 days
sumatriptan spray (5 mg) - 2 boxes (12 spray unit
devices) per 30 days
sumatriptan spray (20 mg) - 1 box (6 spray unit
devices) per 30 days
sumatriptan tabs - 9 tabs per 30 days
Zomig spray - 1 box (6 spray units) per 30 days
Zomig/Zomig ZMT (2.5 mg) - 6 tabs per 30 days
Zomig/Zomig ZMT (5 mg) - 3 tabs per 30 days

Miscellaneous

<i>acetaminophen/dichloralphenazone/isometheptene</i>	Tier 1	MM
---	--------	----

MOOD STABILIZERS

EQUETRO	Tier 3	MM
<i>lithium carbonate</i>	Tier 1	
<i>lithium carbonate ext-rel</i>	Tier 1	

MULTIPLE SCLEROSIS AGENTS

AVONEX	Tier 3	DL SP
BETASERON	Tier 3	DL SP
COPAXONE	Tier 3	DL SP

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

REBIF	Tier 3	DL SP
TYSABRI	Medical Benefit	PA

DL: Avonex - 4 syringes or 4 vials per 28 days
 Betaseron - 15 vials per 30 days
 Copaxone - 1 kit (30 syringes) per 30 days
 Rebif - 12 syringes per 28 days

SP: For all SP drugs listed in this category - Call Curascript at
 1-877-238-8387

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	Tier 1	MM
<i>carisoprodol</i>	Tier 1	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine</i>	Tier 1	
<i>dantrolene</i>	Tier 1	
<i>methocarbamol</i>	Tier 1	
<i>methocarbamol/aspirin</i>	Tier 1	
<i>orphenadrine/aspirin/caffeine</i>	Tier 1	
SKELAXIN	Tier 3	
<i>tizanidine</i>	Tier 1	MM

MYASTHENIA GRAVIS

MESTINON TIMESPAN	Tier 3	
<i>pyridostigmine</i>	Tier 1	

NARCOLEPSY/CATAPLEXY

NUVIGIL	Tier 3	DL ST ^{PA} MM
PROVIGIL	Tier 3	DL ST ^{PA} MM
XYREM	Tier 3	

DL: Nuvigil - 90 tablets per 90 days
 Provigil - 180 tablets per 90 days

PREMENSTRUAL DYSPHORIC DISORDER

<i>Selfemra</i>	Tier 1	
-----------------	--------	--

PSYCHOTHERAPEUTIC-MISCELLANEOUS

Narcotic Antagonists

<i>buprenorphine</i>	Tier 1	
<i>naltrexone</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

ENDOCRINE AND METABOLIC

ANDROGENS

ANDROGEL	Tier 3	
<i>oxandrolone</i>	Tier 1	
STRIANT	Tier 3	
TESTIM	Tier 3	

ANTIDIABETICS

Alpha-Glucosidase Inhibitors

<i>acarbose</i>	Tier 1	MM
GLYSET	Tier 3	MM

Amylin Analogs

SYMLIN	Tier 3	MM
SYMLINPEN	Tier 3	MM

Biguanides

<i>metformin</i>	Tier 1	MM
<i>metformin ext-rel</i>	Tier 1	MM

Biguanide/Sulfonylurea Combinations

<i>glipizide/metformin</i>	Tier 1	MM
<i>glyburide/metformin</i>	Tier 1	MM

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

JANUVIA	Tier 3	DL MM
---------	--------	-------

DL: Januvia - 30 tabs per 30 days

Incretin Mimetic Agents

BYETTA	Tier 3	MM
--------	--------	----

Insulins

APIDRA cartridges, pens	Tier 3	MM
APIDRA SOLOSTAR	Tier 3	MM
APIDRA vials	Tier 2	MM
HUMALOG cartridges, pens	Tier 3	MM
HUMALOG vials	Tier 2	MM
HUMULIN cartridges, pens	Tier 3	MM
HUMULIN vials	Tier 2	MM
LANTUS cartridges, pens	Tier 3	MM
LANTUS SOLOSTAR	Tier 3	MM
LANTUS vials	Tier 2	MM
LEVEMIR cartridges, pens	Tier 3	MM
LEVEMIR vials	Tier 2	MM
NOVOLIN cartridges, pens	Tier 3	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

NOVOLIN vials	Tier 2	MM
NOVOLOG cartridges, pens	Tier 3	MM
NOVOLOG vials	Tier 2	MM

Insulin Sensitizers

ACTOS	Tier 3	DL MM
AVANDIA	Tier 3	DL MM

DL: Actos - 90 tabs per 90 days
 Avandia (2 mg) - 180 tabs per 90 days
 Avandia (4 mg) - 180 tabs per 90 days
 Avandia (8 mg) - 90 tabs per 90 days

Meglitinides

<i>nateglinide</i>	Tier 1	MM
PRANDIN	Tier 3	MM

Sulfonylureas

<i>glimepiride</i>	Tier 1	MM
<i>glipizide</i>	Tier 1	MM
<i>glipizide ext-rel</i>	Tier 1	MM
<i>glyburide</i>	Tier 1	MM
<i>glyburide, micronized</i>	Tier 1	MM

Supplies

ACCU-CHEK	Tier 2	MM
BD insulin syringes and needles	Tier 2	MM
ONETOUCH	Tier 2	MM

BISPHOSPHONATES

ACTONEL	Tier 3	ST ^{PA} MM
ACTONEL WITH CALCIUM	Tier 3	ST ^{PA} MM
<i>alendronate tabs</i>	Tier 1	MM
BONIVA (oral tablet only)	Tier 3	ST ^{PA} MM
<i>etidronate</i>	Tier 1	
FOSAMAX oral soln	Tier 2	MM
SKELID	Tier 3	

CALCITONINS

<i>calcitonin-salmon nasal spray</i>	Tier 1	
<i>Fortical</i>	Tier 1	

CALCIUM RECEPTOR ANTAGONISTS

SENSIPAR	Tier 3	MM
----------	--------	----

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

34

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

CONTRACEPTIVES

Monophasic

20 mcg Estrogen

<i>Aviane</i>	Tier 1	MM
<i>Kariva</i>	Tier 1	MM
<i>Lutera</i>	Tier 1	MM
LYBREL	Tier 3	MM
<i>Microgestin</i>	Tier 1	MM
<i>Microgestin Fe</i>	Tier 1	MM
YAZ	Tier 2	MM

30 mcg Estrogen

<i>Apri</i>	Tier 1	MM
<i>Junel</i>	Tier 1	MM
<i>Junel Fe</i>	Tier 1	MM
<i>Levora</i>	Tier 1	MM
<i>Low-Ogestrel</i>	Tier 1	MM
<i>Ocella</i>	Tier 1	MM
<i>Portia</i>	Tier 1	MM
<i>Reclipsen</i>	Tier 1	MM

30 mcg Estrogen, Extended Cycle

<i>Jolessa</i>	Tier 1	MM
<i>Quasense</i>	Tier 1	MM

35 mcg Estrogen

<i>Mononessa</i>	Tier 1	MM
<i>Necon 0.5/35</i>	Tier 1	MM
<i>Necon 1/35</i>	Tier 1	MM
<i>Nortrel 0.5/35</i>	Tier 1	MM
<i>Nortrel 1/35</i>	Tier 1	MM
<i>Sprintec</i>	Tier 1	MM
<i>Zovia 1/35</i>	Tier 1	MM

50 mcg Estrogen

<i>Necon 1/50</i>	Tier 1	MM
<i>Ogestrel</i>	Tier 1	MM
<i>Zovia 1/50</i>	Tier 1	MM

Biphasic

NECON 10/11	Tier 2	MM
-------------	--------	----

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

Triphasic

<i>Aranelle</i>	Tier 1	MM
<i>Enpresse</i>	Tier 1	MM
<i>Necon 7/7/7</i>	Tier 1	MM
<i>Nortrel 7/7/7</i>	Tier 1	MM
ORTHO TRI-CYCLEN LO	Tier 3	MM
<i>Tilia Fe</i>	Tier 1	MM
<i>Trinessa</i>	Tier 1	MM
<i>Tri-Sprintec</i>	Tier 1	MM
<i>Trivora</i>	Tier 1	MM
<i>Velivet</i>	Tier 1	MM

Progestin Only

<i>Camila</i>	Tier 1	MM
<i>Errin</i>	Tier 1	MM

Emergency Contraception

<i>Next Choice</i>	Tier 1	*
PLAN B ONE-STEP	Tier 3	*

* Coverage only for members 16 years of age and under

Injectable

<i>medroxyprogesterone acetate 150 mg/mL</i>	Tier 1	MM
--	--------	----

Vaginal

NUVARING	Tier 3	MM
----------	--------	----

ENDOMETRIOSIS

<i>danazol</i>	Tier 1	
SYNAREL	Tier 3	

ENZYME REPLACEMENTS

ELAPRASE	Medical Benefit	SI
FABRAZYME	Medical Benefit	PA SI
MYOZYME	Medical Benefit	SI
NAGLAZYME	Medical Benefit	SI
ORFADIN	Tier 3	PA

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

ESTROGENS

Oral

CENESTIN	Tier 3	MM
ENJUVIA	Tier 3	MM
<i>estradiol</i>	Tier 1	MM
<i>estrogens, esterified/methyltestosterone</i>	Tier 1	MM
<i>estropipate</i>	Tier 1	MM
PREMARIN	Tier 3	MM

