

# Blue MedicareRx<sup>SM</sup> Value Plus (PDP) 2017 Formulary (List of Covered Drugs)

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

This formulary was updated on 09/01/2016. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at 1-888-620-1747 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.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 Blue MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx Value Plus.

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.



## **What is the Blue MedicareRx Value Plus Formulary?**

A formulary is a list of covered drugs selected by Blue MedicareRx Value Plus 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. Blue MedicareRx Value Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus, 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. You may also access our formulary on our website at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to get information showing changes to, additions, and/or deletions of medications contained in our formulary. To get updated information about the drugs covered by Blue MedicareRx Value Plus, please contact 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 number 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 51. 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?

Blue MedicareRx Value Plus 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:** Blue MedicareRx Value Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Value Plus 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, our plan 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 Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx Value Plus. 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 Blue MedicareRx Value Plus 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 Blue MedicareRx Value Plus 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 the drug is a tier 2 or tier 4. 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, Blue MedicareRx Value Plus 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, Blue MedicareRx Value Plus 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 98-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 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply (or 31-day supply if you are a long-term care resident) when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

## For more information

For more detailed information about your Blue MedicareRx Value Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue MedicareRx Value Plus, 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>.

## Blue MedicareRx Value Plus Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by Blue MedicareRx Value Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 51.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx Value Plus has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- **B/D** stands for drugs covered under Medicare Part B or D.
- **QL** stands for Quantity Limits.
- **PA** stands for Prior Authorization.
- **ST** stands for Step Therapy.
- **LA** stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-620-1747, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- **NMO** stands for No Mail Order. This prescription drug is not available through mail order service.

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label/Description	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*		Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC	
	30-day supply/ Long-term Care (LTC)** 31-day supply		
<b>Tier 1: Preferred Generic</b> Certain <b>generic drugs</b> that are available at the lowest copayment	\$3	\$8	\$3
<b>Tier 2: Generic</b> Higher cost <b>generic drugs</b> available at a higher copayment than Tier 1 generic drugs	\$8	\$20	\$16
<b>Tier 3: Preferred Brand</b> Many common <b>brand name drugs</b> and some higher cost <b>generic drugs</b> , many of which may have lower cost options available on Tier 1 or Tier 2***	\$35	\$45	\$70
<b>Tier 4: Non-Preferred Drug</b> Higher cost <b>generic</b> and non-preferred <b>drugs</b> , many of which may have lower cost options available on Tier 1, Tier 2 and Tier 3***	40%	50%	40%
<b>Tier 5: Specialty Tier</b> Unique and/or very high-cost drugs of which you pay a percentage of the total drug cost***	27%	27%	Not Applicable†

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

\*\*\* You pay the full cost of drugs on Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.



## Blue MedicareRx Value Plus 2017 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 3	
COLCRYS QL (120 tabs / 30 days)	Tier 3	QL
<i>probenecid</i>	Tier 3	
ULORIC	Tier 3	ST
<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 4	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 4	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 3	QL
<i>diclofenac sodium</i> TB24	Tier 3	
<i>diclofenac sodium</i> TBEC	Tier 3	
<i>diflunisal</i>	Tier 4	
<i>etodolac</i> CAPS; TABS	Tier 4	
<i>flurbiprofen</i> TABS	Tier 3	
<i>ibuprofen</i> SUSP	Tier 3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 2	
<i>ketoprofen</i> CAPS	Tier 3	
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
<i>nabumetone</i> TABS	Tier 2	
<i>naproxen</i> (generic of NAPROSYN) SUSP	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>naproxen</i> TABS 375mg	Tier 1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	Tier 2	
<i>naproxen sodium</i> TABS 275mg	Tier 4	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 4	
<i>sulindac</i> TABS	Tier 2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	Tier 2	QL
<i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml	Tier 4	
<i>nalbuphine hcl</i> SOLN 20mg/ml	Tier 4	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	Tier 2	QL
<b>OPIOID ANALGESICS, CII</b>		
DURAMORPH	Tier 4	B/D
<i>endocet 5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>endocet 7.5/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	Tier 4	QL
<i>endocet 10/325</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL	<i>hydrocodone-ibuprofen 7.5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days)	Tier 3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 5	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	Tier 3	
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL	<i>hydromorphone hcl</i> (generic of DILAUDID-HP) SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 4	B/D
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	Tier 3	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 4	QL PA	<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
FENTORA QL (120 tabs / 30 days)	Tier 5	QL PA	<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL	<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL	<i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days)	Tier 3	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 2	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (600 mL / 30 days)	Tier 3	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	Tier 3	QL
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (240 tabs / 30 days)	Tier 3	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 3	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 3	QL
MORPHINE SUL INJ 1MG/ML	Tier 4	B/D
MORPHINE SUL INJ 2MG/ML	Tier 4	B/D
MORPHINE SUL INJ 4MG/ML	Tier 4	B/D
MORPHINE SUL INJ 10MG/ML	Tier 4	B/D
MORPHINE SUL INJ 15MG/ML	Tier 4	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	Tier 4	B/D
MORPHINE SULFATE SOLN 8mg/ml, 150mg/30ml	Tier 4	B/D
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml	Tier 4	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	Tier 3	QL
MORPHINE SULFATE ORAL SOL	Tier 3	
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	Tier 4	QL
OXYCODONE HCL SOLN	Tier 4	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL
<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)	Tier 3	QL
<i>roxicet soln</i> QL (1800 mL / 30 days)	Tier 3	QL
<i>roxicet tab 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 3	QL

## ANESTHETICS

### LOCAL ANESTHETICS

<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) 1%	Tier 4	B/D
<i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) .5%	Tier 4	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF)	Tier 4	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE)	Tier 4	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	Tier 4	B/D

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	Tier 4	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
<i>amikacin sulfate</i> SOLN	Tier 4	
<i>gentamicin in saline</i>	Tier 4	
<i>gentamicin sulfate</i> SOLN	Tier 4	
<i>gentamicin sulfate/0.9% s</i>	Tier 4	
<i>neomycin sulfate</i> TABS	Tier 3	
<i>paromomycin sulfate</i> CAPS	Tier 4	
<i>streptomycin sulfate</i> SOLR	Tier 4	
<i>sulfadiazine</i> TABS	Tier 4	
<i>tobramycin</i> (generic of TOBI) NEBU	Tier 5	NMO PA
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 4	
<i>tobramycin inj 1.2gm</i>	Tier 5	
<i>tobramycin inj 10mg/ml</i>	Tier 4	
<i>tobramycin inj 40mg/ml</i>	Tier 4	
<i>tobramycin inj 80mg/2ml</i>	Tier 4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	Tier 5	
ALINIA	Tier 4	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 5	
<i>aztreonam</i> (generic of AZACTAM)	Tier 3	
BILTRICIDE	Tier 3	
CAYSTON	Tier 5	NMO LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 2	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN	Tier 4	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 4	
<i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 4	
CUBICIN	Tier 5	
<i>dapsone</i> TABS	Tier 3	
<i>emverm</i>	Tier 4	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 4	
INVANZ	Tier 4	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	Tier 3	
<i>linezolid</i> (generic of ZYVOX) SOLN	Tier 5	
LINEZOLID SUSR; TABS	Tier 5	
LINEZOLID IN SODIUM CHLORIDE	Tier 5	
<i>meropenem</i> (generic of MERREM)	Tier 4	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 4	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 2	
<i>metronidazole in nacl</i>	Tier 4	
NEBUPENT	Tier 4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 4	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 4	PA
PENTAM 300	Tier 4	
SIVEXTRO	Tier 5	
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	Tier 2	
<i>sulfamethoxazole-trimethopr im inj</i>	Tier 4	
<i>sulfamethoxazole-trimethopr im susp</i>	Tier 4	
<i>sulfamethoxazole-trimethopr im tab</i> (generic of BACTRIM)	Tier 2	
SYNERCID	Tier 5	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim</i> TABS	Tier 2	
TYGACIL	Tier 5	
<i>vancomycin hcl</i> (generic of VANCOGIN HCL) CAPS	Tier 5	
<i>vancomycin hcl</i> SOLR	Tier 4	
VANCOMYCIN IN NAACL	Tier 4	
<b>ANTIFUNGALS</b>		
ABELCET	Tier 5	B/D
AMBISOME	Tier 4	B/D
<i>amphotericin b</i> SOLR	Tier 4	B/D
CANCIDAS	Tier 5	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	Tier 2	
<i>fluconazole in dextrose</i>	Tier 4	
<i>fluconazole inj nacl 100</i>	Tier 4	
<i>fluconazole inj nacl 200</i>	Tier 4	
<i>fluconazole inj nacl 400</i>	Tier 4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 5	
<i>griseofulvin microsize</i> SUSP	Tier 3	
<i>griseofulvin microsize</i> TABS	Tier 4	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	Tier 4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 4	PA
<i>ketoconazole</i> TABS	Tier 4	PA
MYCAMINE	Tier 5	
NOXAFIL SUSP; TBEC	Tier 5	
<i>nystatin</i> TABS	Tier 3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	Tier 2	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 4	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 4	
<i>chloroquine phosphate</i> TABS 250mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	Tier 3	
COARTEM	Tier 4	
<i>mefloquine hcl</i>	Tier 3	
PRIMAQUINE PHOSPHATE	Tier 3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 3	
APTIVUS	Tier 5	
CRIXIVAN	Tier 4	
<i>didanosine</i> (generic of VIDEX EC)	Tier 4	
EDURANT	Tier 5	
EMTRIVA	Tier 3	
FUZEON	Tier 5	NMO
INTELENCE 25mg	Tier 4	
INTELENCE 100mg, 200mg	Tier 5	
INVIRASE	Tier 5	
ISENTRESS CHEW 25mg	Tier 3	
ISENTRESS CHEW 100mg	Tier 5	
ISENTRESS PACK	Tier 5	
ISENTRESS TABS	Tier 5	
<i>lamivudine</i> (generic of EPIVIR)	Tier 3	
LEXIVA SUSP	Tier 4	
LEXIVA TABS	Tier 5	
NEVIRAPINE SUSP 50 MG/5ML	Tier 4	
<i>nevirapine tab 100mg</i> (generic of VIRAMUNE XR)	Tier 4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 3	
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	Tier 4	
NORVIR	Tier 3	
PREZISTA SUSP	Tier 5	
PREZISTA TABS 75mg, 150mg	Tier 3	
PREZISTA TABS 600mg, 800mg	Tier 5	
RESCRIPTOR	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/ Limits
RETROVIR IV INFUSION	Tier 4	
REYATAZ	Tier 5	
SELZENTRY	Tier 5	
<i>stavudine</i> (generic of ZERIT)	Tier 4	
SUSTIVA CAPS 50mg	Tier 3	
SUSTIVA CAPS 200mg	Tier 5	
SUSTIVA TABS	Tier 5	
TIVICAY 10mg	Tier 3	
TIVICAY 25mg, 50mg	Tier 5	
TYBOST	Tier 3	
VIDEX PEDIATRIC	Tier 4	
VIRACEPT	Tier 5	
VIREAD	Tier 5	
VITEKTA	Tier 5	
ZIAGEN SOLN	Tier 3	
<i>zidovudine</i>	Tier 2	
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 4	
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 4	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 5	
ATRIPLA	Tier 5	
COMPLERA	Tier 5	
DESCOVY	Tier 5	
EPZICOM	Tier 5	
EVOTAZ	Tier 5	
GENVOYA	Tier 5	
KALETRA SOL	Tier 5	
KALETRA TAB 100-25MG	Tier 3	
KALETRA TAB 200-50MG	Tier 5	
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 4	
ODEFSEY	Tier 5	
PREZCOBIX	Tier 5	
STRIBILD	Tier 5	
TRIUMEQ	Tier 5	
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 5	QL
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 5	QL

Drug Name	Drug Tier	Requirements/ Limits
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 5	QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 5	QL
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	Tier 4	
<i>cycloserine</i> CAPS	Tier 5	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 4	
<i>isoniazid</i> TABS	Tier 2	
<i>isoniazid syp 50mg/5ml</i>	Tier 4	
<i>paser 4gm</i>	Tier 3	
PRIFTIN	Tier 4	
<i>pyrazinamide</i> TABS	Tier 4	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 4	
<i>rifampin</i> (generic of RIFADIN) CAPS	Tier 3	
<i>rifampin</i> (generic of RIFADIN) SOLR	Tier 4	
RIFATER	Tier 4	
SIRTURO	Tier 5	LA PA
TRECTOR	Tier 4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS	Tier 2	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 4	
<i>acyclovir</i> (generic of ZOVIRAX) TABS	Tier 2	
<i>acyclovir sodium</i> SOLN	Tier 4	B/D
<i>acyclovir sodium</i> SOLR 500mg	Tier 4	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 5	
BARACLUDE SOLN	Tier 5	
DAKLINZA	Tier 5	NMO PA
<i>entecavir</i> (generic of BARACLUDE)	Tier 5	
EPIVIR HBV SOLN	Tier 4	
<i>famciclovir</i> (generic of FAMVIR) TABS	Tier 3	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	Tier 3	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>moderiba tab 200mg</i> (generic of COPEGUS)	Tier 4	NMO
PEGASYS	Tier 5	NMO PA
PEGASYS PROCLICK	Tier 5	NMO PA
RELENZA DISKHALER	Tier 3	
<i>ribasphere cap 200mg</i> (generic of REBETOL)	Tier 3	NMO
<i>ribasphere tab 200mg</i> (generic of COPEGUS)	Tier 4	NMO
<i>ribavirin cap 200mg</i> (generic of REBETOL)	Tier 3	NMO
<i>ribavirin tab 200mg</i> (generic of COPEGUS)	Tier 4	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 4	
SOVALDI	Tier 5	NMO PA
TAMIFLU	Tier 3	
TYZEKA	Tier 5	
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 3	
VALCYTE SOLR	Tier 5	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 5	
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	Tier 3	
<i>cefadroxil</i> CAPS	Tier 2	
<i>cefadroxil</i> SUSR	Tier 3	
<i>cefadroxil</i> TABS	Tier 4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 4	
<i>cefazolin inj</i>	Tier 4	
<i>cefazolin sodium</i> 1gm, 20gm	Tier 4	
<i>cefazolin sodium</i> 1 gm/50ml	Tier 4	
<i>cefdinir</i> CAPS	Tier 3	
<i>cefdinir</i> SUSR	Tier 4	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 4	
<i>cefixime</i> (generic of SUPRAX)	Tier 4	
<i>cefoxitin sodium</i>	Tier 4	
<i>cefpodoxime proxetil</i>	Tier 4	
<i>ceftazidime</i> (generic of FORTAZ)	Tier 4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4	
<i>cefuroxime axetil</i> (generic of CEFTIN)	Tier 3	
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	Tier 4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 2	
<i>cephalexin</i> SUSR	Tier 3	
SUPRAX CAPS	Tier 3	
<i>suprax</i> CHEW	Tier 4	
SUPRAX SUSR 500mg/5ml	Tier 3	
<i>tazicef</i> (generic of FORTAZ) SOLR	Tier 4	
<i>tazicef vial</i> (generic of FORTAZ)	Tier 4	
TEFLARO	Tier 5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 2	
<i>clarithromycin</i> (generic of BIAXIN) TABS	Tier 3	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 4	
<i>clarithromycin for susp</i> 125mg/5ml	Tier 4	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	Tier 4	
<i>e.e.s. 400mg tab</i>	Tier 4	
<i>erythrocin lactobionate</i>	Tier 4	
<i>erythromycin base</i>	Tier 4	
<i>erythromycin cap 250mg ec</i>	Tier 4	
<i>erythromycin ethylsuccinate</i>	Tier 4	
<i>erythromycin stearate</i>	Tier 4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tab</i> 100mg, 750mg	Tier 2	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 2	
<i>ciprofloxacin in d5w</i>	Tier 4	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 4	
<i>ciprofloxacin inj</i>	Tier 4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 2	
<i>levofloxacin in d5w</i>	Tier 4	
<i>levofloxacin inj 25mg/ml</i>	Tier 4	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 4	
<b>PENICILLINS</b>		
<i>amoxicillin</i>	Tier 2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	Tier 3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	Tier 2	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	Tier 2	
<i>ampicillin &amp; sulbactam sodium</i>	Tier 4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	Tier 4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	Tier 4	
<i>ampicillin cap</i>	Tier 2	
<i>ampicillin inj</i>	Tier 4	
<i>ampicillin sodium</i>	Tier 4	
<i>ampicillin susp</i>	Tier 3	
BICILLIN L-A	Tier 4	
<i>dicloxacillin sodium</i>	Tier 2	
<i>nafcillin sodium</i>	Tier 4	
PENICILLIN G POT IN DEXTROSE	Tier 4	
<i>penicillin g potassium</i>	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin g procaine</i>	Tier 4	
<i>penicillin g sodium</i>	Tier 4	
<i>penicillin v potassium</i>	Tier 2	
<i>penicillin gk inj 5mu</i>	Tier 4	
<i>penicillin gk inj 20mu</i>	Tier 4	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	Tier 4	
<b>TETRACYCLINES</b>		
<i>doxycycline (monohydrate)</i> CAPS 50mg	Tier 2	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	Tier 2	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	Tier 3	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 3	
<i>doxycycline hyclate</i> SOLR	Tier 4	
<i>doxycycline hyclate</i> TABS	Tier 4	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	Tier 2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	Tier 5	B/D NMO
CYCLOPHOSPHAMIDE CAPS	Tier 4	B/D
<i>dacarbazine</i>	Tier 3	B/D
EMCYT	Tier 4	
GLEOSTINE	Tier 4	
HEXALEN	Tier 5	
LEUKERAN	Tier 4	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	Tier 4	B/D
<i>mitomycin</i> SOLR	Tier 5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	Tier 4	B/D
ALIMTA	Tier 5	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 5	B/D NMO
<i>fluorouracil</i> SOLN	Tier 4	B/D
<i>mercaptopurine</i> TABS	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE SODIUM 50mg/2ml	Tier 4	B/D
<i>methotrexate sodium</i> 50mg/2ml, 100mg/4ml, 200mg/8ml, 250mg/10ml	Tier 4	B/D
<i>methotrexate sodium inj</i>	Tier 4	B/D
NIPENT	Tier 5	B/D
PURIXAN	Tier 5	NMO
TABLOID	Tier 4	

### ANTIMITOTIC, TAXOIDS

ABRAXANE	Tier 5	B/D
DOCEFREZ 20mg	Tier 5	B/D
DOCETAXEL CONC 20mg/ml	Tier 5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 5	B/D
<i>docetaxel</i> CONC 140mg/7ml	Tier 5	B/D
DOCETAXEL SOLN	Tier 5	B/D
DOCETAXEL SOLN 80MG/8ML	Tier 5	B/D

### BIOLOGIC RESPONSE MODIFIERS

AVASTIN	Tier 5	NMO LA PA
BELEODAQ	Tier 5	NMO PA
ERIVEDGE	Tier 5	NMO LA PA
FARYDAK	Tier 5	NMO LA PA
HERCEPTIN	Tier 5	NMO PA
IBRANCE	Tier 5	NMO LA PA
KEYTRUDA	Tier 5	NMO PA
LYNPARZA	Tier 5	NMO LA PA
NINLARO	Tier 5	NMO PA
RITUXAN	Tier 5	NMO LA PA
TECENTRIQ	Tier 5	NMO LA PA
VELCADE	Tier 5	NMO PA
VENCLEXTA 10mg, 50mg	Tier 4	NMO LA PA
VENCLEXTA 100mg	Tier 5	NMO LA PA
VENCLEXTA STARTING PACK	Tier 5	NMO LA PA
YERVOY	Tier 5	NMO PA
ZOLINZA	Tier 5	NMO PA

### HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 2	
<i>bicalutamide</i> (generic of CASODEX)	Tier 3	
<i>exemestane</i> (generic of AROMASIN)	Tier 4	
FARESTON	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
FASLODEX	Tier 5	B/D
<i>flutamide</i>	Tier 4	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	Tier 4	B/D
<i>letrozole</i> (generic of FEMARA) TABS	Tier 2	
<i>leuprolide inj</i> 1mg/0.2	Tier 3	NMO PA
LUPRON DEPOT 3.75mg	Tier 5	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 5	NMO PA
LYSODREN	Tier 3	
<i>megestrol ac sus</i> 40mg/ml (generic of MEGACE ORAL) PA if 65 years and older	Tier 4	PA
<i>megestrol ac tab</i> 20mg PA if 65 years and older	Tier 4	PA
<i>megestrol ac tab</i> 40mg PA if 65 years and older	Tier 4	PA
MEGESTROL SUS 625MG/5ML	Tier 4	PA
NILANDRON	Tier 5	
<i>nilutamide</i>	Tier 5	
SOLTAMOX	Tier 4	
<i>tamoxifen citrate</i> TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 5	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 5	NMO PA
XTANDI	Tier 5	NMO LA PA
ZYTIGA	Tier 5	NMO LA PA

### KINASE INHIBITORS

AFINITOR	Tier 5	NMO PA
AFINITOR DISPERZ	Tier 5	NMO PA
ALECENSA	Tier 5	NMO LA PA
BOSULIF	Tier 5	NMO PA
CABOMETYX	Tier 5	NMO LA PA
CAPRELSA	Tier 5	NMO LA PA
COMETRIQ	Tier 5	NMO LA PA
COTELLIC	Tier 5	NMO LA PA
GILOTRIF TAB 20MG	Tier 5	NMO LA PA
GILOTRIF TAB 30MG	Tier 5	NMO LA PA
GILOTRIF TAB 40MG	Tier 5	NMO LA PA
ICLUSIG	Tier 5	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 5	QL NMO PA

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 5	QL NMO PA
IMBRUVICA CAP 140MG	Tier 5	NMO LA PA
INLYTA	Tier 5	NMO LA PA
IRESSA	Tier 5	NMO LA PA
JAKAFI	Tier 5	NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 14 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 5	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 5	NMO LA PA
MEKINIST	Tier 5	NMO LA PA
NEXAVAR	Tier 5	NMO LA PA
SPRYCEL	Tier 5	NMO PA
STIVARGA	Tier 5	NMO LA PA
SUTENT	Tier 5	NMO PA
TAFINLAR	Tier 5	NMO LA PA
TAGRISSO	Tier 5	NMO LA PA
TARCEVA	Tier 5	NMO LA PA
TASIGNA	Tier 5	NMO PA
TYKERB	Tier 5	NMO LA PA
VOTRIENT	Tier 5	NMO LA PA
XALKORI	Tier 5	NMO LA PA
ZELBORAF	Tier 5	NMO LA PA
ZYDELIG	Tier 5	NMO LA PA
ZYKADIA	Tier 5	NMO LA PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 5	NMO PA
DROXIA	Tier 3	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 3	
LONSURF	Tier 5	NMO PA
MATULANE	Tier 5	LA
<i>mitoxantrone hcl</i>	Tier 3	B/D NMO
ODOMZO	Tier 5	NMO LA PA
SYLATRON KIT 200MCG	Tier 5	NMO PA
SYLATRON KIT 300MCG	Tier 5	NMO PA
SYLATRON KIT 600MCG	Tier 5	NMO PA
SYNRIBO	Tier 5	NMO PA

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin</i> (chemotherapy)	Tier 5	
TRISENOX	Tier 5	B/D
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	Tier 4	B/D
<i>cisplatin</i>	Tier 3	B/D
<b>PROTECTIVE AGENTS</b>		
<i>amifostine crystalline</i> (generic of ETHYOL)	Tier 5	B/D
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	Tier 5	B/D
ELITEK	Tier 5	B/D
FUSILEV	Tier 5	B/D NMO
<i>leucovorin calcium</i> SOLR	Tier 4	B/D
<i>leucovorin calcium</i> TABS	Tier 3	
<i>leucovorin calcium for inj</i> 500 mg	Tier 4	B/D
<i>levoleucovorin calcium</i>	Tier 5	B/D NMO
<i>mesna</i> (generic of MESNEX)	Tier 4	B/D
MESNEX TABS	Tier 5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	Tier 3	B/D
TOPOTECAN HCL SOLN	Tier 5	B/D
<i>topotecan hcl</i> (generic of HYCAMTIN) SOLR	Tier 5	B/D
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	Tier 2	
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)	Tier 2	
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)	Tier 2	
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	Tier 2	
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL)	Tier 2	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine</i>	Tier 2	
<i>besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)		
<i>benazepril &amp; hydrochlorothiazide</i>	Tier 2	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 2	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	Tier 2	
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 2	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 2	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 2	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i>	Tier 2	
<i>perindopril erbumine</i> 2mg	Tier 2	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	Tier 2	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> (generic of MAVIK)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	Tier 4	
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg	Tier 3	QL
QL (30 tabs / 30 days)		
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	Tier 3	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 3	
<i>terazosin hcl</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine</i>	Tier 2	
<i>besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)		
<i>amlodipine</i>	Tier 2	
<i>besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)		
<i>amlodipine</i>	Tier 2	
<i>besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)		
<i>amlodipine</i>	Tier 2	
<i>besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)		
<i>amlodipine-valsartan-hctz tab 5-160-12.5 mg</i> (generic of EXFORGE HCT)	Tier 2	
<i>amlodipine-valsartan-hctz tab 5-160-25 mg</i> (generic of EXFORGE HCT)	Tier 2	
<i>amlodipine-valsartan-hctz tab 10-160-12.5 mg</i> (generic of EXFORGE HCT)	Tier 2	
<i>amlodipine-valsartan-hctz tab 10-160-25 mg</i> (generic of EXFORGE HCT)	Tier 2	
<i>amlodipine-valsartan-hctz tab 10-320-25 mg</i> (generic of EXFORGE HCT)	Tier 2	
ENTRESTO	Tier 4	PA

