



MASSACHUSETTS

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

| Blue MedicareRxSM (PDP)

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

\$5 / \$10 / \$25

\$5 / \$15 / \$30

\$10 / \$15 / \$30

\$10 / \$20 / \$35

\$10 / \$25 / \$40

\$10 / \$25 / \$45

\$10 / \$25 / \$50

\$10 / \$30 / \$65

\$15 / \$30 / \$50

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 54. 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 54.

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 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 1	
COLCRYS QL (120 tabs / 30 days)	Tier 2	QL
MITIGARE QL (60 caps / 30 days)	Tier 2	QL
<i>probenecid</i>	Tier 1	
ULORIC	Tier 2	ST
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	Tier 1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 1	QL
<i>diclofenac potassium</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24; TBEC	Tier 1	
<i>diflunisal</i>	Tier 1	
<i>etodolac</i> CAPS	Tier 1	
<i>etodolac</i> (generic of LODINE) TABS 400mg	Tier 1	
<i>etodolac</i> TABS 500mg	Tier 1	
<i>etodolac er</i>	Tier 1	
<i>flurbiprofen</i> TABS	Tier 1	
<i>ibuprofen</i> SUSP	Tier 1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ketoprofen</i> CAPS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>meloxicam</i> (generic of MOBIC) TABS	Tier 1	
<i>nabumetone</i> TABS	Tier 1	
<i>naproxen</i> (generic of NAPROSYN) SUSP	Tier 1	
<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>naproxen sodium</i> TABS 275mg	Tier 1	
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	Tier 1	
<i>piroxicam</i> (generic of FELDENE) CAPS	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>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	Tier 3	
<i>nalbuphine hcl</i> SOLN	Tier 3	
<i>tramadol hcl</i> (generic of ULTRAM) TABS QL (240 tabs / 30 days)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i> (generic of ULTRACET) QL (240 tabs / 30 days)	Tier 1	QL	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i> (generic of HYCET) QL (5400 mL / 30 days)	Tier 1	QL
OPIOID ANALGESICS, CII					
<i>endocet</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 1	QL
<i>fentanyl citrate</i> (generic of ACTIQ) LPOP QL (120 lozenges / 30 days)	Tier 1	QL PA	<i>hydromorphone hcl</i> (generic of DILAUDID) LIQD	Tier 1	
<i>fentanyl patch 12 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL	<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	Tier 3	B/D
<i>fentanyl patch 25 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	QL	<i>hydromorphone hcl</i> (generic of DILAUDID) TABS QL (270 tabs / 30 days)	Tier 1	QL
<i>fentanyl patch 50 mcg/hr</i> (generic of DURAGESIC) QL (10 patches / 30 days)	Tier 1	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 1	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 1	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 7.5-325</i> (generic of NORCO) QL (360 tabs / 30 days)	Tier 1	QL	<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	Tier 1	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 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl 10mg</i> (generic of DOLOPHINE) QL (180 tabs / 30 days)	Tier 1	QL
<i>methadone hcl intensol</i> (generic of METHADOSE) QL (120 mL / 30 days)	Tier 1	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 15mg, 30mg, 60mg, 100mg QL (90 tabs / 30 days)	Tier 1	QL
<i>morphine ext-rel tab</i> (generic of MS CONTIN) 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>morphine sul inj 1mg/ml</i> 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> MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml, 150mg/30ml	Tier 3	B/D
<i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml	Tier 3	B/D
<i>morphine sulfate</i> TABS QL (180 tabs / 30 days)	Tier 1	QL
<i>morphine sulfate oral sol</i> NUCYNTA ER 50mg, 100mg QL (120 tabs / 30 days)	Tier 1	
NUCYNTA ER 150mg, 200mg, 250mg QL (60 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> CAPS QL (180 caps / 30 days)	Tier 1	QL
<i>oxycodone hcl</i> CONC	Tier 1	
<i>oxycodone hcl</i> SOLN	Tier 1	
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> TABS 10mg, 20mg QL (180 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 2.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 7.5-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen 10-325mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 1	QL
<i>oxycodone w/ acetaminophen soln</i> QL (1800 mL / 30 days)	Tier 1	QL
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE) .5%	Tier 1	B/D
<i>lidocaine inj 0.5%</i> (generic of XYLOCAINE-MPF) .5%	Tier 1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE) 1%	Tier 1	B/D
<i>lidocaine inj 1%</i> (generic of XYLOCAINE-MPF) 1%	Tier 1	B/D
<i>lidocaine inj 1.5%</i> (generic of XYLOCAINE-MPF)	Tier 1	B/D
<i>lidocaine inj 2%</i> (generic of XYLOCAINE)	Tier 1	B/D
ANTI-INFECTIVES		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	Tier 1	
<i>gentamicin in saline</i>	Tier 1	
<i>gentamicin sulfate</i> SOLN	Tier 1	
<i>neomycin sulfate</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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate</i> CAPS	Tier 1	
<i>streptomycin sulfate</i> SOLR	Tier 1	
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 1	
<i>tobramycin inj 1.2gm</i>	Tier 1	
<i>tobramycin inj 10mg/ml</i>	Tier 1	
<i>tobramycin inj 40mg/ml</i>	Tier 1	
<i>tobramycin inj 80mg/2ml</i>	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA	Tier 2	
ALINIA	Tier 2	
<i>atovaquone</i> (generic of MEPRON) SUSP	Tier 1	
AZACTAM/DEX INJ	Tier 3	
<i>aztreonam</i> (generic of AZACTAM)	Tier 1	
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 1	
CLINDAMYCIN PHOSPHATE IN NAACL	Tier 3	
<i>clindamycin phosphate inj</i> (generic of CLEOCIN PHOSPHATE)	Tier 1	
<i>clindamycin soln 75mg/5ml</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR	Tier 1	
<i>dapsone</i> TABS	Tier 1	
<i>daptomycin</i> (generic of CUBICIN)	Tier 1	
EMVERM	Tier 1	
<i>imipenem-cilastatin</i> (generic of PRIMAXIN IV)	Tier 1	
INVANZ	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i> (generic of STROMEKTOL) TABS	Tier 1	
<i>linezolid</i> (generic of ZYVOX) Tier 1	Tier 1	
<i>linezolid in sodium chloride</i>	Tier 1	
<i>meropenem</i> (generic of MERREM)	Tier 1	
<i>methenamine hippurate</i> (generic of HIPREX)	Tier 1	
<i>metronidazole</i> (generic of FLAGYL) TABS	Tier 1	
<i>metronidazole in nacl</i>	Tier 1	
NEBUPENT	Tier 3	B/D
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) 50mg, 100mg PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 3	PA
PENTAM 300	Tier 3	
SIVEXTRO	Tier 2	
<i>sulfamethoxazole-trimethoprim ds</i> (generic of BACTRIM DS)	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> SUSP	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (generic of BACTRIM) TABS	Tier 1	
<i>sulfamethoxazole-trimethoprim inj</i>	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 1	
VANCOMYCIN IN NAACL	Tier 3	
ANTIFUNGALS		
ABELCET	Tier 2	B/D
AMBISOME	Tier 2	B/D
<i>amphotericin b</i> SOLR	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
CANCIDAS	Tier 2	
<i>fluconazole</i> (generic of DIFLUCAN) SUSR	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 50mg, 100mg, 200mg	Tier 1	
<i>fluconazole</i> (generic of DIFLUCAN) TABS 150mg	Tier 1	
<i>fluconazole in dextrose</i>	Tier 1	
FLUCONAZOLE INJ NACL 100	Tier 2	
<i>fluconazole inj nacl 200</i>	Tier 1	
<i>fluconazole inj nacl 400</i>	Tier 1	
<i>flucytosine</i> (generic of ANCOBON) CAPS	Tier 1	
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i> (generic of GRIS-PEG)	Tier 1	
<i>itraconazole</i> (generic of SPORANOX) CAPS	Tier 1	PA
<i>ketoconazole</i> TABS	Tier 1	PA
MYCAMINE	Tier 2	
NOXAFIL SUSP QL (630 mL / 30 days)	Tier 2	QL
NOXAFIL TBEC QL (93 tabs / 30 days)	Tier 2	QL
<i>nystatin</i> TABS	Tier 1	
<i>terbinafine hcl</i> (generic of LAMISIL) TABS QL (90 tabs / 365 days)	Tier 1	QL
<i>voriconazole</i> (generic of VFEND IV) SOLR	Tier 1	
<i>voriconazole</i> (generic of VFEND) SUSR; TABS	Tier 1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> (generic of MALARONE)	Tier 1	
<i>chloroquine phosphate</i> TABS	Tier 1	
COARTEM	Tier 3	
<i>mefloquine hcl</i>	Tier 1	
PRIMAQUINE PHOSPHATE	Tier 2	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS	Tier 1	PA
ANTIRETROVIRAL AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
<i>abacavir sulfate</i> (generic of ZIAGEN)	Tier 1	NMO
APTIVUS	Tier 2	NMO
CRIXIVAN	Tier 3	NMO
<i>didanosine</i> (generic of VIDEX EC)	Tier 1	NMO
EDURANT	Tier 2	NMO
EMTRIVA	Tier 2	NMO
FUZEON	Tier 2	NMO
INTELENCE 25mg	Tier 3	NMO
INTELENCE 100mg, 200mg	Tier 2	NMO
INVIRASE	Tier 2	NMO
ISENTRESS CHEW 25mg	Tier 2	NMO
ISENTRESS CHEW 100mg	Tier 2	NMO
ISENTRESS PACK	Tier 2	NMO
ISENTRESS TABS	Tier 2	NMO
ISENTRESS HD	Tier 2	NMO
<i>lamivudine</i> (generic of EPIVIR)	Tier 1	NMO
LEXIVA SUSP	Tier 3	NMO
LEXIVA TABS	Tier 2	NMO
<i>nevirapine</i> (generic of VIRAMUNE) SUSP; TABS	Tier 1	NMO
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24	Tier 1	NMO
NORVIR	Tier 2	NMO
PREZISTA SUSP QL (400 mL / 30 days)	Tier 2	QL NMO
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 600mg QL (60 tabs / 30 days)	Tier 2	QL NMO
PREZISTA TABS 800mg QL (30 tabs / 30 days)	Tier 2	QL NMO
RESCRIPTOR	Tier 3	NMO
RETROVIR IV INFUSION	Tier 3	NMO
REYATAZ	Tier 2	NMO
SELZENTRY SOLN	Tier 2	NMO
SELZENTRY TABS 25mg	Tier 3	NMO
SELZENTRY TABS 75mg, 150mg, 300mg	Tier 2	NMO
<i>stavudine</i> (generic of ZERIT)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
SUSTIVA CAPS 50mg	Tier 3	NMO
SUSTIVA CAPS 200mg	Tier 2	NMO
SUSTIVA TABS	Tier 2	NMO
TIVICAY 10mg	Tier 2	NMO
TIVICAY 25mg, 50mg	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
<i>zidovudine cap 100mg</i> (generic of RETROVIR)	Tier 1	NMO
<i>zidovudine syp 50mg/5ml</i> (generic of RETROVIR)	Tier 1	NMO
<i>zidovudine tab 300mg</i>	Tier 1	NMO

