



True Blue Special Needs Plan (HMO-SNP) and True Blue Freedom II (HMO)

2016 Formulary (List of Covered Drugs)

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

Formulary ID: 00016183 v7

This formulary was updated on: 09/01/2015.
For more recent information or other questions, please contact Blue Cross of Idaho Care Plus
Customer Service at 1-888-495-2583 or, for TTY users, 1-800-377-1363,
from 8 a.m. to 8 p.m., seven days a week,
or visit <http://www.bcidaho.com/DrugList>

Blue Cross of Idaho Care Plus is a HMO or HMO-SNP health plan with a Medicare and Idaho
Medicaid contract. Enrollment in Blue Cross of Idaho Care Plus depends on contract renewal.

H1350_009_014_OP16041 Accepted 09/09/2015

Form No. 16-596 (09-15)

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 Cross of Idaho Care Plus.
When it refers to “plan” or “our plan,” it means True Blue Special Needs Plan (HMO-SNP)
or True Blue Freedom II (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/2015.
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, 2017,
and from time to time during the year.

Esta información está disponible sin costo alguno en otros idiomas. Para información adicional, por
favor marque a nuestro número de servicio al cliente 1-888-494-2583 de 8 a.m. a 8 p.m.
Usuarios de TTY llamar al 1-800-377-1363.

Introduction

What is the Blue Cross of Idaho Care Plus Formulary?

A formulary is a list of covered drugs selected by Blue Cross of Idaho Care 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross of Idaho Care 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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 09/2015. To get updated information about the drugs covered by Blue Cross of Idaho Care Plus, please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. We list any formulary updates on our Web site along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page six. 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 Medications. If you know what your drug is used for, look for the category name in the list that begins on page six. 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 in the back of the formulary. 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?

We cover 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 pills per prescription for Nexium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Blue Cross of Idaho formulary?" on this page 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 Service and ask if your drug is covered.

If you learn that we do not cover your drug, you have two options:

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

How do I request an exception to the Blue Cross of Idaho Care 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 this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, we 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 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 for 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 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.

When you have a change in your level of care, like admission to a long-term care facility, you may need more medication. Requests for more medication may be denied if you ask for a refill too soon. If this happens, your pharmacy can ask us to override the denial in order to refill your prescription.

For more information

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

If you have questions about True Blue Special Needs Plan (HMO-SNP) or True Blue Freedom II (HMO), 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](http://www.medicare.gov).

Blue Cross of Idaho Care Plus' Formulary

The formulary that begins on page six provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index in the back of the formulary.

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

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
NSAIDS		
<i>celecoxib CAPS</i>	4	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	2	
<i>diflunisal</i>	3	
<i>etodolac CAPS; TABS</i>	3	
<i>etodolac TB24</i>	4	
<i>flurbiprofen TABS</i>	2	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS</i>	2	
MELOXICAM SUSP	4	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen SUSP</i>	3	
<i>naproxen TABS</i>	1	
<i>naproxen TBEC</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	1	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl TABS</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII		
DURAMORPH	3	B/D

Generic Drugs are shown in lower case italic letters
 BRAND NAME DRUGS are shown in all capital letters

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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D* LA - Limited Access

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphon inj 10mg/ml</i>	4	B/D
<i>hydromorphone hcl</i> LIQD	4	
<i>hydromorphone hcl</i> TABS	3	QL (270 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	2	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>methadone hcl</i> CONC	3	QL (120 mL / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (600 mL / 30 days)
<i>methadone hcl</i> TABS	2	QL (240 tabs / 30 days)
<i>morphine ext-rel tab</i> 15mg, 30mg, 60mg, 100mg	4	QL (90 tabs / 30 days)
<i>morphine ext-rel tab</i> 200mg	4	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	3	B/D
<i>morphine sul inj</i> .5mg/ml, 1mg/ml	3	B/D
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg	4	QL (60 caps / 30 days)
<i>morphine sulfate</i> CP24 80mg, 100mg	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml	3	B/D
MORPHINE SULFATE TABS	3	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	4	QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE ORAL SOL	3	
<i>oxycodone hcl</i> CAPS	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC	4	
OXYCODONE HCL SOLN	4	
<i>oxycodone hcl</i> TABS	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>roxicet sol 5-325/5</i>	3	QL (1800 mL / 30 days)
<i>roxicet tab 5-325mg</i>	3	QL (360 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	B/D
<i>lidocaine inj 0.5%</i>	2	B/D
<i>lidocaine inj 1%</i>	2	B/D
<i>lidocaine inj 1.5%</i>	2	B/D
<i>lidocaine inj 2%</i>	2	B/D

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	3	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	3	
<i>paromomycin sulfate</i> CAPS	4	
<i>streptomycin sulfate</i> SOLR	4	
<i>sulfadiazine</i> TABS	4	
<i>tobramycin</i> NEBU	5	B/D, NM
<i>tobramycin sulfate</i> SOLN	3	
<i>tobramycin sulfate</i> SOLR	4	
<i>tobramycin sulfate in saline</i>	3	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	4	
ALINIA	4	
<i>atovaquone</i> SUSP	5	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	5	
<i>aztreonam</i>	3	
BILTRICIDE	3	

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	3	
<i>clindamycin phosphate inj</i>	2	
<i>clindamycin soln</i>	4	
<i>colistimethate sodium SOLR</i>	4	
CUBICIN	5	
<i>dapsone TABS</i>	3	
DARAPRIM	4	
<i>imipenem-cilastatin</i>	4	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid SOLN</i>	5	
LINEZOLID TABS	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i>	4	PA; 90 day limit per calendar year if 65 years and older
<i>nitrofurantoin monohyd macro</i>	4	PA; 90 day limit per calendar year if 65 years and older
PENTAM 300	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethoprim SUSP</i>	3	
<i>sulfamethoxazole-trimethoprim TABS</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
SYNERCID	5	
<i>trimethoprim TABS</i>	2	
TYGACIL	5	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR</i>	3	
ZYVOX SUSR; TABS	5	
ANTIFUNGALS		
ABELCET	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	3	
<i>fluconazole in nacl</i>	3	
<i>fluconazole in nacl 0.9% inj</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP; TBEC	5	
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	3	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	4	
<i>nevirapine</i> TB24	4	
<i>nevirapine tab 200mg</i>	3	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	5	
SELZENTRY	5	
<i>stavudine</i>	4	
SUSTIVA CAPS	3	
SUSTIVA TABS	5	
TIVICAY	5	
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE XR 100mg	4	
VIREAD	5	
VITEKTA	5	
ZIAGEN SOLN	3	
<i>zidovudine</i>	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
COMPLERA	5	
EPZICOM	5	
EVOTAZ	5	
KALETRA SOL	5	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	5	
STRIBILD	5	
TRIUMEQ	5	
TRUVADA	5	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i> SOLN	4	B/D
<i>acyclovir sodium</i> SOLR 500mg	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	3	
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	4	
<i>foscarnet sodium</i>	4	
<i>ganciclovir inj 500mg</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	
<i>moderiba 800 dose pack</i>	5	NM
<i>moderiba pak 600/day</i>	5	NM
<i>moderiba pak 1000/day</i>	5	NM
MODERIBA PAK 1200/DAY	5	NM
<i>moderiba tab 200mg</i>	3	NM

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12

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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Drug Name	Drug Tier	Requirements/Limits
PEG-INTRON	5	NM, PA
PEG-INTRON REDIPEN	5	NM, PA
PEGINTRON 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere CAPS</i>	3	NM
<i>ribasphere TABS 200mg</i>	3	NM
<i>ribasphere TABS 400mg</i>	4	NM
<i>ribasphere TABS 600mg</i>	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	3	NM
<i>rimantadine hydrochloride</i>	3	
SOVALDI	5	NM, PA
TAMIFLU	3	
TYZEKA	5	
<i>valacyclovir hcl TABS</i>	3	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
CEPHALOSPORINS		
<i>cefaclor CAPS</i>	3	
<i>cefaclor SUSR</i>	4	
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil CAPS</i>	1	
<i>cefadroxil SUSR</i>	3	
<i>cefadroxil TABS</i>	4	
<i>cefazolin in d5w</i>	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium 1gm, 20gm</i>	3	
<i>cefdinir CAPS</i>	3	
<i>cefdinir SUSR</i>	4	
<i>cefepime hcl</i>	4	
<i>cefixime</i>	3	
<i>cefotaxime sodium 1gm, 2gm, 500mg</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i>	3	
<i>ceftazidime</i> 1gm, 2gm, 6gm	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	4	
<i>tazicef vial</i>	4	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	
<i>azithromycin</i> SOLR 500mg	3	
<i>azithromycin</i> SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
e.e.s.	4	
<i>ery-tab</i>	4	
<i>erythrocin lactobionate</i> 500mg	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin er</i>	4	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	4	
<i>ciprofloxacin inj</i>	4	
<i>ciprofloxacin inj 400mg/40ml</i>	4	
<i>levofloxacin</i> TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	