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 2	
<i>losartan potassium &amp; hctz tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium &amp; hctz tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium &amp; hctz tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>valsartan &amp; hctz tab 80-12.5mg</i> (generic of DIOVAN HCT)	Tier 2	
<i>valsartan &amp; hctz tab 160-12.5mg</i> (generic of DIOVAN HCT)	Tier 2	
<i>valsartan &amp; hctz tab 160-25mg</i> (generic of DIOVAN HCT)	Tier 2	
<i>valsartan &amp; hctz tab 320-12.5mg</i> (generic of DIOVAN HCT)	Tier 2	
<i>valsartan &amp; hctz tab 320-25mg</i> (generic of DIOVAN HCT)	Tier 2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i> (generic of AVAPRO)	Tier 2	
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl</i> TABS 100mg, 400mg	Tier 4	
<i>amiodarone hcl</i> (generic of CORDARONE) TABS 200mg	Tier 2	
<i>amiodarone hcl soln</i>	Tier 4	
<i>amiodarone tab 100mg</i>	Tier 4	
<i>amiodarone tab 200mg</i> (generic of CORDARONE)	Tier 2	
<i>amiodarone tab 400mg</i>	Tier 4	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
DOFETILIDE	Tier 4	NMO
<i>flecainide acetate</i>	Tier 3	
<i>mexiletine hcl</i>	Tier 4	
MULTAQ	Tier 4	
NORPACE CR PA if 65 years and older	Tier 4	PA
<i>propafenone hcl</i> 150mg, 300mg	Tier 3	
<i>propafenone hcl</i> (generic of RYTHMOL) 225mg	Tier 3	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 4	
<i>quinidine gluconate</i> TBCR	Tier 4	
<i>quinidine sulfate</i> TABS	Tier 2	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 2	
<i>sotalol hcl</i> 240mg	Tier 2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 3	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>lovastatin</i> 10mg, 20mg	Tier 1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1	
<i>pravastatin sodium</i> 10mg	Tier 2	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 2	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 4	
<i>cholestyramine light</i> PACK	Tier 4	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl</i> (generic of COLESTID)	Tier 4	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 4	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	Tier 4	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	Tier 3	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 2	
JUXTAPID	Tier 5	NMO LA PA
KYNAMRO	Tier 5	NMO PA
<i>niacin (antihyperlipidemic)</i>	Tier 3	
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 4	QL
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 750mg, 1000mg	Tier 4	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	Tier 4	
PRALUENT	Tier 5	NMO PA
VASCEPA	Tier 4	
WELCHOL	Tier 3	
ZETIA	Tier 4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 50)	Tier 3	
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 100)	Tier 3	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide</i>	Tier 3	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol</i> (generic of TENORMIN) TABS	Tier 1	
<i>bisoprolol fumarate</i> (generic of ZEBETA) BYSTOLIC	Tier 3 Tier 4	
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 3	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 2	
<i>metoprolol tartrate</i> SOLN	Tier 4	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>pindolol</i>	Tier 4	
<i>propranolol cap er</i> 60mg, 80mg	Tier 4	
<i>propranolol cap er</i> (generic of INDERAL LA) 120mg, 160mg	Tier 4	
<i>propranolol hcl</i> SOLN	Tier 4	
<i>propranolol hcl</i> TABS	Tier 3	
<i>propranolol oral sol</i>	Tier 3	
<i>timolol maleate</i> TABS	Tier 4	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD)	Tier 3	
<i>dilt-xr cap</i>	Tier 3	
<i>diltiazem cap</i> (generic of TIAZAC)	Tier 3	
<i>diltiazem cap 120mg/24hr</i>	Tier 3	
<i>diltiazem cap 240mg/24hr</i>	Tier 3	
<i>diltiazem cap er/12hr</i>	Tier 4	
<i>diltiazem hcl</i> SOLN	Tier 4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 2	
<i>diltiazem hcl</i> TABS 90mg	Tier 2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	Tier 3	
<i>nicardipine hcl</i> CAPS	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine</i> (generic of ADALAT CC) TB24	Tier 3	
<i>nifedipine cr</i> (generic of ADALAT CC)	Tier 3	
<i>nifedipine er</i> (generic of PROCARDIA XL)	Tier 3	
<i>nifedipine xl</i> (generic of PROCARDIA XL)	Tier 3	
<i>nimodipine</i> CAPS	Tier 5	
NYMALIZE	Tier 5	
<i>taztia xt</i> (generic of TIAZAC)	Tier 3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 4	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 4	
VERAPAMIL CAP ER 360mg	Tier 4	
<i>verapamil hcl</i> SOLN	Tier 4	
<i>verapamil hcl</i> TABS 40mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 2	
<i>verapamil tab er</i> (generic of CALAN SR)	Tier 2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 3	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 65 years and older	Tier 3	PA
<i>digoxin</i> (generic of LANOXIN) TABS .25mg, 250mcg PA if 65 years and older	Tier 3	PA
<i>digoxin</i> (generic of LANOXIN) TABS .125mg, 125mcg QL (30 tabs / 30 days)	Tier 3	QL
<i>digoxin inj</i> (generic of LANOXIN)	Tier 4	
DIGOXIN SOL 50MCG/ML PA if 65 years and older	Tier 3	PA
<b>DIURETICS</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide</i> (generic of DIAMOX) CP12	Tier 4	
<i>acetazolamide</i> TABS	Tier 3	
<i>amiloride &amp; hydrochlorothiazide</i>	Tier 2	
<i>amiloride hcl</i> TABS	Tier 3	
<i>bumetanide</i> SOLN	Tier 4	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 3	
<i>chlorothiazide tabs</i>	Tier 3	
<i>chlorthalidone</i> 25mg, 50mg	Tier 3	
<i>furosemide</i> SOLN	Tier 2	
<i>furosemide</i> (generic of LASIX) TABS	Tier 1	
<i>furosemide inj</i> 10mg/ml	Tier 4	
FUROSEMIDE INJ 10mg/ml	Tier 4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 2	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	Tier 4	
<i>metolazone</i>	Tier 3	
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 3	
<i>torseamide tabs</i> (generic of DEMADEX) 5mg, 10mg, 20mg	Tier 2	
<i>torseamide tabs</i> 100mg	Tier 2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 1	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 1	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	Tier 1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
DEMSER	Tier 5	
<i>hydralazine hcl</i> SOLN	Tier 4	
<i>hydralazine hcl</i> TABS	Tier 3	
<i>midodrine hcl</i>	Tier 4	
<i>minoxidil</i> TABS	Tier 3	
NORTHERA	Tier 5	NMO LA PA
RANEXA	Tier 3	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	Tier 2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 3	
<i>isosorbide dinitrate er</i>	Tier 4	
<i>isosorbide mononitrate er</i>	Tier 2	
<i>nitroglycerin</i> OINT	Tier 3	
<i>nitroglycerin</i> (generic of NITRO-DUR) PT24	Tier 3	
<i>nitroglycerin td patch</i>	Tier 3	
NITROSTAT	Tier 3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	Tier 5	NMO PA
ADEMPAS	Tier 5	QL NMO LA PA
QL (90 tabs / 30 days)		
LETAIRIS	Tier 5	QL NMO LA PA
QL (30 tabs / 30 days)		
OPSUMIT	Tier 5	NMO LA PA
REMODULIN	Tier 5	NMO LA PA
REVATIO SUSR	Tier 5	QL NMO PA
QL (224 mL / 30 days)		
<i>sildenafil citrate</i> ( <i>pulmonary hypertension</i> ) (generic of REVATIO) TABS	Tier 3	QL NMO PA
QL (90 tabs / 30 days)		
UPTRAVI TABS 200mcg	Tier 5	QL NMO LA PA
QL (480 tabs / 30 days)		
UPTRAVI TABS 400mcg	Tier 5	QL NMO LA PA
QL (240 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
UPTRAVI TABS 600mcg	Tier 5	QL NMO LA PA
QL (150 tabs / 30 days)		
UPTRAVI TABS 800mcg	Tier 5	QL NMO LA PA
QL (120 tabs / 30 days)		
UPTRAVI TABS 1000mcg	Tier 5	QL NMO LA PA
QL (90 tabs / 30 days)		
UPTRAVI TABS 1200mcg, 1400mcg, 1600mcg	Tier 5	QL NMO LA PA
QL (60 tabs / 30 days)		
UPTRAVI TBPK	Tier 5	NMO LA PA
VENTAVIS	Tier 5	NMO PA
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg</i> (generic of XANAX)	Tier 2	QL
QL (240 tabs / 30 days)		
<i>alprazolam tab 0.25mg</i> (generic of XANAX)	Tier 2	QL
QL (480 tabs / 30 days)		
<i>alprazolam tab 1mg</i> (generic of XANAX)	Tier 2	QL
QL (120 tabs / 30 days)		
<i>alprazolam tab 2 mg</i> (generic of XANAX)	Tier 2	QL
QL (150 tabs / 30 days)		
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	Tier 2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	Tier 3	QL
QL (45 tabs / 30 days)		
<i>fluvoxamine maleate</i> TABS 100mg	Tier 3	
<i>lorazepam</i> CONC	Tier 3	QL
QL (150 mL / 30 days)		
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 4	
<i>lorazepam</i> (generic of ATIVAN) TABS	Tier 2	QL
QL (150 tabs / 30 days)		
<b>ANTICONVULSANTS</b>		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
APTIOM 200mg QL (180 tabs / 30 days)	Tier 4	QL	<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	Tier 3	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 4	QL	<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days)	Tier 3	QL PA
APTIOM 600mg QL (60 tabs / 30 days)	Tier 4	QL	<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days)	Tier 3	QL PA
APTIOM 800mg QL (30 tabs / 30 days)	Tier 4	QL	<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days)	Tier 3	QL PA
BANZEL SUS 40MG/ML	Tier 5	PA	<i>diazepam</i> CONC QL (240 mL / 30 days)	Tier 3	QL PA
BANZEL TAB 200MG	Tier 5	PA	<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days)	Tier 3	QL PA
BANZEL TAB 400MG	Tier 5	PA	<i>diazepam</i> SOLN 5mg/ml	Tier 4	
BRIVIACT SOLN 10mg/ml	Tier 5	PA	<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	Tier 2	QL PA
BRIVIACT SOLN 50mg/5ml	Tier 4	PA	DIAZEPAM GEL (ANTICONVULSANT)	Tier 4	
BRIVIACT TABS	Tier 5	PA	<i>dilantin</i>	Tier 4	
<i>carbamazepine</i> CHEW	Tier 3		<i>dilantin chw 50mg</i>	Tier 4	
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 4		DILANTIN-125 SUS 125/5ML	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP; TABS	Tier 4		<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 4	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	Tier 4		<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 4	
CELONTIN	Tier 4		<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 3	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	Tier 2	QL	<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL	<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 5	
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	Tier 2	QL	<i>felbamate</i> (generic of FELBATOL) TABS	Tier 4	
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	Tier 3	QL	FYCOMPA SUSP QL (720 mL / 30 days)	Tier 4	QL PA
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL			
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	Tier 3	QL			
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	Tier 3	QL			

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2mg QL (180 tabs / 30 days)	Tier 4	QL PA	<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	Tier 3	
FYCOMPA TABS 4mg QL (90 tabs / 30 days)	Tier 4	QL PA	LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL
FYCOMPA TABS 6mg QL (60 tabs / 30 days)	Tier 4	QL PA	LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL
FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA	LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 2	QL	LYRICA SOLN QL (946 mL / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 2	QL	ONFI SOLN	Tier 5	PA
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL	ONFI TAB 10mg	Tier 4	PA
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 3	QL	ONFI TAB 20mg	Tier 5	PA
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 4	
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 3	QL	<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 3	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 3		PEGANONE	Tier 4	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 2		<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	Tier 4	PA
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 3		PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	Tier 4	PA
<i>levetiracetam inj</i> (generic of KEPPRA)	Tier 4		<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	Tier 4	PA
LEVETIRACETAM IV	Tier 4		<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 3	
			<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 3	
			<i>phenytoin sodium</i> SOLN	Tier 4	
			<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 3	
			<i>phenytoin sodium extended</i> 200mg, 300mg	Tier 4	
			<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 3	
			POTIGA 50mg	Tier 4	
			POTIGA 200mg QL (180 tabs / 30 days)	Tier 4	QL
			POTIGA 300mg, 400mg QL (90 tabs / 30 days)	Tier 4	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i> (generic of MYSOLINE) TABS	Tier 3		<i>donepezil hydrochloride</i> TBDP 5mg	Tier 2	QL
SABRIL PACK QL (180 packets / 30 days)	Tier 5	QL NMO LA PA	QL (60 tabs / 30 days)		
SABRIL TABS QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA	<i>donepezil hydrochloride</i> TBDP 10mg	Tier 2	
SPRITAM	Tier 4		<i>galantamine hydrobromide</i> SOLN	Tier 4	
TEGRETOL	Tier 4		<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg	Tier 4	QL
TEGRETOL-XR	Tier 4		QL (180 tabs / 30 days)		
<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 4		<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg	Tier 4	QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 4		QL (90 tabs / 30 days)		
<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 2		<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	Tier 4	
<i>valproate sodium</i> (generic of DEPACON) SOLN	Tier 4		<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) 8mg, 16mg	Tier 4	QL
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	Tier 2		QL (30 caps / 30 days)		
<i>valproic acid</i> (generic of DEPAKENE)	Tier 3		<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) 24mg	Tier 4	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL	<i>memantine hcl</i> (generic of NAMENDA) SOLN	Tier 3	PA
VIMPAT SOLN 200mg/20ml	Tier 4		PA if < 30 yrs		
VIMPAT TABS 50mg QL (180 tabs / 30 days)	Tier 4	QL	<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg	Tier 4	PA
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL	PA if < 30 yrs		
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 3		MEMANTINE HCL TABS 10mg	Tier 4	PA
<i>zonisamide</i> CAPS 50mg	Tier 3		PA if < 30 yrs		
<b>ANTIDEMENTIA</b>			NAMENDA XR	Tier 4	PA
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (60 tabs / 30 days)	Tier 2	QL	PA if < 30 yrs		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 2		NAMENDA XR TITRATION PACK	Tier 4	PA
			PA if < 30 yrs		
			NAMZARIC	Tier 4	
			<i>rivastigmine tartrate</i> (generic of EXELON)	Tier 4	
			<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON)	Tier 4	QL
			QL (30 patches / 30 days)		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 4	QL	<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	Tier 4	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> (generic of EXELON) QL (30 patches / 30 days)	Tier 4	QL	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 4	QL
<b>ANTIDEPRESSANTS</b>			<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 4	QL
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	Tier 4	PA	<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 4	QL
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	Tier 4	PA	EMSAM QL (30 patches / 30 days)	Tier 5	QL PA
<i>amoxapine</i>	Tier 3		<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN QL (600 mL / 30 days)	Tier 4	QL
<i>bupropion hcl</i> TABS	Tier 3		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg QL (45 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 3		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (90 tabs / 30 days)	Tier 3	QL	FETZIMA 20mg QL (180 caps / 30 days)	Tier 4	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 3	QL	FETZIMA 40mg QL (90 caps / 30 days)	Tier 4	QL
<i>citalopram hydrobromide</i> SOLN	Tier 3		FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg QL (45 tabs / 30 days)	Tier 1	QL	FETZIMA TITRATION PACK	Tier 4	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 40mg QL (30 tabs / 30 days)	Tier 1	QL	<i>fluoxetine cap 10mg</i> (generic of PROZAC) QL (30 caps / 30 days)	Tier 1	QL
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	Tier 4	PA	<i>fluoxetine cap 20mg</i> (generic of PROZAC) QL (120 caps / 30 days)	Tier 1	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 4		<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 4		<i>fluoxetine hcl</i> SOLN	Tier 3	
			<i>fluoxetine hcl</i> TABS 10mg QL (45 tabs / 30 days)	Tier 4	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl</i> TABS 20mg	Tier 4	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	Tier 4	PA
<i>maprotiline hcl</i>	Tier 4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 4	QL
<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	Tier 2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	Tier 2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	Tier 2	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg QL (30 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg	Tier 3	
<i>nefazodone hcl</i>	Tier 4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 2	
<i>nortriptyline hcl</i> SOLN	Tier 3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 40mg QL (45 tabs / 30 days)	Tier 1	QL
<i>paroxetine hcl</i> (generic of PAXIL) TABS 30mg QL (60 tabs / 30 days)	Tier 1	QL
PAXIL SUSP QL (900 mL / 30 days)	Tier 4	QL
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	Tier 3	
PRISTIQ QL (30 tabs / 30 days)	Tier 3	QL
<i>protriptyline hcl</i>	Tier 4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	Tier 4	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg QL (45 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 100mg	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 2	
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) PA if 65 years and older	Tier 4	QL PA
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) PA if 65 years and older	Tier 4	QL PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) PA if 65 years and older	Tier 4	QL PA
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 4	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 4	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 4	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg QL (30 caps / 30 days)	Tier 2	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 150mg QL (60 caps / 30 days)	Tier 2	QL
<i>venlafaxine hcl</i> TABS	Tier 3	
VIIBRYD STARTER PACK	Tier 4	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	Tier 4	QL
<i>amantadine hcl</i> SYRP	Tier 2	
<i>amantadine hcl</i> TABS	Tier 4	
APOKYN	Tier 5	NMO LA PA
AZILECT	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
BENZTROPINE MESYLATE SOLN	Tier 3		ABILIFY MAINTENA 300mg, 400mg	Tier 4	QL
<i>benztropine mesylate</i> TABS	Tier 4	PA	QL (1 syringe / 28 days)		
PA if 65 years and older			ABILIFY MAINTENA 300mg, 400mg	Tier 4	QL
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	Tier 4		QL (1 vial / 28 days)		
<i>bromocriptine mesylate</i> TABS	Tier 4		<i>aripiprazole</i>	Tier 5	QL
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 2		QL (60 tabs / 30 days)		
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 3		<i>aripiprazole oral solution 1 mg/ml</i>	Tier 5	QL
<i>carbidopa-levodopa</i> TBDP	Tier 4		QL (900 mL / 30 days)		
ENTACAPONE	Tier 4		<i>aripiprazole tab</i> (generic of ABILIFY)	Tier 4	QL
NEUPRO	Tier 4		QL (30 tabs / 30 days)		
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	Tier 2		<i>chlorpromazine hcl</i> TABS	Tier 4	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 2		<i>chlorpromazine inj</i>	Tier 4	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 2		CLOZAPINE ODT 12.5mg	Tier 4	PA
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 2		CLOZAPINE ODT 25mg	Tier 4	PA
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 2		CLOZAPINE ODT 100mg	Tier 4	QL PA
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 2		QL (270 tabs / 30 days)		
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 2		CLOZAPINE ODT 150mg	Tier 4	QL PA
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	Tier 2		QL (180 tabs / 30 days)		
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 2		CLOZAPINE ODT 200mg	Tier 4	QL PA
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 2		QL (135 tabs / 30 days)		
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 2		<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 3	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 2		<i>clozapine tab 50mg</i>	Tier 3	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 2		<i>clozapine tab 100mg</i> (generic of CLOZARIL)	Tier 4	QL
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 4		QL (270 tabs / 30 days)		
<i>selegiline hcl</i> TABS	Tier 4		<i>clozapine tab 200mg</i>	Tier 4	QL
			QL (135 tabs / 30 days)		
<b>ANTIPSYCHOTICS</b>			FANAPT	Tier 4	QL
			QL (60 tabs / 30 days)		
			FANAPT TITRATION PACK	Tier 4	
			<i>fluphenazine decanoate</i> SOLN	Tier 4	
			<i>fluphenazine hcl</i> CONC; ELIX; SOLN	Tier 4	
			<i>fluphenazine hcl</i> TABS	Tier 2	
			GEODON SOLR	Tier 4	QL
			QL (6 mL / 3 days)		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS	Tier 3		<i>olanzapine</i> (generic of ZYPREXA) SOLR	Tier 4	QL
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN	Tier 4		QL (3 vials / 1 day)		
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN	Tier 4		<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg	Tier 3	QL
<i>haloperidol lactate conc</i>	Tier 2		QL (240 tabs / 30 days)		
<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 4		<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg	Tier 3	QL
INVEGA SUST INJ 39MG/0.25ML	Tier 4	QL	QL (120 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg	Tier 3	QL
INVEGA SUST INJ 78MG/0.5ML	Tier 4	QL	QL (30 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg	Tier 3	QL
INVEGA SUST INJ 117MG/0.75ML	Tier 4	QL	QL (60 tabs / 30 days)		
QL (1 injection / 28 days)			<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP	Tier 4	QL
INVEGA SUST INJ 156MG/ML	Tier 4	QL	5mg		
QL (1 injection / 28 days)			QL (30 tabs / 30 days)		
INVEGA SUST INJ 234MG/1.5ML	Tier 4	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP	Tier 4	QL
QL (1 injection / 28 days)			10mg, 15mg, 20mg		
INVEGA TRINZA	Tier 4	QL	QL (60 tabs / 30 days)		
QL (1 syringe / 90 days)			<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg	Tier 5	QL
LATUDA 20mg	Tier 4	QL	QL (30 tabs / 30 days)		
QL (240 tabs / 30 days)			<i>paliperidone</i> (generic of INVEGA) 6mg	Tier 5	QL
LATUDA 40mg, 120mg	Tier 4	QL	QL (60 tabs / 30 days)		
QL (30 tabs / 30 days)			<i>perphenazine</i> TABS	Tier 4	
LATUDA 60mg, 80mg	Tier 4	QL	<i>pimozide</i> (generic of ORAP)	Tier 4	
QL (60 tabs / 30 days)			<i>quetiapine fumarate</i> (generic of SEROQUEL)	Tier 2	QL
<i>loxapine succinate</i>	Tier 3		QL (90 tabs / 30 days)		
<i>molindone hcl</i>	Tier 4		REXULTI 1mg	Tier 4	QL
NUPLAZID	Tier 5	QL NMO LA PA	QL (90 tabs / 30 days)		
QL (60 tabs / 30 days)			REXULTI 2mg	Tier 4	QL
			QL (60 tabs / 30 days)		
			REXULTI 3mg, 4mg	Tier 4	QL
			QL (30 tabs / 30 days)		
			REXULTI .5mg	Tier 4	QL
			QL (180 tabs / 30 days)		
			REXULTI .25mg	Tier 4	QL
			QL (360 tabs / 30 days)		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 4	QL	SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 4	QL	SEROQUEL XR 50mg QL (120 tabs / 30 days)	Tier 4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 4	QL	SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 4	QL	SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 3	QL	<i>thioridazine hcl</i> TABS PA if 65 years and older	Tier 4	PA
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 2	QL	<i>thiothixene</i>	Tier 4	
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	Tier 2	QL	<i>trifluoperazine hcl</i>	Tier 4	
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	Tier 2	QL	VERSACLOZ QL (600 mL / 30 days)	Tier 5	QL PA
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL	VRAYLAR 1.5mg QL (120 caps / 30 days)	Tier 5	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL	VRAYLAR 3mg QL (60 caps / 30 days)	Tier 5	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 4	QL	VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	Tier 5	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 4	QL	VRAYLAR THERAPY PACK	Tier 4	
<i>risperidone</i> TBDP .25mg QL (90 tabs / 30 days)	Tier 4	QL	<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 4	QL	<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	Tier 4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 4	QL	ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 4	QL PA
			ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 4	QL PA
			ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	Tier 4	QL PA
			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
			<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 4	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 4	QL	<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL	<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	Tier 4	PA
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL	<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 4	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 3	QL	<i>methylphenidate hcl</i> TBCR QL (90 tabs / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 3	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 3	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	Tier 3	QL	STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 3	QL	STRATTERA 40mg QL (60 caps / 30 days)	Tier 4	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 3	QL	STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL
			<b>HYPNOTICS</b>		
			HETLIOZ	Tier 5	NMO LA PA
			SILENOR 3mg QL (60 tabs / 30 days)	Tier 3	QL
			SILENOR 6mg QL (30 tabs / 30 days)	Tier 3	QL

