

October 2011

Changes to the 2012 Humana Drug List

Dear Benefits Administrator:

Thank you for selecting Humana for your company's pharmacy benefits coverage. We appreciate your business and your trust.

We're writing to let you know that starting on your employees' renewal date in 2012, some of the medicines currently covered by Humana's prescription drug benefit may be subject to changes.

What this means for your employees

These changes mean some medicines will have new requirements. These requirements include:

Prior Authorization. Your employee's doctor must obtain authorization from Humana before we'll cover prescriptions which require prior authorizations.

Step Therapy. Your employees must try one or more alternatives for prescriptions which require step therapy. If the member's doctor doesn't think the alternative drugs are right for them, they must request approval from Humana before we'll cover the prescription.

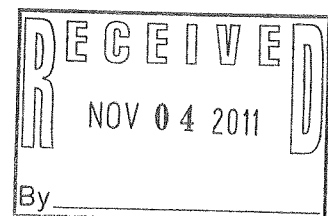
Quantity Limits. Your employees can get up to the maximum allowable quantity for drugs with quantity limits. However, if their prescription quantity exceeds the maximum allowable quantity, they have two options:

1. Pay the appropriate amount according to their plan to get the quantity allowed and then pay the pharmacy's retail price for the remaining quantity of their prescription
2. If necessary, their doctor may request a medical exception from Humana to cover the full quantity of their prescription

Level Changes. Your employees may pay a higher amount for drugs changing levels.

Why Humana is making these changes

Humana is committed to reviewing and updating the Drug List to help ensure safety and offer choices for drug benefits. Updates can happen when medicines have changes in dosing and prescribing guidelines. The selection of available medicines may also change.



Next steps

Please review the enclosed lists of medicines affected by these changes.

Your employees can take several steps to help control their pharmacy costs. This includes talking to their doctor about possible lower-cost options like:

- Over-the-counter medicines, if appropriate
- Generic equivalents of their brand-name medicine
- Other brand-name medicines that have lower out-of-pocket costs

Members should discuss any and all treatment options with their doctor. If you have questions about your group's prescription drug benefits, please contact your Humana representative or go to Humana.com/Druglist to view the latest Drug Lists and changes in 2012.

Sincerely,

Sherri Cohmer, Pharmacist

Sherri Cohmer, Pharmacist

Director, Medicare and Commercial Clinical Pharmacy Programs

Enclosure: 2012 Drug List Changes

PS: Your employees who purchased one of the affected medicines between July and September of 2011 will receive a letter from us.

HUMANA.

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Humana 2012 Drug List Changes

Prior Authorization

New Prior Authorizations - The following drugs will require prior authorization effective upon your renewal date in 2012. If you fill or refill a prescription for any drug that requires prior authorization, your doctor must obtain authorization from Humana before the prescription will be covered. For copayment level information, visit Humana.com.

Drug Name
ABILIFY
ABILIFY DISCMELT
ABRAXANE
ACTEMRA
ADVOCATE DUO
ADVOCATE DUO METER
ALIMTA
ARZERRA
AVASTIN
BETASERON
BEXXAR 131 IODINE
BEXXAR DOSIMETRIC
BEXXAR THERAPEUTIC
BONIVA
BOTOX
BOTOX COSMETIC
BROVANA
BUPRENEX
CEREZYME
CERVARIX
CESAMET
CLEVER CHOICE PRO
COPAXONE
DYSPORT
EASY TALK GLUCOSE TEST
EASY TRAK GLUCOSE TEST
EASYMAX
ERBITUX
EVOLUTION BLOOD GLUCOSE METER
EXTAVIA
FABRAZYME
FOLOTYN
GAMASTAN S/D
HERCEPTIN
ILARIS (PF)

Drug Name

IXEMPRA
KALBITOR
LANCING DEVICE
LANCING DEVICE WITH LANCETS
LUMIZYME
MACUGEN
MYOBLOC
MYOZYME
OZURDEX
PEGASYS
PEGASYS CONVENIENCE PACK
PEGINTRON
PEGINTRON REDIPEN
PRODIGY AUTOCODE METER
PRODIGY EJECT BLOOD GLUC METER
RECLAST
SOLIRIS
STELARA
SYNAREL
THALOMID
TORISEL
TREANDA
TRUETEST TEST STRIPS
TRUETRACK TEST
TYSABRI
VELCADE
VISUDYNE
WAVESENSE PRESTO
XELODA
XEOMIN
XOLAIR
XYREM
ZEVALIN (IN-111)
ZEVALIN (Y-90)

Humana 2012 Drug List Changes

Step Therapy

New Step Therapies - The following drugs will require step therapy effective upon your renewal date in 2012. For copayment level information, visit Humana.com.

