

# SilverScript

# 2016 Formulary

(List of Covered Drugs)

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

Formulary File 16125, Version 7

This formulary was updated on August 1, 2015. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.silverscript.com](http://www.silverscript.com).

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. 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.

A black and white photograph of a woman with short, light-colored hair, sitting in a meditative pose on a mat in a grassy field. She has her eyes closed and a serene expression. The background is a soft-focus landscape with trees and a body of water.

**SilverScript®**



## What is the SilverScript Formulary?

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

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

## Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 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 January 1, 2016. To get updated information about the drugs covered by SilverScript Choice (PDP), please contact us. Our contact information appears on the front and back cover pages.

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

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 51. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

### **Prior Authorization (PA)**

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

### **Quantity Limits (QL)**

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

## **Step Therapy (ST)**

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript formulary?" on page 3 for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

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

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

## How do I request an exception to the SilverScript Formulary?

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

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

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

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.

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

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

If you experience a change in your level of care, such as a move from a home to a Long-Term Care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 34 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## For more information

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

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

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

## SilverScript Choice (PDP)'s Formulary

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

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

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

**PA** – Prior authorization.

**QL** – Drug has quantity limit.

**ST** – Step therapy required.

**NM** – Not available at our mail-order pharmacies.

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

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

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

The Tier column of the drug list that begins on page 7 tells you which tier your drug is in. The table below tells you the copayment or coinsurance amount (i.e., the share of the drug's cost that you will pay during the initial coverage period) for up to a one month supply of drugs in each tier.

**Initial Coverage Period Copayment / Coinsurance Levels**  
**Standard retail cost-sharing (in-network) (Up to a 30-day supply)**

<b>State</b>	<b>Tier 1</b> (Preferred Generic)  (includes low cost preferred generic drugs)	<b>Tier 2</b> (Generic)  (includes preferred generic and some preferred brand drugs)	<b>Tier 3</b> (Preferred Brand)  (includes preferred brand and non-preferred generic drugs)	<b>Tier 4</b> (Non-Preferred Brand)  (includes non-preferred brand and non-preferred generic drugs)	<b>Tier 5</b> (Specialty Tier)  (includes high cost generic and brand drugs)
Alabama	\$3.00	\$11.00	\$45.00	47%	33%
Alaska	\$1.00	\$4.00	15%	35%	25%
Arizona	\$5.00	\$16.00	\$46.00	48%	33%
Arkansas	\$3.00	\$11.00	\$43.00	45%	33%
California	\$3.00	\$17.00	\$46.00	47%	33%
Colorado	\$3.00	\$15.00	\$46.00	46%	33%
Connecticut	\$3.00	\$13.00	\$41.00	43%	33%
Delaware	\$3.00	\$17.00	\$47.00	46%	33%
District of Columbia	\$3.00	\$17.00	\$47.00	46%	33%
Florida	\$3.00	\$16.00	\$47.00	44%	33%
Georgia	\$3.00	\$11.00	\$46.00	46%	33%
Hawaii	\$5.00	\$16.00	\$46.00	47%	33%
Idaho	\$3.00	\$13.00	\$45.00	42%	33%
Illinois	\$3.00	\$16.00	\$46.00	44%	33%
Indiana	\$3.00	\$12.00	\$44.00	46%	33%
Iowa	\$3.00	\$13.00	\$37.00	43%	33%
Kansas	\$3.00	\$12.00	\$45.00	43%	33%
Kentucky	\$3.00	\$12.00	\$44.00	46%	33%
Louisiana	\$3.00	\$12.00	\$43.00	43%	33%
Maine	\$3.00	\$16.00	\$46.00	42%	33%
Maryland	\$3.00	\$17.00	\$47.00	46%	33%
Massachusetts	\$3.00	\$13.00	\$41.00	43%	33%
Michigan	\$3.00	\$12.00	\$44.00	45%	33%
Minnesota	\$3.00	\$13.00	\$37.00	43%	33%
Mississippi	\$3.00	\$12.00	\$45.00	48%	33%
Missouri	\$3.00	\$11.00	\$40.00	42%	33%
Montana	\$3.00	\$13.00	\$37.00	43%	33%
Nebraska	\$3.00	\$13.00	\$37.00	43%	33%

<b>State</b>	<b>Tier 1</b> (Preferred Generic)  (includes low cost preferred generic drugs)	<b>Tier 2</b> (Generic)  (includes preferred generic and some preferred brand drugs)	<b>Tier 3</b> (Preferred Brand)  (includes preferred brand and non-preferred generic drugs)	<b>Tier 4</b> (Non-Preferred Brand)  (includes non-preferred brand and non-preferred generic drugs)	<b>Tier 5</b> (Specialty Tier)  (includes high cost generic and brand drugs)
Nevada	\$3.00	\$16.00	\$47.00	45%	33%
New Hampshire	\$3.00	\$16.00	\$46.00	42%	33%
New Jersey	\$3.00	\$15.00	\$47.00	46%	33%
New Mexico	\$3.00	\$15.00	\$46.00	47%	33%
New York	\$3.00	\$12.00	\$46.00	46%	33%
North Carolina	\$3.00	\$12.00	\$45.00	48%	33%
North Dakota	\$3.00	\$13.00	\$37.00	43%	33%
Ohio	\$3.00	\$13.00	\$41.00	44%	33%
Oklahoma	\$3.00	\$11.00	\$42.00	46%	33%
Oregon	\$3.00	\$12.00	\$44.00	44%	33%
Pennsylvania	\$3.00	\$12.00	\$44.00	47%	33%
Rhode Island	\$3.00	\$13.00	\$41.00	43%	33%
South Carolina	\$3.00	\$14.00	\$45.00	46%	33%
South Dakota	\$3.00	\$13.00	\$37.00	43%	33%
Tennessee	\$3.00	\$11.00	\$45.00	47%	33%
Texas	\$3.00	\$15.00	\$46.00	48%	33%
Utah	\$3.00	\$13.00	\$45.00	42%	33%
Vermont	\$3.00	\$13.00	\$41.00	43%	33%
Virginia	\$3.00	\$15.00	\$46.00	46%	33%
Washington	\$3.00	\$12.00	\$44.00	44%	33%
West Virginia	\$3.00	\$12.00	\$44.00	47%	33%
Wisconsin	\$3.00	\$12.00	\$41.00	42%	33%
Wyoming	\$3.00	\$13.00	\$37.00	43%	33%

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



Drug Name	Tier	Drug Requirements/ Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	1	
<i>colchicine w/ probenecid</i>	3	
COLCRYS QL (120 tabs / 30 days)	3	QL
<i>probenecid</i>	3	
ULORIC	3	ST
<b>NSAIDS</b>		
<i>celecoxib</i> (generic of CELEBREX) CAPS QL (60 caps / 30 days)	4	QL
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i> TB24	3	
<i>diclofenac sodium</i> TBEC	2	
<i>diflunisal</i>	3	
<i>etodolac</i> CAPS; TABS	3	
<i>flurbiprofen</i> TABS	2	
<i>ibuprofen</i> SUSP	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	2	
<i>ketoprofen</i> CAPS	2	
MELOXICAM SUSP	4	
<i>meloxicam</i> (generic of MOBIC) TABS	1	
<i>nabumetone</i> TABS	2	
<i>naproxen</i> SUSP	3	
<i>naproxen</i> (generic of NAPROSYN) TABS	1	
<i>naproxen</i> (generic of EC-NAPROSYN) TBEC	2	
<i>naproxen sodium</i> (generic of ANAPROX) TABS 275mg	2	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	2	
<i>sulindac</i> TABS	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	2	QL

Drug Name	Tier	Drug Requirements/ Limits
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
BUTRANS 5mcg/hr QL (16 patches / 28 days)	3	QL
BUTRANS 10mcg/hr QL (8 patches / 28 days)	3	QL
BUTRANS 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	3	QL
BUTRANS DIS 7.5MCG/HR QL (8 patches / 28 days)	3	QL
<i>nalbuphine hcl</i> (generic of NUBAIN) SOLN 10mg/ml	4	
<i>nalbuphine hcl</i> SOLN 20mg/ml	4	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	3	QL
<b>OPIOID ANALGESICS, CII</b>		
DURAMORPH	4	B/D
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	5	QL NM PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	4	QL
FENTORA QL (120 tabs / 30 days)	5	QL NM PA
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	4	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> (generic of VICOPROFEN) QL (150 tabs / 30 days)	3	QL
<i>hydromorphon inj 10mg/ml</i> (generic of DILAUDID-HP)	4	B/D
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	4	
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	3	QL
<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>lorcet tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>lorstab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>lorstab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>lorstab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	2	QL
<i>methadone hcl</i> (generic of METHADOSE) CONC QL (120 mL / 30 days)	3	QL
<i>methadone hcl SOLN</i> 5mg/5ml, 10mg/5ml QL (600 mL / 30 days)	3	QL
<i>methadone hcl</i> (generic of DOLOPHINE HCL) TABS 5mg QL (240 tabs / 30 days)	2	QL
<i>methadone hcl</i> (generic of DOLOPHINE) TABS 10mg QL (240 tabs / 30 days)	2	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	4	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	4	QL
MORPHINE SUL INJ 1mg/ml, 10mg/ml, 15mg/ml	4	B/D
<i>morphine sul inj</i> .5mg/ml, 1mg/ml	4	B/D
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SULFATE SOLN 8mg/ml	4	B/D
MORPHINE SULFATE TABS QL (180 tabs / 30 days)	3	QL
MORPHINE SULFATE ORAL SOL	3	

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

Drug Name	Drug Requirements/ Tier	Limits
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	3	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	QL
OPANA ER (CRUSH RESISTANT QL (120 tabs / 30 days)	3	QL
oxycodone hcl CAPS QL (180 caps / 30 days)	4	QL
oxycodone hcl CONC	4	
OXYCODONE HCL SOLN	4	
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen 2.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen 7.5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen 10-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
OXYCONTIN QL (120 tabs / 30 days)	3	QL
roxicet soln QL (1800 mL / 30 days)	3	QL
roxicet tab 5-325mg (generic of PERCOCET) QL (360 tabs / 30 days)	3	QL
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) 1%	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
lidocaine hcl (local anesth.) (generic of XYLOCAINE) .5%	4	B/D
lidocaine inj 0.5% (generic of XYLOCAINE-MPF)	4	B/D
lidocaine inj 1% (generic of XYLOCAINE)	4	B/D
lidocaine inj 1.5% (generic of XYLOCAINE-MPF)	4	B/D
lidocaine inj 2% (generic of XYLOCAINE)	4	B/D
<b>ANTI-INFECTIVES</b>		
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
amikacin sulfate SOLN	4	
gentamicin in saline	4	
gentamicin sulfate SOLN	4	
neomycin sulfate TABS	3	
paromomycin sulfate CAPS	4	
streptomycin sulfate SOLR	4	
sulfadiazine TABS	4	
tobramycin (generic of TOBI) NEBU	5	B/D NM
tobramycin inj 1.2/30ml	4	
tobramycin inj 1.2gm	4	
tobramycin inj 10mg/ml	4	
tobramycin inj 40mg/ml	4	
tobramycin inj 80mg/2ml	4	
tobramycin sulfate in saline	4	
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
ALBENZA	4	
ALINIA	4	
atovaquone (generic of MEPRON) SUSP	5	NM
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	5	NM
aztreonam (generic of AZACTAM)	3	
BILTRICIDE	3	
CAYSTON	5	NM LA PA
clindamycin cap 75mg (generic of CLEOCIN)	2	
clindamycin cap 300mg (generic of CLEOCIN)	2	
clindamycin hcl cap 150 mg (generic of CLEOCIN)	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	4	
<i>clindamycin phosphate inj</i> 150mg/ml	4	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE) 150mg/ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	4	
<i>clindamycin sol 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	4	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	4	
CUBICIN	5	NM
dapsone TABS	3	
DARAPRIM	4	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	4	
INVANZ	4	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	3	
<i>linezolid</i> (generic of ZYVOX) SOLN	5	NM
LINEZOLID TABS	5	NM
<i>meropenem</i> (generic of MERREM)	4	
<i>methenamine hippurate</i> (generic of HIPREX)	3	
<i>metronidazole</i> (generic of FLAGYL) TABS	2	
<i>metronidazole in nacl</i>	4	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 90 day limit per calendar year if 65 years and older; HR	4	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) 90 day limit per calendar year if 65 years and older; HR	4	PA
PENTAM 300	4	
SIVEXTRO	5	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>sulfamethoxazole-trimethopri m inj</i>	4	
<i>sulfamethoxazole-trimethopri m susp</i>	3	
<i>sulfamethoxazole-trimethopri m tab</i> (generic of BACTRIM)	2	
<i>sulfamethoxazole-trimethopri m tab</i> (generic of BACTRIM DS)	2	
SYNERCID	5	NM
<i>trimethoprim</i> TABS	2	
TYGACIL	5	NM
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	5	NM
<i>vancomycin hcl</i> SOLR	4	
ZYVOX SUSR; TABS	5	NM
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D NM
AMBISOME	5	B/D NM
<i>amphotericin b</i> SOLR	4	B/D
CANCIDAS	5	NM
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	3	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	4	
<i>fluconazole inj nacl 400</i>	4	
<i>flucytosine</i> (generic of ANCOBON) CAPS	5	NM
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> (generic of GRIFULVIN V) TABS	4	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	4	
<i>itraconazole</i> (generic of SPORANOX) CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	NM
NOXAFIL SUSP; TBEC	5	NM
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	2	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	5	NM
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	4	
<i>chloroquine phosphate</i> TABS 250mg	3	
<i>chloroquine phosphate</i> (generic of ARALEN) TABS 500mg	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> (generic of ZIAGEN)	3	
APTIVUS	5	NM
CRIXIVAN	4	
<i>didanosine</i> (generic of VIDEX EC)	4	
EDURANT	5	NM
EMTRIVA	3	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	NM
INVIRASE	5	NM
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	NM
ISENTRESS PACK	3	
ISENTRESS TABS	5	NM
<i>lamivudine</i> (generic of EPIVIR)	3	
LEXIVA	4	
NEVIRAPINE SUSP 50 MG/5ML	4	
<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	3	
<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	4	
NORVIR	3	
PREZISTA SUSP	5	NM
PREZISTA TABS 75mg, 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
PREZISTA TABS 600mg, 800mg	5	NM
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	5	NM
SELZENTRY	5	NM
<i>stavudine</i> (generic of ZERIT)	4	
SUSTIVA CAPS	3	
SUSTIVA TABS	5	NM
TIVICAY	5	NM
TYBOST	3	
VIDEX PEDIATRIC	4	
VIRACEPT	5	NM
VIRAMUNE XR 100mg	4	
VIREAD	5	NM
VITEKTA	5	NM
ZIAGEN SOLN	3	
<i>zidovudine</i> (generic of RETROVIR) CAPS; SYRP	3	
<i>zidovudine</i> TABS	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	5	NM
ATRIPLA	5	NM
COMPLERA	5	NM
EPZICOM	5	NM
EVOTAZ	5	NM
KALETRA SOL	5	NM
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	5	NM
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	5	NM
PREZCOBIX	5	NM
STRIBILD	5	NM
TRIUMEQ	5	NM
TRUVADA	5	QL NM
QL (30 tabs / 30 days)		
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	4	
<i>cycloserine</i> CAPS	5	NM
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	3	
<i>isoniazid</i> TABS	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>isoniazid inj 100 mg/ml</i>	4	
<i>isoniazid syp 50mg/5ml</i>	4	
<i>paser d/r</i>	3	
PRIFTIN	4	
<i>pyrazinamide</i>	4	
<i>rifabutin (generic of MYCOBUTIN)</i>	4	
<i>rifampin (generic of RIFADIN) CAPS</i>	3	
<i>rifampin (generic of RIFADIN) SOLR</i>	4	
RIFATER	4	
SIRTURO	5	NM LA PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir (generic of ZOVIRAX) CAPS; TABS</i>	2	
<i>acyclovir (generic of ZOVIRAX) SUSP</i>	4	
<i>acyclovir sodium SOLN</i>	4	B/D
<i>acyclovir sodium SOLR 500mg</i>	4	B/D
<i>adefovir dipivoxil (generic of HEPSERA)</i>	5	NM
BARACLUDE SOLN	3	
<i>entecavir (generic of BARACLUDE)</i>	5	NM
EPIVIR HBV SOLN	4	
<i>famciclovir (generic of FAMVIR) TABS</i>	4	
<i>foscarnet sodium</i>	4	
<i>ganciclovir inj 500mg (generic of CYTOVENE)</i>	3	B/D
HARVONI	5	NM PA
<i>lamivudine (hbv) (generic of EPIVIR HBV)</i>	4	
<i>moderiba 800 dose pack</i>	5	NM
<i>moderiba pak 600/day</i>	5	NM
<i>moderiba pak 1000/day</i>	5	NM
MODERIBA PAK 1200/DAY	5	NM
<i>moderiba tab 200mg (generic of COPEGUS)</i>	3	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

Drug Name	Drug Requirements/ Tier	Limits
REBETOL SOL 40MG/ML	5	NM
RELENZA DISKHALER	3	
<i>ribapak mis 600/day</i>	5	NM
<i>ribasphere (generic of REBETOL) CAPS</i>	3	NM
<i>ribasphere (generic of COPEGUS) TABS 200mg</i>	3	NM
<i>ribasphere TABS 400mg</i>	4	NM
<i>ribasphere TABS 600mg</i>	5	NM
<i>ribasphere ribapak 800</i>	5	NM
<i>ribasphere ribapak 1000</i>	5	NM
<i>ribasphere ribapak 1200</i>	5	NM
<i>ribavirin cap 200mg (generic of REBETOL)</i>	3	NM
<i>ribavirin tab 200mg (generic of COPEGUS)</i>	3	NM
<i>rimantadine hydrochloride (generic of FLUMADINE)</i>	3	
SOVALDI	5	NM PA
TAMIFLU	3	
TYZEKA	4	
<i>valacyclovir hcl (generic of VALTREX) TABS</i>	3	
VALCYTE SOLR	5	NM
<i>valganciclovir hcl (generic of VALCYTE)</i>	5	NM
<b>CEPHALOSPORINS</b>		
<i>cefaclor CAPS</i>	3	
<i>cefaclor SUSR</i>	4	
<i>cefaclor er tab 500mg</i>	4	
<i>cefadroxil CAPS</i>	2	
<i>cefadroxil SUSR</i>	3	
<i>cefadroxil TABS</i>	4	
<i>cefazolin in d5w</i>	4	
<i>cefazolin inj</i>	4	
<i>cefazolin sodium 1gm, 20gm</i>	4	
<i>cefdinir CAPS</i>	3	
<i>cefdinir SUSR</i>	4	
<i>cefepime hcl (generic of MAXIPIME)</i>	4	
<i>cefixime (generic of SUPRAX)</i>	3	
<i>cefotaxime sodium (generic of CLAFORAN) 1gm, 2gm, 500mg</i>	4	
<i>cefoxitin sodium</i>	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime</i> (generic of FORTAZ) 1gm, 2gm, 6gm	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg	4	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm, 500mg	4	
<i>cefuroxime axetil</i> (generic of CEFTIN)	3	
<i>cefuroxime sodium</i> (generic of ZINACEF) 1.5gm, 7.5gm, 750mg	4	
<i>cefuroxime sodium</i> 7.5gm	4	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
<i>suprax</i> CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> (generic of FORTAZ) SOLR	4	
<i>tazicef vial</i> (generic of FORTAZ)	4	
TEFLARO	4	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	3	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg	4	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	3	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	2	
<i>clarithromycin</i> (generic of BIAXIN) TABS	4	
<i>clarithromycin er</i> (generic of BIAXIN XL)	3	
<i>clarithromycin for susp</i> 125mg/5ml	4	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	4	
DIFICID	5	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>e.e.s. 400mg tab</i>	4	
<i>ery-tab</i>	4	
<i>erythrocine lactobionate</i> 500mg	4	
<i>erythrocine stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> (generic of CIPRO) SUSR	4	
<i>ciprofloxacin er</i> (generic of CIPRO XR)	4	
<i>ciprofloxacin hcl tab</i> 100mg, 750mg	2	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	2	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	4	
<i>ciprofloxacin inj</i>	4	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	2	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin in d5w</i> (generic of LEVAQUIN)	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i> (generic of LEVAQUIN)	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i>	2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) CHEW	3	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN ES-600) SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN) TABS	2	
<i>amoxicillin &amp; pot clavulanate</i> (generic of AUGMENTIN XR) TB12	4	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN)	4	
<i>ampicillin &amp; sulbactam sodium</i> (generic of UNASYN BULK PACK)	4	
<i>ampicillin cap</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
<i>ampicillin susp</i>	3	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm	4	
<i>nafcillin sodium</i> 2gm, 10gm	5	NM
<i>oxacillin sodium</i> 1gm, 2gm	4	
<i>oxacillin sodium</i> 10gm	5	NM
PENICILLIN G POT IN DEXTROSE	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>piperacillin sodium-tazobactam sodium</i> (generic of ZOSYN)	4	
<b>TETRACYCLINES</b>		
<i>doxy</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg	2	
<i>doxycycline (monohydrate)</i> (generic of MONODOX) CAPS 100mg	2	
<i>doxycycline (monohydrate)</i> (generic of ADOXA) TABS 50mg, 75mg, 100mg	3	
<i>doxycycline (monohydrate)</i> (generic of ADOXA PAK 1/150) TABS 150mg	3	

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline hyclate</i> CAPS 50mg	3	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS	3	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS	2	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BICNU	4	B/D
BUSULFEX	5	B/D NM
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	5	B/D NM
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
<i>dacarbazine</i> 200mg	3	B/D
EMCYT	4	
HEXALEN	5	NM
IFEX 3gm	4	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	4	B/D
<i>ifosfamide inj 1gm/20ml</i> (generic of IFOSFAMIDE)	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide inj 3gm/60ml</i> (generic of IFOSFAMIDE)	4	B/D
LEUKERAN	4	
LOMUSTINE	4	
<i>melfalan hcl</i> (generic of ALKERAN)	5	B/D NM
MUSTARGEN	4	B/D
TREANDA	5	B/D NM
<b>ANTHRACYCLINES</b>		
<i>adriamycin</i>	4	B/D
<i>daunorubicin hcl</i>	4	B/D
<i>doxorubicin hcl for inj 50 mg</i>	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal</i> (generic of DOXIL)	5	B/D NM
<i>epirubicin hcl</i> (generic of ELLECE)	4	B/D

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



Drug Name	Drug Requirements/ Tier	Limits
<i>idarubicin hcl</i> (generic of IDAMYCIN PFS)	5	B/D NM
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	4	B/D
<i>mitomycin SOLR</i>	4	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	4	B/D
ALIMTA	5	B/D NM
<i>azacitidine</i> (generic of VIDAZA)	5	B/D NM
<i>cladribine</i>	5	B/D NM
<i>cytarabine 20mg/ml</i>	4	B/D
<i>fludarabine phosphate SOLN</i>	4	B/D
<i>fludarabine phosphate</i> (generic of FLUDARA) SOLR	4	B/D
<i>fluorouracil SOLN</i>	4	B/D
GEMCITABINE HCL SOLN	5	B/D NM
<i>gemcitabine hcl</i> (generic of GEMZAR) SOLR 1gm, 200mg	5	B/D NM
<i>gemcitabine hcl SOLR 2gm</i>	5	B/D NM
<i>mercaptopurine TABS</i>	3	
<i>methotrexate sodium inj</i>	4	B/D
NIPENT	5	B/D NM
PURIXAN	5	NM
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D NM
DOCETAXEL CONC 20mg/ml, 80mg/4ml	5	B/D NM
<i>docetaxel CONC 140mg/7ml</i>	5	B/D NM
DOCETAXEL SOLN 80mg/8ml, 200mg/20ml	5	B/D NM
<i>paclitaxel</i>	4	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate</i>	4	B/D
<i>vincasar</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	4	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	B/D NM LA
BELEODAQ	5	NM PA
ERIVEDGE	5	NM LA PA

Drug Name	Drug Requirements/ Tier	Limits
FARYDAK	5	NM LA PA
HERCEPTIN	5	B/D NM
IBRANCE	5	NM LA PA
ISTODAX	5	B/D NM
KADCYLA	5	B/D NM
KEYTRUDA	5	NM PA
LYNPARZA	5	NM LA PA
PROLEUKIN	5	B/D NM
RITUXAN	5	NM LA PA
VELCADE	5	B/D NM
YERVOY	5	NM PA
ZOLINZA	5	NM PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>anastrozole</i> (generic of ARIMIDEX) TABS	2	
<i>bicalutamide</i> (generic of CASODEX)	3	
DEPO-PROVERA INJ 400/ML	4	B/D
<i>exemestane</i> (generic of AROMASIN)	4	
FARESTON	5	NM
FASLODEX	5	B/D NM
<i>flutamide</i>	4	
<i>letrozole</i> (generic of FEMARA) TABS	3	
<i>leuprolide inj 1mg/0.2</i>	3	NM PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	5	NM PA
LUPRON DEPO INJ 11.25MG (3-MONTH)	5	NM PA
LUPRON DEPOT 3.75mg	5	NM PA
LUPRON DEPOT-PED	5	NM PA
LYSODREN	3	
MEGACE ES HR	5	NM PA
<i>megestrol acetate</i> (generic of MEGACE ORAL) SUSP 40mg/ml PA if 65 years and older; HR	4	PA
<i>megestrol acetate</i> TABS PA if 65 years and older; HR	4	PA
NILANDRON	5	NM
SOLTAMOX	4	
<i>tamoxifen citrate</i> TABS	1	