You can find information on what symbols and abbreviations on this table mean by going to page 5.  
**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization  
**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order  
00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<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	Tier 3	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 4	QL
<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	Tier 3	QL PA	SUMATRIPTAN NASAL SPRAY 5mg/act QL (24 inhalers / 30 days)	Tier 4	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 4	QL PA	SUMATRIPTAN NASAL SPRAY 20mg/act QL (12 inhalers / 30 days)	Tier 4	QL
<b>MIGRAINE</b>			<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 2	QL
<i>cafergot</i>	Tier 4		<b>MISCELLANEOUS</b>		
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	Tier 3		<i>lithium carbonate</i> CAPS; TABS	Tier 2	
<i>ergotamine w/ caffeine</i>	Tier 5		<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 2	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	Tier 3	QL	<i>lithium carbonate er</i> 450mg	Tier 2	
SUMATRIPTAN INJ 4MG/0.5ML QL (18 injections / 30 days)	Tier 4	QL	LITHIUM SOLN 8MEQ/5ML	Tier 3	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 4	QL	NUDEXTA	Tier 4	PA
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 4	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	Tier 3	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 4	QL	<i>riluzole</i> (generic of RILUTEK)	Tier 3	
			TETRABENAZINE 12.5mg QL (240 tabs / 30 days)	Tier 5	QL NMO PA
			TETRABENAZINE 25mg QL (120 tabs / 30 days)	Tier 5	QL NMO PA
			<b>MULTIPLE SCLEROSIS AGENTS</b>		
			AMPYRA	Tier 5	NMO LA PA
			BETASERON QL (14 syringes / 28 days)	Tier 5	QL NMO PA
			COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	Tier 5	QL NMO PA
			GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 5	QL NMO PA
			<i>glatiramer acetate</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 5	QL NMO PA

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
TYSABRI	Tier 5	NMO LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS	Tier 2	
<i>cyclobenzaprine hcl</i> 5mg, 10mg PA if 65 years and older	Tier 4	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) 25mg, 50mg	Tier 4	
<i>dantrolene sodium</i> 100mg	Tier 4	
<i>tizanidine hcl</i> 2mg	Tier 2	
<i>tizanidine hcl</i> (generic of ZANAFLEX) 4mg	Tier 2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> (generic of NUVIGIL) 50mg QL (150 tabs / 30 days)	Tier 4	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg QL (60 tabs / 30 days)	Tier 4	QL PA
ARMODAFINIL 200mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 250mg QL (30 tabs / 30 days)	Tier 4	QL PA
XYREM QL (540 mL / 30 days)	Tier 5	QL LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	Tier 4	
<i>buprenorphine hcl</i>	Tier 3	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	Tier 3	QL PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 3	
CHANTIX CONTINUING MONTH	Tier 4	PA
CHANTIX PAK 0.5& 1MG	Tier 4	PA
CHANTIX TAB 0.5MG	Tier 4	PA
CHANTIX TAB 1MG	Tier 4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 4	
<i>naloxone inj</i> 0.4mg/ml	Tier 3	
<i>naloxone inj</i> 1mg/ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>naltrexone hcl</i> TABS	Tier 3	
NICOTROL INHALER	Tier 4	
NICOTROL NS	Tier 4	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	Tier 4	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	Tier 4	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	Tier 4	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	Tier 4	QL PA
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANADROL-50	Tier 5	PA
ANDRODERM QL (30 patches / 30 days)	Tier 4	QL PA
AXIRON QL (440 mL / 30 days)	Tier 3	QL PA
<i>oxandrolone tab</i> 2.5mg (generic of OXANDRIN)	Tier 3	PA
<i>oxandrolone tab</i> 10mg (generic of OXANDRIN)	Tier 3	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 4	PA
<i>testosterone enanthate</i> SOLN	Tier 4	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	Tier 3	
BYDUREON INJ QL (4 vials / 28 days)	Tier 3	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 3	QL
BYETTA QL (1 pen / 30 days)	Tier 4	QL
GAUZE PADS 2" X 2"	Tier 3	
HUMULIN R INJ U-500	Tier 5	B/D
HUMULIN R U-500 KWIKPEN	Tier 5	
INSULIN PEN NEEDLE	Tier 3	
INSULIN SYRINGE	Tier 3	
LANTUS	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR	Tier 3		<i>glip/metform tab 2.5-250mg</i>	Tier 2	QL
LEVEMIR	Tier 3		QL (240 tabs / 30 days)		
LEVEMIR FLEXTOUCH	Tier 3		<i>glip/metform tab 2.5-500mg</i>	Tier 2	QL
NOVOLIN 70/30 (brand RELION not covered)	Tier 3		QL (120 tabs / 30 days)		
NOVOLIN N (brand RELION not covered)	Tier 3		<i>glip/metform tab 5-500mg</i>	Tier 2	QL
NOVOLIN R (brand RELION not covered)	Tier 3		QL (120 tabs / 30 days)		
NOVOLOG	Tier 3		<i>glipizide (generic of GLUCOTROL) TABS 5mg</i>	Tier 1	QL
NOVOLOG FLEXPEN	Tier 3		QL (240 tabs / 30 days)		
NOVOLOG MIX 70/30	Tier 3		<i>glipizide (generic of GLUCOTROL) TABS 10mg</i>	Tier 1	QL
NOVOLOG MIX 70/30 PREFILL	Tier 3		QL (120 tabs / 30 days)		
NOVOLOG PENFILL	Tier 3		<i>glipizide (generic of GLUCOTROL XL) TB24 2.5mg</i>	Tier 2	QL
SYMLINPEN 60 QL (8 pens / 30 days)	Tier 5	QL PA	QL (240 tabs / 30 days)		
SYMLINPEN 120 QL (4 pens / 30 days)	Tier 5	QL PA	<i>glipizide (generic of GLUCOTROL XL) TB24 5mg</i>	Tier 2	QL
TOUJEO SOLOSTAR	Tier 3		QL (120 tabs / 30 days)		
TRESIBA FLEXTOUCH	Tier 3		<i>glipizide (generic of GLUCOTROL XL) TB24 10mg</i>	Tier 2	QL
TRULICITY QL (4 pens / 28 days)	Tier 4	QL	QL (60 tabs / 30 days)		
VICTOZA QL (3 pens / 30 days)	Tier 3	QL	GLIPIZIDE XL TB24 2.5MG	Tier 2	QL
<b>ANTIDIABETICS, ORAL</b>			QL (240 tabs / 30 days)		
<i>acarbose</i> (generic of PRECOSE)	Tier 3		GLIPIZIDE XL TB24 5MG	Tier 2	QL
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 3	QL	QL (120 tabs / 30 days)		
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 3	QL	INVOKAMET TAB 50-500MG	Tier 3	QL
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL	QL (120 tabs / 30 days)		
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL	INVOKAMET TAB 50-1000MG	Tier 3	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL	QL (60 tabs / 30 days)		
			INVOKAMET TAB 150-500MG	Tier 3	QL
			QL (60 tabs / 30 days)		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	Tier 3	QL
INVOKANA 100mg QL (90 tabs / 30 days)	Tier 3	QL
INVOKANA 300mg QL (30 tabs / 30 days)	Tier 3	QL
JANUMET QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 3	QL
JANUVIA QL (30 tabs / 30 days)	Tier 3	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days)	Tier 1	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 2	QL
<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 3	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 3	QL
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	Tier 1	
<i>alendronate sodium</i> TABS 35mg QL (4 tabs / 28 days)	Tier 1	QL
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg QL (4 tabs / 28 days)	Tier 1	QL
<i>pamidronate disodium</i> <i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 4	B/D
<i>zoledronic acid</i> SOLR <i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	Tier 4	B/D NMO
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg QL (120 tabs / 30 days)	Tier 3	QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 5	QL NMO
SENSIPAR 90mg QL (120 tabs / 30 days)	Tier 5	QL NMO
<b>CHELATING AGENTS</b>		
CHEMET	Tier 4	
DEPEN TITRATABS	Tier 5	
EXJADE	Tier 5	NMO LA PA

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
FERRIPROX	Tier 5	NMO LA PA
<i>kionex powder</i> (generic of KAYEXALATE)	Tier 4	
<i>kionex susp 15gm/60ml</i>	Tier 3	
<i>sodium polystyrene sulfonate</i> (generic of KAYEXALATE) POWD	Tier 4	
<i>sodium polystyrene sulfonate</i> SUSP	Tier 3	
<i>sps susp 15gm/60ml</i>	Tier 3	
SYPRINE	Tier 5	
<b>CONTRACEPTIVES</b>		
<i>altavera tab</i>	Tier 3	
<i>aubra 0.1-0.02mg</i>	Tier 3	
<i>cryselle-28</i>	Tier 3	
<i>cyred tab</i> (generic of DESOGEN)	Tier 3	
<i>delyla 0.1-0.02mg</i>	Tier 3	
<i>desogestrel &amp; ethinyl estradiol</i> (generic of DESOGEN)	Tier 3	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 3	
<i>desogestrel-ethinyl estradiol</i> (triphasic) (generic of CYCLESSA)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 3	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 3	
ELLA	Tier 4	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>ethynodiol diacet &amp; eth estrad</i>	Tier 3	
<i>falmina</i>	Tier 3	
GIANVI TAB 3-0.02MG	Tier 3	
<i>gildess 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>heather</i> (generic of NOR-QD)	Tier 3	
JOLESSA TAB 0.15-0.03 MG	Tier 3	
JOLIVETTE	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
LEENA TAB	Tier 3	
<i>levonor/ethi tab</i>	Tier 3	
<i>levonorgestrel &amp; eth estradiol</i>	Tier 3	
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP)	Tier 3	
<i>levonorgestrel-eth estradiol (triphasic)</i>	Tier 3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 3	
<i>loryna</i> (generic of YAZ)	Tier 3	
<i>low-ogestrel</i>	Tier 3	
<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 4	
MICROGESTIN 1.5/30	Tier 3	
MICROGESTIN 1/20	Tier 3	
MICROGESTIN FE 1.5/30	Tier 3	
MICROGESTIN FE 1/20	Tier 3	
<i>mono-linyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 3	
MONONESSA	Tier 3	
<i>myzilra</i>	Tier 3	
<i>necon 1/35-28</i> (generic of NORINYL 1+35)	Tier 3	
NECON 1/50-28	Tier 3	
NECON 7/7/7	Tier 3	
<i>nikki 3-0.02mg</i> (generic of YAZ)	Tier 3	
NORA-BE TAB 0.35MG	Tier 3	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1.5/30)	Tier 3	
<i>norethin acet &amp; estrad-fe</i> (generic of LOESTRIN FE 1/20)	Tier 3	
<i>norethindrone &amp; eth estradiol</i> (generic of BREVICON-28)	Tier 3	
<i>norethindrone &amp; eth estradiol</i> (generic of NORINYL 1+35)	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone &amp; eth estradiol</i> (generic of OVCON-35)	Tier 3	
<i>norethindrone (contraceptive)</i> (generic of NOR-QD) .35mg	Tier 3	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR) .35mg	Tier 3	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1.5/30-21)	Tier 3	
<i>norethindrone acet &amp; eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 3	
<i>norethindrone acetate-ethinyl estradiol-fe</i> (generic of ESTROSTEP FE)	Tier 3	
<i>norethindrone-eth estradiol (triphasic)</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 3	
<i>norethindrone-eth estradiol (triphasic)</i> (generic of TRI-NORINYL 28)	Tier 3	
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol</i> (generic of ORTHO-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>norlyroc 0.35mg</i> (generic of NOR-QD)	Tier 3	
NUVARING	Tier 4	
OCELLA TAB 3-0.03MG	Tier 3	
<i>philith</i> (generic of OVCON-35)	Tier 3	
<i>setlakin tab</i>	Tier 3	
<i>sharobel 0.35mg</i> (generic of ORTHO MICRONOR)	Tier 3	
<i>sronyx</i>	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>syeda</i> (generic of YASMIN 28)	Tier 3	
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 3	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 3	
TRINESSA	Tier 3	
TRINESSA LO TAB	Tier 3	
<i>vestura</i> (generic of YAZ)	Tier 3	
<i>viorele</i> (generic of MIRCETTE)	Tier 3	
<i>xulane dis 150-35</i>	Tier 4	
<i>zarah</i> (generic of YASMIN 28)	Tier 3	
<i>zenchent</i> (generic of OVCON-35)	Tier 3	
<b>ENDOMETRIOSIS</b>		
<i>danazol</i> CAPS	Tier 4	
SYNAREL	Tier 5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	Tier 5	NMO LA PA
ALDURAZYME	Tier 5	NMO LA PA
BUPHENYL TABS	Tier 5	NMO LA PA
CARBAGLU	Tier 5	NMO LA PA
CERDELGA	Tier 5	NMO PA
CEREZYME	Tier 5	NMO LA PA
CYSTADANE POW	Tier 5	NMO LA
CYSTAGON	Tier 4	NMO LA PA
FABRAZYME	Tier 5	NMO LA PA
KUVAN	Tier 5	NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR)	Tier 4	B/D
LUMIZYME	Tier 5	NMO LA PA
NAGLAZYME	Tier 5	NMO LA PA
ORFADIN CAPS 2mg, 5mg, 10mg	Tier 5	NMO LA PA
ORFADIN SUSP	Tier 5	NMO LA PA
RAVICTI	Tier 5	NMO PA
ZAVESCA	Tier 5	NMO LA PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	Tier 4	
<i>estrace</i> CREA	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol val inj 20mg/ml</i> (generic of DELESTROGEN)	Tier 3	
<i>estradiol val inj 40mg/ml</i> (generic of DELESTROGEN)	Tier 3	
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older	Tier 4	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older	Tier 4	PA
<i>fyavolv tab 1-5mg</i> PA if 65 years and older	Tier 4	PA
<i>norethindrone acetate-ethinyl estradiol</i> PA if 65 years and older	Tier 4	PA
VAGIFEM	Tier 4	
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	Tier 4	
<i>cortisone acetate</i> TABS	Tier 4	
<i>dexamethasone</i> CONC; ELIX; SOLN	Tier 3	
<i>dexamethasone</i> TABS	Tier 2	
<i>dexamethasone sodium phosphate</i>	Tier 4	
<i>fludrocortisone acetate</i> TABS	Tier 2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 3	
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	Tier 4	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	Tier 4	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	Tier 4	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	Tier 4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 2	
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 3	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 3	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL)	Tier 4	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	Tier 3	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 2	B/D
<i>prednisolone sol 25mg/5ml</i>	Tier 3	B/D
<i>prednisolone syrup 15 mg/5ml</i>	Tier 2	B/D
<i>prednisone con 5mg/ml</i>	Tier 3	B/D
<i>prednisone pak 5mg</i>	Tier 2	
<i>prednisone pak 10mg</i>	Tier 2	
<i>prednisone sol 5mg/5ml</i>	Tier 3	B/D
<i>prednisone tab 1mg</i>	Tier 1	B/D
<i>prednisone tab 2.5mg</i>	Tier 1	B/D
<i>prednisone tab 5mg</i>	Tier 1	B/D
<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>prednisone tab 50mg</i>	Tier 1	B/D
SOLU-CORTEF 250mg	Tier 4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	Tier 3	
GLUCAGON EMERGENCY KIT	Tier 3	
PROGLYCEM SUS 50MG/ML	Tier 4	
<b>HUMAN GROWTH HORMONES</b>		
NORDITROPIN FLEXPRO	Tier 5	NMO PA
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	Tier 4	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 3	B/D
FORTICAL	Tier 3	B/D
INCRELEX	Tier 5	NMO LA PA
KORLYM	Tier 5	NMO LA PA
MIACALCIN 200unit/ml	Tier 4	B/D
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	Tier 4	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	Tier 5	NMO PA

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
PROLIA QL (1 syringe / 180 days)	Tier 4	QL NMO
<i>raloxifene tab 60mg</i> (generic of EVISTA)	Tier 3	
SIGNIFOR	Tier 5	NMO LA PA
SOMATULINE DEPOT	Tier 5	NMO PA
SOMAVERT	Tier 5	NMO LA PA
XGEVA	Tier 5	NMO PA
<b>PARATHYROID HORMONES</b>		
FORTEO QL (1 pen / 28 days)	Tier 5	QL NMO PA
NATPARA	Tier 5	NMO PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	Tier 4	
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	Tier 3	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	Tier 3	
REVELA PAK 0.8GM	Tier 3	
REVELA PAK 2.4GM	Tier 3	
REVELA TAB 800MG	Tier 3	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 2	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 3	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2	
LEVOTHYROXINE SODIUM TABS 75mcg, 300mcg	Tier 2	
LEVOXYL	Tier 2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 2	
<i>propylthiouracil</i> TABS	Tier 3	
SYNTHROID	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
UNITHROID	Tier 2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 4	
<i>desmopressin acetate spray refrigerated</i>	Tier 4	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 3	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 4	
DESMOPRESSIN SOL 0.01%	Tier 4	
STIMATE	Tier 4	NMO
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>compro supp</i>	Tier 3	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 4	B/D QL
EMEND SUSR	Tier 4	B/D
EMEND CAP 40MG	Tier 4	B/D
EMEND CAP 80MG	Tier 4	B/D
EMEND CAP 125MG	Tier 4	B/D
EMEND PAK 80 & 125	Tier 4	B/D
<i>granisetron hcl</i> SOLN	Tier 4	
<i>granisetron hcl</i> TABS	Tier 4	B/D
<i>meclizine hcl</i> TABS	Tier 2	
<i>metoclopramide hcl</i> SOLN	Tier 2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 2	
<i>metoclopramide hcl inj</i>	Tier 4	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	Tier 3	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 3	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	Tier 4	
<i>ondansetron hcl inj</i> (generic of ZOFTRAN) 40mg/20ml	Tier 4	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	Tier 3	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	Tier 2	B/D
<i>phenadoz</i> PA if 65 years and older	Tier 4	PA
<i>prochlorperazine inj</i>	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate</i> TABS	Tier 2	
<i>prochlorperazine supp</i>	Tier 3	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	Tier 4	PA
<i>promethazine hcl</i> SUPP; SYRP; TABS PA if 65 years and older	Tier 4	PA
<i>promethegan</i> PA if 65 years and older	Tier 4	PA
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	Tier 4	QL PA
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	Tier 2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	Tier 2	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml	Tier 4	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 3	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 40mg/4ml, 200mg/20ml	Tier 4	
<i>famotidine inj</i>	Tier 4	
<i>famotidine tab</i> (generic of PEPCID)	Tier 2	
<i>ranitidine hcl</i> SOLN	Tier 4	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	Tier 1	
<i>ranitidine hcl inj</i>	Tier 4	
<i>ranitidine syrup</i>	Tier 3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	Tier 3	
ASACOL HD	Tier 4	
<i>balsalazide disodium</i> (generic of COLAZAL)	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 5	
CANASA	Tier 4	
<i>colocort ene 100mg</i> (generic of CORTENEMA)	Tier 4	
DELZICOL	Tier 4	
DIPENTUM	Tier 5	
HYDROCORTISONE (ENEMA)	Tier 4	
<i>mesalamine enema</i>	Tier 4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 3	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 3	
<b>LAXATIVES</b>		
<i>gavilyte-h</i>	Tier 3	
<i>generlac</i>	Tier 2	
GOLYTELY	Tier 3	
<i>lactulose</i>	Tier 2	
<i>lactulose (encephalopathy)</i>	Tier 2	
MOVIPREP	Tier 4	
NULYTELY/FLAVOR PACKS	Tier 3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of COLYTE-FLAVOR PACKS)	Tier 2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 2	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	Tier 2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 2	
PEG 3350/ELECTROLYTES	Tier 2	
<i>polyethylene glycol 3350</i> PACK; POWD	Tier 2	
SUPREP BOWEL PREP	Tier 4	
<b>MISCELLANEOUS</b>		

You can find information on what symbols and abbreviations on this table mean by going to page 5.  
**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization  
**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order  
00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 5	PA
AMITIZA QL (60 caps / 30 days)	Tier 3	QL
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM)	Tier 5	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 3	
GATTEX	Tier 5	NMO LA PA
LINZESS 145mcg QL (60 caps / 30 days)	Tier 3	QL
LINZESS 290mcg QL (30 caps / 30 days)	Tier 3	QL
<i>loperamide hcl</i> CAPS	Tier 2	
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 3	QL
RELISTOR	Tier 5	PA
<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 4	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 4	
XIFAXAN 550mg	Tier 5	PA
<b>PANCREATIC ENZYMES</b>		
CREON	Tier 3	
ZENPEP	Tier 4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	Tier 3	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	Tier 3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 4	QL
<i>esomeprazole sodium inj</i> 20mg	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 4	
NEXIUM GRA 2.5MG DR	Tier 3	
NEXIUM GRA 5MG DR	Tier 3	
NEXIUM GRA 10MG DR QL (30 packets / 30 days)	Tier 3	QL
NEXIUM GRA 20MG DR QL (30 packets / 30 days)	Tier 3	QL
NEXIUM GRA 40MG DR QL (30 packets / 30 days)	Tier 3	QL
<i>omeprazole cap 10mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 40mg</i> (generic of PRILOSEC) QL (30 caps / 30 days)	Tier 1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	Tier 2	QL
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 2	QL
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	Tier 4	QL
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 4	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 2	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 3	
ELMIRON	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CITRATE (ALKALINIZER) 540mg	Tier 4	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	Tier 4	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	Tier 4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	Tier 4	QL
<i>oxybutynin chloride</i> SYRP	Tier 2	
<i>oxybutynin chloride</i> TABS	Tier 3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 4	QL
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 4	
TOVIAZ QL (30 tabs / 30 days)	Tier 3	QL
VESICARE QL (30 tabs / 30 days)	Tier 4	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 4	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 4	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 3	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	Tier 3	
<i>terconazole vaginal</i> SUPP	Tier 4	
VANDAZOLE	Tier 4	
ZAZOLE CREAM 0.8%	Tier 3	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
COUMADIN	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<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	Tier 4	
ENOXAPARIN SODIUM 300mg/3ml	Tier 4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 5	
<i>heparin sod (porcine) in d5w</i>	Tier 4	
HEPARIN SOD (PORCINE) IN D5W	Tier 4	
<i>heparin sod inj 1000/ml</i>	Tier 4	B/D
HEPARIN SOD INJ 2000/ML	Tier 4	B/D
HEPARIN SOD INJ 2500/ML	Tier 4	B/D
<i>heparin sod inj 5000/ml</i>	Tier 4	B/D
<i>heparin sod inj 10000/ml</i>	Tier 4	B/D
<i>heparin sod inj 20000/ml</i>	Tier 4	B/D
HEPARIN SODIUM/D5W	Tier 4	
HEPARIN SODIUM/NACL 0.45%	Tier 4	
PRADAXA	Tier 3	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 3	
XARELTO STARTER PACK	Tier 3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	Tier 5	NMO PA
LEUKINE	Tier 5	NMO PA
MOZOBIL	Tier 5	NMO PA
NEUPOGEN	Tier 5	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 5	NMO PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> 1mg	Tier 4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 4	
<i>cilostazol</i>	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Requirements/ Tier	Limits
CINRYZE	Tier 5	NMO LA PA
FIRAZYR	Tier 5	NMO PA
<i>pentoxifylline</i> TBCR	Tier 3	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 5	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 5	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
ASPIRIN-DIPYRIDAMOLE	Tier 4	
BRILINTA	Tier 4	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg	Tier 1	
EFFIENT	Tier 4	
ZONTIVITY	Tier 4	
<b>IMMUNOLOGIC AGENTS</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
HUMIRA INJ 10MG/0.2ML QL (2 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 5	NMO PA
HUMIRA PEN QL (6 boxes / 28 days)	Tier 5	QL NMO PA
HUMIRA PEN-CROHNS DISEASE	Tier 5	NMO PA
HUMIRA PEN-PSORIASIS STAR	Tier 5	NMO PA
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 4	
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 3	
<i>methotrexate sodium tabs</i>	Tier 4	
REMICADE INJ 100MG	Tier 5	NMO PA