Drug Name
ACIPHEX
ADDERALL
ADVICOR
ARTHROTEC 50
ARTHROTEC 75
ATRALIN
AVINZA
AXERT
CADUET
DEXILANT
EFFEXOR XR
FLOMAX
IMITREX
KADIAN
KAPIDEX
KLONOPIN
KYTRIL
LANSOPRAZOLE
LIPITOR
LOTREL
LYRICA
METOZOLV ODT
NORVASC
OLUX
OLUX-E
OMEPRAZOLE-SODIUM BICARBONATE
PREVACID
PREVACID SOLUTAB
PRILOSEC
PROTONIX
RHINOCORT AQUA
SIMCOR
SONATA
TESTIM
VIMOVO
VYTORIN 10-10
VYTORIN 10-20

Drug Name
VYTORIN 10-40
VYTORIN 10-80
XALATAN
XANAX
XANAX XR
XIFAXAN
ZEGERID
ZOFRAN
ZOFRAN ODT
ZOLOFT
ZYPREXA
ZYPREXA ZYDIS

Humana 2012 Drug List Changes

Quantity Limit

New Quantity Limits - The following Quantity Limits will be implemented effective upon your renewal date in 2012. Brands and generics of the drugs listed below will also have Quantity Limit updates/changes. The limits refer to the quantity of medication based on the number of days listed. For Copayment/Level information, visit Humana.com.

Label Name	Quantity Limit	Quantity Limit Days
Abilify 1 mg/mL Oral Soln	750	30
Abilify 9.75 mg/1.3 mL IM	39	30
Abraxane 100 mg IV Solution	7	21
Actonel 30 mg Tab	30	30
Alinia 100 mg/5 mL Oral Susp	150	30
Aloxi 0.25 mg/5 mL IV	20	28
ALPRAZOLAM 0.25 MG TABLET	120	30
ALPRAZOLAM 0.5 MG TABLET	120	30
ALPRAZOLAM 1 MG TABLET	120	30
ALPRAZOLAM 2 MG TABLET	90	30
Anzemet 100 mg Tab	4	28
Anzemet 50 mg Tab	4	28
ARALAST 1,000 MG VIAL	24	30
Aralast NP 1,000 mg IV Susp	24	30
Aralast NP 500 mg IV Susp	44	30
AREDIA 90 MG VIAL	1	21
Astepro 0.15 % (205.5 mcg) Nasal Spray	30	30
Ativan 0.5 mg Tab	90	30
Ativan 1 mg Tab	90	30
Ativan 2 mg Tab	150	30
Axert 12.5 mg Tab	9	30
Axert 6.25 mg Tab	9	30
Beconase AQ 42 mcg (0.042 %) Nasal Spray	50	30
Benlysta 120 mg IV Solution	3	28
Benlysta 400 mg IV Solution	6	28
Berinert 500 unit IV Solution	20	30
BICALUTAMIDE 50 MG TABLET	30	30
Brovana 15 mcg/2 mL Neb Solution	60	30
BUPRENORPHINE 2 MG TABLET SL	90	30
BUPRENORPHINE 8 MG TABLET SL	90	30
CALCIPOTRIENE 0.005% SOLUTION	60	30
CAMPRAL 333 MG DOSE PAK	180	30
CARBAMAZEPINE ER 100 MG CAP	60	30
Carbatrol 100 mg 12 hr Cap	60	30
Cardizem LA 120 mg 24 hr Tab	30	30

Label Name	Quantity Limit	Quantity Limit Days
Casodex 50 mg Tab	30	30
Catapres-TTS-1 0.1 mg/24 hr Transderm Patch	4	28
Catapres-TTS-2 0.2 mg/24 hr Transderm Patch	4	28
Catapres-TTS-3 0.3 mg/24 hr Transderm Patch	4	28
Ceredase 80 unit/mL IV	30	30
CHLORDIAZEPOXIDE 10 MG CAPSULE	120	30
CHLORDIAZEPOXIDE 25 MG CAPSULE	120	30
CHLORDIAZEPOXIDE 5 MG CAPSULE	120	30
CHORIONIC GONAD 10,000 UNIT VL	2	30
Cimzia 400 mg/2 mL (200 mg/mL x 2) SubQ Syringe Ki	6	30
Cimzia Powder for Reconstitution 400 mg (200 mg x	6	30
Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x 2) Sub	6	30
Cinryze 500 unit IV Solution	20	30
CLONIDINE 0.1 MG/DAY PATCH	4	28
CLONIDINE 0.2 MG/DAY PATCH	4	28
CLONIDINE 0.3 MG/DAY PATCH	4	28
Co-Gesic 5 mg-500 mg Tab	240	30
Detrol 1 mg Tab	60	30
Detrol 2 mg Tab	60	30
DIAZEPAM 10 MG TABLET	120	30
DIAZEPAM 2 MG TABLET	90	30
DIAZEPAM 5 MG TABLET	90	30
DIAZEPAM 5 MG/5 ML SOLUTION	1200	30
Diazepam Intensol 5 mg/mL Oral Concentrate	1200	30
Diflucan 150 mg Tab	4	28
DORZOLAMIDE HCL 2% EYE DROPS	10	30
Dovonex 0.005 % Topical Cream	120	30
Dovonex 0.005 % Topical Soln	60	30
DRONABINOL 2.5 MG CAPSULE	120	30
DRONABINOL 5 MG CAPSULE	120	30
Emend 115 mg IV Solution	2	28
Endocet 10 mg-650 mg Tab	180	30
Endocet 7.5 mg-500 mg Tab	240	30
Entereg 12 mg Cap	15	365
Epogen 20,000 unit/2 mL Injection	14	30
Estrasorb 2.5 mg/g (1.74 g) Transdermal Emulsion P	56	28
Exalgo ER 12 mg 24 hr Tab	180	30
Exalgo ER 16 mg 24 hr Tab	120	30
Exalgo ER 8 mg 24 hr Tab	240	30
EXEMESTANE 25 MG TABLET	30	30
FAMCICLOVIR 125 MG TABLET	60	30
FAMCICLOVIR 250 MG TABLET	60	30
FAMCICLOVIR 500 MG TABLET	60	30

