

SilverScript

2017 Formulary

(List of Covered Drugs)

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

Formulary File 17255, Version 6

This formulary was updated on August 1, 2016. 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, 2017. 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, 2018, 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

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

We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of January 1, 2017. 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 7. 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 7. 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 52. 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 *doxazosin*. 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 7. 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 3 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy.

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, we will allow you to refill your prescription until we have provided you with a 102-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug (unless you have a prescription for fewer days) 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 34 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 <http://www.medicare.gov>.

SilverScript Choice (PDP)'s Formulary

The formulary that begins on page 7 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 52.

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 7 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
Standard retail cost-sharing (in-network) (Up to a 30-day supply)

| | Tier 1 (Preferred Generic) | Tier 2 (Generic) | Tier 3 (Preferred Brand) | Tier 4 (Non-Preferred Drug) | Tier 5 (Specialty Tier) |
|----------------------|---|--|--|--|--|
| State | (includes low cost preferred generic drugs) | (includes generic and some low cost preferred brand drugs) | (includes preferred brand and non-preferred generic drugs) | (includes non-preferred brand and non-preferred generic drugs) | (includes high cost generic and brand drugs) |
| Alabama | \$3.00 | \$13.00 | \$45.00 | 50% | 33% |
| Alaska | \$1.00 | \$4.00 | 15% | 35% | 25% |
| Arizona | \$7.00 | \$20.00 | \$47.00 | 50% | 33% |
| Arkansas | \$3.00 | \$13.00 | \$46.00 | 50% | 33% |
| California | \$3.00 | \$17.00 | \$47.00 | 48% | 33% |
| Colorado | \$3.00 | \$20.00 | \$47.00 | 50% | 33% |
| Connecticut | \$3.00 | \$13.00 | \$42.00 | 44% | 33% |
| Delaware | \$3.00 | \$19.00 | \$47.00 | 50% | 33% |
| District of Columbia | \$3.00 | \$19.00 | \$47.00 | 50% | 33% |
| Florida | \$4.00 | \$20.00 | \$47.00 | 50% | 33% |
| Georgia | \$3.00 | \$13.00 | \$46.00 | 50% | 33% |
| Hawaii | \$1.00 | \$4.00 | 17% | 36% | 25% |
| Idaho | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Illinois | \$3.00 | \$18.00 | \$46.00 | 50% | 33% |
| Indiana | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Iowa | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Kansas | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Kentucky | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Louisiana | \$3.00 | \$12.00 | \$43.00 | 47% | 33% |
| Maine | \$3.00 | \$17.00 | \$46.00 | 50% | 33% |
| Maryland | \$3.00 | \$19.00 | \$47.00 | 50% | 33% |
| Massachusetts | \$3.00 | \$13.00 | \$42.00 | 44% | 33% |
| Michigan | \$3.00 | \$14.00 | \$45.00 | 49% | 33% |
| Minnesota | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Mississippi | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Missouri | \$3.00 | \$12.00 | \$43.00 | 47% | 33% |
| Montana | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Nebraska | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Nevada | \$7.00 | \$20.00 | \$47.00 | 50% | 33% |

| | Tier 1 (Preferred Generic) | Tier 2 (Generic) | Tier 3 (Preferred Brand) | Tier 4 (Non-Preferred Drug) | Tier 5 (Specialty Tier) |
|----------------|--|--|---|--|---|
| State | (includes low cost preferred generic drugs) | (includes generic and some low cost preferred brand drugs) | (includes preferred brand and non-preferred generic drugs) | (includes non-preferred brand and non-preferred generic drugs) | (includes high cost generic and brand drugs) |
| New Hampshire | \$3.00 | \$17.00 | \$46.00 | 50% | 33% |
| New Jersey | \$3.00 | \$15.00 | \$47.00 | 49% | 33% |
| New Mexico | \$3.00 | \$15.00 | \$47.00 | 50% | 33% |
| New York | \$3.00 | \$13.00 | \$46.00 | 48% | 33% |
| North Carolina | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| North Dakota | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Ohio | \$3.00 | \$17.00 | \$46.00 | 49% | 33% |
| Oklahoma | \$3.00 | \$12.00 | \$43.00 | 49% | 33% |
| Oregon | \$3.00 | \$12.00 | \$44.00 | 48% | 33% |
| Pennsylvania | \$3.00 | \$13.00 | \$45.00 | 50% | 33% |
| Rhode Island | \$3.00 | \$13.00 | \$42.00 | 44% | 33% |
| South Carolina | \$3.00 | \$17.00 | \$47.00 | 50% | 33% |
| South Dakota | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |
| Tennessee | \$3.00 | \$13.00 | \$45.00 | 50% | 33% |
| Texas | \$3.00 | \$20.00 | \$47.00 | 50% | 33% |
| Utah | \$3.00 | \$14.00 | \$45.00 | 50% | 33% |
| Vermont | \$3.00 | \$13.00 | \$42.00 | 44% | 33% |
| Virginia | \$3.00 | \$18.00 | \$47.00 | 50% | 33% |
| Washington | \$3.00 | \$12.00 | \$44.00 | 48% | 33% |
| West Virginia | \$3.00 | \$13.00 | \$45.00 | 50% | 33% |
| Wisconsin | \$3.00 | \$12.00 | \$43.00 | 46% | 33% |
| Wyoming | \$3.00 | \$14.00 | \$42.00 | 48% | 33% |

You can find complete cost-sharing information, including costs for long-term supplies and mail-order, 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 |
| <i>probenecid</i> | 3 | |
| ULORIC | 3 | ST |
| NSAIDS | | |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days) | 4 | QL |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days) | 4 | QL |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days) | 4 | QL |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days) | 4 | QL |
| <i>diclofenac potassium</i> QL (120 tabs / 30 days) | 3 | QL |
| <i>diclofenac sodium</i> TB24 | 2 | |
| <i>diclofenac sodium</i> TBEC | 2 | |
| <i>diflunisal</i> | 4 | |
| <i>etodolac</i> CAPS; TABS | 4 | |
| <i>flurbiprofen</i> TABS | 3 | |
| <i>ibuprofen</i> SUSP | 3 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 2 | |
| <i>ketoprofen</i> CAPS | 3 | |
| MELOXICAM SUSP | 4 | |
| <i>meloxicam</i> (generic of MOBIC) TABS | 1 | |
| <i>nabumetone</i> TABS | 2 | |
| <i>naproxen</i> (generic of NAPROSYN) SUSP | 3 | |
| <i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg | 1 | |
| <i>naproxen</i> TABS 375mg | 1 | |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>naproxen sodium</i> TABS 275mg | 4 | |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg | 4 | |
| <i>sulindac</i> TABS | 2 | |
| OPIOID ANALGESICS | | |
| <i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days) | 2 | QL |
| <i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days) | 2 | QL |
| <i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days) | 2 | QL |
| <i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days) | 2 | QL |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 4 | |
| BUTRANS 5mcg/hr QL (16 patches / 28 days) | 3 | QL |
| BUTRANS 10mcg/hr QL (8 patches / 28 days) | 3 | QL |
| BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days) | 3 | QL |
| BUTRANS 7.5MCG/HR QL (8 patches / 28 days) | 3 | QL |
| <i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml | 4 | |
| <i>nalbuphine hcl</i> SOLN 20mg/ml | 4 | |
| <i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days) | 2 | QL |
| <i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days) | 3 | QL |
| OPIOID ANALGESICS, CII | | |
| DURAMORPH | 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 |
|---|----------------------------|-----------|
| EMBEDA QL (60 caps / 30 days) | 3 | QL |
| <i>endocet</i> (generic of PERCOCET) QL (360 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 |
| <i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days) | 4 | QL |
| <i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days) | 4 | QL |
| <i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days) | 4 | QL |
| <i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days) | 4 | QL |
| FENTORA QL (120 tabs / 30 days) | 5 | NDS QL PA |
| <i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days) | 4 | QL |
| <i>hydrocodone-ibuprofen 7.5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>hydromorphone hcl</i> (generic of DILAUDID) LIQD | 3 | |
| <i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml | 4 | B/D |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days) | 3 | QL |
| HYSINGLA ER 20mg, 30mg, 40mg, 60mg QL (60 tabs / 30 days) | 3 | QL |
| HYSINGLA ER 80mg, 100mg, 120mg QL (30 tabs / 30 days) | 3 | QL |
| <i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>lorcet tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days) | 2 | QL |
| <i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days) | 3 | QL |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (600 mL / 30 days) | 3 | QL |
| <i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days) | 3 | QL |
| <i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days) | 3 | QL |
| <i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 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>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days) | 4 | QL |
| MORPHINE SUL INJ 1MG/ML | 4 | B/D |
| MORPHINE SUL INJ 2MG/ML | 4 | B/D |
| MORPHINE SUL INJ 4MG/ML | 4 | B/D |
| MORPHINE SUL INJ 10MG/ML | 4 | B/D |
| MORPHINE SUL INJ 15MG/ML | 4 | B/D |
| <i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml | 4 | B/D |
| MORPHINE SULFATE SOLN 8mg/ml, 150mg/30ml | 4 | B/D |
| <i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml | 4 | B/D |
| MORPHINE SULFATE TABS QL (180 tabs / 30 days) | 3 | QL |
| MORPHINE SULFATE ORAL SOL | 3 | |
| OPANA ER (CRUSH RESISTANT) QL (120 tabs / 30 days) | 3 | QL |
| <i>oxycodone hcl</i> CAPS QL (180 caps / 30 days) | 4 | QL |
| <i>oxycodone hcl</i> CONC | 4 | |
| OXYCODONE HCL SOLN | 4 | |
| <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 |
| <i>oxycodone w/ acetaminophen</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------|
| <i>oxycodone w/ acetaminophen</i> 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days) | 3 | QL |
| <i>oxycodone w/ acetaminophen</i> 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days) | 3 | QL |
| <i>oxycodone w/ acetaminophen soln</i> (generic of ROXICET) QL (1800 mL / 30 days) | 3 | QL |
| OXYCONTIN QL (120 tabs / 30 days) | 3 | QL |
| <i>roxicet soln</i> QL (1800 mL / 30 days) | 3 | QL |
| <i>roxicet tab</i> 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days) | 3 | QL |
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 1% | 4 | B/D |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5% | 4 | B/D |
| <i>lidocaine inj</i> 0.5% (generic of XYLOCAINE-MPF) | 4 | B/D |
| <i>lidocaine inj</i> 1% (generic of XYLOCAINE) | 4 | B/D |
| <i>lidocaine inj</i> 1.5% (generic of XYLOCAINE-MPF) | 4 | B/D |
| <i>lidocaine inj</i> 2% (generic of XYLOCAINE) | 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>gentamicin sulfate</i> /0.9% s | 4 | |
| <i>neomycin sulfate</i> TABS | 3 | |
| <i>paromomycin sulfate</i> CAPS | 4 | |
| <i>streptomycin sulfate</i> SOLR | 4 | |
| <i>sulfadiazine</i> TABS | 4 | |
| <i>tobramycin</i> (generic of TOBI) NEBU | 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 |
|--|----------------------------|--------------|
| <i>tobramycin inj 1.2 gm/30ml</i> | 4 | |
| <i>tobramycin inj 1.2gm</i> | 5 | NDS |
| <i>tobramycin inj 10mg/ml</i> | 4 | |
| <i>tobramycin inj 40mg/ml</i> | 4 | |
| <i>tobramycin inj 80mg/2ml</i> | 4 | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| ALBENZA | 5 | NDS |
| ALINIA | 4 | |
| <i>atovaquone</i> (generic of MEPRON) SUSP | 5 | NDS |
| AZACTAM IN ISO-OSMOTIC DE | 4 | |
| AZACTAM/DEX INJ 2GM | 4 | |
| <i>aztreonam</i> (generic of AZACTAM) | 3 | |
| 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</i> (generic of CLEOCIN PHOSPHATE) SOLN | 4 | |
| <i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W) | 4 | |
| <i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE) | 4 | |
| <i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE) | 4 | |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR | 4 | |
| CUBICIN | 5 | NDS |
| <i>dapsone</i> TABS | 3 | |
| <i>emverm</i> | 4 | |
| <i>imipenem-cilastatin</i> (generic of PRIMAXIN IV) | 4 | |
| INVANZ | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| <i>ivermectin</i> (generic of STROMEKTOL) TABS | 3 | |
| <i>linezolid</i> (generic of ZYVOX) SOLN | 5 | NDS |
| LINEZOLID SUSR; TABS | 5 | NDS |
| LINEZOLID IN SODIUM CHLORIDE | 5 | NDS |
| <i>meropenem</i> (generic of MERREM) | 4 | |
| <i>methenamine hippurate</i> (generic of HIPREX) | 4 | |
| <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 | 4 | 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 | 4 | PA |
| PENTAM 300 | 4 | |
| 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</i> (generic of BACTRIM) | 2 | |
| SYNERCID | 5 | NDS |
| <i>trimethoprim</i> TABS | 2 | |
| TYGACIL | 5 | NDS |
| <i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS | 5 | NDS |
| <i>vancomycin hcl</i> SOLR | 4 | |
| VANCOMYCIN IN NAACL | 4 | |
| ANTIFUNGALS | | |
| ABELCET | 5 | NDS B/D |
| AMBISOME | 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>amphotericin b</i> SOLR | 4 | B/D |
| 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 100</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> (generic of GRIS-PEG) | 4 | |
| <i>itraconazole</i> (generic of SPORANOX) CAPS | 4 | PA |
| <i>ketoconazole</i> TABS | 4 | PA |
| MYCAMINE | 5 | NDS |
| NOXAFIL SUSP; TBEC | 5 | NDS |
| <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 250mg | 3 | |
| <i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg | 3 | |
| COARTEM | 4 | |
| <i>mefloquine hcl</i> | 3 | |
| PRIMAQUINE PHOSPHATE | 3 | |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS | 4 | PA |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> (generic of ZIAGEN) | 3 | |
| APTIVUS | 5 | NDS |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| CRIXIVAN | 4 | |
| <i>didanosine</i> (generic of VIDEX EC) | 4 | |
| EDURANT | 5 | NDS |
| EMTRIVA | 3 | |
| 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 | 5 | NDS |
| ISENTRESS TABS | 5 | NDS |
| <i>lamivudine</i> (generic of EPIVIR) | 3 | |
| LEXIVA SUSP | 4 | |
| LEXIVA TABS | 5 | NDS |
| NEVIRAPINE SUSP 50 MG/5ML | 4 | |
| <i>nevirapine tab 100mg</i> (generic of VIRAMUNE XR) | 4 | |
| <i>nevirapine tab 200mg</i> (generic of VIRAMUNE) | 3 | |
| <i>nevirapine tb24</i> (generic of VIRAMUNE XR) | 4 | |
| NORVIR | 3 | |
| PREZISTA SUSP | 5 | NDS |
| PREZISTA TABS 75mg, 150mg | 3 | |
| PREZISTA TABS 600mg, 800mg | 5 | NDS |
| RESCRIPTOR | 4 | |
| RETROVIR IV INFUSION | 4 | |
| REYATAZ | 5 | NDS |
| SELZENTRY | 5 | NDS |
| <i>stavudine</i> (generic of ZERIT) | 4 | |
| SUSTIVA CAPS 50mg | 3 | |
| SUSTIVA CAPS 200mg | 5 | NDS |
| SUSTIVA TABS | 5 | NDS |
| TIVICAY 10mg | 3 | |
| TIVICAY 25mg, 50mg | 5 | NDS |
| TYBOST | 3 | |
| VIDEX PEDIATRIC | 4 | |
| VIRACEPT | 5 | NDS |
| VIREAD | 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 |
|---|----------------------------|--------|
| VITEKTA | 5 | NDS |
| ZIAGEN SOLN | 3 | |
| <i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP | 4 | |
| <i>zidovudine</i> TABS | 3 | |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR) | 5 | NDS |
| ATRIPLA | 5 | NDS |
| COMPLERA | 5 | NDS |
| DESCOVY | 5 | NDS |
| EPZICOM | 5 | NDS |
| EVOTAZ | 5 | NDS |
| GENVOYA | 5 | NDS |
| KALETRA SOL | 5 | NDS |
| KALETRA TAB 100-25MG | 3 | |
| KALETRA TAB 200-50MG | 5 | NDS |
| <i>lamivudine-zidovudine</i> (generic of COMBIVIR) | 4 | |
| ODEFSEY | 5 | NDS |
| PREZCOBIX | 5 | NDS |
| STRIBILD | 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 | | |
| CAPASTAT SULFATE | 4 | |
| <i>cycloserine</i> CAPS | 5 | NDS |
| <i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS | 4 | |
| <i>isoniazid</i> TABS | 2 | |
| <i>isoniazid inj 100 mg/ml</i> | 4 | |
| <i>isoniazid syp 50mg/5ml</i> | 4 | |
| <i>paser d/r</i> | 3 | |
| PRIFTIN | 4 | |
| <i>pyrazinamide</i> TABS | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| <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 | 2 | |
| <i>acyclovir</i> (generic of ZOVIRAX) SUSP | 4 | |
| <i>acyclovir</i> (generic of ZOVIRAX) TABS | 2 | |
| <i>acyclovir sodium</i> SOLN | 4 | B/D |
| <i>acyclovir sodium</i> SOLR 500mg | 4 | B/D |
| <i>adefovir dipivoxil</i> (generic of HEPSERA) | 5 | NDS |
| BARACLUDE SOLN | 5 | NDS |
| DAKLINZA | 5 | NDS NM PA |
| <i>entecavir</i> (generic of BARACLUDE) | 5 | NDS |
| EPIVIR HBV SOLN | 4 | |
| <i>famciclovir</i> (generic of FAMVIR) TABS | 3 | |
| <i>ganciclovir inj 500mg</i> (generic of CYTOVENE) | 3 | B/D |
| <i>lamivudine (hbv)</i> (generic of EPIVIR HBV) | 4 | |
| <i>moderiba tab 200mg</i> (generic of COPEGUS) | 4 | NM |
| PEGASYS | 5 | NDS NM PA |
| PEGASYS PROCLICK | 5 | NDS NM PA |
| REBETOL SOL 40MG/ML | 5 | NDS NM |
| RELENZA DISKHALER | 3 | |
| <i>ribasphere</i> (generic of REBETOL) CAPS | 3 | NM |
| <i>ribasphere</i> (generic of COPEGUS) TABS 200mg | 4 | NM |
| <i>ribasphere</i> TABS 400mg, 600mg | 5 | NDS NM |
| <i>ribavirin cap 200mg</i> (generic of REBETOL) | 3 | 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>ribavirin tab 200mg</i> (generic of COPEGUS) | 4 | NM |
| <i>rimantadine hydrochloride</i> (generic of FLUMADINE) | 4 | |
| SOVALDI | 5 | NDS NM PA |
| TAMIFLU | 3 | |
| TYZEKA | 5 | NDS |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS | 3 | |
| VALCYTE SOLR | 5 | NDS |
| <i>valganciclovir hcl</i> (generic of VALCYTE) | 5 | NDS |
| CEPHALOSPORINS | | |
| <i>cefaclor CAPS</i> | 3 | |
| <i>cefaclor SUSR</i> | 4 | |
| <i>cefaclor er tab 500mg</i> | 4 | |
| <i>cefadroxil CAPS</i> | 2 | |
| <i>cefadroxil SUSR</i> | 3 | |
| <i>cefadroxil TABS</i> | 4 | |
| CEFAZOLIN IN DEXTROSE 2GM/100ML-4% | 4 | |
| <i>cefazolin inj</i> | 4 | |
| <i>cefazolin sodium 1gm, 20gm</i> | 4 | |
| <i>cefazolin sodium 1 gm/50ml</i> | 4 | |
| <i>cefdinir CAPS</i> | 3 | |
| <i>cefdinir SUSR</i> | 4 | |
| <i>cefepime hcl</i> (generic of MAXIPIME) | 4 | |
| <i>cefixime</i> (generic of SUPRAX) | 4 | |
| <i>cefotaxime sodium</i> (generic of CLAFORAN) 1gm, 2gm, 500mg | 4 | |
| <i>cefoxitin sodium</i> | 4 | |
| <i>cefpodoxime proxetil</i> | 4 | |
| <i>cefprozil SUSR</i> | 4 | |
| <i>cefprozil TABS</i> | 3 | |
| <i>ceftazidime</i> (generic of FORTAZ) | 4 | |
| CEFTAZIDIME/DEXTROSE | 4 | |
| <i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm | 4 | |
| <i>ceftriaxone sodium SOLR</i> 1gm, 2gm, 10gm, 250mg, 500mg | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>cefuroxime axetil</i> (generic of CEFTIN) | 3 | |
| <i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg | 4 | |
| <i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg | 2 | |
| <i>cephalexin SUSR</i> | 3 | |
| SUPRAX CAPS | 3 | |
| <i>suprax CHEW</i> | 4 | |
| SUPRAX SUSR 500mg/5ml | 3 | |
| <i>tazicef</i> (generic of FORTAZ) SOLR | 4 | |
| <i>tazicef vial</i> (generic of FORTAZ) | 4 | |
| TEFLARO | 5 | NDS |
| ERYTHROMYCINS/MACROLIDES | | |
| AZITHROMYCIN 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> (generic of BIAXIN) TABS | 3 | |
| <i>clarithromycin er</i> (generic of BIAXIN XL) | 4 | |
| <i>clarithromycin for susp</i> 125mg/5ml | 4 | |
| <i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml | 4 | |
| DIFICID | 5 | NDS |
| <i>e.e.s. 400mg tab</i> | 4 | |
| <i>ery-tab</i> | 4 | |
| <i>erythrocin lactobionate</i> | 4 | |
| <i>erythrocin stearate</i> | 4 | |
| <i>erythromycin base</i> | 4 | |
| <i>erythromycin cap 250mg ec</i> | 4 | |
| <i>erythromycin ethylsuccinate</i> | 4 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin</i> (generic of CIPRO) SUSR | 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>ciprofloxacin er</i> (generic of CIPRO XR) | 4 |
| <i>ciprofloxacin hcl tab</i> 100mg, 750mg | 2 |
| <i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg | 2 |
| <i>ciprofloxacin in d5w</i> | 4 |
| <i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W) | 4 |
| <i>ciprofloxacin inj</i> | 4 |
| <i>levofloxacin</i> (generic of LEVAQUIN) TABS | 2 |
| <i>levofloxacin in d5w</i> | 4 |
| <i>levofloxacin inj</i> 25mg/ml | 4 |
| <i>levofloxacin oral soln</i> 25 mg/ml | 4 |
| PENICILLINS | |
| <i>amoxicillin</i> | 2 |
| <i>amoxicillin & pot clavulanate</i> CHEW | 3 |
| <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</i> | 2 |
| <i>ampicillin inj</i> | 4 |
| <i>ampicillin sodium</i> | 4 |
| <i>ampicillin susp</i> | 3 |

| Drug Name | Drug Requirements/ Tier Limits |
|--|-----------------------------------|
| BICILLIN L-A | 4 |
| <i>dicloxacillin sodium</i> | 2 |
| <i>naftillin sodium</i> | 4 |
| <i>oxacillin sodium</i> 1gm, 2gm | 4 |
| <i>oxacillin sodium</i> 10gm | 5 NDS |
| PENICILLIN G POT IN DEXTROSE | 4 |
| <i>penicillin g procaine</i> | 4 |
| <i>penicillin g sodium</i> | 4 |
| <i>penicillin v potassium</i> | 2 |
| <i>penicillin gk inj</i> 5mu | 4 |
| <i>penicillin gk inj</i> 20mu | 4 |
| <i>pfizerpen-g</i> | 4 |
| <i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN) | 4 |
| TETRACYCLINES | |
| <i>doxy</i> | 4 |
| <i>doxycycline (monohydrate)</i> CAPS 50mg | 2 |
| <i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg | 2 |
| <i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg | 3 |
| <i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg | 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 | 4 |
| <i>minocycline hcl</i> (generic of MINOCIN) CAPS | 2 |
| ANTINEOPLASTIC AGENTS | |
| ALKYLATING AGENTS | |
| BENDEKA | 5 NDS B/D NM |
| BICNU | 5 NDS B/D |
| BUSULFEX | 5 NDS B/D |
| CYCLOPHOSPHAMIDE CAPS | 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>cyclophosphamide</i> SOLR | 5 | NDS B/D |
| <i>dacarbazine</i> | 3 | B/D |
| EMCYT | 4 | |
| GLEOSTINE | 4 | |
| HEXALEN | 5 | NDS |
| IFEX 3gm | 4 | B/D |
| <i>ifosfamide inj 1gm</i> (generic of IFEX) | 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 |
| LEUKERAN | 4 | |
| <i>melfalan hcl</i> (generic of ALKERAN) | 5 | NDS B/D |
| MUSTARGEN | 5 | NDS B/D |
| TREANDA | 5 | NDS B/D NM |
| ANTHRACYCLINES | | |
| <i>daunorubicin hcl</i> | 4 | B/D |
| <i>doxorubicin hcl 50mg</i> | 4 | B/D |
| <i>doxorubicin hcl inj 2 mg/ml</i> | 4 | B/D |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) | 5 | NDS B/D |
| <i>epirubicin hcl</i> (generic of ELLENCE) | 4 | B/D |
| <i>idarubicin hcl</i> (generic of IDAMYCIN PFS) | 5 | NDS 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>cladribine</i> | 5 | NDS B/D |
| <i>cytarabine 20mg/ml</i> | 4 | B/D |
| <i>fludarabine phosphate</i> SOLN | 4 | B/D |
| <i>fludarabine phosphate</i> (generic of FLUDARA) SOLR | 4 | B/D |
| <i>fluorouracil</i> SOLN | 4 | B/D |
| GEMCITABINE HCL SOLN | 5 | NDS B/D |
| <i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg | 5 | NDS B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| <i>gemcitabine hcl</i> SOLR 2gm | 5 | NDS B/D |
| <i>mercaptopurine</i> TABS | 4 | |
| METHOTREXATE SODIUM 50mg/2ml | 4 | B/D |
| <i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml | 4 | B/D |
| <i>methotrexate sodium inj</i> | 4 | B/D |
| NIPENT | 5 | NDS B/D |
| PURIXAN | 5 | NDS NM |
| TABLOID | 4 | |
| ANTIMITOTIC, TAXOIDS | | |
| ABRAXANE | 5 | NDS B/D |
| DOCEFREZ 20mg | 5 | NDS B/D |
| DOCETAXEL CONC 20mg/ml | 5 | NDS B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml | 5 | NDS B/D |
| <i>docetaxel</i> CONC 140mg/7ml | 5 | NDS B/D |
| DOCETAXEL SOLN | 5 | NDS B/D |
| DOCETAXEL SOLN 80MG/8ML | 5 | NDS B/D |
| <i>paclitaxel</i> | 4 | B/D |
| ANTIMITOTIC, VINCA ALKALOIDS | | |
| <i>vinblastine sulfate</i> | 4 | B/D |
| <i>vincasar</i> | 4 | B/D |
| <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 |
| BELEODAQ | 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 |
| ISTODAX | 5 | NDS B/D NM |
| KADCYLA | 5 | NDS B/D NM |
| KEYTRUDA | 5 | NDS NM PA |
| LYNPARZA | 5 | NDS NM LA PA |
| NINLARO | 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 |
|---|----------------------------|-----------------|
| PROLEUKIN | 5 | NDS B/D NM |
| RITUXAN | 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 |
| YERVOY | 5 | NDS NM PA |
| 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 |
| <i>exemestane</i> (generic of AROMASIN) | 4 | |
| FARESTON | 5 | NDS |
| FASLODEX | 5 | NDS B/D |
| <i>flutamide</i> | 4 | |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | 4 | B/D |
| <i>letrozole</i> (generic of FEMARA) TABS | 3 | |
| <i>leuprolide inj 1mg/0.2</i> | 3 | NM PA |
| LUPRON DEPOT 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> (generic of MEGACE ORAL) HR | 4 | |
| <i>megestrol ac tab 20mg</i> HR | 4 | |
| <i>megestrol ac tab 40mg</i> HR | 4 | |
| MEGESTROL SUS 625MG/5ML HR | 4 | PA |
| NILANDRON | 5 | NDS |
| <i>nilutamide</i> | 5 | NDS |
| SOLTAMOX | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <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 |
| KINASE INHIBITORS | | |
| AFINITOR | 5 | NDS NM PA |
| AFINITOR DISPERZ | 5 | NDS NM PA |
| ALECENSA | 5 | NDS NM LA PA |
| BOSULIF | 5 | NDS NM PA |
| CABOMETYX | 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 |
| <i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days) | 5 | NDS QL NM PA |
| IMBRUVICA CAP 140MG | 5 | NDS NM LA PA |
| INLYTA | 5 | NDS NM LA PA |
| IRESSA | 5 | NDS NM LA PA |
| JAKAFI | 5 | NDS NM LA PA |
| LENVIMA 8 MG DAILY DOSE | 5 | NDS NM LA PA |
| LENVIMA 10 MG DAILY DOSE | 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 |
|---|----------------------------|--------------|
| 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 |
| NEXAVAR | 5 | NDS NM LA PA |
| SPRYCEL | 5 | NDS NM PA |
| STIVARGA | 5 | NDS NM LA PA |
| SUTENT | 5 | NDS NM PA |
| TAFINLAR | 5 | NDS NM LA PA |
| TAGRISO | 5 | NDS NM LA PA |
| TARCEVA | 5 | NDS NM LA PA |
| TASIGNA | 5 | NDS NM PA |
| TYKERB | 5 | NDS NM LA PA |
| 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 |
| DROXIA | 3 | |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS | 3 | |
| LONSURF | 5 | NDS NM PA |
| MATULANE | 5 | NDS LA |
| <i>mitoxantrone hcl</i> | 3 | B/D NM |
| ODOMZO | 5 | NDS NM LA PA |
| SYLATRON KIT 200MCG | 5 | NDS NM PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|------------|
| 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 |
| TRISENOX | 5 | NDS B/D |
| PLATINUM-BASED AGENTS | | |
| <i>carboplatin</i> | 4 | B/D |
| <i>cisplatin</i> | 3 | B/D |
| <i>oxaliplatin</i> | 4 | B/D |
| PROTECTIVE AGENTS | | |
| <i>amifostine crystalline</i> (generic of ETHYOL) | 5 | NDS B/D |
| <i>dexrazoxane</i> (generic of ZINECARD) | 5 | NDS B/D |
| ELITEK | 5 | NDS B/D |
| FUSILEV | 5 | NDS B/D NM |
| <i>leucovorin calcium</i> SOLR | 4 | B/D |
| <i>leucovorin calcium</i> TABS | 3 | |
| <i>leucovorin calcium for inj 500 mg</i> | 4 | B/D |
| <i>levoleucovorin calcium</i> | 5 | NDS B/D NM |
| <i>mesna</i> (generic of MESNEX) | 4 | B/D |
| 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 |
| TOPOTECAN HCL SOLN | 5 | NDS B/D |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR | 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) | | |

