

SilverScript Choice (PDP) 2019 Formulary (List of Covered Drugs)

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

Formulary File 19295, Version 6

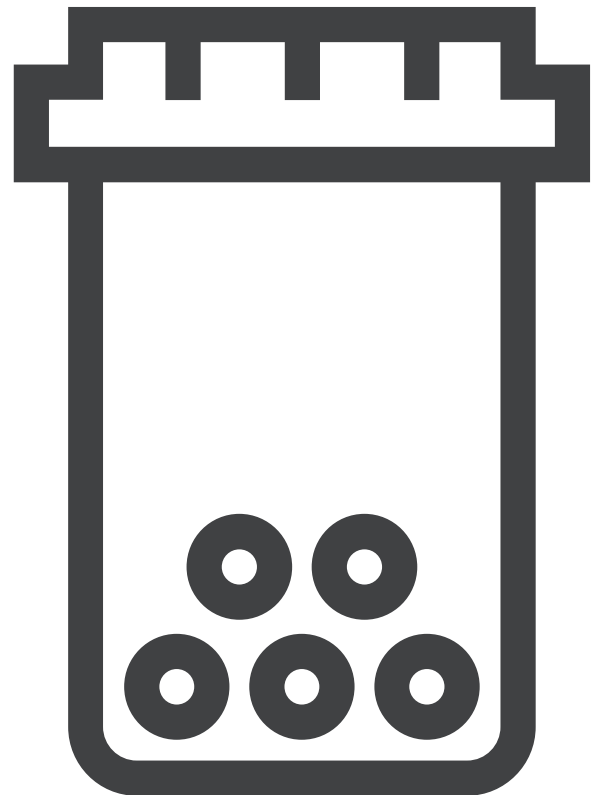
This formulary was updated on August 1, 2018. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Choice (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.



SilverScript®

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript Choice (PDP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.)

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year.

Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by SilverScript Choice (PDP), please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained from our website or by calling us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 47. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript Choice (PDP) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization (PA)

SilverScript Choice (PDP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Quantity Limits (QL)

For certain drugs, SilverScript Choice (PDP) limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per prescription for *rosuvastatin*. This may be in addition to a standard one-month or three-month supply.

Step Therapy (ST)

In some cases, SilverScript Choice (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that SilverScript Choice (PDP) does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SilverScript Choice (PDP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take.

While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication.

After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SilverScript Choice (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

SilverScript Choice (PDP)'s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 47.

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

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

PA – Prior authorization.

QL – Drug has quantity limit.

ST – Step therapy required.

NM – Not available at our mail-order pharmacies.

NDS – Non-extended day supply. Not available for an extended (long-term) supply.

LA – Limited access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

HR – High Risk Drug. According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

B/D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

The Tier column of the drug list that begins on page 1 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier.

Initial Coverage Stage Copayment / Coinsurance Levels

Preferred Retail/Mail-Order and Standard Retail/Mail-Order cost-sharing (in-network) (Up to a 30-day supply)

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty Tier)
Alabama	Preferred	\$3.00	\$15.00	\$44.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Alaska	Standard	\$1.00	\$4.00	18%	37%	25%
Arizona	Preferred	\$1.00	\$5.00	\$19.00	34%	25%
	Standard	\$6.00	\$14.00	\$34.00	39%	
Arkansas	Preferred	\$3.00	\$13.00	\$43.00	46%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
California	Preferred	\$3.00	\$13.00	\$42.00	45%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Colorado	Preferred	\$3.00	\$14.00	\$43.00	47%	31%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Connecticut	Preferred	\$3.00	\$12.00	\$38.00	38%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Delaware	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
District of Columbia	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Florida	Preferred	\$3.00	\$17.00	\$45.00	49%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Georgia	Preferred	\$3.00	\$13.00	\$42.00	42%	31%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Hawaii	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Idaho	Preferred	\$3.00	\$14.00	\$42.00	45%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Illinois	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Indiana	Preferred	\$3.00	\$13.00	\$41.00	44%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Iowa	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Kansas	Preferred	\$3.00	\$13.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty Tier)
Kentucky	Preferred	\$3.00	\$13.00	\$41.00	44%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Louisiana	Preferred	\$3.00	\$12.00	\$42.00	42%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Maine	Preferred	\$3.00	\$15.00	\$44.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Maryland	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Massachusetts	Preferred	\$3.00	\$12.00	\$38.00	38%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Michigan	Preferred	\$3.00	\$12.00	\$39.00	39%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Minnesota	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Mississippi	Preferred	\$3.00	\$18.00	\$45.00	49%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Missouri	Preferred	\$3.00	\$12.00	\$41.00	41%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Montana	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Nebraska	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Nevada	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
New Hampshire	Preferred	\$3.00	\$15.00	\$44.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
New Jersey	Preferred	\$3.00	\$14.00	\$43.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
New Mexico	Preferred	\$7.00	\$19.00	\$46.00	49%	33%
	Standard	\$8.00	\$20.00	\$47.00	50%	
New York	Preferred	\$3.00	\$13.00	\$42.00	45%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
North Carolina	Preferred	\$3.00	\$18.00	\$45.00	49%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
North Dakota	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Ohio	Preferred	\$3.00	\$16.00	\$44.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Oklahoma	Preferred	\$3.00	\$12.00	\$42.00	42%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	

State	Pharmacy Type (Retail & Mail)	Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)	Tier 4 (Non-Preferred Drug)	Tier 5 (Specialty Tier)
Oregon	Preferred	\$3.00	\$10.00	\$34.00	34%	33%
	Standard	\$7.00	\$19.00	\$46.00	49%	
Pennsylvania	Preferred	\$3.00	\$14.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Rhode Island	Preferred	\$3.00	\$12.00	\$38.00	38%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
South Carolina	Preferred	\$1.00	\$5.00	\$20.00	35%	25%
	Standard	\$6.00	\$15.00	\$35.00	40%	
South Dakota	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Tennessee	Preferred	\$3.00	\$15.00	\$44.00	47%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Texas	Preferred	\$3.00	\$13.00	\$42.00	42%	31%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Utah	Preferred	\$3.00	\$14.00	\$42.00	45%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Vermont	Preferred	\$3.00	\$12.00	\$38.00	38%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Virginia	Preferred	\$9.00	\$19.00	\$46.00	49%	33%
	Standard	\$10.00	\$20.00	\$47.00	50%	
Washington	Preferred	\$3.00	\$10.00	\$34.00	34%	33%
	Standard	\$7.00	\$19.00	\$46.00	49%	
West Virginia	Preferred	\$3.00	\$14.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	
Wisconsin	Preferred	\$3.00	\$10.00	\$34.00	34%	33%
	Standard	\$7.00	\$20.00	\$47.00	49%	
Wyoming	Preferred	\$3.00	\$12.00	\$43.00	43%	33%
	Standard	\$7.00	\$20.00	\$47.00	50%	

Tier 1 (Preferred Generic) includes low cost preferred generic drugs

Tier 2 (Generic) includes preferred generic and some preferred brand drugs

Tier 3 (Preferred Brand) includes preferred brand and non-preferred generic drugs

Tier 4 (Non-Preferred Drug) includes non-preferred brand and non-preferred generic drugs

Tier 5 (Specialty Tier) includes high cost brand and generic drugs

You can find complete cost-sharing information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
MITIGARE QL (60 caps / 30 days)	3	QL
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	3	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	3	QL
<i>diclofenac sodium</i> TB24; TBEC	2	
<i>diflunisal</i>	3	
<i>flurbiprofen</i> TABS	3	
<i>ibu tab 600mg</i>	2	
<i>ibu tab 800mg</i>	2	
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>ketoprofen cap 75mg</i>	3	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	1	
<i>naproxen</i> TABS 375mg	1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	2	
<i>sulindac</i> TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> 300-15mg QL (400 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-30mg (generic of TYLENOL/CODEINE #3) QL (360 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> 300-60mg (generic of TYLENOL/CODEINE #4) QL (180 tabs / 30 days)	3	QL
<i>acetaminophen w/ codeine</i> <i>soln</i> QL (2700 mL / 30 days)	3	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS QL (4 patches / 28 days)	3	QL PA
<i>nalbuphine hcl</i> SOLN	4	
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM) QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
OPIOID ANALGESICS, CII		
EMBEDA CAP 20-0.8MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 30-1.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 50-2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 60-2.4MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 80-3.2MG QL (60 caps / 30 days)	3	QL PA
EMBEDA CAP 100-4MG QL (60 caps / 30 days)	3	QL PA
<i>endocet 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>endocet 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply
 HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet 7.5-325mg</i> (generic of PERCO CET) QL (240 tabs / 30 days)	3	QL
<i>endocet 10-325mg</i> (generic of PERCO CET) QL (180 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	NDS QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL PA
FENTORA QL (120 tabs / 30 days)	5	NDS QL PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD QL (600 mL / 30 days)	4	QL
<i>hydromorphone hcl</i> (generic of HYDROMORPHONE HYDROCHLORI) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (180 tabs / 30 days)	3	QL
HYSINGLA ER QL (30 tabs / 30 days)	3	QL PA
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (180 tabs / 30 days)	3	QL
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (240 tabs / 30 days)	3	QL
<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	3	QL PA
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (90 tabs / 30 days)	3	QL PA
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (90 mL / 30 days)	3	QL PA
<i>methadone hcl soln 10 mg/5ml</i> QL (450 mL / 30 days)	3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	3	QL PA
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	3	QL PA
<i>morphine sul inj 1mg/ml</i> MORPHINE SUL INJ 2MG/ML	4	B/D
	4	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 8mg/ml	4	B/D
<i>morphine sulfate</i> TABS 15mg QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate</i> TABS 30mg QL (90 tabs / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 10mg/5ml QL (900 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 20mg/5ml QL (750 mL / 30 days)	3	QL
<i>morphine sulfate oral soln</i> 100mg/5ml QL (180 mL / 30 days)	3	QL
NUCYNTA ER 50mg, 100mg, 200mg, 250mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER 150mg QL (90 tabs / 30 days)	3	QL PA
<i>oxycodone hcl</i> SOLN QL (900 mL / 30 days)	4	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (240 tabs / 30 days)	3	QL
<i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (180 tabs / 30 days)	3	QL
OXYCONTIN QL (60 tabs / 30 days)	3	QL PA
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) 2%	4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) .5%, 1%	4	B/D
<i>lidocaine inj</i> 0.5% (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj</i> 1% (generic of XYLOCAINE)	4	B/D
<i>lidocaine inj</i> 1.5% preservative free (pf) (generic of XYLOCAINE-MPF)	4	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	4	
<i>gentamicin in saline</i>	4	
<i>gentamicin sulfate</i> SOLN	4	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	5	NDS
SULFADIAZINE TABS	4	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	5	NDS NM PA
<i>tobramycin inj</i> 1.2 gm/30ml	4	
<i>tobramycin inj</i> 1.2gm	5	NDS
<i>tobramycin inj</i> 10mg/ml	4	
<i>tobramycin inj</i> 40mg/ml	4	
<i>tobramycin inj</i> 80mg/2ml	4	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	5	NDS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
ALINIA	5	NDS
<i>atovaquone</i> (generic of MEPRON) SUSP	5	NDS
AZACTAM IN ISO-OSMOTIC DE	4	
AZACTAM/DEX INJ	4	
<i>aztreonam</i> (generic of AZACTAM)	4	
BILTRICIDE	3	
CAYSTON	5	NDS NM LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	2	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	2	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	4	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN PHOSPHATE)	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	4	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
dapsone TABS	3	
<i>daptomycin</i> (generic of CUBICIN) 500mg	5	NDS
EMVERM	5	NDS
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	3	
INVANZ	4	
<i>ivermectin</i> (generic of STROMECTOL) TABS	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>linezolid</i> (generic of ZYVOX) SOLN; TABS	4	
<i>linezolid</i> (generic of ZYVOX) SUSR	5	NDS
<i>linezolid in sodium chloride</i>	4	
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	
<i>metronidazole in nacl</i>	4	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 70 years and older after a 90 day supply in a calendar year; HR	3	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	3	PA
PENTAM 300	4	
<i>praziquantel</i> (generic of BILTRICIDE) TABS	3	
SIVEXTRO	5	NDS
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	2	
<i>sulfamethoxazole-trimethopri m inj</i>	4	
<i>sulfamethoxazole-trimethopri m susp</i>	4	
<i>sulfamethoxazole-trimethopri m tab 400-80mg</i> (generic of BACTRIM)	2	
SYNERCID	5	NDS
<i>tigecycline</i> (generic of TYGACIL)	5	NDS
<i>trimethoprim</i> TABS	2	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg	4	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 250mg	5	NDS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> SOLR 10gm, 500mg, 750mg, 1000mg, 5000mg	4	
VANCOMYCIN IN NAACL	4	
ANTIFUNGALS		
ABELCET	5	NDS B/D
AMBISOME	5	NDS B/D
<i>amphotericin b</i> SOLR	4	B/D
<i>caspofungin acetate</i> (generic of CANCIDAS)	5	NDS
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NDS
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	NDS
NOXAFIL SUSP QL (630 mL / 30 days)	5	NDS QL
NOXAFIL TBEC QL (93 tabs / 30 days)	5	NDS QL
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS	2	
<i>voriconazole</i> (generic of VFEND IV) SOLR	4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	5	NDS
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN	4	
<i>abacavir sulfate</i> (generic of ZIAGEN) TABS	3	
APTIVUS	5	NDS
<i>atazanavir sulfate</i> (generic of REYATAZ)	5	NDS
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	4	
EDURANT	5	NDS
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg	4	
<i>efavirenz</i> (generic of SUSTIVA) CAPS 200mg	5	NDS
<i>efavirenz</i> (generic of SUSTIVA) TABS	5	NDS
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i> (generic of LEXIVA)	5	NDS
FUZEON	5	NDS NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NDS
INVIRASE	5	NDS
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	NDS
ISENTRESS HD	5	NDS
<i>lamivudine</i> (generic of EPIVIR)	3	
LEXIVA SUSP	4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	3	
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	4	
NORVIR CAPS	3	
NORVIR PACK; SOLN	4	
PREZISTA SUSP QL (400 mL / 30 days)	5	NDS QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	NDS QL
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5	NDS QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5	NDS QL
RESCRIPTOR	4	
REYATAZ PACK	5	NDS
<i>ritonavir</i> (generic of NORVIR)	3	
SELZENTRY SOLN	5	NDS
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	NDS
<i>stavudine</i> (generic of ZERIT)	3	
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD)	5	NDS
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	NDS
TROGARZO	5	NDS NM LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NDS
VIRAMUNE SUSP	4	
VIREAD POWD	5	NDS
VIREAD TABS 150mg, 200mg, 250mg	5	NDS
ZERIT SOLR	5	NDS
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	4	
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	4	
<i>zidovudine tab 300mg</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	3	
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NDS
ATRIPLA	5	NDS
BIKTARVY	5	NDS
CIMDUO	5	NDS
COMPLERA	5	NDS
DESCOVY	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
EVOTAZ	5	NDS
GENVOYA	5	NDS
JULUCA	5	NDS
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	NDS
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	4	
<i>lopinavir-ritonavir</i> (generic of KALETRA)	4	
ODEFSEY	5	NDS
PREZCOBIX	5	NDS
STRIBILD	5	NDS
SYMFI	5	NDS
SYMFI LO	5	NDS
TRIUMEQ	5	NDS
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	5	NDS QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	5	NDS QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	NDS QL
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS	5	NDS
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	3	
<i>isoniazid</i> TABS	2	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i> (generic of MYCOBUTIN)	4	
<i>rifampin</i> (generic of RIFADIN) CAPS	3	
<i>rifampin</i> (generic of RIFADIN) SOLR	4	
RIFATER	4	
SIRTURO	5	NDS LA PA
TRECTOR	4	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	2	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	5	NDS
BARACLUDE SOLN	5	NDS
<i>entecavir</i> (generic of BARACLUDE)	4	
EPCLUSA	5	NDS NM PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	3	
<i>ganciclovir sodium</i> (generic of CYTOVENE)	3	B/D
HARVONI	5	NDS NM PA
<i>lamivudine (hcv)</i> (generic of EPIVIR HBV)	4	
MAVYRET	5	NDS NM PA
<i>moderiba tab 200mg</i>	4	NM
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg QL (168 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	3	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR QL (1080 mL / year)	3	QL
PEGASYS	5	NDS NM PA
PEGASYS PROCLICK 180mcg/0.5ml	5	NDS NM PA
REBETOL SOL 40MG/ML	5	NDS NM
RELENZA DISKHALER QL (6 inhalers / year)	3	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 400mg, 600mg	5	NDS NM
<i>ribavirin cap 200mg</i> (generic of REBETOL)	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	3	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	3	
<i>valganciclovir hcl</i> (generic of VALCYTE)	5	NDS

Drug Name	Drug Requirements/ Tier	Limits
VEMLIDY	5	NDS
VOSEVI	5	NDS NM PA
ZEPATIER	5	NDS NM PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR; TABS	3	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	4	
<i>cefazolin inj</i>	4	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	4	
CEFAZOLIN SODIUM 1 GM/50ML	4	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i> (generic of MAXIPIME)	4	
<i>cefixime</i> (generic of SUPRAX)	4	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
TEFLARO	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2	
<i>clarithromycin</i> TABS 250mg	3	
<i>clarithromycin</i> (generic of BIAXIN) TABS 500mg	3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	NDS
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocine stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR 250mg/5ml	4	
<i>ciprofloxacin</i> (generic of CIPRO) SUSR 500mg/5ml	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	2	
<i>ciprofloxacin hcl tab</i> 750mg	2	
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
PENICILLINS		
<i>amoxicillin</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin & pot clavulanate</i> CHEW	4	
<i>amoxicillin & pot clavulanate</i> SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) SUSR	3	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	3	
<i>amoxicillin & pot clavulanate</i> TABS	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN) TABS	2	
<i>amoxicillin & pot clavulanate</i> (generic of AUGMENTIN XR) TB12	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN)	4	
<i>ampicillin & sulbactam sodium</i> (generic of UNASYN BULK PACK)	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	NDS
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	NDS
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>piper/tazoba inj 2-0.25gm</i> (generic of ZOSYN)	4	
<i>piper/tazoba inj 3-0.375gm</i> (generic of ZOSYN)	4	
<i>piper/tazoba inj 4-0.5gm</i> (generic of ZOSYN)	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i> (generic of ZOSYN)	4	
TETRACYCLINES		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS	3	
<i>doxycycline hyclate</i> CAPS 50mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	3	
<i>minocycline hcl</i> CAPS 75mg	3	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl</i> CAPS	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	NDS B/D NM
<i>cyclophosphamide</i> (generic of CYCLOPHOSPHAMIDE) CAPS	4	B/D
<i>cyclophosphamide</i> SOLR	5	NDS B/D
<i>dacarbazine</i> 100mg	3	B/D
EMCYT	4	
GLEOSTINE 10mg, 40mg, 100mg	4	
HEXALEN	5	NDS
IFEX 3gm	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
LEUKERAN	5	NDS
ANTHRACYCLINES		
<i>adriamycin</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	5	NDS B/D
<i>epirubicin hcl</i> (generic of ELLECE)	4	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin</i> SOLR	5	NDS B/D
ANTIMETABOLITES		
<i>adrucil</i>	4	B/D
ALIMTA	5	NDS B/D
<i>azacitidine</i> (generic of VIDAZA)	5	NDS B/D NM
<i>cytarabine</i> 20mg/ml	4	B/D
<i>fluorouracil</i> SOLN	4	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	4	B/D
<i>gemcitabine inj solr</i> 2gm	4	B/D
<i>mercaptopurine</i> TABS	4	
<i>methotrexate sodium inj</i>	4	B/D
PURIXAN	5	NDS NM
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	NDS B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	5	NDS B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	NDS B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS B/D
<i>docetaxel</i> (generic of DOCETAXEL) SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	NDS B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar pfs</i>	4	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	4	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	NDS NM LA PA
BORTEZOMIB	5	NDS NM PA
ERIVEDGE	5	NDS NM LA PA
FARYDAK	5	NDS NM LA PA
HERCEPTIN	5	NDS NM PA
IBRANCE	5	NDS NM LA PA
IDHIFA	5	NDS NM LA PA
KADCYLA	5	NDS B/D NM
KEYTRUDA	5	NDS NM PA
KISQALI	5	NDS NM PA
KISQALI FEMARA 200 DOSE	5	NDS NM PA
KISQALI FEMARA 400 DOSE	5	NDS NM PA
KISQALI FEMARA 600 DOSE	5	NDS NM PA
LYNPARZA	5	NDS NM LA PA
MYLOTARG	5	NDS NM LA PA
NINLARO	5	NDS NM PA
ODOMZO	5	NDS NM LA PA
RITUXAN	5	NDS NM LA PA
RITUXAN HYCELA	5	NDS NM LA PA
RUBRACA	5	NDS NM LA PA
TECENTRIQ	5	NDS NM LA PA
VELCADE	5	NDS NM PA
VENCLEXTA 10mg, 50mg	4	NM LA PA
VENCLEXTA 100mg	5	NDS NM LA PA
VENCLEXTA STARTING PACK	5	NDS NM LA PA
VERZENIO	5	NDS NM LA PA
ZEJULA	5	NDS NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
ZOLINZA	5	NDS NM PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	
<i>bicalutamide</i> (generic of CASODEX)	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NDS NM LA PA
<i>exemestane</i> (generic of AROMASIN)	4	
FARESTON	5	NDS
FASLODEX	5	NDS B/D
<i>flutamide</i>	3	
<i>letrozole</i> (generic of FEMARA) TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NDS NM PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NDS NM PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i> HR	4	
<i>megestrol ac tab 20mg</i> HR	3	
<i>megestrol ac tab 40mg</i> HR	3	
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES) HR	4	PA
<i>nilutamide</i> (generic of NILANDRON)	5	NDS
SOLTAMOX	5	NDS
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NDS NM PA
TRELSTAR LA INJ 11.25MG	5	NDS NM PA
XTANDI	5	NDS NM LA PA
ZYTIGA	5	NDS NM LA PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	5	NDS NM LA PA
POMALYST CAP 2MG	5	NDS NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
POMALYST CAP 3MG	5	NDS NM LA PA
POMALYST CAP 4MG	5	NDS NM LA PA
REVLIMID QL (28 caps / 28 days)	5	NDS QL NM LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	5	NDS QL NM PA
THALOMID 150mg, 200mg QL (60 caps / 30 days)	5	NDS QL NM PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	5	NDS QL NM PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	5	NDS QL NM PA
ALECENSA	5	NDS NM LA PA
ALUNBRIG	5	NDS NM LA PA
BOSULIF	5	NDS NM PA
CABOMETYX QL (30 tabs / 30 days)	5	NDS QL NM LA PA
CALQUENCE	5	NDS NM LA PA
CAPRELSA	5	NDS NM LA PA
COMETRIQ	5	NDS NM LA PA
COTELLIC	5	NDS NM LA PA
GILOTRIF TAB 20MG	5	NDS NM LA PA
GILOTRIF TAB 30MG	5	NDS NM LA PA
GILOTRIF TAB 40MG	5	NDS NM LA PA
ICLUSIG	5	NDS NM LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	5	NDS QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	5	NDS QL NM PA
IMBRUVICA	5	NDS NM LA PA
INLYTA 1mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
INLYTA 5mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
IRESSA	5	NDS NM LA PA
JAKAFI QL (60 tabs / 30 days)	5	NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 10 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 14 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 18 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 20 MG DAILY DOSE	5	NDS NM LA PA
LENVIMA 24 MG DAILY DOSE	5	NDS NM LA PA
MEKINIST	5	NDS NM LA PA
NERLYNX	5	NDS NM LA PA
NEXAVAR	5	NDS NM LA PA
RYDAPT	5	NDS NM PA
SPRYCEL	5	NDS NM PA
STIVARGA	5	NDS NM LA PA
SUTENT	5	NDS NM PA
TAFINLAR	5	NDS NM LA PA
TAGRISSO	5	NDS NM LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	5	NDS QL NM LA PA
TASIGNA	5	NDS NM PA
TYKERB	5	NDS NM LA PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended
Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
VOTRIENT	5	NDS NM LA PA
XALKORI	5	NDS NM LA PA
ZELBORAF	5	NDS NM LA PA
ZYDELIG	5	NDS NM LA PA
ZYKADIA	5	NDS NM LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	5	NDS NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS	2	
LONSURF	5	NDS NM PA
MATULANE	5	NDS LA
SYLATRON KIT 200MCG	5	NDS NM PA
SYLATRON KIT 300MCG	5	NDS NM PA
SYLATRON KIT 600MCG	5	NDS NM PA
SYNRIBO	5	NDS NM PA
<i>tretinoin</i> (chemotherapy)	5	NDS
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin inj 50mg</i>	5	NDS B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	NDS B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	5	NDS B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
MESNEX TABS	5	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	3	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	4	B/D
<i>irinotecan hcl</i> 500mg/25ml	4	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN	5	NDS B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	5	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
TOPOTECAN INJ 4MG/4ML	5	NDS B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 2.5-10 mg		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 5-40 mg		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL)		
<i>amlodipine</i>	2	
<i>besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL)		
<i>benazepril & hydrochlorothiazide</i>	3	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	3	
<i>enalapril maleate & hydrochlorothiazide</i>	2	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	2	
<i>fosinopril sodium & hydrochlorothiazide</i>	3	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
<i>moexipril-hydrochlorothiazide</i>	3	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	3	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier Limits
<i>enalapril maleate</i> (generic of VASOTEC) TABS	2
<i>fosinopril sodium</i>	2
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1
<i>moexipril hcl</i>	3
<i>perindopril erbumine</i>	2
<i>quinapril hcl</i> (generic of ACCUPRIL)	2
<i>ramipril</i> (generic of ALTACE)	2
<i>trandolapril</i> 1mg, 2mg	2
<i>trandolapril</i> (generic of MAVIK) 4mg	2
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone</i> (generic of INSPRA)	3
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg	1
<i>spironolactone</i> (generic of ALDACTONE) TABS 50mg, 100mg	2
ALPHA BLOCKERS	
<i>doxazosin mesylate</i> (generic of CARDURA) TABS	2
<i>prazosin hcl</i> (generic of MINIPRESS)	3
<i>terazosin hcl</i>	2
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	3
<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE)	3
<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE)	3
<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE)	3

