



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Scott & White Health Plan Specialty Formulary

4th Quarter 2016

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What are Specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

What is my specialty benefit coverage?

As part of your Scott & White Health Plan (SWHP) coverage, you may have a specialty benefit. This document will help you understand your specialty benefit and the SWHP specialty formulary.

Not every specialty benefit is the same. The best way to figure out your specialty benefit coverage is to review your *Evidence of Coverage* or call the SWHP Pharmacy Help Desk.

What is the Scott & White Health Plan specialty formulary?

A formulary is a list of covered drugs selected by SWHP in consultation with a team of health care providers. The list represents the specialty drugs believed to be a necessary part of a quality treatment program. SWHP will generally cover the drugs listed on the formulary as long as the drug is medically necessary and plan rules are followed. The list contains both brand-name and generic medications and is updated regularly.

This SWHP specialty formulary is an open formulary. This means that preferred drugs are listed in this document and are covered under your benefit, but coverage for drugs not listed (non-formulary) may also be provided. Non-formulary drugs may require prior authorization or may be subject to clinical edits.

The formulary may be tiered meaning there are different copayment levels for drugs on different levels.

The formulary may change because we review new medical information regarding current drugs listed as well as new drugs recently approved by the FDA.

How was the specialty formulary created and how are new medications reviewed?

The SWHP Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs approved by the FDA and new information regarding drugs that are already on the formulary. The Committee is primarily made up of physicians, pharmacists and nurses. It reviews information and scientific evidence concerning safety, effectiveness and current use in therapy.

Does the specialty formulary ever change?

Since the P&T Committee meets regularly and reviews new information, the formulary may change. Below are some possible reasons the formulary could change:

- Generic forms of the brand drug become available. The brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.
- New drugs may be added by the P&T Committee.
- A drug may be withdrawn from the market by the FDA.
- A drug becomes available without a prescription (becomes over-the-counter), then the drug may be removed from the formulary. Often, drugs available over-the-counter are not covered under the prescription benefit.

How am I notified of changes to the formulary?

You can find the SWHP formularies on our website at swhp.org. On the website, formularies are updated quarterly (every 3 months), and the Formulary Changes document is updated monthly. The Formulary Changes document outlines changes made to the formularies. The Formulary Changes document is meant to notify members of changes to the formularies that occur between formulary updates. If you have any questions or wish to obtain a printed copy of the formularies or pharmaceutical management procedures, please contact SWHP Prescription Services at 1-800-728-7947.

What are brand-name and generic drugs?

SWHP covers both brand-name and generic drugs. A brand-name drug is one that is produced under the original manufacturer's brand name. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand-name drugs but the quality and effectiveness is the same. Generic drugs may differ from the brand-name drug in color, shape, flavor or inactive ingredients. Some brand-name drugs have a generic equivalent and others do not. If a generic form of a brand-name drug becomes available, the brand-name

medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment.

What is generic substitution?

Generic substitution occurs when a pharmacist dispenses an FDA approved generic drug in place of a brand name drug. Generic substitution will automatically occur at SWHP Provider Pharmacies. Prescribers may choose to use a brand name product and not allow generic substitution by indicating on the prescription "brand necessary" or "brand medically necessary." Per state law, these statements must be handwritten by the prescriber.

What is a therapeutic interchange?

A therapeutic interchange involves the dispensing of chemically different drugs that are considered equivalent in safety and effectiveness by the SWHP P&T Committee. For one medication to be dispensed in place of another, the prescribing physician and the member must approve of the interchange. When a therapeutic interchange program is put in place, the program will allow SWHP Pharmacies to substitute and dispense to the plan member, the SWHP-approved clinically equivalent product.

What are pharmaceutical management procedures?

Pharmaceutical management procedures are processes that help manage the drug formulary in order to provide the most cost-effective therapy options. As part of such processes, restrictions (described in the following section) may be applied to certain drugs on the formulary.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** SWHP requires you or your physician to get prior authorization before filling certain drugs. *Drugs needing prior authorization are noted on the formulary by a "PA" next to the drug name.*
- **Quantity Limits:** For certain drugs, SWHP limits the amount of medication covered. Quantity limits help ensure the appropriate use of medications. Quantity limits are often applied for safety reasons (e.g. limiting products containing acetaminophen to maximum safe limits). *Drugs with quantity limits are noted on the formulary by a "QL" next to the drug name.*

- **Step Therapy:** In some cases, SWHP requires you to first try certain drugs to treat your medical condition before another drug will be covered for that condition. *Drugs with step therapy are noted on the formulary by an “ST” next to the drug name.*
- **Age Restriction:** There are certain medications which may be limited to a certain age group. *Drugs with age restrictions are noted on the formulary by an “AL” next to the drug name.*
- **Drug Exception:** A medication may require a drug exception for a variety of reasons, i.e.; may be limited to certain specialty prescribers, limited to certain pharmacies, may be a medication that is part of the therapeutic interchange program, or various other reasons. Please contact our customer service department for questions regarding these medications. *Drugs with drug exception are noted on the formulary by a “DE” next to the drug name.*
- **Gender Limit:** There are certain medications which may be limited to a certain genders. *Drugs with gender limits are noted on the formulary by a “GL” next to the drug name with an **f** for female and an **m** for male.*

How do I request an exception to the SWHP specialty formulary?

Your physician can ask SWHP to make an exception to the formulary. There are several types of exceptions that can be requested:

- Exception to waive a coverage restriction.
- Exception to waive a limit on a drug (example: waive or increase a quantity limit).

To request an exception, your physician must submit a coverage exception form to Scott & White Prescription Services. Both you and your physician will be notified of the approval by mail and the drug will be covered under the applicable copayment. If the request is denied, both you and your physician will be notified. You may still purchase the medication for the full price.

What drugs are not covered by my specialty benefit?

Please refer to your *Evidence of Coverage* for complete plan coverage, limitations and exclusions specific to your specialty benefit.

How much medication does my copayment cover?

You can get up to a 34-day supply of medication for a single copayment. Some medications may have quantity limit, restricting the amount of drug you can get per prescription or per copayment.

Please refer to your *Evidence of Coverage* for complete plan coverage.

How can I save money on prescriptions?

Medications on the SWHP specialty formulary generally cost less than medications not listed. A generic medication will usually be the lowest copayment option. Ask the provider or pharmacist whether generic medications are appropriate.

Be sure to take this formulary with you to each visit so that the provider knows what medication is covered.

Abbreviations

T1, T2, T3, T4	Copayment tiers
PA	Prior authorization required
QL	Quantity limit
AL	Age-limit
ST	Step-therapy required
DE	Drug Exception
GL	Gender Limit (f=female, m=male)

NOTE: When a generic form of the brand drug becomes available, the brand-name medication may be subject to a higher copayment and possibly a penalty. The generic medication may be covered at the lower copayment. The print formularies may not have the most up-to-date coverage of drugs.

Category
Specialty
Formulary

(8:12.02) Anti-infective Agents » Antibacterials » Aminoglycosides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
TOBI	NEBU	300MG/5ML	T1		
TOBI PODHALER	CAPS	28MG	T1		
TOBI PODHALER	CAPS	28MG	T1		
TOBRAMYCIN	NEBU	300MG/5ML	T1		
(8:18.08.12) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Integrase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ISENTRESS	TABS	400MG	T1		
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	T1		
(8:18.08.16) Anti-infective Agents » Antivirals » Antiretrovirals » HIV Nonnucleoside Reverse Transcriptase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
COMPLERA	TABS	200MG; 25MG; 300MG	T1		
(8:18.20) Anti-infective Agents » Antivirals » Interferons					
Product Name	Form	Strength	Pref	Coverage Details	Comment
INFERGEN	INJ	9MCG/0.3ML	T3		
INFERGEN	INJ	15MCG/0.5ML	T3		
PEG-INTRON	KIT	120MCG/0.5ML	T1		
PEG-INTRON	KIT	50MCG/0.5ML	T1		
PEG-INTRON	KIT	150MCG/0.5ML	T1		
PEG-INTRON	KIT	80MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	T1		
PEGASYS	SOLN	180MCG/ML	T1		
PEGASYS	SOLN	180MCG/0.5ML	T1		
PEGASYS	KIT	180MCG/0.5ML	T1		
PEGASYS PROCLICK	SOLN	180MCG/0.5ML	T1		
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	T1		
PLEGRIDY	SOSY	125MCG/0.5ML	T1		
PLEGRIDY	SOPN	125MCG/0.5ML	T1		
PLEGRIDY STARTER PACK	SOPN	0	T1		
PLEGRIDY STARTER PACK	SOSY	0	T1		
(8:18.32) Anti-infective Agents » Antivirals » Nucleosides and Nucleotides					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BARACLUDE	TABS	0.5MG	T3		
BARACLUDE	TABS	1MG	T3		
BARACLUDE	SOLN	0.05MG/ML	T3		
ENTECAVIR	TABS	0.5MG	T3		
ENTECAVIR	TABS	1MG	T3		
HEPSERA	TABS	10MG	T2		
(8:18.40.16) Anti-infective Agents » Antivirals » HCV Antivirals » HCV Polymerase Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
SOVALDI	TABS	400MG	T2	PA	
(8:18.40.24) Anti-infective Agents » Antivirals » HCV Antivirals » HCV Replication Complex Inhibitors					
Product Name	Form	Strength	Pref	Coverage Details	Comment
HARVONI	TABS	90MG; 400MG	T2	PA	
(10:00) Antineoplastic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ABRAXANE	SUSR	900MG; 100MG	T3		
AFINITOR	TABS	5MG	T1	PA	
AFINITOR	TABS	2.5MG	T1	PA	
AFINITOR	TABS	10MG	T1	PA	
AFINITOR	TABS	7.5MG	T1	PA	
AFINITOR DISPERZ	TBSO	2MG	T1	PA	
AFINITOR DISPERZ	TBSO	3MG	T1	PA	
AFINITOR DISPERZ	TBSO	5MG	T1	PA	
ALECENSA	CAPS	150MG	T1	PA	
ALIMTA	SOLR	100MG	T1		
ALIMTA	SOLR	500MG	T1		
ARZERRA	CONC	1000MG/50ML	T3	PA	
ARZERRA	CONC	100MG/5ML	T3	PA	