Drug Name	Drug Requirements/ Tier	Limits
XELJANZ QL (60 tabs / 30 days)	Tier 5	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 5	QL NMO PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	Tier 5	NMO PA
CARIMUNE NANOFILTERED	Tier 5	NMO PA
FLEBOGAMMA DIF	Tier 5	NMO PA
GAMASTAN S/D	Tier 3	B/D NMO
GAMMAGARD LIQUID	Tier 5	NMO PA
GAMMAGARD S/D	Tier 5	NMO PA
GAMMAKED	Tier 5	NMO PA
GAMMAPLEX 5gm/100ml, 10gm/200ml	Tier 5	NMO PA
GAMUNEX-C	Tier 5	NMO PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	Tier 5	NMO PA
PRIVIGEN	Tier 5	NMO PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	Tier 5	NMO LA PA
ARCALYST	Tier 5	NMO PA
INTRON-A INJ 10MU	Tier 5	B/D NMO
INTRON-A INJ 18MU	Tier 5	B/D NMO
INTRON-A INJ 25MU	Tier 5	B/D NMO
INTRON-A INJ 50MU	Tier 5	B/D NMO
POMALYST CAP 1MG	Tier 5	NMO LA PA
POMALYST CAP 2MG	Tier 5	NMO LA PA
POMALYST CAP 3MG	Tier 5	NMO LA PA
POMALYST CAP 4MG	Tier 5	NMO LA PA
REVLIMID	Tier 5	NMO LA PA
THALOMID	Tier 5	NMO PA
<b>IMMUNOSUPPRESSANTS</b>		
<i>azathioprine</i> SOLR	Tier 4	B/D
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 3	B/D
BENLYSTA	Tier 5	NMO PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS	Tier 4	B/D
<i>cyclosporine modified</i> (for <i>microemulsion</i> ) (generic of NEORAL) CAPS 25mg, 100mg	Tier 4	B/D
<i>cyclosporine modified</i> (for <i>microemulsion</i> ) CAPS 50mg	Tier 4	B/D

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 4	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 5	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) NEORAL	Tier 4	B/D
NEORAL	Tier 3	B/D
NULOJIX	Tier 5	B/D
PROGRAF CAPS 5mg	Tier 5	B/D
PROGRAF CAPS .5mg, 1mg	Tier 4	B/D
RAPAMUNE SOLN	Tier 5	B/D
SANDIMMUNE SOLN 100mg/ml	Tier 3	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 5	B/D
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 4	B/D
ZORTRESS TAB 0.5MG	Tier 5	B/D
ZORTRESS TAB 0.25MG	Tier 3	B/D
ZORTRESS TAB 0.75MG	Tier 5	B/D
<b>VACCINES</b>		
ACTHIB	Tier 3	
ADACEL	Tier 3	
BCG VACCINE	Tier 3	
BEXSERO	Tier 3	
BOOSTRIX	Tier 3	
CERVARIX	Tier 3	
DAPTACEL	Tier 3	
DIPHtheria/TETANUS TOXOID	Tier 3	B/D
ENGERIX-B SUSP	Tier 3	B/D
GARDASIL	Tier 3	
GARDASIL 9	Tier 3	
HAVRIX	Tier 3	
HIBERIX	Tier 3	
IMOVAX RABIES (H.D.C.V.)	Tier 3	
INFANRIX	Tier 3	
IPOL INACTIVATED IPV	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
IXIARO	Tier 3	
KINRIX	Tier 3	
M-M-R II	Tier 3	
MENACTRA	Tier 3	
MENHIBRIX	Tier 3	
MENOMUNE-A/C/Y/W-135	Tier 3	
MENVEO	Tier 3	
PEDIARIX	Tier 3	
PEDVAX HIB	Tier 3	
PENTACEL	Tier 3	
PROQUAD	Tier 3	
QUADRACEL	Tier 3	
RABAVERT	Tier 3	
RECOMBIVAX HB	Tier 3	B/D
ROTARIX	Tier 3	
ROTATEQ	Tier 3	
SYNAGIS	Tier 5	NMO
TENIVAC	Tier 3	B/D
TETANUS/DIPHtheria TOXOID	Tier 3	B/D
TRUMENBA	Tier 3	
TWINRIX INJ	Tier 3	
TYPHIM VI	Tier 3	
VAQTA	Tier 3	
VARIVAX	Tier 3	
YF-VAX	Tier 3	
ZOSTAVAX	Tier 3	QL
QL (1 vial per lifetime)		

### NUTRITIONAL/SUPPLEMENTS

#### ELECTROLYTES

KLOR-CON 8	Tier 2
KLOR-CON 10	Tier 2
<i>klor-con m10</i>	Tier 2
<i>klor-con m15</i>	Tier 2
<i>klor-con m20</i>	Tier 2
<i>klor-con pow 20 meq</i>	Tier 4
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	Tier 3
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 3
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	Tier 4

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 4	
<i>magnesium sulfate</i> SOLN 50%	Tier 4	
MAGNESIUM SULFATE IN D5W	Tier 4	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 3	
POTASSIUM CHLORIDE SOLN 10%, 20%	Tier 4	
<i>potassium chloride</i> TBCR 8meq	Tier 2	
POTASSIUM CHLORIDE TBCR 10meq, 20meq	Tier 2	
<i>potassium chloride microencapsulated crystals cr</i>	Tier 2	
SODIUM CHLORIDE SOLN 2.5meq/ml	Tier 4	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 2	
TPN ELECTROLYTES	Tier 4	B/D
<b>IV NUTRITION</b>		
AMINOSYN	Tier 4	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 4	B/D
AMINOSYN 8.5%/ELECTROLYTE	Tier 4	B/D
AMINOSYN II	Tier 4	B/D
AMINOSYN II 8.5%/ELECTROL	Tier 4	B/D
AMINOSYN M	Tier 4	B/D
AMINOSYN-HBC	Tier 4	B/D
AMINOSYN-PF 7%	Tier 4	B/D
AMINOSYN-PF 10%	Tier 4	B/D
AMINOSYN-RF	Tier 4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 5%/DEXTROSE 20%	Tier 4	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 4	B/D
CLINIMIX INJ 4.25/D10	Tier 4	B/D
CLINIMIX INJ 4.25/D20	Tier 4	B/D
FREAMINE HBC 6.9%	Tier 4	B/D
FREAMINE III	Tier 4	B/D
HEPATAMINE	Tier 4	B/D
INTRALIPID INJ 20%	Tier 4	B/D
INTRALIPID INJ 30%	Tier 4	B/D
NEPHRAMINE	Tier 4	B/D
<i>nutrilipid inj 20%</i>	Tier 4	B/D
<i>premasol 6%</i>	Tier 4	B/D
<i>premasol 10%</i>	Tier 4	B/D
PROCALAMINE	Tier 4	B/D
PROSOL	Tier 4	B/D
TRAVASOL	Tier 4	B/D
TROPHAMINE INJ 10%	Tier 4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
DEXTROSE 2.5%/NACL 0.45%	Tier 4	
DEXTROSE 5%	Tier 4	
DEXTROSE 5% /ELECTROLYTE	Tier 4	
DEXTROSE 5%/LACTATED RING	Tier 4	
DEXTROSE 5%/NACL 0.2%	Tier 4	
DEXTROSE 5%/NACL 0.3%	Tier 4	
DEXTROSE 5%/NACL 0.9%	Tier 4	
DEXTROSE 5%/NACL 0.33%	Tier 4	
DEXTROSE 5%/NACL 0.45%	Tier 4	
DEXTROSE 5%/NACL 0.225%	Tier 4	
DEXTROSE 5%/POTASSIUM CHL	Tier 4	
DEXTROSE 10% FLEX CONTAIN	Tier 4	
DEXTROSE 10%/NACL 0.2%	Tier 4	
DEXTROSE 10%/NACL 0.45%	Tier 4	
DEXTROSE 50%	Tier 4	
DEXTROSE INJ 70%	Tier 4	
ISOLYTE P	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE S	Tier 4	
KCL0.15%/D5W/NACL0.2%	Tier 4	
KCL0.15%/D5W/NACL0.22 5%	Tier 4	
KCL 0.3%/D5W/NACL 0.9%	Tier 4	
KCL 0.3%/D5W/NACL 0.45%	Tier 4	
KCL 0.15%/D5W/NACL 0.9%	Tier 4	
KCL 0.075%/D5W/NACL 0.45%	Tier 4	
KCL IN NACL INJ .15-0.45	Tier 4	
KCL/D5W INJ 0.3%	Tier 4	
KCL/D5W/NACL INJ 0.22%/0.45%	Tier 4	
KCL/D5W/NACL INJ .15/.33%	Tier 4	
KCL/D5W/NACL INJ .15/.45%	Tier 4	
KCL/NACL INJ 0.3-0.9	Tier 4	
KCL/NACL INJ 0.15%-0.9%	Tier 4	
LACTATED RINGER'S INJ	Tier 4	
NORMOSOL-M IN D5W	Tier 4	
NORMOSOL-R	Tier 4	
NORMOSOL-R IN D5W	Tier 4	
PLASMA-LYTE A	Tier 4	
PLASMA-LYTE-56/D5W	Tier 4	
PLASMA-LYTE-148	Tier 4	
<i>pot chloride inj 2meq/ml</i>	Tier 4	
POTASSIUM CHLORIDE SOLN .4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 4	
<i>potassium chloride in nacl</i>	Tier 4	
RINGER'S	Tier 4	
SOD CHLORIDE INJ 0.9%	Tier 4	
SODIUM CHLORIDE SOLN 3%, 5%	Tier 4	
SODIUM CHLORIDE 0.45% VIA	Tier 4	
<b>VITAMINS</b>		
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 3	B/D
<i>calcitriol inj</i>	Tier 4	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 4	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 4	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 4	B/D
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	Tier 2	
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	Tier 3	
<i>blephamide s.o.p.</i>	Tier 4	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	Tier 2	
<i>sulfacetamide</i>	Tier 2	
<i>sod-prednisolone</i>		
TOBRADEX OINT	Tier 4	
TOBRADEX ST	Tier 4	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	Tier 4	
ZYLET	Tier 3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic)</i>	Tier 4	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 2	
BESIVANCE	Tier 3	
CILOXAN OINT	Tier 3	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	Tier 2	
<i>erythromycin (ophth)</i>	Tier 2	
<i>gentamicin sulfate (ophth)</i>	Tier 2	
MOXEZA	Tier 4	
NATACYN	Tier 4	
<i>neomycin-bacitracin zn-polymyxin</i>	Tier 3	
<i>neomycin-polymyxin-gramicid din (generic of NEOSPORIN)</i>	Tier 3	
<i>ofloxacin (ophth) (generic of OCUFLOX)</i>	Tier 2	
<i>polymyxin b-trimethoprim (generic of POLYTRIM)</i>	Tier 2	
<i>sulfacet sod oin 10% op</i>	Tier 3	
<i>sulfacetamide sodium (ophth) (generic of BLEPH-10)</i>	Tier 3	
<i>tobramycin (ophth) (generic of TOBEX)</i>	Tier 2	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 4	
VIGAMOX	Tier 4	
ZIRGAN	Tier 4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	Tier 3	
<i>bromfenac sodium</i> (ophth)	Tier 4	
<i>dexamethasone sodium phosphate</i> (ophth)	Tier 3	
<i>diclofenac sodium</i> (ophth)	Tier 2	
DUREZOL	Tier 3	
FLUOROMETHOLONE	Tier 4	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	Tier 2	
ILEVRO	Tier 4	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	Tier 3	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	Tier 3	
LOTEMAX	Tier 3	
PREDNISOLONE ACETATE (OPHTH)	Tier 2	
<i>prednisolone sodium phosphate</i> (ophth)	Tier 3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	Tier 3	
BEPREVE	Tier 3	
<i>cromolyn sodium</i> (ophth)	Tier 2	
LASTACAFT	Tier 4	
PATADAY	Tier 3	
PAZEO	Tier 3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	Tier 3	
AZOPT	Tier 4	
<i>betaxolol hcl</i> (ophth)	Tier 4	
BETOPTIC-S	Tier 4	
<i>brimonidine sol 0.2%</i>	Tier 2	
BRIMONIDINE TARTRATE SOLN	Tier 4	
<i>carteolol hcl</i> (ophth)	Tier 2	
COMBIGAN	Tier 3	
<i>dorzolamide hcl</i> (generic of TRUSOPT)	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl-timolol maleate</i> (generic of COSOPT)	Tier 3	
ISTALOL	Tier 3	
<i>latanoprost</i> (generic of XALATAN) SOLN	Tier 2	
<i>levobunolol hcl</i> (generic of BETAGAN)	Tier 3	
LUMIGAN	Tier 3	
<i>metipranolol</i>	Tier 3	
PHOSPHOLINE IODIDE	Tier 4	
PILOCARPINE HCL SOLN	Tier 4	
SIMBRINZA	Tier 4	
<i>timolol maleate</i> (ophth) soln (generic of TIMOPTIC)	Tier 2	
TIMOLOL MALEATE GEL	Tier 4	
TRAVATAN Z	Tier 3	
<b>MISCELLANEOUS</b>		
CYSTARAN	Tier 5	NMO LA PA
<i>naphazoline 0.1%</i>	Tier 2	
PROLENSA	Tier 3	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN	Tier 2	
RESTASIS	Tier 3	QL
		QL (64 vials / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	Tier 3	QL
		QL (60 inhalations / 30 days)
COMBIVENT RESPIMAT	Tier 4	QL
		QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	Tier 3	B/D
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	Tier 4	QL
		QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	Tier 3	QL
		QL (1 inhaler / 30 days)
<i>ipratropium bromide</i> SOLN	Tier 2	B/D
<i>ipratropium bromide</i> (nasal)	Tier 3	
<b>ANTIHISTAMINES</b>		
<i>azelastine spr 0.1%</i>	Tier 3	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 3	
<i>cetirizine syrup</i>	Tier 2	
<i>cyproheptadine hcl</i> SYRP; TABS	Tier 4	PA
PA if 65 years and older		
<i>diphenhydramine hcl inj</i>	Tier 4	
<i>hydroxyz hcl inj</i> PA if 65 years and older	Tier 4	PA
<i>hydroxyzine hcl</i> SYRP; TABS	Tier 4	PA
PA if 65 years and older		
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 65 years and older	Tier 4	PA
<i>hydroxyzine pamoate</i> CAPS 100mg PA if 65 years and older	Tier 4	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) SOLN	Tier 4	
<i>levocetirizine dihydrochloride</i> (generic of XYZAL) TABS	Tier 2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> NEBU	Tier 2	B/D
<i>albuterol sulfate</i> SYRP	Tier 2	
<i>albuterol sulfate</i> TABS	Tier 4	
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
<i>terbutaline sulfate</i> SOLN	Tier 5	
<i>terbutaline sulfate</i> TABS	Tier 4	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	Tier 3	QL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; TABS	Tier 2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 4	

Drug Name	Drug Tier	Requirements/ Limits
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 4	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	Tier 3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
ARALAST NP	Tier 5	NMO LA PA
DALIRESP	Tier 4	
EPIPEN 2-PAK	Tier 3	
EPIPEN-JR 2-PAK	Tier 3	
ESBRIET	Tier 5	NMO PA
KALYDECO	Tier 5	NMO PA
OFEV	Tier 5	NMO PA
ORKAMBI	Tier 5	NMO PA
PROLASTIN-C	Tier 5	NMO LA PA
PULMOZYME	Tier 5	NMO PA
XOLAIR	Tier 5	NMO LA PA
ZEMAIRA	Tier 5	NMO LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> QL (1 bottle / 30 days)	Tier 2	QL
<b>STERIOD INHALANTS</b>		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 4	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 3	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 3	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 3	QL
<b>STERIOD/BETA-AGONIST COMBINATIONS</b>		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 3	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 3	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 3	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 3	QL
<b>XANTHINES</b>		
aminophylline inj	Tier 4	
theophylline TB12; TB24	Tier 3	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
AVITA CREA	Tier 4	PA
AVITA GEL	Tier 4	PA
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL; LOTN	Tier 4	
clindamycin phosphate (topical) (generic of CLEOCIN-T) SOLN	Tier 3	
erythromycin (acne aid) (generic of ERYGEL) GEL	Tier 4	
erythromycin (acne aid) SOLN	Tier 3	
isotretinoin CAPS	Tier 4	PA
myorisan	Tier 4	PA
sulfacetamide sodium (acne) (generic of KLARON)	Tier 4	
tretinoin (generic of RETIN-A) CREA	Tier 4	PA
TRETINOIN GEL .01%	Tier 4	PA
tretinoin (generic of RETIN-A) GEL .025%	Tier 4	PA
zenatane	Tier 4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
gentamicin sulfate (topical)	Tier 3	
mupirocin (generic of BACTROBAN) OINT	Tier 2	
SILVER SULFADIAZINE CREA	Tier 2	
SSD	Tier 2	
SULFAMYLLON CREA	Tier 4	
SULFAMYLLON PACK	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGY, ANTIFUNGALS</b>		
clotrimazole (topical) CREA	Tier 3	
ketoconazole cream	Tier 3	
nystatin (topical)	Tier 3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
DOXEPIN HCL (ANTIPRURITIC)	Tier 4	
hydrocortisone (rectal) (generic of ANUSOL-HC)	Tier 3	
procto-pak cre 1%	Tier 3	
proctosol hc cre 2.5% (generic of ANUSOL-HC)	Tier 3	
proctozone cre -hc 2.5% (generic of ANUSOL-HC)	Tier 3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
acitretin (generic of SORIATANE)	Tier 5	PA
calcipotriene (generic of DOVONEX) CREA	Tier 4	
calcipotriene SOLN	Tier 4	
8-MOP	Tier 4	
TAZORAC CREA	Tier 4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
ketoconazole shampoo (generic of NIZORAL)	Tier 2	
selenium sulfide LOTN	Tier 2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
alclometasone dipropionate (generic of ACLOVATE) CREA	Tier 3	
alclometasone dipropionate OINT	Tier 3	
betamethasone dipropionate (topical) CREA; LOTN	Tier 3	
betamethasone dipropionate (topical) OINT	Tier 4	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA	Tier 3	
betamethasone dipropionate augmented GEL	Tier 4	
betamethasone dipropionate augmented (generic of DIPROLENE) LOTN	Tier 4	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 3	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 4	
<i>fluocinonide</i> CREA .05%	Tier 4	
<i>fluocinonide</i> GEL	Tier 4	
<i>fluocinonide</i> SOLN	Tier 4	
<i>fluocinonide emulsified base</i>	Tier 4	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	Tier 2	
<i>fluticasone propionate</i> OINT	Tier 2	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 4	
<i>hydrocortisone (topical)</i> CREA; OINT	Tier 2	
<i>hydrocortisone (topical)</i> LOTN	Tier 3	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	Tier 4	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	Tier 3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	Tier 2	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 3	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 4	QL PA
<i>lidocaine hcl</i> GEL	Tier 3	PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	Tier 2	PA
<i>lidocaine oint</i> 5%	Tier 4	PA
<i>lidocaine-prilocaine</i>	Tier 4	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	Tier 3	
<i>diclofenac sodium (topical)</i> 1% gel (generic of VOLTAREN)	Tier 3	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> SOLN	Tier 4	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 4	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 4	
<i>metronidazole gel</i> 0.75%	Tier 4	
PANRETIN	Tier 5	
<i>podofilox</i> (generic of CONDYLOX) SOLN	Tier 3	
<i>rosadan cre</i> 0.75% (generic of METROCREAM)	Tier 4	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 4	
TARGRETIN GEL	Tier 5	NMO PA
VALCHLOR	Tier 5	NMO LA PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
EURAX	Tier 4	
<i>malathion</i> (generic of OVIDE)	Tier 4	
<i>permethrin</i> (generic of ELIMITE)	Tier 3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
ACETIC ACID .25%	Tier 2	
REGRANEX	Tier 5	PA
SANTYL	Tier 4	
SODIUM CHLORIDE 0.9%	Tier 2	
STERILE WATER IRRIGATION	Tier 2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 2	
<i>clotrimazole</i> TROC	Tier 4	
<i>lidocaine hcl (mouth-throat)</i>	Tier 2	
<i>nystatin (mouth-throat)</i>	Tier 3	
<i>paroex sol</i> 0.12% (generic of PERIDEX)	Tier 2	
PILOCARPINE HCL (ORAL) 5mg	Tier 4	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) 7.5mg	Tier 4	
<i>triamcinolone acetonide (mouth)</i>	Tier 3	
<b>OTIC</b>		

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017

Drug Name	Drug Tier	Requirements/ Limits
ACETIC ACID (OTIC)	Tier 3	
<i>acetic acid-aluminum acetate</i>	Tier 3	
CIPRODEX	Tier 4	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	Tier 3	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	Tier 3	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	Tier 4	

You can find information on what symbols and abbreviations on this table mean by going to page 5.

**B/D** – Covered under Medicare Part B or D    **QL** – Quantity Limits    **PA** – Prior Authorization

**ST** – Step Therapy    **LA** – Limited Access    **NMO** – No Mail Order

00017144\_v7\_01/2017



ALTACE		
see ramipril.....	17	
altavera tab.....	35	
amantadine hcl.....	26	
AMARYL		
see glimepiride.....	33	
AMBIEN		
see zolpidem tartrate.....	31	
AMBISOME.....	11	
amifostine crystalline.....	16	
amikacin sulfate.....	10	
amiloride & hydrochlorothiazide.....	20	
amiloride hcl.....	20	
aminophylline inj.....	48	
AMINOSYN.....	44	
AMINOSYN		
7%/ELECTROLYTES.....	44	
AMINOSYN		
8.5%/ELECTROLYTE.....	44	
AMINOSYN II.....	44	
AMINOSYN II		
8.5%/ELECTROL.....	44	
AMINOSYN M.....	44	
AMINOSYN-HBC.....	44	
AMINOSYN-PF 10%.....	44	
AMINOSYN-PF 7%.....	44	
AMINOSYN-RF.....	44	
amiodarone hcl.....	18	
amiodarone hcl soln.....	18	
amiodarone tab 100mg.....	18	
amiodarone tab 200mg.....	18	
amiodarone tab 400mg.....	18	
AMITIZA.....	40	
amitriptyline hcl.....	25	
amlodipine besylate.....	19	
amlodipine		
besylate-benazepril hcl cap		
10-20 mg.....	16	
amlodipine		
besylate-benazepril hcl cap		
10-40 mg.....	17	
amlodipine		
besylate-benazepril hcl cap		
2.5-10 mg.....	16	
amlodipine		
besylate-benazepril hcl cap		
5-10 mg.....	16	
amlodipine		
besylate-benazepril hcl cap		
5-20 mg.....	16	
amlodipine		
besylate-benazepril hcl cap		
5-40 mg.....	16	
amlodipine		
besylate-valsartan tab		
10-160 mg.....	17	
amlodipine		
besylate-valsartan tab		
10-320 mg.....	17	
amlodipine		
besylate-valsartan tab 5-160		
mg.....	17	
amlodipine		
besylate-valsartan tab 5-320		
mg.....	17	
amlodipine-valsartan-hctz		
tab 10-160-12.5 mg.....	17	
amlodipine-valsartan-hctz		
tab 10-160-25 mg.....	17	
amlodipine-valsartan-hctz		
tab 10-320-25 mg.....	17	
amlodipine-valsartan-hctz		
tab 5-160-12.5 mg.....	17	
amlodipine-valsartan-hctz		
tab 5-160-25 mg.....	17	
ammonium lactate.....	49	
amoxapine.....	25	
amoxicillin.....	14	
amoxicillin & pot clavulanate		
.....	14	
amphetamine-dextroamphet		
amine cap sr 24hr 10 mg..	30	
amphetamine-dextroamphet		
amine cap sr 24hr 15 mg..	30	
amphetamine-dextroamphet		
amine cap sr 24hr 20 mg..	30	
amphetamine-dextroamphet		
amine cap sr 24hr 25 mg..	30	
amphetamine-dextroamphet		
amine cap sr 24hr 30 mg..	30	
amphetamine-dextroamphet		
amine cap sr 24hr 5 mg....	29	
amphetamine-dextroamphet		
amine tab 10 mg.....	30	
amphetamine-dextroamphet		
amine tab 12.5 mg.....	30	
amphetamine-dextroamphet		
amine tab 15 mg.....	30	
amphetamine-dextroamphet		
amine tab 20 mg.....	30	
amphetamine-dextroamphet		
amine tab 30 mg.....	30	
amine tab 30 mg.....	30	
amphetamine-dextroamphet		
amine tab 5 mg.....	30	
amphetamine-dextroamphet		
amine tab 7.5 mg.....	30	
amphotericin b.....	11	
ampicillin & sulbactam		
sodium.....	14	
ampicillin cap.....	14	
ampicillin inj.....	14	
ampicillin sodium.....	14	
ampicillin susp.....	14	
AMPYRA.....	31	
ANADROL-50.....	32	
ANAFRANIL		
see clomipramine hcl....	25	
anagrelide hcl.....	41	
ANAPROX DS		
see naproxen sodium.....	7	
anastrozole.....	15	
ANCOBON		
see flucytosine.....	11	
ANDRODERM.....	32	
ANORO ELLIPTA.....	46	
ANTABUSE		
see disulfiram.....	32	
ANUSOL-HC		
see hydrocortisone (rectal)		
.....	48	
see proctosol hc cre 2.5%		
.....	48	
see proctozone cre -hc		
2.5%.....	48	
APOKYN.....	26	
APRISO.....	39	
APTIOM.....	22	
APTIVUS.....	11	
ARALAST NP.....	47	
ARALEN		
see chloroquine phosphate		
.....	11	
ARAVA		
see leflunomide.....	42	
ARCALYST.....	42	
ARICEPT		
see donepezil		
hydrochloride.....	24	
ARIMIDEX		
see anastrozole.....	15	
aripiprazole.....	27	
aripiprazole oral solution 1		