Label Name	Quantity Limit	Quantity Limit Days
Famvir 125 mg Tab	60	30
Famvir 250 mg Tab	60	30
Famvir 500 mg Tab	60	30
FASLODEX 125 MG/2.5 ML SYRNGE	10	30
Faslodex 250 mg/5 mL IM Syringe	10	30
Fexmid 7.5 mg Tab	90	30
Flovent Diskus 100 mcg/Actuation for Inhalation	60	30
Flovent Diskus 250 mcg/Actuation for Inhalation	60	30
Flovent Diskus 50 mcg/Actuation for Inhalation	60	30
Flovent HFA 110 mcg/Actuation Aerosol Inhaler	24	30
Flovent HFA 44 mcg/Actuation Aerosol Inhaler	21	30
FLUCONAZOLE 150 MG TABLET	4	28
FLUOXETINE HCL 10 MG CAPSULE	60	30
FLUOXETINE HCL 20 MG CAPSULE	120	30
FLUOXETINE HCL 40 MG CAPSULE	60	30
Fragmin 12,500 unit/0.5 mL Sub-Q Syringe	14	30
Fragmin 15,000 unit/0.6 mL Sub-Q Syringe	14	30
Fragmin 18,000 unit/0.72 mL Sub-Q Syringe	14	30
Frova 2.5 mg Tab	9	30
GABAPENTIN 300 MG CAPSULE	270	30
Gabitril 2 mg Tab	90	30
Gardasil 20mcg-40mcg-40mcg-20mcg/0.5mL IM Susp	3	365
Gardasil 20mcg-40mcg-40mcg-20mcg/0.5mL IM Syringe	3	365
Gleevec 100 mg Tab	180	30
Glucophage XR 500 mg 24 hr Tab	120	30
Glucophage XR 750 mg 24 hr Tab	60	30
GONAL-f RFF Pen 450 unit/0.75 mL Sub-Q Injector	6	30
Humalog 100 unit/mL Sub-Q	240	30
Humalog 100 unit/mL SubQ Cartridge	240	30
Humira 20 mg/0.4 mL Sub-Q Kit	2	30
Hyalgan 10 mg/mL Intra-articular	20	30
HYDROCODON-ACETAMINOPHEN 5-500	240	30
HYDROCODONE BT-IBUPROFEN TAB	150	30
Hydrogesic 5 mg-500 mg Cap	240	30
Ibudone 10 mg-200 mg Tab	150	30
Ibudone 5 mg-200 mg Tab	150	30
Imitrex 100 mg Tab	9	30
Imitrex 25 mg Tab	9	30
Imitrex 50 mg Tab	9	30
Invega Sustenna 156 mg/mL (1 mL) IM Syringe	1	30
Invega Sustenna 234 mg/1.5 mL IM Syringe	1	30
IRESSA 250 mg Tab	30	30
Kadian 100 mg Cap	60	30

Label Name	Quantity Limit	Quantity Limit Days
Keppra 250 mg Tab	120	30
Keppra 500 mg Tab	120	30
Krystexxa 8 mg/mL IV	3	30
Lamisil 125 mg Oral Granules in Packet	30	30
Lescol XL 80 mg 24 hr Tab	30	30
LEVETIRACETAM 250 MG TABLET	120	30
LEVETIRACETAM 500 MG TABLET	120	30
LEVETIRACETAM 500 MG/5 ML SOLN	900	30
LIBRIUM 10 MG CAPSULE	120	30
LORAZEPAM 0.5 MG TABLET	90	30
LORAZEPAM 1 MG TABLET	90	30
LORAZEPAM 2 MG TABLET	150	30
LORAZEPAM 2 MG/ML ORAL CONCENT	150	30
Lorazepam Intensol 2 mg/mL Oral Concentrate	150	30
Lortab 5 mg-500 mg Tab	240	30
Lovenox 300 mg/3 mL Sub-Q	14	30
Lucentis 0.5 mg/0.05 mL Intraocular	1	30
Lumizyme 50 mg IV Solution	3	30
Lysteda 650 mg Tab	30	30
Macugen 0.3 mg/90 microliter(0.09 mL) Intraocular	1	42
MARGESIC H 5-500 CAPSULE	240	30
Marinol 2.5 mg Cap	120	30
Marinol 5 mg Cap	120	30
Maxalt 10 mg Tab	12	30
Maxalt 5 mg Tab	12	30
Maxalt-MLT 10 mg Tab, Rapid Dissolve	12	30
Maxalt-MLT 5 mg Tab, Rapid Dissolve	12	30
Mepron 750 mg/5 mL Oral Susp	600	30
MESALAMINE 4 GM/60 ML ENEMA	1800	30
MESALAMINE 4 GM/60 ML KIT	1800	30
METADATE ER 20 mg Tab	90	30
METFORMIN HCL ER 500 MG TABLET	120	30
METFORMIN HCL ER 750 MG TABLET	60	30
Methylin 10 mg Chewable Tab	90	30
Methylin 10 mg Tab	90	30
Methylin 10 mg/5 mL Oral Soln	90	30
Methylin 2.5 mg Chewable Tab	90	30
METHYLIN 20 MG TABLET	90	30
Methylin 5 mg Chewable Tab	90	30
METHYLIN 5 MG TABLET	90	30
Methylin 5 mg/5 mL Oral Soln	90	30
METHYLIN ER 10 MG TABLET	90	30
METHYLIN ER 20 MG TABLET	90	30