AVASTIN	SOLN	400MG/16ML	T1		
AVASTIN	SOLN	100MG/4ML	T1		
AZACITIDINE	SUSR	100MG	T2		
BENDEKA	SOLN	100MG/4ML	T2		
BEXAROTENE	CAPS	75MG	T1	PA	
BOSULIF	TABS	100MG	T1	PA	
BOSULIF	TABS	500MG	T1	PA	
CABOMETYX	TABS	60MG	T1	PA	
CABOMETYX	TABS	20MG	T1	PA	
CABOMETYX	TABS	40MG	T1	PA	
CAPECITABINE	TABS	150MG	T1	PA	
CAPECITABINE	TABS	500MG	T1	PA	
CAPRELSA	TABS	100MG	T1	PA	
CAPRELSA	TABS	300MG	T1	PA	
CARBOPLATIN	SOLN	50MG/5ML	T1		
CARBOPLATIN	SOLN	450MG/45ML	T1		
CARBOPLATIN	SOLN	150MG/15ML	T1		
CARBOPLATIN	SOLN	50MG/5ML	T1		
CARBOPLATIN	SOLN	150MG/15ML	T1		
CARBOPLATIN	SOLN	450MG/45ML	T1		
CARBOPLATIN	SOLN	600MG/60ML	T1		
COMETRIQ	KIT	0	T1	PA	
COMETRIQ	KIT	0	T1	PA	
COMETRIQ	KIT	20MG	T1	PA	
COTELLIC	TABS	20MG	T1	PA	
DACOGEN	SOLR	50MG	T4		
DOCEFREZ	SOLR	20MG	T1		
DOCEFREZ	SOLR	80MG	T1		
DOCETAXEL	SOLN	160MG/16ML	T1		
DOCETAXEL	CONC	80MG/2ML	T1		
DOCETAXEL	SOLN	200MG/20ML	T1		
DOCETAXEL	CONC	20MG/ML	T1		
DOCETAXEL	CONC	80MG/4ML	T1		
DOCETAXEL	SOLN	20MG/2ML	T1		
DOCETAXEL	SOLN	80MG/8ML	T1		
DOCETAXEL	CONC	20MG/0.5ML	T1		
DOCETAXEL	CONC	160MG/8ML	T1		
DOCETAXEL	CONC	140MG/7ML	T1		
DOXIL	INJ	2MG/ML	T1		
ERBITUX	SOLN	100MG/50ML	T2	PA	
ERBITUX	SOLN	200MG/100ML	T2	PA	
ERIVEDGE	CAPS	150MG	T1	PA	
ETOPOSIDE	CAPS	50MG	T1		
FARYDAK	CAPS	10MG	T1	PA	
FARYDAK	CAPS	15MG	T1	PA	
FARYDAK	CAPS	20MG	T1	PA	
FASLODEX	SOLN	250MG/5ML	T2		
GAZYVA	SOLN	1000MG/40ML	T2	PA	
GEMCITABINE	SOLN	1GM/26.3ML	T1		
GEMCITABINE	SOLN	2GM/52.6ML	T1		
GEMCITABINE	SOLN	200MG/5.26ML	T1		
GEMCITABINE HCL	SOLR	200MG	T1		
GEMCITABINE HCL	SOLR	1GM	T1		
GILOTRIF	TABS	30MG	T1	PA	
GILOTRIF	TABS	20MG	T1	PA	
GILOTRIF	TABS	40MG	T1	PA	
GLEEVEC	TABS	400MG	T1	PA	
GLEEVEC	TABS	100MG	T1	PA	
GLEOSTINE	CAPS	5MG	T1	PA	
HALAVEN	SOLN	1MG/2ML	T3	PA	
HERCEPTIN	SOLR	440MG	T1		
HEXALEN	CAPS	50MG	T1	PA	
HYCAMTIN	CAPS	1MG	T1	PA	

HYCAMTIN	CAPS	0.25MG	T1	PA	
IBRANCE	CAPS	75MG	T1	PA	
IBRANCE	CAPS	100MG	T1	PA	
IBRANCE	CAPS	125MG	T1	PA	
ICLUSIG	TABS	15MG	T1	PA	
ICLUSIG	TABS	45MG	T1	PA	
IMATINIB MESYLATE	TABS	100MG	T1	PA	
IMATINIB MESYLATE	TABS	400MG	T1	PA	
IMBRUVICA	CAPS	140MG	T1	PA	
INLYTA	TABS	5MG	T1	PA	
INLYTA	TABS	1MG	T1	PA	
INTRON A	SOLN	10MU/ML	T1		
INTRON A	SOLN	6000000UNIT/ML	T1		
INTRON A W/DILUENT	SOLR	50MU	T1		
INTRON A W/DILUENT	SOLR	10MU	T1		
INTRON A W/DILUENT	SOLR	18MU	T1		
IRESSA	TABS	250MG	T1		
IRINOTECAN	SOLN	100MG/5ML	T1		
IRINOTECAN	SOLN	40MG/2ML	T1		
IRINOTECAN	SOLN	500MG/25ML	T1		
IXEMPRA KIT	SOLR	45MG	T3		
IXEMPRA KIT	SOLR	15MG	T3		
JAKAFI	TABS	10MG	T1	PA	
JAKAFI	TABS	15MG	T1	PA	
JAKAFI	TABS	20MG	T1	PA	
JAKAFI	TABS	5MG	T1	PA	
JAKAFI	TABS	25MG	T1	PA	
JEVTANA	SOLN	60MG/1.5ML	T4	PA	
KADCYLA	SOLR	160MG	T1	PA	
KADCYLA	SOLR	100MG	T1	PA	
KEYTRUDA	SOLN	100MG/4ML	T4	PA	
KEYTRUDA	SOLR	50MG	T4	PA	
LENVIMA 10 MG DAILY DOSE	CPPK	10MG	T1	PA	
LENVIMA 14 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 18 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 20 MG DAILY DOSE	CPPK	10MG	T1	PA	
LENVIMA 24 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 8 MG DAILY DOSE	CPPK	4MG	T1	PA	
LONSURF	TABS	6.14MG; 15MG	T1	PA	
LONSURF	TABS	8.19MG; 20MG	T1	PA	
LUPANETA PACK	KIT	11.25MG; 5MG	T1		
LUPANETA PACK	KIT	3.75MG; 5MG	T1		
LUPRON DEPOT	KIT	22.5MG	T1		
LUPRON DEPOT	KIT	45MG	T1		
LUPRON DEPOT	KIT	3.75MG	T1		
LUPRON DEPOT	KIT	7.5MG	T1		
LUPRON DEPOT	KIT	30MG	T1		
LUPRON DEPOT	KIT	11.25MG	T1		
LUPRON DEPOT-PED	KIT	15MG	T1		
LUPRON DEPOT-PED	KIT	11.25MG	T1		
LUPRON DEPOT-PED	KIT	7.5MG	T1		
LUPRON DEPOT-PED	KIT	30MG	T1		
LUPRON DEPOT-PED	KIT	11.25MG	T1		
LYNPARZA	CAPS	50MG	T1	PA	
MEKINIST	TABS	2MG	T1	PA	
MEKINIST	TABS	0.5MG	T1	PA	
MITOXANTRONE HCL	CONC	2MG/ML	T2		
NEXAVAR	TABS	200MG	T1	PA	
NILANDRON	TABS	150MG	T1	PA	
NILUTAMIDE	TABS	150MG	T1	PA	
NINLARO	CAPS	4MG	T1	PA	
NINLARO	CAPS	3MG	T1	PA	
NINLARO	CAPS	2.3MG	T1	PA	

ODOMZO	CAPS	200MG	T1	PA	
OXALIPLATIN	SOLR	50MG	T1		
OXALIPLATIN	SOLN	50MG/10ML	T1		
OXALIPLATIN	SOLN	100MG/20ML	T1		
OXALIPLATIN	SOLR	100MG	T1		
PERJETA	SOLN	420MG/14ML	T1	PA	
POMALYST	CAPS	4MG	T1	PA	
POMALYST	CAPS	2MG	T1	PA	
POMALYST	CAPS	3MG	T1	PA	
POMALYST	CAPS	1MG	T1	PA	
PURIXAN	SUSP	2000MG/100ML	T1	PA	
REVLIMID	CAPS	20MG	T1		
REVLIMID	CAPS	2.5MG	T1		
REVLIMID	CAPS	5MG	T1		
REVLIMID	CAPS	15MG	T1		
REVLIMID	CAPS	10MG	T1		
REVLIMID	CAPS	25MG	T1		
RITUXAN	SOLN	100MG/10ML	T1		
SPRYCEL	TABS	70MG	T1	PA	
SPRYCEL	TABS	20MG	T1	PA	
SPRYCEL	TABS	140MG	T1	PA	
SPRYCEL	TABS	80MG	T1	PA	
SPRYCEL	TABS	50MG	T1	PA	
SPRYCEL	TABS	100MG	T1	PA	
STIVARGA	TABS	40MG	T1	PA	
SUPPRELIN LA	KIT	50MG	T1	PA	
SUTENT	CAPS	12.5MG	T1		
SUTENT	CAPS	37.5MG	T1		
SUTENT	CAPS	50MG	T1		
SUTENT	CAPS	25MG	T1		
TAFINLAR	CAPS	75MG	T1	PA	
TAFINLAR	CAPS	50MG	T1	PA	
TAGRISSO	TABS	80MG	T1	PA	
TAGRISSO	TABS	40MG	T1	PA	
TARCEVA	TABS	25MG	T1	PA	
TARCEVA	TABS	100MG	T1	PA	
TARCEVA	TABS	150MG	T1	PA	
TASIGNA	CAPS	150MG	T1	PA	
TASIGNA	CAPS	200MG	T1	PA	
TEMODAR	SOLR	100MG	T1		
TEMODAR	CAPS	5MG	T1		
TEMODAR	CAPS	180MG	T1		
TEMODAR	CAPS	20MG	T1		
TEMODAR	CAPS	250MG	T1		
TEMODAR	CAPS	140MG	T1		
TEMODAR	CAPS	100MG	T1		
TEMOZOLOMIDE	CAPS	5MG	T1		
TEMOZOLOMIDE	CAPS	250MG	T1		
TEMOZOLOMIDE	CAPS	100MG	T1		
TEMOZOLOMIDE	CAPS	20MG	T1		
TEMOZOLOMIDE	CAPS	180MG	T1		
TEMOZOLOMIDE	CAPS	140MG	T1		
TOPOTECAN HCL	SOLN	4MG/4ML	T2		
TOPOTECAN HCL	SOLR	4MG	T2		
TORISEL	SOLN	25MG/ML	T3		
TREANDA	SOLR	100MG	T2		
TREANDA	SOLR	25MG	T2		
TREANDA	SOLN	180MG/2ML	T2		
TREANDA	SOLN	45MG/0.5ML	T2		
TRELSTAR	SUSR	3.75MG	T3		
TRELSTAR	SUSR	11.25MG	T3		
TRELSTAR MIXJECT	SUSR	22.5MG	T3		
TRELSTAR MIXJECT	SUSR	3.75MG	T3		

TRELSTAR MIXJECT	SUSR	11.25MG	T3		
TRELSTAR MIXJECT	SUSR	22.5MG	T3		
TRETINOIN	CAPS	10MG	T1		
TRISENOX	SOLN	10MG/10ML	T4		
TYKERB	TABS	250MG	T1	PA	
VANTAS	KIT	50MG	T2		
VECTIBIX	SOLN	400MG/20ML	T2	PA	
VECTIBIX	SOLN	100MG/5ML	T2	PA	
VELCADE	SOLR	3.5MG	T1		
VENCLEXTA	TABS	10MG	T1	PA	
VENCLEXTA	TABS	50MG	T1	PA	
VENCLEXTA	TABS	100MG	T1	PA	
VENCLEXTA STARTING PACK	TBPK	0	T1	PA	
VIDAZA	SUSR	100MG	T2		
VOTRIENT	TABS	200MG	T1	PA	
XALKORI	CAPS	250MG	T1	PA	
XALKORI	CAPS	200MG	T1	PA	
XELODA	TABS	150MG	T1	PA	
XELODA	TABS	500MG	T1	PA	
XTANDI	CAPS	40MG	T1	PA	
YERVOY	SOLN	50MG/10ML	T4	PA	
YERVOY	SOLN	200MG/40ML	T4	PA	
ZALTRAP	SOLN	200MG/8ML	T4	PA	
ZALTRAP	SOLN	100MG/4ML	T4	PA	
ZELBORAF	TABS	240MG	T1	PA	
ZEVALIN Y-90	KIT	3.2MG/2ML	T2	PA	
ZOLADEX	IMPL	3.6MG	T2		
ZOLADEX	IMPL	10.8MG	T2		
ZOLINZA	CAPS	100MG	T1	PA	
ZYDELIG	TABS	100MG	T1	PA	
ZYDELIG	TABS	150MG	T1	PA	
ZYKADIA	CAPS	150MG	T1	PA	
ZYTIGA	TABS	250MG	T1	PA	