<i>mg/ml</i> .....27	<i>azelastine drop 0.05%</i> .....46	<i>betamethasone dipropionate</i>
<i>aripiprazole tab</i> .....27	<i>azelastine spr 0.1%</i> .....46	<i>(topical)</i> .....48
ARIXTRA	<i>azelastine spr 0.15%</i> .....47	<i>betamethasone dipropionate</i>
<i>see fondaparinux sodium</i>	AZILECT .....26	<i>augmented</i> .....48
.....41	<i>azithromycin</i> .....13	BETAMETHASONE
<i>armodafinil</i> .....32	AZITHROMYCIN .....13	DIPROPIONATE
ARMODAFINIL .....32	AZOPT .....46	AUGMENTED.....48
ARNUITY ELLIPTA.....47	<i>aztreonam</i> .....10	<i>betamethasone valerate</i> ...49
AROMASIN	AZULFIDINE	BETAPACE
<i>see exemestane</i> .....15	<i>see sulfasalazine</i> .....39	<i>see sotalol hcl</i> .....18
ASACOL HD .....39	AZULFIDINE EN-TABS	BETAPACE AF
ASPIRIN-DIPYRIDAMOLE	<i>see sulfasalazine ec</i> .....39	<i>see sotalol hcl (afib/af)</i> .18
.....42	<b>B</b>	BETASERON .....31
ASTEPRO	<i>bacitracin (ophthalmic)</i> .....45	<i>betaxolol hcl (ophth)</i> .....46
<i>see azelastine spr 0.15%</i>	<i>bacitracin-polymyxin b</i>	<i>bethanechol chloride</i> .....40
.....47	<i>(ophth)</i> .....45	BETOPTIC-S .....46
<i>atenolol</i> .....19	<i>bacitracin-poly-neomycin-hc</i>	<i>bexarotene</i> .....16
<i>atenolol &amp; chlorthalidone</i> ...19	.....45	BEXSERO .....43
ATIVAN	<i>baclofen</i> .....32	BIAXIN
<i>see lorazepam</i> .....21	BACTRIM	<i>see clarithromycin</i> .....13
<i>atorvastatin calcium</i> .....18	<i>see</i>	<i>see clarithromycin for susp</i>
<i>atovaquone</i> .....10	<i>sulfamethoxazole-trimetho</i>	.....13
<i>atovaquone-proguanil hcl</i> ..11	<i>prim tab</i> .....10	BIAXIN XL
ATRIPLA .....12	BACTRIM DS	<i>see clarithromycin er</i> ....13
ATROVENT HFA .....46	<i>see</i>	<i>bicalutamide</i> .....15
<i>abra 0.1-0.02mg</i> .....35	<i>sulfamethoxazole-trimetho</i>	BICILLIN L-A .....14
AUGMENTIN	<i>p ds</i> .....10	BILTRICIDE.....10
<i>see amoxicillin &amp; pot</i>	BACTROBAN	<i>bisoprolol &amp;</i>
<i>clavulanate</i> .....14	<i>see mupirocin</i> .....48	<i>hydrochlorothiazide</i> .....19
AUGMENTIN ES-600	<i>balsalazide disodium</i> .....39	<i>bisoprolol fumarate</i> .....19
<i>see amoxicillin &amp; pot</i>	BANZEL SUS 40MG/ML...22	BIVIGAM.....42
<i>clavulanate</i> .....14	BANZEL TAB 200MG .....22	<i>bleomycin sulfate</i> .....14
AURYXIA .....38	BANZEL TAB 400MG .....22	BLEPH-10
AVALIDE	BARACLUDGE.....12	<i>see sulfacetamide sodium</i>
<i>see</i>	<i>see entecavir</i> .....12	<i>(ophth)</i> .....45
<i>irbesartan-hydrochlorothia</i>	BCG VACCINE .....43	<i>blephamide s.o.p.</i> .....45
<i>zide</i> .....18	BELEODAQ .....15	BOOSTRIX .....43
AVAPRO	<i>benazepril &amp;</i>	BOSULIF .....15
<i>see irbesartan</i> .....18	<i>hydrochlorothiazide</i> .....17	BREO ELLIPTA .....48
AVASTIN.....15	<i>benazepril hcl</i> .....17	BREVICON-28
AVITA .....48	BENDEKA.....14	<i>see norethindrone &amp; eth</i>
AVODART	BENLYSTA .....42	<i>estradiol</i> .....35
<i>see dutasteride</i> .....40	BENTYL	BRILINTA .....42
AXIRON .....32	<i>see dicyclomine hcl</i> .....39	<i>brimonidine sol 0.2%</i> .....46
AYGESTIN	<i>benztropine mesylate</i> .....27	BRIMONIDINE TARTRATE
<i>see norethindrone acetate</i>	BENZTROPINE MESYLATE	.....46
.....38	.....27	BRIVIACT .....22
<i>azacitidine</i> .....14	BEPREVE.....46	<i>bromfenac sodium (ophth)</i> 46
AZACTAM	BESIVANCE .....45	<i>bromocriptine mesylate</i> ....27
<i>see aztreonam</i> .....10	BETAGAN	<i>budesonide (inhalation)</i> ...47
<i>azathioprine</i> .....42	<i>see levobunolol hcl</i> .....46	<i>budesonide ec</i> .....39



<i>bumetanide</i> .....20	see <i>doxazosin mesylate</i> 17	CEREZYME.....36
BUMEX	CARIMUNE	CERVARIX .....43
see <i>bumetanide</i> .....20	NANOFILTERED .....42	<i>cetirizine syrup</i> .....47
BUPHENYL.....36	CARNITOR	CHANTIX CONTINUING
<i>buprenorphine hcl</i> .....32	see <i>levocarnitine</i>	MONTH .....32
<i>buprenorphine hcl-naloxone</i>	( <i>metabolic modifiers</i> ).....36	CHANTIX PAK 0.5& 1MG.32
<i>hcl sl</i> .....32	<i>carteolol hcl (ophth)</i> .....46	CHANTIX TAB 0.5MG .....32
<i>bupropion hcl</i> .....25	<i>cartia xt</i> .....19	CHANTIX TAB 1MG .....32
<i>bupropion hcl (smoking</i>	<i>carvedilol</i> .....19	CHEMET .....34
<i>deterrent</i> ) .....32	CASODEX	<i>chlorhexidine gluconate</i>
<i>bupirone hcl</i> .....21	see <i>bicalutamide</i> .....15	( <i>mouth-throat</i> ).....49
BYDUREON INJ .....32	CATAPRES	<i>chloroquine phosphate</i> .....11
BYDUREON PEN .....32	see <i>clonidine hcl</i> .....21	<i>chlorothiazide tabs</i> .....20
BYETTA.....32	CATAPRES-TTS-1	<i>chlorpromazine hcl</i> .....27
BYSTOLIC .....19	see <i>clonidine hcl</i> .....20	<i>chlorpromazine inj</i> .....27
<b>C</b>	CATAPRES-TTS-2	<i>chlorthalidone</i> .....20
<i>cabergoline</i> .....37	see <i>clonidine hcl</i> .....20	<i>cholestyramine</i> .....18
CABOMETYX .....15	CATAPRES-TTS-3	<i>cholestyramine light</i> .....18
<i>cafergot</i> .....31	see <i>clonidine hcl</i> .....21	<i>cilostazol</i> .....41
CALAN	CAYSTON .....10	CILOXAN .....45
see <i>verapamil hcl</i> .....20	<i>cefaclor</i> .....13	see <i>ciprofloxacin hcl</i>
CALAN SR	<i>cefadroxil</i> .....13	( <i>ophth</i> ).....45
see <i>verapamil hcl</i> .....20	CEFAZOLIN IN DEXTROSE	CINRYZE .....42
see <i>verapamil tab er</i> .....20	2GM/100ML-4%.....13	CIPRO
<i>calcipotriene</i> .....48	<i>cefazolin inj</i> .....13	see <i>ciprofloxacin hcl tab</i> 14
<i>calcitonin (salmon)</i> .....37	<i>cefazolin sodium</i> .....13	CIPRO I.V.-IN D5W
<i>calcitriol</i> .....45	<i>cefazolin sodium 1 gm/50ml</i>	see <i>ciprofloxacin in d5w</i> 14
<i>calcitriol inj</i> .....45	.....13	CIPRODEX.....50
<i>calcitriol oral soln 1 mcg/ml</i>	<i>cefdinir</i> .....13	<i>ciprofloxacin hcl (ophth)</i> ....45
.....45	<i>cefepime hcl</i> .....13	<i>ciprofloxacin hcl tab</i> ....13, 14
<i>calcium acetate (phosphate</i>	<i>cefixime</i> .....13	<i>ciprofloxacin in d5w</i> .....14
<i>binder</i> ).....38	<i>cefoxitin sodium</i> .....13	<i>ciprofloxacin inj</i> .....14
CANASA .....39	<i>cefpodoxime proxetil</i> .....13	<i>cisplatin</i> .....16
CANCIDAS .....11	<i>ceftazidime</i> .....13	<i>citalopram hydrobromide</i> ..25
CAPASTAT SULFATE.....12	CEFTIN	<i>clarithromycin</i> .....13
CAPRELSA.....15	see <i>cefuroxime axetil</i> ....13	<i>clarithromycin er</i> .....13
CARAFATE	<i>ceftriaxone sodium</i> .....13	<i>clarithromycin for susp</i> .....13
see <i>sucralfate</i> .....40	<i>cefuroxime axetil</i> .....13	CLEOCIN
CARBAGLU .....36	<i>cefuroxime sodium</i> .....13	see <i>clindamycin cap</i>
<i>carbamazepine</i> .....22	CELEBREX	300mg.....10
CARBATROL	see <i>celecoxib</i> .....7	see <i>clindamycin cap 75mg</i>
see <i>carbamazepine</i> .....22	<i>celecoxib</i> .....7	.....10
<i>carbidopa-levodopa</i> .....27	CELEXA	see <i>clindamycin hcl cap</i>
<i>carboplatin</i> .....16	see <i>citalopram</i>	150 mg.....10
CARDIZEM	<i>hydrobromide</i> .....25	see <i>clindamycin phosphate</i>
see <i>diltiazem hcl</i> .....19	CELLCEPT	<i>vaginal</i> .....41
CARDIZEM CD	see <i>mycophenolate mofetil</i>	CLEOCIN IN D5W
see <i>cartia xt</i> .....19	.....43	see <i>clindamycin phosphate</i>
see <i>diltiazem hcl coated</i>	CELONTIN.....22	<i>in d5w</i> .....10
<i>beads</i> .....19	<i>cephalexin</i> .....13	CLEOCIN PEDIATRIC
CARDURA	CERDELGA .....36	GRANULE

see <i>clindamycin sol</i> 75mg/5ml.....10	CLOZARIL	see <i>colocort ene 100mg</i> 39
CLEOCIN PHOSPHATE	see <i>clozapine tab 100mg</i> .....27	<i>cortisone acetate</i> .....37
see <i>clindamycin phosphate</i> .....10	see <i>clozapine tab 25mg</i> 27	CORTISPORIN
see <i>clindamycin phosphate</i> <i>inj</i> .....10	COARTEM.....11	see
CLEOCIN-T	COLAZAL	<i>neomycin-polymyxin-hc</i> ( <i>otic</i> ).....50
see <i>clindamycin phosphate</i> ( <i>topical</i> ).....48	see <i>balsalazide disodium</i> .....39	COSOPT
CLIMARA	<i>colchicine w/ probenecid</i> ....7	see <i>dorzolamide</i> <i>hcl-timolol maleate</i> .....46
see <i>estradiol</i> .....37	COLCRYS .....7	COTELLIC .....15
<i>clindamycin cap 300mg</i> ....10	COLESTID	COUMADIN .....41
<i>clindamycin cap 75mg</i> .....10	see <i>colestipol hcl</i> .....19	see <i>warfarin sodium</i> .....41
<i>clindamycin hcl cap 150 mg</i> .....10	<i>colestipol hcl</i> .....19	COZAAR
<i>clindamycin phosphate</i> .....10	<i>colistimethate sodium</i> .....10	see <i>losartan potassium</i> . 18
<i>clindamycin phosphate</i> ( <i>topical</i> ) .....48	<i>colocort ene 100mg</i> .....39	CREON.....40
<i>clindamycin phosphate in</i> <i>d5w</i> .....10	COLY-MYCIN M	CRESTOR
<i>clindamycin phosphate inj</i> .10	see <i>colistimethate sodium</i> .....10	see <i>rosuvastatin calcium</i> .....18
<i>clindamycin phosphate</i> <i>vaginal</i> .....41	COLYTE-FLAVOR PACKS	CRIXIVAN.....11
<i>clindamycin sol 75mg/5ml</i> .10	see <i>peg 3350-kcl-sod</i> <i>bicarb-sod chloride-sod</i> <i>sulfate</i> .....39	<i>cromolyn sod neb 20mg/2ml</i> .....47
CLINIMIX	COMBIGAN .....46	<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) .....40
2.75%/DEXTROSE 5%.....44	COMBIVENT RESPIMAT .46	<i>cromolyn sodium (ophth)</i> ..46
CLINIMIX	COMBIVIR	<i>cryselle-28</i> .....35
4.25%/DEXTROSE 25%...44	see <i>lamivudine-zidovudine</i> .....12	CUBICIN.....10
CLINIMIX	COMETRIQ .....15	CUTIVATE
4.25%/DEXTROSE 5%.....44	COMPLERA.....12	see <i>fluticasone propionate</i> .....49
CLINIMIX 5%/DEXTROSE	<i>compro supp</i> .....38	CYCLESSA
15%.....44	CONDYLOX	see <i>desogestrel-ethinyl</i> <i>estradiol (triphasic)</i> .....35
CLINIMIX 5%/DEXTROSE	see <i>podofilox</i> .....49	<i>cyclobenzaprine hcl</i> .....32
20%.....44	COPAXONE	CYCLOPHOSPHAMIDE... 14
CLINIMIX 5%/DEXTROSE	see <i>glatiramer acetate</i> ...31	<i>cycloserine</i> .....12
25%.....44	COPAXONE INJ 40MG/ML .....31	<i>cyclosporine</i> .....42
CLINIMIX INJ 4.25/D10 ...44	COPEGUS	<i>cyclosporine modified (for</i> <i>microemulsion)</i> ..... 42, 43
CLINIMIX INJ 4.25/D20 ...44	see <i>moderiba tab 200mg</i> .....13	CYKLOKAPRON
<i>clomipramine hcl</i> .....25	see <i>ribasphere tab 200mg</i> .....13	see <i>tranexamic acid</i> .....42
<i>clonazepam</i> .....22	see <i>ribavirin tab 200mg</i> .13	CYMBALTA
<i>clonidine hcl</i> .....20, 21	CORDARONE	see <i>duloxetine hcl</i> .....25
<i>clopidogrel bisulfate</i> .....42	see <i>amiodarone hcl</i> .....18	<i>cyproheptadine hcl</i> .....47
<i>clorazepate dipotassium</i> ...22	see <i>amiodarone tab</i> 200mg .....18	<i>cyred tab</i> .....35
<i>clotrimazole</i> .....49	COREG	CYSTADANE POW .....36
<i>clotrimazole (topical)</i> .....48	see <i>carvedilol</i> .....19	CYSTAGON .....36
CLOZAPINE ODT .....27	CORTEF	CYSTARAN .....46
<i>clozapine tab 100mg</i> .....27	see <i>hydrocortisone</i> .....37	CYTOMEL
<i>clozapine tab 200mg</i> .....27	CORTENEMA	see <i>liothyronine sodium</i> 38
<i>clozapine tab 25mg</i> .....27		CYTOTEC
<i>clozapine tab 50mg</i> .....27		see <i>misoprostol</i> .....40

CYTOVENE see <i>ganciclovir inj 500mg</i> .....12	CONTRACEPTIV see <i>medroxyprogesterone</i> <i>acetate 150 mg/ml</i> .....35	DEXTROSE 5%.....44
<b>D</b>	DEPO-TESTOSTERONE see <i>testosterone cypionate</i> .....32	DEXTROSE 5% /ELECTROLYTE.....44
D.H.E. 45 see <i>dihydroergotamine</i> <i>mesylate</i> .....31	DESCOVY .....12	DEXTROSE 5%/LACTATED RING.....44
<i>dacarbazine</i> .....14	<i>desipramine hcl</i> .....25	DEXTROSE 5%/NACL 0.2% .....44
DAKLINZA .....12	<i>desmopressin acetate spray</i> .....38	DEXTROSE 5%/NACL 0.225% .....44
DALIRESP .....47	<i>desmopressin acetate spray</i> <i>refrigerated</i> .....38	DEXTROSE 5%/NACL 0.3% .....44
<i>danazol</i> .....36	<i>desmopressin acetate tabs</i> .....38	DEXTROSE 5%/NACL 0.33% .....44
DANTRIUM see <i>dantrolene sodium</i> ..32	<i>desmopressin inj 4mcg/ml</i> 38	DEXTROSE 5%/NACL 0.45% .....44
<i>dantrolene sodium</i> .....32	DESMOPRESSIN SOL 0.01%.....38	DEXTROSE 5%/NACL 0.9% .....44
<i>dapsone</i> .....10	DESOGEN see <i>cyred tab</i> .....35	DEXTROSE 5%/POTASSIUM CHL .....44
DAPTACEL.....43	see <i>desogestrel &amp; ethinyl</i> <i>estradiol</i> .....35	DEXTROSE 50%.....44
DDAVP see <i>desmopressin acetate</i> <i>spray</i> .....38	see <i>desogestrel &amp; ethinyl</i> <i>estradiol</i> .....35	DEXTROSE INJ 70% .....44
see <i>desmopressin acetate</i> <i>tabs</i> .....38	<i>desogestrel &amp; ethinyl</i> <i>estradiol</i> .....35	DIAMOX see <i>acetazolamide</i> .....20
see <i>desmopressin inj</i> <i>4mcg/ml</i> .....38	<i>desogestrel-ethinyl estradiol</i> <i>(biphasic)</i> .....35	<i>diazepam</i> .....22
DELESTROGEN.....36	<i>desogestrel-ethinyl estradiol</i> <i>(triphasic)</i> .....35	DIAZEPAM GEL (ANTICONVULSANT).....22
see <i>estradiol val inj 20mg/ml</i> .....37	DETROL see <i>tolterodine tartrate</i> <i>tabs</i> .....41	<i>diclofenac potassium</i> .....7
see <i>estradiol val inj 40mg/ml</i> .....37	DETROL LA see <i>tolterodine tartrate cap</i> <i>er</i> .....41	<i>diclofenac sodium</i> .....7
<i>delyla 0.1-0.02mg</i> .....35	<i>dexamethasone</i> .....37	<i>diclofenac sodium (ophth)</i> .46
DELZICOL .....39	<i>dexamethasone sodium</i> <i>phosphate</i> .....37	<i>diclofenac sodium (topical)</i> <i>1% gel</i> .....49
DEMADEX see <i>toremide tabs</i> .....20	<i>dexamethasone sodium</i> <i>phosphate (ophth)</i> .....46	<i>dicloxacillin sodium</i> .....14
DEMSEER.....21	DEXILANT CAP 30MG DR .....40	<i>dicyclomine hcl</i> .....39
DEPACON see <i>valproate sodium</i> ....24	DEXILANT CAP 60MG DR .....40	<i>didanosine</i> .....11
DEPAKENE see <i>valproate sodium</i> ....24	<i>dextrazoxane</i> .....16	DIFLUCAN see <i>fluconazole</i> .....11
see <i>valproic acid</i> .....24	DEXTROSE 10% FLEX CONTAIN.....44	<i>diflunisal</i> .....7
DEPAKOTE see <i>divalproex sodium</i> ...22	DEXTROSE 10%/NACL 0.2%.....44	<i>digox</i> .....20
DEPAKOTE ER see <i>divalproex sodium</i> ...22	DEXTROSE 10%/NACL 0.45%.....44	<i>digoxin</i> .....20
DEPAKOTE SPRINKLES see <i>divalproex sodium</i> ...22	DEXTROSE 2.5%/NACL 0.45%.....44	<i>digoxin inj</i> .....20
DEPEN TITRATABS .....34	DEPO-MEDROL see <i>methylpr ace inj</i> <i>40mg/ml</i> .....37	DIGOXIN SOL 50MCG/ML .....20
DEPO-MEDROL see <i>methylpr ace inj</i> <i>80mg/ml</i> .....37	DEPO-PROVERA	<i>dihydroergotamine mesylate</i> .....31
DEPO-PROVERA		<i>dilantin</i> .....22
		DILANTIN see <i>phenytoin sodium</i> <i>extended</i> .....23
		<i>dilantin chw 50mg</i> .....22
		DILANTIN INFATABS see <i>phenytoin</i> .....23

DILANTIN-125	see <i>methadone hcl 10mg</i> 9	ELDEPRYL	see <i>selegiline hcl</i> .....27
see <i>phenytoin</i> .....23	see <i>methadone hcl 5mg</i> ..9	ELIMITE	see <i>permethrin</i> .....49
DILANTIN-125 SUS 125/5ML	<i>donepezil hydrochloride</i> ....24	ELIPHOS	see <i>calcium acetate</i>
.....22	<i>dorzolamide hcl</i> .....46	( <i>phosphate binder</i> ).....38	ELITEK ..... 16
DILAUDID	<i>dorzolamide hcl-timolol</i>	ELLA.....35	ELMIRON .....40
see <i>hydromorphone hcl</i> ...8	<i>maleate</i> .....46	ELOCON	see <i>mometasone furoate</i>
DILAUDID-HP	DOVONEX	.....49	EMCYT ..... 14
see <i>hydromorphone hcl</i> ...8	see <i>calcipotriene</i> .....48	EMEND.....38	EMEND CAP 125MG.....38
<i>diltiazem cap</i> .....19	<i>doxazosin mesylate</i> .....17	EMEND CAP 40MG.....38	EMEND CAP 80MG.....38
<i>diltiazem cap 120mg/24hr</i> .19	<i>doxepin hcl</i> .....25	EMEND PAK 80 & 125 ....38	EMSAM .....25
<i>diltiazem cap 240mg/24hr</i> .19	DOXEPIN HCL	EMTRIVA..... 11	<i>emverm</i> ..... 10
<i>diltiazem cap er/12hr</i> .....19	(ANTIPRURITIC) .....48	<i>enalapril maleate</i> ..... 17	<i>enalapril maleate &amp;</i>
<i>diltiazem hcl</i> .....19	<i>doxycycline (monohydrate)</i>	<i>hydrochlorothiazide</i> ..... 17	<i>endocet 10/325</i> ..... 8
<i>diltiazem hcl coated beads</i> 19	.....14	<i>endocet 5/325</i> ..... 7	<i>endocet 7.5/325</i> ..... 8
<i>dilt-xr cap</i> .....19	<i>doxycycline hyclate</i> ..... 14	ENGERIX-B.....43	<i>enoxaparin sodium</i> .....41
DIOVAN	<i>dronabinol</i> .....38	ENOXAPARIN SODIUM...41	ENTACAPONE .....27
see <i>valsartan</i> .....18	<i>drospirenone-ethinyl</i>	entecavir.....12	ENTOCORT EC
DIOVAN HCT	<i>estradiol</i> .....35	see <i>budesonide ec</i> .....39	see <i>budesonide ec</i> .....39
see <i>valsartan &amp; hctz tab</i>	DROXIA.....16	ENTRESTO ..... 17	EPIPEN 2-PAK.....47
160-12.5mg .....18	<i>duloxetine hcl</i> .....25	EPIPEN-JR 2-PAK.....47	EPIVIR
see <i>valsartan &amp; hctz tab</i>	DURAGESIC	see <i>lamivudine</i> ..... 11	see <i>lamivudine (hbv)</i> ..... 12
160-25mg .....18	see <i>fentanyl patch 100</i>	EPIVIR HBV ..... 12	<i>eplerenone</i> ..... 17
see <i>valsartan &amp; hctz tab</i>	<i>mcg/hr</i> .....8	EPZICOM ..... 12	<i>ergotamine w/ caffeine</i> .....31
320-12.5mg .....18	see <i>fentanyl patch 12</i>	ERIVEDGE ..... 15	ERYGEL
see <i>valsartan &amp; hctz tab</i>	<i>mcg/hr</i> .....8	see <i>erythromycin (acne</i>	see <i>erythromycin (acne</i>
320-25mg .....18	see <i>fentanyl patch 25</i>	<i>aid)</i> .....48	<i>aid)</i> .....48
see <i>valsartan &amp; hctz tab</i>	<i>mcg/hr</i> .....8	<i>erythrocin lactobionate</i> ..... 13	<i>erythromycin (acne aid)</i> ....48
80-12.5mg .....18	see <i>fentanyl patch 50</i>		
DIPENTUM .....39	<i>mcg/hr</i> .....8		
<i>diphenhydramine hcl inj</i> ....47	see <i>fentanyl patch 75</i>		
<i>diphenoxylate w/ atropine</i> .40	<i>mcg/hr</i> .....8		
DIPHThERIA/TETANUS	DURAMORPH .....7		
TOXOID .....43	DUREZOL.....46		
DIPROLENE	<i>dutasteride</i> .....40		
see <i>betamethasone</i>	<i>dutasteride-tamsulosin hcl</i> 40		
<i>dipropionate augmented</i> 48	DYAZIDE		
DIPROLENE AF	see <i>triamterene &amp;</i>		
see <i>betamethasone</i>	<i>hydrochlorothiazide cap</i>		
<i>dipropionate augmented</i> 48	37.5-25 mg.....20		
<i>disopyramide phosphate</i> ...18	<b>E</b>		
<i>disulfiram</i> .....32	<i>e.e.s. 400mg tab</i> .....13		
DITROPAN XL	EC-NAPROSYN		
see <i>oxybutynin chloride</i> .41	see <i>naproxen</i> .....7		
<i>divalproex sodium</i> .....22	EDURANT ..... 11		
DOCEFREZ .....15	EFFEXOR XR		
<i>docetaxel</i> .....15	see <i>venlafaxine hcl</i> .....26		
DOCETAXEL .....15	EFFIENT .....42		
DOCETAXEL SOLN	EFUDEX		
80MG/8ML .....15	see <i>fluorouracil (topical)</i> 49		
DOFETILIDE.....18	ELAVIL		
DOLOPHINE	see <i>amitriptyline hcl</i> .....25		