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>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i> | 2 | |
| <i>benazepril & hydrochlorothiazide</i> | 2 | |
| <i>benazepril & hydrochlorothiazide (generic of LOTENSIN HCT)</i> | 2 | |
| <i>captopril & hydrochlorothiazide</i> | 2 | |
| <i>enalapril maleate & hydrochlorothiazide</i> | 2 | |
| <i>enalapril maleate & hydrochlorothiazide (generic of VASERETIC)</i> | 2 | |
| <i>fosinopril sodium & hydrochlorothiazide</i> | 2 | |
| <i>lisinopril & hydrochlorothiazide (generic of ZESTORETIC)</i> | 1 | |
| <i>moexipril-hydrochlorothiazide</i> | 2 | |
| <i>quinapril-hydrochlorothiazide (generic of ACCURETIC)</i> | 2 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg</i> | 1 | |
| <i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS</i> | 2 | |
| <i>enalapril maleate (generic of VASOTEC) TABS</i> | 2 | |
| <i>fosinopril sodium</i> | 2 | |
| <i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg</i> | 1 | |
| <i>lisinopril (generic of PRINIVIL) TABS 5mg, 10mg, 20mg</i> | 1 | |
| <i>moexipril hcl</i> | 2 | |
| <i>perindopril erbumine 2mg</i> | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>perindopril erbumine (generic of ACEON) 4mg, 8mg</i> | 2 | |
| <i>quinapril hcl (generic of ACCUPRIL)</i> | 2 | |
| <i>ramipril (generic of ALTACE)</i> | 2 | |
| <i>trandolapril (generic of MAVIK)</i> | 2 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone (generic of INSPRA)</i> | 4 | |
| <i>spironolactone (generic of ALDACTONE) TABS</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate (generic of CARDURA) 1mg, 2mg, 4mg</i> | 3 | QL |
| QL (30 tabs / 30 days) | | |
| <i>doxazosin mesylate (generic of CARDURA) 8mg</i> | 3 | |
| <i>prazosin hcl (generic of MINIPRESS)</i> | 3 | |
| <i>terazosin hcl</i> | 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i> | 2 | |
| <i>amlodipine-valsartan-hctz tab 5-160-12.5 mg (generic of EXFORGE HCT)</i> | 2 | |
| <i>amlodipine-valsartan-hctz tab 5-160-25 mg (generic of EXFORGE HCT)</i> | 2 | |
| <i>amlodipine-valsartan-hctz tab 10-160-12.5 mg (generic of EXFORGE HCT)</i> | 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>amlodipine-valsartan-hctz tab</i> 10-160-25 mg (generic of EXFORGE HCT) | 2 | |
| <i>amlodipine-valsartan-hctz tab</i> 10-320-25 mg (generic of EXFORGE HCT) | 2 | |
| ENTRESTO | 4 | PA |
| <i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE) | 2 | |
| <i>losartan potassium & hctz tab</i> 50-12.5 mg (generic of HYZAAR) | 2 | |
| <i>losartan potassium & hctz tab</i> 100-12.5 mg (generic of HYZAAR) | 2 | |
| <i>losartan potassium & hctz tab</i> 100-25 mg (generic of HYZAAR) | 2 | |
| <i>valsartan & hctz tab</i> 80-12.5mg (generic of DIOVAN HCT) | 2 | |
| <i>valsartan & hctz tab</i> 160-12.5mg (generic of DIOVAN HCT) | 2 | |
| <i>valsartan & hctz tab</i> 160-25mg (generic of DIOVAN HCT) | 2 | |
| <i>valsartan & hctz tab</i> 320-12.5mg (generic of DIOVAN HCT) | 2 | |
| <i>valsartan & hctz tab</i> 320-25mg (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>valsartan</i> (generic of DIOVAN) | 2 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl soln</i> | 4 | |
| <i>amiodarone tab 100mg</i> | 4 | |
| <i>amiodarone tab 200mg</i> (generic of CORDARONE) | 2 | |
| <i>amiodarone tab 400mg</i> | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>disopyramide phosphate</i> (generic of NORPACE) HR | 4 | |
| DOFETILIDE | 4 | NM |
| <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> (generic of CORDARONE) 200mg | 2 | |
| <i>propafenone hcl</i> 150mg, 300mg | 3 | |
| <i>propafenone hcl</i> (generic of RYTHMOL) 225mg | 3 | |
| <i>propafenone hcl 12hr</i> (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) | 3 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS | 1 | |
| CRESTOR QL (30 tabs / 30 days) | 4 | QL |
| <i>lovastatin</i> 10mg, 20mg | 2 | |
| <i>lovastatin</i> (generic of MEVACOR) 40mg | 2 | |
| <i>pravastatin sodium</i> 10mg | 2 | |
| <i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg | 2 | |
| <i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 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>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days) | 1 | QL |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> (generic of QUESTRAN) | 4 | |
| <i>cholestyramine light</i> | 4 | |
| <i>colestipol hcl</i> (generic of COLESTID) | 4 | |
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg | 4 | |
| <i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg | 4 | |
| <i>fenofibrate micronized</i> (generic of LOFIBRA) 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 | |
| <i>omega-3-acid ethyl esters</i> (generic of LOVAZA) | 4 | |
| PRALUENT | 5 | NDS NM PA |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) | 4 | |
| VASCEPA | 4 | |
| WELCHOL | 3 | |
| ZETIA | 4 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone</i> (generic of TENORETIC 50) | 3 | |
| <i>atenolol & chlorthalidone</i> (generic of TENORETIC 100) | 3 | |
| <i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC) | 2 | |
| <i>metoprolol & hydrochlorothiazide</i> | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT) | 3 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> (generic of SECTRAL) CAPS | 2 | |
| <i>atenolol</i> (generic of TENORMIN) TABS | 1 | |
| <i>bisoprolol fumarate</i> (generic of ZEBETA) BYSTOLIC | 2 | 4 |
| <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> SOLN | 4 | |
| <i>metoprolol tartrate</i> TABS 25mg | 1 | |
| <i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg | 1 | |
| <i>pindolol</i> | 4 | |
| <i>propranolol cap er</i> 60mg, 80mg | 4 | |
| <i>propranolol cap er</i> (generic of INDERAL LA) 120mg, 160mg | 4 | |
| <i>propranolol hcl</i> SOLN | 4 | |
| <i>propranolol hcl</i> TABS | 3 | |
| <i>propranolol oral sol</i> | 3 | |
| <i>timolol maleate</i> TABS | 4 | |
| 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) | 3 | |
| <i>dilt-xr cap</i> | 3 | |
| <i>diltiazem cap</i> (generic of TIAZAC) | 3 | |
| <i>diltiazem cap 120mg/24hr</i> | 3 | |
| <i>diltiazem cap 240mg/24hr</i> | 3 | |
| <i>diltiazem cap er/12hr</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>diltiazem hcl</i> SOLN | 4 | |
| <i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg | 2 | |
| <i>diltiazem hcl</i> TABS 90mg | 2 | |
| <i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 | 3 | |
| <i>felodipine</i> | 3 | |
| <i>isradipine</i> | 4 | |
| <i>nicardipine hcl</i> CAPS | 4 | |
| <i>nifedical</i> (generic of PROCARDIA XL) | 3 | |
| <i>nifedipine</i> (generic of ADALAT CC) TB24 | 3 | |
| <i>nifedipine er</i> (generic of PROCARDIA XL) | 3 | |
| <i>nimodipine</i> CAPS | 5 | NDS |
| NYMALIZE | 5 | NDS |
| <i>taztia</i> (generic of TIAZAC) | 3 | |
| <i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg | 4 | |
| <i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg | 4 | |
| VERAPAMIL CAP ER 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 | |
| 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 (doses > 0.125 mg/day) | 4 | |
| DIGOXIN SOL 50MCG/ML PA if 70 years and older; HR | 3 | PA |
| DIURETICS | | |
| <i>acetazolamide</i> (generic of DIAMOX) CP12 | 4 | |
| <i>acetazolamide</i> TABS | 3 | |
| <i>amiloride & 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> 25mg, 50mg | 3 | |
| <i>furosemide</i> SOLN | 2 | |
| <i>furosemide</i> (generic of LASIX) TABS | 1 | |
| <i>furosemide inj</i> 10mg/ml | 4 | |
| FUROSEMIDE INJ 10mg/ml | 4 | |
| <i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS | 1 | |
| <i>hydrochlorothiazide</i> TABS | 1 | |
| <i>indapamide</i> | 2 | |
| <i>methazolamide</i> (generic of NEPTAZANE) TABS | 4 | |
| <i>methyclothiazide</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>metolazone</i> | 3 | |
| <i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE) | 3 | |
| <i>toremide tabs</i> (generic of DEMADDEX) 5mg, 10mg, 20mg | 2 | |
| <i>toremide tabs</i> 100mg | 2 | |
| <i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE) TABS | 1 | |
| <i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS | 1 | |
| <i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE) | 2 | |
| 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 | |
| DEMSEER | 5 | NDS |
| <i>hydralazine hcl</i> SOLN | 4 | |
| <i>hydralazine hcl</i> TABS | 2 | |
| <i>midodrine hcl</i> | 4 | |
| <i>minoxidil</i> TABS | 2 | |
| 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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| <i>minitran</i> (generic of NITRO-DUR) | 3 | |
| <i>nitro-bid</i> | 3 | |
| NITRO-DUR DIS 0.3MG/HR | 4 | |
| NITRO-DUR DIS 0.8MG/HR | 4 | |
| <i>nitroglycerin td patch</i> | 3 | |
| NITROSTAT | 3 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADCIRCA | 5 | NDS NM PA |
| ADEMPAS QL (90 tabs / 30 days) | 5 | NDS QL NM LA PA |
| LETAIRIS QL (30 tabs / 30 days) | 5 | NDS QL NM LA PA |
| OPSUMIT | 5 | NDS NM LA PA |
| REMODULIN | 5 | NDS NM LA PA |
| REVATIO SUSR QL (224 mL / 30 days) | 5 | NDS QL NM PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS QL (90 tabs / 30 days) | 3 | QL NM PA |
| UPTRAVI TABS 200mcg QL (480 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TABS 400mcg QL (240 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TABS 600mcg QL (150 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TABS 800mcg QL (120 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TABS 1000mcg QL (90 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days) | 5 | NDS QL NM LA PA |
| UPTRAVI TBPK | 5 | NDS NM LA PA |
| VENTAVIS | 5 | NDS NM PA |
| CENTRAL NERVOUS SYSTEM ANTIANXIETY | | |
| <i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days) | 2 | 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>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days) | 2 | QL |
| <i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days) | 2 | QL |
| <i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days) | 2 | QL |
| <i>buspirone hcl</i> TABS | 2 | |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg QL (45 tabs / 30 days) | 3 | QL |
| <i>fluvoxamine maleate</i> TABS 100mg | 3 | |
| <i>lorazepam</i> CONC QL (150 mL / 30 days) | 3 | QL |
| <i>lorazepam</i> (generic of ATIVAN) SOLN | 4 | |
| <i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days) | 2 | QL |
| ANTICONVULSANTS | | |
| APTIOM 200mg QL (180 tabs / 30 days) | 4 | QL |
| APTIOM 400mg QL (90 tabs / 30 days) | 4 | QL |
| APTIOM 600mg QL (60 tabs / 30 days) | 4 | QL |
| APTIOM 800mg QL (30 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 SOLN 10mg/ml | 5 | NDS PA |
| BRIVIACT SOLN 50mg/5ml | 4 | PA |
| BRIVIACT TABS | 5 | NDS PA |
| <i>carbamazepine</i> CHEW | 3 | |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 | 4 | |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS | 4 | |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 | 4 | |
| CELONTIN | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days) | 2 | QL |
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days) | 2 | QL |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days) | 2 | QL |
| <i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days) | 3 | QL |
| <i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days) | 3 | QL |
| <i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days) | 3 | QL |
| <i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days) | 3 | QL |
| <i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days) | 3 | QL |
| <i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days) | 3 | QL PA |
| <i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) | 3 | QL PA |
| <i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) | 3 | QL PA |
| <i>diazepam</i> CONC QL (240 mL / 30 days) | 3 | QL PA |
| <i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days) | 3 | QL PA |
| <i>diazepam</i> SOLN 5mg/ml | 4 | |
| <i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) | 2 | QL PA |
| DIAZEPAM GEL (ANTICONVULSANT) | 4 | |
| <i>dilantin</i> | 4 | |
| DILANTIN-125 SUS 125/5ML | 4 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR | 4 | |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 | 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>divalproex sodium</i> (generic of DEPAKOTE) TBEC | 3 | |
| <i>epitol</i> (generic of TEGRETOL) | 4 | |
| <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 QL (180 tabs / 30 days) | 4 | QL PA |
| FYCOMPA TABS 4mg QL (90 tabs / 30 days) | 4 | QL PA |
| FYCOMPA TABS 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; TABS | 2 | |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN | 4 | |
| GABITRIL 12mg, 16mg | 4 | |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW | 3 | |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS | 2 | |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 | 4 | |
| <i>levetiracetam</i> (generic of KEPPRA) TABS | 3 | |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 | 3 | |
| <i>levetiracetam inj</i> (generic of KEPPRA) | 4 | |
| LEVETIRACETAM IV | 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 |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| 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 10mg | 4 | PA |
| ONFI TAB 20mg | 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; TABS PA if 70 years and older; HR | 4 | 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 |
| <i>phenytek</i> | 4 | |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW | 3 | |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP | 3 | |
| <i>phenytoin sodium</i> SOLN | 4 | |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg | 3 | |
| <i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg | 3 | |
| POTIGA 50mg | 4 | |
| POTIGA 200mg QL (180 tabs / 30 days) | 4 | QL |
| POTIGA 300mg, 400mg QL (90 tabs / 30 days) | 4 | QL |
| <i>primidone</i> (generic of MYSOLINE) TABS | 2 | |
| <i>roweepra</i> (generic of KEPPRA) | 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 |
|---|----------------------------|--------------------|
| SABRIL PACK QL (180 packets / 30 days) | 5 | NDS QL NM LA PA |
| SABRIL TABS QL (180 tabs / 30 days) | 5 | NDS QL NM LA PA |
| SPRITAM | 4 | |
| TEGRETOL | 4 | |
| TEGRETOL-XR | 4 | |
| <i>tiagabine hcl</i> (generic of GABITRIL) | 4 | |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP | 4 | |
| <i>topiramate</i> (generic of TOPAMAX) TABS | 3 | |
| <i>valproate sodium</i> (generic of DEPAICON) SOLN | 4 | |
| <i>valproate sodium</i> (generic of DEPAKENE) SYRP | 2 | |
| <i>valproic acid</i> (generic of DEPAKENE) | 3 | |
| VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days) | 4 | QL |
| VIMPAT SOLN 200mg/20ml | 4 | |
| VIMPAT TABS 50mg QL (180 tabs / 30 days) | 4 | QL |
| VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days) | 4 | QL |
| <i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg | 3 | |
| <i>zonisamide</i> CAPS 50mg | 3 | |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (60 tabs / 30 days) | 2 | QL |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg | 2 | |
| <i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 23mg | 4 | |
| <i>donepezil hydrochloride</i> TBDP 5mg QL (60 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <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 | 4 | |
| <i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) | 4 | |
| <i>memantine hcl</i> (generic of NAMENDA) SOLN PA if < 30 yrs | 3 | PA |
| <i>memantine hcl</i> (generic of NAMENDA) TABS 5mg PA if < 30 yrs | 4 | PA |
| MEMANTINE HCL TABS 10mg PA if < 30 yrs | 4 | PA |
| NAMENDA XR PA if < 30 yrs | 4 | PA |
| NAMENDA XR TITRATION PACK PA if < 30 yrs | 4 | PA |
| NAMZARIC | 4 | |
| <i>rivastigmine tartrate</i> (generic of EXELON) | 4 | |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> TABS 10mg, 40mg, 50mg, 75mg, 100mg, 150mg HR | 4 | |
| <i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg HR | 4 | |
| <i>amoxapine</i> | 3 | |
| <i>bupropion hcl</i> TABS | 3 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 | 2 | |
| <i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 | 3 | |
| <i>citalopram hydrobromide</i> SOLN | 4 | |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS | 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>clomipramine hcl</i> (generic of ANAFRANIL) CAPS HR | 4 | |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg | 4 | |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg | 4 | |
| <i>doxepin hcl</i> CAPS; CONC HR | 4 | |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days) | 4 | QL |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days) | 4 | QL |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days) | 4 | QL |
| EMSAM QL (30 patches / 30 days) | 5 | NDS QL PA |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN | 4 | |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS | 2 | |
| FETZIMA 20mg QL (180 caps / 30 days) | 4 | QL |
| FETZIMA 40mg QL (90 caps / 30 days) | 4 | QL |
| FETZIMA 80mg, 120mg QL (30 caps / 30 days) | 4 | QL |
| FETZIMA TITRATION PACK | 4 | |
| <i>fluoxetine cap 10mg</i> (generic of PROZAC) | 1 | |
| <i>fluoxetine cap 20mg</i> (generic of PROZAC) | 1 | |
| <i>fluoxetine cap 40mg</i> (generic of PROZAC) | 1 | |
| <i>fluoxetine hcl</i> SOLN | 3 | |
| <i>fluoxetine hcl</i> TABS 10mg QL (45 tabs / 30 days) | 4 | QL |
| <i>fluoxetine hcl</i> TABS 20mg | 4 | |
| <i>imipramine hcl</i> (generic of TOFRANIL) TABS HR | 4 | |
| <i>maprotiline hcl</i> | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| MARPLAN TAB 10MG QL (180 tabs / 30 days) | 4 | QL |
| <i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days) | 2 | QL |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days) | 2 | QL |
| <i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg | 2 | |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg QL (30 tabs / 30 days) | 3 | QL |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg | 3 | |
| <i>nefazodone hcl</i> | 4 | |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS | 2 | |
| <i>nortriptyline hcl</i> SOLN | 4 | |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS | 1 | |
| PAXIL SUSP QL (900 mL / 30 days) | 4 | QL |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS | 3 | |
| PRISTIQ QL (30 tabs / 30 days) | 3 | QL |
| <i>protriptyline hcl</i> | 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, 150mg | 2 | |
| <i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) HR | 4 | QL |
| <i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) HR | 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>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 37.5mg, 75mg QL (30 caps / 30 days) | 2 | QL |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 150mg QL (60 caps / 30 days) | 2 | QL |
| <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) | 4 | QL |
| <i>amantadine hcl</i> SYRP | 2 | |
| <i>amantadine hcl</i> TABS | 4 | |
| APOKYN | 5 | NDS NM LA PA |
| AZILECT | 3 | |
| BENZTROPINE MESYLATE SOLN | 3 | |
| <i>benztropine mesylate</i> TABS PA if 70 years and older; HR | 3 | PA |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS | 4 | |
| <i>bromocriptine mesylate</i> TABS | 4 | |
| <i>carbidopa-levodopa</i> (generic of SINEMET) TABS | 2 | |
| <i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR | 3 | |
| <i>carbidopa-levodopa</i> TBDP | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| CARBIDOPA/LEVODOPA/EN TACAPONE | 4 | |
| ENTACAPONE | 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>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 | |
| <i>selegiline hcl</i> (generic of ELDEPRYL) CAPS | 4 | |
| <i>selegiline hcl</i> TABS | 4 | |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA 300mg, 400mg QL (1 syringe / 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 |
|--|----------------------------|--------|
| ABILIFY MAINTENA 300mg, 400mg QL (1 vial / 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 |
| <i>chlorpromazine hcl</i> TABS | 4 | |
| <i>chlorpromazine inj</i> | 4 | |
| CLOZAPINE ODT 12.5mg | 4 | PA |
| CLOZAPINE ODT 25mg, 100mg, 150mg, 200mg | 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 SOLN</i> | 4 | |
| <i>fluphenazine hcl</i> CONC; ELIX; SOLN | 4 | |
| <i>fluphenazine hcl</i> TABS | 2 | |
| GEODON SOLR QL (6 mL / 3 days) | 4 | QL |
| <i>haloperidol</i> TABS | 3 | |
| <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 conc</i> | 3 | |
| <i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL) | 4 | |
| INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days) | 4 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------------------|
| INVEGA 6mg QL (60 tabs / 30 days) | 4 | 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 syringe / 90 days) | 4 | QL |
| LATUDA 20mg QL (240 tabs / 30 days) | 4 | QL |
| LATUDA 40mg, 120mg QL (30 tabs / 30 days) | 4 | QL |
| LATUDA 60mg, 80mg QL (60 tabs / 30 days) | 4 | QL |
| <i>loxapine succinate</i> | 3 | |
| <i>molindone hcl</i> | 4 | |
| NUPLAZID 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 |
| <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 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 |
|--|----------------------------|--------|
| <i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days) | 3 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg QL (30 tabs / 30 days) | 4 | QL |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg, 20mg 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) QL (90 tabs / 30 days) | 3 | 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 |
| 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 | 3 | |
| <i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg, 1mg, 2mg, 3mg, 4mg | 4 | |
| <i>risperidone</i> TBDP .25mg | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------|
| 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 |
| SEROQUEL XR 50mg QL (120 tabs / 30 days) | 4 | QL |
| SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days) | 4 | QL |
| SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days) | 4 | QL |
| <i>thioridazine hcl</i> TABS HR | 4 | |
| <i>thiothixene</i> | 4 | |
| <i>trifluoperazine hcl</i> | 4 | |
| VERSACLOZ QL (600 mL / 30 days) | 5 | NDS QL PA |
| VRAYLAR 1.5mg QL (120 caps / 30 days) | 5 | NDS QL |
| VRAYLAR 3mg QL (60 caps / 30 days) | 5 | NDS QL |
| VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days) | 5 | NDS QL |
| VRAYLAR THERAPY PACK | 4 | |
| <i>ziprasidone hcl</i> (generic of GEODON) | 4 | |
| 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 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 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>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days) | 4 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 4 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 4 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 4 | QL |
| <i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days) | 4 | QL |
| <i>amphetamine-dextroamphetamine mine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days) | 3 | QL |
| <i>amphetamine-dextroamphetamine mine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days) | 3 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| <i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 70 years and older; HR | 4 | 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</i> TBCR QL (90 tabs / 30 days) | 4 | 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 |
| STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days) | 4 | QL |
| STRATTERA 40mg QL (60 caps / 30 days) | 4 | QL |
| STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days) | 4 | QL |
| HYPNOTICS | | |
| 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 | 2 | QL 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>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 | 2 | 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 | 3 | QL PA |
| MIGRAINE | | |
| <i>cafergot</i> | 4 | |
| <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml | 3 | |
| <i>migergot</i> | 5 | NDS |
| <i>naratriptan hcl</i> (generic of AMERGE) | 3 | |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS | 3 | |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBP | 3 | |
| SUMATRIPTAN INJ 4MG/0.5ML | 4 | |
| <i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ | 4 | |
| <i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT | 4 | |
| <i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN | 4 | |
| <i>sumatriptan inj 6mg/0.5ml</i> SOSY | 4 | |
| SUMATRIPTAN NASAL SPRAY | 4 | |
| <i>sumatriptan succinate</i> (generic of IMITREX) TABS | 2 | |
| <i>zolmitriptan</i> (generic of ZOMIG) TABS | 4 | |
| <i>zolmitriptan odt</i> (generic of ZOMIG ZMT) | 4 | |

MISCELLANEOUS

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|-----------------|
| GRALISE 300mg QL (180 tabs / 30 days) | 3 | QL |
| GRALISE 600mg QL (90 tabs / 30 days) | 3 | QL |
| GRALISE STARTER | 3 | |
| <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 | 3 | |
| NUDEXTA | 4 | PA |
| <i>pyridostigmine tab 60mg</i> (generic of MESTINON) | 3 | |
| <i>riluzole</i> (generic of RILUTEK) | 3 | |
| TETRABENAZINE 12.5mg QL (240 tabs / 30 days) | 5 | NDS QL NM PA |
| TETRABENAZINE 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 40MG/ML QL (12 syringes / 28 days) | 5 | NDS QL NM PA |
| COPAXONE KIT 20MG/ML QL (30 syringes per 30 days) | 5 | NDS QL NM PA |
| GILENYA CAP 0.5MG QL (28 caps / 28 days) | 5 | NDS QL NM PA |
| TYSABRI | 5 | NDS NM LA PA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> TABS | 2 | |
| <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 | |