Transdermal

ALORA	Tier 3	DL MM
<i>estradiol</i>	Tier 1	MM
VIVELLE-DOT	Tier 3	DL MM

DL: Alora - 24 patches per 84 days
Vivelle-Dot - 24 patches per 84 days

Vaginal

ESTRACE crm	Tier 3	MM
PREMARIN crm	Tier 3	MM

ESTROGEN/PROGESTINS

Oral

<i>estradiol/norethindrone acetate</i>	Tier 1	MM
FEMHRT	Tier 3	MM
PREMPHASE	Tier 3	MM
PREMPRO	Tier 3	MM

Transdermal

CLIMARA PRO	Tier 3	DL MM
COMBIPATCH	Tier 3	MM

DL: Climara Pro - 12 patches per 84 days

FERTILITY REGULATORS

BRAVELLE	Tier 3	PA SP
CETROTIDE	Tier 3	PA SP
<i>chorionic gonadotropin</i>	Tier 1	SP
<i>clomiphene</i>	Tier 1	
FOLLISTIM AQ	Tier 3	PA SP
GANIRELIX	Tier 3	PA SP
GONAL-F	Tier 3	PA SP
LUVERIS	Tier 3	PA SP
<i>Novarel</i>	Tier 1	PA SP
OVIDREL	Tier 3	SP

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

37

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>Pregnyl</i>	Tier 1	PA SP
<i>Serophene</i>	Tier 1	

SP: For all SP drugs listed in this category - Call Village Pharmacy at 1-866-890-8930, or Freedom Drug at 1-877-585-4560, or ivpcare at 1-866-657-0500

GLUCOCORTICOIDS

<i>cortisone acetate</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>fludrocortisone</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisolone syrup</i>	Tier 1	
<i>prednisone</i>	Tier 1	

GLUCOSE ELEVATING AGENTS

GLUCAGON	Tier 3	
----------	--------	--

HUMAN GROWTH HORMONES

NORDITROPIN	Tier 3	PA SP
NORDITROPIN NORDIFLEX	Tier 3	PA SP
SEROSTIM	Tier 3	PA SP
ZORBTIVE	Tier 3	PA SP

SP: For all SP drugs listed in this category - Call Caremark at 1-800-237-2767

HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

HECTOROL	Tier 3	MM
ZEMPLAR	Tier 3	MM

INSULIN-LIKE GROWTH FACTORS

INCRELEX	Tier 3	PA SP
----------	--------	-------

SP: Increlex - Call Caremark at 1-800-237-2767

PARATHYROID HORMONES

FORTEO	Tier 3	PA SP
--------	--------	-------

SP: Forteo - Call Curascript at 1-877-238-8387

PHENYLKETONURIA TREATMENT AGENTS

KUVAN	Tier 2	PA SP
-------	--------	-------

SP: Kuvan - Call Curascript at 1-877-238-8387

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

38

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

PHOSPHATE BINDER AGENTS

<i>calcium acetate capsules</i>	Tier 1	MM
FOSRENOL	Tier 3	MM
RENAGEL	Tier 3	MM
RENVELA	Tier 2	MM

PROGESTINS

<i>medroxyprogesterone acetate</i>	Tier 1	MM
<i>norethindrone acetate</i>	Tier 1	
PROMETRIUM	Tier 3	

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA	Tier 2	MM
--------	--------	----

THYROID AGENTS

Antithyroid Agents

<i>methimazole</i>	Tier 1	MM
NORTHYX 15 mg, 20 mg	Tier 3	MM
<i>Northyx 5 mg, 10 mg</i>	Tier 1	MM
<i>propylthiouracil</i>	Tier 1	MM

Thyroid Supplements

<i>Levothroid</i>	Tier 1	MM
<i>levothyroxine</i>	Tier 1	MM
<i>Levoxyl</i>	Tier 1	MM
<i>liothyronine</i>	Tier 1	
<i>thyroid</i>	Tier 1	MM
<i>Unithroid</i>	Tier 1	MM

VASOPRESSIN RECEPTOR ANTAGONISTS

SAMSCA	Tier 3	DL
--------	--------	----

DL: Samsca - 14 tabs per 7 days

VASOPRESSINS

<i>desmopressin spray, tabs</i>	Tier 1	MM
---------------------------------	--------	----

MISCELLANEOUS

ALDURAZYME	Medical Benefit	PA SI
<i>cabergoline</i>	Tier 1	
<i>levocarnitine</i>	Tier 1	
SOMATULINE DEPOT	Medical Benefit	PA
SOMAVERT	Tier 3	PA MM

SP - Special Designated Pharmacy**PA** - Prior Authorization**SI** - Designated Specialty Infusion Program

39

ST^{PA} - Step Therapy Prior Authorization**DL** - Dispensing Limitation Program**MM** - Managed Mail**Tier 1** - Lowest Copayment**Tier 2** - Middle Copayment**Tier 3** - Highest Copayment

SUPPRELIN LA	Medical Benefit	
ZAVESCA	Tier 3	PA SP

SP: Zavesca - Call Curascript at 1-877-238-8387

GASTROINTESTINAL ANTIDIARRHEALS

<i>diphenoxylate/atropine</i>	Tier 1	
<i>loperamide</i>	Tier 1	

ANTIEMETICS

ANZEMET	Tier 3	DL
CESAMET	Tier 3	DL
<i>dronabinol</i>	Tier 1	
EMEND	Tier 3	DL
<i>granisetron tabs</i>	Tier 1	DL
GRANISOL	Tier 2	DL
<i>meclizine</i>	Tier 1	
<i>metoclopramide</i>	Tier 1	
<i>ondansetron</i>	Tier 1	DL
<i>ondansetron ODT</i>	Tier 1	DL
<i>prochlorperazine</i>	Tier 1	
<i>promethazine</i>	Tier 1	
TRANSDERM SCOP	Tier 3	
<i>trimethobenzamide</i>	Tier 1	

DL: Anzemet inj - 5 mL per 7 days
 Anzemet tabs - 3 tabs per 7 days
 Cesamet - 18 caps per 7 days
 Emend (40 mg) - 1 cap per 7 days
 Emend (80 mg) - 2 caps per 7 days
 Emend (125 mg) - 1 cap or 1 dosepack per 7 days
 granisetron tabs - 6 tabs per 7 days
 Granisol - 30 mL per 7 days
 ondansetron ODT (4 mg) - 9 tabs per 7 days
 ondansetron ODT (8 mg) - 9 tabs per 7 days
 ondansetron soln - 90 mL per 7 days
 ondansetron tabs (4 mg) - 9 tabs per 7 days
 ondansetron tabs (8 mg) - 9 tabs per 7 days
 ondansetron tabs (24 mg) - 1 tab per 7 days

ANTISPASMODICS

<i>chlordiazepoxide/clidinium</i>	Tier 1	
<i>dicyclomine</i>	Tier 1	
DIGEX NF	Tier 3	
<i>hyoscyamine sulfate</i>	Tier 1	
<i>hyoscyamine sulfate ext-rel</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

40

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

CHOLELITHOLYTICS

<i>ursodiol</i>	Tier 1
-----------------	--------

H₂-RECEPTOR ANTAGONISTS

<i>cimetidine</i>	Tier 1
<i>famotidine</i>	Tier 1
<i>nizatidine</i>	Tier 1
<i>ranitidine</i>	Tier 1

INFLAMMATORY BOWEL DISEASE

Injectable Agents

CIMZIA PREFILLED SYRINGE	Tier 3	PA DL SP
CIMZIA VIAL	Medical Benefit	PA
REMICADE	Medical Benefit	PA

DL: Cimzia Prefilled Syringe - 2 syringes per 28 days

SP: Cimzia Prefilled Syringe - Call Curascript at 1-877-238-8387

Oral Agents

APRISO	Tier 2	MM
ASACOL	Tier 2	MM
ASACOL HD	Tier 2	MM
<i>balsalazide</i>	Tier 1	
DIPENTUM	Tier 3	MM
ENTOCORT EC	Tier 3	
PENTASA	Tier 3	MM
<i>sulfasalazine</i>	Tier 1	MM
<i>sulfasalazine delayed-rel</i>	Tier 1	MM

Rectal Agents

CANASA	Tier 3
CORTIFOAM	Tier 3
<i>hydrocortisone enema</i>	Tier 1
<i>mesalamine rectal susp</i>	Tier 1

LAXATIVES

AMITIZA	Tier 3	PA
<i>lactulose</i>	Tier 1	
<i>peg 3350/electrolytes</i>	Tier 1	

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

PANCREATIC ENZYMES

CREON	Tier 3	MM
<i>pancrelipase</i>	Tier 1	MM
ULTRASE	Tier 3	MM
ULTRASE MT	Tier 3	MM
VIOKASE	Tier 3	MM

PROTON PUMP INHIBITORS

<i>lansoprazole delayed-rel</i>	Tier 1	DL ST ^{PA}
NEXIUM oral suspension	Tier 3	* DL
<i>omeprazole delayed-rel</i>	Tier 1	DL
<i>pantoprazole delayed-rel</i>	Tier 1	DL ST ^{PA}
PREVACID SOLUTAB	Tier 3	* DL
PROTONIX oral suspension	Tier 3	* DL

* Coverage only for members 12 years of age and under.