Drug Name	Drug Requirements/ Tier Limits
<i>amlodipine besylate-valsartan</i> tab 10-320 mg (generic of EXFORGE)	3
ENTRESTO	3
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	2
<i>losartan potassium & hctz</i> tab 50-12.5 mg (generic of HYZAAR)	1
<i>losartan potassium & hctz</i> tab 100-12.5 mg (generic of HYZAAR)	1
<i>losartan potassium & hctz</i> tab 100-25 mg (generic of HYZAAR)	1
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	3
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	3
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	2
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan</i> (generic of AVAPRO)	2
<i>losartan potassium</i> (generic of COZAAR)	1
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	3
<i>telmisartan</i> (generic of MICARDIS)	3
<i>valsartan</i> (generic of DIOVAN)	2
ANTIARRHYTHMICS	
<i>amiodarone hcl soln</i>	4
<i>amiodarone</i> tab 100mg	4
<i>amiodarone</i> tab 200mg	2
<i>amiodarone</i> tab 400mg	4
<i>disopyramide phosphate</i> (generic of NORPACE) HR	4
<i>dofetilide</i> (generic of TIKOSYN)	4 NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR HR	4	
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	2	
<i>propafenone hcl</i>	3	
<i>propafenone hcl</i> 12hr (generic of RYTHMOL SR)	4	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	
<i>sorine</i> 240mg	2	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	
<i>sotalol hcl</i> 240mg	2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	1	
<i>lovastatin</i> 10mg, 20mg	1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	1	
<i>pravastatin sodium</i> 10mg	2	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	2	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	2	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>cholestyramine light</i> PACK	4	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	4	
<i>colestipol hcl gran</i> (generic of COLESTID)	4	
<i>colestipol hcl pack</i> (generic of COLESTID)	4	
<i>colestipol hcl tabs</i> (generic of COLESTID)	3	
<i>ezetimibe</i> (generic of ZETIA)	4	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	2	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	
JUXTAPID	5	NDS NM LA PA
KYNAMRO	5	NDS NM PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN)	4	
<i>niacor</i>	3	
PRALUENT	5	NDS NM PA
<i>prevalite</i> PACK	4	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	4	
VASCEPA	4	
WELCHOL	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	2	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	1	
<i>atenolol</i> TABS 50mg, 100mg	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL
QL (30 tabs / 30 days)		
BYSTOLIC 20mg	4	QL
QL (60 tabs / 30 days)		
<i>carvedilol</i> (generic of COREG)	2	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	2	
<i>metoprolol tartrate</i> SOCT	4	
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i> (generic of INDERAL LA)	3	
<i>propranolol hcl</i> TABS	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	3	
<i>cartia xt</i> 300mg	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	3	
<i>diltiazem cap 300mg cd</i>	3	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
<i>diltiazem hcl</i> TABS 90mg	2	
<i>diltiazem hcl cap sr 24hr</i>	3	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 360mg	3	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC) 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads cap sr</i> (generic of CARDIZEM CD) 180mg	3	
<i>diltiazem inj</i>	4	
<i>felodipine</i>	2	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	3	
<i>nifedipine er</i> (generic of ADALAT CC)	3	
<i>nimodipine</i> CAPS	5	NDS
NYMALIZE	5	NDS
<i>taztia xt</i> (generic of TIAZAC)	3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	3	
<i>verapamil cap er</i> 360mg	4	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS 40mg	2	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	2	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	2	
<i>verapamil tab er</i> (generic of CALAN SR)	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D Days Supply LA - Limited Access NDS - Non-Extended HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 70 years and older; HR	3	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 70 years and older; HR	3	PA
<i>digoxin inj</i> (generic of LANOXIN) HR	4	
<i>digoxin sol</i> 50mcg/ml PA if 70 years and older; HR	4	PA
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	4	
TEKTURNA HCT	4	
DIURETICS		
<i>acetazolamide</i> CP12	4	
<i>acetazolamide</i> TABS	3	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	2	
<i>amiloride hcl</i> TABS	3	
<i>bumetanide</i> SOLN	4	
<i>bumetanide</i> (generic of BUMEX) TABS	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>furosemide</i> SOLN	2	
<i>furosemide</i> (generic of LASIX) TABS	1	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
<i>torseamide tabs</i> 5mg, 100mg	2	
<i>torseamide tabs</i> (generic of DEMADEx) 10mg, 20mg	2	
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	2	
<i>triamterene</i> & <i>hydrochlorothiazide tabs</i> (generic of MAXZIDE)	1	
<i>triamterene</i> & <i>hydrochlorothiazide tabs</i> (generic of MAXZIDE-25)	1	
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	
CORLANOR	4	
DEMSEK	5	NDS PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
NORTHERA	5	NDS NM LA PA
RANEXA	4	
NITRATES		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i> (generic of NITRO-DUR)	3	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	3	
<i>nitroglycerin td patch</i> .1mg/hr	3	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS QL (90 tabs / 30 days)	5	NDS QL NM LA PA
LETAIRIS QL (30 tabs / 30 days)	5	NDS QL NM LA PA
REMODULIN	5	NDS NM LA PA
<i>sildenafil citrate tab 20 mg</i> (pulmonary hypertension) (generic of REVATIO) QL (90 tabs / 30 days)	3	QL NM PA
TRACLEER TABS 62.5mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
TRACLEER TABS 125mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
VENTAVIS	5	NDS NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	3	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	2	
<i>buspirone hcl</i> TABS 30mg	3	
<i>fluvoxamine maleate</i> TABS	3	
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	3	QL
ANTICONVULSANTS		
APTIOM 200mg QL (180 tabs / 30 days)	4	QL
APTIOM 400mg QL (90 tabs / 30 days)	4	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	5	NDS PA
BANZEL TAB 200MG	5	NDS PA
BANZEL TAB 400MG	5	NDS PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	4	PA
BRIVIACT TAB 10MG	4	PA
BRIVIACT TAB 25MG	4	PA
BRIVIACT TAB 50MG	4	PA
BRIVIACT TAB 75MG	4	PA
BRIVIACT TAB 100MG	4	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
CELONTIN	4	
<i>clonazepam</i> (generic of KILONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> (generic of KILONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> 3.75mg, 15mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (180 tabs / 30 days) PA if 65 years and older	4	QL PA
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	2	QL PA
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	4	
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	3	QL PA
<i>diazepam oral soln 1 mg/ml</i> QL (1200 mL / 30 days) PA if 65 years and older	3	QL PA
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHEW TAB 50MG	4	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
<i>epitol</i> (generic of TEGRETOL)	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NDS
<i>felbamate</i> (generic of FELBATOL) TABS	4	
FYCOMPA SUSP QL (720 mL / 30 days)	4	QL PA
FYCOMPA TABS 2mg, 4mg, 6mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	4	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	
<i>levetiracetam</i> (generic of KEPPRA) SOLN	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946 mL / 30 days)	3	QL
ONFI SOLN	5	NDS PA
ONFI TAB	5	NDS PA
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX PA if 70 years and older; HR	4	PA
<i>phenobarbital</i> TABS PA if 70 years and older; HR	3	PA
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 70 years and older; HR	4	PA
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 70 years and older; HR	4	PA
PHENYTEK	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	3	
<i>phenytoin sodium inj 50mg/ml</i>	4	
<i>primidone</i> (generic of MYSOLINE) TABS	2	
<i>roweepra</i> (generic of KEPPRA)	3	
<i>roweepra xr</i> (generic of KEPPRA XR)	3	
SABRIL TABS QL (180 tabs / 30 days)	5	NDS QL NM LA PA
SPRITAM	4	
<i>subvenite tab</i> (generic of LAMICTAL)	2	
<i>tiagabine hcl</i> (generic of GABITRIL)	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	4	
<i>topiramate</i> (generic of TOPAMAX) TABS	2	
<i>valproate sodium</i> (generic of DEPACON) SOLN	4	
<i>valproate sodium oral soln</i> (generic of DEPAKENE)	3	
<i>valproic acid</i> (generic of DEPAKENE)	3	
<i>vigabatrin powd pack 500mg</i> (generic of SABRIL) QL (180 packets / 30 days)	5	NDS QL NM LA PA
VIMPAT 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOL 10MG/ML QL (1200 mL / 30 days)	4	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
<i>zonisamide</i> CAPS 50mg	3	

ANTIDEMENTIA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	3	QL
<i>donepezil hydrochloride</i> TBDP 10mg	3	
EXELON PATCHES QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS QL (60 tabs / 30 days)	4	QL
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) QL (30 caps / 30 days)	4	QL
<i>memantine hcl cp24</i> (generic of NAMENDA XR) PA if < 30 yrs	4	PA
<i>memantine soln</i> PA if < 30 yrs	4	PA
<i>memantine tabs</i> (generic of NAMENDA) PA if < 30 yrs	3	PA
NAMZARIC	4	
<i>rivastigmine tartrate caps</i> 1.5mg, 3mg QL (90 caps / 30 days)	4	QL
<i>rivastigmine tartrate caps</i> 4.5mg, 6mg QL (60 caps / 30 days)	4	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS HR	3	
<i>amoxapine</i> HR	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS HR	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg HR	4	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg HR	4	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	4	QL PA
<i>doxepin hcl</i> CAPS; CONC HR	3	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	3	QL
EMSAM QL (30 patches / 30 days)	5	NDS QL PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS	2	
FETZIMA 20mg QL (180 caps / 30 days)	4	QL PA
FETZIMA 40mg QL (90 caps / 30 days)	4	QL PA
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i> (generic of PROZAC)	1	
<i>fluoxetine cap 20mg</i> (generic of PROZAC)	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended
Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine cap 40mg</i> (generic of PROZAC)	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS HR	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	2	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	2	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS HR	2	
<i>nortriptyline hcl</i> SOLN HR	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS HR	2	
PAXIL SUSP QL (900 mL / 30 days) HR	4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
<i>protriptyline hcl</i> HR	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS	1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg	2	
<i>trazodone tab 150mg</i>	2	
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 25mg QL (240 caps / 30 days) HR	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 50mg QL (120 caps / 30 days) HR	4	QL
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) HR	4	QL
TRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB QL (30 tabs / 30 days)	4	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	3	QL
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN QL (20 cartridges / 30 days)	5	NDS QL NM LA PA
<i>benztropine mesylate inj</i> (generic of COGENTIN)	4	
<i>benztropine mesylate tab</i> 0.5mg PA if 70 years and older; HR	3	PA
<i>benztropine mesylate tab 1mg</i> PA if 70 years and older; HR	3	PA
<i>benztropine mesylate tab 2mg</i> PA if 70 years and older; HR	3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier Limits
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	3
<i>carbidopa-levodopa</i> TBDP	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 50)	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 75)	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 100)	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 125)	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 150)	4
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 200)	4
<i>entacapone</i> (generic of COMTAN)	4
NEUPRO	4
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	2
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	2
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	2
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	2
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	2
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	2
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	4
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	2
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	2
<i>ropinirole tab 1mg</i> (generic of REQUIP)	2
<i>ropinirole tab 2mg</i> (generic of REQUIP)	2
<i>ropinirole tab 3mg</i> (generic of REQUIP)	2
<i>ropinirole tab 4mg</i> (generic of REQUIP)	2
<i>ropinirole tab 5mg</i> (generic of REQUIP)	2

Drug Name	Drug Requirements/ Tier Limits
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	3
<i>selegiline hcl</i> TABS	3
<i>trihexyphenidyl hcl</i> PA if 70 years and older; HR	3 PA
ANTIPSYCHOTICS	
ABILIFY MAINTENA QL (1 injection / 28 days)	4 QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	5 NDS QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	5 NDS QL
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4 QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	4 QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	4 QL
<i>chlorpromazine hcl</i> TABS	4
CHLORPROMAZINE INJ	4
<i>clozapine odt</i> (generic of FAZACLO)	4 PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3
<i>clozapine tab 50mg</i>	3
<i>clozapine tab 100mg</i> (generic of CLOZARIL)	4
<i>clozapine tab 200mg</i>	4
FANAPT QL (60 tabs / 30 days)	4 QL
FANAPT TITRATION PACK	4
<i>fluphenazine decanoate</i> SOLN	4
<i>fluphenazine hcl</i>	4
GEODON SOLR QL (6 mL / 3 days)	4 QL
<i>haloperidol</i> TABS	3
<i>haloperidol conc 2mg/ml</i>	3

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Tier	Drug Requirements/ Limits
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	3	QL
INVEGA 6mg QL (60 tabs / 30 days)	3	QL
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL
INVEGA TRINZA QL (1 injection / 90 days)	4	QL
LATUDA 20mg, 60mg, 80mg QL (60 tabs / 30 days)	4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
NUPLAZID TABS 17mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	4	QL

Drug Name	Tier	Drug Requirements/ Limits
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg QL (60 tabs / 30 days)	3	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine</i> TABS	4	
<i>pimozide</i> (generic of ORAP)	4	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	3	
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL
REXULTI 1mg QL (90 tabs / 30 days)	4	QL
REXULTI 2mg QL (60 tabs / 30 days)	4	QL
REXULTI 3mg, 4mg QL (30 tabs / 30 days)	4	QL
REXULTI .5mg QL (180 tabs / 30 days)	4	QL
REXULTI .25mg QL (360 tabs / 30 days)	4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN	4	
<i>risperidone</i> (generic of RISPERDAL) TABS	2	
<i>risperidone</i> TBDP .5mg QL (90 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	4	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	4	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ QL (600 mL / 30 days)	5	NDS QL PA
VRAYLAR 1.5mg QL (60 caps / 30 days)	4	QL PA
VRAYLAR 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	4	QL PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	4	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine cap sr 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine</i> mine tab 5 mg (generic of ADDERALL) QL (360 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine</i> mine tab 7.5 mg (generic of ADDERALL) QL (240 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine</i> mine tab 10 mg (generic of ADDERALL) QL (180 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine</i> mine tab 12.5 mg (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine</i> mine tab 15 mg (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	4	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	3	QL
<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older; HR	3	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL
HYPNOTICS		
BELSOMRA QL (30 tabs / 30 days)	4	QL
HETLIOZ	5	NDS NM LA PA
SILENOR 3mg QL (60 tabs / 30 days) HR (doses > 6mg/day)	3	QL
SILENOR 6mg QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year; HR	2	QL PA
MIGRAINE		
<i>dihydroergotamine mesylate inj 1 mg/ml</i> (generic of D.H.E. 45)	5	NDS
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	5	NDS QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT) TABS	4	
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	3	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> 5mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) 10mg QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	3	QL
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (18 injections / 30 days)	4	QL
<i>sumatriptan inj 4mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (18 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	4	QL
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	4	QL
<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	2	QL

MISCELLANEOUS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended
Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
AUSTEDO 6mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
AUSTEDO 9mg, 12mg QL (120 tabs / 30 days)	5	NDS QL NM LA PA
<i>lithium carbonate</i> CAPS; TABS	2	
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	
<i>lithium carbonate er</i> 450mg	2	
LITHIUM SOLN 8MEQ/5ML	4	
NUDEXTA QL (60 caps / 30 days)	4	QL PA
<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	3	
<i>riluzole</i> (generic of RILUTEK)	3	
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	5	NDS QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	5	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NDS NM LA PA
BETASERON QL (14 syringes / 28 days)	5	NDS QL NM PA
COPAXONE INJ 20MG/ML QL (30 syringes / 30 days)	5	NDS QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	NDS QL NM PA
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5	NDS QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 70 years and older; HR	3	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	4	
<i>dantrolene sodium</i> CAPS 100mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>tizanidine hcl</i> TABS 2mg	2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (90 tabs / 30 days)	4	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg, 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
XYREM QL (540 mL / 30 days)	5	NDS QL NM LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL QL (90 tabs / 30 days)	3	QL PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	4	QL
VIVITROL	5	NDS NM
ENDOCRINE AND METABOLIC ANDROGENS		

Drug Name	Drug Requirements/ Tier	Limits
ANADROL-50	5	NDS PA
ANDRODERM QL (30 patches / 30 days)	4	QL PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i> (generic of OXANDRIN)	4	PA
<i>testosterone GEL 1%</i> QL (300 grams / 30 days)	4	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 grams / 30 days)	4	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	2	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BCISE QL (4 pens / 28 days)	3	QL
BYDUREON INJ QL (4 vials / 28 days)	3	QL
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	NDS B/D
HUMULIN R U-500 KWIKPEN	5	NDS
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN 70/30 (brand RELION not covered)	3	
NOVOLIN N (brand RELION not covered)	3	
NOVOLIN R (brand RELION not covered)	3	
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE QL (1 pen / 28 days)	3	QL
OZEMPIC INJ 1MG/DOSE QL (2 pens / 28 days)	3	QL
SOLIQUA 100/33 QL (10 pens / 30 days)	3	QL
TRESIBA FLEXTOUCH	2	
TRULICITY QL (4 pens / 28 days)	3	QL
VICTOZA QL (3 pens / 30 days)	3	QL
XULTOPHY 100/3.6 QL (5 pens / 30 days)	3	QL
ANTIDIABETICS, ORAL		
acarbose (generic of PRECOSE)	3	
FARXIGA 5mg QL (60 tabs / 30 days)	3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	3	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	3	QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	3	QL
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	2	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	2	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	QL
glipizide xl (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	2	QL
glipizide xl (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	2	QL
glipizide xl (generic of GLUCOTROL XL) 10mg QL (60 tabs / 30 days)	2	QL
JANUMET QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA QL (30 tabs / 30 days)	3	QL
JARDIANCE 10mg QL (60 tabs / 30 days)	3	QL
JARDIANCE 25mg QL (30 tabs / 30 days)	3	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	3	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	3	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	3	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	3	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
SYNJARDY TAB 12.5-500MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000MG QL (30 tabs / 30 days)	3	QL
TRADJENTA QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 2.5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	3	QL
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 40mg	1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1	
<i>ibandronate sodium</i> (generic of BONIVA) TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	4	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	4	B/D
<i>pamidronate inj</i> 30mg	4	B/D
<i>pamidronate inj</i> 90mg	4	B/D
<i>zoledronic acid inj</i> 5mg/100ml (generic of RECLAST)	4	B/D NM
<i>zoledronic inj</i> 4mg/5ml (generic of ZOMETA)	4	B/D NM

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	5	NDS B/D QL NM
SENSIPAR 60mg QL (60 tabs / 30 days)	5	NDS B/D QL NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	NDS
JADENU	5	NDS NM LA PA
JADENU SPRINKLE	5	NDS NM LA PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps</i>	3	
<i>trientine hcl</i> (generic of SYPRINE)	5	NDS PA
CONTRACEPTIVES		
<i>altavera tab</i>	3	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	
<i>apri</i>	3	
<i>aranelle</i> (generic of TRI-NORINYL 28)	3	
<i>abra</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	3	
<i>briellyn</i>	3	
<i>camila</i>	3	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>cyred tab</i>	3	
<i>dasetta 1/35</i> (generic of ORTHO-NOVUM 1/35)	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>dasetta 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>deblitane</i>	3	
<i>delyla</i>	3	
<i>desogestrel & ethinyl estradiol</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	3	
ELLA	4	
<i>emoquette</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>errin</i> (generic of ORTHO MICRONOR)	3	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3	
<i>ethynodiol diacet & eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	3	
<i>femynor</i> (generic of ORTHO-CYCLEN)	3	
<i>gianvi</i> (generic of YAZ)	3	
<i>heather</i>	3	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jolessa</i>	3	
<i>jolivette</i> (generic of ORTHO MICRONOR)	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	3	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	3	
<i>kariva</i> (generic of MIRCETTE)	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended
Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier Limits
<i>kimidess</i> (generic of MIRCETTE)	3
<i>kurvelo</i>	3
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>larissia tab</i>	3
<i>leena</i> (generic of TRI-NORINYL 28)	3
<i>lessina</i>	3
<i>levonest</i>	3
<i>levonor/ethi tab</i>	3
<i>levonorgestrel & eth estradiol</i>	3
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30-28</i>	3
<i>loryna</i> (generic of YAZ)	3
<i>low-ogestrel</i>	3
<i>lutra</i>	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3
<i>marlissa</i>	3
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	3
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>mili</i> (generic of ORTHO-CYCLEN)	3
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	3
<i>mononessa</i> (generic of ORTHO-CYCLEN)	3
<i>myzilra</i>	3

Drug Name	Drug Requirements/ Tier Limits
<i>necon 0.5/35-28</i>	3
<i>necon 1/50-28</i>	3
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
<i>nikki</i> (generic of YAZ)	3
<i>nora-be</i>	3
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	3
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	3
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> 0.18-35/0.215-35/0.25-35 mg-mcg (generic of ORTHO TRI-CYCLEN)	3
<i>norlyroc</i>	3
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	3
NUVARING	4
<i>ocella</i> (generic of YASMIN 28)	3
<i>orsythia</i>	3
<i>philith</i>	3
<i>pimtrea</i> (generic of MIRCETTE)	3
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	3
<i>portia-28</i>	3
<i>previfem</i> (generic of ORTHO-CYCLEN)	3
<i>quasense</i>	3
<i>reclipsen</i>	3
<i>setlakin tab</i>	3
<i>sharobel</i> (generic of ORTHO MICRONOR)	3

