



MASSACHUSETTS

P.O. Box 52429, Phoenix, AZ 85072-2429

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3-tier 2018 Formulary (List of Covered Drugs)

\$10 / \$25 / \$40

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

This formulary was updated on 09/01/2017. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRxSM (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2018. 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, 2019, and from time to time during the year.

What is the Blue MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue MedicareRx in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx 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 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 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, 2018. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at Groups.RxMedicarePlans.com to get information showing changes to, additions, and/or deletions of medications contained in our formulary. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 52. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

Prior Authorization: Blue MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, we may not cover the drug.

Quantity Limits: For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for FLOVENT HFA. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

If you learn that Blue MedicareRx does not cover your drug, you have two options:

You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

You can ask Blue MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx 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, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

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

For more information

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

If you have questions about Blue MedicareRx, 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/TDD users should call 1-877-486-2048. Or, visit <https://www.medicare.gov>.

Blue MedicareRx Formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 52.

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

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

- B/D stands for drugs covered under Medicare Part B or D.
- QL stands for Quantity Limits.
- PA stands for Prior Authorization.
- ST stands for Step Therapy.
- LA stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-888-543-4917, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- NMO stands for No Mail Order. This prescription drug is not available through mail order service.

In the drug listing, the Tier column identifies which tier each drug is in. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Blue MedicareRx 3-Tier Select 2018 Comprehensive Drug List

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol tab</i> (generic of ZYLOPRIM)	Tier 1	
<i>colchicine w/ probenecid</i>	Tier 2	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
<i>probenecid</i>	Tier 2	
ULORIC	Tier 2	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 3	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 3	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>diclofenac sodium</i> TB24; TBEC	Tier 1	
<i>diflunisal</i>	Tier 2	
<i>flurbiprofen</i> TABS	Tier 2	
<i>ibuprofen</i> SUSP	Tier 2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ketoprofen cap 50mg</i>	Tier 2	
<i>ketoprofen cap 75mg</i>	Tier 2	
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
<i>nabumetone</i> TABS	Tier 1	
<i>naproxen</i> (generic of NAPROSYN) SUSP	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>naproxen</i> (generic of NAPROSYN) TABS 250mg, 500mg	Tier 1	
<i>naproxen</i> TABS 375mg	Tier 1	
<i>naproxen dr</i> (generic of EC-NAPROSYN)	Tier 1	
<i>sulindac</i> TABS	Tier 1	
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine</i> SOLN QL (5000 mL / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #3) TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine</i> (generic of TYLENOL/CODEINE #4) TABS QL (400 tabs / 30 days)	Tier 1	QL
<i>nalbuphine hcl</i> SOLN	Tier 3	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	Tier 1	QL
OPIOID ANALGESICS, CII		
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 1	QL PA
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	Tier 2	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>lorcet hd tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL
<i>fentanyl patch 75 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>lorcet plus tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL
<i>fentanyl patch 100 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 3	QL PA	<i>lortab tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL
FENTORA QL (120 tabs / 30 days)	Tier 2	QL PA	<i>lortab tab 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL
<i>hydroco/apap tab 5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL	<i>lortab tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL
<i>hydroco/apap tab 7.5-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL	<i>methadone hcl</i> SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 2	QL
<i>hydroco/apap tab 10-325mg</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL	<i>methadone hcl 5mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen 7.5-325mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	Tier 3	QL	<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen 7.5-200mg</i> QL (150 tabs / 30 days)	Tier 2	QL	<i>methadone hcl intensol</i> (generic of METHADOSE) QL (120 mL / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	Tier 3		<i>methadone hcl soln 10mg/5ml</i> QL (450 mL / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 3	B/D	<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 2	QL
			<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 2	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sul inj 1mg/ml</i>	Tier 3	B/D
MORPHINE SUL INJ 2MG/ML	Tier 3	B/D
MORPHINE SUL INJ 4MG/ML	Tier 3	B/D
<i>morphine sul inj 10mg/ml</i> (generic of MORPHINE SULFATE)	Tier 3	B/D
<i>morphine sul inj 15mg/ml</i>	Tier 3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	Tier 3	B/D
MORPHINE SULFATE SOLN 8mg/ml, 150mg/30ml	Tier 3	B/D
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate oral sol</i>	Tier 2	
NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	Tier 2	QL
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> SOLN	Tier 3	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)	Tier 2	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE) .5%	Tier 3	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF) .5%	Tier 3	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE) 1%	Tier 3	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1%	Tier 3	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	Tier 3	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	Tier 3	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	Tier 3	
<i>gentamicin in saline</i>	Tier 3	
<i>gentamicin sulfate</i> SOLN	Tier 3	
<i>neomycin sulfate</i> TABS	Tier 2	
<i>paromomycin sulfate</i> CAPS	Tier 3	
<i>streptomycin sulfate</i> SOLR	Tier 3	
SULFADIAZINE TABS	Tier 3	
<i>tobramycin</i> (generic of KITABIS PAK) NEBU	Tier 1	NMO PA
<i>tobramycin inj 1.2 gm/30ml</i>	Tier 3	
<i>tobramycin inj 1.2gm</i>	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 3	
<i>tobramycin inj 40mg/ml</i>	Tier 3	
<i>tobramycin inj 80mg/2ml</i>	Tier 3	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	Tier 2	
ALINIA	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1	
<i>aztreonam</i> (generic of AZACTAM)	Tier 3	
BILTRICIDE	Tier 2	
CAYSTON	Tier 2	NMO LA PA
<i>clindamycin cap 75mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin cap 300mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1	
<i>clindamycin phosphate in d5w</i> (generic of CLEOCIN IN D5W)	Tier 3	
CLINDAMYCIN PHOSPHATE IN NAACL	Tier 3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 3	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 3	
<i>dapsone</i> TABS	Tier 2	
<i>daptomycin</i> (generic of CUBICIN)	Tier 1	
EMVERM	Tier 1	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 2	
INVANZ	Tier 3	
<i>ivermectin</i> (generic of STROMEKTOL) TABS	Tier 2	
<i>linezolid</i> (generic of ZYVOX)	Tier 1	
<i>linezolid in sodium chloride</i>	Tier 1	
<i>meropenem</i> (generic of MERREM)	Tier 3	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 2	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>metronidazole in nacl</i>	Tier 3	
NEBUPENT	Tier 3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg	Tier 3	PA PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID)	Tier 3	PA PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300	Tier 3	
SIVEXTRO	Tier 2	
<i>sulfamethoxazole-trimethop ds</i> (generic of BACTRIM DS)	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim susp</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim tab</i> (generic of BACTRIM)	Tier 1	
SYNERCID	Tier 2	
TIGECYCLINE	Tier 2	
<i>trimethoprim</i> TABS	Tier 1	
<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS	Tier 1	
<i>vancomycin hcl</i> SOLR	Tier 3	
VANCOMYCIN IN NAACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
<i>amphotericin b</i> SOLR	Tier 3	B/D
CANCIDAS	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) TABS	Tier 1	
<i>fluconazole in dextrose</i>	Tier 3	
FLUCONAZOLE INJ NAACL 100	Tier 3	
<i>fluconazole inj nacl 200</i>	Tier 3	
<i>fluconazole inj nacl 400</i>	Tier 3	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>griseofulvin microsize</i> SUSP	Tier 2		ISENTRESS CHEW 25mg	Tier 2	NMO
<i>griseofulvin microsize</i> TABS	Tier 3		ISENTRESS CHEW 100mg	Tier 2	NMO
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	Tier 3		ISENTRESS PACK	Tier 2	NMO
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 3	PA	ISENTRESS TABS	Tier 2	NMO
<i>ketoconazole</i> TABS	Tier 2	PA	ISENTRESS HD	Tier 2	NMO
MYCAMINE	Tier 2		<i>lamivudine</i> (generic of EPIVIR)	Tier 2	NMO
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL	LEXIVA SUSP	Tier 3	NMO
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 2	QL	LEXIVA TABS	Tier 2	NMO
<i>nystatin</i> TABS	Tier 2		<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	Tier 3	NMO
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	Tier 1	QL	<i>nevirapine tab 200mg</i> (generic of VIRAMUNE)	Tier 2	NMO
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 3		<i>nevirapine tb24</i> (generic of VIRAMUNE XR)	Tier 3	NMO
<i>voriconazole</i> (generic of VFEND) SUSP; TABS	Tier 1		NORVIR	Tier 2	NMO
ANTIMALARIALS			PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 3		PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
<i>chloroquine phosphate</i> TABS	Tier 2		PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
COARTEM	Tier 3		PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
<i>mefloquine hcl</i>	Tier 2		PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
PRIMAQUINE PHOSPHATE	Tier 2		RESCRIPTOR	Tier 3	NMO
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 3	PA	RETROVIR IV INFUSION	Tier 3	NMO
ANTI-RETROVIRAL AGENTS			REYATAZ	Tier 2	NMO
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 2	NMO	SELZENTRY SOLN	Tier 2	NMO
APTIVUS	Tier 2	NMO	SELZENTRY TABS 25mg	Tier 3	NMO
CRIXIVAN	Tier 3	NMO	SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 3	NMO	<i>stavudine</i> (generic of ZERIT)	Tier 2	NMO
EDURANT	Tier 2	NMO	SUSTIVA CAPS 50mg	Tier 3	NMO
EMTRIVA	Tier 2	NMO	SUSTIVA CAPS 200mg	Tier 2	NMO
FUZEON	Tier 2	NMO	SUSTIVA TABS	Tier 2	NMO
INTELENCE 25mg	Tier 3	NMO	TIVICAY 10mg	Tier 2	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO	TIVICAY 25mg, 50mg	Tier 2	NMO
INVIRASE	Tier 2	NMO	TYBOST	Tier 2	NMO
			VIDEX PEDIATRIC	Tier 3	NMO
			VIRACEPT	Tier 2	NMO
			VIREAD	Tier 2	NMO
			ZERIT SOLR	Tier 2	NMO
			ZIAGEN SOLN	Tier 2	NMO

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 3	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 3	NMO
<i>zidovudine tab 300mg</i>	Tier 2	NMO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 1	NMO
<i>abacavir sulfate-lamivudine-zidovudine</i> (generic of TRIZIVIR)	Tier 1	NMO
ATRIPLA	Tier 2	NMO
COMPLERA	Tier 2	NMO
DESCOVY	Tier 2	NMO
EVOTAZ	Tier 2	NMO
GENVOYA	Tier 2	NMO
KALETRA TAB 100-25MG	Tier 3	NMO
KALETRA TAB 200-50MG	Tier 2	NMO
<i>lamivudine-zidovudine</i> (generic of COMBIVIR)	Tier 3	NMO
<i>lopinavir-ritonavir</i> (generic of KALETRA)	Tier 1	NMO
ODEFSEY	Tier 2	NMO
PREZCOBIX	Tier 2	NMO
STRIBILD	Tier 2	NMO
TRIUMEQ	Tier 2	NMO
TRUVADA TAB 100-150 QL (60 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	Tier 2	QL NMO
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	Tier 2	QL NMO
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	Tier 3	
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 2	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 3	
PASER D/R	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i> TABS	Tier 3	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin</i> (generic of RIFADIN) CAPS	Tier 2	
<i>rifampin</i> (generic of RIFADIN) SOLR	Tier 3	
RIFATER	Tier 3	
SIRTURO	Tier 2	LA PA
TRECTOR	Tier 3	
ANTIVIRALS		
<i>acyclovir</i> (generic of ZOVIRAX) CAPS; TABS	Tier 1	
<i>acyclovir</i> (generic of ZOVIRAX) SUSP	Tier 3	
<i>acyclovir sodium</i>	Tier 3	B/D
<i>adefovir dipivoxil</i> (generic of HEPSERA)	Tier 1	NMO
BARACLUDE SOLN	Tier 2	NMO
DAKLINZA	Tier 2	NMO PA
<i>entecavir</i> (generic of BARACLUDE)	Tier 1	NMO
EPIVIR HBV SOLN	Tier 3	NMO
<i>famciclovir</i> TABS 125mg, 250mg	Tier 2	
<i>famciclovir</i> (generic of FAMVIR) TABS 500mg	Tier 2	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	Tier 2	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	Tier 3	NMO
<i>moderiba tab 200mg</i> (generic of COPEGUS)	Tier 3	NMO
<i>oseltamivir phosphate</i> (generic of TAMIFLU) 30mg QL (168 caps / year)	Tier 2	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) 45mg, 75mg QL (84 caps / year)	Tier 2	QL
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 2	NMO
<i>ribasphere</i> (generic of COPEGUS) TABS	Tier 3	NMO
<i>ribavirin cap 200mg</i> (generic of REBETOL)	Tier 2	NMO

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>ribavirin tab 200mg</i> (generic of COPEGUS)	Tier 3	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 2	
SOVALDI	Tier 2	NMO PA
TAMIFLU SUSR QL (1080 mL / year)	Tier 2	QL
<i>valacyclovir hcl</i> (generic of VALTRES) TABS	Tier 2	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
CEPHALOSPORINS		
<i>cefaclor</i> CAPS	Tier 2	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR; TABS	Tier 2	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 3	
<i>cefazolin inj</i>	Tier 3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 3	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 3	
<i>cefdinir</i> CAPS	Tier 2	
<i>cefdinir</i> SUSR	Tier 3	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 3	
<i>cefixime</i> (generic of SUPRAX)	Tier 3	
<i>cefoxitin sodium</i>	Tier 3	
<i>cefpodoxime proxetil</i>	Tier 3	
<i>ceftazidime</i> (generic of FORTAZ) SOLR	Tier 3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
<i>cefuroxime axetil</i> (generic of CEFTIN)	Tier 2	
<i>cefuroxime sodium</i> (generic of ZINACEF)	Tier 3	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
SUPRAX CAPS	Tier 2	
SUPRAX CHEW	Tier 3	
SUPRAX SUSR 500mg/5ml	Tier 2	
<i>tazicef</i> (generic of FORTAZ) SOLR	Tier 3	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR	Tier 3	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	Tier 2	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 2	
<i>clarithromycin for susp</i> 125mg/5ml	Tier 3	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	Tier 3	
<i>e.e.s. 400mg tab</i>	Tier 3	
<i>ery-tab</i>	Tier 3	
ERYTHROCIN LACTOBIONATE	Tier 3	
<i>erythrocin stearate</i>	Tier 3	
<i>erythromycin base</i>	Tier 3	
<i>erythromycin cap 250mg ec</i>	Tier 3	
<i>erythromycin ethylsuccinate</i> TABS	Tier 3	
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab</i> 100mg	Tier 3	
<i>ciprofloxacin hcl tab</i> (generic of CIPRO) 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl tab</i> 750mg	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 3	
<i>ciprofloxacin in d5w</i> (generic of CIPRO I.V.-IN D5W)	Tier 3	
<i>ciprofloxacin inj</i>	Tier 3	
<i>levofloxacin</i> (generic of LEVAQUIN) TABS	Tier 1	
<i>levofloxacin in d5w</i>	Tier 3	
<i>levofloxacin inj 25mg/ml</i>	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
levofloxacin oral soln 25 mg/ml	Tier 3	
PENICILLINS		
amoxicillin	Tier 1	
amoxicillin & pot clavulanate CHEW	Tier 3	
amoxicillin & pot clavulanate SUSR	Tier 2	
amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR	Tier 2	
amoxicillin & pot clavulanate (generic of AUGMENTIN ES-600) SUSR	Tier 2	
amoxicillin & pot clavulanate TABS	Tier 1	
amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS	Tier 1	
ampicillin & sulbactam sodium	Tier 3	
ampicillin & sulbactam sodium (generic of UNASYN)	Tier 3	
ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)	Tier 3	
ampicillin cap	Tier 1	
ampicillin inj	Tier 3	
ampicillin sodium	Tier 3	
ampicillin susp	Tier 2	
BICILLIN L-A	Tier 3	
dicloxacillin sodium	Tier 2	
nafcillin sodium 1gm, 2gm	Tier 3	
nafcillin sodium 10gm	Tier 1	
PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	
PENICILLIN G PROCAINE	Tier 3	
penicillin g sodium	Tier 3	
penicillin v potassium	Tier 1	
penicillin gk inj 5mu	Tier 3	
penicillin gk inj 20mu	Tier 3	
pfizerpen-g inj 5mu	Tier 3	
pfizerpen-g inj 20mu	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
piper/tazoba inj 2-0.25gm (generic of ZOSYN)	Tier 3	
piper/tazoba inj 3-0.375gm (generic of ZOSYN)	Tier 3	
piper/tazoba inj 4-0.5gm (generic of ZOSYN)	Tier 3	
PIPER/TAZOBA INJ 12-1.5GM	Tier 3	
piper/tazoba inj 36-4.5gm (generic of ZOSYN)	Tier 3	
TETRACYCLINES		
doxy 100	Tier 3	
doxycycline (monohydrate) CAPS 50mg	Tier 1	
doxycycline (monohydrate) (generic of MONODOX) CAPS 100mg	Tier 1	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	Tier 2	
doxycycline hyclate CAPS 50mg	Tier 2	
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	Tier 2	
doxycycline hyclate SOLR	Tier 3	
doxycycline hyclate TABS 20mg, 100mg	Tier 2	
minocycline hcl (generic of MINOCIN) CAPS 50mg, 100mg	Tier 2	
minocycline hcl CAPS 75mg	Tier 2	
morgidox cap 1x50mg	Tier 2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	Tier 2	B/D NMO
CYCLOPHOSPHAMIDE CAPS	Tier 3	B/D
dacarbazine	Tier 2	B/D
EMCYT	Tier 3	
GLEOSTINE	Tier 3	
HEXALEN	Tier 2	
LEUKERAN	Tier 3	
ANTIBIOTICS		
bleomycin sulfate	Tier 3	B/D
mitomycin SOLR	Tier 1	B/D
ANTIMETABOLITES		

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil</i>	Tier 3	B/D
ALIMTA	Tier 2	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO
<i>fluorouracil</i> SOLN	Tier 3	B/D
<i>mercaptopurine</i> TABS	Tier 3	
<i>methotrexate sodium</i>	Tier 3	B/D
<i>methotrexate sodium inj</i>	Tier 3	B/D
NIPENT	Tier 2	B/D
PURIXAN	Tier 2	NMO
TABLOID	Tier 3	

ANTIMITOTIC, TAXOIDS

ABRAXANE	Tier 2	B/D
DOCEFREZ	Tier 2	B/D
<i>docetaxel</i> (generic of TAXOTERE) CONC 20mg/ml, 80mg/4ml	Tier 1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml	Tier 2	B/D
DOCETAXEL CONC 200mg/10ml	Tier 1	B/D
DOCETAXEL SOLN	Tier 2	B/D
TAXOTERE 80mg/4ml	Tier 2	B/D

BIOLOGIC RESPONSE MODIFIERS

AVASTIN	Tier 2	NMO LA PA
BELEODAQ	Tier 2	NMO PA
ERIVEDGE	Tier 2	NMO LA PA
FARYDAK	Tier 2	NMO LA PA
HERCEPTIN	Tier 2	NMO PA
IBRANCE	Tier 2	NMO LA PA
KEYTRUDA	Tier 2	NMO PA
KISQALI	Tier 2	NMO PA
KISQALI FEMARA 200 DOSE	Tier 2	NMO PA
KISQALI FEMARA 400 DOSE	Tier 2	NMO PA
KISQALI FEMARA 600 DOSE	Tier 2	NMO PA
LYNPARZA CAPS	Tier 2	NMO LA PA
NINLARO	Tier 2	NMO PA
ODOMZO	Tier 2	NMO LA PA
RITUXAN	Tier 2	NMO LA PA
RUBRACA	Tier 2	NMO LA PA
TECENTRIQ	Tier 2	NMO LA PA
VELCADE	Tier 2	NMO PA
VENCLEXTA 10mg, 50mg	Tier 3	NMO LA PA
VENCLEXTA 100mg	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	Tier 2	NMO LA PA
YERVOY	Tier 2	NMO PA
ZEJULA	Tier 2	NMO LA PA
ZOLINZA	Tier 2	NMO PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>anastrozole</i> (generic of ARIMIDEX) TABS	Tier 1	
<i>bicalutamide</i> (generic of CASODEX)	Tier 2	
<i>exemestane</i> (generic of AROMASIN)	Tier 3	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
<i>flutamide</i>	Tier 3	
<i>hydroxyprogesterone caproate</i> (antineoplastic)	Tier 1	B/D
<i>letrozole</i> (generic of FEMARA) TABS	Tier 1	
<i>leuprolide inj 1mg/0.2</i>	Tier 2	NMO PA
LUPRON DEPOT (1-MONTH) 3.75mg	Tier 2	NMO PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LYSODREN	Tier 2	
<i>megestrol ac sus 40mg/ml</i> PA if 65 years and older	Tier 3	PA
<i>megestrol ac tab 20mg</i> PA if 65 years and older	Tier 3	PA
<i>megestrol ac tab 40mg</i> PA if 65 years and older	Tier 3	PA
<i>megestrol sus 625mg/5ml</i> (generic of MEGACE ES)	Tier 3	PA
<i>nilutamide</i> (generic of NILANDRON)	Tier 1	
SOLTAMOX	Tier 3	
<i>tamoxifen citrate</i> TABS	Tier 1	
TRELSTAR DEP INJ 3.75MG	Tier 2	NMO PA
TRELSTAR LA INJ 11.25MG	Tier 2	NMO PA
XTANDI	Tier 2	NMO LA PA
ZYTIGA	Tier 2	NMO LA PA

IMMUNOMODULATORS

POMALYST CAP 1MG	Tier 2	NMO LA PA
POMALYST CAP 2MG	Tier 2	NMO LA PA
POMALYST CAP 3MG	Tier 2	NMO LA PA
POMALYST CAP 4MG	Tier 2	NMO LA PA

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID QL (28 caps / 28 days)	Tier 2	QL NMO LA PA
THALOMID 50mg, 100mg QL (30 caps / 30 days)	Tier 2	QL NMO PA
THALOMID 150mg, 200mg QL (60 caps / 30 days)	Tier 2	QL NMO PA
KINASE INHIBITORS		
AFINITOR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 2mg QL (150 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 3mg QL (90 tabs / 30 days)	Tier 2	QL NMO PA
AFINITOR DISPERZ 5mg QL (60 tabs / 30 days)	Tier 2	QL NMO PA
ALECENSA	Tier 2	NMO LA PA
ALUNBRIG	Tier 2	NMO LA PA
BOSULIF	Tier 2	NMO PA
CABOMETYX QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
CAPRELSA	Tier 2	NMO LA PA
COMETRIQ	Tier 2	NMO LA PA
COTELLIC	Tier 2	NMO LA PA
GILOTRIF TAB 20MG	Tier 2	NMO LA PA
GILOTRIF TAB 30MG	Tier 2	NMO LA PA
GILOTRIF TAB 40MG	Tier 2	NMO LA PA
ICLUSIG	Tier 2	NMO LA PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 100mg QL (90 tabs / 30 days)	Tier 1	QL NMO PA
<i>imatinib mesylate</i> (generic of GLEEVEC) 400mg QL (60 tabs / 30 days)	Tier 1	QL NMO PA
IMBRUVICA CAP 140MG	Tier 2	NMO LA PA
INLYTA 1mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
INLYTA 5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
IRESSA	Tier 2	NMO LA PA
JAKAFI QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
LENVIMA 8 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 10 MG DAILY DOSE	Tier 2	NMO LA PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 14 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 18 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 20 MG DAILY DOSE	Tier 2	NMO LA PA
LENVIMA 24 MG DAILY DOSE	Tier 2	NMO LA PA
MEKINIST	Tier 2	NMO LA PA
NEXAVAR	Tier 2	NMO LA PA
RYDAPT	Tier 2	NMO PA
SPRYCEL	Tier 2	NMO PA
STIVARGA	Tier 2	NMO LA PA
SUTENT	Tier 2	NMO PA
TAFINLAR	Tier 2	NMO LA PA
TAGRISSO	Tier 2	NMO LA PA
TARCEVA 25mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
TARCEVA 100mg, 150mg QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
TASIGNA	Tier 2	NMO PA
TYKERB	Tier 2	NMO LA PA
VOTRIENT	Tier 2	NMO LA PA
XALKORI	Tier 2	NMO LA PA
ZELBORAF	Tier 2	NMO LA PA
ZYDELIG	Tier 2	NMO LA PA
ZYKADIA	Tier 2	NMO LA PA
MISCELLANEOUS		
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
DROXIA	Tier 2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 2	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
<i>mitoxantrone hcl</i>	Tier 2	B/D NMO
SYLATRON KIT 200MCG	Tier 2	NMO PA
SYLATRON KIT 300MCG	Tier 2	NMO PA
SYLATRON KIT 600MCG	Tier 2	NMO PA
SYNRIBO	Tier 2	NMO PA
<i>tretinoin (chemotherapy)</i>	Tier 1	
TRISENOX	Tier 2	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	Tier 3	B/D
<i>cisplatin</i>	Tier 2	B/D
PROTECTIVE AGENTS		

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>dexrazoxane</i> (generic of ZINECARD) 500mg	Tier 1	B/D
ELITEK	Tier 2	B/D
<i>leucovorin calcium</i> SOLR	Tier 3	B/D
<i>leucovorin calcium</i> TABS	Tier 2	
<i>levoleucovorin calcium</i> 175mg/17.5ml	Tier 1	B/D NMO
LEVOLEUCOVORIN CALCIUM 250mg/25ml	Tier 1	B/D NMO
<i>levoleucovorin calcium</i> 50mg (generic of FUSILEV)	Tier 1	B/D NMO
LEVOLEUCOVORIN CALCIUM 175MG	Tier 2	B/D NMO
<i>mesna</i> (generic of MESNEX)	Tier 3	B/D
MESNEX TABS	Tier 2	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	Tier 2	B/D
<i>toposar</i>	Tier 2	B/D
<i>topotecan inj</i> 4mg (generic of HYCAMTIN)	Tier 1	B/D
TOPOTECAN INJ 4MG/4ML	Tier 2	B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	Tier 1	
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	Tier 1	
<i>amlodipine besylate-benazepril hcl cap</i> 10-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine besylate-benazepril hcl cap</i> 10-40 mg (generic of LOTREL)	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide</i> (generic of ZESTORETIC)	Tier 1	
<i>moexipril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i> (generic of ACCURETIC)	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS	Tier 1	
<i>fosinopril sodium</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 30mg, 40mg	Tier 1	
<i>lisinopril</i> (generic of PRINIVIL) TABS 5mg, 10mg, 20mg	Tier 1	
<i>moexipril hcl</i>	Tier 1	
<i>perindopril erbumine</i> 2mg	Tier 1	
<i>perindopril erbumine</i> (generic of ACEON) 4mg, 8mg	Tier 1	
<i>quinapril hcl</i> (generic of ACCUPRIL)	Tier 1	
<i>ramipril</i> (generic of ALTACE)	Tier 1	
<i>trandolapril</i> 1mg, 2mg	Tier 1	
<i>trandolapril</i> (generic of MAVIK) 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> (generic of INSPRA)	Tier 3	
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1	
ALPHA BLOCKERS		