DL: lansoprazole delayed-rel - 90 caps per 90 days
Nexium oral suspension - 90 packets per 90 days
omeprazole delayed-rel - 90 caps per 90 days
pantoprazole delayed-rel - 90 tabs per 90 days
Prevacid Solutab - 90 Solutabs per 90 days
Protonix oral suspension - 90 packets per 90 days

SALIVA STIMULANTS

EVOXAC	Tier 3
<i>pilocarpine</i>	Tier 1

STEROIDS, RECTAL

ANALPRAM-HC	Tier 3
<i>Colocort</i>	Tier 1
CORTIFOAM	Tier 3
<i>hydrocortisone crm</i>	Tier 1
PROCTOFOAM-HC	Tier 3

MISCELLANEOUS

<i>misoprostol</i>	Tier 1
RELISTOR	Tier 3
<i>sucralfate</i>	Tier 1

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

AVODART	Tier 3	MM
<i>doxazosin</i>	Tier 1	MM
<i>finasteride 5 mg</i>	Tier 1	MM
FLOMAX	Tier 3	MM
<i>terazosin</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

42

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

URINARY ANTISPASMODICS

DETROL	Tier 3	MM
DETROL LA	Tier 3	MM
ELMIRON	Tier 3	
ENABLEX	Tier 3	MM
<i>flavoxate</i>	Tier 1	
<i>oxybutynin</i>	Tier 1	MM
<i>oxybutynin ext-rel</i>	Tier 1	MM
OXYTROL	Tier 3	MM
SANCTURA	Tier 3	MM
SANCTURA XR	Tier 3	MM
VESICARE	Tier 3	MM

VAGINAL ANTI-INFECTIVES

<i>clindamycin vaginal crm</i>	Tier 1	
<i>metronidazole vaginal crm</i>	Tier 1	
<i>terconazole</i>	Tier 1	

MISCELLANEOUS

<i>bethanechol</i>	Tier 1	
METHERGINE	Tier 2	
<i>phenazopyridine</i>	Tier 1	
<i>potassium citrate</i>	Tier 1	
<i>propantheline</i>	Tier 1	

HEMATOLOGIC

ANTICOAGULANTS

Injectable

FRAGMIN	Tier 3	DL
INNOHEP	Tier 3	
LOVENOX	Tier 2	DL

DL: Fragmin - 30 syringes or 4 MDV per 30 days
Lovenox - 60 ampules or syringes per 30 days

Oral

<i>warfarin</i>	Tier 1	MM
-----------------	--------	----

Synthetic Heparinoid-like Agents

ARIXTRA	Tier 3	DL
---------	--------	----

DL: Arixtra - 30 syringes per 30 days

GAUCHER DISEASE AGENTS

CEREDASE	Medical Benefit	PA
CEREZYME	Medical Benefit	PA SI

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

43

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

HEMATOPOIETIC GROWTH FACTORS

ARANESP	Tier 3	DL SP
EPOGEN	Tier 3	DL SP
LEUKINE	Tier 3	DL SP
NEULASTA	Tier 3	DL SP
NEUMEGA	Tier 3	
NEUPOGEN	Tier 3	DL SP
PROCRIT	Tier 3	DL SP

DL: Aranesp - 4 mL per 30 days
Epogen - 10 vials per 14 days
Leukine - 6 vials per 14 days
Neulasta - 1 syringe per 14 days
Neupogen - 10 vials (1 mL and 1.6 mL) per 14 days
Procrit - 10 vials per 14 days

SP: For all SP drugs listed in this category - Call Curascript at
1-877-238-8387

IDIOPATHIC THROMBOCYTOPENIC PURPURA AGENTS

NPLATE	Medical Benefit	PA
PROMACTA	Tier 2	PA DL SP

DL: Promacta - 30 tablets per 30 days

SP: Promacta - Call Curascript at 1-877-238-8387

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

SOLIRIS	Medical Benefit	PA
---------	-----------------	----

PLATELET AGGREGATION INHIBITORS

AGGRENOX	Tier 3	MM
<i>dipyridamole</i>	Tier 1	MM
PLAVIX	Tier 3	MM

PLATELET SYNTHESIS INHIBITORS

<i>anagrelide</i>	Tier 1	MM
-------------------	--------	----

STEM CELL MOBILIZERS

MOZOBIL	Medical Benefit	PA
---------	-----------------	----

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

MISCELLANEOUS

<i>cilostazol</i>	Tier 1	
CINRYZE	Medical Benefit	PA SI
CLOTTING FACTORS (VIIa, IX), various	Medical Benefit	PA SI *
<i>pentoxifylline ext-rel</i>	Tier 1	

* Examples: AlphaNine SD, Bebulin VH, BeneFix, Mononine, NovoSeven, NovoSeven RT, Profilnine SD, Proplex T, Xyntha

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

ARCALYST	Tier 2	PA DL SP
CUPRIMINE	Tier 3	
ENBREL	Tier 3	PA DL SP
HUMIRA	Tier 3	PA DL SP
<i>hydroxychloroquine</i>	Tier 1	
KINERET	Tier 3	PA DL SP
<i>leflunomide</i>	Tier 1	ST ^{PA}
<i>methotrexate</i>	Tier 1	
ORENCIA	Medical Benefit	PA
RIDAURA	Tier 3	
SIMPONI	Tier 2	PA DL SP

DL: Arcalyst - 5 vials per initial 28 days; thereafter, 4 vials per 28 days
 Enbrel (25 mg) - 8 vials per 28 days
 Enbrel (50 mg) - 4 syringes per 28 days
 Humira - 2 syringes per 28 days
 Humira Crohn's Starter Pack - 1 starter pack (6 syringes) one time only
 Kineret - 28 syringes per 28 days
 Simponi - 1 pre-filled syringe or SmartJect autoinjector (50 mg/0.5 mL) per 28 days

SP: Arcalyst - Call Caremark at 1-800-237-2767
 For all other SP drugs listed in this category - Call Curascript at 1-877-238-8387

IMMUNOMODULATORS

Interferons

ACTIMMUNE	Tier 3	
INFERGEN	Tier 3	PA SP
INTRON A	Tier 3	PA SP

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

45

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

PEGASYS	Tier 3	PA DL SP
PEGINTRON	Tier 3	PA DL SP

DL: Pegasys - 4 individual vials or 1 kit (4 vials or syringes) per 28 days
PegIntron - 4 syringes or vials per 28 days
SP: Intron A - Call Curascript at 1-877-238-8387 or Caremark at 1-800-237-2767
For all other SP drugs listed in this category - Call Caremark at 1-800-237-2767

Miscellaneous

REVLIMID	Tier 3	PA SP
THALOMID	Tier 3	SP

SP: Revlimid - Call Curascript at 1-877-238-8387
Thalomid - Call Curascript at 1-877-238-8387

IMMUNOGLOBULINS

INTRAVENOUS IMMUNE GLOBULIN (IVIG), various	Medical Benefit	PA SI *
VIVAGLOBIN	Medical Benefit	PA SI

* Examples: Gamimune N, Gammagard S/D, Gammar-P I.V., Iveegam

IMMUNOSUPPRESSANTS

Antimetabolites

<i>azathioprine</i>	Tier 1	MM
<i>mycophenolate mofetil</i>	Tier 1	MM
MYFORTIC	Tier 3	MM

Calcineurin Inhibitors

<i>cyclosporine</i>	Tier 1	MM
<i>cyclosporine, modified</i>	Tier 1	MM
<i>tacrolimus</i>	Tier 1	MM

Rapamycin Derivatives

RAPAMUNE	Tier 3	MM
----------	--------	----

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

Potassium

EFFER-K	Tier 3	MM
<i>potassium chloride ext-rel</i>	Tier 1	MM
<i>potassium chloride liquid</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

46

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

VITAMINS AND MINERALS

Folic Acid Agents

<i>folic acid 1 mg</i>	Tier 1	MM
------------------------	--------	----

Prenatal Vitamins

PREFERA-OB PLUS DHA	Tier 3	
<i>prenatal vitamins w/folic acid</i>	Tier 1	
TRICARE DHA	Tier 3	

Miscellaneous

<i>calcitriol (1,25-D3)</i>	Tier 1	MM
CORVITE 150	Tier 3	
<i>cyanocobalamin inj</i>	Tier 1	
CYTO-Q	Tier 3	PA
<i>ergocalciferol (D2)</i>	Tier 1	
<i>fluoride drops</i>	Tier 1	
<i>fluoride tabs</i>	Tier 1	
GALZIN	Tier 3	
MAXARON FORTE	Tier 3	
MEPHYTON	Tier 3	
ZERVALX	Tier 3	

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN	Tier 3	DL
EPIPEN JR.	Tier 3	DL
TWINJECT	Tier 3	DL

DL: EpiPen - 2 single-dose auto-injectors per day
 EpiPen Jr. - 2 single-dose auto-injectors per day
 Twinject - 2 auto-injectors per day

ANTICHOLINERGICS

ATROVENT HFA	Tier 3	DL MM
<i>ipratropium</i>	Tier 1	DL MM
SPIRIVA	Tier 3	DL MM

DL: Atrovent HFA - 6 inhalers per 90 days
 ipratropium - 360 unit-dose vials per 90 days
 Spiriva - 90 caps (3 units) per 90 days

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	Tier 3	DL MM
<i>ipratropium/albuterol soln</i>	Tier 1	DL MM

DL: Combivent - 6 inhalers per 90 days
 ipratropium/albuterol soln - 360 unit-dose vials per 90 days

