

True Blue (HMO) & Secure Blue (PPO)

2016 Formulary (List of Covered Drugs)

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

Formulary ID: 00016437 v5

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 1-888-494-2583 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>

Medicare Advantage Plans

True Blue[®] HMO | Secure BlueSM PPO

Blue Cross of Idaho Care Plus is a PPO, HMO or HMO-POS health plan with a Medicare contract.
Enrollment in Blue Cross of Idaho Care Plus depends on contract renewal.

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 (HMO) or Secure Blue (PPO).

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 (HMO) or Secure Blue PPO, 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	
ALOPRIM	4	
<i>colchicine w/ probenecid</i>	2	
COLCRYS	3	QL (120 tabs / 30 days)
<i>probenecid</i>	2	
ULORIC	3	ST
MISCELLANEOUS		
<i>diclofenac w/ misoprostol</i>	2	
DUEXIS	5	
VIMOVO	5	
NSAIDS		
<i>celecoxib CAPS</i>	2	
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium TABS</i>	2	
<i>flurbiprofen TABS</i>	2	
<i>ibuprofen SUSP</i>	2	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS; CP24</i>	2	
<i>mefenamic acid CAPS</i>	2	
MELOXICAM SUSP	2	
<i>meloxicam tabs</i>	1	
<i>nabumetone TABS</i>	2	
NAPRELAN 375mg, 750mg	5	
<i>naproxen SUSP</i>	2	
<i>naproxen TABS; TBEC</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	1	
NAPROXEN SODIUM TB24	5	
<i>oxaprozin</i>	2	
<i>piroxicam CAPS</i>	2	
<i>sulindac TABS</i>	1	
<i>tolmetin sodium</i>	2	

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
ZIPSOR	4	
ZORVOLEX	4	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	2	QL (400 tabs / 30 days)
ASPIRIN-CAFFEINE-DIHYDROCODEINE BITARTRATE	2	QL (360 caps / 30 days)
<i>butorphanol nasal spray</i>	2	QL (10 mL / 30 days)
<i>butorphanol tartrate</i> SOLN	2	
BUTRANS 5mcg/hr	3	QL (16 patches / 28 days)
BUTRANS 7.5mcg/hr, 10mcg/hr	3	QL (8 patches / 28 days)
BUTRANS 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days)
<i>capital and codeine</i>	4	QL (5000 mL / 30 days)
CONZIP 100mg	4	QL (90 caps / 30 days)
CONZIP 200mg	4	QL (60 caps / 30 days)
CONZIP 300mg	4	QL (30 caps / 30 days)
<i>nalbuphine hcl</i> SOLN	2	
TRAMADOL HCL CP24 100mg	2	QL (90 caps / 30 days)
TRAMADOL HCL CP24 200mg	2	QL (60 caps / 30 days)
TRAMADOL HCL CP24 300mg	2	QL (30 caps / 30 days)
<i>tramadol hcl er</i> TB24 100mg	2	QL (90 tabs / 30 days)
<i>tramadol hcl er</i> TB24 200mg	2	QL (30 tabs / 30 days)
TRAMADOL HCL ER TB24 300mg	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 100mg</i>	2	QL (90 tabs / 30 days)
<i>tramadol hcl er (biphasic) 200mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl er (biphasic) 300mg</i>	2	QL (30 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	2	QL (240 tabs / 30 days)
<i>trezix</i>	4	QL (360 caps / 30 days)
OPIOID ANALGESICS, CII		
ABSTRAL	5	QL (120 tabs / 30 days), PA
CODEINE SULFATE 15mg	2	QL (720 tabs / 30 days)
CODEINE SULFATE 30mg	2	QL (360 tabs / 30 days)
CODEINE SULFATE 60mg	2	QL (180 tabs / 30 days)
DILAUDID-HP INJ 250MG	4	B/D
DURAMORPH	2	B/D
EMBEDA	4	QL (60 caps / 30 days)
<i>endocet</i>	2	QL (360 tabs / 30 days)
ENDODAN TAB	2	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 25 mcg/hr</i>	2	QL (10 patches / 30 days)
<i>fentanyl patch 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 10-300mg</i>	2	QL (400 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 2.5-200mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	2	
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml, 2 4mg/ml		B/D
<i>hydromorphone hcl</i> SOLN 500mg/50ml	2	B/D
<i>hydromorphone hcl</i> TABS	2	QL (270 tabs / 30 days)
<i>hydromorphone tab 8mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 12mg er</i>	2	QL (60 tabs / 30 days)
<i>hydromorphone tab 16mg er</i>	5	QL (60 tabs / 30 days)
HYDROMORPHONE TABS 32MG	5	QL (60 tabs / 30 days)
HYSINGLA ER 20mg, 30mg, 40mg, 60mg	4	QL (60 tabs / 30 days)
HYSINGLA ER 80mg, 100mg, 120mg	5	QL (30 tabs / 30 days)
<i>ibudone tab 5-200mg</i>	2	QL (150 tabs / 30 days)
<i>ibudone tab 10-200mg</i>	2	QL (150 tabs / 30 days)
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
KADIAN 40mg, 200mg	5	QL (60 caps / 30 days)
LAZANDA	5	QL (30 bottles / 30 days), PA
<i>levorphanol tartrate</i> TABS	2	QL (180 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	2	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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 CONC</i>	2	QL (120 mL / 30 days)
<i>methadone hcl SOLN</i>	2	QL (600 mL / 30 days)
<i>methadone hcl TABS</i>	2	QL (240 tabs / 30 days)
METHADONE INJ 10MG/ML	4	
MORPHINE SUL 20MG/ML ORAL SOL	2	
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate CP24 80mg, 100mg</i>	5	QL (60 caps / 30 days)
MORPHINE SULFATE SOLN 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml	2	B/D
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	2	
<i>morphine sulfate SOLN .5mg/ml, 1mg/ml</i>	2	B/D
MORPHINE SULFATE TABS	2	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	2	QL (60 caps / 30 days)
<i>morphine sulfate ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	2	QL (90 tabs / 30 days)
<i>morphine sulfate ext-rel tab 200mg</i>	2	QL (60 tabs / 30 days)
NUCYNTA 50mg	4	QL (360 tabs / 30 days)
NUCYNTA 75mg	4	QL (240 tabs / 30 days)
NUCYNTA 100mg	4	QL (180 tabs / 30 days)
NUCYNTA ER 50mg, 100mg	4	QL (120 tabs / 30 days)
NUCYNTA ER 150mg, 200mg, 250mg	4	QL (60 tabs / 30 days)
OPANA ER (CRUSH RESISTANT 5mg, 7.5mg, 10mg, 15mg, 20mg	4	QL (120 tabs / 30 days)
OPANA ER (CRUSH RESISTANT 30mg, 40mg	5	QL (120 tabs / 30 days)
<i>oxycodone hcl CAPS</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	2	
OXYCODONE HCL SOLN	2	
<i>oxycodone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	2	QL (360 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 30 days)
OXYCONTIN 10mg, 15mg, 20mg, 30mg, 40mg	4	QL (120 tabs / 30 days)
OXYCONTIN 60mg, 80mg	5	QL (120 tabs / 30 days)
<i>oxymorphone hcl TABS</i>	2	QL (180 tabs / 30 days)
<i>reprexain tab 10-200mg</i>	2	QL (150 tabs / 30 days)
<i>roxicet soln</i>	3	QL (1800 mL / 30 days)
<i>roxicet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
SUBSYS	5	QL (120 sprays / 30 days), PA
<i>vicodin</i>	2	QL (400 tabs / 30 days)
<i>vicodin es</i>	2	QL (400 tabs / 30 days)
<i>vicodin hp</i>	2	QL (400 tabs / 30 days)
XARTEMIS XR	4	QL (120 tabs / 30 days)
<i>zamicet</i>	2	QL (5400 mL / 30 days)
ZOXYDRO ER (ABUSE DETERRENT) 10mg, 15mg, 20mg	4	QL (120 caps / 30 days)
ZOXYDRO ER (ABUSE DETERRENT) 30mg, 40mg, 50mg	4	QL (60 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> 4%	2	
<i>lidocaine hcl (local anesth.)</i> .5%, 1%	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	2	
BETHKIS	5	B/D, NM
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i> SOLN	2	
<i>neomycin sulfate</i> TABS	2	
<i>paromomycin sulfate</i> CAPS	2	
<i>streptomycin sulfate</i> SOLR	2	
<i>sulfadiazine</i> TABS	4	
TOBI PODHALER	5	NM, LA, PA
<i>tobramycin</i> NEBU	5	B/D, NM
<i>tobramycin sulfate</i> SOLN; SOLR	2	
<i>tobramycin sulfate in saline</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
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>	2	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS	1	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i> SOLN	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>colistimethate sodium</i> SOLR	2	
CUBICIN	5	
DALVANCE	5	
<i>dapsone</i> TABS	2	
DARAPRIM	4	
DORIBAX	4	
FLAGYL ER	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i> TABS	2	
<i>linezolid</i> SOLN	5	
LINEZOLID TABS	5	
MACRODANTIN 25mg	4	PA; 90 day limit per calendar year if 65 years and older
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	3	
<i>metronidazole</i> CAPS	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole inj</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin</i> SUSP	2	PA; 90 day limit per calendar year if 65 years and older

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11

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
<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	
<i>polymyxin b sulfate SOLR</i>	2	
PRIMSOL SOL 50MG/5ML	4	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop SUSP</i>	2	
<i>sulfamethoxazole-trimethop TABS</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	2	
SYNERCID	5	
<i>trimethoprim TABS</i>	1	
TYGACIL	5	
<i>vancomycin hcl CAPS</i>	5	
<i>vancomycin hcl SOLR</i>	2	
XIFAXAN TAB 200MG	5	
ZYVOX SUSR; TABS	5	

ANTIFUNGALS

ABELCET	5	B/D
AMBISOME	5	B/D
AMPHOTEC	4	B/D
<i>amphotericin b SOLR</i>	2	B/D
CANCIDAS	5	
CRESEMBA	5	
ERAXIS	5	
<i>fluconazole SUSR; TABS</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosized</i>	2	
<i>itraconazole CAPS</i>	2	PA
<i>ketoconazole TABS</i>	2	PA
LAMISIL PACK	4	
MYCAMINE	5	
NOXAFIL	5	
<i>nystatin TABS</i>	2	

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12

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Drug Name	Drug Tier	Requirements/Limits
ONMEL	5	PA
SPORANOX SOL 10MG/ML	5	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / 365 days)
<i>voriconazole</i> SUSR; TABS	5	
<i>voriconazole inj 200mg</i>	2	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS	2	
COARTEM	4	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i>	2	
APTIVUS	5	
CRIXIVAN	4	
<i>didanosine</i>	2	
EDURANT	5	
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
<i>lamivudine</i>	2	
LEXIVA SUSP	4	
LEXIVA TABS	5	
NEVIRAPINE SUSP	2	
<i>nevirapine</i> TABS; TB24	2	
NORVIR	3	
PREZISTA SUSP	5	
PREZISTA TABS 75mg, 150mg	3	
PREZISTA TABS 600mg, 800mg	5	
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ	5	
SELZENTRY	5	
<i>stavudine</i>	2	
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>	2	
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	
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	2	
<i>isoniazid</i> SOLN; SYRP	2	
<i>isoniazid tabs</i>	1	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
<i>rifamate</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin</i> CAPS; SOLR	2	
RIFATER	4	
SIRUO	5	LA, PA
TRECTOR	4	

ANTIVIRALS

<i>acyclovir</i> CAPS; TABS	1	
<i>acyclovir</i> SUSP	2	
<i>acyclovir sodium</i> SOLN	2	B/D
<i>acyclovir sodium</i> SOLR 500mg	2	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	3	
<i>cidofovir</i>	5	
<i>entecavir</i>	5	
EPIVIR HBV SOLN	4	
<i>famciclovir</i> TABS	2	
<i>foscarnet sodium</i>	2	
<i>ganciclovir inj 500mg</i>	2	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	2	
<i>moderiba pak</i> MISC	5	NM
<i>moderiba pak</i> TABS 400mg	5	NM
MODERIBA PAK TABS 600mg	5	NM
<i>moderiba tab 200mg</i>	2	NM
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</i> CAPS	2	NM
<i>ribasphere</i> TABS 200mg, 400mg	2	NM
<i>ribasphere</i> TABS 600mg	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 200mg</i>	2	NM
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	NM, PA
TAMIFLU	3	

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Drug Name	Drug Tier	Requirements/Limits
TYZEKA	5	
<i>valacyclovir hcl</i> TABS	2	
VALCYTE SOLR	5	
<i>valganciclovir hcl</i>	5	
CEPHALOSPORINS		
AVYCAZ	5	
CEDAX SUSR 90mg/5ml	4	
<i>cefaclor</i>	2	
<i>cefaclor er tab 500mg</i>	3	
<i>cefadroxil</i> CAPS	1	
<i>cefadroxil</i> SUSR; TABS	2	
<i>cefazolin inj</i>	2	
<i>cefazolin sodium</i> 1gm, 20gm	2	
<i>cefazolin/dextrose</i>	3	
<i>cefdinir</i>	2	
CEFEPIME 1GM SOLN	4	
CEFEPIME 2GM SOLN	4	
CEFEPIME HCL AND DEXTROSE	4	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	2	
<i>cefotetan disodium</i>	4	
<i>cefoxitin sodium</i>	2	
CEFOXITIN SODIUM IN DEXTROSE	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i> 1gm, 2gm, 6gm	2	
CEFTAZIDIME/DEXTROSE	4	
CEFTIBUTEN	2	
CEFTIN SUSR	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> CAPS 750mg	2	
<i>cephalexin</i> SUSR	2	
<i>cephalexin</i> TABS	2	
<i>claforan</i> 1gm, 2gm	4	

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Drug Name	Drug Tier	Requirements/Limits
FORTAZ SOLN	4	
FORTAZ SOLR 500mg	4	
MAXIPIME	4	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	2	
<i>tazicef</i> vial	2	
TEFLARO	4	
ZERBAXA	5	
ZINACEF SOLR 750mg	4	

ERYTHROMYCINS/MACROLIDES

AZITHROMYCIN PACK	2	
<i>azithromycin</i> SOLR 500mg	2	
<i>azithromycin</i> SUSR	2	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> SUSR; TABS; TB24	2	
DIFICID	5	
<i>e.e.s. 400 tab</i> 400mg	2	
E.E.S. GRANULES	4	
<i>ery-tab</i>	4	
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin lactobionate</i> 500mg	4	
<i>erythrocin stearate</i>	2	
<i>erythromycin base</i>	2	
<i>erythromycin cap</i> 250mg ec	2	
<i>erythromycin ethylsuccinate</i>	2	
PCE	4	
ZMAX	4	