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i> (generic of EPZICOM)	Tier 1	NMO
<i>abacavir sulfate-lamivudine-</i> <i>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 1	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	
------------------	--------	--

Drug Name	Drug Tier	Requirements/Limits
<i>cycloserine</i> CAPS	Tier 1	
<i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS	Tier 1	
<i>isoniazid</i> TABS	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 1	
PASER D/R	Tier 3	
PRIFTIN	Tier 3	
<i>pyrazinamide</i> TABS	Tier 1	
<i>rifabutin</i> (generic of MYCOBUTIN)	Tier 1	
<i>rifampin</i> (generic of RIFADIN) CAPS; SOLR	Tier 1	
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 1	
<i>acyclovir sodium</i>	Tier 1	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 1	
<i>famciclovir</i> (generic of FAMVIR) TABS 500mg	Tier 1	
<i>ganciclovir inj 500mg</i> (generic of CYTOVENE)	Tier 1	B/D
<i>lamivudine (hbv)</i> (generic of EPIVIR HBV)	Tier 1	NMO
<i>moderiba tab 200mg</i> (generic of COPEGUS)	Tier 1	NMO
<i>oseltamivir phosphate</i> (generic of TAMIFLU) 30mg QL (168 caps / year)	Tier 1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) 45mg, 75mg QL (84 caps / year)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
PEGASYS	Tier 2	NMO PA
PEGASYS PROCLICK	Tier 2	NMO PA
REBETOL SOLN	Tier 2	NMO
RELENZA DISKHALER QL (6 inhalers / year)	Tier 2	QL
<i>ribasphere</i> (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribasphere</i> (generic of COPEGUS) TABS 200mg	Tier 1	NMO
<i>ribasphere</i> TABS 400mg, 600mg	Tier 1	NMO
<i>ribavirin</i> 200mg (generic of REBETOL) CAPS	Tier 1	NMO
<i>ribavirin</i> 200mg (generic of COPEGUS) TABS	Tier 1	NMO
<i>rimantadine hydrochloride</i> (generic of FLUMADINE)	Tier 1	
SOVALDI	Tier 2	NMO PA
TAMIFLU SUSR QL (1080 mL / year)	Tier 2	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS	Tier 1	
<i>valganciclovir hcl</i> (generic of VALCYTE)	Tier 1	
VEMLIDY	Tier 2	NMO
CEPHALOSPORINS		
<i>cefaclor</i>	Tier 1	
CEFACLOR MONOHYDRATE ER	Tier 3	
<i>cefadroxil</i> CAPS	Tier 1	
<i>cefadroxil</i> SUSR; TABS	Tier 1	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	Tier 2	
<i>cefazolin inj</i>	Tier 1	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	Tier 1	
CEFAZOLIN SODIUM 1 GM/50ML	Tier 2	
<i>cefdinir</i>	Tier 1	
<i>cefepime hcl</i> (generic of MAXIPIME)	Tier 1	
<i>cefixime</i> (generic of SUPRAX)	Tier 1	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	Tier 1	
<i>cefoxitin sodium</i>	Tier 1	
<i>cefpodoxime proxetil</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i>	Tier 1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR	Tier 1	
CEFTAZIDIME/DEXTROSE	Tier 3	
<i>ceftriaxone sodium</i> (generic of ROCEPHIN) SOLR 1gm	Tier 1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 1	
<i>cefuroxime axetil</i> (generic of CEFTIN)	Tier 1	
<i>cefuroxime sodium</i> (generic of ZINACEF)	Tier 1	
<i>cephalexin</i> (generic of KEFLEX) CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR	Tier 1	
SUPRAX CAPS	Tier 2	
SUPRAX CHEW	Tier 3	
SUPRAX SUSR 500mg/5ml	Tier 2	
<i>tazicef</i> (generic of FORTAZ) SOLR	Tier 1	
TEFLARO	Tier 2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) SOLR; SUSR	Tier 1	
<i>azithromycin</i> (generic of ZITHROMAX) TABS	Tier 1	
<i>clarithromycin</i> (generic of BIAXIN) TABS	Tier 1	
<i>clarithromycin er</i> (generic of BIAXIN XL)	Tier 1	
<i>clarithromycin for susp</i> 125mg/5ml	Tier 1	
<i>clarithromycin for susp</i> (generic of BIAXIN) 250mg/5ml	Tier 1	
DIFICID	Tier 2	
<i>e.e.s 400</i>	Tier 1	
<i>ery-tab</i>	Tier 1	
ERYTHROCIN LACTOBIONATE	Tier 3	
<i>erythrocin stearate</i>	Tier 1	
<i>erythromycin base</i>	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin cap 250mg ec</i>	Tier 1		<i>ampicillin & sulbactam sodium (generic of UNASYN BULK PACK)</i>	Tier 1	
<i>erythromycin ethylsuccinate TABS</i>	Tier 1		<i>ampicillin cap 250 mg</i>	Tier 1	
FLUOROQUINOLONES			<i>ampicillin cap 500 mg</i>	Tier 1	
<i>ciprofloxacin (generic of CIPRO) SUSR</i>	Tier 1		<i>ampicillin for susp 125 mg/5ml</i>	Tier 1	
<i>ciprofloxacin hcl tab 100mg</i>	Tier 1		<i>ampicillin for susp 250 mg/5ml</i>	Tier 1	
<i>ciprofloxacin hcl tab (generic of CIPRO) 250mg, 500mg</i>	Tier 1		<i>ampicillin inj</i>	Tier 1	
<i>ciprofloxacin hcl tab 750mg</i>	Tier 1		<i>ampicillin sodium</i>	Tier 1	
<i>ciprofloxacin in d5w</i>	Tier 1		BICILLIN L-A	Tier 3	
<i>ciprofloxacin in d5w (generic of CIPRO I.V.-IN D5W)</i>	Tier 1		<i>dicloxacillin sodium</i>	Tier 1	
<i>ciprofloxacin inj</i>	Tier 1		<i>nafcillin sodium 1gm, 2gm</i>	Tier 1	
<i>levofloxacin (generic of LEVAQUIN) TABS</i>	Tier 1		<i>nafcillin sodium 10gm</i>	Tier 1	
<i>levofloxacin in d5w</i>	Tier 1		<i>oxacillin sodium 1gm, 2gm</i>	Tier 1	
<i>levofloxacin inj 25mg/ml</i>	Tier 1		<i>oxacillin sodium 10gm</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1		PENICILLIN G POT IN DEXTROSE 2MU	Tier 3	
PENICILLINS			PENICILLIN G POT IN DEXTROSE 3MU	Tier 3	
<i>amoxicillin CAPS; SUSR; TABS</i>	Tier 1		PENICILLIN G PROCAINE	Tier 3	
<i>amoxicillin CHEW</i>	Tier 1		<i>penicillin g sodium</i>	Tier 1	
<i>amoxicillin & pot clavulanate CHEW</i>	Tier 1		<i>penicillin v potassium SOLR</i>	Tier 1	
<i>amoxicillin & pot clavulanate SUSR</i>	Tier 1		<i>penicillin v potassium TABS</i>	Tier 1	
<i>amoxicillin & pot clavulanate (generic of AUGMENTIN) SUSR</i>	Tier 1		<i>penicillin gk inj 5mu</i>	Tier 1	
<i>amoxicillin & pot clavulanate (generic of AUGMENTIN ES-600) SUSR</i>	Tier 1		<i>penicillin gk inj 20mu</i>	Tier 1	
<i>amoxicillin & pot clavulanate TABS</i>	Tier 1		<i>pfizerpen-g inj 5mu</i>	Tier 1	
<i>amoxicillin & pot clavulanate (generic of AUGMENTIN) TABS</i>	Tier 1		<i>pfizerpen-g inj 20mu</i>	Tier 1	
<i>amoxicillin & pot clavulanate (generic of AUGMENTIN XR) TB12</i>	Tier 1		<i>piper/tazoba inj 2-0.25gm (generic of ZOSYN)</i>	Tier 1	
<i>ampicillin & sulbactam sodium</i>	Tier 1		<i>piper/tazoba inj 3-0.375gm (generic of ZOSYN)</i>	Tier 1	
<i>ampicillin & sulbactam sodium (generic of UNASYN)</i>	Tier 1		<i>piper/tazoba inj 4-0.5gm (generic of ZOSYN)</i>	Tier 1	
			PIPER/TAZOBA INJ 12-1.5GM	Tier 3	
			<i>piper/tazoba inj 36-4.5gm (generic of ZOSYN)</i>	Tier 1	
			TETRACYCLINES		
			<i>doxy 100</i>	Tier 1	
			<i>doxycycline (monohydrate) CAPS 50mg</i>	Tier 1	
			<i>doxycycline (monohydrate) (generic of MONODOX) CAPS 100mg</i>	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> TABS	Tier 1	
<i>doxycycline hyclate</i> CAPS 50mg	Tier 1	
<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	Tier 1	
<i>doxycycline hyclate</i> SOLR	Tier 1	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	Tier 1	
<i>minocycline hcl</i> (generic of MINOCIN) CAPS 50mg, 100mg	Tier 1	
<i>minocycline hcl</i> CAPS 75mg	Tier 1	
<i>morgidox cap 1x50mg</i>	Tier 1	