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

47

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

ANTI-HISTAMINES, SEDATING

<i>clemastine 2.68 mg</i>	Tier 1
<i>cyproheptadine</i>	Tier 1
<i>hydroxyzine HCl</i>	Tier 1

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

<i>brompheniramine/pseudoephedrine ext-rel</i>	Tier 1
<i>chlorpheniramine/pseudoephedrine ext-rel</i>	Tier 1

ANTITUSSIVES

<i>benzonatate</i>	Tier 1
--------------------	--------

ANTITUSSIVE COMBINATIONS

Narcotic

<i>codeine/chlorpheniramine/pseudoephedrine</i>	Tier 1
<i>codeine/guaifenesin</i>	Tier 1
<i>codeine/guaifenesin/pseudoephedrine</i>	Tier 1
<i>codeine/promethazine</i>	Tier 1
<i>hydrocodone/homatropine</i>	Tier 1

Non-Narcotic

<i>dextromethorphan/brompheniramine/pseudoephedrine</i>	Tier 1
<i>dextromethorphan/promethazine</i>	Tier 1

BETA AGONISTS

Inhalants

Short-Acting

<i>albuterol inh soln</i>	Tier 1	DL MM
<i>levalbuterol nebulizer soln concentrate, 1.25 mg/0.5 mL</i>	Tier 1	DL ST ^{PA} MM
MAXAIR AUTOHALER	Tier 3	DL MM
<i>metaproterenol inh soln</i>	Tier 1	DL MM
PROAIR HFA	Tier 2	DL MM
VENTOLIN HFA	Tier 3	DL MM

SP - Special Designated Pharmacy**PA** - Prior Authorization**SI** - Designated Specialty Infusion Program**ST^{PA}** - Step Therapy Prior Authorization**DL** - Dispensing Limitation Program**MM** - Managed Mail**Tier 1** - Lowest Copayment**Tier 2** - Middle Copayment**Tier 3** - Highest Copayment

XOPENEX HFA	Tier 3	DL MM
XOPENEX inh soln, 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	Tier 3	DL ST ^{PA} MM

DL: albuterol inh soln - 360 unit-dose vials per 90 days or
9 dropper bottles (180 mL) per 90 days
levalbuterol nebulizer soln concentrate - 1.25 mg/0.5 mL -
270 unit-dose vials per 90 days
Maxair Autohaler - 3 units per 90 days
metaproterenol inh soln - 360 unit-dose vials per 90 days
ProAir HFA - 6 inhalers per 90 days
Ventolin HFA - 6 inhalers per 90 days
Xopenex HFA - 6 inhalers per 90 days
Xopenex inh soln 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL -
270 unit-dose vials per 90 days

Long-Acting

FORADIL	Tier 3	DL MM
SEREVENT DISKUS	Tier 2	DL MM

DL: Foradil - 3 units per 90 days
Serevent Diskus - 3 diskus per 90 days

Oral Agents

Short-Acting

<i>albuterol sulfate</i>	Tier 1	MM
<i>albuterol sulfate ext-rel</i>	Tier 1	MM
<i>metaproterenol tabs</i>	Tier 1	MM
<i>terbutaline</i>	Tier 1	MM

CYSTIC FIBROSIS

PULMOZYME	Tier 3	
TOBI	Tier 3	

DECONGESTANT/EXPECTORANT COMBINATIONS

<i>phenylephrine/guaifenesin</i>	Tier 1	
<i>pseudoephedrine/guaifenesin</i>	Tier 1	

LEUKOTRIENE RECEPTOR ANTAGONISTS

ACCOLATE	Tier 3	DL MM
SINGULAIR	Tier 2	DL MM

DL: Accolate - 180 tabs per 90 days
Singulair - 90 tabs per 90 days

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

MAST CELL STABILIZERS

<i>cromolyn soln</i>	Tier 1	DL MM
INTAL inhaler	Tier 3	DL MM

DL: cromolyn soln - 360 unit-dose vials per 90 days
Intal inhaler - 3 units per 90 days

NASAL ANTIHISTAMINES

ASTELIN	Tier 3	DL
---------	--------	----

DL: Astelin - 3 units per 90 days

NASAL STEROIDS

<i>flunisolide</i>	Tier 1	DL MM
<i>fluticasone</i>	Tier 1	DL MM

DL: flunisolide - 3 nasal sprays per 90 days
fluticasone - 3 nasal sprays per 90 days

STEROID/BETA AGONIST COMBINATIONS

ADVAIR	Tier 3	DL MM
ADVAIR HFA	Tier 3	DL MM
SYMBICORT	Tier 2	DL MM

DL: Advair - 3 diskus per 90 days
Advair HFA - 6 inhalers per 90 days
Symbicort - 6 inhalers per 90 days

STEROID INHALANTS

ASMANEX	Tier 3	DL MM
AZMACORT	Tier 3	DL MM
FLOVENT HFA	Tier 3	DL MM
PULMICORT FLEXHALER	Tier 3	DL MM
PULMICORT RESPULES	Tier 3	DL ST ^{PA} MM
QVAR	Tier 2	DL MM

DL: Asmanex - 6 inhalers per 90 days
Azmacort - 6 inhalers per 90 days
Flovent HFA - 6 units per 90 days
Pulmicort Flexhaler - 6 inhalers per 90 days
Pulmicort Respules - 180 unit-dose vials per 90 days
QVAR - 6 inhalers per 90 days
ST^{PA}: Pulmicort Respules - Step Therapy required for members
18 years of age and older

XANTHINES

THEO-24	Tier 3	MM
<i>theophylline</i>	Tier 1	MM
<i>theophylline ext-rel</i>	Tier 1	MM
<i>theophylline ext-rel tabs</i>	Tier 1	MM

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

50

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

MISCELLANEOUS

<i>ipratropium nasal spray</i>	Tier 1	DL MM
<i>sodium chloride 0.9% for inhalation (Rx Only)</i>	Tier 1	
XOLAIR	Medical Benefit	PA

DL: ipratropium nasal spray - 6 units per 90 days

TOPICAL DERMATOLOGY

Acne

Oral

<i>isotretinoin</i>	Tier 1	
---------------------	--------	--

Topical

AZELEX	Tier 3	DL
<i>benzoyl peroxide</i>	Tier 1	
<i>clindamycin gel, lotion, soln</i>	Tier 1	
<i>clindamycin/benzoyl peroxide gel</i>	Tier 1	DL
DIFFERIN	Tier 3	PA *
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln</i>	Tier 1	
<i>erythromycin/benzoyl peroxide</i>	Tier 1	
RETIN-A MICRO	Tier 3	PA *
<i>sulfacetamide sodium lotion 10%</i>	Tier 1	
<i>sulfacetamide/sulfur</i>	Tier 1	
TAZORAC	Tier 3	PA *
<i>tretinoin</i>	Tier 1	PA *

DL: Azelex - 90 grams per 90 days

clindamycin/benzoyl peroxide gel - 75 grams per 90 days

PA *: For All PA* drugs listed in this category - PA required for members 26 years of age or older

Actinic Keratosis

CARAC	Tier 3	
FLUOROPLEX	Tier 3	
<i>fluorouracil</i>	Tier 1	

Antibiotics

<i>gentamicin</i>	Tier 1	
<i>mupirocin</i>	Tier 1	
<i>silver sulfadiazine</i>	Tier 1	

Antifungals

<i>ciclopirox crm, lotion</i>	Tier 1	
<i>ciclopirox topical soln 8%</i>	Tier 1	PA
<i>clotrimazole</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

51

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>clotrimazole/betamethasone</i>	Tier 1	
CNL8 Kit	Tier 3	PA
<i>econazole</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
<i>nystatin</i>	Tier 1	
<i>nystatin/triamcinolone</i>	Tier 1	

Antipsoriatics

AMEVIVE	Medical Benefit	PA
<i>calcipotriene soln</i>	Tier 1	DL
DOVONEX crm	Tier 3	DL
OXSORALEN	Tier 3	
OXSORALEN-ULTRA	Tier 3	
RAPTIVA	Tier 3	PA SP
SORIATANE CK	Tier 3	
TAZORAC	Tier 3	PA *

DL: calcipotriene soln - 1 bottle per day

Dovonex crm - 1 tube per day

PA *: Tazorac - PA required for members 26 years of age or older

SP: Raptiva - Call Curascript at 1-877-238-8387

Antiseborrheics

<i>ketoconazole shampoo</i>	Tier 1	
<i>selenium sulfide shampoo</i>	Tier 1	
<i>sulfacetamide sodium wash 10%</i>	Tier 1	

Corticosteroids

Low Potency

<i>alclometasone crm, oint 0.05%</i>	Tier 1	
<i>desonide crm, lotion, oint 0.05%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>hydrocortisone crm 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 1%</i>	Tier 1	

Medium Potency

<i>betamethasone valerate crm, lotion, oint 0.1%</i>	Tier 1	
<i>desoximetasone crm 0.05%</i>	Tier 1	
<i>fluocinolone acetonide crm, oint 0.025%</i>	Tier 1	
<i>fluticasone propionate crm 0.05%, oint 0.005%</i>	Tier 1	
<i>hydrocortisone butyrate crm, oint, soln 0.1%</i>	Tier 1	
<i>hydrocortisone valerate crm, oint 0.2%</i>	Tier 1	
<i>mometasone crm, lotion, oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide crm, lotion, oint 0.1%</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