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

Drug Name	Drug Requirements/ Tier	Limits
TRELSTAR DEP INJ 3.75MG	5	NM PA
TRELSTAR LA INJ 11.25MG	5	NM PA
XTANDI	5	NM LA PA
ZYTIGA	5	NM LA PA
<b>KINASE INHIBITORS</b>		
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
XALKORI	5	NM LA PA
ZELBORAF	5	NM LA PA
ZYDELIG	5	NM LA PA
ZYKADIA	5	NM LA PA
<b>MISCELLANEOUS</b>		
DROXIA	3	
hydroxyurea (generic of HYDREA) CAPS	3	
MATULANE	5	NM LA
mitoxantrone hcl	3	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
POMALYST CAP 1MG	5	NM LA PA
POMALYST CAP 2MG	5	NM LA PA
POMALYST CAP 3MG	5	NM LA PA
POMALYST CAP 4MG	5	NM LA PA
SYLATRON KIT 200MCG	5	NM PA
SYLATRON KIT 300MCG	5	NM PA
SYLATRON KIT 600MCG	5	NM PA
SYNRIBO	5	NM PA
TARGRETIN CAPS	5	NM PA
tretinoin (chemotherapy)	5	NM
TRISENOX	5	B/D NM
<b>PLATINUM-BASED AGENTS</b>		
carboplatin	4	B/D
cisplatin	4	B/D
oxaliplatin	5	B/D NM
<b>PROTECTIVE AGENTS</b>		
amifostine crystalline (generic of ETHYOL)	5	B/D NM
dexrazoxane (generic of ZINECARD) 250mg	5	B/D NM
ELITEK	5	B/D NM
FUSILEV	5	B/D NM
leucovorin calcium SOLR	4	B/D
leucovorin calcium TABS	3	
leucovorin calcium for inj 500 mg	4	B/D
levoleucovorin calcium	5	B/D NM
mesna (generic of MESNEX)	4	B/D
MESNEX TABS	5	NM
<b>TOPOISOMERASE INHIBITORS</b>		
etoposide SOLN 500mg/25ml	3	B/D
irinotecan hcl (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	4	B/D
irinotecan hcl 500mg/25ml	4	B/D
toposar 1gm/50ml	3	B/D
topotecan hcl (generic of HYCANTIN) SOLR	5	B/D NM
<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>		
amlodipine	2	QL
bessylate-benazepril hcl cap 2.5-10 mg (generic of LOTREL)		QL (30 caps / 30 days)

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	2	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	2	QL
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg QL (30 caps / 30 days)	2	QL
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	2	QL
<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL)	2	
<i>benazepril &amp; hydrochlorothiazide</i>	2	
<i>benazepril &amp; hydrochlorothiazide</i> (generic of LOTENSIN HCT)	2	
<i>captopril &amp; hydrochlorothiazide</i>	2	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	2	
<i>enalapril maleate &amp; hydrochlorothiazide</i> (generic of VASERETIC)	2	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	2	
<i>lisinopril &amp; hydrochlorothiazide</i> (generic of ZESTORETIC)	1	
<i>moexipril-hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	2	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS 5mg	1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>enalapril maleate</i> (generic of VASOTEC) TABS	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i> 2mg	2	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	2	
<i>quinapril hcl</i> (generic of ACCUPRIL)	2	
<i>ramipril</i> (generic of ALTACE)	2	
<i>trandolapril</i> (generic of MAVIK)	2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> (generic of INSPRA)	4	
<i>spironolactone</i> (generic of ALDACTONE) TABS	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS)	2	
<i>terazosin hcl</i>	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-valsartan</i> tab 5-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	2	QL
<i>amlodipine besylate-valsartan</i> tab 5-320 mg (generic of EXFORGE) QL (30 tabs / 30 days)	2	QL
<i>amlodipine besylate-valsartan</i> tab 10-160 mg (generic of EXFORGE) QL (30 tabs / 30 days)	2	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	2	
<i>amlodipine-valsartan-hctz tab 5-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	2	QL
<i>amlodipine-valsartan-hctz tab 5-160-25 mg</i> (generic of EXFORGE HCT) QL (60 tabs / 30 days)	2	QL
<i>amlodipine-valsartan-hctz tab 10-160-12.5 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	2	QL
<i>amlodipine-valsartan-hctz tab 10-160-25 mg</i> (generic of EXFORGE HCT) QL (30 tabs / 30 days)	2	QL
<i>amlodipine-valsartan-hctz tab 10-320-25 mg</i> (generic of EXFORGE HCT)	2	
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG	3	
BENICAR HCT 40-25MG	3	
BENICAR HCT TAB 20-12.5MG	3	
BENICAR HCT TAB 40-12.5MG	3	
<i>losartan potassium &amp; hctz tab 50-12.5 mg</i> (generic of HYZAAR)	2	
<i>losartan potassium &amp; hctz tab 100-12.5 mg</i> (generic of HYZAAR)	2	
<i>losartan potassium &amp; hctz tab 100-25 mg</i> (generic of HYZAAR)	2	
TRIBENZOR TAB 20-5-12.5MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRIBENZOR TAB 40-5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-5-25MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR TAB 40-10-25MG	3	
<i>valsartan &amp; hctz tab 80-12.5mg</i> (generic of DIOVAN HCT)	2	
<i>valsartan &amp; hctz tab 160-12.5mg</i> (generic of DIOVAN HCT)	2	
<i>valsartan &amp; hctz tab 160-25mg</i> (generic of DIOVAN HCT)	2	
<i>valsartan &amp; hctz tab 320-12.5mg</i> (generic of DIOVAN HCT)	2	
<i>valsartan &amp; hctz tab 320-25mg</i> (generic of DIOVAN HCT)	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
BENICAR	3	
<i>losartan potassium</i> (generic of COZAAR)	1	
<i>valsartan</i> (generic of DIOVAN)	2	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	4	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i> (generic of CORDARONE)	2	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older; HR	4	PA
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR PA if 65 years and older; HR	4	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> (generic of CORDARONE) 200mg	2	
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12	4	
<i>propafenone hcl</i> (generic of RYTHMOL) TABS 150mg, 225mg	3	
<i>propafenone hcl</i> TABS 300mg	3	
<i>quinidine gluconate</i> TBCR	4	
<i>quinidine sulfate</i> TABS	2	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	
<i>sorine</i> 240mg	2	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	2	
<i>sotalol hcl</i> 240mg	2	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	3	
TIKOSYN CAP 125MCG	4	NM
TIKOSYN CAP 250MCG	4	NM
TIKOSYN CAP 500MCG	4	NM
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS QL (30 tabs / 30 days)	1	QL
CRESTOR QL (30 tabs / 30 days)	3	QL
<i>lovastatin</i> 10mg QL (30 tabs / 30 days)	2	QL
<i>lovastatin</i> 20mg QL (120 tabs / 30 days)	2	QL
<i>lovastatin</i> (generic of MEVACOR) 40mg QL (60 tabs / 30 days)	2	QL
<i>pravastatin sodium</i> 10mg QL (30 tabs / 30 days)	2	QL
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg QL (30 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> (generic of ZOCOR) TABS QL (30 tabs / 30 days)	1	QL
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> (generic of QUESTRAN)	4	
<i>cholestyramine light</i>	4	
<i>choline fenofibrate cap dr 45 mg</i> (generic of TRILIPIX)	4	
<i>choline fenofibrate cap dr 135 mg</i> (generic of TRILIPIX)	4	
<i>colestipol hcl</i> (generic of COLESTID) GRAN; PACK	4	
<i>colestipol hcl</i> (generic of COLESTID) TABS	3	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	4	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg, 160mg	3	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> (generic of LOPID) TABS	2	
JUXTAPID	5	NM LA PA
KYNAMRO	5	NM PA
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	4	QL
<i>niacin er (antihyperlipidemic)</i> (generic of NIASPAN) 750mg, 1000mg	4	
<i>niacor</i>	3	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	4	
<i>prevalite</i> (generic of QUESTRAN LIGHT)	4	
VASCEPA	4	
WELCHOL	3	
ZETIA	4	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 50)	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol &amp; chlorthalidone</i> (generic of TENORETIC 100)	3	
<i>bisoprolol &amp; hydrochlorothiazide</i> (generic of ZIAC)	2	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	
<i>metoprolol &amp; hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> (generic of SECTRAL) CAPS	2	
<i>atenolol</i> (generic of TENORMIN) TABS	1	
<i>bisoprolol fumarate</i> (generic of ZEBETA)	3	
BYSTOLIC	4	
<i>carvedilol</i> (generic of COREG)	2	
<i>labetalol hcl</i> (generic of TRANDATE) TABS	3	
<i>metoprolol succinate</i> (generic of TOPROL XL) 25mg, 50mg QL (60 tabs / 30 days)	2	QL
<i>metoprolol succinate</i> (generic of TOPROL XL) 100mg QL (45 tabs / 30 days)	2	QL
<i>metoprolol succinate</i> (generic of TOPROL XL) 200mg	2	
<i>metoprolol tartrate</i> SOLN	4	
<i>metoprolol tartrate</i> TABS 25mg	1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i> (generic of INDERAL LA)	4	
<i>propranolol hcl</i> SOLN 1mg/ml	4	
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS	2	
<i>timolol maleate</i> TABS	3	

**CALCIUM CHANNEL BLOCKERS**

Drug Name	Drug Requirements/ Tier	Limits
<i>afeditab cr</i> (generic of ADALAT CC) 30mg QL (60 tabs / 30 days)	3	QL
<i>afeditab cr</i> (generic of ADALAT CC) 60mg	3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	1	
<i>cartia xt</i> (generic of CARDIZEM CD)	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap</i> (generic of TIAZAC)	3	
<i>diltiazem cap 120mg/24hr</i>	3	
<i>diltiazem cap er/12hr</i>	3	
<i>diltiazem hcl</i> SOLN	4	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	2	
<i>diltiazem hcl</i> TABS 90mg	2	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24	3	
<i>diltzac cap 120mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 180mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 240mg/24</i> (generic of TIAZAC)	3	
<i>diltzac cap 300mg/24</i> (generic of TIAZAC)	3	
<i>felodipine</i> 2.5mg QL (30 tabs / 30 days)	3	QL
<i>felodipine</i> 5mg QL (60 tabs / 30 days)	3	QL
<i>felodipine</i> 10mg	3	
<i>isradipine</i>	4	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedical</i> (generic of PROCARDIA XL) 30mg QL (30 tabs / 30 days)	3	QL
<i>nifedical</i> (generic of PROCARDIA XL) 60mg	3	
<i>nifedipine</i> (generic of ADALAT CC) TB24 30mg QL (60 tabs / 30 days)	3	QL
<i>nifedipine</i> (generic of ADALAT CC) TB24 60mg, 90mg	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nifedipine er</i> (generic of PROCARDIA XL) 30mg QL (30 tabs / 30 days)	3	QL
<i>nifedipine er</i> (generic of PROCARDIA XL) 60mg, 90mg	3	
<i>nimodipine</i> CAPS	5	NM
NYMALIZE	5	NM
<i>taztia</i> (generic of TIAZAC)	3	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	3	
VERAPAMIL CAP ER 360mg	3	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS 40mg	2	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	2	
<i>verapamil tab er</i> (generic of CALAN SR)	2	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older; HR	3	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digoxin</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days) HR (doses > 0.125 mg/day)	3	QL
<i>digoxin</i> (generic of LANOXIN) 250mcg PA if 65 years and older; HR	3	PA
<i>digoxin inj</i> (generic of LANOXIN) HR (doses > 0.125 mg/day)	4	
DIGOXIN SOL 50MCG/ML PA if 65 years and older; HR	3	PA

Drug Name	Drug Requirements/ Tier	Limits
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
TEKTURNA 150mg QL (30 tabs / 30 days)	3	QL
TEKTURNA 300mg	3	
TEKTURNA HCT TAB 150-12.5MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 150-25MG QL (60 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-12.5MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-25MG	3	
<b><i>DIURETICS</i></b>		
<i>acetazolamide</i> (generic of DIAMOX) CP12	3	
<i>acetazolamide</i> TABS	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl</i>	3	
<i>bumetanide</i> SOLN	4	
<i>bumetanide</i> TABS	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i> 25mg, 50mg	3	
<i>furosemide</i> SOLN	2	
<i>furosemide</i> (generic of LASIX) TABS	1	
<i>furosemide inj</i> 10mg/ml	4	
FUROSEMIDE INJ 10mg/ml	4	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	1	
<i>hydrochlorothiazide</i> TABS	1	
<i>indapamide</i>	2	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	4	
<i>methyclothiazide</i>	3	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i> (generic of ALDACTAZIDE)	3	
<i>torseamide inj</i>	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>torsemide tabs</i> (generic of DEMADEx) 5mg, 10mg, 20mg	2	
<i>torsemide tabs</i> 100mg	2	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE) TABS	1	
<i>triamterene &amp; hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	1	
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZIDE)	2	
<b>MISCELLANEOUS</b>		
BIDIL	3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	4	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	2	
DEMSER	5	NM
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	3	
<i>midodrine hcl</i>	4	
<i>minoxidil</i> TABS	3	
RANEXA	4	
<b>NITRATES</b>		
<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	3	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	3	
<i>isosorbide dinitrate er</i>	3	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i> (generic of NITRO-DUR)	3	
<i>nitro-bid</i>	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	3	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	3	
NITROSTAT	3	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS QL (90 tabs / 30 days)	5	QL NM LA PA
LETAIRIS QL (30 tabs / 30 days)	5	QL NM LA PA
OPSUMIT QL (30 tabs / 30 days)	5	QL NM LA PA
REMODULIN	5	B/D NM LA
REVATIO SUSR QL (224 mL / 30 days)	5	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS QL (90 tabs / 30 days)	3	QL NM PA
TRACLEER 62.5mg QL (120 tabs / 30 days)	5	QL NM LA PA
TRACLEER 125mg QL (60 tabs / 30 days)	5	QL NM LA PA
<b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	2	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	2	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	2	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	2	QL
<i>bupirone hcl</i> TABS	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg QL (45 tabs / 30 days)	3	QL

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



Drug Name	Drug Requirements/ Tier	Limits
<i>fluvoxamine maleate</i> TABS 100mg	3	
<i>lorazepam</i> CONC QL (150 mL / 30 days)	3	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN	4	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	2	QL
<b>ANTICONVULSANTS</b>		
APTIOM 200mg QL (180 tabs / 30 days)	4	QL
APTIOM 400mg QL (90 tabs / 30 days)	4	QL
APTIOM 600mg QL (60 tabs / 30 days)	4	QL
APTIOM 800mg QL (30 tabs / 30 days)	4	QL
BANZEL SUS 40MG/ML	4	PA
BANZEL TAB 200MG	4	PA
BANZEL TAB 400MG	4	PA
<i>carbamazepine</i> CHEW	3	
<i>carbamazepine</i> (generic of CARBATROL) CP12	4	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	4	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	3	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12	4	
CELONTIN	4	
<i>clonazepam</i> (generic of KLONOPIN) TABS 1mg QL (120 tabs / 30 days)	2	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	2	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg QL (240 tabs / 30 days)	2	QL
<i>clonazepam</i> TBDP 1mg QL (120 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	3	QL
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	3	QL
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 3.75mg, 7.5mg QL (120 tabs / 30 days)	2	QL PA
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 15mg QL (180 tabs / 30 days)	2	QL PA
<i>diazepam</i> CONC QL (240 mL / 30 days)	3	QL PA
<i>diazepam</i> SOLN QL (1200 mL / 30 days)	3	QL PA
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days)	2	QL PA
DIAZEPAM GEL (ANTICONVULSANT)	4	
<i>diazepam inj</i>	4	
<i>dilantin</i>	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CPSP	4	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	4	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	3	
<i>epitol</i> (generic of TEGRETOL)	3	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	4	
<i>felbamate</i> (generic of FELBATOL) SUSP	5	NM
<i>felbamate</i> (generic of FELBATOL) TABS	4	
FYCOMPA 2mg QL (180 tabs / 30 days)	4	QL PA
FYCOMPA 4mg QL (90 tabs / 30 days)	4	QL PA
FYCOMPA 6mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA 8mg, 10mg, 12mg QL (30 tabs / 30 days)	4	QL PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	2	QL
GABITRIL 12mg, 16mg	4	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	3	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	2	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	4	
<i>levetiracetam</i> (generic of KEPPRA) TABS	3	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	4	
<i>levetiracetam inj</i> (generic of KEPPRA)	4	
LEVETIRACETAM IV	4	
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL
LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL
LYRICA SOLN QL (946 mL / 30 days)	3	QL
ONFI SOLN	4	PA
ONFI TAB	4	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	4	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older; HR	4	PA
PHENOBARBITAL SODIUM 65mg/ml PA if 65 years and older; HR	4	PA
<i>phenobarbital sodium</i> 130mg/ml PA if 65 years and older; HR	4	PA
<i>phenytek</i>	4	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	3	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	3	
<i>phenytoin sodium</i> SOLN	4	
<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	3	
<i>phenytoin sodium extended</i> 200mg, 300mg	3	
POTIGA 50mg	4	
POTIGA 200mg QL (180 tabs / 30 days)	4	QL
POTIGA 300mg, 400mg QL (90 tabs / 30 days)	4	QL
<i>primidone</i> (generic of MYSOLINE) TABS	3	
SABRIL PACK QL (180 packets / 30 days)	5	QL NM LA PA
SABRIL TABS QL (180 tabs / 30 days)	5	QL NM LA PA
TEGRETOL	4	
TEGRETOL-XR	4	
<i>tiagabine hcl</i> (generic of GABITRIL)	4	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> (generic of TOPAMAX) TABS	3	
<i>valproate sodium</i> (generic of DEPAICON) SOLN	4	
<i>valproate sodium</i> (generic of DEPAKENE) SYRP	2	
<i>valproic acid</i> (generic of DEPAKENE) CAPS	3	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	4	QL
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg QL (180 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	3	
<i>zonisamide</i> CAPS 50mg	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	2	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	2	
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 23mg	4	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	4	QL
<i>donepezil hydrochloride</i> TBDP 10mg	4	
EXELON PATCHES QL (30 patches / 30 days)	4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg QL (30 caps / 30 days)	4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 24mg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (180 tabs / 30 days)	4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg QL (90 tabs / 30 days)	4	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	4	
<i>memantine hcl</i> (generic of NAMENDA) PA if < 30 yrs	4	PA
NAMENDA SOL 10MG/5ML PA if < 30 yrs	3	PA
NAMENDA TAB PA if < 30 yrs	4	PA
NAMENDA XR PA if < 30 yrs	4	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	4	PA
<i>rivastigmine tartrate</i> (generic of EXELON)	4	
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS PA if 65 years and older; HR	4	PA
<i>amoxapine</i>	3	
BRINTELLIX 5mg QL (120 tabs / 30 days)	4	QL
BRINTELLIX 10mg QL (60 tabs / 30 days)	4	QL
BRINTELLIX 20mg QL (30 tabs / 30 days)	4	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN) TABS	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	3	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (90 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	3	QL
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg QL (45 tabs / 30 days)	1	QL
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 40mg QL (30 tabs / 30 days)	1	QL
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older; HR	4	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS	4	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older; HR	4	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	4	QL
EMSAM QL (30 patches / 30 days)	5	QL NM PA
<i>escitalopram oxalate</i> (generic of LEXAPRO) SOLN QL (600 mL / 30 days)	4	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg QL (45 tabs / 30 days)	3	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg QL (60 tabs / 30 days)	3	QL
FETZIMA 20mg QL (180 caps / 30 days)	4	QL
FETZIMA 40mg QL (90 caps / 30 days)	4	QL
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	4	QL
FETZIMA TITRATION PACK	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg QL (30 caps / 30 days)	1	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 20mg QL (120 caps / 30 days)	1	QL
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 40mg	1	
<i>fluoxetine hcl</i> SOLN	3	
<i>fluoxetine hcl</i> TABS 10mg QL (45 tabs / 30 days)	3	QL
<i>fluoxetine hcl</i> TABS 20mg	3	
<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older; HR	4	PA
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG QL (180 tabs / 30 days)	4	QL
<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	2	QL
<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	2	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg QL (30 tabs / 30 days)	3	QL
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 40mg QL (45 tabs / 30 days)	1	QL
<i>paroxetine hcl</i> (generic of PAXIL) TABS 30mg QL (60 tabs / 30 days)	1	QL
PAXIL SUSP QL (900 mL / 30 days)	4	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>phenelzine sulfate</i> (generic of NARDIL) TABS	3	
PRISTIQ QL (30 tabs / 30 days)	3	QL
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> (generic of ZOLOFT) CONC	3	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg QL (45 tabs / 30 days)	1	QL
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 100mg	1	
SURMONTIL CAP 25MG QL (240 caps / 30 days) PA if 65 years and older; HR	4	QL PA
SURMONTIL CAP 50MG QL (120 caps / 30 days) PA if 65 years and older; HR	4	QL PA
SURMONTIL CAP 100MG QL (60 caps / 30 days) PA if 65 years and older; HR	4	QL PA
<i>tranlycypromine sulfate</i> (generic of PARNATE)	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	2	
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg QL (30 caps / 30 days)	3	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 150mg QL (60 caps / 30 days)	3	QL
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD KIT	4	
VIIBRYD TABS QL (30 tabs / 30 days)	4	QL
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS; TABS	4	
<i>amantadine hcl</i> SYRP	2	
APOKYN	5	NM LA PA
AZILECT	3	

Drug Name	Drug Requirements/ Tier	Limits
BENZTROPINE MESYLATE SOLN	3	
<i>benztropine mesylate</i> TABS PA if 65 years and older; HR	4	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS	4	
<i>bromocriptine mesylate</i> TABS	4	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	3	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	3	
<i>carbidopa-levodopa</i> TBDP	3	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
CARBIDOPA/LEVODOPA/EN TACAPONE	4	
ENTACAPONE	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS	2	
<i>ropinirole hydrochloride</i> (generic of REQUIP) TABS	3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	4	
<i>selegiline hcl</i> TABS	4	
<b>ANTIPSYCHOTICS</b>		
ABILIFY DISC TAB 10MG QL (60 tabs / 30 days)	4	QL
ABILIFY MAINTENA QL (1 injection / 28 days)	4	QL
<i>aripiprazole</i> (generic of ABILIFY) QL (30 tabs / 30 days)	4	QL
<i>chlorpromazine hcl</i> SOLN; TABS	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	4	QL
<i>clozapine</i> TABS 200mg QL (135 tabs / 30 days)	4	QL
CLOZAPINE TBDP 12.5mg, 25mg	4	PA
CLOZAPINE TBDP 100mg QL (270 tabs / 30 days)	4	QL PA
CLOZAPINE TBDP 150mg QL (180 tabs / 30 days)	4	QL PA
CLOZAPINE TBDP 200mg QL (135 tabs / 30 days)	4	QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	3	
<i>clozapine tab 50mg</i>	3	
FANAPT QL (60 tabs / 30 days)	4	QL ST
FANAPT TITRATION PACK	4	ST
FAZACLO 150mg QL (180 tabs / 30 days)	4	QL PA
FAZACLO 200mg QL (135 tabs / 30 days)	4	QL PA
<i>fluphenazine decanoate</i> SOLN	4	
<i>fluphenazine hcl</i> CONC; ELIX; SOLN	4	
<i>fluphenazine hcl</i> TABS	2	
GEODON SOLR QL (6 mL / 3 days)	4	QL
<i>haloperidol</i> TABS	3	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	4	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	4	
<i>haloperidol lactate conc</i>	3	
<i>haloperidol lactate inj 5mg/ml</i> (generic of HALDOL)	4	
INVEGA 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	4	QL
INVEGA 6mg QL (60 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	4	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	4	QL
LATUDA 20mg QL (240 tabs / 30 days)	4	QL
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	4	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	4	QL
<i>loxapine succinate</i>	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg QL (30 tabs / 30 days)	4	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg, 20mg QL (60 tabs / 30 days)	4	QL
ORAP	4	
<i>perphenazine</i> TABS	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) QL (90 tabs / 30 days)	4	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	4	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	3	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	4	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	4	QL
<i>risperidone</i> TBDP .25mg QL (90 tabs / 30 days)	4	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	4	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
SAPHRIS 10mg QL (60 tabs / 30 days)	4	QL
SEROQUEL XR 50mg QL (120 tabs / 30 days)	4	QL
SEROQUEL XR 150mg, 200mg QL (30 tabs / 30 days)	4	QL
SEROQUEL XR 300mg, 400mg QL (60 tabs / 30 days)	4	QL
<i>thioridazine hcl</i> TABS PA if 65 years and older; HR	4	PA
<i>thiothixene</i>	3	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ QL (600 mL / 30 days)	5	QL NM PA
<i>ziprasidone hcl</i> (generic of GEODON) 20mg, 40mg QL (60 caps / 30 days)	4	QL
<i>ziprasidone hcl</i> (generic of GEODON) 60mg, 80mg QL (90 caps / 30 days)	4	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	4	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	4	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	4	QL PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> (generic of ADDERALL XR) QL (90 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	3	QL
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) PA if 65 years and older; HR	4	PA
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	4	QL
<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	4	QL
STRATTERA 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
STRATTERA 40mg QL (60 caps / 30 days)	4	QL
STRATTERA 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
<b>HYPNOTICS</b>		
HETLIOZ	5	NM LA PA
ROZEREM QL (30 tabs / 30 days)	4	QL
SILENOR 3mg QL (60 tabs / 30 days) HR (doses > 6mg/day)	3	QL
SILENOR 6mg QL (30 tabs / 30 days) HR (doses > 6mg/day)	3	QL
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) 90 day limit per calendar year if 65 years and older	2	QL PA
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) 90 day limit per calendar year if 65 years and older	2	QL PA