**ANTINEOPLASTIC AGENTS
ALKYLATING AGENTS**

BENDEKA	Tier 2	B/D NMO
<i>busulfan</i> (generic of BUSULFEX)	Tier 1	B/D
CYCLOPHOSPHAMIDE CAPS	Tier 3	B/D
<i>cyclophosphamide</i> SOLR	Tier 1	B/D
<i>dacarbazine</i>	Tier 1	B/D
EMCYT	Tier 3	
GLEOSTINE	Tier 3	
HEXALEN	Tier 2	
IFEX INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 1gm</i> (generic of IFEX)	Tier 1	B/D
<i>ifosfamide inj 1gm/20ml</i>	Tier 1	B/D
IFOSFAMIDE INJ 3GM	Tier 3	B/D
<i>ifosfamide inj 3gm/60ml</i>	Tier 1	B/D
LEUKERAN	Tier 3	
<i>melphalan hcl</i> (generic of ALKERAN)	Tier 1	B/D
MUSTARGEN	Tier 2	B/D

ANTHRACYCLINES

<i>adriamycin</i>	Tier 1	B/D
<i>doxorubicin hcl</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i> (generic of DOXIL)	Tier 1	B/D
<i>doxorubicin hcl soln 2mg/ml</i>	Tier 1	B/D
<i>epirubicin hcl</i> (generic of ELLENCE)	Tier 1	B/D

ANTIBIOTICS

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate</i>	Tier 1	B/D
<i>mitomycin</i> SOLR	Tier 1	B/D

ANTIMETABOLITES

<i>adrucil</i>	Tier 1	B/D
ALIMTA	Tier 2	B/D
<i>azacitidine</i> (generic of VIDAZA)	Tier 1	B/D NMO
<i>cladribine</i>	Tier 1	B/D
<i>cytarabine 20mg/ml</i>	Tier 1	B/D
<i>fludarabine phosphate</i>	Tier 1	B/D
<i>fluorouracil</i> SOLN	Tier 1	B/D
<i>gemcitabine inj soln</i>	Tier 1	B/D
<i>gemcitabine inj solr</i> (generic of GEMZAR) 1gm, 200mg	Tier 1	B/D
<i>gemcitabine inj solr 2gm</i>	Tier 1	B/D
<i>mercaptopurine</i> TABS	Tier 1	
<i>methotrexate sodium inj</i>	Tier 1	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
<i>paclitaxel</i>	Tier 1	B/D
TAXOTERE 80mg/4ml	Tier 2	B/D

ANTIMITOTIC, VINCA ALKALOIDS

<i>vinblastine sulfate</i>	Tier 1	B/D
<i>vincasar pfs</i>	Tier 1	B/D
<i>vincristine sulfate</i>	Tier 1	B/D
<i>vinorelbine tartrate</i> (generic of NAVELBINE)	Tier 1	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
KADCYLA	Tier 2	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
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
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 1	
DEPO-PROVERA INJ 400/ML	Tier 3	B/D
<i>exemestane</i> (generic of AROMASIN)	Tier 1	
FARESTON	Tier 2	
FASLODEX	Tier 2	B/D
<i>flutamide</i>	Tier 1	
<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 1	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

Drug Name	Drug Tier	Requirements/Limits
<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
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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene</i> (generic of TARGRETIN)	Tier 1	NMO PA
DROXIA	Tier 2	
<i>hydroxyurea</i> (generic of HYDREA) CAPS	Tier 1	
LONSURF	Tier 2	NMO PA
MATULANE	Tier 2	LA
<i>mitoxantrone hcl</i>	Tier 1	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 1	B/D
<i>cisplatin</i>	Tier 1	B/D
<i>oxaliplatin inj 50mg</i>	Tier 1	B/D
<i>oxaliplatin inj 50mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg</i>	Tier 1	B/D
<i>oxaliplatin inj 100mg/20ml</i>	Tier 1	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane</i> (generic of ZINECARD)	Tier 1	B/D
ELITEK	Tier 2	B/D
<i>leucovorin calcium</i> SOLR	Tier 1	B/D
<i>leucovorin calcium</i> TABS	Tier 1	
<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 1	B/D
MESNEX TABS	Tier 2	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN	Tier 1	B/D
<i>irinotecan hcl</i> (generic of CAMPTOSAR) 40mg/2ml, 100mg/5ml	Tier 1	B/D
<i>irinotecan hcl</i> 500mg/25ml	Tier 1	B/D
<i>toposar</i>	Tier 1	B/D
<i>topotecan inj 4mg</i> (generic of HYCAMTIN)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
TOPOTECAN INJ 4MG/4ML	Tier 2	B/D
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine--benazepril hcl</i> cap 10-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 2.5-10 mg	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-10 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-20 mg (generic of LOTREL)	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 5-40 mg	Tier 1	
<i>amlodipine-benazepril hcl</i> cap 10-40mg (generic of LOTREL)	Tier 1	
<i>benazepril & hydrochlorothiazide</i>	Tier 1	
<i>benazepril & hydrochlorothiazide</i> (generic of LOTENSIN HCT)	Tier 1	
<i>captopril & hydrochlorothiazide</i>	Tier 1	
<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>captopril</i> TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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 1	
<i>spironolactone</i> (generic of ALDACTONE) TABS	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) 1mg, 2mg, 4mg QL (30 tabs / 30 days)	Tier 1	QL
<i>doxazosin mesylate</i> (generic of CARDURA) 8mg	Tier 1	
<i>prazosin hcl</i> (generic of MINIPRESS)	Tier 1	
<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	