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 2	QL
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	Tier 2	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 2	
<i>terazosin hcl</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> (generic of AZOR)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE)	Tier 1	
ENTRESTO	Tier 2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>losartan potassium & hctz tab 50-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium & hctz tab 100-12.5 mg</i> (generic of HYZAAR)	Tier 1	
<i>losartan potassium & hctz tab 100-25 mg</i> (generic of HYZAAR)	Tier 1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> (generic of TRIBENZOR)	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide</i> (generic of BENICAR HCT)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	
<i>losartan potassium</i> (generic of COZAAR)	Tier 1	
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS	Tier 1	
<i>valsartan</i> (generic of DIOVAN)	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl soln</i>	Tier 3	
<i>amiodarone tab 100mg</i>	Tier 3	
<i>amiodarone tab 200mg</i>	Tier 1	
<i>amiodarone tab 400mg</i>	Tier 3	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	Tier 3	PA
<i>dofetilide</i> (generic of TIKOSYN)	Tier 3	NMO
<i>flecainide acetate</i>	Tier 2	
<i>mexiletine hcl</i>	Tier 3	
MULTAQ	Tier 3	
NORPACE CR PA if 65 years and older	Tier 3	PA
<i>pacerone</i> 100mg, 400mg	Tier 3	
<i>pacerone</i> 200mg	Tier 1	
<i>propafenone hcl</i>	Tier 2	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 3	
<i>quinidine gluconate</i> TBCR	Tier 3	
<i>quinidine sulfate</i> TABS	Tier 1	
<i>sorine</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sorine</i> 240mg	Tier 1	
<i>sotalol hcl</i> (generic of BETAPACE) 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF)	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS	Tier 1	
<i>lovastatin</i> 10mg, 20mg	Tier 1	
<i>lovastatin</i> (generic of MEVACOR) 40mg	Tier 1	
<i>pravastatin sodium</i> 10mg	Tier 1	
<i>pravastatin sodium</i> (generic of PRAVACHOL) 20mg, 40mg, 80mg	Tier 1	
<i>rosuvastatin calcium</i> (generic of CRESTOR) QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	Tier 1	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN)	Tier 3	
<i>cholestyramine light</i> PACK	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 3	
<i>colestipol hcl 1gm tab</i> (generic of COLESTID)	Tier 2	
<i>colestipol hcl gran</i> (generic of COLESTID)	Tier 3	
<i>colestipol hcl pack</i> (generic of COLESTID)	Tier 3	
<i>ezetimibe</i> (generic of ZETIA)	Tier 3	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 2	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg	Tier 2	
<i>fenofibrate</i> TABS 160mg	Tier 2	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	Tier 2	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
KYNAMRO	Tier 2	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 3	QL
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 3	
<i>niacor</i>	Tier 2	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	Tier 3	
PRALUENT	Tier 2	NMO PA
<i>prevalite</i> PACK	Tier 3	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 3	
VASCEPA	Tier 3	
WELCHOL	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	Tier 2	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol & hydrochlorothiazide</i>	Tier 2	
<i>metoprolol & hydrochlorothiazide</i> (generic of LOPRESSOR HCT)	Tier 2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS	Tier 1	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg	Tier 1	
<i>atenolol</i> TABS 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i>	Tier 1	
BYSTOLIC 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
BYSTOLIC 20mg QL (60 tabs / 30 days)	Tier 3	QL
<i>carvedilol</i> (generic of COREG)	Tier 1	
<i>labetalol hcl</i> TABS	Tier 2	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOCT	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate</i> SOLN	Tier 3	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1	
<i>pindolol</i>	Tier 2	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 2	
<i>propranolol hcl</i> SOLN	Tier 3	
<i>propranolol hcl</i> TABS	Tier 2	
<i>propranolol oral sol</i>	Tier 2	
<i>timolol maleate</i> TABS	Tier 2	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 2	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt</i> (generic of CARDIZEM CD) 120mg, 180mg, 240mg	Tier 2	
<i>cartia xt</i> 300mg	Tier 2	
<i>dilt-xr cap</i>	Tier 2	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap 300mg cd</i>	Tier 2	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 2	
<i>diltiazem cap er/12hr</i>	Tier 3	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1	
<i>diltiazem hcl</i> TABS 90mg	Tier 1	
<i>diltiazem hcl cap sr 24hr</i>	Tier 2	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 180mg, 360mg	Tier 2	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC)	Tier 2	
<i>diltiazem inj</i>	Tier 3	
<i>nicardipine hcl</i> CAPS	Tier 3	
<i>nifedical xl</i> (generic of PROCARDIA XL)	Tier 2	
<i>nifedipine</i> (generic of PROCARDIA XL) TB24	Tier 2	
<i>nifedipine er</i> (generic of ADALAT CC)	Tier 2	
<i>nimodipine</i> CAPS	Tier 1	
NYMALIZE	Tier 2	
<i>taztia xt</i> (generic of TIAZAC)	Tier 2	
<i>verapamil cap er</i> (generic of VERELAN PM) 100mg, 200mg, 300mg	Tier 3	
<i>verapamil cap er</i> (generic of VERELAN) 120mg, 180mg, 240mg	Tier 3	
<i>verapamil cap er</i> 360mg	Tier 3	
<i>verapamil hcl</i> SOLN	Tier 3	
<i>verapamil hcl</i> TABS 40mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN) TABS 80mg, 120mg	Tier 1	
<i>verapamil hcl</i> (generic of CALAN SR) TBCR	Tier 1	
<i>verapamil tab er</i> (generic of CALAN SR)	Tier 1	
DIGITALIS GLYCOSIDES		
<i>digitek</i> (generic of LANOXIN) .25mg PA if 65 years and older	Tier 2	PA
<i>digitek</i> (generic of LANOXIN) .125mg QL (30 tabs / 30 days)	Tier 2	QL
<i>digox</i> (generic of LANOXIN) 125mcg QL (30 tabs / 30 days)	Tier 2	QL
<i>digox</i> (generic of LANOXIN) 250mcg PA if 65 years and older	Tier 2	PA
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg QL (30 tabs / 30 days)	Tier 2	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin</i> (generic of LANOXIN) TABS 250mcg PA if 65 years and older	Tier 2	PA
<i>digoxin inj</i> (generic of LANOXIN)	Tier 3	
<i>digoxin sol 50mcg/ml</i> PA if 65 years and older	Tier 2	PA
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	Tier 3	
<i>acetazolamide</i> TABS	Tier 2	
<i>amiloride</i> & <i>hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i> TABS	Tier 2	
<i>bumetanide</i> SOLN	Tier 3	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 2	
<i>chlorothiazide tabs</i>	Tier 2	
<i>chlorthalidone</i>	Tier 2	
<i>furosemide</i> SOLN	Tier 1	
<i>furosemide</i> TABS 20mg, 40mg	Tier 1	
<i>furosemide</i> (generic of LASIX) TABS 80mg	Tier 1	
<i>furosemide inj</i>	Tier 3	
<i>hydrochlorothiazide</i> (generic of MICROZIDE) CAPS	Tier 1	
<i>hydrochlorothiazide</i> TABS	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methazolamide</i> (generic of NEPTAZANE) TABS	Tier 3	
<i>metolazone</i>	Tier 2	
<i>spironolactone</i> & <i>hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 2	
<i>toremide tabs</i> 5mg, 100mg	Tier 1	
<i>toremide tabs</i> (generic of DEMADEX) 10mg, 20mg	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 1	
<i>triamterene</i> & <i>hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene</i> & <i>hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	Tier 1	
MISCELLANEOUS		
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 3	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSEER	Tier 2	
<i>hydralazine hcl</i> SOLN	Tier 3	
<i>hydralazine hcl</i> TABS	Tier 1	
<i>midodrine hcl</i>	Tier 2	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA	Tier 2	NMO LA PA
RANEXA	Tier 3	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 2	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 2	
<i>isosorbide dinitrate er</i>	Tier 3	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 2	
NITRO-BID	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 2	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 2	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	Tier 2	QL NMO PA QL (60 tabs / 30 days)

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
LETAIRIS QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
OPSUMIT QL (30 tabs / 30 days)	Tier 2	QL NMO LA PA
REMODULIN <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS QL (90 tabs / 30 days)	Tier 2	NMO LA PA QL NMO PA
TRACLEER 62.5mg QL (120 tabs / 30 days)	Tier 2	QL NMO LA PA
TRACLEER 125mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
VENTAVIS	Tier 2	NMO PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tab 0.5mg</i> (generic of XANAX) QL (240 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 0.25mg</i> (generic of XANAX) QL (480 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 1mg</i> (generic of XANAX) QL (120 tabs / 30 days)	Tier 1	QL
<i>alprazolam tab 2 mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg QL (45 tabs / 30 days)	Tier 1	QL
<i>fluvoxamine maleate</i> TABS 100mg	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) SOLN	Tier 3	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL

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

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TBDP .25mg QL (480 tabs / 30 days)	Tier 2	QL	<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 3	
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	Tier 2	QL	<i>felbamate</i> (generic of FELBATOL) SUSP	Tier 1	
<i>clorazepate dipotassium</i> 3.75mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 2	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS	Tier 3	
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 2	QL PA	FYCOMPA SUSP QL (720 mL / 30 days)	Tier 3	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 2	QL PA	FYCOMPA TABS 2mg QL (180 tabs / 30 days)	Tier 3	QL PA
DIASTAT ACUDIAL	Tier 3		FYCOMPA TABS 4mg QL (90 tabs / 30 days)	Tier 3	QL PA
DIASTAT PEDIATRIC	Tier 3		FYCOMPA TABS 6mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 2	QL PA	FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>diazepam</i> SOLN 5mg/ml	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	Tier 1	QL
<i>diazepam</i> (generic of VALIUM) TABS QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>diazepam intensol</i> QL (240 mL / 30 days) PA if 65 years and older	Tier 2	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
DILANTIN	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 2	QL
DILANTIN-125 SUS 125/5ML	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 3				
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 2				
<i>epitol</i> (generic of TEGRETOL)	Tier 2				

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 2		<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 2	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1		<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 2	
<i>levetiracetam</i> (generic of KEPPRA) TABS	Tier 2		<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 3		<i>roweepra</i> (generic of KEPPRA)	Tier 2	
<i>levetiracetam inj</i> (generic of KEPPRA)	Tier 3		SABRIL PACK QL (180 packets / 30 days)	Tier 2	QL NMO LA PA
<i>levetiracetam sol 100mg/ml</i> (generic of KEPPRA)	Tier 2		SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL	SPRITAM	Tier 3	
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL	TEGRETOL	Tier 3	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL	TEGRETOL-XR	Tier 3	
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL	<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 3	
ONFI	Tier 2	PA	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 3	
ONFI TAB	Tier 2	PA	<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1	
<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP	Tier 3		<i>valproate sodium oral soln</i> (generic of DEPAKENE)	Tier 2	
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS	Tier 2		<i>valproate sodium soln 100mg/ml</i> (generic of DEPACON)	Tier 3	
PEGANONE	Tier 3		<i>valproic acid</i> (generic of DEPAKENE)	Tier 2	
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	Tier 3	PA	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	Tier 3	PA	VIMPAT SOLN 200mg/20ml	Tier 3	
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	Tier 3	PA	VIMPAT TABS 50mg QL (180 tabs / 30 days)	Tier 3	QL
PHENYTEK	Tier 3		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 2		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 2		<i>zonisamide</i> CAPS 50mg	Tier 2	
<i>phenytoin sodium</i> SOLN	Tier 3				

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (60 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> SOLN	Tier 3	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (180 tabs / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg QL (90 tabs / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	Tier 3	
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) 8mg, 16mg QL (30 caps / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) 24mg	Tier 3	
<i>memantine hcl</i> SOLN PA if < 30 yrs	Tier 3	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	Tier 2	PA
NAMENDA XR PA if < 30 yrs	Tier 3	PA
NAMENDA XR TITRATION PACK PA if < 30 yrs	Tier 3	PA
NAMZARIC	Tier 3	
<i>rivastigmine tartrate</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 3	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 50mg, 75mg, 100mg, 150mg PA if 65 years and older	Tier 3	PA
<i>amitriptyline hcl</i> (generic of ELAVIL) TABS 25mg PA if 65 years and older	Tier 3	PA
<i>amoxapine</i>	Tier 2	
<i>bupropion hcl</i> TABS	Tier 2	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (90 tabs / 30 days)	Tier 2	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL
<i>citalopram hydrobromide</i> SOLN	Tier 2	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg QL (45 tabs / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 40mg QL (30 tabs / 30 days)	Tier 1	QL
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	Tier 3	PA

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 3	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 3	QL
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	Tier 3	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 2	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 2	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA
<i>escitalopram oxalate</i> SOLN QL (600 mL / 30 days)	Tier 3	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg QL (45 tabs / 30 days)	Tier 1	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 20mg QL (60 tabs / 30 days)	Tier 1	QL
FETZIMA 20mg QL (180 caps / 30 days)	Tier 3	QL
FETZIMA 40mg QL (90 caps / 30 days)	Tier 3	QL
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL
FETZIMA TITRATION PACK	Tier 3	
<i>fluoxetine cap 10mg</i> (generic of PROZAC) QL (30 caps / 30 days)	Tier 1	QL

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

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg QL (45 tabs / 30 days)	Tier 1	QL
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 100mg	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE)	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg	Tier 1	
<i>trazodone tab 150mg</i>	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg QL (240 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>trimipramine maleate</i> CAPS 50mg QL (120 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
<i>trimipramine maleate</i> (generic of SURMONTIL) CAPS 100mg QL (60 caps / 30 days) PA if 65 years and older	Tier 3	QL PA
TRINTELLIX 5mg QL (120 tabs / 30 days)	Tier 3	QL
TRINTELLIX 10mg QL (60 tabs / 30 days)	Tier 3	QL
TRINTELLIX 20mg QL (30 tabs / 30 days)	Tier 3	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg QL (30 caps / 30 days)	Tier 1	QL
<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 150mg QL (60 caps / 30 days)	Tier 1	QL
<i>venlafaxine hcl</i> TABS	Tier 2	
VIIBRYD STARTER PACK	Tier 3	
VIIBRYD TAB QL (30 tabs / 30 days)	Tier 3	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS QL (120 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SYRP	Tier 1	
<i>amantadine hcl</i> TABS	Tier 3	
APOKYN	Tier 2	NMO LA PA
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	Tier 2	
<i>benztropine mesylate</i> TABS PA if 65 years and older	Tier 3	PA
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 3	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 2	
<i>carbidopa-levodopa</i> TBDP	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 50)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 75)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 100)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 125)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 150)	Tier 3	
<i>carbidopa-levodopa-entacapone</i> (generic of STALEVO 200)	Tier 3	
<i>entacapone</i> (generic of COMTAN)	Tier 3	
NEUPRO	Tier 3	
<i>pramipexole tab 0.5mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.25mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.75mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 1	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 25mg	Tier 3	PA
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 3		<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 1		<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 3	QL PA
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 2	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 50mg</i>	Tier 2	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 3	QL
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 1		<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	Tier 3	QL
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 1		FANAPT QL (60 tabs / 30 days)	Tier 3	QL
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 1		FANAPT TITRATION PACK	Tier 3	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 3		<i>fluphenazine decanoate</i> SOLN	Tier 3	
<i>selegiline hcl</i> TABS	Tier 2		<i>fluphenazine hcl</i>	Tier 3	
<i>trihexyphenidyl hcl</i> PA if 65 years and older	Tier 2	PA	GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL
ANTIPSYCHOTICS			<i>haloperidol</i> TABS	Tier 2	
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 3	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 3	
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	Tier 3	
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 1	QL	<i>haloperidol lactate conc</i>	Tier 1	
<i>aripiprazole tab</i> (generic of ABILIFY) QL (30 tabs / 30 days)	Tier 3	QL	<i>haloperidol lactate inj</i> 5mg/ml (generic of HALDOL)	Tier 3	
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 3	QL	INVEGA SUST INJ 39MG/0.25ML QL (1 injection / 28 days)	Tier 3	QL
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 3	QL			
<i>chlorpromazine hcl</i> TABS	Tier 3				
CHLORPROMAZINE INJ	Tier 3				
<i>clozapine odt</i> 12.5mg	Tier 3	PA			

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVEGA SUST INJ 78MG/0.5ML QL (1 injection / 28 days)	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 5mg QL (30 tabs / 30 days)	Tier 3	QL
INVEGA SUST INJ 117MG/0.75ML QL (1 injection / 28 days)	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBP 10mg, 15mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL
INVEGA SUST INJ 156MG/ML QL (1 injection / 28 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	Tier 1	QL
INVEGA SUST INJ 234MG/1.5ML QL (1 injection / 28 days)	Tier 3	QL	<i>paliperidone</i> (generic of INVEGA) 6mg QL (60 tabs / 30 days)	Tier 1	QL
INVEGA TRINZA QL (1 injection / 90 days)	Tier 3	QL	<i>perphenazine</i> TABS Tier 3	Tier 3	
LATUDA 20mg QL (240 tabs / 30 days)	Tier 3	QL	<i>pimozide</i> (generic of ORAP) Tier 3	Tier 3	
LATUDA 40mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS QL (90 tabs / 30 days)	Tier 1	QL
LATUDA 60mg, 80mg QL (60 tabs / 30 days)	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg QL (120 tabs / 30 days)	Tier 3	QL
<i>loxapine succinate</i>	Tier 2		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL
NUPLAZID QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR QL (3 vials / 1 day)	Tier 3	QL	REXULTI 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg QL (240 tabs / 30 days)	Tier 2	QL	REXULTI 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL	REXULTI 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg QL (30 tabs / 30 days)	Tier 2	QL	REXULTI .5mg QL (180 tabs / 30 days)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg QL (60 tabs / 30 days)	Tier 2	QL	REXULTI .25mg QL (360 tabs / 30 days)	Tier 3	QL
			RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS 4mg QL (120 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .25mg, .5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> TBDP .25mg QL (90 tabs / 30 days)	Tier 3	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL
SAPHRIS 5mg QL (120 tabs / 30 days)	Tier 3	QL
SAPHRIS 10mg QL (60 tabs / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS PA if 65 years and older	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>thiothixene</i>	Tier 3	
<i>trifluoperazine hcl</i>	Tier 2	
VERSACLOZ QL (600 mL / 30 days)	Tier 2	QL PA
VRAYLAR 1.5mg QL (120 caps / 30 days)	Tier 3	QL PA
VRAYLAR 3mg QL (60 caps / 30 days)	Tier 3	QL PA
VRAYLAR 4.5mg, 6mg QL (30 caps / 30 days)	Tier 3	QL PA
VRAYLAR THERAPY PACK	Tier 3	PA
<i>ziprasidone hcl</i> (generic of GEODON) QL (60 caps / 30 days)	Tier 3	QL
ZYPREXA RELPREVV 300mg QL (2 vials / 28 days)	Tier 3	QL PA
ZYPREXA RELPREVV 405mg QL (1 vial / 28 days)	Tier 3	QL PA
ZYPREXA RELPREVV 210MG QL (2 vials / 28 days)	Tier 3	QL PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg (generic of ADDERALL XR) QL (90 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 2	QL	<i>guanfacine er (adhd)</i> (generic of INTUNIV) PA if 65 years and older	Tier 3	PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (240 tabs / 30 days)	Tier 2	QL	<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 2	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	Tier 2	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 2	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL	<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 3	QL	<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 3	QL
			HYPNOTICS		
			HETLIOZ	Tier 2	NMO LA PA
			SILENOR 3mg QL (60 tabs / 30 days)	Tier 2	QL
			SILENOR 6mg QL (30 tabs / 30 days)	Tier 2	QL
			<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 2	QL PA	<i>sumatriptan nasal spray</i> (generic of IMITREX) 5mg/act QL (24 inhalers / 30 days)	Tier 3	QL
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	QL PA	<i>sumatriptan nasal spray</i> (generic of IMITREX) 20mg/act QL (12 inhalers / 30 days)	Tier 3	QL
MIGRAINE			<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>dihydroergotamine mesylate</i> 1mg/ml (generic of D.H.E. 45)	Tier 1		MISCELLANEOUS		
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	Tier 1	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 1	
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	Tier 3		<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1	
<i>migergot</i>	Tier 1		<i>lithium carbonate er</i> 450mg LITHIUM SOLN 8MEQ/5ML	Tier 1 Tier 2	
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS QL (18 tabs / 30 days)	Tier 2	QL	NUDEXTA	Tier 3	PA
<i>sumatriptan inj 4mg/0.5ml</i> QL (18 injections / 30 days)	Tier 3	QL	<i>pyridostigmine bromide</i> (generic of MESTINON) TABS	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 3	QL	<i>riluzole</i> (generic of RILUTEK)	Tier 2	
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 3	QL	<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL	<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 3	QL	MULTIPLE SCLEROSIS AGENTS		
<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 3	QL	AMPYRA	Tier 2	NMO LA PA
			BETASERON QL (14 syringes / 28 days)	Tier 2	QL NMO PA
			COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	Tier 2	QL NMO PA
			GILENYA CAP 0.5MG QL (28 caps / 28 days)	Tier 2	QL NMO PA
			<i>glatopa</i> (generic of COPAXONE) QL (30 syringes / 30 days)	Tier 1	QL NMO PA

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

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

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

00018217_v5_01/2018

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS	Tier 3	
SUBOXONE MIS 2-0.5MG QL (120 SL films / 30 days)	Tier 3	QL PA
SUBOXONE MIS 4-1MG QL (120 SL films / 30 days)	Tier 3	QL PA
SUBOXONE MIS 8-2MG QL (120 SL films / 30 days)	Tier 3	QL PA
SUBOXONE MIS 12-3MG QL (60 SL films / 30 days)	Tier 3	QL PA
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50	Tier 2	PA
ANDRODERM QL (30 patches / 30 days)	Tier 3	QL PA
<i>oxandrolone tab</i> 2.5mg (generic of OXANDRIN)	Tier 2	PA
<i>oxandrolone tab</i> 10mg (generic of OXANDRIN)	Tier 3	PA
<i>testosterone</i> GEL 1% QL (300 gm / 30 days)	Tier 3	QL PA
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 2	PA
<i>testosterone enanthate</i> SOLN	Tier 2	PA
ANTIDIABETICS, INJECTABLE		
ALCOHOL SWABS	Tier 2	
BASAGLAR KWIKPEN	Tier 2	
BYDUREON INJ QL (4 vials / 28 days)	Tier 2	QL
BYDUREON PEN QL (4 pens / 28 days)	Tier 2	QL
BYETTA QL (1 pen / 30 days)	Tier 3	QL
GAUZE PADS 2" X 2"	Tier 2	
HUMULIN R INJ U-500	Tier 2	B/D
HUMULIN R U-500 KWIKPEN	Tier 2	
INSULIN PEN NEEDLE	Tier 2	