(12:20.12) Autonomic Drugs » Skeletal Muscle Relaxants » GABA-derivative Skeletal Muscle Relaxants

Product Name	Form	Strength	Pref	Coverage Details	Comment
LIORESAL INTRATHECAL	SOLN	10MG/20ML	T4		
LIORESAL INTRATHECAL	SOLN	10MG/20ML	T4		
LIORESAL INTRATHECAL	SOLN	10MG/5ML	T4		
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	T4		
LIORESAL INTRATHECAL	SOLN	40MG/20ML	T4		

(20:12.04.14) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Direct Factor Xa Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
ARIXTRA	SOLN	5MG/0.4ML	T2		
ARIXTRA	SOLN	10MG/0.8ML	T2		
ARIXTRA	SOLN	2.5MG/0.5ML	T2		
ARIXTRA	SOLN	7.5MG/0.6ML	T2		
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	T2		
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	T2		
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	T2		
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	T2		

(20:12.04.16) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Heparins

Product Name	Form	Strength	Pref	Coverage Details	Comment
FRAGMIN	SOLN	10000UNIT/ML	T3		
FRAGMIN	SOLN	2500UNIT/0.2ML	T3		
FRAGMIN	SOLN	12500UNIT/0.5ML	T3		
FRAGMIN	SOLN	25000UNIT/ML	T3		
FRAGMIN	SOLN	15000UNIT/0.6ML	T3		
FRAGMIN	SOLN	18000UNT/0.72ML	T3		
FRAGMIN	SOLN	5000UNIT/0.2ML	T3		
FRAGMIN	SOLN	7500UNIT/0.3ML	T3		
LOVENOX	SOLN	30MG/0.3ML	T1		
LOVENOX	SOLN	150MG/ML	T1		
LOVENOX	SOLN	40MG/0.4ML	T1		

LOVENOX	SOLN	80MG/0.8ML	T1		
LOVENOX	SOLN	60MG/0.6ML	T1		
LOVENOX	SOLN	120MG/0.8ML	T1		
LOVENOX	SOLN	100MG/ML	T1		
LOVENOX	SOLN	300MG/3ML	T1		
(20:12.04.92) Blood Formation,Coagulation & Thrombosis » Antithrombotic Agents » Anticoagulants » Miscellaneous Anticoagulants					
Product Name	Form	Strength	Pref	Coverage Details	Comment
THROMBATE III W/10 ML STERILE WATER	SOLR	500UNIT	T1		
THROMBATE III W/20 ML STERILE WATER	SOLR	1000UNIT	T1		
(20:16) Blood Formation,Coagulation & Thrombosis » Hematopoietic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	T2		
ARANESP ALBUMIN FREE	SOSY	40MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	150MCG/0.75ML	T2		
ARANESP ALBUMIN FREE	SOSY	500MCG/ML	T2		
ARANESP ALBUMIN FREE	SOSY	60MCG/0.3ML	T2		
ARANESP ALBUMIN FREE	SOSY	100MCG/0.5ML	T2		
ARANESP ALBUMIN FREE	SOSY	150MCG/0.3ML	T2		
ARANESP ALBUMIN FREE	SOSY	300MCG/0.6ML	T2		
ARANESP ALBUMIN FREE	SOSY	200MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOSY	25MCG/0.42ML	T2		
ARANESP ALBUMIN FREE	SOLN	10MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	T2		
EPOGEN	SOLN	4000UNIT/ML	T2		
EPOGEN	SOLN	10000UNIT/ML	T2		
EPOGEN	SOLN	3000UNIT/ML	T2		
EPOGEN	SOLN	20000UNIT/ML	T2		
EPOGEN	SOLN	2000UNIT/ML	T2		
EPOGEN	SOLN	10000UNIT/ML	T2		
LEUKINE	SOLR	250MCG	T2		
MOZOBIL	SOLN	24MG/1.2ML	T2	PA; QL (9.60 ML per 30 days)	
NEULASTA	SOSY	6MG/0.6ML	T1		
NEULASTA ONPRO KIT	PSKT	6MG/0.6ML	T1		
NEUMEGA	SOLR	5MG	T3		
NEUPOGEN	SOLN	480MCG/1.6ML	T1		
NEUPOGEN	SOSY	480MCG/0.8ML	T1		
NEUPOGEN	SOLN	300MCG/ML	T1		
NEUPOGEN	SOSY	300MCG/0.5ML	T1		
PROCRIT	SOLN	2000UNIT/ML	T2		
PROCRIT	SOLN	10000UNIT/ML	T2		
PROCRIT	SOLN	4000UNIT/ML	T2		
PROCRIT	SOLN	10000UNIT/ML	T2		
PROCRIT	SOLN	40000UNIT/ML	T2		
PROCRIT	SOLN	3000UNIT/ML	T2		
PROCRIT	SOLN	20000UNIT/ML	T2		
PROMACTA	TABS	75MG	T2	PA	
PROMACTA	TABS	25MG	T2	PA	
PROMACTA	TABS	50MG	T2	PA	
PROMACTA	TABS	12.5MG	T2	PA	
(20:28.16) Blood Formation,Coagulation & Thrombosis » Antihemorrhagic Agents » Hemostatics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ADVATE	SOLR	250UNIT	T1		
ADVATE	SOLR	4000UNIT	T1		
ADVATE	SOLR	1500UNIT	T1		
ADVATE	SOLR	500UNIT	T1		
ADVATE	SOLR	1000UNIT	T1		
ADVATE	SOLR	2000UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	T1		

ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	2000UNIT	T1		
ALPHANINE SD	SOLR	500UNIT	T1		
ALPHANINE SD	SOLR	1000UNIT	T1		
ALPHANINE SD	SOLR	1500UNIT	T1		
BEBULIN	SOLR	200-1200 UNIT	T1		
BENEFIX	KIT	500UNIT	T1		
BENEFIX	KIT	250UNIT	T1		
BENEFIX	KIT	2000UNIT	T1		
BENEFIX	KIT	1000UNIT	T1		
FEIBA NF	SOLR	0	T1		
FEIBA NF	SOLR	0	T1		
FEIBA NF	SOLR	0	T1		
HELIXATE FS	KIT	250UNIT	T1		
HELIXATE FS	KIT	1000UNIT	T1		
HELIXATE FS	KIT	2000UNIT	T1		
HELIXATE FS	KIT	500UNIT	T1		
HELIXATE FS	KIT	3000UNIT	T1		
HEMOPIL M	SOLR	801-1500 UNIT	T1		
HEMOPIL M	SOLR	1501-2000 UNIT	T1		
HEMOPIL M	SOLR	401-800 UNIT	T1		
HEMOPIL M	SOLR	220-400 UNIT	T1		
HUMATE-P	SOLR	250UNIT; 600UNIT	T1		
HUMATE-P	SOLR	1000UNIT; 2400UNIT	T1		
HUMATE-P	SOLR	500UNIT; 1200UNIT	T1		
KOATE-DVI	SOLR	250UNIT	T1		
KOATE-DVI	SOLR	500UNIT	T1		
KOATE-DVI	SOLR	1000UNIT	T1		
KOGENATE FS	KIT	1000UNIT	T1		
KOGENATE FS	KIT	2000UNIT	T1		
KOGENATE FS	KIT	250UNIT	T1		
KOGENATE FS	KIT	500UNIT	T1		
KOGENATE FS	KIT	3000UNIT	T1		
KOGENATE FS	KIT	3000UNIT	T1		
KOGENATE FS	KIT	2000UNIT	T1		
KOGENATE FS BIO-SET	KIT	250UNIT	T1		
KOGENATE FS BIO-SET	KIT	1000UNIT	T1		
KOGENATE FS BIO-SET	KIT	500UNIT	T1		
KOGENATE FS BIO-SET	KIT	2000UNIT	T1		
KOGENATE FS BIO-SET	KIT	3000UNIT	T1		
MONOCLATE-P	KIT	250UNIT	T1		
MONOCLATE-P	KIT	1000UNIT	T1		
MONOCLATE-P	KIT	1500UNIT	T1		
MONONINE	SOLR	1000UNIT	T1		
MONONINE	SOLR	500UNIT	T1		
NOVOSEVEN RT	SOLR	1MG	T1		
NOVOSEVEN RT	SOLR	2MG	T1		
NOVOSEVEN RT	SOLR	5MG	T1		
NOVOSEVEN RT	SOLR	8MG	T1		
PROFILNINE	SOLR	500UNIT	T1		
PROFILNINE	SOLR	1000UNIT	T1		
PROFILNINE	SOLR	1500UNIT	T1		
RECOMBINATE	SOLR	401-800 UNIT	T1		
RECOMBINATE	SOLR	220-400 UNIT	T1		
RECOMBINATE	SOLR	801-1240 UNIT	T1		
RECOMBINATE	SOLR	1241-1800 UNIT	T1		
RECOMBINATE	SOLR	1801-2400 UNIT	T1		

(24:12.12) Cardiovascular Drugs » Vasodilating Agents » Phosphodiesterase Type 5 Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
REVATIO	SOLN	10MG/12.5ML	T4		
SILDENAFIL	TABS	20MG	T1		
SILDENAFIL	SOLN	10MG/12.5ML	T4		