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier Limits
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	3
<i>sronyx</i>	3
<i>syeda</i> (generic of YASMIN 28)	3
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
<i>tilia fe</i> (generic of ESTROSTEP FE)	3
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	3
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>tri-mili</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-vylibra</i> (generic of ORTHO TRI-CYCLEN)	3
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	3
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	3
<i>trivora-28</i>	3
<i>tulana</i>	3
<i>velivet</i>	3
<i>vestura</i> (generic of YAZ)	3
<i>vienva</i>	3
<i>violele</i> (generic of MIRCETTE)	3
<i>vyfemla</i>	3
<i>vylibra</i> (generic of ORTHO-CYCLEN)	3
<i>xulane</i>	4
<i>zarah</i> (generic of YASMIN 28)	3
<i>zenchent</i>	3
<i>zovia 1/35e</i>	3
<i>zovia 1/50e</i>	3

Drug Name	Drug Requirements/ Tier Limits
ENDOMETRIOSIS	
<i>danazol</i> CAPS	4
SYNAREL	5 NDS
ENZYME REPLACEMENTS	
ADAGEN	5 NDS NM LA PA
ALDURAZYME	5 NDS NM LA PA
CARBAGLU	5 NDS NM LA PA
CERDELGA	5 NDS NM PA
CEREZYME	5 NDS NM LA PA
CYSTADANE POW	5 NDS NM LA
CYSTAGON	4 NM LA PA
FABRAZYME	5 NDS NM LA PA
KUVAN	5 NDS NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	4 B/D
LUMIZYME	5 NDS NM LA PA
<i>miglustat</i>	5 NDS NM PA
NAGLAZYME	5 NDS NM LA PA
ORFADIN	5 NDS NM LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5 NDS NM PA
ESTROGENS	
DELESTROGEN 10mg/ml	4
ESTRACE CREA	3
<i>estradiol</i> (generic of CLIMARA) PTWK HR	3
<i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg HR	2
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	4
<i>fyavolv</i> HR	3

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>fyavolv</i> (generic of FEMHRT LOW DOSE) HR	3	
<i>jinteli</i> HR	3	
<i>norethindrone acetate-ethinyl estradiol</i> HR	3	
<i>norethindrone acetate-ethinyl estradiol</i> (generic of FEMHRT LOW DOSE) HR	3	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	4	
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ss inj</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	2	
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	3	B/D
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL)	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISONE CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	2	
<i>prednisone pak 10mg</i>	2	
<i>prednisone sol 5mg/5ml</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>prednisone tab 1mg</i>	2	B/D
<i>prednisone tab 2.5mg</i>	2	B/D
<i>prednisone tab 5mg</i>	2	B/D
<i>prednisone tab 10mg</i>	2	B/D
<i>prednisone tab 20mg</i>	2	B/D
<i>prednisone tab 50mg</i>	2	B/D
SOLU-CORTEF	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	3	B/D
FORTEO	5	NDS NM PA
GENOTROPIN	5	NDS NM PA
GENOTROPIN MINIQUICK .2mg	4	NM PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS NM PA
INCRELEX	5	NDS NM LA PA
KORLYM	5	NDS NM LA PA
LUPRON DEP-PED INJ 7.5MG	5	NDS NM PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NDS NM PA
LUPRON DEPOT-PED (1-MONTH)	5	NDS NM PA
LUPRON DEPOT-PED (3-MONTH)	5	NDS NM PA
NATPARA	5	NDS NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml	4	NM PA
<i>octreotide acetate</i> 200mcg/ml	4	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml	5	NDS NM PA
<i>octreotide acetate</i> 1000mcg/ml	5	NDS NM PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended
Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
PROLIA QL (1 injection / 180 days)	4	QL NM
<i>raloxifene tab 60mg</i> (generic of EVISTA)	3	
SIGNIFOR	5	NDS NM LA PA
SOMATULINE DEPOT	5	NDS NM PA
SOMAVERT	5	NDS NM LA PA
TYMLOS	5	NDS NM PA
XGEVA	5	NDS NM PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	4	QL
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	4	QL
<i>calcium acetate (phosphate binder)</i> TABS QL (360 tabs / 30 days)	3	QL
RENVELA PAK 0.8GM QL (540 packets / 30 days)	3	QL
RENVELA PAK 2.4GM QL (180 packets / 30 days)	3	QL
RENVELA TAB 800MG QL (540 tabs / 30 days)	3	QL
PROGESTINS		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	2	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	3	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
VASOPRESSINS		

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray</i> (generic of DDAVP)	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	3	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	4	
STIMATE	5	NDS NM
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	4	B/D
<i>aprepitant pak 80mg & 125mg</i>	4	B/D
<i>compro</i>	4	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	4	B/D QL
EMEND SUSR	4	B/D
<i>granisetron hcl</i> SOLN	4	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS HR	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	2	
<i>metoclopramide hcl inj</i>	4	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> TABS 24mg	3	B/D
<i>ondansetron hcl inj</i>	4	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	4	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	3	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> TABS	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl</i> SYRP; TABS PA if 70 years and older; HR	2	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>promethazine hcl inj</i> (generic of PHENERGAN) PA if 70 years and older; HR	4	PA
<i>scopolamine patch</i> (generic of TRANSDERM-SCOP) QL (10 patches / 30 days) PA if 70 years and older; HR	4	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl cap 10mg</i> (generic of BENTYL) HR	3	
<i>dicyclomine hcl soln 10mg/5ml</i> HR	4	
<i>dicyclomine hcl tab 20mg</i> HR	3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine in nacl</i>	4	
<i>famotidine inj</i>	4	
<i>famotidine tab</i> (generic of PEPCID)	2	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS	2	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	4	
<i>ranitidine inj</i> (generic of ZANTAC)	4	
<i>ranitidine syrup</i>	3	
INFLAMMATORY BOWEL DISEASE		
APRISO QL (120 caps / 30 days)	3	QL
ASACOL HD	4	
<i>balsalazide disodium</i> (generic of COLAZAL)	4	
<i>budesonide ec</i> (generic of ENTOCORT EC)	4	
CANASA	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>colocort</i> (generic of CORTENEMA)	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	4	
<i>mesalamine ENEM</i>	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	2	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	
<i>gavilyte-g</i> (generic of GOLYTELY)	2	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	2	
<i>polyethylene glycol 3350</i> PACK	3	
<i>polyethylene glycol 3350</i> POWD	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	
MISCELLANEOUS		

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>alosetron hcl</i> (generic of LOTRONEX)	5	NDS PA
AMITIZA 8mcg QL (180 caps / 30 days)	3	QL
AMITIZA 24mcg QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM)	5	NDS
<i>diphenoxylate w/ atropine</i> LIQD HR	4	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS HR	3	
GATTEX	5	NDS NM LA PA
LINZESS QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
RELISTOR SOLN	5	NDS PA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
SYMPROIC	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NDS PA
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	4	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	4	QL
<i>esomeprazole sodium inj</i> 20mg	4	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	4	
<i>lansoprazole</i> (generic of PREVACID) CPDR QL (30 caps / 30 days)	3	QL
<i>omeprazole cap 10mg</i>	2	
<i>omeprazole cap 20mg</i>	2	
<i>omeprazole cap 40mg</i>	2	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR	4	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL)	2	
<i>dutasteride</i> (generic of AVODART) CAPS QL (30 caps / 30 days)	3	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 15) 15meq	4	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 5) 540mg	4	
<i>potassium citrate (alkalinizer) er tabs</i> (generic of UROCIT-K 10) 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>oxybutynin chloride</i> SYRP; TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24	3	
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	4	QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	ST
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride</i> TABS	3	
VESICARE QL (30 tabs / 30 days)	4	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN)	3	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> CREA .8%	3	
<i>terconazole vaginal</i> SUPP	3	
<i>vandazole</i>	4	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i> (generic of LOVENOX)	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>heparin sod (porcine) in d5w</i>	4	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA	4	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	3	
XARELTO STARTER PACK	3	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	5	NDS NM PA
NEUPOGEN	5	NDS NM PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NDS NM PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
BERINERT QL (24 boxes / 30 days)	5	NDS QL NM LA PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NDS NM LA PA
FIRAZYR QL (9 syringes / 30 days)	5	NDS QL NM PA
HAEGARDA 2000unit QL (30 vials / 30 days)	5	NDS QL NM LA PA
HAEGARDA 3000unit QL (20 vials / 30 days)	5	NDS QL NM LA PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA 12.5mg QL (360 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	5	NDS QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	5	NDS QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	3	
PLATELET AGGREGATION INHIBITORS		

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i> (generic of PLAVIX)	1	
<i>prasugrel hcl</i> (generic of EFFIENT)	4	
ZONTIVITY	4	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA 10mg/0.1ml, 20mg/0.2ml QL (2 injections / 28 days)	5	NDS QL NM PA
HUMIRA 40mg/0.4ml QL (6 injections / 28 days)	5	NDS QL NM PA
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	5	NDS QL NM PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	5	NDS QL NM PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NDS NM PA
HUMIRA PEN QL (6 pens / 28 days)	5	NDS QL NM PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NDS NM PA
HUMIRA PEN INJ PS/UV STARTER	5	NDS NM PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	3	
<i>leflunomide</i> (generic of ARAVA) TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NDS NM PA
XATMEP	4	B/D
XELJANZ QL (60 tabs / 30 days)	5	NDS QL NM PA
XELJANZ XR QL (30 tabs / 30 days)	5	NDS QL NM PA

IMMUNOGLOBULINS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D Days Supply **HR** - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
BIVIGAM	5	NDS NM PA
CARIMUNE NANOFILTERED	5	NDS NM PA
FLEBOGAMMA DIF	5	NDS NM PA
GAMASTAN S/D	3	B/D NM
GAMMAGARD LIQUID	5	NDS NM PA
GAMMAGARD S/D	5	NDS NM PA
GAMMAKED	5	NDS NM PA
GAMMAPLEX	5	NDS NM PA
GAMMAPLEX 10GM/100ML	5	NDS NM PA
GAMUNEX-C	5	NDS NM PA
OCTAGAM	5	NDS NM PA
PRIVIGEN	5	NDS NM PA
IMMUNOMODULATORS		
ACTIMMUNE	5	NDS NM LA PA
ARCALYST	5	NDS NM PA
INTRON-A INJ 10MU	5	NDS B/D NM
INTRON-A INJ 18MU	5	NDS B/D NM
INTRON-A INJ 25MU	5	NDS B/D NM
INTRON-A INJ 50MU	5	NDS B/D NM
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NDS NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	4	B/D
<i>gengraf</i> (generic of NEORAL)	4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	5	NDS B/D
<i>mycophenolate sodium tbec</i> (generic of MYFORTIC)	4	B/D
NULOJIX	5	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
RAPAMUNE SOLN	5	NDS B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	5	NDS B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	NDS B/D
ZORTRESS TAB 0.25MG	5	NDS B/D
ZORTRESS TAB 0.75MG	5	NDS B/D
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	4	
BOOSTRIX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	4	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	4	
KINRIX	3	
M-M-R II	3	
MENACTRA	4	
MENVEO	4	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	

Drug Name	Drug Requirements/ Tier	Limits
SHINGRIX QL (2 vials per lifetime)	4	QL
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	4	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	4	
YF-VAX	4	
ZOSTAVAX QL (1 vial per lifetime)	4	QL
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	3	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate</i> SOLN 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq	2	
<i>potassium chloride</i> (generic of K-TAB) TBCR 20meq	2	
<i>potassium chloride</i> <i>microencapsulated crystals er</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	4	
<i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D
IV NUTRITION		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	4	
DEXTROSE 5% /ELECTROLYTE	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/potassium chl</i>	4	
<i>dextrose 10% flex contain</i>	4	
DEXTROSE 10%/NACL 0.2%	4	
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose in lactated ringers</i>	4	
<i>dextrose inj 70%</i>	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl/d5w inj 0.3%</i>	4	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	4	
<i>kcl/d5w/nacl inj .15/.33%</i>	4	
<i>kcl/d5w/nacl inj .15/.45%</i>	4	
<i>kcl/nacl inj 0.3-0.9</i>	4	
<i>kcl/nacl inj 0.15%-0.9%</i>	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>lactated ringer's</i>	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	4	
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	4	
<i>potassium chloride in nacl</i>	4	
<i>sod chloride inj 0.9%</i>	4	
<i>sodium chloride SOLN 3%, 5%</i>	4	
<i>sodium chloride 0.45%</i>	4	
VITAMINS		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	4	B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	4	B/D
<i>paricalcitol CAPS 4mcg</i>	4	B/D
PNV PRENATAL TAB PLUS	3	
RAYALDEE	5	NDS
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
AZASITE	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	3	
MOXEZA	4	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidi n (generic of NEOSPORIN)</i>	3	
<i>ofloxacin (ophth) (generic of OCUFLOX)</i>	2	
<i>polymyxin b-trimethoprim (generic of POLYTRIM)</i>	2	
<i>sulfacetamide sodium (ophth) OINT</i>	3	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN</i>	3	
<i>tobramycin (ophth) (generic of TOBREX)</i>	2	
<i>trifluridine (generic of VIROPTIC) SOLN</i>	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	4	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine (ophth) (generic of ACULAR LS) .4%</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier Limits
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	3
LOTEMAX	3
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	3
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3
PROLENSA	3
ANTIALLERGICS	
<i>azelastine drop 0.05%</i>	3
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	2
LASTACFT	4
<i>olopatadine hcl 0.2%</i> (generic of PATADAY)	4
PAZEO	3
ANTI GLAUCOMA	
ALPHAGAN P SOL 0.1%	3
ALPHAGAN P SOL 0.15%	3
AZOPT	4
<i>betaxolol hcl (ophth)</i>	3
BETOPTIC-S	4
<i>brimonidine sol 0.2%</i>	2
<i>carteolol hcl (ophth)</i>	2
COMBIGAN	3
<i>dorzolamide hcl</i> (generic of TRUSOPT)	3
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	3
ISTALOL	3
<i>latanoprost</i> (generic of XALATAN) SOLN	2
<i>levobunolol hcl</i> (generic of BETAGAN)	2
LUMIGAN	3
<i>metipranolol</i>	3
PHOSPHOLINE IODIDE	4
<i>pilocarpine hcl</i> (generic of ISOPTO CARPINE) SOLN	3
SIMBRINZA	4
<i>timolol maleate (ophth) soln</i> (generic of TIMOPTIC)	2
<i>timolol maleate gel .5%</i>	4

Drug Name	Drug Requirements/ Tier Limits
<i>timolol maleate gel</i> (generic of TIMOPTIC-XE) .25%	4
TRAVATAN Z	3
MISCELLANEOUS	
CYSTARAN	5 NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	3
RESTASIS QL (60 single use vials / 30 days)	3 QL
RESTASIS MULTIDOSE QL (1 bottle / 30 days)	3 QL
RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPTA QL (60 blisters / 30 days)	3 QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	3 QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4 QL
<i>ipratropium-albuterol nebu</i>	3 B/D
TRELEGY ELLIPTA QL (60 blisters / 30 days)	3 QL
ANTICHOLINERGICS	
ATROVENT HFA QL (2 inhalers / 30 days)	4 QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	3 QL
<i>ipratropium bromide SOLN</i>	2 B/D
<i>ipratropium bromide (nasal)</i>	3
ANTI HISTAMINES	
<i>azelastine spr 0.1%</i>	3
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	4
<i>cetirizine syrup</i>	2
<i>cyproheptadine hcl</i> SYRP; TABS PA if 70 years and older; HR	3 PA
<i>diphenhydramine hcl inj</i> 50mg/ml	4

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine hcl</i> SYRP PA if 70 years and older; HR	3	PA
<i>hydroxyzine hcl</i> TABS PA if 70 years and older; HR	2	PA
<i>hydroxyzine hcl inj</i> PA if 70 years and older; HR	4	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older; HR	2	PA
<i>levocetirizine dihydrochloride</i> TABS	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
SEREVENT DISKUS QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>zafirlukast</i> (generic of ACCOLATE)	3	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NDS NM LA PA
DALIRESP	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	3	
ESBRIET	5	NDS NM PA
KALYDECO	5	NDS NM PA
OFEV	5	NDS NM PA
ORKAMBI	5	NDS NM PA
PROLASTIN-C	5	NDS NM LA PA
PULMOZYME	5	NDS NM PA
SYMDEKO	5	NDS NM LA PA
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NDS NM LA PA
ZEMAIRA	5	NDS NM LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (3 bottles / 30 days)	3	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	2	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
ADVAIR DISKUS QL (60 inhalations / 30 days)	3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
TOPICAL		
DERMATOLOGY, ACNE		
<i>amnestem</i>	4	PA
<i>avita</i> (generic of RETIN-A) CREA	4	PA
<i>avita</i> GEL	4	PA
<i>claravis</i>	4	PA
<i>clindacin-p</i> (generic of CLEOCIN-T)	3	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T) GEL; LOTN	4	
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T) SOLN; SWAB	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	4	
<i>tretinoin</i> (generic of RETIN-A) CREA	4	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	2	
<i>ssd</i> (generic of SILVADENE)	2	
SULFAMYLLON CREA	4	

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (generic of LOPROX) CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	4	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i> (generic of LOTRISONE) CREA	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE) 10mg, 25mg	4	PA
<i>acitretin</i> 17.5mg	4	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> OINT QL (120 gm / 30 days)	4	QL PA
<i>calcipotriene</i> SOLN QL (120 mL / 30 days)	4	QL PA
<i>calcitrene</i> QL (120 gm / 30 days)	4	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA	3	PA
TAZORAC CREA .05%	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate</i> (<i>topical</i>) CREA; LOTN	3	
<i>betamethasone dipropionate</i> (<i>topical</i>) OINT	4	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at
mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended
Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
<i>betamethasone dipropionate augmented</i> GEL	4	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	4	
<i>hydrocortisone (topical)</i> CREA	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>mometasone furoate</i> (generic of ELOCON) CREA	2	
<i>mometasone furoate</i> (generic of ELOCON) OINT	3	
<i>mometasone furoate</i> SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> QL (30 mL / 30 days)	3	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	3	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	2	QL PA
<i>lidocaine oint 5%</i> QL (50 grams / 30 days)	4	QL PA
<i>lidocaine-prilocaine</i> QL (30 grams / 30 days)	3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA	3	
<i>ammonium lactate</i> LOTN	3	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> (generic of ALDARA) CREA	4	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	4	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	NDS
PICATO .05% QL (2 tubes / 30 days)	3	QL
PICATO .015% QL (3 tubes / 30 days)	3	QL
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i> (generic of ANUSOL-HC)	3	
<i>procto-pak</i> (generic of PROCTOCORT)	3	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	3	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	3	
<i>rosadan</i> (generic of METROCREAM)	4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	4	
TARGRETIN GEL	5	NDS NM PA
VALCHLOR	5	NDS NM LA PA
VOLTAREN GEL 1%	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	4	
<i>permethrin cre 5%</i> (generic of ELIMITE)	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	NDS PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	3	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	2	
<i>clotrimazole</i> LOZG	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	2	
<i>periogard</i> (generic of PERIDEX)	2	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	4	
<i>triamcinolone acetonide (mouth)</i>	3	
OTIC		
<i>acetic acid (otic)</i>	3	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply HR - High Risk Medication

Index

A	
<i>abacavir sulfate</i>.....5	see <i>ketorolac</i>
<i>abacavir sulfate-lamivudine</i> .6	<i>tromethamine (ophth)</i>....41
<i>abacavir sulfate-lamivudine-zidovudine</i>.....6	<i>acyclovir</i>.....6
ABELCET.....5	<i>acyclovir sodium</i> .....7
ABILIFY	ADACEL .....39
see <i>aripiprazole tab</i>.....22	ADAGEN.....32
ABILIFY MAINTENA .....22	ADALAT CC
ABRAXANE .....9	see <i>afeditab cr</i> 15
<i>acamprosate calcium</i> .....27	see <i>nifedipine er</i> 15
<i>acarbose</i>.....28	ADDERALL
ACCOLATE	see
see <i>zafirlukast</i> .....43	<i>amphetamine-dextroamphetamine tab 10 mg</i>.....24
ACCUPRIL	see
see <i>quinapril hcl</i> .....13	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>.....24
ACCURETIC	see
see	<i>amphetamine-dextroamphetamine tab 15 mg</i>.....24
<i>quinapril-hydrochlorothiazide</i>	see
<i>de</i> .....12	<i>amphetamine-dextroamphetamine tab 20 mg</i>.....25
<i>acebutolol hcl</i>.....14	see
<i>acetaminophen w/ codeine 300-15mg</i>.....1	<i>amphetamine-dextroamphetamine tab 30 mg</i>.....25
<i>acetaminophen w/ codeine 300-30mg</i>.....1	see
<i>acetaminophen w/ codeine 300-60mg</i>.....1	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....24
<i>acetaminophen w/ codeine soln</i> .....1	see
<i>acetazolamide</i>.....16	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>.....24
<i>acetic acid</i>.....46	ADDERALL XR
<i>acetic acid (otic)</i>.....46	see
<i>acetylcysteine</i> .....43	<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>
<i>acitretin</i> .....44	.....24
ACTHIB.....39	see
ACTIGALL	<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>
see <i>ursodiol</i>.....36	.....24
ACTIMMUNE .....38	see
ACTIQ	<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>
see <i>fentanyl citrate</i> .....2	.....24
ACTOS	see
see <i>pioglitazone hcl</i>.....29	<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>
ACULAR	.....24
see <i>ketorolac</i>	see
<i>tromethamine (ophth)</i>....42	<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>
ACULAR LS	.....24
	see
	<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>
	.....24
	see
	<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>
	.....24
	<i>adefovir dipivoxil</i> .....7
	ADEMPAS 17
	<i>adriamycin</i> 9
	<i>adrucil</i>.....9
	ADVAIR DISKUS .....44
	ADVAIR HFA .....44
	<i>afeditab cr</i> 15
	AFINITOR 11
	AFINITOR DISPERZ 11
	AGGRENOX
	see <i>aspirin-dipyridamole</i> 38
	AGRYLIN
	see <i>anagrelide hcl</i>.....37
	<i>ala-cort</i>.....44
	ALBENZA .....3
	<i>albuterol sulfate</i> .....43
	ALCAINE
	see <i>proparacaine hcl</i>....42
	<i>alclometasone dipropionate</i>
	.....44
	ALCOHOL SWABS.....27
	ALDACTAZIDE
	see <i>spironolactone & hydrochlorothiazide</i> 16
	ALDACTONE
	see <i>spironolactone</i> 13
	ALDARA
	see <i>imiquimod</i>.....45
	ALDURAZYME 32
	ALECENSA 11
	<i>alendronate sodium</i> .....29
	<i>alfuzosin hcl</i>.....36
	ALIMTA.....9
	ALINIA .....4
	<i>allopurinol tab</i> 1
	<i>alosetron hcl</i>.....36
	ALPHAGAN P SOL 0.1% .42
	ALPHAGAN P SOL 0.15%42