FLUOROQUINOLONES

AVELOX SOLN	4	
<i>ciprofloxacin</i> SOLN 200mg/20ml	2	
<i>ciprofloxacin</i> SUSR	2	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl</i> TABS	1	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin inj</i> 400mg/40ml	2	
FACTIVE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN</i>	2	
<i>levofloxacin TABS</i>	1	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hcl TABS</i>	2	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin inj</i>	2	
<i>ampicillin sodium</i>	2	
<i>ampicillin susp</i>	2	
AUGMENTIN SUSR	4	
BACTOCILL INJ DEX 1GM	4	
BACTOCILL INJ DEX 2GM	5	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium 1gm</i>	2	
<i>nafcillin sodium 2gm, 10gm</i>	5	
NALLPEN ISO-OSMOTIC IN DE	4	
NALLPEN/DEXTROSE	4	
<i>oxacillin sodium 1gm, 2gm</i>	2	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE	4	
PENICILLIN G POTASSIUM IN	4	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	2	
<i>penicillin gk inj 20mu</i>	2	
<i>pfizerpen g inj 5mu</i>	2	
<i>pfizerpen-g inj 20mu</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	
ZOSYN SOLN	4	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
<i>doxy</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i> CAPS; SOLR; TABS; TBEC	2	
<i>minocycline hcl</i> CAPS; TABS; TB24	2	
SOLODYN	5	
TETRACYCLINE HCL CAPS	2	
VIBRAMYCIN SYRP	4	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	4	B/D
BUSULFEX	5	B/D
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	2	B/D
<i>dacarbazine</i> 200mg	2	B/D
EMCYT	4	
GLEOSTINE	4	
HEXALEN	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide inj 1gm</i>	2	B/D
<i>ifosfamide inj 1gm/20ml</i>	2	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i>	2	B/D
LEUKERAN	4	
LOMUSTINE	2	
<i>melphalan hcl</i>	5	B/D
MUSTARGEN	4	B/D
TREANDA	5	B/D, NM
ZANOSAR	4	B/D

ANTHRACYCLINES

<i>adriamyc inj 50mg</i>	2	B/D
<i>daunorubicin hcl</i>	2	B/D
<i>doxorubicin hcl</i> 50mg	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>doxorubicin inj 50mg</i>	2	B/D
<i>epirubicin inj 50mg/25ml</i>	2	B/D
<i>epirubicin inj 200mg</i>	2	B/D
<i>idarubicin hcl</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	B/D
<i>mitomycin SOLR</i>	2	B/D
ANTIMETABOLITES		
<i>adrucil</i>	2	B/D
ALIMTA	5	B/D
ARRANON	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>cladribine</i>	5	B/D
CLOLAR	5	B/D
<i>cytarabine inj</i>	2	B/D
<i>decitabine</i>	5	B/D, NM
<i>fludarabine phosphate</i>	2	B/D
<i>fluorouracil SOLN</i>	2	B/D
GEMCITABINE	5	B/D
<i>gemcitabine hcl</i>	5	B/D
<i>mercaptopurine TABS</i>	2	
<i>methotrexate sodium inj</i>	2	B/D
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 CONC 140mg/7ml</i>	5	B/D
DOCETAXEL SOLN 80mg/8ml, 200mg/20ml	5	B/D
<i>paclitaxel</i>	2	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>	2	B/D
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	5	B/D, NM
AVASTIN	5	B/D, NM, LA
BELEODAQ	5	NM, PA
ERBITUX	5	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
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
PERJETA	5	NM, PA
PROLEUKIN	5	B/D, NM
RITUXAN	5	NM, LA, PA
TORISEL	5	B/D, NM
VECTIBIX	5	B/D, NM
VELCADE	5	B/D, NM
YERVOY	5	NM, PA
ZOLINZA	5	NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> TABS	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ELIGARD INJ 7.5MG	4	B/D, NM
ELIGARD INJ 22.5MG	4	B/D, NM
ELIGARD INJ 30MG	4	B/D, NM
ELIGARD INJ 45MG	4	B/D, NM
<i>exemestane</i>	2	
FARESTON	5	
FASLODEX	5	B/D
FIRMAGON 80mg	4	B/D, NM
FIRMAGON 120mg	5	B/D, NM
<i>flutamide</i>	2	
<i>letrozole</i> TABS	2	
<i>leuprolide acetate</i> KIT	2	NM, PA
LUPRON DEP INJ 11.25MG	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, 7.5mg	5	NM, PA
LUPRON DEPOT INJ 22.5MG (3-MONTH)	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT INJ 30MG (3-MONTH)	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 MIXJECT	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
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

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Drug Name	Drug Tier	Requirements/Limits
XALKORI	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
MISCELLANEOUS		
DROXIA	3	
HALAVEN	5	B/D, NM
<i>hydroxyurea</i> CAPS	2	
IXEMPRA KIT	5	B/D, NM
MATULANE	5	LA
<i>mitoxantrone hcl</i>	2	B/D, NM
POMALYST	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</i> CAPS	5	
TRISENOX	5	B/D
UVADEX	4	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	2	B/D
<i>cisplatin</i>	2	B/D
ELOXATIN	5	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
KEPIVANCE	5	B/D
<i>leucovorin ca inj</i>	2	B/D
<i>leucovorin calcium</i> SOLR	2	B/D
<i>leucovorin calcium</i> TABS	2	
<i>leucovorin calcium 500 mg</i>	2	B/D
<i>levoleucovorin calcium</i>	5	B/D, NM
<i>mesna</i>	2	B/D
MESNEX TABS	5	

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Drug Name	Drug Tier	Requirements/Limits
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TOPOISOMERASE INHIBITORS

CAMPTOSAR 300mg/15ml	4	B/D
ETOPOPHOS	4	B/D
<i>etoposide SOLN 500mg/25ml</i>	2	B/D
<i>irinotecan inj 40mg/2ml</i>	2	B/D
<i>irinotecan inj 100/5ml</i>	2	B/D
<i>irinotecan inj 500mg/25ml</i>	2	B/D
<i>toposar 1gm/50ml</i>	2	B/D
<i>topotecan hcl SOLR</i>	5	B/D

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</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	
<i>trandolapril-verapamil hcl</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>	2	
<i>spironolactone TABS</i>	1	

ALPHA BLOCKERS

<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
AZOR	3	
BENICAR HCT	3	
<i>candesartan cilexetil-hydrochlorothiazide</i>	1	
EDARBYCLOR	4	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TEVETEN HCT	4	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
BENICAR	3	
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN</i>	2	
<i>amiodarone hcl TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>amiodarone inj 50mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate</i>	4	PA; PA if 65 years and older
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NORPACE CR	4	PA; PA if 65 years and older
<i>pacerone 100mg, 400mg</i>	2	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	2	
<i>quinidine gluconate TBCR</i>	2	
<i>quinidine sulfate TABS</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	2	
TIKOSYN	4	NM
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	
<i>atorvastatin calcium TABS</i>	1	
CRESTOR	3	
<i>fluvastatin sodium</i>	1	
LESCOL XL	4	
LIVALO	4	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin TABS 80mg</i>	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
ADVICOR	4	
ANTARA	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>choline fenofibrate</i>	2	
<i>colestipol hcl</i>	2	
FENOFIBRATE CAPS	2	
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
FENOFIBRATE TABS 120mg	2	
<i>fenofibrate micronized</i>	2	
FENOFIBRIC ACID	2	
FENOGLIDE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	NM, PA
LIPTRUZET	4	
<i>niacin er (antihyperlipidemic)</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
SIMCOR	4	ST
TRIGLIDE	4	
VASCEPA	4	
VYTORIN	4	ST
WELCHOL	3	
ZETIA TAB 10MG	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	1	
DUTOPROL	4	
<i>metoprolol & hctz tab 50-25mg</i>	2	
<i>metoprolol & hctz tab 100-25mg</i>	2	
<i>metoprolol & hctz tab 100-50mg</i>	2	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
COREG CR	4	
<i>labetalol hcl</i> SOLN; TABS	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOLN	2	
<i>metoprolol tartrate</i> TABS	1	
<i>nadolol</i> TABS	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol inj 1mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol sol</i>	2	
<i>propranolol tab</i>	1	
SOTYLIZE	5	
<i>timolol maleate TABS</i>	2	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate/atorv</i>	1	
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CALCIUM CHANNEL BLOCKERS

<i>afeditab cr</i>	2	
<i>amlodipine besylate TABS</i>	1	
CARDIZEM LA 120mg	4	
<i>cartia xt</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 120mg/24hr</i>	2	
<i>diltiazem cap er/12hr</i>	2	
<i>diltiazem hcl TABS</i>	1	
<i>diltiazem hcl coated beads</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl extended release beads</i>	2	
<i>diltiazem inj 25mg/5ml</i>	2	
<i>diltiazem inj 50/10ml</i>	2	
<i>diltiazem inj 100mg</i>	4	
<i>diltiazem inj 125/25ml</i>	2	
<i>diltzac</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl CAPS</i>	2	
<i>nifedical</i>	2	
<i>nifedipine TB24</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine CAPS</i>	5	
<i>nisoldipine</i>	2	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	2	
VERAPAMIL HCL CP24 360mg	2	
<i>verapamil hcl SOLN</i>	2	
<i>verapamil hcl TABS</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> TBCR	1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> .25mg	2	PA; PA if 65 years and older
<i>digitek</i> .125mg	2	QL (30 tabs / 30 days)
<i>digoxin</i> 125mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> 250mcg	2	PA; PA if 65 years and older
<i>digoxin inj</i>	2	
DIGOXIN SOL 50MCG/ML	2	PA; PA if 65 years and older
LANOXIN TABS 62.5mcg	4	QL (60 tabs / 30 days)
LANOXIN TABS 187.5mcg	4	PA; PA if 65 years and older
LANOXIN PEDIATRIC	4	
DIRECT RENIN INHIBITORS/COMBINATIONS		
TEKTURNA	3	
TEKTURNA HCT	3	
DIURETICS		
<i>acetazolamide</i> CP12; TABS	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE TAB 50/50	4	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide tabs</i>	2	
<i>chlorthalidone</i> 25mg, 50mg	2	
DIURIL SUS 250/5ML	4	
DYRENIUM	4	
EDECIN	4	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i> 10mg/ml	2	
FUROSEMIDE INJ 10mg/ml	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	2	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
<i>toremide inj 50mg/5ml</i>	2	
<i>toremide tabs</i>	1	
<i>triamt/hctz cap 37.5-25</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamt/hctz cap 50-25mg</i>	1	
<i>triamt/hctz tab 37.5-25</i>	1	
<i>triamt/hctz tab 75-50mg</i>	1	
MISCELLANEOUS		
BIDIL	3	
<i>clonidine hcl</i> PTWK	2	
<i>clonidine hcl</i> TABS	1	
<i>clorpres</i>	2	
CORLANOR	4	
DEMSER	5	
DIBENZYLINE	5	
<i>hydralazine hcl</i> SOLN; TABS	2	
<i>midodrine hcl</i>	2	
<i>minoxidil</i> TABS	2	
RANEXA	3	
NITRATES		
DILATRATE SR	4	
ISORDIL TITRADOSE 40mg	4	
<i>isosorbide dinitrate</i>	2	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
<i>nitro-bid</i>	3	
NITRO-DUR .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> .4mg/spray	2	
NITROGLYCERIN LINGUAL	2	
<i>nitroglycerin patches</i>	2	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	NM, PA
ADEMPAS	5	NM, LA, PA
LETAIRIS	5	NM, LA, PA
OPSUMIT	5	NM, LA, PA
ORENITRAM TAB 0.25MG	5	NM, LA, PA
ORENITRAM TAB 0.125MG	4	NM, LA, PA
ORENITRAM TAB 1MG	5	NM, LA, PA
ORENITRAM TAB 2.5MG	5	NM, LA, PA
REMODULIN	5	B/D, NM, LA

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Drug Name	Drug Tier	Requirements/Limits
REVATIO SUSR	5	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS	2	NM, PA
TRACLEER	5	NM, LA, PA
TYVASO	5	B/D, NM
VENTAVIS	5	B/D, NM

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> CONC	2	QL (300 mL / 30 days)
<i>alprazolam</i> TABS 1mg	1	QL (120 tabs / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .5mg	1	QL (240 tabs / 30 days)
<i>alprazolam</i> TABS .25mg	1	QL (480 tabs / 30 days)
<i>bupirone hcl</i> TABS	2	
<i>fluvoxamine maleate</i> 25mg, 50mg	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> 100mg	2	
<i>fluvoxamine maleate er</i> 100mg	2	QL (90 caps / 30 days)
<i>fluvoxamine maleate er</i> 150mg	2	QL (60 caps / 30 days)
<i>lorazepam</i> CONC	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

ANTICONVULSANTS

APTiom 200mg	4	
APTiom 400mg, 600mg, 800mg	5	
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	5	PA
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	2	
CELONTIN	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	2	QL (120 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	2	QL (240 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	2	QL (480 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	2	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

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> CONC	2	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 30 days), PA
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL (ANTICONVULSANT)	2	
<i>dilantin</i>	3	
DILANTIN-125	3	
<i>divalproex sodium</i>	2	
<i>epitol</i>	2	
<i>ethosuximide</i> CAPS; SOLN	2	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	2	
FYCOMPA	4	PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	4	
LAMICTAL ODT KIT	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW; TB24; TBDP	2	
<i>lamotrigine</i> TABS	1	
<i>levetiracetam</i> SOLN; TABS; TB24	2	
LEVETIRACETAM IV	4	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
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>	2	
OXTELLAR XR	4	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS	4	PA; PA if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
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	2	
<i>phenytoin inj</i> 50mg/ml	2	
<i>phenytoin sodium extended</i>	2	
POTIGA 50mg	4	
POTIGA 200mg	5	QL (180 tabs / 30 days)
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>	2	
<i>topiramate</i> CPSP	2	
TOPIRAMATE CS24	2	
<i>topiramate</i> TABS	1	
TROKENDI XR 25mg, 50mg, 100mg	4	
TROKENDI XR 200mg	5	
<i>valproate sodium</i> SOLN; SYRP	2	
<i>valproic acid</i> CAPS	2	
VIMPAT SOLN	4	
VIMPAT TABS 50mg	4	
VIMPAT TABS 100mg, 150mg, 200mg	5	
<i>zonisamide</i> CAPS	2	
ANTIDEMENTIA		
<i>donepezil odt</i> 5mg	2	
<i>donepezil odt</i> 10mg	2	
<i>donepezil tab hcl</i> 23mg	2	
<i>donepezil tabs</i> 5mg	2	
<i>donepezil tabs</i> 10mg	2	
EXELON PATCHES	4	
<i>galantamine hydrobromide</i>	2	
<i>memantine hcl</i>	2	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

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33

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
NAMENDA XR TITRATION PACK	4	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i>	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS	4	PA; PA if 65 years and older
<i>amoxapine</i>	2	
ALENZIN	5	
BRINTELLIX	4	
<i>bupropion hcl</i> TABS; TB12; TB24	2	
<i>citalopram hydrobromide</i> SOLN	2	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA; PA if 65 years and older
<i>desipramine hcl</i> TABS	2	
<i>doxepin hcl</i> CAPS; CONC	4	PA; PA if 65 years and older
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	
EMSAM	5	PA
<i>escitalopram oxalate</i>	2	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine hcl</i> CAPS	1	
<i>fluoxetine hcl</i> CPDR	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
FORFIVO XL	4	QL (30 tabs / 30 days)
<i>imipramine hcl</i> TABS	4	PA; PA if 65 years and older
<i>imipramine pamoate</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl</i>	2	
MARPLAN	4	
<i>mirtazapine</i> TABS	1	
<i>mirtazapine</i> TBDP	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS	1	
<i>nortriptyline hcl</i> SOLN	2	
<i>paroxetine er tab</i>	2	
<i>paroxetine hcl tabs</i>	1	
PAXIL SUSP	4	
PEXEVA	4	
<i>phenelzine sulfate</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ	3	
<i>protriptyline hcl</i>	2	
<i>sertraline hcl</i> CONC	2	
<i>sertraline hcl</i> TABS	1	
SURMONTIL	4	PA; PA if 65 years and older
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>venlafaxine cap er</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine tab</i>	2	
VENLAFAXINE TAB 225MG ER	2	
<i>venlafaxine tab er</i>	2	
VIIBRYD	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS; SYRP; TABS	2	
APOKYN	5	NM, LA, PA
AZILECT	3	
BENZTROPINE MESYLATE SOLN	2	
<i>benztropine mesylate</i> TABS	4	PA; PA if 65 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	2	
<i>carbidopa</i> TABS	5	
<i>carbidopa-levodopa</i>	2	
CARBIDOPA/LEVODOPA/ENTACAPONE	2	
DUOPA	4	B/D, NM
ENTACAPONE	2	
MIRAPEX .75mg	4	
MIRAPEX ER .375mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hydrochloride</i>	2	
RYTARY	4	
<i>selegiline hcl</i> CAPS; TABS	2	
ZELAPAR	5	