(26:00) Cellular Therapy					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PROVENGE	SUSP	0	T4	PA; QL (750.00 ML per lifetime)	
(28:08.92) Central Nervous System Agents » Analgesics and Antipyretics » Analgesics and Antipyretics, Misc					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PRIALT	SOLN	100MCG/ML	T4		
PRIALT	SOLN	500MCG/20ML	T4		
PRIALT	SOLN	500MCG/5ML	T4		
(28:12.92) Central Nervous System Agents » Anticonvulsants » Anticonvulsants, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
BANZEL	SUSP	40MG/ML	T4	PA	
BANZEL	TABS	200MG	T4	PA	
BANZEL	TABS	400MG	T4	PA	
(28:16.08.04) Central Nervous System Agents » Psychotherapeutic Agents » Antipsychotics » Atypical Antipsychotics					
Product Name	Form	Strength	Pref	Coverage Details	Comment
RISPERDAL CONSTA	SUSR	25MG	T2		
RISPERDAL CONSTA	SUSR	37.5MG	T2		
RISPERDAL CONSTA	SUSR	12.5MG	T2		
RISPERDAL CONSTA	SUSR	50MG	T2		
(28:36.20.08) Central Nervous System Agents » Antiparkinsonian Agents » Dopamine Receptor Agonists » Nonergot-derivative Dopamine Receptor Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
APOKYN	SOLN	10MG/ML	T3		
(36:60) Diagnostic Agents » Thyroid Function					
Product Name	Form	Strength	Pref	Coverage Details	Comment
THYROGEN	SOLR	1.1MG	T1		
(44:00) Enzymes					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ALDURAZYME	SOLN	2.9MG/5ML	T1		
CEREZYME	SOLR	400UNIT	T1		
FABRAZYME	SOLR	35MG	T1		
FABRAZYME	SOLR	5MG	T1		
XIAFLEX	SOLR	0.9MG	T3	PA	
(48:24) Respiratory Tract Agents » Mucolytic Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
PULMOZYME	SOLN	1MG/ML	T3		
(48:48) Respiratory Tract Agents » Vasodilating Agents					
Product Name	Form	Strength	Pref	Coverage Details	Comment
EPOPROSTENOL SODIUM	SOLR	1.5MG	T2		
EPOPROSTENOL SODIUM	SOLR	0.5MG	T2		
FLOLAN	SOLR	1.5MG	T2		
FLOLAN	SOLR	0.5MG	T2		
LETAIRIS	TABS	10MG	T2		
LETAIRIS	TABS	5MG	T2		
OPSUMIT	TABS	10MG	T2		
TRACLEER	TABS	62.5MG	T2		
TRACLEER	TABS	125MG	T2		
VELETRI	SOLR	1.5MG	T2		
VELETRI	SOLR	0.5MG	T2		
VENTAVIS	SOLN	10MCG/ML	T3		
VENTAVIS	SOLN	20MCG/ML	T3		
(48:92) Respiratory Tract Agents » Respiratory Tract Agents, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ARALAST NP	SOLR	400MG	T3		
ARALAST NP	SOLR	800MG	T3		
PROLASTIN-C	SOLR	1000MG	T3		
XOLAIR	SOLR	150MG	T3	PA	
ZEMAIRA	SOLR	1000MG	T3		
(52:92) Eye, Ear, Nose & Throat Preparations » EENT Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
EYLEA	SOLN	2MG/0.05ML	T3	PA	
LUCENTIS	SOLN	0.5MG/0.05ML	T3		
LUCENTIS	SOLN	0.3MG/0.05ML	T3		
MACUGEN	SOLN	0.3MG	T1		

VISUDYNE	SOLR	15MG	T1		
(56:92) Gastrointestinal Drugs » GI Drugs, Miscellaneous					
Product Name	Form	Strength	Pref	Coverage Details	Comment
ENTYVIO	SOLR	300MG	T2	PA	
(64:00) Heavy Metal Antagonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
DEPEN TITRATABS	TABS	250MG	T1	PA	
EXJADE	TBSO	250MG	T1	PA	
EXJADE	TBSO	125MG	T1	PA	
EXJADE	TBSO	500MG	T1	PA	
(68:24) Hormones and Synthetic Substitutes » Parathyroid					
Product Name	Form	Strength	Pref	Coverage Details	Comment
FORTEO	SOLN	600MCG/2.4ML	T3	PA	
(68:29.04) Hormones and Synthetic Substitutes » Somatostatin Agonists and Antagonists » Somatostatin Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	200MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	T1		
SANDOSTATIN LAR DEPOT	KIT	10MG	T1		
SANDOSTATIN LAR DEPOT	KIT	20MG	T1		
SANDOSTATIN LAR DEPOT	KIT	30MG	T1		
SANDOSTATIN LAR DEPOT	KIT	30MG	T1		
SANDOSTATIN LAR DEPOT	KIT	10MG	T1		
SANDOSTATIN LAR DEPOT	KIT	20MG	T1		
SOMATULINE DEPOT	SOLN	120MG/0.5ML	T2	PA; ST	
SOMATULINE DEPOT	SOLN	60MG/0.2ML	T2	PA; ST	
SOMATULINE DEPOT	SOLN	90MG/0.3ML	T2	PA; ST	
(68:30.04) Hormones and Synthetic Substitutes » Somatotropin Agonists and Antagonists » Somatotropin Agonists					
Product Name	Form	Strength	Pref	Coverage Details	Comment
GENOTROPIN	SOLR	5MG	T4	PA	
GENOTROPIN	SOLR	12MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.8MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.4MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.6MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.4MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.6MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.8MG	T4	PA	
HUMATROPE	SOLR	6MG	T4	PA	
HUMATROPE	SOLR	24MG	T4	PA	
HUMATROPE	SOLR	12MG	T4	PA	
HUMATROPE COMBO PACK	SOLR	5MG	T4	PA	
NORDITROPIN FLEXPPO	SOLN	5MG/1.5ML	T1	PA	
NORDITROPIN FLEXPPO	SOLN	10MG/1.5ML	T1	PA	
NORDITROPIN FLEXPPO	SOLN	15MG/1.5ML	T1	PA	
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	T1	PA	
NUTROPIN AQ NUSPIN 10	SOLN	10MG/2ML	T4	PA	
NUTROPIN AQ NUSPIN 20	SOLN	20MG/2ML	T4	PA	
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	T4	PA	
NUTROPIN AQ PEN	SOLN	10MG/2ML	T4	PA	
NUTROPIN AQ PEN	SOLN	20MG/2ML	T4	PA	
SAIZEN	SOLR	8.8MG	T4	PA	
SAIZEN	SOLR	5MG	T4	PA	
SAIZEN CLICK.EASY	SOLR	8.8MG	T4	PA	

SEROSTIM	SOLR	5MG	T4	PA	
SEROSTIM	SOLR	4MG	T4	PA	
SEROSTIM	SOLR	6MG	T4	PA	
TEV-TROPIN	SOLR	5MG	T4	PA	
ZOMACTON	SOLR	10MG	T4	PA	
ZORBTIVE	SOLR	8.8MG	T4	PA	

(68:30.08) Hormones and Synthetic Substitutes » Somatotropin Agonists and Antagonists » Somatotropin Antagonists

Product Name	Form	Strength	Pref	Coverage Details	Comment
SOMAVERT	SOLR	10MG	T2		
SOMAVERT	SOLR	25MG	T2		
SOMAVERT	SOLR	30MG	T2		
SOMAVERT	SOLR	15MG	T2		

(68:32) Hormones and Synthetic Substitutes » Progestins

Product Name	Form	Strength	Pref	Coverage Details	Comment
MAKENA	OIL	250MG/ML	T2		
MAKENA	OIL	250MG/ML	T2		

(80:04) Antitoxins, Immune Globulins, Toxoids, and Vaccines » Antitoxins and Immune Globulins

Product Name	Form	Strength	Pref	Coverage Details	Comment
BIVIGAM	SOLN	10GM/100ML	T1	PA	
CARIMUNE NANOFILTERED	SOLR	6GM	T1	PA	
CARIMUNE NANOFILTERED	SOLR	12GM	T1	PA	
CYTOGAM	INJ	50MG/ML	T3	PA	
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	T1	PA	
FLEBOGAMMA DIF	SOLN	10%	T1	PA	
GAMASTAN S/D	INJ	0	T1	PA	
GAMMAGARD LIQUID	SOLN	2.5GM/25ML	T1	PA	
GAMMAKED	SOLN	10GM/100ML	T1	PA	
GAMMAKED	SOLN	1GM/10ML	T1	PA	
GAMMAKED	SOLN	20GM/200ML	T1	PA	
GAMMAKED	SOLN	2.5GM/25ML	T1	PA	
GAMMAKED	SOLN	5GM/50ML	T1	PA	
GAMMAPLEX	SOLN	2.5GM/50ML	T1	PA	
GAMMAPLEX	SOLN	10GM/200ML	T1	PA	
GAMUNEX-C	SOLN	1GM/10ML	T1	PA	
GAMUNEX-C	SOLN	2.5GM/25ML	T1	PA	
GAMUNEX-C	SOLN	20GM/200ML	T1	PA	
GAMUNEX-C	SOLN	5GM/50ML	T1	PA	
GAMUNEX-C	SOLN	40GM/400ML	T1	PA	
GAMUNEX-C	SOLN	10GM/100ML	T1	PA	
NABI-HB	SOLN	0	T3		
NABI-HB	SOLN	0	T3		
OCTAGAM	SOLN	20GM/200ML	T1	PA	
OCTAGAM	SOLN	10GM/100ML	T1	PA	
OCTAGAM	SOLN	2.5GM/50ML	T1	PA	
OCTAGAM	SOLN	2GM/20ML	T1	PA	
OCTAGAM	SOLN	5GM/50ML	T1	PA	
PRIVIGEN	SOLN	20GM/200ML	T1	PA	
PRIVIGEN	SOLN	5GM/50ML	T1	PA	
PRIVIGEN	SOLN	10GM/100ML	T1	PA	

(80:12) Antitoxins, Immune Globulins, Toxoids, and Vaccines » Vaccines

Product Name	Form	Strength	Pref	Coverage Details	Comment
BCG VACCINE	INJ	0	T1		
THERACYS	SUSR	81MG/VIAL	T1		
TICE BCG	SUSR	50MG	T1		

(84:92) Skin and Mucous Membrane Preparations » Skin and Mucous Membrane Agents, Misc

Product Name	Form	Strength	Pref	Coverage Details	Comment
COSENTYX	SOSY	150MG/ML	T2	PA; ST	
COSENTYX SENSOREADY PEN	SOAJ	150MG/ML	T2	PA; ST	
STELARA	SOSY	45MG/0.5ML	T2	PA; ST	
STELARA	SOSY	90MG/ML	T2	PA; ST	
TARGRETIN	GEL	1%	T2		

(88:16) Vitamins » Vitamin D

Product Name	Form	Strength	Pref	Coverage Details	Comment
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PARICALCITOL	SOLN	5MCG/ML	T1		
PARICALCITOL	SOLN	2MCG/ML	T1		
ZEMPLAR	SOLN	5MCG/ML	T1		
ZEMPLAR	SOLN	2MCG/ML	T1		

(92:20) Miscellaneous Therapeutic Agents » Immunomodulatory Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACTIMMUNE	SOLN	200000UNIT/0.5ML	T3		
AUBAGIO	TABS	7MG	T2	PA; ST	
AUBAGIO	TABS	14MG	T2	PA; ST	
AVONEX	KIT	30MCG/VIAL	T1		
AVONEX	PSKT	30MCG/0.5ML	T1		
AVONEX PEN	AJKT	30MCG/0.5ML	T1		
COPAXONE	SOSY	20MG/ML	T1		
EXTAVIA	KIT	0.3MG	T2	DE	
GILENYA	CAPS	0.5MG	T2		
GLATOPA	SOSY	20MG/ML	T1		
TECFIDERA	CPDR	120MG	T2		
TECFIDERA	CPDR	240MG	T2		
TECFIDERA STARTER PACK	MISC	0	T2		
THALOMID	CAPS	150MG	T1		
THALOMID	CAPS	200MG	T1		
THALOMID	CAPS	50MG	T1		
THALOMID	CAPS	100MG	T1		
TYSABRI	CONC	300MG/15ML	T2	PA; ST	