<i>erythromycin (ophth)</i> .....45	see <i>amlodipine</i>	<i>fentanyl patch 75 mcg/hr</i> .... 8
<i>erythromycin base</i> .....13	<i>besylate-valsartan tab</i>	FENTORA ..... 8
<i>erythromycin cap 250mg ec</i>	<i>5-160 mg</i> ..... 17	FERRIPROX..... 35
..... 13	see <i>amlodipine</i>	FETZIMA ..... 25
<i>erythromycin ethylsuccinate</i>	<i>besylate-valsartan tab</i>	FETZIMA TITRATION PACK
..... 13	<i>5-320 mg</i> ..... 17	..... 25
<i>erythromycin stearate</i> ..... 13	EXFORGE HCT	<i>finasteride</i> ..... 40
ESBRIET.....47	see	FIRAZYR ..... 42
<i>escitalopram oxalate</i> ..... 25	<i>amlodipine-valsartan-hctz</i>	FLAGYL
<i>esomeprazole magnesium</i> 40	<i>tab 10-160-12.5 mg</i> ..... 17	see <i>metronidazole</i> ..... 10
<i>esomeprazole sodium inj</i> ..40	see	FLEBOGAMMA DIF..... 42
<i>estarylla tab 0.25-35</i> ..... 35	<i>amlodipine-valsartan-hctz</i>	<i>flecainide acetate</i> ..... 18
<i>estrace</i> .....36	<i>tab 10-160-25 mg</i> ..... 17	FLOMAX
ESTRACE	see	see <i>tamsulosin hcl</i> ..... 40
see <i>estradiol</i> .....37	<i>amlodipine-valsartan-hctz</i>	FLOVENT DISKUS..... 47
<i>estrad val inj 20mg/ml</i> .....37	<i>tab 10-320-25 mg</i> ..... 17	FLOVENT HFA..... 47
<i>estrad val inj 40mg/ml</i> .....37	see	FLOXIN OTIC
<i>estradiol</i> ..... 37	<i>amlodipine-valsartan-hctz</i>	see <i>ofloxacin (otic)</i> ..... 50
ESTROSTEP FE	<i>tab 5-160-12.5 mg</i> ..... 17	<i>fluconazole</i> ..... 11
see <i>norethindrone</i>	see	<i>fluconazole in dextrose</i> .... 11
<i>acetate-ethinyl estradiol-fe</i>	<i>amlodipine-valsartan-hctz</i>	<i>fluconazole inj nacl 100</i> .... 11
..... 36	<i>tab 5-160-25 mg</i> ..... 17	<i>fluconazole inj nacl 200</i> .... 11
<i>ethambutol hcl</i> .....12	EXJADE..... 34	<i>fluconazole inj nacl 400</i> .... 11
<i>ethosuximide</i> .....22	<b>F</b>	<i>flucytosine</i> ..... 11
<i>ethynodiol diacet &amp; eth estrad</i>	FABRAZYME..... 36	<i>fludrocortisone acetate</i> .... 37
..... 35	<i>falmina</i> ..... 35	FLUMADINE
ETHYOL	<i>famciclovir</i> ..... 12	see <i>rimantadine</i>
see <i>amifostine crystalline</i>	<i>famotidine</i> ..... 39	<i>hydrochloride</i> ..... 13
..... 16	<i>famotidine inj</i> ..... 39	<i>flunisolide (nasal)</i> ..... 47
<i>etodolac</i> ..... 7	<i>famotidine tab</i> ..... 39	<i>fluocinolone acetonide</i> .... 49
<i>etoposide</i> ..... 16	FAMVIR	<i>fluocinonide</i> ..... 49
EURAX ..... 49	see <i>famciclovir</i> ..... 12	<i>fluocinonide emulsified base</i>
EVISTA	FANAPT..... 27	..... 49
see <i>raloxifene tab 60mg</i> 38	FANAPT TITRATION PACK	FLUOROMETHOLONE .... 46
EVOTAZ..... 12	..... 27	<i>fluorouracil</i> ..... 14
EXELON	FARESTON ..... 15	<i>fluorouracil (topical)</i> ..... 49
see <i>rivastigmine tartrate</i> 24	FARXIGA ..... 33	<i>fluoxetine cap 10mg</i> ..... 25
see <i>rivastigmine td patch</i>	FARYDAK..... 15	<i>fluoxetine cap 20mg</i> ..... 25
<i>24hr 13.3 mg/24hr</i> ..... 25	FASLODEX..... 15	<i>fluoxetine cap 40mg</i> ..... 25
see <i>rivastigmine td patch</i>	<i>felbamate</i> ..... 22	<i>fluoxetine hcl</i> ..... 25, 26
<i>24hr 4.6 mg/24hr</i> ..... 24	FELBATOL	<i>fluphenazine decanoate</i> ... 27
see <i>rivastigmine td patch</i>	see <i>felbamate</i> ..... 22	<i>fluphenazine hcl</i> ..... 27
<i>24hr 9.5 mg/24hr</i> ..... 25	FEMARA	<i>flurbiprofen</i> ..... 7
<i>exemestane</i> ..... 15	see <i>letrozole</i> ..... 15	<i>flurbiprofen sodium</i> ..... 46
EXFORGE	<i>fenofibrate</i> ..... 19	<i>flutamide</i> ..... 15
see <i>amlodipine</i>	<i>fenofibrate micronized</i> ..... 19	<i>fluticasone propionate</i> ..... 49
<i>besylate-valsartan tab</i>	<i>fentanyl citrate</i> ..... 8	<i>fluticasone propionate</i>
<i>10-160 mg</i> ..... 17	<i>fentanyl patch 100 mcg/hr</i> ..8	( <i>nasal</i> )..... 47
see <i>amlodipine</i>	<i>fentanyl patch 12 mcg/hr</i> ....8	<i>fluvoxamine maleate</i> ..... 21
<i>besylate-valsartan tab</i>	<i>fentanyl patch 25 mcg/hr</i> ....8	<i>fondaparinux sodium</i> ..... 41
<i>10-320 mg</i> ..... 17	<i>fentanyl patch 50 mcg/hr</i> ....8	FORTAZ



see <i>ceftazidime</i> .....	13	see <i>ziprasidone hcl</i> .....	29	see <i>haloperidol decanoate</i>	28
see <i>tazicef</i> .....	13	GIANVI TAB 3-0.02MG.....	35	.....	28
see <i>tazicef vial</i> .....	13	<i>gildess 1.5/30</i> .....	35	HALDOL DECANOATE 50	
FORTEO .....	38	GILENYA CAP 0.5MG .....	31	see <i>haloperidol decanoate</i>	
FORTICAL .....	37	GILOTRIF TAB 20MG.....	15	.....	28
FOSAMAX		GILOTRIF TAB 30MG.....	15	<i>halobetasol propionate</i> .....	49
see <i>alendronate sodium</i>	34	GILOTRIF TAB 40MG.....	15	<i>haloperidol</i> .....	28
<i>fosinopril sodium</i> .....	17	<i>glatiramer acetate</i> .....	31	<i>haloperidol decanoate</i> .....	28
<i>fosinopril sodium &amp;</i>		GLEEVEC		<i>haloperidol lactate conc</i> ....	28
<i>hydrochlorothiazide</i> .....	17	see <i>imatinib mesylate</i> ...15,		<i>haloperidol lactate inj 5mg/ml</i>	
FREAMINE HBC 6.9%.....	44	16		.....	28
FREAMINE III .....	44	GLEOSTINE .....	14	HAVRIX .....	43
<i>furosemide</i> .....	20	<i>glimepiride</i> .....	33	<i>heather</i> .....	35
<i>furosemide inj</i> .....	20	<i>glip/metform tab 2.5-250mg</i>		<i>heparin sod (porcine) in d5w</i>	
FUROSEMIDE INJ.....	20	.....	33	.....	41
FUSILEV .....	16	<i>glip/metform tab 2.5-500mg</i>		HEPARIN SOD (PORCINE)	
FUZEON .....	11	.....	33	IN D5W .....	41
<i>fyavolv tab 1-5mg</i> .....	37	<i>glip/metform tab 5-500mg</i> ..	33	<i>heparin sod inj 1000/ml</i> ....	41
FYCOMPA .....	22, 23	<i>glipizide</i> .....	33	<i>heparin sod inj 10000/ml</i> ...41	
<b>G</b>		GLIPIZIDE XL TB24 2.5MG		HEPARIN SOD INJ 2000/ML	
<i>gabapentin</i> .....	23	.....	33	.....	41
GABITRIL		GLIPIZIDE XL TB24 5MG..	33	<i>heparin sod inj 20000/ml</i> ...41	
see <i>tiagabine hcl</i> .....	24	GLUCAGEN HYPOKIT .....	37	HEPARIN SOD INJ 2500/ML	
<i>galantamine hydrobromide</i>	24	GLUCAGON EMERGENCY		.....	41
<i>galantamine hydrobromide er</i>		KIT .....	37	<i>heparin sod inj 5000/ml</i> ....	41
.....	24	GLUCOPHAGE		HEPARIN SODIUM/D5W .41	
GAMASTAN S/D.....	42	see <i>metformin hcl</i> .....	34	HEPARIN SODIUM/NACL	
GAMMAGARD LIQUID .....	42	GLUCOPHAGE XR		0.45% .....	41
GAMMAGARD S/D .....	42	see <i>metformin er</i> .....	34	HEPATAMINE .....	44
GAMMAKED .....	42	GLUCOTROL		HEPSERA	
GAMMAPLEX .....	42	see <i>glipizide</i> .....	33	see <i>adefovir dipivoxil</i> ....	12
GAMUNEX-C .....	42	GLUCOTROL XL		HERCEPTIN.....	15
<i>ganciclovir inj 500mg</i> .....	12	see <i>glipizide</i> .....	33	HETLIOZ .....	30
GARDASIL.....	43	<i>glycopyrrolate</i> .....	39	HEXALEN.....	14
GARDASIL 9.....	43	GOLYTELY.....	39	HIBERIX .....	43
GASTROCROM		see <i>peg 3350-kcl-sod</i>		HIPREX	
see <i>cromolyn sodium</i>		<i>bicarb-sod chloride-sod</i>		see <i>methenamine</i>	
( <i>mastocytosis</i> ) .....	40	<i>sulfate</i> .....	39	<i>hippurate</i> .....	10
GATTEX.....	40	<i>granisetron hcl</i> .....	38	HUMIRA INJ 10MG/0.2ML	42
GAUZE PADS 2" X 2" .....	32	GRANIX .....	41	HUMIRA KIT 20MG/0.4ML	42
<i>gavilyte-h</i> .....	39	<i>griseofulvin microsize</i> .....	11	HUMIRA KIT 40MG/0.8ML	42
<i>gemfibrozil</i> .....	19	<i>griseofulvin ultramicrosize</i> ..	11	HUMIRA PEDIATRIC	
<i>generlac</i> .....	39	GRIS-PEG		CROHNS DISEASE.....	42
<i>gentamicin in saline</i> .....	10	see <i>griseofulvin</i>		HUMIRA PEN .....	42
<i>gentamicin sulfate</i> .....	10	<i>ultramicrosize</i> .....	11	HUMIRA PEN-CROHNS	
<i>gentamicin sulfate (ophth)</i> ..	45	<i>guanfacine er (adhd)</i> .....	30	DISEASE .....	42
<i>gentamicin sulfate (topical)</i>		<b>H</b>		HUMIRA PEN-PSORIASIS	
.....	48	HALDOL		STAR .....	42
<i>gentamicin sulfate/0.9% s</i> ..	10	see <i>haloperidol lactate inj</i>		HUMULIN R INJ U-500....	32
GENVOYA .....	12	5mg/ml .....	28	HUMULIN R U-500	
GEODON.....	27	HALDOL DECANOATE 100		KWIKPEN .....	32



JOLIVETTE.....	35	<i>kionex susp 15gm/60ml</i> ....	35	LENVIMA 10 MG DAILY	
JUXTAPID.....	19	KLARON		DOSE .....	16
<b>K</b>		<i>see sulfacetamide sodium</i>		LENVIMA 14 MG DAILY	
KALETRA SOL .....	12	( <i>acne</i> ).....	48	DOSE .....	16
KALETRA TAB 100-25MG	12	KLONOPIN		LENVIMA 18 MG DAILY	
KALETRA TAB 200-50MG	12	<i>see clonazepam</i> .....	22	DOSE .....	16
KALYDECO .....	47	KLOR-CON 10.....	43	LENVIMA 20 MG DAILY	
KAYEXALATE		KLOR-CON 8.....	43	DOSE .....	16
<i>see kionex powder</i> .....	35	<i>klor-con m10</i> .....	43	LENVIMA 24 MG DAILY	
<i>see sodium polystyrene</i>		<i>klor-con m15</i> .....	43	DOSE .....	16
<i>sulfonate</i> .....	35	<i>klor-con m20</i> .....	43	LENVIMA 8 MG DAILY	
KCL 0.075%/D5W/NACL		<i>klor-con pow 20 meq</i> .....	43	DOSE .....	16
0.45%.....	45	<i>klor-con spr cap 10meq</i> ...	43	LETAIRIS.....	21
KCL 0.15%/D5W/NACL 0.9%		<i>klor-con spr cap 8meq</i> .....	43	<i>letrozole</i> .....	15
.....	45	KORLYM.....	37	<i>leucovorin calcium</i> .....	16
KCL 0.3%/D5W/NACL 0.45%		KUVAN .....	36	<i>leucovorin calcium for inj 500</i>	
.....	45	KYNAMRO.....	19	<i>mg</i> .....	16
KCL 0.3%/D5W/NACL 0.9%		<b>L</b>		LEUKERAN .....	14
.....	45	<i>labetalol hcl</i> .....	19	LEUKINE .....	41
KCL IN NACL INJ .15-0.45		LAC-HYDRIN		<i>leuprolide inj 1mg/0.2</i> .....	15
.....	45	<i>see ammonium lactate</i> ..	49	LEVAQUIN	
KCL/D5W INJ 0.3% .....	45	LACTATED RINGER'S INJ		<i>see levofloxacin</i> .....	14
KCL/D5W/NACL INJ		.....	45	LEVEMIR.....	33
.15/.33%.....	45	<i>lactulose</i> .....	39	LEVEMIR FLEXTOUCH ...	33
KCL/D5W/NACL INJ		<i>lactulose (encephalopathy)</i>		<i>levetiracetam</i> .....	23
.15/.45%.....	45	.....	39	<i>levetiracetam inj</i> .....	23
KCL/D5W/NACL INJ		LAMICTAL		LEVETIRACETAM IV .....	23
0.22%/0.45%.....	45	<i>see lamotrigine</i> .....	23	<i>levetiracetam sol 100mg/ml</i>	
KCL/NACL INJ 0.15%-0.9%		LAMICTAL CHEWABLE		.....	23
.....	45	DISPERS		<i>levobunolol hcl</i> .....	46
KCL/NACL INJ 0.3-0.9.....	45	<i>see lamotrigine</i> .....	23	<i>levocarnitine (metabolic</i>	
KCL0.15%/D5W/NACL0.2%		LAMISIL		<i>modifiers)</i> .....	36
.....	45	<i>see terbinafine hcl</i> .....	11	<i>levocetirizine dihydrochloride</i>	
KCL0.15%/D5W/NACL0.225		<i>lamivudine</i> .....	11	.....	47
%.....	45	<i>lamivudine (hbv)</i> .....	12	<i>levofloxacin</i> .....	14
KEFLEX		<i>lamivudine-zidovudine</i> .....	12	<i>levofloxacin in d5w</i> .....	14
<i>see cephalixin</i> .....	13	<i>lamotrigine</i> .....	23	<i>levofloxacin inj 25mg/ml</i> ....	14
KEPPRA		LANOXIN		<i>levofloxacin oral soln 25</i>	
<i>see levetiracetam</i> .....	23	<i>see digox</i> .....	20	<i>mg/ml</i> .....	14
<i>see levetiracetam inj</i> .....	23	<i>see digoxin</i> .....	20	<i>levoleucovorin calcium</i> .....	16
<i>see levetiracetam sol</i>		<i>see digoxin inj</i> .....	20	<i>levonor/ethi tab</i> .....	35
<i>100mg/ml</i> .....	23	LANTUS.....	32	<i>levonorgestrel &amp; eth estradiol</i>	
<i>ketoconazole</i> .....	11	LANTUS SOLOSTAR .....	33	.....	35
<i>ketoconazole cream</i> .....	48	<i>larin 1.5/30</i> .....	35	<i>levonorgestrel (emergency</i>	
<i>ketoconazole shampoo</i> .....	48	LASIX		<i>oc)</i> .....	35
<i>ketoprofen</i> .....	7	<i>see furosemide</i> .....	20	<i>levonorgestrel-eth estradiol</i>	
<i>ketorolac tromethamine</i>		LASTACAPT .....	46	<i>(triphasic)</i> .....	35
<i>(ophth)</i> .....	46	<i>latanoprost</i> .....	46	<i>levonorgestrel-ethinyl</i>	
KEYTRUDA .....	15	LATUDA.....	28	<i>estradiol (91-day)</i> .....	35
KINRIX.....	43	LEENA TAB .....	35	<i>levothyroxine sodium</i> .....	38
<i>kionex powder</i> .....	35	<i>leflunomide</i> .....	42	LEVOTHYROXINE SODIUM	

.....38	see <i>norethin acet &amp;</i>	LOTRONEX
LEVOXYL.....38	<i>estradiol-fe</i> .....35	see <i>alosetron hcl</i> .....40
LEXAPRO	LOFIBRA	<i>lovastatin</i> .....18
see <i>escitalopram oxalate</i>	see <i>fenofibrate</i> .....19	LOVAZA
.....25	see <i>fenofibrate micronized</i>	see <i>omega-3-acid ethyl</i>
LEXIVA .....11	.....19	<i>esters</i> .....19
<i>lidocaine</i> .....49	LOMOTIL	LOVENOX
<i>lidocaine hcl</i> .....49	see <i>diphenoxylate w/</i>	see <i>enoxaparin sodium</i> .41
<i>lidocaine hcl (local anesth.)</i> .9	<i>atropine</i> .....40	<i>low-ogestrel</i> .....35
<i>lidocaine hcl (mouth-throat)</i>	LONSURF.....16	<i>loxapine succinate</i> .....28
.....49	<i>loperamide hcl</i> .....40	LUMIGAN .....46
<i>lidocaine inj 0.5%</i> .....9	LOPID	LUMIZYME .....36
<i>lidocaine inj 1%</i> .....9	see <i>gemfibrozil</i> .....19	LUPRON DEPOT .....15
<i>lidocaine inj 1.5%</i> .....9	LOPRESSOR	LUPRON DEPOT INJ
<i>lidocaine inj 2%</i> .....10	see <i>metoprolol tartrate</i> ..19	11.25MG (3-MONTH) .....15
<i>lidocaine oint 5%</i> .....49	LOPRESSOR HCT	LYNPARZA.....15
<i>lidocaine-prilocaine</i> .....49	see <i>metoprolol &amp;</i>	LYRICA.....23
LIDODERM	<i>hydrochlorothiazide</i> .....19	LYSODREN.....15
see <i>lidocaine</i> .....49	<i>lorazepam</i> .....21	LYSTEDA
<i>linezolid</i> .....10	<i>lorcet plus tab 7.5-325</i> .....8	see <i>tranexamic acid</i> .....42
LINEZOLID .....10	<i>lorcet tab 5-325mg</i> .....8	<b>M</b>
LINEZOLID IN SODIUM	<i>lortab tab 10-325mg</i> .....8	MACROBID
CHLORIDE .....10	<i>lortab tab 5-325mg</i> .....8	see <i>nitrofurantoin</i>
LINZESS .....40	<i>lortab tab 7.5-325</i> .....8	<i>monohyd macro</i> .....10
<i>liothyronine sodium</i> .....38	<i>loryna</i> .....35	MACRODANTIN
LIPITOR	<i>losartan potassium</i> .....18	see <i>nitrofurantoin</i>
see <i>atorvastatin calcium</i> 18	<i>losartan potassium &amp; hctz tab</i>	<i>macrocrystal</i> .....10
<i>lisinopril</i> .....17	<i>100-12.5 mg</i> .....18	<i>magnesium sulfate</i> .....43, 44
<i>lisinopril &amp;</i>	<i>losartan potassium &amp; hctz tab</i>	MAGNESIUM SULFATE ..44
<i>hydrochlorothiazide</i> .....17	<i>100-25 mg</i> .....18	see <i>magnesium sulfate</i> .43
<i>lithium carbonate</i> .....31	<i>losartan potassium &amp; hctz tab</i>	MAGNESIUM SULFATE IN
<i>lithium carbonate er</i> .....31	<i>50-12.5 mg</i> .....18	D5W.....44
LITHIUM SOLN 8MEQ/5ML	LOTEMAX.....46	MALARONE
.....31	LOTENSIN	see <i>atovaquone-proguanil</i>
LITHOBID	see <i>benazepril hcl</i> .....17	<i>hcl</i> .....11
see <i>lithium carbonate er</i> 31	LOTENSIN HCT	<i>malathion</i> .....49
LOCOID	see <i>benazepril &amp;</i>	<i>maprotiline hcl</i> .....26
see <i>hydrocortisone</i>	<i>hydrochlorothiazide</i> .....17	MARINOL
<i>butyrate</i> .....49	LOTREL	see <i>dronabinol</i> .....38
LOESTRIN 1.5/30-21	see <i>amlodipine</i>	MARPLAN TAB 10MG.....26
see <i>gildess 1.5/30</i> .....35	<i>besylate-benazepril hcl</i>	MATULANE .....16
see <i>larin 1.5/30</i> .....35	<i>cap 10-20 mg</i> .....16	MAVIK
see <i>norethindrone acet &amp;</i>	see <i>amlodipine</i>	see <i>trandolapril</i> .....17
<i>eth estra</i> .....36	<i>besylate-benazepril hcl</i>	MAXALT
LOESTRIN 1/20-21	<i>cap 10-40 mg</i> .....17	see <i>rizatriptan benzoate</i> 31
see <i>norethindrone acet &amp;</i>	see <i>amlodipine</i>	MAXIPIME
<i>eth estra</i> .....36	<i>besylate-benazepril hcl</i>	see <i>cefepime hcl</i> .....13
LOESTRIN FE 1.5/30	<i>cap 5-10 mg</i> .....16	MAXITROL
see <i>norethin acet &amp;</i>	see <i>amlodipine</i>	see
<i>estradiol-fe</i> .....35	<i>besylate-benazepril hcl</i>	<i>neomycin-polymyx-dexamet</i>
LOESTRIN FE 1/20	<i>cap 5-20 mg</i> .....16	<i>h</i> .....45