<i>alprazolam tab 0.25mg</i> .....17	<i>besylate-benazepril hcl cap</i>	<i>amphetamine-dextroamphet</i>
<i>alprazolam tab 0.5mg</i> .....17	<i>2.5-10 mg</i>.....12	<i>amine tab 15 mg</i>.....24
<i>alprazolam tab 1mg</i> .....17	<i>amlodipine</i>	<i>amphetamine-dextroamphet</i>
<i>alprazolam tab 2 mg</i> .....17	<i>besylate-benazepril hcl cap</i>	<i>amine tab 20 mg</i>.....25
ALREX.....41	<i>5-10 mg</i>.....12	<i>amphetamine-dextroamphet</i>
ALTACE	<i>amlodipine</i>	<i>amine tab 30 mg</i>.....25
<i>see ramipril</i>.....13	<i>besylate-benazepril hcl cap</i>	<i>amphetamine-dextroamphet</i>
<i>altavera tab</i>.....30	<i>5-20 mg</i>.....12	<i>amine tab 5 mg</i>.....24
ALUNBRIG.....11	<i>amlodipine</i>	<i>amphetamine-dextroamphet</i>
<i>alyacen 1/35</i>.....30	<i>besylate-benazepril hcl cap</i>	<i>amine tab 7.5 mg</i>.....24
<i>amantadine hcl</i>.....21	<i>5-40 mg</i>.....12	<i>amphotericin b</i>.....5
AMARYL	<i>amlodipine</i>	<i>ampicillin & sulbactam</i>
<i>see glimepiride</i> .....28	<i>besylate-olmesartan</i>	<i>sodium</i>.....8
AMBIEN	<i>medoxomil</i> .....13	<i>ampicillin cap 500mg</i> .....8
<i>see zolpidem tartrate</i>.....25	<i>amlodipine</i>	<i>ampicillin inj</i> .....8
AMBISOME.....5	<i>besylate-valsartan tab</i>	<i>ampicillin sodium</i> .....8
AMERGE	<i>10-160 mg</i>.....13	AMPYRA .....26
<i>see naratriptan hcl</i>.....25	<i>amlodipine</i>	ANADROL-50 .....27
<i>amikacin sulfate</i> .....3	<i>besylate-valsartan tab</i>	ANAFRANIL
<i>amiloride &</i>	<i>10-320 mg</i>.....13	<i>see clomipramine hcl</i> ....20
<i>hydrochlorothiazide</i>.....16	<i>amlodipine</i>	<i>anagrelide hcl</i> .....37
<i>amiloride hcl</i>.....16	<i>besylate-valsartan tab 5-160</i>	<i>anastrozole</i> .....10
AMINOSYN.....40	<i>mg</i>.....13	ANCOBON
AMINOSYN	<i>amlodipine</i>	<i>see flucytosine</i> .....5
<i>7%/ELECTROLYTES</i> .....40	<i>besylate-valsartan tab 5-320</i>	ANDRODERM .....27
<i>aminosyn 8.5%/electrolyte</i> 40	<i>mg</i>.....13	ANDROGEL
<i>aminosyn ii 8.5%/electrol</i> ..40	<i>ammonium lactate</i> .....45	<i>see testosterone</i>.....27
AMINOSYN II INJ 10% .....40	<i>amnesteem</i>.....44	ANORO ELLIPTA .....42
AMINOSYN II INJ 8.5% ....40	<i>amoxapine</i> .....20	ANTABUSE
AMINOSYN M.....40	<i>amoxicillin</i> .....8	<i>see disulfiram</i>.....27
AMINOSYN-HBC .....40	<i>amoxicillin & pot clavulanate</i>	ANUSOL-HC
AMINOSYN-PF 10%.....40	.....8	<i>see procto-med hc</i> .....45
AMINOSYN-PF 7%.....40	<i>amphetamine-dextroamphet</i>	<i>see proctosol hc cre 2.5%</i>
AMINOSYN-RF .....40	<i>amine cap sr 24hr 10 mg</i> ..24	.....45
<i>amiodarone hcl soln</i>.....13	<i>amphetamine-dextroamphet</i>	<i>see proctozone-hc</i>.....45
<i>amiodarone tab 100mg</i> ....13	<i>amine cap sr 24hr 15 mg</i> ..24	APOKYN.....21
<i>amiodarone tab 200mg</i> ....13	<i>amphetamine-dextroamphet</i>	<i>aprepitant</i>.....34
<i>amiodarone tab 400mg</i> ....13	<i>amine cap sr 24hr 20 mg</i> ..24	<i>aprepitant pak 80mg &</i>
AMITIZA.....36	<i>amphetamine-dextroamphet</i>	<i>125mg</i>.....34
<i>amitriptyline hcl</i> .....20	<i>amine cap sr 24hr 25 mg</i> ..24	<i>apri</i>.....30
<i>amlodipine besylate</i> .....15	<i>amphetamine-dextroamphet</i>	APRISO .....35
<i>amlodipine</i>	<i>amine cap sr 24hr 30 mg</i> ..24	APTIOM.....17
<i>besylate-benazepril hcl cap</i>	<i>amphetamine-dextroamphet</i>	APTIVUS .....5
<i>10-20 mg</i>.....12	<i>amine cap sr 24hr 5 mg</i> ....24	ARALAST NP .....43
<i>amlodipine</i>	<i>amphetamine-dextroamphet</i>	<i>aranelle</i>.....30
<i>besylate-benazepril hcl cap</i>	<i>amine tab 10 mg</i> .....24	ARAVA
<i>10-40 mg</i>.....12	<i>amphetamine-dextroamphet</i>	<i>see leflunomide</i>.....38
<i>amlodipine</i>	<i>amine tab 12.5 mg</i> .....24	ARCALYST.....38

ARICEPT	<i>zide</i>	13	<i>sulfamethoxazole-trimetho</i>
see <i>donepezil</i>	AVAPRO		<i>p ds</i>
<i>hydrochloride</i>	see <i>irbesartan</i>	13	<i>balsalazide disodium</i>
ARIMIDEX	AVASTIN	10	<i>balziva</i>
see <i>anastrozole</i>	<i>aviane</i>	30	BANZEL SUS 40MG/ML... 17
<i>aripiprazole odt</i>	<i>avita</i>	44	BANZEL TAB 200MG
<i>aripiprazole oral solution 1</i>	AVODART		BANZEL TAB 400MG
<i>mg/ml</i>	see <i>dutasteride</i>	36	BARACLUDGE.....
<i>aripiprazole tab</i>	AYGESTIN		see <i>entecavir</i>
ARISTADA.....	see <i>norethindrone acetate</i>		BASAGLAR KWIKPEN.....
ARIXTRA	.....	34	BCG VACCINE
see <i>fondaparinux sodium</i>	<i>azacitidine</i>	9	BD ULTRAFINE INSULIN
.....	AZACTAM		SYRINGE
<i>armodafinil</i>	see <i>aztreonam</i>	4	BD ULTRAFINE/NANO PEN
ARNUITY ELLIPTA.....	AZACTAM IN		NEEDLES.....
AROMASIN	ISO-OSMOTIC DE.....	4	BELSOMRA.....
see <i>exemestane</i>	AZACTAM/DEX INJ.....	4	<i>benazepril &</i>
ASACOL HD	AZASITE	41	<i>hydrochlorothiazide</i>
<i>aspirin-dipyridamole</i>	<i>azathioprine</i>	38	<i>benazepril hcl</i>
ASTEPRO	<i>azelastine drop 0.05%</i>	42	BENDEKA
see <i>azelastine spr 0.15%</i>	<i>azelastine spr 0.1%</i>	42	BENICAR
.....	<i>azelastine spr 0.15%</i>	42	see <i>olmesartan medoxomil</i>
<i>atazanavir sulfate</i>	AZILECT		.....
<i>atenolol</i>	see <i>rasagiline mesylate</i>	22	BENICAR HCT
<i>atenolol & chlorthalidone</i> ... 14	<i>azithromycin</i>	8	see <i>olmesartan</i>
ATIVAN	AZOPT	42	<i>medoxomil-hydrochlorothi</i>
see <i>lorazepam</i>	AZOR		<i>azide</i>
<i>atomoxetine hcl</i>	see <i>amlodipine</i>		BENLYSTA.....
<i>atorvastatin calcium</i>	<i>besylate-olmesartan</i>		BENTYL
<i>atovaquone</i>	<i>medoxomil</i>	13	see <i>dicyclomine hcl cap</i>
<i>atovaquone-proguanil hcl</i> ... 5	<i>aztreonam</i>	4	10mg.....
ATRIPLA.....	AZULFIDINE		<i>benztropine mesylate inj</i> ... 21
ATROVENT HFA	see <i>sulfasalazine</i>	35	<i>benztropine mesylate tab</i>
<i>aubra</i>	AZULFIDINE EN-TABS		0.5mg.....
AUGMENTIN	see <i>sulfasalazine ec</i>	35	<i>benztropine mesylate tab</i>
see <i>amoxicillin & pot</i>	B		1mg.....
<i>clavulanate</i>	<i>bacitracin (ophthalmic)</i>	41	<i>benztropine mesylate tab</i>
AUGMENTIN ES-600	<i>bacitracin-polymyxin b</i>		2mg.....
see <i>amoxicillin & pot</i>	(<i>ophth</i>)	41	BEPREVE.....
<i>clavulanate</i>	<i>bacitracin-poly-neomycin-hc</i>		BERINERT
AUGMENTIN XR	.....	41	BESIVANCE
see <i>amoxicillin & pot</i>	<i>baclofen</i>	26	BETAGAN
<i>clavulanate</i>	BACTRIM		see <i>levobunolol hcl</i>
AURYXIA	see		<i>betamethasone dipropionate</i>
AUSTEDO.....	<i>sulfamethoxazole-trimetho</i>		(<i>topical</i>).....
AVALIDE	<i>prim tab 400-80mg</i>	4	<i>betamethasone dipropionate</i>
see	BACTRIM DS		<i>augmented</i>
<i>irbesartan-hydrochlorothia</i>	see		<i>betamethasone valerate</i> ... 45

BETAPACE	<i>bromocriptine mesylate</i>.....21	CANASA.....35
see <i>sorine</i>.....14	BROMSITE.....41	CANCIDAS
see <i>sotalol hcl</i>.....14	<i>budesonide (inhalation)</i>.....43	see <i>caspofungin acetate</i> .5
BETAPACE AF	<i>budesonide ec</i> .....35	CAPRELSA 11
see <i>sotalol hcl (afib/af)</i> ..14	<i>bumetanide</i>.....16	CARAFATE
BETASERON.....26	BUMEX	see <i>sucralfate</i>.....36
<i>betaxolol hcl (ophth)</i>.....42	see <i>bumetanide</i>.....16	CARBAGLU.....32
<i>bethanechol chloride</i>.....36	BUPHENYL	<i>carbamazepine</i> .....17
BETOPTIC-S .....42	see <i>sodium phenylbutyrate</i>	CARBATROL
BEVESPI AEROSPHERE.42	.....32	see <i>carbamazepine</i>.....17
<i>bexarotene</i>.....12	<i>buprenorphine hcl</i>.....27	<i>carbidopa/levodopa/entacap</i>
BEXSERO.....39	<i>buprenorphine hcl-naloxone</i>	<i>one</i>.....22
BIAXIN	<i>hcl sl</i>.....27	<i>carbidopa-levodopa</i> ....21, 22
see <i>clarithromycin</i> .....8	<i>bupropion hcl</i>.....20	<i>carboplatin</i>.....12
BIAXIN XL	<i>bupropion hcl (smoking</i>	CARDIZEM
see <i>clarithromycin er</i> .....8	<i>deterrent)</i>.....27	see <i>diltiazem hcl</i>.....15
<i>bicalutamide</i>.....10	<i>buspirone hcl</i> .....17	CARDIZEM CD
BICILLIN L-A.....8	<i>butorphanol tartrate</i> .....1	see <i>cartia xt</i>.....15
BIKTARVY .....6	BUTRANS.....1	see <i>diltiazem cap 120mg</i>
BILTRICIDE .....4	BYDUREON BCISE.....27	<i>cd</i>.....15
see <i>praziquantel</i>.....4	BYDUREON INJ .....27	see <i>diltiazem cap 180mg</i>
<i>bisoprolol &</i>	BYDUREON PEN.....27	<i>cd</i>.....15
<i>hydrochlorothiazide</i>.....14	BYETTA.....27	see <i>diltiazem cap 240mg</i>
<i>bisoprolol fumarate</i> .....15	BYSTOLIC .....15	<i>cd</i>.....15
BIVIGAM.....38	C	see <i>diltiazem cap 360mg</i>
<i>bleomycin sulfate</i> .....9	<i>cabergoline</i> .....33	<i>cd</i>.....15
BLEPH-10	CABOMETYX .....11	see <i>diltiazem hcl coated</i>
see <i>sulfacetamide sodium</i>	CAFERGOT	<i>beads cap sr 24hr</i> .....15
(<i>ophth</i>).....41	see <i>ergotamine w/ caffeine</i>	see <i>diltiazem hcl extended</i>
BLEPHAMIDE.....41	.....25	<i>release beads cap sr</i>....15
<i>blisovi fe 1.5/30</i>.....30	CALAN	CARDURA
<i>blisovi fe 1/20</i>.....30	see <i>verapamil hcl</i> .....15	see <i>doxazosin mesylate</i> 13
BONIVA	CALAN SR	CARIMUNE
see <i>ibandronate sodium</i> 29	see <i>verapamil hcl</i> .....15	NANOFILTERED.....38
BOOSTRIX .....39	see <i>verapamil tab er</i>.....15	CARNITOR
BORTEZOMIB .....10	<i>calcipotriene</i>.....44	see <i>levocarnitine</i>
BOSULIF.....11	<i>calcitonin (salmon)</i>.....33	(<i>metabolic modifiers</i>).....32
BREO ELLIPTA .....44	<i>calcitrene</i> .....44	<i>carteolol hcl (ophth)</i>.....42
<i>briellyn</i> .....30	<i>calcitriol</i>.....41	<i>cartia xt</i>.....15
BRILINTA.....38	<i>calcitriol inj</i> .....41	<i>carvedilol</i> .....15
<i>brimonidine sol 0.2%</i>.....42	<i>calcitriol oral soln 1 mcg/ml</i>	CASODEX
BRIVIACT INJ 50MG/5ML 17	.....41	see <i>bicalutamide</i> .....10
BRIVIACT SOL 10MG/ML.17	<i>calcium acetate (phosphate</i>	<i>caspofungin acetate</i>.....5
BRIVIACT TAB 100MG.....17	<i>binder)</i>.....34	CATAPRES
BRIVIACT TAB 10MG.....17	CALQUENCE .....11	see <i>clonidine hcl</i>.....16
BRIVIACT TAB 25MG.....17	<i>camila</i> .....30	CATAPRES-TTS-1
BRIVIACT TAB 50MG.....17	CAMPTOSAR	see <i>clonidine hcl</i>.....16
BRIVIACT TAB 75MG.....17	see <i>irinotecan hcl</i>.....12	CATAPRES-TTS-2

see <i>clonidine hcl</i>	16	<i>chlorhexidine gluconate</i>		CLEOCIN PHOSPHATE	
CATAPRES-TTS-3		(<i>mouth-throat</i>).....	46	see <i>clindamycin</i>	
see <i>clonidine hcl</i>	16	<i>chloroquine phosphate</i>	5	<i>phosphate in d5w</i>	4
CAYSTON.....	4	<i>chlorothiazide tabs</i>	16	see <i>clindamycin</i>	
<i>caziant pak</i>	30	<i>chlorpromazine hcl</i>	22	<i>phosphate inj</i>	4
<i>cefaclor</i>	7	CHLORPROMAZINE INJ..	22	CLEOCIN-T	
CEFACLOR ER TAB 500MG		<i>chlorthalidone</i>	16	see <i>clindacin-p</i>	44
.....	7	<i>cholestyramine</i>	14	see <i>clindamycin</i>	
<i>cefadroxil</i>	7	<i>cholestyramine light</i>	14	<i>phosphate (topical)</i>	44
CEFAZOLIN IN DEXTROSE		<i>ciclopirox</i>	44	CLIMARA	
2GM/100ML-4%.....	7	<i>ciclopirox shampoo 1%</i>	44	see <i>estradiol</i>	32
<i>cefazolin inj</i>	7	<i>cilostazol</i>	37	<i>clindacin-p</i>	44
<i>cefazolin sodium</i>	7	CILOXAN	41	<i>clindamycin cap 300mg</i>	4
CEFAZOLIN SODIUM 1		see <i>ciprofloxacin hcl</i>		<i>clindamycin cap 75mg</i>	4
GM/50ML	7	(<i>ophth</i>).....	41	<i>clindamycin hcl cap 150 mg</i>	4
<i>cefdinir</i>	7	CIMDUO	6	<i>clindamycin phosphate</i>	
<i>cefepime hcl</i>	7	CIPRO		(<i>topical</i>).....	44
<i>cefixime</i>	7	see <i>ciprofloxacin</i>	8	<i>clindamycin phosphate in</i>	
<i>cefotaxime sodium</i>	7	see <i>ciprofloxacin hcl tab</i> ..	8	<i>d5w</i>	4
<i>cefoxitin sodium</i>	7	CIPRO I.V.-IN D5W		CLINDAMYCIN	
<i>cefpodoxime proxetil</i>	7	see <i>ciprofloxacin in d5w</i> ..	8	PHOSPHATE IN NAACL	4
<i>cefprozil</i>	7	CIPRODEX.....	46	<i>clindamycin phosphate inj</i> ..	4
<i>ceftazidime</i>	7	<i>ciprofloxacin</i>	8	<i>clindamycin phosphate</i>	
CEFTAZIDIME/DEXTROSE		<i>ciprofloxacin hcl (ophth)</i>	41	<i>vaginal</i>	37
.....	7	<i>ciprofloxacin hcl tab</i>	8	<i>clindamycin soln 75mg/5ml</i> ..	4
<i>ceftriaxone sodium</i>	7	<i>ciprofloxacin in d5w</i>	8	CLINIMIX	
<i>cefuroxime axetil</i>	7	<i>cisplatin</i>	12	2.75%/DEXTROSE 5%.....	40
<i>cefuroxime sodium</i>	7	<i>citalopram hydrobromide</i> ..	20	CLINIMIX	
CELEBREX		<i>claravis</i>	44	4.25%/DEXTROSE 25%...	40
see <i>celecoxib</i>	1	<i>clarithromycin</i>	8	CLINIMIX	
<i>celecoxib</i>	1	<i>clarithromycin er</i>	8	4.25%/DEXTROSE 5%.....	40
CELEXA		<i>clarithromycin for susp</i>	8	CLINIMIX 5%/DEXTROSE	
see <i>citalopram</i>		CLEOCIN		15%	40
<i>hydrobromide</i>	20	see <i>clindamycin cap</i>		CLINIMIX 5%/DEXTROSE	
CELLCEPT		300mg	4	20%	40
see <i>mycophenolate mofetil</i>		see <i>clindamycin cap 75mg</i>		CLINIMIX 5%/DEXTROSE	
.....	38	.....	4	25%	40
CELONTIN.....	18	see <i>clindamycin hcl cap</i>		CLINIMIX INJ 4.25/D10 ...	40
<i>cephalexin</i>	7	150 mg	4	CLINIMIX INJ 4.25/D20 ...	40
CERDELGA	32	see <i>clindamycin</i>		<i>clomipramine hcl</i>	20
CEREZYME	32	<i>phosphate vaginal</i>	37	<i>clonazepam</i>	18
<i>cetirizine syrup</i>	42	CLEOCIN IN D5W		<i>clonidine hcl</i>	16
CHANTIX CONTINUING		see <i>clindamycin</i>		<i>clopidogrel tab 75mg</i>	38
MONTH.....	27	<i>phosphate in d5w</i>	4	<i>clorazepate dipotassium</i> ...	18
CHANTIX PAK 0.5& 1MG	27	CLEOCIN PEDIATRIC		<i>clotrimazole</i>	46
CHANTIX TAB 0.5MG	27	GRANULE		<i>clotrimazole (topical)</i>	44
CHANTIX TAB 1MG	27	see <i>clindamycin soln</i>		<i>clotrimazole w/</i>	
CHEMET	30	75mg/5ml	4	<i>betamethasone</i>	44

<i>clozapine odt</i>	22				
<i>clozapine tab 100mg</i>	22				
<i>clozapine tab 200mg</i>	22				
<i>clozapine tab 25mg</i>	22				
<i>clozapine tab 50mg</i>	22				
CLOZARIL					
<i>see clozapine tab 100mg</i>					
.....	22				
<i>see clozapine tab 25mg</i>	22				
COARTEM.....	5				
COGENTIN					
<i>see benzotropine mesylate</i>					
<i>inj</i>	21				
COLAZAL					
<i>see balsalazide disodium</i>					
.....	35				
<i>colchicine w/ probenecid</i>	1				
COLCRYST.....	1				
COLESTID					
<i>see colestipol hcl gran</i> ...	14				
<i>see colestipol hcl pack</i> ..	14				
<i>see colestipol hcl tabs</i> ...	14				
<i>colestipol hcl gran</i>	14				
<i>colestipol hcl pack</i>	14				
<i>colestipol hcl tabs</i>	14				
<i>colistimethate sodium</i>	4				
<i>colocort</i>	35				
COLY-MYCIN M					
<i>see colistimethate sodium</i>					
.....	4				
COLYTE-FLAVOR PACKS					
<i>see gavilyte-c</i>	35				
<i>see peg 3350/electrolytes</i>					
.....	35				
COMBIGAN	42				
COMBIVENT RESPIMAT .	42				
COMBIVIR					
<i>see lamivudine-zidovudine</i>					
.....	6				
COMETRIQ.....	11				
COMPLERA.....	6				
<i>compro</i>	34				
COMTAN					
<i>see entacapone</i>	22				
<i>constulose</i>	35				
COPAXONE INJ 20MG/ML					
.....	26				
COPAXONE INJ 40MG/ML					
.....	26				
COREG					
<i>see carvedilol</i>	15				
CORLANOR	16				
CORTEF					
<i>see hydrocortisone</i>	33				
CORTENEMA					
<i>see colocort</i>	35				
<i>see hydrocortisone</i>					
<i>(enema)</i>	35				
<i>cortisone acetate</i>	33				
COSOPT					
<i>see dorzolamide</i>					
<i>hcl-timolol maleate</i>	42				
COTELLIC	11				
COUMADIN	37				
<i>see jantoven</i>	37				
<i>see warfarin sodium</i>	37				
COZAAR					
<i>see losartan potassium</i> .	13				
CREON.....	36				
CRESTOR					
<i>see rosuvastatin calcium</i>					
.....	14				
CRIXIVAN.....	5				
<i>cromolyn sod neb 20mg/2ml</i>					
.....	43				
<i>cromolyn sodium</i>					
<i>(mastocytosis)</i>	36				
<i>cromolyn sodium (ophth)</i> ..	42				
<i>cryselle-28</i>	30				
CUBICIN					
<i>see daptomycin</i>	4				
<i>cyclafem 1/35</i>	30				
<i>cyclafem 7/7/7</i>	30				
<i>cyclobenzaprine hcl</i>	26				
<i>cyclophosphamide</i>	9				
CYCLOPHOSPHAMIDE					
<i>see cyclophosphamide</i>	9				
<i>cycloserine</i>	6				
<i>cyclosporine</i>	38				
<i>cyclosporine modified (for</i>					
<i>microemulsion)</i>	38				
CYKLOKAPRON					
<i>see tranexamic acid</i>	37				
CYMBALTA					
<i>see duloxetine hcl</i>	20				
<i>cyproheptadine hcl</i>	42				
<i>cyred tab</i>	30				
CYSTADANE POW	32				
CYSTAGON	32				
CYSTARAN	42				
<i>cytarabine</i>	9				
CYTOMEL					
<i>see liothyronine sodium</i>	34				
CYTOTEC					
<i>see misoprostol</i>	36				
CYTOVENE					
<i>see ganciclovir sodium</i>	7				
D					
D.H.E. 45					
<i>see dihydroergotamine</i>					
<i>mesylate inj 1 mg/ml</i>	25				
<i>dacarbazine</i>	9				
DALIRESP	43				
<i>danazol</i>	32				
DANTRIUM					
<i>see dantrolene sodium</i> ..	26				
<i>dantrolene sodium</i>	26				
<i>dapsone</i>	4				
DAPTACEL.....	39				
<i>daptomycin</i>	4				
<i>dasetta 1/35</i>	30				
<i>dasetta 7/7/7</i>	30				
DDAVP					
<i>see desmopressin acetate</i>					
<i>spray</i>	34				
<i>see desmopressin acetate</i>					
<i>tabs</i>	34				
<i>see desmopressin inj</i>					
<i>4mcg/ml</i>	34				
<i>deblitane</i>	30				
DELESTROGEN.....	32				
<i>see estradiol valerate inj</i>	32				
<i>delyla</i>	30				
DELZICOL	35				
DEMADEX					
<i>see torsemide tabs</i>	16				
DEMSEER	16				
DEPACON					
<i>see valproate sodium</i>	19				
DEPAKENE					
<i>see valproate sodium oral</i>					
<i>soln</i>	19				
<i>see valproic acid</i>	19				
DEPAKOTE					