(92:24) Miscellaneous Therapeutic Agents » Bone Resorption Inhibitors

Product Name	Form	Strength	Pref	Coverage Details	Comment
IBANDRONATE SODIUM	SOLN	3MG/3ML	T3	PA	
PAMIDRONATE DISODIUM	SOLN	6MG/ML	T1		
PAMIDRONATE DISODIUM	SOLR	30MG	T1		
PAMIDRONATE DISODIUM	SOLR	90MG	T1		
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	T1		
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	T1		
PROLIA	SOLN	60MG/ML	T3	PA	
RECLAST	SOLN	5MG/100ML	T2		
XGEVA	SOLN	120MG/1.7ML	T3	PA	
ZOLEDRONIC ACID	SOLN	4MG/100ML	T2		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T2		
ZOLEDRONIC ACID	CONC	4MG/5ML	T2		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T2		
ZOLEDRONIC ACID	SOLR	4MG	T2		
ZOMETA	SOLN	4MG/100ML	T2		
ZOMETA	CONC	4MG/5ML	T2		

(92:36) Miscellaneous Therapeutic Agents » Disease-modifying Antirheumatic Drugs

Product Name	Form	Strength	Pref	Coverage Details	Comment
ACTEMRA	SOLN	80MG/4ML	T3	PA; ST	
ACTEMRA	SOSY	162MG/0.9ML	T3	PA; ST	
ACTEMRA	SOLN	400MG/20ML	T3	PA; ST	
ACTEMRA	SOLN	200MG/10ML	T3	PA; ST	
CIMZIA	KIT	200MG	T2	PA	
CIMZIA	KIT	200MG/ML	T2	PA	
ENBREL	SOSY	50MG/ML	T2	PA	
ENBREL	SOLR	25MG	T2	PA	
ENBREL	SOSY	25MG/0.5ML	T2	PA	
ENBREL SURECLICK	SOAJ	50MG/ML	T2	PA	
HUMIRA	PSKT	10MG/0.2ML	T2	PA	
HUMIRA	PSKT	40MG/0.8ML	T2	PA	
HUMIRA	PSKT	20MG/0.4ML	T2	PA	
HUMIRA PEN	PNKT	40MG/0.8ML	T2	PA	
KINERET	SOSY	100MG/0.67ML	T4	PA; ST	
ORENCIA	SOLR	250MG	T3	PA; ST	
ORENCIA	SOSY	125MG/ML	T3	PA; ST	
ORENCIA CLICKJECT	SOAJ	125MG/ML	T3	PA; ST	
REMICADE	SOLR	100MG	T2	PA	

SIMPONI	SOSY	100MG/ML	T2	PA; ST	
SIMPONI	SOAJ	50MG/0.5ML	T2	PA; ST	
SIMPONI	SOSY	50MG/0.5ML	T2	PA; ST	
SIMPONI	SOAJ	100MG/ML	T2	PA; ST	

(92:44) Miscellaneous Therapeutic Agents » Immunosuppressive Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
ATGAM	INJ	50MG/ML	T3		
BENLYSTA	SOLR	400MG	T4	PA	
BENLYSTA	SOLR	120MG	T4	PA	
CELLCEPT	SUSR	200MG/ML	T1		
CELLCEPT	CAPS	250MG	T1		
CELLCEPT	TABS	500MG	T1		
CELLCEPT INTRAVENOUS	SOLR	500MG	T1		
CYCLOSPORINE	SOLN	50MG/ML	T1		
ENVARUSUS XR	TB24	0.75MG	T1		
ENVARUSUS XR	TB24	1MG	T1		
ENVARUSUS XR	TB24	4MG	T1		
GENGRAF	CAPS	25MG	T1		
GENGRAF	CAPS	100MG	T1		
GENGRAF	SOLN	100MG/ML	T1		
MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	T1		
MYCOPHENOLIC ACID DR	TBEC	180MG	T1		
MYCOPHENOLIC ACID DR	TBEC	360MG	T1		
MYFORTIC	TBEC	180MG	T1		
MYFORTIC	TBEC	360MG	T1		
NEORAL	CAPS	100MG	T2		
NEORAL	CAPS	25MG	T2		
NEORAL	SOLN	100MG/ML	T2		
PROGRAF	CAPS	5MG	T1		
PROGRAF	SOLN	5MG/ML	T1		
PROGRAF	CAPS	0.5MG	T1		
PROGRAF	CAPS	1MG	T1		
RAPAMUNE	TABS	0.5MG	T2		
RAPAMUNE	SOLN	1MG/ML	T2		
RAPAMUNE	TABS	1MG	T2		
RAPAMUNE	TABS	2MG	T2		
SANDIMMUNE	SOLN	50MG/ML	T1		
SANDIMMUNE	CAPS	100MG	T1		
SANDIMMUNE	SOLN	100MG/ML	T1		
SANDIMMUNE	CAPS	25MG	T1		
SIROLIMUS	TABS	0.5MG	T2		
SIROLIMUS	TABS	2MG	T2		
SIROLIMUS	TABS	1MG	T2		

(92:56) Miscellaneous Therapeutic Agents » Protective Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
AMIFOSTINE	SOLR	500MG	T1		

(92:92) Miscellaneous Therapeutic Agents » Other Miscellaneous Therapeutic Agents

Product Name	Form	Strength	Pref	Coverage Details	Comment
BOTOX	SOLR	100UNIT	T1	PA	
BOTOX	SOLR	200UNIT	T1	PA	
BOTOX COSMETIC	SOLR	50UNIT	T1	PA	
EUFLEXXA	SOSY	20MG/2ML	T4		
GEL-ONE	PRSY	30MG/3ML	T4		
HYALGAN	SOLN	20MG/2ML	T4		
HYALGAN	SOSY	20MG/2ML	T4		
MONOVISC	SOSY	88MG/4ML	T4		
MYOBLOC	SOLN	5000UNIT/ML	T1	PA	
MYOBLOC	SOLN	2500UNIT/0.5ML	T1	PA	
MYOBLOC	SOLN	10000UNIT/2ML	T1	PA	
ORTHOVISC	SOSY	30MG/2ML	T4		
SENSIPAR	TABS	60MG	T4		
SENSIPAR	TABS	90MG	T4		
SENSIPAR	TABS	30MG	T4		

SUPARTZ	SOSY	25MG/2.5ML	T4		
SYNVISC	SOSY	16MG/2ML	T4		
SYNVISC ONE	SOSY	48MG/6ML	T4		
XEOMIN	SOLR	50UNIT	T2	PA	
XEOMIN	SOLR	100UNIT	T2	PA	
XEOMIN	SOLR	200UNIT	T2	PA	
ZAVESCA	CAPS	100MG	T4		