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>tizanidine hcl</i> TABS 2mg | 2 | |
| <i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg | 2 | |
| NARCOLEPSY/CATAPLEXY | | |
| NUVIGIL 50mg QL (150 tabs / 30 days) | 3 | QL PA |
| NUVIGIL 150mg QL (60 tabs / 30 days) | 3 | QL PA |
| NUVIGIL 200mg, 250mg QL (30 tabs / 30 days) | 3 | QL PA |
| XYREM QL (540 mL / 30 days) | 5 | NDS QL LA PA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> | 4 | |
| <i>buprenorphine hcl</i> SUBL | 3 | PA |
| <i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days) | 3 | QL PA |
| <i>buproban</i> (generic of ZYBAN) | 3 | |
| <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 | 4 | |
| <i>naloxone inj 0.4mg/ml</i> | 3 | |
| <i>naloxone inj 1mg/ml</i> | 3 | |
| <i>naltrexone hcl</i> TABS | 3 | |
| NICOTROL INHALER | 4 | |
| NICOTROL NS | 4 | |
| SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days) | 4 | QL PA |
| SUBOXONE MIS 4-1MG QL (120 SL films / 30 days) | 4 | QL PA |
| SUBOXONE MIS 8-2MG QL (120 SL films / 30 days) | 4 | QL PA |
| SUBOXONE MIS 12-3MG QL (60 SL films / 30 days) | 4 | QL PA |
| ENDOCRINE AND METABOLIC | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------|
| ANDROGENS | | |
| ANADROL-50 | 5 | NDS PA |
| ANDRODERM QL (30 patches / 30 days) | 4 | QL PA |
| AXIRON QL (440 mL / 30 days) | 3 | QL PA |
| <i>oxandrolone tab 2.5mg</i> (generic of OXANDRIN) | 3 | PA |
| <i>oxandrolone tab 10mg</i> (generic of OXANDRIN) | 3 | PA |
| <i>testosterone cypionate SOLN 100mg/ml</i> | 4 | PA |
| <i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 200mg/ml | 4 | PA |
| <i>testosterone enanthate SOLN</i> | 4 | PA |
| ANTIDIABETICS, INJECTABLE | | |
| ALCOHOL SWABS | 3 | |
| 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 |
| 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 SYRINGE | 3 | |
| LANTUS | 3 | |
| LANTUS SOLOSTAR | 3 | |
| LEVEMIR | 3 | |
| LEVEMIR FLEXTOUCH | 3 | |
| NOVOLIN 70/30 (brand RELION not covered) | 3 | |
| NOVOLIN N (brand RELION not covered) | 3 | |
| NOVOLIN R (brand RELION not covered) | 3 | |
| NOVOLOG | 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 |
|--|----------------------------|-----------|
| NOVOLOG FLEXPEN | 3 | |
| NOVOLOG MIX 70/30 | 3 | |
| NOVOLOG MIX 70/30 PREFILL | 3 | |
| NOVOLOG PENFILL | 3 | |
| SYMLINPEN 60 QL (8 pens / 30 days) | 5 | NDS QL PA |
| SYMLINPEN 120 QL (4 pens / 30 days) | 5 | NDS QL PA |
| TOUJEO SOLOSTAR | 3 | |
| TRESIBA FLEXTOUCH | 3 | |
| TRULICITY QL (4 pens / 28 days) | 4 | QL |
| VICTOZA QL (3 pens / 30 days) | 3 | QL |
| ANTIDIABETICS, ORAL | | |
| <i>acarbose</i> (generic of PRECOSE) | 3 | |
| FARXIGA 5mg QL (60 tabs / 30 days) | 3 | QL |
| FARXIGA 10mg QL (30 tabs / 30 days) | 3 | QL |
| <i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days) | 1 | QL |
| <i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days) | 2 | QL |
| <i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days) | 2 | QL |
| <i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days) | 2 | QL |
| <i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days) | 1 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days) | 2 | QL |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days) | 2 | QL |
| <i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days) | 2 | QL |
| GLIPIZIDE XL TB24 2.5MG QL (240 tabs / 30 days) | 2 | QL |
| GLIPIZIDE XL TB24 5MG QL (120 tabs / 30 days) | 2 | QL |
| INVOKAMET TAB 50-500MG QL (120 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 150-500MG QL (60 tabs / 30 days) | 3 | QL |
| INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days) | 3 | QL |
| INVOKANA 100mg QL (90 tabs / 30 days) | 3 | QL |
| INVOKANA 300mg QL (30 tabs / 30 days) | 3 | 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 |
| <i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) | 1 | QL |
| <i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) | 1 | 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>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) | 2 | QL |
| <i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days) | 2 | QL |
| <i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days) | 2 | QL |
| <i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days) | 2 | 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>pamidronate disodium</i> | 4 | B/D |
| <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml | 4 | B/D NM |
| <i>zoledronic acid</i> SOLR | 4 | B/D NM |
| <i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA) | 4 | B/D NM |
| CALCIUM RECEPTOR AGONISTS | | |
| SENSIPAR 30mg QL (120 tabs / 30 days) | 3 | QL NM |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| SENSIPAR 60mg QL (60 tabs / 30 days) | 5 | NDS QL NM |
| SENSIPAR 90mg QL (120 tabs / 30 days) | 5 | NDS QL NM |
| CHELATING AGENTS | | |
| CHEMET | 4 | |
| DEPEN TITRATABS | 5 | NDS |
| EXJADE | 5 | NDS NM LA PA |
| FERRIPROX | 5 | NDS NM LA PA |
| <i>kionex powder</i> (generic of KAYEXALATE) | 4 | |
| <i>kionex susp 15gm/60ml</i> | 3 | |
| <i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD | 4 | |
| <i>sodium polystyrene sulfonate</i> SUSP | 3 | |
| <i>sps susp 15gm/60ml</i> | 3 | |
| SYPRINE | 5 | NDS |
| CONTRACEPTIVES | | |
| <i>altavera tab</i> | 3 | |
| <i>apri 28 day</i> (generic of DESOGEN) | 3 | |
| <i>aranelle 28</i> (generic of TRI-NORINYL 28) | 3 | |
| <i>aubra 28 day</i> | 3 | |
| <i>aviane 28</i> | 3 | |
| <i>balziva 28 day</i> (generic of OVCON-35) | 3 | |
| <i>bekyree 28 day</i> (generic of MIRCETTE) | 3 | |
| <i>blisovi 21 fe 1.5/30 28 day pack</i> (generic of LOESTRIN FE 1.5/30) | 3 | |
| <i>blisovi 21 fe 1/20 28 day pack</i> (generic of LOESTRIN FE 1/20) | 3 | |
| <i>briellyn 28 day</i> (generic of OVCON-35) | 3 | |
| <i>camila 28 day</i> (generic of NOR-QD) | 3 | |
| <i>cryselle 28</i> | 3 | |
| <i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35) | 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>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7) | 3 |
| <i>cyred tab</i> (generic of DESOGEN) | 3 |
| <i>deblitane 28 day</i> (generic of NOR-QD) | 3 |
| <i>delyla 28 day</i> | 3 |
| <i>desogestrel-ethinyl estradiol</i> (<i>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> (generic of DESOGEN) | 3 |
| <i>enpresse 28 day</i> | 3 |
| <i>errin 28 day</i> (generic of ORTHO MICRONOR) | 3 |
| <i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN) | 3 |
| <i>falmina 28 day</i> | 3 |
| GIANVI TAB 3-0.02MG | 3 |
| <i>gildagia</i> (generic of OVCON-35) | 3 |
| <i>gildess 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21) | 3 |
| <i>heather</i> (generic of NOR-QD) | 3 |
| <i>introvale 91 day</i> | 3 |
| JOLESSA TAB 0.15-0.03 MG | 3 |
| JOLIVETTE | 3 |
| <i>juleber 28 day</i> (generic of DESOGEN) | 3 |
| <i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21) | 3 |
| <i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21) | 3 |
| <i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30) | 3 |
| <i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20) | 3 |
| <i>kariva 28 day</i> (generic of MIRCETTE) | 3 |
| <i>kelnor 1/35 28 day</i> | 3 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| <i>kimidess 28 day</i> (generic of MIRCETTE) | 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 |
| LEENA TAB | 3 |
| <i>lessina 28 day</i> | 3 |
| <i>levonest 28 day</i> | 3 |
| <i>levonor/ethi tab</i> | 3 |
| <i>levonorgestrel & eth estradiol</i> | 3 |
| <i>levonorgestrel (emergency</i> <i>oc)</i> (generic of PLAN B ONE-STEP) | 3 |
| <i>levonorgestrel-ethinyl</i> <i>estradiol (91-day)</i> | 3 |
| <i>levora 0.15/30 28 day</i> | 3 |
| <i>loryna 28 day</i> (generic of YAZ) | 3 |
| <i>low-ogestrel</i> | 3 |
| <i>lutra 28 day</i> | 3 |
| <i>lyza</i> (generic of ORTHO MICRONOR) | 3 |
| <i>marlissa 28 day</i> | 3 |
| <i>medroxyprogesterone acetate</i> <i>150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV) | 4 |
| MICROGESTIN 1.5/30 | 3 |
| MICROGESTIN 1/20 | 3 |
| MICROGESTIN FE 1.5/30 | 3 |
| MICROGESTIN FE 1/20 | 3 |
| <i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN) | 3 |
| MONONESSA | 3 |
| <i>myzilra</i> | 3 |
| <i>necon 0.5/35 28 day</i> (generic of BREVICON-28) | 3 |
| <i>necon 1/35 28 day</i> (generic of NORINYL 1+35) | 3 |
| NECON 1/50-28 | 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 |
|---|-----------------------------------|
| NECON 7/7/7 | 3 |
| necon 10/11 28 day | 3 |
| nikki 28 day (generic of YAZ) | 3 |
| NORA-BE TAB 0.35MG | 3 |
| norethindrone (contraceptive) (generic of NOR-QD) | 3 |
| norgest/ethi tab 0.25/35 (generic of ORTHO-CYCLEN) | 3 |
| norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN) | 3 |
| norgestimate-ethinyl estradiol (triphasic) (generic of ORTHO TRI-CYCLEN LO) | 3 |
| norlyroc 28 day (generic of NOR-QD) | 3 |
| nortrel 0.5/35 28 day (generic of BREVICON-28) | 3 |
| nortrel 1/35 21 day (generic of NORINYL 1+35) | 3 |
| nortrel 1/35 28 day (generic of NORINYL 1+35) | 3 |
| nortrel 7/7/7 28 day (generic of ORTHO-NOVUM 7/7/7) | 3 |
| NUVARING | 4 |
| OCELLA TAB 3-0.03MG | 3 |
| orsythia 28 day | 3 |
| philith (generic of OVCON-35) | 3 |
| pimtreea pack (generic of MIRCETTE) | 3 |
| pirmella 1/35 28 day (generic of NORINYL 1+35) | 3 |
| portia 28 day | 3 |
| previfem 28 day (generic of ORTHO-CYCLEN) | 3 |
| quasense 91 day | 3 |
| reclipsen 28 day (generic of DESOGEN) | 3 |
| setlakin tab | 3 |
| sharobel 28 day (generic of ORTHO MICRONOR) | 3 |
| sprintec 28 day (generic of ORTHO-CYCLEN) | 3 |
| sronyx 28 day | 3 |
| syeda (generic of YASMIN 28) | 3 |

| Drug Name | Drug Requirements/ Tier Limits |
|---|-----------------------------------|
| tarina fe 1/20 28 day (generic of LOESTRIN FE 1/20) | 3 |
| tri-legest 28 day (generic of ESTROSTEP FE) | 3 |
| tri-linyah (generic of ORTHO TRI-CYCLEN) | 3 |
| tri-lo marzia (generic of ORTHO TRI-CYCLEN LO) | 3 |
| tri-lo-estarylla (generic of ORTHO TRI-CYCLEN LO) | 3 |
| tri-lo-sprintec 28 day (generic of ORTHO TRI-CYCLEN LO) | 3 |
| tri-previfem 28 day (generic of ORTHO TRI-CYCLEN) | 3 |
| tri-sprintec 28 day (generic of ORTHO TRI-CYCLEN) | 3 |
| TRINESSA | 3 |
| TRINESSA LO TAB | 3 |
| trivora 28 day | 3 |
| velivet 28 day (generic of CYCLESSA) | 3 |
| vestura (generic of YAZ) | 3 |
| vienva 28 day | 3 |
| viorele (generic of MIRCETTE) | 3 |
| vyfemla 28 day (generic of OVCON-35) | 3 |
| xulane | 4 |
| zarah (generic of YASMIN 28) | 3 |
| zenchent 28 day (generic of OVCON-35) | 3 |
| zovia 1/35e 28 day | 3 |
| zovia 1/50e 28 day | 3 |
| ENDOMETRIOSIS | |
| danazol CAPS | 4 |
| SYNAREL | 5 NDS |
| ENZYME REPLACEMENTS | |
| ADAGEN | 5 NDS NM LA PA |
| ALDURAZYME | 5 NDS NM LA PA |
| BUPHENYL TABS | 5 NDS NM LA PA |
| CARBAGLU | 5 NDS NM LA PA |
| CERDELGA | 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 |
|--|----------------------------|--------------|
| 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 |
| NAGLAZYME | 5 | NDS NM LA PA |
| ORFADIN | 5 | NDS NM LA PA |
| RAVICTI | 5 | NDS NM PA |
| <i>sodium phenylbutyrate</i> (generic of BUPHENYL) | 5 | NDS NM PA |
| ZAVESCA | 5 | NDS NM LA PA |
| ESTROGENS | | |
| DELESTROGEN 10mg/ml | 4 | |
| <i>estrace</i> CREA | 4 | |
| <i>estradiol inj 20mg/ml</i> (generic of DELESTROGEN) | 3 | |
| <i>estradiol inj 40mg/ml</i> (generic of DELESTROGEN) | 3 | |
| <i>estradiol</i> (generic of CLIMARA) PTWK HR | 4 | |
| <i>estradiol</i> (generic of ESTRACE) TABS HR | 3 | |
| <i>fyavolv tab 1-5mg</i> HR | 4 | |
| <i>jinteli</i> HR | 4 | |
| <i>norethindrone acetate-ethinyl estradiol</i> HR | 4 | |
| VAGIFEM | 4 | |
| GLUCOCORTICOIDS | | |
| <i>a-hydrocort</i> | 4 | |
| <i>cortisone acetate</i> TABS | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>dexamethasone</i> CONC; 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 ace inj 40mg/ml</i> (generic of DEPO-MEDROL) | 4 | B/D |
| <i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL) | 4 | B/D |
| <i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL) | 4 | B/D |
| <i>methylpr ss inj 40mg</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 sod succ</i> (generic of SOLU-MEDROL) | 4 | B/D |
| <i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED) | 3 | B/D |
| <i>prednisolone sol 15mg/5ml</i> | 3 | B/D |
| <i>prednisolone sol 25mg/5ml</i> | 3 | B/D |
| <i>prednisolone syrup 15 mg/5ml</i> | 2 | B/D |
| <i>prednisone con 5mg/ml</i> | 3 | B/D |
| <i>prednisone pak 5mg</i> | 2 | |
| <i>prednisone pak 10mg</i> | 2 | |
| <i>prednisone sol 5mg/5ml</i> | 3 | B/D |
| <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 250mg | 4 | |

GLUCOSE ELEVATING AGENTS

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 |
|---|----------------------------|--------------|
| GLUCAGEN HYPOKIT | 3 | |
| GLUCAGON EMERGENCY KIT | 3 | |
| PROGLYCEM SUS 50MG/ML | 4 | |
| HUMAN GROWTH HORMONES | | |
| NORDITROPIN FLEXPOR | 5 | NDS NM PA |
| MISCELLANEOUS | | |
| <i>cabergoline</i> | 4 | |
| <i>calcitonin (salmon)</i> (generic of MIACALCIN) | 3 | B/D |
| FORTICAL | 3 | B/D |
| 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 | 5 | NDS NM PA |
| LUPRON DEP-PED INJ 11.25MG (3-MONTH) | 5 | NDS NM PA |
| LUPRON DEP-PED INJ 15MG | 5 | NDS NM PA |
| LUPRON DEP-PED INJ 30MG (3-MONTH) | 5 | NDS NM PA |
| <i>methylergonovine maleate</i> (generic of METHERGINE) TABS | 4 | |
| MIACALCIN 200unit/ml | 4 | B/D |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml | 4 | NM PA |
| <i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml | 5 | NDS NM PA |
| PROLIA QL (1 syringe / 180 days) | 4 | QL NM |
| <i>raloxifene tab 60mg</i> (generic of EVISTA) | 3 | |
| SANDOSTATIN LAR DEPOT | 5 | NDS NM PA |
| SIGNIFOR | 5 | NDS NM LA PA |
| SOMATULINE DEPOT | 5 | NDS NM PA |
| SOMAVERT | 5 | NDS NM LA PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| XGEVA | 5 | NDS NM PA |
| PARATHYROID HORMONES | | |
| FORTEO QL (1 pen / 28 days) | 5 | NDS QL NM PA |
| NATPARA | 5 | NDS NM PA |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA | 4 | |
| <i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS | 3 | |
| <i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS | 3 | |
| REVELA PAK 0.8GM | 3 | |
| REVELA PAK 2.4GM | 3 | |
| REVELA TAB 800MG | 3 | |
| 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 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 2 | |
| LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg | 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 | | |
| <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 | |

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 |
|--|----------------------------|--------|
| DESMOPRESSIN SOL 0.01% | 4 | |
| STIMATE | 4 | NM |
| GASTROINTESTINAL ANTIEMETICS | | |
| <i>compro</i> | 4 | |
| <i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days) | 4 | B/D QL |
| EMEND SUSR | 4 | B/D |
| EMEND CAP 40MG | 4 | B/D |
| EMEND CAP 80MG | 4 | B/D |
| EMEND CAP 125MG | 4 | B/D |
| EMEND PAK 80 & 125 | 4 | B/D |
| <i>granisetron hcl</i> SOLN | 4 | |
| <i>granisetron hcl</i> TABS | 4 | B/D |
| <i>meclizine hcl</i> TABS | 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 ZOFRAN) TABS 4mg, 8mg | 3 | B/D |
| <i>ondansetron hcl</i> TABS 24mg | 3 | B/D |
| <i>ondansetron hcl inj</i> 4mg/2ml | 4 | |
| <i>ondansetron hcl inj</i> (generic of ZOFRAN) 40mg/20ml | 4 | |
| <i>ondansetron hcl oral soln</i> (generic of ZOFRAN) | 3 | B/D |
| <i>ondansetron odt</i> (generic of ZOFRAN ODT) | 2 | B/D |
| <i>phenadoz</i> PA if 70 years and older; HR | 4 | PA |
| <i>phenergan</i> SUPP PA if 70 years and older; HR | 4 | PA |
| <i>prochlorperazine inj</i> | 4 | |
| <i>prochlorperazine maleate</i> TABS | 2 | |
| <i>prochlorperazine supp</i> | 4 | |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 70 years and older; HR | 4 | PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>promethazine hcl</i> SUPP; SYRP; TABS PA if 70 years and older; HR | 4 | PA |
| <i>promethegan</i> PA if 70 years and older; HR | 4 | PA |
| TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older; HR | 4 | QL PA |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl</i> (generic of BENTYL) CAPS | 2 | |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml | 4 | |
| <i>dicyclomine hcl</i> (generic of BENTYL) TABS | 2 | |
| <i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml | 4 | |
| <i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg | 3 | |
| <i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg | 3 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>famotidine</i> SOLN 40mg/4ml, 200mg/20ml | 4 | |
| <i>famotidine inj</i> | 4 | |
| <i>famotidine tab</i> (generic of PEPCID) | 2 | |
| <i>ranitidine hcl</i> (generic of ZANTAC) SOLN | 4 | |
| <i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg | 2 | |
| <i>ranitidine hcl inj</i> (generic of ZANTAC) | 4 | |
| <i>ranitidine syrup</i> | 3 | |
| INFLAMMATORY BOWEL DISEASE | | |
| APRISO | 3 | |
| ASACOL HD | 4 | |
| <i>balsalazide disodium</i> (generic of COLAZAL) | 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>budesonide ec</i> (generic of ENTOCORT EC) | 5 | NDS |
| CANASA | 4 | |
| <i>colocort</i> (generic of CORTENEMA) | 4 | |
| DELZICOL | 4 | |
| DIPENTUM | 5 | NDS |
| HYDROCORTISONE (ENEMA) | 4 | |
| <i>mesalamine enema</i> | 4 | |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) | 4 | |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS | 3 | |
| <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-h</i> | 3 | |
| <i>gavilyte-n</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 | |
| PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE | 2 | |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS) | 2 | |
| PEG 3350/ELECTROLYTES | 2 | |
| <i>polyethylene glycol 3350</i> PACK; POWD | 2 | |
| SUPREP BOWEL PREP | 4 | |
| <i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS) | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------------|
| MISCELLANEOUS | | |
| <i>alosetron hcl</i> (generic of LOTRONEX) | 5 | NDS PA |
| AMITIZA QL (60 caps / 30 days) | 3 | QL |
| <i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) | 5 | NDS |
| <i>diphenoxylate w/ atropine</i> LIQD | 3 | |
| <i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS | 3 | |
| GATTEX | 5 | NDS NM LA PA |
| LINZESS 145mcg QL (60 caps / 30 days) | 3 | QL |
| LINZESS 290mcg 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 | 5 | NDS PA |
| SUCRAID | 5 | NDS LA |
| <i>sucrafate</i> (generic of CARAFATE) TABS | 3 | |
| <i>ursodiol</i> (generic of ACTIGALL) CAPS | 4 | |
| <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 | 3 | |
| DEXILANT CAP 60MG DR | 3 | |
| <i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 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>esomeprazole sodium inj</i> 20mg | 4 | |
| <i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg | 4 | |
| NEXIUM GRA 2.5MG DR | 3 | |
| NEXIUM GRA 5MG DR | 3 | |
| NEXIUM GRA 10MG DR QL (30 packets / 30 days) | 3 | QL |
| NEXIUM GRA 20MG DR QL (30 packets / 30 days) | 3 | QL |
| NEXIUM GRA 40MG DR QL (30 packets / 30 days) | 3 | QL |
| <i>omeprazole cap 10mg</i> (generic of PRILOSEC) QL (30 caps / 30 days) | 2 | QL |
| <i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days) | 2 | QL |
| <i>omeprazole cap 40mg</i> (generic of PRILOSEC) QL (30 caps / 30 days) | 2 | QL |
| <i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days) | 2 | QL |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> (generic of UROXATRAL) | 2 | |
| <i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days) | 4 | QL |
| <i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days) | 4 | 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 | |
| ELMIRON | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| POTASSIUM CITRATE (ALKALINIZER) 540mg | 4 | |
| POTASSIUM CITRATE (ALKALINIZER) 1080mg | 4 | |
| URINARY ANTISPASMODICS | | |
| MYRBETRIQ TAB 25MG QL (60 tabs / 30 days) | 4 | QL |
| MYRBETRIQ TAB 50MG QL (30 tabs / 30 days) | 4 | QL |
| <i>oxybutynin chloride</i> SYRP | 2 | |
| <i>oxybutynin chloride</i> 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 |
| <i>tolterodine tartrate tabs</i> (generic of DETROL) | 4 | |
| TOVIAZ QL (30 tabs / 30 days) | 3 | QL |
| <i>tropium chloride</i> TABS | 4 | |
| VESICARE QL (30 tabs / 30 days) | 4 | QL |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) | 4 | |
| <i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL) | 4 | |
| <i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4% | 3 | |
| <i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8% | 3 | |
| <i>terconazole vaginal</i> SUPP | 4 | |
| VANAZOLE | 4 | |
| ZAZOLE CREAM 0.8% | 3 | |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |
| COUMADIN | 4 | |
| <i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | |
| ENOXAPARIN SODIUM 300mg/3ml | 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>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 | |
| HEPARIN SOD (PORCINE) IN D5W | 4 | |
| <i>heparin sod inj 1000/ml</i> | 4 | B/D |
| HEPARIN SOD INJ 2000/ML | 4 | B/D |
| HEPARIN SOD INJ 2500/ML | 4 | B/D |
| <i>heparin sod inj 5000/ml</i> | 4 | B/D |
| <i>heparin sod inj 10000/ml</i> | 4 | B/D |
| <i>heparin sod inj 20000/ml</i> | 4 | B/D |
| HEPARIN SODIUM/D5W | 4 | |
| HEPARIN SODIUM/NACL 0.45% | 4 | |
| <i>jantoven</i> (generic of COUMADIN) | 1 | |
| PRADAXA | 3 | |
| <i>warfarin sodium</i> (generic of COUMADIN) | 1 | |
| XARELTO | 3 | |
| XARELTO STARTER PACK | 3 | |
| HEMATOPOIETIC GROWTH FACTORS | | |
| GRANIX | 5 | NDS NM PA |
| LEUKINE | 5 | NDS NM PA |
| MOZOBIL | 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 | |
| <i>cilostazol</i> | 2 | |
| CINRYZE | 5 | NDS NM LA PA |
| FIRAZYR | 5 | NDS NM PA |
| <i>pentoxifylline</i> TBCR | 3 | |
| PROMACTA 12.5mg QL (360 tabs / 30 days) | 5 | NDS QL NM LA PA |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| 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 | 4 | |
| PLATELET AGGREGATION INHIBITORS | | |
| AGGRENOX | 3 | |
| BRILINTA | 4 | |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg | 1 | |
| EFFIENT | 4 | |
| ZONTIVITY | 4 | |
| IMMUNOLOGIC AGENTS | | |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| HUMIRA INJ 10MG/0.2ML QL (2 boxes / 28 days) | 5 | NDS QL NM PA |
| HUMIRA KIT 20MG/0.4ML QL (2 boxes / 28 days) | 5 | NDS QL NM PA |
| HUMIRA KIT 40MG/0.8ML QL (6 boxes / 28 days) | 5 | NDS QL NM PA |
| HUMIRA PEDIATRIC CROHNS DISEASE | 5 | NDS NM PA |
| HUMIRA PEN QL (6 boxes / 28 days) | 5 | NDS QL NM PA |
| HUMIRA PEN-CROHNS DISEASE | 5 | NDS NM PA |
| HUMIRA PEN-PSORIASIS STAR | 5 | NDS NM PA |
| <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) | 4 | |
| <i>leflunomide</i> (generic of ARAVA) TABS | 3 | |
| <i>methotrexate sodium tabs</i> | 4 | |
| REMICADE INJ 100MG | 5 | NDS NM PA |
| XELJANZ QL (60 tabs / 30 days) | 5 | NDS QL NM PA |
| XELJANZ XR QL (30 tabs / 30 days) | 5 | NDS QL NM PA |
| IMMUNOGLOBULINS | | |
| BIVIGAM | 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 | Tier | Drug Requirements/ Limits |
|---|------|------------------------------|
| 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 5gm/100ml, 10gm/200ml | 5 | NDS NM PA |
| GAMUNEX-C | 5 | NDS NM PA |
| OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml | 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 |
| POMALYST CAP 1MG | 5 | NDS NM LA PA |
| POMALYST CAP 2MG | 5 | NDS NM LA PA |
| POMALYST CAP 3MG | 5 | NDS NM LA PA |
| POMALYST CAP 4MG | 5 | NDS NM LA PA |
| REVLIMID | 5 | NDS NM LA PA |
| THALOMID | 5 | NDS NM PA |
| IMMUNOSUPPRESSANTS | | |
| azathioprine SOLR | 4 | B/D |
| azathioprine (generic of IMURAN) TABS | 3 | B/D |
| BENLYSTA | 5 | NDS NM PA |
| cyclosporine (generic of SANDIMMUNE) CAPS; SOLN | 4 | B/D |
| cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg | 4 | B/D |
| cyclosporine modified (for microemulsion) CAPS 50mg | 4 | B/D |

| Drug Name | Tier | Drug Requirements/ Limits |
|--|------|------------------------------|
| cyclosporine modified (for microemulsion) (generic of NEORAL) SOLN | 4 | B/D |
| gengraf (generic of NEORAL) | 4 | B/D |
| mycophenolate mofetil (generic of CELLCEPT) CAPS; TABS | 4 | B/D |
| mycophenolate mofetil (generic of CELLCEPT) SUSR | 5 | NDS B/D |
| mycophenolate sodium (generic of MYFORTIC) NEORAL | 4 | B/D |
| NEORAL | 3 | B/D |
| NULOJIX | 5 | NDS B/D |
| PROGRAF CAPS 5mg | 5 | NDS B/D |
| PROGRAF CAPS .5mg, 1mg | 4 | B/D |
| RAPAMUNE SOLN | 5 | NDS B/D |
| SANDIMMUNE SOLN 100mg/ml | 3 | B/D |
| sirolimus (generic of RAPAMUNE) TABS 2mg | 5 | NDS B/D |
| sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg | 4 | B/D |
| tacrolimus (generic of PROGRAF) CAPS | 4 | B/D |
| ZORTRESS TAB 0.5MG | 5 | NDS B/D |
| ZORTRESS TAB 0.25MG | 3 | B/D |
| ZORTRESS TAB 0.75MG | 5 | NDS B/D |
| VACCINES | | |
| ACTHIB | 3 | |
| ADACEL | 3 | |
| BCG VACCINE | 3 | |
| BEXSERO | 3 | |
| BOOSTRIX | 3 | |
| CERVARIX | 3 | |
| DAPTACEL | 3 | |
| DIPHThERIA/TETANUS TOXOID | 3 | B/D |
| ENGERIX-B SUSP | 3 | B/D |
| GARDASIL | 3 | |
| GARDASIL 9 | 3 | |
| HAVRIX | 3 | |
| HIBERIX | 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 |
|---|----------------------------|--------|
| IMOVAX RABIES (H.D.C.V.) | 3 | |
| INFANRIX | 3 | |
| IPOL INACTIVATED IPV | 3 | |
| IXIARO | 3 | |
| KINRIX | 3 | |
| M-M-R II | 3 | |
| MENACTRA | 3 | |
| MENHIBRIX | 3 | |
| MENOMUNE-A/C/Y/W-135 | 3 | |
| MENVEO | 3 | |
| PEDIARIX | 3 | |
| PEDVAX HIB | 3 | |
| PENTACEL | 3 | |
| PROQUAD | 3 | |
| QUADRACEL | 3 | |
| RABAVERT | 3 | |
| RECOMBIVAX HB | 3 | B/D |
| ROTARIX | 3 | |
| ROTATEQ | 3 | |
| SYNAGIS | 5 | NDS NM |
| TENIVAC | 3 | B/D |
| TETANUS/DIPHThERIA TOXOID | 3 | B/D |
| TRUMENBA | 3 | |
| TWINRIX INJ | 3 | |
| TYPHIM VI | 3 | |
| VAQTA | 3 | |
| VARIVAX | 3 | |
| YF-VAX | 3 | |
| ZOSTAVAX | 3 | QL |
| QL (1 vial per lifetime) | | |
| NUTRITIONAL/SUPPLEMENTS | | |
| ELECTROLYTES | | |
| KLOR-CON 8 | 2 | |
| KLOR-CON 10 | 2 | |
| <i>klor-con m10</i> | 2 | |
| <i>klor-con m15</i> | 2 | |
| <i>klor-con m20</i> | 2 | |
| <i>klor-con pow 20 meq</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 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| <i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml | 4 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50% | 4 | |
| <i>magnesium sulfate</i> SOLN 50% | 4 | |
| MAGNESIUM SULFATE IN D5W | 4 | |
| <i>potassium chloride</i> (generic of MICRO-K) CPCR | 3 | |
| POTASSIUM CHLORIDE SOLN 10%, 20% | 4 | |
| <i>potassium chloride</i> TBCR 8meq | 2 | |
| POTASSIUM CHLORIDE TBCR 10meq, 20meq | 2 | |
| <i>potassium chloride</i> <i>microencapsulated crystals cr</i> | 2 | |
| SODIUM CHLORIDE SOLN 2.5meq/ml | 4 | |
| <i>sodium fluoride chew; tab; 1.1</i> <i>(0.5 f) mg/ml soln</i> | 2 | |
| TPN ELECTROLYTES | 4 | B/D |
| IV NUTRITION | | |
| AMINOSYN | 4 | B/D |
| AMINOSYN 7%/ELECTROLYTES | 4 | B/D |
| AMINOSYN 8.5%/ELECTROLYTE | 4 | B/D |
| AMINOSYN II | 4 | B/D |
| AMINOSYN II 8.5%/ELECTROL | 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 |