52

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

High Potency

<i>amcinonide crm, lotion 0.1%</i>	Tier 1
AMCINONIDE oint	Tier 2
<i>betamethasone dipropionate augmented crm 0.05%</i>	Tier 1
<i>betamethasone dipropionate crm, lotion, oint 0.05%</i>	Tier 1
<i>desoximetasone crm, oint 0.25%, gel 0.05%</i>	Tier 1
<i>diflorasone diacetate crm 0.05%</i>	Tier 1
<i>fluocinonide crm, gel, oint, soln 0.05%</i>	Tier 1
<i>triamcinolone acetonide crm 0.5%</i>	Tier 1

Very High Potency

<i>betamethasone dipropionate augmented gel, oint 0.05%</i>	Tier 1
<i>clobetasol propionate crm, oint 0.05%</i>	Tier 1
<i>clobetasol propionate foam 0.05%</i>	Tier 1
<i>diflorasone diacetate oint 0.05%</i>	Tier 1
<i>halobetasol propionate crm, oint 0.05%</i>	Tier 1

Emollients

<i>ammonium lactate 12%</i>	Tier 1
-----------------------------	--------

Immunomodulators

ELIDEL	Tier 3	DL
PROTOPIC	Tier 3	DL

DL: Elidel - 1 tube per day
 Protopic - 1 tube per day

Local Analgesics

LIDODERM	Tier 3	PA DL
----------	--------	-------

DL: Lidoderm - 30 patches per 30 days

Local Anesthetics

<i>lidocaine/prilocaine</i>	Tier 1	DL
-----------------------------	--------	----

DL: lidocaine/prilocaine - 1 tube per 30 days

Rosacea

<i>metronidazole crm, lotion</i>	Tier 1
<i>metronidazole gel 0.75%</i>	Tier 1
<i>sulfacetamide/sulfur</i>	Tier 1

Scabicides and Pediculicides

EURAX	Tier 3
<i>lindane</i>	Tier 1
<i>malathion lotion 0.5%</i>	Tier 1

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

<i>permethrin 5%</i>	Tier 1	
ULESFIA	Tier 3	DL

DL: Ulesfia - 6 bottles per 7 days

Miscellaneous Skin and Mucous Membrane

ALDARA	Tier 3	DL
<i>podofilox</i>	Tier 1	
<i>Prudoxin</i>	Tier 1	
<i>salicylic acid</i>	Tier 1	
ZENIEVA	Medical Benefit	PA

DL: Aldara - 1 box (12 single-use packets) per 28 days

MOUTH/THROAT/DENTAL AGENTS

Anesthetics - Topical Oral

<i>lidocaine viscous</i>	Tier 1	
--------------------------	--------	--

Steroids - Mouth/Throat

<i>triamcinolone paste</i>	Tier 1	
----------------------------	--------	--

Miscellaneous

<i>chlorhexidine gluconate</i>	Tier 1	
FIRST-BXN COMPOUNDING KIT	Tier 3	

OPHTHALMIC

Antiallergics

<i>cromolyn sodium</i>	Tier 1	
<i>naphazoline</i>	Tier 1	
<i>phenylephrine</i>	Tier 1	

Anti-infectives

AZASITE	Tier 3	DL
<i>bacitracin</i>	Tier 1	
<i>ciprofloxacin</i>	Tier 1	
<i>erythromycin</i>	Tier 1	
<i>gentamicin</i>	Tier 1	
IQUIX	Tier 3	DL
<i>neomycin/polymyxin B/gramicidin</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<i>polymyxin B/bacitracin</i>	Tier 1	
<i>polymyxin B/trimethoprim</i>	Tier 1	
QUIXIN	Tier 3	
<i>sulfacetamide 10%</i>	Tier 1	
<i>tobramycin</i>	Tier 1	

DL: AzaSite - 1 bottle per 7 days
IQUIX - 2 bottles per 10 days

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

54

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Anti-infective/Anti-inflammatory Combinations

BLEPHAMIDE SOP	Tier 3
<i>neomycin/polymyxin B/bacitracin/hydrocortisone</i>	Tier 1
<i>neomycin/polymyxin B/dexamethasone</i>	Tier 1
<i>neomycin/polymyxin B/hydrocortisone susp</i>	Tier 1
<i>sulfacetamide/prednisolone phosphate</i>	Tier 1
TOBRADEX susp	Tier 3
<i>tobramycin/dexamethasone oint</i>	Tier 1

Anti-inflammatories

Nonsteroidal

<i>diclofenac sodium</i>	Tier 1
<i>flurbiprofen</i>	Tier 1
<i>ketorolac tromethamine eye drop</i>	Tier 1
NEVANAC	Tier 3
XIBROM	Tier 3

Steroidal

<i>dexamethasone sodium phosphate</i>	Tier 1
<i>fluorometholone</i>	Tier 1
LOTEMAX	Tier 3
PRED MILD	Tier 3
<i>prednisolone acetate 1%</i>	Tier 1
<i>prednisolone phosphate 1%</i>	Tier 1

Antivirals

<i>trifluridine</i>	Tier 1
---------------------	--------

Beta-Blockers

Nonselective

<i>levobunolol</i>	Tier 1	MM
<i>metipranolol</i>	Tier 1	MM
<i>timolol maleate</i>	Tier 1	MM
<i>timolol maleate gel</i>	Tier 1	MM

Selective

BETOPTIC S	Tier 3	MM
------------	--------	----

Carbonic Anhydrase Inhibitors

Oral

<i>acetazolamide</i>	Tier 1	MM
<i>acetazolamide ext-rel</i>	Tier 1	MM
<i>methazolamide</i>	Tier 1	MM

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

Topical

AZOPT	Tier 3	DL MM
<i>dorzolamide</i>	Tier 1	DL MM

DL: Azopt - 30 mL per 90 days
dorzolamide - 30 mL per 90 days

Carbonic Anhydrase Inhibitor/Beta-Blocker Combination

<i>dorzolamide/timolol maleate</i>	Tier 1	DL MM
------------------------------------	--------	-------

DL: dorzolamide/timolol maleate - 30 mL per 90 days

Immunomodulators

RESTASIS	Tier 3	PA MM
----------	--------	-------

Parasympathomimetics

ISOPTO CARPINE 8%	Tier 3	MM
<i>pilocarpine</i>	Tier 1	MM

Prostaglandins

LUMIGAN	Tier 3	DL MM
TRAVATAN	Tier 3	DL MM
XALATAN	Tier 2	DL MM

DL: Lumigan - 15 mL per 90 days
Travatan - 15 mL per 90 days
Xalatan - 15 mL per 90 days

Sympathomimetics

<i>brimonidine 0.15%</i>	Tier 1	DL MM
<i>brimonidine 0.2%</i>	Tier 1	MM
<i>dipivefrin</i>	Tier 1	

DL: brimonidine 0.15% - 30 mL per 90 days

OTIC

Anti-infectives

<i>acetic acid</i>	Tier 1	
<i>acetic acid/aluminum acetate</i>	Tier 1	
<i>ofloxacin otic</i>	Tier 1	

Anti-infective/Anti-inflammatory Combinations

<i>acetic acid/hydrocortisone</i>	Tier 1	
CIPRO HC OTIC	Tier 3	
CIPRODEX	Tier 3	
<i>neomycin/polymyxin B/hydrocortisone</i>	Tier 1	

SP - Special Designated Pharmacy

PA - Prior Authorization

SI - Designated Specialty Infusion Program

ST^{PA} - Step Therapy Prior Authorization

DL - Dispensing Limitation Program

MM - Managed Mail

Tier 1 - Lowest Copayment

Tier 2 - Middle Copayment

Tier 3 - Highest Copayment

Miscellaneous

benzocaine/antipyrine

Tier 1

FOR MORE INFORMATION

For more detailed information about your Tufts Health Plan prescription drug coverage, please review your Evidence of Coverage (EOC) and other plan materials.

If you have questions about your plan, please call Member Services at 1-800-462-0244 (TDD 1-800-868-5850), Monday through Thursday, 8:00 a.m. - 7:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m.