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i> (generic of EXFORGE HCT)	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i> (generic of EXFORGE HCT)	Tier 1	
ENTRESTO	Tier 2	
<i>irbesartan-hydrochlorothiazide</i> (generic of AVALIDE)	Tier 1	
<i>losartan-hydrochlorothiazide</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	
<i>valsartan-hydrochlorothiazide</i> (generic of DIOVAN HCT)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan</i> (generic of AVAPRO)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<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</i> SOLN	Tier 1	
<i>amiodarone hcl</i> TABS 100mg, 400mg	Tier 1	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) PA if 65 years and older	Tier 3	PA
<i>dofetilide</i> (generic of TIKOSYN)	Tier 1	NMO
<i>flecainide acetate</i>	Tier 1	
<i>mexiletine hcl</i>	Tier 1	
MULTAQ	Tier 3	
NORPACE CR PA if 65 years and older	Tier 3	PA
<i>pacerone</i> 100mg, 400mg	Tier 1	
<i>pacerone</i> 200mg	Tier 1	
<i>propafenone hcl</i>	Tier 1	
<i>propafenone hcl 12hr</i> (generic of RYTHMOL SR)	Tier 1	
<i>quinidine gluconate</i> TBCR	Tier 1	
<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 1	
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	

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<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 1	
<i>cholestyramine light</i> PACK	Tier 1	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
<i>colestipol hcl</i> (generic of COLESTID)	Tier 1	
<i>ezetimibe</i> (generic of ZETIA)	Tier 1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	Tier 1	
<i>fenofibrate</i> (generic of LOFIBRA) TABS 54mg	Tier 1	
<i>fenofibrate</i> TABS 160mg	Tier 1	
<i>fenofibrate micronized</i> (generic of LOFIBRA) 67mg, 134mg, 200mg	Tier 1	
<i>gemfibrozil</i> (generic of LOPID) TABS	Tier 1	
JUXTAPID	Tier 2	NMO LA PA
KYNAMRO	Tier 2	NMO PA
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 500mg QL (90 tabs / 30 days)	Tier 1	QL
<i>niacin er</i> (antihyperlipidemic) (generic of NIASPAN) 750mg, 1000mg	Tier 1	
<i>niacor</i>	Tier 1	
<i>omega-3-acid ethyl esters</i> (generic of LOVAZA)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
PRALUENT	Tier 2	NMO PA
<i>prevalite</i> PACK	Tier 1	
<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD	Tier 1	
VASCEPA	Tier 3	
WELCHOL	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide</i> (generic of ZIAC)	Tier 1	
<i>metoprolol & hctz tab 50-25mg</i> (generic of LOPRESSOR HCT)	Tier 1	
<i>metoprolol & hctz tab 100-25mg</i>	Tier 1	
<i>metoprolol & hctz tab 100-50mg</i>	Tier 1	
<i>propranolol & hydrochlorothiazide</i>	Tier 1	
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 1	
<i>metoprolol succinate</i> (generic of TOPROL XL)	Tier 1	
<i>metoprolol tartrate</i> SOCT	Tier 1	
<i>metoprolol tartrate</i> SOLN	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>nadolol</i> (generic of CORGARD) TABS	Tier 1	
<i>pindolol</i>	Tier 1	
<i>propranolol cap er</i> (generic of INDERAL LA)	Tier 1	
<i>propranolol hcl</i> SOLN; TABS	Tier 1	
<i>propranolol oral sol</i>	Tier 1	
<i>timolol maleate</i> TABS	Tier 1	
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i> (generic of ADALAT CC)	Tier 1	
<i>amlodipine besylate</i> (generic of NORVASC) TABS	Tier 1	
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 1	
<i>cartia xt cap 300/24hr</i>	Tier 1	
<i>dilt-xr cap</i>	Tier 1	
<i>diltiazem cap 120mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 180mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 240mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap 300mg cd</i>	Tier 1	
<i>diltiazem cap 360mg cd</i> (generic of CARDIZEM CD)	Tier 1	
<i>diltiazem cap er/12hr</i>	Tier 1	
<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 1	
<i>diltiazem hcl coated beads cap sr 24hr</i> (generic of CARDIZEM CD) 120mg, 180mg, 360mg	Tier 1	
<i>diltiazem hcl coated beads cap sr 24hr</i> 300mg	Tier 1	
<i>diltiazem hcl extended release beads cap sr</i> (generic of TIAZAC)	Tier 1	
<i>diltiazem inj</i>	Tier 1	

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin sol 50mcg/ml</i> PA if 65 years and older	Tier 1	PA
DIURETICS		
<i>acetazolamide</i> (generic of DIAMOX) CP12	Tier 1	
<i>acetazolamide</i> TABS	Tier 1	
<i>amiloride & hydrochlorothiazide</i>	Tier 1	
<i>amiloride hcl</i> TABS	Tier 1	
<i>bumetanide</i> SOLN	Tier 1	
<i>bumetanide</i> (generic of BUMEX) TABS	Tier 1	
<i>chlorothiazide tabs</i>	Tier 1	
<i>chlorthalidone</i>	Tier 1	
<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 1	
<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 1	
<i>methyclothiazide</i>	Tier 1	
<i>metolazone</i>	Tier 1	
<i>spironolactone & hydrochlorothiazide</i> (generic of ALDACTAZIDE)	Tier 1	
<i>torsemide tabs</i> 5mg, 100mg	Tier 1	
<i>torsemide tabs</i> (generic of DEMADEX) 10mg, 20mg	Tier 1	
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE) TABS	Tier 1	
<i>triamterene & hydrochlorothiazide</i> (generic of MAXZIDE-25) TABS	Tier 1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg (generic of DYZAZIDE)	Tier 1	
MISCELLANEOUS		

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 1	
<i>clonidine hcl</i> (generic of CATAPRES) TABS	Tier 1	
CORLANOR	Tier 3	
DEMSEER	Tier 2	
<i>hydralazine hcl</i> SOLN; TABS	Tier 1	
<i>midodrine hcl</i>	Tier 1	
<i>minoxidil</i> TABS	Tier 1	
NORTHERA	Tier 2	NMO LA PA
RANEXA	Tier 2	
NITRATES		
<i>isosorb mononitrate tab</i>	Tier 1	
<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) 5mg	Tier 1	
<i>isosorbide dinitrate</i> 10mg, 20mg, 30mg	Tier 1	
<i>isosorbide dinitrate er</i>	Tier 1	
<i>isosorbide mononitrate er</i>	Tier 1	
<i>minitran</i> (generic of NITRO-DUR)	Tier 1	
NITRO-BID	Tier 2	
NITRO-DUR DIS 0.3MG/HR	Tier 3	
NITRO-DUR DIS 0.8MG/HR	Tier 3	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL	Tier 1	
<i>nitroglycerin td patch</i> .1mg/hr	Tier 1	
<i>nitroglycerin td patch</i> (generic of NITRO-DUR) .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA QL (60 tabs / 30 days)	Tier 2	QL NMO PA
ADEMPAS QL (90 tabs / 30 days)	Tier 2	QL 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
00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
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
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

ANTIANXIETY

<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 2mg</i> (generic of XANAX) QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS	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 1	
<i>lorazepam</i> (generic of ATIVAN) TABS QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> QL (150 mL / 30 days)	Tier 1	QL

ANTICONVULSANTS

Drug Name	Drug Tier	Requirements/Limits
APTIOM 200mg QL (180 tabs / 30 days)	Tier 2	QL
APTIOM 400mg QL (90 tabs / 30 days)	Tier 2	QL
APTIOM 600mg, 800mg QL (60 tabs / 30 days)	Tier 2	QL
BANZEL SUS 40MG/ML	Tier 2	PA
BANZEL TAB 200MG	Tier 2	PA
BANZEL TAB 400MG	Tier 2	PA
BRIVIACT SOLN 10mg/ml	Tier 2	PA
BRIVIACT SOLN 50mg/5ml	Tier 3	PA
BRIVIACT TABS <i>carbamazepine</i> CHEW	Tier 2	PA
<i>carbamazepine</i> (generic of CARBATROL) CP12	Tier 1	
<i>carbamazepine</i> (generic of TEGRETOL) SUSP	Tier 1	
<i>carbamazepine</i> (generic of TEGRETOL) TABS	Tier 1	
<i>carbamazepine</i> TB12 100mg	Tier 1	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 200mg, 400mg	Tier 1	
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 1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP .5mg QL (240 tabs / 30 days)	Tier 1	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