see <i>divalproex sodium</i> ...18	.....36	<i>digoxin</i> 16
DEPAKOTE ER	DEXILANT CAP 60MG DR	<i>digoxin</i> 16
see <i>divalproex sodium</i> ...18	.....36	<i>digoxin inj</i> 16
DEPAKOTE SPRINKLES	<i>dexmethylphenidate hcl</i>....25	<i>digoxin sol 50mcg/ml</i> 16
see <i>divalproex sodium</i> ...18	<i>dextrazoxane</i> 12	<i>dihydroergotamine mesylate</i>
DEPEN TITRATABS.....30	<i>dextrose 10% flex contain</i> .40	<i>inj 1 mg/ml</i>.....25
DEPO-MEDROL	DEXTROSE 10%/NACL	<i>dihydroergotamine mesylate</i>
see <i>methylprednisolone</i>	0.2%.....40	<i>nasal</i>.....25
<i>acetate</i>.....33	<i>dextrose 10%/nacl 0.45%</i> .40	DILANTIN
DEPO-PROVERA	<i>dextrose 2.5%/nacl 0.45%</i> 40	see <i>phenytoin sodium</i>
CONTRACEPTIV	<i>dextrose 5%</i>.....40	<i>extended</i> 19
see <i>medroxyprogesterone</i>	DEXTROSE 5%	DILANTIN CAP 100MG 18
<i>acetate (contraceptive)</i> ..31	/ELECTROLYTE.....40	DILANTIN CAP 30MG 18
DEPO-PROVERA INJ	<i>dextrose 5%/nacl 0.2%</i>....40	DILANTIN CHEW TAB
400/ML.....10	<i>dextrose 5%/nacl 0.225%</i> .40	50MG..... 18
DEPO-TESTOSTERONE	DEXTROSE 5%/NACL 0.3%	DILANTIN INFATABS
see <i>testosterone cypionate</i>	.....40	see <i>phenytoin</i> 19
.....27	<i>dextrose 5%/nacl 0.33%</i> ...40	DILANTIN-125
DERMOTIC	<i>dextrose 5%/nacl 0.45%</i> ...40	see <i>phenytoin</i> 19
see <i>fluocinolone acetonide</i>	<i>dextrose 5%/nacl 0.9%</i>....40	DILANTIN-125 SUSP 18
<i>(otic)</i>.....46	<i>dextrose 5%/potassium chl</i>	DILAUDID
DESCOVY .....6	.....40	see <i>hydromorphone hcl</i> ...2
<i>desipramine hcl</i>.....20	<i>dextrose 50%</i>.....40	<i>diltiazem cap 120mg cd</i> ... 15
<i>desmopressin acetate spray</i>	<i>dextrose in lactated ringers</i>	<i>diltiazem cap 180mg cd</i> ... 15
.....34	.....40	<i>diltiazem cap 240mg cd</i> ... 15
<i>desmopressin acetate spray</i>	<i>dextrose inj 70%</i>.....40	<i>diltiazem cap 300mg cd</i> ... 15
<i>refrigerated</i>.....34	DIASTAT ACUDIAL..... 18	<i>diltiazem cap 360mg cd</i> ... 15
<i>desmopressin acetate tabs</i>	DIASTAT PEDIATRIC..... 18	<i>diltiazem cap er/12hr</i> 15
.....34	<i>diazepam</i> 18	<i>diltiazem hcl</i> 15
<i>desmopressin inj 4mcg/ml</i> .34	<i>diazepam gel</i> 18	<i>diltiazem hcl cap sr 24hr</i> ... 15
<i>desogestrel & ethinyl</i>	<i>diazepam inj</i> 18	<i>diltiazem hcl coated beads</i>
<i>estradiol</i>.....30	<i>diazepam intensol</i> 18	<i>cap sr 24hr</i> 15
<i>desogestrel-ethinyl estradiol</i>	<i>diazepam oral soln 1 mg/ml</i>	<i>diltiazem hcl extended</i>
<i>(biphasic)</i>.....30	..... 18	<i>release beads cap sr</i> 15
<i>desvenlafaxine succinate</i> ..20	<i>diclofenac potassium</i> 1	<i>diltiazem inj</i> 15
DETROL	<i>diclofenac sodium</i> 1	<i>dilt-xr cap</i> 15
see <i>tolterodine tartrate</i>	<i>diclofenac sodium (ophth)</i> .41	DIOVAN
<i>tabs</i>.....37	<i>dicloxacillin sodium</i>.....8	see <i>valsartan</i> 13
DETROL LA	<i>dicyclomine hcl cap 10mg</i> .35	DIOVAN HCT
see <i>tolterodine tartrate cap</i>	<i>dicyclomine hcl soln</i>	see
<i>er</i>.....37	<i>10mg/5ml</i>.....35	<i>valsartan-hydrochlorothiazide</i>
<i>dexamethasone</i>.....33	<i>dicyclomine hcl tab 20mg</i> ..35	<i>de</i> 13
DEXAMETHASONE.....33	<i>didanosine</i>.....5	<i>diphenhydramine hcl inj</i>
<i>dexamethasone sodium</i>	DIFICID.....8	<i>50mg/ml</i>.....42
<i>phosphate</i>.....33	DIFLUCAN	<i>diphenoxylate w/ atropine</i> .36
<i>dexamethasone sodium</i>	see <i>fluconazole</i>.....5	DIPHTHERIA/TETANUS
<i>phosphate (ophth)</i>.....41	<i>diflunisal</i> 1	TOXOID.....39
DEXILANT CAP 30MG DR	<i>digitek</i> 16	DIPROLENE

see <i>betamethasone</i>	<i>mcg/hr</i> .....2	ENDARI .....37
<i>dipropionate augmented</i> 45	DUREZOL.....41	<i>endocet 10-325mg</i>.....2
DIPROLENE AF	<i>dutasteride</i> .....36	<i>endocet 2.5-325mg</i> 1
see <i>betamethasone</i>	DYAZIDE	<i>endocet 5-325mg</i> 1
<i>dipropionate augmented</i> 44	see <i>triamterene &</i>	<i>endocet 7.5-325mg</i>.....2
<i>disopyramide phosphate</i> ...13	<i>hydrochlorothiazide cap</i>	ENGERIX-B .....39
<i>disulfiram</i>.....27	37.5-25 mg..... 16	<i>enoxaparin sodium</i> .....37
DITROPAN XL	E	<i>enpresse-28</i> 30
see <i>oxybutynin chloride</i> .37	<i>e.e.s. 400mg tab</i> .....8	<i>enskyce</i> .....30
<i>divalproex sodium</i>.....18	EC-NAPROSYN	<i>entacapone</i>.....22
<i>docetaxel</i>.....9	see <i>naproxen dr</i> .....1	<i>entecavir</i>.....7
DOCETAXEL .....9	EDURANT .....5	ENTOCORT EC
see <i>docetaxel</i> .....9	<i>efavirenz</i>.....5	see <i>budesonide ec</i> 35
<i>dofetilide</i>.....13	EFFEXOR XR	ENTRESTO 13
DOLOPHINE	see <i>venlafaxine hcl</i>.....21	<i>enulose</i> .....35
see <i>methadone hcl 10mg</i> 2	EFFIENT	EPCLUSA.....7
see <i>methadone hcl 5mg</i> ..2	see <i>prasugrel hcl</i>.....38	<i>epinephrine (anaphylaxis)</i> .43
<i>donepezil hydrochloride</i> ...20	EFUDEX	<i>epirubicin hcl</i>.....9
<i>dorzolamide hcl</i>.....42	see <i>fluorouracil (topical)</i> 45	<i>epitol</i> 18
<i>dorzolamide hcl-timolol</i>	ELDEPRYL	EPIVIR
<i>maleate</i> .....42	see <i>selegiline hcl</i>.....22	see <i>lamivudine</i> .....5
DOVONEX	ELIMITE	EPIVIR HBV .....7
see <i>calcipotriene</i> .....44	see <i>permethrin cre 5%</i> ..46	see <i>lamivudine (hbv)</i>.....7
<i>doxazosin mesylate</i> .....13	ELIQUIS.....37	<i>eplerenone</i> 13
<i>doxepin hcl</i>.....20	ELIQUIS STARTER PACK	EPZICOM
DOXIL	.....37	see <i>abacavir</i>
see <i>doxorubicin hcl</i>	ELLA .....30	<i>sulfate-lamivudine</i> 6
<i>liposomal</i> .....9	ELLENC	<i>ergotamine w/ caffeine</i>.....25
<i>doxorubicin hcl</i>.....9	see <i>epirubicin hcl</i> .....9	ERIVEDGE 10
<i>doxorubicin hcl liposomal</i> ...9	ELOCON	ERLEADA 10
<i>doxy 100</i> .....9	see <i>mometasone furoate</i>	<i>errin</i> .....30
<i>doxycycline (monohydrate)</i> .9	.....45	<i>ertapenem sodium</i>.....4
<i>doxycycline hyclate</i> .....9	EMBEDA CAP 100-4MG ... 1	<i>ery pad 2%</i> 44
<i>dronabinol</i>.....34	EMBEDA CAP 20-0.8MG ... 1	ERYGEL
<i>drospirenone-ethinyl</i>	EMBEDA CAP 30-1.2MG ... 1	see <i>erythromycin (acne</i>
<i>estradiol</i> .....30	EMBEDA CAP 50-2MG .....1	<i>aid)</i>.....44
DROXIA .....37	EMBEDA CAP 60-2.4MG ... 1	<i>ery-tab</i> .....8
<i>duloxetine hcl</i>.....20	EMBEDA CAP 80-3.2MG ... 1	ERYTHROCIN
DURAGESIC	EMCYT .....9	LACTOBIONATE .....8
see <i>fentanyl patch 100</i>	EMEND.....34	<i>erythrocin stearate</i>.....8
<i>mcg/hr</i> .....2	see <i>aprepitant</i> .....34	<i>erythromycin (acne aid)</i> ... 44
see <i>fentanyl patch 12</i>	<i>emoquette</i>.....30	<i>erythromycin (ophth)</i>.....41
<i>mcg/hr</i> .....2	EMSAM.....20	<i>erythromycin base</i> .....8
see <i>fentanyl patch 25</i>	EMTRIVA.....5	<i>erythromycin cap 250mg ec</i> 8
<i>mcg/hr</i> .....2	EMVERM .....4	<i>erythromycin ethylsuccinate</i> 8
see <i>fentanyl patch 50</i>	<i>enalapril maleate</i> 13	ESBRIET 43
<i>mcg/hr</i> .....2	<i>enalapril maleate &</i>	<i>escitalopram oxalate</i>.....20
see <i>fentanyl patch 75</i>	<i>hydrochlorothiazide</i> 12	<i>esomeprazole magnesium</i> 36

<i>esomeprazole sodium inj</i> ..36	FAZACLO	FLUMADINE
<i>estarylla tab 0.25-35</i> .....30	<i>see clozapine odt</i> .....22	<i>see rimantadine</i>
ESTRACE .....32	<i>felbamate</i> .....18	<i>hydrochloride</i>.....7
<i>see estradiol</i>.....32	FELBATOL	<i>flunisolide (nasal)</i>.....43
<i>estradiol</i> .....32	<i>see felbamate</i>.....18	<i>fluocinolone acetonide</i> .....45
<i>estradiol valerate inj</i>.....32	<i>felodipine</i> .....15	<i>fluocinolone acetonide (otic)</i>
ESTROSTEP FE	FEMARA	.....46
<i>see tilia fe</i> .....32	<i>see letrozole</i>.....10	<i>fluocinonide</i> .....45
<i>see tri-legest fe</i>.....32	FEMHRT LOW DOSE	<i>fluocinonide emulsified base</i>
<i>ethambutol hcl</i>.....6	<i>see fyavolv</i> .....33	.....45
<i>ethosuximide</i>.....18	<i>see norethindrone</i>	<i>fluorometholone</i>.....41
<i>ethynodiol diacet & eth</i>	<i>acetate-ethinyl estradiol</i> 33	<i>fluorouracil</i> .....9
<i>estrad</i>.....30	<i>femynor</i>.....30	<i>fluorouracil (topical)</i> .....45
<i>ethynodiol tab 1-50</i> .....30	<i>fenofibrate</i>.....14	<i>fluoxetine cap 10mg</i>.....20
<i>etoposide</i> .....12	<i>fenofibrate micronized</i>.....14	<i>fluoxetine cap 20mg</i>.....20
EVISTA	<i>fentanyl citrate</i> .....2	<i>fluoxetine cap 40mg</i>.....21
<i>see raloxifene tab 60mg</i> 34	<i>fentanyl patch 100 mcg/hr</i> ...2	<i>fluoxetine hcl</i>.....21
EVOTAZ.....6	<i>fentanyl patch 12 mcg/hr</i>....2	<i>fluphenazine decanoate</i> ...22
EXELON PATCHES .....20	<i>fentanyl patch 25 mcg/hr</i>....2	<i>fluphenazine hcl</i>.....22
<i>exemestane</i> .....10	<i>fentanyl patch 50 mcg/hr</i>....2	<i>flurbiprofen</i>.....1
EXFORGE	<i>fentanyl patch 75 mcg/hr</i>....2	<i>flurbiprofen sodium</i> .....41
<i>see amlodipine</i>	FENTORA.....2	<i>flutamide</i> .....10
<i>besylate-valsartan tab</i>	FETZIMA .....20	<i>fluticasone propionate</i>.....45
<i>10-160 mg</i> .....13	FETZIMA TITRATION PACK	<i>fluticasone propionate</i>
<i>see amlodipine</i>	.....20	<i>(nasal)</i>.....43
<i>besylate-valsartan tab</i>	FIASP .....27	<i>flvoxamine maleate</i>.....17
<i>10-320 mg</i> .....13	FIASP FLEXTOUCH.....27	FOCALIN
<i>see amlodipine</i>	<i>finasteride</i> .....36	<i>see dexmethylphenidate</i>
<i>besylate-valsartan tab</i>	FIRAZYR .....37	<i>hcl</i> .....25
<i>5-160 mg</i> .....13	FLAGYL	<i>fondaparinux sodium</i> .....37
<i>see amlodipine</i>	<i>see metronidazole</i>.....4	FORTEO.....33
<i>besylate-valsartan tab</i>	FLEBOGAMMA DIF.....38	FOSAMAX
<i>5-320 mg</i> .....13	<i>flecainide acetate</i>.....14	<i>see alendronate sodium</i> 29
<i>ezetimibe</i>.....14	FLOMAX	<i>fosamprenavir tab 700 mg</i> ..5
F	<i>see tamsulosin hcl</i>.....36	<i>fosinopril sodium</i>.....13
FABRAZYME .....32	FLONASE	<i>fosinopril sodium &</i>
<i>falmina</i> .....30	<i>see fluticasone propionate</i>	<i>hydrochlorothiazide</i>.....12
<i>famciclovir</i>.....7	<i>(nasal)</i> .....43	FREAMINE HBC 6.9% .....40
<i>famotidine in nacl</i>.....35	FLOVENT DISKUS.....43	FREAMINE III .....40
<i>famotidine inj</i>.....35	FLOVENT HFA .....43	<i>furosemide</i>.....16
<i>famotidine tab</i> .....35	FLOXIN OTIC	<i>furosemide inj</i> .....16
FANAPT.....22	<i>see ofloxacin (otic)</i> .....46	FUZEON.....5
FANAPT TITRATION PACK	<i>fluconazole</i>.....5	<i>fyavolv</i> .....32, 33
.....22	<i>fluconazole in dextrose</i> .....5	FYCOMPA.....18
FARESTON .....10	<i>fluconazole inj nacl 200</i>.....5	G
FARXIGA .....28	<i>fluconazole inj nacl 400</i>.....5	<i>gabapentin</i>.....18
FARYDAK.....10	<i>flucytosine</i>.....5	GABITRIL
FASLODEX.....10	<i>fludrocortisone acetate</i>.....33	<i>see tiagabine hcl</i>.....19

<i>galantamine hydrobromide</i> 20	GLEOSTINE .....9	<i>haloperidol lactate inj 5mg/ml</i>
<i>galantamine hydrobromide</i>	<i>glimepiride</i> .....28	.....23
<i>er</i>.....20	<i>glip/metform tab 2.5-250mg</i>	HARVONI .....7
GAMASTAN S/D.....38	.....28	HAVRIX .....39
GAMMAGARD LIQUID.....38	<i>glip/metform tab 2.5-500mg</i>	<i>heather</i> .....30
GAMMAGARD S/D .....38	.....28	<i>heparin sod (porcine) in d5w</i>
GAMMAKED.....38	<i>glip/metform tab 5-500mg</i> .28	.....37
GAMMAPLEX .....38	<i>glipizide</i>.....28	<i>heparin sod inj 1000/ml</i>....37
GAMMAPLEX 10GM/100ML	<i>glipizide xl</i>.....28	<i>heparin sod inj 10000/ml</i> ...37
.....38	GLUCAGEN HYPOKIT .....33	<i>heparin sod inj 20000/ml</i> ...37
GAMUNEX-C .....38	GLUCAGON EMERGENCY	<i>heparin sod inj 5000/ml</i>....37
<i>ganciclovir sodium</i> .....7	KIT .....33	HEPARIN SODIUM/NACL
GARDASIL 9.....39	GLUCOPHAGE	0.45% .....37
GASTROCROM	see <i>metformin hcl</i>.....29	<i>hepatamine</i>.....40
see <i>cromolyn sodium</i>	GLUCOPHAGE XR	HEPSERA
(<i>mastocytosis</i>) .....36	see <i>metformin er</i> .....29	see <i>adefovir dipivoxil</i>.....7
GATTEX.....36	GLUCOTROL	HERCEPTIN.....10
GAUZE PADS 2" X 2" .....27	see <i>glipizide</i> .....28	HETLIOZ .....25
<i>gavilyte-c</i>.....35	GLUCOTROL XL	HEXALEN.....9
<i>gavilyte-g</i>.....35	see <i>glipizide</i> .....28	HIBERIX .....39
<i>gavilyte-n/ flavor pack</i> .....35	see <i>glipizide xl</i>.....28	HIPREX
<i>gemcitabine inj soln</i> .....9	<i>glycopyrrolate</i> .....35	see <i>methenamine</i>
<i>gemcitabine inj solr</i> .....9	<i>glydo</i>.....45	<i>hippurate</i> .....4
<i>gemfibrozil</i>.....14	GOLYTELY.....35	HUMIRA .....38
GEMZAR	see <i>gavilyte-g</i>.....35	HUMIRA INJ 10MG/0.2ML38
see <i>gemcitabine inj solr</i> ...9	see <i>peg 3350-kcl-sod</i>	HUMIRA KIT 20MG/0.4ML38
<i>generlac</i>.....35	<i>bicarb-sod chloride-sod</i>	HUMIRA KIT 40MG/0.8ML38
<i>gengraf</i>.....38	<i>sulfate</i>.....35	HUMIRA PEDIATRIC
GENOTROPIN.....33	<i>granisetron hcl</i> .....34	CROHNS DISEASE.....38
GENOTROPIN MINIQUICK	GRANIX.....37	HUMIRA PEN .....38
.....33	<i>griseofulvin microsize</i>.....5	HUMIRA PEN INJ
<i>gentak</i>.....41	<i>griseofulvin ultramicrosize</i> ...5	CD/UC/HS STARTER.....38
<i>gentamicin in saline</i> .....3	<i>guanfacine er (adhd)</i>.....25	HUMIRA PEN INJ PS/UV
<i>gentamicin sulfate</i>.....3	H	STARTER.....38
<i>gentamicin sulfate (topical)</i>	HAEGARDA.....37	HUMULIN R INJ U-500....27
.....44	HALDOL	HUMULIN R U-500
<i>gentamicin sulfate soln</i>	see <i>haloperidol lactate inj</i>	KWIKPEN .....27
(<i>ophth</i>) .....41	<i>5mg/ml</i> .....23	HYCAMTIN
GENVOYA .....6	HALDOL DECANOATE 100	see <i>topotecan hcl</i>.....12
GEODON.....22	see <i>haloperidol decanoate</i>	<i>hydralazine hcl</i>.....16
see <i>ziprasidone hcl</i>.....24	.....23	HYDREA
<i>gianvi</i> .....30	HALDOL DECANOATE 50	see <i>hydroxyurea</i>.....12
GILENYA CAP 0.5MG .....26	see <i>haloperidol decanoate</i>	<i>hydrochlorothiazide</i>.....16
GILOTRIF TAB 20MG.....11	.....23	<i>hydroco/apap tab 10-325mg</i>
GILOTRIF TAB 30MG.....11	<i>halobetasol propionate</i>.....45	.....2
GILOTRIF TAB 40MG.....11	<i>haloperidol</i> .....22	<i>hydroco/apap tab 5-325mg</i> .2
GLEEVEC	<i>haloperidol conc 2mg/ml</i> ...22	<i>hydroco/apap tab 7.5-325mg</i>
see <i>imatinib mesylate</i>....11	<i>haloperidol decanoate</i>.....23	.....2

<i>hydrocodone-acetaminophen</i> 7.5-325 mg/15ml.....2	see <i>sumatriptan inj</i> 6mg/0.5ml .....26	INVEGA SUST INJ 117MG/0.75ML.....23
<i>hydrocodone-ibuprofen</i> 7.5-200mg.....2	see <i>sumatriptan nasal</i> spray .....26	INVEGA SUST INJ 156MG/ML.....23
<i>hydrocortisone</i> .....33	see <i>sumatriptan succinate</i>.....26	INVEGA SUST INJ 234MG/1.5ML.....23
<i>hydrocortisone (enema)</i>....35	IMITREX STATDOSE REFILL	INVEGA SUST INJ 39MG/0.25ML.....23
<i>hydrocortisone (topical)</i>....45	see <i>sumatriptan inj</i> 4mg/0.5ml .....26	INVEGA SUST INJ 78MG/0.5ML.....23
<i>hydrocortisone butyrate</i> cream 0.1%.....45	see <i>sumatriptan inj</i> 6mg/0.5ml .....26	INVEGA TRINZA .....23
<i>hydrocortisone butyrate oint</i> 0.1%.....45	IMITREX STATDOSE SYSTEM	INVIRASE .....5
<i>hydromorphone hcl</i>.....2	see <i>sumatriptan inj</i> 4mg/0.5ml .....26	IONOSOL-MB/DEXTROSE 5% .....40
HYDROMORPHONE	see <i>sumatriptan inj</i> 6mg/0.5ml .....26	IPOL INACTIVATED IPV ..39
HYDROCHLORI	IMITREX STATDOSE SYSTEM	<i>ipratropium bromide</i>.....42
see <i>hydromorphone hcl</i> ...2	see <i>sumatriptan inj</i> 4mg/0.5ml .....26	<i>ipratropium bromide (nasal)</i> .....42
<i>hydroxychloroquine sulfate</i>.....38	see <i>sumatriptan inj</i> 6mg/0.5ml .....26	<i>ipratropium-albuterol nebu</i> 42
<i>hydroxyurea</i> .....12	IMOVA RABIES (H.D.C.V.) .....39	<i>irbesartan</i>.....13
<i>hydroxyzine hcl</i> .....43	IMURAN	<i>irbesartan-hydrochlorothiazid</i> e.....13
<i>hydroxyzine hcl inj</i>.....43	see <i>azathioprine</i>.....38	IRESSA .....11
<i>hydroxyzine pamoate</i>.....43	INCRELEX.....33	<i>irinotecan hcl</i> .....12
HYSINGLA ER.....2	INCRUSE ELLIPTA .....42	ISENTRESS .....5
HYZAAR	<i>indapamide</i> .....16	ISENTRESS HD .....5
see <i>losartan potassium &</i> <i>hctz tab 100-12.5 mg</i>....13	INDERAL LA	<i>isibloom</i> .....30
see <i>losartan potassium &</i> <i>hctz tab 100-25 mg</i>.....13	see <i>propranolol cap er</i> ...15	ISOLYTE P .....40
see <i>losartan potassium &</i> <i>hctz tab 50-12.5 mg</i>.....13	INFANRIX .....39	ISOLYTE S .....40
I	INLYTA .....11	<i>isoniazid</i>.....6
<i>ibandronate sodium</i> .....29	INSPRA	<i>isoniazid syp 50mg/5ml</i> .....6
IBRANCE .....10	see <i>eplerenone</i> .....13	ISOPTO CARPINE
<i>ibu tab 600mg</i> .....1	INSULIN PEN NEEDLE ...27	see <i>pilocarpine hcl</i> .....42
<i>ibu tab 800mg</i> .....1	INSULIN SAFETY	ISORDIL TITRADOSE
<i>ibuprofen</i>.....1	NEEDLES .....27	see <i>isosorbide dinitrate</i> .17
ICLUSIG.....11	INSULIN SYRINGE.....27	<i>isosorb mononitrate tab</i> ...17
IDHIFA .....10	INTELENCE.....5	<i>isosorbide dinitrate</i>.....17
IFEX.....9	INTRALIPID 30%.....40	<i>isosorbide dinitrate er</i> .....17
<i>ifosfamide inj 1gm/20ml</i> .....9	<i>intralipid inj 20%</i>.....40	<i>isosorbide mononitrate er</i> .17
IFOSFAMIDE INJ 3GM.....9	INTRON-A INJ 10MU.....38	<i>isotretinoin</i> .....44
<i>ifosfamide inj 3gm/60ml</i> .....9	INTRON-A INJ 18MU.....38	ISTALOL.....42
ILEVRO.....41	INTRON-A INJ 25MU.....38	<i>itraconazole</i> .....5
<i>imatinib mesylate</i> .....11	INTRON-A INJ 50MU.....38	<i>ivermectin</i> .....4
IMBRUVICA .....11	<i>introvale</i> .....30	IXIARO .....39
<i>imipenem-cilastatin</i> .....4	INTUNIV	J
<i>imipramine hcl</i>.....21	see <i>guanfacine er (adhd)</i> .....25	JADENU .....30
<i>imiquimod</i>.....45	INVANZ.....4	JADENU SPRINKLE.....30
IMITREX	INVEGA .....23	JAKAFI .....11