SP - Special Designated Pharmacy

ST^{PA} - Step Therapy Prior Authorization

Tier 1 - Lowest Copayment

PA - Prior Authorization

DL - Dispensing Limitation Program

Tier 2 - Middle Copayment

SI - Designated Specialty Infusion Program

MM - Managed Mail

Tier 3 - Highest Copayment

ABILIFY (tabs only).....	29	amoxicillin	16
acarbose	33	amoxicillin/clavulanate.....	16
ACCOLATE.....	49	amphetamine/dextroamphetamine	
ACCU-CHEK	34	mixed salts.....	29
acebutolol.....	24	amphetamine/dextroamphetamine	
acetaminophen/dichloralphenazone/ isometheptene.....	31	mixed salts ext-rel	29
acetazolamide	55	ampicillin	16
acetazolamide ext-rel.....	55	anagrelide.....	44
acetic acid	56	ANALPRAM-HC.....	42
acetic acid/aluminum acetate	56	ANDROGEL	33
acetic acid/hydrocortisone	56	ANTARA.....	23
ACTIMMUNE.....	45	ANZEMET.....	40
ACTONEL.....	34	APIDRA cartridges, pens	33
ACTONEL WITH CALCIUM	34	APIDRA SOLOSTAR	33
ACTOS	34	APIDRA vials	33
acyclovir	19	ALENZIN	28
ADCIRCA	25	APOKYN.....	29
ADVAIR.....	50	Apri	35
ADVAIR HFA	50	APRISO	41
AFINITOR	21	APTIVUS	18
AGGRENOX	44	Aranelle.....	36
albuterol inh soln.....	48	ARANESP	44
albuterol sulfate	49	ARCALYST.....	45
albuterol sulfate ext-rel	49	ARICEPT	27
alclometasone crm, oint 0.05%	52	ARIMIDEX.....	20
ALDARA	54	ARIXTRA.....	43
ALDURAZYME.....	39	AROMASIN.....	20
alendronate tabs	34	ASACOL.....	41
ALKERAN	19	ASACOL HD.....	41
allopurinol	14	ASMANEX	50
ALORA	37	ASTELIN	50
alprazolam	26	atenolol	24
alprazolam ext-rel	26	atenolol/chlorthalidone	24
amantadine	19, 29	ATRIPLA	17
amcinonide crm, lotion 0.1%.....	53	ATROVENT HFA.....	47
AMCINONIDE oint	53	AVANDIA	34
AMERGE.....	31	AVELOX	16
AMEVIVE	52	Aviane.....	35
amiloride	25	AVODART	42
amiloride/hydrochlorothiazide.....	25	AVONEX	31
amiodarone	23	AZASITE	54
AMITIZA.....	41	azathioprine	46
amitriptyline	28	AZELEX	51
amlodipine.....	24	azithromycin	16
amlodipine/benazepril	22	AZMACORT	50
ammonium lactate 12%	53	AZOPT.....	56
AMOXAPINE.....	28	bacitracin.....	54
		baclofen	32

balsalazide	41	calcitriol (1,25-D3)	47
BANZEL	26	calcium acetate capsules	39
BARACLUDE	18	Camila	36
BD insulin syringes and needles	34	CANASA	41
benazepril	22	captopril	22
benazepril/hydrochlorothiazide	22	captopril/hydrochlorothiazide	22
BENICAR	23	CARAC	51
benzocaine/antipyrine	57	carbamazepine	26
benzonatate	48	carbamazepine ext-rel	26
benzoyl peroxide	51	CARBATROL	26
benztropine	29	carbidopa/levodopa	29
betamethasone dipropionate augmented crm 0.05%	53	carbidopa/levodopa ext-rel	29
betamethasone dipropionate augmented gel, oint 0.05%	53	carisoprodol	32
betamethasone dipropionate crm, lotion, ointment 0.05%	53	carvedilol	24
betamethasone valerate crm, lotion, ointment 0.1%	52	CEENU	19
BETASERON	31	cefaclor	15
betaxolol	24	CEFACTOR EXT-REL 500 mg	15
bethanechol	43	cefadroxil	15
BETOPTIC S	55	cefdinir	15
bicalutamide	20	cefepime	15
bisoprolol	24	cefepime	15
bisoprolol/hydrochlorothiazide	24	cefepime susp	15
BLEPHAMIDE SOP	55	cefepime tabs	15
BONIVA (oral tablet only)	34	cefprozil	15
BRAVELLE	37	cefuroxime axetil	15
brimonidine 0.15%	56	CELEBREX	14
brimonidine 0.2%	56	CENESTIN	37
bromocriptine	29	cephalexin	15
brompheniramine/pseudoephedrine ext-rel	48	CEREDASE	43
Budeprion XL	28	CEREZYME	43
bumetanide	25	CESAMET	40
buprenorphine	32	CETROTIDE	37
bupropion	28	chloral hydrate	30
bupropion ext-rel	28	chlordiazepoxide	26
buspirone	26	chlordiazepoxide/clidinium	40
butalbital compound	15	chlorhexidine gluconate	54
butalbital/acetaminophen	15	chloroquine	17
butalbital/acetaminophen/caffeine	15	chlorpheniramine/pseudoephedrine ext-rel	48
butalbital/aspirin/caffeine	15	chlorpromazine	29
butorphanol nasal spray	14	chlorthalidone	25
BYETTA	33	chlorzoxazone	32
cabergoline	39	cholestyramine	23
calcipotriene soln	52	chorionic gonadotropin	37
calcitonin-salmon nasal spray	34	ciclopirox crm, lotion	51
		ciclopirox topical soln 8%	51
		cilostazol	45
		cimetidine	41
		CIMZIA PREFILLED SYRINGE	41
		CIMZIA VIAL	41

CINRYZE	45	cortisone acetate	38
CIPRO HC OTIC	56	CORVITE 150	47
CIPRO susp.....	16	COZAAR	23
CIPRODEX	56	CREON	42
ciprofloxacin	54	CRESTOR.....	23
ciprofloxacin ext-rel	16	CRIXIVAN	18
ciprofloxacin tabs	16	cromolyn sodium	54
citalopram	27	cromolyn soln.....	50
clarithromycin	16	CUPRIMINE	45
clarithromycin ext-rel.....	16	cyanocobalamin inj	47
clemastine 2.68 mg	48	cyclobenzaprine.....	32
CLIMARA PRO	37	CYCLOPHOSPHAMIDE	19
clindamycin	19	cyclosporine	46
clindamycin gel, lotion, soln	51	cyclosporine, modified	46
clindamycin vaginal crm	43	CYMBALTA	28
clindamycin/benzoyl peroxide gel.....	51	cyproheptadine.....	48
clobetasol propionate crm, oint 0.05%.....	53	CYTO-Q	47
clobetasol propionate foam 0.05%	53	danazol	36
clomiphene	37	dantrolene	32
clomipramine	28	DAPSONE	19
clonazepam	26	DAYTRANA.....	29
clonidine	22	desipramine	28
clonidine patch.....	22	desmopressin spray, tabs.....	39
clorazepate	26	desonide crm, lotion, oint 0.05%.....	52
clotrimazole	51	desoximetasone crm 0.05%	52
clotrimazole troches	16	desoximetasone crm, oint 0.25%, gel 0.05%	53
clotrimazole/betamethasone	52	DETROL.....	43
CLOTTING FACTORS (VIIa, IX), various	45	DETROL LA	43
clozapine	29	dexamethasone	38
CNL8 Kit.....	52	dexamethasone sodium phosphate.....	55
COARTEM	17	dexmethylphenidate.....	29
codeine sulfate 30 mg, 60 mg	14	dextroamphetamine	29
codeine/acetaminophen.....	14	dextroamphetamine ext-rel	29
codeine/chlorpheniramine/ pseudoephedrine	48	dextromethorphan/brompheniramine/ pseudoephedrine.....	48
codeine/guaifenesin	48	dextromethorphan/promethazine	48
codeine/guaifenesin/pseudoephedrine	48	DIASTAT.....	26
codeine/promethazine	48	DIASTAT ACUDIAL	26
COGNEX.....	27	diazepam.....	26
colchicine	14	diclofenac potassium	14
colestipol.....	23	diclofenac sodium	55
Colocort	42	diclofenac sodium delayed-rel.....	14
COMBIPATCH	37	dicloxacillin	16
COMBIVENT.....	47	dicyclomine.....	40
COMBIVIR	17	didanosine delayed-rel.....	18
COMTAN.....	29	DIFFERIN.....	51
CONCERTA	29	diflorasone diacetate crm 0.05%	53
COPAXONE	31	diflorasone diacetate oint 0.05%	53
CORTIFOAM.....	41, 42		

diflunisal	14	epoprostenol sodium	25
DIGEX NF	40	EPZICOM	17
digoxin	24	EQUETRO	31
digoxin ped elixir	24	ergocalciferol (D2)	47
dihydroergotamine inj	31	ergotamine/caffeine	31
DILANTIN INFATABS	26	Errin	36
diltiazem	24	erythromycin	54
diltiazem ext-rel	24	erythromycin gel 2%	51
DIOVAN	23	erythromycin soln	51
DIPENTUM	41	erythromycin/benzoyl peroxide	51
diphenoxylate/atropine	40	erythromycin/sulfisoxazole	16
dipivefrin	56	erythromycins	16
dipyridamole	44	estazolam	30
disopyramide	23	ESTRACE crm	37
disopyramide ext-rel	23	estradiol	37
divalproex sodium delayed-rel	26	estradiol/norethindrone acetate	37
divalproex sodium ext-rel	26	estrogens, esterified/ methyltestosterone	37
divalproex sodium sprinkle 125 mg	26	estropipate	37
dorzolamide	56	ethambutol	18
dorzolamide/timolol maleate	56	ethosuximide	26
DOVONEX crm	52	etidronate	34
doxazosin	22, 42	etodolac	14
doxepin	28	etodolac ext-rel	14
doxycycline hyclate	16	etoposide	21
dronabinol	40	EUFLEXXA	15
econazole	52	EURAX	53
EFFER-K	46	EVISTA	39
EFFEXOR XR	28	EVOXAC	42
ELAPRASE	36	EXELON	27
ELIDEL	53	EXELON PATCH	27
ELIGARD	20	FABRAZYME	36
ELMIRON	43	famciclovir	19
EMCYT	19	famotidine	41
EMEND	40	FARESTON	20
EMSAM	27	FASLODEX	20
EMTRIVA	18	felodipine ext-rel	24
ENABLEX	43	FEMARA	20
enalapril	22	FEMHRT	37
enalapril/hydrochlorothiazide	22	fenofibrate	23
ENBREL	45	fentanyl citrate lollipop	14
ENJUVIA	37	fentanyl transdermal patch	14
Enpresse	36	finasteride 5 mg	42
ENTOCORT EC	41	FIRST-BXN COMPOUNDING KIT	54
EPIPEN	47	flavoxate	43
EPIPEN JR.	47	flecainide	23
EPIVIR	18	FLOMAX	42
EPIVIR-HBV	18	FLOVENT HFA	50
epplerenone	22	fluconazole	16
EPOGEN	44		