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

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

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

00018217_v5_01/2018

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

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
INVOKAMET XR TAB 50-500MG QL (120 tabs / 30 days)	Tier 2	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days)	Tier 1	QL
INVOKAMET XR TAB 50-1000MG QL (60 tabs / 30 days)	Tier 2	QL	(generic of GLUCOPHAGE XR)		
INVOKAMET XR TAB 150-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
INVOKAMET XR TAB 150-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
INVOKANA 100mg QL (90 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
INVOKANA 300mg QL (30 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
JANUVIA QL (30 tabs / 30 days)	Tier 2	QL	TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
<i>metformin er</i> (generic of GLUCOPHAGE XR) 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
BISPHOSPHONATES		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	Tier 1	
<i>alendronate sodium</i> TABS 35mg QL (4 tabs / 28 days)	Tier 1	QL
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg QL (4 tabs / 28 days)	Tier 1	QL
PAMIDRONATE DISODIUM 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 3	B/D
<i>pamidronate inj 30mg</i>	Tier 3	B/D
<i>pamidronate inj 90mg</i>	Tier 3	B/D
<i>zoledronic acid</i> (generic of RECLAST) 5mg/100ml	Tier 3	B/D NMO
ZOLEDRONIC INJ 4MG	Tier 3	B/D NMO
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	Tier 3	B/D NMO
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg QL (120 tabs / 30 days)	Tier 2	QL NMO
SENSIPAR 60mg QL (60 tabs / 30 days)	Tier 2	QL NMO
CHELATING AGENTS		
CHEMET	Tier 3	
DEPEN TITRATABS	Tier 2	
JADENU	Tier 2	NMO LA PA
JADENU SPRINKLE	Tier 2	NMO LA PA
<i>kionex powder</i>	Tier 3	
<i>kionex sus 15gm/60ml</i>	Tier 2	
<i>sodium polystyrene sulfonate oral susp</i>	Tier 2	
<i>sodium polystyrene sulfonate powd</i>	Tier 3	
<i>sps</i>	Tier 2	
SYPRINE	Tier 2	
CONTRACEPTIVES		
<i>altavera tab</i>	Tier 2	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>apri</i> (generic of DESOGEN)	Tier 2	
<i>aranelle</i> (generic of TRI-NORINYL 28)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<i>aubra</i>	Tier 2	
<i>aviane</i>	Tier 2	
<i>balziva</i>	Tier 2	
<i>bekyree</i> (generic of MIRCETTE)	Tier 2	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>briellyn</i>	Tier 2	
<i>camila</i>	Tier 2	
<i>caziant pak</i> (generic of CYCLESSA)	Tier 2	
<i>cryselle-28</i>	Tier 2	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
<i>cyred tab</i> (generic of DESOGEN)	Tier 2	
<i>deblitane</i>	Tier 2	
<i>delyla</i>	Tier 2	
<i>desogestrel-ethinyl estradiol (biphasic)</i> (generic of MIRCETTE)	Tier 2	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 2	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	Tier 2	
ELLA	Tier 3	
<i>emoquette</i> (generic of DESOGEN)	Tier 2	
<i>enpresse-28</i>	Tier 2	
<i>errin</i> (generic of ORTHO-MICRONOR)	Tier 2	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>ethynodiol tab 1-50</i>	Tier 2	
<i>falmina</i>	Tier 2	
<i>femynor</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>gianvi</i> (generic of YAZ)	Tier 2	
<i>gildagia</i>	Tier 2	
<i>heather</i>	Tier 2	
<i>introvale</i>	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>jolessa</i>	Tier 2	
<i>jolivet</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>juleber</i> (generic of DESOGEN)	Tier 2	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>kariva</i> (generic of MIRCETTE)	Tier 2	
<i>kelnor 1/35</i>	Tier 2	
<i>kimidess</i> (generic of MIRCETTE)	Tier 2	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>larissia tab</i>	Tier 2	
<i>leena</i> (generic of TRI-NORINYL 28)	Tier 2	
<i>lessina</i>	Tier 2	
<i>levonest</i>	Tier 2	
<i>levonor/ethi tab</i>	Tier 2	
<i>levonorgestrel & eth estradiol</i>	Tier 2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 2	
<i>levora 0.15/30-28</i>	Tier 2	
<i>loryna</i> (generic of YAZ)	Tier 2	
<i>low-ogestrel</i>	Tier 2	
<i>lutea</i>	Tier 2	
<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>marlissa</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 2	
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 2	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 2	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2	
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>myzilra</i>	Tier 2	
<i>necon 0.5/35-28</i> (generic of BREVICON-28)	Tier 2	
<i>necon 1/50-28</i>	Tier 2	
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 2	
<i>nora-be</i>	Tier 2	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	Tier 2	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	Tier 2	
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	Tier 2	
<i>norlyroc</i>	Tier 2	
<i>nortrel 0.5/35 (28)</i> (generic of BREVICON-28)	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Requirements/ Tier Limits
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 2
NUVARING	Tier 3
<i>ocella</i> (generic of YASMIN 28)	Tier 2
<i>orsythia</i>	Tier 2
<i>philith</i>	Tier 2
<i>pimtrea</i> (generic of MIRCETTE)	Tier 2
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 2
<i>portia-28</i>	Tier 2
<i>previfem</i> (generic of ORTHO-CYCLEN)	Tier 2
<i>quasense</i>	Tier 2
<i>reclipsen</i> (generic of DESOGEN)	Tier 2
<i>setlakin tab</i>	Tier 2
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 2
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	Tier 2
<i>sronyx</i>	Tier 2
<i>syeda</i> (generic of YASMIN 28)	Tier 2
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 2
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 2
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 2
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 2
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 2
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 2
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 2

Drug Name	Drug Requirements/ Tier Limits
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 2
<i>trivora-28</i>	Tier 2
<i>velivet</i> (generic of CYCLESSA)	Tier 2
<i>vestura</i> (generic of YAZ)	Tier 2
<i>vienva</i>	Tier 2
<i>viorele</i> (generic of MIRCETTE)	Tier 2
<i>vyfemla</i>	Tier 2
<i>xulane</i>	Tier 3
<i>zarah</i> (generic of YASMIN 28)	Tier 2
<i>zenchent</i>	Tier 2
<i>zovia 1/35e</i>	Tier 2
<i>zovia 1/50e</i>	Tier 2
ENDOMETRIOSIS	
<i>danazol</i> CAPS	Tier 3
SYNAREL	Tier 2
ENZYME REPLACEMENTS	
ADAGEN	Tier 2 NMO LA PA
ALDURAZYME	Tier 2 NMO LA PA
BUPHENYL TABS	Tier 2 NMO LA PA
CARBAGLU	Tier 2 NMO LA PA
CERDELGA	Tier 2 NMO PA
CEREZYME	Tier 2 NMO LA PA
CYSTADANE POW	Tier 2 NMO LA
CYSTAGON	Tier 3 NMO LA PA
FABRAZYME	Tier 2 NMO LA PA
KUVAN	Tier 2 NMO LA PA
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	Tier 3 B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	Tier 3 B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	Tier 3 B/D
LUMIZYME	Tier 2 NMO LA PA
NAGLAZYME	Tier 2 NMO LA PA
ORFADIN	Tier 2 NMO LA PA
ZAVESCA	Tier 2 NMO LA PA
ESTROGENS	
DELESTROGEN 10mg/ml	Tier 3
ESTRACE CREA	Tier 3

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol</i> (generic of CLIMARA) PTWK PA if 65 years and older	Tier 3	PA
<i>estradiol</i> (generic of ESTRACE) TABS PA if 65 years and older	Tier 3	PA
<i>estradiol valerate inj</i> (generic of DELESTROGEN)	Tier 2	
<i>fyavolv tab 1-5mg</i> PA if 65 years and older	Tier 3	PA
<i>jinteli</i> PA if 65 years and older	Tier 3	PA
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> PA if 65 years and older	Tier 3	PA
<i>yuvafem vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 2	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 3	
DEXAMETHASONE CONC	Tier 3	
<i>dexamethasone</i> ELIX; SOLN	Tier 2	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 3	
<i>fludrocortisone acetate</i> TABS	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 2	
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	Tier 3	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	Tier 3	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	Tier 3	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	Tier 3	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	Tier 3	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 2	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 2	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	Tier 2	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D
<i>prednisolone sol 25mg/5ml</i>	Tier 2	B/D
<i>prednisolone syrup 15 mg/5ml</i>	Tier 1	B/D
PREDNISON CON 5MG/ML	Tier 3	B/D
<i>prednisone pak 5mg</i>	Tier 1	
<i>prednisone pak 10mg</i>	Tier 1	
<i>prednisone sol 5mg/5ml</i>	Tier 2	B/D
<i>prednisone tab 1mg</i>	Tier 1	B/D
<i>prednisone tab 2.5mg</i>	Tier 1	B/D
<i>prednisone tab 5mg</i>	Tier 1	B/D
<i>prednisone tab 10mg</i>	Tier 1	B/D
<i>prednisone tab 20mg</i>	Tier 1	B/D
<i>prednisone tab 50mg</i>	Tier 1	B/D
SOLU-CORTEF 250mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	Tier 2	
GLUCAGON EMERGENCY KIT	Tier 2	
PROGLYCEM SUS 50MG/ML	Tier 3	
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	Tier 2	NMO PA
MISCELLANEOUS		
<i>cabergoline</i>	Tier 3	
<i>calcitonin (salmon)</i> (generic of MIACALCIN)	Tier 2	B/D
FORTEO	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
MIACALCIN	Tier 2	B/D
NATPARA	Tier 2	NMO PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) 50mcg/ml, 200mcg/ml	Tier 3	NMO PA

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate</i> (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	Tier 1	NMO PA
<i>octreotide inj 100mcg/ml</i> (generic of SANDOSTATIN)	Tier 3	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
<i>raloxifene tab 60mg</i> (generic of EVISTA)	Tier 2	
SIGNIFOR	Tier 2	NMO LA PA
SOMATULINE DEPOT	Tier 2	NMO PA
SOMAVERT	Tier 2	NMO LA PA
XGEVA	Tier 2	NMO PA
PHOSPHATE BINDER AGENTS		
AURYXIA QL (360 tabs / 30 days)	Tier 3	QL
<i>calcium acetate (phosphate binder)</i> (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 2	QL
<i>calcium acetate (phosphate binder)</i> (generic of ELIPHOS) TABS QL (360 tabs / 30 days)	Tier 2	QL
RENVELA PAK 0.8GM QL (540 paks / 30 days)	Tier 2	QL
RENVELA PAK 2.4GM QL (180 paks / 30 days)	Tier 2	QL
RENVELA TAB 800MG QL (540 tabs / 30 days)	Tier 2	QL
PROGESTINS		
<i>medroxyprogesterone acetate tab</i> (generic of PROVERA)	Tier 1	
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS	Tier 2	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl</i> (generic of SYNTHROID)	Tier 1	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS	Tier 2	
<i>methimazole</i> (generic of TAPAZOLE) TABS	Tier 1	
<i>propylthiouracil</i> TABS	Tier 2	
SYNTHROID	Tier 3	
<i>unithroid</i> (generic of SYNTHROID)	Tier 1	
VASOPRESSINS		
<i>desmopressin acetate spray</i> (generic of DDAVP)	Tier 3	
<i>desmopressin acetate spray refrigerated</i>	Tier 3	
<i>desmopressin acetate tabs</i> (generic of DDAVP)	Tier 2	
<i>desmopressin inj 4mcg/ml</i> (generic of DDAVP)	Tier 3	
<i>desmopressin sol 0.01%</i> (generic of DDAVP)	Tier 3	
STIMATE	Tier 2	NMO
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	Tier 3	B/D
<i>aprepitant pak 80mg & 125mg</i>	Tier 3	B/D
<i>compro</i>	Tier 3	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 3	B/D QL
EMEND SUSR	Tier 3	B/D
<i>granisetron hcl</i> SOLN	Tier 3	
<i>granisetron hcl</i> TABS	Tier 3	B/D
<i>meclizine hcl</i> TABS	Tier 1	
<i>metoclopramide hcl</i> SOLN	Tier 1	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS	Tier 1	
<i>metoclopramide hcl inj</i>	Tier 3	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 2	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 2	B/D
<i>ondansetron hcl inj</i>	Tier 3	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	Tier 3	B/D

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	Tier 2	B/D
<i>prochlorperazine inj</i>	Tier 3	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 3	
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN PA if 65 years and older	Tier 3	PA
<i>promethazine hcl</i> SYRP; TABS PA if 65 years and older	Tier 3	PA
TRANSDERM-SCOP QL (10 patches / 30 days) PA if 65 years and older	Tier 3	QL PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> (generic of BENTYL) CAPS	Tier 1	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 3	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	Tier 1	
<i>glycopyrrolate</i> (generic of ROBINUL) SOLN 4mg/20ml	Tier 3	
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 2	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine inj</i>	Tier 3	
<i>famotidine tab</i> (generic of PEPCID)	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 3	
<i>ranitidine syrup</i>	Tier 2	
INFLAMMATORY BOWEL DISEASE		
APRISO	Tier 2	
<i>balsalazide disodium</i>	Tier 3	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>colocort</i> (generic of CORTENEMA)	Tier 3	
DELZICOL	Tier 3	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 3	
<i>mesalamine</i> ENEM; TBEC	Tier 3	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 3	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 2	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 2	
LAXATIVES		
<i>constulose</i>	Tier 1	
<i>enulose</i>	Tier 1	
<i>gavilyte-c</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
<i>gavilyte-h</i>	Tier 2	
<i>gavilyte-n/flavor pack</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>generlac</i>	Tier 1	
GOLYTELY	Tier 2	
<i>lactulose</i>	Tier 1	
<i>lactulose (encephalopathy)</i>	Tier 1	
MOVIPREP	Tier 3	
NULYTELY/FLAVOR PACKS	Tier 2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> (generic of GOLYTELY)	Tier 1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
<i>peg 3350/electrolytes</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	
<i>polyethylene glycol 3350</i> PACK	Tier 2	
<i>polyethylene glycol 3350</i> POWD	Tier 1	
SUPREP BOWEL PREP KIT	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA
AMITIZA QL (60 caps / 30 days)	Tier 2	QL
<i>cromolyn sodium</i> (<i>mastocytosis</i>) (generic of GASTROCROM)	Tier 1	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 2	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 2	
GATTEX	Tier 2	NMO LA PA
LINZESS 72mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
LINZESS 145mcg QL (60 caps / 30 days)	Tier 2	QL
<i>loperamide hcl</i> CAPS	Tier 1	
<i>misoprostol</i> (generic of CYTOTEC) TABS	Tier 2	
MOVANTIK 12.5mg QL (60 tabs / 30 days)	Tier 2	QL
MOVANTIK 25mg QL (30 tabs / 30 days)	Tier 2	QL
RELISTOR SOLN	Tier 2	PA
<i>sucralfate</i> (generic of CARAFATE) TABS	Tier 2	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 2	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 3	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 3	
XIFAXAN 550mg	Tier 2	PA
PANCREATIC ENZYMES		
CREON	Tier 2	
ZENPEP	Tier 3	
PROTON PUMP INHIBITORS		
DEXILANT QL (30 caps / 30 days)	Tier 3	QL
<i>esomeprazole magnesium</i> (generic of NEXIUM) QL (30 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole sodium inj</i> 20mg	Tier 3	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 3	
<i>omeprazole cap 10mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 20mg</i> (generic of PRILOSEC) QL (60 caps / 30 days)	Tier 1	QL
<i>omeprazole cap 40mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC QL (30 tabs / 30 days)	Tier 1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) QL (30 tabs / 30 days)	Tier 1	QL
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	Tier 2	QL
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	
<i>tamsulosin hcl</i> (generic of FLOMAX)	Tier 1	
MISCELLANEOUS		
<i>bethanechol chloride</i> (generic of URECHOLINE) TABS	Tier 2	
<i>potassium citrate</i> (<i>alkalinizer</i>) <i>er tabs</i> (generic of UROCIT-K 15) 15meq	Tier 3	
<i>potassium citrate</i> (<i>alkalinizer</i>) <i>er tabs</i> (generic of UROCIT-K 5) 540mg	Tier 3	
<i>potassium citrate</i> (<i>alkalinizer</i>) <i>er tabs</i> (generic of UROCIT-K 10) 1080mg	Tier 3	
URINARY ANTISPASMODICS		
MYRBETRIQ TAB 25MG QL (60 tabs / 30 days)	Tier 3	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> SYRP	Tier 1	
<i>oxybutynin chloride</i> TABS	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 2	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 2	QL
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 3	QL ST
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 3	ST
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
VESICARE QL (30 tabs / 30 days)	Tier 3	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 2	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 3	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 2	
<i>terconazole vaginal</i> CREA .8%	Tier 2	
<i>terconazole vaginal</i> SUPP	Tier 2	
<i>vandazole</i>	Tier 3	
<i>zazole cream 0.8%</i>	Tier 2	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	Tier 3	
ELIQUIS	Tier 2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
<i>heparin sod (porcine) in d5w</i>	Tier 3	
<i>heparin sod (porcine) in d5w</i> (generic of HEPARIN SODIUM/D5W)	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sod inj 1000/ml</i>	Tier 3	B/D
<i>heparin sod inj 5000/ml</i>	Tier 3	B/D
<i>heparin sod inj 10000/ml</i>	Tier 3	B/D
<i>heparin sod inj 20000/ml</i>	Tier 3	B/D
<i>heparin sodium/d5w</i>	Tier 3	
HEPARIN SODIUM/NACL 0.45%	Tier 3	
<i>jantoven</i> (generic of COUMADIN)	Tier 1	
PRADAXA	Tier 3	
<i>warfarin sodium</i> (generic of COUMADIN)	Tier 1	
XARELTO	Tier 2	
XARELTO STARTER PACK	Tier 2	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	Tier 2	NMO PA
MOZOBIL	Tier 2	NMO PA
NEUPOGEN	Tier 2	NMO PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NMO PA
PROCRIT 20000unit/ml, 40000unit/ml	Tier 2	NMO PA
MISCELLANEOUS		
<i>anagrelide hcl</i> 1mg	Tier 3	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 3	
<i>cilostazol</i>	Tier 1	
CINRYZE QL (20 vials / 30 days)	Tier 2	QL NMO LA PA
FIRAZYR QL (9 syringes / 30 days)	Tier 2	QL NMO PA
<i>pentoxifylline</i> TBCR	Tier 1	
PROMACTA 12.5mg QL (360 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 25mg QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 50mg QL (90 tabs / 30 days)	Tier 2	QL NMO LA PA
PROMACTA 75mg QL (60 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN	Tier 2	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i> (generic of AGGRENOX)	Tier 3	
BRILINTA	Tier 2	
<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	Tier 1	
ZONTIVITY	Tier 3	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
HUMIRA INJ 10MG/0.2ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 20MG/0.4ML QL (2 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA KIT 40MG/0.8ML QL (6 syringes / 28 days)	Tier 2	QL NMO PA
HUMIRA PEDIATRIC CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN QL (6 pens / 28 days)	Tier 2	QL NMO PA
HUMIRA PEN-CROHNS DISEASE	Tier 2	NMO PA
HUMIRA PEN-PSORIASIS <i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL)	Tier 2	NMO PA
<i>leflunomide</i> (generic of ARAVA) TABS	Tier 2	
<i>methotrexate sodium tabs</i>	Tier 2	
REMICADE INJ 100MG	Tier 2	NMO PA
XATMEP	Tier 3	B/D
XELJANZ QL (60 tabs / 30 days)	Tier 2	QL NMO PA
XELJANZ XR QL (30 tabs / 30 days)	Tier 2	QL NMO PA
IMMUNOGLOBULINS		
BIVIGAM	Tier 2	NMO PA
CARIMUNE NANOFILTERED	Tier 2	NMO PA
FLEBOGAMMA DIF	Tier 2	NMO PA
GAMASTAN S/D	Tier 2	B/D NMO
GAMMAGARD LIQUID	Tier 2	NMO PA
GAMMAGARD S/D	Tier 2	NMO PA
GAMMAKED	Tier 2	NMO PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX 5gm/100ml, 5gm/50ml, 10gm/200ml, 20gm/200ml	Tier 2	NMO PA
GAMMAPLEX 10GM/100ML	Tier 2	NMO PA
GAMUNEX-C	Tier 2	NMO PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	Tier 2	NMO PA
PRIVIGEN	Tier 2	NMO PA
IMMUNOMODULATORS		
ACTIMMUNE	Tier 2	NMO LA PA
ARCALYST	Tier 2	NMO PA
INTRON-A INJ 10MU	Tier 2	B/D NMO
INTRON-A INJ 18MU	Tier 2	B/D NMO
INTRON-A INJ 25MU	Tier 2	B/D NMO
INTRON-A INJ 50MU	Tier 2	B/D NMO
IMMUNOSUPPRESSANTS		
AZATHIOPRINE SOLR	Tier 3	B/D
<i>azathioprine</i> (generic of IMURAN) TABS	Tier 2	B/D
BENLYSTA SOLR	Tier 2	NMO PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 3	B/D NMO
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NMO
<i>gengraf</i> CAPS 50mg	Tier 3	B/D NMO
<i>gengraf</i> (generic of NEORAL) SOLN	Tier 3	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 3	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 1	B/D NMO

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i> (generic of MYFORTIC)	Tier 3	B/D NMO
NULOJIX	Tier 2	B/D NMO
RAPAMUNE SOLN	Tier 2	B/D NMO
SANDIMMUNE SOLN 100mg/ml	Tier 2	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS 2mg	Tier 1	B/D NMO
<i>sirolimus</i> (generic of RAPAMUNE) TABS .5mg, 1mg	Tier 3	B/D NMO
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 3	B/D NMO
ZORTRESS TAB 0.5MG	Tier 2	B/D NMO
ZORTRESS TAB 0.25MG	Tier 2	B/D NMO
ZORTRESS TAB 0.75MG	Tier 2	B/D NMO
VACCINES		
ACTHIB	Tier 2	
ADACEL	Tier 2	
BCG VACCINE	Tier 2	
BEXSERO	Tier 2	
BOOSTRIX	Tier 2	
DAPTACEL	Tier 2	
DIPHTHERIA/TETANUS TOXOID	Tier 2	B/D
ENGERIX-B SUSP	Tier 2	B/D
GARDASIL 9	Tier 2	
HAVRIX	Tier 2	
HIBERIX	Tier 2	
IMOVAX RABIES (H.D.C.V.)	Tier 2	
INFANRIX	Tier 2	
IPOL INACTIVATED IPV	Tier 2	
IXIARO	Tier 2	
KINRIX	Tier 2	
M-M-R II	Tier 2	
MENACTRA	Tier 2	
MENOMUNE-A/C/Y/W-135	Tier 2	
MENVEO	Tier 2	
PEDIARIX	Tier 2	
PEDVAX HIB	Tier 2	
PENTACEL	Tier 2	
PROQUAD	Tier 2	
QUADRACEL	Tier 2	
RBAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	B/D

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	Tier 2	
ROTATEQ	Tier 2	
SYNAGIS	Tier 2	NMO
TENIVAC	Tier 2	B/D
TETANUS/DIPHTHERIA TOXOID	Tier 2	B/D
TRUMENBA	Tier 2	
TWINRIX INJ	Tier 2	
TYPHIM VI	Tier 2	
VAQTA	Tier 2	
VARIVAX	Tier 2	
YF-VAX	Tier 2	
ZOSTAVAX QL (1 vial per lifetime)	Tier 2	QL

**NUTRITIONAL/SUPPLEMENTS
ELECTROLYTES**

<i>klor-con 8</i>	Tier 1
<i>klor-con 10</i>	Tier 1
<i>klor-con m10</i>	Tier 1
KLOR-CON M15	Tier 2
<i>klor-con m20</i>	Tier 1
<i>klor-con spr cap 8meq</i> (generic of MICRO-K)	Tier 2
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 2
<i>magnesium sulfate</i> (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml	Tier 2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 2
<i>magnesium sulfate</i> SOLN 50%	Tier 2
MAGNESIUM SULFATE IN D5W	Tier 2
<i>magnesium sulfate in dextrose</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 2
<i>potassium chloride</i> (generic of MICRO-K) CPCR	Tier 2
<i>potassium chloride</i> PACK	Tier 3
<i>potassium chloride</i> SOLN 10%, 20%	Tier 3
<i>potassium chloride</i> TBCR	Tier 1