<i>jantoven</i>.....37	<i>kcl</i> 0.15%/d5w/nacl 0.2%....40	<i>kurvelo</i>.....31
JANUMET.....28	KEFLEX	KUVAN.....32
JANUMET XR TAB	<i>see cephalixin</i>.....7	KYNAMRO.....14
100-1000.....28	<i>kelnor</i> 1/35.....30	L
JANUMET XR TAB 50-1000	<i>kelnor</i> 1/50.....30	<i>labetalol hcl</i>.....15
.....28	KEPPRA	LAC-HYDRIN
JANUMET XR TAB	<i>see levetiracetam</i>.....18	<i>see ammonium lactate</i> ..45
50-500MG.....28	<i>see levetiracetam sol</i>	<i>lactated ringer's</i>.....41
JANUVIA.....28	100mg/ml.....19	<i>lactulose</i>.....35
JARDIANCE.....28	<i>see roweepra</i>.....19	<i>lactulose (encephalopathy)</i>
JENTADUETO.....29	KEPPRA XR	.....35
JENTADUETO TAB XR	<i>see levetiracetam</i>.....18	LAMICTAL
2.5-1000 MG.....29	<i>see roweepra xr</i>.....19	<i>see lamotrigine</i>.....18
JENTADUETO TAB XR	<i>ketoconazole</i>.....5	<i>see subvenite tab</i>.....19
5-1000 MG.....29	<i>ketoconazole cream</i>.....44	LAMICTAL CHEWABLE
<i>jinteli</i>.....33	<i>ketoconazole shampoo</i>....44	DISPERS
<i>jolessa</i>.....30	<i>ketoprofen cap 75mg</i>.....1	<i>see lamotrigine</i>.....18
<i>jolivette</i>.....30	<i>ketorolac tromethamine</i>	LAMISIL
<i>juleber</i>.....30	(<i>ophth</i>).....41, 42	<i>see terbinafine hcl</i>.....5
JULUCA.....6	KEYTRUDA.....10	<i>lamivudine</i>.....5
<i>junel</i> 1.5/30.....30	<i>kimidess</i>.....31	<i>lamivudine (hbv)</i>.....7
<i>junel</i> 1/20.....30	KINRIX.....39	<i>lamivudine-zidovudine</i>.....6
<i>junel fe</i> 1.5/30.....30	<i>kionex sus 15gm/60ml</i>.....30	<i>lamotrigine</i>.....18
<i>junel fe</i> 1/20.....30	KISQALI.....10	LANOXIN
JUXTAPID.....14	KISQALI FEMARA 200	<i>see digitek</i>.....16
K	DOSE.....10	<i>see digox</i>.....16
KADCYLA.....10	KISQALI FEMARA 400	<i>see digoxin</i>.....16
KALETRA	DOSE.....10	<i>see digoxin inj</i>.....16
<i>see lopinavir-ritonavir</i>.....6	KISQALI FEMARA 600	<i>lansoprazole</i>.....36
KALETRA TAB 100-25MG..6	DOSE.....10	<i>larin</i> 1.5/30.....31
KALETRA TAB 200-50MG..6	KITABIS PAK	<i>larin</i> 1/20.....31
KALYDECO.....43	<i>see tobramycin</i>.....3	<i>larin fe</i> 1.5/30.....31
<i>kariva</i>.....30	KLARON	<i>larin fe</i> 1/20.....31
<i>kcl</i> 0.075%/d5w/nacl 0.45%	<i>see sulfacetamide sodium</i>	<i>larissia tab</i>.....31
.....40	(<i>acne</i>).....44	LASIX
KCL 0.15%/D5W/NACL	KLONOPIN	<i>see furosemide</i>.....16
0.225%.....40	<i>see clonazepam</i>.....18	LASTACRAFT.....42
<i>kcl</i> 0.15%/d5w/nacl 0.9%..40	<i>klor-con</i> 10.....39	<i>latanoprost</i>.....42
<i>kcl</i> 0.3%/d5w/nacl 0.45%..40	<i>klor-con</i> 8.....39	LATUDA.....23
KCL 0.3%/D5W/NACL 0.9%	<i>klor-con m10</i>.....39	<i>leena</i>.....31
.....40	KLOR-CON M15.....39	<i>leflunomide</i>.....38
<i>kcl/d5w inj</i> 0.3%.....40	<i>klor-con m20</i>.....39	LENVIMA 10 MG DAILY
<i>kcl/d5w/nacl inj</i> .15/.33%...40	<i>klor-con pak 20meq</i>.....39	DOSE.....11
<i>kcl/d5w/nacl inj</i> .15/.45%...40	<i>klor-con spr cap 10meq</i>....39	LENVIMA 14 MG DAILY
<i>kcl/d5w/nacl inj</i> 0.22%/0.45%	<i>klor-con spr cap 8meq</i>.....39	DOSE.....11
.....40	KORLYM.....33	LENVIMA 18 MG DAILY
<i>kcl/nacl inj</i> 0.15%-0.9%....40	K-TAB	DOSE.....11
<i>kcl/nacl inj</i> 0.3-0.9.....40	<i>see potassium chloride</i> ..40	LENVIMA 20 MG DAILY

DOSE.....11	<i>lidocaine hcl</i>.....45	see <i>junel fe 1/20</i>.....30
LENVIMA 24 MG DAILY	<i>lidocaine hcl (local anesth.)</i> .3	see <i>larin fe 1/20</i>.....31
DOSE.....11	<i>lidocaine hcl (mouth-throat)</i>	see <i>microgestin fe 1/20</i> .31
LENVIMA 8 MG DAILY	.....46	see <i>tarina fe 1/20</i> .....32
DOSE.....11	<i>lidocaine inj 0.5%</i>.....3	LOMOTIL
<i>lessina</i>.....31	<i>lidocaine inj 1%</i>.....3	see <i>diphenoxylate w/</i>
LETAIRIS.....17	<i>lidocaine inj 1.5%</i>	<i>atropine</i> .....36
<i>letrozole</i> .....10	<i>preservative free (pf)</i>.....3	LONSURF .....12
<i>leucovorin calcium</i> .....12	<i>lidocaine oint 5%</i>.....45	<i>loperamide hcl</i> .....36
LEUKERAN.....9	<i>lidocaine-prilocaine</i> .....45	LOPID
<i>leuprolide inj 1mg/0.2</i>.....10	LIDODERM	see <i>gemfibrozil</i>.....14
LEVAQUIN	see <i>lidocaine</i> .....45	<i>lopinavir-ritonavir</i> .....6
see <i>levofloxacin</i>.....8	<i>linezolid</i>.....4	LOPRESSOR
LEVEMIR .....27	<i>linezolid in sodium chloride</i> .4	see <i>metoprolol tartrate</i> ..15
LEVEMIR FLEXTOUCH...27	LINZESS.....36	LOPRESSOR HCT
<i>levetiracetam</i>.....18	<i>liothyronine sodium</i>.....34	see <i>metoprolol &</i>
LEVETIRACETAM	LIPITOR	<i>hydrochlorothiazide</i> .....14
see <i>levetiracetam in</i>	see <i>atorvastatin calcium</i> 14	LOPROX
<i>sodium chloride</i> .....19	<i>lisinopril</i>.....13	see <i>ciclopirox</i> .....44
<i>levetiracetam in sodium</i>	<i>lisinopril &</i>	LOPROX SHAMPOO
<i>chloride</i> .....19	<i>hydrochlorothiazide</i>.....12	see <i>ciclopirox shampoo</i>
<i>levetiracetam sol 100mg/ml</i>	<i>lithium carbonate</i> .....26	1%.....44
.....19	<i>lithium carbonate er</i> .....26	<i>lorazepam</i>.....17
<i>levobunolol hcl</i> .....42	LITHIUM SOLN 8MEQ/5ML	<i>lorazepam intensol</i>.....17
<i>levocarnitine (metabolic</i>	.....26	<i>lorcet hd tab 10-325mg</i>.....2
<i>modifiers</i>).....32	LITHOBID	<i>lorcet plus tab 7.5-325</i>.....2
<i>levocetirizine dihydrochloride</i>	see <i>lithium carbonate er</i> 26	<i>lorcet tab 5-325mg</i>.....2
.....43	LOCOID	<i>loryna</i>.....31
<i>levofloxacin</i> .....8	see <i>hydrocortisone</i>	<i>losartan potassium</i>.....13
<i>levofloxacin in d5w</i>.....8	<i>butyrate cream 0.1%</i>.....45	<i>losartan potassium & hctz</i>
<i>levofloxacin inj 25mg/ml</i>.....8	LOESTRIN 1.5/30-21	<i>tab 100-12.5 mg</i>.....13
<i>levofloxacin oral soln 25</i>	see <i>junel 1.5/30</i>.....30	<i>losartan potassium & hctz</i>
<i>mg/ml</i>.....8	see <i>larin 1.5/30</i>.....31	<i>tab 100-25 mg</i> .....13
<i>levonest</i>.....31	see <i>microgestin 1.5/30</i> ..31	<i>losartan potassium & hctz</i>
<i>levonor/ethi tab</i> .....31	LOESTRIN 1/20-21	<i>tab 50-12.5 mg</i> .....13
<i>levonorgestrel & eth estradiol</i>	see <i>junel 1/20</i>.....30	LOTEMAX .....42
.....31	see <i>larin 1/20</i>.....31	LOTENSIN
<i>levonorgestrel-ethinyl</i>	see <i>microgestin 1/20</i>.....31	see <i>benazepril hcl</i> .....12
<i>estradiol (91-day)</i>.....31	see <i>norethindrone acet &</i>	LOTENSIN HCT
<i>levora 0.15/30-28</i>.....31	<i>eth estra</i> .....31	see <i>benazepril &</i>
<i>levothyroxine sodium</i> .....34	LOESTRIN FE 1.5/30	<i>hydrochlorothiazide</i> .....12
LEXAPRO	see <i>blisovi fe 1.5/30</i>.....30	LOTREL
see <i>escitalopram oxalate</i>	see <i>junel fe 1.5/30</i>.....30	see <i>amlodipine</i>
.....20	see <i>larin fe 1.5/30</i>.....31	<i>besylate-benazepril hcl</i>
LEXIVA .....5	see <i>microgestin fe 1.5/30</i>	<i>cap 10-20 mg</i> .....12
see <i>fosamprenavir tab 700</i>	.....31	see <i>amlodipine</i>
<i>mg</i> .....5	LOESTRIN FE 1/20	<i>besylate-benazepril hcl</i>
<i>lidocaine</i>.....45	see <i>blisovi fe 1/20</i> .....30	<i>cap 10-40 mg</i> .....12

see <i>amlodipine</i>	D5W.....39	<i>medroxyprogesterone</i>
<i>besylate-benazepril hcl</i>	see <i>magnesium sulfate in</i>	<i>acetate (contraceptive).....31</i>
<i>cap 5-10 mg.....12</i>	<i>dextrose.....39</i>	<i>medroxyprogesterone</i>
see <i>amlodipine</i>	<i>magnesium sulfate in</i>	<i>acetate tab.....34</i>
<i>besylate-benazepril hcl</i>	<i>dextrose.....39</i>	<i>mefloquine hcl.....5</i>
<i>cap 5-20 mg.....12</i>	<i>magnesium sulfate inj 50%</i>	MEGACE ES
LOTRISONE	.....39	see <i>megestrol sus</i>
see <i>clotrimazole w/</i>	MALARONE	<i>625mg/5ml.....10</i>
<i>betamethasone.....44</i>	see <i>atovaquone-proguanil</i>	<i>megestrol ac sus 40mg/ml 10</i>
LOTRONEX	<i>hcl.....5</i>	<i>megestrol ac tab 20mg.....10</i>
see <i>alosetron hcl.....36</i>	<i>malathion.....46</i>	<i>megestrol ac tab 40mg.....10</i>
<i>lovastatin.....14</i>	<i>maprotiline hcl.....21</i>	<i>megestrol sus 625mg/5ml. 10</i>
LOVENOX	MARINOL	MEKINIST.....11
see <i>enoxaparin sodium .37</i>	see <i>dronabinol.....34</i>	<i>meloxicam.....1</i>
<i>low-ogestrel.....31</i>	<i>marlissa.....31</i>	<i>memantine hcl cp24.....20</i>
<i>loxapine succinate.....23</i>	MARPLAN TAB 10MG.....21	<i>memantine soln.....20</i>
LUMIGAN.....42	MATULANE.....12	<i>memantine tabs.....20</i>
LUMIZYME.....32	MAVIK	MENACTRA.....39
LUPRON DEPOT	see <i>trandolapril.....13</i>	MENVEO.....39
(1-MONTH).....10	MAVYRET.....7	MEPRON
LUPRON DEPOT INJ	MAXALT	see <i>atovaquone.....4</i>
11.25MG (3-MONTH).....10	see <i>rizatriptan benzoate 26</i>	<i>mercaptapurine.....9</i>
LUPRON DEPOT-PED	MAXALT-MLT	<i>meropenem.....4</i>
(1-MONTH.....33	see <i>rizatriptan benzoate</i>	MERREM
LUPRON DEPOT-PED	<i>odt.....26</i>	see <i>meropenem.....4</i>
(3-MONTH.....33	MAXIPIME	<i>mesalamine.....35</i>
LUPRON DEP-PED INJ	see <i>cefepime hcl.....7</i>	<i>mesalamine w/ cleanser...35</i>
11.25MG (3-MONTH).....33	MAXITROL	MESNEX.....12
LUPRON DEP-PED INJ	see	MESTINON
7.5MG.....33	<i>neomycin-polymy-dexamet</i>	see <i>pyridostigmine tab</i>
<i>lutra.....31</i>	<i>h.....41</i>	<i>60mg.....26</i>
LYNPARZA.....10	MAXZIDE	<i>metadate tab 20mg er.....25</i>
LYRICA.....19	see <i>triamterene &</i>	<i>metformin er.....29</i>
LYSODREN.....10	<i>hydrochlorothiazide tabs16</i>	<i>metformin hcl.....29</i>
LYSTEDA	MAXZIDE-25	<i>methadone hcl.....2</i>
see <i>tranexamic acid.....37</i>	see <i>triamterene &</i>	<i>methadone hcl 10mg.....2</i>
<i>lyza.....31</i>	<i>hydrochlorothiazide tabs16</i>	<i>methadone hcl 5mg.....2</i>
M	<i>meclizine hcl.....34</i>	<i>methadone hcl intensol.....2</i>
MACROBID	MEDROL	<i>methadone hcl soln 10</i>
see <i>nitrofurantoin</i>	see <i>methylpred tab 16mg</i>	<i>mg/5ml.....2</i>
<i>monohyd macro.....4</i>	.....33	METHADOSE
MACRODANTIN	see <i>methylpred tab 32mg</i>	see <i>methadone hcl</i>
see <i>nitrofurantoin</i>	.....33	<i>intensol.....2</i>
<i>macrocrystal.....4</i>	see <i>methylpred tab 4mg33</i>	<i>methazolamide.....16</i>
<i>magnesium sulfate.....39</i>	see <i>methylpred tab 8mg33</i>	<i>methenamine hippurate.....4</i>
MAGNESIUM SULFATE...39	MEDROL DOSEPAK	<i>methimazole.....34</i>
see <i>magnesium sulfate .39</i>	see <i>methylpred pak 4mg</i>	<i>methotrexate sodium inj.....9</i>
MAGNESIUM SULFATE IN	.....33	<i>methotrexate sodium tabs 38</i>

<i>methyclothiazide</i>	16	<i>see telmisartan</i>	13	MOBIC
METHYLIN		<i>microgestin 1.5/30</i>	31	<i>see meloxicam</i>
<i>see methylphenidate hcl</i>		<i>microgestin 1/20</i>	31	<i>moderiba tab 200mg</i>
<i>oral soln</i>	25	<i>microgestin fe 1.5/30</i>	31	<i>moexipril hcl</i>
<i>methylphenidate hcl</i>	25	<i>microgestin fe 1/20</i>	31	<i>moexipril-hydrochlorothiazid</i>
<i>methylphenidate hcl oral soln</i>	.....25	MICRO-K		<i>e</i>
<i>methylphenidate tab 10mg er</i>	.....25	<i>see klor-con spr cap</i>		<i>mometasone furoate</i>
<i>methylphenidate tab 20mg er</i>	.....25	<i>10meq</i>	39	<i>mono-lynyah tab 0.25-35</i> ... 31
<i>methylpr ss inj</i>	33	<i>see klor-con spr cap 8meq</i>	.....39	<i>mononessa</i>
<i>methylpred pak 4mg</i>	33	<i>see potassium chloride</i> ..	39	<i>montelukast sodium</i>
<i>methylpred tab 16mg</i>	33	MICROZIDE		<i>morgidox cap 1x50mg</i>
<i>methylpred tab 32mg</i>	33	<i>see hydrochlorothiazide</i> 16		<i>morphine ext-rel tab</i>
<i>methylpred tab 4mg</i>	33	<i>midodrine hcl</i>	16	<i>morphine sul inj 10mg/ml</i>
<i>methylpred tab 8mg</i>	33	<i>miglustat</i>	32	<i>morphine sul inj 1mg/ml</i>
<i>methylprednisolone acetate</i>	.....33	<i>mili</i>	31	MORPHINE SUL INJ
<i>metipranolol</i>	42	MINIPRESS		2MG/ML
<i>metoclopramide hcl</i>	34	<i>see prazosin hcl</i>	13	MORPHINE SUL INJ
<i>metoclopramide hcl inj</i>	34	<i>minitran</i>	17	4MG/ML
<i>metolazone</i>	16	MINOCIN		<i>morphine sulfate</i>
<i>metoprolol &</i>		<i>see minocycline hcl</i>	9	MORPHINE SULFATE
<i>hydrochlorothiazide</i>	14	<i>minocycline hcl</i>	9	<i>see morphine sulfate</i>
<i>metoprolol succinate</i>	15	<i>minoxidil</i>	16	<i>morphine sulfate oral soln</i>
<i>metoprolol tartrate</i>	15	MIRAPEX		<i>100mg/5ml</i>
METROCREAM		<i>see pramipexole tab</i>		<i>morphine sulfate oral soln</i>
<i>see metronidazole</i>		<i>0.125mg</i>	22	<i>10mg/5ml</i>
<i>(topical)</i>	45	<i>see pramipexole tab</i>		<i>morphine sulfate oral soln</i>
<i>see rosadan</i>	45	<i>0.25mg</i>	22	<i>20mg/5ml</i>
METROGEL-VAGINAL		<i>see pramipexole tab</i>		MOVANTIK
<i>see metronidazole vaginal</i>		<i>0.5mg</i>	22	MOVIPREP
.....	37	<i>see pramipexole tab</i>		MOXEZA
METROLOTION		<i>0.75mg</i>	22	<i>moxifloxacin hcl (ophth)</i>
<i>see metronidazole</i>		<i>see pramipexole tab</i>		MS CONTIN
<i>(topical)</i>	45	<i>1.5mg</i>	22	<i>see morphine ext-rel tab</i> .2
<i>metronidazole</i>	4	<i>see pramipexole tab 1mg</i>	.....22	MULTAQ
<i>metronidazole (topical)</i>	45	MIRCETTE		<i>mupirocin</i>
<i>metronidazole gel 0.75%</i> ..	45	<i>see desogestrel-ethinyl</i>		MYAMBUTOL
<i>metronidazole in nacl</i>	4	<i>estradiol (biphasic)</i>	30	<i>see ethambutol hcl</i>
<i>metronidazole vaginal</i>	37	<i>see kariva</i>	30	MYCAMINE
MEVACOR		<i>see kimidess</i>	31	MYCOBUTIN
<i>see lovastatin</i>	14	<i>see pimtree</i>	31	<i>see rifabutin</i>
<i>mexiletine hcl</i>	14	<i>see viorele</i>	32	<i>mycophenolate mofetil</i>
MIACALCIN		<i>mirtazapine</i>	21	<i>mycophenolate sodium tbec</i>
<i>see calcitonin (salmon)</i> ..	33	<i>misoprostol</i>	36	.....
MICARDIS		MITIGARE	1	MYFORTIC
		<i>mitomycin</i>	9	<i>see mycophenolate</i>
		M-M-R II	39	<i>sodium tbec</i>
				MYLOTARG
				<i>myorisan</i>
				.....44