Label Name	Quantity Limit	Quantity Limit Days
METHYLPHENIDATE 10 MG TABLET	90	30
METHYLPHENIDATE 10 MG/5 ML SOL	90	30
METHYLPHENIDATE 20 MG TABLET	90	30
METHYLPHENIDATE 5 MG TABLET	90	30
METHYLPHENIDATE 5 MG/5 ML SOLN	90	30
METHYLPHENIDATE ER 10 MG TAB	90	30
METHYLPHENIDATE ER 20 MG TAB	90	30
METHYLPHENIDATE SR 20 MG TAB	90	30
METOPROLOL SUCC ER 100 MG TAB	60	30
METOPROLOL SUCC ER 200 MG TAB	60	30
METOPROLOL SUCC ER 25 MG TAB	60	30
METOPROLOL SUCC ER 50 MG TAB	60	30
Migranal 0.5 mg/pump Actuation Nasal Spray	8	30
MIRTAZAPINE 15 MG ODT	30	30
MIRTAZAPINE 15 MG TABLET	30	30
MIRTAZAPINE 30 MG ODT	30	30
MIRTAZAPINE 30 MG TABLET	30	30
MIRTAZAPINE 45 MG ODT	30	30
MIRTAZAPINE 45 MG TABLET	30	30
Myozyme 50 mg IV Solution	3	30
NEEVO CAPLET	60	30
Neurontin 300 mg Cap	270	30
Novarel 10,000 unit IM	2	30
Oxandrin 10 mg Tab	60	30
Oxandrin 2.5 mg Tab	90	30
OXANDROLONE 10 MG TABLET	60	30
OXANDROLONE 2.5 MG TABLET	90	30
OXYCODON-ACETAMINOPHEN 7.5-500	240	30
OXYCODONE-ACETAMINOPHEN 10-650	180	30
OxyContin 60 mg 12 hr Tab	90	30
Ozurdex 0.7 mg Intraocular Implant	2	30
PAMIDRONATE 30 MG/10 ML VIAL	3	21
PAMIDRONATE 60 MG/10 ML VIAL	1	21
PAMIDRONATE 90 MG/10 ML VIAL	1	21
PAMIDRONATE DISOD 90 MG VIAL	1	21
Pentasa 250 mg Cap	150	30
Percocet 10 mg-650 mg Tab	180	30
Percocet 7.5 mg-500 mg Tab	240	30
PHENOBARBITAL 100 MG TABLET	60	30
PHENOBARBITAL 15 MG TABLET	90	30
PHENOBARBITAL 16.2 MG TABLET	90	30
PHENOBARBITAL 20 MG/5 ML ELIX	90	30
PHENOBARBITAL 20 MG/5 ML SOLN	90	30

Label Name	Quantity Limit	Quantity Limit Days
PHENOBARBITAL 30 MG TABLET	90	30
PHENOBARBITAL 32.4 MG TABLET	90	30
PHENOBARBITAL 60 MG TABLET	90	30
PHENOBARBITAL 64.8 MG TABLET	90	30
PHENOBARBITAL 97.2 MG TABLET	90	30
PNV-IRON TABLET	60	30
Polygesic 5 mg-500 mg Cap	240	30
Pregnyl 10,000 unit IM	2	30
Procrit 20,000 unit/2 mL Injection	14	30
Prolastin 1,000 mg IV Susp	24	30
Prolastin 500 mg IV Susp	44	30
Prolastin C 1,000 mg IV Susp	24	30
Prozac 10 mg Cap	60	30
Prozac 20 mg Cap	120	30
Prozac 40 mg Cap	60	30
Qutenza 8 % Topical Kit	4	90
Relpax 20 mg Tab	9	30
Relpax 40 mg Tab	9	30
Remeron 15 mg Tab	30	30
Remeron 30 mg Tab	30	30
Remeron 45 mg Tab	30	30
Remeron SolTab 15 mg	30	30
Remeron SolTab 30 mg	30	30
Remeron SolTab 45 mg	30	30
Renvela 0.8 gram Oral PwPk	540	30
Renvela 2.4 gram Oral PwPk	180	30
Reprexain 10 mg-200 mg Tab	150	30
Reprexain 2.5 mg-200 mg Tab	150	30
Reprexain 5 mg-200 mg Tab	150	30
REVLIMID 10 mg Cap	21	28
REVLIMID 15 mg Cap	21	28
REVLIMID 25 mg Cap	21	28
REVLIMID 5 mg Cap	21	28
Risperdal Consta 25 mg/2 mL IM Syringe	2	28
Ritalin 10 mg Tab	90	30
Ritalin 20 mg Tab	90	30
Ritalin 5 mg Tab	90	30
Ritalin SR 20 mg Tab	90	30
ROVIN-NV TABLET	60	30
Rowasa 4 gram/60 mL Rectal Kit	1800	30
Roxicet 5 mg-325 mg/5 mL Oral Soln	1846	30
SELFEMRA 10 MG CAPSULE	60	30
SELFEMRA 20 MG CAPSULE	120	30