PENICILLINS

<i>amoxicillin CAPS; SUSR; TABS</i>	1	
<i>amoxicillin CHEW</i>	2	
<i>amoxicillin & pot clavulanate CHEW; SUSR</i>	3	
<i>amoxicillin & pot clavulanate TABS</i>	2	
<i>amoxicillin & pot clavulanate TB12</i>	4	
<i>ampicillin & sulbactam sodium</i>	4	
<i>ampicillin cap</i>	1	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin sus</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium 1gm</i>	4	
<i>nafcillin sodium 2gm, 10gm</i>	5	
<i>oxacillin sodium 1gm, 2gm</i>	4	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>piperacillin sodium-tazobactam sodium</i>	4	

TETRACYCLINES

<i>doxy</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg2</i>		
<i>doxycycline (monohydrate) TABS</i>	3	
<i>doxycycline hyclate CAPS; TABS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>minocycline hcl CAPS</i>	2	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	4	B/D
BUSULFEX	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide SOLR 1gm, 500mg</i>	5	B/D
<i>cyclophosphamide SOLR 2gm</i>	4	B/D
<i>dacarbazine 200mg</i>	3	B/D
EMCYT	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	4	B/D
<i>ifosfamide inj 1gm/20ml</i>	3	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	3	B/D
LEUKERAN	4	
LOMUSTINE	4	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	4	B/D
TREANDA	5	B/D, NM
ANTHRACYCLINES		
<i>adriamyc inj 50mg</i>	3	B/D
<i>daunorubicin hcl</i>	3	B/D
<i>doxorubicin hcl 50mg</i>	3	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	3	B/D
<i>epirubicin hcl</i>	4	B/D
<i>idarubicin hcl</i>	5	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin SOLR</i>	4	B/D
ANTIMETABOLITES		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fludarabine phosphate</i>	4	B/D
<i>fluorouracil SOLN</i>	3	B/D
GEMCITABINE HCL SOLN	5	B/D
<i>gemcitabine hcl SOLR</i>	5	B/D
<i>mercaptopurine TABS</i>	3	
<i>methotrexate sodium inj</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
NIPENT	5	B/D
PURIXAN	5	
TABLOID	4	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	5	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml	5	B/D
<i>docetaxel</i> CONC 140mg/7ml	5	B/D
DOCETAXEL SOLN 80mg/8ml, 200mg/20ml	5	B/D
<i>paclitaxel</i>	4	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	3	B/D
<i>vincasar</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	5	B/D, NM, LA
BELEODAQ	5	NM, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	B/D, NM
IBRANCE	5	NM, LA, PA
ISTODAX	5	B/D, NM
KADCYLA	5	B/D, NM
KEYTRUDA	5	NM, PA
LYNPARZA	5	NM, LA, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
VELCADE	5	B/D, NM
YERVOY	5	NM, PA
ZOLINZA	5	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	4	
<i>letrozole</i> TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG	5	NM, PA
LUPRON DEP-PED INJ 15MG	5	NM, PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM, PA
LUPRON DEPOT 3.75mg	5	NM, PA
LYSODREN	3	
MEGACE ES	5	PA
<i>megestrol acetate</i> SUSP 40mg/ml	4	PA; PA if 65 years and older
<i>megestrol acetate</i> TABS	4	PA; PA if 65 years and older
NILANDRON	5	
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, LA, PA

KINASE INHIBITORS

AFINITOR	5	NM, PA
AFINITOR DISPERZ	5	NM, PA
BOSULIF	5	NM, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
GLEEVEC	5	NM, PA
ICLUSIG	5	NM, LA, PA
IMBRUVICA CAP 140MG	5	NM, LA, PA
INLYTA	5	NM, LA, PA
JAKAFI	5	NM, LA, PA
LENVIMA 10MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24MG DAILY DOSE	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
SPRYCEL	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TARCEVA	5	NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

MISCELLANEOUS

DROXIA	3	
<i>hydroxyurea</i> CAPS	3	
MATULANE	5	LA
<i>mitoxantrone hcl</i>	3	B/D, NM
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
TARGRETIN CAPS	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
TRISENOX	5	B/D

PLATINUM-BASED AGENTS

<i>carboplatin</i>	4	B/D
<i>cisplatin</i>	3	B/D
<i>oxaliplatin</i>	5	B/D

PROTECTIVE AGENTS

<i>amifostine crystalline</i>	5	B/D
<i>dexrazoxane</i> 250mg	5	B/D
ELITEK	5	B/D
FUSILEV	5	B/D, NM
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
<i>leucovorin calcium for inj</i> 500 mg	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium</i>	5	B/D, NM
<i>mesna</i>	4	B/D
MESNEX TABS	5	

TOPOISOMERASE INHIBITORS

<i>etoposide SOLN 500mg/25ml</i>	3	B/D
<i>irinotecan inj 40mg/2ml</i>	4	B/D
<i>irinotecan inj 100/5ml</i>	4	B/D
<i>irinotecan inj 500mg/25ml</i>	4	B/D
<i>toposar 1gm/50ml</i>	3	B/D
<i>topotecan hcl SOLR</i>	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS</i>	1	
<i>captopril TABS</i>	1	
<i>enalapril maleate TABS</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril TABS</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	4	
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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> 8mg	3	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	QL (60 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
AZOR 10-40MG	3	
AZOR TAB 5-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	3	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	3	
BENICAR HCT TAB 20-12.5MG	3	
BENICAR HCT TAB 40-12.5MG	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
TRIBENZOR TAB 20-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-25MG	3	
<i>valsartan & hctz tab 80-12.5mg</i>	1	
<i>valsartan & hctz tab 160-12.5mg</i>	1	
<i>valsartan & hctz tab 160-25mg</i>	1	
<i>valsartan & hctz tab 320-12.5mg</i>	1	
<i>valsartan & hctz tab 320-25mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl CP12</i>	4	
<i>propafenone hcl TABS</i>	3	
<i>propafenone hcl 12hr CP12</i>	4	
<i>propafenone hcl 12hr TABS</i>	3	
<i>quinidine gluconate TBCR</i>	4	
<i>quinidine sulfate TABS</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	3	
TIKOSYN	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS</i>	1	QL (30 tabs / 30 days)
CRESTOR	3	QL (30 tabs / 30 days)
<i>lovastatin 10mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin 20mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate cap dr 45 mg</i>	4	
<i>choline fenofibrate cap dr 135 mg</i>	4	

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22

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
 B/D - Covered under Medicare B or D* LA - Limited Access

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl</i> GRAN; PACK	4	
<i>colestipol hcl</i> TABS	3	
<i>fenofibrate</i> TABS 48mg, 145mg	4	
<i>fenofibrate</i> TABS 54mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i>	4	
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL	3	
ZETIA TAB 10MG	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	3	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	3	
<i>propranolol & hydrochlorothiazide</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	3	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i> 25mg, 50mg	3	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	3	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS	1	
<i>nadolol</i> TABS	4	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	4	
<i>propranolol hcl</i> SOLN	3	
<i>propranolol hcl</i> TABS	1	
<i>timolol maleate</i> TABS	3	

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23

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Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> 30mg	3	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	3	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia xt cap</i> 120/24hr	3	
<i>cartia xt cap</i> 180/24hr	3	
<i>cartia xt cap</i> 240/24hr	3	
<i>cartia xt cap</i> 300/24hr	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap</i>	3	
<i>diltiazem cap</i> 120mg/24hr	3	
<i>diltiazem cap er</i> /12hr	3	
<i>diltiazem hcl</i> SOLN; TABS	2	
<i>diltiazem hcl coated beads</i> CP24	3	
<i>diltzac</i>	3	
<i>felodipine</i> 2.5mg	3	QL (30 tabs / 30 days)
<i>felodipine</i> 5mg	3	QL (60 tabs / 30 days)
<i>felodipine</i> 10mg	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical</i> 30mg	3	QL (30 tabs / 30 days)
<i>nifedical</i> 60mg	3	
<i>nifedipine</i> TB24 30mg	3	QL (60 tabs / 30 days)
<i>nifedipine</i> TB24 60mg, 90mg	3	
<i>nifedipine er</i> 30mg	3	QL (30 tabs / 30 days)
<i>nifedipine er</i> 60mg, 90mg	3	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	3	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	3	
VERAPAMIL CAP ER 360mg	3	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil tab er</i>	2	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	3	PA; PA if 65 years and older
<i>digitek</i> .125mg	3	QL (30 tabs / 30 days)