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 |
|---------------------------------|----------------------------|--------|
| 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 |
| HEPATAMINE | 4 | B/D |
| INTRALIPID INJ 20% | 4 | B/D |
| INTRALIPID INJ 30% | 4 | B/D |
| NEPHRAMINE | 4 | B/D |
| <i>nutrilipid inj 20%</i> | 4 | B/D |
| <i>premasol 6%</i> | 4 | B/D |
| <i>premasol 10%</i> | 4 | B/D |
| PROCALAMINE | 4 | B/D |
| PROSOL | 4 | B/D |
| TRAVASOL | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |
| IV REPLACEMENT SOLUTIONS | | |
| DEXTROSE 2.5%/NACL 0.45% | 4 | |
| DEXTROSE 5% | 4 | |
| DEXTROSE 5% /ELECTROLYTE | 4 | |
| DEXTROSE 5%/LACTATED RING | 4 | |
| DEXTROSE 5%/NACL 0.2% | 4 | |
| DEXTROSE 5%/NACL 0.3% | 4 | |
| DEXTROSE 5%/NACL 0.9% | 4 | |
| DEXTROSE 5%/NACL 0.33% | 4 | |
| DEXTROSE 5%/NACL 0.45% | 4 | |
| DEXTROSE 5%/NACL 0.225% | 4 | |
| DEXTROSE 5%/POTASSIUM CHL | 4 | |
| DEXTROSE 10% FLEX CONTAIN | 4 | |
| DEXTROSE 10%/NACL 0.2% | 4 | |
| DEXTROSE 10%/NACL 0.45% | 4 | |
| DEXTROSE 50% | 4 | |
| DEXTROSE INJ 70% | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| IONOSOL-B/DEXTROSE 5% | 4 | |
| IONOSOL-MB/DEXTROSE 5% | 4 | |
| ISOLYTE P | 4 | |
| ISOLYTE S | 4 | |
| KCL0.15%/D5W/NACL0.2% | 4 | |
| KCL0.15%/D5W/NACL0.225% | 4 | |
| KCL 0.3%/D5W/NACL 0.9% | 4 | |
| KCL 0.3%/D5W/NACL 0.45% | 4 | |
| KCL 0.15%/D5W/NACL 0.9% | 4 | |
| KCL 0.075%/D5W/NACL 0.45% | 4 | |
| KCL IN NACL INJ .15-0.45 | 4 | |
| KCL/D5W INJ 0.3% | 4 | |
| KCL/D5W/NACL INJ 0.22%/0.45% | 4 | |
| KCL/D5W/NACL INJ .15/.33% | 4 | |
| KCL/D5W/NACL INJ .15/.45% | 4 | |
| KCL/NACL INJ 0.3-0.9 | 4 | |
| KCL/NACL INJ 0.15%-0.9% | 4 | |
| LACTATED RINGER'S INJ | 4 | |
| NORMOSOL-M IN D5W | 4 | |
| NORMOSOL-R | 4 | |
| NORMOSOL-R IN D5W | 4 | |
| PLASMA-LYTE A | 4 | |
| PLASMA-LYTE-56/D5W | 4 | |
| PLASMA-LYTE-148 | 4 | |
| <i>pot chloride inj 2meq/ml</i> | 4 | |
| POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml | 4 | |
| <i>potassium chloride in nacl</i> | 4 | |
| RINGER'S | 4 | |
| SOD CHLORIDE INJ 0.9% | 4 | |
| SODIUM CHLORIDE SOLN 3%, 5% | 4 | |
| SODIUM CHLORIDE 0.45% VIA | 4 | |
| VITAMINS | | |
| <i>calcitriol (generic of ROCALTROL) CAPS</i> | 3 | B/D |
| <i>calcitriol inj</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>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL) | 4 | B/D |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg | 4 | B/D |
| <i>paricalcitol</i> CAPS 4mcg | 4 | B/D |
| <i>prenatal vitamin/folic acid ></i> <i>0.8 mg (generic)</i> | 2 | |
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-poly-neomycin-hc</i> | 3 | |
| <i>blephamide</i> OINT | 4 | |
| <i>neomycin-polymy-dexameth</i> (generic of MAXITROL) | 2 | |
| <i>neomycin-polymyxin-hc</i> (ophth) | 4 | |
| <i>sulfacetamide</i> <i>sod-prednisolone</i> | 2 | |
| TOBRADEX OINT | 4 | |
| TOBRADEX ST | 4 | |
| <i>tobramycin-dexamethasone</i> (generic of TOBRADEX) | 4 | |
| ZYLET | 3 | |
| ANTI-INFECTIVES | | |
| <i>bacitracin (ophthalmic)</i> | 4 | |
| <i>bacitracin-polymyxin b (ophth)</i> | 2 | |
| BESIVANCE | 3 | |
| CILOXAN OINT | 3 | |
| <i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN) | 2 | |
| <i>erythromycin (ophth)</i> | 2 | |
| <i>gatifloxacin (ophth)</i> (generic of ZYMAXID) | 4 | |
| <i>gentak</i> | 2 | |
| <i>gentamicin sulfate (ophth)</i> | 2 | |
| <i>ilotycin</i> | 2 | |
| MOXEZA | 4 | |
| NATACYN | 4 | |
| <i>neomycin-bacitracin</i> <i>zn-polymyxin</i> | 3 | |
| <i>neomycin-polymyxin-gramicidi</i> <i>n</i> (generic of NEOSPORIN) | 3 | |
| <i>ofloxacin (ophth)</i> (generic of OCUFLOX) | 2 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|--------|
| <i>polymyxin b-trimethoprim</i> (generic of POLYTRIM) | 2 | |
| <i>sulfacet sod oin 10% op</i> | 3 | |
| <i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10) | 3 | |
| <i>tobramycin (ophth)</i> (generic of TOBREX) | 2 | |
| TOBREX OINT | 4 | |
| <i>trifluridine</i> (generic of VIROPTIC) SOLN | 4 | |
| VIGAMOX | 4 | |
| ZIRGAN | 4 | |
| ANTI-INFLAMMATORIES | | |
| ALREX | 3 | |
| <i>bromfenac sodium (ophth)</i> | 4 | |
| <i>dexamethasone sodium</i> <i>phosphate (ophth)</i> | 3 | |
| <i>diclofenac sodium (ophth)</i> | 3 | |
| DUREZOL | 4 | |
| FLUOROMETHOLONE | 4 | |
| <i>flurbiprofen sodium</i> (generic of OCUFEN) | 2 | |
| ILEVRO | 4 | |
| <i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4% | 3 | |
| <i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5% | 3 | |
| LOTEMAX | 3 | |
| MAXIDEX | 3 | |
| PREDNISOLONE ACETATE (OPHTH) | 3 | |
| <i>prednisolone sodium</i> <i>phosphate (ophth)</i> | 3 | |
| ANTIALLERGICS | | |
| <i>azelastine drop 0.05%</i> | 3 | |
| BEPREVE | 3 | |
| <i>cromolyn sodium (ophth)</i> | 2 | |
| LASTACFT | 4 | |
| PATADAY | 3 | |
| PAZEO | 3 | |
| ANTIGLAUCOMA | | |
| ALPHAGAN P SOL 0.1% | 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 |
|--|----------------------------|-------------------------------|
| ALPHAGAN P SOL 0.15% | 3 | |
| AZOPT | 4 | |
| <i>betaxolol hcl (ophth)</i> | 4 | |
| BETOPTIC-S | 4 | |
| <i>brimonidine sol 0.2%</i> | 2 | |
| <i>carteolol hcl (ophth)</i> | 2 | |
| COMBIGAN | 3 | |
| <i>dorzolamide hcl (generic of TRUSOPT)</i> | 3 | |
| <i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i> | 3 | |
| ISTALOL | 3 | |
| <i>latanoprost (generic of XALATAN) SOLN</i> | 2 | |
| <i>levobunolol hcl (generic of BETAGAN)</i> | 2 | |
| LUMIGAN | 3 | |
| <i>metipranolol</i> | 3 | |
| PHOSPHOLINE IODIDE | 4 | |
| PILOCARPINE HCL SOLN | 4 | |
| SIMBRINZA | 4 | |
| <i>timolol maleate (ophth) soln (generic of TIMOPTIC)</i> | 2 | |
| TIMOLOL MALEATE GEL | 4 | |
| TRAVATAN Z | 3 | |
| MISCELLANEOUS | | |
| CYSTARAN | 5 | NDS NM LA PA |
| <i>naphazoline 0.1%</i> | 2 | |
| PROLENSA | 3 | |
| <i>proparacaine hcl (generic of ALCAINE) SOLN</i> | 2 | |
| RESTASIS | 3 | QL |
| | | QL (64 vials / 30 days) |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPTA | 3 | QL |
| | | QL (60 inhalations / 30 days) |
| COMBIVENT RESPIMAT | 4 | QL |
| | | QL (2 inhalers / 30 days) |
| <i>ipratropium-albuterol nebu</i> | 3 | B/D |
| ANTICHOLINERGICS | | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|---------------------------------|
| ATROVENT HFA | 4 | QL |
| | | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA | 3 | QL |
| | | QL (1 inhaler / 30 days) |
| <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% (generic of ASTEPRO)</i> | 3 | |
| <i>cetirizine syrup</i> | 3 | |
| <i>cyproheptadine hcl SYRP; TABS</i> | 4 | PA |
| | | PA if 70 years and older; HR |
| <i>diphenhydramine hcl inj</i> | 4 | |
| <i>hydroxyz hcl inj</i> | 4 | PA |
| | | PA if 70 years and older; HR |
| <i>hydroxyzine hcl SYRP; TABS</i> | 4 | PA |
| | | PA if 70 years and older; HR |
| <i>hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg</i> | 4 | PA |
| | | PA if 70 years and older; HR |
| <i>hydroxyzine pamoate CAPS 100mg</i> | 4 | PA |
| | | PA if 70 years and older; HR |
| <i>levocetirizine dihydrochloride (generic of XYZAL) SOLN</i> | 4 | |
| <i>levocetirizine dihydrochloride (generic of XYZAL) TABS</i> | 2 | |
| BETA AGONISTS | | |
| <i>albuterol sulfate NEBU</i> | 2 | B/D |
| <i>albuterol sulfate SYRP</i> | 2 | |
| <i>albuterol sulfate TABS</i> | 4 | |
| SEREVENT DISKUS | 3 | QL |
| | | QL (60 inhalations / 30 days) |
| <i>terbutaline sulfate SOLN</i> | 5 | NDS |
| <i>terbutaline sulfate TABS</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 |
|--|----------------------------|--------------|
| VENTOLIN HFA QL (2 inhalers / 30 days) | 3 | QL |
| XOPENEX HFA QL (2 inhalers / 30 days) | 3 | QL |
| LEUKOTRIENE MODULATORS | | |
| montelukast sodium (generic of SINGULAIR) CHEW | 3 | |
| montelukast sodium (generic of SINGULAIR) PACK | 4 | |
| montelukast sodium (generic of SINGULAIR) TABS | 2 | |
| zafirlukast (generic of ACCOLATE) | 4 | |
| MAST CELL STABILIZERS | | |
| cromolyn sod neb 20mg/2ml | 3 | B/D |
| MISCELLANEOUS | | |
| acetylcysteine SOLN 10%, 20% | 3 | B/D |
| ARALAST NP | 5 | NDS NM LA PA |
| DALIRESP | 4 | |
| EPIPEN 2-PAK | 3 | |
| EPIPEN-JR 2-PAK | 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 |
| XOLAIR | 5 | NDS NM LA PA |
| ZEMAIRA | 5 | NDS NM LA PA |
| NASAL STEROIDS | | |
| flunisolide (nasal) QL (2 bottles / 30 days) | 3 | QL |
| fluticasone propionate (nasal) QL (1 bottle / 30 days) | 2 | QL |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA QL (30 inhalations / 30 days) | 4 | QL |
| budesonide (inhalation) (generic of PULMICORT) .25mg/2ml, .5mg/2ml | 4 | B/D |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| 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) | 3 | QL |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR DISKUS QL (60 inhalations / 30 days) | 4 | QL |
| ADVAIR HFA QL (1 inhaler / 30 days) | 4 | QL |
| BREO ELLIPTA QL (60 blisters / 30 days) | 3 | QL |
| SYMBICORT QL (1 inhaler / 30 days) | 3 | QL |
| XANTHINES | | |
| aminophylline inj | 4 | |
| elixophyllin | 4 | |
| theophylline SOLN | 4 | |
| theophylline TB12; TB24 | 3 | |
| TOPICAL DERMATOLOGY, ACNE | | |
| AVITA CREA | 4 | PA |
| AVITA GEL | 4 | PA |
| benzoyl peroxide-erythromycin (generic of BENZAMYCIN) | 4 | |
| claravis | 4 | PA |
| clindamax (generic of CLEOCIN-T) | 4 | |
| clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN | 4 | |
| clindamycin phosphate (topical) (generic of CLEOCIN-T) SOLN; SWAB | 3 | |
| ery pad 2% | 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>erythromycin (acne aid)</i> (generic of ERYGEL) GEL | 4 | |
| <i>erythromycin (acne aid)</i> SOLN | 3 | |
| <i>myorisan</i> | 4 | PA |
| <i>sulfacetamide sodium (acne)</i> (generic of KLARON) | 4 | |
| <i>tretinoin</i> (generic of RETIN-A) CREA | 4 | PA |
| TRETINOIN GEL .01% | 4 | PA |
| <i>tretinoin</i> (generic of RETIN-A) GEL .025% | 4 | PA |
| <i>zenatane</i> | 4 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate (topical)</i> | 3 | |
| <i>mupirocin</i> (generic of BACTROBAN) OINT | 2 | |
| SILVER SULFADIAZINE CREA | 2 | |
| SSD | 2 | |
| SULFAMYLON CREA | 4 | |
| SULFAMYLON PACK | 5 | NDS |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox</i> (generic of LOPROX) CREA | 3 | |
| <i>ciclopirox</i> GEL | 4 | |
| <i>ciclopirox</i> SUSP | 3 | |
| <i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO) | 4 | |
| <i>clotrimazole (topical)</i> | 3 | |
| <i>ketconazole cream</i> | 3 | |
| <i>nyamyc</i> | 3 | |
| <i>nystatin (topical)</i> | 3 | |
| <i>nystop</i> | 3 | |
| DERMATOLOGY, ANTIPRURITIC | | |
| DOXEPIN HCL (ANTIPRURITIC) | 4 | |
| <i>procto-med</i> (generic of ANUSOL-HC) | 4 | |
| <i>procto-pak</i> | 4 | |
| <i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC) | 4 | |
| <i>proctozone hc</i> (generic of ANUSOL-HC) | 4 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|---|----------------------------|--------|
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> (generic of SORIATANE) | 5 | NDS PA |
| <i>calcipotriene</i> (generic of DOVONEX) CREA | 4 | |
| <i>calcipotriene</i> SOLN | 4 | |
| 8-MOP | 4 | |
| TAZORAC CREA | 4 | PA |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketconazole shampoo</i> (generic of NIZORAL) | 2 | |
| <i>selenium sulfide</i> LOTN | 2 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> | 2 | |
| <i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA | 4 | |
| <i>alclometasone dipropionate</i> OINT | 3 | |
| <i>betamethasone dipropionate</i> (topical) CREA; OINT | 4 | |
| <i>betamethasone dipropionate</i> (topical) LOTN | 3 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA | 3 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> GEL | 4 | |
| <i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) LOTN | 4 | |
| BETAMETHASONE DIPROPIONATE AUGMENTED 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 | 4 | |
| <i>fluocinonide emulsified base</i> | 4 | |
| <i>fluticasone propionate</i> (generic of CUTIVATE) CREA | 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>fluticasone propionate</i> OINT | 2 | |
| <i>halobetasol propionate</i> (generic of ULTRAVATE) | 4 | |
| <i>hydrocortisone (topical)</i> CREA; OINT | 2 | |
| <i>hydrocortisone (topical)</i> LOTN | 3 | |
| <i>hydrocortisone butyrate</i> (generic of LOCOID) | 4 | |
| <i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN | 3 | |
| <i>triamcinolone acetonide</i> (topical) CREA; OINT | 2 | |
| <i>triamcinolone acetonide</i> (topical) LOTN | 3 | |
| <i>triderm</i> | 2 | |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day) | 4 | QL PA |
| <i>lidocaine hcl</i> GEL | 3 | PA |
| <i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% | 2 | PA |
| <i>lidocaine oint 5%</i> | 4 | PA |
| <i>lidocaine-prilocaine</i> | 4 | PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN | 3 | |
| <i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5% | 4 | |
| <i>fluorouracil (topical)</i> SOLN | 4 | |
| <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 |
| <i>podofilox</i> (generic of CONDYLOX) SOLN | 3 | |

| Drug Name | Drug Requirements/ Tier | Limits |
|--|----------------------------|-----------------|
| <i>rosadan cre 0.75%</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 | |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| EURAX | 4 | |
| <i>malathion</i> (generic of OVIDE) | 4 | |
| <i>permethrin</i> (generic of ELIMITE) | 3 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| ACETIC ACID .25% | 2 | |
| REGRANEX | 5 | NDS PA |
| SANTYL | 4 | |
| SODIUM CHLORIDE 0.9% | 2 | |
| STERILE WATER IRRIGATION | 3 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) | 2 | |
| <i>clotrimazole</i> TROC | 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 | |
| PILOCARPINE HCL (ORAL) 5mg | 4 | |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg | 4 | |
| <i>triamcinolone acetonide</i> (mouth) | 3 | |
| OTIC | | |
| ACETIC ACID (OTIC) | 3 | |
| <i>acetic acid-aluminum acetate</i> | 3 | |
| CIPRODEX | 4 | |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) | 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>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN | 3 |
| <i>neomycin-polymyxin-hc (otic)</i> SUSP | 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

- 8**
8-MOP49
- A**
abacavir sulfate11
abacavir sulfate-lamivudine-zidovudin e12
ABELCET10
ABILIFY
 see *aripiprazole tab*28
ABILIFY MAINTENA ...27, 28
ABRAXANE15
acamprosate calcium32
acarbose33
ACCOLATE
 see *zafirlukast*48
ACCUPRIL
 see *quinapril hcl*18
ACCURETIC
 see
 quinapril-hydrochlorothiazide18
acebutolol hcl20
ACEON
 see *perindopril erbumine*18
acetaminophen w/ codeine .7
acetazolamide21
ACETIC ACID50
ACETIC ACID (OTIC)50
acetic acid-aluminum acetate50
acetylcysteine48
acitretin49
ACLOVATE
 see *alclometasone dipropionate*49
ACTHIB43
ACTIGALL
 see *ursodiol*40
ACTIMMUNE43
ACTIQ
 see *fentanyl citrate*8
ACTOS
 see *pioglitazone hcl*34
ACULAR
 see *ketorolac tromethamine (ophth)*46
ACULAR LS
 see *ketorolac tromethamine (ophth)*46
acyclovir12
acyclovir sodium12
ADACEL43
ADAGEN36
ADALAT CC
 see *afeditab cr*20
 see *nifedipine*21
ADCIRCA22
ADDERALL
 see
 amphetamine-dextroamphetamine tab 10 mg30
 see
 amphetamine-dextroamphetamine tab 12.5 mg30
 see
 amphetamine-dextroamphetamine tab 15 mg30
 see
 amphetamine-dextroamphetamine tab 20 mg30
 see
 amphetamine-dextroamphetamine tab 30 mg30
 see
 amphetamine-dextroamphetamine tab 5 mg30
 see
 amphetamine-dextroamphetamine tab 7.5 mg30
ADDERALL XR
 see
 amphetamine-dextroamphetamine cap sr 24hr 10 mg30
 see
 amphetamine-dextroamphetamine cap sr 24hr 15 mg30
 see
 amphetamine-dextroamphetamine cap sr 24hr 20 mg30
 see
 amphetamine-dextroamphetamine cap sr 24hr 25 mg30
 see
 amphetamine-dextroamphetamine cap sr 24hr 30 mg30
adefovir dipivoxil12
ADEMPAS22
ADOXA
 see *doxycycline (monohydrate)*14
ADOXA PAK 1/150
 see *doxycycline (monohydrate)*14
adrucil15
ADVAIR DISKUS48
ADVAIR HFA48
afeditab cr20
AFINITOR16
AFINITOR DISPERZ16
AGGRENOLX42
AGRYLIN
 see *anagrelide hcl*42
a-hydrocort37
ala-cort49
ALBENZA10
albuterol sulfate47
ALCAINE
 see *proparacaine hcl*47
alclometasone dipropionate49
ALCOHOL SWABS32
ALDACTAZIDE
 see *spironolactone & hydrochlorothiazide*22
ALDACTONE
 see *spironolactone*18
ALDARA
 see *imiquimod*50
ALDURAZYME36
ALECENSA16

| | | | | | |
|-------------------------------------|----|--|----|------------------------------------|----|
| <i>alendronate sodium</i> | 34 | <i>amiodarone tab 400mg</i> | 19 | ..... | 14 |
| <i>alfuzosin hcl</i> | 41 | AMITIZA..... | 40 | <i>amphetamine-dextroamphet</i> | |
| ALIMTA | 15 | <i>amitriptyline hcl</i> | 25 | <i>amine cap sr 24hr 10 mg</i> .. | 30 |
| ALINIA | 10 | <i>amlodipine besylate</i> | 20 | <i>amphetamine-dextroamphet</i> | |
| ALKERAN | | <i>amlodipine</i> | | <i>amine cap sr 24hr 15 mg</i> .. | 30 |
| <i>see melphalan hcl</i> | 15 | <i>besylate-benazepril hcl cap</i> | | <i>amphetamine-dextroamphet</i> | |
| <i>allopurinol tab</i> | 7 | <i>10-20 mg</i> | 18 | <i>amine cap sr 24hr 20 mg</i> .. | 30 |
| <i>alosectron hcl</i> | 40 | <i>amlodipine</i> | | <i>amphetamine-dextroamphet</i> | |
| ALPHAGAN P SOL 0.1%.. | 46 | <i>besylate-benazepril hcl cap</i> | | <i>amine cap sr 24hr 25 mg</i> .. | 30 |
| ALPHAGAN P SOL 0.15% | 47 | <i>10-40 mg</i> | 18 | <i>amphetamine-dextroamphet</i> | |
| <i>alprazolam tab 0.25mg</i> | 23 | <i>amlodipine</i> | | <i>amine cap sr 24hr 30 mg</i> .. | 30 |
| <i>alprazolam tab 0.5mg</i> | 22 | <i>besylate-benazepril hcl cap</i> | | <i>amphetamine-dextroamphet</i> | |
| <i>alprazolam tab 1mg</i> | 23 | <i>2.5-10 mg</i> | 17 | <i>amine cap sr 24hr 5 mg</i> | 29 |
| <i>alprazolam tab 2 mg</i> | 23 | <i>amlodipine</i> | | <i>amphetamine-dextroamphet</i> | |
| ALREX..... | 46 | <i>besylate-benazepril hcl cap</i> | | <i>amine tab 10 mg</i> | 30 |
| ALTACE | | <i>5-10 mg</i> | 17 | <i>amphetamine-dextroamphet</i> | |
| <i>see ramipril</i> | 18 | <i>amlodipine</i> | | <i>amine tab 12.5 mg</i> | 30 |
| <i>altavera tab</i> | 34 | <i>besylate-benazepril hcl cap</i> | | <i>amphetamine-dextroamphet</i> | |
| <i>amantadine hcl</i> | 27 | <i>5-20 mg</i> | 17 | <i>amine tab 15 mg</i> | 30 |
| AMARYL | | <i>amlodipine</i> | | <i>amphetamine-dextroamphet</i> | |
| <i>see glimepiride</i> | 33 | <i>besylate-benazepril hcl cap</i> | | <i>amine tab 20 mg</i> | 30 |
| AMBIEN | | <i>5-40 mg</i> | 18 | <i>amphetamine-dextroamphet</i> | |
| <i>see zolpidem tartrate</i> | 31 | <i>amlodipine</i> | | <i>amine tab 30 mg</i> | 30 |
| AMBISOME..... | 10 | <i>besylate-valsartan tab</i> | | <i>amphetamine-dextroamphet</i> | |
| AMERGE | | <i>10-160 mg</i> | 18 | <i>amine tab 5 mg</i> | 30 |
| <i>see naratriptan hcl</i> | 31 | <i>amlodipine</i> | | <i>amphetamine-dextroamphet</i> | |
| <i>amifostine crystalline</i> | 17 | <i>besylate-valsartan tab</i> | | <i>amine tab 7.5 mg</i> | 30 |
| <i>amikacin sulfate</i> | 9 | <i>10-320 mg</i> | 18 | <i>amphotericin b</i> | 11 |
| <i>amiloride &</i> | | <i>amlodipine</i> | | <i>ampicillin & sulbactam</i> | |
| <i>hydrochlorothiazide</i> | 21 | <i>besylate-valsartan tab 5-160</i> | | <i>sodium</i> | 14 |
| <i>amiloride hcl</i> | 21 | <i>mg</i> | 18 | <i>ampicillin cap</i> | 14 |
| <i>aminophylline inj</i> | 48 | <i>amlodipine</i> | | <i>ampicillin inj</i> | 14 |
| AMINOSYN..... | 44 | <i>besylate-valsartan tab 5-320</i> | | <i>ampicillin sodium</i> | 14 |
| AMINOSYN | | <i>mg</i> | 18 | <i>ampicillin susp</i> | 14 |
| 7%/ELECTROLYTES | 44 | <i>amlodipine-valsartan-hctz</i> | | AMPYRA | 31 |
| AMINOSYN | | <i>tab 10-160-12.5 mg</i> | 18 | ANADROL-50 | 32 |
| 8.5%/ELECTROLYTE | 44 | <i>amlodipine-valsartan-hctz</i> | | ANAFRANIL | |
| AMINOSYN II | 44 | <i>tab 10-160-25 mg</i> | 19 | <i>see clomipramine hcl</i> | 26 |
| AMINOSYN II | | <i>amlodipine-valsartan-hctz</i> | | <i>anagrelide hcl</i> | 42 |
| 8.5%/ELECTROL..... | 44 | <i>tab 10-320-25 mg</i> | 19 | ANAPROX DS | |
| AMINOSYN M..... | 44 | <i>amlodipine-valsartan-hctz</i> | | <i>see naproxen sodium</i> | 7 |
| AMINOSYN-HBC..... | 44 | <i>tab 5-160-12.5 mg</i> | 18 | <i>anastrozole</i> | 16 |
| AMINOSYN-PF 10% | 44 | <i>amlodipine-valsartan-hctz</i> | | ANCOBON | |
| AMINOSYN-PF 7% | 44 | <i>tab 5-160-25 mg</i> | 18 | <i>see flucytosine</i> | 11 |
| AMINOSYN-RF | 44 | <i>ammonium lactate</i> | 50 | ANDRODERM | 32 |
| <i>amiodarone hcl soln</i> | 19 | <i>amoxapine</i> | 25 | ANORO ELLIPTA | 47 |
| <i>amiodarone tab 100mg</i> | 19 | <i>amoxicillin</i> | 14 | ANTABUSE | |
| <i>amiodarone tab 200mg</i> | 19 | <i>amoxicillin & pot clavulanate</i> | | <i>see disulfiram</i> | 32 |