MAXZIDE	see <i>pyridostigmine bromide</i> .....	31	<i>metronidazole (topical)</i> .....	49
see <i>triamterene &amp; hydrochlorothiazide</i> .....	20	<i>metadate tab 20mg er</i> .....	30	<i>metronidazole gel 0.75%</i> ..
MAXZIDE-25	see <i>triamterene &amp; hydrochlorothiazide</i> .....	20	<i>metronidazole in nacl</i> .....	10
<i>meclizine hcl</i> .....	38	<i>metformin er</i> .....	34	<i>metronidazole vaginal</i> .....
MEDROL	see <i>methylpred tab 16mg</i> .....	37	<i>metformin hcl</i> .....	34
see <i>methylpred tab 32mg</i> .....	37	<i>methadone hcl</i> .....	8	MEVACOR
see <i>methylpred tab 4mg</i> .....	37	<i>methadone hcl 10mg</i> .....	9	see <i>lovastatin</i> .....
see <i>methylpred tab 8mg</i> .....	37	<i>methadone hcl 5mg</i> .....	9	<i>mexiletine hcl</i> .....
MEDROL DOSEPAK	see <i>methylpred pak 4mg</i> .....	37	METHADOSE	see <i>calcitonin (salmon)</i> .
see <i>methylpred pak 4mg</i> .....	37	see <i>methadone hcl</i> .....	8	MICROGESTIN 1.5/30 .....
<i>medroxyprogesterone acetate 150 mg/ml</i> .....	35	<i>methazolamide</i> .....	20	MICROGESTIN 1/20 .....
<i>medroxyprogesterone acetate tab</i> .....	38	<i>methenamine hippurate</i> ...	10	MICROGESTIN FE 1.5/30
<i>mefloquine hcl</i> .....	11	<i>methimazole</i> .....	38	MICROGESTIN FE 1/20... 35
MEGACE ORAL	see <i>megestrol ac sus 40mg/ml</i> .....	15	<i>methotrexate sodium</i> .....	15
see <i>megestrol ac sus 40mg/ml</i> .....	15	METHOTREXATE SODIUM	.....	15
<i>megestrol ac sus 40mg/ml</i> .....	15	<i>methotrexate sodium inj</i> ....	15	<i>methotrexate sodium tabs</i> ..
<i>megestrol ac tab 20mg</i> .....	15	METHYLIN	see <i>methylphenidate hcl oral soln</i> .....	30
<i>megestrol ac tab 40mg</i> .....	15	see <i>methylphenidate hcl oral soln</i> .....	30	<i>methylpr ace inj 40mg/ml</i> ..
MEGESTROL SUS	625MG/5ML .....	15	<i>methylpr ace inj 80mg/ml</i> ..	37
MEKINIST .....	16	<i>methylpr ss inj 1gm</i> .....	37	<i>methylpr ss inj 40mg</i> .....
<i>meloxicam</i> .....	7	<i>methylpr ss inj 40mg</i> .....	37	<i>methylpred pak 4mg</i> .....
<i>memantine hcl</i> .....	24	<i>methylpred tab 16mg</i> .....	37	<i>methylpred tab 32mg</i> .....
MEMANTINE HCL .....	24	<i>methylpred tab 4mg</i> .....	37	<i>methylpred tab 4mg</i> .....
MENACTRA.....	43	<i>methylpred tab 8mg</i> .....	37	<i>methylprednisolone sod succ</i> .....
MENHIBRIX .....	43	.....	37	<i>metipranolol</i> .....
MENOMUNE-A/C/Y/W-135 .....	43	<i>metoclopramide hcl</i> .....	38	<i>metoclopramide hcl inj</i> .....
MENVEO .....	43	<i>metoclopramide hcl inj</i> .....	38	<i>metolazone</i> .....
MEPRON	see <i>atovaquone</i> .....	10	<i>metoprolol &amp; hydrochlorothiazide</i> .....	19
see <i>atovaquone</i> .....	10	<i>metoprolol succinate</i> .....	19	<i>metoprolol tartrate</i> .....
<i>mercaptapurine</i> .....	14	<i>metoprolol tartrate</i> .....	19	METROCREAM
<i>meropenem</i> .....	10	METROCREAM	see <i>metronidazole (topical)</i> .....	49
MERREM	see <i>meropenem</i> .....	10	see <i>rosadan cre 0.75%</i> ..	49
see <i>meropenem</i> .....	10	METROGEL-VAGINAL	see <i>metronidazole vaginal</i> .....	41
<i>mesalamine enema</i> .....	39	see <i>metronidazole vaginal</i> .....	41	<i>metronidazole</i> .....
<i>mesalamine w/ cleanser</i> ...	39	see <i>metronidazole vaginal</i> .....	41	10
<i>mesna</i> .....	16	MIRACALCIN .....	37	
MESNEX.....	16	see <i>calcitonin (salmon)</i> .	37	
see <i>mesna</i> .....	16	MICROGESTIN 1.5/30 .....	35	
MESTINON		MICROGESTIN 1/20 .....	35	
		MICROGESTIN FE 1.5/30	35	
		MICROGESTIN FE 1/20... 35		
		MICRO-K	see <i>klor-con spr cap 10meq</i> .....	43
		see <i>klor-con spr cap 8meq</i> .....	43	
		see <i>potassium chloride</i> .	44	
		MICROZIDE	see <i>hydrochlorothiazide</i> ..	20
		see <i>hydrochlorothiazide</i> ..	20	
		<i>midodrine hcl</i> .....	21	
		MINIPRESS	see <i>prazosin hcl</i> .....	17
		see <i>prazosin hcl</i> .....	17	
		MINOCIN	see <i>minocycline hcl</i> .....	14
		see <i>minocycline hcl</i> .....	14	
		<i>minoxidil</i> .....	21	
		MIRAPEX	see <i>pramipexole tab 0.125mg</i> .....	27
		see <i>pramipexole tab 0.125mg</i> .....	27	
		see <i>pramipexole tab 0.25mg</i> .....	27	
		see <i>pramipexole tab 0.25mg</i> .....	27	
		see <i>pramipexole tab 0.5mg</i> .....	27	
		see <i>pramipexole tab 0.5mg</i> .....	27	
		see <i>pramipexole tab 0.75mg</i> .....	27	
		see <i>pramipexole tab 0.75mg</i> .....	27	
		see <i>pramipexole tab 1.5mg</i> .....	27	
		see <i>pramipexole tab 1.5mg</i> .....	27	
		see <i>pramipexole tab 1mg</i> .....	27	
		see <i>pramipexole tab 1mg</i> .....	27	
		MIRCETTE	see <i>desogestrel-ethinyl estradiol (biphasic)</i> .....	35
		see <i>desogestrel-ethinyl estradiol (biphasic)</i> .....	35	
		see <i>viorele</i> .....	36	
		<i>mirtazapine</i> .....	26	
		<i>misoprostol</i> .....	40	
		<i>mitomycin</i> .....	14	
		<i>mitoxantrone hcl</i> .....	16	
		M-M-R II.....	43	
		MOBIC		



<i>see meloxicam</i> .....	7	<i>see primidone</i> .....	24	NEUPRO .....	27
<i>moderiba tab 200mg</i> .....	13	<i>myzilra</i> .....	35	NEURONTIN	
<i>moexipril hcl</i> .....	17	<b>N</b>		<i>see gabapentin</i> .....	23
<i>moexipril-hydrochlorothiazid</i>		<i>nabumetone</i> .....	7	NEVIRAPINE SUSP 50	
<i>e</i> .....	17	<i>nafcillin sodium</i> .....	14	MG/5ML.....	11
<i>molindone hcl</i> .....	28	NAGLAZYME.....	36	<i>nevirapine tab 100mg</i> .....	11
<i>mometasone furoate</i> .....	49	<i>nalbuphine hcl</i> .....	7	<i>nevirapine tab 200mg</i> .....	11
MONODOX		<i>naloxone inj 0.4mg/ml</i> .....	32	<i>nevirapine tb24</i> .....	11
<i>see doxycycline</i>		<i>naloxone inj 1mg/ml</i> .....	32	NEXAVAR .....	16
( <i>monohydrate</i> ) .....	14	<i>naltrexone hcl</i> .....	32	NEXIUM	
<i>mono-lynyah tab 0.25-35</i> ...	35	NAMENDA		<i>see esomeprazole</i>	
MONONESSA.....	35	<i>see memantine hcl</i> .....	24	<i>magnesium</i> .....	40
<i>montelukast sodium</i> .....	47	NAMENDA XR .....	24	NEXIUM GRA 10MG DR ..	40
<i>morphine ext-rel tab</i> .....	9	NAMENDA XR TITRATION		NEXIUM GRA 2.5MG DR .	40
MORPHINE SUL INJ		PACK.....	24	NEXIUM GRA 20MG DR ..	40
10MG/ML .....	9	NAMZARIC .....	24	NEXIUM GRA 40MG DR ..	40
MORPHINE SUL INJ		<i>naphazoline 0.1%</i> .....	46	NEXIUM GRA 5MG DR ...	40
15MG/ML .....	9	NAPROSYN		NEXIUM I.V.	
MORPHINE SUL INJ		<i>see naproxen</i> .....	7	<i>see esomeprazole sodium</i>	
1MG/ML .....	9	<i>naproxen</i> .....	7	<i>inj</i> .....	40
MORPHINE SUL INJ		<i>naproxen sodium</i> .....	7	<i>niacin (antihyperlipidemic)</i>	19
2MG/ML .....	9	NARDIL		<i>niacin er (antihyperlipidemic)</i>	
MORPHINE SUL INJ		<i>see phenelzine sulfate</i> ...	26	.....	19
4MG/ML .....	9	NATACYN.....	45	NIASPAN	
<i>morphine sulfate</i> .....	9	<i>nateglinide</i> .....	34	<i>see niacin er</i>	
MORPHINE SULFATE .....	9	NATPARA.....	38	( <i>antihyperlipidemic</i> ) .....	19
<i>see morphine sulfate</i> .....	9	NEBUPENT .....	10	<i>nicardipine hcl</i> .....	19
MORPHINE SULFATE		<i>necon 1/35-28</i> .....	35	NICOTROL INHALER.....	32
ORAL SOL.....	9	NECON 1/50-28.....	35	NICOTROL NS .....	32
MOVANTIK .....	40	NECON 7/7/7 .....	35	<i>nifedipine</i> .....	20
MOVIPREP.....	39	<i>nefazodone hcl</i> .....	26	<i>nifedipine cr</i> .....	20
MOXEZA.....	45	<i>neomycin sulfate</i> .....	10	<i>nifedipine er</i> .....	20
MOZOBIL.....	41	<i>neomycin-bacitracin</i>		<i>nifedipine xl</i> .....	20
MS CONTIN		<i>zn-polymyxin</i> .....	45	<i>nikki 3-0.02mg</i> .....	35
<i>see morphine ext-rel tab</i> ..	9	<i>neomycin-polymy-dexameth</i>		NILANDRON .....	15
MULTAQ .....	18	.....	45	<i>nilutamide</i> .....	15
<i>mupirocin</i> .....	48	<i>neomycin-polymyxin-gramici</i>		<i>nimodipine</i> .....	20
MYAMBUTOL		<i>din</i> .....	45	NINLARO.....	15
<i>see ethambutol hcl</i> .....	12	<i>neomycin-polymyxin-hc (otic)</i>		NIPENT .....	15
MYCAMINE.....	11	.....	50	NITRO-DUR	
MYCOBUTIN		NEORAL .....	43	<i>see nitroglycerin</i> .....	21
<i>see rifabutin</i> .....	12	<i>see cyclosporine modified</i>		<i>nitrofurantoin macrocrystal</i>	10
<i>mycophenolate mofetil</i> .....	43	( <i>for microemulsion</i> )..	42, 43	<i>nitrofurantoin monohyd</i>	
<i>mycophenolate sodium</i> .....	43	NEOSPORIN		<i>macro</i> .....	10
MYFORTIC		<i>see</i>		<i>nitroglycerin</i> .....	21
<i>see mycophenolate</i>		<i>neomycin-polymyxin-grami</i>		<i>nitroglycerin td patch</i> .....	21
<i>sodium</i> .....	43	<i>cidin</i> .....	45	NITROSTAT .....	21
<i>myorisan</i> .....	48	NEPHRAMINE .....	44	NIZORAL	
MYRBETRIQ TAB 25MG ..	41	NEPTAZANE		<i>see ketoconazole</i>	
MYRBETRIQ TAB 50MG ..	41	<i>see methazolamide</i> .....	20	<i>shampoo</i> .....	48
MYSOLINE		NEUPOGEN .....	41	NORA-BE TAB 0.35MG....	35

NORCO	(contraceptive) .....36	omeprazole cap 10mg .....40
see hydroco/apap tab	see norlyroc 0.35mg.....36	omeprazole cap 20mg .....40
10-325mg .....8	NORTHERA.....21	omeprazole cap 40mg .....40
see hydroco/apap tab	nortriptyline hcl.....26	ondansetron hcl .....38
5-325mg .....8	NORVASC	ondansetron hcl inj.....38
see hydroco/apap tab	see amlodipine besylate 19	ondansetron hcl oral soln..38
7.5-325mg .....8	NORVIR.....11	ondansetron odt.....38
see lorcet plus tab 7.5-325	NOVOLIN 70/30.....33	ONFI SOLN .....23
.....8	NOVOLIN N .....33	ONFI TAB .....23
see lorcet tab 5-325mg....8	NOVOLIN R .....33	OPSUMIT .....21
see lortab tab 10-325mg..8	NOVOLOG.....33	ORAP
see lortab tab 5-325mg ...8	NOVOLOG FLEXPEN .....33	see pimozide .....28
see lortab tab 7.5-325 .....8	NOVOLOG MIX 70/30 .....33	ORFADIN .....36
NORDITROPIN FLEXPRO	NOVOLOG MIX 70/30	ORKAMBI .....47
.....37	PREFILL .....33	ORTHO MICRONOR
norethin acet & estrad-fe...35	NOVOLOG PENFILL .....33	see norethindrone
norethindrone & eth estradiol	NOXAFIL .....11	(contraceptive) .....36
.....35, 36	NUBAIN	see sharobel 0.35mg.....36
norethindrone	see nalbuphine hcl .....7	ORTHO TRI-CYCLEN
(contraceptive) .....36	NUEDEXTA .....31	see norgestimate-ethinyl
norethindrone acet & eth	NULOJIX.....43	estradiol (triphasic).....36
estra.....36	NULYTELY/FLAVOR	see tri-linyah.....36
norethindrone acetate .....38	PACKS.....39	ORTHO TRI-CYCLEN LO
norethindrone acetate-ethinyl	see peg 3350-potassium	see norgestimate-ethinyl
estradiol .....37	chloride-sod	estradiol (triphasic).....36
norethindrone acetate-ethinyl	bicarbonate-sod chloride	see tri-lo- tab marzia .....36
estradiol-fe .....36	.....39	see tri-lo-estarylla.....36
norethindrone-eth estradiol	NUPLAZID .....28	ORTHO-CYCLEN
(triphasic) .....36	nutrilipid inj 20%.....44	see estarylla tab 0.25-35
norgest/ethi tab 0.25/35 ....36	NUVARING.....36	.....35
norgestimate-ethinyl	NUVIGIL	see mono-linyah tab
estradiol .....36	see armodafinil.....32	0.25-35.....35
norgestimate-ethinyl	NYMALIZE.....20	see norgest/ethi tab
estradiol (triphasic).....36	nystatin .....11	0.25/35.....36
NORINYL 1+35	nystatin (mouth-throat).....49	see norgestimate-ethinyl
see necon 1/35-28.....35	nystatin (topical).....48	estradiol .....36
see norethindrone & eth	<b>O</b>	ORTHO-NOVUM 7/7/7
estradiol.....35	OCELLA TAB 3-0.03MG...36	see norethindrone-eth
norlyroc 0.35mg .....36	OCTAGAM.....42	estradiol (triphasic).....36
NORMOSOL-M IN D5W ...45	octreotide acetate .....37	OVCON-35
NORMOSOL-R .....45	OCUFEN	see norethindrone & eth
NORMOSOL-R IN D5W....45	see flurbiprofen sodium.46	estradiol .....36
NORPACE	OCUFLOX	see philith.....36
see disopyramide	see ofloxacin (ophth).....45	see zenchent.....36
phosphate.....18	ODEFSEY.....12	OVIDE
NORPACE CR .....18	ODOMZO.....16	see malathion.....49
NORPRAMIN	OFEV .....47	OXANDRIN
see desipramine hcl .....25	ofloxacin (ophth) .....45	see oxandrolone tab 10mg
NOR-QD	ofloxacin (otic).....50	.....32
see heather .....35	olanzapine .....28	see oxandrolone tab 2.5mg
see norethindrone	omega-3-acid ethyl esters.19	.....32

<i>oxandrolone tab 10mg</i> .....	32	<i>peg 3350-potassium</i>		PHENYTEK	
<i>oxandrolone tab 2.5mg</i> .....	32	<i>chloride-sod bicarbonate-sod</i>		<i>see phenytoin sodium</i>	
<i>oxcarbazepine</i> .....	23	<i>chloride</i> .....	39	<i>extended</i> .....	23
<i>oxybutynin chloride</i> .....	41	PEGANONE .....	23	<i>phenytoin</i> .....	23
<i>oxycodone hcl</i> .....	9	PEGASYS.....	13	<i>phenytoin sodium</i> .....	23
OXYCODONE HCL .....	9	PEGASYS PROCLICK .....	13	<i>phenytoin sodium extended</i>	
<i>oxycodone w/</i>		PENICILLIN G POT IN		.....	23
<i>acetaminophen 10-325mg</i> ..	9	DEXTROSE .....	14	<i>philit</i> .....	36
<i>oxycodone w/</i>		<i>penicillin g potassium</i> .....	14	PHOSLO	
<i>acetaminophen 2.5-325mg</i> .	9	<i>penicillin g procaine</i> .....	14	<i>see calcium acetate</i>	
<i>oxycodone w/</i>		<i>penicillin g sodium</i> .....	14	( <i>phosphate binder</i> ).....	38
<i>acetaminophen 5-325mg</i> ....	9	<i>penicillin v potassium</i> .....	14	PHOSPHOLINE IODIDE ..	46
<i>oxycodone w/</i>		<i>penicillin gk inj 20mu</i> .....	14	PILOCARPINE HCL .....	46
<i>acetaminophen 7.5-325mg</i> .	9	<i>penicillin gk inj 5mu</i> .....	14	<i>pilocarpine hcl (oral)</i> .....	49
<i>oxycodone w/</i>		PENTACEL.....	43	PILOCARPINE HCL (ORAL)	
<i>acetaminophen soln</i> .....	9	PENTAM 300.....	10	.....	49
<b>P</b>		<i>pentoxifylline</i> .....	42	<i>pimozide</i> .....	28
<i>paliperidone</i> .....	28	PEPCID		<i>pindolol</i> .....	19
PAMELOR		<i>see famotidine tab</i> .....	39	<i>pioglitazone hcl</i> .....	34
<i>see nortriptyline hcl</i> .....	26	PERCOCET		<i>piperacillin</i>	
<i>pamidronate disodium</i> .....	34	<i>see endocet 10/325</i> .....	8	<i>sodium-tazobactam sodium</i>	
PANRETIN.....	49	<i>see endocet 5/325</i> .....	7	.....	14
<i>pantoprazole sodium</i> .....	40	<i>see endocet 7.5/325</i> .....	8	PLAN B ONE-STEP	
<i>paricalcitol</i> .....	45	<i>see oxycodone w/</i>		<i>see levonorgestrel</i>	
PARLODEL		<i>acetaminophen 10-325mg</i>		( <i>emergency oc</i> ).....	35
<i>see bromocriptine</i>		.....	9	PLAQUENIL	
<i>mesylate</i> .....	27	<i>see oxycodone w/</i>		<i>see hydroxychloroquine</i>	
PARNATE		<i>acetaminophen 2.5-325mg</i>		<i>sulfate</i> .....	42
<i>see tranlycypromine</i>		.....	9	PLASMA-LYTE A.....	45
<i>sulfate</i> .....	26	<i>see oxycodone w/</i>		PLASMA-LYTE-148.....	45
<i>paroex sol 0.12%</i> .....	49	<i>acetaminophen 5-325mg</i> .	9	PLASMA-LYTE-56/D5W...	45
<i>paromomycin sulfate</i> .....	10	<i>see oxycodone w/</i>		PLAVIX	
<i>paroxetine hcl</i> .....	26	<i>acetaminophen 7.5-325mg</i>		<i>see clopidogrel bisulfate</i>	42
<i>paser 4gm</i> .....	12	.....	9	<i>podofilox</i> .....	49
PATADAY .....	46	<i>see roxicet tab 5-325mg</i> ..	9	<i>polyethylene glycol 3350</i> ..	39
PAXIL.....	26	PERIDEX		<i>polymyxin b-trimethoprim</i> ..	45
<i>see paroxetine hcl</i> .....	26	<i>see chlorhexidine</i>		POLYTRIM	
PAZEO.....	46	<i>gluconate (mouth-throat)</i>		<i>see polymyxin</i>	
PEDIAPRED		.....	49	<i>b-trimethoprim</i> .....	45
<i>see pred sod pho sol</i>		<i>see paroex sol 0.12%</i> ....	49	POMALYST CAP 1MG ....	42
<i>5mg/5ml</i> .....	37	<i>perindopril erbumine</i> .....	17	POMALYST CAP 2MG ....	42
PEDIARIX .....	43	<i>permethrin</i> .....	49	POMALYST CAP 3MG ....	42
PEDVAX HIB .....	43	<i>perphenazine</i> .....	28	POMALYST CAP 4MG ....	42
PEG 3350/ELECTROLYTES		<i>phenadoz</i> .....	38	<i>pot chloride inj 2meq/ml</i> ....	45
.....	39	<i>phenelzine sulfate</i> .....	26	<i>potassium chloride</i> .....	44
<i>peg 3350-kcl-sod bicarb-sod</i>		PHENERGAN		POTASSIUM CHLORIDE 44,	
<i>chloride-sod sulfate</i> .....	39	<i>see promethazine hcl</i> ....	39	45	
PEG 3350-KCL-SOD		<i>phenobarbital</i> .....	23	<i>potassium chloride in nacl</i> 45	
BICARB-SOD		<i>phenobarbital sodium</i> .....	23	<i>potassium chloride</i>	
CHLORIDE-SOD SULFATE		PHENOBARBITAL SODIUM		<i>microencapsulated crystals</i>	
.....	39	.....	23	<i>cr</i> .....	44