Label Name	Quantity Limit	Quantity Limit Days
sfRowasa 4 gram/60 mL Enema	1800	30
Sprycel 50 mg Tab	60	30
Stagesic 5 mg-500 mg Cap	240	30
Subutex 2 mg Sublingual Tab	90	30
Subutex 8 mg Sublingual Tab	90	30
SUMATRIPTAN 4 MG/0.5 ML VIAL	6	30
SUMATRIPTAN SUCC 100 MG TABLET	9	30
SUMATRIPTAN SUCC 25 MG TABLET	9	30
SUMATRIPTAN SUCC 50 MG TABLET	9	30
Sutent 12.5 mg Cap	28	42
Sutent 25 mg Cap	28	42
Sutent 50 mg Cap	28	42
Tasmar 100 mg Tab	90	30
TASMAR 200 MG TABLET	90	30
Temodar 100 mg IV Solution	27	30
Temodar 5 mg Cap	90	30
Toprol XL 100 mg 24 hr Tab	60	30
Toprol XL 200 mg 24 hr Tab	60	30
Toprol XL 25 mg 24 hr Tab	60	30
Toprol XL 50 mg 24 hr Tab	60	30
Torisel 30 mg/3 mL (10 mg/mL) (Final) IV Solution	4	28
Travatan Z 0.004 % Eye Drops	2	30
Treanda 100 mg IV Solution	6	21
Treanda 25 mg IV Solution	3	21
Trelstar 22.5 mg IM Susp	1	168
Trelstar 22.5 mg/2 mL IM Syringe	1	168
Treximet 85 mg-500 mg Tab	12	30
Trusopt 2 % Eye Drops	10	30
TYSABRI 300 mg/15 mL IV	1	28
Tyvaso 1.74 mg/2.9 mL (0.6 mg/mL) Neb Solution	28	28
Tyvaso Refill Kit 1.74 mg/2.9 mL (0.6 mg/mL) Neb S	28	28
Tyvaso Starter Kit 1.74 mg/2.9 mL Neb Solution	28	28
UltraTrak Ultimate Strips	300	30
Valcyte 450 mg Tab	120	30
Valium 10 mg Tab	120	30
Valium 2 mg Tab	90	30
Valium 5 mg Tab	90	30
VELCADE 3.5 mg IV Solution	4	21
VENLAFAXINE HCL ER 150 MG TAB	30	30
Vicodin 5 mg-500 mg Tab	240	30
Vicoprofen 7.5 mg-200 mg Tab	150	30
Vivitrol 380 mg IM Susp	1	30
Xanax 0.25 mg Tab	120	30

Label Name	Quantity Limit	Quantity Limit Days
Xanax 0.5 mg Tab	120	30
Xanax 1 mg Tab	120	30
Xanax 2 mg Tab	90	30
Zemaira 1,000 mg IV Susp	24	30
Zirgan 0.15 % Eye Gel	5	30
Zmax 2 gram/60 mL Oral Susp	1	30
Zmax Adult-Pediatric 2 gram/60 mL Oral Susp	1	30
Zometa 4 mg/5 mL IV	1	21
Zomig 2.5 mg Tab	9	30
Zomig ZMT 2.5 mg Tab, Rapid Dissolve	9	30
Zymaxid 0.5 % Eye Drops	1	30

Humana 2012 Drug List Changes

Rx4 Drug Movement

Rx4 Drug Movement - The drugs below will be moving effective upon your renewal date in 2012. For copayment Level information and possible lower cost alternatives visit Humana.com.