ANTIPSYCHOTICS

ABILIFY DISCMELT TAB 10MG	5	QL (60 tabs / 30 days)
ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole tabs</i>	5	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromaz inj 25mg/ml</i>	4	
<i>chlorpromazine hcl</i> TABS	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (135 tabs / 30 days)
CLOZAPINE TBDP 150mg	5	QL (180 tabs / 30 days), PA
CLOZAPINE TBDP 200mg	5	QL (135 tabs / 30 days), PA
CLOZAPINE ODT 12.5mg, 25mg	2	PA
CLOZAPINE ODT 100mg	2	QL (270 tabs / 30 days), PA
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	2	
<i>fluphenazine hcl</i>	2	
GEODON INJ	4	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	2	
<i>haloperidol decanoate</i> SOLN	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
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)
INVEGA TRINZA	5	QL (1 syringe / 90 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>	2	
<i>olanzapine</i> SOLR	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
<i>olanzapine odt</i> 5mg	2	QL (30 tabs / 30 days)
<i>olanzapine odt</i> 10mg, 15mg, 20mg	2	QL (60 tabs / 30 days)
ORAP	4	
<i>perphenazine</i> TABS	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i>	2	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 SOLN</i>	2	QL (240 mL / 30 days)
<i>risperidone TABS 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone TABS 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone TABS .25mg, .5mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone odt 1mg, 2mg, 3mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone odt 4mg</i>	2	QL (120 tabs / 30 days)
<i>risperidone odt .25mg, .5mg</i>	2	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 TABS</i>	4	PA; PA if 65 years and older
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
VERSACLOZ	5	QL (600 mL / 30 days), PA
<i>ziprasidone hcl 20mg, 40mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl 60mg, 80mg</i>	2	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 cap 10mg er</i>	2	QL (90 caps / 30 days)
<i>amphetamine cap 15mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 20mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 25mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine cap 30mg er</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 5 2 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
APTENSIO XR 10mg, 15mg, 20mg, 30mg	4	QL (60 caps / 30 days)
APTENSIO XR 40mg, 50mg, 60mg	4	QL (30 caps / 30 days)
DAYTRANA	4	QL (30 patches / 30 days)
<i>guanfacine hcl (adhd)</i>	4	PA; PA if 65 years and older
<i>metadate er tab 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl CHEW</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl CP24 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CP24 40mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl CPCR 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days)
<i>methylphenidate hcl CPCR 40mg, 50mg, 60mg</i>	2	QL (30 caps / 30 days)
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR 18mg</i>	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er 27mg, 36mg</i>	2	QL (60 tabs / 30 days)
<i>methylphenidate hcl er 54mg</i>	2	QL (30 tabs / 30 days)
QUILLIVANT XR	4	QL (360 mL / 30 days)
RITALIN LA 10mg	4	QL (180 tabs / 30 days)
RITALIN LA 60mg	4	QL (30 caps / 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)
VYVANSE 10mg, 20mg, 30mg	4	QL (60 caps / 30 days)
VYVANSE 40mg, 50mg, 60mg, 70mg	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

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Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate TABS	4	QL (30 tabs / 30 days), PA; 90 day limit per calendar year if 65 years and older

MIGRAINE

<i>almotriptan malate</i>	2	QL (12 tabs / 30 days)
ALSUMA	4	QL (12 injections / 30 days), ST
AXERT	4	QL (12 tabs / 30 days), ST
<i>cafergot tab 1-100mg</i>	4	
<i>dihydroergotamine mesylate 1mg/ml</i>	2	
DIHYDROERGOTAMINE MESYLATE 4mg/ml	5	QL (8 mL / 30 days)
<i>ergomar</i>	4	
FROVA TAB 2.5MG	4	QL (18 tabs / 30 days), ST
<i>migergot</i>	5	
<i>naratriptan hcl</i>	2	QL (9 tabs / 30 days)
RELPAK	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 30 days)
SUMATRIPTAN INJ 4MG/0.5ML	2	QL (12 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml SOAJ; SOSY</i>	2	QL (12 injections / 30 days)
SUMATRIPTAN INJ 6MG/0.5ML SOCT	2	QL (12 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml SOLN</i>	2	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE SOLN 5mg/act	2	QL (24 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOLN 20mg/act	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (9 tabs / 30 days)
SUMAVEL DOSEPRO	5	QL (12 injections / 30 days)
TREXIMET	5	QL (9 tabs / 30 days), ST
<i>zolmitriptan TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	2	QL (12 tabs / 30 days)
ZOMIG NASAL SPRAY	4	QL (12 inhalers / 30 days)

MISCELLANEOUS

BRISDELLE	4	
EQUETRO	4	
GRALISE 300mg	3	QL (180 tabs / 30 days)
GRALISE 600mg	3	QL (90 tabs / 30 days)
GRALISE STARTER	3	
HORIZANT	4	
<i>lithium carbonate CAPS; TABS</i>	1	
<i>lithium carbonate TBCR</i>	2	
LITHIUM SOLN 8MEQ/5ML	3	
MESTINON SYRUP	4	

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Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN	4	
NUEDEXTA	3	PA
<i>pyridostigmine bromide</i> TABS; TBCR	2	
<i>riluzole</i>	2	
SAVELLA 12.5mg	4	QL (480 tabs / 30 days)
SAVELLA 25mg	4	QL (240 tabs / 30 days)
SAVELLA 50mg	4	QL (120 tabs / 30 days)
SAVELLA 100mg	4	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	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
AUBAGIO	5	QL (30 tabs / 30 days), NM, LA, PA
AVONEX	5	QL (4 injections / 28 days), NM, PA
AVONEX PEN	5	QL (4 injections / 28 days), NM, 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
EXTAVIA	5	QL (15 syringes / 30 days), NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
LEMTRADA	5	NM, LA, PA
PLEGRIDY SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY SOSY	5	QL (2 syringes / 28 days), NM, PA
PLEGRIDY STARTER PACK SOPN	5	QL (2 pens / 28 days), NM, PA
PLEGRIDY STARTER PACK SOSY	5	QL (2 syringes / 28 days), NM, PA
REBIF	5	QL (6 mL / 28 days), NM, PA
REBIF REBIDOSE	5	QL (6 mL / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION	5	QL (6 mL boxes / 28 days), NM, PA
REBIF TITRATION PACK	5	QL (6 mL / 30 days), NM, PA
TECFIDERA CAP 120MG	5	QL (14 caps / 7 days), NM, LA, PA
TECFIDERA CAP 240MG	5	QL (60 caps / 30 days), NM, LA, PA
TECFIDERA MIS STARTER	5	NM, LA, PA
TYSABRI	5	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS	2	
BOTOX INJ 100UNIT	5	NM, PA
BOTOX INJ 200UNIT	5	NM, PA
<i>dantrolene sodium</i> CAPS	2	
<i>tizanidine</i>	2	
XEOMIN 50unit	4	NM, PA
XEOMIN 100unit	5	NM, PA

NARCOLEPSY/CATAPLEXY

<i>modafinil</i> 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	5	QL (60 tabs / 30 days), PA
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

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	2	
BUNAVAIL MIS 2.1-0.3MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 4.2-0.7MG	4	QL (120 buccal films / 30 days), PA
BUNAVAIL MIS 6.3-1MG	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine hcl</i> SUBL	2	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (120 tabs / 30 days), PA
<i>buproban</i>	2	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	2	
<i>naloxone hcl</i> SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl</i> TABS	2	
NICOTROL INHALER	4	
NICOTROL NS	4	
SARAFEM	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
VIVITROL	5	NM
ZUBSOLV SUB 1.4-0.36MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 5.7-1.4MG	4	QL (120 tabs / 30 days), PA
ZUBSOLV SUB 8.6-2.1MG	4	QL (60 tabs / 30 days), PA

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	4	QL (30 patches / 30 days), PA
ANDROGEL 20.25mg/1.25gm, 40.5mg/2.5gm	4	QL (150 grams / 30 days), PA
ANDROGEL 25mg/2.5gm	4	QL (300 grams / 30 days), PA
ANDROGEL 1%	4	QL (300 grams / 30 days), PA
ANDROGEL 1.62%	4	QL (150 grams / 30 days), PA
ANDROGEL PUMP	4	QL (300 grams / 30 days), PA
AXIRON	3	QL (440 mL / 30 days), PA
<i>depo-testosterone</i> 100mg/ml	4	PA
FORTESTA	4	QL (120 grams / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	2	PA
<i>oxandrolone</i> TABS 10mg	5	PA
STRIANT	4	QL (60 buccal systems / 30 days), PA
TESTIM	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	2	PA
<i>testosterone enanthate</i> SOLN	2	PA

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42

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
VOGELXO	4	QL (300 grams / 30 days), PA
VOGELXO PUMP	4	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE

ALCOHOL SWABS	3	
APIDRA	4	
APIDRA SOLOSTAR	4	
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 2X2	3	
HUMALOG	4	
HUMALOG KWIKPEN	4	
HUMALOG MIX 50/50	4	
HUMALOG MIX 50/50 KWIKPEN	4	
HUMALOG MIX 75/25	4	
HUMALOG MIX 75/25 KWIKPEN	4	
HUMULIN 70/30	4	
HUMULIN 70/30 KWIKPEN	4	
HUMULIN N	4	
HUMULIN N KWIKPEN	4	
HUMULIN R	4	
HUMULIN R U-500 (CONCENTRATE)	5	B/D
INSULIN PEN NEEDLES	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	4	
NOVOLIN N	3	
NOVOLIN N RELION	4	
NOVOLIN R	3	
NOVOLIN R RELION	4	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60	4	PA
SYMLINPEN 120	5	PA
TANZEUM	4	QL (4 pens / 28 days)
TOUJEO SOLOSTAR	3	
TRULICITY	4	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL

<i>acarbose</i>	2	
ACTOPLUS MET XR 15-1000MG	4	QL (60 tabs / 30 days)
ACTOPLUS MET XR 30-1000MG	4	QL (30 tabs / 30 days)
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>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide er</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide er</i> 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin</i> 5-500mg	1	QL (120 tabs / 30 days)
GLUMETZA 500mg	4	QL (120 tabs / 30 days)
GLUMETZA 1000mg	4	QL (60 tabs / 30 days)
GLYSET	4	
GLYXAMBI	4	QL (30 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 TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	4	QL (60 tabs / 30 days)
JARDIANCE 25mg	4	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
KAZANO	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 2.5-1000MG	4	QL (60 tabs / 30 days)
KOMBIGLYZE XR 5-500MG	4	QL (30 tabs / 30 days)
KOMBIGLYZE XR 5-1000MG	4	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days)
<i>metformin er</i> 750mg	1	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 (150 tabs / 30 days)
<i>metformin hcl</i> TB24 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
NESINA 6.25mg	4	QL (120 tabs / 30 days)
NESINA 12.5mg	4	QL (60 tabs / 30 days)
NESINA 25mg	4	QL (30 tabs / 30 days)
ONGLYZA	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-15MG	4	QL (60 tabs / 30 days)
OSENI TAB 12.5-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 12.5-45MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-15MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-30MG	4	QL (30 tabs / 30 days)
OSENI TAB 25-45MG	4	QL (30 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
PRANDIMET	4	QL (150 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
RIOMET	4	QL (946 mL / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	4	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	4	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	4	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	4	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BISPHOSPHONATES		
<i>alendronate sodium</i> SOLN	2	QL (300 mL / 28 days)
<i>alendronate sodium</i> TABS	1	
BINOSTO	4	
FOSAMAX PLUS D	4	ST
<i>ibandronate sodium</i>	2	B/D, QL (1 injection / 90 days)
<i>ibandronate tab 150mg</i>	2	B/D
<i>pamidronate disodium</i> SOLN	2	B/D
RISEDRONATE SODIUM TABS 5mg, 30mg	2	
<i>risedronate sodium</i> TABS 35mg, 150mg	2	
<i>risedronate sodium</i> TBEC	2	
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
<i>zoledronic inj 5/100ml</i>	2	B/D, NM
ZOMETA SOLN	5	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg	3	NM
SENSIPAR 60mg, 90mg	5	NM
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
FERRIPROX	5	NM, LA, PA
JADENU	5	NM, PA
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SYPRINE	5	
CONTRACEPTIVES		
<i>altavera</i>	2	
<i>amethia 91 day</i>	2	
<i>amethyst 28 day</i>	2	
<i>apri 28 day</i>	2	
<i>aranelle 28</i>	2	
<i>ashlyna 91 day</i>	2	
<i>aubra 28 day</i>	2	
<i>aviane 28</i>	2	
<i>balziva 28 day</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
BEYAZ	4	
<i>briellyn 28 day</i>	2	
<i>camila 28 day</i>	2	
CAMRESE LO TAB	2	
<i>cryselle 28</i>	2	
<i>cyklaferm 1/35 28 day</i>	2	
<i>cyklaferm 7/7/7 28 day</i>	2	
<i>deblitane 28 day</i>	2	
<i>delyla 28 day</i>	2	
DEPO-SUBQ PROVERA 104	4	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	2	
<i>drosiprenone-ethinyl estradiol</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse 28 day</i>	2	
<i>errin 28 day</i>	2	
<i>falmina 28 day</i>	2	
GIANVI TAB 3-0.02MG	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30 21 day</i>	2	
<i>gildess 24 fe 28 day</i>	2	
<i>heather</i>	2	
<i>introvale 91 day</i>	2	
JOLESSA TAB 0.15-0.03 MG	2	
JOLIVETTE	2	
<i>junel 1.5/30 21 day</i>	2	
<i>junel 1/20 21 day</i>	2	
<i>junel fe 1.5/30 28 day</i>	2	
<i>junel fe 1/20 28 day</i>	2	
<i>junel fe 24 1/20 28 day</i>	2	
<i>kariva 28 day</i>	2	
<i>kelnor 1/35 28 day</i>	2	
<i>kimidess</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
LEENA TAB	2	
<i>lessina 28 day</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonest 28 day</i>	2	
<i>levonorgestrel & eth estradiol</i>	2	
<i>levonorgestrel (emergency oc)</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	
<i>levora 0.15/30 28 day</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	
<i>loryna 28 day</i>	2	
<i>low-ogestrel</i>	2	
<i>lutura 28 day</i>	2	
<i>lyza</i>	2	
<i>marlissa 28 day</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MINASTRIN 24 FE	4	
MONONESSA	2	
<i>my way</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35 28 day</i>	2	
<i>necon 1/35 28 day</i>	2	
NECON 7/7/7	2	
<i>necon 10/11 28 day</i>	3	
NECON TAB 1/50-28	2	
<i>next choice tab 1.5mg</i>	2	
<i>nikki 28 day</i>	2	
NORA-BE TAB	2	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	2	
<i>norlyroc 28 day</i>	2	
<i>nortrel 0.5/35 28 day</i>	2	
<i>nortrel 1/35 21 day</i>	2	
<i>nortrel 1/35 28 day</i>	2	
<i>nortrel 7/7/7 28 day</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NUVARING	4	
OCELLA TAB 3-0.03MG	2	
<i>ogestrel 28 day</i>	2	
<i>orsythia 28 day</i>	2	
ORTHO TRI-CYCLEN LO	4	
<i>philith</i>	2	
<i>pimtrea pack</i>	2	
<i>pirmella 1/35 28 day</i>	2	
<i>portia 28 day</i>	2	
<i>previfem 28 day</i>	2	
QUARTETTE	4	
<i>quasense 91 day</i>	2	
<i>reclipsen 28 day</i>	2	
<i>sharobel 28 day</i>	2	
SOLIA	2	
<i>sprintec 28 day</i>	2	
<i>sronyx 28 day</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 28 day</i>	2	
<i>tri-legest 28 day</i>	2	
<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>	2	
<i>vestura</i>	2	
<i>viorele</i>	2	
<i>vyfemla 28 day</i>	2	
<i>wymzya fe</i>	2	
<i>xulane dis 150-35</i>	2	
<i>zarah</i>	2	
<i>zenchent fe 28 day</i>	2	
<i>zenchent tab</i>	2	
<i>zovia 1/35e 28 day</i>	2	
<i>zovia 1/50e 28 day</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	2	
LUPANETA PACK	5	NM, PA
SYNAREL	5	