00018215_v4_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 1	QL	<i>ethosuximide</i> (generic of ZARONTIN) CAPS; SOLN	Tier 1	
<i>clonazepam</i> TBDP .125mg QL (960 tabs / 30 days)	Tier 1	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 1	QL PA	<i>felbamate</i> (generic of FELBATOL) TABS	Tier 1	
<i>clorazepate dipotassium</i> (generic of TRANXENE T) 7.5mg QL (120 tabs / 30 days) PA if 65 years and older	Tier 1	QL PA	FYCOMPA SUSP QL (720 mL / 30 days)	Tier 2	QL PA
<i>clorazepate dipotassium</i> 15mg QL (180 tabs / 30 days) PA if 65 years and older	Tier 1	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 2	QL PA
DIASTAT PEDIATRIC	Tier 3		FYCOMPA TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>diazepam</i> SOLN 1mg/ml QL (1200 mL / 30 days) PA if 65 years and older	Tier 1	QL PA	FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>diazepam</i> SOLN 5mg/ml	Tier 1		<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 1	QL PA	<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
DILANTIN	Tier 2		<i>gabapentin</i> (generic of NEURONTIN) SOLN QL (2160 mL / 30 days)	Tier 1	QL
DILANTIN-125 SUS 125/5ML	Tier 3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR	Tier 1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24	Tier 1		GABITRIL 12mg, 16mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC	Tier 1				
<i>epitol</i> (generic of TEGRETOL)	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW	Tier 1		<i>phenytoin sodium extended</i> (generic of DILANTIN) 100mg	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL) TABS	Tier 1		<i>phenytoin sodium extended</i> (generic of PHENYTEK) 200mg, 300mg	Tier 1	
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24	Tier 1		<i>primidone</i> (generic of MYSOLINE) TABS	Tier 1	
<i>levetiracetam</i> (generic of KEPPRA) SOLN; TABS	Tier 1		<i>roweepra</i> (generic of KEPPRA)	Tier 1	
<i>levetiracetam</i> (generic of KEPPRA XR) TB24	Tier 1		SABRIL PACK QL (180 packets / 30 days)	Tier 2	QL NMO LA PA
<i>levetiracetam in sodium chloride</i> (generic of LEVETIRACETAM)	Tier 1		SABRIL TABS QL (180 tabs / 30 days)	Tier 2	QL NMO LA PA
<i>levetiracetam oral soln 100 mg/ml</i> (generic of KEPPRA)	Tier 1		SPRITAM	Tier 3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL	TEGRETOL	Tier 3	
LYRICA CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL	TEGRETOL-XR	Tier 3	
LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL	<i>tiagabine hcl</i> (generic of GABITRIL)	Tier 1	
LYRICA SOLN QL (946 mL / 30 days)	Tier 2	QL	<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP	Tier 1	
ONFI	Tier 2	PA	<i>topiramate</i> (generic of TOPAMAX) TABS	Tier 1	
<i>oxcarbazepine</i> (generic of TRILEPTAL)	Tier 1		<i>valproate sodium</i> (generic of DEPAICON) SOLN 100mg/ml	Tier 1	
PEGANONE	Tier 3		<i>valproate sodium</i> (generic of DEPAKENE) SOLN 250mg/5ml	Tier 1	
<i>phenobarbital</i> ELIX; TABS PA if 65 years and older	Tier 3	PA	<i>valproic acid</i> (generic of DEPAKENE)	Tier 1	
PHENOBARBITAL SODIUM SOLN 65mg/ml PA if 65 years and older	Tier 3	PA	VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 2	QL
<i>phenobarbital sodium</i> SOLN 130mg/ml PA if 65 years and older	Tier 3	PA	VIMPAT SOLN 200mg/20ml	Tier 2	
PHENYTEK	Tier 2		VIMPAT TABS 50mg QL (180 tabs / 30 days)	Tier 3	QL
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW	Tier 1		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 2	QL
<i>phenytoin</i> (generic of DILANTIN-125) SUSP	Tier 1		<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 1	
<i>phenytoin sodium</i> SOLN	Tier 1		<i>zonisamide</i> CAPS 50mg	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

00018215_v4_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, 23mg	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 1	
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 4mg QL (180 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 8mg QL (90 tabs / 30 days)	Tier 1	QL
<i>galantamine hydrobromide</i> (generic of RAZADYNE) TABS 12mg	Tier 1	
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) 8mg, 16mg QL (30 caps / 30 days)	Tier 1	QL
<i>galantamine hydrobromide er</i> (generic of RAZADYNE ER) 24mg	Tier 1	
<i>memantine hcl</i> SOLN PA if < 30 yrs	Tier 1	PA
<i>memantine hcl</i> (generic of NAMENDA) TABS PA if < 30 yrs	Tier 1	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 1	

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 1	QL
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	QL
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr (generic of EXELON) QL (30 patches / 30 days)	Tier 1	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 tab 25mg</i>	Tier 1	
<i>amoxapine tab 50mg</i>	Tier 1	
<i>amoxapine tab 100mg</i>	Tier 1	
<i>amoxapine tab 150mg</i>	Tier 1	
<i>bupropion hcl</i> TABS	Tier 1	
<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 1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> SOLN	Tier 1	
<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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS PA if 65 years and older	Tier 3	PA	<i>fluoxetine cap 10mg</i> (generic of PROZAC) QL (30 caps / 30 days)	Tier 1	QL
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	Tier 1		<i>fluoxetine cap 20mg</i> (generic of PROZAC) QL (120 caps / 30 days)	Tier 1	QL
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	Tier 1		<i>fluoxetine cap 40mg</i> (generic of PROZAC)	Tier 1	
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) QL (30 tabs / 30 days)	Tier 1	QL	<i>fluoxetine hcl</i> SOLN	Tier 1	
<i>doxepin hcl</i> CAPS; CONC PA if 65 years and older	Tier 3	PA	<i>imipramine hcl</i> (generic of TOFRANIL) TABS PA if 65 years and older	Tier 3	PA
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg QL (180 caps / 30 days)	Tier 1	QL	<i>maprotiline hcl</i>	Tier 1	
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 30mg QL (120 caps / 30 days)	Tier 1	QL	MARPLAN TAB 10MG QL (180 tabs / 30 days)	Tier 3	QL
<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 60mg QL (60 caps / 30 days)	Tier 1	QL	<i>mirtazapine</i> TABS 7.5mg QL (45 tabs / 30 days)	Tier 1	QL
EMSAM QL (30 patches / 30 days)	Tier 2	QL PA	<i>mirtazapine</i> (generic of REMERON) TABS 15mg QL (45 tabs / 30 days)	Tier 1	QL
<i>escitalopram oxalate</i> SOLN QL (600 mL / 30 days)	Tier 1	QL	<i>mirtazapine</i> (generic of REMERON) TABS 30mg, 45mg	Tier 1	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABs 5mg, 10mg QL (45 tabs / 30 days)	Tier 1	QL	<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg QL (30 tabs / 30 days)	Tier 1	QL
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABs 20mg QL (60 tabs / 30 days)	Tier 1	QL	<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 30mg, 45mg	Tier 1	
FETZIMA 20mg QL (180 caps / 30 days)	Tier 3	QL	<i>nefazodone hcl</i>	Tier 1	
FETZIMA 40mg QL (90 caps / 30 days)	Tier 3	QL	<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS	Tier 1	
FETZIMA 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL	<i>nortriptyline hcl</i> SOLN	Tier 1	
FETZIMA TITRATION PACK	Tier 3		<i>paroxetine hcl tabs</i> (generic of PAXIL) 10mg, 20mg, 40mg QL (45 tabs / 30 days)	Tier 1	QL
			<i>paroxetine hcl tabs</i> (generic of PAXIL) 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 1	
			<i>protriptyline hcl</i>	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

00018215_v4_01/2018

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

ANTIPARKINSONIAN AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> CAPS	Tier 1	QL
		QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	Tier 1	
APOKYN	Tier 2	NMO LA PA
<i>benztropine mesylate</i> (generic of COGENTIN) SOLN	Tier 1	
<i>benztropine mesylate</i> TABS	Tier 3	PA
		PA if 65 years and older
<i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS; TABS	Tier 1	
<i>carbidopa-levodopa</i> (generic of SINEMET) TABS	Tier 1	
<i>carbidopa-levodopa</i> (generic of SINEMET CR) TBCR	Tier 1	
<i>carbidopa-levodopa</i> TBDP	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 50)	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 75)	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 100)	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 125)	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 150)	Tier 1	
<i>carbidopa/levodopa/entacapone</i> (generic of STALEVO 200)	Tier 1	
<i>entacapone</i> (generic of COMTAN)	Tier 1	
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	