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride microencapsulated crystals cr</i>	Tier 1	
<i>sodium chloride SOLN 2.5meq/ml</i>	Tier 3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1	
<i>tpn electrolytes</i>	Tier 3	B/D
IV NUTRITION		
AMINOSYN	Tier 3	B/D
AMINOSYN 7%/ELECTROLYTES	Tier 3	B/D
<i>aminosyn 8.5%/electrolyte</i>	Tier 3	B/D
<i>aminosyn ii 8.5%/electrol</i>	Tier 3	B/D
AMINOSYN II INJ 7%	Tier 3	B/D
AMINOSYN II INJ 8.5%	Tier 3	B/D
AMINOSYN II INJ 10%	Tier 3	B/D
AMINOSYN M	Tier 3	B/D
AMINOSYN-HBC	Tier 3	B/D
AMINOSYN-PF 7%	Tier 3	B/D
AMINOSYN-PF 10%	Tier 3	B/D
AMINOSYN-RF	Tier 3	B/D
CLINIMIX 2.75%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	Tier 3	B/D
CLINIMIX 4.25%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 15%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 20%	Tier 3	B/D
CLINIMIX 5%/DEXTROSE 25%	Tier 3	B/D
CLINIMIX INJ 4.25/D10	Tier 3	B/D
CLINIMIX INJ 4.25/D20	Tier 3	B/D
FREAMINE HBC 6.9%	Tier 3	B/D
FREAMINE III	Tier 3	B/D
<i>hepatamine</i>	Tier 3	B/D
INTRALIPID 30%	Tier 3	B/D
<i>intralipid inj 20%</i>	Tier 3	B/D
NEPHRAMINE	Tier 3	B/D
<i>nutrilipid inj 20%</i>	Tier 3	B/D
<i>premasol 6%</i>	Tier 3	B/D
PREMASOL 10%	Tier 3	B/D
PROCALAMINE	Tier 3	B/D
PROSOL	Tier 3	B/D
TRAVASOL	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
TROPHAMINE INJ 10%	Tier 3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 3	
<i>dextrose 5%</i>	Tier 3	
DEXTROSE 5% /ELECTROLYTE	Tier 3	
<i>dextrose 5%/lactated ring</i>	Tier 3	
<i>dextrose 5%/nacl 0.2%</i>	Tier 3	
DEXTROSE 5%/NACL 0.3%	Tier 3	
<i>dextrose 5%/nacl 0.9%</i>	Tier 3	
<i>dextrose 5%/nacl 0.33%</i>	Tier 3	
<i>dextrose 5%/nacl 0.45%</i>	Tier 3	
<i>dextrose 5%/nacl 0.225%</i>	Tier 3	
<i>dextrose 5%/potassium chl</i>	Tier 3	
<i>dextrose 10% flex contain</i>	Tier 3	
DEXTROSE 10%/NACL 0.2%	Tier 3	
<i>dextrose 10%/nacl 0.45%</i>	Tier 3	
<i>dextrose 50%</i>	Tier 3	
<i>dextrose inj 70%</i>	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 3	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 3	
KCL 0.15%/D5W/NACL 0.225%	Tier 3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 3	
<i>kcl/d5w inj 0.3%</i>	Tier 3	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 3	
<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 3	
<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 3	
<i>kcl/nacl inj 0.3-0.9</i>	Tier 3	
<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 3	
<i>lactated ringer's inj</i>	Tier 3	
NORMOSOL-M IN D5W	Tier 3	
NORMOSOL-R	Tier 3	
NORMOSOL-R IN D5W	Tier 3	
PLASMA-LYTE A	Tier 3	
PLASMA-LYTE-148	Tier 3	
<i>pot chloride inj 2meq/ml</i>	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride SOLN</i> .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	Tier 3	
<i>potassium chloride in nacl</i>	Tier 3	
<i>ringer's</i>	Tier 3	
<i>sod chloride inj 0.9%</i>	Tier 3	
<i>sodium chloride SOLN</i> 3%, 5%	Tier 3	
<i>sodium chloride 0.45%</i>	Tier 3	
VITAMINS		
<i>calcitriol</i> (generic of ROCALTROL) CAPS	Tier 2	B/D
<i>calcitriol inj</i>	Tier 3	B/D
<i>calcitriol oral soln 1 mcg/ml</i> (generic of ROCALTROL)	Tier 3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D
<i>prenatal vitamin/folic acid ></i> <i>0.8 mg (generic)</i>	Tier 1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 2	
BLEPHAMIDE OINT	Tier 3	
<i>neomycin-polymy-dexameth</i> (generic of MAXITROL)	Tier 1	
<i>sulfacetamide sod-</i> <i>prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone</i> (generic of TOBRADEX)	Tier 3	
ZYLET	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	Tier 2	
<i>bacitracin-polymyxin b</i> (<i>ophth</i>)	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth)</i> (generic of CILOXAN)	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gentak</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate soln</i> (<i>ophth</i>)	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth)</i> (generic of VIGAMOX)	Tier 2	
NATACYN	Tier 3	
<i>neomycin-bacitracin zn-</i> <i>polymyxin</i>	Tier 2	
<i>neomycin-polymyxin-</i> <i>gramicidin</i> (generic of NEOSPORIN)	Tier 2	
<i>ofloxacin (ophth)</i> (generic of OCUFLOX)	Tier 1	
<i>polymyxin b-trimethoprim</i> (generic of POLYTRIM)	Tier 1	
<i>sulfacet sod oin 10% op</i>	Tier 2	
<i>sulfacetamide sodium</i> (<i>ophth</i>) (generic of BLEPH- 10)	Tier 2	
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 2	
VIGAMOX	Tier 2	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
BROMSITE	Tier 3	
<i>dexamethasone sodium</i> <i>phosphate (ophth)</i>	Tier 2	
<i>diclofenac sodium (ophth)</i>	Tier 1	
DUREZOL	Tier 2	
<i>fluorometholone</i>	Tier 2	
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR LS) .4%	Tier 2	
<i>ketorolac tromethamine</i> (<i>ophth</i>) (generic of ACULAR) .5%	Tier 2	
LOTEMAX	Tier 2	
<i>prednisolone acetate</i> (<i>ophth</i>) (generic of OMNIPRED)	Tier 2	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
PROLENSA	Tier 2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	Tier 2	
BEPREVE	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	
LASTACAFT	Tier 3	
<i>olopatadine hcl 0.2% (generic of PATADAY)</i>	Tier 2	
PAZEO	Tier 2	
ANTI GLAUCOMA		
ALPHAGAN P SOL 0.1%	Tier 2	
AZOPT	Tier 2	
<i>betaxolol hcl (ophth)</i>	Tier 2	
BETOPTIC-S	Tier 2	
<i>brimonidine sol 0.2%</i>	Tier 1	
<i>brimonidine tartrate soln 0.15% (generic of ALPHAGAN P)</i>	Tier 3	
<i>carteolol hcl (ophth)</i>	Tier 1	
COMBIGAN	Tier 2	
<i>dorzolamide hcl (generic of TRUSOPT)</i>	Tier 2	
<i>dorzolamide hcl-timolol maleate (generic of COSOPT)</i>	Tier 2	
ISTALOL	Tier 2	
<i>latanoprost (generic of XALATAN) SOLN</i>	Tier 1	
<i>levobunolol hcl (generic of BETAGAN)</i>	Tier 1	
LUMIGAN	Tier 2	
<i>metipranolol</i>	Tier 2	
PHOSPHOLINE IODIDE	Tier 3	
<i>pilocarpine hcl SOLN</i>	Tier 2	
SIMBRINZA	Tier 2	
<i>timolol maleate (ophth) soln (generic of TIMOPTIC)</i>	Tier 1	
<i>timolol maleate gel (generic of TIMOPTIC-XE)</i>	Tier 3	
TRAVATAN Z	Tier 2	
MISCELLANEOUS		
CYSTARAN	Tier 2	NMO LA PA
<i>proparacaine hcl (generic of ALCAINE) SOLN</i>	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS	Tier 2	QL
QL (64 single use vials / 30 days)		
RESTASIS MULTIDOSE	Tier 2	QL
QL (1 bottle / 30 days)		
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AEROSPHERE	Tier 2	QL
QL (1 inhaler / 30 days)		
COMBIVENT RESPIMAT	Tier 3	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu</i>	Tier 2	B/D
ANTICHOLINERGICS		
ATROVENT HFA	Tier 3	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA	Tier 2	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide SOLN</i>	Tier 1	B/D
<i>ipratropium bromide (nasal)</i>	Tier 2	
ANTI HISTAMINES		
<i>azelastine spr 0.1%</i>	Tier 2	
<i>azelastine spr 0.15% (generic of ASTEPRO)</i>	Tier 3	
<i>cetirizine syrup</i>	Tier 1	
<i>cyproheptadine hcl</i> SYRP; TABS	Tier 3	PA
PA if 65 years and older		
<i>diphenhydramine hcl inj</i>	Tier 3	
<i>hydroxyz hcl inj</i>	Tier 3	PA
PA if 65 years and older		
<i>hydroxyzine hcl</i> SYRP; TABS	Tier 3	PA
PA if 65 years and older		
<i>hydroxyzine pamoate (generic of VISTARIL)</i> CAPS 25mg, 50mg	Tier 3	PA
PA if 65 years and older		
<i>levocetirizine dihydrochloride (generic of XYZAL)</i> TABS	Tier 1	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>albuterol sulfate</i> SYRP	Tier 1	
<i>albuterol sulfate</i> TABS	Tier 3	
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 2	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS	Tier 3	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW	Tier 2	
<i>montelukast sodium</i> (generic of SINGULAIR) PACK	Tier 3	
<i>montelukast sodium</i> (generic of SINGULAIR) TABS	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 3	
MAST CELL STABILIZERS		
<i>cromolyn sod neb 20mg/2ml</i>	Tier 2	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 2	B/D
ARALAST NP	Tier 2	NMO LA PA
DALIRESP	Tier 3	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
ESBRIET	Tier 2	NMO PA
KALYDECO	Tier 2	NMO PA
OFEV	Tier 2	NMO PA
ORKAMBI	Tier 2	NMO PA
PROLASTIN-C	Tier 2	NMO LA PA
PULMOZYME	Tier 2	NMO PA
XOLAIR	Tier 2	NMO LA PA
ZEMAIRA	Tier 2	NMO LA PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> QL (2 bottles / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 1	QL
STEROID INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 3	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist QL (120 inhalations / 30 days)	Tier 2	QL
FLOVENT DISKUS 250mcg/blist QL (240 inhalations / 30 days)	Tier 2	QL
FLOVENT HFA QL (2 inhalers / 30 days)	Tier 2	QL
PULMICORT FLEXHALER QL (2 inhalers / 30 days)	Tier 2	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
ADVAIR HFA QL (1 inhaler / 30 days)	Tier 2	QL
BREO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
SYMBICORT QL (1 inhaler / 30 days)	Tier 2	QL
XANTHINES		
<i>aminophylline inj</i>	Tier 3	
<i>theophylline</i> TB12; TB24	Tier 2	
TOPICAL DERMATOLOGY, ACNE		
<i>avita</i> (generic of RETIN-A) CREA	Tier 3	PA
<i>avita</i> GEL	Tier 3	PA
<i>claravis</i>	Tier 3	PA

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamax</i> (generic of CLEOCIN-T)	Tier 2	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) GEL; SOLN	Tier 2	
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN	Tier 3	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 3	
<i>erythromycin (acne aid)</i> SOLN	Tier 2	
<i>myorisan</i>	Tier 3	PA
<i>sulfacetamide sodium (acne)</i> (generic of KLARON)	Tier 3	
<i>tretinoin</i> (generic of RETIN-A) CREA	Tier 3	PA
<i>tretinoin</i> (generic of RETIN-A) GEL .01%, .025%	Tier 3	PA
<i>zenatane</i>	Tier 3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	Tier 2	
<i>mupirocin</i> (generic of BACTROBAN) OINT	Tier 1	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA	Tier 1	
<i>ssd</i> (generic of SILVADENE)	Tier 1	
SULFAMYLON CREA	Tier 3	
SULFAMYLON PACK	Tier 2	
DERMATOLOGY, ANTIFUNGALS		
<i>clotrimazole (topical)</i> CREA	Tier 2	
<i>ketoconazole cream</i>	Tier 2	
<i>nyamyc</i>	Tier 2	
<i>nyata</i>	Tier 2	
<i>nystatin (topical)</i>	Tier 2	
<i>nystatin pow 100000</i>	Tier 2	
<i>nystop</i>	Tier 2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	Tier 1	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	Tier 3	
<i>calcipotriene</i> SOLN	Tier 3	
<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 3	PA
TAZORAC CREA .05%	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i> (generic of NIZORAL)	Tier 1	
<i>selenium sulfide</i> LOTN	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	Tier 1	
<i>alclometasone dipropionate</i>	Tier 2	
<i>betamethasone dipropionate (topical)</i>	Tier 2	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 2	
<i>betamethasone dipropionate augmented</i> GEL	Tier 3	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	Tier 3	
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 2	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 3	
<i>fluocinonide</i> CREA .05%	Tier 3	
<i>fluocinonide</i> GEL	Tier 3	
<i>fluocinonide</i> SOLN	Tier 2	
<i>fluocinonide emulsified base</i>	Tier 3	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	Tier 2	
<i>fluticasone propionate</i> OINT	Tier 2	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 3	
<i>hydrocortisone (topical)</i> CREA; OINT	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 2	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	Tier 3	
<i>hydrocortisone butyrate oint 0.1%</i> (generic of LOCOID)	Tier 3	
<i>hydrocortisone butyrate soln 0.1%</i> (generic of LOCOID)	Tier 3	

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

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

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

00018217_v5_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>mometasone furoate</i> (generic of ELOCON) CREA	Tier 1	
<i>mometasone furoate</i> (generic of ELOCON) OINT	Tier 2	
<i>mometasone furoate</i> SOLN	Tier 2	
<i>triamcinolone acetonide</i> (topical) CREA; OINT	Tier 1	
<i>triamcinolone acetonide</i> (topical) LOTN	Tier 2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 2	QL PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>lidocaine oint</i> 5% QL (50 gm / 30 days)	Tier 3	QL PA
<i>lidocaine-prilocaine</i> QL (30 gm / 30 days)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	Tier 2	
<i>diclofenac sodium</i> (topical) 1% gel (generic of VOLTAREN)	Tier 2	PA
<i>fluorouracil</i> (topical) (generic of EFUDEX) CREA 5%	Tier 3	
<i>fluorouracil</i> (topical) SOLN	Tier 3	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 3	
<i>metronidazole</i> (topical) (generic of METROCREAM) CREA	Tier 3	
<i>metronidazole gel</i> 0.75%	Tier 3	
PANRETIN	Tier 2	
PICATO	Tier 2	
<i>podofilox</i> SOLN	Tier 2	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 2	
<i>procto-pak</i>	Tier 2	
<i>proctosol hc cre</i> 2.5% (generic of ANUSOL-HC)	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 2	
<i>rosadan</i> (generic of METROCREAM)	Tier 3	
<i>tacrolimus</i> (topical) (generic of PROTOPIC)	Tier 3	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	Tier 3	
<i>permethrin cre</i> 5% (generic of ELIMITE)	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid</i> .25%	Tier 1	
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
<i>sodium chlor sol</i> 0.9% irr	Tier 1	
<i>sterile water irrigation</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX)	Tier 1	
<i>clotrimazole</i> LOZG	Tier 3	
<i>lidocaine hcl</i> (mouth-throat)	Tier 1	
<i>nystatin</i> (mouth-throat)	Tier 2	
<i>paroex sol</i> 0.12% (generic of PERIDEX)	Tier 1	
<i>periogard</i> (generic of PERIDEX)	Tier 1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN)	Tier 3	
<i>triamcinolone acetonide</i> (mouth)	Tier 2	
OTIC		
<i>acetic acid</i> (otic)	Tier 2	
<i>acetic acid-aluminum acetate</i>	Tier 2	
CIPRODEX	Tier 2	
<i>neomycin-polymyxin-hc</i> (otic) (generic of CORTISPORIN) SOLN	Tier 2	
<i>neomycin-polymyxin-hc</i> (otic) SUSP	Tier 2	
<i>ofloxacin</i> (otic) (generic of FLOXIN OTIC)	Tier 3	

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

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

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

00018217_v5_01/2018

Index

- A**
abacavir sulfate 11
abacavir sulfate-lamivudine
..... 12
abacavir sulfate-lamivudine-
zidovudine 12
ABELCET 10
ABILIFY
 see *aripiprazole tab* 28
ABILIFY MAINTENA 28
ABRAXANE 15
acamprosate calcium 33
acarbose 34
ACCOLATE
 see *zafirlukast* 49
ACCUPRIL
 see *quinapril hcl* 17
ACCURETIC
 see *quinapril-*
 hydrochlorothiazide 17
acebutolol hcl 19
ACEON
 see *perindopril erbumine*
 17
acetaminophen w/ codeine .7
acetazolamide 21
acetic acid 51
acetic acid (otic) 52
acetic acid-aluminum acetate
..... 52
acetylcysteine 49
acitretin 50
ACTHIB 45
ACTIGALL
 see *ursodiol* 42
ACTIMMUNE 44
ACTIQ
 see *fentanyl citrate* 7
ACTOS
 see *pioglitazone hcl* 35
ACULAR
 see *ketorolac*
 tromethamine (ophth) 48
ACULAR LS
 see *ketorolac*
 tromethamine (ophth) 48
acyclovir 12
acyclovir sodium 12
ADACEL 45
ADAGEN 38
ADALAT CC
 see *afeditab cr* 20
 see *nifedipine er* 20
ADCIRCA 22
ADDERALL
 see *amphetamine-*
 dextroamphetamine tab 10
 mg 31
 see *amphetamine-*
 dextroamphetamine tab
 12.5 mg 31
 see *amphetamine-*
 dextroamphetamine tab 15
 mg 31
 see *amphetamine-*
 dextroamphetamine tab 20
 mg 31
 see *amphetamine-*
 dextroamphetamine tab 30
 mg 31
 see *amphetamine-*
 dextroamphetamine tab 5
 mg 31
 see *amphetamine-*
 dextroamphetamine tab
 7.5 mg 31
ADDERALL XR
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 10 mg 30
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 15 mg 30
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 20 mg 31
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 25 mg 31
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 30 mg 31
 see *amphetamine-*
 dextroamphetamine cap sr
 24hr 5 mg 30
adefovir dipivoxil 12
ADEMPAS 22
adrucil 15
ADVAIR DISKUS 49
ADVAIR HFA 50
afeditab cr 20
AFINITOR 16
AFINITOR DISPERZ 16
AGGRENOL
 see *aspirin-dipyridamole* 44
AGRYLIN
 see *anagrelide hcl* 43
ala-cort 50
ALBENZA 9
albuterol sulfate 49
ALCAINE
 see *proparacaine hcl* 48
alclometasone dipropionate
..... 50
ALCOHOL SWABS 33
ALDACTAZIDE
 see *spironolactone &*
 hydrochlorothiazide 21
ALDACTONE
 see *spironolactone* 18
ALDARA
 see *imiquimod* 51
ALDURAZYME 38
ALECENSA 16
alendronate sodium 36
alfuzosin hcl 42
ALIMTA 15
ALINIA 10
allopurinol tab 7
alosetron hcl 42
ALPHAGAN P
 see *brimonidine tartrate*
 soln 0.15% 48
ALPHAGAN P SOL 0.1% .48
alprazolam tab 0.25mg 22
alprazolam tab 0.5mg 22
alprazolam tab 1mg 22
alprazolam tab 2 mg 22
ALREX 47
ALTACE
 see *ramipril* 17
altavera tab 36
ALUNBRIG 16
alyacen 1/35 36
amantadine hcl 27
AMARYL
 see *glimepiride* 34

AMBIEN		
see <i>zolpidem tartrate</i>	32	
AMBISOME.....	10	
<i>amikacin sulfate</i>	9	
<i>amiloride &</i>		
<i>hydrochlorothiazide</i>	21	
<i>amiloride hcl</i>	21	
<i>aminophylline inj</i>	50	
AMINOSYN.....	46	
AMINOSYN		
7%/ELECTROLYTES	46	
<i>aminosyn 8.5%/electrolyte</i>	46	
<i>aminosyn ii 8.5%/electrol</i>	46	
AMINOSYN II INJ 10%	46	
AMINOSYN II INJ 7%	46	
AMINOSYN II INJ 8.5%	46	
AMINOSYN M	46	
AMINOSYN-HBC	46	
AMINOSYN-PF 10%	46	
AMINOSYN-PF 7%	46	
AMINOSYN-RF	46	
<i>amiodarone hcl soln</i>	18	
<i>amiodarone tab 100mg</i>	18	
<i>amiodarone tab 200mg</i>	18	
<i>amiodarone tab 400mg</i>	18	
AMITIZA.....	42	
<i>amitriptyline hcl</i>	25	
<i>amlodipine besylate</i>	20	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 10-20 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 10-40 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 2.5-10 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-10 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-20 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>benazepril hcl cap 5-40 mg</i>		
.....	17	
<i>amlodipine besylate-</i>		
<i>olmesartan medoxomil</i>	18	
<i>amlodipine besylate-</i>		
<i>valsartan tab 10-160 mg</i> ...	18	
<i>amlodipine besylate-</i>		
<i>valsartan tab 10-320 mg</i> ...	18	
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-160 mg</i>	18	
<i>amlodipine besylate-</i>		
<i>valsartan tab 5-320 mg</i>	18	
<i>ammonium lactate</i>	51	
<i>amoxapine</i>	25	
<i>amoxicillin</i>	14	
<i>amoxicillin & pot clavulanate</i>		
.....	14	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 10 mg.....	30	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 15 mg.....	30	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 20 mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 25 mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 30 mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine cap sr</i>		
24hr 5 mg.....	30	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 10</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 12.5</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 15</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 20</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 30</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 5</i>		
mg.....	31	
<i>amphetamine-</i>		
<i>dextroamphetamine tab 7.5</i>		
mg.....	31	
<i>amphotericin b</i>	10	
<i>ampicillin & sulbactam</i>		
.....	14	
<i>sodium</i>	14	
<i>ampicillin cap</i>	14	
<i>ampicillin inj</i>	14	
<i>ampicillin sodium</i>	14	
<i>ampicillin susp</i>	14	
AMPYRA	32	
ANADROL-50	33	
ANAFRANIL		
see <i>clomipramine hcl</i> ...	26	
<i>anagrelide hcl</i>	43	
<i>anastrozole</i>	15	
ANCOBON		
see <i>flucytosine</i>	10	
ANDRODERM	33	
ANDROGEL		
see <i>testosterone</i>	33	
ANORO ELLIPTA	48	
ANTABUSE		
see <i>disulfiram</i>	33	
ANUSOL-HC		
see <i>procto-med hc</i>	51	
see <i>proctosol hc cre 2.5%</i>		
.....	51	
see <i>proctozone-hc</i>	51	
APOKYN.....	27	
<i>aprepitant</i>	40	
<i>aprepitant pak 80mg &</i>		
<i>125mg</i>	40	
<i>apri</i>	36	
APRISO	41	
APTIOM.....	22	
APTIVUS	11	
ARALAST NP	49	
<i>aranelle</i>	36	
ARAVA		
see <i>leflunomide</i>	44	
ARCALYST.....	44	
ARICEPT		
see <i>donepezil</i>		
<i>hydrochloride</i>	25	
ARIMIDEX		
see <i>anastrozole</i>	15	
<i>aripiprazole odt</i>	28	
<i>aripiprazole oral solution 1</i>		
<i>mg/ml</i>	28	
<i>aripiprazole tab</i>	28	
ARISTADA.....	28	
ARIXTRA		
see <i>fondaparinux sodium</i>		
.....	43	
<i>armodafinil</i>	33	

ARNUITY ELLIPTA.....49	see <i>amlodipine besylate- olmesartan medoxomil</i> ..18	see <i>levobunolol hcl</i>.....48
AROMASIN		<i>betamethasone dipropionate (topical)</i>.....50
see <i>exemestane</i> .....15	<i>aztreonam</i>.....10	<i>betamethasone dipropionate augmented</i>.....50
<i>aspirin-dipyridamole</i> .....44	AZULFIDINE	<i>betamethasone valerate</i> ...50
ASTEPRO	see <i>sulfasalazine</i>.....41	BETAPACE
see <i>azelastine spr 0.15%</i>	AZULFIDINE EN-TABS	see <i>sorine</i> .....19
.....48	see <i>sulfasalazine ec</i>.....41	see <i>sotalol hcl</i> .....19
<i>atenolol</i> .....19	B	BETAPACE AF
<i>atenolol & chlorthalidone</i> ...19	<i>bacitracin (ophthalmic)</i>.....47	see <i>sotalol hcl (afib/af)</i> .19
ATIVAN	<i>bacitracin-polymyxin b (ophth)</i>.....47	BETASERON .....32
see <i>lorazepam</i>.....22	<i>bacitracin-poly-neomycin-hc</i>	<i>betaxolol hcl (ophth)</i> .....48
<i>atomoxetine hcl</i>.....31	.....47	<i>bethanechol chloride</i>.....42
<i>atorvastatin calcium</i> .....19	<i>baclofen</i> .....33	BETOPTIC-S .....48
<i>atovaquone</i> .....10	BACTRIM	BEVESPI AEROSPHERE 48
<i>atovaquone-proguanil hcl</i> ..11	see <i>sulfamethoxazole- trimethoprim tab</i> .....10	<i>bexarotene</i>.....16
ATRIPLA .....12	BACTRIM DS	BEXSERO .....45
ATROVENT HFA .....48	see <i>sulfamethoxazole- trimethop ds</i> .....10	BIAXIN
<i>aubra</i>.....36	BACTROBAN	see <i>clarithromycin</i> .....13
AUGMENTIN	see <i>mupirocin</i> .....50	see <i>clarithromycin for susp</i>
see <i>amoxicillin & pot clavulanate</i> .....14	<i>balsalazide disodium</i>.....41	.....13
AUGMENTIN ES-600	<i>balziva</i>.....36	BIAXIN XL
see <i>amoxicillin & pot</i>	BANZEL SUS 40MG/ML...22	see <i>clarithromycin er</i>....13
<i>clavulanate</i> .....14	BANZEL TAB 200MG .....22	<i>bicalutamide</i> .....15
AURYXIA .....40	BANZEL TAB 400MG .....22	BICILLIN L-A .....14
AVALIDE	BARACLUDGE.....12	BILTRICIDE.....10
see <i>irbesartan- hydrochlorothiazide</i> .....18	see <i>entecavir</i>.....12	<i>bisoprolol & hydrochlorothiazide</i>.....19
AVAPRO	BASAGLAR KWIKPEN....33	<i>bisoprolol fumarate</i> .....20
see <i>irbesartan</i>.....18	BCG VACCINE .....45	BIVIGAM.....44
AVASTIN.....15	<i>bekyree</i> .....36	<i>bleomycin sulfate</i> .....15
<i>aviane</i> .....36	BELEODAQ .....15	BLEPH-10
<i>avita</i> .....50	<i>benazepril & hydrochlorothiazide</i>.....17	see <i>sulfacetamide sodium (ophth)</i>.....47
AVODART	<i>benazepril hcl</i>.....17	BLEPHAMIDE .....47
see <i>dutasteride</i>.....42	BENDEKA.....14	<i>blisovi fe 1.5/30</i>.....36
AYGESTIN	BENICAR	<i>blisovi fe 1/20</i>.....36
see <i>norethindrone acetate</i>	see <i>olmesartan medoxomil</i>	BOOSTRIX .....45
.....40	.....18	BOSULIF .....16
<i>azacitidine</i> .....15	BENICAR HCT	BREO ELLIPTA .....50
AZACTAM	see <i>olmesartan medoxomil- hydrochlorothiazide</i> .....18	BREVICON-28
see <i>aztreonam</i>.....10	BENLYSTA.....44	see <i>necon 0.5/35-28</i> ....37
<i>azathioprine</i> .....44	BENTYL	see <i>nortrel 0.5/35 (28)</i> ...38
AZATHIOPRINE .....44	see <i>dicyclomine hcl</i> .....41	<i>brillyn</i> .....36
<i>azelastine drop 0.05%</i> .....48	<i>benztropine mesylate</i>.....27	BRILINTA .....44
<i>azelastine spr 0.1%</i>.....48	BEPREVE.....48	<i>brimonidine sol 0.2%</i> .....48
<i>azelastine spr 0.15%</i>.....48	BESIVANCE .....47	<i>brimonidine tartrate soln 0.15%</i> .....48
AZILECT	BETAGAN	BRIVIACT .....22
see <i>rasagiline mesylate</i> .28		<i>bromocriptine mesylate</i>....27
<i>azithromycin</i>.....13		
AZOPT .....48		
AZOR		