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Drug Name	Drug Tier	Requirements/Limits
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
ELAPRASE	5	NM, LA, PA
ELELYSO	5	NM, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	2	B/D
LUMIZYME	5	NM, LA, PA
MYOZYME	5	NM, LA, PA
NAGLAZYME	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
PROCYSBI	5	NM, LA, PA
RAVICTI	5	NM, PA
<i>sodium phenylbutyrate</i>	5	NM
VIMIZIM	5	NM, PA
VPRIV	5	NM, PA
ZAVESCA	5	NM, LA, PA
ESTROGENS		
ALORA	4	PA; PA if 65 years and older
DELESTROGEN 10mg/ml	4	
<i>depo-estradiol</i>	4	
<i>estrace</i> CREA	4	
<i>estradiol</i> PTTW; PTWK; TABS	4	PA; PA if 65 years and older
<i>estradiol valerate</i> OIL	2	
ESTRING	4	
FEMRING	4	
<i>jinteli</i>	4	PA; PA if 65 years and older
MENOSTAR	4	PA; PA if 65 years and older
MINIVELLE	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol</i>	4	PA; PA if 65 years and older
PREMARIN CREAM	4	
PREMARIN INJ	4	
VAGIFEM	4	

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Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	2	
<i>cortisone acetate</i> TABS	2	
DEPO-MEDROL INJ 20MG/ML	4	B/D
<i>dexamethasone</i> CONC; ELIX; SOLN	2	
<i>dexamethasone</i> TABS	1	
<i>dexamethasone sodium phosphate</i>	2	
<i>dexpak taperpak 13 day</i>	4	
FLO-PRED SUS	4	B/D
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	2	
MEDROL TAB 2MG	4	B/D
<i>methylpr ace inj 40mg/ml</i>	2	B/D
<i>methylpr ace inj 80mg/ml</i>	2	B/D
<i>methylpr ss inj 1gm</i>	2	B/D
<i>methylpr ss inj 40mg</i>	2	B/D
<i>methylpr ss inj 125mg</i>	2	B/D
<i>methylpred pak 4mg</i>	2	B/D
<i>methylpred tab 4mg</i>	2	B/D
<i>methylpred tab 8mg</i>	2	B/D
<i>methylpred tab 16mg</i>	2	B/D
<i>methylpred tab 32mg</i>	2	B/D
<i>millipred</i>	4	B/D
<i>pred sod pho sol 5mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate</i>	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	2	B/D
<i>prednisolone syrup 15 mg/5ml</i>	1	B/D
<i>prednisone con 5mg/ml</i>	3	B/D
<i>prednisone pak 5mg</i>	2	B/D
<i>prednisone pak 10mg</i>	2	B/D
<i>prednisone sol 5mg/5ml</i>	2	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
RAYOS TAB 1MG	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
RAYOS TAB 2MG	5	B/D
RAYOS TAB 5MG	5	B/D
SOLU-CORTEF 100MG	4	
SOLU-CORTEF 250MG	4	
SOLU-CORTEF 500MG	4	
SOLU-CORTEF 1000MG	4	
SOLU-MEDROL INJ 2GM	4	B/D
<i>veripred</i>	4	B/D
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
KORLYM	5	NM, LA, PA
PROGLYCEM SUS 50MG/ML	4	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	NM, LA, PA
GENOTROPIN MINIQUICK .2mg	4	NM, LA, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, LA, PA
HUMATROPE	5	NM, LA, PA
HUMATROPE COMBO PACK	5	NM, LA, PA
NORDITROPIN FLEXPRO	5	NM, PA
NORDITROPIN NORDIFLEX PEN	5	NM, PA
NUTROPIN AQ INJ 20MG/2ML	5	NM, LA, PA
NUTROPIN AQ NUSPIN 5	5	NM, LA, PA
NUTROPIN AQ PEN	5	NM, LA, PA
OMNITROPE 5.8MG	5	NM, LA, PA
OMNITROPE 5MG	5	NM, LA, PA
OMNITROPE 10MG	5	NM, LA, PA
SAIZEN	5	NM, LA, PA
SAIZEN CLICK.EASY	5	NM, LA, PA
SEROSTIM	5	NM, LA, PA
ZOMACTON	5	NM, PA
ZORBTIVE	5	NM, PA
MISCELLANEOUS		
AFREZZA	4	
<i>cabergoline</i>	2	
<i>calcitonin (salmon) nasal spray</i>	2	
CHORIONIC GONADOTROPIN SOLR	2	NM, PA
EGRIFTA 1mg	5	NM, LA, PA

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52

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
FORTICAL SPR 200/ACT	3	
H.P. ACTHAR	5	QL (1.5 ml / 1 day), NM, LA, PA
INCRELEX	5	NM, LA, PA
<i>methylergonovine maleate</i> TABS	2	
MIACALCIN INJ 200U/ML	5	B/D
NOVAREL INJ 10000UNT	2	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> 200mcg/ml, 500mcg/ml, 1000mcg/ml	5	NM, PA
PREGNYL W/DILUENT BENZYL	2	NM, PA
PROLIA	4	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	2	
SAMSCA	5	NM, PA
SANDOSTATIN LAR DEPOT	5	NM, PA
SIGNIFOR	5	NM, LA, PA
SIGNIFOR LAR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
XGEVA	5	NM, PA
PARATHYROID HORMONES		
FORTEO	5	NM, PA
NATPARA	5	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	
<i>calcium acetate (phosphate binder)</i>	2	
FOSRENOL	5	
PHOSLYRA	4	
RENAGEL 400mg	4	
RENAGEL 800mg	5	
RENVELA PAK	5	
RENVELA TAB 800MG	5	
VELPHORO	5	
PROGESTINS		
CRINONE	4	
<i>medroxyprogesterone acetate</i>	1	
<i>norethindrone acetate</i> TABS	2	
<i>progesterone micronized</i> CAPS	2	

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53

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Drug Name	Drug Tier	Requirements/Limits
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THYROID AGENTS

<i>levothyroxine sodium</i> TABS	1	
LEVOXYL	1	
<i>liothyronine sodium</i> SOLN; TABS	2	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	2	
SYNTHROID	4	
TIROSINT	4	
UNITHROID	1	

VASOPRESSINS

DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate</i> TABS	2	
<i>desmopressin acetate inj</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
STIMATE	5	NM

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO	4	B/D
ALOXI	5	
CESAMET	5	B/D, QL (60 caps / 30 days)
<i>compro supp</i>	2	
<i>dronabinol</i> 2.5mg, 5mg	2	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	2	
<i>granisetron hcl</i> TABS	2	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide hcl</i> TBDP	2	
<i>metoclopramide hcl inj</i> 5 mg/ml	2	
<i>ondansetron hcl</i> TABS	2	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	2	B/D
<i>ondansetron odt</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>phenadoz</i>	4	PA; PA if 65 years and older
<i>phenergan</i> SUPP	4	PA; PA if 65 years and older
<i>prochlorperazine inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	2	
<i>promethazine hcl</i> SOLN; SUPP; SYRP; TABS	4	PA; PA if 65 years and older
<i>promethegan</i>	4	PA; PA if 65 years and older
SANCUSO	5	QL (4 patches / 30 days)
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 65 years and older
ZUPLENZ	5	B/D

ANTISPASMODICS

<i>ATROPINE SULFATE</i> SOLN .05mg/ml, .1mg/ml	2	
<i>BENTYL</i> SOLN	4	
<i>CANTIL</i>	4	
<i>CUVPOSA</i>	4	
<i>dicyclomine hcl</i> CAPS; TABS	1	
<i>dicyclomine hcl</i> SOLN	2	
<i>glycate</i>	4	
<i>glycopyrrolate</i> SOLN; TABS	2	
<i>methscopolamine bromide</i> TABS	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS	2	
<i>cimetidine sol 300/5ml</i>	2	
<i>famotidine</i> SUSR	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	2	
<i>nizatidine</i>	2	
<i>ranitidine hcl</i> CAPS	2	
<i>ranitidine hcl</i> SOLN	2	
<i>ranitidine hcl</i> SYRP	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>APRISO</i>	3	
<i>ASACOL HD</i>	4	
<i>balsalazide disodium</i>	2	
<i>budesonide</i> CP24	5	
<i>CANASA</i>	5	
<i>colocort</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL	4	
DIPENTUM	5	
ENTYVIO	5	NM, PA
GIAZO	5	
HYDROCORTISONE (INTRARECTAL)	2	
LIALDA	4	
<i>mesalamine enema</i>	2	
PENTASA	4	
SF-ROWASA	5	
<i>sulfasalazine dr</i>	2	
<i>sulfasalazine ir</i>	2	
UCERIS FOAM	4	
UCERIS TB24	5	
LAXATIVES		
COLYTE-FLAVOR PACKS	4	
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-h</i>	2	
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>kristalose</i>	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
OSMOPREP	4	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
PREPOPIK	4	
RELISTOR	5	PA
SUCLEAR	4	
SUPREP BOWEL PREP	4	
<i>trilyte</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>alose tron hcl</i>	5	PA
AMITIZA	3	
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	2	
CARAFATE SUSP	4	
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i>	2	
GATTEX	5	NM, LA, PA
LINZESS	3	
<i>loperamide hcl CAPS</i>	1	
<i>misoprostol TABS</i>	2	
MOVANTIK	3	
OMECLAMOX-PAK	4	
PYLERA	5	
SUCRAID	5	LA
<i>sucrafate TABS</i>	2	
<i>ursodiol CAPS; TABS</i>	2	
XIFAXAN TAB 550MG	5	PA
PANCREATIC ENZYMES		
CREON	3	
PANCREAZE	4	
PERTZYE	4	
ULTRESA	4	
VIOKACE 10	4	
VIOKACE 20	5	
ZENPEP	4	
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	4	
ACIPHEX SPR CAP 10MG	4	QL (60 caps / 30 days)
DEXILANT	3	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole CPDR</i>	2	QL (30 caps / 30 days)
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)

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Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 40MG DR	3	QL (30 packets / 30 days)
<i>omeprazole</i> CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
<i>omeprazole</i> CPDR 20mg	1	QL (60 caps / 30 days)
OMEPRAZOLE-SODIUM BICARBONATE	2	QL (30 caps / 30 days)
<i>pantoprazole sodium</i>	1	QL (30 tabs / 30 days)
PREVACID SOLUTAB	4	QL (30 tabs / 30 days)
PRILOSEC PACK	3	
PROTONIX PACK	4	QL (30 packets / 30 days)
<i>rabeprazole sodium</i>	2	QL (30 tabs / 30 days)
ZEGERID PACK	4	QL (30 packets / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i>	2	
AVODART	4	
CARDURA XL	4	
<i>finasteride</i> TABS 5mg	1	
JALYN	4	
RAPAFLO	4	ST
<i>tamsulosin hcl</i>	2	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	2	
ELMIRON	4	
<i>potassium citrate (alkalinizer)</i> 15meq	2	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	2	

URINARY ANTISPASMODICS

ENABLEX	4	ST
GELNIQUE	4	ST
MYRBETRIQ	4	
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS; TB24	2	
OXYTROL	4	
<i>tolterodine tartrate er</i>	2	
<i>tolterodine tartrate tab 1 mg</i>	2	
<i>tolterodine tartrate tab 2 mg</i>	2	
TOVIAZ	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	4	

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
AVC	4	
CLEOCIN VAG SUPP 100MG	4	
<i>clindamycin cre 2% vag</i>	2	
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 sup 200mg</i>	2	
NUVESSA	4	
<i>terconazole vaginal</i>	2	
VANDAZOLE	2	
<i>zazole .4%</i>	2	
<i>ZAZOLE .8%</i>	2	

HEMATOLOGIC

ANTICOAGULANTS

COUMADIN	4	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml</i>	2	
<i>enoxaparin sodium 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	5	
<i>fondaparinux sodium 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	
FRAGMIN 2500unit/0.2ml, 5000unit/0.2ml	4	
FRAGMIN 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	5	
HEP SOD/NACL INJ 25000	3	
HEPARIN (PORCINE) IN SODIUM CHLORIDE 100U/ML	3	
<i>heparin sod inj 1000u/ml</i>	2	B/D
HEPARIN SOD INJ 2000U/ML	3	B/D
HEPARIN SOD INJ 2500U/ML	3	B/D
<i>heparin sod inj 5000u/0.5ml</i>	2	B/D
<i>heparin sod inj 5000u/ml</i>	2	B/D
<i>heparin sod inj 10000u/ml</i>	2	B/D
<i>heparin sod inj 20000u/ml</i>	2	B/D
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PRADAXA	3	
SAVAYSA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE 10mcg/0.4ml, 25mcg/0.42ml, 25mcg/ml, 40mcg/0.4ml, 40mcg/ml, 60mcg/0.3ml, 60mcg/ml	3	NM, PA
ARANESP ALBUMIN FREE 100mcg/0.5ml, 100mcg/ml, 150mcg/0.3ml, 150mcg/0.75ml, 200mcg/0.4ml, 200mcg/ml, 300mcg/0.6ml, 300mcg/ml, 500mcg/ml	5	NM, PA
EPOGEN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN 20000unit/ml	5	NM, PA
GRANIX	5	NM, PA
LEUKINE	5	NM, PA
MIRCERA	4	NM, PA
MOZOBIL	5	NM, PA
NEULASTA	5	NM, PA
NEUMEGA	5	NM
NEUPOGEN	5	NM, PA
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>	2	
<i>cilostazol</i>	2	
CINRYZE	5	NM, LA, PA
FIRAZYR	5	NM, PA
<i>pentoxifylline</i> TBCR	2	
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
RUCONEST	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i> SOLN; TABS	2	

PLATELET AGGREGATION INHIBITORS

AGGRENEX	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i> 75mg	1	
<i>clopidogrel bisulfate</i> 300mg	2	
EFFIENT	4	
ZONTIVITY	4	

IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ACTEMRA	5	NM, PA
CIMZIA	5	NM, PA
ENBREL	5	NM, PA
ENBREL SURECLICK	5	NM, PA
HUMIRA	5	NM, PA
HUMIRA PEN	5	NM, PA
HUMIRA PEN-CROHNS STARTER KIT	5	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	5	NM, PA
<i>hydroxychloroquine sulfate</i>	2	
KINERET	5	NM, PA
<i>leflunomide</i> TABS	2	
<i>methotrexate sodium tabs</i>	2	
ORENCIA	5	NM, PA
OTEZLA	5	NM, PA
REMICADE	5	NM, PA
RHEUMATREX	4	
SIMPONI	5	NM, PA
SIMPONI ARIA	5	NM, PA
<i>trexall</i>	4	B/D
XELJANZ	5	NM, PA