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



Drug Name	Drug Requirements/ Tier	Limits
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) 90 day limit per calendar year if 65 years and older; HR	4	QL PA
<b>MIGRAINE</b>		
<i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) 1mg/ml	3	
<i>naratriptan hcl</i> (generic of AMERGE) QL (9 tabs / 30 days)	3	QL
RELPAK QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP QL (18 tabs / 30 days)	4	QL
SUMATRIPTAN SOLN 5mg/act QL (24 inhalers / 30 days)	4	QL
SUMATRIPTAN SOLN 20mg/act QL (12 inhalers / 30 days)	4	QL
<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (9 tabs / 30 days)	3	QL
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML QL (12 injections / 30 days)	4	QL
<i>sumatriptan succinate inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	4	QL
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML SOCT QL (12 injections / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>sumatriptan succinate inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (6 mL / 30 days)	4	QL
<i>sumatriptan succinate inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	4	QL
<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	4	QL
<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	4	QL
<b>MISCELLANEOUS</b>		
GRALISE 300mg QL (180 tabs / 30 days)	3	QL
GRALISE 600mg QL (90 tabs / 30 days)	3	QL
GRALISE STARTER	3	
<i>lithium carbonate</i> CAPS; TABS	2	
<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	2	
<i>lithium carbonate er</i> 450mg	2	
LITHIUM SOLN 8MEQ/5ML	3	
NUDEXTA	3	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	3	
<i>riluzole</i> (generic of RILUTEK)	4	
XENAZINE 12.5mg QL (240 tabs / 30 days)	5	QL NM LA PA
XENAZINE 25mg QL (120 tabs / 30 days)	5	QL NM LA PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	NM LA PA
BETASERON QL (14 syringes / 28 days)	5	QL NM PA
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	QL NM PA
COPAXONE KIT 20MG/ML QL (30 syringes per 30 days)	5	QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
GILENYA CAP 0.5MG QL (28 caps / 28 days)	5	QL NM PA
TYSABRI	5	NM LA PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg PA if 65 years and older; HR	4	PA
<i>dantrolene sodium</i> (generic of DANTRIUM) CAPS 25mg, 50mg	4	
<i>dantrolene sodium</i> CAPS 100mg	4	
<i>tizanidine hcl</i> TABS 2mg	3	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	3	
<b>NARCOLEPSY/CATAPLEXY</b>		
NUVIGIL 50mg QL (150 tabs / 30 days)	4	QL PA
NUVIGIL 150mg QL (60 tabs / 30 days)	4	QL PA
NUVIGIL 200mg, 250mg QL (30 tabs / 30 days)	4	QL PA
XYREM QL (540 mL / 30 days)	5	QL NM LA PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	4	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	4	QL PA
<i>buprobam</i> (generic of ZYBAN)	3	
CHANTIX CONTINUING MONTH	4	PA
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	4	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> (generic of REVIA) TABS	3	
NICOTROL INHALER	4	
NICOTROL NS	4	

Drug Name	Drug Requirements/ Tier	Limits
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	4	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	4	QL PA
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>		
ANDRODERM QL (30 patches / 30 days)	4	QL PA
AXIRON QL (440 mL / 30 days)	3	QL PA
<i>oxandrolone tab 2.5mg</i> (generic of OXANDRIN)	3	PA
<i>oxandrolone tab 10mg</i> (generic of OXANDRIN)	5	NM PA
<i>testosterone cypionate SOLN 100mg/ml</i>	4	PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN 200mg/ml	4	PA
<i>testosterone enanthate SOLN</i>	4	PA
<b>ANTIDIABETICS, INJECTABLE</b>		
ALCOHOL SWABS	3	
BYDUREON PEN QL (4 pens / 28 days)	3	QL
BYDUREON SUSR QL (4 vials / 28 days)	3	QL
BYETTA QL (1 pen / 30 days)	4	QL
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D NM
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	

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

Drug Name	Drug Requirements/ Tier	Limits
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30 RELION not covered	3	
NOVOLIN N RELION not covered	3	
NOVOLIN R RELION not covered	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILL	3	
NOVOLOG PENFILL	3	
SYMLINPEN 60 QL (8 pens / 30 days)	4	QL PA
SYMLINPEN 120 QL (4 pens / 30 days)	4	QL PA
TANZEUM QL (4 pens / 28 days)	4	QL
TOUJEO SOLOSTAR	3	
TRULICITY QL (4 pens / 28 days)	4	QL
VICTOZA QL (3 pens / 30 days)	3	QL
<b>ANTIDIABETICS, ORAL</b>		
acarbose (generic of PRECOSE)	3	
FARXIGA 5mg QL (60 tabs / 30 days)	3	QL
FARXIGA 10mg QL (30 tabs / 30 days)	3	QL
glimepiride (generic of AMARYL) 1mg QL (240 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 2mg QL (120 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) 4mg QL (60 tabs / 30 days)	1	QL
glip/metform tab 2.5-250mg QL (240 tabs / 30 days)	2	QL
glip/metform tab 2.5-500mg QL (120 tabs / 30 days)	2	QL
glip/metform tab 5-500mg QL (120 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
glipizide (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	1	QL
glipizide (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	2	QL
glipizide (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	2	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA 100mg QL (90 tabs / 30 days)	3	QL
INVOKANA 300mg QL (30 tabs / 30 days)	3	QL
JANUMET QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA QL (30 tabs / 30 days)	3	QL
JENTADUETO QL (60 tabs / 30 days)	3	QL
metformin hcl (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 500mg QL (120 tabs / 30 days)	1	QL
<i>metformin hcl</i> (generic of GLUCOPHAGE XR) TB24 750mg QL (60 tabs / 30 days)	1	QL
<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	2	QL
<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	2	QL
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	2	QL
<i>repaglinide</i> (generic of PRANDIN) .5mg, 1mg QL (120 tabs / 30 days)	2	QL
TRADJENTA QL (30 tabs / 30 days)	3	QL
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg QL (4 tabs / 28 days)	1	QL
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg QL (4 tabs / 28 days)	1	QL
BINOSTO QL (4 tabs / 28 days)	4	QL
<i>ibandronate tab 150mg</i> (generic of BONIVA) QL (1 tab / 30 days)	4	B/D QL
<i>pamidronate disodium</i> SOLN	4	B/D
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	4	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	4	B/D NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR 30mg QL (120 tabs / 30 days)	3	QL NM
SENSIPAR 60mg QL (60 tabs / 30 days)	5	QL NM
SENSIPAR 90mg QL (120 tabs / 30 days)	5	QL NM
<b>CHELATING AGENTS</b>		
CHEMET	4	
DEPEN TITRATABS	5	NM
EXJADE	5	NM LA PA
FERRIPROX	5	NM LA PA
<i>kionex powder</i> (generic of KAYEXALATE)	4	
<i>kionex susp 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps susp 15gm/60ml</i>	3	
SYPRINE	5	NM
<b>CONTRACEPTIVES</b>		
<i>altavera</i>	3	
<i>apri 28 day</i> (generic of DESOGEN)	3	
<i>aranelle 28</i> (generic of TRI-NORINYL 28)	3	
<i>aubra 28 day</i>	3	
<i>aviane 28</i>	3	
<i>balziva 28 day</i> (generic of OVCON-35)	3	
<i>briellyn 28 day</i> (generic of OVCON-35)	3	
<i>camila 28 day</i> (generic of NOR-QD)	3	
<i>cryselle 28</i>	3	
<i>cyclafem 1/35 28 day</i> (generic of NORINYL 1+35)	3	
<i>cyclafem 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	3	
<i>deblitane 28 day</i> (generic of NOR-QD)	3	
<i>delyla 28 day</i>	3	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	3	

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

Drug Name	Drug Requirements/ Tier Limits
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	3
ELLA	4
<i>emoquette</i> (generic of DESOGEN)	3
<i>enpresse 28 day</i>	3
<i>errin 28 day</i> (generic of ORTHO MICRONOR)	3
<i>falmina 28 day</i>	3
GIANVI TAB 3-0.02MG	3
<i>gildagia</i> (generic of OVCON-35)	3
<i>gildess 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3
<i>heather</i> (generic of NOR-QD)	3
<i>introvale 91 day</i>	3
JOLESSA TAB 0.15-0.03 MG	3
JOLIVETTE	3
<i>junel 1.5/30 21 day</i> (generic of LOESTRIN 1.5/30-21)	3
<i>junel 1/20 21 day</i> (generic of LOESTRIN 1/20-21)	3
<i>junel fe 1.5/30 28 day</i> (generic of LOESTRIN FE 1.5/30)	3
<i>junel fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	3
<i>kariva 28 day</i> (generic of MIRCETTE)	3
<i>kelnor 1/35 28 day</i>	4
<i>kimidess</i> (generic of MIRCETTE)	3
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	3
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	3
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	3
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	3
LEENA TAB	3
<i>lessina 28 day</i>	3
<i>levonest 28 day</i>	3
<i>levonorgestrel &amp; eth estradiol</i>	3
<i>levonorgestrel (emergency oc)</i> (generic of PLAN B ONE-STEP) 1.5mg	3

Drug Name	Drug Requirements/ Tier Limits
<i>levonorgestrel (emergency oc)</i> .75mg	3
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3
<i>levora 0.15/30 28 day</i>	3
<i>loryna 28 day</i> (generic of YAZ)	3
<i>low-ogestrel</i>	3
<i>lutra 28 day</i>	3
<i>lyza</i> (generic of ORTHO MICRONOR)	3
<i>marlissa 28 day</i>	3
<i>medroxyprogesterone acetate 150 mg/ml</i> (generic of DEPO-PROVERA CONTRACEPTIV)	4
MICROGESTIN 1.5/30	3
MICROGESTIN 1/20	3
MICROGESTIN FE 1.5/30	3
MICROGESTIN FE 1/20	3
MONONESSA	3
<i>my way</i> (generic of PLAN B ONE-STEP)	3
<i>myzilra</i>	3
<i>necon 0.5/35 28 day</i> (generic of BREVICON-28)	3
<i>necon 1/35 28 day</i> (generic of NORINYL 1+35)	3
NECON 1/50-28	3
NECON 7/7/7	3
<i>necon 10/11 28 day</i>	3
<i>next choice one dose</i> (generic of PLAN B ONE-STEP)	3
<i>nikki 28 day</i> (generic of YAZ)	3
NORA-BE TAB 0.35MG	3
<i>norethindrone (contraceptive)</i> (generic of NOR-QD)	3
<i>norgestimate-ethinyl estradiol (triphasic)</i> (generic of ORTHO TRI-CYCLEN)	3
<i>norlyroc 28 day</i> (generic of NOR-QD)	3
<i>nortrel 0.5/35 28 day</i> (generic of BREVICON-28)	3
<i>nortrel 1/35 21 day</i> (generic of NORINYL 1+35)	3

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

Drug Name	Drug Requirements/ Tier Limits
<i>nortrel 1/35 28 day</i> (generic of NORINYL 1+35)	3
<i>nortrel 7/7/7 28 day</i> (generic of ORTHO-NOVUM 7/7/7)	3
NUVARING	4
OCELLA TAB 3-0.03MG	3
<i>orsythia 28 day</i>	3
<i>philith</i> (generic of OVCON-35)	3
<i>pimtrea pack</i> (generic of MIRCETTE)	3
<i>pirmella 1/35 28 day</i> (generic of NORINYL 1+35)	3
<i>portia 28 day</i>	3
<i>previfem 28 day</i> (generic of ORTHO-CYCLEN)	3
<i>quasense 91 day</i>	3
<i>reclipsen 28 day</i> (generic of DESOGEN)	3
<i>sharobel 28 day</i> (generic of ORTHO MICRONOR)	3
SOLIA	3
<i>sprintec 28 day</i> (generic of ORTHO-CYCLEN)	3
<i>sronyx 28 day</i>	3
<i>syeda</i> (generic of YASMIN 28)	3
<i>tarina fe 1/20 28 day</i> (generic of LOESTRIN FE 1/20)	3
<i>tri-legest 28 day</i> (generic of ESTROSTEP FE)	3
<i>tri-previfem 28 day</i> (generic of ORTHO TRI-CYCLEN)	3
<i>tri-sprintec 28 day</i> (generic of ORTHO TRI-CYCLEN)	3
TRINESSA	3
<i>trivora 28 day</i>	3
<i>velivet 28 day</i> (generic of CYCLESSA)	3
<i>vestura</i> (generic of YAZ)	3
<i>viorele</i> (generic of MIRCETTE)	3
<i>vyfemla 28 day</i> (generic of OVCON-35)	3
<i>xulane</i> (generic of ORTHO EVRA)	4
<i>zarah</i> (generic of YASMIN 28)	3

Drug Name	Drug Requirements/ Tier Limits
<i>zenchent 28 day</i> (generic of OVCON-35)	3
<i>zovia 1/35e 28 day</i>	4
<i>zovia 1/50e 28 day</i>	4
<b>ENDOMETRIOSIS</b>	
<i>danazol CAPS</i>	4
SYNAREL	5 NM
<b>ENZYME REPLACEMENTS</b>	
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 POW	5 NM LA
CYSTAGON	4 NM LA PA
FABRAZYME	5 NM LA PA
KUVAN	5 NM LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	3 B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 200mg/ml	4 B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	3 B/D
LUMIZYME	5 NM LA PA
MYOZYME	5 NM LA PA
NAGLAZYME	5 NM LA PA
ORFADIN	5 NM LA PA
RAVICTI	5 NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	5 NM
ZAVESCA	5 NM LA PA
<b>ESTROGENS</b>	
DELESTROGEN 10mg/ml	4
<i>estrace CREA</i>	4
<i>estrad val inj 20mg/ml</i> (generic of DELESTROGEN)	3
<i>estrad val inj 40mg/ml</i> (generic of DELESTROGEN)	3

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

Drug Name	Drug Requirements/ Tier	Limits
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older; HR	4	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older; HR	4	PA
<i>jinteli</i> PA if 65 years and older; HR	4	PA
<i>norethindrone acetate-ethinyl estradiol</i> PA if 65 years and older; HR	4	PA
VAGIFEM	4	
<b>GLUCOCORTICOIDS</b>		
<i>a-hydrocort</i>	4	
<i>cortisone acetate</i> TABS	4	
<i>dexamethasone</i> CONC; ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	4	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> (generic of CORTEF) TABS	3	
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	4	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	4	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	3	B/D
<i>methylpred tab 4mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	3	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	3	B/D

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

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

Drug Name	Drug Requirements/ Tier	Limits
PROLIA QL (1 syringe / 180 days)	4	QL NM
<i>raloxifene tab 60mg</i> (generic of EVISTA)	3	
SANDOSTATIN LAR DEPOT	5	NM PA
SIGNIFOR	5	NM LA PA
SOMATULINE DEPOT	5	NM PA
SOMAVERT	5	NM LA PA
XGEVA	5	NM PA
<b>PARATHYROID HORMONES</b>		
FORTEO QL (1 pen / 28 days)	5	QL NM PA
NATPARA	5	NM PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	NM
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS	4	
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS	4	
REVELA PAK 0.8GM	3	
REVELA PAK 2.4GM	3	
REVELA TAB 800MG	3	
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	2	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	3	
<b>THYROID AGENTS</b>		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	3	
<i>methimazole</i> (generic of TAPAZOLE) TABS	2	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	3	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i> (generic of DDAVP)	4	
<i>desmopressin acetate spray refrigerated</i>	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate tabs</i> (generic of DDAVP)	3	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	4	
DESMOPRESSIN SOL 0.01%	4	
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>compro</i>	4	
<i>dronabinol</i> (generic of MARINOL) 2.5mg, 5mg QL (60 caps / 30 days)	4	B/D QL
<i>dronabinol</i> (generic of MARINOL) 10mg QL (60 caps / 30 days)	5	B/D QL NM
EMEND CAP 40MG	4	B/D
EMEND CAP 80MG	4	B/D
EMEND CAP 125MG	4	B/D
EMEND PAK 80 & 125	4	B/D
<i>granisetron hcl</i> SOLN	4	
<i>granisetron hcl</i> TABS	4	B/D
<i>meclizine hcl</i> TABS	2	
<i>metoclopramide hcl</i> SOLN	2	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	2	
<i>metoclopramide hcl inj</i>	4	
<i>ondansetron hcl</i> (generic of ZOFTRAN) TABS 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> TABS 24mg	3	B/D
<i>ondansetron hcl inj</i> 4mg/2ml	4	
<i>ondansetron hcl inj</i> (generic of ZOFTRAN) 40mg/20ml	4	
<i>ondansetron hcl oral soln</i> (generic of ZOFTRAN)	4	B/D
<i>ondansetron odt</i> (generic of ZOFTRAN ODT)	3	B/D
<i>phenadoz</i> PA if 65 years and older; HR	4	PA
<i>phenergan</i> SUPP PA if 65 years and older; HR	4	PA
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate</i> (generic of COMPAZINE) TABS	2	
<i>prochlorperazine supp</i>	4	

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



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

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

Drug Name	Drug Requirements/ Tier	Limits
CANASA	4	
<i>colocort</i> (generic of CORTENEMA)	4	
DELZICOL	4	
DIPENTUM	5	NM
HYDROCORTISONE (INTRARECTAL)	4	
<i>mesalamine enema</i>	4	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	4	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	3	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	3	
UCERIS TB24	4	
<b>LAXATIVES</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-g</i> (generic of GOLYTELY)	2	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	2	
PEG 3350/ELECTROLYTES	2	
<i>polyethylene glycol 3350</i> PACK; POWD	2	
RELISTOR	4	PA
SUPREP BOWEL PREP	4	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	2	
<b>MISCELLANEOUS</b>		

Drug Name	Drug Requirements/ Tier	Limits
<i>alosetron hcl</i> (generic of LOTRONEX)	4	PA
AMITIZA QL (60 caps / 30 days)	3	QL
<i>cromolyn sodium</i> ( <i>mastocytosis</i> ) (generic of GASTROCROM)	5	NM
<i>diphenoxylate w/ atropine</i> LIQD	3	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	3	
GATTEX	5	NM LA PA
LINZESS 145mcg QL (60 caps / 30 days)	3	QL
LINZESS 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS	2	
<i>misoprostol</i> (generic of CYTOTEC) TABS	3	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	3	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	3	QL
SUCRAID	5	NM LA
<i>sucralfate</i> (generic of CARAFATE) TABS	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	4	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	4	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	4	
XIFAXAN 550mg	5	NM PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR	3	
DEXILANT CAP 60MG DR	3	
<i>esomeprazole sodium inj</i> 20mg	4	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	4	
NEXIUM CAP 20MG	3	
NEXIUM CAP 40MG	3	

Drug Name	Drug Requirements/ Tier	Limits
NEXIUM GRA 2.5MG DR	3	
NEXIUM GRA 5MG DR	3	
NEXIUM GRA 10MG DR	3	
NEXIUM GRA 20MG DR	3	
NEXIUM GRA 40MG DR	3	
<i>omeprazole</i> (generic of PRILOSEC) CPDR 10mg QL (30 caps / 30 days)	2	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC)	2	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	2	QL
AVODART QL (30 caps / 30 days)	4	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	2	
JALYN QL (30 caps / 30 days)	4	QL
<i>tamsulosin hcl</i> (generic of FLOMAX)	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	3	
ELMIRON	4	
POTASSIUM CITRATE (ALKALINIZER) 540mg	4	
POTASSIUM CITRATE (ALKALINIZER) 1080mg	4	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	4	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SYRP	2	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	3	QL

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

Drug Name	Drug Requirements/ Tier	Limits
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	4	QL
<i>tolterodine tartrate tabs</i> (generic of DETROL)	4	
TOVIAZ QL (30 tabs / 30 days)	3	QL
<i>tropium chloride TABS</i> QL (60 tabs / 30 days)	4	QL
VESICARE QL (30 tabs / 30 days)	4	QL
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	4	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	3	
<i>terconazole vaginal</i> (generic of TERAZOL 3) CREA .8%	3	
<i>terconazole vaginal SUPP</i>	4	
VANDAZOLE	3	
<i>zazole</i> (generic of TERAZOL 7) .4%	3	
ZAZOLE .8%	3	
<b>HEMATOLOGIC ANTICOAGULANTS</b>		
COUMADIN	4	
ELIQUIS	3	
<i>enoxaparin sodium</i> (generic of LOVENOX) 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	4	
<i>enoxaparin sodium</i> (generic of LOVENOX) 100mg/ml, 120mg/0.8ml, 150mg/ml	5	NM
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NM
HEPARIN SOD (PORCINE) IN D5W	4	
<i>heparin sod inj 1000/ml</i>	4	B/D
HEPARIN SOD INJ 2000/ML	4	B/D
HEPARIN SOD INJ 2500/ML	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>heparin sod inj 5000/ml</i>	4	B/D
<i>heparin sod inj 10000/ml</i>	4	B/D
<i>heparin sod inj 20000/ml</i>	4	B/D
HEPARIN SODIUM/D5W	4	
HEPARIN SODIUM/NACL 0.45%	4	
<i>jantoven</i> (generic of COUMADIN)	1	
PRADAXA	3	
<i>warfarin sodium</i> (generic of COUMADIN)	1	
XARELTO	3	
XARELTO STARTER PACK	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX	5	NM PA
LEUKINE	5	NM PA
MOZOBIL	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
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl</i> 1mg	4	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	4	
<i>cilostazol</i> (generic of PLETAL)	3	
CINRYZE	5	NM LA PA
FIRAZYR	5	NM PA
<i>pentoxifylline</i> TBCR	3	
PROMACTA 12.5mg QL (360 tabs / 30 days)	5	QL NM LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	5	QL NM LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	5	QL NM LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	5	QL NM LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	3	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
AGGRENOX	3	

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

Drug Name	Drug Requirements/ Tier	Limits
BRILINTA	3	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) 75mg	1	
EFFIENT	4	
ZONTIVITY	4	

**IMMUNOLOGIC AGENTS  
DISEASE-MODIFYING ANTI-RHEUMATIC  
DRUGS (DMARDS)**

CIMZIA KIT	5	NM PA
CIMZIA KIT STARTER	5	NM PA
CIMZIA PREFL KIT 200MG/ML	5	NM PA
HUMIRA	5	NM PA
HUMIRA KIT 40MG/0.8	5	NM PA
HUMIRA PEN	5	NM PA
HUMIRA PEN-CROHNS DISEASE	5	NM PA
HUMIRA PEN-PSORIASIS STAR	5	NM PA
<i>hydroxychloroquine sulfate</i>	4	
<i>leflunomide</i> (generic of ARAVA) TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE INJ 100MG	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
GAMMAKED	5	NM PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	5	NM PA
GAMUNEX-C	5	NM PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	5	NM PA
PRIVIGEN	5	NM PA

**IMMUNOMODULATORS**

ACTIMMUNE	5	NM LA PA
ARCALYST	5	NM PA
INTRON-A INJ 10MU	5	B/D NM

Drug Name	Drug Requirements/ Tier	Limits
INTRON-A INJ 18MU	5	B/D NM
INTRON-A INJ 25MU	5	B/D NM
INTRON-A INJ 50MU	5	B/D NM
REVLIMID	5	NM LA PA
THALOMID	5	NM PA

**IMMUNOSUPPRESSANTS**

<i>azathioprine</i> (generic of IMURAN) TABS	3	B/D
BENLYSTA	5	NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	3	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	3	B/D
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	3	B/D
<i>gengraf</i> (generic of NEORAL)	3	B/D
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	4	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) 180mg	4	B/D
<i>mycophenolate sodium</i> (generic of MYFORTIC) 360mg	5	B/D NM
NEORAL	3	B/D
NULOJIX	5	B/D NM
PROGRAF CAPS 5mg	5	B/D NM
PROGRAF CAPS .5mg, 1mg	4	B/D
RAPAMUNE SOLN	5	B/D NM
SANDIMMUNE SOLN 100mg/ml	3	B/D
SIROLIMUS TABS 2mg	5	B/D NM
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> (generic of PROGRAF) CAPS 5mg	5	B/D NM

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

Drug Name	Drug Requirements/ Tier	Limits
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg	4	B/D
ZORTRESS TAB 0.5MG	5	B/D NM
ZORTRESS TAB 0.25MG	4	B/D
ZORTRESS TAB 0.75MG	5	B/D NM
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL	3	
DIPHThERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDVAX HIB	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SYNAGIS	5	NM
TENIVAC	3	B/D
TETANUS/DIPHThERIA TOXOID	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	

Drug Name	Drug Requirements/ Tier	Limits
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX QL (1 vial per lifetime)	3	QL
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
KLOR-CON 8	3	
KLOR-CON 10	3	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pow 20meq</i>	4	
MAGNESIUM SULFATE SOLN 40mg/ml, 50%, 80mg/ml	4	
<i>magnesium sulfate</i> SOLN 50%	4	
MAGNESIUM SULFATE IN D5W	4	
<i>potassium chloride</i> (generic of MICRO-K) CPCR	2	
POTASSIUM CHLORIDE LIQD	3	
<i>potassium chloride</i> TBCR 8meq	3	
POTASSIUM CHLORIDE TBCR 10meq, 20meq	3	
<i>potassium chloride microencapsulated crystals cr</i>	2	
SODIUM CHLORIDE SOLN 2.5meq/ml	4	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	2	
TPN ELECTROLYTES	4	B/D
<b>IV NUTRITION</b>		
AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
AMINOSYN 8.5%/ELECTROLYTE	4	B/D
AMINOSYN II	4	B/D
AMINOSYN II 8.5%/ELECTROL	4	B/D
AMINOSYN M	4	B/D

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

Drug Name	Drug Requirements/ Tier	Limits
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D20	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
<i>premasol 6%</i>	4	B/D
<i>premasol 10%</i>	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%	4	
DEXTROSE 5% /ELECTROLYTE	4	
DEXTROSE 5%/LACTATED RING	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.3%	4	
DEXTROSE 5%/NACL 0.9%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.225%	4	

Drug Name	Drug Requirements/ Tier	Limits
DEXTROSE 5%/POTASSIUM CHL	4	
DEXTROSE 10% FLEX CONTAIN	4	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 50%	4	
DEXTROSE INJ 70%	4	
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
KCL0.15%/D5W/NACL0.2%	4	
KCL0.15%/D5W/NACL0.225 %	4	
KCL 0.3%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.075%/D5W/NACL 0.45%	4	
KCL IN NACL INJ .15-0.45	4	
KCL/D5W INJ 0.3%	4	
KCL/D5W/NACL INJ 0.22%/0.45%	4	
KCL/D5W/NACL INJ .15/.33%	4	
KCL/D5W/NACL INJ .15/.45%	4	
KCL/NACL INJ 0.3-0.9	4	
KCL/NACL INJ 0.15%-0.9%	4	
LACTATED RINGER'S INJ	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56/D5W	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	4	
POTASSIUM CHLORIDE SOLN	4	
<i>potassium chloride in nacl</i>	4	
RINGER'S	4	
SOD CHLORIDE INJ 0.9%	4	