Alphabetical
Specialty
Formulary

Product Name	Form	Strength	Pref	Coverage Details	Comment
ABRAXANE	SUSR	900MG; 100MG	T3		
ACTEMRA	SOLN	80MG/4ML	T3	PA; ST	
ACTEMRA	SOSY	162MG/0.9ML	T3	PA; ST	
ACTEMRA	SOLN	400MG/20ML	T3	PA; ST	
ACTEMRA	SOLN	200MG/10ML	T3	PA; ST	
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	T3		
ADVATE	SOLR	250UNIT	T1		
ADVATE	SOLR	4000UNIT	T1		
ADVATE	SOLR	1500UNIT	T1		
ADVATE	SOLR	500UNIT	T1		
ADVATE	SOLR	1000UNIT	T1		
ADVATE	SOLR	2000UNIT	T1		
AFINITOR	TABS	5MG	T1	PA	
AFINITOR	TABS	2.5MG	T1	PA	
AFINITOR	TABS	10MG	T1	PA	
AFINITOR	TABS	7.5MG	T1	PA	
AFINITOR DISPERZ	TBSO	2MG	T1	PA	
AFINITOR DISPERZ	TBSO	3MG	T1	PA	
AFINITOR DISPERZ	TBSO	5MG	T1	PA	
ALDURAZYME	SOLN	2.9MG/5ML	T1		
ALECENSA	CAPS	150MG	T1	PA	
ALIMTA	SOLR	100MG	T1		
ALIMTA	SOLR	500MG	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	T1		
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	2000UNIT	T1		
ALPHANINE SD	SOLR	500UNIT	T1		
ALPHANINE SD	SOLR	1000UNIT	T1		
ALPHANINE SD	SOLR	1500UNIT	T1		
AMIFOSTINE	SOLR	500MG	T1		
APOKYN	SOLN	10MG/ML	T3		
ARALAST NP	SOLR	400MG	T3		
ARALAST NP	SOLR	800MG	T3		
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	T2		
ARANESP ALBUMIN FREE	SOSY	40MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	T2		
ARANESP ALBUMIN FREE	SOLN	150MCG/0.75ML	T2		
ARANESP ALBUMIN FREE	SOSY	500MCG/ML	T2		
ARANESP ALBUMIN FREE	SOSY	60MCG/0.3ML	T2		
ARANESP ALBUMIN FREE	SOSY	100MCG/0.5ML	T2		
ARANESP ALBUMIN FREE	SOSY	150MCG/0.3ML	T2		
ARANESP ALBUMIN FREE	SOSY	300MCG/0.6ML	T2		
ARANESP ALBUMIN FREE	SOSY	200MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOSY	25MCG/0.42ML	T2		
ARANESP ALBUMIN FREE	SOLN	10MCG/0.4ML	T2		
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	T2		
ARIXTRA	SOLN	5MG/0.4ML	T2		
ARIXTRA	SOLN	10MG/0.8ML	T2		
ARIXTRA	SOLN	2.5MG/0.5ML	T2		
ARIXTRA	SOLN	7.5MG/0.6ML	T2		
ARZERRA	CONC	1000MG/50ML	T3	PA	
ARZERRA	CONC	100MG/5ML	T3	PA	
ATGAM	INJ	50MG/ML	T3		
AUBAGIO	TABS	7MG	T2	PA; ST	
AUBAGIO	TABS	14MG	T2	PA; ST	
AVASTIN	SOLN	400MG/16ML	T1		
AVASTIN	SOLN	100MG/4ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
AVONEX	KIT	30MCG/VIAL	T1		
AVONEX	PSKT	30MCG/0.5ML	T1		
AVONEX PEN	AJKT	30MCG/0.5ML	T1		
AZACITIDINE	SUSR	100MG	T2		
BANZEL	SUSP	40MG/ML	T4	PA	
BANZEL	TABS	200MG	T4	PA	
BANZEL	TABS	400MG	T4	PA	
BARACLUDE	TABS	0.5MG	T3		
BARACLUDE	TABS	1MG	T3		
BARACLUDE	SOLN	0.05MG/ML	T3		
BCG VACCINE	INJ	0	T1		
BEBULIN	SOLR	200-1200 UNIT	T1		
BENDEKA	SOLN	100MG/4ML	T2		
BENEFIX	KIT	500UNIT	T1		
BENEFIX	KIT	250UNIT	T1		
BENEFIX	KIT	2000UNIT	T1		
BENEFIX	KIT	1000UNIT	T1		
BENLYSTA	SOLR	400MG	T4	PA	
BENLYSTA	SOLR	120MG	T4	PA	
BEXAROTENE	CAPS	75MG	T1	PA	
BIVIGAM	SOLN	10GM/100ML	T1	PA	
BOSULIF	TABS	100MG	T1	PA	
BOSULIF	TABS	500MG	T1	PA	
BOTOX	SOLR	100UNIT	T1	PA	
BOTOX	SOLR	200UNIT	T1	PA	
BOTOX COSMETIC	SOLR	50UNIT	T1	PA	
CABOMETYX	TABS	60MG	T1	PA	
CABOMETYX	TABS	20MG	T1	PA	
CABOMETYX	TABS	40MG	T1	PA	
CAPECITABINE	TABS	150MG	T1	PA	
CAPECITABINE	TABS	500MG	T1	PA	
CAPRELSA	TABS	100MG	T1	PA	
CAPRELSA	TABS	300MG	T1	PA	
CARBOPLATIN	SOLN	50MG/5ML	T1		
CARBOPLATIN	SOLN	450MG/45ML	T1		
CARBOPLATIN	SOLN	150MG/15ML	T1		
CARBOPLATIN	SOLN	600MG/60ML	T1		
CARIMUNE NANOFILTERED	SOLR	6GM	T1	PA	
CARIMUNE NANOFILTERED	SOLR	12GM	T1	PA	
CELLCEPT	SUSR	200MG/ML	T1		
CELLCEPT	CAPS	250MG	T1		
CELLCEPT	TABS	500MG	T1		
CELLCEPT INTRAVENOUS	SOLR	500MG	T1		
CEREZYME	SOLR	400UNIT	T1		
CIMZIA	KIT	200MG	T2	PA	
CIMZIA	KIT	200MG/ML	T2	PA	
COMETRIQ	KIT	0	T1	PA	
COMETRIQ	KIT	20MG	T1	PA	
COMPLERA	TABS	200MG; 25MG; 300MG	T1		
COPAXONE	SOSY	20MG/ML	T1		
COSENTYX	SOSY	150MG/ML	T2	PA; ST	
COSENTYX SENSOREADY PEN	SOAJ	150MG/ML	T2	PA; ST	
COTELLIC	TABS	20MG	T1	PA	
CYCLOSPORINE	SOLN	50MG/ML	T1		
CYTOGAM	INJ	50MG/ML	T3	PA	
DACOGEN	SOLR	50MG	T4		
DEPEN TITRATABS	TABS	250MG	T1	PA	
DOCEFREZ	SOLR	20MG	T1		
DOCEFREZ	SOLR	80MG	T1		
DOCETAXEL	SOLN	160MG/16ML	T1		
DOCETAXEL	CONC	80MG/2ML	T1		
DOCETAXEL	SOLN	200MG/20ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
DOCETAXEL	CONC	20MG/ML	T1		
DOCETAXEL	CONC	80MG/4ML	T1		
DOCETAXEL	SOLN	20MG/2ML	T1		
DOCETAXEL	SOLN	80MG/8ML	T1		
DOCETAXEL	CONC	20MG/0.5ML	T1		
DOCETAXEL	CONC	160MG/8ML	T1		
DOCETAXEL	CONC	140MG/7ML	T1		
DOXIL	INJ	2MG/ML	T1		
ENBREL	SOSY	50MG/ML	T2	PA	
ENBREL	SOLR	25MG	T2	PA	
ENBREL	SOSY	25MG/0.5ML	T2	PA	
ENBREL SURECLICK	SOAJ	50MG/ML	T2	PA	
ENTECAVIR	TABS	0.5MG	T3		
ENTECAVIR	TABS	1MG	T3		
ENTYVIO	SOLR	300MG	T2	PA	
ENVARUSUS XR	TB24	0.75MG	T1		
ENVARUSUS XR	TB24	1MG	T1		
ENVARUSUS XR	TB24	4MG	T1		
EPOGEN	SOLN	4000UNIT/ML	T2		
EPOGEN	SOLN	10000UNIT/ML	T2		
EPOGEN	SOLN	3000UNIT/ML	T2		
EPOGEN	SOLN	20000UNIT/ML	T2		
EPOGEN	SOLN	2000UNIT/ML	T2		
EPOPROSTENOL SODIUM	SOLR	1.5MG	T2		
EPOPROSTENOL SODIUM	SOLR	0.5MG	T2		
ERBITUX	SOLN	100MG/50ML	T2	PA	
ERBITUX	SOLN	200MG/100ML	T2	PA	
ERIVEDGE	CAPS	150MG	T1	PA	
ETOPOSIDE	CAPS	50MG	T1		
EUFLEXXA	SOSY	20MG/2ML	T4		
EXJADE	TBSO	250MG	T1	PA	
EXJADE	TBSO	125MG	T1	PA	
EXJADE	TBSO	500MG	T1	PA	
EXTAVIA	KIT	0.3MG	T2	DE	
EYLEA	SOLN	2MG/0.05ML	T3	PA	
FABRAZYME	SOLR	35MG	T1		
FABRAZYME	SOLR	5MG	T1		
FARYDAK	CAPS	10MG	T1	PA	
FARYDAK	CAPS	15MG	T1	PA	
FARYDAK	CAPS	20MG	T1	PA	
FASLODEX	SOLN	250MG/5ML	T2		
FEIBA NF	SOLR	0	T1		
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	T1	PA	
FLEBOGAMMA DIF	SOLN	10%	T1	PA	
FLOLAN	SOLR	1.5MG	T2		
FLOLAN	SOLR	0.5MG	T2		
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	T2		
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	T2		
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	T2		
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	T2		
FORTEO	SOLN	600MCG/2.4ML	T3	PA	
FRAGMIN	SOLN	10000UNIT/ML	T3		
FRAGMIN	SOLN	2500UNIT/0.2ML	T3		
FRAGMIN	SOLN	12500UNIT/0.5ML	T3		
FRAGMIN	SOLN	25000UNIT/ML	T3		
FRAGMIN	SOLN	15000UNIT/0.6ML	T3		
FRAGMIN	SOLN	18000UNT/0.72ML	T3		
FRAGMIN	SOLN	5000UNIT/0.2ML	T3		
FRAGMIN	SOLN	7500UNIT/0.3ML	T3		
GAMASTAN S/D	INJ	0	T1	PA	
GAMMAGARD LIQUID	SOLN	2.5GM/25ML	T1	PA	
GAMMAKED	SOLN	10GM/100ML	T1	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
GAMMAKED	SOLN	1GM/10ML	T1	PA	
GAMMAKED	SOLN	20GM/200ML	T1	PA	
GAMMAKED	SOLN	2.5GM/25ML	T1	PA	
GAMMAKED	SOLN	5GM/50ML	T1	PA	
GAMMAPLEX	SOLN	2.5GM/50ML	T1	PA	
GAMMAPLEX	SOLN	10GM/200ML	T1	PA	
GAMUNEX-C	SOLN	1GM/10ML	T1	PA	
GAMUNEX-C	SOLN	2.5GM/25ML	T1	PA	
GAMUNEX-C	SOLN	20GM/200ML	T1	PA	
GAMUNEX-C	SOLN	5GM/50ML	T1	PA	
GAMUNEX-C	SOLN	40GM/400ML	T1	PA	
GAMUNEX-C	SOLN	10GM/100ML	T1	PA	
GAZYVA	SOLN	1000MG/40ML	T2	PA	
GEL-ONE	PRSY	30MG/3ML	T4		
GEMCITABINE	SOLN	1GM/26.3ML	T1		
GEMCITABINE	SOLN	2GM/52.6ML	T1		
GEMCITABINE	SOLN	200MG/5.26ML	T1		
GEMCITABINE HCL	SOLR	200MG	T1		
GEMCITABINE HCL	SOLR	1GM	T1		
GENGRAF	CAPS	25MG	T1		
GENGRAF	CAPS	100MG	T1		
GENGRAF	SOLN	100MG/ML	T1		
GENOTROPIN	SOLR	5MG	T4	PA	
GENOTROPIN	SOLR	12MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.8MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.4MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	0.6MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.2MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.4MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.6MG	T4	PA	
GENOTROPIN MINIQUICK	SOLR	1.8MG	T4	PA	
GILENYA	CAPS	0.5MG	T2		
GILOTRIF	TABS	30MG	T1	PA	
GILOTRIF	TABS	20MG	T1	PA	
GILOTRIF	TABS	40MG	T1	PA	
GLATOPA	SOSY	20MG/ML	T1		
GLEEVEC	TABS	400MG	T1	PA	
GLEEVEC	TABS	100MG	T1	PA	
GLEOSTINE	CAPS	5MG	T1	PA	
HALAVEN	SOLN	1MG/2ML	T3	PA	
HARVONI	TABS	90MG; 400MG	T2	PA	
HELIXATE FS	KIT	250UNIT	T1		
HELIXATE FS	KIT	1000UNIT	T1		
HELIXATE FS	KIT	2000UNIT	T1		
HELIXATE FS	KIT	500UNIT	T1		
HELIXATE FS	KIT	3000UNIT	T1		
HEMOPIL M	SOLR	801-1500 UNIT	T1		
HEMOPIL M	SOLR	1501-2000 UNIT	T1		
HEMOPIL M	SOLR	401-800 UNIT	T1		
HEMOPIL M	SOLR	220-400 UNIT	T1		
HEPSERA	TABS	10MG	T2		
HERCEPTIN	SOLR	440MG	T1		
HEXALEN	CAPS	50MG	T1	PA	
HUMATE-P	SOLR	250UNIT; 600UNIT	T1		
HUMATE-P	SOLR	1000UNIT; 2400UNIT	T1		
HUMATE-P	SOLR	500UNIT; 1200UNIT	T1		
HUMATROPE	SOLR	6MG	T4	PA	
HUMATROPE	SOLR	24MG	T4	PA	
HUMATROPE	SOLR	12MG	T4	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
HUMATROPE COMBO PACK	SOLR	5MG	T4	PA	
HUMIRA	PSKT	10MG/0.2ML	T2	PA	
HUMIRA	PSKT	40MG/0.8ML	T2	PA	
HUMIRA	PSKT	20MG/0.4ML	T2	PA	
HUMIRA PEN	PNKT	40MG/0.8ML	T2	PA	
HYALGAN	SOLN	20MG/2ML	T4		
HYALGAN	SOSY	20MG/2ML	T4		
HYCAMTIN	CAPS	1MG	T1	PA	
HYCAMTIN	CAPS	0.25MG	T1	PA	
IBANDRONATE SODIUM	SOLN	3MG/3ML	T3	PA	
IBRANCE	CAPS	75MG	T1	PA	
IBRANCE	CAPS	100MG	T1	PA	
IBRANCE	CAPS	125MG	T1	PA	
ICLUSIG	TABS	15MG	T1	PA	
ICLUSIG	TABS	45MG	T1	PA	
IMATINIB MESYLATE	TABS	100MG	T1	PA	
IMATINIB MESYLATE	TABS	400MG	T1	PA	
IMBRUVICA	CAPS	140MG	T1	PA	
INFERGEN	INJ	9MCG/0.3ML	T3		
INFERGEN	INJ	15MCG/0.5ML	T3		
INLYTA	TABS	5MG	T1	PA	
INLYTA	TABS	1MG	T1	PA	
INTRON A	SOLN	10MU/ML	T1		
INTRON A	SOLN	6000000UNIT/ML	T1		
INTRON A W/DILUENT	SOLR	50MU	T1		
INTRON A W/DILUENT	SOLR	10MU	T1		
INTRON A W/DILUENT	SOLR	18MU	T1		
IRESSA	TABS	250MG	T1		
IRINOTECAN	SOLN	100MG/5ML	T1		
IRINOTECAN	SOLN	40MG/2ML	T1		
IRINOTECAN	SOLN	500MG/25ML	T1		
ISENTRESS	TABS	400MG	T1		
IXEMPRA KIT	SOLR	45MG	T3		
IXEMPRA KIT	SOLR	15MG	T3		
JAKAFI	TABS	10MG	T1	PA	
JAKAFI	TABS	15MG	T1	PA	
JAKAFI	TABS	20MG	T1	PA	
JAKAFI	TABS	5MG	T1	PA	
JAKAFI	TABS	25MG	T1	PA	
JEVTANA	SOLN	60MG/1.5ML	T4	PA	
KADCYLA	SOLR	160MG	T1	PA	
KADCYLA	SOLR	100MG	T1	PA	
KEYTRUDA	SOLN	100MG/4ML	T4	PA	
KEYTRUDA	SOLR	50MG	T4	PA	
KINERET	SOSY	100MG/0.67ML	T4	PA; ST	
KOATE-DVI	SOLR	250UNIT	T1		
KOATE-DVI	SOLR	500UNIT	T1		
KOATE-DVI	SOLR	1000UNIT	T1		
KOGENATE FS	KIT	1000UNIT	T1		
KOGENATE FS	KIT	2000UNIT	T1		
KOGENATE FS	KIT	250UNIT	T1		
KOGENATE FS	KIT	500UNIT	T1		
KOGENATE FS	KIT	3000UNIT	T1		
KOGENATE FS BIO-SET	KIT	250UNIT	T1		
KOGENATE FS BIO-SET	KIT	1000UNIT	T1		
KOGENATE FS BIO-SET	KIT	500UNIT	T1		
KOGENATE FS BIO-SET	KIT	2000UNIT	T1		
KOGENATE FS BIO-SET	KIT	3000UNIT	T1		
LENVIMA 10 MG DAILY DOSE	CPPK	10MG	T1	PA	
LENVIMA 14 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 18 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 20 MG DAILY DOSE	CPPK	10MG	T1	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
LENVIMA 24 MG DAILY DOSE	CPPK	0	T1	PA	
LENVIMA 8 MG DAILY DOSE	CPPK	4MG	T1	PA	
LETAIRIS	TABS	10MG	T2		
LETAIRIS	TABS	5MG	T2		
LEUKINE	SOLR	250MCG	T2		
LIORESAL INTRATHECAL	SOLN	10MG/20ML	T4		
LIORESAL INTRATHECAL	SOLN	10MG/5ML	T4		
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	T4		
LIORESAL INTRATHECAL	SOLN	40MG/20ML	T4		
LONSURF	TABS	6.14MG; 15MG	T1	PA	
LONSURF	TABS	8.19MG; 20MG	T1	PA	
LOVENOX	SOLN	30MG/0.3ML	T1		
LOVENOX	SOLN	150MG/ML	T1		
LOVENOX	SOLN	40MG/0.4ML	T1		
LOVENOX	SOLN	80MG/0.8ML	T1		
LOVENOX	SOLN	60MG/0.6ML	T1		
LOVENOX	SOLN	120MG/0.8ML	T1		
LOVENOX	SOLN	100MG/ML	T1		
LOVENOX	SOLN	300MG/3ML	T1		
LUCENTIS	SOLN	0.5MG/0.05ML	T3		
LUCENTIS	SOLN	0.3MG/0.05ML	T3		
LUPANETA PACK	KIT	11.25MG; 5MG	T1		
LUPANETA PACK	KIT	3.75MG; 5MG	T1		
LUPRON DEPOT	KIT	22.5MG	T1		
LUPRON DEPOT	KIT	45MG	T1		
LUPRON DEPOT	KIT	3.75MG	T1		
LUPRON DEPOT	KIT	7.5MG	T1		
LUPRON DEPOT	KIT	30MG	T1		
LUPRON DEPOT	KIT	11.25MG	T1		
LUPRON DEPOT-PED	KIT	15MG	T1		
LUPRON DEPOT-PED	KIT	11.25MG	T1		
LUPRON DEPOT-PED	KIT	7.5MG	T1		
LUPRON DEPOT-PED	KIT	30MG	T1		
LYNPARZA	CAPS	50MG	T1	PA	
MACUGEN	SOLN	0.3MG	T1		
MAKENA	OIL	250MG/ML	T2		
MEKINIST	TABS	2MG	T1	PA	
MEKINIST	TABS	0.5MG	T1	PA	
MITOXANTRONE HCL	CONC	2MG/ML	T2		
MONOCLATE-P	KIT	250UNIT	T1		
MONOCLATE-P	KIT	1000UNIT	T1		
MONOCLATE-P	KIT	1500UNIT	T1		
MONONINE	SOLR	1000UNIT	T1		
MONONINE	SOLR	500UNIT	T1		
MONOVISC	SOSY	88MG/4ML	T4		
MOZOBIL	SOLN	24MG/1.2ML	T2	PA; QL (9.60 ML per 30 days)	
MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	T1		
MYCOPHENOLIC ACID DR	TBEC	180MG	T1		
MYCOPHENOLIC ACID DR	TBEC	360MG	T1		
MYFORTIC	TBEC	180MG	T1		
MYFORTIC	TBEC	360MG	T1		
MYOBLOC	SOLN	5000UNIT/ML	T1	PA	
MYOBLOC	SOLN	2500UNIT/0.5ML	T1	PA	
MYOBLOC	SOLN	10000UNIT/2ML	T1	PA	
NABI-HB	SOLN	0	T3		
NEORAL	CAPS	100MG	T2		
NEORAL	CAPS	25MG	T2		
NEORAL	SOLN	100MG/ML	T2		
NEULASTA	SOSY	6MG/0.6ML	T1		
NEULASTA ONPRO KIT	PSKT	6MG/0.6ML	T1		
NEUMEGA	SOLR	5MG	T3		
NEUPOGEN	SOLN	480MCG/1.6ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
NEUPOGEN	SOSY	480MCG/0.8ML	T1		
NEUPOGEN	SOLN	300MCG/ML	T1		
NEUPOGEN	SOSY	300MCG/0.5ML	T1		
NEXAVAR	TABS	200MG	T1	PA	
NILANDRON	TABS	150MG	T1	PA	
NILUTAMIDE	TABS	150MG	T1	PA	
NINLARO	CAPS	4MG	T1	PA	
NINLARO	CAPS	3MG	T1	PA	
NINLARO	CAPS	2.3MG	T1	PA	
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	T1	PA	
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	T1	PA	
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	T1	PA	
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	T1	PA	
NOVOSEVEN RT	SOLR	1MG	T1		
NOVOSEVEN RT	SOLR	2MG	T1		
NOVOSEVEN RT	SOLR	5MG	T1		
NOVOSEVEN RT	SOLR	8MG	T1		
NUTROPIN AQ NUSPIN 10	SOLN	10MG/2ML	T4	PA	
NUTROPIN AQ NUSPIN 20	SOLN	20MG/2ML	T4	PA	
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	T4	PA	
NUTROPIN AQ PEN	SOLN	10MG/2ML	T4	PA	
NUTROPIN AQ PEN	SOLN	20MG/2ML	T4	PA	
OCTAGAM	SOLN	20GM/200ML	T1	PA	
OCTAGAM	SOLN	10GM/100ML	T1	PA	
OCTAGAM	SOLN	2.5GM/50ML	T1	PA	
OCTAGAM	SOLN	2GM/20ML	T1	PA	
OCTAGAM	SOLN	5GM/50ML	T1	PA	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	50MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	100MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	200MCG/ML	T1		
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	T1		
ODOMZO	CAPS	200MG	T1	PA	
OPSUMIT	TABS	10MG	T2		
ORENCIA	SOLR	250MG	T3	PA; ST	
ORENCIA	SOSY	125MG/ML	T3	PA; ST	
ORENCIA CLICKJECT	SOAJ	125MG/ML	T3	PA; ST	
ORTHOVISC	SOSY	30MG/2ML	T4		
OXALIPLATIN	SOLR	50MG	T1		
OXALIPLATIN	SOLN	50MG/10ML	T1		
OXALIPLATIN	SOLN	100MG/20ML	T1		
OXALIPLATIN	SOLR	100MG	T1		
PAMIDRONATE DISODIUM	SOLN	6MG/ML	T1		
PAMIDRONATE DISODIUM	SOLR	30MG	T1		
PAMIDRONATE DISODIUM	SOLR	90MG	T1		
PAMIDRONATE DISODIUM	SOLN	30MG/10ML	T1		
PAMIDRONATE DISODIUM	SOLN	90MG/10ML	T1		
PARICALCITOL	SOLN	5MCG/ML	T1		
PARICALCITOL	SOLN	2MCG/ML	T1		
PEGASYS	SOLN	180MCG/ML	T1		
PEGASYS	SOLN	180MCG/0.5ML	T1		
PEGASYS	KIT	180MCG/0.5ML	T1		
PEGASYS PROCLICK	SOLN	180MCG/0.5ML	T1		
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	T1		
PEG-INTRON	KIT	120MCG/0.5ML	T1		
PEG-INTRON	KIT	50MCG/0.5ML	T1		
PEG-INTRON	KIT	150MCG/0.5ML	T1		
PEG-INTRON	KIT	80MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	T1		
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	T1		