BROMSITE	47	<i>carboplatin</i>	16	<i>ceftazidime</i>	13
<i>budesonide (inhalation)</i>	49	CARDIZEM		CEFTIN	
<i>budesonide ec</i>	41	see <i>diltiazem hcl</i>	20	see <i>cefuroxime axetil</i>	13
<i>bumetanide</i>	21	CARDIZEM CD		<i>ceftriaxone sodium</i>	13
BUMEX		see <i>cartia xt</i>	20	<i>cefuroxime axetil</i>	13
see <i>bumetanide</i>	21	see <i>diltiazem cap 120mg</i>		<i>cefuroxime sodium</i>	13
BUPHENYL.....	38	<i>cd</i>	20	CELEBREX	
<i>buprenorphine hcl</i>	33	see <i>diltiazem cap 180mg</i>		see <i>celecoxib</i>	7
<i>buprenorphine hcl-naloxone</i>		<i>cd</i>	20	<i>celecoxib</i>	7
<i>hcl sl</i>	33	see <i>diltiazem cap 240mg</i>		CELEXA	
<i>bupropion hcl</i>	25	<i>cd</i>	20	see <i>citalopram</i>	
<i>bupropion hcl (smoking</i>		see <i>diltiazem cap 360mg</i>		<i>hydrobromide</i>	25, 26
<i>deterrent)</i>	33	<i>cd</i>	20	CELLCEPT	
<i>bupirone hcl</i>	22	see <i>diltiazem hcl coated</i>		see <i>mycophenolate mofetil</i>	
BYDUREON INJ	33	<i>beads cap sr 24hr</i>	20	.....	45
BYDUREON PEN	33	CARDURA		CELONTIN	22
BYETTA.....	34	see <i>doxazosin mesylate</i> 18		<i>cephalexin</i>	13
BYSTOLIC	20	CARIMUNE		CERDELGA.....	38
C		NANOFILTERED	44	CEREZYME.....	38
<i>cabergoline</i>	39	CARNITOR		<i>cetirizine syrup</i>	49
CABOMETYX	16	see <i>levocarnitine</i>		CHANTIX CONTINUING	
CAFERGOT		(<i>metabolic modifiers</i>)	38,	MONTH	33
see <i>ergotamine w/ caffeine</i>		39		CHANTIX PAK 0.5& 1MG.	33
.....	32	<i>carteolol hcl (ophth)</i>	48	CHANTIX TAB 0.5MG	33
CALAN		<i>cartia xt</i>	20	CHANTIX TAB 1MG	33
see <i>verapamil hcl</i>	20	<i>carvedilol</i>	20	CHEMET	36
CALAN SR		CASODEX		<i>chlorhexidine gluconate</i>	
see <i>verapamil hcl</i>	20	see <i>bicalutamide</i>	15	(<i>mouth-throat</i>).....	51
see <i>verapamil tab er</i>	20	CATAPRES		<i>chloroquine phosphate</i>	11
<i>calcipotriene</i>	50	see <i>clonidine hcl</i>	21	<i>chlorothiazide tabs</i>	21
<i>calcitonin (salmon)</i>	40	CATAPRES-TTS-1		<i>chlorpromazine hcl</i>	28
<i>calcitriol</i>	47	see <i>clonidine hcl</i>	21	CHLORPROMAZINE INJ .	28
<i>calcitriol inj</i>	47	CATAPRES-TTS-2		<i>chlorthalidone</i>	21
<i>calcitriol oral soln 1 mcg/ml</i>		see <i>clonidine hcl</i>	21	<i>cholestyramine</i>	19
.....	47	CATAPRES-TTS-3		<i>cholestyramine light</i>	19
<i>calcium acetate (phosphate</i>		see <i>clonidine hcl</i>	21	<i>cilostazol</i>	43
<i>binder)</i>	40	CAYSTON	10	CILOXAN.....	47
<i>camila</i>	36	<i>caziant pak</i>	36	see <i>ciprofloxacin hcl</i>	
CANASA	41	<i>cefaclor</i>	13	(<i>ophth</i>).....	47
CANCIDAS	10	<i>cefadroxil</i>	13	CINRYZE	43
CAPASTAT SULFATE	12	CEFAZOLIN IN DEXTROSE		CIPRO	
CAPRELSA.....	16	2GM/100ML-4%.....	13	see <i>ciprofloxacin hcl tab</i> 13	
CARAFATE		<i>cefazolin inj</i>	13	CIPRO I.V.-IN D5W	
see <i>sucralfate</i>	42	<i>cefazolin sodium</i>	13	see <i>ciprofloxacin in d5w</i> 13	
CARBAGLU	38	CEFAZOLIN SODIUM 1		CIPRODEX.....	52
<i>carbamazepine</i>	22	GM/50ML	13	<i>ciprofloxacin hcl (ophth)</i>	47
CARBATROL		<i>cefdirinir</i>	13	<i>ciprofloxacin hcl tab</i>	13
see <i>carbamazepine</i>	22	<i>cefepime hcl</i>	13	<i>ciprofloxacin in d5w</i>	13
<i>carbidopa-levodopa</i>	27	<i>cefexime</i>	13	<i>ciprofloxacin inj</i>	13
<i>carbidopa-levodopa-</i>		<i>cefoxitin sodium</i>	13	<i>cisplatin</i>	17
<i>entacapone</i>	27	<i>cefpodoxime proxetil</i>	13	<i>citalopram hydrobromide</i> .	25,

26	4.25%/DEXTROSE 5%.....46	see <i>lamivudine-zidovudine</i>
<i>claravis</i>.....50	CLINIMIX 5%/DEXTROSE	..... 12
<i>clarithromycin</i>.....13	15%.....46	COMETRIQ 16
<i>clarithromycin er</i>.....13	CLINIMIX 5%/DEXTROSE	COMPLERA 12
<i>clarithromycin for susp</i> .....13	20%.....46	<i>compro</i>.....40
CLEOCIN	CLINIMIX 5%/DEXTROSE	COMTAN
see <i>clindamycin cap</i>	25%.....46	see <i>entacapone</i>.....27
300mg .....10	CLINIMIX INJ 4.25/D10 ...46	<i>constulose</i> .....41
see <i>clindamycin cap 75mg</i>	CLINIMIX INJ 4.25/D20 ...46	COPAXONE
.....10	<i>clomipramine hcl</i>.....26	see <i>glatopa</i> .....33
see <i>clindamycin hcl cap</i>	<i>clonazepam</i> .....22, 23	COPAXONE INJ 40MG/ML
150 mg .....10	<i>clonidine hcl</i>.....21	.....32
see <i>clindamycin</i>	<i>clopidogrel bisulfate</i> .....44	COPEGUS
<i>phosphate vaginal</i> .....43	<i>clorazepate dipotassium</i> ...23	see <i>moderiba tab 200mg</i>
CLEOCIN IN D5W	<i>clotrimazole</i>.....52	..... 12
see <i>clindamycin</i>	<i>clotrimazole (topical)</i> .....50	see <i>ribasphere</i> 12
<i>phosphate in d5w</i> .....10	<i>clozapine odt</i>.....28	see <i>ribavirin tab 200mg</i> .13
CLEOCIN PEDIATRIC	<i>clozapine tab 100mg</i>.....28	COREG
GRANULE	<i>clozapine tab 200mg</i>.....28	see <i>carvedilol</i> .....20
see <i>clindamycin soln</i>	<i>clozapine tab 25mg</i>.....28	CORLANOR .....21
75mg/5ml.....10	<i>clozapine tab 50mg</i>.....28	CORTEF
CLEOCIN PHOSPHATE	CLOZARIL	see <i>hydrocortisone</i>.....39
see <i>clindamycin</i>	see <i>clozapine tab 100mg</i>	CORTENEMA
<i>phosphate inj</i>.....10	.....28	see <i>colocort</i>.....41
CLEOCIN-T	see <i>clozapine tab 25mg</i> 28	see <i>hydrocortisone</i>
see <i>clindamax</i> .....50	COARTEM.....11	(enema).....41
see <i>clindamycin</i>	COGENTIN	<i>cortisone acetate</i> .....39
<i>phosphate (topical)</i>.....50	see <i>benztropine mesylate</i>	CORTISPORIN
CLIMARA	.....27	see <i>neomycin-polymyxin-</i>
see <i>estradiol</i>.....39	<i>colchicine w/ probenecid</i>....7	<i>hc (otic)</i> .....52
<i>clindamax</i>.....50	COLCRYS .....7	COSOPT
<i>clindamycin cap 300mg</i> ....10	COLESTID	see <i>dorzolamide hcl-</i>
<i>clindamycin cap 75mg</i> .....10	see <i>colestipol hcl 1gm tab</i>	<i>timolol maleate</i> .....48
<i>clindamycin hcl cap 150 mg</i>	.....19	COTELLIC 16
.....10	see <i>colestipol hcl gran</i> ...19	COUMADIN .....43
<i>clindamycin phosphate</i>	see <i>colestipol hcl pack</i> ..19	see <i>jantoven</i>.....43
(<i>topical</i>) .....50	<i>colestipol hcl 1gm tab</i> .....19	see <i>warfarin sodium</i> .....43
<i>clindamycin phosphate in</i>	<i>colestipol hcl gran</i> .....19	COZAAR
<i>d5w</i> .....10	<i>colestipol hcl pack</i>.....19	see <i>losartan potassium</i> .18
CLINDAMYCIN	<i>colistimethate sodium</i> .....10	CREON.....42
PHOSPHATE IN NACL.....10	<i>colocort</i> .....41	CRESTOR
<i>clindamycin phosphate inj</i> .10	COLY-MYCIN M	see <i>rosuvastatin calcium</i>
<i>clindamycin phosphate</i>	see <i>colistimethate sodium</i>	..... 19
<i>vaginal</i> .....43	.....10	CRIXIVAN.....11
<i>clindamycin soln 75mg/5ml</i>	COLYTE-FLAVOR PACKS	<i>cromolyn sod neb 20mg/2ml</i>
.....10	see <i>gavilyte-c</i> .....41	.....49
CLINIMIX	see <i>peg 3350/electrolytes</i>	<i>cromolyn sodium</i>
2.75%/DEXTROSE 5%.....46	.....42	(<i>mastocytosis</i>) .....42
CLINIMIX	COMBIGAN .....48	<i>cromolyn sodium (ophth)</i> ..48
4.25%/DEXTROSE 25%...46	COMBIVENT RESPIMAT .48	<i>cryselle-28</i> .....36
CLINIMIX	COMBIVIR	CUBICIN

see <i>daptomycin</i>	10	4mcg/ml.....	40	see <i>juleber</i>	37
CUTIVATE		see <i>desmopressin sol</i>		see <i>reclipsen</i>	38
see <i>fluticasone propionate</i>		0.01%.....	40	<i>desogestrel-ethinyl estradiol</i>	
.....	51	<i>deblitane</i>	36	(<i>biphasic</i>)	36
<i>cyclafem 1/35</i>	36	DELESTROGEN.....	39	<i>desvenlafaxine succinate</i> ..	26
<i>cyclafem 7/7/7</i>	36	see <i>estradiol valerate inj</i>	39	DETROL	
CYCLESSA		<i>delyla</i>	36	see <i>tolterodine tartrate</i>	
see <i>caziant pak</i>	36	DELZICOL	41	<i>tabs</i>	43
see <i>velivet</i>	38	DEMADEX		DETROL LA	
<i>cyclobenzaprine hcl</i>	33	see <i>torsemide tabs</i>	21	see <i>tolterodine tartrate cap</i>	
CYCLOPHOSPHAMIDE ...	14	DEMSEER	21	<i>er</i>	43
<i>cycloserine</i>	12	DEPACON		<i>dexamethasone</i>	39
<i>cyclosporine</i>	44	see <i>valproate sodium soln</i>		DEXAMETHASONE	39
<i>cyclosporine modified (for</i>		100mg/ml	24	<i>dexamethasone sodium</i>	
<i>microemulsion)</i>	44, 45	DEPAKENE		<i>phosphate</i>	39
CYKLOKAPRON		see <i>valproate sodium oral</i>		<i>dexamethasone sodium</i>	
see <i>tranexamic acid</i>	44	<i>soln</i>	24	<i>phosphate (ophth)</i>	47
CYMBALTA		see <i>valproic acid</i>	24	DEXILANT	42
see <i>duloxetine hcl</i>	26	DEPAKOTE		<i>dexrazoxane</i>	17
<i>cyproheptadine hcl</i>	49	see <i>divalproex sodium</i> ...	23	<i>dextrose 10% flex contain</i> ..	46
<i>cyred tab</i>	36	DEPAKOTE ER		DEXTROSE 10%/NACL	
CYSTADANE POW	38	see <i>divalproex sodium</i> ...	23	0.2%	46
CYSTAGON.....	38	DEPAKOTE SPRINKLES		<i>dextrose 10%/nacl 0.45%</i> ..	46
CYSTARAN	48	see <i>divalproex sodium</i> ...	23	<i>dextrose 2.5%/nacl 0.45%</i> ..	46
CYTOMEL		DEPEN TITRATABS.....	36	<i>dextrose 5%</i>	46
see <i>liothyronine sodium</i> ..	40	DEPO-MEDROL		DEXTROSE 5%	
CYTOTEC		see <i>methylpr ace inj</i>		/ELECTROLYTE.....	46
see <i>misoprostol</i>	42	40mg/ml	39	<i>dextrose 5%/lactated ring</i> ..	46
CYTOVENE		see <i>methylpr ace inj</i>		<i>dextrose 5%/nacl 0.2%</i>	46
see <i>ganciclovir inj 500mg</i>		80mg/ml	39	<i>dextrose 5%/nacl 0.225%</i> ..	46
.....	12	DEPO-PROVERA		DEXTROSE 5%/NACL 0.3%	
D		CONTRACEPTIV		.....	46
D.H.E. 45		see <i>medroxyprogesterone</i>		<i>dextrose 5%/nacl 0.33%</i> ...	46
see <i>dihydroergotamine</i>		<i>acetate (contraceptive)</i> ..	37	<i>dextrose 5%/nacl 0.45%</i> ...	46
<i>mesylate 1mg/ml</i>	32	DEPO-TESTOSTERONE		<i>dextrose 5%/nacl 0.9%</i>	46
<i>dacarbazine</i>	14	see <i>testosterone cypionate</i>		<i>dextrose 5%/potassium chl</i>	
DAKLINZA	12	.....	33	.....	46
DALIRESP	49	DESCOVY	12	<i>dextrose 50%</i>	46
<i>danazol</i>	38	<i>desipramine hcl</i>	26	<i>dextrose inj 70%</i>	46
DANTRIUM		<i>desmopressin acetate spray</i>		DIAMOX	
see <i>dantrolene sodium</i> ..	33	.....	40	see <i>acetazolamide</i>	21
<i>dantrolene sodium</i>	33	<i>desmopressin acetate spray</i>		DIASTAT ACUDIAL.....	23
<i>dapsone</i>	10	<i>refrigerated</i>	40	DIASTAT PEDIATRIC	23
DAPTACEL.....	45	<i>desmopressin acetate tabs</i>		<i>diazepam</i>	23
<i>daptomycin</i>	10	.....	40	<i>diazepam intensol</i>	23
DDAVP		<i>desmopressin inj 4mcg/ml</i> ..	40	<i>diclofenac potassium</i>	7
see <i>desmopressin acetate</i>		<i>desmopressin sol 0.01%</i> ...	40	<i>diclofenac sodium</i>	7
<i>spray</i>	40	DESOGEN		<i>diclofenac sodium (ophth)</i> ..	48
see <i>desmopressin acetate</i>		see <i>apri</i>	36	<i>diclofenac sodium (topical)</i>	
<i>tabs</i>	40	see <i>cyred tab</i>	36	1% <i>gel</i>	51
see <i>desmopressin inj</i>		see <i>emoquette</i>	36	<i>dicloxacillin sodium</i>	14

<i>dicyclomine hcl</i>.....41	DIPROLENE AF	EC-NAPROSYN
<i>didanosine</i>.....11	see <i>betamethasone</i>	see <i>naproxen dr</i> .....7
DIFLUCAN	<i>dipropionate augmented</i> 50	EDURANT 11
see <i>fluconazole</i> .....10	<i>disopyramide phosphate</i> ... 18	EFFEXOR XR
<i>diflunisal</i> .....7	<i>disulfiram</i> .....33	see <i>venlafaxine hcl</i>.....27
<i>digitek</i> .....20	DITROPAN XL	EFUDEX
<i>digox</i> .....21	see <i>oxybutynin chloride</i> .43	see <i>fluorouracil (topical)</i> 51
<i>digoxin</i> .....21	<i>divalproex sodium</i> .....23	ELAVIL
<i>digoxin inj</i>.....21	DOCEFREZ 15	see <i>amitriptyline hcl</i>.....25
<i>digoxin sol 50mcg/ml</i> .....21	<i>docetaxel</i> 15	ELDEPRYL
<i>dihydroergotamine mesylate</i>	DOCETAXEL 15	see <i>selegiline hcl</i>.....28
1mg/ml .....32	<i>dofetilide</i> 18	ELIMITE
<i>dihydroergotamine mesylate</i>	DOLOPHINE	see <i>permethrin cre 5%</i> ..51
<i>nasal</i> .....32	see <i>methadone hcl 10mg</i> 8	ELIPHOS
DILANTIN.....23	see <i>methadone hcl 5mg</i> ..8	see <i>calcium acetate</i>
see <i>phenytoin sodium</i>	<i>donepezil hydrochloride</i> ....25	(<i>phosphate binder</i>) .....40
<i>extended</i>.....24	<i>dorzolamide hcl</i>.....48	ELIQUIS 43
DILANTIN INFATABS	<i>dorzolamide hcl-timolol</i>	ELITEK 17
see <i>phenytoin</i> .....24	<i>maleate</i> .....48	ELLA.....36
DILANTIN-125	DOVONEX	ELOCON
see <i>phenytoin</i> .....24	see <i>calcipotriene</i> .....50	see <i>mometasone furoate</i>
DILANTIN-125 SUS	<i>doxazosin mesylate</i> 18	.....51
125/5ML .....23	<i>doxepin hcl</i>.....26	EMCYT 14
DILAUDID	<i>doxy 100</i> 14	EMEND.....40
see <i>hydromorphone hcl</i> ...8	<i>doxycycline (monohydrate)</i>	see <i>aprepitant</i> .....40
<i>diltiazem cap 120mg cd</i> ....20	..... 14	<i>emoquette</i>.....36
<i>diltiazem cap 180mg cd</i> ....20	<i>doxycycline hyclate</i> 14	EMSAM .....26
<i>diltiazem cap 240mg cd</i> ....20	<i>dronabinol</i> .....40	EMTRIVA..... 11
<i>diltiazem cap 300mg cd</i> ....20	<i>drospirenone-ethinyl</i>	EMVERM..... 10
<i>diltiazem cap 360mg cd</i> ....20	<i>estradiol</i> .....36	<i>enalapril maleate</i> 17
<i>diltiazem cap er/12hr</i>.....20	DROXIA..... 16	<i>enalapril maleate &</i>
<i>diltiazem hcl</i> .....20	<i>duloxetine hcl</i>.....26	<i>hydrochlorothiazide</i> 17
<i>diltiazem hcl cap sr 24hr</i> ...20	DURAGESIC	<i>endocet</i>.....7
<i>diltiazem hcl coated beads</i>	see <i>fentanyl patch 100</i>	ENGERIX-B.....45
<i>cap sr 24hr</i>.....20	<i>mcg/hr</i> .....8	<i>enoxaparin sodium</i> .....43
<i>diltiazem hcl extended</i>	see <i>fentanyl patch 12</i>	<i>enpresse-28</i>.....36
<i>release beads cap sr</i>.....20	<i>mcg/hr</i> .....7	<i>entacapone</i>.....27
<i>diltiazem inj</i>.....20	see <i>fentanyl patch 25</i>	<i>entecavir</i> 12
<i>dilt-xr cap</i> .....20	<i>mcg/hr</i> .....8	ENTOCORT EC
DIOVAN	see <i>fentanyl patch 50</i>	see <i>budesonide ec</i>.....41
see <i>valsartan</i> 18	<i>mcg/hr</i> .....8	ENTRESTO 18
DIOVAN HCT	see <i>fentanyl patch 75</i>	<i>enulose</i> .....41
see <i>valsartan-</i>	<i>mcg/hr</i> .....8	<i>epinephrine (anaphylaxis)</i> .49
<i>hydrochlorothiazide</i> 18	DUREZOL.....48	<i>epitol</i>.....23
<i>diphenhydramine hcl inj</i> ...49	<i>dutasteride</i> .....42	EPIVIR
<i>diphenoxylate w/ atropine</i> .42	DYAZIDE	see <i>lamivudine</i> 11
DIPHThERIA/TETANUS	see <i>triamterene &</i>	EPIVIR HBV 12
TOXOID .....45	<i>hydrochlorothiazide cap</i>	see <i>lamivudine (hbv)</i> 12
DIPROLENE	37.5-25 mg .....21	<i>eplerenone</i> 18
see <i>betamethasone</i>	E	EPZICOM
<i>dipropionate augmented</i> 50	<i>e.e.s. 400mg tab</i> 13	see <i>abacavir sulfate-</i>

<i>lamivudine</i>	12	<i>valsartan tab 5-160 mg</i> ..	18	FLOVENT HFA.....	49
<i>ergotamine w/ caffeine</i>	32	see <i>amlodipine besylate-</i>		FLOXIN OTIC	
ERIVEDGE	15	<i>valsartan tab 5-320 mg</i> ..	18	see <i>ofloxacin (otic)</i>	52
<i>errin</i>	36	<i>ezetimibe</i>	19	<i>fluconazole</i>	10
ERYGEL		F		<i>fluconazole in dextrose</i>	10
see <i>erythromycin (acne</i>		FABRAZYME.....	38	FLUCONAZOLE INJ NAACL	
<i>aid)</i>	50	<i>falmina</i>	37	100.....	10
<i>ery-tab</i>	13	<i>famciclovir</i>	12	<i>fluconazole inj nacl 200</i>	10
ERYTHROCIN		<i>famotidine inj</i>	41	<i>fluconazole inj nacl 400</i>	10
LACTOBIONATE	13	<i>famotidine tab</i>	41	<i>flucytosine</i>	10
<i>erythrocin stearate</i>	13	FAMVIR		<i>fludrocortisone acetate</i>	39
<i>erythromycin (acne aid)</i>	50	see <i>famciclovir</i>	12	FLUMADINE	
<i>erythromycin (ophth)</i>	47	FANAPT.....	28	see <i>rimantadine</i>	
<i>erythromycin base</i>	13	FANAPT TITRATION PACK		<i>hydrochloride</i>	13
<i>erythromycin cap 250mg ec</i>		.....	28	<i>flunisolide (nasal)</i>	49
.....	13	FARESTON	15	<i>fluocinolone acetonide</i>	50
<i>erythromycin ethylsuccinate</i>		FARXIGA	34	<i>fluocinonide</i>	50
.....	13	FARYDAK.....	15	<i>fluocinonide emulsified base</i>	
ESBRIET.....	49	FASLODEX.....	15	.....	51
<i>escitalopram oxalate</i>	26	FAZACLO		<i>fluorometholone</i>	48
<i>esomeprazole magnesium</i>	42	see <i>clozapine odt</i>	28	<i>fluorouracil</i>	15
<i>esomeprazole sodium inj</i> ..	42	<i>felbamate</i>	23	<i>fluorouracil (topical)</i>	51
<i>estarylla tab 0.25-35</i>	36	FELBATOL		<i>fluoxetine cap 10mg</i>	26
ESTRACE	39	see <i>felbamate</i>	23	<i>fluoxetine cap 20mg</i>	26
see <i>estradiol</i>	39	FEMARA		<i>fluoxetine cap 40mg</i>	26
<i>estradiol</i>	39	see <i>letrozole</i>	15	<i>fluoxetine hcl</i>	26
<i>estradiol valerate inj</i>	39	<i>femynor</i>	37	<i>fluphenazine decanoate</i>	28
ESTROSTEP FE		<i>fenofibrate</i>	19	<i>fluphenazine hcl</i>	28
see <i>tilia fe</i>	38	<i>fenofibrate micronized</i>	19	<i>flurbiprofen</i>	7
see <i>tri-legest fe</i>	38	<i>fentanyl citrate</i>	7	<i>flurbiprofen sodium</i>	48
<i>ethambutol hcl</i>	12	<i>fentanyl patch 100 mcg/hr</i> ...8		<i>flutamide</i>	15
<i>ethosuximide</i>	23	<i>fentanyl patch 12 mcg/hr</i>....7		<i>fluticasone propionate</i>	51
<i>ethynodiol tab 1-50</i>	37	<i>fentanyl patch 25 mcg/hr</i>....8		<i>fluticasone propionate</i>	
<i>etoposide</i>	17	<i>fentanyl patch 50 mcg/hr</i>....8		(<i>nasal</i>).....	49
EVISTA		<i>fentanyl patch 75 mcg/hr</i>....8		<i>fluvoxamine maleate</i>	22
see <i>raloxifene tab 60mg</i>	40	FENTORA.....	8	<i>fondaparinux sodium</i>	43
EVOTAZ.....	12	FETZIMA	26	FORTAZ	
EXELON		FETZIMA TITRATION PACK		see <i>ceftazidime</i>	13
see <i>rivastigmine td patch</i>		.....	26	see <i>tazicef</i>	13
<i>24hr 13.3 mg/24hr</i>	25	<i>finasteride</i>	42	FORTEO.....	40
see <i>rivastigmine td patch</i>		FIRAZYR	44	FOSAMAX	
<i>24hr 4.6 mg/24hr</i>	25	FLAGYL		see <i>alendronate sodium</i>	36
see <i>rivastigmine td patch</i>		see <i>metronidazole</i>	10	<i>fosinopril sodium</i>	17
<i>24hr 9.5 mg/24hr</i>	25	FLEBOGAMMA DIF.....	44	<i>fosinopril sodium &</i>	
<i>exemestane</i>	15	<i>flecainide acetate</i>	18	<i>hydrochlorothiazide</i>	17
EXFORGE		FLOMAX		FREAMINE HBC 6.9%	46
see <i>amlodipine besylate-</i>		see <i>tamsulosin hcl</i>	42	FREAMINE III	46
<i>valsartan tab 10-160 mg</i>	18	FLONASE		<i>furosemide</i>	21
see <i>amlodipine besylate-</i>		see <i>fluticasone propionate</i>		<i>furosemide inj</i>	21
<i>valsartan tab 10-320 mg</i>	18	(<i>nasal</i>)	49	FUSILEV	
see <i>amlodipine besylate-</i>		FLOVENT DISKUS	49	see <i>levoleucovorin calcium</i>	