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24

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin</i> 125mcg	3	QL (30 tabs / 30 days)
<i>digoxin</i> 250mcg	3	PA; PA if 65 years and older
<i>digoxin inj</i>	3	
DIGOXIN SOL 50MCG/ML	3	PA; PA if 65 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
TEKTURNA 150mg	3	QL (30 tabs / 30 days)
TEKTURNA 300mg	3	
TEKTURNA HCT TAB 150-12.5MG	3	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	3	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	3	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	3	
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12; TABS	3	
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i>	3	
<i>bumetanide inj</i> 0.25/ml	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i> 25mg, 50mg	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> TABS	1	
<i>furosemide inj</i> 10mg/ml	2	
FUROSEMIDE INJ 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone & hydrochlorothiazide</i>	3	
<i>toremide inj</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene & hydrochlorothiazide</i> TABS	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>MISCELLANEOUS</i>		
<i>clonidine hcl</i> PTWK	4	
<i>clonidine hcl</i> TABS	1	
DEMSER	5	
<i>hydralazine hcl</i> SOLN	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	4	
<i>minoxidil</i> TABS	2	
RANEXA	3	

NITRATES

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	3	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycer dis 0.1mg/hr</i>	3	
<i>nitroglycer dis 0.2mg/hr</i>	3	
<i>nitroglycer dis 0.4mg/hr</i>	3	
<i>nitroglycer dis 0.6mg/hr</i>	3	
NITROSTAT	3	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	B/D, NM, LA
REVATIO SUSR	5	QL (224 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	3	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	5	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i> TABS	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	3	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	3	
<i>lorazepam</i> CONC	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

<i>APTIO</i> M 200mg	4	QL (180 tabs / 30 days)
<i>APTIO</i> M 400mg	5	QL (90 tabs / 30 days)
<i>APTIO</i> M 600mg	5	QL (60 tabs / 30 days)
<i>APTIO</i> M 800mg	5	QL (30 tabs / 30 days)
<i>BANZEL</i> SUS 40MG/ML	5	PA
<i>BANZEL</i> TAB 200MG	4	PA
<i>BANZEL</i> TAB 400MG	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
<i>CELONTIN</i>	4	
<i>clonazepam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	3	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	3	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	3	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	3	QL (960 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	2	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	2	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	3	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	3	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
<i>DIAZEPAM</i> GEL	4	
<i>diazepam inj</i>	3	
<i>dilantin</i>	3	
<i>DILANTIN</i> -125 SUS 125/5ML	3	
<i>divalproex sodium</i> CPSP; TB24	4	
<i>divalproex sodium</i> TBEC	2	
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	

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27

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> TABS	4	
FYCOMPA 2mg	4	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	4	QL (90 tabs / 30 days), PA
FYCOMPA 6mg	4	QL (60 tabs / 30 days), PA
FYCOMPA 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> TABS	3	
<i>levetiracetam</i> TB24	4	
<i>levetiracetam inj</i>	4	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI SUSP	5	PA
ONFI TABS 10mg	4	PA
ONFI TABS 20mg	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older
PHENOBARBITAL SODIUM 65mg/ml	4	PA; PA if 65 years and older
<i>phenobarbital sodium</i> 130mg/ml	4	PA; PA if 65 years and older
<i>phenytek</i>	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium</i> SOLN	3	
<i>phenytoin sodium extended</i>	3	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)

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28

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Drug Name	Drug Tier	Requirements/Limits
POTIGA 300mg, 400mg	5	QL (90 tabs / 30 days)
<i>primidone</i> TABS	2	
SABRIL PACK	5	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	4	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	4	
<i>valproate sodium</i> SYRP	2	
<i>valproic acid</i> CAPS	3	
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	4	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
<i>zonisamide</i> CAPS	3	

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	4	
EXELON PATCHES	4	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	4	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS 4mg	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	4	
<i>memantine hcl</i>	4	PA; PA if < 30 yrs
NAMENDA SOL 10MG/5ML	3	PA; PA if < 30 yrs
NAMENDA TAB	4	PA; PA if < 30 yrs
NAMENDA XR	4	PA; PA if < 30 yrs
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
<i>rivastigmine tartrate</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
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Drug Name	Drug Tier	Requirements/Limits
<i>amoxapine</i>	3	
BRINTELLIX 5mg	4	QL (120 tabs / 30 days)
BRINTELLIX 10mg	4	QL (60 tabs / 30 days)
BRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	4	
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	4	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	2	QL (60 tabs / 30 days)
FETZIMA 20mg	4	QL (180 caps / 30 days)
FETZIMA 40mg	4	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	4	
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg	3	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	3	
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	2	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	2	
<i>mirtazapine</i> TBDP 15mg	3	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl tabs</i> 30mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
PRISTIQ	3	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	3	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
SURMONTIL CAP 25MG	4	QL (240 caps / 30 days), PA; PA if 65 years and older
SURMONTIL CAP 50MG	4	QL (120 caps / 30 days), PA; PA if 65 years and older
SURMONTIL CAP 100MG	4	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	2	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	2	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD KIT	4	
VIIBRYD TABS	4	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS; TABS	4	
<i>amantadine hcl</i> SYRP	2	
APOKYN	5	NM, LA, PA
AZILECT	3	
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS; TBCP	2	
<i>carbidopa-levodopa</i> TBCR	3	
CARBIDOPA/LEVODOPA/ENTACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> TABS	2	
<i>ropinirole hydrochloride</i> TABS	2	
<i>selegiline hcl</i> CAPS; TABS	4	

ANTIPSYCHOTICS

ABILIFY DISCMELT TAB 10MG	5	QL (60 tabs / 30 days)
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31

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D* **LA** - Limited Access

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole tabs</i>	5	QL (30 tabs / 30 days)
<i>chlorpromazine hcl</i> SOLN; TABS	4	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
CLOZAPINE TBDP 12.5mg, 25mg	4	PA
CLOZAPINE TBDP 100mg	4	QL (270 tabs / 30 days), PA
CLOZAPINE TBDP 150mg	5	QL (180 tabs / 30 days), PA
CLOZAPINE TBDP 200mg	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
FANAPT	4	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	4	ST
FAZACLO 150mg	5	QL (180 tabs / 30 days), PA
FAZACLO 200mg	5	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	4	
<i>fluphenazine hcl</i> TABS	2	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	3	
<i>haloperidol con lactate</i>	3	
<i>haloperidol decanoate</i> SOLN	3	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
INVEGA 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
INVEGA 6mg	4	QL (60 tabs / 30 days)
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
LATUDA 20mg	4	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg, 20mg	4	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORAP	4	
<i>perphenazine</i> TABS	4	
<i>quetiapine fumarate</i>	3	QL (90 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	4	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
SEROQUEL XR 50mg	4	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	4	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	4	PA; PA if 65 years and older
<i>thiothixene</i>	3	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
<i>ziprasidone hcl</i> 20mg, 40mg	4	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	4	QL (90 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	5	QL (2 vials / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap sr 24hr 5 4 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)

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33

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

HYPNOTICS

HETLIOZ	5	NM, LA, PA
ROZEREM	4	QL (30 tabs / 30 days)
SILENOR 3mg	3	QL (60 tabs / 30 days)
SILENOR 6mg	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	2	QL (30 caps / 30 days), PA; 90 day limit per calendar year if 65 years and older
<i>temazepam 15mg</i>	2	QL (60 caps / 30 days), PA; 90 day limit per calendar year if 65 years and older
<i>zolpidem tartrate TABS</i>	4	QL (30 tabs / 30 days), PA; 90 day limit per calendar year if 65 years and older

MIGRAINE

<i>dihydroergotamine mesylate 1mg/ml</i>	3	
<i>naratriptan hcl</i>	3	QL (9 tabs / 30 days)
RELPAX	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
SUMATRIPTAN SOLN 5mg/act	4	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	4	QL (12 inhalers / 30 days)