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>pramipexole tab 0.125mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 1.5mg</i> (generic of MIRAPEX)	Tier 1	
<i>pramipexole tab 1mg</i> (generic of MIRAPEX)	Tier 1	
<i>rasagiline mesylate</i> (generic of AZILECT) TABS	Tier 1	
<i>ropinirole tab 0.5mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 0.25mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 1mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 2mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 3mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 4mg</i> (generic of REQUIP)	Tier 1	
<i>ropinirole tab 5mg</i> (generic of REQUIP)	Tier 1	
<i>selegiline hcl</i> (generic of ELDEPRYL) CAPS	Tier 1	
<i>selegiline hcl</i> TABS	Tier 1	
<i>trihexyphenidyl hcl</i> PA if 65 years and older	Tier 2	PA
ANTIPSYCHOTICS		
ABILIFY MAINTENA QL (1 injection / 28 days)	Tier 2	QL
<i>aripiprazole odt</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>aripiprazole oral solution 1 mg/ml</i> QL (900 mL / 30 days)	Tier 1	QL
<i>aripiprazole tab</i> (generic of ABILIFY) 2mg, 5mg, 10mg, 15mg QL (30 tabs / 30 days)	Tier 1	QL
<i>aripiprazole tab</i> (generic of ABILIFY) 20mg, 30mg QL (30 tabs / 30 days)	Tier 1	QL
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 injection / 28 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
ARISTADA 1064mg/3.9ml QL (1 injection / 56 days)	Tier 2	QL
<i>chlorpromazine hcl</i> TABS	Tier 1	
CHLORPROMAZINE INJ	Tier 3	
<i>clozapine odt</i> 12.5mg	Tier 1	PA
<i>clozapine odt</i> (generic of FAZACLO) 25mg	Tier 1	PA
<i>clozapine odt</i> (generic of FAZACLO) 100mg QL (270 tabs / 30 days)	Tier 1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 150mg QL (180 tabs / 30 days)	Tier 1	QL PA
<i>clozapine odt</i> (generic of FAZACLO) 200mg QL (135 tabs / 30 days)	Tier 1	QL PA
<i>clozapine tab 25mg</i> (generic of CLOZARIL)	Tier 1	
<i>clozapine tab 50mg</i>	Tier 1	
<i>clozapine tab 100mg</i> (generic of CLOZARIL) QL (270 tabs / 30 days)	Tier 1	QL
<i>clozapine tab 200mg</i> QL (135 tabs / 30 days)	Tier 1	QL
FANAPT QL (60 tabs / 30 days)	Tier 3	QL
FANAPT TITRATION PACK	Tier 3	
<i>fluphenazine decanoate</i> SOLN	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
GEODON SOLR QL (6 mL / 3 days)	Tier 3	QL
<i>haloperidol</i> TABS	Tier 1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	Tier 1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate inj 5 mg/ml</i> (generic of HALDOL)	Tier 1		<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg	Tier 1	QL
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1		QL (30 tabs / 30 days)		
INVEGA SUST INJ 39 MG/0.25 ML	Tier 3	QL	<i>olanzapine</i> (generic of ZYPREXA) TABS 10mg, 15mg, 20mg	Tier 1	QL
QL (1 injection / 28 days)			QL (60 tabs / 30 days)		
INVEGA SUST INJ 78 MG/0.5 ML	Tier 2	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg	Tier 1	QL
QL (1 injection / 28 days)			QL (30 tabs / 30 days)		
INVEGA SUST INJ 117 MG/0.75 ML	Tier 2	QL	<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg, 15mg, 20mg	Tier 1	QL
QL (1 injection / 28 days)			QL (60 tabs / 30 days)		
INVEGA SUST INJ 156MG/ML	Tier 2	QL	<i>paliperidone</i> (generic of INVEGA) 1.5mg, 3mg, 9mg	Tier 1	QL
QL (1 injection / 28 days)			QL (30 tabs / 30 days)		
INVEGA SUST INJ 234 MG/1.5 ML	Tier 2	QL	<i>paliperidone</i> (generic of INVEGA) 6mg	Tier 1	QL
QL (1 injection / 28 days)			QL (60 tabs / 30 days)		
INVEGA TRINZA	Tier 2	QL	<i>perphenazine</i> TABS	Tier 1	
QL (1 injection / 90 days)			<i>pimozide</i> (generic of ORAP)	Tier 1	
LATUDA 20mg	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS	Tier 1	QL
QL (240 tabs / 30 days)			QL (90 tabs / 30 days)		
LATUDA 40mg, 120mg	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg	Tier 1	QL
QL (30 tabs / 30 days)			QL (120 tabs / 30 days)		
LATUDA 60mg, 80mg	Tier 3	QL	<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg	Tier 1	QL
QL (60 tabs / 30 days)			QL (30 tabs / 30 days)		
<i>loxapine succinate</i>	Tier 1		<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 300mg, 400mg	Tier 1	QL
NUPLAZID	Tier 2	QL NMO LA PA	QL (60 tabs / 30 days)		
QL (60 tabs / 30 days)			REXULTI 1mg	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) SOLR	Tier 1	QL	QL (90 tabs / 30 days)		
QL (3 vials / 1 day)			REXULTI 2mg	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg	Tier 1	QL	QL (60 tabs / 30 days)		
QL (240 tabs / 30 days)			REXULTI 3mg, 4mg	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 5mg	Tier 1	QL	QL (30 tabs / 30 days)		
QL (120 tabs / 30 days)			REXULTI .5mg	Tier 2	QL
			QL (180 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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
REXULTI .25mg QL (360 tabs / 30 days)	Tier 2	QL
RISPERDAL INJ 12.5MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 25MG QL (2 injections / 28 days)	Tier 3	QL
RISPERDAL INJ 37.5MG QL (2 injections / 28 days)	Tier 2	QL
RISPERDAL INJ 50MG QL (2 injections / 28 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN QL (240 mL / 30 days)	Tier 1	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 1	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP 4mg QL (120 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> (generic of RISPERDAL M-TAB) TBDP .5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>risperidone</i> TBDP .25mg QL (90 tabs / 30 days)	Tier 1	QL
SAPHRIS 2.5mg QL (240 tabs / 30 days)	Tier 3	QL

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 40mg QL (60 caps / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 1	QL	<i>atomoxetine hcl</i> (generic of STRATTERA) 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (360 tabs / 30 days)	Tier 1	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 1	QL	<i>metadate er tab 20mg</i> QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (180 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (144 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (120 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 5mg/5ml QL (1800 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 1	QL	<i>methylphenidate hcl oral soln</i> (generic of METHYLIN) 10mg/5ml QL (900 mL / 30 days)	Tier 1	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 1	QL	<i>methylphenidate tab 10mg er</i> QL (90 tabs / 30 days)	Tier 1	QL
			<i>methylphenidate tab 20mg er</i> QL (90 tabs / 30 days)	Tier 1	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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> (generic of RESTORIL) 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan inj 4mg/0.5ml</i> QL (18 injections / 30 days)	Tier 1	QL
<i>temazepam</i> (generic of RESTORIL) 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA	<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ QL (12 injections / 30 days)	Tier 1	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 inj 6mg/0.5ml</i> (generic of IMITREX STATDOSE REFILL) SOCT QL (12 injections / 30 days)	Tier 1	QL
MIGRAINE			<i>sumatriptan inj 6mg/0.5ml</i> (generic of IMITREX) SOLN QL (12 injections / 30 days)	Tier 1	QL
<i>dihydroergotamine mesylate</i> 1mg/ml (generic of D.H.E. 45)	Tier 1		<i>sumatriptan inj 6mg/0.5ml</i> SOSY QL (12 injections / 30 days)	Tier 1	QL
<i>dihydroergotamine mesylate nasal</i> QL (8 mL / 30 days)	Tier 1	QL	<i>sumatriptan succinate</i> (generic of IMITREX) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>ergotamine w/ caffeine</i> (generic of CAFERGOT)	Tier 1		<i>zolmitriptan</i> (generic of ZOMIG) TABS QL (12 tabs / 30 days)	Tier 1	QL
<i>migergot</i>	Tier 1		<i>zolmitriptan odt</i> (generic of ZOMIG ZMT) QL (12 tabs / 30 days)	Tier 1	QL
<i>naratriptan hcl</i> (generic of AMERGE) QL (12 tabs / 30 days)	Tier 1	QL	MISCELLANEOUS		
RELPAK QL (12 tabs / 30 days)	Tier 3	QL	<i>lithium carbonate</i> CAPS; TABS	Tier 1	
<i>rizatriptan benzoate</i> (generic of MAXALT) QL (18 tabs / 30 days)	Tier 1	QL	<i>lithium carbonate er</i> (generic of LITHOBID) 300mg	Tier 1	
<i>rizatriptan benzoate odt</i> (generic of MAXALT-MLT) QL (18 tabs / 30 days)	Tier 1	QL	<i>lithium carbonate er</i> 450mg LITHIUM SOLN 8MEQ/5ML	Tier 1	Tier 2
<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 inhalers / 30 days)	Tier 1	QL	NUDEXTA	Tier 3	PA
<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 inhalers / 30 days)	Tier 1	QL	<i>pyridostigmine tab 60mg</i> (generic of MESTINON)	Tier 1	
			<i>riluzole</i> (generic of RILUTEK)	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>tetrabenazine</i> (generic of XENAZINE) 12.5mg QL (240 tabs / 30 days)	Tier 1	QL NMO PA
<i>tetrabenazine</i> (generic of XENAZINE) 25mg QL (120 tabs / 30 days)	Tier 1	QL NMO PA
MULTIPLE SCLEROSIS AGENTS		
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
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 1	
<i>dantrolene sodium</i> CAPS 100mg	Tier 1	
<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 1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 150mg QL (60 tabs / 30 days)	Tier 1	QL PA
<i>armodafinil</i> (generic of NUVIGIL) 200mg, 250mg QL (30 tabs / 30 days)	Tier 1	QL PA