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

Drug Name	Drug Requirements/ Tier	Limits
SODIUM CHLORIDE SOLN 3%, 5%	4	
SODIUM CHLORIDE 0.45% VIA	4	
<b>VITAMINS</b>		
<i>calcitriol</i> (generic of ROCALTROL) CAPS	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL)	4	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	4	B/D
<i>paricalcitol</i> CAPS 4mcg	4	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	
<b>OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-poly-neomycin-hc</i>	3	
<i>blephamide</i> OINT	4	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	2	
<i>neomycin-polymyxin-hc</i> (ophth)	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	4	
ZYLET	3	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i> (generic of ZYMAXID)	4	
<i>gentak</i>	2	
<i>gentamicin sulfate (ophth)</i> OINT	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>gentamicin sulfate (ophth)</i> (generic of GARAMYCIN) SOLN	2	
<i>ilofycin</i>	2	
MOXEZA	4	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	3	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	2	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	2	
<i>sulfacetamide sodium 10% op</i>	3	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	3	
<i>tobramycin (ophth)</i> (generic of TOBEX)	2	
TOBEX OINT	4	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	4	
VIGAMOX	4	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	4	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLUOROMETHOLONE	3	
<i>flurbiprofen sodium</i> (generic of OCUFEN)	2	
ILEVRO	4	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR LS) .4%	3	
<i>ketorolac tromethamine</i> (ophth) (generic of ACULAR) .5%	3	
LOTEMAX	3	
MAXIDEX	3	

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

Drug Name	Drug Requirements/ Tier Limits
PREDNISOLONE ACETATE (OPHTH)	3
<i>prednisolone sodium phosphate (ophth)</i>	3
<b>ANTIALLERGENICS</b>	
<i>azelastine drop 0.05%</i>	3
BEPREVE	3
<i>cromolyn sodium (ophth)</i>	2
LASTACFT	4
PATADAY	3
PAZEO	3
<b>ANTI GLAUCOMA</b>	
ALPHAGAN P SOL 0.1%	3
ALPHAGAN P SOL 0.15%	3
AZOPT	4
<i>betaxolol hcl (ophth)</i>	3
BETOPTIC-S	4
<i>brimonidine sol 0.2%</i>	2
<i>carteolol hcl (ophth)</i>	2
COMBIGAN	3
<i>dorzolamide hcl (generic of TRUSOPT)</i>	3
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	3
ISTALOL	3
<i>latanoprost (generic of XALATAN) SOLN</i>	2
<i>levobunolol hcl (generic of BETAGAN) .5%</i>	3
LEVOBUNOLOL HCL .25%	3
LUMIGAN	3
<i>metipranolol</i>	3
PHOSPHOLINE IODIDE	4
PILOCARPINE HCL SOLN	3
SIMBRINZA	4
<i>timolol maleate (ophth) (generic of TIMOPTIC)</i>	2
TIMOLOL MALEATE GEL	4
TRAVATAN Z	3
<b>MISCELLANEOUS</b>	
<i>naphazoline 0.1%</i>	2
PROLENSA	3
<i>proparacaine hcl (generic of ALCAINE) SOLN</i>	2

Drug Name	Drug Requirements/ Tier Limits
RESTASIS QL (64 vials / 30 days)	3 QL
<b>RESPIRATORY ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPTA QL (60 inhalations / 30 days)	3 QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	4 QL
<i>ipratropium-albuterol nebu</i>	3 B/D
<b>ANTICHOLINERGICS</b>	
ATROVENT HFA QL (2 inhalers / 30 days)	4 QL
INCRUSE ELLIPTA QL (1 inhaler / 30 days)	3 QL
<i>ipratropium bromide SOLN</i>	2 B/D
<i>ipratropium bromide (nasal) (generic of ATROVENT)</i>	3
<b>ANTI HISTAMINES</b>	
ASTEPRO	3
<i>azelastine spr 0.1%</i>	3
<i>azelastine spr 0.15% (generic of ASTEPRO)</i>	3
<i>cetirizine syrup</i>	3
<i>diphenhydramine hcl inj</i>	4
<i>hydroxyz hcl inj</i> PA if 65 years and older; HR	4 PA
<i>levocetirizine dihydrochloride (generic of XYZAL) SOLN</i>	4
<i>levocetirizine dihydrochloride (generic of XYZAL) TABS</i>	3
<i>olopatadine hcl (nasal) (generic of PATANASE)</i>	4
<b>BETA AGONISTS</b>	
<i>albuterol sulfate NEBU</i>	2 B/D
<i>albuterol sulfate SYRP</i>	2
<i>albuterol sulfate TABS</i>	4
PERFOROMIST	4 B/D
SEREVENT DISKUS QL (60 inhalations / 30 days)	3 QL
<i>terbutaline sulfate SOLN</i>	5 NM
<i>terbutaline sulfate TABS</i>	3

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



Drug Name	Drug Requirements/ Tier	Limits
VENTOLIN HFA QL (2 inhalers / 30 days)	3	QL
XOPENEX HFA QL (2 inhalers / 30 days)	3	QL
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW	3	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	4	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS	2	
<i>zafirlukast</i> (generic of ACCOLATE)	4	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM LA PA
AUVI-Q	3	
DALIRESP	4	
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
ESBRIET	5	NM PA
KALYDECO	5	NM PA
OFEV	5	NM PA
ORKAMBI	5	NM PA
PROLASTIN-C	5	NM LA PA
PULMOZYME	5	B/D NM
XOLAIR	5	NM LA PA
ZEMAIRA	5	NM LA PA
<b>NASAL STEROIDS</b>		
<i>flunisolide</i> (nasal) QL (2 bottles / 30 days)	3	QL
<i>fluticasone propionate</i> (nasal) QL (1 bottle / 30 days)	2	QL
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	4	QL
<i>budesonide</i> (inhalation) (generic of PULMICORT)	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	4	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	4	QL
FLOVENT HFA QL (2 inhalers / 30 days)	4	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	3	QL
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS QL (60 inhalations / 30 days)	4	QL
ADVAIR HFA QL (1 inhaler / 30 days)	4	QL
BREO ELLIPTA QL (60 inhalations / 30 days)	3	QL
SYMBICORT QL (1 inhaler / 30 days)	3	QL
<b>XANTHINES</b>		
<i>aminophylline inj</i>	4	
<i>elixophyllin</i>	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12; TB24	3	
<b>TOPICAL DERMATOLOGY, ACNE</b>		
<i>amnestem</i>	4	
AVITA CREA	4	
AVITA GEL	4	
<i>benzoyl peroxide-erythromycin</i> (generic of BENZAMYCIN)	4	
<i>claravis</i>	4	
<i>clindamax</i> (generic of CLEOCIN-T)	4	
<i>clindamycin phosphate</i> (topical) (generic of CLEOCIN-T) GEL; LOTN	4	
<i>clindamycin phosphate</i> (topical) (generic of CLEOCIN-T) SOLN; SWAB	3	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	3	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>myorisan</i>	4	
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	3	
<i>tretinoin</i> (generic of RETIN-A) CREA	4	
TRETINOIN GEL .01%	4	
<i>tretinoin</i> (generic of RETIN-A) GEL .025%	4	
<i>zenatane</i>	4	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> (generic of BACTROBAN) OINT	2	
SILVER SULFADIAZINE CREA	2	
SSD	2	
SULFAMYLLON CREA	4	
SULFAMYLLON PACK	5	NM
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> CREA; SUSP	3	
<i>ciclopirox</i> GEL	4	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	4	
<i>clotrimazole (topical)</i>	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystop</i>	3	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>procto-pak</i>	2	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	2	
<i>proctozone hc</i> (generic of ANUSOL-HC)	2	
PRUDOXIN CRE 5%	4	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i> (generic of SORIATANE)	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>calcipotriene</i> (generic of DOVONEX) CREA	4	
<i>calcipotriene</i> OINT; SOLN	4	
<i>calcitrene oin 0.005%</i>	4	
8-MOP	4	
TAZORAC CREA	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	2	
<i>selenium sulfide</i> LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i> (generic of ACLOVATE) CREA	3	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate</i> (topical) CREA; LOTN	3	
<i>betamethasone dipropionate</i> (topical) OINT	4	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA	3	
<i>betamethasone dipropionate</i> <i>augmented</i> GEL	4	
<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA	4	
<i>clobetasol propionate</i> (generic of TEMOVATE) GEL	4	
<i>clobetasol propionate</i> (generic of TEMOVATE) OINT	4	
<i>clobetasol propionate</i> (generic of TEMOVATE) SOLN	4	
<i>clobetasol propionate e</i> (generic of TEMOVATE E)	4	
<i>cormax</i> (generic of TEMOVATE)	4	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	4	
<i>fluocinonide</i> CREA .05%	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>fluocinonide</i> GEL	3	
<i>fluocinonide</i> OINT	4	
<i>fluocinonide</i> SOLN	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	2	
<i>fluticasone propionate</i> OINT	2	
<i>hydrocortisone (topical)</i> CREA; OINT	2	
<i>hydrocortisone (topical)</i> LOTN	3	
<i>hydrocortisone butyrate</i> (generic of LOCOID)	4	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triderm</i>	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	4	QL PA
<i>lidocaine hcl</i> GEL	2	
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4%	2	
<i>lidocaine oint</i> 5%	4	
<i>lidocaine-prilocaine</i> (generic of EMLA)	3	B/D
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir topical</i> (generic of ZOVIRAX)	4	
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	3	
ELIDEL CRE 1%	4	PA
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	4	
<i>imiquimod</i> (generic of ALDARA) CREA	4	
<i>laclotion 12%</i> (generic of LAC-HYDRIN)	3	

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

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

Drug Name	Drug Requirements/	
	Tier	Limits
<i>acetic acid (otic)</i>	3	
<i>acetic acid-aluminum acetate</i>	3	
CIPRODEX	4	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	4	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	2	
<i>neomycin-polymyxin-hc (otic)</i> SUSP	2	
<i>ofloxacin (otic)</i>	2	

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

**Index**

<b>8</b>			
8-MOP .....	48		
<b>A</b>			
<i>abacavir sulfate</i> .....	11		
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	11		
ABELCET .....	10		
ABILIFY			
see <i>aripiprazole</i> .....	27		
ABILIFY DISC TAB 10MG	27		
ABILIFY MAINTENA .....	27		
ABRAXANE .....	15		
<i>acamprosate calcium</i> .....	32		
<i>acarbose</i> .....	33		
ACCOLATE			
see <i>zafirlukast</i> .....	47		
ACCUPRIL			
see <i>quinapril hcl</i> .....	17		
ACCURETIC			
see			
<i>quinapril-hydrochlorothiazide</i> .....	17		
<i>acebutolol hcl</i> .....	20		
ACEON			
see <i>perindopril erbumine</i> .....	17		
<i>acetaminophen w/ codeine</i> .....	7		
<i>acetazolamide</i> .....	21		
<i>acetic acid</i> .....	49		
<i>acetic acid (otic)</i> .....	50		
<i>acetic acid-aluminum acetate</i> .....	50		
<i>acetylcysteine</i> .....	47		
<i>acitretin</i> .....	48		
ACLOVATE			
see <i>alclometasone dipropionate</i> .....	48		
ACTHIB .....	43		
ACTIGALL			
see <i>ursodiol</i> .....	40		
ACTIMMUNE .....	42		
ACTIQ			
see <i>fentanyl citrate</i> .....	7		
ACTOS			
see <i>pioglitazone hcl</i> .....	34		
ACULAR			
		see <i>ketorolac tromethamine (ophth)</i> ....	45
ACULAR LS		see <i>ketorolac tromethamine (ophth)</i> ....	45
<i>acyclovir</i> .....	12		
<i>acyclovir sodium</i> .....	12		
<i>acyclovir topical</i> .....	49		
ADACEL .....	43		
ADAGEN .....	36		
ADALAT CC			
see <i>afeditab cr</i> .....	20		
see <i>nifedipine</i> .....	20		
ADDERALL			
see			
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	30		
see			
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	30		
ADDERALL XR			
see			
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	29		
see			
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	29		
see			
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> .....	30		
			..... 30
		see	
		<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	30
		see	
		<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	30
		see	
		<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	29
		<i>adefovir dipivoxil</i> .....	12
		ADEMPAS .....	22
		ADOXA	
		see <i>doxycycline (monohydrate)</i> .....	14
		ADOXA PAK 1/150	
		see <i>doxycycline (monohydrate)</i> .....	14
		<i>adriamycin</i> .....	14
		<i>adrucil</i> .....	15
		ADVAIR DISKUS .....	47
		ADVAIR HFA .....	47
		<i>afeditab cr</i> .....	20
		AFINITOR .....	16
		AFINITOR DISPERZ .....	16
		AGGRENOLX .....	41
		AGRYLIN	
		see <i>anagrelide hcl</i> .....	41
		<i>a-hydrocort</i> .....	37
		<i>ala-cort</i> .....	48
		ALBENZA .....	9
		<i>albuterol sulfate</i> .....	46
		ALCAINE	
		see <i>proparacaine hcl</i> .....	46
		<i>alclometasone dipropionate</i> .....	48
		ALCOHOL SWABS .....	32
		ALDACTAZIDE	
		see <i>spironolactone &amp; hydrochlorothiazide</i> .....	21
		ALDACTONE	
		see <i>spironolactone</i> .....	17
		ALDARA	
		see <i>imiquimod</i> .....	49

ALDURAZYME .....	36	<i>amiodarone tab 200mg</i> .....	18	<i>amoxicillin</i> .....	13
<i>alendronate sodium</i> .....	34	<i>amiodarone tab 400mg</i> .....	18	<i>amoxicillin &amp; pot clavulanate</i>	
<i>alfuzosin hcl</i> .....	40	AMITIZA.....	40	.....	13, 14
ALIMTA.....	15	<i>amitriptyline hcl</i> .....	25	<i>amphetamine-dextroamphet</i>	
ALINIA .....	9	<i>amlodipine besylate</i> .....	20	<i>amine cap sr 24hr 10 mg</i> ..	29
ALKERAN		<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
<i>see melphalan hcl</i> .....	14	<i>besylate-benazepril hcl cap</i>		<i>amine cap sr 24hr 15 mg</i> ..	29
<i>allopurinol tab</i> .....	7	<i>10-20 mg</i> .....	17	<i>amphetamine-dextroamphet</i>	
<i>alosetron hcl</i> .....	40	<i>amlodipine</i>		<i>amine cap sr 24hr 20 mg</i> ..	30
ALPHAGAN P SOL 0.1%..	46	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
ALPHAGAN P SOL 0.15%	46	<i>10-40 mg</i> .....	17	<i>amine cap sr 24hr 25 mg</i> ..	30
<i>alprazolam tab 0.25mg</i> .....	22	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
<i>alprazolam tab 0.5mg</i> .....	22	<i>besylate-benazepril hcl cap</i>		<i>amine cap sr 24hr 30 mg</i> ..	30
<i>alprazolam tab 1mg</i> .....	22	<i>2.5-10 mg</i> .....	16	<i>amphetamine-dextroamphet</i>	
<i>alprazolam tab 2 mg</i> .....	22	<i>amlodipine</i>		<i>amine cap sr 24hr 5 mg</i> ....	29
ALREX.....	45	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
ALTACE		<i>5-10 mg</i> .....	17	<i>amine tab 10 mg</i> .....	30
<i>see ramipril</i> .....	17	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
<i>altavera</i> .....	34	<i>besylate-benazepril hcl cap</i>		<i>amine tab 12.5 mg</i> .....	30
<i>amantadine hcl</i> .....	27	<i>5-20 mg</i> .....	17	<i>amphetamine-dextroamphet</i>	
AMARYL		<i>amlodipine</i>		<i>amine tab 15 mg</i> .....	30
<i>see glimepiride</i> .....	33	<i>besylate-benazepril hcl cap</i>		<i>amphetamine-dextroamphet</i>	
AMBIEN		<i>5-40 mg</i> .....	17	<i>amine tab 20 mg</i> .....	30
<i>see zolpidem tartrate</i> .....	31	<i>amlodipine</i>		<i>amphetamine-dextroamphet</i>	
AMBISOME.....	10	<i>besylate-valsartan tab</i>		<i>amine tab 30 mg</i> .....	30
AMERGE		<i>10-160 mg</i> .....	17	<i>amphetamine-dextroamphet</i>	
<i>see naratriptan hcl</i> .....	31	<i>amlodipine</i>		<i>amine tab 5 mg</i> .....	30
<i>amifostine crystalline</i> .....	16	<i>besylate-valsartan tab</i>		<i>amphetamine-dextroamphet</i>	
<i>amikacin sulfate</i> .....	9	<i>10-320 mg</i> .....	18	<i>amine tab 7.5 mg</i> .....	30
<i>amiloride &amp;</i>		<i>amlodipine</i>		<i>amphotericin b</i> .....	10
<i>hydrochlorothiazide</i> .....	21	<i>besylate-valsartan tab 5-160</i>		<i>ampicillin &amp; sulbactam</i>	
<i>amiloride hcl</i> .....	21	<i>mg</i> .....	17	<i>sodium</i> .....	14
<i>aminophylline inj</i> .....	47	<i>amlodipine</i>		<i>ampicillin cap</i> .....	14
AMINOSYN.....	43	<i>besylate-valsartan tab 5-320</i>		<i>ampicillin inj</i> .....	14
AMINOSYN		<i>mg</i> .....	17	<i>ampicillin sodium</i> .....	14
7%/ELECTROLYTES .....	43	<i>amlodipine-valsartan-hctz</i>		<i>ampicillin susp</i> .....	14
AMINOSYN		<i>tab 10-160-12.5 mg</i> .....	18	AMPYRA .....	31
8.5%/ELECTROLYTE .....	43	<i>amlodipine-valsartan-hctz</i>		ANAFRANIL	
AMINOSYN II.....	43	<i>tab 10-160-25 mg</i> .....	18	<i>see clomipramine hcl</i> ....	26
AMINOSYN II		<i>amlodipine-valsartan-hctz</i>		<i>anagrelide hcl</i> .....	41
8.5%/ELECTROL.....	43	<i>tab 10-320-25 mg</i> .....	18	ANAPROX	
AMINOSYN M.....	43	<i>amlodipine-valsartan-hctz</i>		<i>see naproxen sodium</i> .....	7
AMINOSYN-HBC .....	44	<i>tab 5-160-12.5 mg</i> .....	18	ANAPROX DS	
AMINOSYN-PF 10%.....	44	<i>amlodipine-valsartan-hctz</i>		<i>see naproxen sodium</i> .....	7
AMINOSYN-PF 7% .....	44	<i>tab 5-160-25 mg</i> .....	18	<i>anastrozole</i> .....	15
AMINOSYN-RF .....	44	<i>ammonium lactate</i> .....	49	ANCOBON	
<i>amiodarone hcl soln</i> .....	18	<i>amnesteem</i> .....	47	<i>see flucytosine</i> .....	10
<i>amiodarone tab 100mg</i> .....	18	<i>amoxapine</i> .....	25	ANDRODERM .....	32

ANORO ELLIPTA .....	46	ATROVENT HFA .....	46	.....	45
ANTABUSE		<i>aubra 28 day</i> .....	34	<i>baclofen</i> .....	32
see <i>disulfiram</i> .....	32	AUGMENTIN		BACTRIM	
ANUSOL-HC		see <i>amoxicillin &amp; pot</i>		see	
see <i>proctosol hc cre 2.5%</i>		<i>clavulanate</i> .....	13, 14	<i>sulfamethoxazole-trimetho</i>	
.....	48	AUGMENTIN ES-600		<i>prim tab</i> .....	10
see <i>proctozone hc</i> .....	48	see <i>amoxicillin &amp; pot</i>		BACTRIM DS	
APOKYN .....	27	<i>clavulanate</i> .....	13	see	
<i>apri 28 day</i> .....	34	AUGMENTIN XR		<i>sulfamethoxazole-trimetho</i>	
APRISO .....	39	see <i>amoxicillin &amp; pot</i>		<i>prim tab</i> .....	10
APTIOM .....	23	<i>clavulanate</i> .....	14	BACTROBAN	
APTIVUS.....	11	AURYXIA .....	38	see <i>mupirocin</i> .....	48
ARALAST NP.....	47	AUVI-Q .....	47	<i>balsalazide disodium</i> .....	39
ARALEN		AVASTIN .....	15	<i>balziva 28 day</i> .....	34
see <i>chloroquine</i>		<i>aviane 28</i> .....	34	BANZEL SUS 40MG/ML...	23
<i>phosphate</i> .....	11	AVITA .....	47	BANZEL TAB 200MG .....	23
<i>aranelle 28</i> .....	34	AVODART .....	40	BANZEL TAB 400MG .....	23
ARAVA		AXIRON.....	32	BARACLUDGE.....	12
see <i>leflunomide</i> .....	42	AYGESTIN		see <i>entecavir</i> .....	12
ARCALYST .....	42	see <i>norethindrone acetate</i>		BCG VACCINE .....	43
ARICEPT		.....	38	BELEODAQ .....	15
see <i>donepezil</i>		<i>azacitidine</i> .....	15	<i>benazepril &amp;</i>	
<i>hydrochloride</i> .....	25	AZACTAM		<i>hydrochlorothiazide</i> .....	17
ARIMIDEX		see <i>aztreonam</i> .....	9	<i>benazepril hcl</i> .....	17
see <i>anastrozole</i> .....	15	AZACTAM/DEX INJ 1GM ...	9	BENICAR.....	18
<i>aripiprazole</i> .....	27	AZACTAM/DEX INJ 2GM ...	9	BENICAR HCT 40-25MG .	18
ARIXTRA		<i>azathioprine</i> .....	42	BENICAR HCT TAB	
see <i>fondaparinux sodium</i>		<i>azelastine drop 0.05%</i> .....	46	20-12.5MG.....	18
.....	41	<i>azelastine spr 0.1%</i> .....	46	BENICAR HCT TAB	
ARNUITY ELLIPTA.....	47	<i>azelastine spr 0.15%</i> .....	46	40-12.5MG.....	18
AROMASIN		AZILECT .....	27	BENLYSTA.....	42
see <i>exemestane</i> .....	15	<i>azithromycin</i> .....	13	BENTYL	
ASACOL HD .....	39	AZITHROMYCIN .....	13	see <i>dicyclomine hcl</i> .....	39
ASTEPRO.....	46	AZOPT.....	46	BENZAMYCIN	
see <i>azelastine spr 0.15%</i>		AZOR TAB 10-20MG .....	18	see <i>benzoyl</i>	
.....	46	AZOR TAB 10-40MG .....	18	<i>peroxide-erythromycin</i> ...	47
<i>atenolol</i> .....	20	AZOR TAB 5-20MG .....	18	<i>benzoyl</i>	
<i>atenolol &amp; chlorthalidone</i> ..	19,	AZOR TAB 5-40MG .....	18	<i>peroxide-erythromycin</i> .....	47
20		<i>aztreonam</i> .....	9	<i>benztropine mesylate</i> .....	27
ATIVAN		AZULFIDINE		BENZTROPINE MESYLATE	
see <i>lorazepam</i> .....	23	see <i>sulfasalazine</i> .....	39	.....	27
<i>atorvastatin calcium</i> .....	19	AZULFIDINE EN-TABS		BEPREVE.....	46
<i>atovaquone</i> .....	9	see <i>sulfasalazine ec</i> .....	39	BESIVANCE .....	45
<i>atovaquone-proguanil hcl</i> ..	11	<b>B</b>		BETAGAN	
ATRIPLA.....	11	<i>bacitracin (ophthalmic)</i> .....	45	see <i>levobunolol hcl</i> .....	46
ATROVENT		<i>bacitracin-polymyxin b</i>		<i>betamethasone dipropionate</i>	
see <i>ipratropium bromide</i>		<i>(ophth)</i> .....	45	<i>(topical)</i> .....	48
<i>(nasal)</i> .....	46	<i>bacitracin-poly-neomycin-hc</i>		<i>betamethasone dipropionate</i>	

<i>augmented</i> .....48	<i>bromfenac sodium (ophth)</i> 45	<i>hydrochlorothiazide</i> ..... 17
<i>betamethasone valerate</i> ...48	BROMFENAC SODIUM	CARAFATE
BETAPACE	(OPHTH)(ONCE-DAILY)...45	see <i>sucralfate</i> .....40
see <i>sorine</i> .....19	<i>bromocriptine mesylate</i> .....27	CARBAGLU.....36
see <i>sotalol hcl</i> .....19	<i>budesonide (inhalation)</i> .....47	<i>carbamazepine</i> .....23
BETAPACE AF	<i>budesonide ec</i> .....39	CARBATROL
see <i>sotalol hcl (afib/af)</i> ..19	<i>bumetanide</i> .....21	see <i>carbamazepine</i> .....23
BETASERON.....31	BUPHENYL	CARBIDOPA/LEVODOPA/E
<i>betaxolol hcl (ophth)</i> .....46	see <i>sodium phenylbutyrate</i>	NTACAPONE.....27
<i>bethanechol chloride</i> .....40	.....36	<i>carbidopa-levodopa</i> .....27
BETOPTIC-S.....46	<i>buprenorphine hcl</i> .....32	<i>carboplatin</i> .....16
BEXSERO.....43	<i>buprenorphine hcl-naloxone</i>	CARDIZEM
BIAXIN	<i>hcl sl</i> .....32	see <i>diltiazem hcl</i> .....20
see <i>clarithromycin</i> .....13	<i>buproban</i> .....32	CARDIZEM CD
see <i>clarithromycin for susp</i>	<i>bupropion hcl</i> .....25, 26	see <i>cartia xt</i> .....20
.....13	<i>buspirone hcl</i> .....22	see <i>diltiazem hcl coated</i>
BIAXIN XL	BUSULFEX.....14	<i>beads</i> .....20
see <i>clarithromycin er</i> .....13	<i>butorphanol tartrate</i> .....7	CARDURA
<i>bicalutamide</i> .....15	BUTRANS.....7	see <i>doxazosin mesylate</i> 17
BICILLIN L-A.....14	BUTRANS DIS 7.5MCG/HR	CARIMUNE
BICNU.....14	.....7	NANOFILTERED.....42
BIDIL.....22	BYDUREON.....32	CARNITOR
BILTRICIDE.....9	BYETTA.....32	see <i>levocarnitine</i>
BINOSTO.....34	BYSTOLIC.....20	( <i>metabolic modifiers</i> ).....36
<i>bisoprolol &amp;</i>	<b>C</b>	<i>carteolol hcl (ophth)</i> .....46
<i>hydrochlorothiazide</i> .....20	<i>cabergoline</i> .....37	<i>cartia xt</i> .....20
<i>bisoprolol fumarate</i> .....20	CALAN	<i>carvedilol</i> .....20
BIVIGAM.....42	see <i>verapamil hcl</i> .....21	CASODEX
<i>bleomycin sulfate</i> .....15	CALAN SR	see <i>bicalutamide</i> .....15
BLEPH-10	see <i>verapamil tab er</i> .....21	CATAPRES
see <i>sulfacetamide sodium</i>	<i>calcipotriene</i> .....48	see <i>clonidine hcl</i> .....22
( <i>ophth</i> ).....45	<i>calcitonin (salmon)</i> .....37	CATAPRES-TTS-1
<i>blephamide</i> .....45	<i>calcitrene oin 0.005%</i> .....48	see <i>clonidine hcl</i> .....22
BONIVA	<i>calcitriol</i> .....45	CATAPRES-TTS-2
see <i>ibandronate tab</i>	<i>calcitriol inj</i> .....45	see <i>clonidine hcl</i> .....22
150mg.....34	<i>calcitriol oral soln 1 mcg/ml</i>	CATAPRES-TTS-3
BOOSTRIX.....43	.....45	see <i>clonidine hcl</i> .....22
BOSULIF.....16	<i>calcium acetate (phosphate</i>	CAYSTON.....9
BREO ELLIPTA.....47	<i>binder)</i> .....38	<i>cefaclor</i> .....12
BREVICON-28	<i>camila 28 day</i> .....34	<i>cefaclor er tab 500mg</i> .....12
see <i>necon 0.5/35 28 day</i>	CAMPTOSAR	<i>cefadroxil</i> .....12
.....35	see <i>irinotecan hcl</i> .....16	<i>cefazolin in d5w</i> .....12
see <i>nortrel 0.5/35 28 day</i>	CANASA.....39	<i>cefazolin inj</i> .....12
.....35	CANCIDAS.....10	<i>cefazolin sodium</i> .....12
<i>briellyn 28 day</i> .....34	CAPASTAT SULFATE.....11	<i>cefdinir</i> .....12
BRILINTA.....42	CAPRELSA.....16	<i>cefepime hcl</i> .....12
<i>brimonidine sol 0.2%</i> .....46	<i>captopril</i> .....17	<i>cefixime</i> .....12
BRINTELLIX.....25	<i>captopril &amp;</i>	<i>cefotaxime sodium</i> .....12