MYRBETRIQ TAB 25MG ..36	see <i>cyclosporine modified (for microemulsion)</i>.....38	<i>nitrofurantoin macrocrystal</i> .4
MYRBETRIQ TAB 50MG ..36	see <i>gengraf</i> .....38	<i>nitrofurantoin monohyd macro</i>.....4
MYSOLINE	NEOSPORIN	<i>nitroglycerin</i> 17
see <i>primidone</i>.....19	see	<i>nitroglycerin td patch</i> 17
<i>myzilra</i> .....31	<i>neomycin-polymyxin-grami</i>	NITROSTAT
N	<i>cidin</i>.....41	see <i>nitroglycerin</i> 17
<i>nabumetone</i>.....1	NEPHRAMINE .....40	NIZORAL
<i>nafticillin sodium</i> .....8	NERLYNX.....11	see <i>ketoconazole</i>
NAGLAZYME .....32	NEUPOGEN .....37	<i>shampoo</i> .....44
<i>nalbuphine hcl</i>.....1	NEUPRO .....22	<i>nora-be</i> .....31
<i>naloxone inj 0.4mg/ml</i>.....27	NEURONTIN	NORCO
<i>naloxone inj 1mg/ml</i>.....27	see <i>gabapentin</i> 18	see <i>hydroco/apap tab</i>
<i>naltrexone hcl</i>.....27	<i>nevirapine tab 200mg</i> .....5	<i>10-325mg</i>.....2
NAMENDA	<i>nevirapine tb24</i> .....5	see <i>hydroco/apap tab</i>
see <i>memantine tabs</i>.....20	NEXAVAR..... 11	<i>5-325mg</i>.....2
NAMENDA XR	NEXIUM	see <i>hydroco/apap tab</i>
see <i>memantine hcl cp2420</i>	see <i>esomeprazole</i>	<i>7.5-325mg</i>.....2
NAMZARIC .....20	<i>magnesium</i>.....36	see <i>lorcet hd tab</i>
NAPROSYN	NEXIUM I.V.	<i>10-325mg</i>.....2
see <i>naproxen</i>.....1	see <i>esomeprazole sodium</i>	see <i>lorcet plus tab 7.5-325</i>
<i>naproxen</i>.....1	<i>inj</i>.....36	.....2
<i>naproxen dr</i>.....1	<i>niacin er (antihyperlipidemic)</i>	see <i>lorcet tab 5-325mg</i> ...2
<i>naratriptan hcl</i> .....25	.....14	<i>norethindrone</i>
NARCAN.....27	<i>niacor</i>.....14	(<i>contraceptive</i>).....31
NARDIL	NIASPAN	<i>norethindrone acet & eth</i>
see <i>phenelzine sulfate</i> ...21	see <i>niacin er</i>	<i>estra</i>.....31
NATACYN.....41	(<i>antihyperlipidemic</i>) 14	<i>norethindrone acetate</i>.....34
<i>nateglinide</i>.....29	<i>nicardipine hcl</i>.....15	<i>norethindrone acetate-ethinyl</i>
NATPARA.....33	NICOTROL INHALER.....27	<i>estradiol</i>.....33
NAVELBINE	NICOTROL NS .....27	<i>norgest/ethi tab 0.25/35</i> ...31
see <i>vinorelbine tartrate</i> ..10	<i>nifedipine</i> 15	<i>norgestimate-ethinyl</i>
NEBUPENT .....4	<i>nifedipine er</i>.....15	<i>estradiol (triphasic)</i>
<i>necon 0.5/35-28</i>.....31	<i>nikki</i>.....31	<i>0.18-25/0.215-25/0.25-25</i>
<i>necon 1/50-28</i>.....31	NILANDRON	<i>mg-mcg</i>.....31
<i>necon 7/7/7</i>.....31	see <i>nilutamide</i> 10	<i>norgestimate-ethinyl</i>
<i>nefazodone hcl</i>.....21	<i>nilutamide</i> 10	<i>estradiol (triphasic)</i>
<i>neomycin sulfate</i> .....3	<i>nimodipine</i> 15	<i>0.18-35/0.215-35/0.25-35</i>
<i>neomycin-bacitracin</i>	NINLARO.....10	<i>mg-mcg</i>.....31
<i>zn-polymyxin</i> .....41	NITRO-BID 17	<i>norlyroc</i>.....31
<i>neomycin-polymy-dexameth</i>	NITRO-DUR	NORMOSOL-M IN D5W ...41
.....41	see <i>minitrans</i> 17	NORMOSOL-R.....41
<i>neomycin-polymyxin-gramici</i>	see <i>nitroglycerin td patch</i>	NORMOSOL-R IN D5W ...41
<i>din</i>.....41	..... 17	NORPACE
<i>neomycin-polymyxin-hc</i>	NITRO-DUR DIS 0.3MG/HR	see <i>disopyramide</i>
(<i>ophth</i>) .....41	..... 17	<i>phosphate</i> 13
<i>neomycin-polymyxin-hc (otic)</i>	NITRO-DUR DIS 0.8MG/HR	NORPACE CR..... 14
.....46	..... 17	NORPRAMIN
NEORAL		

see <i>desipramine hcl</i> .....20	see <i>ofloxacin (ophth)</i>.....41	see <i>tri-sprintec</i>.....32
NORTHERA.....17	ODEFSEY.....6	see <i>tri-vylibra</i>.....32
<i>nortrel 0.5/35 (28)</i> .....31	ODOMZO.....10	ORTHO TRI-CYCLEN LO
<i>nortrel 1/35</i>.....31	OFEV .....43	see <i>norgestimate-ethinyl</i>
<i>nortrel 7/7/7</i>.....31	<i>ofloxacin (ophth)</i> .....41	<i>estradiol (triphasic)</i>
<i>nortriptyline hcl</i>.....21	<i>ofloxacin (otic)</i>.....46	0.18-25/0.215-25/0.25-25
NORVASC	<i>olanzapine</i> .....23	<i>mg-mcg</i> .....31
see <i>amlodipine besylate</i> 15	<i>olmesartan medoxomil</i> 13	see <i>tri-lo marzia</i>.....32
NORVIR.....5	<i>olmesartan</i>	see <i>tri-lo-estarylla</i>.....32
see <i>ritonavir</i>.....6	<i>medoxomil-amlodipine-hydro</i>	see <i>tri-lo-sprintec</i>.....32
NOVOLIN 70/30.....28	<i>chlorothiazide</i> 13	see <i>trinessa lo</i>.....32
NOVOLIN N .....28	<i>olmesartan</i>	ORTHO-CYCLEN
NOVOLIN R .....28	<i>medoxomil-hydrochlorothiazi</i>	see <i>estarylla tab 0.25-35</i>
NOVOLOG.....28	<i>de</i> 13	.....30
NOVOLOG 70/30 FLEXPEN	<i>olopatadine hcl 0.2%</i> .....42	see <i>femynor</i> .....30
.....28	<i>omeprazole cap 10mg</i> .....36	see <i>mili</i>.....31
NOVOLOG FLEXPEN .....28	<i>omeprazole cap 20mg</i> .....36	see <i>mono-lynyah tab</i>
NOVOLOG MIX 70/30 .....28	<i>omeprazole cap 40mg</i> .....36	0.25-35.....31
NOVOLOG PENFILL .....28	OMNIPRED	see <i>mononessa</i>.....31
NOXAFIL.....5	see <i>prednisolone acetate</i>	see <i>norgest/ethi tab</i>
NUCYNTA ER.....3	(<i>ophth</i>).....42	0.25/35.....31
NUDEXTA .....26	<i>ondansetron hcl</i> .....34	see <i>previfem</i> .....31
NULOJIX.....38	<i>ondansetron hcl inj</i>.....34	see <i>sprintec 28</i>.....32
NULYTELY/FLAVOR	<i>ondansetron hcl oral soln</i> ..34	see <i>vylibra</i>.....32
PACKS.....35	<i>ondansetron odt</i>.....34	ORTHO-NOVUM 1/35
see <i>gavilyte-n/fluor pack</i>	ONFI SOLN .....19	see <i>alyacen 1/35</i>.....30
.....35	ONFI TAB .....19	see <i>cyclafem 1/35</i>.....30
see <i>peg 3350-potassium</i>	ORAP	see <i>dasetta 1/35</i>.....30
<i>chloride-sod</i>	see <i>pimozide</i> .....23	see <i>nortrel 1/35</i>.....31
<i>bicarbonate-sod chloride</i>	ORFADIN.....32	see <i>pirmella 1/35</i>.....31
.....35	ORKAMBI .....43	ORTHO-NOVUM 7/7/7
see <i>trilyte</i>.....35	<i>orsythia</i> .....31	see <i>cyclafem 7/7/7</i> .....30
NUPLAZID .....23	ORTHO MICRONOR	see <i>dasetta 7/7/7</i>.....30
<i>nutrilipid inj 20%</i>.....40	see <i>errin</i> .....30	see <i>necon 7/7/7</i>.....31
NUVARING .....31	see <i>jolivette</i> .....30	see <i>nortrel 7/7/7</i>.....31
NUVIGIL	see <i>lyza</i> .....31	<i>oseltamivir phosphate</i>.....7
see <i>armodafinil</i>.....27	see <i>norethindrone</i>	OVIDE
<i>nyamyc</i> .....44	(<i>contraceptive</i>) .....31	see <i>malathion</i>.....46
NYMALIZE .....15	see <i>sharobel</i>.....31	<i>oxacillin sodium</i> .....8
<i>nystatin</i> .....5	ORTHO TRI-CYCLEN	<i>oxaliplatin inj 100mg</i> 12
<i>nystatin (mouth-throat)</i>.....46	see <i>norgestimate-ethinyl</i>	<i>oxaliplatin inj 100mg/20ml</i> 12
<i>nystatin (topical)</i>.....44	<i>estradiol (triphasic)</i>	<i>oxaliplatin inj 50mg</i> 12
<i>nystop</i> .....44	0.18-35/0.215-35/0.25-35	<i>oxaliplatin inj 50mg/10ml</i> ..12
O	<i>mg-mcg</i> .....31	OXANDRIN
<i>ocella</i> .....31	see <i>tri-lynyah</i>.....32	see <i>oxandrolone tab 10mg</i>
OCTAGAM.....38	see <i>tri-mili</i>.....32	.....27
<i>octreotide acetate</i> .....33	see <i>trinessa</i>.....32	<i>oxandrolone tab 10mg</i>.....27
OCUFLOX	see <i>tri-previfem</i> .....32	<i>oxandrolone tab 2.5mg</i>.....27

<i>oxcarbazepine</i>	19	<i>peg 3350-kcl-sod bicarb-sod</i>		<i>pfizerpen-g inj 20mu</i>	8
<i>oxybutynin chloride</i>	37	<i>chloride-sod sulfate</i>	35	<i>pfizerpen-g inj 5mu</i>	8
<i>oxycodone hcl</i>	3	<i>peg 3350-potassium</i>		<i>phenelzine sulfate</i>	21
<i>oxycodone w/</i>		<i>chloride-sod bicarbonate-sod</i>		PHENERGAN	
<i>acetaminophen 10-325mg</i> ..	3	<i>chloride</i>	35	<i>see promethazine hcl inj</i>	35
<i>oxycodone w/</i>		PEGANONE	19	<i>phenobarbital</i>	19
<i>acetaminophen 2.5-325mg</i> .	3	PEGASYS.....	7	<i>phenobarbital sodium</i>	19
<i>oxycodone w/</i>		PEGASYS PROCLICK	7	PHENOBARBITAL SODIUM	
<i>acetaminophen 5-325mg</i>	3	PENICILLIN G POT IN		.....	19
<i>oxycodone w/</i>		DEXTROSE 2MU	8	PHENYTEK	19
<i>acetaminophen 7.5-325mg</i> .	3	PENICILLIN G POT IN		<i>see phenytoin sodium</i>	
OXYCONTIN.....	3	DEXTROSE 3MU	8	<i>extended</i>	19
OZEMPIC INJ 0.25 OR		PENICILLIN G PROCAINE .	8	<i>phenytoin</i>	19
0.5MG/DOSE	28	<i>penicillin g sodium</i>	8	<i>phenytoin sodium extended</i>	
OZEMPIC INJ 1MG/DOSE		<i>penicillin v potassium</i>	8	.....	19
.....	28	<i>penicilln gk inj 20mu</i>	8	<i>phenytoin sodium inj</i>	
P		<i>penicilln gk inj 5mu</i>	8	50mg/ml.....	19
<i>pacerone</i>	14	PENTACEL.....	39	<i>philith</i>	31
<i>paclitaxel</i>	9	PENTAM 300.....	4	PHOSLO	
PAMELOR		<i>pentoxifylline</i>	37	<i>see calcium acetate</i>	
<i>see nortriptyline hcl</i>	21	PEPCID		(<i>phosphate binder</i>).....	34
<i>pamidronate disodium</i>	29	<i>see famotidine tab</i>	35	PHOSPHOLINE IODIDE ..	42
PAMIDRONATE DISODIUM		PERCOCET		PICATO	45
.....	29	<i>see endocet 10-325mg</i>	2	<i>pilocarpine hcl</i>	42
<i>pamidronate inj 30mg</i>	29	<i>see endocet 2.5-325mg</i> ...1		<i>pilocarpine hcl (oral)</i>	46
<i>pamidronate inj 90mg</i>	29	<i>see endocet 5-325mg</i>.....1		<i>pimozide</i>	23
PANRETIN.....	45	<i>see endocet 7.5-325mg</i> ...2		<i>pimtrea</i>	31
<i>pantoprazole sodium</i>	36	<i>see oxycodone w/</i>		<i>pindolol</i>	15
<i>paricalcitol</i>	41	<i>acetaminophen 10-325mg</i>		<i>pioglitazone hcl</i>	29
PARLODEL		.....	3	PIPER/TAZOBA INJ	
<i>see bromocriptine</i>		<i>see oxycodone w/</i>		12-1.5GM.....	9
<i>mesylate</i>	21	<i>acetaminophen 2.5-325mg</i>		<i>piper/tazoba inj 2-0.25gm</i> ...	9
PARNATE		.....	3	<i>piper/tazoba inj 3-0.375gm</i> .	9
<i>see tranlycypromine</i>		<i>see oxycodone w/</i>		<i>piper/tazoba inj 36-4.5gm</i> ...	9
<i>sulfate</i>	21	<i>acetaminophen 5-325mg</i> .	3	<i>piper/tazoba inj 4-0.5gm</i>	9
<i>paroex sol 0.12%</i>	46	<i>see oxycodone w/</i>		<i>pirmella 1/35</i>	31
<i>paromomycin sulfate</i>	3	<i>acetaminophen 7.5-325mg</i>		PLAQUENIL	
<i>paroxetine hcl</i>	21	.....	3	<i>see hydroxychloroquine</i>	
PASER D/R.....	6	PERIDEX		<i>sulfate</i>	38
PATADAY		<i>see chlorhexidine</i>		PLASMA-LYTE A.....	41
<i>see olopatadine hcl 0.2%</i>		<i>gluconate (mouth-throat)</i>		PLASMA-LYTE-148.....	41
.....	42	.....	46	PLAVIX	
PAXIL.....	21	<i>see paroex sol 0.12%</i>	46	<i>see clopidogrel tab 75mg</i>	
<i>see paroxetine hcl</i>	21	<i>see perigard</i>	46	.....	38
PAZEO.....	42	<i>perindopril erbumine</i>	13	PNV PRENATAL TAB PLUS	
PEDIARIX	39	<i>perigard</i>	46	.....	41
PEDVAX HIB	39	<i>permethrin cre 5%</i>	46	<i>podofilox</i>	45
<i>peg 3350/electrolytes</i>	35	<i>perphenazine</i>	23	<i>polyethylene glycol 3350</i> ..	35

<i>polymyxin b-trimethoprim</i> ..41	<i>prednisone pak 10mg</i> .....33	PROLENSA .....42
POLYTRIM	<i>prednisone pak 5mg</i> .....33	PROLIA .....34
see <i>polymyxin</i>	<i>prednisone sol 5mg/5ml</i>....33	PROMACTA .....37
<i>b-trimethoprim</i> .....41	<i>prednisone tab 10mg</i> .....33	<i>promethazine hcl</i> .....34
POMALYST CAP 1MG .....10	<i>prednisone tab 1mg</i> .....33	<i>promethazine hcl inj</i>.....35
POMALYST CAP 2MG .....10	<i>prednisone tab 2.5mg</i> .....33	<i>propafenone hcl</i>.....14
POMALYST CAP 3MG .....11	<i>prednisone tab 20mg</i> .....33	<i>propafenone hcl 12hr</i>.....14
POMALYST CAP 4MG .....11	<i>prednisone tab 50mg</i> .....33	<i>proparacaine hcl</i>.....42
<i>portia-28</i>.....31	<i>prednisone tab 5mg</i> .....33	<i>propranolol cap er</i>.....15
<i>pot chloride inj 2meq/ml</i>....41	PREMASOL 10%.....40	<i>propranolol hcl</i>.....15
<i>potassium chloride</i> 39, 40, 41	<i>premasol 6%</i>.....40	<i>propranolol oral sol</i>.....15
<i>potassium chloride in nacl</i> .41	PREVACID	<i>propylthiouracil</i> .....34
<i>potassium chloride</i>	see <i>lansoprazole</i> .....36	PROQUAD .....39
<i>microencapsulated crystals</i>	<i>prevalite</i> .....14	PROSCAR
<i>er</i>.....40	<i>previfem</i>.....31	see <i>finasteride</i>.....36
<i>potassium citrate (alkalinizer)</i>	PREZCOBIX .....6	PROSOL.....40
<i>er tabs</i>.....36	PREZISTA .....5, 6	PROTONIX
PRADAXA.....37	PRIFTIN.....6	see <i>pantoprazole sodium</i>
PRALUENT.....14	PRIMAQUINE PHOSPHATE	.....36
<i>pramipexole tab 0.125mg</i> .22	.....5	PROTOPIC
<i>pramipexole tab 0.25mg</i> ...22	PRIMAXIN IV	see <i>tacrolimus (topical)</i> .45
<i>pramipexole tab 0.5mg</i> .....22	see <i>imipenem-cilastatin</i> ...4	<i>protriptyline hcl</i> .....21
<i>pramipexole tab 0.75mg</i> ...22	<i>primidone</i>.....19	PROVERA
<i>pramipexole tab 1.5mg</i> .....22	PRINIVIL	see <i>medroxyprogesterone</i>
<i>pramipexole tab 1mg</i> .....22	see <i>lisinopril</i> .....13	<i>acetate tab</i> .....34
PRANDIN	PRISTIQ	PROZAC
see <i>repaglinide</i>.....29	see <i>desvenlafaxine</i>	see <i>fluoxetine cap 10mg</i> 20
<i>prasugrel hcl</i> .....38	<i>succinate</i>.....20	see <i>fluoxetine cap 20mg</i> 20
PRAVACHOL	PRIVIGEN.....38	see <i>fluoxetine cap 40mg</i> 21
see <i>pravastatin sodium</i> ..14	<i>probenecid</i>.....1	PULMICORT
<i>pravastatin sodium</i>.....14	PROCALAMINE.....40	see <i>budesonide</i>
<i>praziquantel</i> .....4	PROCARDIA XL	(<i>inhalation</i>) .....43
<i>prazosin hcl</i>.....13	see <i>nifedipine</i> .....15	PULMICORT FLEXHALER
PRECOSE	<i>prochlorperazine inj</i> .....34	.....43
see <i>acarbose</i>.....28	<i>prochlorperazine maleate</i> .34	PULMOZYME .....43
<i>pred sod pho sol 5mg/5ml</i> .33	<i>prochlorperazine supp</i> .....34	PURIXAN.....9
<i>prednisolone acetate (ophth)</i>	PROCRIT.....37	<i>pyrazinamide</i> .....6
.....42	PROCTOCORT	<i>pyridostigmine tab 60mg</i> ...26
<i>prednisolone sodium</i>	see <i>procto-pak</i> .....45	Q
<i>phosphate</i> .....33	<i>procto-med hc</i>.....45	QUADRACEL .....39
PREDNISOLONE SODIUM	<i>procto-pak</i>.....45	QUALAQUIN
PHOSPHATE (OPHTH)....42	<i>proctosol hc cre 2.5%</i> .....45	see <i>quinine sulfate</i> .....5
<i>prednisolone sol 15mg/5ml</i>	<i>proctozone-hc</i>.....45	<i>quasense</i> .....31
.....33	PROGLYCEM SUS	QUESTRAN
<i>prednisolone sol 25mg/5ml</i>	50MG/ML.....33	see <i>cholestyramine</i> .....14
.....33	PROGRAF	QUESTRAN LIGHT
PREDNISONE CON	see <i>tacrolimus</i> .....39	see <i>cholestyramine light</i> 14
5MG/ML .....33	PROLASTIN-C.....43	see <i>prevalite</i>.....14

<i>quetiapine fumarate</i>	23	RENVELA TAB 800MG	34	RISPERDAL INJ 37.5MG .	24
<i>quinapril hcl</i>	13	<i>repaglinide</i>	29	RISPERDAL INJ 50MG	24
<i>quinapril-hydrochlorothiazide</i>		REQUIP		<i>risperidone</i>	24
.....	12	<i>see ropinirole tab 0.25mg</i>		RITALIN	
<i>quinidine gluconate</i>	14	.....	22	<i>see methylphenidate hcl</i>	25
<i>quinidine sulfate</i>	14	<i>see ropinirole tab 0.5mg</i>	22	<i>ritonavir</i>	6
<i>quinine sulfate</i>	5	<i>see ropinirole tab 1mg</i> ...	22	RITUXAN	10
R		<i>see ropinirole tab 2mg</i> ...	22	RITUXAN HYCELA.....	10
RABAVERT.....	39	<i>see ropinirole tab 3mg</i> ...	22	<i>rivastigmine tartrate caps.</i>	20
<i>raloxifene tab 60mg</i>	34	<i>see ropinirole tab 4mg</i> ...	22	<i>rizatriptan benzoate</i>	26
<i>ramipril</i>	13	<i>see ropinirole tab 5mg</i> ...	22	<i>rizatriptan benzoate odt</i>	26
RANEXA	17	RESCRIPTOR	6	ROBINUL	
<i>ranitidine hcl</i>	35	RESTASIS	42	<i>see glycopyrrolate</i>	35
<i>ranitidine hcl inj</i>	35	RESTASIS MULTIDOSE ..	42	ROBINUL FORTE	
<i>ranitidine inj</i>	35	RESTORIL		<i>see glycopyrrolate</i>	35
<i>ranitidine syrup</i>	35	<i>see temazepam</i>	25	ROCALTROL	
RAPAMUNE.....	39	RETIN-A		<i>see calcitriol</i>	41
<i>see sirolimus</i>	39	<i>see avita</i>	44	<i>see calcitriol oral soln 1</i>	
<i>rasagiline mesylate</i>	22	<i>see tretinoin</i>	44	<i>mcg/ml</i>	41
RAYALDEE	41	RETROVIR		ROCEPHIN	
RAZADYNE		<i>see zidovudine cap 100mg</i>		<i>see ceftriaxone sodium</i> ...	7
<i>see galantamine</i>		.....	6	<i>ropinirole tab 0.25mg</i>	22
<i>hydrobromide</i>	20	<i>see zidovudine syp</i>		<i>ropinirole tab 0.5mg</i>	22
RAZADYNE ER		50mg/5ml	6	<i>ropinirole tab 1mg</i>	22
<i>see galantamine</i>		REVATIO		<i>ropinirole tab 2mg</i>	22
<i>hydrobromide er</i>	20	<i>see sildenafil citrate tab 20</i>		<i>ropinirole tab 3mg</i>	22
REBETOL		<i>mg (pulmonary</i>		<i>ropinirole tab 4mg</i>	22
<i>see ribasphere</i>	7	<i>hypertension)</i>	17	<i>ropinirole tab 5mg</i>	22
<i>see ribavirin cap 200mg</i> ..	7	REVLIMID	11	<i>rosadan</i>	45
REBETOL SOL 40MG/ML ..	7	REXULTI.....	23	<i>rosuvastatin calcium</i>	14
RECLAST		REYATAZ	6	ROTARIX.....	39
<i>see zoledronic acid inj</i>		<i>see atazanavir sulfate</i>	5	ROTATEQ	39
5mg/100ml.....	29	<i>ribasphere</i>	7	ROWASA	
<i>reclipsen</i>	31	<i>ribavirin cap 200mg</i>	7	<i>see mesalamine w/</i>	
RECOMBIVAX HB	39	<i>ribavirin tab 200mg</i>	7	<i>cleanser</i>	35
REGLAN		<i>rifabutin</i>	6	<i>roweepra</i>	19
<i>see metoclopramide hcl</i>	34	RIFADIN		<i>roweepra xr</i>	19
REGRANEX.....	46	<i>see rifampin</i>	6	ROXICODONE	
RELENZA DISKHALER	7	<i>rifampin</i>	6	<i>see oxycodone hcl</i>	3
RELISTOR	36	RIFATER	6	RUBRACA	10
REMERON		RILUTEK		RYDAPT	11
<i>see mirtazapine</i>	21	<i>see riluzole</i>	26	RYTHMOL SR	
REMERON SOLTAB		<i>riluzole</i>	26	<i>see propafenone hcl 12hr</i>	
<i>see mirtazapine</i>	21	<i>rimantadine hydrochloride</i> ...	7	.....	14
REMICADE	38	RISPERDAL		S	
REMODULIN	17	<i>see risperidone</i>	24	SABRIL.....	19
RENVELA PAK 0.8GM	34	RISPERDAL INJ 12.5MG .	23	<i>see vigabatrin powd pack</i>	
RENVELA PAK 2.4GM	34	RISPERDAL INJ 25MG	24	500mg.....	19