IMMUNOGLOBULINS

BIVIGAM	5	NM, PA
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
GAMMAGARD S/D IGA LESS TH	5	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
GRASTEK	4	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
RAGWITEK	4	PA
REVLIMID	5	NM, LA, PA
THALOMID	5	NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL 5mg	5	B/D
ASTAGRAF XL .5mg, 1mg	4	B/D
ATGAM	5	B/D
<i>azasan</i>	4	B/D
<i>azathioprine</i> TABS	2	B/D
BENLYSTA	5	NM, PA
CELLCEPT INTRAVENOUS	4	B/D
<i>cyclosporine</i> CAPS; SOLN	2	B/D
<i>cyclosporine modified (for microemulsion)</i>	2	B/D
<i>engraf</i>	2	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	2	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium</i> 180mg	2	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
PROGRAF SOLN	4	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
SIMULECT 10mg	4	B/D
SIMULECT 20mg	5	B/D
SIROLIMUS TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	2	B/D
<i>tacrolimus</i> CAPS 5mg	5	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	2	B/D
THYMOGLOBULIN	5	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

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Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>ammonium chloride</i> SOLN	4	
KLOR-CON 8	2	
KLOR-CON 10	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pow 20meq</i>	2	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	3	
<i>magnesium sulfate</i> SOLN 50%	2	
MAGNESIUM SULFATE IN D5W	3	
MAGNESIUM SULFATE INJ 50%	2	
POTASSIUM CHLORIDE LIQD	2	
<i>potassium chloride</i> TBCR 8meq	2	
POTASSIUM CHLORIDE TBCR 20meq	2	
<i>potassium chloride caps er</i>	2	
<i>potassium chloride microencapsulated crystals cr 2</i>	2	
POTASSIUM CHLORIDE TAB CR 10 MEQ	2	
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 II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN INJ 8.5/LYTE	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
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	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 E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/D10	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>clinisol 15</i>	2	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
LIPOSYN III	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 SOLN	2	

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Drug Name	Drug Tier	Requirements/Limits
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% W/ SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/NACL 0.45%	2	
ELECTROLYTE-R IN DEXTROSE	4	
IONOSOL-B/DEXTROSE 5%	4	
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/LR IV LAC RI	4	
KCL 0.3%/D5W/NACL 0.9%	2	
KCL 0.3%/D5W/NACL 0.45%	2	
KCL 0.15%/D5W/LR	4	
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/NACL INJ 0.22%/0.45%	2	
KCL/D5W/NACL INJ .15/.33%	2	
KCL/D5W/NACL INJ .15/.45%	2	
KCL/NACL INJ 0.15%-0.9%	2	
LACTATED RINGERS VIAFLEX	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56/D5W	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN	2	
POTASSIUM CHLORIDE 0.3%/D	2	
<i>potassium chloride in nacl</i>	2	
POTASSIUM CHLORIDE IN NACL	2	
RINGER'S	2	
SODIUM CHLORIDE SOLN .9%, 3%, 5%	2	
SODIUM CHLORIDE 0.45% VIA	2	

VITAMINS

<i>calcitriol</i> CAPS; SOLN	2	B/D
<i>doxercalciferol</i> CAPS 1mcg, 2.5mcg	5	B/D
<i>doxercalciferol</i> CAPS .5mcg	2	B/D
<i>doxercalciferol</i> SOLN	2	B/D
HECTOROL SOLN 2mcg/ml	4	B/D
<i>paricalcitol</i> CAPS	2	B/D
PARICALCITOL SOLN	4	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	
ZEMPLAR SOLN 2mcg/ml	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
<i>blephamide</i> OINT	4	
BLEPHAMIDE SUSP	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	3	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl (ophth)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate (ophth)</i> OINT	2	
<i>gentamicin sulfate (ophth)</i> SOLN	1	
<i>ilotycin</i>	1	
<i>levofloxacin (ophth)</i>	2	
MOXEZA	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	1	
TOBEX OINT 0.3%	4	
<i>trifluridine</i> SOLN	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ACUVAIL	4	
ALREX	3	
<i>bromfenac sodium (ophth)</i>	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	2	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	3	
FLAREX	4	
FLUOROMETHOLONE (OPHTH)	2	
<i>flurbiprofen sodium</i>	1	
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	3	
MAXIDEX	3	
PRED MILD	4	
PREDNISOLONE ACETATE (OPHTH)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate (ophth)</i>	3	
VEXOL	4	
ANTIALLERGICS		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine drop 0.05%</i>	2	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
EMADINE	4	
<i>epinastine hcl (ophth)</i>	2	
LASTACFT	4	
PATADAY	3	
PATANOL	4	
PAZEO	3	
ANTI GLAUCOMA		
ALPHAGAN P 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	2	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	3	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
ISTALOL	3	
<i>latanoprost SOLN</i>	1	
<i>levobunolol hcl .5%</i>	2	
LEVOBUNOLOL HCL .25%	2	
LUMIGAN	3	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
PILOCARPINE HCL SOLN	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	2	
TIMOPTIC OCUDOSE	4	

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z	3	
ZIOPTAN	4	ST

MISCELLANEOUS

LACRISERT	4	
<i>naphazoline 0.1%</i>	1	
PROLENSA	3	
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	3	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 inhalations / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol</i>	2	B/D
STIOLTO RESPIMAT	4	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (1 inhaler / 30 days)
<i>ipratropium bromide (nasal)</i>	2	
<i>ipratropium sol inhal</i>	2	B/D
SPIRIVA HANDIHALER	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK)	4	QL (2 inhalers / 30 days)

ANTI-HISTAMINE COMBINATIONS

CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50	4	QL (1 bottle / 30 days)
SEMPREX-D	4	

ANTI-HISTAMINES

ASTEPRO	3	
<i>azelastine spr 0.1%</i>	2	
<i>azelastine spr 0.15%</i>	2	
<i>cetirizine syrup</i>	2	
CLARINEX SYRP	4	
<i>desloratadine</i>	2	
<i>diphenhydram inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 65 years and older
<i>levocetirizine soln 2.5mg/5ml</i>	2	
<i>levocetirizine tab 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl (nasal)</i>	2	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	1	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate er</i>	2	
ARCAPTA NEOHALER	4	QL (30 caps / 30 days)
BROVANA	4	B/D
FORADIL AEROLIZER	4	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	2	B/D
LEVALBUTEROL HCL NEBU 1.25mg/3ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml	2	B/D
PERFOROMIST	4	B/D
PROAIR HFA	4	QL (2 inhalers / 30 days)
PROAIR RESPICLICK	4	QL (2 inhalers / 30 days)
PROVENTIL HFA	4	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT	4	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN	5	
<i>terbutaline sulfate</i> TABS	2	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
XOPENEX HFA	3	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium</i> CHEW; PACK; TABS	2	
<i>zafirlukast</i>	2	
ZYFLO CR	5	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i> NEBU	2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP	5	NM, LA, PA
AUVI-Q	3	
DALIRESP	4	
EPINEPHRINE SOAJ	2	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM, PA
GLASSIA	5	NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	B/D, NM
<i>tyzine .05%</i>	4	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

NASAL STEROIDS

BECONASE AQ	4	QL (2 inhalers / 30 days)
<i>budesonide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>flunisolide (nasal)</i>	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)
OMNARIS	4	QL (1 inhaler / 30 days)
QNASL	4	QL (1 inhaler / 30 days)
QNASL CHILDRENS	4	QL (1 inhaler / 30 days)
<i>triamcinolone acetonide (nasal)</i>	2	QL (1 bottle / 30 days)
VERAMYST	4	QL (1 bottle / 30 days)
ZETONNA	4	QL (1 inhaler / 30 days)

STEROID INHALANTS

AEROSPAN	4	QL (2 inhalers / 30 days)
ALVESCO	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
ASMANEX	4	QL (2 inhalers / 30 days)
ASMANEX HFA 100mcg/act	4	QL (2 inhalers / 30 days)
ASMANEX HFA 200mcg/act	4	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i>	2	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)
PULMICORT INH SUSP 1MG/2ML	5	B/D
QVAR 40mcg/act	4	QL (1 inhaler / 30 days)
QVAR 80mcg/act	4	QL (2 inhalers / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 inhalations / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

XANTHINES

<i>aminophylline inj</i>	2	
<i>elixophyllin</i>	4	
<i>theo-24</i>	4	
<i>theophylline</i>	2	

TOPICAL

DERMATOLOGY, ACNE

ABSORICA	5	
ACANYA	4	
ACZONE	4	
<i>adapalene CREA; GEL</i>	2	
<i>amnestem</i>	2	
ATRALIN	4	
AVITA	2	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>claravis</i>	2	
CLINDAGEL	4	
<i>clindamax</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
DIFFERIN LOTN	4	
EPIDUO	4	
<i>ery pad 2%</i>	2	
<i>erythromycin (acne aid)</i>	2	
FABIOR	4	
<i>myorisan</i>	2	
<i>neuac gel 1.2-5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ONEXTON	4	
RETIN-A MICRO PUMP .08%	4	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretin-x</i> CREA	4	
<i>tretinoin</i> CREA	2	
TRETINOIN GEL .01%	2	
<i>tretinoin</i> GEL .025%	2	
TRETINOIN MICROSPHERE	2	
VELTIN	4	
<i>zenatane</i>	2	
ZIANA	4	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	4	
BACTROBAN NASAL	4	
CENTANY	4	
CORTISPORIN CREA; OINT	4	
<i>gentamicin sulfate (topical)</i>	2	
<i>mupirocin</i> OINT	1	
<i>mupirocin calcium (topical)</i>	2	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLON CREA	4	
SULFAMYLON PACK	5	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL	2	
<i>ciclopirox cre 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>ciclopirox sus 0.77%</i>	2	
<i>clotrimazole (topical)</i>	2	
<i>econazole nitrate</i> CREA	2	
ERTACZO	4	
EXELDERM	4	
<i>ketoconazole (topical)</i>	2	
<i>ketodan aer 2%</i>	2	
LUZU	4	
MENTAX	4	
NAFTIFINE HCL	2	
NAFTIN	4	
<i>nyamyc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical)</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop</i>	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
CORTIFOAM	4	
<i>procto-pak</i>	2	
<i>proctosol hc 2.5 %</i>	2	
<i>proctozone hc</i>	2	
PRUDOXIN CRE 5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	5	PA
<i>calcipotriene CREA; OINT; SOLN</i>	2	
<i>calcitrene oin 0.005%</i>	2	
CALCITRIOL OINT	2	
COSENTYX	5	NM, PA
COSENTYX SENSOREADY PEN	5	NM, PA
<i>methoxsalen rapid</i>	5	
8-MOP	4	
SORILUX	4	
STELARA	5	NM, PA
TAZORAC	4	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide LOTN</i>	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide CREA; LOTN</i>	2	
<i>amcinonide OINT</i>	4	
<i>apexicon</i>	2	
<i>apexicon e cream</i>	4	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate CREA; FOAM; LOTN; OINT</i>	2	
<i>calcipotriene/betamethasone</i>	5	
CAPEX	4	
<i>clobetasol e cream 0.05%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> CREA; FOAM; GEL; LIQD; LOTN; OINT; SHAM; SOLN	2	
<i>clobetasol propionate emulsion</i>	2	
CLOCORTOLONE PIVALATE	2	
<i>clodan sha</i> 0.05%	2	
CORDRAN TAPE	4	
<i>cormax</i>	2	
DESONATE	4	
DESONIDE CREA	2	
<i>desonide</i> LOTN; OINT	2	
<i>desoximetasone</i> CREA	2	
<i>desoximetasone</i> GEL	2	
DESOXIMETASONE OINT .05%	2	
<i>desoximetasone</i> OINT .25%	2	
<i>diflorasone diacetate</i>	2	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	2	
<i>fluocinonide</i> CREA .1%	5	
<i>fluocinonide</i> CREA .05%	2	
<i>fluocinonide</i> GEL	2	
<i>fluocinonide</i> OINT	2	
<i>fluocinonide</i> SOLN	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate</i> CREA; LOTN; OINT	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i> CREA; OINT	1	
<i>hydrocortisone (topical)</i> LOTN	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
LOCOID LOTN	4	
<i>lokara</i>	2	
<i>mometasone furoate</i> CREA; OINT; SOLN	2	
PANDEL	4	
PREDNICARBATE CREA	2	
<i>prednicarbate</i> OINT	2	
TACLONEX SUSP	5	
<i>texacort</i>	4	
TOPICORT SPRAY 0.25%	4	
<i>triamcinolone acetonide (topical)</i> AERS; LOTN	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> CREA; OINT	1	
<i>trianex</i>	4	
<i>triderm</i>	1	

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> OINT	2	
<i>lidocaine</i> PTCH	2	PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine-prilocaine</i>	2	B/D
SYNERA	4	

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i>	2	
<i>ammonium lactate</i> CREA; LOTN	2	
CONDYLOX GEL	4	
DENAVIR	5	
<i>diclofenac sodium (actinic keratoses)</i>	5	PA
<i>diclofenac sodium (topical)</i>	2	
DOXYCYCLINE (ROSACEA)	2	
ELIDEL	4	PA
FINACEA GEL	4	
<i>fluorouracil (topical)</i> CREA 5%	2	
FLUOROURACIL (TOPICAL) CREA .5%	5	
<i>fluorouracil (topical)</i> SOLN	2	
<i>imiquimod</i> CREA	2	
<i>laclotion lot 12%</i>	2	
<i>metronidazole (topical)</i>	2	
NORITATE	5	
ORACEA	4	
PANRETIN	5	
PENNSAID	4	
PICATO	5	
<i>podofilox</i> SOLN	2	
RECTIV	4	
<i>rosadan cre 0.75%</i>	2	
SOOLANTRA	4	
<i>tacrolimus (topical)</i>	2	PA
TARGRETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
VOLTAREN GEL 1%	3	