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34

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Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN INJ 4MG/0.5ML	4	QL (12 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i> SOAJ; SOSY	4	QL (12 injections / 30 days)
SUMATRIPTAN INJ 6MG/0.5ML SOCT	4	QL (12 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i> SOLN	4	QL (6 mL / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (9 tabs / 30 days)
<i>zolmitriptan</i> TABS	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUEDEXTA	3	PA
<i>pyridostigmine bromide</i> TABS	3	
<i>riluzole</i>	4	
XENAZINE 12.5mg	5	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	5	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 20MG/ML	5	QL (30 syringes / 30 days), NM, PA
COPAXONE INJ 40MG/ML	5	QL (12 syringes / 28 days), NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
TYSABRI	5	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS	2	
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	
NARCOLEPSY/CATAPLEXY		
NUVIGIL 50mg	4	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	4	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), LA, PA

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Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	4	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	4	QL (120 tabs / 30 days), PA
<i>buproban</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	4	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	4	QL (30 patches / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	5	PA
<i>testosterone cypionate</i> SOLN	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
BYDUREON PEN	3	QL (4 pens / 28 days)
BYDUREON SUSR	3	QL (4 vials / 28 days)
BYETTA	4	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	RELION not covered
NOVOLIN N	3	RELION not covered
NOVOLIN R	3	RELION not covered
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60	4	QL (8 pens / 30 days), PA
SYMLINPEN 120	5	QL (4 pens / 30 days), PA
TOUJEO SOLOSTAR	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA 100mg	3	QL (90 tabs / 30 days)
INVOKANA 300mg	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>ibandronate tab</i> 150mg	4	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	3	B/D
<i>zoledronic acid</i> SOLN 5mg/100ml	4	B/D, NM
<i>zoledronic inj</i> 4mg/5ml	4	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	QL (60 tabs / 30 days), NM
SENSIPAR 90mg	5	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
<i>kionex powder</i>	4	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps susp</i> 15gm/60ml	3	
SYPRINE	5	
CONTRACEPTIVES		
<i>altavera</i>	3	
<i>apri</i> 28 day	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>aranelle 28</i>	3	
<i>aubra 28 day</i>	3	
<i>aviane 28</i>	3	
<i>balziva 28 day</i>	3	
<i>briellyn 28 day</i>	3	
<i>camila 28 day</i>	3	
<i>cryselle 28</i>	3	
<i>cyclafem 1/35 28 day</i>	3	
<i>cyclafem 7/7/7 28 day</i>	3	
<i>deblitane 28 day</i>	3	
<i>delyla 28 day</i>	3	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	4	
<i>emoquette</i>	3	
<i>enpresse 28 day</i>	2	
<i>errin 28 day</i>	3	
<i>falmina 28 day</i>	3	
GIANVI TAB 3-0.02MG	3	
<i>gildagia</i>	3	
<i>gildess 1.5/30 21 day</i>	3	
<i>heather</i>	3	
<i>introvale 91 day</i>	3	
JOLESSA TAB 0.15-0.03 MG	3	
JOLIVETTE	3	
<i>junel 1.5/30 21 day</i>	3	
<i>junel 1/20 21 day</i>	3	
<i>junel fe 1.5/30 28 day</i>	3	
<i>junel fe 1/20 28 day</i>	2	
<i>kariva 28 day</i>	3	
<i>kelnor 1/35 28 day</i>	3	
<i>kimidess</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	2	
LEENA TAB	3	
<i>lessina 28 day</i>	3	
<i>levonest 28 day</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & eth estradiol</i>	3	
<i>levonorgestrel (emergency oc)</i>	3	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30 28 day</i>	3	
<i>loryna 28 day</i>	3	
<i>low-ogestrel</i>	3	
<i>luteru 28 day</i>	3	
<i>lyza</i>	3	
<i>marlissa 28 day</i>	3	
<i>medroxyprogesterone acetate 150 mg/ml</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	2	
MONONESSA	3	
<i>my way</i>	3	
<i>myzilra</i>	2	
<i>necon 0.5/35 28 day</i>	3	
<i>necon 1/35 28 day</i>	3	
NECON 1/50-28	3	
NECON 7/7/7	3	
<i>necon 10/11 28 day</i>	3	
<i>next choice one dose</i>	3	
<i>nikki 28 day</i>	3	
NORA-BE TAB 0.35MG	3	
<i>norethindrone (contraceptive)</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
<i>norlyroc 28 day</i>	3	
<i>nortrel 0.5/35 28 day</i>	3	
<i>nortrel 1/35 21 day</i>	3	
<i>nortrel 1/35 28 day</i>	3	
<i>nortrel 7/7/7 28 day</i>	3	
NUVARING	4	
OCELLA TAB 3-0.03MG	3	
<i>orsythia 28 day</i>	3	
<i>philith</i>	3	
<i>pimtrea pack</i>	3	
<i>pirmella 1/35 28 day</i>	3	
<i>portia 28 day</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>previfem 28 day</i>	3	
<i>quasense 91 day</i>	3	
<i>reclipsen 28 day</i>	3	
<i>sharobel 28 day</i>	3	
SOLIA	3	
<i>sprintec 28 day</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina fe 1/20 28 day</i>	2	
<i>tri-legest 28 day</i>	3	
<i>tri-previfem 28 day</i>	2	
<i>tri-sprintec 28 day</i>	2	
TRINESSA	2	
<i>trivora 28 day</i>	2	
<i>velivet 28 day</i>	3	
<i>vestura</i>	3	
<i>viorele</i>	3	
<i>vyfemla 28 day</i>	3	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zenchent 28 day</i>	3	
<i>zovia 1/35e 28 day</i>	3	
<i>zovia 1/50e 28 day</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	4	
SYNAREL	5	
ENZYME REPLACEMENTS		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	3	B/D
LUMIZYME	5	NM, LA, PA
MYOZYME	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM
ZAVESCA	5	NM, LA, PA

ESTROGENS

DELESTROGEN 10mg/ml	4	
<i>estrace</i> CREA	4	
<i>estrad val inj</i> 20mg/ml	3	
<i>estrad val inj</i> 40mg/ml	3	
<i>estradiol</i> PTWK	4	PA; PA if 65 years and older
<i>estradiol</i> TABS	4	PA; PA if 65 years and older
<i>jinteli</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
VAGIFEM	4	

GLUCOCORTICOIDS

<i>a-hydrocort</i>	2	
<i>cortisone acetate</i> TABS	4	
<i>dexamethasone</i> CONC; ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ace inj</i> 40mg/ml	2	B/D
<i>methylpr ace inj</i> 80mg/ml	2	B/D
<i>methylpr ss inj</i> 1gm	3	B/D
<i>methylpr ss inj</i> 40mg	3	B/D
<i>methylpr ss inj</i> 125 mg	3	B/D
<i>methylpred pak</i> 4mg	3	B/D
<i>methylpred tab</i> 4mg	3	B/D
<i>methylpred tab</i> 8mg	3	B/D
<i>methylpred tab</i> 16mg	3	B/D
<i>methylpred tab</i> 32mg	3	B/D
<i>pred sod pho sol</i> 5mg/5ml	2	B/D
<i>prednisolone sol</i> 15mg/5ml	2	B/D
<i>prednisolone sol</i> 25mg/5ml	2	B/D
<i>prednisolone syp</i> 15mg/5ml	1	B/D
<i>prednisone con</i> 5mg/ml	3	B/D
<i>prednisone pak</i> 5mg	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone pak 10mg</i>	2	B/D
<i>prednisone sol 5mg/5ml</i>	3	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF 250mg	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
KORLYM	5	NM, LA, PA
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	5	NM, PA
NORDITROPIN NORDIFLEX PEN	5	NM, PA
MISCELLANEOUS		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	
FORTICAL	3	
INCRELEX	5	NM, LA, PA
<i>methylergonovine maleate</i> TABS	4	
MIACALCIN 200unit/ml	5	B/D
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> 200mcg/ml, 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	QL (1 pen / 28 days), NM, PA
NATPARA	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i>	3	
RENVELA PAK	5	
RENVELA TAB 800MG	5	
PROGESTINS		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS	2	
LEVOXYL	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
UNITHROID	2	
VASOPRESSINS		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
DESMOPRESSIN SOL 0.01%	4	
GASTROINTESTINAL		
ANTIEMETICS		
<i>compro supp</i>	4	
<i>dronabinol</i> 2.5mg, 5mg	4	B/D, QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	5	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl</i> SOLN	3	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> TABS	1	
<i>metoclopramide inj</i>	2	
<i>ondansetron hcl</i> TABS	3	B/D
<i>ondansetron hcl inj</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan SUPP</i>	4	PA; PA if 65 years and older
<i>prochlorperazine inj</i>	3	
<i>prochlorperazine maleate TABS</i>	1	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SOLN; SUPP; SYRP; TABS</i>	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older