50mg	17	see <i>imatinib mesylate</i>	16	.....	29
FUZEON	11	GLEOSTINE	14	HAVRIX	45
<i>fyavolv tab 1-5mg</i>	39	<i>glimepiride</i>	34	<i>heather</i>	37
FYCOMPA	23	<i>glip/metform tab 2.5-250mg</i>	.....	<i>heparin sod (porcine) in d5w</i>	.....
G		.....	34	.....	43
<i>gabapentin</i>	23, 24	<i>glip/metform tab 2.5-500mg</i>	.....	<i>heparin sod inj 1000/ml</i>	43
GABITRIL		.....	34	<i>heparin sod inj 10000/ml</i> ...	43
see <i>tiagabine hcl</i>	24	<i>glip/metform tab 5-500mg</i> .	34	<i>heparin sod inj 20000/ml</i> ...	43
<i>galantamine hydrobromide</i>	25	<i>glipizide</i>	34	<i>heparin sod inj 5000/ml</i>	43
<i>galantamine hydrobromide</i>		<i>glipizide xl</i>	34	<i>heparin sodium/d5w</i>	43
<i>er</i>	25	GLUCAGEN HYPOKIT	39	HEPARIN SODIUM/D5W	
GAMASTAN S/D.....	44	GLUCAGON EMERGENCY		see <i>heparin sod (porcine)</i>	
GAMMAGARD LIQUID	44	KIT	39	<i>in d5w</i>	43
GAMMAGARD S/D	44	GLUCOPHAGE		HEPARIN SODIUM/NACL	
GAMMAKED	44	see <i>metformin hcl</i>	35	0.45%	43
GAMMAPLEX	44	GLUCOPHAGE XR		<i>hepatamine</i>	46
GAMMAPLEX 10GM/100ML		see <i>metformin er</i>	35	HEPSERA	
.....	44	GLUCOTROL		see <i>adefovir dipivoxil</i>	12
GAMUNEX-C	44	see <i>glipizide</i>	34	HERCEPTIN.....	15
<i>ganciclovir inj 500mg</i>	12	GLUCOTROL XL		HETLIOZ	31
GARDASIL 9.....	45	see <i>glipizide</i>	34	HEXALEN.....	14
GASTROCROM		see <i>glipizide xl</i>	34	HIBERIX	45
see <i>cromolyn sodium</i>		<i>glycopyrrolate</i>	41	HIPREX	
(<i>mastocytosis</i>)	42	GOLYTELY	41	see <i>methenamine</i>	
GATTEX.....	42	see <i>gavilyte-g</i>	41	<i>hippurate</i>	10
GAUZE PADS 2.....	34	see <i>peg 3350-kcl-sod</i>		HUMIRA INJ 10MG/0.2ML	44
<i>gavilyte-c</i>	41	<i>bicarb-sod chloride-sod</i>		HUMIRA KIT 20MG/0.4ML	44
<i>gavilyte-g</i>	41	<i>sulfate</i>	41	HUMIRA KIT 40MG/0.8ML	44
<i>gavilyte-h</i>	41	<i>granisetron hcl</i>	40	HUMIRA PEDIATRIC	
<i>gavilyte-n/ flavor pack</i>	41	GRANIX.....	43	CROHNS DISEASE.....	44
<i>gemfibrozil</i>	19	<i>griseofulvin microsize</i>	11	HUMIRA PEN	44
<i>generlac</i>	41	<i>griseofulvin ultramicrosize</i> .	11	HUMIRA PEN-CROHNS	
<i>gengraf</i>	45	GRIS-PEG		DISEASE	44
<i>gentak</i>	47	see <i>griseofulvin</i>		HUMIRA PEN-PSORIASIS	
<i>gentamicin in saline</i>	9	<i>ultramicrosize</i>	11	.....	44
<i>gentamicin sulfate</i>	9	<i>guanfacine er (adhd)</i>	31	HUMULIN R INJ U-500.....	34
<i>gentamicin sulfate (topical)</i>		H		HUMULIN R U-500	
.....	50	HALDOL		KWIKPEN	34
<i>gentamicin sulfate soln</i>		see <i>haloperidol lactate inj</i>		HYCANTIN	
(<i>ophth</i>)	47	<i>5mg/ml</i>	29	see <i>topotecan inj 4mg</i> ...	17
GENVOYA	12	HALDOL DECANOATE 100		HYCET	
GEODON	28	see <i>haloperidol decanoate</i>		see <i>hydrocodone-</i>	
see <i>ziprasidone hcl</i>	30	.....	28	<i>acetaminophen 7.5-325</i>	
<i>gianvi</i>	37	HALDOL DECANOATE 50		<i>mg/15ml</i>	8
<i>gildagia</i>	37	see <i>haloperidol decanoate</i>		<i>hydralazine hcl</i>	21
GILENYA CAP 0.5MG	33	.....	28	HYDREA	
GILOTRIF TAB 20MG.....	16	<i>halobetasol propionate</i>	51	see <i>hydroxyurea</i>	16
GILOTRIF TAB 30MG.....	16	<i>haloperidol</i>	28	<i>hydrochlorothiazide</i>	21
GILOTRIF TAB 40MG.....	16	<i>haloperidol decanoate</i>	28	<i>hydroco/apap tab 10-325mg</i>	
<i>glatopa</i>	33	<i>haloperidol lactate conc</i>	28	.....	8
GLEEVEC		<i>haloperidol lactate inj 5mg/ml</i>		<i>hydroco/apap tab 5-325mg</i> .	8

<i>hydroco/apap tab 7.5-325mg</i>	<i>6mg/0.5ml</i>	1000MG
.....8	32	34
<i>hydrocodone-acetaminophen</i>	IMITREX STATDOSE	INVOKAMET TAB 50-
<i>7.5-325 mg/15ml</i>	SYSTEM	500MG
8	see <i>sumatriptan inj</i>	34
<i>hydrocodone-ibuprofen 7.5-</i>	<i>6mg/0.5ml</i>	INVOKAMET XR TAB 150-
<i>200mg</i>	32	1000MG
8	IMOVAX RABIES (H.D.C.V.)	35
<i>hydrocortisone</i> .....	.....45	INVOKAMET XR TAB 150-
39	IMURAN	500MG
<i>hydrocortisone (enema)</i>	see <i>azathioprine</i>	35
41	44	INVOKAMET XR TAB 50-
<i>hydrocortisone (topical)</i>	INCRELEX.....	1000MG
51	40	35
<i>hydrocortisone butyrate</i>	INCRUSE ELLIPTA	INVOKAMET XR TAB 50-
<i>cream 0.1%</i>	48	500MG
51	<i>indapamide</i>	35
<i>hydrocortisone butyrate oint</i>	21	INVOKANA
<i>0.1%</i>	INDERAL LA	35
51	see <i>propranolol cap er</i> ...20	IPOL INACTIVATED IPV ..45
<i>hydrocortisone butyrate soln</i>	INFANRIX	<i>ipratropium bromide</i>
<i>0.1%</i>	45	48
51	INLYTA	<i>ipratropium bromide (nasal)</i>
<i>hydromorphone hcl</i>	16	.....48
8	INSPIRA	<i>ipratropium-albuterol nebu</i> 48
<i>hydroxychloroquine sulfate</i>	see <i>eplerenone</i>	<i>irbesartan</i>
.....44	18	18
<i>hydroxyprogesterone</i>	INSULIN PEN NEEDLE	<i>irbesartan-</i>
<i>caproate (antineoplastic)</i> ...15	34	<i>hydrochlorothiazide</i>
<i>hydroxyurea</i>	INSULIN SYRINGE.....	18
16	34	IRESSA
<i>hydroxyz hcl inj</i>	11	16
49	INTELENCE.....	ISENTRESS
<i>hydroxyzine hcl</i>	11	11
49	INTRALIPID 30%.....	ISENTRESS HD
<i>hydroxyzine pamoate</i>	46	11
49	<i>intralipid inj 20%</i>	ISOLYTE P
HYZAAR	46	46
see <i>losartan potassium &</i>	INTRON-A INJ 10MU.....	46
<i>hctz tab 100-12.5 mg</i>	44	ISOLYTE S
18	44	46
see <i>losartan potassium &</i>	INTRON-A INJ 25MU.....	<i>isoniazid</i>
<i>hctz tab 100-25 mg</i>	44	12
18	INTRON-A INJ 50MU.....	<i>isoniazid syp 50mg/5ml</i>
see <i>losartan potassium &</i>	37	12
<i>hctz tab 50-12.5 mg</i>	<i>introvale</i>	ISORDIL TITRADOSE
18	37	see <i>isosorbide dinitrate</i> .21
I	INTUNIV	<i>isosorb mononitrate tab</i>
IBRANCE	see <i>guanfacine er (adhd)</i>	21
15	.....31	<i>isosorbide dinitrate</i>
<i>ibuprofen</i>	INVANZ.....	21
7	10	<i>isosorbide dinitrate er</i>
ICLUSIG.....	INVEGA	21
16	see <i>paliperidone</i>	<i>isosorbide mononitrate er</i> .21
ILEVRO.....	29	48
48	INVEGA SUST INJ	ISTALOL
<i>imatinib mesylate</i>	117MG/0.75ML	48
16	29	<i>itraconazole</i>
IMBRUVICA CAP 140MG .16	INVEGA SUST INJ	11
16	156MG/ML	<i>ivermectin</i>
<i>imipenem-cilastatin</i>	29	10
10	INVEGA SUST INJ	IXIARO
<i>imipramine hcl</i>	234MG/1.5ML	45
26	29	J
<i>imiquimod</i>	INVEGA SUST INJ	JADENU
51	39MG/0.25ML	36
IMITREX	29	JADENU SPRINKLE.....
see <i>sumatriptan inj</i>	INVEGA SUST INJ	36
<i>6mg/0.5ml</i>	78MG/0.5ML	JAKAFI
32	29	16
see <i>sumatriptan nasal</i>	INVEGA TRINZA	<i>jantoven</i>
<i>spray</i>	11	43
32	INVIRASE	JANUMET
see <i>sumatriptan succinate</i>	INVOKAMET TAB 150-	35
.....32	1000MG	JANUMET XR TAB 100-
IMITREX STATDOSE	35	1000.....
REFILL	INVOKAMET TAB 150-	35
see <i>sumatriptan inj</i>	500MG	JANUMET XR TAB 50-1000
	35	.....35
	INVOKAMET TAB 50-	JANUMET XR TAB 50-
		500MG
		35
		JANUVIA
		35
		JENTADUETO.....
		35

JENTADUETO TAB XR 2.5-1000 MG	35	(<i>ophth</i>)	48	see <i>digox</i>	21
JENTADUETO TAB XR 5-1000 MG	35	KEYTRUDA	15	see <i>digoxin</i>	21
<i>jinteli</i>	39	<i>kimidess</i>	37	see <i>digoxin inj</i>	21
<i>jolessa</i>	37	KINRIX	45	<i>larin 1.5/30</i>	37
<i>jolivette</i>	37	<i>kionex powder</i>	36	<i>larin 1/20</i>	37
<i>juleber</i>	37	<i>kionex sus 15gm/60ml</i>	36	<i>larin fe 1.5/30</i>	37
<i>junel 1.5/30</i>	37	KISQALI	15	<i>larin fe 1/20</i>	37
<i>junel 1/20</i>	37	KISQALI FEMARA 200		<i>larissia tab</i>	37
<i>junel fe 1.5/30</i>	37	DOSE	15	LASIX	
<i>junel fe 1/20</i>	37	KISQALI FEMARA 400		see <i>furosemide</i>	21
JUXTAPID	19	DOSE	15	LASTACRAFT	48
K		KISQALI FEMARA 600		<i>latanoprost</i>	48
KALETRA		DOSE	15	LATUDA	29
see <i>lopinavir-ritonavir</i>	12	KITABIS PAK		<i>leena</i>	37
KALETRA TAB 100-25MG	12	see <i>tobramycin</i>	9	<i>leflunomide</i>	44
KALETRA TAB 200-50MG	12	KLARON		LENVIMA 10 MG DAILY	
KALYDECO	49	see <i>sulfacetamide sodium</i>		DOSE	16
<i>kariva</i>	37	(<i>acne</i>)	50	LENVIMA 14 MG DAILY	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	47	KLONOPIN		DOSE	16
KCL 0.15%/D5W/NACL 0.225%	47	see <i>clonazepam</i>	22	LENVIMA 18 MG DAILY	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	46	<i>klor-con 10</i>	45	DOSE	16
<i>kcl 0.3%/d5w/nacl 0.45%</i>	46	<i>klor-con 8</i>	45	LENVIMA 20 MG DAILY	
KCL 0.3%/D5W/NACL 0.9%	46	<i>klor-con m10</i>	45	DOSE	16
<i>kcl/d5w inj 0.3%</i>	47	KLOR-CON M15	45	LENVIMA 24 MG DAILY	
<i>kcl/d5w/nacl inj .15/.33%</i>	47	<i>klor-con m20</i>	45	DOSE	16
<i>kcl/d5w/nacl inj .15/.45%</i>	47	<i>klor-con spr cap 10meq</i>	45	LENVIMA 8 MG DAILY	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	47	<i>klor-con spr cap 8meq</i>	45	DOSE	16
<i>kcl/nacl inj 0.15%-0.9%</i>	47	KORLYM	40	<i>lessina</i>	37
<i>kcl/nacl inj 0.3-0.9</i>	47	KUVAN	38	LETAIRIS	22
<i>kcl0.15%/d5w/nacl0.2%</i>	46	KYNAMRO	19	<i>letrozole</i>	15
KEFLEX		L		<i>leucovorin calcium</i>	17
see <i>cephalexin</i>	13	<i>labetalol hcl</i>	20	LEUKERAN	14
<i>kelnor 1/35</i>	37	LAC-HYDRIN		<i>leuprolide inj 1mg/0.2</i>	15
KEPPRA		see <i>ammonium lactate</i>	51	<i>levabuterol tartrate hfa</i>	49
see <i>levetiracetam</i>	24	<i>lactated ringer's inj</i>	47	LEVAQUIN	
see <i>levetiracetam inj</i>	24	<i>lactulose</i>	41	see <i>levofloxacin</i>	14
see <i>levetiracetam sol</i>		<i>lactulose (encephalopathy)</i>	41	LEVEMIR	34
100mg/ml	24		41	LEVEMIR FLEXTOUCH	34
see <i>roweepra</i>	24	LAMICTAL		<i>levetiracetam</i>	24
<i>ketoconazole</i>	11	see <i>lamotrigine</i>	24	LEVETIRACETAM	
<i>ketoconazole cream</i>	50	LAMICTAL CHEWABLE		see <i>levetiracetam in</i>	
<i>ketoconazole shampoo</i>	50	DISPERS		<i>sodium chloride</i>	24
<i>ketoprofen cap 50mg</i>	7	see <i>lamotrigine</i>	24	<i>levetiracetam in sodium</i>	
<i>ketoprofen cap 75mg</i>	7	LAMISIL		<i>chloride</i>	24
<i>ketorolac tromethamine</i>		see <i>terbinafine hcl</i>	11	<i>levetiracetam inj</i>	24
		<i>lamivudine</i>	11	<i>levetiracetam sol 100mg/ml</i>	24
		<i>lamivudine (hbv)</i>	12		24
		<i>lamivudine-zidovudine</i>	12	<i>levobunolol hcl</i>	48
		<i>lamotrigine</i>	24	<i>levocarnitine (metabolic</i>	
		LANOXIN		<i>modifiers)</i>	38, 39
		see <i>digitek</i>	20	<i>levocetirizine dihydrochloride</i>	

.....	49	.....	32	<i>lorcet hd tab 10-325mg</i>	8
<i>levofloxacin</i>	14	LITHOBID		<i>lorcet plus tab 7.5-325</i>	8
<i>levofloxacin in d5w</i>	14	see <i>lithium carbonate er</i>	32	<i>lortab tab 10-325mg</i>	8
<i>levofloxacin inj 25mg/ml</i>	14	LOCOID		<i>lortab tab 5-325mg</i>	8
<i>levofloxacin oral soln 25</i>		see <i>hydrocortisone</i>		<i>lortab tab 7.5-325</i>	8
<i>mg/ml</i>	14	<i>butyrate cream 0.1%</i>	51	<i>loryna</i>	37
<i>levoleucovorin calcium</i>	17	see <i>hydrocortisone</i>		<i>losartan potassium</i>	18
LEVOLEUCOVORIN		<i>butyrate oint 0.1%</i>	51	<i>losartan potassium & hctz</i>	
CALCIUM.....	17	see <i>hydrocortisone</i>		<i>tab 100-12.5 mg</i>	18
LEVOLEUCOVORIN		<i>butyrate soln 0.1%</i>	51	<i>losartan potassium & hctz</i>	
CALCIUM 175MG.....	17	LOESTRIN 1.5/30-21		<i>tab 100-25 mg</i>	18
<i>levoleucovorin calcium 50mg</i>		see <i>junel 1.5/30</i>	37	<i>losartan potassium & hctz</i>	
.....	17	see <i>larin 1.5/30</i>	37	<i>tab 50-12.5 mg</i>	18
<i>levonest</i>	37	see <i>microgestin 1.5/30</i> ..	37	LOTEMAX	48
<i>levonor/ethi tab</i>	37	LOESTRIN 1/20-21		LOTENSIN	
<i>levonorgestrel & eth estradiol</i>		see <i>junel 1/20</i>	37	see <i>benazepril hcl</i>	17
.....	37	see <i>larin 1/20</i>	37	LOTENSIN HCT	
<i>levonorgestrel-ethinyl</i>		see <i>microgestin 1/20</i>	37	see <i>benazepril &</i>	
<i>estradiol (91-day)</i>	37	see <i>norethindrone acet &</i>		<i>hydrochlorothiazide</i>	17
<i>levora 0.15/30-28</i>	37	<i>eth estra</i>	37	LOTREL	
<i>levothyroxine sodium</i>	40	LOESTRIN FE 1.5/30		see <i>amlodipine besylate-</i>	
<i>levoxyl</i>	40	see <i>blisovi fe 1.5/30</i>	36	<i>benazepril hcl cap 10-20</i>	
LEXAPRO		see <i>junel fe 1.5/30</i>	37	<i>mg</i>	17
see <i>escitalopram oxalate</i>		see <i>larin fe 1.5/30</i>	37	see <i>amlodipine besylate-</i>	
.....	26	see <i>microgestin fe 1.5/30</i>		<i>benazepril hcl cap 10-40</i>	
LEXIVA	11	.....	37	<i>mg</i>	17
<i>lidocaine</i>	51	LOESTRIN FE 1/20		see <i>amlodipine besylate-</i>	
<i>lidocaine hcl</i>	51	see <i>blisovi fe 1/20</i>	36	<i>benazepril hcl cap 5-10</i>	
<i>lidocaine hcl (mouth-throat)</i>		see <i>junel fe 1/20</i>	37	<i>mg</i>	17
.....	52	see <i>larin fe 1/20</i>	37	see <i>amlodipine besylate-</i>	
<i>lidocaine inj 0.5%</i>	9	see <i>microgestin fe 1/20</i> .	37	<i>benazepril hcl cap 5-20</i>	
<i>lidocaine inj 1%</i>	9	see <i>tarina fe 1/20</i>	38	<i>mg</i>	17
<i>lidocaine inj 1.5%</i>	9	LOFIBRA		LOTRONEX	
<i>lidocaine inj 2%</i>	9	see <i>fenofibrate</i>	19	see <i>alosetron hcl</i>	42
<i>lidocaine oint 5%</i>	51	see <i>fenofibrate micronized</i>		<i>lovastatin</i>	19
<i>lidocaine-prilocaine</i>	51	.....	19	LOVAZA	
LIDODERM		LOMOTIL		see <i>omega-3-acid ethyl</i>	
see <i>lidocaine</i>	51	see <i>diphenoxylate w/</i>		<i>esters</i>	19
<i>linezolid</i>	10	<i>atropine</i>	42	LOVENOX	
<i>linezolid in sodium chloride</i>		LONSURF.....	16	see <i>enoxaparin sodium</i> .	43
.....	10	<i>loperamide hcl</i>	42	<i>low-ogestrel</i>	37
LINZESS	42	LOPID		<i>loxapine succinate</i>	29
<i>liothyronine sodium</i>	40	see <i>gemfibrozil</i>	19	LUMIGAN	48
LIPITOR		<i>lopinavir-ritonavir</i>	12	LUMIZYME	39
see <i>atorvastatin calcium</i>	19	LOPRESSOR		LUPRON DEPOT (1-	
<i>lisinopril</i>	17	see <i>metoprolol tartrate</i> ..	20	MONTH).....	15
<i>lisinopril &</i>		LOPRESSOR HCT		LUPRON DEPOT INJ	
<i>hydrochlorothiazide</i>	17	see <i>metoprolol &</i>		<i>11.25MG (3-MONTH)</i>	15
<i>lithium carbonate</i>	32	<i>hydrochlorothiazide</i>	19	<i>lutura</i>	37
<i>lithium carbonate er</i>	32	<i>lorazepam</i>	22	LYNPARZA.....	15
LITHIUM SOLN 8MEQ/5ML		<i>lorazepam intensol</i>	22	LYRICA.....	24

LYSODREN	15	see <i>methylpred tab 4mg</i>	39	<i>methenamine hippurate</i>	10
LYSTEDA		see <i>methylpred tab 8mg</i>	39	<i>methimazole</i>	40
see <i>tranexamic acid</i>	44	MEDROL DOSEPAK		<i>methotrexate sodium</i>	15
lyza	37	see <i>methylpred pak 4mg</i>		<i>methotrexate sodium inj</i>	15
M		.....	39	<i>methotrexate sodium tabs</i>	44
MACROBID		<i>medroxyprogesterone</i>		METHYLIN	
see <i>nitrofurantoin</i>		<i>acetate (contraceptive)</i>	37	see <i>methylphenidate hcl</i>	
<i>monohyd macro</i>	10	<i>medroxyprogesterone</i>		<i>oral soln</i>	31
MACRODANTIN		<i>acetate tab</i>	40	<i>methylphenidate hcl</i>	31
see <i>nitrofurantoin</i>		<i>mefloquine hcl</i>	11	<i>methylphenidate hcl oral soln</i>	
<i>macrocrystal</i>	10	MEGACE ES		.....	31
<i>magnesium sulfate</i>	45, 46	see <i>megestrol sus</i>		<i>methylphenidate tab 10mg er</i>	
MAGNESIUM SULFATE...46		<i>625mg/5ml</i>	15	.....	31
see <i>magnesium sulfate</i> .45		<i>megestrol ac sus 40mg/ml</i>	15	<i>methylphenidate tab 20mg er</i>	
MAGNESIUM SULFATE IN		<i>megestrol ac tab 20mg</i>	15	.....	31
D5W	46	<i>megestrol ac tab 40mg</i>	15	<i>methylpr ace inj 40mg/ml</i> ..	39
see <i>magnesium sulfate in</i>		<i>megestrol sus 625mg/5ml</i> .15		<i>methylpr ace inj 80mg/ml</i> ..	39
<i>dextrose</i>	46	MEKINIST	16	<i>methylpr ss inj 125mg</i>	39
<i>magnesium sulfate in</i>		<i>meloxicam</i>	7	<i>methylpr ss inj 1gm</i>	39
<i>dextrose</i>	46	<i>memantine hcl</i>	25	<i>methylpr ss inj 40mg</i>	39
MALARONE		MENACTRA.....	45	<i>methylpred pak 4mg</i>	39
see <i>atovaquone-proguanil</i>		MENOMUNE-A/C/Y/W-135		<i>methylpred tab 16mg</i>	39
<i>hcl</i>	11	.....	45	<i>methylpred tab 32mg</i>	39
<i>malathion</i>	51	MENVEO	45	<i>methylpred tab 4mg</i>	39
<i>maprotiline hcl</i>	26	MEPRON		<i>methylpred tab 8mg</i>	39
MARINOL		see <i>atovaquone</i>	10	<i>metipranolol</i>	48
see <i>dronabinol</i>	40	<i>mercaptapurine</i>	15	<i>metoclopramide hcl</i>	40, 41
<i>marlissa</i>	37	<i>meropenem</i>	10	<i>metoclopramide hcl inj</i>	41
MARPLAN TAB 10MG	26	MERREM		<i>metolazone</i>	21
MATULANE	16	see <i>meropenem</i>	10	<i>metoprolol &</i>	
MAVIK		<i>mesalamine</i>	41	<i>hydrochlorothiazide</i>	19
see <i>trandolapril</i>	18	<i>mesalamine w/ cleanser</i> ...	41	<i>metoprolol succinate</i>	20
MAXALT		<i>mesna</i>	17	<i>metoprolol tartrate</i>	20
see <i>rizatriptan benzoate</i>	32	MESNEX.....	17	METROCREAM	
MAXIPIME		see <i>mesna</i>	17	see <i>metronidazole</i>	
see <i>cefepime hcl</i>	13	MESTINON		(<i>topical</i>)	51
MAXITROL		see <i>pyridostigmine</i>		see <i>rosadan</i>	51
see <i>neomycin-polymy-</i>		<i>bromide</i>	32	METROGEL-VAGINAL	
<i>dexameth</i>	47	<i>metadate tab 20mg er</i>	31	see <i>metronidazole vaginal</i>	
MAXZIDE		<i>metformin er</i>	35	.....	43
see <i>triamterene &</i>		<i>metformin hcl</i>	35	<i>metronidazole</i>	10
<i>hydrochlorothiazide</i>	21	<i>methadone hcl</i>	8	<i>metronidazole (topical)</i>	51
MAXZIDE-25		<i>methadone hcl 10mg</i>	8	<i>metronidazole gel 0.75%</i> ..	51
see <i>triamterene &</i>		<i>methadone hcl 5mg</i>	8	<i>metronidazole in nacl</i>	10
<i>hydrochlorothiazide</i>	21	<i>methadone hcl intensol</i>	8	<i>metronidazole vaginal</i>	43
<i>meclizine hcl</i>	40	<i>methadone hcl soln 10</i>		MEVACOR	
MEDROL		<i>mg/5ml</i>	8	see <i>lovastatin</i>	19
see <i>methylpred tab 16mg</i>		METHADOSE		<i>mexiletine hcl</i>	18
.....	39	see <i>methadone hcl</i>		MIACALCIN	40
see <i>methylpred tab 32mg</i>		<i>intensol</i>	8	see <i>calcitonin (salmon)</i> .40	
.....	39	<i>methazolamide</i>	21	<i>microgestin 1.5/30</i>	37