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Drug Name	Drug Tier	Requirements/Limits
XERESE	5	
ZOVIRAX CREA	5	
ZYCLARA	5	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>malathion</i>	2	
<i>permethrin</i> CREA	2	
SKLICE	4	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
<i>neomycin/polymyxin b gu</i>	2	
REGRANEX	5	PA
SANTYL	4	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole</i> TROC	2	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	2	
<i>perio gard soln 0.12%</i>	1	
PILOCARPINE HCL (ORAL) 5mg	2	
<i>pilocarpine hcl (oral) 7.5mg</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	
OTIC		
<i>acetasol hc</i>	2	
<i>acetic acid (otic)</i>	2	
<i>acetic acid sol/hc</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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<i>clindamycin cre 2% vag</i>	59	<i>and capital</i>	7
<i>clindamycin hcl</i>	11	CODEINE SULFATE	7
<i>clindamycin palmitate hydrochloride</i>	11	<i>colchicine w/ probenecid</i>	6
<i>clindamycin phosphate</i>	11	COLCRYS	6
<i>clindamycin phosphate (topical)</i>	73	<i>colestipol hcl</i>	26
<i>clindamycin phosphate in d5w</i>	11	<i>colistimethate sodium</i>	11
<i>clindamycin phosphate-benzoyl peroxide</i>	73	<i>colocort</i>	55
<i>clindamycin phosphate-benzoyl peroxide</i>		COLY-MYCIN S	78
(<i>refrigerate</i>)	73	COLYTE-FLAVOR PACKS	56
CLINIMIX 2.75%/DEXTROSE 5%	65	COMBIGAN	69
CLINIMIX 4.25%/DEXTROSE 10%	65	COMBIVENT RESPIMAT	70
CLINIMIX 4.25%/DEXTROSE 20%	65	COMETRIQ	22
CLINIMIX 4.25%/DEXTROSE 25%	65	COMPLERA	14
CLINIMIX 4.25%/DEXTROSE 5%	65	<i>compro supp</i>	54
CLINIMIX 5%/DEXTROSE 15%	65	COMVAX	63
CLINIMIX 5%/DEXTROSE 20%	65	CONDYLOX	77
CLINIMIX 5%/DEXTROSE 25%	65	<i>constulose</i>	56
CLINIMIX E 2.75%/DEXTROSE 10%	65	CONZIP	7
CLINIMIX E 2.75%/DEXTROSE 5%	65	COPAXONE INJ 20MG/ML	40
CLINIMIX E 4.25%/D10	65	COPAXONE INJ 40MG/ML	40
CLINIMIX E 4.25%/DEXTROSE 25%	65	CORDRAN	76
CLINIMIX E 4.25%/DEXTROSE 5%	65	COREG CR	27
CLINIMIX E 5%/DEXTROSE 15%	65	CORLANOR	30
CLINIMIX E 5%/DEXTROSE 20%	65	<i>cormax</i>	76
CLINIMIX E 5%/DEXTROSE 25%	65	CORTIFOAM	75
<i>clinisol 15</i>	65	<i>cortisone acetate</i>	51
<i>clobetasol e cream 0.05%</i>	75	CORTISPORIN	74
<i>clobetasol propionate</i>	76	CORTISPORIN-TC	78
<i>clobetasol propionate emulsion</i>	76	COSENTYX	75
CLOCORTOLONE PIVALATE	76	COSENTYX SENSOREADY PEN	75
<i>clodan sha 0.05%</i>	76	COSMEGEN	20
CLOLAR	20	COSOPT PF	69
<i>clomipramine hcl</i>	34	COUMADIN	59
<i>clonazepam</i>	31	CREON	57
<i>clonidine hcl</i>	30	CRESEMBA	12
<i>clopidogrel bisulfate</i>	61	CRESTOR	26
<i>clorazepate dipotassium</i>	31	CRINONE	53
<i>clorpres</i>	30	CRIXIVAN	13
<i>clotrimazole</i>	78	<i>cromolyn sodium</i>	71
<i>clotrimazole (topical)</i>	74	<i>cromolyn sodium (mastocytosis)</i>	57
<i>clozapine</i>	36	<i>cromolyn sodium (ophth)</i>	69
CLOZAPINE	36	<i>cryselle 28</i>	47

CUBICIN.....	11	DESONATE	76
CUVPOSA	55	<i>desonide</i>	76
<i>cyclafem 1/35 28 day</i>	47	DESONIDE.....	76
<i>cyclafem 7/7/7 28 day</i>	47	<i>desoximetasone</i>	76
<i>cyclophosphamide</i>	19	DESOXIMETASONE	76
CYCLOPHOSPHAMIDE.....	19	<i>dexamethasone</i>	51
<i>cycloserine</i>	14	<i>dexamethasone sodium phosphate</i>	51
<i>cyclosporine</i>	62	<i>dexamethasone sodium phosphate (ophth)</i>	68
<i>cyclosporine modified (for microemulsion)</i>	62	DEXILANT	57
CYSTADANE	50	<i>dexpak taperpak 13 day</i>	51
CYSTAGON	50	<i>dexrazoxane</i>	23
<i>cytarabine inj.</i>	20	DEXTROSE.....	65
D		DEXTROSE 10% FLEX CONTAIN.....	66
<i>dacarbazine</i>	19	DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	66
DALIRESP	71	66
DALVANCE.....	11	DEXTROSE 10%/NACL 0.45%	66
<i>danazol</i>	49	DEXTROSE 2.5%/NACL 0.45%.....	66
<i>dantrolene sodium</i>	41	DEXTROSE 5%	66
<i>dapsone</i>	11	DEXTROSE 5% /ELECTROLYTE.....	66
DAPTACEL	63	DEXTROSE 5%/LACTATED RING	66
DARAPRIM	11	DEXTROSE 5%/NACL 0.2%	66
<i>daunorubicin hcl</i>	19	DEXTROSE 5%/NACL 0.225%	66
DAYTRANA.....	38	DEXTROSE 5%/NACL 0.3%	66
<i>deblitane 28 day</i>	47	DEXTROSE 5%/NACL 0.33%.....	66
<i>decitabine</i>	20	DEXTROSE 5%/NACL 0.45%.....	66
DELESTROGEN	50	DEXTROSE 5%/NACL 0.9%	66
<i>delyla 28 day</i>	47	DEXTROSE 5%/POTASSIUM CHL	66
DELZICOL	56	<i>diazepam</i>	32
<i>demeclocycline hcl</i>	18	DIAZEPAM GEL (ANTICONVULSANT)	32
DEMSEER	30	DIBENZYLINE.....	30
DENAVIR.....	77	<i>diclofenac potassium</i>	6
DEPEN TITRATABS.....	46	<i>diclofenac sodium</i>	6
<i>depo-estradiol</i>	50	<i>diclofenac sodium (actinic keratoses)</i>	77
DEPO-MEDROL INJ 20MG/ML.....	51	<i>diclofenac sodium (ophth)</i>	68
DEPO-PROVERA INJ 400/ML	21	<i>diclofenac sodium (topical)</i>	77
DEPO-SUBQ PROVERA 104.....	47	<i>diclofenac w/ misoprostol</i>	6
<i>depo-testosterone</i>	42	<i>dicloxacillin sodium</i>	18
<i>desipramine hcl</i>	34	<i>dicyclomine hcl</i>	55
<i>desloratadine</i>	70	<i>didanosine</i>	13
<i>desmopressin acetate</i>	54	DIFFERIN	73
DESMOPRESSIN ACETATE	54	DIFICID.....	17
<i>desmopressin acetate inj.</i>	54	<i>diflorasone diacetate</i>	76
<i>desmopressin acetate spray</i>	54	<i>diflunisal</i>	6
<i>desmopressin acetate spray refrigerated</i>	54	<i>digitek</i>	29
<i>desogestrel-ethinyl estradiol (biphasic)</i>	47	<i>digoxin</i>	29

<i>digoxin inj</i>	29	<i>doxy</i>	18
DIGOXIN SOL 50MCG/ML.....	29	<i>doxycycline (monohydrate)</i>	19
<i>dihydroergotamine mesylate</i>	39	DOXYCYCLINE (ROSACEA)	77
DIHYDROERGOTAMINE MESYLATE	39	<i>doxycycline hyclate</i>	19
<i>dilantin</i>	32	<i>dronabinol</i>	54
DILANTIN-125	32	<i>drospirenone-ethinyl estradiol</i>	47
DILATRATE SR.....	30	DROXIA.....	23
DILAUDID-HP INJ 250MG	7	DUEXIS	6
<i>diltiazem cap 120mg/24hr</i>	28	DULERA.....	73
<i>diltiazem cap er/12hr</i>	28	<i>duloxetine hcl</i>	34
<i>diltiazem hcl</i>	28	DUOPA.....	35
<i>diltiazem hcl coated beads</i>	28	DURAMORPH	7
<i>diltiazem hcl er</i>	28	DUREZOL	68
<i>diltiazem hcl extended release beads</i>	28	DUTOPROL	27
<i>diltiazem inj 100mg</i>	28	DYMISTA SPR 137-50	70
<i>diltiazem inj 125/25ml</i>	28	DYRENIUM	29
<i>diltiazem inj 25mg/5ml</i>	28	E	
<i>diltiazem inj 50/10ml</i>	28	<i>e.e.s. 400 tab 400mg</i>	17
<i>dilt-xr cap</i>	28	E.E.S. GRANULES	17
<i>diltzac</i>	28	<i>econazole nitrate</i>	74
DIPENTUM	56	EDARBI	25
<i>diphenhydram inj 50mg/ml</i>	70	EDARBYCLOR	25
<i>diphenoxylate w/ atropine</i>	57	EDECIN.....	29
DIPHThERIA/TETANUS TOXOID	63	EDURANT.....	13
<i>disopyramide phosphate</i>	26	EFFIENT	61
<i>disulfiram</i>	41	EGRIFTA	52
DIURIL SUS 250/5ML	29	ELAPRASE.....	50
<i>divalproex sodium</i>	32	ELECTROLYTE-R IN DEXTROSE	66
<i>docetaxel</i>	20	ELELYSO	50
DOCETAXEL.....	20	ELIDEL	77
<i>donepezil odt 10mg</i>	33	ELIGARD INJ 22.5MG	21
<i>donepezil odt 5mg</i>	33	ELIGARD INJ 30MG	21
<i>donepezil tab hcl 23mg</i>	33	ELIGARD INJ 45MG	21
<i>donepezil tabs 10mg</i>	33	ELIGARD INJ 7.5MG	21
<i>donepezil tabs 5mg</i>	33	ELIQUIS TAB 2.5MG	59
DORIBAX.....	11	ELIQUIS TAB 5MG.....	59
<i>dorzolamide hcl</i>	69	ELITEK	23
<i>dorzolamide hcl-timolol maleate</i>	69	<i>elixophyllin</i>	73
<i>doxazosin mesylate</i>	24	ELLA	47
<i>doxepin hcl</i>	34	ELMIRON	58
<i>doxercalciferol</i>	67	ELOXATIN	23
<i>doxorubicin hcl</i>	19	EMADINE	69
<i>doxorubicin hcl liposomal inj (for iv infusion) 2</i> <i>mg/ml</i>	19	EMBEDA	7
<i>doxorubicin inj 50mg</i>	19	EMCYT	19
		EMEND CAP 125MG.....	54

EMEND CAP 40MG	54	<i>erythrocin stearate</i>	17
EMEND CAP 80MG	54	<i>erythromycin (acne aid)</i>	73
EMEND PAK 80 & 125	54	<i>erythromycin (ophth)</i>	68
<i>emoquette</i>	47	<i>erythromycin base</i>	17
EMSAM	34	<i>erythromycin cap 250mg ec</i>	17
EMTRIVA	13	<i>erythromycin ethylsuccinate</i>	17
ENABLEX	58	ESBRIET	71
<i>enalapril maleate</i>	24	<i>escitalopram oxalate</i>	34
<i>enalapril maleate & hydrochlorothiazide</i>	24	<i>esomeprazole sodium inj</i>	57
ENBREL	61	<i>estrace</i>	50
ENBREL SURECLICK	61	<i>estradiol</i>	50
<i>endocet</i>	7	<i>estradiol valerate</i>	50
ENDODAN TAB	7	ESTRING	50
ENGERIX-B	63	<i>ethambutol hcl</i>	14
<i>enoxaparin sodium</i>	59	<i>ethosuximide</i>	32
<i>enpresse 28 day</i>	47	<i>etodolac</i>	6
ENTACAPONE	35	<i>etodolac er</i>	6
<i>entecavir</i>	15	ETOPOPHOS	24
ENTYVIO	56	<i>etoposide</i>	24
<i>enulose</i>	56	EURAX	78
EPIDUO	73	EVOTAZ	14
<i>epinastine hcl (ophth)</i>	69	EXELDERM	74
EPINEPHRINE	71	EXELON PATCHES	33
EPIPEN 2-PAK	71	<i>exemestane</i>	21
EPIPEN-JR 2-PAK	71	EXJADE	46
<i>epirubicin inj 200mg</i>	19	EXTAVIA	40
<i>epirubicin inj 50mg/25ml</i>	19	F	
<i>epitol</i>	32	FABIOR	73
EPIVIR HBV	15	FABRAZYME	50
<i>eplerenone</i>	24	FACTIVE	17
EPOGEN	60	<i>falmina 28 day</i>	47
<i>eprosartan mesylate</i>	25	<i>famciclovir</i>	15
EPZICOM	14	<i>famotidine</i>	55
EQUETRO	39	<i>famotidine inj</i>	55
ERAXIS	12	FANAPT	36
ERBITUX	20	FANAPT TITRATION PACK	36
<i>ergomar</i>	39	FARESTON	21
ERIVEDGE	21	FARXIGA	44
<i>errin 28 day</i>	47	FARYDAK	21
ERTACZO	74	FASLODEX	21
<i>ery pad 2%</i>	73	FAZACLO	36
ERYPED 200	17	<i>felbamate</i>	32
ERYPED 400	17	<i>felodipine</i>	28
<i>ery-tab</i>	17	FEMRING	50
<i>erythrocin lactobionate</i>	17	<i>fenofibrate</i>	26

FENOFIBRATE	26	<i>fluphenazine hcl</i>	36
<i>fenofibrate micronized</i>	26	<i>flurbiprofen</i>	6
FENOFIBRIC ACID	26	<i>flurbiprofen sodium</i>	68
FENOGLIDE	26	<i>flutamide</i>	21
<i>fenoprofen calcium</i>	6	<i>fluticasone propionate</i>	76
<i>fentanyl citrate</i>	8	<i>fluticasone propionate (nasal)</i>	72
<i>fentanyl patch 100 mcg/hr</i>	8	<i>fluvastatin sodium</i>	26
<i>fentanyl patch 12 mcg/hr</i>	8	<i>fluvoxamine maleate</i>	31
<i>fentanyl patch 25 mcg/hr</i>	8	<i>fluvoxamine maleate er</i>	31
<i>fentanyl patch 50 mcg/hr</i>	8	FML.....	68
<i>fentanyl patch 75 mcg/hr</i>	8	FML FORTE	68
FENTORA.....	8	<i>fondaparinux sodium</i>	59
FERRIPROX	46	FORADIL AEROLIZER	71
FETZIMA	34	FORFIVO XL	34
FETZIMA TITRATION PACK	34	FORTAZ.....	17
FINACEA	77	FORTEO.....	53
<i>finasteride</i>	58	FORTESTA	42
FIRAZYR.....	60	FORTICAL SPR 200/ACT	53
FIRMAGON.....	21	FOSAMAX PLUS D	46
FLAGYL ER	11	<i>foscarnet sodium</i>	15
FLAREX.....	68	<i>fosinopril sodium</i>	24
FLEBOGAMMA.....	61	<i>fosinopril sodium & hydrochlorothiazide</i>	24
FLEBOGAMMA DIF.....	61	FOSRENOL	53
<i>flecainide acetate</i>	26	FRAGMIN	59
FLO-PRED SUS.....	51	FREAMINE HBC 6.9%	65
FLOVENT DISKUS	72	FREAMINE III.....	65
FLOVENT HFA	72	FROVA TAB 2.5MG	39
<i>fluconazole</i>	12	<i>furosemide</i>	29
<i>fluconazole in dextrose</i>	12	<i>furosemide inj</i>	29
<i>fluconazole in nacl</i>	12	FUROSEMIDE INJ	29
<i>flucytosine</i>	12	<i>furosemide oral soln 8 mg/ml</i>	29
<i>fludarabine phosphate</i>	20	FUSILEV	23
<i>fludrocortisone acetate</i>	51	FUZEON	13
<i>flunisolide (nasal)</i>	72	FYCOMPA.....	32
<i>fluocinolone acetonide</i>	76	G	
<i>fluocinolone acetonide (otic)</i>	78	<i>gabapentin</i>	32
<i>fluocinonide</i>	76	GABITRIL	32
<i>fluocinonide emulsified base</i>	76	<i>galantamine hydrobromide</i>	33
FLUOROMETHOLONE (OPHTH)	68	GAMASTAN S/D.....	61
<i>fluorouracil</i>	20	GAMMAGARD LIQUID	61
<i>fluorouracil (topical)</i>	77	GAMMAGARD S/D	61
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<i>fluoxetine hcl</i>	34	GAMMAKED	62
FLUOXETINE HCL	34	GAMMAPLEX.....	62
<i>fluphenazine decanoate</i>	36	GAMUNEX-C	62