SALAGEN	<i>sodium phenylbutyrate</i>.....32	STALEVO 75
see <i>pilocarpine hcl (oral)</i>	<i>sodium polystyrene sulfonate</i>	see
.....46	<i>powder</i>.....30	<i>carbidopa/levodopa/entac</i>
SANDIMMUNE .....39	<i>sodium polystyrene sulfonate</i>	<i>apone</i>.....22
see <i>cyclosporine</i>.....38	<i>susp</i>.....30	STARLIX
SANDOSTATIN	SOLQUA 100/33.....28	see <i>nateglinide</i>.....29
see <i>octreotide acetate</i> ...33	SOLTAMOX.....10	<i>stavudine</i>.....6
SANTYL.....46	SOLU-CORTEF.....33	STIMATE.....34
SAPHRIS.....24	SOLU-MEDROL	STIVARGA.....11
<i>scopolamine patch</i>.....35	see <i>methylpr ss inj</i>.....33	STRATTERA
<i>selegiline hcl</i>.....22	SOMATULINE DEPOT.....34	see <i>atomoxetine hcl</i>.....25
<i>selenium sulfide</i>.....44	SOMAVERT.....34	<i>streptomycin sulfate</i>.....3
SELZENTRY.....6	SORIATANE	STRIBILD.....6
SENSIPAR.....30	see <i>acitretin</i>.....44	STROMECTOL
SEREVENT DISKUS.....43	<i>sorine</i>.....14	see <i>ivermectin</i>.....4
SEROQUEL	<i>sotalol hcl</i>.....14	SUBOXONE MIS 12-3MG 27
see <i>quetiapine fumarate</i> 23	<i>sotalol hcl (afib/afI)</i>.....14	SUBOXONE MIS 2-0.5MG
SEROQUEL XR	<i>spironolactone</i>.....13	.....27
see <i>quetiapine fumarate</i> 23	<i>spironolactone &</i>	SUBOXONE MIS 4-1MG..27
<i>sertraline hcl</i>.....21	<i>hydrochlorothiazide</i>.....16	SUBOXONE MIS 8-2MG..27
<i>setlakin tab</i>.....31	SPORANOX	<i>subvenite tab</i>.....19
<i>sharobel</i>.....31	see <i>itraconazole</i>.....5	<i>sucralfate</i>.....36
SHINGRIX.....39	<i>sprintec 28</i>.....32	<i>sulfacetamide sodium (acne)</i>
SIGNIFOR.....34	SPRITAM.....19	.....44
<i>sildenafil citrate tab 20 mg</i>	SPRYCEL.....11	<i>sulfacetamide sodium</i>
<i>(pulmonary hypertension)</i> .17	<i>sps</i>.....30	<i>(ophth)</i>.....41
SILENOR.....25	<i>sronyx</i>.....32	<i>sulfacetamide</i>
SILVADENE	<i>ssd</i>.....44	<i>sod-prednisolone</i>.....41
see <i>silver sulfadiazine</i> ...44	STALEVO 100	SULFADIAZINE.....3
see <i>ssd</i>.....44	see	<i>sulfamethoxazole-trimethop</i>
<i>silver sulfadiazine</i>.....44	<i>carbidopa/levodopa/entac</i>	<i>ds</i>.....4
SIMBRINZA.....42	<i>apone</i>.....22	<i>sulfamethoxazole-trimethopri</i>
<i>simvastatin</i>.....14	STALEVO 125	<i>m inj</i>.....4
SINEMET	see	<i>sulfamethoxazole-trimethopri</i>
see <i>carbidopa-levodopa</i> 21	<i>carbidopa/levodopa/entac</i>	<i>m susp</i>.....4
SINEMET CR	<i>apone</i>.....22	<i>sulfamethoxazole-trimethopri</i>
see <i>carbidopa-levodopa</i> 22	STALEVO 150	<i>m tab 400-80mg</i>.....4
SINGULAIR	see	SULFAMYLON.....44
see <i>montelukast sodium</i> 43	<i>carbidopa/levodopa/entac</i>	<i>sulfasalazine</i>.....35
<i>sirolimus</i>.....39	<i>apone</i>.....22	<i>sulfasalazine ec</i>.....35
SIRTURO.....6	STALEVO 200	<i>sulindac</i>.....1
SIVEXTRO.....4	see	<i>sumatriptan inj 4mg/0.5ml</i> .26
<i>sod chloride inj 0.9%</i>.....41	<i>carbidopa/levodopa/entac</i>	<i>sumatriptan inj 6mg/0.5ml</i> .26
<i>sodium chlor sol 0.9% irr</i> ...46	<i>apone</i>.....22	<i>sumatriptan nasal spray</i> ...26
<i>sodium chloride</i>.....40, 41	STALEVO 50	<i>sumatriptan succinate</i>.....26
<i>sodium chloride 0.45%</i>.....41	see	SUPRAX.....7
<i>sodium fluoride chew; tab;</i>	<i>carbidopa/levodopa/entac</i>	see <i>cefixime</i>.....7
<i>1.1 (0.5 f) mg/ml soln</i>.....40	<i>apone</i>.....22	SUPREP BOWEL PREP KIT

.....35	TAGRISSE .....11	<i>tetracycline hcl</i>.....9
SURMONTIL	TAMIFLU	THALOMID 11
<i>see trimipramine maleate</i>	<i>see oseltamivir phosphate</i>	<i>theophylline</i> .....43
.....21	.....7	<i>thioridazine hcl</i>.....24
SUSTIVA	<i>tamoxifen citrate</i> 10	<i>thiothixene</i> .....24
<i>see efavirenz</i>.....5	<i>tamsulosin hcl</i>.....36	<i>tiagabine hcl</i> 19
SUTENT.....11	TAPAZOLE	TIAZAC
<i>syeda</i> .....32	<i>see methimazole</i> .....34	<i>see diltiazem hcl extended</i>
SYLATRON KIT 200MCG.12	TARCEVA.....11	<i>release beads cap sr</i> 15
SYLATRON KIT 300MCG.12	TARGRETIN .....45	<i>see taztia xt</i> 15
SYLATRON KIT 600MCG.12	<i>see bexarotene</i> 12	<i>tigecycline</i>.....4
SYMBICORT.....44	<i>tarina fe 1/20</i>.....32	TIKOSYN
SYMDEKO .....43	TASIGNA 11	<i>see dofetilide</i> 13
SYMFI.....6	TAXOTERE .....9	<i>tilia fe</i> .....32
SYMFI LO .....6	<i>see docetaxel</i>.....9	<i>timolol maleate</i> 15
SYMPROIC.....36	<i>tazarotene</i>.....44	<i>timolol maleate (ophth) soln</i>
SYNALAR	<i>tazicef</i> .....7	.....42
<i>see fluocinolone acetonide</i>	TAZORAC.....44	<i>timolol maleate gel</i>.....42
.....45	<i>see tazarotene</i> .....44	TIMOPTIC
SYNAREL .....32	<i>taztia xt</i> 15	<i>see timolol maleate</i>
SYNERCID .....4	TECENTRIQ.....10	<i>(ophth) soln</i>.....42
SYNJARDY TAB	TEFLARO .....8	TIMOPTIC-XE
12.5-1000MG .....29	TEGRETOL	<i>see timolol maleate gel</i> .42
SYNJARDY TAB	<i>see carbamazepine</i> 17	TIVICAY.....6
12.5-500MG .....29	<i>see epitol</i>.....18	<i>tizanidine hcl</i>.....27
SYNJARDY TAB 5-1000MG	TEGRETOL-XR	TOBRADEX.....41
.....29	<i>see carbamazepine</i> 17	<i>see</i>
SYNJARDY TAB 5-500MG	TEKTURNA 16	<i>tobramycin-dexamethason</i>
.....29	TEKTURNA HCT .....16	<i>e</i>.....41
SYNJARDY XR TAB	<i>telmisartan</i> 13	TOBRADEX ST .....41
10-1000MG .....29	<i>temazepam</i> .....25	<i>tobramycin</i> .....3
SYNJARDY XR TAB	TENIVAC .....39	<i>tobramycin (ophth)</i>.....41
12.5-1000MG .....29	<i>tenofovir disoproxil fumarate</i>	<i>tobramycin inj 1.2 gm/30ml</i> .3
SYNJARDY XR TAB	.....6	<i>tobramycin inj 1.2gm</i>.....3
25-1000MG .....29	TENORMIN	<i>tobramycin inj 10mg/ml</i>.....3
SYNJARDY XR TAB	<i>see atenolol</i> 15	<i>tobramycin inj 40mg/ml</i>.....3
5-1000MG .....29	TERAZOL 7	<i>tobramycin inj 80mg/2ml</i>....3
SYNRIBO.....12	<i>see terconazole vaginal</i> .37	<i>tobramycin-dexamethasone</i>
SYNTHROID.....34	<i>terazosin hcl</i>.....13	.....41
<i>see levothyroxine sodium</i>	<i>terbinafine hcl</i> .....5	TOBEX
.....34	<i>terbutaline sulfate</i> .....43	<i>see tobramycin (ophth)</i> .41
SYPRINE	<i>terconazole vaginal</i>.....37	TOFRANIL
<i>see trientine hcl</i>.....30	<i>testosterone</i>.....27	<i>see imipramine hcl</i>.....21
T	<i>testosterone cypionate</i>.....27	<i>tolterodine tartrate cap er</i> ..37
TABLOID.....9	<i>testosterone enanthate</i>.....27	<i>tolterodine tartrate tabs</i>....37
<i>tacrolimus</i>.....39	TETANUS/DIPHThERIA	TOPAMAX
<i>tacrolimus (topical)</i>.....45	TOXOID .....39	<i>see topiramate</i> 19
TAFINLAR.....11	<i>tetrabenazine</i> .....26	TOPAMAX SPRINKLE

see <i>topiramate</i>	19	TRIBENZOR		TWINRIX INJ	39
<i>topiramate</i>	19	see <i>olmesartan</i>		TYBOST	6
<i>toposar</i>	12	<i>medoxomil-amlodipine-hyd</i>		TYGACIL	
<i>topotecan hcl</i>	12	<i>rochlorothiazide</i>	13	see <i>tigecycline</i>	4
TOPOTECAN HCL		TRICOR		TYKERB	11
see <i>topotecan hcl</i>	12	see <i>fenofibrate</i>	14	TYLENOL/CODEINE #3	
TOPOTECAN INJ 4MG/4ML		<i>trientine hcl</i>	30	see <i>acetaminophen w/</i>	
.....	12	<i>trifluoperazine hcl</i>	24	<i>codeine 300-30mg</i>	1
TOPROL XL		<i>trifluridine</i>	41	TYLENOL/CODEINE #4	
see <i>metoprolol succinate</i>		<i>trihexyphenidyl hcl</i>	22	see <i>acetaminophen w/</i>	
.....	15	<i>tri-legest fe</i>	32	<i>codeine 300-60mg</i>	1
<i>toremide tabs</i>	16	TRILEPTAL		TYMLOS.....	34
TOVIAZ.....	37	see <i>oxcarbazepine</i>	19	TYPHIM VI.....	39
<i>tpn electrolytes</i>	40	<i>tri-linyah</i>	32	U	
TRACLEER.....	17	<i>tri-lo marzia</i>	32	ULORIC.....	1
TRADJENTA.....	29	<i>tri-lo-estarylla</i>	32	ULTRACET	
<i>tramadol hcl tab 50 mg</i>	1	<i>tri-lo-sprintec</i>	32	see	
<i>tramadol-acetaminophen</i>	1	<i>trilyte</i>	35	<i>tramadol-acetaminophen</i> 1	
<i>trandolapril</i>	13	<i>trimethoprim</i>	4	ULTRAM	
<i>tranexamic acid</i>	37	<i>tri-mili</i>	32	see <i>tramadol hcl tab 50</i>	
TRANSDERM-SCOP		<i>trimipramine maleate</i>	21	<i>mg</i>	1
see <i>scopolamine patch</i> ..	35	<i>trinessa</i>	32	ULTRAVATE	
TRANXENE T		<i>trinessa lo</i>	32	see <i>halobetasol</i>	
see <i>clorazepate</i>		TRI-NORINYL 28		<i>propionate</i>	45
<i>dipotassium</i>	18	see <i>aranelle</i>	30	UNASYN	
<i>tranylcypromine sulfate</i>	21	see <i>leena</i>	31	see <i>ampicillin & sulbactam</i>	
TRAVASOL.....	40	TRINTELLIX	21	<i>sodium</i>	8
TRAVATAN Z.....	42	<i>tri-previfem</i>	32	UNASYN BULK PACK	
<i>trazodone hcl</i>	21	<i>tri-sprintec</i>	32	see <i>ampicillin & sulbactam</i>	
<i>trazodone tab 150mg</i>	21	TRIUMEQ	6	<i>sodium</i>	8
TRECATOR	6	<i>trivora-28</i>	32	URECHOLINE	
TRELEGY ELLIPTA.....	42	<i>tri-vylibra</i>	32	see <i>bethanechol chloride</i>	
TRELSTAR DEP INJ		TRIZIVIR		.....	36
3.75MG	10	see <i>abacavir</i>		UROCIT-K 10	
TRELSTAR LA INJ 11.25MG		<i>sulfate-lamivudine-zidovud</i>		see <i>potassium citrate</i>	
.....	10	<i>ine</i>	6	(<i>alkalinizer</i>) <i>er tabs</i>	36
TRESIBA FLEXTOUCH...28		TROGARZO	6	UROCIT-K 15	
<i>tretinoin</i>	44	TROPHAMINE INJ 10% ...	40	see <i>potassium citrate</i>	
<i>tretinoin (chemotherapy)</i> ...	12	<i>tropium chloride</i>	37	(<i>alkalinizer</i>) <i>er tabs</i>	36
<i>triamcinolone acetonide</i>		TRULICITY	28	UROCIT-K 5	
(<i>mouth</i>)	46	TRUMENBA.....	39	see <i>potassium citrate</i>	
<i>triamcinolone acetonide</i>		TRUSOPT		(<i>alkalinizer</i>) <i>er tabs</i>	36
(<i>topical</i>).....	45	see <i>dorzolamide hcl</i>	42	UROXATRAL	
<i>triamterene &</i>		TRUVADA TAB 100-150....	6	see <i>alfuzosin hcl</i>	36
<i>hydrochlorothiazide cap</i>		TRUVADA TAB 133-200....	6	URSO 250	
<i>37.5-25 mg</i>	16	TRUVADA TAB 167-250....	6	see <i>ursodiol</i>	36
<i>triamterene &</i>		TRUVADA TAB 200-300....	6	URSO FORTE	
<i>hydrochlorothiazide tabs</i> ...	16	<i>tulana</i>	32	see <i>ursodiol</i>	36

<i>ursodiol</i>	36	VESICARE.....	37	VOSEVI	7
V		<i>vestura</i>	32	VOTRIENT	12
<i>valacyclovir hcl</i>	7	VFEND		VRAYLAR	24
VALCHLOR.....	45	<i>see voriconazole</i>	5	VRAYLAR THERAPY PACK	
VALCYTE		VFEND IV		.....	24
<i>see valganciclovir hcl</i>	7	<i>see voriconazole</i>	5	<i>vyfemla</i>	32
<i>valganciclovir hcl</i>	7	VIBRAMYCIN		<i>vylibra</i>	32
VALIUM		<i>see doxycycline hyclate</i> ...9		W	
<i>see diazepam</i>	18	VICTOZA	28	<i>warfarin sodium</i>	37
<i>valproate sodium</i>	19	VIDAZA		<i>water for irrigation, sterile</i> 46	
<i>valproate sodium oral soln</i> 19		<i>see azacitidine</i>	9	WELCHOL.....	14
<i>valproic acid</i>	19	VIDEX EC	6	WELLBUTRIN SR	
<i>valsartan</i>	13	<i>see didanosine</i>	5	<i>see bupropion hcl</i>	20
<i>valsartan-hydrochlorothiazid</i>		VIDEX PEDIATRIC	6	WELLBUTRIN XL	
<i>e</i>	13	<i>vienva</i>	32	<i>see bupropion hcl</i>	20
VALTREX		<i>vigabatrin powd pack 500mg</i>			
<i>see valacyclovir hcl</i>	7	.....	19	X	
VANCOCIN HCL		VIGAMOX		XALATAN	
<i>see vancomycin hcl</i>	4	<i>see moxifloxacin hcl</i>		<i>see latanoprost</i>	42
<i>vancomycin hcl</i>	4, 5	(<i>ophth</i>).....	41	XALKORI	12
VANCOMYCIN IN NAACL....	5	VIIBRYD STARTER PACK		XANAX	
<i>vandazole</i>	37	.....	21	<i>see alprazolam tab</i>	
VAQTA.....	39	VIIBRYD TAB	21	0.25mg.....	17
VARIVAX	39	VIMPAT	19	<i>see alprazolam tab 0.5mg</i>	
VASCEPA	14	VIMPAT INJ 200MG/20ML	19	.....	17
VASERETIC		VIMPAT SOL 10MG/ML....	19	<i>see alprazolam tab 1mg</i> 17	
<i>see enalapril maleate &</i>		<i>vinblastine sulfate</i>	9	<i>see alprazolam tab 2 mg</i>	
<i>hydrochlorothiazide</i>	12	<i>vincasar pfs</i>	9	.....	17
VASOTEC		<i>vincristine sulfate</i>	10	XARELTO	37
<i>see enalapril maleate</i>	13	<i>vinorelbine tartrate</i>	10	XARELTO STARTER PACK	
VELCADE	10	<i>viorele</i>	32	.....	37
<i>velivet</i>	32	VIRACEPT	6	XATMEP	38
VEMLIDY	7	VIRAMUNE.....	6	XELJANZ.....	38
VENCLEXTA.....	10	<i>see nevirapine tab 200mg</i>		XELJANZ XR.....	38
VENCLEXTA STARTING		.....	5	XENAZINE	
PACK.....	10	VIRAMUNE XR		<i>see tetrabenazine</i>	26
<i>venlafaxine hcl</i>	21	<i>see nevirapine tb24</i>	5	XGEVA	34
VENTAVIS	17	VIREAD	6	XIFAXAN	36
VENTOLIN HFA.....	43	<i>see tenofovir disoproxil</i>		XIGDUO XR TAB	
<i>verapamil cap er</i>	15	<i>fumarate</i>	6	10-1000MG.....	29
<i>verapamil hcl</i>	15	VIROPTIC		XIGDUO XR TAB 10-500MG	
<i>verapamil tab er</i>	15	<i>see trifluridine</i>	41	.....	29
VERELAN		VISTARIL		XIGDUO XR TAB	
<i>see verapamil cap er</i>	15	<i>see hydroxyzine pamoate</i>		2.5-1000MG.....	29
VERELAN PM		.....	43	XIGDUO XR TAB 5-1000MG	
<i>see verapamil cap er</i>	15	VIVITROL	27	.....	29
VERSACLOZ	24	VOLTAREN GEL 1%	45	XIGDUO XR TAB 5-500MG	
VERZENIO.....	10	<i>voriconazole</i>	5	.....	29
				XOLAIR	43

XOPENEX HFA	43	ZEMPLAR		ZOMETA	
XTANDI.....	10	see <i>paricalcitol</i>	41	see <i>zoledronic inj 4mg/5ml</i>	
<i>xulane</i>	32	<i>zenatane</i>	44	.....	29
XULTOPHY 100/3.6.....	28	<i>zenchent</i>	32	ZONEGRAN	
XYLOCAINE		ZENPEP	36	see <i>zonisamide</i>	19
see <i>lidocaine hcl (local</i>		ZEPATIER	7	<i>zonisamide</i>	19
<i>anesth.)</i>	3	ZERIT	6	ZONTIVITY	38
see <i>lidocaine inj 0.5%</i>	3	see <i>stavudine</i>	6	ZORTRESS TAB 0.25MG	39
see <i>lidocaine inj 1%</i>	3	ZESTORETIC		ZORTRESS TAB 0.5MG ..	39
XYLOCAINE-MPF		see <i>lisinopril &</i>		ZORTRESS TAB 0.75MG	39
see <i>lidocaine hcl (local</i>		<i>hydrochlorothiazide</i>	12	ZOSTAVAX	39
<i>anesth.)</i>	3	ZESTRIL		ZOSYN	
see <i>lidocaine inj 1.5%</i>		see <i>lisinopril</i>	13	see <i>piper/tazoba inj</i>	
<i>preservative free (pf)</i>	3	ZETIA		<i>2-0.25gm</i>	9
XYREM	27	see <i>ezetimibe</i>	14	see <i>piper/tazoba inj</i>	
Y		ZIAC		<i>3-0.375gm</i>	9
YASMIN 28		see <i>bisoprolol &</i>		see <i>piper/tazoba inj</i>	
see <i>drospirenone-ethinyl</i>		<i>hydrochlorothiazide</i>	14	<i>36-4.5gm</i>	9
<i>estradiol</i>	30	ZIAGEN		see <i>piper/tazoba inj</i>	
see <i>ocella</i>	31	see <i>abacavir sulfate</i>	5	<i>4-0.5gm</i>	9
see <i>syeda</i>	32	<i>zidovudine cap 100mg</i>	6	<i>zovia 1/35e</i>	32
see <i>zarah</i>	32	<i>zidovudine syp 50mg/5ml</i> ...	6	<i>zovia 1/50e</i>	32
YAZ		<i>zidovudine tab 300mg</i>	6	ZOVIRAX	
see <i>drospirenone-ethinyl</i>		ZINECARD		see <i>acyclovir</i>	6
<i>estradiol</i>	30	see <i>dexrazoxane</i>	12	ZYBAN	
see <i>gianvi</i>	30	<i>ziprasidone hcl</i>	24	see <i>bupropion hcl</i>	
see <i>loryna</i>	31	ZIRGAN	41	<i>(smoking deterrent)</i>	27
see <i>nikki</i>	31	ZITHROMAX		ZYDELIG	12
see <i>vestura</i>	32	see <i>azithromycin</i>	8	ZYKADIA	12
YF-VAX	39	ZOCOR		ZYLET	41
Z		see <i>simvastatin</i>	14	ZYLOPRIM	
<i>zafirlukast</i>	43	ZOFRAN		see <i>allopurinol tab</i>	1
ZANAFLEX		see <i>ondansetron hcl</i>	34	ZYPREXA	
see <i>tizanidine hcl</i>	27	see <i>ondansetron hcl oral</i>		see <i>olanzapine</i>	23
ZANTAC		<i>soln</i>	34	ZYPREXA RELPREVV	24
see <i>ranitidine hcl</i>	35	ZOFRAN ODT		ZYPREXA RELPREVV	
see <i>ranitidine hcl inj</i>	35	see <i>ondansetron odt</i>	34	210MG	24
see <i>ranitidine inj</i>	35	<i>zoledronic acid inj</i>		ZYPREXA ZYDIS	
<i>zarah</i>	32	<i>5mg/100ml</i>	29	see <i>olanzapine</i>	23
ZARONTIN		<i>zoledronic inj 4mg/5ml</i>	29	ZYTIGA.....	10
see <i>ethosuximide</i>	18	ZOLINZA.....	10	ZYVOX	
ZEJULA.....	10	ZOLOFT		see <i>linezolid</i>	4
ZELBORAF	12	see <i>sertraline hcl</i>	21		
ZEMAIRA.....	43	<i>zolpidem tartrate</i>	25		



This formulary was updated on August 1, 2018. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.silverscript.com.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Call 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week, for more information.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.