fludrocortisone	38	glipizide/metformin	33
flunisolide	50	GLUCAGON	38
fluocinolone acetonide crm, oint 0.025%	52	glyburide	34
fluocinolone acetonide soln 0.01%	52	glyburide, micronized	34
fluocinonide crm, gel, oint, soln 0.05%	53	glyburide/metformin	33
fluoride drops	47	GLYSET	33
fluoride tabs	47	GONAL-F	37
fluorometholone	55	granisetron tabs	40
FLUOROPLEX	51	GRANISOL	40
fluorouracil	51	griseofulvin microsize susp	16
fluoxetine	27	GRIS-PEG	16
fluphenazine	29	guanfacine	22
flurazepam	30	halobetasol propionate crm, oint 0.05% ...	53
flurbiprofen	14, 55	haloperidol	29
flutamide	20	HECTOROL	38
fluticasone	50	HEPSERA	18
fluticasone propionate crm 0.05%, oint 0.005%	52	HEXALEN	21
fluvoxamine	26	HUMALOG cartridges, pens	33
FOCALIN XR	30	HUMALOG vials	33
folic acid 1 mg	47	HUMIRA	45
FOLLISTIM AQ	37	HUMULIN cartridges, pens	33
FORADIL	49	HUMULIN vials	33
FORTEO	38	HYCAMTIN capsules	21
Fortical	34	hydralazine	25
FOSAMAX oral soln	34	hydrochlorothiazide	25
fosinopril	22	hydrocodone/acetaminophen	14
FOSRENOL	39	hydrocodone/homatropine	48
FRAGMIN	43	hydrocortisone	38
FROVA	31	hydrocortisone butyrate crm, oint, soln 0.1%	52
FURADANTIN oral susp	19	hydrocortisone crm	42
furosemide	25	hydrocortisone crm 2.5%	52
FUZEON	17	hydrocortisone enema	41
gabapentin	26	hydrocortisone lotion 1%	52
GABITRIL	26	hydrocortisone valerate crm, oint 0.2% ...	52
galantamine	27	hydromorphone	14
galantamine ext-rel	27	hydroxychloroquine	45
galantamine oral solution	27	hydroxyurea	21
GALZIN	47	hydroxyzine HCl	48
ganciclovir	18	hyoscyamine sulfate	40
GANIRELIX	37	hyoscyamine sulfate ext-rel	40
gemfibrozil	23	ibuprofen	14
gentamicin	51, 54	imipramine HCl	28
GEODON	29	INCRELEX	38
GLEEVEC	21	indapamide	25
glimepiride	34	indomethacin	14
glipizide	34	indomethacin ext-rel	14
glipizide ext-rel	34	INFERGEN	45
		INNOHEP	43

INTAL inhaler	50	LEVEMIR vials.....	33
INTELENCE	17	levetiracetam	26
INTRAVENOUS IMMUNE GLOBULIN (IVIG), various	46	levobunolol	55
INTRON A.....	45	levocarnitine	39
INVIRASE	18	Levora.....	35
ipratropium.....	47	Levothroid	39
ipratropium nasal spray.....	51	levothyroxine	39
ipratropium/albuterol soln.....	47	Levoxyl	39
IQUIX	54	LEXAPRO	27
IRESSA	21	LEXIVA	18
ISENTRESS.....	17	lidocaine viscous	54
isoniazid.....	18	lidocaine/prilocaine	53
ISOPTO CARPINE 8%.....	56	LIDODERM	53
isosorbide dinitrate ext-rel tabs	25	lindane	53
isosorbide mononitrate ext-rel.....	25	liothyronine.....	39
isotretinoin	51	LIPITOR.....	23
JANUVIA	33	lisinopril	22
Jolessa	35	lisinopril/hydrochlorothiazide	22
Junel	35	lithium carbonate.....	31
Junel Fe	35	lithium carbonate ext-rel.....	31
KALETRA	18	loperamide.....	40
Kariva.....	35	lorazepam.....	26
ketoconazole.....	16, 52	LOTEMAX.....	55
ketoconazole shampoo	52	lovastatin.....	23
ketorolac tromethamine eye drop	55	LOVENOX.....	43
KINERET	45	Low-Ogestrel.....	35
KUVAN	38	loxapine	29
labetalol.....	24	LUMIGAN	56
lactulose	41	LUNESTA	30
LAMISIL ORAL GRANULES.....	16	LUPRON DEPOT	20
lamotrigine dispersible tabs.....	26	Lutera	35
lamotrigine tabs	26	LUVERIS	37
LANOXICAPS.....	24	LYBREL.....	35
lansoprazole delayed-rel	42	LYRICA.....	26
LANTUS cartridges, pens	33	LYSODREN	21
LANTUS SOLOSTAR.....	33	malathion lotion 0.5%	53
LANTUS vials	33	maprotiline	28
leflunomide.....	45	MARPLAN	27
LESCOL.....	23	MATULANE	21
LESCOL XL	23	MAXAIR AUTOHALER	48
LETAIRIS.....	25	MAXALT/MAXALT-MLT.....	31
leucovorin (except 15 mg)	21	MAXARON FORTE	47
LEUKERAN	19	mebendazole.....	19
LEUKINE	44	meclizine	40
leuprolide acetate	20	meclofenamate.....	14
levabuterol nebulizer soln concentrate, 1.25 mg/0.5 mL	48	medroxyprogesterone acetate.....	39
LEVEMIR cartridges, pens	33	medroxyprogesterone acetate 150 mg/mL	36
		mefloquine.....	17

megestrol acetate	21	morphine sulfate	14
meloxicam	14	morphine sulfate ext-rel	14
mephobarbital	26	MORPHINE SULFATE supp 30 mg	15
MEPHYTON	47	morphine sulfate supp 5 mg, 10 mg, 20 mg	15
mercaptapurine	20	MOZOBIL	44
mesalamine rectal susp	41	mupirocin	51
MESTINON TIMESPAN	32	mycophenolate mofetil	46
METADATE CD	30	MYFORTIC	46
metaproterenol inh soln	48	MYLERAN	20
metaproterenol tabs	49	MYOZYME	36
metformin	33	nabumetone	14
metformin ext-rel	33	nadolol	24
methadone	14	NAGLAZYME	36
methazolamide	55	naltrexone	32
METHERGINE	43	NAMENDA	27
methimazole	39	naphazoline	54
methocarbamol	32	naproxen	14
methocarbamol/aspirin	32	naproxen sodium	14
methotrexate	45	NARDIL	27
methyldopa	25	nateglinide	34
METHYLIN chewable tabs	30	Necon 0.5/35	35
METHYLIN oral soln	30	Necon 1/35	35
methylphenidate	30	Necon 1/50	35
methylphenidate ext-rel	30	NECON 10/11	35
methylprednisolone	38	Necon 7/7/7	36
metipranolol	55	nefazodone	28
metoclopramide	40	neomycin/polymyxin B/bacitracin/ hydrocortisone	55
metolazone	25	neomycin/polymyxin B/dexamethasone ...	55
metoprolol	24	neomycin/polymyxin B/gramicidin	54
metoprolol succinate ext-rel	24	neomycin/polymyxin B/hydrocortisone	56
metoprolol/hydrochlorothiazide	24	neomycin/polymyxin B/ hydrocortisone susp	55
metronidazole	19	NEULASTA	44
metronidazole crm, lotion	53	NEUMEGA	44
metronidazole gel 0.75%	53	NEUPOGEN	44
metronidazole vaginal crm	43	NEVANAC	55
mexiletine	23	NEXAVAR	21
Microgestin	35	NEXIUM oral suspension	42
Microgestin Fe	35	Next Choice	36
midodrine	26	NIASPAN	24
MIGRANAL	31	nicardipine	24
minocycline	16	nifedipine	24
MIRAPEX	29	nifedipine ext-rel	24
mirtazapine	28	nimodipine	24
mirtazapine orally disintegrating	28	nisoldipine ext-rel	24
misoprostol	42	NITRO-DUR 0.3 mg/hr, 0.8 mg/hr	25
moexipril	22	nitrofurantoin	19
moexipril/hydrochlorothiazide	22		
mometasone crm, lotion, oint 0.1%	52		
Mononessa	35		