<i>ganciclovir inj 500mg</i>	15	<i>glycate</i>	55
GARDASIL	63	<i>glycopyrrolate</i>	55
GARDASIL 9	63	GLYSET	44
<i>gatifloxacin (ophth)</i>	68	GLYXAMBI.....	44
GATTEX.....	57	GOLYTELY	56
GAUZE PADS 2X2	43	GRALISE	39
<i>gavilte-g</i>	56	GRALISE STARTER	39
<i>gavilyte-c</i>	56	<i>granisetron hcl</i>	54
<i>gavilyte-h</i>	56	GRANIX.....	60
<i>gavilyte-n</i>	56	GRASTEK	62
GELNIQUE	58	<i>griseofulvin microsize</i>	12
GEMCITABINE	20	<i>griseofulvin ultramicrosize</i>	12
<i>gemcitabine hcl</i>	20	<i>guanfacine hcl (adhd)</i>	38
<i>gemfibrozil</i>	27	H	
<i>generlac</i>	56	H.P. ACTHAR	53
<i>gengraf</i>	62	HALAVEN.....	23
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<i>gentak</i>	68	<i>haloperidol</i>	36
<i>gentamicin in saline</i>	10	<i>haloperidol decanoate</i>	36
<i>gentamicin sulfate</i>	10	<i>haloperidol lactate</i>	36
<i>gentamicin sulfate (ophth)</i>	68	<i>haloperidol lactate inj 5 mg/ml</i>	36
<i>gentamicin sulfate (topical)</i>	74	HARVONI.....	15
GEODON INJ	36	HAVRIX.....	63
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GIAZO	56	HECTOROL	67
<i>gildagia</i>	47	HEP SOD/NAACL INJ 25000.....	59
<i>gildess 1.5/30 21 day</i>	47	HEPARIN (PORCINE) IN SODIUM CHLORIDE	
<i>gildess 24 fe 28 day</i>	47	100U/ML	59
GILENYA CAP 0.5MG	40	<i>heparin sod inj 10000u/ml</i>	59
GILOTRIF TAB 20MG	22	<i>heparin sod inj 1000u/ml</i>	59
GILOTRIF TAB 30MG	22	<i>heparin sod inj 20000u/ml</i>	59
GILOTRIF TAB 40MG	22	HEPARIN SOD INJ 2000U/ML	59
GLASSIA	71	HEPARIN SOD INJ 2500U/ML	59
GLEEVEC	22	<i>heparin sod inj 5000u/0.5ml</i>	59
GLEOSTINE	19	<i>heparin sod inj 5000u/ml</i>	59
<i>glimepiride</i>	44	HEPARIN SODIUM/D5W	59
<i>glipizide</i>	44	HEPARIN SODIUM/NAACL 0.45%	59
<i>glipizide er</i>	44	HEPATAMINE	65
<i>glipizide-metformin 2.5-250 mg</i>	44	HERCEPTIN.....	21
<i>glipizide-metformin 2.5-500 mg</i>	44	HETLIOZ.....	38
<i>glipizide-metformin 5-500mg</i>	44	HEXALEN	19
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HUMALOG MIX 50/50 KWIKPEN	43	<i>ibandronate sodium</i>	46
HUMALOG MIX 75/25	43	<i>ibandronate tab 150mg</i>	46
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HUMATROPE	52	<i>ibudone tab 10-200mg</i>	8
HUMATROPE COMBO PACK	52	<i>ibudone tab 5-200mg</i>	8
HUMIRA	61	<i>ibuprofen</i>	6
HUMIRA PEN	61	ICLUSIG	22
HUMIRA PEN-CROHNS STARTER KIT	61	<i>idarubicin hcl</i>	19
HUMIRA PEN-PSORIASIS STARTER KIT	61	IFEX INJ 3GM	19
HUMULIN 70/30	43	<i>ifosfamide inj 1gm</i>	19
HUMULIN 70/30 KWIKPEN	43	<i>ifosfamide inj 1gm/20ml</i>	19
HUMULIN N	43	IFOSFAMIDE INJ 3GM	19
HUMULIN N KWIKPEN	43	<i>ifosfamide inj 3gm/60ml</i>	19
HUMULIN R	43	ILEVRO	68
HUMULIN R U-500 (CONCENTRATE)	43	<i>ilotycin</i>	68
<i>hydralazine hcl</i>	30	IMBRUVICA CAP 140MG	22
<i>hydrochlorothiazide</i>	29	<i>imipenem-cilastatin</i>	11
<i>hydrocodone-acetaminophen 10-300mg</i>	8	<i>imipramine hcl</i>	34
<i>hydrocodone-acetaminophen 2.5-325mg</i>	8	<i>imipramine pamoate</i>	34
<i>hydrocodone-acetaminophen 5-300mg</i>	8	<i>imiquimod</i>	77
<i>hydrocodone-acetaminophen 5-325mg</i>	8	IMOVAX RABIES (H.D.C.V.)	63
<i>hydrocodone-acetaminophen 7.5-300mg</i>	8	INCRELEX	53
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i>	8	INCRUSE ELLIPTA	70
<i>hydrocodone-acetaminophen 7.5-325mg</i>	8	<i>indapamide</i>	29
<i>hydrocodone-acetaminophen tab 10-325mg</i>	8	INFANRIX	63
<i>hydrocodone-ibuprofen tab 2.5-200mg</i>	8	INFUMORPH 200	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8	INFUMORPH 500	8
<i>hydrocortisone</i>	51	INLYTA	22
HYDROCORTISONE (INTRARECTAL)	56	INSULIN PEN NEEDLES	43
<i>hydrocortisone (topical)</i>	76	INSULIN SAFETY NEEDLES	43
<i>hydrocortisone butyrate</i>	76	INSULIN SYRINGES	43
<i>hydrocortisone butyrate hydrophilic lipo base</i>	76	INTELENCE	13
<i>hydrocortisone valerate</i>	76	INTRALIPID INJ 20%	65
<i>hydromorphone hcl</i>	8	INTRALIPID INJ 30%	65
HYDROMORPHONE HCL	8	INTRON-A INJ 10MU	62
<i>hydromorphone tab 12mg er</i>	8	INTRON-A INJ 18MU	62
<i>hydromorphone tab 16mg er</i>	8	INTRON-A INJ 25MU	62
<i>hydromorphone tab 8mg er</i>	8	INTRON-A INJ 50MU	62
HYDROMORPHONE TABS 32MG	8	<i>introvale 91 day</i>	47
<i>hydroxychloroquine sulfate</i>	61	INVANZ	11
<i>hydroxyurea</i>	23	INVEGA	36
<i>hydroxyzine hcl</i>	70	INVEGA SUST INJ 117 MG/0.75 ML	36
		INVEGA SUST INJ 156MG/ML	36

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INVEGA SUST INJ 39 MG/0.25 ML.....	36	JANUMET XR TAB 50-1000	44
INVEGA SUST INJ 78 MG/0.5 ML	36	JANUMET XR TAB 50-500MG.....	44
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INVOKAMET TAB 150-500	44	<i>jinteli</i>	50
INVOKAMET TAB 50-1000	44	JOLESSA TAB 0.15-0.03 MG	47
INVOKAMET TAB 50-500MG	44	JOLIVETTE	47
INVOKANA TAB 100MG.....	44	<i>junel 1.5/30 21 day</i>	47
INVOKANA TAB 300MG.....	44	<i>junel 1/20 21 day</i>	47
IONOSOL-B/DEXTROSE 5%	66	<i>junel fe 1.5/30 28 day</i>	47
IONOSOL-MB/DEXTROSE 5%	66	<i>junel fe 1/20 28 day</i>	47
IPOL INACTIVATED IPV.....	63	<i>junel fe 24 1/20 28 day</i>	47
<i>ipratropium bromide (nasal)</i>	70	JUXTAPID	27
<i>ipratropium sol inhal</i>	70	K	
<i>ipratropium-albuterol</i>	70	KADCYLA	21
<i>irbesartan</i>	25	KADIAN.....	8
<i>irbesartan-hydrochlorothiazide</i>	25	KALETRA SOL.....	14
<i>irinotecan inj 100/5ml</i>	24	KALETRA TAB 100-25MG	14
<i>irinotecan inj 40mg/2ml</i>	24	KALETRA TAB 200-50MG	14
<i>irinotecan inj 500mg/25ml</i>	24	KALYDECO	72
ISENTRESS	13	<i>kariva 28 day</i>	47
ISOLYTE P.....	66	KAZANO	45
ISOLYTE S.....	66	KCL 0.075%/D5W/NACL 0.45%.....	66
<i>isoniazid</i>	14	KCL 0.15%/D5W/LR	66
<i>isoniazid tabs</i>	14	KCL 0.15%/D5W/NACL 0.9%.....	66
ISORDIL TITRADOSE	30	KCL 0.3%/D5W/LR IV LAC RI.....	66
<i>isosorbide dinitrate</i>	30	KCL 0.3%/D5W/NACL 0.45%.....	66
<i>isosorbide dinitrate er</i>	30	KCL 0.3%/D5W/NACL 0.9%	66
<i>isosorbide mononitrate</i>	30	KCL IN NACL INJ .15-0.45	66
<i>isosorbide mononitrate er</i>	30	KCL/D5W/NACL INJ .15/.33%.....	66
<i>isradipine</i>	28	KCL/D5W/NACL INJ .15/.45%.....	66
ISTALOL.....	69	KCL/D5W/NACL INJ 0.22%/0.45%	66
ISTODAX	21	KCL/NACL INJ 0.15%-0.9%.....	66
<i>itraconazole</i>	12	KCL0.15%/D5W/NACL0.2%	66
<i>ivermectin</i>	11	KCL0.15%/D5W/NACL0.225%	66
IXEMPRA KIT	23	<i>kelnor 1/35 28 day</i>	47
IXIARO	63	KEPIVANCE	23
J		<i>ketoconazole</i>	12
JADENU	46	<i>ketoconazole (topical)</i>	74
JAKAFI	22	<i>ketoconazole shampoo</i>	75
JALYN	58	<i>ketodan aer 2%</i>	74
<i>jantoven</i>	59	<i>ketoprofen</i>	6
JANUMET	44	<i>ketorolac tromethamine (ophth)</i>	68

KEYTRUDA	21	LEENA TAB	47
<i>kimidess</i>	47	<i>leflunomide</i>	61
KINERET	61	LEMTRADA	40
KINRIX	63	LENVIMA 10MG DAILY DOSE.....	22
<i>kionex</i>	46	LENVIMA 14MG DAILY DOSE.....	22
KLOR-CON 10	64	LENVIMA 20MG DAILY DOSE.....	22
KLOR-CON 8	64	LENVIMA 24MG DAILY DOSE.....	22
<i>klor-con m15</i>	64	LESCOL XL.....	26
<i>klor-con m20</i>	64	<i>lessina 28 day</i>	47
<i>klor-con pow 20meq</i>	64	LETAIRIS	30
KOMBIGLYZE XR 2.5-1000MG	45	<i>letrozole</i>	21
KOMBIGLYZE XR 5-1000MG.....	45	<i>leucovor ca inj</i>	23
KOMBIGLYZE XR 5-500MG	45	<i>leucovorin calcium</i>	23
KORLYM	52	<i>leucovorin calcium 500 mg</i>	23
<i>kristalose</i>	56	LEUKERAN	19
KUVAN	50	LEUKINE.....	60
KYNAMRO.....	27	<i>leuprolide acetate</i>	21
L		<i>levalbuterol conc 1.25mg/0.5ml</i>	71
<i>labetalol hcl</i>	27	<i>levalbuterol hcl</i>	71
<i>laclotion lot 12%</i>	77	LEVALBUTEROL HCL	71
LACRISERT	70	LEVEMIR.....	43
LACTATED RINGERS VIAFLEX.....	66	LEVEMIR FLEXTOUCH	43
<i>lactulose</i>	56	<i>levetiracetam</i>	32
<i>lactulose (encephalopathy)</i>	56	LEVETIRACETAM IV.....	32
LAMICTAL ODT.....	32	<i>levetiracetam oral soln 100 mg/ml</i>	32
LAMICTAL STARTER	32	<i>levobunolol hcl</i>	69
LAMICTAL XR.....	32	LEVOBUNOLOL HCL	69
LAMISIL	12	<i>levocarnitine (metabolic modifiers)</i>	50
<i>lamivudine</i>	13	<i>levocetirizine soln 2.5mg/5ml</i>	70
<i>lamivudine (hbv)</i>	15	<i>levocetirizine tab 5 mg</i>	70
<i>lamivudine-zidovudine</i>	14	<i>levofloxacin</i>	18
<i>lamotrigine</i>	32	<i>levofloxacin (ophth)</i>	68
LANOXIN.....	29	<i>levofloxacin in d5w</i>	18
LANOXIN PEDIATRIC.....	29	<i>levoleucovorin calcium</i>	23
<i>lansoprazole</i>	57	<i>levonest 28 day</i>	48
LANTUS	43	<i>levonorgestrel & eth estradiol</i>	48
LANTUS SOLOSTAR.....	43	<i>levonorgestrel (emergency oc)</i>	48
<i>larin 1.5/30</i>	47	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	48
<i>larin 1/20</i>	47	<i>levonorgestrel-ethinyl estradiol (continuous)</i>	48
<i>larin fe 1.5/30</i>	47	<i>levora 0.15/30 28 day</i>	48
<i>larin fe 1/20</i>	47	<i>levorphanol tartrate</i>	8
LASTACFT	69	<i>levothyroxine sodium</i>	54
<i>latanoprost</i>	69	LEVOXYL	54
LATUDA	36	LEXIVA	13
LAZANDA	8	LIALDA	56

<i>lidocaine</i>	77	LUPRON DEPOT INJ 22.5MG (3-MONTH)	21
<i>lidocaine hcl</i>	77	LUPRON DEPOT INJ 30MG (3-MONTH)	22
<i>lidocaine hcl (local anesth.)</i>	10	LUPRON DEP-PED INJ 11.25MG	21
<i>lidocaine hcl (mouth-throat)</i>	78	LUPRON DEP-PED INJ 15MG	21
<i>lidocaine inj 0.5%</i>	10	LUPRON DEP-PED INJ 30MG (3-MONTH)	21
<i>lidocaine inj 1%</i>	10	LUPRON DEP-PED INJ 7.5MG	21
<i>lidocaine inj 1.5%</i>	10	<i>lutera 28 day</i>	48
<i>lidocaine inj 2%</i>	10	LUZU	74
<i>lidocaine-prilocaine</i>	77	LYNPARZA	21
<i>linezolid</i>	11	LYRICA	32
LINEZOLID	11	LYSODREN	22
LINZESS	57	<i>lyza</i>	48
<i>liothyronine sodium</i>	54	M	
LIPOSYN III	65	MACRODANTIN	11
LIPTRUZET	27	<i>magnesium sulfate</i>	64
<i>lisinopril</i>	24	MAGNESIUM SULFATE	64
<i>lisinopril & hydrochlorothiazide</i>	24	MAGNESIUM SULFATE IN D5W	64
<i>lithium carbonate</i>	39	MAGNESIUM SULFATE INJ 50%	64
LITHIUM SOLN 8MEQ/5ML	39	<i>malathion</i>	78
LIVALO	26	<i>maprotiline hcl</i>	34
LO LOESTRIN FE	48	<i>marlissa 28 day</i>	48
LOCOID	76	MARPLAN	34
<i>lokara</i>	76	MATULANE	23
<i>lomedina 24 fe</i>	48	<i>matzim la</i>	28
LOMUSTINE	19	MAXIDEX	68
<i>loperamide hcl</i>	57	MAXIPIME	17
<i>lorazepam</i>	31	<i>meclizine hcl</i>	54
<i>lorcet hd tab 10-325mg</i>	8	MEDROL TAB 2MG	51
<i>lorcet plus tab 7.5-325</i>	9	<i>medroxyprogesterone acetate</i>	53
<i>lorcet tab 5-325mg</i>	9	<i>medroxyprogesterone acetate (contraceptive)</i>	
<i>lortab tab 10-325mg</i>	9	48
<i>lortab tab 5-325mg</i>	9	<i>mefenamic acid</i>	6
<i>lortab tab 7.5-325</i>	9	<i>mefloquine hcl</i>	13
<i>loryna 28 day</i>	48	MEGACE ES	22
<i>losartan potassium</i>	25	<i>megestrol acetate</i>	22
<i>losartan-hydrochlorothiazide</i>	25	MEKINIST	22
LOTEMAX	68	MELOXICAM	6
<i>lovastatin</i>	26	<i>meloxicam tabs</i>	6
<i>low-ogestrel</i>	48	<i>melphalan hcl</i>	19
<i>loxapine succinate</i>	36	<i>memantine hcl</i>	33
LUMIGAN	69	MENACTRA	63
LUMIZYME	50	MENOMUNE-A/C/Y/W-135	63
LUPANETA PACK	49	MENOSTAR	50
LUPRON DEP INJ 11.25MG	21	MENTAX	74
LUPRON DEPOT	21	MENVEO	63
		<i>mercaptopurine</i>	20