| | | |
|---------------------------------------|--|---------------------------------------|
| <i>betamethasone valerate</i> ...49 | <i>bromocriptine mesylate</i>.....27 | CAPRELSA 16 |
| BETAPACE | <i>budesonide (inhalation)</i>.....48 | <i>captopril</i> 18 |
| see <i>sorine</i>.....19 | <i>budesonide ec</i> .....40 | <i>captopril &</i> |
| see <i>sotalol hcl</i>.....19 | <i>bumetanide</i> .....21 | <i>hydrochlorothiazide</i> 18 |
| BETAPACE AF | BUMEX | CARAFATE |
| see <i>sotalol hcl (afib/af)</i> ..19 | see <i>bumetanide</i>.....21 | see <i>sucralfate</i>.....40 |
| BETASERON .....31 | BUPHENYL .....36 | CARBAGLU .....36 |
| <i>betaxolol hcl (ophth)</i>.....47 | see <i>sodium phenylbutyrate</i> | <i>carbamazepine</i> .....23 |
| <i>bethanechol chloride</i> .....41 |37 | CARBATROL |
| BETOPTIC-S .....47 | <i>buprenorphine hcl</i>.....32 | see <i>carbamazepine</i> .....23 |
| <i>bexarotene</i> .....17 | <i>buprenorphine hcl-naloxone</i> | CARBIDOPA/LEVODOPA/E |
| BEXSERO.....43 | <i>hcl sl</i>.....32 | NTACAPONE .....27 |
| BIAXIN | <i>buproban</i>.....32 | <i>carbidopa-levodopa</i> .....27 |
| see <i>clarithromycin</i> .....13 | <i>bupropion hcl</i> .....25 | <i>carboplatin</i> 17 |
| see <i>clarithromycin for susp</i> | <i>bupropion hcl (smoking</i> | CARDIZEM |
|13 | <i>deterrent)</i> .....32 | see <i>diltiazem hcl</i>.....21 |
| BIAXIN XL | <i>buspirone hcl</i> .....23 | CARDIZEM CD |
| see <i>clarithromycin er</i> ....13 | BUSULFEX.....14 | see <i>cartia xt</i>.....20 |
| <i>bicalutamide</i>.....16 | <i>butorphanol tartrate</i> .....7 | see <i>diltiazem hcl coated</i> |
| BICILLIN L-A.....14 | BUTRANS.....7 | <i>beads</i> .....21 |
| BICNU.....14 | BUTRANS 7.5MCG/HR .....7 | CARDURA |
| BILTRICIDE .....10 | BYDUREON INJ .....32 | see <i>doxazosin mesylate</i> 18 |
| <i>bisoprolol &</i> | BYDUREON PEN .....32 | CARIMUNE |
| <i>hydrochlorothiazide</i> .....20 | BYETTA.....32 | NANOFILTERED .....43 |
| <i>bisoprolol fumarate</i> .....20 | BYSTOLIC .....20 | CARNITOR |
| BIVIGAM .....42 | C | see <i>levocarnitine</i> |
| <i>bleomycin sulfate</i> .....15 | <i>cabergoline</i> .....38 | (<i>metabolic modifiers</i>).....37 |
| BLEPH-10 | CABOMETYX .....16 | <i>carteolol hcl (ophth)</i> .....47 |
| see <i>sulfacetamide sodium</i> | <i>cafergot</i>.....31 | <i>cartia xt</i>.....20 |
| (<i>ophth</i>).....46 | CALAN | <i>carvedilol</i> .....20 |
| <i>blephamide</i> .....46 | see <i>verapamil hcl</i> .....21 | CASODEX |
| <i>blisovi 21 fe 1.5/30 28 day</i> | CALAN SR | see <i>bicalutamide</i> .....16 |
| <i>pack</i> .....34 | see <i>verapamil hcl</i> .....21 | CATAPRES |
| <i>blisovi 21 fe 1/20 28 day</i> | see <i>verapamil tab er</i>.....21 | see <i>clonidine hcl</i>.....22 |
| <i>pack</i> .....34 | <i>calcipotriene</i>.....49 | CATAPRES-TTS-1 |
| BOOSTRIX .....43 | <i>calcitonin (salmon)</i> .....38 | see <i>clonidine hcl</i>.....22 |
| BOSULIF .....16 | <i>calcitriol</i>.....45 | CATAPRES-TTS-2 |
| BREO ELLIPTA .....48 | <i>calcitriol inj</i> .....45 | see <i>clonidine hcl</i>.....22 |
| BREVICON-28 | <i>calcitriol oral soln 1 mcg/ml</i> | CATAPRES-TTS-3 |
| see <i>necon 0.5/35 28 day</i> |46 | see <i>clonidine hcl</i>.....22 |
|35 | <i>calcium acetate (phosphate</i> | CAYSTON .....10 |
| see <i>nortrel 0.5/35 28 day</i> | <i>binder)</i>.....38 | <i>cefaclor</i> .....13 |
|36 | <i>camila 28 day</i>.....34 | <i>cefaclor er tab 500mg</i> .....13 |
| <i>briellyn 28 day</i>.....34 | CAMPTOSAR | <i>cefadroxil</i> .....13 |
| BRILINTA.....42 | see <i>irinotecan hcl</i> .....17 | CEFAZOLIN IN DEXTROSE |
| <i>brimonidine sol 0.2%</i>.....47 | CANASA .....40 | 2GM/100ML-4%.....13 |
| BRIVIACT .....23 | CANCIDAS .....11 | <i>cefazolin inj</i>.....13 |
| <i>bromfenac sodium (ophth)</i> 46 | CAPASTAT SULFATE.....12 | <i>cefazolin sodium</i> .....13 |

| | | |
|--------------------------------------|---|---------------------------------------|
| <i>cefazolin sodium 1 gm/50ml</i> | <i>ciclopirox shampoo 1%.....</i> | <i>see clindamycin</i> |
|13 | 49 | <i>phosphate inj.....</i> |
| <i>cefdinir</i>.....13 | <i>cilostazol</i>.....42 | 10 |
| <i>cefepime hcl</i>.....13 | CILOXAN.....46 | CLEOCIN-T |
| <i>cefixime</i>.....13 | <i>see ciprofloxacin hcl</i> | <i>see clindamax</i>.....48 |
| <i>cefotaxime sodium</i>.....13 | <i>(ophth)</i>.....46 | <i>see clindamycin</i> |
| <i>cefoxitin sodium</i>.....13 | CINRYZE.....42 | <i>phosphate (topical)</i>.....48 |
| <i>cefpodoxime proxetil</i>.....13 | CIPRO | CLIMARA |
| <i>cefprozil</i>.....13 | <i>see ciprofloxacin</i>.....13 | <i>see estradiol</i>.....37 |
| <i>ceftazidime</i>.....13 | <i>see ciprofloxacin hcl tab</i> 14 | <i>clindamax</i>.....48 |
| CEFTAZIDIME/DEXTROSE | CIPRO I.V.-IN D5W | <i>clindamycin cap 300mg</i> ... 10 |
|13 | <i>see ciprofloxacin in d5w</i> 14 | <i>clindamycin cap 75mg</i> 10 |
| CEFTIN | CIPRO XR | <i>clindamycin hcl cap 150 mg</i> |
| <i>see cefuroxime axetil</i>.....13 | <i>see ciprofloxacin er</i> 14 | 10 |
| <i>ceftriaxone sodium</i>.....13 | CIPRODEX.....50 | <i>clindamycin phosphate</i> 10 |
| <i>cefuroxime axetil</i>.....13 | <i>ciprofloxacin</i>.....13 | <i>clindamycin phosphate</i> |
| <i>cefuroxime sodium</i>.....13 | <i>ciprofloxacin er</i>.....14 | <i>(topical)</i>.....48 |
| CELEBREX | <i>ciprofloxacin hcl (ophth)</i> ....46 | <i>clindamycin phosphate in</i> |
| <i>see celecoxib</i>.....7 | <i>ciprofloxacin hcl tab</i> 14 | <i>d5w</i> 10 |
| <i>celecoxib</i>.....7 | <i>ciprofloxacin in d5w</i> 14 | <i>clindamycin phosphate inj.</i> 10 |
| CELEXA | <i>ciprofloxacin inj</i> 14 | <i>clindamycin phosphate</i> |
| <i>see citalopram</i> | <i>cisplatin</i>.....17 | <i>vaginal</i>.....41 |
| <i>hydrobromide</i>.....25 | <i>citalopram hydrobromide</i> ..25 | <i>clindamycin sol 75mg/5ml.</i> 10 |
| CELLCEPT | <i>cladribine</i>.....15 | CLINIMIX |
| <i>see mycophenolate mofetil</i> | CLAFORAN | 2.75%/DEXTROSE 5%.....44 |
|43 | <i>see cefotaxime sodium</i> .. 13 | CLINIMIX |
| CELONTIN.....23 | <i>claravis</i>.....48 | 4.25%/DEXTROSE 25%...44 |
| <i>cephalexin</i>.....13 | <i>clarithromycin</i>.....13 | CLINIMIX |
| CERDELGA.....36 | <i>clarithromycin er</i> .....13 | 4.25%/DEXTROSE 5%.....44 |
| CEREZYME.....37 | <i>clarithromycin for susp</i>.....13 | CLINIMIX 5%/DEXTROSE |
| CERVARIX.....43 | CLEOCIN | 15%.....45 |
| <i>cetirizine syrup</i>.....47 | <i>see clindamycin cap</i> | CLINIMIX 5%/DEXTROSE |
| CHANTIX CONTINUING | <i>300mg</i>.....10 | 20%.....45 |
| MONTH.....32 | <i>see clindamycin cap 75mg</i> | CLINIMIX 5%/DEXTROSE |
| CHANTIX PAK 0.5& 1MG.32 |10 | 25%.....45 |
| CHANTIX TAB 0.5MG .....32 | <i>see clindamycin hcl cap</i> | CLINIMIX INJ 4.25/D10 ...45 |
| CHANTIX TAB 1MG .....32 | <i>150 mg</i>.....10 | CLINIMIX INJ 4.25/D20 ...45 |
| CHEMET.....34 | <i>see clindamycin</i> | <i>clomipramine hcl</i>.....26 |
| <i>chlorhexidine gluconate</i> | <i>phosphate vaginal</i>.....41 | <i>clonazepam</i>.....23 |
| <i>(mouth-throat)</i>.....50 | CLEOCIN IN D5W | <i>clonidine hcl</i>.....22 |
| <i>chloroquine phosphate</i>.....11 | <i>see clindamycin</i> | <i>clopidogrel bisulfate</i>.....42 |
| <i>chlorothiazide tabs</i>.....21 | <i>phosphate in d5w</i>.....10 | <i>clorazepate dipotassium</i> ...23 |
| <i>chlorpromazine hcl</i>.....28 | CLEOCIN PEDIATRIC | <i>clotrimazole</i>.....50 |
| <i>chlorpromazine inj</i>.....28 | GRANULE | <i>clotrimazole (topical)</i>.....49 |
| <i>chlorthalidone</i>.....21 | <i>see clindamycin sol</i> | CLOZAPINE ODT.....28 |
| <i>cholestyramine</i>.....20 | <i>75mg/5ml</i>.....10 | <i>clozapine tab 100mg</i>.....28 |
| <i>cholestyramine light</i>.....20 | CLEOCIN PHOSPHATE | <i>clozapine tab 200mg</i>.....28 |
| <i>ciclopirox</i>.....49 | <i>see clindamycin</i> | <i>clozapine tab 25mg</i>.....28 |
| | <i>phosphate</i>.....10 | <i>clozapine tab 50mg</i>.....28 |

| | | | |
|---------------------------------------|------------------------------------|--------------------------------------|----|
| CLOZARIL | CORTENEMA | CYSTARAN | 47 |
| see <i>clozapine tab 100mg</i> | see <i>colocort</i> | <i>cytarabine</i> | 15 |
| ..... | <i>cortisone acetate</i> | CYTOMEL | |
| see <i>clozapine tab 25mg</i> | CORTISPORIN | see <i>liothyronine sodium</i> | 38 |
| COARTEM..... | see | CYTOTEC | |
| COLAZAL | <i>neomycin-polymyxin-hc</i> | see <i>misoprostol</i> | 40 |
| see <i>balsalazide disodium</i> | (<i>otic</i>) | CYTOVENE | |
| ..... | COSOPT | see <i>ganciclovir inj 500mg</i> | |
| <i>colchicine w/ probenecid</i> | see <i>dorzolamide</i> | ..... | 12 |
| COLCRYS..... | <i>hcl-timolol maleate</i> | D | |
| COLESTID | COTELLIC | D.H.E. 45 | |
| see <i>colestipol hcl</i> | COUMADIN | see <i>dihydroergotamine</i> | |
| <i>colestipol hcl</i> | see <i>jantoven</i> | <i>mesylate</i> | 31 |
| <i>colistimethate sodium</i> | see <i>warfarin sodium</i> | <i>dacarbazine</i> | 15 |
| <i>colocort</i> | COZAAR | DAKLINZA | 12 |
| COLY-MYCIN M | see <i>losartan potassium</i> . | DALIRESP | 48 |
| see <i>colistimethate sodium</i> | CREON..... | <i>danazol</i> | 36 |
| ..... | CRESTOR | DANTRIUM | |
| COLYTE-FLAVOR PACKS | CRIVIVAN..... | see <i>dantrolene sodium</i> .. | 31 |
| see <i>gavilyte-c</i> | <i>cromolyn sod neb 20mg/2ml</i> | <i>dantrolene sodium</i> | 31 |
| COMBIGAN ..... | ..... | <i>dapsone</i> | 10 |
| COMBIVENT RESPIMAT .47 | ..... | DAPTACEL..... | 43 |
| COMBIVIR | <i>cromolyn sodium</i> | <i>daunorubicin hcl</i> | 15 |
| see <i>lamivudine-zidovudine</i> | (<i>mastocytosis</i>)..... | DDAVP | |
| ..... | <i>cromolyn sodium (ophth)</i> .. | see <i>desmopressin acetate</i> | |
| COMETRIQ..... | <i>cryselle 28</i> | <i>spray</i> | 38 |
| COMPLERA..... | CUBICIN | see <i>desmopressin acetate</i> | |
| <i>compro</i> | CUTIVATE | <i>tabs</i> | 38 |
| CONDYLOX | see <i>fluticasone propionate</i> | see <i>desmopressin inj</i> | |
| see <i>podofilox</i> ..... | ..... | <i>4mcg/ml</i> | 38 |
| <i>constulose</i> | <i>cyclafem 1/35 28 day</i> | <i>deblitane 28 day</i> | 35 |
| COPAXONE INJ 40MG/ML | <i>cyclafem 7/7/7 28 day</i> | DELESTROGEN..... | 37 |
| ..... | CYCLESSA | see <i>estradiol val inj 20mg/ml</i> | |
| COPAXONE KIT 20MG/ML | see <i>velivet 28 day</i> ..... | ..... | 37 |
| ..... | <i>cyclobenzaprine hcl</i> | see <i>estradiol val inj 40mg/ml</i> | |
| COPEGUS | <i>cyclophosphamide</i> ..... | ..... | 37 |
| see <i>moderiba tab 200mg</i> | CYCLOPHOSPHAMIDE .. | <i>delyla 28 day</i> | 35 |
| ..... | <i>cycloserine</i> | DELZICOL | 40 |
| see <i>ribasphere</i> | <i>cyclosporine</i> | DEMADEX | |
| see <i>ribavirin tab 200mg</i> . | <i>cyclosporine modified (for</i> | see <i>toremide tabs</i> | 22 |
| CORDARONE | <i>microemulsion)</i> | DEMSEER | 22 |
| see <i>amiodarone tab</i> | CYKLOKAPRON | DEPACON | |
| <i>200mg</i> | see <i>tranexamic acid</i> | see <i>valproate sodium</i> | 25 |
| see <i>pacerone</i> | CYMBALTA | DEPAKENE | |
| COREG | see <i>duloxetine hcl</i> | see <i>valproate sodium</i> | 25 |
| see <i>carvedilol</i> | <i>cyproheptadine hcl</i> | see <i>valproic acid</i> | 25 |
| CORTEF | <i>cyred tab</i> | DEPAKOTE | |
| see <i>hydrocortisone</i> | CYSTADANE POW | see <i>divalproex sodium</i> .. | 24 |
| | CYSTAGON..... | | |

| | | |
|--------------------------------------|---|--------------------------------------|
| DEPAKOTE ER | <i>dexamethasone sodium phosphate</i>.....37 | <i>didanosine</i> 11 |
| see <i>divalproex sodium</i> ...23 | <i>dexamethasone sodium phosphate (ophth)</i>.....46 | DIFICID..... 13 |
| DEPAKOTE SPRINKLES | DEXILANT CAP 30MG DR | DIFLUCAN |
| see <i>divalproex sodium</i> ...23 |40 | see <i>fluconazole</i> 11 |
| DEPEN TITRATABS.....34 | DEXILANT CAP 60MG DR | <i>diflunisal</i>.....7 |
| DEPO-MEDROL |40 | <i>digitek</i> .....21 |
| see <i>methylpr ace inj</i> | DEXITANT CAP 60MG DR | <i>digox</i>.....21 |
| 40mg/ml.....37 |40 | <i>digoxin</i> .....21 |
| see <i>methylpr ace inj</i> | <i>dextrazoxane</i> 17 | <i>digoxin inj</i>.....21 |
| 80mg/ml.....37 | DEXTROSE 10% FLEX | DIGOXIN SOL 50MCG/ML |
| DEPO-PROVERA | CONTAIN.....45 |21 |
| CONTRACEPTIV | DEXTROSE 10%/NACL | <i>dihydroergotamine mesylate</i> |
| see <i>medroxyprogesterone</i> | 0.2%.....45 |31 |
| <i>acetate 150 mg/ml</i>.....35 | DEXTROSE 10%/NACL | <i>dilantin</i> .....23 |
| DEPO-PROVERA INJ | 0.45%.....45 | DILANTIN |
| 400/ML.....16 | DEXTROSE 2.5%/NACL | see <i>phenytoin sodium</i> |
| DEPO-TESTOSTERONE | 0.45%.....45 | <i>extended</i> .....24 |
| see <i>testosterone cypionate</i> | DEXTROSE 5%.....45 | DILANTIN INFATABS |
|32 | DEXTROSE 5% | see <i>phenytoin</i>.....24 |
| DERMOTIC | /ELECTROLYTE.....45 | DILANTIN-125 |
| see <i>fluocinolone acetonide</i> | DEXTROSE 5%/LACTATED | see <i>phenytoin</i>.....24 |
| (<i>otic</i>) .....50 | RING.....45 | DILANTIN-125 SUS |
| DESCOVY .....12 | DEXTROSE 5%/NACL 0.2% | 125/5ML.....23 |
| <i>desipramine hcl</i>.....26 |45 | DILAUDID |
| <i>desmopressin acetate spray</i> | DEXTROSE 5%/NACL | see <i>hydromorphone hcl</i> ...8 |
|38 | 0.225%.....45 | DILAUDID-HP |
| <i>desmopressin acetate spray</i> | DEXTROSE 5%/NACL 0.3% | see <i>hydromorphone hcl</i> ...8 |
| <i>refrigerated</i>.....38 |45 | <i>diltiazem cap</i>.....20 |
| <i>desmopressin acetate tabs</i> | DEXTROSE 5%/NACL | <i>diltiazem cap 120mg/24hr</i> .20 |
|38 | 0.33%.....45 | <i>diltiazem cap 240mg/24hr</i> .20 |
| <i>desmopressin inj 4mcg/ml</i> .38 | DEXTROSE 5%/NACL | <i>diltiazem cap er/12hr</i> .....20 |
| DESMOPRESSIN SOL | 0.45%.....45 | <i>diltiazem hcl</i>.....21 |
| 0.01%.....39 | DEXTROSE 5%/NACL 0.9% | <i>diltiazem hcl coated beads</i> 21 |
| DESOGEN |45 | <i>dilt-xr cap</i> .....20 |
| see <i>apri 28 day</i>.....34 | DEXTROSE | DIOVAN |
| see <i>cyred tab</i>.....35 | 5%/POTASSIUM CHL .....45 | see <i>valsartan</i> 19 |
| see <i>emoquette</i>.....35 | DEXTROSE 50%.....45 | DIOVAN HCT |
| see <i>juleber 28 day</i> .....35 | DEXTROSE INJ 70%.....45 | see <i>valsartan & hctz tab</i> |
| see <i>reclipsen 28 day</i> .....36 | DIAMOX | 160-12.5mg..... 19 |
| <i>desogestrel-ethinyl estradiol</i> | see <i>acetazolamide</i> .....21 | see <i>valsartan & hctz tab</i> |
| (<i>biphasic</i>) .....35 | <i>diazepam</i> .....23 | 160-25mg..... 19 |
| DETROL | DIAZEPAM GEL | see <i>valsartan & hctz tab</i> |
| see <i>tolterodine tartrate</i> | (ANTICONVULSANT).....23 | 320-12.5mg..... 19 |
| <i>tabs</i> .....41 | <i>diclofenac potassium</i> .....7 | see <i>valsartan & hctz tab</i> |
| DETROL LA | <i>diclofenac sodium</i> .....7 | 320-25mg..... 19 |
| see <i>tolterodine tartrate cap</i> | <i>diclofenac sodium (ophth)</i> .46 | see <i>valsartan & hctz tab</i> |
| <i>er</i>.....41 | <i>dicloxacillin sodium</i> 14 | 80-12.5mg..... 19 |
| <i>dexamethasone</i> .....37 | <i>dicyclomine hcl</i> .....39 | DIPENTUM.....40 |

| | | |
|---------------------------------------|--------------------------------------|---|
| <i>diphenhydramine hcl inj</i> ....47 | <i>duloxetine hcl</i>.....26 | EMBEDA .....8 |
| <i>diphenoxylate w/ atropine</i> .40 | DURAGESIC | EMCYT 15 |
| DIPHTHERIA/TETANUS | <i>see fentanyl patch 100</i> | EMEND.....39 |
| TOXOID .....43 | <i>mcg/hr</i> .....8 | EMEND CAP 125MG..... 39 |
| DIPROLENE | <i>see fentanyl patch 12</i> | EMEND CAP 40MG..... 39 |
| <i>see betamethasone</i> | <i>mcg/hr</i> .....8 | EMEND CAP 80MG..... 39 |
| <i>dipropionate augmented</i> 49 | <i>see fentanyl patch 25</i> | EMEND PAK 80 & 125 39 |
| DIPROLENE AF | <i>mcg/hr</i> .....8 | <i>emoquette</i>.....35 |
| <i>see betamethasone</i> | <i>see fentanyl patch 50</i> | EMSAM .....26 |
| <i>dipropionate augmented</i> 49 | <i>mcg/hr</i> .....8 | EMTRIVA..... 11 |
| <i>disopyramide phosphate</i> ...19 | <i>see fentanyl patch 75</i> | <i>emverm</i> 10 |
| <i>disulfiram</i>.....32 | <i>mcg/hr</i> .....8 | <i>enalapril maleate</i> 18 |
| DITROPAN XL | DURAMORPH .....7 | <i>enalapril maleate &</i> |
| <i>see oxybutynin chloride</i> .41 | DUREZOL.....46 | <i>hydrochlorothiazide</i> 18 |
| <i>divalproex sodium</i> .....23, 24 | <i>dutasteride</i> .....41 | <i>endocet</i>.....8 |
| DOCEFREZ .....15 | <i>dutasteride-tamsulosin hcl</i> 41 | ENGERIX-B .....43 |
| <i>docetaxel</i>.....15 | DYAZIDE | <i>enoxaparin sodium</i> .....41 |
| DOCETAXEL .....15 | <i>see triamterene &</i> | ENOXAPARIN SODIUM...41 |
| DOCETAXEL SOLN | <i>hydrochlorothiazide cap</i> | <i>enpresse 28 day</i> .....35 |
| 80MG/8ML .....15 | 37.5-25 mg .....22 | ENTACAPONE .....27 |
| DOFETILIDE.....19 | E | <i>entecavir</i> 12 |
| DOLOPHINE | <i>e.e.s. 400mg tab</i> .....13 | ENTOCORT EC |
| <i>see methadone hcl 10mg</i> 8 | EC-NAPROSYN | <i>see budesonide ec</i>.....40 |
| <i>see methadone hcl 5mg</i> ..8 | <i>see naproxen</i> .....7 | ENTRESTO 19 |
| <i>donepezil hydrochloride</i> ....25 | EDURANT .....11 | <i>enulose</i> .....40 |
| <i>dorzolamide hcl</i>.....47 | EFFEXOR XR | EPIPEN 2-PAK .....48 |
| <i>dorzolamide hcl-timolol</i> | <i>see venlafaxine hcl</i>.....27 | EPIPEN-JR 2-PAK.....48 |
| <i>maleate</i> .....47 | EFFIENT .....42 | <i>epirubicin hcl</i> 15 |
| DOVONEX | EFUDEX | <i>epitol</i>.....24 |
| <i>see calcipotriene</i> .....49 | <i>see fluorouracil (topical)</i> 50 | EPIVIR |
| <i>doxazosin mesylate</i> 18 | ELAVIL | <i>see lamivudine</i> 11 |
| <i>doxepin hcl</i>.....26 | <i>see amitriptyline hcl</i>.....25 | EPIVIR HBV 12 |
| DOXEPIN HCL | ELDEPRYL | <i>see lamivudine (hbv)</i> 12 |
| (ANTIPRURITIC) .....49 | <i>see selegiline hcl</i>.....27 | <i>eplerenone</i> 18 |
| DOXIL | ELIMITE | EPZICOM 12 |
| <i>see doxorubicin hcl</i> | <i>see permethrin</i> .....50 | ERIVEDGE 15 |
| <i>liposomal</i> .....15 | ELIPHOS | <i>errin 28 day</i>.....35 |
| <i>doxorubicin hcl</i>.....15 | <i>see calcium acetate</i> | <i>ery pad 2%</i> .....48 |
| <i>doxorubicin hcl inj 2 mg/ml</i> 15 | <i>(phosphate binder)</i> .....38 | ERYGEL |
| <i>doxorubicin hcl liposomal</i> ..15 | ELITEK .....17 | <i>see erythromycin (acne</i> |
| <i>doxy</i> .....14 | <i>elixophyllin</i> .....48 | <i>aid)</i> .....49 |
| <i>doxycycline (monohydrate)</i> | ELLA .....35 | <i>ery-tab</i> 13 |
|14 | ELLECE | <i>erythrocin lactobionate</i> 13 |
| <i>doxycycline hyclate</i> .....14 | <i>see epirubicin hcl</i> 15 | <i>erythrocin stearate</i> 13 |
| <i>dronabinol</i> .....39 | ELMIRON .....41 | <i>erythromycin (acne aid)</i> ....49 |
| <i>drospirenone-ethinyl</i> | ELOCON | <i>erythromycin (ophth)</i>.....46 |
| <i>estradiol</i> .....35 | <i>see mometasone furoate</i> | <i>erythromycin base</i> 13 |
| DROXIA .....17 |50 | <i>erythromycin cap 250mg ec</i> |

| | | |
|---------------------------------------|---------------------------------------|---|
|13 | see | <i>finasteride</i> .....41 |
| <i>erythromycin ethylsuccinate</i> | <i>amlodipine-valsartan-hctz</i> | FIRAZYR .....42 |
|13 | <i>tab 10-160-25 mg</i> 19 | FLAGYL |
| ESBRIET.....48 | see | see <i>metronidazole</i> 10 |
| <i>escitalopram oxalate</i> .....26 | <i>amlodipine-valsartan-hctz</i> | FLEBOGAMMA DIF.....43 |
| <i>esomeprazole magnesium</i> 40 | <i>tab 10-320-25 mg</i> 19 | <i>flecainide acetate</i> 19 |
| <i>esomeprazole sodium inj</i> .41 | see | FLOMAX |
| <i>estarylla tab 0.25-35</i> .....35 | <i>amlodipine-valsartan-hctz</i> | see <i>tamsulosin hcl</i>.....41 |
| <i>estrace</i> .....37 | <i>tab 5-160-12.5 mg</i> 18 | FLOVENT DISKUS.....48 |
| ESTRACE | see | FLOVENT HFA.....48 |
| see <i>estradiol</i> .....37 | <i>amlodipine-valsartan-hctz</i> | FLOXIN OTIC |
| <i>estrad val inj 20mg/ml</i> .....37 | <i>tab 5-160-25 mg</i> 18 | see <i>ofloxacin (otic)</i> 51 |
| <i>estrad val inj 40mg/ml</i> .....37 | EXJADE.....34 | <i>fluconazole</i> 11 |
| <i>estradiol</i> .....37 | F | <i>fluconazole in dextrose</i> 11 |
| ESTROSTEP FE | FABRAZYME.....37 | <i>fluconazole inj nacl 100</i> 11 |
| see <i>tri-legest 28 day</i> .....36 | <i>falmina 28 day</i> .....35 | <i>fluconazole inj nacl 200</i> 11 |
| <i>ethambutol hcl</i>.....12 | <i>famciclovir</i> .....12 | <i>fluconazole inj nacl 400</i> 11 |
| <i>ethosuximide</i>.....24 | <i>famotidine</i> .....39 | <i>flucytosine</i> 11 |
| ETHYOL | <i>famotidine inj</i>.....39 | FLUDARA |
| see <i>amifostine crystalline</i> | <i>famotidine tab</i> .....39 | see <i>fludarabine phosphate</i> |
|17 | FAMVIR | 15 |
| <i>etodolac</i> .....7 | see <i>famciclovir</i> 12 | <i>fludarabine phosphate</i> 15 |
| <i>etoposide</i> .....17 | FANAPT.....28 | <i>fludrocortisone acetate</i> 37 |
| EURAX .....50 | FANAPT TITRATION PACK | FLUMADINE |
| EVISTA |28 | see <i>rimantadine</i> |
| see <i>raloxifene tab 60mg</i> 38 | FARESTON 16 | <i>hydrochloride</i> 13 |
| EVOTAZ.....12 | FARXIGA.....33 | <i>flunisolide (nasal)</i>.....48 |
| EXELON | FARYDAK.....15 | <i>fluocinolone acetonide</i> .....49 |
| see <i>rivastigmine tartrate</i> 25 | FASLODEX.....16 | <i>fluocinolone acetonide (otic)</i> |
| EXELON PATCHES .....25 | <i>felbamate</i> .....24 |50 |
| <i>exemestane</i> 16 | FELBATOL | <i>fluocinonide</i> .....49 |
| EXFORGE | see <i>felbamate</i>.....24 | <i>fluocinonide emulsified base</i> |
| see <i>amlodipine</i> | <i>felodipine</i> .....21 |49 |
| <i>besylate-valsartan tab</i> | FEMARA | FLUOROMETHOLONE ...46 |
| <i>10-160 mg</i> 18 | see <i>letrozole</i> 16 | <i>fluorouracil</i> 15 |
| see <i>amlodipine</i> | <i>fenofibrate</i> .....20 | <i>fluorouracil (topical)</i> 50 |
| <i>besylate-valsartan tab</i> | <i>fenofibrate micronized</i>.....20 | <i>fluoxetine cap 10mg</i>.....26 |
| <i>10-320 mg</i> 18 | <i>fentanyl citrate</i> .....8 | <i>fluoxetine cap 20mg</i>.....26 |
| see <i>amlodipine</i> | <i>fentanyl patch 100 mcg/hr</i> ...8 | <i>fluoxetine cap 40mg</i>.....26 |
| <i>besylate-valsartan tab</i> | <i>fentanyl patch 12 mcg/hr</i>....8 | <i>fluoxetine hcl</i>.....26 |
| <i>5-160 mg</i> 18 | <i>fentanyl patch 25 mcg/hr</i>....8 | <i>fluphenazine decanoate</i> ...28 |
| see <i>amlodipine</i> | <i>fentanyl patch 50 mcg/hr</i>....8 | <i>fluphenazine hcl</i>.....28 |
| <i>besylate-valsartan tab</i> | <i>fentanyl patch 75 mcg/hr</i>....8 | <i>flurbiprofen</i>.....7 |
| <i>5-320 mg</i> 18 | FENTORA.....8 | <i>flurbiprofen sodium</i> .....46 |
| EXFORGE HCT | FERRIPROX.....34 | <i>flutamide</i> 16 |
| see | FETZIMA .....26 | <i>fluticasone propionate</i> .49, 50 |
| <i>amlodipine-valsartan-hctz</i> | FETZIMA TITRATION PACK | <i>fluticasone propionate</i> |
| <i>tab 10-160-12.5 mg</i> 18 |26 | <i>(nasal)</i>.....48 |