Drug Name	Drug Tier	Requirements/ Limits
XYREM QL (540 mL / 30 days)	Tier 2	QL LA PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	Tier 1	
<i>buprenorphine hcl</i> SUBL	Tier 1	PA
<i>buprenorphine hcl-naloxone hcl sl</i> QL (120 tabs / 30 days)	Tier 1	QL PA
<i>bupropion hcl</i> (smoking deterrent) (generic of ZYBAN)	Tier 1	
CHANTIX	Tier 3	PA
CHANTIX CONTINUING MONTH	Tier 3	PA
CHANTIX STARTER PACK	Tier 3	PA
<i>disulfiram</i> (generic of ANTABUSE) TABS	Tier 1	
<i>naloxone inj 0.4mg/ml</i>	Tier 1	
<i>naloxone inj 1mg/ml</i>	Tier 1	
<i>naltrexone hcl</i> TABS	Tier 1	
NICOTROL INHALER	Tier 3	
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</i> (generic of OXANDRIN) TABS	Tier 1	PA
<i>testosterone</i> GEL 1% QL (300 gm / 30 days)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone</i> (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 1	QL PA
<i>testosterone cypionate</i> (generic of DEPO-TESTOSTERONE) SOLN	Tier 1	PA
<i>testosterone enanthate</i> SOLN	Tier 1	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	
INSULIN SAFETY NEEDLES	Tier 2	
INSULIN SYRINGE	Tier 2	
LEVEMIR	Tier 2	
LEVEMIR FLEXTOUCH	Tier 2	
NOVOLIN 70/30 (brand RELION not covered)	Tier 2	
NOVOLIN N (brand RELION not covered)	Tier 2	
NOVOLIN R (brand RELION not covered)	Tier 2	
NOVOLOG	Tier 2	
NOVOLOG 70/30 FLEXPEN	Tier 2	
NOVOLOG FLEXPEN	Tier 2	
NOVOLOG MIX 70/30	Tier 2	
NOVOLOG PENFILL	Tier 2	
TRESIBA FLEXTOUCH	Tier 2	
TRULICITY QL (4 pens / 28 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
VICTOZA QL (3 pens / 30 days)	Tier 2	QL
ANTIDIABETICS, ORAL		
<i>acarbose</i> (generic of PRECOSE)	Tier 1	
FARXIGA 5mg QL (60 tabs / 30 days)	Tier 2	QL
FARXIGA 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> (generic of AMARYL) 1mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 2mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> (generic of AMARYL) 4mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-250mg</i> QL (240 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 2.5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glip/metform tab 5-500mg</i> QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL) TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 2.5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (120 tabs / 30 days)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL	JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 2.5mg QL (240 tabs / 30 days)	Tier 1	QL	JANUVIA QL (30 tabs / 30 days)	Tier 2	QL
<i>glipizide xl</i> (generic of GLUCOTROL XL) 5mg QL (120 tabs / 30 days)	Tier 1	QL	JENTADUETO QL (60 tabs / 30 days)	Tier 2	QL
INVOKAMET TAB 50-500MG QL (120 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB XR 2.5-1000 MG QL (60 tabs / 30 days)	Tier 2	QL
INVOKAMET TAB 50-1000MG QL (60 tabs / 30 days)	Tier 2	QL	JENTADUETO TAB XR 5-1000 MG QL (30 tabs / 30 days)	Tier 2	QL
INVOKAMET TAB 150-500MG QL (60 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
INVOKAMET TAB 150-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin er</i> (generic of GLUCOPHAGE XR) 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
INVOKAMET XR TAB 50-500MG QL (120 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 50-1000MG 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
INVOKAMET XR TAB 150-500MG QL (60 tabs / 30 days)	Tier 2	QL	<i>metformin hcl</i> (generic of GLUCOPHAGE) TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
INVOKAMET XR TAB 150-1000MG QL (60 tabs / 30 days)	Tier 2	QL	<i>nateglinide</i> (generic of STARLIX) QL (90 tabs / 30 days)	Tier 1	QL
INVOKANA 100mg QL (90 tabs / 30 days)	Tier 2	QL	<i>pioglitazone hcl</i> (generic of ACTOS) QL (30 tabs / 30 days)	Tier 1	QL
INVOKANA 300mg QL (30 tabs / 30 days)	Tier 2	QL	<i>repaglinide</i> (generic of PRANDIN) 1mg QL (120 tabs / 30 days)	Tier 1	QL
JANUMET QL (60 tabs / 30 days)	Tier 2	QL			
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL			
JANUMET XR TAB 50-1000 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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>repaglinide</i> (generic of PRANDIN) 2mg QL (240 tabs / 30 days)	Tier 1	QL
<i>repaglinide</i> .5mg QL (120 tabs / 30 days)	Tier 1	QL
TRADJENTA QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	Tier 2	QL
XIGDUO XR TAB 10-1000MG QL (30 tabs / 30 days)	Tier 2	QL
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 2	B/D
<i>pamidronate disodium</i> 30mg/10ml, 90mg/10ml	Tier 1	B/D
<i>pamidronate inj 30mg</i>	Tier 1	B/D
<i>pamidronate inj 90mg</i>	Tier 1	B/D
<i>zoledronic acid</i> (generic of RECLAST) 5mg/100ml	Tier 1	B/D NMO
ZOLEDRONIC INJ 4MG	Tier 3	B/D NMO
<i>zoledronic inj 4mg/5ml</i> (generic of ZOMETA)	Tier 1	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		