ANTISPASMODICS

<i>CUVPOSA</i>	4	
<i>dicyclomine hcl CAPS; TABS</i>	1	
<i>dicyclomine hcl SOLN</i>	3	
<i>glycopyrrolate TABS</i>	3	
<i>glycopyrrolate inj</i>	4	

H2-RECEPTOR ANTAGONISTS

<i>famotidine SUSR</i>	4	
<i>famotidine TABS 20mg, 40mg</i>	1	
<i>famotidine inj</i>	2	
<i>ranitidine hcl SOLN</i>	2	
<i>ranitidine hcl TABS 150mg, 300mg</i>	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine syrup</i>	3	

INFLAMMATORY BOWEL DISEASE

<i>APRISO</i>	3	
<i>ASACOL HD</i>	4	
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
<i>CANASA</i>	5	
<i>colocort</i>	4	
<i>DELZICOL</i>	4	
<i>DIPENTUM</i>	5	
<i>HYDROCORTISONE (INTRARECTAL)</i>	4	
<i>mesalamine enema</i>	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine TABS</i>	3	
<i>sulfasalazine ec</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24	5	
LAXATIVES		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilte-g</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
PEG 3350/ELECTROLYTES	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
RELISTOR	5	PA
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	3	
GATTEX	5	NM, LA, PA
LINZESS 145mcg	3	QL (60 caps / 30 days)
LINZESS 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
SUCRAID	5	LA
<i>sucralfate</i> TABS	3	
<i>ursodiol</i> CAPS; TABS	4	
XIFAXAN 550mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	4	
PROTON PUMP INHIBITORS		
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
NEXIUM CAP 20MG	3	QL (30 caps / 30 days)
NEXIUM CAP 40MG	3	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	3	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole CPDR 10mg, 40mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole CPDR 20mg</i>	1	QL (60 caps / 30 days)
<i>pantoprazole sodium tbec</i>	2	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
AVODART	4	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	2	
JALYN	4	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	3	
MISCELLANEOUS		
<i>bethanechol chloride TABS</i>	3	
ELMIRON	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	1	
<i>oxybutynin chloride TABS</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate CP24</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate TABS</i>	4	
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride TABS</i>	4	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VESICARE	4	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	4	
<i>metronidazole vaginal</i>	3	
<i>terconazole vaginal</i> CREA	3	
<i>terconazole vaginal</i> SUPP	4	
VANDAZOLE	3	
<i>zazole .4%</i>	3	
ZAZOLE .8%	3	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	4	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	5	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml		
HEPARIN SOD (PORCINE) IN D5W	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
HEPARIN SOD INJ 2000/ML	3	B/D
HEPARIN SOD INJ 2500/ML	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MOZOBIL	5	NM, PA
NEUMEGA	5	NM
NEUPOGEN	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i>	4	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
<i>pentoxifylline</i> TBCR	3	
PROMACTA 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	3	
<i>tranexamic acid</i> TABS	4	

PLATELET AGGREGATION INHIBITORS

AGGRENEX	2	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	2	
EFFIENT	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

CIMZIA	5	NM, PA
CIMZIA STARTER KIT	5	NM, PA
HUMIRA	5	NM, PA
HUMIRA KIT 40MG/0.8	5	NM, PA
HUMIRA PEN	5	NM, PA
HUMIRA PEN-CROHNS DISEASE	5	NM, PA
HUMIRA PEN-PSORIASIS STAR	5	NM, PA
<i>hydroxychloroquine sulfate</i>	4	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
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CARIMUNE NANOFILTERED 12gm	5	NM, PA
FLEBOGAMMA	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM, PA
PRIVIGEN	5	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	5	NM, LA, PA
ARCALYST	5	NM, PA
INTRON-A INJ 10MU	5	B/D, NM
INTRON-A INJ 18MU	5	B/D, NM
INTRON-A INJ 25MU	5	B/D, NM
INTRON-A INJ 50MU	5	B/D, NM
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	3	B/D
<i>engraf</i>	3	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i> 180mg	4	B/D
<i>mycophenolate sodium</i> 360mg	5	B/D
NEORAL	3	B/D
NULOJIX	5	B/D
PROGRAF CAPS 5mg	5	B/D
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIROLIMUS TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus</i> CAPS 5mg	5	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	5	B/D

VACCINES

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHTHERIA TOXOID	3	B/D

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51

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D* **LA** - Limited Access

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	3	
KLOR-CON 10	3	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pow 20meq</i>	4	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	3	
<i>magnesium sulfate</i> SOLN 50%	2	
MAGNESIUM SULFATE SOLN 50%	2	
MAGNESIUM SULFATE IN D5W	3	
<i>potassium chloride</i> CPCR	3	
POTASSIUM CHLORIDE LIQD	3	
<i>potassium chloride</i> TBCR 8meq	3	
POTASSIUM CHLORIDE TBCR 20meq	3	
<i>potassium chloride microencapsulated crystals cr 2</i>		
POTASSIUM CHLORIDE TAB CR 10 MEQ	3	
SODIUM CHLORIDE SOLN 2.5meq/ml	2	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML 2 SOLN		
TPN ELECTROLYTES	4	B/D

IV NUTRITION

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D

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52

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>premasol 6%</i>	2	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE 2.5%/NACL 0.45%	2	
DEXTROSE 5%	2	
DEXTROSE 5% /ELECTROLYTE	3	
DEXTROSE 5%/LACTATED RING	2	
DEXTROSE 5%/NACL 0.2%	2	
DEXTROSE 5%/NACL 0.3%	2	
DEXTROSE 5%/NACL 0.9%	2	
DEXTROSE 5%/NACL 0.33%	2	
DEXTROSE 5%/NACL 0.45%	2	
DEXTROSE 5%/NACL 0.225%	2	
DEXTROSE 5%/POTASSIUM CHL	2	
DEXTROSE 10% FLEX CONTAIN	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	
DEXTROSE 50%	2	
DEXTROSE INJ 70%	2	
IONOSOL-B/DEXTROSE 5%	4	

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Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	2	
KCL0.15%/D5W/NACL0.225%	3	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/NACL 0.9%	2	
KCL 0.075%/D5W/NACL 0.45%	2	
KCL IN NACL INJ .15-0.45	2	
KCL/D5W INJ 0.3%	2	
KCL/D5W/NACL INJ 0.22%/0.45%	2	
KCL/D5W/NACL INJ .15/.33%	2	
KCL/D5W/NACL INJ .15/.45%	2	
KCL/NACL INJ 0.3-0.9	2	
KCL/NACL INJ 0.15%-0.9%	2	
LACTATED RINGER'S INJ	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56/D5W	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
POTASSIUM CHLORIDE SOLN	2	
<i>potassium chloride in nacl</i>	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	
SODIUM CHLORIDE INJ 0.9%	2	
VITAMINS		
<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
<i>paricalcitol CAPS</i>	4	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	

OPHTHALMIC

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54

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	3	
<i>blephamide</i> OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	4	
<i>gentak</i>	2	
<i>gentamicin sulfate (ophth)</i>	2	
<i>ilotycin</i>	2	
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacet sod oin 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
TOBEX OINT	4	
<i>trifluridine</i> SOLN	4	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLUOROMETHOLONE	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
MAXIDEX	3	
PREDNISOLONE ACETATE (OPHTH)	3	
<i>prednisolone sodium phosphate (ophth)</i>	3	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	2	
LASTACAFT	4	
PATADAY	3	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
BRIMONIDINE SOL 0.15%	3	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
ISTALOL	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl .5%</i>	3	
LEVOBUNOLOL HCL .25%	3	
LUMIGAN	3	
<i>metipranolol</i>	3	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	3	
SIMBRINZA	3	
<i>timolol maleate (ophth)</i>	1	

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56

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Drug Name	Drug Tier	Requirements/Limits
TIMOLOL MALEATE GEL	4	
TRAVATAN Z	3	
MISCELLANEOUS		
<i>naphazoline 0.1%</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	2	
RESTASIS	3	QL (64 vials / 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 inhalations / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	
ANTI-HISTAMINES		
ASTEPRO	3	
<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	3	
<i>diphenhydramine hcl inj</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	3	
<i>olopatadine hcl (nasal)</i>	4	
BETA AGONISTS		
<i>albuterol sulfate NEBU</i>	2	B/D
<i>albuterol sulfate SYRP</i>	1	
<i>albuterol sulfate TABS; TB12</i>	4	
<i>levalbuterol conc 1.25mg/0.5ml</i>	4	B/D
PERFOROMIST	4	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate SOLN</i>	5	
<i>terbutaline sulfate TABS</i>	3	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> CHEW; TABS	3	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	4	
MAST CELL STABILIZERS		
<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
AUVI-Q	3	
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	B/D, NM
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i>	3	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
STERIOD INHALANTS		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i>	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	3	QL (2 inhalers / 30 days)
STERIOD/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)