| | | | | | |
|---------------------------------------|----|---|----|--|----|
| <i>fluvoxamine maleate</i> | 23 | <i>gemcitabine hcl</i> | 15 | <i>glycopyrrolate</i> | 39 |
| <i>fondaparinux sodium</i> | 42 | GEMCITABINE HCL | 15 | GOLYTELY..... | 40 |
| FORTAZ | | <i>gemfibrozil</i> | 20 | see <i>gavilyte-g</i> | 40 |
| see <i>ceftazidime</i> | 13 | GEMZAR | | GRALISE | 31 |
| see <i>tazicef</i> | 13 | see <i>gemcitabine hcl</i> | 15 | GRALISE STARTER | 31 |
| see <i>tazicef vial</i> | 13 | <i>generlac</i> | 40 | <i>granisetron hcl</i> | 39 |
| FORTEO | 38 | <i>gengraf</i> | 43 | GRANIX..... | 42 |
| FORTICAL | 38 | <i>gentak</i> | 46 | <i>griseofulvin microsize</i> | 11 |
| FOSAMAX | | <i>gentamicin in saline</i> | 9 | <i>griseofulvin ultramicrosize</i> | 11 |
| see <i>alendronate sodium</i> | 34 | <i>gentamicin sulfate</i> | 9 | GRIS-PEG | |
| <i>fosinopril sodium</i> | 18 | <i>gentamicin sulfate (ophth)</i> | 46 | see <i>griseofulvin</i> | |
| <i>fosinopril sodium &</i> | | <i>gentamicin sulfate (topical)</i> | | <i>ultramicrosize</i> | 11 |
| <i>hydrochlorothiazide</i> | 18 | ..... | 49 | <i>guanfacine er (adhd)</i> | 30 |
| FREAMINE HBC 6.9%..... | 45 | <i>gentamicin sulfate/0.9% s</i> ...9 | | H | |
| FREAMINE III | 45 | GENVOYA | 12 | HALDOL | |
| <i>furosemide</i> | 21 | GEODON..... | 28 | see <i>haloperidol lactate inj</i> | |
| <i>furosemide inj</i> | 21 | see <i>ziprasidone hcl</i> | 29 | 5mg/ml | 28 |
| FUROSEMIDE INJ..... | 21 | GIANVI TAB 3-0.02MG..... | 35 | HALDOL DECANOATE 100 | |
| FUSILEV | 17 | <i>gildagia</i> | 35 | see <i>haloperidol decanoate</i> | |
| FUZEON | 11 | <i>gildess 1.5/30 21 day</i> | 35 | ..... | 28 |
| <i>fyavolv tab 1-5mg</i> | 37 | GILENYA CAP 0.5MG | 31 | HALDOL DECANOATE 50 | |
| FYCOMPA | 24 | GILOTRIF TAB 20MG..... | 16 | see <i>haloperidol decanoate</i> | |
| G | | GILOTRIF TAB 30MG..... | 16 | ..... | 28 |
| <i>gabapentin</i> | 24 | GILOTRIF TAB 40MG..... | 16 | <i>halobetasol propionate</i> | 50 |
| GABITRIL..... | 24 | GLEEVEC | | <i>haloperidol</i> | 28 |
| see <i>tiagabine hcl</i> | 25 | see <i>imatinib mesylate</i> | 16 | <i>haloperidol decanoate</i> | 28 |
| <i>galantamine hydrobromide</i> | 25 | GLEOSTINE | 15 | <i>haloperidol lactate conc</i> | 28 |
| <i>galantamine hydrobromide</i> | | <i>glimepiride</i> | 33 | <i>haloperidol lactate inj 5mg/ml</i> | |
| <i>er</i> | 25 | <i>glip/metform tab 2.5-250mg</i> |  | ..... | 28 |
| GAMASTAN S/D..... | 43 | ..... | 33 | HAVRIX | 43 |
| GAMMAGARD LIQUID | 43 | <i>glip/metform tab 2.5-500mg</i> | | <i>heather</i> | 35 |
| GAMMAGARD S/D | 43 | ..... | 33 | <i>heparin sod (porcine) in d5w</i> | |
| GAMMAKED | 43 | <i>glip/metform tab 5-500mg</i> | 33 | ..... | 42 |
| GAMMAPLEX | 43 | <i>glipizide</i> | 33 | HEPARIN SOD (PORCINE) | |
| GAMUNEX-C | 43 | GLIPIZIDE XL TB24 2.5MG | | IN D5W | 42 |
| <i>ganciclovir inj 500mg</i> | 12 | ..... | 33 | <i>heparin sod inj 1000/ml</i> | 42 |
| GARDASIL..... | 43 | GLIPIZIDE XL TB24 5MG..... | 33 | <i>heparin sod inj 10000/ml</i> ...42 | |
| GARDASIL 9..... | 43 | GLUCAGEN HYPOKIT | 38 | HEPARIN SOD INJ 2000/ML | |
| GASTROCROM | | GLUCAGON EMERGENCY |  | ..... | 42 |
| see <i>cromolyn sodium</i> | | KIT | 38 | <i>heparin sod inj 20000/ml</i> ...42 | |
| (<i>mastocytosis</i>) | 40 | GLUCOPHAGE | | HEPARIN SOD INJ 2500/ML | |
| <i>gatifloxacin (ophth)</i> | 46 | see <i>metformin hcl</i> | 34 | ..... | 42 |
| GATTEX..... | 40 | GLUCOPHAGE XR | | <i>heparin sod inj 5000/ml</i> | 42 |
| GAUZE PADS 2" X 2" | 32 | see <i>metformin er</i> | 33 | HEPARIN SODIUM/D5W | 42 |
| <i>gavilyte-c</i> | 40 | GLUCOTROL | | HEPARIN SODIUM/NACL | |
| <i>gavilyte-g</i> | 40 | see <i>glipizide</i> | 33 | 0.45% | 42 |
| <i>gavilyte-h</i> | 40 | GLUCOTROL XL | | HEPATAMINE | 45 |
| <i>gavilyte-n</i> | 40 | see <i>glipizide</i> | 33 | HEPSERA | |

| | | | |
|--------------------------------------|----|--------------------------------------|----|
| see <i>adefovir dipivoxil</i> | 12 | <i>hydroxyprogesterone</i> | 44 |
| HERCEPTIN..... | 15 | <i>caproate (antineoplastic)</i> ... | 16 |
| HETLIOZ..... | 30 | <i>hydroxyurea</i> | 17 |
| HEXALEN..... | 15 | <i>hydroxyz hcl inj</i> | 47 |
| HIBERIX..... | 43 | <i>hydroxyzine hcl</i> | 47 |
| HIPREX | | <i>hydroxyzine pamoate</i> | 47 |
| see <i>methenamine</i> | | HYSINGLA ER..... | 8 |
| <i>hippurate</i> | 10 | HYZAAR | |
| HUMIRA INJ 10MG/0.2ML | 42 | see <i>losartan potassium &</i> | |
| HUMIRA KIT 20MG/0.4ML | 42 | <i>hctz tab 100-12.5 mg</i> | 19 |
| HUMIRA KIT 40MG/0.8ML | 42 | see <i>losartan potassium &</i> | |
| HUMIRA PEDIATRIC | | <i>hctz tab 100-25 mg</i> | 19 |
| CROHNS DISEASE..... | 42 | see <i>losartan potassium &</i> | |
| HUMIRA PEN..... | 42 | <i>hctz tab 50-12.5 mg</i> | 19 |
| HUMIRA PEN-CROHNS | | I | |
| DISEASE..... | 42 | IBRANCE..... | 15 |
| HUMIRA PEN-PSORIASIS | | <i>ibuprofen</i> | 7 |
| STAR..... | 42 | ICLUSIG..... | 16 |
| HUMULIN R INJ U-500.... | 32 | IDAMYCIN PFS | |
| HUMULIN R U-500 | | see <i>idarubicin hcl</i> | 15 |
| KWIKPEN..... | 32 | <i>idarubicin hcl</i> | 15 |
| HYCAMTIN | | IFEX..... | 15 |
| see <i>topotecan hcl</i> | 17 | see <i>ifosfamide inj 1gm</i> ... | 15 |
| HYCET | | <i>ifosfamide inj 1gm</i> | 15 |
| see | | <i>ifosfamide inj 1gm/20ml</i> | 15 |
| <i>hydrocodone-acetaminoph</i> | | IFOSFAMIDE INJ 3GM.... | 15 |
| <i>en 7.5-325 mg/15ml</i> | 8 | <i>ifosfamide inj 3gm/60ml</i> | 15 |
| <i>hydralazine hcl</i> | 22 | ILEVRO..... | 46 |
| HYDREA | | <i>ilotycin</i> | 46 |
| see <i>hydroxyurea</i> | 17 | <i>imatinib mesylate</i> | 16 |
| <i>hydrochlorothiazide</i> | 21 | IMBRUVICA CAP 140MG. | 16 |
| <i>hydroco/apap tab 10-325mg</i> | | <i>imipenem-cilastatin</i> | 10 |
| ..... | 8 | <i>imipramine hcl</i> | 26 |
| <i>hydroco/apap tab 5-325mg</i> | | <i>imiquimod</i> | 50 |
| <i>hydroco/apap tab 7.5-325mg</i> | | IMITREX | |
| ..... | 8 | see <i>sumatriptan inj</i> | |
| <i>hydrocodone-acetaminophen</i> | | <i>6mg/0.5ml</i> | 31 |
| <i>7.5-325 mg/15ml</i> | 8 | see <i>sumatriptan succinate</i> | |
| <i>hydrocodone-ibuprofen</i> |  | ..... | 31 |
| <i>7.5-200mg</i> | 8 | IMITREX STATDOSE | |
| <i>hydrocortisone</i> | 37 | REFILL | |
| HYDROCORTISONE | | see <i>sumatriptan inj</i> | |
| (ENEMA)..... | 40 | <i>6mg/0.5ml</i> | 31 |
| <i>hydrocortisone (topical)</i> | 50 | IMITREX STATDOSE | |
| <i>hydrocortisone butyrate</i> | 50 | SYSTEM | |
| <i>hydromorphone hcl</i> | 8 | see <i>sumatriptan inj</i> | |
| <i>hydroxychloroquine sulfate</i> | | <i>6mg/0.5ml</i> | 31 |
| ..... | 42 | IMOYAX RABIES (H.D.C.V.) | |

| | | | | |
|--------------------------------------|-------------------------------------|----|------------------------------------|----|
| IONOSOL-B/DEXTROSE | MG | 35 | see <i>levetiracetam inj</i> | 24 |
| 5%..... | JOLIVETTE..... | 35 | see <i>levetiracetam sol</i> | |
| IONOSOL-MB/DEXTROSE | <i>juleber 28 day</i> | 35 | 100mg/ml | 24 |
| 5%..... | <i>junel 1.5/30 21 day</i> | 35 | see <i>roweepra</i> | 24 |
| IPOL INACTIVATED IPV .. | <i>junel 1/20 21 day</i> | 35 | KEPPRA XR | |
| <i>ipratropium bromide</i> | <i>junel fe 1.5/30 28 day</i> | 35 | see <i>levetiracetam</i> | 24 |
| <i>ipratropium bromide (nasal)</i> | <i>junel fe 1/20 28 day</i> | 35 | <i>ketoconazole</i> | 11 |
| ..... | JUXTAPID | 20 | <i>ketoconazole cream</i> | 49 |
| <i>ipratropium-albuterol nebu</i> | K | | <i>ketoconazole shampoo</i> | 49 |
| <i>irbesartan</i> | KADCYLA | 15 | <i>ketoprofen</i> | 7 |
| <i>irbesartan-hydrochlorothiazid</i> | KALETRA SOL | 12 | <i>ketorolac tromethamine</i> | |
| <i>e</i> | KALETRA TAB 100-25MG | 12 | (<i>ophth</i>) | 46 |
| IRESSA..... | KALETRA TAB 200-50MG | 12 | KEYTRUDA | 15 |
| <i>irinotecan hcl</i> | KALYDECO | 48 | <i>kimidess 28 day</i> | 35 |
| ISENTRESS..... | <i>kariva 28 day</i> | 35 | KINRIX..... | 44 |
| ISOLYTE P | KAYEXALATE | | <i>kionex powder</i> | 34 |
| ISOLYTE S | see <i>kionex powder</i> | 34 | <i>kionex susp 15gm/60ml</i> | 34 |
| <i>isoniazid</i> | see <i>sodium polystyrene</i> | | KLARON | |
| <i>isoniazid inj 100 mg/ml</i> | <i>sulfonate</i> | 34 | see <i>sulfacetamide sodium</i> | |
| <i>isoniazid syp 50mg/5ml</i> | KCL 0.075%/D5W/NACL | | (<i>acne</i>)..... | 49 |
| ISORDIL TITRADOSE | 0.45%..... | 45 | KLONOPIN | |
| see <i>isosorbide dinitrate</i> .. | KCL 0.15%/D5W/NACL | | see <i>clonazepam</i> | 23 |
| <i>isosorb mononitrate tab</i> | 0.9%..... | 45 | KLOR-CON 10..... | 44 |
| <i>isosorbide dinitrate</i> | KCL 0.3%/D5W/NACL | | KLOR-CON 8..... | 44 |
| <i>isosorbide dinitrate er</i> | 0.45%..... | 45 | <i>klor-con m10</i> | 44 |
| <i>isosorbide mononitrate er</i> .. | KCL 0.3%/D5W/NACL 0.9% | | <i>klor-con m15</i> | 44 |
| <i>isradipine</i>..... | ..... | 45 | <i>klor-con m20</i> | 44 |
| ISTALOL | KCL IN NACL INJ .15-0.45 | | <i>klor-con pow 20 meq</i> | 44 |
| ISTODAX ..... | ..... | 45 | <i>klor-con spr cap 10meq</i> | 44 |
| <i>itraconazole</i> | KCL/D5W INJ 0.3% | 45 | <i>klor-con spr cap 8meq</i> | 44 |
| <i>ivermectin</i> | KCL/D5W/NACL INJ | | KORLYM | 38 |
| IXIARO..... | .15/.33%..... | 45 | KUVAN | 37 |
| J | KCL/D5W/NACL INJ | | KYNAMRO | 20 |
| JAKAFI..... | .15/.45%..... | 45 | L | |
| JALYN | KCL/D5W/NACL INJ | | <i>labetalol hcl</i> | 20 |
| see <i>dutasteride-tamsulosin</i> | 0.22%/0.45% | 45 | LAC-HYDRIN | |
| <i>hcl</i> | KCL/NACL INJ 0.15%-0.9% | | see <i>ammonium lactate</i> .. | 50 |
| <i>jantoven</i> ..... | ..... | 45 | LACTATED RINGER'S INJ | |
| JANUMET | KCL/NACL INJ 0.3-0.9..... | 45 | ..... | 45 |
| JANUMET XR TAB | KCL0.15%/D5W/NACL0.2% | | <i>lactulose</i> | 40 |
| 100-1000..... | ..... | 45 | <i>lactulose (encephalopathy)</i> | |
| JANUMET XR TAB 50-1000 | KCL0.15%/D5W/NACL0.225 |  | ..... | 40 |
| ..... | % ..... | 45 | LAMICTAL | |
| JANUMET XR TAB | KEFLEX | | see <i>lamotrigine</i> | 24 |
| 50-500MG | see <i>cephalexin</i> | 13 | LAMICTAL CHEWABLE | |
| JANUVIA..... | <i>kelnor 1/35 28 day</i> | 35 | DISPERS | |
| <i>jinteli</i> | KEPPRA | | see <i>lamotrigine</i> | 24 |
| JOLESSA TAB 0.15-0.03 | see <i>levetiracetam</i> | 24 | LAMICTAL XR | |

| | | | | | |
|---------------------------------------|----|---|----|------------------------------------|----|
| see <i>lamotrigine</i> | 24 | LEVEMIR | 32 | LINEZOLID | 10 |
| LAMISIL | | LEVEMIR FLEXTOUCH ... | 32 | LINEZOLID IN SODIUM | |
| see <i>terbinafine hcl</i> | 11 | <i>levetiracetam</i> | 24 | CHLORIDE | 10 |
| <i>lamivudine</i> | 11 | <i>levetiracetam inj</i> | 24 | LINZESS | 40 |
| <i>lamivudine (hbv)</i> | 12 | LEVETIRACETAM IV | 24 | <i>liothyronine sodium</i> | 38 |
| <i>lamivudine-zidovudine</i> | 12 | <i>levetiracetam sol 100mg/ml</i> | | LIPITOR | |
| <i>lamotrigine</i> | 24 | ..... | 24 | see <i>atorvastatin calcium</i> | 19 |
| LANOXIN | | <i>levobunolol hcl</i> | 47 | <i>lisinopril</i> | 18 |
| see <i>digitek</i> | 21 | <i>levocarnitine (metabolic</i> | | <i>lisinopril &</i> | |
| see <i>digox</i> | 21 | <i>modifiers)</i> | 37 | <i>hydrochlorothiazide</i> | 18 |
| see <i>digoxin</i> | 21 | <i>levocetirizine dihydrochloride</i> | | <i>lithium carbonate</i> | 31 |
| see <i>digoxin inj</i> | 21 | ..... | 47 | <i>lithium carbonate er</i> | 31 |
| LANTUS | 32 | <i>levofloxacin</i> | 14 | LITHIUM SOLN 8MEQ/5ML | |
| LANTUS SOLOSTAR | 32 | <i>levofloxacin in d5w</i> | 14 | ..... | 31 |
| <i>larin 1.5/30</i> | 35 | <i>levofloxacin inj 25mg/ml</i> | 14 | LITHOBID | |
| <i>larin 1/20</i> | 35 | <i>levofloxacin oral soln 25</i> | | see <i>lithium carbonate er</i> | 31 |
| <i>larin fe 1.5/30</i> | 35 | <i>mg/ml</i> | 14 | LOCOID | |
| <i>larin fe 1/20</i> | 35 | <i>levoleucovorin calcium</i> | 17 | see <i>hydrocortisone</i> | |
| LASIX | | <i>levonest 28 day</i> | 35 | <i>butyrate</i> | 50 |
| see <i>furosemide</i> | 21 | <i>levonor/ethi tab</i> | 35 | LOESTRIN 1.5/30-21 | |
| LASTACRAFT | 46 | <i>levonorgestrel & eth estradiol</i> | | see <i>gildess 1.5/30 21 day</i> | |
| <i>latanoprost</i> | 47 | ..... | 35 | ..... | 35 |
| LATUDA | 28 | <i>levonorgestrel (emergency</i> | | see <i>junel 1.5/30 21 day</i> | 35 |
| LEENA TAB | 35 | <i>oc)</i> | 35 | see <i>larin 1.5/30</i> | 35 |
| <i>leflunomide</i> | 42 | <i>levonorgestrel-ethinyl</i> | | LOESTRIN 1/20-21 | |
| LENVIMA 10 MG DAILY | | <i>estradiol (91-day)</i> | 35 | see <i>junel 1/20 21 day</i> | 35 |
| DOSE | 16 | <i>levora 0.15/30 28 day</i> | 35 | see <i>larin 1/20</i> | 35 |
| LENVIMA 14 MG DAILY | | <i>levothyroxine sodium</i> | 38 | LOESTRIN FE 1.5/30 | |
| DOSE | 17 | LEVOTHYROXINE SODIUM | | see <i>blisovi 21 fe 1.5/30 28</i> | |
| LENVIMA 18 MG DAILY |  | ..... | 38 | <i>day pack</i> | 34 |
| DOSE | 17 | LEXAPRO | | see <i>junel fe 1.5/30 28 day</i> | |
| LENVIMA 20 MG DAILY | | see <i>escitalopram oxalate</i> |  | ..... | 35 |
| DOSE | 17 | ..... | 26 | see <i>larin fe 1.5/30</i> | 35 |
| LENVIMA 24 MG DAILY | | LEXIVA | 11 | LOESTRIN FE 1/20 | |
| DOSE | 17 | <i>lidocaine</i> | 50 | see <i>blisovi 21 fe 1/20 28</i> | |
| LENVIMA 8 MG DAILY | | <i>lidocaine hcl</i> | 50 | <i>day pack</i> | 34 |
| DOSE | 16 | <i>lidocaine hcl (local anesth.)</i> | 9 | see <i>junel fe 1/20 28 day</i> | 35 |
| <i>lessina 28 day</i> | 35 | <i>lidocaine hcl (mouth-throat)</i> | | see <i>larin fe 1/20</i> | 35 |
| LETAIRIS | 22 | ..... | 50 | see <i>tarina fe 1/20 28 day</i> | |
| <i>letrozole</i> | 16 | <i>lidocaine inj 0.5%</i> | 9 | ..... | 36 |
| <i>leucovorin calcium</i> | 17 | <i>lidocaine inj 1%</i> | 9 | LOFIBRA | |
| <i>leucovorin calcium for inj 500</i> | | <i>lidocaine inj 1.5%</i> | 9 | see <i>fenofibrate</i> | 20 |
| <i>mg</i> | 17 | <i>lidocaine inj 2%</i> | 9 | see <i>fenofibrate micronized</i> | |
| LEUKERAN | 15 | <i>lidocaine oint 5%</i> | 50 | ..... | 20 |
| LEUKINE | 42 | <i>lidocaine-prilocaine</i> | 50 | LOMOTIL | |
| <i>leuprolide inj 1mg/0.2</i> | 16 | LIDODERM | | see <i>diphenoxylate w/</i> | |
| LEVAQUIN | | see <i>lidocaine</i> | 50 | <i>atropine</i> | 40 |
| see <i>levofloxacin</i> | 14 | <i>linezolid</i> | 10 | LONSURF | 17 |

| | | |
|---------------------------------------|------------------------------------|---------------------------------------|
| <i>loperamide hcl</i>.....40 | <i>lovastatin</i> 19 | <i>see dronabinol</i> 39 |
| LOPID | LOVAZA | <i>marlissa 28 day</i> 35 |
| <i>see gemfibrozil</i> .....20 | <i>see omega-3-acid ethyl</i> | MARPLAN TAB 10MG.....26 |
| LOPRESSOR | <i>esters</i> .....20 | MATULANE 17 |
| <i>see metoprolol tartrate</i> ..20 | LOVENOX | MAVIK |
| LOPRESSOR HCT | <i>see enoxaparin sodium</i> .41 | <i>see trandolapril</i> 18 |
| <i>see metoprolol &</i> | <i>low-ogestrel</i> .....35 | MAXALT |
| <i>hydrochlorothiazide</i> .....20 | <i>loxapine succinate</i> .....28 | <i>see rizatriptan benzoate</i> 31 |
| LOPROX | LUMIGAN .....47 | MAXALT-MLT |
| <i>see ciclopirox</i>.....49 | LUMIZYME .....37 | <i>see rizatriptan benzoate</i> 31 |
| LOPROX SHAMPOO | LUPRON DEPOT 16 | MAXIDEX .....46 |
| <i>see ciclopirox shampoo</i> | LUPRON DEPOT INJ | MAXIPIME |
| 1% .....49 | 11.25MG (3-MONTH) 16 | <i>see cefepime hcl</i> 13 |
| <i>lorazepam</i> .....23 | LUPRON DEP-PED INJ | MAXITROL |
| <i>lorcet plus tab 7.5-325</i> .....8 | 11.25MG .....38 | <i>see</i> |
| <i>lorcet tab 5-325mg</i> .....8 | LUPRON DEP-PED INJ | <i>neomycin-polymy-dexamet</i> |
| <i>lortab tab 10-325mg</i> .....8 | 11.25MG (3-MONTH) .....38 | <i>h</i> .....46 |
| <i>lortab tab 5-325mg</i> .....8 | LUPRON DEP-PED INJ | MAXZIDE |
| <i>lortab tab 7.5-325</i> .....8 | 15MG .....38 | <i>see triamterene &</i> |
| <i>loryna 28 day</i> .....35 | LUPRON DEP-PED INJ | <i>hydrochlorothiazide</i> .....22 |
| <i>losartan potassium</i> 19 | 30MG (3-MONTH) .....38 | MAXZIDE-25 |
| <i>losartan potassium & hctz</i> | LUPRON DEP-PED INJ | <i>see triamterene &</i> |
| <i>tab 100-12.5 mg</i>.....19 | 7.5MG .....38 | <i>hydrochlorothiazide</i> .....22 |
| <i>losartan potassium & hctz</i> | <i>lutra 28 day</i> .....35 | meclizine hcl .....39 |
| <i>tab 100-25 mg</i>.....19 | LYNPARZA..... 15 | MEDROL |
| <i>losartan potassium & hctz</i> | LYRICA.....24 | <i>see methylpred tab 16mg</i> |
| <i>tab 50-12.5 mg</i>.....19 | LYSODREN 16 |37 |
| LOTEMAX.....46 | LYSTEDA | <i>see methylpred tab 32mg</i> |
| LOTENSIN | <i>see tranexamic acid</i> .....42 |37 |
| <i>see benazepril hcl</i> 18 | <i>lyza</i> .....35 | <i>see methylpred tab 4mg</i> 37 |
| LOTENSIN HCT | M | <i>see methylpred tab 8mg</i> 37 |
| <i>see benazepril &</i> | MACROBID | MEDROL DOSEPAK |
| <i>hydrochlorothiazide</i> 18 | <i>see nitrofurantoin</i> | <i>see methylpred pak 4mg</i> |
| LOTREL | <i>monohyd macro</i> 10 |37 |
| <i>see amlodipine</i> | MACRODANTIN | <i>medroxyprogesterone</i> |
| <i>besylate-benazepril hcl</i> | <i>see nitrofurantoin</i> | <i>acetate 150 mg/ml</i> 35 |
| <i>cap 10-20 mg</i> 18 | <i>macrocrystal</i> 10 | <i>medroxyprogesterone</i> |
| <i>see amlodipine</i> | <i>magnesium sulfate</i>.....44 | <i>acetate tab</i> 38 |
| <i>besylate-benazepril hcl</i> | MAGNESIUM SULFATE...44 | <i>mefloquine hcl</i> 11 |
| <i>cap 10-40 mg</i> 18 | <i>see magnesium sulfate</i> .44 | MEGACE ORAL |
| <i>see amlodipine</i> | MAGNESIUM SULFATE IN | <i>see megestrol ac sus</i> |
| <i>besylate-benazepril hcl</i> | D5W .....44 | 40mg/ml 16 |
| <i>cap 5-10 mg</i> 17 | MALARONE | <i>megestrol ac sus 40mg/ml</i> 16 |
| <i>see amlodipine</i> | <i>see atovaquone-proguanil</i> | <i>megestrol ac tab 20mg</i> 16 |
| <i>besylate-benazepril hcl</i> | <i>hcl</i> 11 | <i>megestrol ac tab 40mg</i> 16 |
| <i>cap 5-20 mg</i> 17 | <i>malathion</i> .....50 | MEGESTROL SUS |
| LOTRONEX | <i>maprotiline hcl</i>.....26 | 625MG/5ML 16 |
| <i>see alosetron hcl</i> .....40 | MARINOL | MEKINIST 17 |