Drug Name	From	To
ACURA CONTROL HIGH	1	3
ACURA CONTROL LOW	1	3
ACURA CONTROL NORMAL	1	3
ADVANCED LANCING DEVICE	1	3
ADVOCATE CONTROL SOLUTION HIGH	1	3
ADVOCATE DUO	1	3
ADVOCATE DUO METER	1	3
ADVOCATE LOW CONTROL	1	3
ADVOCATE REDI-CODE	1	3
ADVOCATE TEST STRIPS	1	3
ALTERNATE SITE LANCING DEVICE	1	3
AMANTADINE	2	1
ANAFRANIL	3	4
ANIMAS 2020 INSULIN PUMP	1	3
APRI	1	2
ARANESP (POLYSORBATE)	3	4
ARICEPT ODT	2	3
AUTOJECT 2	1	3
AUTOJECT 2 INJECTION DEVICE	1	3
AUTOLET IMPRESSION LANC DEV	1	3
AUTOLET LITE	1	3
AUTOLET LITE CLINISAFE	1	3
AUTOLET LITE CLINISAFE DEVICE	1	3
AUTOLET LITE DEVICE	1	3
AUTOLET LITE STARTER PACK	1	3
AUTOLET MINI	1	3
AUTOLET MKII CLINISAFE DEVICE	1	3
AUTOLET PLATFORMS	1	3
AUTOPEN 1 TO 16 UNITS	1	3
AUTOPEN 1 TO 21 UNITS	1	3
AUTOPEN 2 TO 32 UNITS	1	3
AUTOPEN 2 TO 42 UNITS	1	3
AVIANE	1	2
AVINZA	2	3
AVONEX	3	4
AVONEX ADMINISTRATION PACK	3	4
AZATHIOPRINE	2	1

Drug Name	From	To
BD LANCET DEVICE	1	3
BD MAGNI-GUIDE SYRINGE MAGNIFI	1	3
BD SAFE CLIP	1	3
BETASERON	3	4
BETA-VAL	1	3
BIONIME RIGHTEST TEST STRIPS	1	3
BLOOD GLUCOSE CONTROL, NORMAL	1	3
BLOOD GLUCOSE MONITOR SYSTEM	1	3
BLOOD GLUCOSE TEST	1	3
BLOOD-GLUCOSE METER	1	3
BUPROPION HCL	2	1
CADUET	2	3
CAMILA	1	2
CAREONE LANCING DEVICE	1	3
CENESTIN	2	3
CLARITHROMYCIN	2	1
CLEVER CHEK BLOOD GLUCOSE	1	3
CLEVER CHEK BLOOD GLUCOSE SYST	1	3
CLEVER CHEK HIGH CONTROL	1	3
CLEVER CHEK LOW CONTROL	1	3
CLEVER CHEK NORMAL CONTROL	1	3
CLEVER CHEK TEST STRIPS	1	3
CLEVER CHOICE MICRO	1	3
CLEVER CHOICE PRO	1	3
CLINDAMYCIN HCL	2	1
CODEINE-GUAIFENESIN	1	2
COMBIVENT	2	3
COMBIVIR	3	4
COPAXONE	3	4
CRYSSELLE (28)	1	2
DELTEC COZMO	1	3
DELTEC COZMO CLEO INFUSION SET	1	3
DESMOPRESSIN	2	3
DEXTROAMPHETAMINE	1	2
DEXTROAMPHETAMINE	2	3
DIPENTUM	3	4
DOLOPHINE	1	2
DROPLET LANCING DEVICE	1	3
EASY CHECK HIGH CONTROL	1	3
EASY CHECK LOW CONTROL	1	3
EASY CHECK NORMAL CONTROL	1	3
EASY CHECK TEST	1	3
EASY CLICK LANCING DEVICE	1	3

Drug Name	From	To
EASYMAX	1	3
EASYMAX HIGH CONTROL	1	3
EASYMAX LOW CONTROL	1	3
EASYMAX NORMAL CONTROL	1	3
ECLIPSE HIGH CONTROL	1	3
ECLIPSE LOW CONTROL	1	3
ECLIPSE NORMAL CONTROL	1	3
ECLIPSE TEST STRIPS	1	3
ELEMENT HIGH CONTROL	1	3
ELEMENT LOW CONTROL	1	3
ELEMENT NORMAL CONTROL	1	3
EMBRACE BLOOD GLUCOSE SYSTEM	1	3
EMBRACE GLUCOSE CONTROL LOW	1	3
EMSAM	3	4
ENJUVA	2	3
ENPRESSE	1	2
ENTOCORT EC	3	4
ENVISION HIGH CONTROL	1	3
ENVISION LOW CONTROL	1	3
ENVISION NORMAL CONTROL	1	3
ENVISION TEST STRIPS	1	3
EPOGEN	3	4
ERGOLOID	3	1
ERRIN	1	2
EVENCARE	1	3
EVOLUTION BLOOD GLUCOSE METER	1	3
EVOLUTION NORMAL CONTROL	1	3
EVOLUTION TEST STRIPS	1	3
EXTAVIA	3	4
E-Z JECT LANCETS	3	1
FORA D10	1	3
FORA D15	1	3
FORA D15C	1	3
FORA D15G	1	3
FORA D15Z	1	3
FORA D20	1	3
FORA G20	1	3
FORA G30A	1	3
FORA G71A	1	3
FORA G90	1	3
FORA HIGH CONTROL	1	3
FORA LANCING DEVICE	1	3
FORA LOW CONTROL	1	3