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58

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL (60 inhalations / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	3	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline SOLN</i>	4	
<i>theophylline TB12; TB24</i>	3	

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene CREA</i>	4	
<i>adapalene GEL .1%</i>	4	
<i>amnestem</i>	4	
AVITA	4	
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	
<i>clindamax</i>	4	
<i>clindamycin phosphate (topical) GEL; LOTN</i>	4	
<i>clindamycin phosphate (topical) SOLN; SWAB</i>	3	
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i>	3	
<i>myorisan</i>	4	
<i>sulfacetamide sodium (acne)</i>	3	
<i>tretinoin CREA</i>	4	
TRETINOIN GEL .01%	4	
<i>tretinoin GEL .025%</i>	4	
<i>zenatane</i>	4	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin OINT</i>	2	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox CREA; SUSP</i>	3	
<i>ciclopirox GEL</i>	4	
<i>ciclopirox shampoo 1%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical)</i>	3	
<i>econazole nitrate</i> CREA	4	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone hc</i>	2	
PRUDOXIN CRE 5%	4	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT; SOLN	4	
<i>calcitrene oin 0.005%</i>	4	
8-MOP	4	
TAZORAC CREA	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	3	
<i>apexicon</i>	4	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>clobetasol e cream 0.05%</i>	4	
<i>clobetasol propionate</i> CREA	4	
<i>clobetasol propionate</i> GEL	4	
<i>clobetasol propionate</i> OINT	4	
<i>clobetasol propionate</i> SOLN	4	
<i>cormax</i>	4	
DESONIDE CREA	4	
<i>desonide</i> LOTN; OINT	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone</i> CREA	4	
<i>desoximetasone</i> GEL	4	
DESOXIMETASONE OINT .05%	4	
<i>desoximetasone</i> OINT .25%	4	
<i>diflorasone diacetate</i>	4	
<i>fluocinolone acetonide</i> CREA; OINT	3	
<i>fluocinolone acetonide</i> OIL; SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	3	
<i>fluocinonide</i> OINT	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA	2	
<i>fluticasone propionate</i> OINT	2	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>lokara</i>	4	
<i>mometasone furoate</i> CREA; OINT; SOLN	3	
<i>texacort soln 2.5%</i>	4	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine oint 5%</i>	4	
<i>lidocaine-prilocaine</i>	3	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	4	
<i>ammonium lactate</i> CREA	3	
<i>ammonium lactate</i> LOTN	2	
ELIDEL	4	PA
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> CREA	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>laclotion lotn 12%</i>	2	
<i>metronidazole (topical)</i> CREA; LOTN	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	
<i>podofilox SOLN</i>	3	
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	PA
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
VOLTAREN	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	4	
<i>permethrin</i> CREA	3	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	2	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	3	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
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Generic Drugs are shown in lower case italic letters
BRAND NAME DRUGS are shown in all capital letters

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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D* **LA** - Limited Access

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

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<i>fluvoxamine maleate</i>	27	GEODON	32
<i>fondaparinux sodium</i>	48	GIANVI TAB 3-0.02MG	39
FORTEO	43	<i>gildagia</i>	39
FORTICAL	43	<i>gildess 1.5/30 21 day</i>	39
<i>foscarnet sodium</i>	12	GILENYA	35
<i>fosinopril sodium</i>	20	GILOTRIF TAB 20MG	18
<i>fosinopril sodium & hydrochlorothiazide</i>	20	GILOTRIF TAB 30MG	18
FREAMINE HBC 6.9%	53	GILOTRIF TAB 40MG	18
FREAMINE III	53	GLEEVEC	18
<i>furosemide</i>	25	<i>glimepiride</i>	37
<i>furosemide inj</i>	25	<i>glip/metform tab 5-500mg</i>	37
FUROSEMIDE INJ	25	<i>glipizide</i>	37
FUSILEV	19	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	37
FUZEON	10	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	37
FYCOMPA	28	GLUCAGEN HYPOKIT	43
G		GLUCAGON EMERGENCY KIT	43
<i>gabapentin</i>	28	<i>glycopyrrolate</i>	45
GABITRIL	28	<i>glycopyrrolate inj</i>	45
<i>galantamine hydrobromide</i>	29	GOLYTELY	46
GAMASTAN S/D	50	<i>granisetron hcl</i>	44
GAMMAGARD LIQUID	50	GRANIX	48
GAMMAGARD S/D	50	<i>griseofulvin microsize</i>	10
GAMMAKED	50	<i>griseofulvin ultramicrosize</i>	10
GAMMAPLEX	50	<i>guanfacine hcl (adhd)</i>	34
GAMUNEX-C	50	H	
<i>ganciclovir inj 500mg</i>	12	<i>halobetasol propionate</i>	61
GARDASIL	51	<i>haloperidol</i>	32
GARDASIL 9	51	<i>haloperidol con lactate</i>	32
<i>gatifloxacin (ophth)</i>	55	<i>haloperidol decanoate</i>	32
GATTEX	46	<i>haloperidol lactate inj 5 mg/ml</i>	32
GAUZE PADS 2" X 2"	36	HARVONI	12
<i>gavilte-g</i>	46	HAVRIX	51
<i>gavilyte-c</i>	46	<i>heather</i>	39
<i>gavilyte-h</i>	46	HEPARIN SOD (PORCINE) IN D5W	48
<i>gavilyte-n</i>	46	<i>heparin sod inj 1000/ml</i>	48
<i>gemcitabine hcl</i>	16	<i>heparin sod inj 10000/ml</i>	48
GEMCITABINE HCL	16	HEPARIN SOD INJ 2000/ML	48
<i>gemfibrozil</i>	23	<i>heparin sod inj 20000/ml</i>	48
<i>generlac</i>	46	HEPARIN SOD INJ 2500/ML	48
<i>gengraf</i>	50	<i>heparin sod inj 5000/ml</i>	48
<i>gentak</i>	55	HEPARIN SODIUM/D5W	48