<i>microgestin 1/20</i>.....37	<i>moexipril-</i>	<i>nafcillin sodium</i> 14
<i>microgestin fe 1.5/30</i>.....37	<i>hydrochlorothiazide</i> 17	NAGLAZYME 39
<i>microgestin fe 1/20</i>.....37	<i>mometasone furoate</i> .....51	<i>nalbuphine hcl</i> 7
MICRO-K	MONODOX	<i>naloxone inj 0.4mg/ml</i> 33
see <i>klor-con spr cap</i>	see <i>doxycycline</i>	<i>naloxone inj 1mg/ml</i> 33
10meq .....45	(<i>monohydrate</i>) 14	<i>naltrexone hcl</i> 33
see <i>klor-con spr cap 8meq</i>	<i>mono-lynyah tab 0.25-35</i> ...37	NAMENDA
.....45	<i>mononessa</i> .....37	see <i>memantine hcl</i> .....25
see <i>potassium chloride</i> ..46	<i>montelukast sodium</i>.....49	NAMENDA XR.....25
MICROZIDE	<i>morgidox cap 1x50mg</i> 14	NAMENDA XR TITRATION
see <i>hydrochlorothiazide</i> 21	<i>morphine ext-rel tab</i>.....8	PACK.....25
<i>midodrine hcl</i>.....21	<i>morphine sul inj 10mg/ml</i> ...9	NAMZARIC .....25
<i>migergot</i>.....32	<i>morphine sul inj 15mg/ml</i> ...9	NAPROSYN
MINIPRESS	<i>morphine sul inj 1mg/ml</i>.....9	see <i>naproxen</i> 7
see <i>prazosin hcl</i> .....18	MORPHINE SUL INJ	<i>naproxen</i>.....7
<i>minitran</i> .....21	2MG/ML.....9	<i>naproxen dr</i> 7
MINOCIN	MORPHINE SUL INJ	NARDIL
see <i>minocycline hcl</i> .....14	4MG/ML.....9	see <i>phenelzine sulfate</i> ..27
<i>minocycline hcl</i>.....14	<i>morphine sulfate</i> .....9	NATACYN .....47
<i>minoxidil</i>.....21	MORPHINE SULFATE .....9	<i>nateglinide</i> 35
MIRAPEX	see <i>morphine sul inj</i>	NATPARA.....40
see <i>pramipexole tab</i>	10mg/ml .....9	NEBUPENT 10
0.125mg .....28	see <i>morphine sulfate</i> .....9	<i>necon 0.5/35-28</i> 37
see <i>pramipexole tab</i>	<i>morphine sulfate oral sol</i>....9	<i>necon 1/50-28</i> 37
0.25mg .....28	MOVANTIK .....42	<i>necon 7/7/7</i> 37
see <i>pramipexole tab</i>	MOVIPREP .....41	<i>nefazodone hcl</i> .....26
0.5mg .....27	MOXEZA.....47	<i>neomycin sulfate</i> 9
see <i>pramipexole tab</i>	<i>moxifloxacin hcl (ophth)</i> ...47	<i>neomycin-bacitracin zn-</i>
0.75mg .....28	MOZOBIL.....43	<i>polymyxin</i>.....47
see <i>pramipexole tab</i>	MS CONTIN	<i>neomycin-polymy-dexameth</i>
1.5mg .....28	see <i>morphine ext-rel tab</i> ..8	.....47
see <i>pramipexole tab 1mg</i>	MULTAQ.....18	<i>neomycin-polymyxin-</i>
.....28	<i>mupirocin</i> .....50	<i>gramicidin</i> .....47
MIRCETTE	MYAMBUTOL	<i>neomycin-polymyxin-hc (otic)</i>
see <i>bekyree</i>.....36	see <i>ethambutol hcl</i> 12	.....52
see <i>desogestrel-ethinyl</i>	MYCAMINE 11	NEORAL
<i>estradiol (biphasic)</i> .....36	MYCOBUTIN	see <i>cyclosporine modified</i>
see <i>kariva</i>.....37	see <i>rifabutin</i> 12	(<i>for microemulsion</i>) .44, 45
see <i>kimidess</i>.....37	<i>mycophenolate mofetil</i> .....45	see <i>gengraf</i>.....45
see <i>pimtrea</i>.....38	<i>mycophenolate sodium</i>....45	NEOSPORIN
see <i>viorele</i>.....38	MYFORTIC	see <i>neomycin-polymyxin-</i>
<i>mirtazapine</i> .....26	see <i>mycophenolate</i>	<i>gramicidin</i>.....47
<i>misoprostol</i>.....42	<i>sodium</i>.....45	NEPHRAMINE.....46
MITIGARE.....7	<i>myorisan</i> .....50	NEPTAZANE
<i>mitomycin</i>.....15	MYRBETRIQ TAB 25MG..43	see <i>methazolamide</i> .....21
<i>mitoxantrone hcl</i>.....16	MYRBETRIQ TAB 50MG..43	NEUPOGEN .....43
M-M-R II .....45	MYSOLINE	NEUPRO .....27
MOBIC	see <i>primidone</i>.....24	NEURONTIN
see <i>meloxicam</i> .....7	<i>myzilra</i> .....37	see <i>gabapentin</i> 23, 24
<i>moderiba tab 200mg</i> .....12	N	<i>nevirapine susp 50 mg/5ml</i>
<i>moexipril hcl</i>.....17	<i>nabumetone</i>.....7	..... 11

<i>nevirapine tab 200mg</i>	11	<i>see lorcet hd tab 10-</i>		NOVOLOG PENFILL	34
<i>nevirapine tb24</i>	11	<i>325mg</i>	8	NOXAFIL	11
NEXAVAR.....	16	<i>see lorcet plus tab 7.5-325</i>		NUCYNTA ER	9
NEXIUM		.....	8	NUEDEXTA	32
<i>see esomeprazole</i>		<i>see lortab tab 10-325mg</i> .	8	NULOJIX	45
<i>magnesium</i>	42	<i>see lortab tab 5-325mg</i> ...	8	NULYTELY/FLAVOR	
NEXIUM I.V.		<i>see lortab tab 7.5-325</i>	8	PACKS	41
<i>see esomeprazole sodium</i>		NORDITROPIN FLEXPPO		<i>see gavilyte-n/flavor pack</i>	
<i>inj</i>	42	.....	39	.....	41
<i>niacin er (antihyperlipidemic)</i>		<i>norethindrone</i>		<i>see peg 3350-potassium</i>	
.....	19	<i>(contraceptive)</i>	37	<i>chloride-sod bicarbonate-</i>	
<i>niacor</i>	19	<i>norethindrone acet & eth</i>		<i>sod chloride</i>	42
NIASPAN		<i>estra</i>	37	<i>see trilyte</i>	42
<i>see niacin er</i>		<i>norethindrone acetate</i>	40	NUPLAZID	29
<i>(antihyperlipidemic)</i>	19	<i>norethindrone acetate-ethinyl</i>		<i>nutrilipid inj 20%</i>	46
<i>nicardipine hcl</i>	20	<i>estradiol tab 1 mg-5 mcg</i> ..	39	NUVARING.....	38
NICOTROL INHALER.....	33	<i>norgest/ethi tab 0.25/35</i>	37	NUVIGIL	
NICOTROL NS	33	<i>norgestimate-ethinyl</i>		<i>see armodafinil</i>	33
<i>nifedical xl</i>	20	<i>estradiol (triphasic) 0.18-</i>		<i>nyamyc</i>	50
<i>nifedipine</i>	20	<i>25/0.215-25/0.25-25 mg-mcg</i>		<i>nyata</i>	50
<i>nifedipine er</i>	20	.....	37	NYMALIZE.....	20
<i>nikki</i>	37	<i>norgestimate-ethinyl</i>		<i>nystatin</i>	11
NILANDRON		<i>estradiol (triphasic) 0.18-</i>		<i>nystatin (mouth-throat)</i>	52
<i>see nilutamide</i>	15	<i>35/0.215-35/0.25-35 mg-mcg</i>		<i>nystatin (topical)</i>	50
<i>nilutamide</i>	15	.....	38	<i>nystatin pow 100000</i>	50
<i>nimodipine</i>	20	<i>norlyroc</i>	38	<i>nystop</i>	50
NINLARO	15	NORMOSOL-M IN D5W ...	47	O	
NIPENT.....	15	NORMOSOL-R	47	<i>ocella</i>	38
NITRO-BID.....	21	NORMOSOL-R IN D5W....	47	OCTAGAM	44
NITRO-DUR		NORPACE		<i>octreotide acetate</i>	40
<i>see minitran</i>	21	<i>see disopyramide</i>		<i>octreotide inj 100mcg/ml</i> ...40	
<i>see nitroglycerin td patch</i>		<i>phosphate</i>	18	OCUFLOX	
.....	22	NORPACE CR.....	18	<i>see ofloxacin (ophth)</i>.....47	
<i>nitrofurantoin macrocrystal</i> 10		NORPRAMIN		ODEFSEY	12
<i>nitrofurantoin monohyd</i>		<i>see desipramine hcl</i>	26	ODOMZO	15
<i>macro</i>	10	NORTHERA.....	21	OFEV.....	49
<i>nitroglycerin</i>	21	<i>nortrel 0.5/35 (28)</i>	38	<i>ofloxacin (ophth)</i>	47
<i>nitroglycerin td patch</i> ...21, 22		<i>nortrel 1/35</i>	38	<i>ofloxacin (otic)</i>	52
NITROSTAT		<i>nortrel 7/7/7</i>	38	<i>olanzapine</i>	29
<i>see nitroglycerin</i>	21	<i>nortriptyline hcl</i>	26	<i>olmesartan medoxomil</i> 18	
NIZORAL		NORVASC		<i>olmesartan medoxomil-</i>	
<i>see ketoconazole</i>		<i>see amlodipine besylate</i> 20		<i>hydrochlorothiazide</i> 18	
<i>shampoo</i>	50	NORVIR.....	11	<i>olmesartan medoxomil-</i>	
<i>nora-be</i>	37	NOVOLIN 70/30.....	34	<i>hydrochlorothiazide</i> 18	
NORCO		NOVOLIN N.....	34	<i>olmesartan medoxomil-</i>	
<i>see hydroco/apap tab 10-</i>		NOVOLIN R.....	34	<i>hydrochlorothiazide</i> 18	
<i>325mg</i>	8	NOVOLOG.....	34	<i>olopatadine hcl 0.2%</i>	48
<i>see hydroco/apap tab 5-</i>		NOVOLOG 70/30 FLEXPEN		<i>omega-3-acid ethyl esters</i> 19	
<i>325mg</i>	8	.....	34	<i>omeprazole cap 10mg</i>	42
<i>see hydroco/apap tab 7.5-</i>		NOVOLOG FLEXPEN	34	<i>omeprazole cap 20mg</i>	42
<i>325mg</i>	8	NOVOLOG MIX 70/30	34	<i>omeprazole cap 40mg</i>	42

see <i>prednisolone acetate (ophth)</i>	48	see <i>alyacen 1/35</i>	36	<i>paromomycin sulfate</i>	9
<i>ondansetron hcl</i>	41	see <i>cyclafem 1/35</i>	36	<i>paroxetine hcl</i>	26
<i>ondansetron hcl inj</i>	41	see <i>nortrel 1/35</i>	38	PASER D/R.....	12
<i>ondansetron hcl oral soln</i> ..	41	see <i>pirmella 1/35</i>	38	PATADAY	
<i>ondansetron odt</i>	41	ORTHO-NOVUM 7/7/7		see <i>olopatadine hcl 0.2%</i>	
ONFI.....	24	see <i>cyclafem 7/7/7</i>	36	.....	48
ONFI TAB.....	24	see <i>necon 7/7/7</i>	37	PAXIL.....	26
OPSUMIT.....	22	see <i>nortrel 7/7/7</i>	38	see <i>paroxetine hcl</i>	26
ORAP		<i>oseltamivir phosphate</i>	12	PAZEO.....	48
see <i>pimozide</i>	29	OVIDE		PEDIAPRED	
ORFADIN.....	39	see <i>malathion</i>	51	see <i>pred sod pho sol</i>	
ORKAMBI.....	49	OXANDRIN		<i>5mg/5ml</i>	39
<i>orsythia</i>	38	see <i>oxandrolone tab 10mg</i>		PEDIARIX.....	45
ORTHO MICRONOR		.....	33	PEDVAX HIB.....	45
see <i>errin</i>	36	see <i>oxandrolone tab</i>		<i>peg 3350/electrolytes</i>	42
see <i>jolivette</i>	37	<i>2.5mg</i>	33	<i>peg 3350-kcl-sod bicarb-sod</i>	
see <i>lyza</i>	37	<i>oxandrolone tab 10mg</i>	33	<i>chloride-sod sulfate</i>	41
see <i>norethindrone</i>		<i>oxandrolone tab 2.5mg</i>	33	<i>peg 3350-potassium</i>	
(<i>contraceptive</i>).....	37	<i>oxcarbazepine</i>	24	<i>chloride-sod bicarbonate-sod</i>	
see <i>sharobel</i>	38	<i>oxybutynin chloride</i>	43	<i>chloride</i>	42
ORTHO TRI-CYCLEN		<i>oxycodone hcl</i>	9	PEGANONE.....	24
see <i>norgestimate-ethinyl</i>		<i>oxycodone w/</i>		PEGASYS.....	12
<i>estradiol (triphasic) 0.18-</i>		<i>acetaminophen 10-325mg</i> ..	9	PEGASYS PROCLICK.....	12
<i>35/0.215-35/0.25-35 mg-</i>		<i>oxycodone w/</i>		PENICILLIN G POT IN	
<i>mcg</i>	38	<i>acetaminophen 2.5-325mg</i> ..	9	DEXTROSE 2MU.....	14
see <i>tri-lynyah</i>	38	<i>oxycodone w/</i>		PENICILLIN G POT IN	
see <i>trinessa</i>	38	<i>acetaminophen 5-325mg</i>	9	DEXTROSE 3MU.....	14
see <i>tri-previfem</i>	38	<i>oxycodone w/</i>		PENICILLIN G PROCAINE	
see <i>tri-sprintec</i>	38	<i>acetaminophen 7.5-325mg</i> ..	9	.....	14
ORTHO TRI-CYCLEN LO		<i>oxycodone w/</i>		<i>penicillin g sodium</i>	14
see <i>norgestimate-ethinyl</i>		<i>acetaminophen soln</i>	9	<i>penicillin v potassium</i>	14
<i>estradiol (triphasic) 0.18-</i>		P		<i>penicillin gk inj 20mu</i>	14
<i>25/0.215-25/0.25-25 mg-</i>		<i>pacerone</i>	18	<i>penicillin gk inj 5mu</i>	14
<i>mcg</i>	37	<i>paliperidone</i>	29	PENTACEL.....	45
see <i>tri-lo- tab marzia</i>	38	PAMELOR		PENTAM 300.....	10
see <i>tri-lo-estarylla</i>	38	see <i>nortriptyline hcl</i>	26	<i>pentoxifylline</i>	44
see <i>tri-lo-sprintec</i>	38	<i>pamidronate disodium</i>	36	PEPCID	
see <i>trinessa lo</i>	38	PAMIDRONATE DISODIUM		see <i>famotidine tab</i>	41
ORTHO-CYCLEN		.....	36	PERCOCET	
see <i>estarylla tab 0.25-35</i>		<i>pamidronate inj 30mg</i>	36	see <i>endocet</i>	7
.....	36	<i>pamidronate inj 90mg</i>	36	see <i>oxycodone w/</i>	
see <i>femynor</i>	37	PANRETIN.....	51	<i>acetaminophen 10-325mg</i>	
see <i>mono-lynyah tab 0.25-</i>		<i>pantoprazole sodium</i>	42	.....	9
<i>35</i>	37	<i>paricalcitol</i>	47	see <i>oxycodone w/</i>	
see <i>mononessa</i>	37	PARLODEL		<i>acetaminophen 2.5-325mg</i>	
see <i>norgest/ethi tab</i>		see <i>bromocriptine</i>		.....	9
<i>0.25/35</i>	37	<i>mesylate</i>	27	see <i>oxycodone w/</i>	
see <i>previfem</i>	38	PARNATE		<i>acetaminophen 5-325mg</i> ..	9
see <i>sprintec 28</i>	38	see <i>tranlycypromine</i>		see <i>oxycodone w/</i>	
ORTHO-NOVUM 1/35		<i>sulfate</i>	27	<i>acetaminophen 7.5-325mg</i>	
		<i>paroex sol 0.12%</i>	52	.....	9

PERIDEX	see clopidogrel bisulfate 44	prednisone sol 5mg/5ml.... 39
see chlorhexidine	podofilox 51	prednisone tab 10mg 39
gluconate (mouth-throat)	polyethylene glycol 3350... 42	prednisone tab 1mg 39
..... 51	polymyxin b-trimethoprim.. 47	prednisone tab 2.5mg 39
see paroex sol 0.12%... 52	POLYTRIM	prednisone tab 20mg 39
see periogard 52	see polymyxin b-	prednisone tab 50mg 39
perindopril erbumine 17	trimethoprim 47	prednisone tab 5mg 39
periogard..... 52	POMALYST CAP 1MG 15	PREMASOL 10%..... 46
permethrin cre 5%..... 51	POMALYST CAP 2MG 16	premasol 6%..... 46
perphenazine 29	POMALYST CAP 3MG 16	prenatal vitamin/folic acid >
pfizerpen-g inj 20mu 14	POMALYST CAP 4MG 16	0.8 mg (generic)..... 47
pfizerpen-g inj 5mu 14	portia-28..... 38	prevalite 19
phenelzine sulfate 27	pot chloride inj 2meq/ml 47	previfem..... 38
PHENERGAN	potassium chloride 46, 47	PREZCOBIX..... 12
see promethazine hcl 41	potassium chloride in nacl. 47	PREZISTA 11
phenobarbital 24	potassium chloride	PRIFTIN..... 12
phenobarbital sodium..... 24	microencapsulated crystals	PRIOSEC
PHENOBARBITAL SODIUM	cr..... 46	see omeprazole cap 20mg
..... 24	potassium citrate (alkalinizer)	..... 42
PHENYTEK..... 24	er tabs..... 43	PRIMAQUINE PHOSPHATE
see phenytoin sodium	PRADAXA..... 43	..... 11
extended..... 24	PRALUENT..... 19	PRIMAXIN IV
phenytoin 24	pramipexole tab 0.125mg . 28	see imipenem-cilastatin. 10
phenytoin sodium..... 24	pramipexole tab 0.25mg ... 28	primidone 24
phenytoin sodium extended	pramipexole tab 0.5mg 27	PRINIVIL
..... 24	pramipexole tab 0.75mg ... 28	see lisinopril 17
philith 38	pramipexole tab 1.5mg 28	PRISTIQ
PHOSLO	pramipexole tab 1mg 28	see desvenlafaxine
see calcium acetate	PRANDIN	succinate 26
(phosphate binder) 40	see repaglinide 35	PRIVIGEN 44
PHOSPHOLINE IODIDE... 48	PRAVACHOL	probenecid..... 7
PICATO..... 51	see pravastatin sodium . 19	PROCALAMINE..... 46
pilocarpine hcl 48	pravastatin sodium..... 19	PROCARDIA XL
pilocarpine hcl (oral)..... 52	prazosin hcl..... 18	see nifedical xl..... 20
pimozide..... 29	PRECOSE	see nifedipine 20
pimtrea 38	see acarbose..... 34	prochlorperazine inj 41
pindolol 20	pred sod pho sol 5mg/5ml. 39	prochlorperazine maleate . 41
pioglitazone hcl 35	prednisolone acetate (ophth)	prochlorperazine supp 41
PIPER/TAZOBA INJ 12-	..... 48	PROCRIT 43
1.5GM 14	PREDNISOLONE SODIUM	procto-med hc..... 51
piper/tazoba inj 2-0.25gm . 14	PHOSPHATE (OPHTH).... 48	procto-pak..... 51
piper/tazoba inj 3-0.375gm 14	prednisolone sol 15mg/5ml	proctosol hc cre 2.5% 51
piper/tazoba inj 36-4.5gm . 14	..... 39	proctozone-hc..... 51
piper/tazoba inj 4-0.5gm ... 14	prednisolone sol 25mg/5ml	PROGLYCEM SUS
pirmella 1/35 38	..... 39	50MG/ML..... 39
PLAQUENIL	prednisolone syrup 15	PROGRAF
see hydroxychloroquine	mg/5ml 39	see tacrolimus 45
sulfate..... 44	PREDNISONE CON	PROLASTIN-C..... 49
PLASMA-LYTE A..... 47	5MG/ML..... 39	PROLENSA 48
PLASMA-LYTE-148 47	prednisone pak 10mg 39	PROLIA 40
PLAVIX	prednisone pak 5mg 39	PROMACTA 44

promethazine hcl.....41
propafenone hcl18
propafenone hcl 12hr18
proparacaine hcl48
propranolol cap er.....20
propranolol hcl20
propranolol oral sol20
propylthiouracil.....40
 PROQUAD.....45
 PROSCAR
 see *finasteride*42
 PROSOL.....46
 PROTONIX
 see *pantoprazole sodium*
 42
 PROTOPIC
 see *tacrolimus (topical)*..51
protriptyline hcl.....27
 PROVERA
 see *medroxyprogesterone*
 acetate tab.....40
 PROZAC
 see *fluoxetine cap 10mg*26
 see *fluoxetine cap 20mg*26
 see *fluoxetine cap 40mg*26
 PULMICORT
 see *budesonide*
 (inhalation).....49
 PULMICORT FLEXHALER
 49
 PULMOZYME49
 PURIXAN.....15
pyrazinamide.....12
pyridostigmine bromide.....32
Q
 QUADRACEL.....45
 QUALAQUIN
 see *quinine sulfate*11
quasense38
 QUESTRAN
 see *cholestyramine*19
 QUESTRAN LIGHT
 see *cholestyramine light*19
 see *prevalite*19
quetiapine fumarate29
quinapril hcl.....17
quinapril-hydrochlorothiazide
 17
quinidine gluconate18
quinidine sulfate18
quinine sulfate.....11

R
 RABAVERT45
raloxifene tab 60mg40
ramipril.....17
 RANEXA21
ranitidine hcl.....41
ranitidine hcl inj.....41
ranitidine syrup41
 RAPAMUNE45
 see *sirolimus*45
rasagiline mesylate28
 RAZADYNE
 see *galantamine*
 hydrobromide25
 RAZADYNE ER
 see *galantamine*
 hydrobromide er.....25
 REBETOL
 see *ribasphere*12
 see *ribavirin cap 200mg* 13
 RECLAST
 see *zoledronic acid*.....36
reclipsen38
 RECOMBIVAX HB.....45
 REGLAN
 see *metoclopramide hcl* 41
 REGRANEX.....51
 RELENZA DISKHALER...12
 RELISTOR.....42
 REMERON
 see *mirtazapine*26
 REMERON SOLTAB
 see *mirtazapine*26
 REMICADE INJ 100MG...44
 REMODULIN22
 RENVELA PAK 0.8GM40
 RENVELA PAK 2.4GM40
 RENVELA TAB 800MG ...40
repaglinide35
 REQUIP
 see *ropinirole tab 0.25mg*
 28
 see *ropinirole tab 0.5mg*28
 see *ropinirole tab 1mg*...28
 see *ropinirole tab 2mg*...28
 see *ropinirole tab 3mg*...28
 see *ropinirole tab 4mg*...28
 see *ropinirole tab 5mg*...28
 RESCRIPTOR11
 RESTASIS48
 RESTASIS MULTIDOSE ..48

RESTORIL
 see *temazepam*..... 31, 32
 RETIN-A
 see *avita*.....50
 see *tretinoin*50
 RETROVIR
 see *zidovudine cap 100mg*
 12
 see *zidovudine syp*
 50mg/5ml12
 RETROVIR IV INFUSION.11
 REVATIO
 see *sildenafil citrate*
 (pulmonary hypertension)
 22
 REVLIMID.....16
 REXULTI29, 30
 REYATAZ11
ribasphere.....12
ribavirin cap 200mg13
ribavirin tab 200mg13
rifabutin.....12
 RIFADIN
 see *rifampin*12
rifampin.....12
 RIFATER12
 RILUTEK
 see *riluzole*32
riluzole32
rimantadine hydrochloride 13
ringer's.....47
 RISPERDAL
 see *risperidone*.....30
 RISPERDAL INJ 12.5MG .30
 RISPERDAL INJ 25MG ...30
 RISPERDAL INJ 37.5MG .30
 RISPERDAL INJ 50MG ...30
 RISPERDAL M-TAB
 see *risperidone*.....30
risperidone.....30
 RITALIN
 see *methylphenidate hcl*31
 RITUXAN15
rivastigmine tartrate25
rivastigmine td patch 24hr
13.3 mg/24hr25
rivastigmine td patch 24hr
4.6 mg/24hr25
rivastigmine td patch 24hr
9.5 mg/24hr25
rizatriptan benzoate32