<i>cefoxitin sodium</i> .....	12	<i>see ciprofloxacin hcl</i>	<i>phosphate inj</i> .....	10
<i>cefpodoxime proxetil</i> .....	13	<i>(ophth)</i> .....	CLEOCIN-T	
<i>cefprozil</i> .....	13	CIMZIA KIT .....	<i>see clindamax</i> .....	47
<i>ceftazidime</i> .....	13	CIMZIA KIT STARTER .....	<i>see clindamycin</i>	
CEFTAZIDIME/DEXTROSE		CIMZIA PREFL KIT	<i>phosphate (topical)</i> .....	47
.....	13	200MG/ML .....	CLIMARA	
CEFTIN		CINRYZE .....	<i>see estradiol</i> .....	37
<i>see cefuroxime axetil</i> .....	13	CIPRO	<i>clindamax</i> .....	47
<i>ceftriaxone sodium</i> .....	13	<i>see ciprofloxacin</i> .....	<i>clindamycin cap 300mg</i> .....	9
<i>cefuroxime axetil</i> .....	13	<i>see ciprofloxacin hcl tab</i> 13	<i>clindamycin cap 75mg</i> .....	9
<i>cefuroxime sodium</i> .....	13	CIPRO I.V.-IN D5W	<i>clindamycin hcl cap 150 mg</i> 9	
CELEBREX		<i>see ciprofloxacin in d5w</i> 13	<i>clindamycin phosphate</i>	
<i>see celecoxib</i> .....	7	CIPRO XR	<i>(topical)</i> .....	47
<i>celecoxib</i> .....	7	<i>see ciprofloxacin er</i> .....	<i>clindamycin phosphate in</i>	
CELEXA		CIPRODEX.....	<i>d5w</i> .....	10
<i>see citalopram</i>		<i>ciprofloxacin</i> .....	<i>clindamycin phosphate inj.</i> 10	
<i>hydrobromide</i> .....	26	<i>ciprofloxacin er</i> .....	<i>clindamycin phosphate</i>	
CELLCEPT		<i>ciprofloxacin hcl (ophth)</i> ....	<i>vaginal</i> .....	41
<i>see mycophenolate mofetil</i>		<i>ciprofloxacin hcl tab</i> .....	<i>clindamycin sol 75mg/5ml.</i> 10	
.....	42	<i>ciprofloxacin in d5w</i> .....	CLINIMIX	
CELONTIN.....	23	<i>ciprofloxacin inj</i> .....	2.75%/DEXTROSE 5%.....	44
<i>cephalexin</i> .....	13	<i>cisplatin</i> .....	CLINIMIX	
CERDELGA .....	36	<i>citalopram hydrobromide</i> ..	4.25%/DEXTROSE 25%... 44	
CEREZYME .....	36	<i>cladribine</i> .....	CLINIMIX	
CERVARIX.....	43	CLAFORAN	4.25%/DEXTROSE 5%..... 44	
<i>cetirizine syrup</i> .....	46	<i>see cefotaxime sodium</i> ..	CLINIMIX 5%/DEXTROSE	
CHANTIX CONTINUING		<i>claravis</i> .....	15% .....	44
MONTH.....	32	<i>clarithromycin</i> .....	CLINIMIX 5%/DEXTROSE	
CHANTIX PAK 0.5& 1MG .32		<i>clarithromycin er</i> .....	20% .....	44
CHANTIX TAB 0.5MG .....	32	<i>clarithromycin for susp</i> .....	CLINIMIX 5%/DEXTROSE	
CHANTIX TAB 1MG .....	32	CLEOCIN	25% .....	44
CHEMET.....	34	<i>see clindamycin cap</i>	CLINIMIX INJ 4.25/D10 ....	44
<i>chlorhexidine gluconate</i>		<i>300mg</i> .....	CLINIMIX INJ 4.25/D20 ....	44
<i>(mouth-throat)</i> .....	49	<i>see clindamycin cap 75mg</i>	<i>clobetasol propionate</i> .....	48
<i>chloroquine phosphate</i> .....	11	.....	<i>clobetasol propionate e</i> .....	48
<i>chlorothiazide tabs</i> .....	21	<i>see clindamycin hcl cap</i>	<i>clomipramine hcl</i> .....	26
<i>chlorpromazine hcl</i> .....	27	<i>150 mg</i> .....	<i>clonazepam</i> .....	23
<i>chlorthalidone</i> .....	21	<i>see clindamycin</i>	<i>clonidine hcl</i> .....	22
<i>cholestyramine</i> .....	19	<i>phosphate vaginal</i> .....	<i>clopidogrel bisulfate</i> .....	42
<i>cholestyramine light</i> .....	19	CLEOCIN IN D5W	<i>clorazepate dipotassium</i> ...	23
<i>choline fenofibrate cap dr</i>		<i>see clindamycin</i>	<i>clotrimazole</i> .....	49
<i>135 mg</i> .....	19	<i>phosphate in d5w</i> .....	<i>clotrimazole (topical)</i> .....	48
<i>choline fenofibrate cap dr 45</i>		CLEOCIN PEDIATRIC	<i>clozapine</i> .....	28
<i>mg</i> .....	19	GRANULE	CLOZAPINE .....	28
<i>ciclopirox</i> .....	48	<i>see clindamycin sol</i>	<i>clozapine tab 25mg</i> .....	28
<i>ciclopirox shampoo 1%</i> .....	48	<i>75mg/5ml</i> .....	<i>clozapine tab 50mg</i> .....	28
<i>cilostazol</i> .....	41	CLEOCIN PHOSPHATE	CLOZARIL	
CILOXAN .....	45	<i>see clindamycin</i>	<i>see clozapine</i> .....	28

see <i>clozapine tab 25mg</i> 28	CORTEF	<i>cytarabine</i> ..... 15
COARTEM.....11	see <i>hydrocortisone</i> .....37	CYTOMEL
COLAZAL	CORTENEMA	see <i>liothyronine sodium</i> 38
see <i>balsalazide disodium</i>	see <i>colocort</i> .....39	CYTOTEC
.....39	<i>cortisone acetate</i> .....37	see <i>misoprostol</i> .....40
<i>colchicine w/ probenecid</i> .....7	CORTISPORIN	CYTOVENE
COLCRYS.....7	see	see <i>ganciclovir inj 500mg</i>
COLESTID	<i>neomycin-polymyxin-hc</i>	..... 12
see <i>colestipol hcl</i> .....19	( <i>otic</i> ) .....50	<b>D</b>
<i>colestipol hcl</i> .....19	COSOPT	D.H.E. 45
<i>colistimethate sodium</i> .....10	see <i>dorzolamide</i>	see <i>dihydroergotamine</i>
<i>colocort</i> .....39	<i>hcl-timolol maleate</i> .....46	<i>mesylate</i> .....31
COLY-MYCIN M	COUMADIN .....41	<i>dacarbazine</i> ..... 14
see <i>colistimethate sodium</i>	see <i>jantoven</i> .....41	DALIRESP .....47
.....10	see <i>warfarin sodium</i> .....41	<i>danazol</i> .....36
COLYTE-FLAVOR PACKS	COZAAR	DANTRIUM
see <i>gavilyte-c</i> .....39	see <i>losartan potassium</i> .18	see <i>dantrolene sodium</i> ..32
COMBIGAN .....46	CREON.....40	<i>dantrolene sodium</i> .....32
COMBIVENT RESPIMAT .46	CRESTOR .....19	<i>dapsone</i> ..... 10
COMBIVIR	CRIXIVAN .....11	DAPTACEL.....43
see <i>lamivudine-zidovudine</i>	<i>cromolyn sod neb 20mg/2ml</i>	DARAPRIM..... 10
.....11	.....47	<i>daunorubicin hcl</i> ..... 14
COMETRIQ.....16	<i>cromolyn sodium</i>	DDAVP
COMPAZINE	( <i>mastocytosis</i> ).....40	see <i>desmopressin acetate</i>
see <i>prochlorperazine</i>	<i>cromolyn sodium (ophth)</i> ..46	<i>spray</i> .....38
<i>maleate</i> .....38	<i>cryselle 28</i> .....34	see <i>desmopressin acetate</i>
COMPLERA.....11	CUBICIN .....10	<i>tabs</i> .....38
<i>compro</i> .....38	CUTIVATE	see <i>desmopressin inj</i>
COMVAX .....43	see <i>fluticasone propionate</i>	<i>4mcg/ml</i> .....38
CONDYLOX	.....49	<i>deblitane 28 day</i> .....34
see <i>podofilox</i> .....49	CUVPOSA .....39	DELESTROGEN.....36
<i>constulose</i> .....39	<i>cyclafem 1/35 28 day</i> .....34	see <i>estradiol val inj 20mg/ml</i>
COPAXONE INJ 40MG/ML	<i>cyclafem 7/7/7 28 day</i> .....34	.....36
.....31	CYCLESSA	see <i>estradiol val inj 40mg/ml</i>
COPAXONE KIT 20MG/ML	see <i>velivet 28 day</i> .....36	.....36
.....31	<i>cyclobenzaprine hcl</i> .....32	<i>delyla 28 day</i> .....34
COPEGUS	<i>cyclophosphamide</i> ..... 14	DELZICOL .....39
see <i>moderiba tab 200mg</i>	CYCLOPHOSPHAMIDE... 14	DEMADEX
.....12	<i>cycloserine</i> .....11	see <i>toremide tabs</i> .....22
see <i>ribasphere</i> .....12	<i>cyclosporine</i> .....42	DEMSEER .....22
see <i>ribavirin tab 200mg</i> .12	<i>cyclosporine modified (for</i>	DEPACON
CORDARONE	<i>microemulsion)</i> .....42	see <i>valproate sodium</i> ....25
see <i>amiodarone tab</i>	CYKLOKAPRON	DEPAKENE
<i>200mg</i> .....18	see <i>tranexamic acid</i> .....41	see <i>valproate sodium</i> ....25
see <i>pacerone</i> .....19	CYMBALTA	see <i>valproic acid</i> .....25
COREG	see <i>duloxetine hcl</i> .....26	DEPAKOTE
see <i>carvedilol</i> .....20	CYSTADANE POW .....36	see <i>divalproex sodium</i> ..23
<i>cormax</i> .....48	CYSTAGON.....36	DEPAKOTE ER

see <i>divalproex sodium</i> ...23	DEXILANT CAP 30MG DR	see <i>fluconazole</i> ..... 10
DEPAKOTE SPRINKLES	.....40	<i>diflunisal</i> .....7
see <i>divalproex sodium</i> ...23	DEXILANT CAP 60MG DR	<i>digitek</i> .....21
DEPEN TITRATABS .....34	.....40	<i>digoxin</i> .....21
DEPO-MEDROL	<i>dexrazoxane</i> ..... 16	<i>digoxin inj</i> .....21
see <i>methylpr ace inj</i>	DEXTROSE 10% FLEX	DIGOXIN SOL 50MCG/ML
40mg/ml.....37	CONTAIN.....44	.....21
see <i>methylpr ace inj</i>	DEXTROSE 10%/NACL	<i>dihydroergotamine mesylate</i>
80mg/ml.....37	0.2%.....44	.....31
DEPO-PROVERA	DEXTROSE 10%/NACL	<i>dilantin</i> .....23
CONTRACEPTIV	0.45%.....44	DILANTIN
see <i>medroxyprogesterone</i>	DEXTROSE 2.5%/NACL	see <i>phenytoin sodium</i>
<i>acetate 150 mg/ml</i> .....35	0.45%.....44	<i>extended</i> .....24
DEPO-PROVERA INJ	DEXTROSE 5% .....44	DILANTIN INFATABS
400/ML.....15	DEXTROSE 5%	see <i>phenytoin</i> .....24
DEPO-TESTOSTERONE	/ELECTROLYTE.....44	DILANTIN-125
see <i>testosterone cypionate</i>	DEXTROSE 5%/LACTATED	see <i>phenytoin</i> .....24
.....32	RING.....44	DILANTIN-125 SUS
DERMOTIC	DEXTROSE 5%/NACL 0.2%	125/5ML.....23
see <i>fluocinolone acetonide</i>	.....44	DILAUDID
( <i>otic</i> ) .....50	DEXTROSE 5%/NACL	see <i>hydromorphone hcl</i> ...8
<i>desipramine hcl</i> .....26	0.225%.....44	DILAUDID-HP
<i>desmopressin acetate spray</i>	DEXTROSE 5%/NACL 0.3%	see <i>hydromorphon inj</i>
.....38	.....44	10mg/ml .....8
<i>desmopressin acetate spray</i>	DEXTROSE 5%/NACL	<i>diltiazem cap</i> .....20
<i>refrigerated</i> .....38	0.33%.....44	<i>diltiazem cap 120mg/24hr</i> .20
<i>desmopressin acetate tabs</i>	DEXTROSE 5%/NACL	<i>diltiazem cap er/12hr</i> .....20
.....38	0.45%.....44	<i>diltiazem hcl</i> .....20
<i>desmopressin inj 4mcg/ml</i> .38	DEXTROSE 5%/NACL 0.9%	<i>diltiazem hcl coated beads</i> 20
DESMOPRESSIN SOL	.....44	<i>dilt-xr cap</i> .....20
0.01%.....38	DEXTROSE	<i>diltzac cap 120mg/24</i> .....20
DESOGEN	5%/POTASSIUM CHL .....44	<i>diltzac cap 180mg/24</i> .....20
see <i>apri 28 day</i> .....34	DEXTROSE 50%.....44	<i>diltzac cap 240mg/24</i> .....20
see <i>emoquette</i> .....35	DEXTROSE INJ 70%.....44	<i>diltzac cap 300mg/24</i> .....20
see <i>reclipsen 28 day</i> .....36	DIAMOX	DIOVAN
<i>desogestrel-ethinyl estradiol</i>	see <i>acetazolamide</i> .....21	see <i>valsartan</i> ..... 18
( <i>biphasic</i> ) .....34	<i>diazepam</i> .....23	DIOVAN HCT
DETROL	<i>diazepam inj</i> .....23	see <i>valsartan &amp; hctz tab</i>
see <i>tolterodine tartrate</i>	<i>diclofenac potassium</i> .....7	160-12.5mg..... 18
<i>tabs</i> .....41	<i>diclofenac sodium</i> .....7	see <i>valsartan &amp; hctz tab</i>
DETROL LA	<i>diclofenac sodium (ophth)</i> .45	160-25mg..... 18
see <i>tolterodine tartrate cap</i>	<i>dicloxacillin sodium</i> ..... 14	see <i>valsartan &amp; hctz tab</i>
<i>er</i> .....41	<i>dicyclomine hcl</i> .....39	320-12.5mg..... 18
<i>dexamethasone</i> .....37	<i>didanosine</i> ..... 11	see <i>valsartan &amp; hctz tab</i>
<i>dexamethasone sodium</i>	DIFICID.....13	320-25mg..... 18
<i>phosphate</i> .....37	DIFLUCAN	see <i>valsartan &amp; hctz tab</i>
<i>dexamethasone sodium</i>		80-12.5mg..... 18
<i>phosphate (ophth)</i> .....45		DIPENTUM.....39

<i>diphenhydramine hcl inj</i> ....46	<i>see fentanyl patch 12</i>	<i>see lidocaine-prilocaine</i> .49
<i>diphenoxylate w/ atropine</i> .40	<i>mcg/hr</i> .....7	<i>emoquette</i> .....35
DIPHTHERIA/TETANUS	<i>see fentanyl patch 25</i>	EMSAM .....26
TOXOID .....43	<i>mcg/hr</i> .....8	EMTRIVA.....11
DIPROLENE	<i>see fentanyl patch 50</i>	<i>enalapril maleate</i> .....17
<i>see betamethasone</i>	<i>mcg/hr</i> .....8	<i>enalapril maleate &amp;</i>
<i>dipropionate augmented</i> 48	<i>see fentanyl patch 75</i>	<i>hydrochlorothiazide</i> .....17
DIPROLENE AF	<i>mcg/hr</i> .....8	<i>endocet</i> .....7
<i>see betamethasone</i>	DURAMORPH .....7	ENGERIX-B .....43
<i>dipropionate augmented</i> 48	DUREZOL.....45	<i>enoxaparin sodium</i> .....41
<i>disopyramide phosphate</i> ...18	DYAZIDE	<i>enpresse 28 day</i> .....35
<i>disulfiram</i> .....32	<i>see triamterene &amp;</i>	ENTACAPONE .....27
DITROPAN XL	<i>hydrochlorothiazide cap</i>	<i>entecavir</i> .....12
<i>see oxybutynin chloride</i> .40	<i>37.5-25 mg</i> .....22	ENTOCORT EC
<i>divalproex sodium</i> .....23	<b>E</b>	<i>see budesonide ec</i> .....39
<i>docetaxel</i> .....15	<i>e.e.s. 400mg tab</i> .....13	<i>enulose</i> .....39
DOCETAXEL .....15	EC-NAPROSYN	EPIPEN 2-PAK .....47
DOLOPHINE	<i>see naproxen</i> .....7	EPIPEN-JR 2-PAK.....47
<i>see methadone hcl</i> .....8	EDURANT .....11	<i>epirubicin hcl</i> .....14
DOLOPHINE HCL	EFFEXOR XR	<i>epitol</i> .....23
<i>see methadone hcl</i> .....8	<i>see venlafaxine hcl</i> .....27	EPIVIR
<i>donepezil hydrochloride</i> ...25	EFFIENT .....42	<i>see lamivudine</i> .....11
<i>dorzolamide hcl</i> .....46	EFUDEX	EPIVIR HBV .....12
<i>dorzolamide hcl-timolol</i>	<i>see fluorouracil (topical)</i> 49	<i>see lamivudine (hbv)</i> ....12
<i>maleate</i> .....46	ELDEPRYL	<i>eplerenone</i> .....17
DOVONEX	<i>see selegiline hcl</i> .....27	EPZICOM .....11
<i>see calcipotriene</i> .....48	ELIDEL CRE 1%.....49	ERIVEDGE .....15
<i>doxazosin mesylate</i> .....17	ELIMITE	<i>errin 28 day</i> .....35
<i>doxepin hcl</i> .....26	<i>see permethrin</i> .....49	<i>ery pad 2%</i> .....48
DOXIL	ELIPHOS	ERYGEL
<i>see doxorubicin hcl</i>	<i>see calcium acetate</i>	<i>see erythromycin (acne</i>
<i>liposomal</i> .....14	<i>(phosphate binder)</i> .....38	<i>aid)</i> .....48
<i>doxorubicin hcl for inj 50 mg</i>	ELIQUIS.....41	<i>ery-tab</i> .....13
.....14	ELITEK .....16	<i>erythrocin lactobionate</i> .....13
<i>doxorubicin hcl inj 2 mg/ml</i> 14	<i>elixophyllin</i> .....47	<i>erythrocin stearate</i> .....13
<i>doxorubicin hcl liposomal</i> ..14	ELLA.....35	<i>erythromycin (acne aid)</i> ...48
<i>doxy</i> .....14	ELLECE	<i>erythromycin (ophth)</i> .....45
<i>doxycycline (monohydrate)</i>	<i>see epirubicin hcl</i> .....14	<i>erythromycin base</i> .....13
.....14	ELMIRON .....40	<i>erythromycin cap 250mg ec</i>
<i>doxycycline hyclate</i> .....14	ELOCON	.....13
<i>dronabinol</i> .....38	<i>see mometasone furoate</i>	<i>erythromycin ethylsuccinate</i>
<i>drospirenone-ethinyl</i>	.....49	.....13
<i>estradiol</i> .....35	EMCYT .....14	ESBRIET .....47
DROXIA .....16	EMEND CAP 125MG.....38	<i>escitalopram oxalate</i> .....26
<i>duloxetine hcl</i> .....26	EMEND CAP 40MG.....38	<i>esomeprazole sodium inj</i> ..40
DURAGESIC	EMEND CAP 80MG.....38	<i>estrace</i> .....36
<i>see fentanyl patch 100</i>	EMEND PAK 80 & 125 .....38	ESTRACE
<i>mcg/hr</i> .....8	EMLA	<i>see estradiol</i> .....37

<i>estradiol val inj 20mg/ml</i> .....36	<i>tab 5-160-25 mg</i> ..... 18	<i>fluconazole</i> ..... 10
<i>estradiol val inj 40mg/ml</i> .....36	EXJADE.....34	<i>fluconazole in dextrose</i> .... 10
<i>estradiol</i> .....37	<b>F</b>	<i>fluconazole inj nacl 200</i> .... 10
ESTROSTEP FE	FABRAZYME.....36	<i>fluconazole inj nacl 400</i> .... 10
see <i>tri-legest 28 day</i> .....36	<i>falmina 28 day</i> .....35	<i>flucytosine</i> ..... 10
<i>ethambutol hcl</i> .....11	<i>famciclovir</i> .....12	FLUDARA
<i>ethosuximide</i> .....23	<i>famotidine inj</i> .....39	see <i>fludarabine phosphate</i>
ETHYOL	<i>famotidine tab</i> .....39	..... 15
see <i>amifostine crystalline</i>	FAMVIR	<i>fludarabine phosphate</i> ..... 15
..... 16	see <i>famciclovir</i> ..... 12	<i>fludrocortisone acetate</i> .... 37
<i>etodolac</i> .....7	FANAPT.....28	FLUMADINE
<i>etoposide</i> ..... 16	FANAPT TITRATION PACK	see <i>rimantadine</i>
EURAX .....49	.....28	<i>hydrochloride</i> ..... 12
EVISTA	FARESTON ..... 15	<i>flunisolide (nasal)</i> .....47
see <i>raloxifene tab 60mg</i> 38	FARXIGA .....33	<i>fluocinolone acetonide</i> .....48
EVOTAZ.....11	FARYDAK.....15	<i>fluocinolone acetonide (otic)</i>
EXELON	FASLODEX.....15	..... 50
see <i>rivastigmine tartrate</i> 25	FAZACLO .....28	<i>fluocinonide</i> ..... 48, 49
EXELON PATCHES .....25	<i>felbamate</i> .....23	<i>fluocinonide emulsified base</i>
<i>exemestane</i> ..... 15	FELBATOL	.....49
EXFORGE	see <i>felbamate</i> .....23	FLUOROMETHOLONE ...45
see <i>amlodipine</i>	<i>felodipine</i> .....20	<i>fluorouracil</i> ..... 15
<i>besylate-valsartan tab</i>	FEMARA	<i>fluorouracil (topical)</i> .....49
<i>10-160 mg</i> ..... 17	see <i>letrozole</i> ..... 15	<i>fluoxetine hcl</i> .....26
see <i>amlodipine</i>	<i>fenofibrate</i> .....19	<i>fluphenazine decanoate</i> ...28
<i>besylate-valsartan tab</i>	<i>fenofibrate micronized</i> .....19	<i>fluphenazine hcl</i> .....28
<i>10-320 mg</i> ..... 18	<i>fentanyl citrate</i> .....7	<i>flurbiprofen</i> ..... 7
see <i>amlodipine</i>	<i>fentanyl patch 100 mcg/hr</i> ...8	<i>flurbiprofen sodium</i> .....45
<i>besylate-valsartan tab</i>	<i>fentanyl patch 12 mcg/hr</i> ...7	<i>flutamide</i> ..... 15
<i>5-160 mg</i> ..... 17	<i>fentanyl patch 25 mcg/hr</i> ...8	<i>fluticasone propionate</i> .....49
see <i>amlodipine</i>	<i>fentanyl patch 50 mcg/hr</i> ...8	<i>fluticasone propionate</i>
<i>besylate-valsartan tab</i>	<i>fentanyl patch 75 mcg/hr</i> ...8	<i>(nasal)</i> .....47
<i>5-320 mg</i> ..... 17	FENTORA.....8	<i>fluvoxamine maleate</i> ... 22, 23
EXFORGE HCT	FERRIPROX.....34	<i>fondaparinux sodium</i> .....41
see	FETZIMA .....26	FORTAZ
<i>amlodipine-valsartan-hctz</i>	FETZIMA TITRATION PACK	see <i>ceftazidime</i> ..... 13
<i>tab 10-160-12.5 mg</i> ..... 18	.....26	see <i>tazicef</i> ..... 13
see	<i>finasteride</i> .....40	see <i>tazicef vial</i> ..... 13
<i>amlodipine-valsartan-hctz</i>	FIRAZYR .....41	FORTEO.....38
<i>tab 10-160-25 mg</i> ..... 18	FLAGYL	FORTICAL.....37
see	see <i>metronidazole</i> ..... 10	FOSAMAX
<i>amlodipine-valsartan-hctz</i>	FLEBOGAMMA .....42	see <i>alendronate sodium</i> 34
<i>tab 10-320-25 mg</i> ..... 18	FLEBOGAMMA DIF .....42	<i>foscarnet sodium</i> ..... 12
see	<i>flecainide acetate</i> ..... 18	<i>fosinopril sodium</i> ..... 17
<i>amlodipine-valsartan-hctz</i>	FLOMAX	<i>fosinopril sodium &amp;</i>
<i>tab 5-160-12.5 mg</i> ..... 18	see <i>tamsulosin hcl</i> .....40	<i>hydrochlorothiazide</i> ..... 17
see	FLOVENT DISKUS .....47	FREAMINE HBC 6.9% ....44
<i>amlodipine-valsartan-hctz</i>	FLOVENT HFA.....47	FREAMINE III .....44