Product Name	Form	Strength	Pref	Coverage Details	Comment
PERJETA	SOLN	420MG/14ML	T1	PA	
PLEGRIDY	SOSY	125MCG/0.5ML	T1		
PLEGRIDY	SOPN	125MCG/0.5ML	T1		
PLEGRIDY STARTER PACK	SOPN	0	T1		
PLEGRIDY STARTER PACK	SOSY	0	T1		
POMALYST	CAPS	4MG	T1	PA	
POMALYST	CAPS	2MG	T1	PA	
POMALYST	CAPS	3MG	T1	PA	
POMALYST	CAPS	1MG	T1	PA	
PRIALT	SOLN	100MCG/ML	T4		
PRIALT	SOLN	500MCG/20ML	T4		
PRIALT	SOLN	500MCG/5ML	T4		
PRIVIGEN	SOLN	20GM/200ML	T1	PA	
PRIVIGEN	SOLN	5GM/50ML	T1	PA	
PRIVIGEN	SOLN	10GM/100ML	T1	PA	
PROCRIT	SOLN	2000UNIT/ML	T2		
PROCRIT	SOLN	10000UNIT/ML	T2		
PROCRIT	SOLN	4000UNIT/ML	T2		
PROCRIT	SOLN	40000UNIT/ML	T2		
PROCRIT	SOLN	3000UNIT/ML	T2		
PROCRIT	SOLN	20000UNIT/ML	T2		
PROFILNINE	SOLR	500UNIT	T1		
PROFILNINE	SOLR	1000UNIT	T1		
PROFILNINE	SOLR	1500UNIT	T1		
PROGRAF	CAPS	5MG	T1		
PROGRAF	SOLN	5MG/ML	T1		
PROGRAF	CAPS	0.5MG	T1		
PROGRAF	CAPS	1MG	T1		
PROLASTIN-C	SOLR	1000MG	T3		
PROLIA	SOLN	60MG/ML	T3	PA	
PROMACTA	TABS	75MG	T2	PA	
PROMACTA	TABS	25MG	T2	PA	
PROMACTA	TABS	50MG	T2	PA	
PROMACTA	TABS	12.5MG	T2	PA	
PROVENGE	SUSP	0	T4	PA; QL (750.00 ML per lifetime)	
PULMOZYME	SOLN	1MG/ML	T3		
PURIXAN	SUSP	2000MG/100ML	T1	PA	
RAPAMUNE	TABS	0.5MG	T2		
RAPAMUNE	SOLN	1MG/ML	T2		
RAPAMUNE	TABS	1MG	T2		
RAPAMUNE	TABS	2MG	T2		
RECLAST	SOLN	5MG/100ML	T2		
RECOMBINATE	SOLR	401-800 UNIT	T1		
RECOMBINATE	SOLR	220-400 UNIT	T1		
RECOMBINATE	SOLR	801-1240 UNIT	T1		
RECOMBINATE	SOLR	1241-1800 UNIT	T1		
RECOMBINATE	SOLR	1801-2400 UNIT	T1		
REMICADE	SOLR	100MG	T2	PA	
REVATIO	SOLN	10MG/12.5ML	T4		
REVLIMID	CAPS	20MG	T1		
REVLIMID	CAPS	2.5MG	T1		
REVLIMID	CAPS	5MG	T1		
REVLIMID	CAPS	15MG	T1		
REVLIMID	CAPS	10MG	T1		
REVLIMID	CAPS	25MG	T1		
RISPERDAL CONSTA	SUSR	25MG	T2		
RISPERDAL CONSTA	SUSR	37.5MG	T2		
RISPERDAL CONSTA	SUSR	12.5MG	T2		
RISPERDAL CONSTA	SUSR	50MG	T2		
RITUXAN	SOLN	100MG/10ML	T1		
SAIZEN	SOLR	8.8MG	T4	PA	
SAIZEN	SOLR	5MG	T4	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
SAIZEN CLICK.EASY	SOLR	8.8MG	T4	PA	
SANDIMMUNE	SOLN	50MG/ML	T1		
SANDIMMUNE	CAPS	100MG	T1		
SANDIMMUNE	SOLN	100MG/ML	T1		
SANDIMMUNE	CAPS	25MG	T1		
SANDOSTATIN LAR DEPOT	KIT	10MG	T1		
SANDOSTATIN LAR DEPOT	KIT	20MG	T1		
SANDOSTATIN LAR DEPOT	KIT	30MG	T1		
SENSIPAR	TABS	60MG	T4		
SENSIPAR	TABS	90MG	T4		
SENSIPAR	TABS	30MG	T4		
SEROSTIM	SOLR	5MG	T4	PA	
SEROSTIM	SOLR	4MG	T4	PA	
SEROSTIM	SOLR	6MG	T4	PA	
SILDENAFIL	TABS	20MG	T1		
SILDENAFIL	SOLN	10MG/12.5ML	T4		
SIMPONI	SOSY	100MG/ML	T2	PA; ST	
SIMPONI	SOAJ	50MG/0.5ML	T2	PA; ST	
SIMPONI	SOSY	50MG/0.5ML	T2	PA; ST	
SIMPONI	SOAJ	100MG/ML	T2	PA; ST	
SIROLIMUS	TABS	0.5MG	T2		
SIROLIMUS	TABS	2MG	T2		
SIROLIMUS	TABS	1MG	T2		
SOMATULINE DEPOT	SOLN	120MG/0.5ML	T2	PA; ST	
SOMATULINE DEPOT	SOLN	60MG/0.2ML	T2	PA; ST	
SOMATULINE DEPOT	SOLN	90MG/0.3ML	T2	PA; ST	
SOMAVERT	SOLR	10MG	T2		
SOMAVERT	SOLR	25MG	T2		
SOMAVERT	SOLR	30MG	T2		
SOMAVERT	SOLR	15MG	T2		
SOVALDI	TABS	400MG	T2	PA	
SPRYCEL	TABS	70MG	T1	PA	
SPRYCEL	TABS	20MG	T1	PA	
SPRYCEL	TABS	140MG	T1	PA	
SPRYCEL	TABS	80MG	T1	PA	
SPRYCEL	TABS	50MG	T1	PA	
SPRYCEL	TABS	100MG	T1	PA	
STELARA	SOSY	45MG/0.5ML	T2	PA; ST	
STELARA	SOSY	90MG/ML	T2	PA; ST	
STIVARGA	TABS	40MG	T1	PA	
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	T1		
SUPARTZ	SOSY	25MG/2.5ML	T4		
SUPPRELIN LA	KIT	50MG	T1	PA	
SUTENT	CAPS	12.5MG	T1		
SUTENT	CAPS	37.5MG	T1		
SUTENT	CAPS	50MG	T1		
SUTENT	CAPS	25MG	T1		
SYNVISC	SOSY	16MG/2ML	T4		
SYNVISC ONE	SOSY	48MG/6ML	T4		
TAFINLAR	CAPS	75MG	T1	PA	
TAFINLAR	CAPS	50MG	T1	PA	
TAGRISSO	TABS	80MG	T1	PA	
TAGRISSO	TABS	40MG	T1	PA	
TARCEVA	TABS	25MG	T1	PA	
TARCEVA	TABS	100MG	T1	PA	
TARCEVA	TABS	150MG	T1	PA	
TARGRETIN	GEL	1%	T2		
TASIGNA	CAPS	150MG	T1	PA	
TASIGNA	CAPS	200MG	T1	PA	
TECFIDERA	CPDR	120MG	T2		
TECFIDERA	CPDR	240MG	T2		
TECFIDERA STARTER PACK	MISC	0	T2		