ROBINUL	see <i>glycopyrrolate</i> .....41	see <i>quetiapine fumarate</i> 29	<i>spironolactone</i> 18
ROBINUL FORTE	see <i>glycopyrrolate</i> .....41	SEROQUEL XR	<i>spironolactone &</i>
ROCALTROL	see <i>calcitriol</i>.....47	see <i>quetiapine fumarate</i> 29	<i>hydrochlorothiazide</i>.....21
see <i>calcitriol oral soln 1</i>	see <i>calcitriol</i>.....47	<i>sertraline hcl</i> .....27	SPORANOX
<i>mcg/ml</i>.....47	ROCEPHIN	<i>setlakin tab</i>.....38	see <i>itraconazole</i> 11
ROCEPHIN	see <i>ceftriaxone sodium</i> ..13	<i>sharobel</i>.....38	<i>sprintec 28</i> .....38
<i>ropinirole tab 0.25mg</i> .....28	<i>ropinirole tab 0.5mg</i> .....28	SIGNIFOR .....40	SPRITAM.....24
<i>ropinirole tab 1mg</i> .....28	<i>ropinirole tab 2mg</i> .....28	<i>sildenafil citrate (pulmonary</i>	SPRYCEL 16
<i>ropinirole tab 2mg</i> .....28	<i>ropinirole tab 3mg</i> .....28	<i>hypertension)</i> .....22	<i>sps</i>.....36
<i>ropinirole tab 3mg</i> .....28	<i>ropinirole tab 4mg</i> .....28	SILENOR.....31	<i>sronyx</i>.....38
<i>ropinirole tab 4mg</i> .....28	<i>ropinirole tab 5mg</i> .....28	SILVADENE	<i>ssd</i>.....50
<i>rosadan</i>.....51	<i>rosuvastatin calcium</i> .....19	see <i>silver sulfadiazine</i> ...50	STALEVO 100
ROSTARIX.....45	ROTARIX.....45	see <i>ssd</i>.....50	see <i>carbidopa-levodopa-</i>
ROTATEQ.....45	ROWASA	<i>silver sulfadiazine</i> .....50	<i>entacapone</i> .....27
see <i>mesalamine w/</i>	see <i>mesalamine w/</i>	SIMBRINZA .....48	STALEVO 125
<i>cleanser</i>.....41	<i>cleanser</i>.....41	<i>simvastatin</i>.....19	see <i>carbidopa-levodopa-</i>
<i>roweepra</i> .....24	ROXICODONE	SINEMET	<i>entacapone</i> .....27
ROXICODONE	see <i>oxycodone hcl</i>.....9	see <i>carbidopa-levodopa</i> 27	STALEVO 150
see <i>oxycodone hcl</i>.....9	RUBRACA .....15	SINEMET CR	see <i>carbidopa-levodopa-</i>
RUBRACA .....15	RYDAPT .....16	see <i>carbidopa-levodopa</i> 27	<i>entacapone</i> .....27
RYDAPT .....16	RYTHMOL SR	SINGULAIR	STALEVO 200
see <i>propafenone hcl 12hr</i>	see <i>propafenone hcl 12hr</i>	see <i>montelukast sodium</i> 49	see <i>carbidopa-levodopa-</i>
.....18	.....18	<i>sirolimus</i>.....45	<i>entacapone</i> .....27
S	SABRIL .....24	SIRTURO.....12	STALEVO 50
SABRIL .....24	SALAGEN	SIVEXTRO.....10	see <i>carbidopa-levodopa-</i>
SALAGEN	see <i>pilocarpine hcl (oral)</i>	<i>sod chloride inj 0.9%</i>.....47	<i>entacapone</i> .....27
see <i>pilocarpine hcl (oral)</i>	.....52	<i>sodium chlor sol 0.9% irr</i> ...51	STALEVO 75
.....52	SANDIMMUNE .....45	<i>sodium chloride</i>.....46, 47	see <i>carbidopa-levodopa-</i>
SANDIMMUNE .....45	see <i>cyclosporine</i>.....44	<i>sodium chloride 0.45%</i>.....47	<i>entacapone</i> .....27
see <i>cyclosporine</i>.....44	SANDOSTATIN	<i>sodium fluoride chew; tab;</i>	STARLIX
SANDOSTATIN	see <i>octreotide acetate</i> ...40	<i>1.1 (0.5 f) mg/ml soln</i> .....46	see <i>nateglinide</i> 35
see <i>octreotide inj</i>	see <i>octreotide inj</i>	<i>sodium polystyrene sulfonate</i>	<i>stavudine</i> 11
<i>100mcg/ml</i>.....40	<i>100mcg/ml</i>.....40	<i>oral susp</i> .....36	<i>sterile water irrigation</i>.....51
SANTYL.....51	SANTYL.....51	<i>sodium polystyrene sulfonate</i>	STIMATE .....40
SAPHRIS .....30	see <i>cyclosporine</i>.....44	<i>powd</i> .....36	STIVARGA 16
<i>selegiline hcl</i> .....28	SANDOSTATIN	SOLTAMOX.....15	STRATTERA
<i>selenium sulfide</i> .....50	see <i>octreotide acetate</i> ...40	SOLU-CORTEF .....39	see <i>atomoxetine hcl</i> 31
SELZENTRY .....11	see <i>octreotide inj</i>	SOLU-MEDROL	<i>streptomycin sulfate</i>.....9
SENSIPAR.....36	<i>100mcg/ml</i>.....40	see <i>methylpr ss inj 125mg</i>	STRIBILD 12
SEREVENT DISKUS .....49	SANTYL.....51	.....39	STROMECTOL
SEROQUEL	SAPHRIS .....30	see <i>methylpr ss inj 1gm</i> .39	see <i>ivermectin</i> 10
see <i>quetiapine fumarate</i> 29	<i>selegiline hcl</i> .....28	see <i>methylpr ss inj 40mg</i>	SUBOXONE MIS 12-3MG 33
SEROQUEL XR	<i>selenium sulfide</i> .....50	.....39	SUBOXONE MIS 2-0.5MG
see <i>quetiapine fumarate</i> 29	SELZENTRY .....11	SOMATULINE DEPOT .....40	.....33
<i>sertraline hcl</i> .....27	SENSIPAR.....36	SOMAVERT.....40	SUBOXONE MIS 4-1MG ..33
<i>setlakin tab</i>.....38	SEREVENT DISKUS .....49	SORIATANE	SUBOXONE MIS 8-2MG ..33
<i>sharobel</i>.....38	SEROQUEL	see <i>acitretin</i>.....50	<i>sucralfate</i> .....42
SIGNIFOR .....40	see <i>quetiapine fumarate</i> 29	<i>sorine</i> .....19	<i>sulfacet sod oin 10% op</i> ...47
<i>sildenafil citrate (pulmonary</i>	<i>sertraline hcl</i> .....27	<i>sotalol hcl</i>.....19	<i>sulfacetamide sodium (acne)</i>
<i>hypertension)</i> .....22	<i>setlakin tab</i>.....38	<i>sotalol hcl (afib/afI)</i>.....19	.....50
SILENOR.....31	<i>sharobel</i>.....38	SOVALDI .....13	<i>sulfacetamide sodium</i>
SILVADENE	SIGNIFOR .....40		
see <i>silver sulfadiazine</i> ...50	<i>sildenafil citrate (pulmonary</i>		
see <i>ssd</i>.....50	<i>hypertension)</i> .....22		
<i>silver sulfadiazine</i> .....50	SILENOR.....31		
SIMBRINZA .....48	SILVADENE		
<i>simvastatin</i>.....19	see <i>silver sulfadiazine</i> ...50		
SINEMET	see <i>ssd</i>.....50		
see <i>carbidopa-levodopa</i> 27	<i>silver sulfadiazine</i> .....50		
SINEMET CR	SIMBRINZA .....48		
see <i>carbidopa-levodopa</i> 27	<i>simvastatin</i>.....19		
SINGULAIR	SINEMET		
see <i>montelukast sodium</i> 49	see <i>carbidopa-levodopa</i> 27		
<i>sirolimus</i>.....45	SINGULAIR		
SIRTURO.....12	see <i>montelukast sodium</i> 49		
SIVEXTRO.....10	<i>sirolimus</i>.....45		
<i>sod chloride inj 0.9%</i>.....47	SIRTURO.....12		
<i>sodium chlor sol 0.9% irr</i> ...51	SIVEXTRO.....10		
<i>sodium chloride</i>.....46, 47	<i>sod chloride inj 0.9%</i>.....47		
<i>sodium chloride 0.45%</i>.....47	<i>sodium chlor sol 0.9% irr</i> ...51		
<i>sodium fluoride chew; tab;</i>	<i>sodium chloride</i>.....46, 47		
<i>1.1 (0.5 f) mg/ml soln</i> .....46	<i>sodium chloride 0.45%</i>.....47		
<i>sodium polystyrene sulfonate</i>	<i>sodium fluoride chew; tab;</i>		
<i>oral susp</i> .....36	<i>1.1 (0.5 f) mg/ml soln</i> .....46		
<i>sodium polystyrene sulfonate</i>	<i>sodium polystyrene sulfonate</i>		
<i>powd</i> .....36	<i>oral susp</i> .....36		
SOLTAMOX.....15	<i>sodium polystyrene sulfonate</i>		
SOLU-CORTEF .....39	<i>powd</i> .....36		
SOLU-MEDROL	SOLTAMOX.....15		
see <i>methylpr ss inj 125mg</i>	SOLU-CORTEF .....39		
.....39	SOLU-MEDROL		
see <i>methylpr ss inj 1gm</i> .39	see <i>methylpr ss inj 125mg</i>		
.....39	.....39		
see <i>methylpr ss inj 40mg</i>	see <i>methylpr ss inj 1gm</i> .39		
.....39	see <i>methylpr ss inj 40mg</i>		
SOMATULINE DEPOT .....40	.....39		
SOMAVERT.....40	SOMATULINE DEPOT .....40		
SORIATANE	SOMAVERT.....40		
see <i>acitretin</i>.....50	SORIATANE		
<i>sorine</i> .....19	see <i>acitretin</i>.....50		
<i>sotalol hcl</i>.....19	<i>sorine</i> .....19		
<i>sotalol hcl (afib/afI)</i>.....19	<i>sotalol hcl</i>.....19		
SOVALDI .....13	<i>sotalol hcl (afib/afI)</i>.....19		
	SOVALDI .....13		

(ophth)	47	TAFINLAR	16	release beads cap sr.....	20
sulfacetamide sod-		TAGRISO	16	see <i>tazia xt</i>	20
prednisolone	47	TAMIFLU	13	TIGECYCLINE.....	10
SULFADIAZINE	9	see <i>oseltamivir phosphate</i>		TIKOSYN	
sulfamethoxazole-trimethop		.....	12	see <i>dofetilide</i>	18
ds.....	10	<i>tamoxifen citrate</i>	15	<i>tilia fe</i>	38
sulfamethoxazole-		<i>tamsulosin hcl</i>	42	<i>timolol maleate</i>	20
trimethoprim inj	10	TAPAZOLE		<i>timolol maleate (ophth) soln</i>	
sulfamethoxazole-		see <i>methimazole</i>	40	.....	48
trimethoprim susp	10	TARCEVA.....	16	<i>timolol maleate gel</i>	48
sulfamethoxazole-		TARGETIN.....	51	TIMOPTIC	
trimethoprim tab	10	see <i>bexarotene</i>	16	see <i>timolol maleate</i>	
SULFAMYLON.....	50	<i>tarina fe 1/20</i>	38	(ophth) soln	48
sulfasalazine	41	TASIGNA.....	16	TIMOPTIC-XE	
sulfasalazine ec	41	TAXOTERE	15	see <i>timolol maleate gel</i> .	48
sulindac.....	7	see <i>docetaxel</i>	15	TIVICAY.....	11
sumatriptan inj 4mg/0.5ml.	32	<i>tazarotene</i>	50	<i>tizanidine hcl</i>	33
sumatriptan inj 6mg/0.5ml.	32	<i>tazicef</i>	13	TOBRADEX.....	47
sumatriptan nasal spray....	32	TAZORAC.....	50	see <i>tobramycin-</i>	
sumatriptan succinate	32	see <i>tazarotene</i>	50	<i>dexamethasone</i>	47
SUPRAX	13	<i>tazia xt</i>	20	TOBRADEX ST	47
see <i>cefixime</i>	13	TECENTRIQ.....	15	<i>tobramycin</i>	9
SUPREP BOWEL PREP KIT		TEFLARO	13	<i>tobramycin (ophth)</i>	47
.....	42	TEGRETOL	24	<i>tobramycin inj 1.2 gm/30ml</i> .	9
SURMONTIL		see <i>carbamazepine</i>	22	<i>tobramycin inj 1.2gm</i>	9
see <i>trimipramine maleate</i>		see <i>epitol</i>	23	<i>tobramycin inj 10mg/ml</i>	9
.....	27	TEGRETOL-XR	24	<i>tobramycin inj 40mg/ml</i>	9
SUSTIVA.....	11	see <i>carbamazepine</i>	22	<i>tobramycin inj 80mg/2ml</i>	9
SUTENT.....	16	<i>temazepam</i>	31, 32	<i>tobramycin-dexamethasone</i>	
syeda	38	TENIVAC	45	.....	47
SYLATRON KIT 200MCG.	16	TENORMIN		TOBEX	
SYLATRON KIT 300MCG.	16	see <i>atenolol</i>	19	see <i>tobramycin (ophth)</i> .	47
SYLATRON KIT 600MCG.	16	TERAZOL 7		TOFRANIL	
SYMBICORT.....	50	see <i>terconazole vaginal</i> .	43	see <i>imipramine hcl</i>	26
SYNAGIS	45	<i>terazosin hcl</i>	18	<i>tolterodine tartrate cap er</i> ..	43
SYNALAR		<i>terbinafine hcl</i>	11	<i>tolterodine tartrate tabs</i>	43
see <i>fluocinolone acetonide</i>		<i>terbutaline sulfate</i>	49	TOPAMAX	
.....	50	<i>terconazole vaginal</i>	43	see <i>topiramate</i>	24
SYNAREL	38	<i>testosterone</i>	33	TOPAMAX SPRINKLE	
SYNERCID	10	<i>testosterone cypionate</i>	33	see <i>topiramate</i>	24
SYNRIBO.....	16	<i>testosterone enanthate</i>	33	<i>topiramate</i>	24
SYNTHROID.....	40	TETANUS/DIPHThERIA		<i>toposar</i>	17
see <i>levothyroxine sodium</i>		TOXOID	45	<i>topotecan inj 4mg</i>	17
.....	40	<i>tetrabenazine</i>	32	TOPOTECAN INJ 4MG/4ML	
see <i>levoxyl</i>	40	THALOMID	16	.....	17
see <i>unithroid</i>	40	<i>theophylline</i>	50	TOPROL XL	
SYPRINE	36	<i>thioridazine hcl</i>	30	see <i>metoprolol succinate</i>	
T		<i>thiothixene</i>	30	.....	20
TABLOID.....	15	<i>tiagabine hcl</i>	24	<i>toremide tabs</i>	21
<i>tacrolimus</i>	45	TIAZAC		TOVIAZ.....	43
<i>tacrolimus (topical)</i>	51	see <i>diltiazem hcl extended</i>		<i>tpn electrolytes</i>	46

TRACLEER.....	22	<i>trinessa lo</i>	38	see <i>potassium citrate</i>
TRADJENTA.....	35	TRI-NORINYL 28		(<i>alkalinizer</i>) <i>er tabs</i>
<i>tramadol hcl</i>	7	see <i>aranelle</i>	36	UROCIT-K 15
<i>trandolapril</i>	17, 18	see <i>leena</i>	37	see <i>potassium citrate</i>
<i>tranexamic acid</i>	44	TRINTELLIX	27	(<i>alkalinizer</i>) <i>er tabs</i>
TRANSDERM-SCOP	41	<i>tri-previfem</i>	38	UROCIT-K 5
TRANXENE T		TRISENOX	16	see <i>potassium citrate</i>
see <i>clorazepate</i>		<i>tri-sprintec</i>	38	(<i>alkalinizer</i>) <i>er tabs</i>
<i>dipotassium</i>	23	TRIUMEQ	12	UROXATRAL
<i>tranylcypromine sulfate</i>	27	<i>trivora-28</i>	38	see <i>alfuzosin hcl</i>
TRAVASOL.....	46	TRIZIVIR		URSO 250
TRAVATAN Z.....	48	see <i>abacavir sulfate-</i>		see <i>ursodiol</i>
<i>trazodone hcl</i>	27	<i>lamivudine-zidovudine</i> ...	12	URSO FORTE
<i>trazodone tab 150mg</i>	27	TROPHAMINE INJ 10% ...	46	see <i>ursodiol</i>
TRECATOR	12	TRULICITY	34	<i>ursodiol</i>
TRELSTAR DEP INJ		TRUMENBA.....	45	V
3.75MG	15	TRUSOPT		VAGIFEM
TRELSTAR LA INJ 11.25MG		see <i>dorzolamide hcl</i>	48	see <i>yuvafem vaginal tablet</i>
.....	15	TRUVADA TAB 100-150...	12	<i>10 mcg</i>
TRESIBA FLEXTOUCH...	34	TRUVADA TAB 133-200...	12	<i>valacyclovir hcl</i>
<i>tretinoin</i>	50	TRUVADA TAB 167-250...	12	VALCHLOR
<i>tretinoin (chemotherapy)</i> ...	16	TRUVADA TAB 200-300...	12	VALCYTE
<i>triamcinolone acetonide</i>		TWINRIX INJ	45	see <i>valganciclovir hcl</i> ...
(<i>mouth</i>)	52	TYBOST	11	<i>valganciclovir hcl</i>
<i>triamcinolone acetonide</i>		TYKERB	16	VALIUM
(<i>topical</i>)	51	TYLENOL/CODEINE #3		see <i>diazepam</i>
<i>triamterene &</i>		see <i>acetaminophen w/</i>		<i>valproate sodium oral soln</i>
<i>hydrochlorothiazide</i>	21	<i>codeine</i>	7	<i>valproate sodium soln</i>
<i>triamterene &</i>		TYLENOL/CODEINE #4		<i>100mg/ml</i>
<i>hydrochlorothiazide cap</i>		see <i>acetaminophen w/</i>		<i>valproic acid</i>
<i>37.5-25 mg</i>	21	<i>codeine</i>	7	<i>valsartan</i>
TRIBENZOR		TYPHIM VI.....	45	<i>valsartan-</i>
see <i>olmesartan</i>		TYSABRI	33	<i>hydrochlorothiazide</i>
<i>medoxomil-amlodipine-</i>		U		VALTRESX
<i>hydrochlorothiazide</i>	18	ULORIC	7	see <i>valacyclovir hcl</i>
TRICOR		ULTRAM		VANCOCIN HCL
see <i>fenofibrate</i>	19	see <i>tramadol hcl</i>	7	see <i>vancomycin hcl</i>
<i>trifluoperazine hcl</i>	30	ULTRAVATE		<i>vancomycin hcl</i>
<i>trifluridine</i>	47	see <i>halobetasol</i>		VANCOMYCIN IN NAACL ..
<i>trihexyphenidyl hcl</i>	28	<i>propionate</i>	51	<i>vandazole</i>
<i>tri-legest fe</i>	38	UNASYN		VAQTA
TRILEPTAL		see <i>ampicillin & sulbactam</i>		VARIVAX
see <i>oxcarbazepine</i>	24	<i>sodium</i>	14	VASCEPA.....
<i>tri-linyah</i>	38	UNASYN BULK PACK		VASERETIC
<i>tri-lo- tab marzia</i>	38	see <i>ampicillin & sulbactam</i>		see <i>enalapril maleate &</i>
<i>tri-lo-estarylla</i>	38	<i>sodium</i>	14	<i>hydrochlorothiazide</i>
<i>tri-lo-sprintec</i>	38	<i>unithroid</i>	40	VASOTEC
<i>trilyte</i>	42	URECHOLINE		see <i>enalapril maleate</i>
<i>trimethoprim</i>	10	see <i>bethanechol chloride</i>		VELCADE
<i>trimipramine maleate</i>	27	.....	42	<i>velivet</i>
<i>trinessa</i>	38	UROCIT-K 10		VEMLIDY.....

VENCLEXTA.....	15	VOLTAREN	see <i>diclofenac sodium</i>	see <i>lidocaine inj 0.5%</i>	9
VENCLEXTA STARTING		<i>(topical) 1% gel</i>	51	see <i>lidocaine inj 1%</i>	9
PACK	15	<i>voriconazole</i>	11	see <i>lidocaine inj 2%</i>	9
<i>venlafaxine hcl</i>	27	VOTRIENT.....	16	XYLOCAINE-MPF	
VENTAVIS	22	VRAYLAR	30	see <i>lidocaine inj 0.5%</i>	9
VENTOLIN HFA.....	49	VRAYLAR THERAPY PACK		see <i>lidocaine inj 1%</i>	9
<i>verapamil cap er</i>	20	.....	30	see <i>lidocaine inj 1.5%</i>	9
<i>verapamil hcl</i>	20	<i>vyfemla</i>	38	XYREM.....	33
<i>verapamil tab er</i>	20	W		XYZAL	
VERELAN		<i>warfarin sodium</i>	43	see <i>levocetirizine</i>	
see <i>verapamil cap er</i>	20	WELCHOL.....	19	<i>dihydrochloride</i>	49
VERELAN PM		WELLBUTRIN SR		Y	
see <i>verapamil cap er</i>	20	see <i>bupropion hcl</i>	25	YASMIN 28	
VERSACLOZ	30	WELLBUTRIN XL		see <i>drospirenone-ethinyl</i>	
VESICARE.....	43	see <i>bupropion hcl</i>	25	<i>estradiol</i>	36
<i>vestura</i>	38	X		see <i>ocella</i>	38
VFEND		XALATAN		see <i>syeda</i>	38
see <i>voriconazole</i>	11	see <i>latanoprost</i>	48	see <i>zarah</i>	38
VFEND IV		XALKORI	16	YAZ	
see <i>voriconazole</i>	11	XANAX		see <i>drospirenone-ethinyl</i>	
VIBRAMYCIN		see <i>alprazolam tab</i>		<i>estradiol</i>	36
see <i>doxycycline hyclate</i>	14	<i>0.25mg</i>	22	see <i>gianvi</i>	37
VICTOZA	34	see <i>alprazolam tab 0.5mg</i>		see <i>loryna</i>	37
VIDAZA		.....	22	see <i>nikki</i>	37
see <i>azacitidine</i>	15	see <i>alprazolam tab 1mg</i>	22	see <i>vestura</i>	38
VIDEX EC		see <i>alprazolam tab 2 mg</i>		YERVOY.....	15
see <i>didanosine</i>	11	.....	22	YF-VAX.....	45
VIDEX PEDIATRIC	11	XARELTO	43	<i>yuvafem vaginal tablet 10</i>	
<i>vienva</i>	38	XARELTO STARTER PACK		<i>mcg</i>	39
VIGAMOX	47	.....	43	Z	
see <i>moxifloxacin hcl</i>		XATMEP	44	<i>zafirlukast</i>	49
<i>(ophth)</i>	47	XELJANZ	44	ZANAFLEX	
VIIBRYD STARTER PACK		XELJANZ XR	44	see <i>tizanidine hcl</i>	33
.....	27	XENAZINE		ZANTAC	
VIIBRYD TAB.....	27	see <i>tetrabenazine</i>	32	see <i>ranitidine hcl</i>	41
VIMPAT.....	24, 25	XGEVA	40	see <i>ranitidine hcl inj</i>	41
<i>viorele</i>	38	XIFAXAN	42	<i>zarah</i>	38
VIRACEPT	11	XIGDUO XR TAB 10-		ZARONTIN	
VIRAMUNE		1000MG	36	see <i>ethosuximide</i>	23
see <i>nevirapine susp 50</i>		XIGDUO XR TAB 10-500MG		ZAVESCA.....	39
<i>mg/5ml</i>	11	.....	36	<i>zazole cream 0.8%</i>	43
see <i>nevirapine tab 200mg</i>		XIGDUO XR TAB 5-1000MG		ZEJULA	15
.....	11	.....	36	ZELBORAF	16
VIRAMUNE XR		XIGDUO XR TAB 5-500MG		ZEMAIRA.....	49
see <i>nevirapine tb24</i>	11	.....	35	ZEMPLAR	
VIREAD.....	11	XOLAIR.....	49	see <i>paricalcitol</i>	47
VIROPTIC		XTANDI.....	15	<i>zenatane</i>	50
see <i>trifluridine</i>	47	<i>xulane</i>	38	<i>zenchent</i>	38
VISTARIL		XYLOCAINE		ZENPEP	42
see <i>hydroxyzine pamoate</i>		see <i>lidocaine hcl</i>	51	ZERIT	11
.....	49			see <i>stavudine</i>	11

ZESTORETIC	see <i>ondansetron hcl oral soln</i>.....41	see <i>piper/tazoba inj 36-4.5gm</i> 14
see <i>lisinopril & hydrochlorothiazide</i> .....17	ZOFRAN ODT	see <i>piper/tazoba inj 4-0.5gm</i> 14
ZESTRIL	see <i>ondansetron odt</i>.....41	<i>zovia 1/35e</i> .....38
see <i>lisinopril</i>.....17	<i>zoledronic acid</i> .....36	<i>zovia 1/50e</i> .....38
ZETIA	ZOLEDRONIC INJ 4MG ...36	ZOVIRAX
see <i>ezetimibe</i> .....19	<i>zoledronic inj 4mg/5ml</i> .....36	see <i>acyclovir</i> 12
ZIAC	ZOLINZA.....15	ZYBAN
see <i>bisoprolol & hydrochlorothiazide</i> .....19	ZOLOFT	see <i>bupropion hcl (smoking deterrent)</i> 33
ZIAGEN.....12	see <i>sertraline hcl</i> .....27	ZYDELIG 16
see <i>abacavir sulfate</i> .....11	<i>zolpidem tartrate</i> .....32	ZYKADIA 16
<i>zidovudine cap 100mg</i> .....12	ZOMETA	ZYLET .....47
<i>zidovudine syp 50mg/5ml</i> .12	see <i>zoledronic inj 4mg/5ml</i> .....36	ZYLOPRIM
<i>zidovudine tab 300mg</i>.....12	ZONEGRAN	see <i>allopurinol tab</i> .....7
ZINACEF	see <i>zonisamide</i> .....25	ZYPREXA
see <i>cefuroxime sodium</i> ..13	<i>zonisamide</i>.....25	see <i>olanzapine</i> .....29
ZINECARD	ZONTIVITY .....44	ZYPREXA RELPREVV .....30
see <i>dexrazoxane</i> .....17	ZORTRESS TAB 0.25MG.45	ZYPREXA RELPREVV 210MG.....30
<i>ziprasidone hcl</i> .....30	ZORTRESS TAB 0.5MG...45	ZYPREXA ZYDIS
ZIRGAN .....47	ZORTRESS TAB 0.75MG.45	see <i>olanzapine</i> .....29
ZITHROMAX	ZOSTAVAX.....45	ZYTIGA.....15
see <i>azithromycin</i> .....13	ZOSYN	ZYVOX
ZOCOR	see <i>piper/tazoba inj 2-0.25gm</i> 14	see <i>linezolid</i> 10
see <i>simvastatin</i>.....19	see <i>piper/tazoba inj 3-0.375gm</i> 14	
ZOFRAN		
see <i>ondansetron hcl</i> .....41		



MASSACHUSETTS

P.O. Box 52429, Phoenix, AZ 85072-2429

This formulary was updated on 09/01/2017. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit Groups.RxMedicarePlans.com.

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

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

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

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-543-4917. TTY/TDD users should call 711.

Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

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

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2017 Blue Cross and Blue Shield of Massachusetts, Inc.