<i>furosemide</i> .....	21	GIANVI TAB 3-0.02MG .....	35	.....	28
<i>furosemide inj</i> .....	21	<i>gildagia</i> .....	35	HALDOL DECANOATE 50	
FUROSEMIDE INJ.....	21	<i>gildess 1.5/30 21 day</i> .....	35	<i>see haloperidol decanoate</i>	
FUSILEV .....	16	GILENYA CAP 0.5MG .....	32	.....	28
FUZEON .....	11	GILOTRIF TAB 20MG.....	16	<i>haloperidol</i> .....	28
FYCOMPA .....	23	GILOTRIF TAB 30MG.....	16	<i>haloperidol decanoate</i> .....	28
<b>G</b>		GILOTRIF TAB 40MG.....	16	<i>haloperidol lactate conc</i> ....	28
<i>gabapentin</i> .....	24	GLEEVEC.....	16	<i>haloperidol lactate inj 5mg/ml</i>	
GABITRIL.....	24	<i>glimepiride</i> .....	33	.....	28
<i>see tiagabine hcl</i> .....	24	<i>glip/metform tab 2.5-250mg</i>		HARVONI .....	12
<i>galantamine hydrobromide</i> .....	25	.....	33	HAVRIX .....	43
GAMASTAN S/D.....	42	<i>glip/metform tab 2.5-500mg</i>		<i>heather</i> .....	35
GAMMAGARD LIQUID .....	42	.....	33	HEPARIN SOD (PORCINE)	
GAMMAGARD S/D .....	42	<i>glip/metform tab 5-500mg</i> .....	33	IN D5W .....	41
GAMMAKED .....	42	<i>glipizide</i> .....	33	<i>heparin sod inj 1000/ml</i> .....	41
GAMMAPLEX .....	42	GLUCAGEN HYPOKIT .....	37	<i>heparin sod inj 10000/ml</i> ...	41
GAMUNEX-C .....	42	GLUCAGON EMERGENCY		HEPARIN SOD INJ 2000/ML	
<i>ganciclovir inj 500mg</i> .....	12	KIT .....	37	.....	41
GARAMYCIN		GLUCOPHAGE		<i>heparin sod inj 20000/ml</i> ...	41
<i>see gentamicin sulfate</i>		<i>see metformin hcl</i> .....	33, 34	HEPARIN SOD INJ 2500/ML	
( <i>ophth</i> ) .....	45	GLUCOPHAGE XR		.....	41
GARDASIL.....	43	<i>see metformin hcl</i> .....	34	<i>heparin sod inj 5000/ml</i> .....	41
GARDASIL 9.....	43	GLUCOTROL		HEPARIN SODIUM/D5W .	41
GASTROCROM		<i>see glipizide</i> .....	33	HEPARIN SODIUM/NACL	
<i>see cromolyn sodium</i>		GLUCOTROL XL		0.45% .....	41
( <i>mastocytosis</i> ) .....	40	<i>see glipizide</i> .....	33	HEPATAMINE .....	44
<i>gatifloxacin (ophth)</i> .....	45	<i>glycopyrrolate</i> .....	39	HEPSERA	
GATTEX.....	40	GOLYTELY .....	39	<i>see adefovir dipivoxil</i> .....	12
GAUZE PADS 2" X 2" .....	32	<i>see gavilyte-g</i> .....	39	HERCEPTIN.....	15
<i>gavilyte-g</i> .....	39	GRALISE .....	31	HETLIOZ .....	30
<i>gavilyte-c</i> .....	39	GRALISE STARTER.....	31	HEXALEN .....	14
<i>gavilyte-h</i> .....	39	<i>granisetron hcl</i> .....	38	HIBERIX .....	43
<i>gavilyte-n</i> .....	39	GRANIX.....	41	HIPREX	
<i>gemcitabine hcl</i> .....	15	GRIFULVIN V		<i>see methenamine</i>	
GEMCITABINE HCL .....	15	<i>see griseofulvin microsize</i>		<i>hippurate</i> .....	10
<i>gemfibrozil</i> .....	19	.....	10	HUMIRA .....	42
GEMZAR		<i>griseofulvin microsize</i> .....	10	HUMIRA KIT 40MG/0.8 ....	42
<i>see gemcitabine hcl</i> .....	15	<i>griseofulvin ultramicrosize</i> .....	10	HUMIRA PEN .....	42
<i>generlac</i> .....	39	GRIS-PEG		HUMIRA PEN-CROHNS	
<i>gengraf</i> .....	42	<i>see griseofulvin</i>		DISEASE .....	42
<i>gentak</i> .....	45	<i>ultramicrosize</i> .....	10	HUMIRA PEN-PSORIASIS	
<i>gentamicin in saline</i> .....	9	<i>guanfacine hcl (adhd)</i> .....	30	STAR .....	42
<i>gentamicin sulfate</i> .....	9	<b>H</b>		HUMULIN R INJ U-500.....	32
<i>gentamicin sulfate (ophth)</i> .....	45	HALDOL		HYCANTIN	
<i>gentamicin sulfate (topical)</i>		<i>see haloperidol lactate inj</i>		<i>see topotecan hcl</i> .....	16
.....	48	5mg/ml .....	28	HYCET	
GEODON .....	28	HALDOL DECANOATE 100		<i>see</i>	
<i>see ziprasidone hcl</i> .....	29	<i>see haloperidol decanoate</i>		<i>hydrocodone-acetaminoph</i>	

<i>en 7.5-325 mg/15ml</i> .....8	<i>ifosfamide inj 1gm/20ml</i> .... 14	INVEGA SUST INJ
<i>hydralazine hcl</i> .....22	IFOSFAMIDE INJ 3GM..... 14	156MG/ML .....28
<b>HYDREA</b>	<i>ifosfamide inj 3gm/60ml</i> .... 14	INVEGA SUST INJ
see <i>hydroxyurea</i> .....16	ILEVRO.....45	234MG/1.5ML .....28
<i>hydrochlorothiazide</i> .....21	<i>ilotycin</i> .....45	INVEGA SUST INJ
<i>hydroco/apap tab 10-325mg</i>	IMBRUVICA CAP 140MG.16	39MG/0.25ML .....28
.....8	<i>imipenem-cilastatin</i> ..... 10	INVEGA SUST INJ
<i>hydroco/apap tab 5-325mg</i> .8	<i>imipramine hcl</i> .....26	78MG/0.5ML .....28
<i>hydroco/apap tab 7.5-325mg</i>	<i>imiquimod</i> .....49	INVIRASE .....11
.....8	<b>IMITREX</b>	INVOKAMET TAB 150-1000
<i>hydrocodone-acetaminophen</i>	see <i>sumatriptan succinate</i>	.....33
<i>7.5-325 mg/15ml</i> .....8	.....31	INVOKAMET TAB 150-500
<i>hydrocodone-ibuprofen</i>	see <i>sumatriptan succinate</i>	.....33
<i>7.5-200mg</i> .....8	<i>inj 6mg/0.5ml</i> .....31	INVOKAMET TAB 50-1000
<i>hydrocortisone</i> .....37	<b>IMITREX STATDOSE</b>	.....33
<b>HYDROCORTISONE</b>	<b>SYSTEM</b>	INVOKAMET TAB
(INTRARECTAL).....39	see <i>sumatriptan succinate</i>	50-500MG .....33
<i>hydrocortisone (topical)</i> .....49	<i>inj 6mg/0.5ml</i> .....31	INVOKANA .....33
<i>hydrocortisone butyrate</i> ...49	IMOVAX RABIES (H.D.C.V.)	IONOSOL-B/DEXTROSE
<i>hydromorphon inj 10mg/ml</i> .8	.....43	5% .....44
<i>hydromorphone hcl</i> .....8	<b>IMURAN</b>	IONOSOL-MB/DEXTROSE
<i>hydroxychloroquine sulfate</i>	see <i>azathioprine</i> .....42	5% .....44
.....42	<b>INCRELEX</b> .....37	IPOL INACTIVATED IPV ..43
<i>hydroxyurea</i> .....16	<b>INCRUSE ELLIPTA</b> .....46	<i>ipratropium bromide</i> .....46
<i>hydroxyz hcl inj</i> .....46	<i>indapamide</i> .....21	<i>ipratropium bromide (nasal)</i>
<b>HYZAAR</b>	<b>INDERAL LA</b>	.....46
see <i>losartan potassium &amp;</i>	see <i>propranolol cap er</i> ...20	<i>ipratropium-albuterol nebu</i> 46
<i>hctz tab 100-12.5 mg</i> ..... 18	<b>INFANRIX</b> .....43	<i>irinotecan hcl</i> ..... 16
see <i>losartan potassium &amp;</i>	<b>INLYTA</b> .....16	<b>ISENTRESS</b> .....11
<i>hctz tab 100-25 mg</i> ..... 18	<b>INSPRA</b>	<b>ISOLYTE P</b> .....44
see <i>losartan potassium &amp;</i>	see <i>eplerenone</i> .....17	<b>ISOLYTE S</b> .....44
<i>hctz tab 50-12.5 mg</i> ..... 18	<b>INSULIN PEN NEEDLE</b> ...32	<i>isoniazid</i> .....11
<b>I</b>	<b>INSULIN SYRINGE</b> .....32	<i>isoniazid inj 100 mg/ml</i> .... 12
<i>ibandronate tab 150mg</i> .....34	<b>INTELENCE</b> .....11	<i>isoniazid syp 50mg/5ml</i> .... 12
<b>IBRANCE</b> .....15	<b>INTRALIPID INJ 20%</b> .....44	<b>ISORDIL TITRADOSE</b>
<i>ibuprofen</i> .....7	<b>INTRALIPID INJ 30%</b> .....44	see <i>isosorbide dinitrate</i> .22
<b>ICLUSIG</b> .....16	<b>INTRON-A INJ 10MU</b> .....42	<i>isosorb mononitrate tab</i> ...22
<b>IDAMYCIN PFS</b>	<b>INTRON-A INJ 18MU</b> .....42	<i>isosorbide dinitrate</i> .....22
see <i>idarubicin hcl</i> .....15	<b>INTRON-A INJ 25MU</b> .....42	<i>isosorbide dinitrate er</i> .....22
<i>idarubicin hcl</i> .....15	<b>INTRON-A INJ 50MU</b> .....42	<i>isosorbide mononitrate er</i> .22
<b>IFEX</b> .....14	<i>introvale 91 day</i> .....35	<i>isradipine</i> .....20
see <i>ifosfamide inj 1gm</i> ...14	<b>INTUNIV</b>	<b>ISTALOL</b> .....46
<b>IFOSFAMIDE</b>	see <i>guanfacine hcl (adhd)</i>	<b>ISTODAX</b> .....15
see <i>ifosfamide inj</i>	.....30	<i>itraconazole</i> .....10
<i>1gm/20ml</i> .....14	<b>INVANZ</b> .....10	<i>ivermectin</i> .....10
see <i>ifosfamide inj</i>	<b>INVEGA</b> .....28	<b>IXIARO</b> .....43
<i>3gm/60ml</i> .....14	<b>INVEGA SUST INJ</b>	<b>J</b>
<i>ifosfamide inj 1gm</i> .....14	117MG/0.75ML .....28	<b>JAKAFI</b> .....16

JALYN.....	40	KCL/NACL INJ 0.3-0.9.....	44	<i>lactulose (encephalopathy)</i>	
<i>jantoven</i> .....	41	KCL0.15%/D5W/NACL0.2%		.....	39
JANUMET .....	33	.....	44	LAMICTAL	
JANUMET XR TAB		KCL0.15%/D5W/NACL0.225		<i>see lamotrigine</i> .....	24
100-1000.....	33	% .....	44	LAMICTAL CHEWABLE	
JANUMET XR TAB 50-1000		KEFLEX		DISPERS	
.....	33	<i>see cephalixin</i> .....	13	<i>see lamotrigine</i> .....	24
JANUMET XR TAB		<i>kelnor 1/35 28 day</i> .....	35	LAMICTAL XR	
50-500MG .....	33	KEPPRA		<i>see lamotrigine</i> .....	24
JANUVIA.....	33	<i>see levetiracetam</i> .....	24	LAMISIL	
JENTADUETO .....	33	<i>see levetiracetam inj</i> .....	24	<i>see terbinafine hcl</i> .....	10
<i>jinteli</i> .....	37	<i>see levetiracetam sol</i>		<i>lamivudine</i> .....	11
JOLESSA TAB 0.15-0.03		100mg/ml .....	24	<i>lamivudine (hbv)</i> .....	12
MG .....	35	KEPPRA XR		<i>lamivudine-zidovudine</i> .....	11
JOLIVETTE.....	35	<i>see levetiracetam</i> .....	24	<i>lamotrigine</i> .....	24
<i>junel 1.5/30 21 day</i> .....	35	<i>ketoconazole</i> .....	10	LANOXIN	
<i>junel 1/20 21 day</i> .....	35	<i>ketoconazole cream</i> .....	48	<i>see digitek</i> .....	21
<i>junel fe 1.5/30 28 day</i> .....	35	<i>ketoconazole shampoo</i> .....	48	<i>see digoxin</i> .....	21
<i>junel fe 1/20 28 day</i> .....	35	<i>ketoprofen</i> .....	7	<i>see digoxin inj</i> .....	21
JUXTAPID.....	19	<i>ketorolac tromethamine</i>		LANTUS .....	32
<b>K</b>		( <i>ophth</i> ) .....	45	LANTUS SOLOSTAR .....	32
KADCYLA .....	15	KEYTRUDA .....	15	<i>larin 1.5/30</i> .....	35
KALETRA SOL .....	11	<i>kimidess</i> .....	35	<i>larin 1/20</i> .....	35
KALETRA TAB 100-25MG	11	KINRIX.....	43	<i>larin fe 1.5/30</i> .....	35
KALETRA TAB 200-50MG	11	<i>kionex powder</i> .....	34	<i>larin fe 1/20</i> .....	35
KALYDECO .....	47	<i>kionex susp 15gm/60ml</i> ...	34	LASIX	
<i>kariva 28 day</i> .....	35	KLARON		<i>see furosemide</i> .....	21
KAYEXALATE		<i>see sulfacetamide sodium</i>		LASTACRAFT .....	46
<i>see kionex powder</i> .....	34	( <i>acne</i> ).....	48	<i>latanoprost</i> .....	46
KCL 0.075%/D5W/NACL		KLONOPIN		LATUDA .....	28
0.45%.....	44	<i>see clonazepam</i> .....	23	LEENA TAB .....	35
KCL 0.15%/D5W/NACL		KLOR-CON 10 .....	43	<i>leflunomide</i> .....	42
0.9%.....	44	KLOR-CON 8 .....	43	LENVIMA 10MG DAILY	
KCL 0.3%/D5W/NACL		<i>klor-con m15</i> .....	43	DOSE .....	16
0.45%.....	44	<i>klor-con m20</i> .....	43	LENVIMA 14MG DAILY	
KCL 0.3%/D5W/NACL 0.9%		<i>klor-con pow 20meq</i> .....	43	DOSE .....	16
.....	44	KORLYM.....	37	LENVIMA 20MG DAILY	
KCL IN NACL INJ .15-0.45		KUVAN .....	36	DOSE .....	16
.....	44	KYNAMRO.....	19	LENVIMA 24MG DAILY	
KCL/D5W INJ 0.3% .....	44	<b>L</b>		DOSE .....	16
KCL/D5W/NACL INJ		<i>labetalol hcl</i> .....	20	<i>lessina 28 day</i> .....	35
.15/.33%.....	44	LAC-HYDRIN		LETAIRIS.....	22
KCL/D5W/NACL INJ		<i>see ammonium lactate</i> ..	49	<i>letrozole</i> .....	15
.15/.45%.....	44	<i>see laclotion 12%</i> .....	49	<i>leucovorin calcium</i> .....	16
KCL/D5W/NACL INJ		<i>laclotion 12%</i> .....	49	<i>leucovorin calcium for inj 500</i>	
0.22%/0.45%.....	44	LACTATED RINGER'S INJ		<i>mg</i> .....	16
KCL/NACL INJ 0.15%-0.9%		.....	44	LEUKERAN .....	14
.....	44	<i>lactulose</i> .....	39	LEUKINE .....	41



<i>leuprolide inj 1mg/0.2</i> .....15	<i>lidocaine-prilocaine</i> .....49	<i>see gemfibrozil</i> ..... 19
LEVAQUIN	LIDODERM	LOPRESSOR
<i>see levofloxacin</i> .....13	<i>see lidocaine</i> .....49	<i>see metoprolol tartrate</i> ..20
<i>see levofloxacin in d5w</i> ..13	<i>linezolid</i> .....10	LOPRESSOR HCT
<i>see levofloxacin oral soln</i>	LINEZOLID .....10	<i>see metoprolol &amp;</i>
25 mg/ml.....13	LINZESS.....40	<i>hydrochlorothiazide</i> .....20
LEVEMIR .....32	<i>liothyronine sodium</i> .....38	LOPROX SHAMPOO
LEVEMIR FLEXTOUCH...33	LIPITOR	<i>see ciclopirox shampoo</i>
<i>levetiracetam</i> .....24	<i>see atorvastatin calcium</i> 19	1%.....48
<i>levetiracetam inj</i> .....24	<i>lisinopril</i> .....17	<i>lorazepam</i> .....23
LEVETIRACETAM IV.....24	<i>lisinopril &amp;</i>	<i>lorcet hd tab 10-325mg</i> .....8
<i>levetiracetam sol 100mg/ml</i>	<i>hydrochlorothiazide</i> .....17	<i>lorcet plus tab 7.5-325</i> .....8
.....24	<i>lithium carbonate</i> .....31	<i>lorcet tab 5-325mg</i> .....8
<i>levobunolol hcl</i> .....46	<i>lithium carbonate er</i> .....31	<i>lortab tab 10-325mg</i> .....8
LEVOBUNOLOL HCL.....46	LITHIUM SOLN 8MEQ/5ML	<i>lortab tab 5-325mg</i> .....8
<i>levocarnitine (metabolic</i>	.....31	<i>lortab tab 7.5-325</i> .....8
<i>modifiers)</i> .....36	LITHOBID	<i>loryna 28 day</i> .....35
<i>levocetirizine dihydrochloride</i>	<i>see lithium carbonate er</i> 31	<i>losartan potassium</i> .....18
.....46	LOCOID	<i>losartan potassium &amp; hctz</i>
<i>levofloxacin</i> .....13	<i>see hydrocortisone</i>	<i>tab 100-12.5 mg</i> .....18
<i>levofloxacin in d5w</i> .....13	<i>butyrate</i> .....49	<i>losartan potassium &amp; hctz</i>
<i>levofloxacin inj 25mg/ml</i> ...13	LOESTRIN 1.5/30-21	<i>tab 100-25 mg</i> .....18
<i>levofloxacin oral soln 25</i>	<i>see gildess 1.5/30 21 day</i>	<i>losartan potassium &amp; hctz</i>
<i>mg/ml</i> .....13	.....35	<i>tab 50-12.5 mg</i> .....18
<i>levoleucovorin calcium</i> .....16	<i>see junel 1.5/30 21 day</i> .35	LOTEMAX .....45
<i>levonest 28 day</i> .....35	<i>see larin 1.5/30</i> .....35	LOTENSIN
<i>levonorgestrel &amp; eth estradiol</i>	LOESTRIN 1/20-21	<i>see benazepril hcl</i> .....17
.....35	<i>see junel 1/20 21 day</i> ....35	LOTENSIN HCT
<i>levonorgestrel (emergency</i>	<i>see larin 1/20</i> .....35	<i>see benazepril &amp;</i>
<i>oc)</i> .....35	LOESTRIN FE 1.5/30	<i>hydrochlorothiazide</i> .....17
<i>levonorgestrel-ethinyl</i>	<i>see junel fe 1.5/30 28 day</i>	LOTREL
<i>estradiol (91-day)</i> .....35	.....35	<i>see amlodipine</i>
<i>levora 0.15/30 28 day</i> .....35	<i>see larin fe 1.5/30</i> .....35	<i>besylate-benazepril hcl</i>
<i>levothyroxine sodium</i> .....38	LOESTRIN FE 1/20	<i>cap 10-20 mg</i> .....17
LEXAPRO	<i>see junel fe 1/20 28 day</i> 35	<i>see amlodipine</i>
<i>see escitalopram oxalate</i>	<i>see larin fe 1/20</i> .....35	<i>besylate-benazepril hcl</i>
.....26	<i>see tarina fe 1/20 28 day</i>	<i>cap 10-40 mg</i> .....17
LEXIVA .....11	.....36	<i>see amlodipine</i>
<i>lidocaine</i> .....49	LOFIBRA	<i>besylate-benazepril hcl</i>
<i>lidocaine hcl</i> .....49	<i>see fenofibrate</i> .....19	<i>cap 2.5-10 mg</i> .....16
<i>lidocaine hcl (local anesth.)</i> .9	<i>see fenofibrate micronized</i>	<i>see amlodipine</i>
<i>lidocaine hcl (mouth-throat)</i>	.....19	<i>besylate-benazepril hcl</i>
.....49	LOMOTIL	<i>cap 5-10 mg</i> .....17
<i>lidocaine inj 0.5%</i> .....9	<i>see diphenoxylate w/</i>	<i>see amlodipine</i>
<i>lidocaine inj 1%</i> .....9	<i>atropine</i> .....40	<i>besylate-benazepril hcl</i>
<i>lidocaine inj 1.5%</i> .....9	LOMUSTINE.....14	<i>cap 5-20 mg</i> .....17
<i>lidocaine inj 2%</i> .....9	<i>loperamide hcl</i> .....40	LOTRONEX
<i>lidocaine oint 5%</i> .....49	LOPID	<i>see alosetron hcl</i> .....40

<i>lovastatin</i> .....	19	MAXALT-MLT		MERREM	
LOVAZA		see <i>rizatriptan benzoate</i>	31	see <i>meropenem</i> .....	10
see <i>omega-3-acid ethyl</i>		MAXIDEX.....	45	<i>mesalamine enema</i> .....	39
<i>esters</i> .....	19	MAXIPIME		<i>mesalamine w/ cleanser</i> ...	39
LOVENOX		see <i>cefepime hcl</i> .....	12	<i>mesna</i> .....	16
see <i>enoxaparin sodium</i> .	41	MAXITROL		MESNEX .....	16
<i>low-ogestrel</i> .....	35	see		see <i>mesna</i> .....	16
<i>loxapine succinate</i> .....	28	<i>neomycin-polymy-dexamet</i>		MESTINON	
LUMIGAN.....	46	<i>h</i> .....	45	see <i>pyridostigmine</i>	
LUMIZYME .....	36	MAXZIDE		<i>bromide</i> .....	31
LUPRON DEPO INJ		see <i>triamterene &amp;</i>		<i>metadate tab 20mg er</i> .....	30
11.25MG (3-MONTH) .....	15	<i>hydrochlorothiazide</i> .....	22	<i>metformin hcl</i> .....	33, 34
LUPRON DEPOT.....	15	MAXZIDE-25		<i>methadone hcl</i> .....	8
LUPRON DEPOT-PED .....	15	see <i>triamterene &amp;</i>		METHADOSE	
LUPRON DEP-PED INJ		<i>hydrochlorothiazide</i> .....	22	see <i>methadone hcl</i> .....	8
30MG (3-MONTH) .....	15	<i>meclizine hcl</i> .....	38	<i>methazolamide</i> .....	21
<i>lutea 28 day</i> .....	35	MEDROL		<i>methenamine hippurate</i> ...	10
LYNPARZA.....	15	see <i>methylpred tab 16mg</i>		METHERGINE	
LYRICA.....	24	.....	37	see <i>methylergonovine</i>	
LYSODREN .....	15	see <i>methylpred tab 32mg</i>		<i>maleate</i> .....	37
LYSTEDA		.....	37	<i>methimazole</i> .....	38
see <i>tranexamic acid</i> .....	41	see <i>methylpred tab 4mg</i>	37	<i>methotrexate sodium inj</i> ....	15
<i>lyza</i> .....	35	see <i>methylpred tab 8mg</i>	37	<i>methotrexate sodium tabs</i>	42
<b>M</b>		MEDROL DOSEPAK		<i>methyclothiazide</i> .....	21
MACROBID		see <i>methylpred pak 4mg</i>		<i>methylergonovine maleate</i>	37
see <i>nitrofurantoin</i>		.....	37	METHYLIN	
<i>monohyd macro</i> .....	10	<i>medroxyprogesterone</i>		see <i>methylphenidate hcl</i>	
MACRODANTIN		<i>acetate 150 mg/ml</i> .....	35	<i>oral soln</i> .....	30
see <i>nitrofurantoin</i>		<i>medroxyprogesterone</i>		<i>methylphenidate hcl</i> .....	30
<i>macrocrystal</i> .....	10	<i>acetate tab</i> .....	38	<i>methylphenidate hcl oral soln</i>	
<i>magnesium sulfate</i> .....	43	<i>mefloquine hcl</i> .....	11	.....	30
MAGNESIUM SULFATE...43		MEGACE ES .....	15	<i>methylpr ace inj 40mg/ml</i> ..	37
MAGNESIUM SULFATE IN		MEGACE ORAL		<i>methylpr ace inj 80mg/ml</i> ..	37
D5W.....	43	see <i>megestrol acetate</i> ...	15	<i>methylpr ss inj 125mg</i> .....	37
MALARONE		<i>megestrol acetate</i> .....	15	<i>methylpr ss inj 1gm</i> .....	37
see <i>atovaquone-proguanil</i>		MEKINIST .....	16	<i>methylpr ss inj 40mg</i> .....	37
<i>hcl</i> .....	11	<i>meloxicam</i> .....	7	<i>methylpred pak 4mg</i> .....	37
<i>malathion</i> .....	49	MELOXICAM .....	7	<i>methylpred tab 16mg</i> .....	37
<i>maprotiline hcl</i> .....	26	<i>melfhalan hcl</i> .....	14	<i>methylpred tab 32mg</i> .....	37
MARINOL		<i>memantine hcl</i> .....	25	<i>methylpred tab 4mg</i> .....	37
see <i>dronabinol</i> .....	38	MENACTRA.....	43	<i>methylpred tab 8mg</i> .....	37
<i>marlissa 28 day</i> .....	35	MENOMUNE-A/C/Y/W-135		<i>metipranolol</i> .....	46
MARPLAN TAB 10MG .....	26	.....	43	<i>metoclopramide hcl</i> .....	38
MATULANE .....	16	MENVEO .....	43	<i>metoclopramide hcl inj</i> .....	38
MAVIK		MEPRON		<i>metolazone</i> .....	21
see <i>trandolapril</i> .....	17	see <i>atovaquone</i> .....	9	<i>metoprolol &amp;</i>	
MAXALT		<i>mercaptapurine</i> .....	15	<i>hydrochlorothiazide</i> .....	20
see <i>rizatriptan benzoate</i>	31	<i>meropenem</i> .....	10	<i>metoprolol succinate</i> .....	20