<i>meropenem</i>	11	<i>metronidazole vaginal</i>	59
<i>mesalamine enema</i>	56	<i>mexiletine hcl</i>	26
<i>mesna</i>	23	MIACALCIN INJ 200U/ML	53
MESNEX	23	<i>miconazole 3 sup 200mg</i>	59
MESTINON SYRUP	39	MICROGESTIN 1.5/30	48
MESTINON TIMESPAN	40	MICROGESTIN 1/20	48
<i>metadate er tab 20mg</i>	38	MICROGESTIN FE 1.5/30	48
<i>metformin er</i>	45	MICROGESTIN FE 1/20	48
<i>metformin hcl</i>	45	<i>midodrine hcl</i>	30
<i>methadone hcl</i>	9	<i>migergot</i>	39
METHADONE INJ 10MG/ML	9	<i>millipred</i>	51
<i>methazolamide</i>	29	MINASTRIN 24 FE	48
<i>methenamine hippurate</i>	11	<i>minitran</i>	30
<i>methimazole</i>	54	MINIVELLE	50
<i>methotrexate sodium inj</i>	20	<i>minocycline hcl</i>	19
<i>methotrexate sodium tabs</i>	61	<i>minoxidil</i>	30
<i>methoxsalen rapid</i>	75	MIRAPEX	35
<i>methscopolamine bromide</i>	55	MIRAPEX ER	35
<i>methyclothiazide</i>	29	MIRCERA	60
<i>methylergonovine maleate</i>	53	<i>mirtazapine</i>	34
<i>methylphenidate hcl</i>	38	<i>misoprostol</i>	57
<i>methylphenidate hcl er</i>	38	<i>mitomycin</i>	20
<i>methylpr ace inj 40mg/ml</i>	51	<i>mitoxantrone hcl</i>	23
<i>methylpr ace inj 80mg/ml</i>	51	M-M-R II	63
<i>methylpr ss inj 125mg</i>	51	<i>modafinil</i>	41
<i>methylpr ss inj 1gm</i>	51	<i>moderiba pak</i>	15
<i>methylpr ss inj 40mg</i>	51	MODERIBA PAK	15
<i>methylpred pak 4mg</i>	51	<i>moderiba tab 200mg</i>	15
<i>methylpred tab 16mg</i>	51	<i>moexipril hcl</i>	24
<i>methylpred tab 32mg</i>	51	<i>moexipril-hydrochlorothiazide</i>	24
<i>methylpred tab 4mg</i>	51	<i>mometasone furoate</i>	76
<i>methylpred tab 8mg</i>	51	MONONESSA	48
<i>metipranolol</i>	69	<i>montelukast sodium</i>	71
<i>metoclopramide hcl</i>	54	MORPHINE SUL 20MG/ML ORAL SOL	9
<i>metoclopramide hcl inj 5 mg/ml</i>	54	<i>morphine sulfate</i>	9
<i>metolazone</i>	29	MORPHINE SULFATE	9
<i>metoprolol & hctz tab 100-25mg</i>	27	<i>morphine sulfate beads</i>	9
<i>metoprolol & hctz tab 100-50mg</i>	27	<i>morphine sulfate ext-rel tab</i>	9
<i>metoprolol & hctz tab 50-25mg</i>	27	MOVANTIK	57
<i>metoprolol succinate</i>	27	MOVIPREP	56
<i>metoprolol tartrate</i>	27	MOXEZA	68
METRO IV	11	<i>moxifloxacin hcl</i>	18
<i>metronidazole</i>	11	MOZOBIL	60
<i>metronidazole (topical)</i>	77	MULTAQ	26
<i>metronidazole inj</i>	11	<i>mupirocin</i>	74

<i>mupirocin calcium (topical)</i>	74	<i>neomycin sulfate</i>	10
MUSTARGEN	19	<i>neomycin/polymyxin b gu</i>	78
<i>my way</i>	48	<i>neomycin-bacitracin zn-polymyxin</i>	68
MYCAMINE	12	<i>neomycin-polymy-dexameth</i>	67
<i>mycophenolate mofetil</i>	62	<i>neomycin-polymyxin-gramicidin</i>	68
<i>mycophenolate sodium</i>	62	<i>neomycin-polymyxin-hc (ophth)</i>	67
<i>myorisan</i>	73	<i>neomycin-polymyxin-hc (otic)</i>	78
MYOZYME	50	NEORAL	62
MYRBETRIQ	58	NEPHRAMINE	65
<i>myzilra</i>	48	NESINA	45
N		<i>neuac gel 1.2-5%</i>	73
<i>nabumetone</i>	6	NEULASTA	60
<i>nadolol</i>	27	NEUMEGA	60
<i>nadolol & bendroflumethiazide</i>	27	NEUPOGEN	60
<i>nafcillin sodium</i>	18	NEUPRO	35
NAFTIFINE HCL	74	<i>nevirapine</i>	13
NAFTIN	74	NEVIRAPINE	13
NAGLAZYME	50	NEXAVAR	22
<i>nalbuphine hcl</i>	7	NEXIUM CAP 20MG	57
NALLPEN ISO-OSMOTIC IN DE	18	NEXIUM CAP 40MG	57
NALLPEN/DEXTROSE	18	NEXIUM GRA 10MG DR	57
<i>naloxone hcl</i>	41	NEXIUM GRA 2.5MG DR	57
<i>naltrexone hcl</i>	42	NEXIUM GRA 20MG DR	57
NAMENDA SOL 10MG/5ML	33	NEXIUM GRA 40MG DR	58
NAMENDA TAB	33	NEXIUM GRA 5MG DR	57
NAMENDA XR	33	<i>next choice tab 1.5mg</i>	48
NAMENDA XR TITRATION PACK	34	<i>niacin er (antihyperlipidemic)</i>	27
NAMZARIC	34	<i>niacor</i>	27
<i>naphazoline 0.1%</i>	70	<i>nicardipine hcl</i>	28
NAPRELAN	6	NICOTROL INHALER	42
<i>naproxen</i>	6	NICOTROL NS	42
<i>naproxen sodium</i>	6	<i>nifedical</i>	28
NAPROXEN SODIUM	6	<i>nifedipine</i>	28
<i>naratriptan hcl</i>	39	<i>nifedipine er</i>	28
NASONEX	72	<i>nikki 28 day</i>	48
NATACYN	68	NILANDRON	22
<i>nateglinide</i>	45	<i>nimodipine</i>	28
NATPARA	53	NIPENT	20
NEBUPENT	11	<i>nisoldipine</i>	28
<i>necon 0.5/35 28 day</i>	48	<i>nitro-bid</i>	30
<i>necon 1/35 28 day</i>	48	NITRO-DUR	30
<i>necon 10/11 28 day</i>	48	<i>nitrofurantoin</i>	11
NECON 7/7/7	48	<i>nitrofurantoin macrocrystal</i>	12
NECON TAB 1/50-28	48	<i>nitrofurantoin monohyd macro</i>	12
<i>nefazodone hcl</i>	34	<i>nitroglycerin</i>	30

NITROGLYCERIN LINGUAL	30	NUTROPIN AQ PEN	52
<i>nitroglycerin patches</i>	30	NUVARING	49
NITROSTAT	30	NUVESSA	59
<i>nizatidine</i>	55	NUVIGIL	41
NORA-BE TAB	48	<i>nyamyc</i>	74
NORDITROPIN FLEXPRO	52	NYMALIZE	28
NORDITROPIN NORDIFLEX PEN	52	<i>nystatin</i>	12
<i>norethin acet & estrad-fe</i>	48	<i>nystatin (mouth-throat)</i>	78
<i>norethindrone & ethinyl estradiol-fe</i>	48	<i>nystatin (topical)</i>	75
<i>norethindrone (contraceptive)</i>	48	<i>nystatin pow 100000</i>	75
<i>norethindrone acetate</i>	53	<i>nystop</i>	75
<i>norethindrone acetate-ethinyl estradiol</i>	50	O	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	48	OCELLA TAB 3-0.03MG	49
NORITATE	77	OCTAGAM	62
<i>norlyroc 28 day</i>	48	<i>octreotide acetate</i>	53
NORMOSOL-M IN D5W	66	OFEV	72
NORMOSOL-R	66	<i>ofloxacin (ophth)</i>	68
NORPACE CR	26	<i>ofloxacin (otic)</i>	78
<i>nortrel 0.5/35 28 day</i>	48	<i>ogestrel 28 day</i>	49
<i>nortrel 1/35 21 day</i>	48	<i>olanzapine</i>	36
<i>nortrel 1/35 28 day</i>	48	<i>olanzapine odt</i>	36
<i>nortrel 7/7/7 28 day</i>	48	<i>olopatadine hcl (nasal)</i>	71
<i>nortriptyline hcl</i>	34	OMECLAMOX-PAK	57
NORVIR	13	<i>omega-3-acid ethyl esters</i>	27
NOVAREL INJ 10000UNT	53	<i>omeprazole</i>	58
NOVOLIN 70/30	43	OMEPRAZOLE-SODIUM BICARBONATE	58
NOVOLIN 70/30 RELION	43	OMNARIS	72
NOVOLIN N	43	OMNITROPE 10MG	52
NOVOLIN N RELION	43	OMNITROPE 5.8MG	52
NOVOLIN R	43	OMNITROPE 5MG	52
NOVOLIN R RELION	43	<i>ondansetron hcl</i>	54
NOVOLOG	43	<i>ondansetron hcl inj</i>	54
NOVOLOG FLEXPEN	43	<i>ondansetron hcl oral soln</i>	54
NOVOLOG MIX 70/30	43	<i>ondansetron odt</i>	54
NOVOLOG MIX 70/30 PREFILL	44	ONEXTON	74
NOVOLOG PENFILL	44	ONFI	32
NOXAFIL	12	ONGLYZA	45
NUCYNTA	9	ONMEL	13
NUCYNTA ER	9	OPANA ER (CRUSH RESISTANT)	9
NUDEXTA	40	OPSUMIT	30
NULOJIX	62	ORACEA	77
NULYTELY/FLAVOR PACKS	56	ORAP	36
NUTRILIPID INJ 20%	65	ORENCIA	61
NUTROPIN AQ INJ 20MG/2ML	52	ORENITRAM TAB 0.125MG	30
NUTROPIN AQ NUSPIN 5	52	ORENITRAM TAB 0.25MG	30

ORENITRAM TAB 1MG	30	<i>paroxetine hcl tabs</i>	34
ORENITRAM TAB 2.5MG	30	<i>paser d/r</i>	14
ORFADIN	50	PATADAY	69
ORKAMBI	72	PATANOL	69
<i>orsythia 28 day</i>	49	PAXIL	34
ORTHO TRI-CYCLEN LO	49	PAZEO	69
OSENI TAB 12.5-15MG	45	PCE	17
OSENI TAB 12.5-30MG	45	PEDVAX HIB	63
OSENI TAB 12.5-45MG	45	PEG 3350-KCL-SOD BICARB-SOD	
OSENI TAB 25-15MG	45	CHLORIDE-SOD SULFATE	56
OSENI TAB 25-30MG	45	<i>peg 3350-potassium chloride-sod</i>	
OSENI TAB 25-45MG	45	<i>bicarbonate-sod chloride</i>	56
OSMOPREP	56	PEGANONE	32
OTEZLA	61	PEGINTRON	15
<i>oxacillin sodium</i>	18	PEG-INTRON	15
<i>oxaliplatin</i>	23	PEG-INTRON REDIPEN	15
<i>oxandrolone</i>	42	PENICILLIN G POT IN DEXTROSE	18
<i>oxaprozin</i>	6	PENICILLIN G POTASSIUM IN	18
<i>oxcarbazepine</i>	32	<i>penicillin g procaine</i>	18
OXISTAT	75	<i>penicillin g sodium</i>	18
OXTELLAR XR	32	<i>penicillin v potassium</i>	18
<i>oxybutynin chloride</i>	58	<i>penicillin gk inj 20mu</i>	18
<i>oxycodone hcl</i>	9	<i>penicillin gk inj 5mu</i>	18
OXYCODONE HCL	9	PENNSAID	77
<i>oxycodone w/ acetaminophen 10-325mg</i>	9	PENTAM 300	12
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	9	PENTASA	56
<i>oxycodone w/ acetaminophen 5-325mg</i>	9	<i>pentoxifylline</i>	60
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	9	PERFOROMIST	71
<i>oxycodone-aspirin</i>	9	<i>perindopril erbumine</i>	24
<i>oxycodone-ibuprofen</i>	10	<i>periogard soln 0.12%</i>	78
OXYCONTIN	10	PERJETA	21
<i>oxymorphone hcl</i>	10	<i>permethrin</i>	78
OXYTROL	58	<i>perphenazine</i>	36
P		PERTZYE	57
<i>pacerone</i>	26	PEXEVA	34
<i>paclitaxel</i>	20	<i>pfizerpen g inj 5mu</i>	18
<i>pamidronate disodium</i>	46	<i>pfizerpen-g inj 20mu</i>	18
PANCREAZE	57	<i>phenadoz</i>	55
PANDEL	76	<i>phenelzine sulfate</i>	34
PANRETIN	77	<i>phenergan</i>	55
<i>pantoprazole sodium</i>	58	<i>phenobarbital</i>	32
<i>paricalcitol</i>	67	<i>phenobarbital sodium</i>	33
PARICALCITOL	67	PHENOBARBITAL SODIUM	33
<i>paromomycin sulfate</i>	10	<i>phenytek</i>	33
<i>paroxetine er tab</i>	34	<i>phenytoin</i>	33

<i>phenytoin inj 50mg/ml</i>	33	<i>prazosin hcl</i>	24
<i>phenytoin sodium extended</i>	33	PRED MILD	68
<i>philit</i>	49	<i>pred sod pho sol 5mg/5ml</i>	51
PHOSLYRA	53	PRED-G	67
PHOSPHOLINE IODIDE	69	PRED-G S.O.P.....	67
PICATO	77	<i>prednicarbate</i>	76
PILOCARPINE HCL	69	PREDNICARBATE	76
<i>pilocarpine hcl (oral)</i>	78	PREDNISOLONE ACETATE (OPHTH)	68
PILOCARPINE HCL (ORAL).....	78	<i>prednisolone sodium phosphate</i>	51
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<i>pioglitazone hcl-glimepiride</i>	45	<i>prednisolone syrup 15 mg/5ml</i>	51
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<i>piperacillin sodium-tazobactam sodium</i>	18	<i>prednisone pak 10mg</i>	51
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This formulary was updated on: 09/01/2015

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