Drug Name	From	To
FORA NORMAL CONTROL	1	3
FORA V10	1	3
FORA V12 GLUCOSE	1	3
FORA V20	1	3
FORA V22	1	3
FORA V30A	1	3
FREESTYLE CONTROL	1	3
FREESTYLE NAVIGATOR GLUC SENS	1	3
GAUZE BANDAGE	3	1
GLUCOCOM AUTOLINK	1	3
GLUCOCOM CONTROL HIGH	1	3
GLUCOCOM CONTROL NORMAL	1	3
GLUCOCOM GLUCOSE	1	3
GLUCOLAB	1	3
GLUCOLAB HIGH CONTROL	1	3
GLUCOLAB LOW CONTROL	1	3
GLUCOLAB NORMAL CONTROL	1	3
GLUCOSOURCE	1	3
GLYCERIN (BULK)	2	3
GM100	1	3
GUARDIAN RT CHARGER	1	3
GUARDIAN RT TEST PLUG DEVICE	1	3
GUARDIAN RT TRANSMITTER TAPE	1	3
HUMAPEN LUXURA HD	1	3
HUMAPEN MEMOIR	1	3
HYDROCORTISONE	2	1
HYOMAX-FT	1	2
HYOSCYAMINE SULFATE	1	2
HYPAAQUE-76	1	4
INDOMETHACIN	2	3
INFINITY CONTROL SOLUTION HIGH	1	3
INFINITY CONTROL SOLUTION LOW	1	3
INFINITY CONTROL SOLUTION NORM	1	3
INJECT-EASE AUTOMATIC INJECTOR	1	3
INNOVO	1	3
INSUL-CAP	1	3
INSUL-EZE	1	3
INSULIN PUMP IR1250	1	3
JOLIVETTE	1	2
JUNEL FE 1.5/30 (28)	1	2
JUNEL FE 1/20 (28)	1	2
KELNOR 1/35 (28)	1	2
KETOCONAZOLE	1	2

Drug Name	From	To
KEYNOTE	1	3
KEYNOTE BLOOD GLUCOSE SYSTEM	1	3
KEYNOTE PRO BLOOD GLUCOSE SYST	1	3
LANCING DEVICE	1	3
LANCING DEVICE WITH LANCETS	1	3
LANCING SYSTEM	1	3
LIBERTY CONTROL SOLN NORMAL	1	3
LIBERTY CONTROL SOLUTION HIGH	1	3
LIDOCAINE HCL	3	1
LIPITOR	2	3
LITE TOUCH LANCING DEVICE	1	3
LOCOID	2	3
LOCOID LIPOCREAM	2	3
LOW-OGESTREL (28)	1	2
LUTERA (28)	1	2
MAXIMA CONTROL SOLUTION, MEDIU	1	3
MAXIMA CONTROL SOLUTION, NORMA	1	3
MD-76 R	1	4
MEDI-JECTOR VISION	1	3
MEDI-JECTOR VISION ADAPTER	1	3
MEDTRONIC REMOTE CONTROL	1	3
MEPERIDINE	1	2
METAXALONE	2	3
METHADONE	1	2
METHADOSE	1	2
METHIMAZOLE	2	1
METRONIDAZOLE	2	1
MICRODOT BLOOD GLUCOSE SYSTEM	1	3
MICRODOT HIGH-LOW CONTROL	1	3
MICRODOT NORMAL CONTROL	1	3
MIGRANAL	3	4
MINILINK REAL-TIME TRANSMITTER	1	3
MINIMED INFUSION SET	1	3
MINIMED INFUSION SET-MMT 390	1	3
MINIMED INFUSION SET-MMT 391	1	3
MINIMED INFUSION SET-MMT 392	1	3
MINIMED INFUSION SET-MMT 393	1	3
MINIMED QUICK-SERTER-MMT 395	1	3
MIO INFUSION SET	1	3
MONOJECTOR LANCET DEVICE	1	3
MONONESSA (28)	1	2
MS CONTIN	3	4
NECON 1/35 (28)	1	2

Drug Name	From	To
NECON 7/7/7 (28)	1	2
NITROSTAT	2	1
NORA-BE	1	2
NORTREL 7/7/7 (28)	1	2
NOVA MAX GLUCOSE CONTROL	1	3
NOVOPEN 3	1	3
NOVOPEN 3 PENMATE	1	3
OCTREOTIDE ACETATE	3	4
OFLOXACIN	2	1
OMNIPOD INSULIN MANAGEMENT	1	3
OMNIPOD INSULIN REFILL	1	3
OPIUM TINCTURE	3	4
ORAMORPH SR	2	3
ORTHO EVRA	2	3
ORTHO-NOVUM 1/35 (28)	1	3
PARADIGM INSULIN PUMP	1	3
PARADIGM REAL-TIME TRANSMITTER	1	3
PARADIGM REMOTE CONTROL	1	3
PEN NEEDLE	1	3
PENLET PLUS BLOOD SAMPLER	1	3
PENTASA	3	4
PHARMACIST CHOICE	1	3
PHARMACIST CHOICE GLUCOSE SYS	1	3
PIROXICAM	1	2
PORTIA	1	2
PRENATAL PLUS (CALCIUM CARB)	3	1
PRENATAL PLUS WITH IRON (CA)	3	1
PREVIFEM	1	2
PROCRIT	3	4
PRODIGY	1	3
PRODIGY AUTOCODE METER	1	3
PRODIGY AUTOCODE TEST STRIPS	1	3
PRODIGY CONTROL SOLUTION, LOW	1	3
PRODIGY CONTROL SOLUTION,HIGH	1	3
PRODIGY EJECT BLOOD GLUC METER	1	3
PRODIGY EJECT TEST STRIPS	1	3
PRODIGY LANCING DEVICE	1	3
PRODIGY NO CODING	1	3
PRODIGY VOICE GLUCOSE TEST	1	3
PROVIGIL	3	4
QUICK-SET PARADIGM	1	3
REBIF	3	4
REFUAH PLUS GLUCOSE CONTROL	1	3