<i>metoprolol tartrate</i> .....20	<i>misoprostol</i> .....40	MYFORTIC
METROCREAM	<i>mitomycin</i> .....15	see <i>mycophenolate</i>
see <i>metronidazole</i>	<i>mitoxantrone hcl</i> .....16	<i>sodium</i> .....42
( <i>topical</i> ).....49	M-M-R II.....43	<i>myorisan</i> .....48
see <i>rosadan cre 0.75%</i> .49	MOBIC	MYOZYME .....36
METROGEL-VAGINAL	see <i>meloxicam</i> .....7	MYRBETRIQ TAB 25MG..40
see <i>metronidazole vaginal</i>	<i>moderiba 800 dose pack</i> ...12	MYRBETRIQ TAB 50MG..40
.....41	<i>moderiba pak 1000/day</i> ....12	MYSOLINE
METROLOTION	MODERIBA PAK 1200/DAY	see <i>primidone</i> .....24
see <i>metronidazole</i>	.....12	<i>myzilra</i> .....35
( <i>topical</i> ).....49	<i>moderiba pak 600/day</i> .....12	<b>N</b>
<i>metronidazole</i> .....10	<i>moderiba tab 200mg</i> .....12	<i>nabumetone</i> .....7
<i>metronidazole (topical)</i> .....49	<i>moexipril hcl</i> .....17	<i>nafcillin sodium</i> .....14
<i>metronidazole gel 0.75%</i> ..49	<i>moexipril-hydrochlorothiazid</i>	NAGLAZYME .....36
<i>metronidazole in nacl</i> .....10	<i>e</i> .....17	<i>nalbuphine hcl</i> .....7
<i>metronidazole vaginal</i> .....41	<i>mometasone furoate</i> .....49	<i>naloxone inj 0.4mg/ml</i> .....32
MEVACOR	MONODOX	<i>naloxone inj 1mg/ml</i> .....32
see <i>lovastatin</i> .....19	see <i>doxycycline</i>	<i>naltrexone hcl</i> .....32
<i>mexiletine hcl</i> .....18	( <i>monohydrate</i> ).....14	NAMENDA
MIACALCIN .....37	MONONESSA .....35	see <i>memantine hcl</i> .....25
see <i>calcitonin (salmon)</i> ..37	<i>montelukast sodium</i> .....47	NAMENDA SOL 10MG/5ML
MICROGESTIN 1.5/30.....35	<i>morphine ext-rel tab</i> .....8	.....25
MICROGESTIN 1/20.....35	<i>morphine sul inj</i> .....8	NAMENDA TAB.....25
MICROGESTIN FE 1.5/30 35	MORPHINE SUL INJ .....8	NAMENDA XR.....25
MICROGESTIN FE 1/20 ...35	MORPHINE SUL INJ	NAMENDA XR TITRATION
MICRO-K	2MG/ML .....8	PACK.....25
see <i>potassium chloride</i> ..43	MORPHINE SUL INJ	<i>naphazoline 0.1%</i> .....46
MICROZIDE	4MG/ML .....8	NAPROSYN
see <i>hydrochlorothiazide</i> 21	MORPHINE SULFATE .....8	see <i>naproxen</i> .....7
<i>midodrine hcl</i> .....22	MORPHINE SULFATE	<i>naproxen</i> .....7
MINIPRESS	ORAL SOL.....8	<i>naproxen sodium</i> .....7
see <i>prazosin hcl</i> .....17	MOVANTIK.....40	<i>naratriptan hcl</i> .....31
<i>minitran</i> .....22	MOVIPREP .....39	NARDIL
MINOCIN	MOXEZA.....45	see <i>phenelzine sulfate</i> ..27
see <i>minocycline hcl</i> .....14	MOZOBIL.....41	NATACYN .....45
<i>minocycline hcl</i> .....14	MS CONTIN	<i>nateglinide</i> .....34
<i>minoxidil</i> .....22	see <i>morphine ext-rel tab</i> ..8	NATPARA.....38
MIRAPEX	MULTAQ.....18	NAVELBINE
see <i>pramipexole</i>	<i>mupirocin</i> .....48	see <i>vinorelbine tartrate</i> ..15
<i>dihydrochloride</i> .....27	MUSTARGEN.....14	NEBUPENT .....10
MIRCETTE	<i>my way</i> .....35	<i>necon 0.5/35 28 day</i> .....35
see <i>desogestrel-ethinyl</i>	MYAMBUTOL	<i>necon 1/35 28 day</i> .....35
<i>estradiol (biphasic)</i> .....34	see <i>ethambutol hcl</i> .....11	NECON 1/50-28.....35
see <i>kariva 28 day</i> .....35	MYCAMINE .....10	<i>necon 10/11 28 day</i> .....35
see <i>kimidess</i> .....35	MYCIBUTIN	NECON 7/7/7.....35
see <i>pimtreea pack</i> .....36	see <i>rifabutin</i> .....12	<i>nefazodone hcl</i> .....26
see <i>viorele</i> .....36	<i>mycophenolate mofetil</i> .....42	<i>neomycin sulfate</i> .....9
<i>mirtazapine</i> .....26	<i>mycophenolate sodium</i> .....42	<i>neomycin-bacitracin</i>

<i>zn-polymyxin</i> .....	45	NICOTROL INHALER.....	32	.....	37
<i>neomycin-polymy-dexameth</i>		NICOTROL NS .....	32	NORDITROPIN	
.....	45	<i>nifedical</i> .....	20	NORDIFLEX PEN.....	37
<i>neomycin-polymyxin-gramici</i>		<i>nifedipine</i> .....	20	<i>norethindrone</i>	
<i>din</i> .....	45	<i>nifedipine er</i> .....	21	( <i>contraceptive</i> ) .....	35
<i>neomycin-polymyxin-hc</i>		<i>nikki 28 day</i> .....	35	<i>norethindrone acetate</i> .....	38
( <i>ophth</i> ) .....	45	NILANDRON.....	15	<i>norethindrone acetate-ethinyl</i>	
<i>neomycin-polymyxin-hc (otic)</i>		<i>nimodipine</i> .....	21	<i>estradiol</i> .....	37
.....	50	NIPENT.....	15	<i>norgestimate-ethinyl</i>	
NEORAL .....	42	<i>nitro-bid</i> .....	22	<i>estradiol (triphasic)</i> .....	35
see <i>cyclosporine modified</i>		NITRO-DUR		NORINYL 1+35	
( <i>for microemulsion</i> ).....	42	see <i>minitran</i> .....	22	see <i>cyclafem 1/35 28 day</i>	
see <i>gengraf</i> .....	42	NITRO-DUR DIS 0.3MG/HR		.....	34
NEOSPORIN		.....	22	see <i>necon 1/35 28 day</i> ..	35
see		NITRO-DUR DIS 0.8MG/HR		see <i>nortrel 1/35 21 day</i> .	35
<i>neomycin-polymyxin-grami</i>		.....	22	see <i>nortrel 1/35 28 day</i> .	36
<i>cidin</i> .....	45	<i>nitrofurantoin macrocrystal</i> 10		see <i>pirmella 1/35 28 day</i>	
NEPHRAMINE .....	44	<i>nitrofurantoin monohyd</i>		.....	36
NEPTAZANE		<i>macro</i> .....	10	<i>norlyroc 28 day</i> .....	35
see <i>methazolamide</i> .....	21	<i>nitroglycerin td patch 24hr</i>		NORMOSOL-M IN D5W ...	44
NEUMEGA.....	41	<i>0.1 mg/hr</i> .....	22	NORMOSOL-R.....	44
NEUPOGEN .....	41	<i>nitroglycerin td patch 24hr</i>		NORMOSOL-R IN D5W ...	44
NEUPRO.....	27	<i>0.2 mg/hr</i> .....	22	NORPACE	
NEURONTIN		<i>nitroglycerin td patch 24hr</i>		see <i>disopyramide</i>	
see <i>gabapentin</i> .....	24	<i>0.4 mg/hr</i> .....	22	<i>phosphate</i> .....	18
NEVIRAPINE SUSP 50		<i>nitroglycerin td patch 24hr</i>		NORPACE CR.....	18
MG/5ML .....	11	<i>0.6 mg/hr</i> .....	22	NORPRAMIN	
<i>nevirapine tab 200mg</i> .....	11	NITROSTAT .....	22	see <i>desipramine hcl</i> .....	26
<i>nevirapine tb24</i> .....	11	NIZORAL		NOR-QD	
NEXAVAR.....	16	see <i>ketoconazole</i>		see <i>camila 28 day</i> .....	34
NEXIUM CAP 20MG .....	40	<i>shampoo</i> .....	48	see <i>deblitane 28 day</i> .....	34
NEXIUM CAP 40MG .....	40	NORA-BE TAB 0.35MG ...	35	see <i>heather</i> .....	35
NEXIUM GRA 10MG DR ..	40	NORCO		see <i>norethindrone</i>	
NEXIUM GRA 2.5MG DR ..	40	see <i>hydroco/apap tab</i>		( <i>contraceptive</i> ) .....	35
NEXIUM GRA 20MG DR ..	40	<i>10-325mg</i> .....	8	see <i>norlyroc 28 day</i> .....	35
NEXIUM GRA 40MG DR ..	40	see <i>hydroco/apap tab</i>		<i>nortrel 0.5/35 28 day</i> .....	35
NEXIUM GRA 5MG DR ...	40	<i>5-325mg</i> .....	8	<i>nortrel 1/35 21 day</i> .....	35
NEXIUM I.V.		see <i>hydroco/apap tab</i>		<i>nortrel 1/35 28 day</i> .....	36
see <i>esomeprazole sodium</i>		<i>7.5-325mg</i> .....	8	<i>nortrel 7/7/7 28 day</i> .....	36
<i>inj</i> .....	40	see <i>lorcet hd tab</i>		<i>nortriptyline hcl</i> .....	26
<i>next choice one dose</i> .....	35	<i>10-325mg</i> .....	8	NORVASC	
<i>niacin er (antihyperlipidemic)</i>		see <i>lorcet plus tab 7.5-325</i>		see <i>amlodipine besylate</i> 20	
.....	19	.....	8	NORVIR.....	11
<i>niacor</i> .....	19	see <i>lorcet tab 5-325mg</i> ....	8	NOVOLIN 70/30.....	33
NIASPAN		see <i>lortab tab 10-325mg</i> .	8	NOVOLIN N.....	33
see <i>niacin er</i>		see <i>lortab tab 5-325mg</i> ...	8	NOVOLIN R.....	33
( <i>antihyperlipidemic</i> ) .....	19	see <i>lortab tab 7.5-325</i> .....	8	NOVOLOG .....	33
<i>nicardipine hcl</i> .....	20	NORDITROPIN FLEXPEN		NOVOLOG FLEXPEN .....	33

NOVOLOG MIX 70/30 .....33	ONFI TAB .....24	<i>oxycodone w/</i>
NOVOLOG MIX 70/30	OPANA ER (CRUSH	<i>acetaminophen 10-325mg ..9</i>
PREFILL .....33	RESISTANT.....9	<i>oxycodone w/</i>
NOVOLOG PENFILL .....33	OPSUMIT .....22	<i>acetaminophen 2.5-325mg .9</i>
NOXAFIL.....10	ORAP.....28	<i>oxycodone w/</i>
NUBAIN	ORFADIN.....36	<i>acetaminophen 5-325mg ....9</i>
see <i>nalbuphine hcl</i> .....7	ORKAMBI .....47	<i>oxycodone w/</i>
NUCYNTA ER.....9	<i>orsythia 28 day</i> .....36	<i>acetaminophen 7.5-325mg .9</i>
NUDEXTA .....31	ORTHO EVRA	OXYCONTIN .....9
NULOJIX.....42	see <i>xulane</i> .....36	<b>P</b>
NULYTELY/FLAVOR	ORTHO MICRONOR	<i>pacerone</i> .....19
PACKS.....39	see <i>errin 28 day</i> .....35	<i>paclitaxel</i> .....15
see <i>gavilyte-n</i> .....39	see <i>lyza</i> .....35	PAMELOR
see <i>peg 3350-potassium</i>	see <i>sharobel 28 day</i> .....36	see <i>nortriptyline hcl</i> .....26
<i>chloride-sod</i>	ORTHO TRI-CYCLEN	<i>pamidronate disodium</i> .....34
<i>bicarbonate-sod chloride</i>	see <i>norgestimate-ethinyl</i>	PANRETIN .....49
.....39	<i>estradiol (triphasic)</i> .....35	<i>paricalcitol</i> .....45
see <i>trilyte</i> .....39	see <i>tri-previfem 28 day</i> ..36	PARLODEL
NUTRILIPID INJ 20% .....44	see <i>tri-sprintec 28 day</i> ...36	see <i>bromocriptine</i>
NUVARING.....36	ORTHO-CYCLEN	<i>mesylate</i> .....27
NUVIGIL.....32	see <i>previfem 28 day</i> .....36	PARNATE
<i>nyamyc</i> .....48	see <i>sprintec 28 day</i> .....36	see <i>tranylcypromine</i>
NYMALIZE .....21	ORTHO-NOVUM 7/7/7	<i>sulfate</i> .....27
<i>nystatin</i> .....10	see <i>cyclaferm 7/7/7 28 day</i>	<i>paromomycin sulfate</i> .....9
<i>nystatin (mouth-throat)</i> .....49	.....34	<i>paroxetine hcl</i> .....26
<i>nystatin (topical)</i> .....48	see <i>nortrel 7/7/7 28 day</i> .36	<i>paser d/r</i> .....12
<i>nystop</i> .....48	OVCON-35	PATADAY .....46
<b>O</b>	see <i>balziva 28 day</i> .....34	PATANASE
OCELLA TAB 3-0.03MG ...36	see <i>briellyn 28 day</i> .....34	see <i>olopatadine hcl (nasal)</i>
OCTAGAM.....42	see <i>gildagia</i> .....35	.....46
<i>octreotide acetate</i> .....37	see <i>philith</i> .....36	PAXIL .....26
OCUFEN	see <i>vyfemla 28 day</i> .....36	see <i>paroxetine hcl</i> .....26
see <i>flurbiprofen sodium</i> .45	see <i>zenchent 28 day</i> .....36	PAZEO .....46
OCUFLOX	OVIDE	PEDIAPRED
see <i>ofloxacin (ophth)</i> .....45	see <i>malathion</i> .....49	see <i>pred sod pho sol</i>
OFEV .....47	<i>oxacillin sodium</i> .....14	<i>5mg/5ml</i> .....37
<i>ofloxacin (ophth)</i> .....45	<i>oxaliplatin</i> .....16	PEDVAX HIB .....43
<i>ofloxacin (otic)</i> .....50	OXANDRIN	PEG 3350/ELECTROLYTES
<i>olanzapine</i> .....28	see <i>oxandrolone tab 10mg</i>	.....39
<i>olopatadine hcl (nasal)</i> .....46	.....32	PEG 3350-KCL-SOD
<i>omega-3-acid ethyl esters</i> .19	see <i>oxandrolone tab</i>	BICARB-SOD
<i>omeprazole</i> .....40	<i>2.5mg</i> .....32	CHLORIDE-SOD SULFATE
<i>omeprazole cap 20mg</i> .....40	<i>oxandrolone tab 10mg</i> .....32	.....39
<i>ondansetron hcl</i> .....38	<i>oxandrolone tab 2.5mg</i> .....32	<i>peg 3350-potassium</i>
<i>ondansetron hcl inj</i> .....38	<i>oxcarbazepine</i> .....24	<i>chloride-sod bicarbonate-sod</i>
<i>ondansetron hcl oral soln</i> ..38	<i>oxybutynin chloride</i> .....40	<i>chloride</i> .....39
<i>ondansetron odt</i> .....38	<i>oxycodone hcl</i> .....9	PEGANONE .....24
ONFI SOLN.....24	OXYCODONE HCL .....9	PEGINTRON .....12

PEG-INTRON .....	12	<i>phenytoin sodium</i> .....	24	<i>potassium chloride</i>	
PEG-INTRON REDIPEN...	12	<i>phenytoin sodium extended</i>		<i>microencapsulated crystals</i>	
PENICILLIN G POT IN		.....	24	<i>cr</i> .....	43
DEXTROSE .....	14	<i>philith</i> .....	36	POTASSIUM CITRATE	
<i>penicillin g procaine</i> .....	14	PHOSLO		(ALKALINIZER) .....	40
<i>penicillin g sodium</i> .....	14	<i>see calcium acetate</i>		POTIGA .....	24
<i>penicillin v potassium</i> .....	14	<i>(phosphate binder)</i> .....	38	PRADAXA .....	41
<i>penicillin gk inj 20mu</i> .....	14	PHOSPHOLINE IODIDE...46		<i>pramipexole dihydrochloride</i>	
<i>penicillin gk inj 5mu</i> .....	14	PILOCARPINE HCL.....46		.....	27
PENTAM 300 .....	10	<i>pilocarpine hcl (oral)</i> .....	49	PRANDIN	
<i>pentoxifylline</i> .....	41	PILOCARPINE HCL (ORAL)		<i>see repaglinide</i> .....	34
PEPCID		.....	49	PRAVACHOL	
<i>see famotidine tab</i> .....	39	<i>pimtreea pack</i> .....	36	<i>see pravastatin sodium</i> .	19
PERCOCET		<i>pindolol</i> .....	20	<i>pravastatin sodium</i> .....	19
<i>see endocet</i> .....	7	<i>pioglitazone hcl</i> .....	34	<i>prazosin hcl</i> .....	17
<i>see oxycodone w/</i>		<i>piperacillin</i>		PRECOSE	
<i>acetaminophen 10-325mg</i>		<i>sodium-tazobactam sodium</i>		<i>see acarbose</i> .....	33
.....	9	.....	14	<i>pred sod pho sol 5mg/5ml</i>	37
<i>see oxycodone w/</i>		<i>pirmella 1/35 28 day</i> .....	36	PREDNISOLONE ACETATE	
<i>acetaminophen 2.5-325mg</i>		PLAN B ONE-STEP		(OPHTH).....	46
.....	9	<i>see levonorgestrel</i>		<i>prednisolone sodium</i>	
<i>see oxycodone w/</i>		<i>(emergency oc)</i> .....	35	<i>phosphate (ophth)</i> .....	46
<i>acetaminophen 5-325mg</i>		<i>see my way</i> .....	35	<i>prednisolone sol 15mg/5ml</i>	
<i>see oxycodone w/</i>		<i>see next choice one dose</i>		.....	37
<i>acetaminophen 7.5-325mg</i>		.....	35	<i>prednisolone sol 25mg/5ml</i>	
.....	9	PLASMA-LYTE A.....	44	.....	37
<i>see roxicet tab 5-325mg</i> ..	9	PLASMA-LYTE-148 .....	44	<i>prednisolone syrup 15</i>	
PERFOROMIST.....	46	PLASMA-LYTE-56/D5W ...	44	<i>mg/5ml</i> .....	37
PERIDEX		PLAVIX		<i>prednisone con 5mg/ml</i> ....	37
<i>see chlorhexidine</i>		<i>see clopidogrel bisulfate</i>	42	<i>prednisone pak 10mg</i> .....	37
<i>gluconate (mouth-throat)</i>		PLETAL		<i>prednisone pak 5mg</i> .....	37
.....	49	<i>see cilostazol</i> .....	41	<i>prednisone sol 5mg/5ml</i> ....	37
<i>see perio gard</i> .....	49	<i>podofilox</i> .....	49	<i>prednisone tab 10mg</i> .....	37
<i>perindopril erbumine</i> .....	17	<i>polyethylene glycol 3350</i> ...39		<i>prednisone tab 1mg</i> .....	37
<i>perio gard</i> .....	49	<i>polymyxin b-trimethoprim</i> ..45		<i>prednisone tab 2.5mg</i> .....	37
<i>permethrin</i> .....	49	POLYTRIM		<i>prednisone tab 20mg</i> .....	37
<i>perphenazine</i> .....	28	<i>see polymyxin</i>		<i>prednisone tab 50mg</i> .....	37
<i>phenadoz</i> .....	38	<i>b-trimethoprim</i> .....	45	<i>prednisone tab 5mg</i> .....	37
<i>phenelzine sulfate</i> .....	27	POMALYST CAP 1MG ....	16	<i>premasol 10%</i> .....	44
<i>phenergan</i> .....	38	POMALYST CAP 2MG ....	16	<i>premasol 6%</i> .....	44
PHENERGAN		POMALYST CAP 3MG ....	16	PRENATAL VITAMIN/FOLIC	
<i>see promethazine hcl</i> ....	39	POMALYST CAP 4MG ....	16	ACID > 0.8 MG (GENERIC)	
<i>phenobarbital</i> .....	24	<i>portia 28 day</i> .....	36	.....	45
<i>phenobarbital sodium</i> .....	24	<i>pot chloride inj 2meq/ml</i> ....	44	<i>prevalite</i> .....	19
PHENOBARBITAL SODIUM		<i>potassium chloride</i> .....	43	<i>previfem 28 day</i> .....	36
.....	24	POTASSIUM CHLORIDE 43,		PREZCOBIX.....	11
<i>phenytek</i> .....	24	44		PREZISTA .....	11
<i>phenytoin</i> .....	24	<i>potassium chloride in nacl</i> .44		PRIFTIN.....	12

<b>PRILOSEC</b>		<b>PROVERA</b>
see <i>omeprazole</i> .....40		see <i>medroxyprogesterone</i>
see <i>omeprazole cap 20mg</i>		<i>acetate tab</i> .....38
.....40		<b>PROZAC</b>
<b>PRIMAQUINE PHOSPHATE</b>		see <i>fluoxetine hcl</i> .....26
.....11		<b>PRUDOXIN CRE 5%</b> .....48
<b>PRIMAXIN IV</b>		<b>PULMICORT</b>
see <i>imipenem-cilastatin</i> .10		see <i>budesonide</i>
<i>primidone</i> .....24		( <i>inhalation</i> ) .....47
<b>PRINIVIL</b>		<b>PULMICORT FLEXHALER</b>
see <i>lisinopril</i> .....17		.....47
<b>PRISTIQ</b> .....27		<b>PULMOZYME</b> .....47
<b>PRIVIGEN</b> .....42		<b>PURIXAN</b> .....15
<i>probenecid</i> .....7		<i>pyrazinamide</i> .....12
<b>PROCALAMINE</b> .....44		<i>pyridostigmine bromide</i> .....31
<b>PROCARDIA XL</b>		<b>Q</b>
see <i>nifedical</i> .....20		<b>QUADRACEL</b> .....43
see <i>nifedipine er</i> .....21		<b>QUALAQUIN</b>
<i>prochlorperazine inj</i> .....38		see <i>quinine sulfate</i> .....11
<i>prochlorperazine maleate</i> ..38		<i>quasense 91 day</i> .....36
<i>prochlorperazine supp</i> .....38		<b>QUESTRAN</b>
<b>PROCRT</b> .....41		see <i>cholestyramine</i> .....19
<i>procto-pak</i> .....48		<b>QUESTRAN LIGHT</b>
<i>proctosol hc cre 2.5%</i> .....48		see <i>prevalite</i> .....19
<i>proctozone hc</i> .....48		<i>quetiapine fumarate</i> .....29
<b>PROGLYCEM SUS</b>		<i>quinapril hcl</i> .....17
50MG/ML .....37		<i>quinapril-hydrochlorothiazide</i>
<b>PROGRAF</b> .....42		.....17
see <i>tacrolimus</i> .....42, 43		<i>quinidine gluconate</i> .....19
<b>PROLASTIN-C</b> .....47		<i>quinidine sulfate</i> .....19
<b>PROLENSA</b> .....46		<i>quinine sulfate</i> .....11
<b>PROLEUKIN</b> .....15		<b>R</b>
<b>PROLIA</b> .....38		<b>RABAVERT</b> .....43
<b>PROMACTA</b> .....41		<i>raloxifene tab 60mg</i> .....38
<i>promethazine hcl</i> .....39		<i>ramipril</i> .....17
<i>promethegan</i> .....39		<b>RANEXA</b> .....22
<i>propafenone hcl</i> .....19		<i>ranitidine hcl</i> .....39
<i>proparacaine hcl</i> .....46		<i>ranitidine hcl inj</i> .....39
<i>propranolol cap er</i> .....20		<i>ranitidine syrup</i> .....39
<i>propranolol hcl</i> .....20		<b>RAPAMUNE</b> .....42
<i>propylthiouracil</i> .....38		see <i>sirolimus</i> .....42
<b>PROQUAD</b> .....43		<b>RAVICTI</b> .....36
<b>PROSCAR</b>		<b>RAZADYNE</b>
see <i>finasteride</i> .....40		see <i>galantamine</i>
<b>PROSOL</b> .....44		<i>hydrobromide</i> .....25
<b>PROTOPIC</b>		<b>RAZADYNE ER</b>
see <i>tacrolimus (topical)</i> ..49		see <i>galantamine</i>
<i>protriptyline hcl</i> .....27		<i>hydrobromide</i> .....25
		<b>REBETOL</b>
		see <i>ribasphere</i> .....12
		see <i>ribavirin cap 200mg</i> 12
		<b>REBETOL SOL 40MG/ML</b> 12
		<b>RECLAST</b>
		see <i>zoledronic acid</i> .....34
		<i>reclipsen 28 day</i> .....36
		<b>RECOMBIVAX HB</b> .....43
		<b>REGLAN</b>
		see <i>metoclopramide hcl</i> 38
		<b>REGANEX</b> .....49
		<b>RELENZA DISKHALER</b> ... 12
		<b>RELISTOR</b> .....39
		<b>RELPAK</b> .....31
		<b>REMERON</b>
		see <i>mirtazapine</i> .....26
		<b>REMERON SOLTAB</b>
		see <i>mirtazapine</i> .....26
		<b>REMICADE INJ 100MG</b> ...42
		<b>REMODULIN</b> .....22
		<b>REVELA PAK 0.8GM</b> ....38
		<b>REVELA PAK 2.4GM</b> ....38
		<b>REVELA TAB 800MG</b> ...38
		<i>repaglinide</i> .....34
		<b>REQUIP</b>
		see <i>ropinirole</i>
		<i>hydrochloride</i> .....27
		<b>RESCRIPTOR</b> .....11
		<b>RESTASIS</b> .....46
		<b>RESTORIL</b>
		see <i>temazepam</i> .....30
		<b>RETIN-A</b>
		see <i>tretinoin</i> .....48
		<b>RETROVIR</b>
		see <i>zidovudine</i> .....11
		<b>RETROVIR IV INFUSION</b> .11
		<b>REVATIO</b> .....22
		see <i>sildenafil citrate</i>
		( <i>pulmonary hypertension</i> )
		.....22
		<b>REVIA</b>
		see <i>naltrexone hcl</i> .....32
		<b>REVLIMID</b> .....42
		<b>REYATAZ</b> .....11
		<i>ribapak mis 600/day</i> .....12
		<i>ribasphere</i> .....12
		<i>ribasphere ribapak 1000</i> ...12
		<i>ribasphere ribapak 1200</i> ...12