Product Name	Form	Strength	Pref	Coverage Details	Comment
TEMODAR	SOLR	100MG	T1		
TEMODAR	CAPS	5MG	T1		
TEMODAR	CAPS	180MG	T1		
TEMODAR	CAPS	20MG	T1		
TEMODAR	CAPS	250MG	T1		
TEMODAR	CAPS	140MG	T1		
TEMODAR	CAPS	100MG	T1		
TEMOZOLOMIDE	CAPS	5MG	T1		
TEMOZOLOMIDE	CAPS	250MG	T1		
TEMOZOLOMIDE	CAPS	100MG	T1		
TEMOZOLOMIDE	CAPS	20MG	T1		
TEMOZOLOMIDE	CAPS	180MG	T1		
TEMOZOLOMIDE	CAPS	140MG	T1		
TEV-TROPIN	SOLR	5MG	T4	PA	
THALOMID	CAPS	150MG	T1		
THALOMID	CAPS	200MG	T1		
THALOMID	CAPS	50MG	T1		
THALOMID	CAPS	100MG	T1		
THERACYS	SUSR	81MG/VIAL	T1		
THROMBATE III W/10 ML STERILE WATER	SOLR	500UNIT	T1		
THROMBATE III W/20 ML STERILE WATER	SOLR	1000UNIT	T1		
THYROGEN	SOLR	1.1MG	T1		
TICE BCG	SUSR	50MG	T1		
TOBI	NEBU	300MG/5ML	T1		
TOBI PODHALER	CAPS	28MG	T1		
TOBRAMYCIN	NEBU	300MG/5ML	T1		
TOPOTECAN HCL	SOLN	4MG/4ML	T2		
TOPOTECAN HCL	SOLR	4MG	T2		
TORISEL	SOLN	25MG/ML	T3		
TRACLEER	TABS	62.5MG	T2		
TRACLEER	TABS	125MG	T2		
TREANDA	SOLR	100MG	T2		
TREANDA	SOLR	25MG	T2		
TREANDA	SOLN	180MG/2ML	T2		
TREANDA	SOLN	45MG/0.5ML	T2		
TRELSTAR	SUSR	3.75MG	T3		
TRELSTAR	SUSR	11.25MG	T3		
TRELSTAR MIXJECT	SUSR	22.5MG	T3		
TRELSTAR MIXJECT	SUSR	3.75MG	T3		
TRELSTAR MIXJECT	SUSR	11.25MG	T3		
TRETINOIN	CAPS	10MG	T1		
TRISENOX	SOLN	10MG/10ML	T4		
TYKERB	TABS	250MG	T1	PA	
TYSABRI	CONC	300MG/15ML	T2	PA; ST	
VANTAS	KIT	50MG	T2		
VECTIBIX	SOLN	400MG/20ML	T2	PA	
VECTIBIX	SOLN	100MG/5ML	T2	PA	
VELCADE	SOLR	3.5MG	T1		
VELETRI	SOLR	1.5MG	T2		
VELETRI	SOLR	0.5MG	T2		
VENCLEXTA	TABS	10MG	T1	PA	
VENCLEXTA	TABS	50MG	T1	PA	
VENCLEXTA	TABS	100MG	T1	PA	
VENCLEXTA STARTING PACK	TBPK	0	T1	PA	
VENTAVIS	SOLN	10MCG/ML	T3		
VENTAVIS	SOLN	20MCG/ML	T3		
VIDAZA	SUSR	100MG	T2		
VISUDYNE	SOLR	15MG	T1		
VOTRIENT	TABS	200MG	T1	PA	
XALKORI	CAPS	250MG	T1	PA	
XALKORI	CAPS	200MG	T1	PA	
XELODA	TABS	150MG	T1	PA	

Product Name	Form	Strength	Pref	Coverage Details	Comment
XELODA	TABS	500MG	T1	PA	
XEOMIN	SOLR	50UNIT	T2	PA	
XEOMIN	SOLR	100UNIT	T2	PA	
XEOMIN	SOLR	200UNIT	T2	PA	
XGEVA	SOLN	120MG/1.7ML	T3	PA	
XIAFLEX	SOLR	0.9MG	T3	PA	
XOLAIR	SOLR	150MG	T3	PA	
XTANDI	CAPS	40MG	T1	PA	
YERVOY	SOLN	50MG/10ML	T4	PA	
YERVOY	SOLN	200MG/40ML	T4	PA	
ZALTRAP	SOLN	200MG/8ML	T4	PA	
ZALTRAP	SOLN	100MG/4ML	T4	PA	
ZAVESCA	CAPS	100MG	T4		
ZELBORAF	TABS	240MG	T1	PA	
ZEMAIRA	SOLR	1000MG	T3		
ZEMPLAR	SOLN	5MCG/ML	T1		
ZEMPLAR	SOLN	2MCG/ML	T1		
ZEVALIN Y-90	KIT	3.2MG/2ML	T2	PA	
ZOLADEX	IMPL	3.6MG	T2		
ZOLADEX	IMPL	10.8MG	T2		
ZOLEDRONIC ACID	SOLN	4MG/100ML	T2		
ZOLEDRONIC ACID	SOLN	5MG/100ML	T2		
ZOLEDRONIC ACID	CONC	4MG/5ML	T2		
ZOLEDRONIC ACID	SOLR	4MG	T2		
ZOLINZA	CAPS	100MG	T1	PA	
ZOMACTON	SOLR	10MG	T4	PA	
ZOMETA	SOLN	4MG/100ML	T2		
ZOMETA	CONC	4MG/5ML	T2		
ZORBTIVE	SOLR	8.8MG	T4	PA	
ZYDELIG	TABS	100MG	T1	PA	
ZYDELIG	TABS	150MG	T1	PA	
ZYKADIA	CAPS	150MG	T1	PA	
ZYTIGA	TABS	250MG	T1	PA	