| | | |
|--------------------------------------|--|-------------------------------------|
| <i>meloxicam</i>.....7 | <i>methylphenidate hcl</i>.....30 | 10meq .....44 |
| MELOXICAM .....7 | <i>methylphenidate hcl oral soln</i> | see <i>klor-con spr cap 8meq</i> |
| <i>melphalan hcl</i>.....15 |30 |44 |
| <i>memantine hcl</i>.....25 | <i>methylpr ace inj 40mg/ml</i> ..37 | see <i>potassium chloride</i> .44 |
| MEMANTINE HCL .....25 | <i>methylpr ace inj 80mg/ml</i> ..37 | MICROZIDE |
| MENACTRA.....44 | <i>methylpr ss inj 1gm</i>.....37 | see <i>hydrochlorothiazide</i> 21 |
| MENHIBRIX .....44 | <i>methylpr ss inj 40mg</i>.....37 | <i>midodrine hcl</i> .....22 |
| MENOMUNE-A/C/Y/W-135 | <i>methylpred pak 4mg</i> .....37 | <i>migergot</i>.....31 |
|44 | <i>methylpred tab 16mg</i> .....37 | MINIPRESS |
| MENVEO .....44 | <i>methylpred tab 32mg</i> .....37 | see <i>prazosin hcl</i> 18 |
| MEPRON | <i>methylpred tab 4mg</i> .....37 | <i>minitran</i>.....22 |
| see <i>atovaquone</i>.....10 | <i>methylpred tab 8mg</i> .....37 | MINOCIN |
| <i>mercaptapurine</i> .....15 | <i>methylprednisolone sod succ</i> | see <i>minocycline hcl</i> 14 |
| <i>meropenem</i>.....10 |37 | <i>minocycline hcl</i> 14 |
| MERREM | <i>metipranolol</i> .....47 | <i>minoxidil</i>.....22 |
| see <i>meropenem</i> .....10 | <i>metoclopramide hcl</i>.....39 | MIRAPEX |
| <i>mesalamine enema</i>.....40 | <i>metoclopramide hcl inj</i> .....39 | see <i>pramipexole tab</i> |
| <i>mesalamine w/ cleanser</i> ...40 | <i>metolazone</i> .....22 | 0.125mg .....27 |
| <i>mesna</i> .....17 | <i>metoprolol &</i> | see <i>pramipexole tab</i> |
| MESNEX.....17 | <i>hydrochlorothiazide</i>.....20 | 0.25mg .....27 |
| see <i>mesna</i>.....17 | <i>metoprolol succinate</i> .....20 | see <i>pramipexole tab</i> |
| MESTINON | <i>metoprolol tartrate</i>.....20 | 0.5mg .....27 |
| see <i>pyridostigmine tab</i> | METROCREAM | see <i>pramipexole tab</i> |
| 60mg .....31 | see <i>metronidazole</i> | 0.75mg .....27 |
| <i>metadate tab 20mg er</i>.....30 | (<i>topical</i>) .....50 | see <i>pramipexole tab</i> |
| <i>metformin er</i>.....33 | see <i>rosadan cre 0.75%</i> .50 | 1.5mg .....27 |
| <i>metformin hcl</i> .....34 | METROGEL-VAGINAL | see <i>pramipexole tab 1mg</i> |
| <i>methadone hcl</i> .....8 | see <i>metronidazole vaginal</i> |27 |
| <i>methadone hcl 10mg</i> .....8 |41 | MIRCETTE |
| <i>methadone hcl 5mg</i> .....8 | METROLOTION | see <i>bekyree 28 day</i>.....34 |
| METHADOSE | see <i>metronidazole</i> | see <i>desogestrel-ethinyl</i> |
| see <i>methadone hcl</i>.....8 | (<i>topical</i>) .....50 | <i>estradiol (biphasic)</i> .....35 |
| <i>methazolamide</i>.....21 | <i>metronidazole</i> .....10 | see <i>kariva 28 day</i>.....35 |
| <i>methenamine hippurate</i> ....10 | <i>metronidazole (topical)</i>.....50 | see <i>kimidess 28 day</i>.....35 |
| METHERGINE | <i>metronidazole gel 0.75%</i> ..50 | see <i>pimtrea pack</i>.....36 |
| see <i>methylergonovine</i> | <i>metronidazole in nacl</i>.....10 | see <i>viorele</i>.....36 |
| <i>maleate</i>.....38 | <i>metronidazole vaginal</i>.....41 | <i>mirtazapine</i> .....26 |
| <i>methimazole</i>.....38 | MEVACOR | <i>misoprostol</i> .....40 |
| <i>methotrexate sodium</i> .....15 | see <i>lovastatin</i> .....19 | <i>mitomycin</i> .....15 |
| METHOTREXATE SODIUM | <i>mexiletine hcl</i>.....19 | <i>mitoxantrone hcl</i> .....17 |
|15 | MIACALCIN .....38 | M-M-R II.....44 |
| <i>methotrexate sodium inj</i> ...15 | see <i>calcitonin (salmon)</i> ..38 | MOBIC |
| <i>methotrexate sodium tabs</i> .42 | MICROGESTIN 1.5/30.....35 | see <i>meloxicam</i> .....7 |
| <i>methyclothiazide</i> .....21 | MICROGESTIN 1/20.....35 | <i>moderiba tab 200mg</i> 12 |
| <i>methylergonovine maleate</i> 38 | MICROGESTIN FE 1.5/30 35 | <i>moexipril hcl</i>.....18 |
| METHYLIN | MICROGESTIN FE 1/20 ...35 | <i>moexipril-hydrochlorothiazid</i> |
| see <i>methylphenidate hcl</i> | MICRO-K | <i>e</i>.....18 |
| <i>oral soln</i>.....30 | see <i>klor-con spr cap</i> | <i>molindone hcl</i> .....28 |

| | | | | | |
|------------------------------------|------|-------------------------------------|----|---------------------------------------|----|
| <i>mometasone furoate</i> | 50 | <i>myzilra</i> | 35 | <i>(for microemulsion)</i> | 43 |
| MONODOX | | N | | see <i>gengraf</i> | 43 |
| see <i>doxycycline</i> | | <i>nabumetone</i> | 7 | NEOSPORIN | |
| (<i>monohydrate</i>) | 14 | <i>nafcillin sodium</i> | 14 | see | |
| <i>mono-lynyah tab 0.25-35</i> ... | 35 | NAGLAZYME | 37 | <i>neomycin-polymyxin-grami</i> | |
| MONONESSA | 35 | <i>nalbuphine hcl</i> | 7 | <i>cidin</i> | 46 |
| <i>montelukast sodium</i> | 48 | <i>naloxone inj 0.4mg/ml</i> | 32 | NEPHRAMINE | 45 |
| <i>morphine ext-rel tab</i> | 8, 9 | <i>naloxone inj 1mg/ml</i> | 32 | NEPTAZANE | |
| MORPHINE SUL INJ | | <i>naltrexone hcl</i> | 32 | see <i>methazolamide</i> | 21 |
| 10MG/ML | 9 | NAMENDA | | NEUPOGEN | 42 |
| MORPHINE SUL INJ | | see <i>memantine hcl</i> | 25 | NEUPRO | 27 |
| 15MG/ML | 9 | NAMENDA XR | 25 | NEURONTIN | |
| MORPHINE SUL INJ | | NAMENDA XR TITRATION | | see <i>gabapentin</i> | 24 |
| 1MG/ML | 9 | PACK | 25 | NEVIRAPINE SUSP 50 | |
| MORPHINE SUL INJ | | NAMZARIC | 25 | MG/5ML | 11 |
| 2MG/ML | 9 | <i>naphazoline 0.1%</i> | 47 | <i>nevirapine tab 100mg</i> | 11 |
| MORPHINE SUL INJ | | NAPROSYN | | <i>nevirapine tab 200mg</i> | 11 |
| 4MG/ML | 9 | see <i>naproxen</i> | 7 | <i>nevirapine tb24</i> | 11 |
| <i>morphine sulfate</i> | 9 | <i>naproxen</i> | 7 | NEXAVAR | 17 |
| MORPHINE SULFATE | 9 | <i>naproxen sodium</i> | 7 | NEXIUM | |
| see <i>morphine sulfate</i> | 9 | <i>naratriptan hcl</i> | 31 | see <i>esomeprazole</i> | |
| MORPHINE SULFATE | | NARDIL | | <i>magnesium</i> | 40 |
| ORAL SOL | 9 | see <i>phenelzine sulfate</i> .. | 26 | NEXIUM GRA 10MG DR .. | 41 |
| MOVANTIK | 40 | NATACYN | 46 | NEXIUM GRA 2.5MG DR .. | 41 |
| MOVIPREP | 40 | <i>nateglinide</i> | 34 | NEXIUM GRA 20MG DR .. | 41 |
| MOXEZA | 46 | NATPARA | 38 | NEXIUM GRA 40MG DR .. | 41 |
| MOZOBIL | 42 | NAVELBINE | | NEXIUM GRA 5MG DR ... | 41 |
| MS CONTIN | | see <i>vinorelbine tartrate</i> .. | 15 | NEXIUM I.V. | |
| see <i>morphine ext-rel tab</i> .. | 8, 9 | NEBUPENT | 10 | see <i>esomeprazole sodium</i> | |
| MULTAQ | 19 | <i>necon 0.5/35 28 day</i> | 35 | <i>inj</i> | 41 |
| <i>mupirocin</i> | 49 | <i>necon 1/35 28 day</i> | 35 | <i>niacin er (antihyperlipidemic)</i> | |
| MUSTARGEN | 15 | NECON 1/50-28 | 35 | ..... | 20 |
| MYAMBUTOL | | <i>necon 10/11 28 day</i> | 36 | <i>niacor</i> | 20 |
| see <i>ethambutol hcl</i> | 12 | NECON 7/7/7 | 36 | NIASPAN | |
| MYCAMINE | 11 | <i>nefazodone hcl</i> | 26 | see <i>niacin er</i> | |
| MYCOBUTIN | | <i>neomycin sulfate</i> | 9 | (<i>antihyperlipidemic</i>) | 20 |
| see <i>rifabutin</i> | 12 | <i>neomycin-bacitracin</i> | | <i>nicardipine hcl</i> | 21 |
| <i>mycophenolate mofetil</i> | 43 | <i>zn-polymyxin</i> | 46 | NICOTROL INHALER | 32 |
| <i>mycophenolate sodium</i> | 43 | <i>neomycin-polymy-dexameth</i> | | NICOTROL NS | 32 |
| MYFORTIC |  | ..... | 46 | <i>nifedical</i> | 21 |
| see <i>mycophenolate</i> | | <i>neomycin-polymyxin-gramici</i> | | <i>nifedipine</i> | 21 |
| <i>sodium</i> | 43 | <i>din</i> | 46 | <i>nifedipine er</i> | 21 |
| <i>myorisan</i> | 49 | <i>neomycin-polymyxin-hc</i> | | <i>nikki 28 day</i> | 36 |
| MYRBETRIQ TAB 25MG .. | 41 | (<i>ophth</i>) | 46 | NILANDRON | 16 |
| MYRBETRIQ TAB 50MG .. | 41 | <i>neomycin-polymyxin-hc (otic)</i> | | <i>nilutamide</i> | 16 |
| MYSOLINE |  | ..... | 51 | <i>nimodipine</i> | 21 |
| see <i>primidone</i> | 24 | NEORAL | 43 | NINLARO | 15 |
| | | see <i>cyclosporine modified</i> | | NIPENT | 15 |

| | | |
|--|--------------------------------------|--|
| <i>nitro-bid</i>.....22 | NORMOSOL-M IN D5W ...45 | <i>nutrilipid inj 20%</i>.....45 |
| NITRO-DUR | NORMOSOL-R .....45 | NUVARING.....36 |
| see <i>minitran</i>.....22 | NORMOSOL-R IN D5W....45 | NUVIGIL .....32 |
| NITRO-DUR DIS 0.3MG/HR | NORPACE | <i>nyamyc</i> .....49 |
|22 | see <i>disopyramide</i> | NYMALIZE.....21 |
| NITRO-DUR DIS 0.8MG/HR | <i>phosphate</i> .....19 | <i>nystatin</i> .....11 |
|22 | NORPACE CR.....19 | <i>nystatin (mouth-throat)</i>.....50 |
| <i>nitrofurantoin macrocrystal</i> 10 | NORPRAMIN | <i>nystatin (topical)</i>.....49 |
| <i>nitrofurantoin monohyd</i> | see <i>desipramine hcl</i> .....26 | <i>nystop</i>.....49 |
| <i>macro</i>.....10 | NOR-QD | O |
| <i>nitroglycerin td patch</i>.....22 | see <i>camila 28 day</i> .....34 | OCELLA TAB 3-0.03MG...36 |
| NITROSTAT.....22 | see <i>deblitane 28 day</i> ....35 | OCTAGAM .....43 |
| NIZORAL | see <i>heather</i> .....35 | <i>octreotide acetate</i> .....38 |
| see <i>ketoconazole</i> | see <i>norethindrone</i> | OCUFEN |
| <i>shampoo</i>.....49 | <i>(contraceptive)</i> .....36 | see <i>flurbiprofen sodium</i> .46 |
| NORA-BE TAB 0.35MG ...36 | see <i>norlyroc 28 day</i> .....36 | OCUFLOX |
| NORCO | NORTHERA.....22 | see <i>ofloxacin (ophth)</i>.....46 |
| see <i>hydroco/apap tab</i> | <i>nortrel 0.5/35 28 day</i>.....36 | ODEFSEY .....12 |
| <i>10-325mg</i> .....8 | <i>nortrel 1/35 21 day</i>.....36 | ODOMZO .....17 |
| see <i>hydroco/apap tab</i> | <i>nortrel 1/35 28 day</i>.....36 | OFEV .....48 |
| <i>5-325mg</i> .....8 | <i>nortrel 7/7/7 28 day</i>.....36 | <i>ofloxacin (ophth)</i> .....46 |
| see <i>hydroco/apap tab</i> | <i>nortriptyline hcl</i>.....26 | <i>ofloxacin (otic)</i> .....51 |
| <i>7.5-325mg</i> .....8 | NORVASC | <i>olanzapine</i> .....28, 29 |
| see <i>lorcet plus tab 7.5-325</i> | see <i>amlodipine besylate</i> 20 | <i>omega-3-acid ethyl esters</i> 20 |
|8 | NORVIR.....11 | <i>omeprazole cap 10mg</i> .....41 |
| see <i>lorcet tab 5-325mg</i>....8 | NOVOLIN 70/30.....32 | <i>omeprazole cap 20mg</i> .....41 |
| see <i>lortab tab 10-325mg</i> ..8 | NOVOLIN N .....32 | <i>omeprazole cap 40mg</i> .....41 |
| see <i>lortab tab 5-325mg</i> ...8 | NOVOLIN R .....32 | <i>ondansetron hcl</i> .....39 |
| see <i>lortab tab 7.5-325</i> ....8 | NOVOLOG.....32 | <i>ondansetron hcl inj</i>.....39 |
| NORDITROPIN FLEXPRO | NOVOLOG FLEXPEN .....33 | <i>ondansetron hcl oral soln</i> ..39 |
|38 | NOVOLOG MIX 70/30 .....33 | <i>ondansetron odt</i>.....39 |
| <i>norethindrone</i> | NOVOLOG MIX 70/30 | ONFI SOLN .....24 |
| <i>(contraceptive)</i> .....36 | PREFILL .....33 | ONFI TAB .....24 |
| <i>norethindrone acetate</i> .....38 | NOVOLOG PENFILL .....33 | OPANA ER (CRUSH |
| <i>norethindrone acetate-ethinyl</i> | NOXAFIL .....11 | RESISTANT) .....9 |
| <i>estradiol</i> .....37 | NUBAIN | OPSUMIT .....22 |
| <i>norgest/ethi tab 0.25/35</i> ....36 | see <i>nalbuphine hcl</i> .....7 | ORAP |
| <i>norgestimate-ethinyl</i> | NUEDEXTA .....31 | see <i>pimozide</i>.....29 |
| <i>estradiol (triphasic)</i>.....36 | NULOJIX.....43 | ORFADIN .....37 |
| NORINYL 1+35 | NULYTELY/FLAVOR | ORKAMBI .....48 |
| see <i>cyclafem 1/35 28 day</i> | PACKS.....40 | <i>orsythia 28 day</i> .....36 |
|34 | see <i>gavilyte-n</i> .....40 | ORTHO MICRONOR |
| see <i>necon 1/35 28 day</i> ..35 | see <i>peg 3350-potassium</i> | see <i>errin 28 day</i> .....35 |
| see <i>nortrel 1/35 21 day</i> ..36 | <i>chloride-sod</i> | see <i>lyza</i> .....35 |
| see <i>nortrel 1/35 28 day</i> ..36 | <i>bicarbonate-sod chloride</i> | see <i>sharobel 28 day</i>.....36 |
| see <i>pirmella 1/35 28 day</i> |40 | ORTHO TRI-CYCLEN |
|36 | see <i>trilyte</i>.....40 | see <i>norgestimate-ethinyl</i> |
| <i>norlyroc 28 day</i> .....36 | NUPLAZID .....28 | <i>estradiol (triphasic)</i>.....36 |

| | | | |
|------------------------------------|----|-------------------------------------|-------------------------------------|
| see <i>tri-lynyah</i> | 36 | <i>acetaminophen 2.5-325mg</i> .9 | PENICILLIN G POT IN |
| see <i>tri-previfem 28 day</i> .. | 36 | <i>oxycodone w/</i> | DEXTROSE |
| see <i>tri-sprintec 28 day</i> ... | 36 | <i>acetaminophen 5-325mg</i> | 14 |
| ORTHO TRI-CYCLEN LO | | <i>oxycodone w/</i> | <i>penicillin g procaine</i> |
| see <i>norgestimate-ethinyl</i> | | <i>acetaminophen 7.5-325mg</i> .9 | 14 |
| <i>estradiol (triphasic)</i> | 36 | <i>oxycodone w/</i> | <i>penicillin g sodium</i> |
| see <i>tri-lo marzia</i> | 36 | <i>acetaminophen soln</i> | 14 |
| see <i>tri-lo-estarylla</i> | 36 | OXYCONTIN | <i>penicillin v potassium</i> |
| see <i>tri-lo-sprintec 28 day</i> | | P | <i>penicillin gk inj 20mu</i> |
| ..... | 36 | <i>pacerone</i> | 14 |
| ORTHO-CYCLEN | | <i>paclitaxel</i> | 14 |
| see <i>estarylla tab 0.25-35</i> | | PAMELOR | <i>penicillin gk inj 5mu</i> |
| ..... | 35 | see <i>nortriptyline hcl</i> | 14 |
| see <i>mono-lynyah tab</i> | | <i>pamidronate disodium</i> | PENTACEL |
| <i>0.25-35</i> | 35 | PANRETIN | 44 |
| see <i>norgest/ethi tab</i> | | <i>pantoprazole sodium</i> | PENTAM 300 |
| <i>0.25/35</i> | 36 | <i>paricalcitol</i> | 10 |
| see <i>previfem 28 day</i> | 36 | PARLODEL | <i>pentoxifylline</i> |
| see <i>sprintec 28 day</i> | 36 | see <i>bromocriptine</i> | 42 |
| ORTHO-NOVUM 7/7/7 | | <i>mesylate</i> | PEPCID |
| see <i>cyclaferm 7/7/7 28 day</i> | | PARNATE | see <i>famotidine tab</i> |
| ..... | 35 | see <i>tranylcypromine</i> | 39 |
| see <i>nortrel 7/7/7 28 day</i> .. | 36 | <i>sulfate</i> | PERCOCET |
| OVCON-35 | | <i>paroxetone hcl</i> | see <i>endocet</i> |
| see <i>balziva 28 day</i> | 34 | <i>paromomycin sulfate</i> | 8 |
| see <i>briellyn 28 day</i> | 34 | <i>paroxetine hcl</i> | see <i>oxycodone w/</i> |
| see <i>gildagia</i> | 35 | <i>paser d/r</i> | <i>acetaminophen 10-325mg</i> |
| see <i>philit</i> | 36 | PATADAY ..... | ..... |
| see <i>vyfemla 28 day</i> | 36 | PAXIL | 9 |
| see <i>zenchent 28 day</i> | 36 | see <i>paroxetine hcl</i> | see <i>oxycodone w/</i> |
| OVIDE | | PAZEO | <i>acetaminophen 2.5-325mg</i> |
| see <i>malathion</i> | 50 | PEDIAPRED | ..... |
| <i>oxacillin sodium</i> | 14 | see <i>pred sod pho sol</i> | 9 |
| <i>oxaliplatin</i> | 17 | <i>5mg/5ml</i> | 9 |
| OXANDRIN | | PEDIARIX | see <i>roxicet tab 5-325mg</i> .. |
| see <i>oxandrolone tab 10mg</i> | | PEDVAX HIB | 9 |
| ..... | 32 | PEG 3350/ELECTROLYTES | PERIDEX |
| see <i>oxandrolone tab</i> |  | ..... | see <i>chlorhexidine</i> |
| <i>2.5mg</i> | 32 | PEG 3350-KCL-SOD | <i>gluconate (mouth-throat)</i> |
| <i>oxandrolone tab 10mg</i> | 32 | BICARB-SOD | ..... |
| <i>oxandrolone tab 2.5mg</i> | 32 | CHLORIDE-SOD SULFATE | 50 |
| <i>oxcarbazepine</i> | 24 | ..... | see <i>paroxetone hcl</i> |
| <i>oxybutynin chloride</i> | 41 | <i>peg 3350-potassium</i> | 50 |
| <i>oxycodone hcl</i> | 9 | <i>chloride-sod bicarbonate-sod</i> | <i>perinopril erbumine</i> |
| OXYCODONE HCL | 9 | <i>chloride</i> | 18 |
| <i>oxycodone w/</i> | | PEGANONE | 50 |
| <i>acetaminophen 10-325mg</i> .. | 9 | PEGASYS | <i>permethrin</i> |
| <i>oxycodone w/</i> | | PEGASYS PROCLICK | 50 |
| | | | 29 |
| | | | <i>pfizerpen-g</i> |
| | | | 14 |
| | | | <i>phenadoz</i> |
| | | | 39 |
| | | | <i>phenelzine sulfate</i> |
| | | | 26 |
| | | | <i>phenergan</i> |
| | | | 39 |
| | | | PHENERGAN |
| | | | see <i>promethazine hcl</i> |
| | | | 39 |
| | | | <i>phenobarbital</i> |
| | | | 24 |
| | | | <i>phenobarbital sodium</i> |
| | | | 24 |
| | | | PHENOBARBITAL SODIUM |
| | | | |
| | | | 24 |
| | | | <i>phenytek</i> |
| | | | 24 |
| | | | PHENYTEK |

| | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| see <i>phenytoin sodium</i> | 45 | <i>0.8 mg (generic)</i>.....46 |
| extended.....24 | <i>potassium chloride in nacl</i> .45 | <i>prevalite</i> .....20 |
| <i>phenytoin</i> .....24 | <i>potassium chloride</i> | <i>previfem 28 day</i> .....36 |
| <i>phenytoin sodium</i>.....24 | <i>microencapsulated crystals</i> | PREZCOBIX.....12 |
| <i>phenytoin sodium extended</i> | <i>cr</i>.....44 | PREZISTA .....11 |
|24 | POTASSIUM CITRATE | PRIFTIN.....12 |
| <i>philith</i> .....36 | (ALKALINIZER) .....41 | PRILOSEC |
| PHOSLO | POTIGA .....24 | see <i>omeprazole cap 10mg</i> |
| see <i>calcium acetate</i> | PRADAXA.....42 |41 |
| (<i>phosphate binder</i>) .....38 | PRALUENT.....20 | see <i>omeprazole cap 20mg</i> |
| PHOSPHOLINE IODIDE...47 | <i>pramipexole tab 0.125mg</i> .27 |41 |
| PILOCARPINE HCL.....47 | <i>pramipexole tab 0.25mg</i> ...27 | see <i>omeprazole cap 40mg</i> |
| <i>pilocarpine hcl (oral)</i>.....50 | <i>pramipexole tab 0.5mg</i> .....27 |41 |
| PILOCARPINE HCL (ORAL) | <i>pramipexole tab 0.75mg</i> ...27 | PRIMAQUINE PHOSPHATE |
|50 | <i>pramipexole tab 1.5mg</i> .....27 |11 |
| <i>pimozide</i>.....29 | <i>pramipexole tab 1mg</i> .....27 | PRIMAXIN IV |
| <i>pimtrea pack</i> .....36 | PRANDIN | see <i>imipenem-cilastatin</i> .10 |
| <i>pindolol</i> .....20 | see <i>repaglinide</i>.....34 | <i>primidone</i>.....24 |
| <i>pioglitazone hcl</i> .....34 | PRAVACHOL | PRINIVIL |
| <i>piperacillin</i> | see <i>pravastatin sodium</i> .19 | see <i>lisinopril</i> .....18 |
| <i>sodium-tazobactam sodium</i> | <i>pravastatin sodium</i>.....19 | PRISTIQ .....26 |
|14 | <i>prazosin hcl</i>.....18 | PRIVIGEN .....43 |
| <i>pirmella 1/35 28 day</i>.....36 | PRECOSE | <i>probenecid</i>.....7 |
| PLAN B ONE-STEP | see <i>acarbose</i>.....33 | PROCALAMINE.....45 |
| see <i>levonorgestrel</i> | <i>pred sod pho sol 5mg/5ml</i> .37 | PROCARDIA XL |
| (<i>emergency oc</i>) .....35 | PREDNISOLONE ACETATE | see <i>nifedical</i> .....21 |
| PLAQUENIL | (OPHTH).....46 | see <i>nifedipine er</i>.....21 |
| see <i>hydroxychloroquine</i> | <i>prednisolone sodium</i> | <i>prochlorperazine inj</i> .....39 |
| <i>sulfate</i>.....42 | <i>phosphate (ophth)</i>.....46 | <i>prochlorperazine maleate</i> .39 |
| PLASMA-LYTE A.....45 | <i>prednisolone sol 15mg/5ml</i> | <i>prochlorperazine supp</i> .....39 |
| PLASMA-LYTE-148 .....45 |37 | PROCRIT .....42 |
| PLASMA-LYTE-56/D5W ...45 | <i>prednisolone sol 25mg/5ml</i> | <i>procto-med</i> .....49 |
| PLAVIX |37 | <i>procto-pak</i>.....49 |
| see <i>clopidogrel bisulfate</i> 42 | <i>prednisolone syrup 15</i> | <i>proctosol hc cre 2.5%</i> .....49 |
| <i>podofilox</i>.....50 | <i>mg/5ml</i>.....37 | <i>proctozone hc</i>.....49 |
| <i>polyethylene glycol 3350</i> ...40 | <i>prednisone con 5mg/ml</i>....37 | PROGLYCEM SUS |
| <i>polymyxin b-trimethoprim</i> ..46 | <i>prednisone pak 10mg</i> .....37 | 50MG/ML.....38 |
| POLYTRIM | <i>prednisone pak 5mg</i> .....37 | PROGRAF .....43 |
| see <i>polymyxin</i> | <i>prednisone sol 5mg/5ml</i>....37 | see <i>tacrolimus</i>.....43 |
| <i>b-trimethoprim</i> .....46 | <i>prednisone tab 10mg</i> .....37 | PROLASTIN-C.....48 |
| POMALYST CAP 1MG ....43 | <i>prednisone tab 1mg</i> .....37 | PROLENSA .....47 |
| POMALYST CAP 2MG ....43 | <i>prednisone tab 2.5mg</i> .....37 | PROLEUKIN.....16 |
| POMALYST CAP 3MG ....43 | <i>prednisone tab 20mg</i> .....37 | PROLIA .....38 |
| POMALYST CAP 4MG ....43 | <i>prednisone tab 50mg</i> .....37 | PROMACTA .....42 |
| <i>portia 28 day</i>.....36 | <i>prednisone tab 5mg</i> .....37 | <i>promethazine hcl</i> .....39 |
| <i>pot chloride inj 2meq/ml</i> ...45 | <i>premasol 10%</i>.....45 | <i>promethegan</i> .....39 |
| <i>potassium chloride</i> .....44 | <i>premasol 6%</i>.....45 | <i>propafenone hcl</i>.....19 |
| POTASSIUM CHLORIDE 44, | <i>prenatal vitamin/folic acid</i> > | <i>propafenone hcl 12hr</i>.....19 |