POTASSIUM CITRATE	.....40	PROVERA	.....40
(ALKALINIZER).....41	see <i>omeprazole cap 40mg</i>	see <i>medroxyprogesterone</i>	.....40
POTIGA.....23	.....40	acetate tab.....38	
PRADAXA.....41	PRIMAQUINE PHOSPHATE	PROZAC	.....40
PRALUENT.....19	.....11	see <i>fluoxetine cap 10mg25</i>	.....40
<i>pramipexole tab 0.125mg</i> .27	PRIMAXIN IV	see <i>fluoxetine cap 20mg25</i>	.....40
<i>pramipexole tab 0.25mg</i> ...27	see <i>imipenem-cilastatin</i> .10	see <i>fluoxetine cap 40mg25</i>	.....40
<i>pramipexole tab 0.5mg</i> ....27	<i>primidone</i> .....24	PULMICORT	.....40
<i>pramipexole tab 0.75mg</i> ...27	PRINIVIL	see <i>budesonide</i>	.....40
<i>pramipexole tab 1.5mg</i> .....27	see <i>lisinopril</i> .....17	( <i>inhalation</i> ).....47	.....40
<i>pramipexole tab 1mg</i> .....27	PRISTIQ.....26	PULMICORT FLEXHALER	.....40
PRANDIN	PRIVIGEN.....42	.....47	.....40
see <i>repaglinide</i> .....34	<i>probenecid</i> .....7	PULMOZYME.....47	.....40
PRAVACHOL	PROCALAMINE.....44	PURIXAN.....15	.....40
see <i>pravastatin sodium</i> ..18	PROCARDIA XL	<i>pyrazinamide</i> .....12	.....40
<i>pravastatin sodium</i> .....18	see <i>nifedipine er</i> .....20	<i>pyridostigmine bromide</i> ....31	.....40
<i>prazosin hcl</i> .....17	see <i>nifedipine xl</i> .....20	<b>Q</b>	.....40
PRECOSE	<i>prochlorperazine inj</i> .....38	QUADRACEL.....43	.....40
see <i>acarbose</i> .....33	<i>prochlorperazine maleate</i> .39	QUALAQUIN	.....40
<i>pred sod pho sol 5mg/5ml</i> .37	<i>prochlorperazine supp</i> .....39	see <i>quinine sulfate</i> .....11	.....40
PREDNISOLONE ACETATE	PROCRT.....41	QUESTRAN	.....40
(OPHTH).....46	<i>procto-pak cre 1%</i> .....48	see <i>cholestyramine</i> .....18	.....40
<i>prednisolone sodium</i>	<i>proctosol hc cre 2.5%</i> .....48	QUESTRAN LIGHT	.....40
<i>phosphate (ophth)</i> .....46	<i>proctozone cre -hc 2.5%</i> ...48	see <i>cholestyramine light</i> 18	.....40
<i>prednisolone sol 15mg/5ml</i>	PROGLYCEM SUS	<i>quetiapine fumarate</i> .....28	.....40
.....37	50MG/ML.....37	<i>quinapril hcl</i> .....17	.....40
<i>prednisolone sol 25mg/5ml</i>	PROGRAF.....43	<i>quinapril-hydrochlorothiazide</i>	.....40
.....37	see <i>tacrolimus</i> .....43	.....17	.....40
<i>prednisolone syrup 15</i>	PROLASTIN-C.....47	<i>quinidine gluconate</i> .....18	.....40
<i>mg/5ml</i> .....37	PROLENSA.....46	<i>quinidine sulfate</i> .....18	.....40
<i>prednisone con 5mg/ml</i> ....37	PROLIA.....38	<i>quinine sulfate</i> .....11	.....40
<i>prednisone pak 10mg</i> .....37	PROMACTA.....42	<b>R</b>	.....40
<i>prednisone pak 5mg</i> .....37	<i>promethazine hcl</i> .....39	RABAVERT.....43	.....40
<i>prednisone sol 5mg/5ml</i> ....37	<i>promethegan</i> .....39	<i>raloxifene tab 60mg</i> .....38	.....40
<i>prednisone tab 10mg</i> .....37	<i>propafenone hcl</i> .....18	<i>ramipril</i> .....17	.....40
<i>prednisone tab 1mg</i> .....37	<i>propafenone hcl 12hr</i> .....18	RANEXA.....21	.....40
<i>prednisone tab 2.5mg</i> .....37	<i>proparacaine hcl</i> .....46	<i>ranitidine hcl</i> .....39	.....40
<i>prednisone tab 20mg</i> .....37	<i>propranolol cap er</i> .....19	<i>ranitidine hcl inj</i> .....39	.....40
<i>prednisone tab 50mg</i> .....37	<i>propranolol hcl</i> .....19	<i>ranitidine syrup</i> .....39	.....40
<i>prednisone tab 5mg</i> .....37	<i>propranolol oral sol</i> .....19	RAPAMUNE.....43	.....40
<i>premasol 10%</i> .....44	<i>propylthiouracil</i> .....38	see <i>sirolimus</i> .....43	.....40
<i>premasol 6%</i> .....44	PROQUAD.....43	RAVICTI.....36	.....40
<i>prenatal vitamin/folic acid &gt;</i>	PROSCAR	RAZADYNE	.....40
<i>0.8 mg (generic)</i> .....45	see <i>finasteride</i> .....40	see <i>galantamine</i>	.....40
PREZCOBIX.....12	PROSOL.....44	<i>hydrobromide</i> .....24	.....40
PREZISTA.....11	PROTONIX	RAZADYNE ER	.....40
PRIFTIN.....12	see <i>pantoprazole sodium</i>	see <i>galantamine</i>	.....40
PRILOSEC	.....40	<i>hydrobromide er</i> .....24	.....40
see <i>omeprazole cap 10mg</i>	PROTOPIC	REBETOL	.....40
.....40	see <i>tacrolimus (topical)</i> .49	see <i>ribasphere cap 200mg</i>	.....40
see <i>omeprazole cap 20mg</i>	<i>protriptyline hcl</i> .....26	.....13	.....40



see <i>ribavirin cap 200mg</i> 13	<i>rifabutin</i> ..... 12	ROWASA
RECLAST	RIFADIN	see <i>mesalamine w/</i>
see <i>zoledronic acid</i> .....34	see <i>rifampin</i> .....12	<i>cleanser</i> .....39
RECOMBIVAX HB .....43	<i>rifampin</i> ..... 12	<i>roxicet soln</i> ..... 9
REGLAN	RIFATER .....12	<i>roxicet tab 5-325mg</i> .....9
see <i>metoclopramide hcl</i> .38	RILUTEK	ROXICODONE
REGRANEX.....49	see <i>riluzole</i> .....31	see <i>oxycodone hcl</i> ..... 9
RELENZA DISKHALER ...13	<i>riluzole</i> .....31	RYTHMOL
RELISTOR.....40	<i>rimantadine hydrochloride</i> .13	see <i>propafenone hcl</i> ..... 18
REMERON	RINGER'S.....45	RYTHMOL SR
see <i>mirtazapine</i> .....26	RISPERDAL	see <i>propafenone hcl 12hr</i>
REMERON SOLTAB	see <i>risperidone</i> .....29	..... 18
see <i>mirtazapine</i> .....26	RISPERDAL INJ 12.5MG .29	<b>S</b>
REMICADE INJ 100MG ...42	RISPERDAL INJ 25MG ...29	SABRIL..... 24
REMODULIN .....21	RISPERDAL INJ 37.5MG .29	SALAGEN
REVELA PAK 0.8GM ....38	RISPERDAL INJ 50MG ...29	see <i>pilocarpine hcl (oral)</i>
REVELA PAK 2.4GM ....38	RISPERDAL M-TAB	..... 49
REVELA TAB 800MG ...38	see <i>risperidone</i> .....29	SANDIMMUNE ..... 43
<i>repaglinide</i> .....34	<i>risperidone</i> .....29	see <i>cyclosporine</i> ..... 42
REQUIP	RITALIN	SANDOSTATIN
see <i>ropinirole tab 0.25mg</i>	see <i>methylphenidate hcl</i> 30	see <i>octreotide acetate</i> ... 37
.....27	RITUXAN ..... 15	SANTYL..... 49
see <i>ropinirole tab 0.5mg</i> 27	<i>rivastigmine tartrate</i> .....24	SAPHRIS .....29
see <i>ropinirole tab 1mg</i> ...27	<i>rivastigmine td patch 24hr</i>	SECTRAL
see <i>ropinirole tab 2mg</i> ...27	13.3 mg/24hr.....25	see <i>acebutolol hcl</i> ..... 19
see <i>ropinirole tab 3mg</i> ...27	<i>rivastigmine td patch 24hr</i> 4.6	<i>selegiline hcl</i> .....27
see <i>ropinirole tab 4mg</i> ...27	mg/24hr.....24	<i>selenium sulfide</i> .....48
see <i>ropinirole tab 5mg</i> ...27	<i>rivastigmine td patch 24hr</i> 9.5	SELZENTRY ..... 12
RESCRIPTOR ..... 11	mg/24hr.....25	SENSIPAR .....34
RESTASIS .....46	<i>rizatriptan benzoate</i> .....31	SEREVENT DISKUS ..... 47
RESTORIL	ROBINUL	SEROQUEL
see <i>temazepam</i> .....31	see <i>glycopyrrolate</i> .....39	see <i>quetiapine fumarate</i> 28
RETIN-A	ROBINUL FORTE	SEROQUEL XR.....29
see <i>tretinoin</i> .....48	see <i>glycopyrrolate</i> .....39	<i>sertraline hcl</i> .....26
RETROVIR	ROCALTROL	<i>setlakin tab</i> .....36
see <i>zidovudine cap 100mg</i>	see <i>calcitriol</i> .....45	<i>sharobel 0.35mg</i> .....36
.....12	see <i>calcitriol oral soln 1</i>	SIGNIFOR ..... 38
see <i>zidovudine syp</i>	<i>mcg/ml</i> .....45	<i>sildenafil citrate (pulmonary</i>
50mg/5ml.....12	ROCEPHIN	<i>hypertension)</i> .....21
RETROVIR IV INFUSION.12	see <i>ceftriaxone sodium</i> .13	SILENOR.....30
REVATIO .....21	<i>ropinirole tab 0.25mg</i> .....27	SILVER SULFADIAZINE ..48
see <i>sildenafil citrate</i>	<i>ropinirole tab 0.5mg</i> .....27	SIMBRINZA .....46
( <i>pulmonary hypertension</i> )	<i>ropinirole tab 1mg</i> .....27	<i>simvastatin</i> ..... 18
.....21	<i>ropinirole tab 2mg</i> .....27	SINEMET
REVLIMID .....42	<i>ropinirole tab 3mg</i> .....27	see <i>carbidopa-levodopa</i> 27
REXULTI.....28	<i>ropinirole tab 4mg</i> .....27	SINEMET CR
REYATAZ .....12	<i>ropinirole tab 5mg</i> .....27	see <i>carbidopa-levodopa</i> 27
<i>ribasphere cap 200mg</i> .....13	<i>rosadan cre 0.75%</i> .....49	SINGULAIR
<i>ribasphere tab 200mg</i> .....13	<i>rosuvastatin calcium</i> ..... 18	see <i>montelukast sodium</i> 47
<i>ribavirin cap 200mg</i> .....13	ROTARIX.....43	<i>sirolimus</i> ..... 43
<i>ribavirin tab 200mg</i> .....13	ROTATEQ .....43	SIRTURO ..... 12



SIVEXTRO.....	10	.....	32	SYNERCID .....	10
SOD CHLORIDE INJ 0.9%	.....	SUBOXONE MIS 4-1MG ..	32	SYNRIBO .....	16
.....	45	SUBOXONE MIS 8-2MG ..	32	SYNTHROID .....	38
SODIUM CHLORIDE ..	44, 45	<i>sucalfate</i> .....	40	<i>see levothyroxine sodium</i>	
SODIUM CHLORIDE 0.45%	VIA .....	<i>sulfacet sod oin 10% op...</i>	45	.....	38
SODIUM CHLORIDE 0.9%	.....	<i>sulfacetamide sodium (acne)</i>	48	SYPRINE .....	35
.....	49	<i>sulfacetamide sodium</i>		<b>T</b>	
sodium fluoride chew; tab;		( <i>ophth</i> ) .....	45	TABLOID .....	15
1.1 (0.5 f) mg/ml soln .....	44	<i>sulfacetamide</i>		<i>tacrolimus</i> .....	43
<i>sodium polystyrene sulfonate</i>	.....	<i>sod-prednisolone</i> .....	45	<i>tacrolimus (topical)</i> .....	49
.....	35	<i>sulfadiazine</i> .....	10	TAFINLAR .....	16
SOLTAMOX .....	15	<i>sulfamethoxazole-trimethop</i>		TAGRISSO .....	16
SOLU-CORTEF .....	37	<i>ds</i> .....	10	TAMIFLU .....	13
SOLU-MEDROL		<i>sulfamethoxazole-trimethopri</i>		<i>tamoxifen citrate</i> .....	15
<i>see methylpr ss inj 1gm</i>	37	<i>m inj</i> .....	10	<i>tamsulosin hcl</i> .....	40
<i>see methylpr ss inj 40mg</i>	.....	<i>sulfamethoxazole-trimethopri</i>		TAPAZOLE	
.....	37	<i>m susp</i> .....	10	<i>see methimazole</i> .....	38
<i>see methylprednisolone</i>		<i>sulfamethoxazole-trimethopri</i>		TARCEVA.....	16
<i>sod succ</i> .....	37	<i>m tab</i> .....	10	TARGRETIN.....	49
SOMATULINE DEPOT .....	38	SULFAMYLON .....	48	<i>see bexarotene</i> .....	16
SOMAVERT .....	38	<i>sulfasalazine</i> .....	39	TASIGNA.....	16
SORIATANE		<i>sulfasalazine ec</i> .....	39	<i>tazicef</i> .....	13
<i>see acitretin</i> .....	48	<i>sulindac</i> .....	7	<i>tazicef vial</i> .....	13
<i>sotalol hcl</i> .....	18	SUMATRIPTAN INJ		TAZORAC .....	48
<i>sotalol hcl (afib/afI)</i> .....	18	4MG/0.5ML .....	31	<i>taztia xt</i> .....	20
SOVALDI .....	13	<i>sumatriptan inj 6mg/0.5ml</i>	31	TECENTRIQ.....	15
<i>spironolactone</i> .....	17	SUMATRIPTAN NASAL		TEFLARO .....	13
<i>spironolactone &amp;</i>		SPRAY.....	31	TEGRETOL .....	24
<i>hydrochlorothiazide</i> .....	20	<i>sumatriptan succinate</i> .....	31	<i>see carbamazepine</i> .....	22
SPORANOX		<i>suprax</i> .....	13	TEGRETOL-XR .....	24
<i>see itraconazole</i> .....	11	SUPRAX .....	13	<i>see carbamazepine</i> .....	22
SPRITAM .....	24	<i>see cefixime</i> .....	13	<i>temazepam</i> .....	31
SPRYCEL .....	16	SUPREP BOWEL PREP ..	39	TENIVAC .....	43
<i>sps susp 15gm/60ml</i> .....	35	SURMONTIL		TENORETIC 100	
<i>sronyx</i> .....	36	<i>see trimipramine maleate</i>		<i>see atenolol &amp;</i>	
SSD .....	48	.....	26	<i>chlorthalidone</i> .....	19
STARLIX		SUSTIVA .....	12	TENORETIC 50	
<i>see nateglinide</i> .....	34	SUTENT .....	16	<i>see atenolol &amp;</i>	
<i>stavudine</i> .....	12	<i>syeda</i> .....	36	<i>chlorthalidone</i> .....	19
STERILE WATER		SYLATRON KIT 200MCG	16	TENORMIN	
IRRIGATION .....	49	SYLATRON KIT 300MCG	16	<i>see atenolol</i> .....	19
STIMATE .....	38	SYLATRON KIT 600MCG	16	TERAZOL 3	
STIVARGA.....	16	SYMBICORT .....	48	<i>see terconazole vaginal</i>	41
STRATTERA.....	30	SYMLINPEN 120 .....	33	TERAZOL 7	
<i>streptomycin sulfate</i> .....	10	SYMLINPEN 60 .....	33	<i>see terconazole vaginal</i>	41
STRIBILD.....	12	SYNAGIS.....	43	<i>terazosin hcl</i> .....	17
STROMECTOL		SYNALAR		<i>terbinafine hcl</i> .....	11
<i>see ivermectin</i> .....	10	<i>see fluocinolone acetonide</i>		<i>terbutaline sulfate</i> .....	47
SUBOXONE MIS 12-3MG	32	.....	49	<i>terconazole vaginal</i> .....	41
SUBOXONE MIS 2-0.5MG		SYNAREL .....	36	<i>testosterone cypionate</i> .....	32



URSO FORTE			
see <i>ursodiol</i> .....	40		
<i>ursodiol</i> .....	40		
<b>V</b>			
VAGIFEM.....	37		
<i>valacyclovir hcl</i> .....	13		
VALCHLOR.....	49		
VALCYTE.....	13		
see <i>valganciclovir hcl</i> ....	13		
<i>valganciclovir hcl</i> .....	13		
VALIUM			
see <i>diazepam</i> .....	22		
<i>valproate sodium</i> .....	24		
<i>valproic acid</i> .....	24		
<i>valsartan</i> .....	18		
<i>valsartan &amp; hctz tab</i>			
160-12.5mg.....	18		
<i>valsartan &amp; hctz tab</i>			
160-25mg.....	18		
<i>valsartan &amp; hctz tab</i>			
320-12.5mg.....	18		
<i>valsartan &amp; hctz tab</i>			
320-25mg.....	18		
<i>valsartan &amp; hctz tab</i>			
80-12.5mg.....	18		
VALTRES			
see <i>valacyclovir hcl</i> .....	13		
VANCOCIN HCL			
see <i>vancomycin hcl</i> .....	11		
<i>vancomycin hcl</i> .....	11		
VANCOMYCIN IN NACL...11			
VANDAZOLE .....	41		
VAQTA.....	43		
VARIVAX .....	43		
VASCEPA.....	19		
VASERETIC			
see <i>enalapril maleate &amp;</i>			
<i>hydrochlorothiazide</i> .....	17		
VASOTEC			
see <i>enalapril maleate</i> ....	17		
VELCADE .....	15		
VENCLEXTA.....	15		
VENCLEXTA STARTING			
PACK.....	15		
<i>venlafaxine hcl</i> .....	26		
VENTAVIS .....	21		
VENTOLIN HFA.....	47		
<i>verapamil cap er</i> .....	20		
VERAPAMIL CAP ER.....	20		
<i>verapamil hcl</i> .....	20		
<i>verapamil tab er</i> .....	20		
VERELAN			
see <i>verapamil cap er</i> .....	20		
VERELAN PM			
see <i>verapamil cap er</i> .....	20		
VERSACLOZ.....	29		
VESICARE.....	41		
<i>vestura</i> .....	36		
VFEND			
see <i>voriconazole</i> .....	11		
VFEND IV			
see <i>voriconazole</i> .....	11		
VIBRAMYCIN			
see <i>doxycycline hyclate</i> .14			
VICOPROFEN			
see			
<i>hydrocodone-ibuprofen</i>			
7.5-200mg.....	8		
VICTOZA .....	33		
VIDAZA			
see <i>azacitidine</i> .....	14		
VIDEX EC			
see <i>didanosine</i> .....	11		
VIDEX PEDIATRIC .....	12		
VIGAMOX .....	46		
VIIBRYD STARTER PACK			
.....	26		
VIIBRYD TAB .....	26		
VIMPAT .....	24		
<i>viorele</i> .....	36		
VIRACEPT.....	12		
VIRAMUNE			
see <i>nevirapine tab 200mg</i>			
.....	11		
VIRAMUNE XR			
see <i>nevirapine tab 100mg</i>			
.....	11		
see <i>nevirapine tb24</i> .....	11		
VIREAD .....	12		
VIROPTIC			
see <i>trifluridine</i> .....	46		
VISTARIL			
see <i>hydroxyzine pamoate</i>			
.....	47		
VITEKTA.....	12		
VOLTAREN			
see <i>diclofenac sodium</i>			
( <i>topical</i> ) 1% <i>gel</i> .....	49		
<i>voriconazole</i> .....	11		
VOTRIENT.....	16		
VRAYLAR .....	29		
VRAYLAR THERAPY PACK			
.....	29		
<b>W</b>			
<i>warfarin sodium</i> .....	41		
WELCHOL.....	19		
WELLBUTRIN SR			
see <i>bupropion hcl</i> .....	25		
WELLBUTRIN XL			
see <i>bupropion hcl</i> .....	25		
<b>X</b>			
XALATAN			
see <i>latanoprost</i> .....	46		
XALKORI .....	16		
XANAX			
see <i>alprazolam tab 0.25mg</i>			
.....	21		
see <i>alprazolam tab 0.5mg</i>			
.....	21		
see <i>alprazolam tab 1mg</i>	21		
see <i>alprazolam tab 2 mg</i>			
.....	21		
XARELTO.....	41		
XARELTO STARTER PACK			
.....	41		
XELJANZ.....	42		
XELJANZ XR.....	42		
XGEVA .....	38		
XIFAXAN .....	40		
XIGDUO XR TAB			
10-1000MG.....	34		
XIGDUO XR TAB 10-500MG			
.....	34		
XIGDUO XR TAB 5-1000MG			
.....	34		
XIGDUO XR TAB 5-500MG			
.....	34		
XOLAIR .....	47		
XOPENEX HFA .....	47		
XTANDI .....	15		
<i>xulane dis 150-35</i> .....	36		
XYLOCAINE			
see <i>lidocaine hcl</i> .....	49		
see <i>lidocaine hcl (local</i>			
<i>anesth.)</i> .....	9		
see <i>lidocaine inj 1%</i> .....	9		
see <i>lidocaine inj 2%</i> .....	10		
XYLOCAINE-MPF			
see <i>lidocaine hcl (local</i>			
<i>anesth.)</i> .....	9		
see <i>lidocaine inj 0.5%</i> .....	9		
see <i>lidocaine inj 1.5%</i> .....	9		
XYREM.....	32		

XYZAL			
see <i>levocetirizine</i>			
<i>dihydrochloride</i> .....	47		
<b>Y</b>			
YASMIN 28			
see <i>drospirenone-ethinyl</i>			
<i>estradiol</i> .....	35		
see <i>syeda</i> .....	36		
see <i>zarah</i> .....	36		
YAZ			
see <i>drospirenone-ethinyl</i>			
<i>estradiol</i> .....	35		
see <i>loryna</i> .....	35		
see <i>nikki 3-0.02mg</i> .....	35		
see <i>vestura</i> .....	36		
YERVOY .....	15		
YF-VAX.....	43		
<b>Z</b>			
<i>zafirlukast</i> .....	47		
ZANAFLEX			
see <i>tizanidine hcl</i> .....	32		
ZANTAC			
see <i>ranitidine hcl</i> .....	39		
<i>zarah</i> .....	36		
ZARONTIN			
see <i>ethosuximide</i> .....	22		
ZAVESCA .....	36		
ZAZOLE CREAM 0.8%.....	41		
ZEBETA			
see <i>bisoprolol fumarate</i> .	19		
ZELBORAF.....	16		
ZEMAIRA.....	47		
ZEMPLAR			
see <i>paricalcitol</i> .....	45		
<i>zenatane</i> .....	48		
<i>zenchent</i> .....	36		
ZENPEP.....	40		
ZERIT			
see <i>stavudine</i> .....	12		
ZESTORETIC			
see <i>lisinopril &amp;</i>			
<i>hydrochlorothiazide</i> .....	17		
ZESTRIL			
see <i>lisinopril</i> .....	17		
ZETIA.....	19		
ZIAC			
see <i>bisoprolol &amp;</i>			
<i>hydrochlorothiazide</i> .....	19		
ZIAGEN .....	12		
see <i>abacavir sulfate</i> .....	11		
<i>zidovudine</i> .....	12		
<i>zidovudine cap 100mg</i> .....	12		
<i>zidovudine syp 50mg/5ml</i> .	12		
ZINACEF			
see <i>cefuroxime sodium</i> .	13		
ZINECARD			
see <i>dexrazoxane</i> .....	16		
<i>ziprasidone hcl</i> .....	29		
ZIRGAN .....	46		
ZITHROMAX			
see <i>azithromycin</i> .....	13		
ZOCOR			
see <i>simvastatin</i> .....	18		
ZOFRAN			
see <i>ondansetron hcl</i> .....	38		
see <i>ondansetron hcl inj</i> .	38		
see <i>ondansetron hcl oral</i>			
<i>soln</i> .....	38		
ZOFRAN ODT			
see <i>ondansetron odt</i> .....	38		
<i>zoledronic acid</i> .....	34		
<i>zoledronic inj 4mg/5ml</i> .....	34		
ZOLINZA.....	15		
ZOLOFT			
see <i>sertraline hcl</i> .....	26		
<i>zolpidem tartrate</i> .....	31		
ZOMETA			
see <i>zoledronic inj 4mg/5ml</i>			
.....	34		
ZONEGRAN			
see <i>zonisamide</i> .....	24		
<i>zonisamide</i> .....	24		
ZONTIVITY .....	42		
ZORTRESS TAB 0.25MG	43		
ZORTRESS TAB 0.5MG ..	43		
ZORTRESS TAB 0.75MG	43		
ZOSTAVAX .....	43		
ZOSYN			
see <i>piperacillin</i>			
<i>sodium-tazobactam</i>			
<i>sodium</i> .....	14		
ZOVIRAX			
see <i>acyclovir</i> .....	12		
ZYBAN			
see <i>bupropion hcl</i>			
<i>(smoking deterrent)</i> .....	32		
ZYDELIG .....	16		
ZYKADIA .....	16		
ZYLET .....	45		
ZYLOPRIM			
see <i>allopurinol tab</i> .....	7		
ZYPREXA			
see <i>olanzapine</i> .....	28		
ZYPREXA RELPREVV .....	29		
ZYPREXA RELPREVV			
210MG.....	29		
ZYPREXA ZYDIS			
see <i>olanzapine</i> .....	28		
ZYTIGA.....	15		
ZYVOX			
see <i>linezolid</i> .....	10		





This formulary was updated on 09/01/2016. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at 1-888-620-1747 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com)

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

If you have used mail order services with your current plan before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting us. If you never had mail order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped.

For refills of your mail order prescriptions, you have the option to sign up for an automatic refill program called ReadyFill at Mail<sup>®</sup>. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use the auto-refill program, please contact us 15 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact us by calling Customer Care.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-620-1747. TTY/TDD users should call 711.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

Anthem Blue Cross and Blue Shield is the trade name for Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. <sup>®</sup> ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.