<i>ribasphere ribapak 800</i> .....	12	ROZEREM.....	30	.....	44
<i>ribavirin cap 200mg</i> .....	12	RYTHMOL		SODIUM CHLORIDE ..	43, 45
<i>ribavirin tab 200mg</i> .....	12	<i>see propafenone hcl</i> .....	19	SODIUM CHLORIDE 0.45%	
<i>rifabutin</i> .....	12	RYTHMOL SR		VIA.....	45
RIFADIN		<i>see propafenone hcl</i> .....	19	SODIUM CHLORIDE 0.9%	
<i>see rifampin</i> .....	12	<b>S</b>		.....	49
<i>rifampin</i> .....	12	SABRIL .....	24	SODIUM FLUORIDE CHEW;	
RIFATER.....	12	SALAGEN		TAB; 1.1 (0.5 F) MG/ML	
RILUTEK		<i>see pilocarpine hcl (oral)</i>		SOLN.....	43
<i>see riluzole</i> .....	31	.....	49	<i>sodium phenylbutyrate</i> .....	36
<i>riluzole</i> .....	31	SANDIMMUNE .....	42	<i>sodium polystyrene sulfonate</i>	
<i>rimantadine hydrochloride</i> .....	12	<i>see cyclosporine</i> .....	42	.....	34
RINGER'S.....	44	SANDOSTATIN		SOLIA.....	36
RISPERDAL		<i>see octreotide acetate</i> ...	37	SOLTAMOX.....	15
<i>see risperidone</i> .....	29	SANDOSTATIN LAR		SOLU-CORTEF .....	37
RISPERDAL INJ 12.5MG.....	29	DEPOT .....	38	SOLU-MEDROL	
RISPERDAL INJ 25MG ....	29	SANTYL.....	49	<i>see methylpr ss inj 125mg</i>	
RISPERDAL INJ 37.5MG.....	29	SAPHRIS .....	29	.....	37
RISPERDAL INJ 50MG ....	29	SECTRAL		<i>see methylpr ss inj 1gm</i>	37
RISPERDAL M-TAB		<i>see acebutolol hcl</i> .....	20	<i>see methylpr ss inj 40mg</i>	
<i>see risperidone</i> .....	29	<i>selegiline hcl</i> .....	27	.....	37
<i>risperidone</i> .....	29	<i>selenium sulfide</i> .....	48	SOMATULINE DEPOT ....	38
RITALIN		SELZENTRY.....	11	SOMAVERT .....	38
<i>see methylphenidate hcl</i> .....	30	SENSIPAR.....	34	SORIATANE	
RITUXAN .....	15	SEREVENT DISKUS .....	46	<i>see acitretin</i> .....	48
<i>rivastigmine tartrate</i> .....	25	SEROQUEL		<i>sorine</i> .....	19
<i>rizatriptan benzoate</i> .....	31	<i>see quetiapine fumarate</i>	29	<i>sotalol hcl</i> .....	19
ROBINUL		SEROQUEL XR.....	29	<i>sotalol hcl (afib/afll)</i> .....	19
<i>see glycopyrrolate</i> .....	39	<i>sertraline hcl</i> .....	27	SOVALDI .....	12
ROBINUL FORTE		<i>sharobel 28 day</i> .....	36	<i>spironolactone</i> .....	17
<i>see glycopyrrolate</i> .....	39	SIGNIFOR .....	38	<i>spironolactone &amp;</i>	
ROCALTROL		<i>sildenafil citrate (pulmonary</i>		<i>hydrochlorothiazide</i> .....	21
<i>see calcitriol</i> .....	45	<i>hypertension)</i> .....	22	SPORANOX	
<i>see calcitriol oral soln 1</i>		SILENOR.....	30	<i>see itraconazole</i> .....	10
<i>mcg/ml</i> .....	45	SILVER SULFADIAZINE ..	48	<i>sprintec 28 day</i> .....	36
ROCEPHIN		SIMBRINZA .....	46	SPRYCEL .....	16
<i>see ceftriaxone sodium</i> .....	13	<i>simvastatin</i> .....	19	<i>sps susp 15gm/60ml</i> .....	34
<i>ropinirole hydrochloride</i> .....	27	SINEMET		<i>sronyx 28 day</i> .....	36
<i>rosadan cre 0.75%</i> .....	49	<i>see carbidopa-levodopa</i>	27	SSD .....	48
ROTARIX.....	43	SINEMET CR		STARLIX	
ROTATEQ.....	43	<i>see carbidopa-levodopa</i>	27	<i>see nateglinide</i> .....	34
ROWASA		SINGULAIR		<i>stavudine</i> .....	11
<i>see mesalamine w/</i>		<i>see montelukast sodium</i>	47	STERILE WATER	
<i>cleanser</i> .....	39	<i>sirolimus</i> .....	42	IRRIGATION.....	49
<i>roxicet soln</i> .....	9	SIROLIMUS .....	42	STIVARGA .....	16
<i>roxicet tab 5-325mg</i> .....	9	SIRTURO.....	12	STRATTERA .....	30
ROXICODONE		SIVEXTRO.....	10	<i>streptomycin sulfate</i> .....	9
<i>see oxycodone hcl</i> .....	9	SOD CHLORIDE INJ 0.9%		STRIBILD .....	11



STROMEKTOL	SYLATRON KIT 300MCG.16	TEKTURNA HCT TAB
see <i>ivermectin</i> .....10	SYLATRON KIT 600MCG.16	300-25MG.....21
SUBOXONE MIS 12-3MG 32	SYMBICORT .....47	<i>temazepam</i> .....30
SUBOXONE MIS 2-0.5MG	SYMLINPEN 120 .....33	TEMOVATE
.....32	SYMLINPEN 60 .....33	see <i>clobetasol propionate</i>
SUBOXONE MIS 4-1MG ..32	SYNAGIS.....43	.....48
SUBOXONE MIS 8-2MG ..32	SYNALAR	see <i>cormax</i> .....48
SUCRAID.....40	see <i>fluocinolone acetonide</i>	TEMOVATE E
<i>sucralfate</i> .....40	.....48	see <i>clobetasol propionate</i>
<i>sulfacet sod oin 10% op</i> ....45	SYNAREL .....36	e.....48
<i>sulfacetamide sodium (acne)</i>	SYNERCID .....10	TENIVAC .....43
.....48	SYNRIBO.....16	TENORETIC 100
<i>sulfacetamide sodium</i>	SYNTHROID.....38	see <i>atenolol &amp;</i>
<i>(ophth)</i> .....45	see <i>levothyroxine sodium</i>	<i>chlorthalidone</i> .....20
<i>sulfacetamide</i>	.....38	TENORETIC 50
<i>sod-prednisolone</i> .....45	SYPRINE .....34	see <i>atenolol &amp;</i>
<i>sulfadiazine</i> .....9	<b>T</b>	<i>chlorthalidone</i> .....19
<i>sulfamethoxazole-trimethopri</i>	TABLOID .....15	TENORMIN
<i>m inj</i> .....10	<i>tacrolimus</i> .....42, 43	see <i>atenolol</i> .....20
<i>sulfamethoxazole-trimethopri</i>	<i>tacrolimus (topical)</i> .....49	TERAZOL 3
<i>m susp</i> .....10	TAFINLAR .....16	see <i>terconazole vaginal</i> 41
<i>sulfamethoxazole-trimethopri</i>	TAMIFLU .....12	TERAZOL 7
<i>m tab</i> .....10	<i>tamoxifen citrate</i> .....15	see <i>terconazole vaginal</i> 41
SULFAMYLON.....48	<i>tamsulosin hcl</i> .....40	see <i>zazole</i> .....41
<i>sulfasalazine</i> .....39	TANZEUM .....33	<i>terazosin hcl</i> .....17
<i>sulfasalazine ec</i> .....39	TAPAZOLE	<i>terbinafine hcl</i> .....10
<i>sulindac</i> .....7	see <i>methimazole</i> .....38	<i>terbutaline sulfate</i> .....46
SUMATRIPTAN .....31	TARCEVA.....16	<i>terconazole vaginal</i> .....41
<i>sumatriptan succinate</i> .....31	TARGRETIN .....16, 49	<i>testosterone cypionate</i> .....32
SUMATRIPTAN	<i>tarina fe 1/20 28 day</i> .....36	<i>testosterone enanthate</i> .....32
SUCCINATE INJ	TASIGNA .....16	TETANUS/DIPHThERIA
4MG/0.5ML .....31	<i>tazicef</i> .....13	TOXOID.....43
<i>sumatriptan succinate inj</i>	<i>tazicef vial</i> .....13	THALOMID .....42
<i>6mg/0.5ml</i> .....31	TAZORAC.....48	<i>theophylline</i> .....47
SUMATRIPTAN	<i>taztia</i> .....21	<i>thioridazine hcl</i> .....29
SUCCINATE INJ	TEFLARO .....13	<i>thiothixene</i> .....29
6MG/0.5ML .....31	TEGRETOL .....24	<i>tiagabine hcl</i> .....24
<i>suprax</i> .....13	see <i>carbamazepine</i> .....23	TIAZAC
SUPRAX .....13	see <i>epitol</i> .....23	see <i>diltiazem cap</i> .....20
see <i>cefixime</i> .....12	TEGRETOL-XR .....24	see <i>diltzac cap 120mg/24</i>
SUPREP BOWEL PREP...39	see <i>carbamazepine</i> .....23	.....20
SURMONTIL CAP 100MG27	TEKTURNA .....21	see <i>diltzac cap 180mg/24</i>
SURMONTIL CAP 25MG ..27	TEKTURNA HCT TAB	.....20
SURMONTIL CAP 50MG ..27	150-12.5MG.....21	see <i>diltzac cap 240mg/24</i>
SUSTIVA.....11	TEKTURNA HCT TAB	.....20
SUTENT.....16	150-25MG.....21	see <i>diltzac cap 300mg/24</i>
<i>syeda</i> .....36	TEKTURNA HCT TAB	.....20
SYLATRON KIT 200MCG.16	300-12.5MG.....21	see <i>taztia</i> .....21

TIKOSYN CAP 125MCG ..19	TPN ELECTROLYTES .....43	<i>trifluoperazine hcl</i> .....29
TIKOSYN CAP 250MCG ..19	TRACLEER.....22	<i>trifluridine</i> .....45
TIKOSYN CAP 500MCG ..19	TRADJENTA.....34	<i>tri-legest 28 day</i> .....36
<i>timolol maleate</i> .....20	<i>tramadol hcl</i> .....7	TRILEPTAL
<i>timolol maleate (ophth)</i> .....46	<i>tramadol-acetaminophen</i> ....7	see <i>oxcarbazepine</i> .....24
TIMOLOL MALEATE GEL 46	TRANDATE	TRILIPIX
TIMOPTIC	see <i>labetalol hcl</i> .....20	see <i>choline fenofibrate cap</i>
see <i>timolol maleate</i>	<i>trandolapril</i> .....17	<i>dr 135 mg</i> .....19
( <i>ophth</i> ) .....46	<i>tranexamic acid</i> .....41	see <i>choline fenofibrate cap</i>
TIVICAY .....11	TRANSDERM-SCOP .....39	<i>dr 45 mg</i> .....19
<i>tizanidine hcl</i> .....32	TRANXENE T	<i>trilyte</i> .....39
TOBI	see <i>clorazepate</i>	<i>trimethoprim</i> .....10
see <i>tobramycin</i> .....9	<i>dipotassium</i> .....23	TRINESSA.....36
TOBRADEX .....45	<i>tranylcypromine sulfate</i> ....27	TRI-NORINYL 28
see	TRAVASOL.....44	see <i>aranelle 28</i> .....34
<i>tobramycin-dexamethason</i>	TRAVATAN Z .....46	<i>tri-previfem 28 day</i> .....36
<i>e</i> .....45	<i>trazodone hcl</i> .....27	TRISENOX .....16
TOBRADEX ST.....45	TREANDA.....14	<i>tri-sprintec 28 day</i> .....36
<i>tobramycin</i> .....9	TRECATOR.....12	TRIUMEQ .....11
<i>tobramycin (ophth)</i> .....45	TRELSTAR DEP INJ	<i>trivora 28 day</i> .....36
<i>tobramycin inj 1.2/30ml</i> .....9	3.75MG .....16	TRIZIVIR
<i>tobramycin inj 1.2gm</i> .....9	TRELSTAR LA INJ 11.25MG	see <i>abacavir</i>
<i>tobramycin inj 10mg/ml</i> .....9	.....16	<i>sulfate-lamivudine-zidovud</i>
<i>tobramycin inj 40mg/ml</i> .....9	<i>tretinoin</i> .....48	<i>ine</i> .....11
<i>tobramycin inj 80mg/2ml</i> .....9	TRETINOIN .....48	TROPHAMINE INJ 10% ...44
<i>tobramycin sulfate in saline</i> .9	<i>tretinoin (chemotherapy)</i> ...16	<i>tropium chloride</i> .....41
<i>tobramycin-dexamethasone</i>	<i>triamcinolone acetamide</i>	TRULICITY .....33
.....45	( <i>mouth</i> ) .....49	TRUMENBA .....43
TOBREX .....45	<i>triamcinolone acetamide</i>	TRUSOPT
see <i>tobramycin (ophth)</i> .45	( <i>topical</i> ) .....49	see <i>dorzolamide hcl</i> .....46
TOFRANIL	<i>triamterene &amp;</i>	TRUVADA .....11
see <i>imipramine hcl</i> .....26	<i>hydrochlorothiazide</i> .....22	TWINRIX INJ .....43
<i>tolterodine tartrate cap er</i> .41	<i>triamterene &amp;</i>	TYBOST .....11
<i>tolterodine tartrate tabs</i> .....41	<i>hydrochlorothiazide cap</i>	TYGACIL .....10
TOPAMAX	37.5-25 mg.....22	TYKERB .....16
see <i>topiramate</i> .....25	TRIBENZOR TAB	TYLENOL/CODEINE #3
TOPAMAX SPRINKLE	20-5-12.5MG.....18	see <i>acetaminophen w/</i>
see <i>topiramate</i> .....24	TRIBENZOR TAB	<i>codeine</i> .....7
<i>topiramate</i> .....24, 25	40-10-12.5 .....18	TYLENOL/CODEINE #4
<i>toposar</i> .....16	TRIBENZOR TAB	see <i>acetaminophen w/</i>
<i>topotecan hcl</i> .....16	40-10-25MG.....18	<i>codeine</i> .....7
TOPROL XL	TRIBENZOR TAB	TYPHIM VI.....43
see <i>metoprolol succinate</i>	40-5-12.5MG.....18	TYSABRI .....32
.....20	TRIBENZOR TAB	TYZEKA.....12
<i>toremide inj</i> .....21	40-5-25MG.....18	<b>U</b>
<i>toremide tabs</i> .....22	TRICOR	UCERIS .....39
TOUJEO SOLOSTAR.....33	see <i>fenofibrate</i> .....19	ULORIC .....7
TOVIAZ.....41	<i>triderm</i> .....49	ULTRACET

see	VAQTA.....43	VIRAMUNE
<i>tramadol-acetaminophen</i> .7	VARIVAX .....43	see <i>nevirapine tab 200mg</i>
ULTRAM	VASCEPA.....19	.....11
see <i>tramadol hcl</i> .....7	VASERETIC	VIRAMUNE XR.....11
UNASYN	see <i>enalapril maleate &amp;</i>	see <i>nevirapine tb24</i> .....11
see <i>ampicillin &amp; sulbactam</i>	<i>hydrochlorothiazide</i> .....17	VIREAD .....11
<i>sodium</i> .....14	VASOTEC	VIROPTIC
UNASYN BULK PACK	see <i>enalapril maleate</i> ....17	see <i>trifluridine</i> .....45
see <i>ampicillin &amp; sulbactam</i>	VELCADE .....15	VITEKTA.....11
<i>sodium</i> .....14	<i>velivet 28 day</i> .....36	VOLTAREN .....49
URECHOLINE	<i>venlafaxine hcl</i> .....27	<i>voriconazole</i> .....10, 11
see <i>bethanechol chloride</i>	VENTOLIN HFA.....47	VOTRIENT .....16
.....40	<i>verapamil cap er</i> .....21	<i>vyfemla 28 day</i> .....36
UROXATRAL	VERAPAMIL CAP ER.....21	<b>W</b>
see <i>alfuzosin hcl</i> .....40	<i>verapamil hcl</i> .....21	<i>warfarin sodium</i> .....41
URSO 250	<i>verapamil tab er</i> .....21	WELCHOL.....19
see <i>ursodiol</i> .....40	VERELAN	WELLBUTRIN
URSO FORTE	see <i>verapamil cap er</i> .....21	see <i>bupropion hcl</i> .....25
see <i>ursodiol</i> .....40	VERELAN PM	WELLBUTRIN SR
<i>ursodiol</i> .....40	see <i>verapamil cap er</i> .....21	see <i>bupropion hcl</i> .....25
<b>V</b>	VERSACLOZ.....29	WELLBUTRIN XL
VAGIFEM.....37	VESICARE.....41	see <i>bupropion hcl</i> ....25, 26
<i>valacyclovir hcl</i> .....12	<i>vestura</i> .....36	<b>X</b>
VALCHLOR.....49	VFEND	XALATAN
VALCYTE.....12	see <i>voriconazole</i> .....11	see <i>latanoprost</i> .....46
see <i>valganciclovir hcl</i> ....12	VFEND IV	XALKORI .....16
<i>valganciclovir hcl</i> .....12	see <i>voriconazole</i> .....10	XANAX
VALIUM	VIBRAMYCIN	see <i>alprazolam tab</i>
see <i>diazepam</i> .....23	see <i>doxycycline hyclate</i> .14	<i>0.25mg</i> .....22
<i>valproate sodium</i> .....25	VICOPROFEN	see <i>alprazolam tab 0.5mg</i>
<i>valproic acid</i> .....25	see	.....22
<i>valsartan</i> .....18	<i>hydrocodone-ibuprofen</i>	see <i>alprazolam tab 1mg</i> 22
<i>valsartan &amp; hctz tab</i>	<i>7.5-200mg</i> .....8	see <i>alprazolam tab 2 mg</i>
<i>160-12.5mg</i> .....18	VICTOZA .....33	.....22
<i>valsartan &amp; hctz tab</i>	VIDAZA	XARELTO .....41
<i>160-25mg</i> .....18	see <i>azacitidine</i> .....15	XARELTO STARTER PACK
<i>valsartan &amp; hctz tab</i>	VIDEX EC	.....41
<i>320-12.5mg</i> .....18	see <i>didanosine</i> .....11	XENAZINE.....31
<i>valsartan &amp; hctz tab</i>	VIDEX PEDIATRIC .....11	XGEVA .....38
<i>320-25mg</i> .....18	VIGAMOX .....45	XIFAXAN .....40
<i>valsartan &amp; hctz tab</i>	VIIIBRYD .....27	XOLAIR .....47
<i>80-12.5mg</i> .....18	VIMPAT .....25	XOPENEX HFA .....47
VALTREX	<i>vinblastine sulfate</i> .....15	XTANDI .....16
see <i>valacyclovir hcl</i> .....12	<i>vincasar</i> .....15	<i>xulane</i> .....36
VANCOCIN HCL	<i>vincristine sulfate</i> .....15	XYLOCAINE
see <i>vancomycin hcl</i> .....10	<i>vinorelbine tartrate</i> .....15	see <i>lidocaine hcl</i> .....49
<i>vancomycin hcl</i> .....10	<i>viorele</i> .....36	see <i>lidocaine hcl (local</i>
VANDAZOLE .....41	VIRACEPT .....11	<i>anesth.)</i> .....9

see <i>lidocaine inj 1%</i> .....9	<i>zenchent 28 day</i> .....36	.....34
see <i>lidocaine inj 2%</i> .....9	ZENPEP .....40	ZOMIG
XYLOCAINE-MPF	ZERIT	see <i>zolmitriptan</i> .....31
see <i>lidocaine hcl (local anesth.)</i> .....9	see <i>stavudine</i> .....11	ZOMIG ZMT
see <i>lidocaine inj 0.5%</i> .....9	ZESTORETIC	see <i>zolmitriptan odt</i> .....31
see <i>lidocaine inj 1.5%</i> .....9	see <i>lisinopril &amp; hydrochlorothiazide</i> .....17	ZONEGRAN
XYREM .....32	ZESTRIL	see <i>zonisamide</i> .....25
XYZAL	see <i>lisinopril</i> .....17	<i>zonisamide</i> .....25
see <i>levocetirizine dihydrochloride</i> .....46	ZETIA.....19	ZONTIVITY .....42
<b>Y</b>	ZIAC	ZORTRESS TAB 0.25MG 43
YASMIN 28	see <i>bisoprolol &amp; hydrochlorothiazide</i> .....20	ZORTRESS TAB 0.5MG ..43
see <i>drospirenone-ethinyl estradiol</i> .....35	ZIAGEN .....11	ZORTRESS TAB 0.75MG 43
see <i>syeda</i> .....36	see <i>abacavir sulfate</i> .....11	ZOSTAVAX .....43
see <i>zarah</i> .....36	<i>zidovudine</i> .....11	ZOSYN
YAZ	ZINACEF	see <i>piperacillin sodium-tazobactam sodium</i> .....14
see <i>loryna 28 day</i> .....35	see <i>cefuroxime sodium</i> .13	<i>zovia 1/35e 28 day</i> .....36
see <i>nikki 28 day</i> .....35	ZINECARD	<i>zovia 1/50e 28 day</i> .....36
see <i>vestura</i> .....36	see <i>dexrazoxane</i> .....16	ZOVIRAX
YERVOY .....15	<i>ziprasidone hcl</i> .....29	see <i>acyclovir</i> .....12
YF-VAX .....43	ZIRGAN .....45	see <i>acyclovir topical</i> .....49
<b>Z</b>	ZITHROMAX	ZYBAN
<i>zafirlukast</i> .....47	see <i>azithromycin</i> .....13	see <i>buproban</i> .....32
ZANAFLEX	ZOCOR	ZYDELIG .....16
see <i>tizanidine hcl</i> .....32	see <i>simvastatin</i> .....19	ZYKADIA .....16
ZANTAC	ZOFRAN	ZYLET .....45
see <i>ranitidine hcl</i> .....39	see <i>ondansetron hcl</i> .....38	ZYLOPRIM
see <i>ranitidine hcl inj</i> .....39	see <i>ondansetron hcl inj</i> .38	see <i>allopurinol tab</i> .....7
<i>zarah</i> .....36	see <i>ondansetron hcl oral soln</i> .....38	ZYMAXID
ZARONTIN	ZOFRAN ODT	see <i>gatifloxacin (ophth)</i> .45
see <i>ethosuximide</i> .....23	see <i>ondansetron odt</i> .....38	ZYPREXA
ZAVESCA .....36	<i>zoledronic acid</i> .....34	see <i>olanzapine</i> .....28
<i>zazole</i> .....41	<i>zoledronic inj 4mg/5ml</i> .....34	ZYPREXA RELPREVV .....29
ZAZOLE .....41	ZOLINZA.....15	ZYPREXA RELPREVV 210MG.....29
ZEBETA	<i>zolmitriptan</i> .....31	ZYPREXA ZYDIS
see <i>bisoprolol fumarate</i> .20	<i>zolmitriptan odt</i> .....31	see <i>olanzapine</i> .....28
ZELBORAF .....16	ZOLOFT	ZYTIGA.....16
ZEMAIRA.....47	see <i>sertraline hcl</i> .....27	ZYVOX .....10
ZEMPLAR	<i>zolpidem tartrate</i> .....31	see <i>linezolid</i> .....10
see <i>paricalcitol</i> .....45	ZOMETA	
<i>zenatane</i> .....48	see <i>zoledronic inj 4mg/5ml</i>	



# SilverScript®

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

This formulary was updated on August 1, 2015. For more recent information or other questions, please contact SilverScript at 1-866-235-5660 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit [www.silverscript.com](http://www.silverscript.com).

The Formulary may change at any time. You will receive notice when necessary.

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

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

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