| | | | | | |
|--------------------------------------|----|-----------------------------------|----|------------------------------------|--------|
| <i>propracaine hcl</i> | 47 | R | | <i>see ropinirole tab 5mg</i> ... | 27 |
| <i>propranolol cap er</i> | 20 | RABAVERT | 44 | RESCRIPTOR | 11 |
| <i>propranolol hcl</i> | 20 | <i>raloxifene tab 60mg</i> | 38 | RESTASIS | 47 |
| <i>propranolol oral sol</i> | 20 | <i>ramipril</i> | 18 | RESTORIL | |
| <i>propylthiouracil</i> | 38 | RANEXA | 22 | <i>see temazepam</i> | 30, 31 |
| PROQUAD..... | 44 | <i>ranitidine hcl</i> | 39 | RETIN-A | |
| PROSCAR | | <i>ranitidine hcl inj</i> | 39 | <i>see tretinoin</i> | 49 |
| <i>see finasteride</i> | 41 | <i>ranitidine syrup</i> | 39 | RETROVIR | |
| PROSOL | 45 | RAPAMUNE | 43 | <i>see zidovudine</i> | 12 |
| PROTONIX | | <i>see sirolimus</i> | 43 | RETROVIR IV INFUSION. | 11 |
| <i>see pantoprazole sodium</i> | | RAVICTI..... | 37 | REVATIO | 22 |
| ..... | 41 | RAZADYNE | | <i>see sildenafil citrate</i> | |
| PROTOPIC | | <i>see galantamine</i> | | <i>(pulmonary hypertension)</i> | |
| <i>see tacrolimus (topical)</i> .. | 50 | <i>hydrobromide</i> | 25 | ..... | 22 |
| <i>protriptyline hcl</i> | 26 | RAZADYNE ER | | REVLIMID..... | 43 |
| PROVERA | | <i>see galantamine</i> | | REXULTI | 29 |
| <i>see medroxyprogesterone</i> | | <i>hydrobromide er</i> | 25 | REYATAZ | 11 |
| <i>acetate tab</i> | 38 | REBETOL | | <i>ribasphere</i> | 12 |
| PROZAC | | <i>see ribasphere</i> | 12 | <i>ribavirin cap 200mg</i> | 12 |
| <i>see fluoxetine cap 10mg</i> | 26 | <i>see ribavirin cap 200mg</i> | 12 | <i>ribavirin tab 200mg</i> | 13 |
| <i>see fluoxetine cap 20mg</i> | 26 | REBETOL SOL 40MG/ML | 12 | <i>rifabutin</i> | 12 |
| <i>see fluoxetine cap 40mg</i> | 26 | RECLAST | | RIFADIN | |
| PULMICORT | | <i>see zoledronic acid</i> | 34 | <i>see rifampin</i> | 12 |
| <i>see budesonide</i> | | <i>reclipsen 28 day</i> | 36 | <i>rifampin</i> | 12 |
| <i>(inhalation)</i> | 48 | RECOMBIVAX HB..... | 44 | RIFATER | 12 |
| PULMICORT FLEXHALER | | REGLAN | | RILUTEK | |
| ..... | 48 | <i>see metoclopramide hcl</i> | 39 | <i>see riluzole</i> | 31 |
| PULMOZYME | 48 | REGANEX..... | 50 | <i>riluzole</i> | 31 |
| PURIXAN | 15 | RELENZA DISKHALER ... | 12 | <i>rimantadine hydrochloride</i> | 13 |
| <i>pyrazinamide</i> | 12 | RELISTOR..... | 40 | RINGER'S..... | 45 |
| <i>pyridostigmine tab 60mg</i> ... | 31 | REMERON | | RISPERDAL | |
| Q | | <i>see mirtazapine</i> | 26 | <i>see risperidone</i> | 29 |
| QUADRACEL..... | 44 | REMERON SOLTAB | | RISPERDAL INJ 12.5MG . | 29 |
| QUALAQUIN | | <i>see mirtazapine</i> | 26 | RISPERDAL INJ 25MG ... | 29 |
| <i>see quinine sulfate</i> | 11 | REMICADE INJ 100MG ... | 42 | RISPERDAL INJ 37.5MG . | 29 |
| <i>quasense 91 day</i> | 36 | REMODULIN | 22 | RISPERDAL INJ 50MG ... | 29 |
| QUESTRAN | | RENVELA PAK 0.8GM | 38 | RISPERDAL M-TAB | |
| <i>see cholestyramine</i> | 20 | RENVELA PAK 2.4GM | 38 | <i>see risperidone</i> | 29 |
| QUESTRAN LIGHT | | RENVELA TAB 800MG ... | 38 | <i>risperidone</i> | 29 |
| <i>see prevalite</i> | 20 | <i>repaglinide</i> | 34 | RITALIN | |
| <i>quetiapine fumarate</i> | 29 | REQUIP | | <i>see methylphenidate hcl</i> | 30 |
| <i>quinapril hcl</i> | 18 | <i>see ropinirole tab 0.25mg</i> | | RITUXAN..... | 16 |
| <i>quinapril-hydrochlorothiazide</i> |  | ..... | 27 | <i>rivastigmine tartrate</i> | 25 |
| ..... | 18 | <i>see ropinirole tab 0.5mg</i> | 27 | <i>rizatriptan benzoate</i> | 31 |
| <i>quinidine gluconate</i> | 19 | <i>see ropinirole tab 1mg</i> ... | 27 | ROBINUL | |
| <i>quinidine sulfate</i> | 19 | <i>see ropinirole tab 2mg</i> ... | 27 | <i>see glycopyrrolate</i> | 39 |
| <i>quinine sulfate</i> | 11 | <i>see ropinirole tab 3mg</i> ... | 27 | ROBINUL FORTE | |
| | | <i>see ropinirole tab 4mg</i> ... | 27 | <i>see glycopyrrolate</i> | 39 |

| | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| ROCALTROL | <i>selenium sulfide</i>.....49 | SORIATANE |
| see <i>calcitriol</i>.....45 | SELZENTRY.....11 | see <i>acitretin</i>.....49 |
| see <i>calcitriol oral soln 1</i> | SENSIPAR.....34 | <i>sorine</i>.....19 |
| <i>mcg/ml</i>.....46 | SEREVENT DISKUS .....47 | <i>sotalol hcl</i>.....19 |
| ROCEPHIN | SEROQUEL | <i>sotalol hcl (afib/afI)</i>.....19 |
| see <i>ceftriaxone sodium</i> ..13 | see <i>quetiapine fumarate</i> 29 | SOVALDI .....13 |
| <i>ropinirole tab 0.25mg</i> .....27 | SEROQUEL XR.....29 | <i>spironolactone</i> .....18 |
| <i>ropinirole tab 0.5mg</i> .....27 | <i>sertraline hcl</i> .....26 | <i>spironolactone &</i> |
| <i>ropinirole tab 1mg</i> .....27 | <i>setlakin tab</i>.....36 | <i>hydrochlorothiazide</i>.....22 |
| <i>ropinirole tab 2mg</i> .....27 | <i>sharobel 28 day</i> .....36 | SPORANOX |
| <i>ropinirole tab 3mg</i> .....27 | SIGNIFOR .....38 | see <i>itraconazole</i> .....11 |
| <i>ropinirole tab 4mg</i> .....27 | <i>sildenafil citrate (pulmonary</i> | <i>sprintec 28 day</i> .....36 |
| <i>ropinirole tab 5mg</i> .....27 | <i>hypertension)</i> .....22 | SPRITAM.....25 |
| <i>rosadan cre 0.75%</i>.....50 | SILENOR.....30 | SPRYCEL.....17 |
| ROTARIX.....44 | SILVER SULFADIAZINE ..49 | <i>sps susp 15gm/60ml</i>.....34 |
| ROTATEQ.....44 | SIMBRINZA .....47 | <i>sronyx 28 day</i> .....36 |
| ROWASA | <i>simvastatin</i>.....19, 20 | SSD .....49 |
| see <i>mesalamine w/</i> | SINEMET | STARLIX |
| <i>cleanser</i>.....40 | see <i>carbidopa-levodopa</i> 27 | see <i>nateglinide</i> .....34 |
| <i>roweepra</i> .....24 | SINEMET CR | <i>stavudine</i> .....11 |
| ROXICET | see <i>carbidopa-levodopa</i> 27 | STERILE WATER |
| see <i>oxycodone w/</i> | SINGULAIR | IRRIGATION.....50 |
| <i>acetaminophen soln</i> .....9 | see <i>montelukast sodium</i> 48 | STIMATE .....39 |
| <i>roxicet soln</i>.....9 | <i>sirolimus</i>.....43 | STIVARGA .....17 |
| <i>roxicet tab 5-325mg</i> .....9 | SIRTURO.....12 | STRATTERA .....30 |
| ROXICODONE | SIVEXTRO.....10 | <i>streptomycin sulfate</i>.....9 |
| see <i>oxycodone hcl</i>.....9 | SOD CHLORIDE INJ 0.9% | STRIBILD .....12 |
| RYTHMOL |45 | STROMECTOL |
| see <i>propafenone hcl</i>.....19 | SODIUM CHLORIDE ..44, 45 | see <i>ivermectin</i> .....10 |
| RYTHMOL SR | SODIUM CHLORIDE 0.45% | SUBOXONE MIS 12-3MG 32 |
| see <i>propafenone hcl 12hr</i> | VIA.....45 | SUBOXONE MIS 2-0.5MG |
|19 | SODIUM CHLORIDE 0.9% |32 |
| S |50 | SUBOXONE MIS 4-1MG ..32 |
| SABRIL .....25 | sodium fluoride chew; tab; | SUBOXONE MIS 8-2MG ..32 |
| SALAGEN | 1.1 (0.5 f) mg/ml soln .....44 | SUCRAID .....40 |
| see <i>pilocarpine hcl (oral)</i> | <i>sodium phenylbutyrate</i>.....37 | <i>sucrafate</i> .....40 |
|50 | <i>sodium polystyrene sulfonate</i> | <i>sulfacet sod oin 10% op</i> ...46 |
| SANDIMMUNE .....43 |34 | <i>sulfacetamide sodium (acne)</i> |
| see <i>cyclosporine</i>.....43 | SOLTAMOX.....16 |49 |
| SANDOSTATIN | SOLU-CORTEF .....37 | <i>sulfacetamide sodium</i> |
| see <i>octreotide acetate</i> ...38 | SOLU-MEDROL | (<i>ophth</i>) .....46 |
| SANDOSTATIN LAR | see <i>methylpr ss inj 1gm</i> .37 | <i>sulfacetamide</i> |
| DEPOT .....38 | see <i>methylpr ss inj 40mg</i> | <i>sod-prednisolone</i> .....46 |
| SANTYL.....50 |37 | <i>sulfadiazine</i>.....9 |
| SAPHRIS .....29 | see <i>methylprednisolone</i> | <i>sulfamethoxazole-trimethop</i> |
| SECTRAL | <i>sod succ</i>.....37 | <i>ds</i>.....10 |
| see <i>acebutolol hcl</i>.....20 | SOMATULINE DEPOT .....38 | <i>sulfamethoxazole-trimethopri</i> |
| <i>selegiline hcl</i> .....27 | SOMAVERT.....38 | <i>m inj</i> .....10 |

| | | |
|--|--|--|
| <i>sulfamethoxazole-trimethopri m susp</i>.....10 | <i>tamoxifen citrate</i> 16 | TIAZAC |
| <i>sulfamethoxazole-trimethopri m tab</i>.....10 | <i>tamsulosin hcl</i>.....41 | see <i>diltiazem cap</i> 20 |
| SULFAMYLON.....49 | TAPAZOLE | see <i>taztia</i>.....21 |
| <i>sulfasalazine</i> .....40 | see <i>methimazole</i> .....38 | <i>timolol maleate</i> .....20 |
| <i>sulfasalazine ec</i> .....40 | TARCEVA.....17 | <i>timolol maleate (ophth) soln</i>.....47 |
| <i>sulindac</i>.....7 | TARGRETIN .....50 | TIMOLOL MALEATE GEL 47 |
| SUMATRIPTAN INJ | see <i>bexarotene</i> 17 | TIMOPTIC |
| 4MG/0.5ML .....31 | <i>tarina fe 1/20 28 day</i> .....36 | see <i>timolol maleate</i> (<i>ophth</i>) <i>soln</i> .....47 |
| <i>sumatriptan inj 6mg/0.5ml</i> .31 | TASIGNA .....17 | TIVICAY.....11 |
| SUMATRIPTAN NASAL | <i>tazicef</i> .....13 | <i>tizanidine hcl</i>.....32 |
| SPRAY.....31 | <i>tazicef vial</i>.....13 | TOBI |
| <i>sumatriptan succinate</i> .....31 | TAZORAC.....49 | see <i>tobramycin</i>.....9 |
| <i>suprax</i> .....13 | <i>taztia</i> .....21 | TOBRADEX.....46 |
| SUPRAX .....13 | TECENTRIQ.....16 | see |
| see <i>cefixime</i> .....13 | TEFLARO .....13 | <i>tobramycin-dexamethason</i> <i>e</i>.....46 |
| SUPREP BOWEL PREP...40 | TEGRETOL .....25 | TOBRADEX ST .....46 |
| SURMONTIL | see <i>carbamazepine</i> .....23 | <i>tobramycin</i> .....9 |
| see <i>trimipramine maleate</i> .....27 | see <i>epitol</i>.....24 | <i>tobramycin (ophth)</i>.....46 |
| SUSTIVA.....11 | TEGRETOL-XR .....25 | <i>tobramycin inj 1.2 gm/30ml</i>.....10 |
| SUTENT.....17 | see <i>carbamazepine</i> .....23 | <i>tobramycin inj 1.2gm</i>.....10 |
| <i>syeda</i> .....36 | <i>temazepam</i>.....30, 31 | <i>tobramycin inj 10mg/ml</i>....10 |
| SYLATRON KIT 200MCG.17 | TENIVAC .....44 | <i>tobramycin inj 40mg/ml</i>....10 |
| SYLATRON KIT 300MCG.17 | TENORETIC 100 | <i>tobramycin inj 80mg/2ml</i> ...10 |
| SYLATRON KIT 600MCG.17 | see <i>atenolol &</i> <i>chlorthalidone</i>.....20 | <i>tobramycin-dexamethasone</i>.....46 |
| SYMBICORT.....48 | TENORETIC 50 | TOBREX.....46 |
| SYMLINPEN 120 .....33 | see <i>atenolol &</i> <i>chlorthalidone</i>.....20 | see <i>tobramycin (ophth)</i> .46 |
| SYMLINPEN 60 .....33 | TENORMIN | TOFRANIL |
| SYNAGIS .....44 | see <i>atenolol</i>.....20 | see <i>imipramine hcl</i> .....26 |
| SYNALAR | TERAZOL 3 | <i>tolterodine tartrate cap er</i> ..41 |
| see <i>fluocinolone acetonide</i> .....49 | see <i>terconazole vaginal</i> .41 | <i>tolterodine tartrate tabs</i>....41 |
| SYNAREL .....36 | TERAZOL 7 | TOPAMAX |
| SYNERCID .....10 | see <i>terconazole vaginal</i> .41 | see <i>topiramate</i> .....25 |
| SYNRIBO .....17 | <i>terazosin hcl</i>.....18 | TOPAMAX SPRINKLE |
| SYNTHROID.....38 | <i>terbinafine hcl</i> .....11 | see <i>topiramate</i> .....25 |
| see <i>levothyroxine sodium</i> .....38 | <i>terbutaline sulfate</i> .....47 | <i>topiramate</i>.....25 |
| SYPRINE .....34 | <i>terconazole vaginal</i>.....41 | <i>toposar</i>.....17 |
| T | <i>testosterone cypionate</i>.....32 | <i>topotecan hcl</i> .....17 |
| TABLOID.....15 | <i>testosterone enanthate</i> .....32 | TOPOTECAN HCL .....17 |
| <i>tacrolimus</i>.....43 | TETANUS/DIPHThERIA | TOPROL XL |
| <i>tacrolimus (topical)</i>.....50 | TOXOID .....44 | see <i>metoprolol succinate</i> .....20 |
| TAFINLAR.....17 | TETRABENAZINE .....31 | <i>torse mide tabs</i> .....22 |
| TAGRISSE .....17 | THALOMID .....43 | TOUJEO SOLOSTAR.....33 |
| TAMIFLU.....13 | <i>theophylline</i>.....48 | |
| | <i>thioridazine hcl</i>.....29 | |
| | <i>thiothixene</i> .....29 | |
| | <i>tiagabine hcl</i>.....25 | |

| | | | | | |
|---|--------|-------------------------------------|----|---|----|
| TOVIAZ..... | 41 | TRINESSA..... | 36 | see ampicillin & sulbactam sodium | 14 |
| TPN ELECTROLYTES | 44 | TRINESSA LO TAB | 36 | UNASYN BULK PACK | |
| tramadol hcl | 7 | TRI-NORINYL 28 | | see ampicillin & sulbactam sodium | 14 |
| tramadol-acetaminophen | 7 | see aranelle 28..... | 34 | UPTRAVI | 22 |
| trandolapril | 18 | TRINTELLIX | 27 | URECHOLINE | |
| tranexamic acid..... | 42 | tri-previfem 28 day | 36 | see bethanechol chloride | 41 |
| TRANSDERM-SCOP | 39 | TRISENOX | 17 | UROXATRAL | |
| TRANXENE T | | tri-sprintec 28 day | 36 | see alfuzosin hcl..... | 41 |
| see clorazepate | | TRIUMEQ | 12 | URSO 250 | |
| dipotassium | 23 | trivora 28 day | 36 | see ursodiol..... | 40 |
| tranylcypromine sulfate | 26 | TRIZIVIR | | URSO FORTE | |
| TRAVASOL..... | 45 | see abacavir | | see ursodiol..... | 40 |
| TRAVATAN Z..... | 47 | sulfate-lamivudine-zidovudine | 12 | ursodiol | 40 |
| trazodone hcl | 26 | TROPHAMINE INJ 10% ... | 45 | V | |
| TREANDA..... | 15 | tropium chloride | 41 | VAGIFEM | 37 |
| TRECATOR | 12 | TRULICITY | 33 | valacyclovir hcl..... | 13 |
| TRELSTAR DEP INJ | | TRUMENBA..... | 44 | VALCHLOR | 50 |
| 3.75MG | 16 | TRUSOPT | | VALCYTE | 13 |
| TRELSTAR LA INJ 11.25MG | | see dorzolamide hcl | 47 | see valganciclovir hcl ... | 13 |
| ..... | 16 | TRUVADA TAB 100-150... | 12 | valganciclovir hcl..... | 13 |
| TRESIBA FLEXTOUCH.... | 33 | TRUVADA TAB 133-200... | 12 | VALIUM | |
| tretinoin | 49 | TRUVADA TAB 167-250... | 12 | see diazepam..... | 23 |
| TRETINOIN..... | 49 | TRUVADA TAB 200-300... | 12 | valproate sodium | 25 |
| tretinoin (chemotherapy) ... | 17 | TWINRIX INJ | 44 | valproic acid..... | 25 |
| triamcinolone acetoneide (mouth) | 50 | TYBOST | 11 | valsartan | 19 |
| triamcinolone acetoneide (topical) | 50 | TYGACIL | 10 | valsartan & hctz tab 160-12.5mg | 19 |
| triamterene & hydrochlorothiazide | 22 | TYKERB | 17 | valsartan & hctz tab 160-25mg | 19 |
| triamterene & hydrochlorothiazide cap 37.5-25 mg..... | 22 | TYLENOL/CODEINE #3 | | valsartan & hctz tab 320-12.5mg | 19 |
| TRICOR | | see acetaminophen w/ codeine..... | 7 | valsartan & hctz tab 320-25mg | 19 |
| see fenofibrate..... | 20 | TYLENOL/CODEINE #4 | | valsartan & hctz tab 80-12.5mg | 19 |
| triderm..... | 50 | see acetaminophen w/ codeine..... | 7 | VALTRESX | |
| trifluoperazine hcl..... | 29 | TYPHIM VI..... | 44 | see valacyclovir hcl | 13 |
| trifluridine | 46 | TYSABRI | 31 | VANCOCIN HCL | |
| tri-legest 28 day | 36 | TYZEKA..... | 13 | see vancomycin hcl..... | 10 |
| TRILEPTAL | | U | | vancomycin hcl | 10 |
| see oxcarbazepine | 24 | ULORIC | 7 | VANCOMYCIN IN NAACL .. | 10 |
| tri-lynyah | 36 | ULTRACET | | VANDAZOLE | 41 |
| tri-lo marzia | 36 | see | | VAQTA | 44 |
| tri-lo-estarylla | 36 | tramadol-acetaminophen.7 | | VARIVAX..... | 44 |
| tri-lo-sprintec 28 day | 36 | ULTRAM | | VASCEPA..... | 20 |
| trilyte | 40 | see tramadol hcl..... | 7 | | |
| trimethoprim | 10 | ULTRAVATE | | | |
| trimipramine maleate .. | 26, 27 | see halobetasol propionate | 50 | | |
| | | UNASYN | | | |

| | | |
|---|--------------------------------------|--|
| VASERETIC | <i>vincristine sulfate</i> 15 | XELJANZ XR 42 |
| see <i>enalapril maleate & hydrochlorothiazide</i> 18 | <i>vinorelbine tartrate</i> 15 | XGEVA 38 |
| VASOTEC | <i>viorele</i> 36 | XIFAXAN 40 |
| see <i>enalapril maleate</i> 18 | VIRACEPT 11 | XIGDUO XR TAB |
| VELCADE 16 | VIRAMUNE | 10-1000MG 34 |
| <i>velivet 28 day</i> 36 | see <i>nevirapine tab 200mg</i> | XIGDUO XR TAB 10-500MG |
| VENCLEXTA 16 | 11 | 34 |
| VENCLEXTA STARTING | VIRAMUNE XR | XIGDUO XR TAB 5-1000MG |
| PACK 16 | see <i>nevirapine tab 100mg</i> | 34 |
| <i>venlafaxine hcl</i> 27 | 11 | XIGDUO XR TAB 5-500MG |
| VENTAVIS 22 | see <i>nevirapine tb24</i> 11 | 34 |
| VENTOLIN HFA 48 | VIREAD 11 | XOLAIR 48 |
| <i>verapamil cap er</i> 21 | VIROPTIC | XOPENEX HFA 48 |
| VERAPAMIL CAP ER 21 | see <i>trifluridine</i> 46 | XTANDI 16 |
| <i>verapamil hcl</i> 21 | VISTARIL | <i>xulane</i> 36 |
| <i>verapamil tab er</i> 21 | see <i>hydroxyzine pamoate</i> | XYLOCAINE |
| VERELAN | 47 | see <i>lidocaine hcl</i> 50 |
| see <i>verapamil cap er</i> 21 | VITEKTA 12 | see <i>lidocaine hcl (local anesth.)</i> 9 |
| VERELAN PM | VOLTAREN GEL 1% 50 | see <i>lidocaine inj 1%</i> 9 |
| see <i>verapamil cap er</i> 21 | <i>voriconazole</i> 11 | see <i>lidocaine inj 2%</i> 9 |
| VERSACLOZ 29 | VOTRIENT 17 | XYLOCAINE-MPF |
| VESICARE 41 | VRAYLAR 29 | see <i>lidocaine hcl (local anesth.)</i> 9 |
| <i>vestura</i> 36 | VRAYLAR THERAPY PACK | see <i>lidocaine inj 0.5%</i> 9 |
| VFEND | 29 | see <i>lidocaine inj 1.5%</i> 9 |
| see <i>voriconazole</i> 11 | <i>vyfemla 28 day</i> 36 | XYREM 32 |
| VFEND IV | W | XYZAL |
| see <i>voriconazole</i> 11 | <i>warfarin sodium</i> 42 | see <i>levocetirizine dihydrochloride</i> 47 |
| VIBRAMYCIN | WELCHOL 20 | Y |
| see <i>doxycycline hyclate</i> . 14 | WELLBUTRIN SR | YASMIN 28 |
| VICOPROFEN | see <i>bupropion hcl</i> 25 | see <i>drospirenone-ethinyl estradiol</i> 35 |
| see | WELLBUTRIN XL | see <i>syeda</i> 36 |
| <i>hydrocodone-ibuprofen</i> | see <i>bupropion hcl</i> 25 | see <i>zarah</i> 36 |
| 7.5-200mg 8 | X | YAZ |
| VICTOZA 33 | XALATAN | see <i>drospirenone-ethinyl estradiol</i> 35 |
| VIDAZA | see <i>latanoprost</i> 47 | see <i>loryna 28 day</i> 35 |
| see <i>azacitidine</i> 15 | XALKORI 17 | see <i>nikki 28 day</i> 36 |
| VIDEX EC | XANAX | see <i>vestura</i> 36 |
| see <i>didanosine</i> 11 | see <i>alprazolam tab</i> | YERVOY 16 |
| VIDEX PEDIATRIC 11 | 0.25mg 23 | YF-VAX 44 |
| <i>vienva 28 day</i> 36 | see <i>alprazolam tab 0.5mg</i> | Z |
| VIGAMOX 46 | 22 | <i>zafirlukast</i> 48 |
| VIIBRYD STARTER PACK | see <i>alprazolam tab 1mg</i> 23 | ZANAFLEX |
| 27 | see <i>alprazolam tab 2 mg</i> | see <i>tizanidine hcl</i> 32 |
| VIIBRYD TAB 27 | 23 | |
| VIMPAT 25 | XARELTO 42 | |
| <i>vinblastine sulfate</i> 15 | XARELTO STARTER PACK | |
| <i>vincasar</i> 15 | 42 | |
| | XELJANZ 42 | |

| | | |
|--|--|---------------------------------------|
| ZANTAC | see <i>dexrazoxane</i> 17 | ZORTRESS TAB 0.5MG .. 43 |
| see <i>ranitidine hcl</i> 39 | <i>ziprasidone hcl</i> 29 | ZORTRESS TAB 0.75MG 43 |
| see <i>ranitidine hcl inj</i> 39 | ZIRGAN 46 | ZOSTAVAX 44 |
| zarah 36 | ZITHROMAX | ZOSYN |
| ZARONTIN | see <i>azithromycin</i> 13 | see <i>piperacillin</i> |
| see <i>ethosuximide</i> 24 | ZOCOR | <i>sodium-tazobactam</i> |
| ZAVESCA 37 | see <i>simvastatin</i> 19, 20 | <i>sodium</i> 14 |
| ZAZOLE CREAM 0.8% 41 | ZOFRAN | <i>zovia 1/35e 28 day</i> 36 |
| ZEBETA | see <i>ondansetron hcl</i> 39 | <i>zovia 1/50e 28 day</i> 36 |
| see <i>bisoprolol fumarate</i> .20 | see <i>ondansetron hcl inj</i> .39 | ZOVIRAX |
| ZELBORAF 17 | see <i>ondansetron hcl oral</i> | see <i>acyclovir</i> 12 |
| ZEMAIRA 48 | <i>soln</i> 39 | ZYBAN |
| ZEMPLAR | ZOFRAN ODT | see <i>buproban</i> 32 |
| see <i>paricalcitol</i> 46 | see <i>ondansetron odt</i> 39 | see <i>bupropion hcl</i> |
| zenatane 49 | <i>zoledronic acid</i> 34 | (<i>smoking deterrent</i>) 32 |
| zenchent 28 day 36 | <i>zoledronic inj 4mg/5ml</i> 34 | ZYDELIG 17 |
| ZENPEP 40 | ZOLINZA 16 | ZYKADIA 17 |
| ZERIT | <i>zolmitriptan</i> 31 | ZYLET 46 |
| see <i>stavudine</i> 11 | <i>zolmitriptan odt</i> 31 | ZYLOPRIM |
| ZESTORETIC | ZOLOFT | see <i>allopurinol tab</i> 7 |
| see <i>lisinopril &</i> | see <i>sertraline hcl</i> 26 | ZYMAXID |
| <i>hydrochlorothiazide</i> 18 | <i>zolpidem tartrate</i> 31 | see <i>gatifloxacin (ophth)</i> .46 |
| ZESTRIL | ZOMETA | ZYPREXA |
| see <i>lisinopril</i> 18 | see <i>zoledronic inj 4mg/5ml</i> | see <i>olanzapine</i> 28, 29 |
| ZETIA 20 | 34 | ZYPREXA RELPREVV 29 |
| ZIAC | ZOMIG | ZYPREXA RELPREVV |
| see <i>bisoprolol &</i> | see <i>zolmitriptan</i> 31 | 210MG 29 |
| <i>hydrochlorothiazide</i> 20 | ZOMIG ZMT | ZYPREXA ZYDIS |
| ZIAGEN 12 | see <i>zolmitriptan odt</i> 31 | see <i>olanzapine</i> 29 |
| see <i>abacavir sulfate</i> 11 | ZONEGRAN | ZYTIGA 16 |
| zidovudine 12 | see <i>zonisamide</i> 25 | ZYVOX |
| ZINACEF | <i>zonisamide</i> 25 | see <i>linezolid</i> 10 |
| see <i>cefuroxime sodium</i> .. 13 | ZONTIVITY 42 | |
| ZINECARD | ZORTRESS TAB 0.25MG.43 | |



P.O. Box 52424, Phoenix, AZ 85072-2424

This formulary was updated on August 1, 2016. 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 may change at any time. You will receive notice when necessary.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please call our Customer Care number at 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente al 1-866-235-5660 (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

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