HEPARIN SODIUM/NACL 0.45%	48	<i>imipramine hcl</i>	30
HEPATAMINE	53	<i>imiquimod</i>	61
HERCEPTIN	17	IMOVAX RABIES (H.D.C.V.)	51
HETLIOZ	34	INCRELEX	43
HEXALEN	16	INCRUSE ELLIPTA	57
HIBERIX	51	<i>indapamide</i>	25
HUMIRA	49	INFANRIX	51
HUMIRA KIT 40MG/0.8	49	INLYTA	18
HUMIRA PEN	49	INSULIN PEN NEEDLE	36
HUMIRA PEN-CROHNS DISEASE	49	INSULIN SAFETY NEEDLES	36
HUMIRA PEN-PSORIASIS STAR	49	INSULIN SYRINGE	37
HUMULIN R INJ U-500	36	INTELENCE	10
<i>hydralazine hcl</i>	25, 26	INTRALIPID INJ 20%	53
<i>hydrochlorothiazide</i>	25	INTRALIPID INJ 30%	53
<i>hydroco/apap tab 10-325mg</i>	7	INTRON-A INJ 10MU	50
<i>hydroco/apap tab 5-325mg</i>	7	INTRON-A INJ 18MU	50
<i>hydroco/apap tab 7.5-325</i>	7	INTRON-A INJ 25MU	50
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i>	7	INTRON-A INJ 50MU	50
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7	<i>introvale 91 day</i>	39
<i>hydrocortisone</i>	42	INVANZ	9
HYDROCORTISONE (INTRARECTAL)	45	INVEGA	32
<i>hydrocortisone (topical)</i>	61	INVEGA SUST INJ 117 MG/0.75 ML	32
<i>hydrocortisone butyrate</i>	61	INVEGA SUST INJ 156MG/ML	32
<i>hydrocortisone valerate</i>	61	INVEGA SUST INJ 234 MG/1.5 ML	32
<i>hydromorphon inj 10mg/ml</i>	7	INVEGA SUST INJ 39 MG/0.25 ML	32
<i>hydromorphone hcl</i>	7	INVEGA SUST INJ 78 MG/0.5 ML	32
<i>hydroxychloroquine sulfate</i>	49	INVIRASE	10
<i>hydroxyurea</i>	19	INVOKAMET TAB 150-1000	37
<i>hydroxyzine hcl</i>	57	INVOKAMET TAB 150-500	37
I		INVOKAMET TAB 50-1000	37
<i>ibandronate tab 150mg</i>	38	INVOKAMET TAB 50-500MG	37
IBRANCE	17	INVOKANA	37
<i>ibuprofen</i>	6	IONOSOL-B/DEXTROSE 5%	53
ICLUSIG	18	IONOSOL-MB/DEXTROSE 5%	54
<i>idarubicin hcl</i>	16	IPOL INACTIVATED IPV	51
IFEX INJ 3GM	16	<i>ipratropium bromide</i>	57
<i>ifosfamide inj 1gm</i>	16	<i>ipratropium bromide (nasal)</i>	57
<i>ifosfamide inj 1gm/20ml</i>	16	<i>ipratropium-albuterol nebu</i>	57
IFOSFAMIDE INJ 3GM	16	<i>irbesartan</i>	22
<i>ifosfamide inj 3gm/60ml</i>	16	<i>irbesartan-hydrochlorothiazide</i>	21
ILEVRO	56	<i>irinotecan inj 100/5ml</i>	20
<i>ilotycin</i>	55	<i>irinotecan inj 40mg/2ml</i>	20
IMBRUVICA CAP 140MG	18	<i>irinotecan inj 500mg/25ml</i>	20
<i>imipenem-cilastatin</i>	9	ISENTRESS	10, 11
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<i>isoniazid</i>	12	KCL/D5W/NACL INJ .15/.45%.....	54
<i>isoniazid inj 100 mg/ml</i>	12	KCL/D5W/NACL INJ 0.22%/0.45%	54
<i>isoniazid syp 50mg/5ml</i>	12	KCL/NACL INJ 0.15%-0.9%.....	54
<i>isosorb mononitrate tab</i>	26	KCL/NACL INJ 0.3-0.9	54
<i>isosorbide dinitrate</i>	26	KCL0.15%/D5W/NACL0.2%	54
<i>isosorbide dinitrate er</i>	26	KCL0.15%/D5W/NACL0.225%	54
<i>isosorbide mononitrate er</i>	26	<i>kelnor 1/35 28 day</i>	39
<i>isradipine</i>	24	<i>ketoconazole</i>	10
ISTALOL.....	56	<i>ketoconazole cream</i>	60
ISTODAX	17	<i>ketoconazole shampoo</i>	60
<i>itraconazole</i>	10	<i>ketoprofen</i>	6
<i>ivermectin</i>	9	<i>ketorolac tromethamine (ophth)</i>	56
IXIARO	51	KEYTRUDA	17
J		<i>kimidess</i>	39
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<i>jantoven</i>	48	KLOR-CON 10.....	52
JANUMET	38	KLOR-CON 8	52
JANUMET XR TAB 100-1000	38	<i>klor-con m15</i>	52
JANUMET XR TAB 50-1000.....	38	<i>klor-con m20</i>	52
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<i>junel 1.5/30 21 day</i>	39	<i>laclotion lotn 12%</i>	62
<i>junel 1/20 21 day</i>	39	LACTATED RINGER'S INJ.....	54
<i>junel fe 1.5/30 28 day</i>	39	<i>lactulose</i>	46
<i>junel fe 1/20 28 day</i>	39	<i>lactulose (encephalopathy)</i>	46
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K		<i>lamivudine (hbv)</i>	12
KADCYLA.....	17	<i>lamivudine-zidovudine</i>	11
KALETRA SOL.....	11	<i>lamotrigine</i>	28
KALETRA TAB 100-25MG	11	LANTUS.....	37
KALETRA TAB 200-50MG.....	11	LANTUS SOLOSTAR	37
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<i>kariva 28 day</i>	39	<i>larin 1/20</i>	39
KCL 0.075%/D5W/NACL 0.45%	54	<i>larin fe 1.5/30</i>	39
KCL 0.15%/D5W/NACL 0.9%	54	<i>larin fe 1/20</i>	39
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KCL 0.3%/D5W/NACL 0.9%	54	<i>latanoprost</i>	56
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LENVIMA 10MG DAILY DOSE	18	<i>lidocaine-prilocaine</i>	61
LENVIMA 14MG DAILY DOSE	18	<i>linezolid</i>	9
LENVIMA 20MG DAILY DOSE	18	LINEZOLID	9
LENVIMA 24MG DAILY DOSE	18	LINZESS	46
<i>lessina 28 day</i>	39	<i>liothyronine sodium</i>	44
LETAIRIS	26	<i>lisinopril</i>	20
<i>letrozole</i>	17	<i>lisinopril & hydrochlorothiazide</i>	20
<i>leucovorin calcium</i>	19	<i>lithium carbonate</i>	35
<i>leucovorin calcium for inj 500 mg</i>	19	<i>lithium carbonate er</i>	35
LEUKERAN	16	LITHIUM SOLN 8MEQ/5ML	35
LEUKINE	48	<i>lokara</i>	61
<i>leuprolide inj 1mg/0.2</i>	18	LOMUSTINE	16
<i>levabuterol conc 1.25mg/0.5ml</i>	57	<i>loperamide hcl</i>	46
LEVEMIR	37	<i>lorazepam</i>	27
LEVEMIR FLEXTOUCH	37	<i>lorcet hd tab 10-325mg</i>	7
<i>levetiracetam</i>	28	<i>lorcet plus tab 7.5-325</i>	7
<i>levetiracetam inj</i>	28	<i>lorcet tab 5-325mg</i>	7
LEVETIRACETAM IV	28	<i>lortab tab 10-325mg</i>	7
<i>levetiracetam oral soln 100 mg/ml</i>	28	<i>lortab tab 5-325mg</i>	7
<i>levobunolol hcl</i>	56	<i>lortab tab 7.5-325</i>	7
LEVOBUNOLOL HCL	56	<i>loryna 28 day</i>	40
<i>levocarnitine (metabolic modifiers)</i>	41	<i>losartan potassium</i>	22
<i>levocetirizine dihydrochloride</i>	57	<i>losartan-hydrochlorothiazide</i>	21
<i>levofloxacin</i>	14	LOTEMAX.....	56
<i>levofloxacin in d5w</i>	15	<i>lovastatin</i>	22
<i>levofloxacin inj 25mg/ml</i>	15	<i>low-ogestrel</i>	40
<i>levofloxacin oral soln 25 mg/ml</i>	15	<i>loxapine succinate</i>	32
<i>levoleucovorin calcium</i>	20	LUMIGAN.....	56
<i>levonest 28 day</i>	39	LUMIZYME	41
<i>levonorgestrel & eth estradiol</i>	40	LUPR DEP-PED INJ 11.25MG (3-MONTH)	18
<i>levonorgestrel (emergency oc)</i>	40	LUPRON DEPOT	18
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	40	LUPRON DEP-PED INJ 11.25MG	18
<i>levora 0.15/30 28 day</i>	40	LUPRON DEP-PED INJ 15MG	18
<i>levothyroxine sodium</i>	44	LUPRON DEP-PED INJ 30MG (3-MONTH)	18
LEVOXYL	44	LUPRON DEP-PED INJ 7.5MG.....	18
LEXIVA	11	<i>lutera 28 day</i>	40
<i>lidocaine</i>	61	LYNPARZA.....	17
<i>lidocaine hcl</i>	61	LYRICA.....	28
<i>lidocaine hcl (local anesth.)</i>	8	LYSODREN	18
<i>lidocaine hcl (mouth-throat)</i>	62	<i>lyza</i>	40
<i>lidocaine inj 0.5%</i>	8	M	
<i>lidocaine inj 1%</i>	8	<i>magnesium sulfate</i>	52
<i>lidocaine inj 1.5%</i>	8	MAGNESIUM SULFATE	52
<i>lidocaine inj 2%</i>	8	MAGNESIUM SULFATE IN D5W	52