Drug Name	From	To
RENEW ADVANCED LANCING SYSTEM	1	3
REVEL PEDIATRIC PROGRAM PUMP	1	3
REVEL PROGRAMMABLE PUMP	1	3
RIGHTEST CONTROL SOLUTION HIGH	1	3
RIGHTEST CONTROL SOLUTION NORM	1	3
RIGHTEST GD500 LANCING DEVICE	1	3
ROWASA	3	4
SEVEN PLUS RECEIVER REPLACEMT	1	3
SEVEN PLUS TRANSM REPLACEMENT	1	3
SEVEN SYSTEM SENSOR	1	3
SIL-SERTER	1	3
SMARTDIABETES VANTAGE	1	3
SMARTEST CONTROL	1	3
SMARTEST TEST	1	3
SOF-SENSOR	1	3
SOFT-SERTER INFUSION PUMP ATT	1	3
SOLO V2 CONTROL SOLUTION, HIGH	1	3
SOLO V2 CONTROL SOLUTION, LOW	1	3
SOLO V2 LANCING DEVICE	1	3
SOLO V2 TEST STRIPS	1	3
SOLODYN	3	4
SORIATANE	2	4
SORIATANE CK	2	4
SPECTRACEF	2	3
SPS	1	3
SSD	1	3
SSD AF	1	3
STALEVO 100	2	3
STALEVO 125	2	3
STALEVO 150	2	3
STALEVO 200	2	3
STALEVO 50	2	3
STALEVO 75	2	3
STERILE PADS	3	1
SURE EDGE	1	3
SURE EDGE CONTROL HIGH	1	3
SURE EDGE CONTROL LOW	1	3
SURE EDGE CONTROL NORMAL	1	3
SURECHEK GLUCOSE CONTROL	1	3
SURECHEK TEST STRIPS	1	3
SUREFLEX DEVICE WITH LANCETS	1	3
SUREFLEX LANCING DEVICE	1	3
SURE-PEN LANCING DEVICE	1	3

Drug Name	From	To
SURESTEP COMPLETE SYSTEM	1	3
SURESTEP PRO HIGH GLUCOSE	1	3
SURESTEP PRO LINEARITY	1	3
SURESTEP PRO LOW GLUCOSE	1	3
SURESTEP PRO NORMAL GLUCOSE	1	3
SURE-T INFUSION SET	1	3
SURE-T PARADIGM	1	3
SURE-TEST EASYPLUS MINI	1	3
SURE-TEST EASYPLUS MINI METER	1	3
TACROLIMUS	1	2
TESTOPEL	3	4
THIOLA	3	4
TIZANIDINE	2	1
TOPIRAGEN	2	1
TOPIRAMATE	2	1
TRIVORA (28)	1	2
TRUETEST TEST STRIPS	1	3
TRUETRACK SMART SYSTEM	1	3
TRUETRACK TEST	1	3
ULTRASE EC	2	3
ULTRASE MT 12	2	3
ULTRASE MT 18	2	3
ULTRASE MT 20	2	3
ULTRATRAK	1	3
ULTRATRAK HIGH-LOW CONTROL	1	3
ULTRATRAK NORMAL CONTROL	1	3
ULTRATRAK ULTIMATE	1	3
UNISTIK	1	3
UNISTIK 1	1	3
UNISTIK 2 DEVICE	1	3
UNISTIK 2 EXTRA	1	3
UNISTIK 2 NORMAL LANCET&DEVICE	1	3
UNISTIK 2 SUPER	1	3
UNISTIK 3	1	3
UNISTIK 3 COMFORT DEVICE	1	3
UNISTIK 3 COMFORT LANCET	1	3
UNISTIK 3 EXTRA LANCET	1	3
UNISTIK 3 NEONATAL	1	3
UNISTIK 3 NEONATAL DEVICE	1	3
UNISTIK 3 NORMAL LANCET	1	3
UNISTIK CZT LANCET	1	3
URSO 250	2	3
VICTORY GLUCOSE TEST	1	3

Drug Name	From	To
VICTORY HIGH, LOW CONTROL	1	3
VOSOL-HC	1	3
WAVESENSE AMP	1	3
WAVESENSE CONTROL SOLUTION	1	3
WAVESENSE JAZZ	1	3
WAVESENSE PRESTO	1	3
XIFAXAN	3	4
ZOVIA 1/35E (28)	1	2
ZYFLO	3	4
ZYFLO CR	3	4
ZYPREXA	2	3
ZYPREXA ZYDIS	2	3