nitrofurantoin macrocrystals.....	19	OXYCONTIN	15
nitroglycerin sublingual.....	25	OXYTROL	43
nitroglycerin transdermal.....	25	pancrelipase.....	42
nizatidine	41	pantoprazole delayed-rel.....	42
NORDITROPIN.....	38	papaverine.....	26
NORDITROPIN NORDIFLEX.....	38	paroxetine HCl.....	27
norethindrone acetate	39	paroxetine HCl ext-rel.....	27
NORTHYX 15 mg, 20 mg.....	39	peg 3350/electrolytes	41
Northyx 5 mg, 10 mg.....	39	PEGASYS	46
Nortrel 0.5/35.....	35	PEGINTRON	46
Nortrel 1/35.....	35	penicillin VK	16
Nortrel 7/7/7	36	PENTASA	41
nortriptyline.....	28	pentoxifylline ext-rel	45
NORVIR.....	18	perindopril	22
Novarel	37	permethrin 5%	54
NOVOLIN cartridges, pens.....	33	perphenazine	29
NOVOLIN vials	34	phenazopyridine	43
NOVOLOG cartridges, pens	34	phenobarbital	26
NOVOLOG vials	34	phenylephrine	54
NPLATE	44	phenylephrine/guaifenesin	49
NUVARING.....	36	phenytoin sodium ext-rel caps	26
NUVIGIL.....	32	pilocarpine	42, 56
nystatin	16, 52	pindolol	24
nystatin/triamcinolone.....	52	piroxicam.....	14
Ocella	35	PLAN B ONE-STEP.....	36
ofloxacin	16, 54	PLAVIX	44
ofloxacin otic	56	podofilox	54
Ogestrel	35	polymyxin B/bacitracin	54
omeprazole delayed-rel	42	polymyxin B/trimethoprim.....	54
ondansetron	40	Portia	35
ondansetron ODT	40	potassium chloride ext-rel	46
ONETOUCH	34	potassium chloride liquid.....	46
ORENCIA	45	potassium citrate	43
ORFADIN	36	PRANDIN	34
orphenadrine/aspirin/caffeine	32	pravastatin	23
ORTHO TRI-CYCLEN LO	36	prazosin	22
OVIDREL	37	PRED MILD	55
oxandrolone.....	33	prednisolone acetate 1%.....	55
oxaprozin	14	prednisolone phosphate 1%	55
oxazepam.....	26	prednisolone sodium phosphate	38
oxcarbazepine tabs.....	26	prednisolone syrup.....	38
OXSORALEN	52	prednisone.....	38
OXSORALEN-ULTRA	52	PREFERA-OB PLUS DHA	47
oxybutynin	43	Pregnyl.....	38
oxybutynin ext-rel	43	PREMARIN	37
oxycodone ext-rel.....	15	PREMARIN crm	37
oxycodone immediate release.....	15	PREMPHASE	37
oxycodone/acetaminophen.....	15	PREMPRO.....	37
oxycodone/aspirin	15	prenatal vitamins w/folic acid	47

PREVACID SOLUTAB	42	RELISTOR	42
PREZISTA	18	REMICADE	41
primidone	27	REMODULIN	25
PRISTIQ	28	RENAGEL	39
PROAIR HFA	48	REVELA	39
probenecid	14	RESCRIPTOR	17
procainamide ext-rel	23	RESTASIS	56
PROCENTRA.....	30	RETIN-A MICRO	51
prochlorperazine.....	40	REVATIO.....	26
PROCRIT	44	REVLIMID	46
PROCTOFOAM-HC	42	REYATAZ	18
PROMACTA	44	ribavirin.....	18
promethazine.....	40	RIDAURA	45
PROMETRIUM	39	rifampin.....	18
propafenone	23	rimantadine	19
propantheline.....	43	RISPERDAL CONSTA.....	29
propoxyphene HCl	14	risperidone.....	29
propoxyphene nap/acetaminophen.....	14	risperidone orally disintegrating tabs	29
propranolol	24	risperidone soln	29
propranolol ext-rel	24	RITALIN LA	30
propylthiouracil	39	RITUXAN	20
PROTONIX oral suspension.....	42	ropinirole	29
PROTOPIC	53	ROZEREM	30
PROVIGIL	32	RYTHMOL SR.....	23
Prudoxin.....	54	SABRIL.....	27
pseudoephedrine/guaifenesin	49	salicylic acid	54
PULMICORT FLEXHALER.....	50	salsalate	14
PULMICORT RESPULES	50	SAMSCA	39
PULMOZYME	49	SANCTURA.....	43
pyrazinamide	18	SANCTURA XR	43
pyridostigmine	32	SAVELLA.....	30
QUALAQUIN.....	17	selegiline	29
Quasense	35	selenium sulfide shampoo	52
quinapril.....	22	Selfemra.....	32
quinapril/hydrochlorothiazide	22	SELZENTRY	17
quinidine gluconate ext-rel.....	23	SENSIPAR	34
quinidine sulfate	23	SEREVENT DISKUS	49
quinidine sulfate ext-rel.....	23	Serophene	38
QUIXIN	54	SEROQUEL.....	29
QVAR.....	50	SEROQUEL XR	29
ramipril caps.....	22	SEROSTIM	38
RANEXA	26	sertraline	27
ranitidine.....	41	silver sulfadiazine	51
RAPAMUNE	46	SIMPONI.....	45
RAPTIVA.....	52	simvastatin	23
REBETOL soln	18	SINGULAIR	49
REBIF	32	SKELAXIN	32
Reclipsen.....	35	SKELID.....	34
RELENZA	19		

sodium chloride 0.9% for inhalation (Rx Only).....	51	TEMODAR	20
SOLIRIS.....	44	terazosin	22, 42
SOMATULINE DEPOT	39	terbinafine tabs	17
SOMAVERT	39	terbutaline	49
SORIATANE CK.....	52	terconazole	43
sotalol.....	23	TESTIM	33
sotalol AF	23	tetracycline	16
SPIRIVA	47	THALOMID	46
spironolactone.....	22, 25	THEO-24.....	50
spironolactone/hydrochlorothiazide	25	theophylline	50
SPORANOX oral soln	17	theophylline ext-rel	50
Sprintec	35	theophylline ext-rel tabs	50
SPRYCEL	21	THIOGUANINE	20
STALEVO	29	thioridazine.....	29
stavudine	18	thiothixene.....	29
STAVZOR	27	thyroid	39
STRATTERA	30	TIKOSYN	23
STRIANT	33	Tilia Fe	36
sucralfate	42	timolol maleate.....	55
sulfacetamide 10%	54	timolol maleate gel.....	55
sulfacetamide sodium lotion 10%.....	51	TINDAMAX	19
sulfacetamide sodium wash 10%	52	tizanidine.....	32
sulfacetamide/prednisolone phosphate	55	TOBI	49
sulfacetamide/sulfur	51, 53	TOBRADEX susp	55
sulfadiazine	16	tobramycin	54
sulfamethoxazole/trimethoprim	19	tobramycin/dexamethasone oint	55
sulfasalazine	41	topiramate	27
sulfasalazine delayed-rel.....	41	torseamide	25
sulfisoxazole	16	TRACLEER.....	25
sulindac	14	tramadol.....	15
sumatriptan	31	tramadol ext-rel.....	15
SUPPRELIN LA.....	40	trandolapril	22
SUSTIVA	17	TRANSDERM SCOP	40
SUTENT.....	21	tranlycypromine.....	27
SYMBICORT	50	TRAVATAN	56
SYMLIN	33	trazodone	28
SYMLINPEN.....	33	TRELSTAR DEPOT	20
SYNAGIS	19	TRELSTAR LA	21
SYNAREL	36	tretinoin	51
tacrolimus	46	tretinoin caps	22
TAMIFLU	19	TREXALL.....	20
tamoxifen	20	triamcinolone acetonide crm 0.5%	53
TARCEVA.....	21	triamcinolone acetonide crm, lotion 0.025%.....	52
TARGRETIN caps	21	triamcinolone acetonide crm, lotion, oint 0.1%.....	52
TASIGNA	21	triamcinolone paste	54
TAZORAC	51, 52	triamterene/hydrochlorothiazide	25
TEGRETOL-XR	27	triazolam	30
temazepam	30		

TRICARE DHA	47	VIRACEPT	18
trifluoperazine	29	VIRAMUNE	17
trifluridine	55	VIREAD	18
trihexyphenidyl	29	VIVAGLOBIN	46
TRILEPTAL susp.....	27	VIVELLE-DOT	37
trimethobenzamide.....	40	VOLTAREN gel	14
trimethoprim.....	19	VYTORIN	23
Trinessa	36	VYVANSE	30
Tri-Sprintec	36	warfarin.....	43
Trivora	36	WELCHOL	23
TRIZIVIR	17	XALATAN	56
TRUVADA	17	XELODA.....	20
TWINJECT	47	XENAZINE.....	30
TYKERB.....	21	XIBROM.....	55
TYSABRI.....	32	XIFAXAN.....	19
TYVASO	25	XOLAIR	51
TYZEKA.....	18	XOPENEX HFA	49
ULESFIA.....	54	XOPENEX inh soln, 0.31 mg/3 mL, 0.63 mg/3 mL, 1.25 mg/3 mL	49
ULTRASE	42	XYREM	32
ULTRASE MT	42	YAZ	35
Unithroid	39	zaleplon.....	30
ursodiol.....	41	ZAVESCA	40
valacyclovir	19	ZEMPLAR	38
VALCYTE	18	ZENIEVA.....	54
valproate sodium.....	27	ZERVALX	47
valproic acid	27	ZETIA.....	23
VANCOCIN.....	19	ZIAGEN	18
VANTAS	21	zidovudine	18
Velivet	36	ZOLADEX.....	21
venlafaxine	28	ZOLINZA	22
VENLAFAXINE OSM 24 hr ER tablet	28	zolpidem.....	30
VENTAVIS	25	ZOMIG/ZOMIG ZMT.....	31
VENTOLIN HFA.....	48	zonisamide.....	27
verapamil	24	ZORBTIVE.....	38
verapamil ext-rel.....	24	Zovia 1/35	35
VESICARE.....	43	Zovia 1/50	35
VIADUR.....	21	ZYPREXA	29
VIDEX.....	18	ZYPREXA ZYDIS.....	29
VIMPAT tablets.....	27	ZYVOX	19
VIOKASE	42		