<i>malathion</i>	62	<i>methylpred tab 32mg</i>	42
<i>maprotiline hcl</i>	30	<i>methylpred tab 4mg</i>	42
<i>marlissa 28 day</i>	40	<i>methylpred tab 8mg</i>	42
MARPLAN TAB 10MG.....	30	<i>metipranolol</i>	56
MATULANE	19	<i>metoclopramide hcl</i>	44
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<i>meclizine hcl</i>	44	<i>metolazone</i>	25
<i>medroxyprogesterone acetate 150 mg/ml</i> ...40		<i>metoprolol & hydrochlorothiazide</i>	23
<i>medroxyprogesterone acetate tab</i>	44	<i>metoprolol succinate</i>	23
<i>mefloquine hcl</i>	10	<i>metoprolol tartrate</i>	23
MEGACE ES	18	<i>metronidazole</i>	9
<i>megestrol acetate</i>	18	<i>metronidazole (topical)</i>	62
MEKINIST	18	<i>metronidazole gel 0.75%</i>	62
<i>meloxicam</i>	6	<i>metronidazole in nacl</i>	9
MELOXICAM	6	<i>metronidazole vaginal</i>	48
<i>melphalan hcl</i>	16	<i>mexiletine hcl</i>	22
<i>memantine hcl</i>	29	MIACALCIN	43
MENACTRA	51	MICROGESTIN 1.5/30	40
MENOMUNE-A/C/Y/W-135	51	MICROGESTIN 1/20.....	40
MENVEO	51	MICROGESTIN FE 1.5/30.....	40
<i>mercaptopurine</i>	16	MICROGESTIN FE 1/20	40
<i>meropenem</i>	9	<i>midodrine hcl</i>	26
<i>mesalamine enema</i>	45	<i>minitran</i>	26
<i>mesalamine w/ cleanser</i>	45	<i>minocycline hcl</i>	15
<i>mesna</i>	20	<i>minoxidil</i>	26
MESNEX	20	<i>mirtazapine</i>	30
<i>metadate er tab 20mg</i>	34	<i>misoprostol</i>	46
<i>metformin hcl</i>	38	<i>mitomycin</i>	16
<i>methadone hcl</i>	7	<i>mitoxantrone hcl</i>	19
<i>methazolamide</i>	25	M-M-R II.....	51
<i>methenamine hippurate</i>	9	<i>moderiba 800 dose pack</i>	12
<i>methimazole</i>	44	<i>moderiba pak 1000/day</i>	12
<i>methotrexate sodium inj</i>	16	MODERIBA PAK 1200/DAY	12
<i>methotrexate sodium tabs</i>	49	<i>moderiba pak 600/day</i>	12
<i>methyclothiazide</i>	25	<i>moderiba tab 200mg</i>	12
<i>methylergonovine maleate</i>	43	<i>moexipril hcl</i>	20
<i>methylphenidate hcl</i>	34	<i>moexipril-hydrochlorothiazide</i>	20
<i>methylphenidate hcl oral soln</i>	34	<i>mometasone furoate</i>	61
<i>methylpr ace inj 40mg/ml</i>	42	MONONESSA.....	40
<i>methylpr ace inj 80mg/ml</i>	42	<i>montelukast sodium</i>	58
<i>methylpr ss inj 125 mg</i>	42	<i>morphine ext-rel tab</i>	7
<i>methylpr ss inj 1gm</i>	42	<i>morphine sul inj</i>	7
<i>methylpr ss inj 40mg</i>	42	MORPHINE SUL INJ.....	7
<i>methylpred pak 4mg</i>	42	<i>morphine sulfate</i>	7
<i>methylpred tab 16mg</i>	42	MORPHINE SULFATE.....	7

<i>morphine sulfate beads</i>	7	<i>neomycin-bacitracin zn-polymyxin</i>	55
MORPHINE SULFATE ORAL SOL	8	<i>neomycin-polymy-dexameth</i>	55
MOVANTIK	46	<i>neomycin-polymyxin-gramicidin</i>	55
MOVIPREP	46	<i>neomycin-polymyxin-hc (ophth)</i>	55
MOXEZA	55	<i>neomycin-polymyxin-hc (otic)</i>	62
MOZOBIL	48	NEORAL	50
MULTAQ	22	NEPHRAMINE	53
<i>mupirocin</i>	59	NEUMEGA	48
MUSTARGEN	16	NEUPOGEN	48
<i>my way</i>	40	NEUPRO	31
MYCAMINE	10	<i>nevirapine</i>	11
<i>mycophenolate mofetil</i>	50	NEVIRAPINE	11
<i>mycophenolate sodium</i>	50	<i>nevirapine tab 200mg</i>	11
<i>myorisan</i>	59	NEXAVAR	18
MYOZYME	41	NEXIUM CAP 20MG	47
MYRBETRIQ	47	NEXIUM CAP 40MG	47
<i>myzilra</i>	40	NEXIUM GRA 10MG DR	47
N		NEXIUM GRA 2.5MG DR	47
<i>nabumetone</i>	6	NEXIUM GRA 20MG DR	47
<i>nadolol</i>	23	NEXIUM GRA 40MG DR	47
<i>nafcillin sodium</i>	15	NEXIUM GRA 5MG DR	47
NAGLAZYME	42	<i>next choice one dose</i>	40
<i>nalbuphine hcl</i>	6	<i>niacin er (antihyperlipidemic)</i>	23
<i>naloxone inj 0.4mg/ml</i>	36	<i>niacor</i>	23
<i>naloxone inj 1mg/ml</i>	36	<i>nicardipine hcl</i>	24
<i>naltrexone hcl</i>	36	NICOTROL INHALER	36
NAMENDA SOL 10MG/5ML	29	NICOTROL NS	36
NAMENDA TAB	29	<i>nifedical</i>	24
NAMENDA XR	29	<i>nifedipine</i>	24
NAMENDA XR TITRATION PACK	29	<i>nifedipine er</i>	24
<i>naphazoline 0.1%</i>	57	<i>nikki 28 day</i>	40
<i>naproxen</i>	6	NILANDRON	18
<i>naproxen sodium</i>	6	<i>nimodipine</i>	24
<i>naratriptan hcl</i>	34	NIPENT	17
NATACYN	55	<i>nitro-bid</i>	26
<i>nateglinide</i>	38	NITRO-DUR DIS 0.3MG/HR	26
NATPARA	43	NITRO-DUR DIS 0.8MG/HR	26
NEBUPENT	9	<i>nitrofurantoin macrocrystal</i>	9
<i>necon 0.5/35 28 day</i>	40	<i>nitrofurantoin monohyd macro</i>	9
<i>necon 1/35 28 day</i>	40	<i>nitroglycer dis 0.1mg/hr</i>	26
NECON 1/50-28	40	<i>nitroglycer dis 0.2mg/hr</i>	26
<i>necon 10/11 28 day</i>	40	<i>nitroglycer dis 0.4mg/hr</i>	26
NECON 7/7/7	40	<i>nitroglycer dis 0.6mg/hr</i>	26
<i>nefazodone hcl</i>	30	NITROSTAT	26
<i>neomycin sulfate</i>	8	NORA-BE TAB 0.35MG	40

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<i>norethindrone acetate</i>	44
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<i>norlyroc 28 day</i>	40
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NORMOSOL-R IN D5W	54
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<i>nortrel 0.5/35 28 day</i>	40
<i>nortrel 1/35 21 day</i>	40
<i>nortrel 1/35 28 day</i>	40
<i>nortrel 7/7/7 28 day</i>	40
<i>nortriptyline hcl</i>	30
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<i>nystatin</i>	10
<i>nystatin (mouth-throat)</i>	62
<i>nystatin (topical)</i>	60
<i>nystop</i>	60
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<i>octreotide acetate</i>	43
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<i>ofloxacin (ophth)</i>	55
<i>ofloxacin (otic)</i>	62

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<i>olopatadine hcl (nasal)</i>	57
<i>omega-3-acid ethyl esters</i>	23
<i>omeprazole</i>	47
<i>ondansetron hcl</i>	44
<i>ondansetron hcl inj</i>	44
<i>ondansetron hcl oral soln</i>	45
<i>ondansetron odt</i>	45
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<i>oxaliplatin</i>	19
<i>oxandrolone tab 10mg</i>	36
<i>oxandrolone tab 2.5mg</i>	36
<i>oxcarbazepine</i>	28
<i>oxybutynin chloride</i>	47
<i>oxycodone hcl</i>	8
OXYCODONE HCL	8
<i>oxycodone w/ acetaminophen 10-325mg</i>	8
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	8
<i>oxycodone w/ acetaminophen 5-325mg</i>	8
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	8
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<i>paclitaxel</i>	17
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<i>phenobarbital</i>	28	<i>prednisolone sol 15mg/5ml</i>	42
<i>phenobarbital sodium</i>	28	<i>prednisolone sol 25mg/5ml</i>	42
PHENOBARBITAL SODIUM	28	<i>prednisolone syp 15mg/5ml</i>	42
<i>phenytek</i>	28	<i>prednisone con 5mg/ml</i>	42
<i>phenytoin</i>	28	<i>prednisone pak 10mg</i>	43
<i>phenytoin sodium</i>	28	<i>prednisone pak 5mg</i>	42
<i>phenytoin sodium extended</i>	28	<i>prednisone sol 5mg/5ml</i>	43
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