Drug Name	Drug Tier	Requirements/ Limits
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 1	
<i>kionex sus 15gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate</i>	Tier 1	
<i>sps susp 15gm/60ml</i>	Tier 1	
SYPRINE	Tier 2	
CONTRACEPTIVES		
<i>altavera tab</i>	Tier 1	
<i>alyacen 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>apri</i> (generic of DESOGEN)	Tier 1	
<i>aranelle</i> (generic of TRI-NORINYL 28)	Tier 1	
<i>aubra</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>bekyree</i> (generic of MIRCETTE)	Tier 1	
<i>blisovi fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>blisovi fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i>	Tier 1	
<i>caziant pak</i> (generic of CYCLESSA)	Tier 1	
<i>cryselle-28</i>	Tier 1	
<i>cyclafem 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>cyclafem 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
<i>cyred tab</i> (generic of DESOGEN)	Tier 1	
<i>deblitane</i>	Tier 1	
<i>delyla</i>	Tier 1	
<i>desogestrel-ethinyl estradiol</i> (biphasic) (generic of MIRCETTE)	Tier 1	
<i>drospirenone-ethinyl estradiol</i> (generic of YASMIN 28)	Tier 1	
<i>drospirenone-ethinyl estradiol</i> (generic of YAZ)	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
ELLA	Tier 3	
<i>emoquette</i> (generic of DESOGEN)	Tier 1	
<i>enpresse-28</i>	Tier 1	
<i>errin</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>estarylla tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>ethynodiol tab 1-50</i>	Tier 1	
<i>falmina</i>	Tier 1	
<i>femynor</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>gianvi</i> (generic of YAZ)	Tier 1	
<i>gildagia</i>	Tier 1	
<i>heather</i>	Tier 1	
<i>introvale</i>	Tier 1	
<i>jolessa tab 0.15-0.03 mg</i>	Tier 1	
<i>jolivette</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>juleber</i> (generic of DESOGEN)	Tier 1	
<i>junel 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>junel 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>junel fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>junel fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>kariva</i> (generic of MIRCETTE)	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kimidess</i> (generic of MIRCETTE)	Tier 1	
<i>larin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>larin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>larin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>larin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>larissia tab</i>	Tier 1	
<i>leena</i> (generic of TRI-NORINYL 28)	Tier 1	
<i>lessina</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonest</i>	Tier 1	
<i>levonor/ethi tab</i>	Tier 1	
<i>levonorgestrel & eth estradiol</i>	Tier 1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	Tier 1	
<i>levora 0.15/30-28</i>	Tier 1	
<i>loryna</i> (generic of YAZ)	Tier 1	
<i>low-ogestrel</i>	Tier 1	
<i>lultera</i>	Tier 1	
<i>lyza</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	
<i>microgestin 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	
<i>microgestin 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	
<i>microgestin fe 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	
<i>microgestin fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>mono-lynyah tab 0.25-35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>mononessa</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>myzilra</i>	Tier 1	
<i>necon 0.5/35-28</i> (generic of BREVICON-28)	Tier 1	
<i>necon 1/50-28</i>	Tier 1	
<i>necon 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
NECON 10/11 28 DAY	Tier 2	
<i>nikki</i> (generic of YAZ)	Tier 1	
<i>nora-be tab</i>	Tier 1	
<i>norethindrone (contraceptive)</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>norethindrone acet & eth estra</i> (generic of LOESTRIN 1/20-21)	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>norgest/ethi tab 0.25/35</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>norlyroc</i>	Tier 1	
<i>nortrel 0.5/35 (28)</i> (generic of BREVICON-28)	Tier 1	
<i>nortrel 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>nortrel 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	
NUVARING	Tier 3	
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	
<i>orsythia</i>	Tier 1	
<i>philith</i>	Tier 1	
<i>pimtrea</i> (generic of MIRCETTE)	Tier 1	
<i>pirmella 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	
<i>portia-28</i>	Tier 1	
<i>previfem</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>quasense</i>	Tier 1	
<i>reclipsen</i> (generic of DESOGEN)	Tier 1	
<i>setlakin tab</i>	Tier 1	
<i>sharobel</i> (generic of ORTHO MICRONOR)	Tier 1	
<i>sprintec 28</i> (generic of ORTHO-CYCLEN)	Tier 1	
<i>sronyx</i>	Tier 1	
<i>syeda</i> (generic of YASMIN 28)	Tier 1	
<i>tarina fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	
<i>tilia fe</i> (generic of ESTROSTEP FE)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	Tier 1	
<i>tri-linyah</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-lo marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-previfem</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>tri-sprintec</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>trinessa</i> (generic of ORTHO TRI-CYCLEN)	Tier 1	
<i>trinessa lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>trivora-28</i>	Tier 1	
<i>velivet</i> (generic of CYCLESSA)	Tier 1	
<i>vestura</i> (generic of YAZ)	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i> (generic of MIRCETTE)	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>xulane</i>	Tier 1	
<i>zarah</i> (generic of YASMIN 28)	Tier 1	
<i>zenchent</i>	Tier 1	
<i>zovia 1/35e</i>	Tier 1	
<i>zovia 1/50e</i>	Tier 1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	Tier 1	
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	Tier 2	NMO LA
CYSTAGON	Tier 3	NMO LA PA
FABRAZYME	Tier 2	NMO LA PA
KUVAN	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml	Tier 1	B/D
<i>levocarnitine (metabolic modifiers)</i> SOLN 200mg/ml	Tier 1	B/D
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) TABS	Tier 1	B/D
LUMIZYME	Tier 2	NMO LA PA
NAGLAZYME	Tier 2	NMO LA PA
ORFADIN	Tier 2	NMO LA PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL)	Tier 1	NMO PA
ZAVESCA	Tier 2	NMO LA PA
ESTROGENS		
DELESTROGEN 10mg/ml	Tier 3	
ESTRACE CREA	Tier 3	
<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</i> (generic of DELESTROGEN) OIL	Tier 1	
<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>yuvaferm vaginal tablet 10 mcg</i> (generic of VAGIFEM)	Tier 1	
GLUCOCORTICOIDS		
<i>cortisone acetate</i> TABS	Tier 1	
DEXAMETHASONE CONC	Tier 3	
<i>dexamethasone</i> ELIX; SOLN	Tier 1	
<i>dexamethasone</i> TABS	Tier 1	
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fludrocortisone acetate</i> TABS	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylpr ace inj 40mg/ml</i> (generic of DEPO-MEDROL)	Tier 1	B/D
<i>methylpr ace inj 80mg/ml</i> (generic of DEPO-MEDROL)	Tier 1	B/D
<i>methylpr ss inj 1gm</i> (generic of SOLU-MEDROL)	Tier 1	B/D
<i>methylpr ss inj 40mg</i> (generic of SOLU-MEDROL)	Tier 1	B/D
<i>methylpr ss inj 125mg</i> (generic of SOLU-MEDROL)	Tier 1	B/D
<i>methylpred pak 4mg</i> (generic of MEDROL DOSEPAK)	Tier 1	
<i>methylpred tab 4mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 8mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 16mg</i> (generic of MEDROL)	Tier 1	B/D
<i>methylpred tab 32mg</i> (generic of MEDROL)	Tier 1	B/D
<i>pred sod pho sol 5mg/5ml</i> (generic of PEDIAPRED)	Tier 1	B/D
<i>prednisolone sol 15mg/5ml</i>	Tier 1	B/D
<i>prednisolone sol 25mg/5ml</i>	Tier 1	B/D
<i>prednisolone syp 15mg/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 1	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	

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
HUMAN GROWTH HORMONES		
NORDITROPIN FLEXPRO	Tier 2	NMO PA
MISCELLANEOUS		
cabergoline	Tier 1	
calcitonin (salmon) (generic of MIACALCIN)	Tier 1	B/D
FORTEO	Tier 2	NMO PA
INCRELEX	Tier 2	NMO LA PA
KORLYM	Tier 2	NMO LA PA
LUPRON DEP-PED INJ 7.5MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	Tier 2	NMO PA
LUPRON DEP-PED INJ 15MG	Tier 2	NMO PA
LUPRON DEP-PED INJ 30MG (3-MONTH)	Tier 2	NMO PA
MIACALCIN	Tier 2	B/D
NATPARA	Tier 2	NMO PA
octreotide acetate (generic of SANDOSTATIN) 50mcg/ml, 100mcg/ml, 200mcg/ml	Tier 1	NMO PA
octreotide acetate (generic of SANDOSTATIN) 500mcg/ml, 1000mcg/ml	Tier 1	NMO PA
PROLIA QL (1 injection / 180 days)	Tier 3	QL NMO
raloxifene hcl (generic of EVISTA)	Tier 1	
SANDOSTATIN LAR DEPOT	Tier 2	NMO PA
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 2	QL
calcium acetate (phosphate binder) (generic of PHOSLO) CAPS QL (360 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/Limits
calcium acetate (phosphate binder) (generic of ELIPHOS) TABS QL (360 tabs / 30 days)	Tier 1	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		
medroxyprogesterone acetate tab (generic of PROVERA)	Tier 1	
norethindrone acetate (generic of AYGESTIN) TABS	Tier 1	
THYROID AGENTS		
levothyroxine sodium (generic of SYNTHROID) TABS	Tier 1	
levoxyl (generic of SYNTHROID)	Tier 1	
liothyronine sodium (generic of CYTOMEL) TABS	Tier 1	
methimazole (generic of TAPAZOLE) TABS	Tier 1	
propylthiouracil TABS	Tier 1	
SYNTHROID	Tier 3	
unithroid (generic of SYNTHROID)	Tier 1	
VASOPRESSINS		
desmopressin acetate spray (generic of DDAVP)	Tier 1	
desmopressin acetate spray refrigerated	Tier 1	
desmopressin acetate tabs (generic of DDAVP)	Tier 1	
desmopressin inj 4mcg/ml (generic of DDAVP)	Tier 1	
desmopressin sol 0.01% (generic of DDAVP)	Tier 1	
STIMATE	Tier 2	NMO
GASTROINTESTINAL		

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
ANTIEMETICS		
<i>aprepitant</i> (generic of EMEND)	Tier 1	B/D
<i>aprepitant pak 80mg & 125mg</i>	Tier 1	B/D
<i>compro</i>	Tier 1	
<i>dronabinol</i> (generic of MARINOL) QL (60 caps / 30 days)	Tier 1	B/D QL
EMEND SUSR	Tier 3	B/D
<i>granisetron hcl</i> SOLN	Tier 1	
<i>granisetron hcl</i> TABS	Tier 1	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 inj</i>	Tier 1	
<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> TABS 24mg	Tier 1	B/D
<i>ondansetron hcl inj</i>	Tier 1	
<i>ondansetron hcl oral soln</i> (generic of ZOFRAN)	Tier 1	B/D
<i>ondansetron odt</i> (generic of ZOFRAN ODT)	Tier 1	B/D
<i>prochlorperazine inj</i>	Tier 1	
<i>prochlorperazine maleate</i> TABS	Tier 1	
<i>prochlorperazine supp</i>	Tier 1	
<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 1	
<i>dicyclomine hcl</i> (generic of BENTYL) TABS	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>glycopyrrolate</i> (generic of ROBINUL) TABS 1mg	Tier 1	
<i>glycopyrrolate</i> (generic of ROBINUL FORTE) TABS 2mg	Tier 1	
<i>glycopyrrolate inj</i> (generic of ROBINUL)	Tier 1	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> (generic of PEPCID) SUSR	Tier 1	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine inj</i>	Tier 1	
<i>ranitidine hcl</i> (generic of ZANTAC) TABS 150mg, 300mg	Tier 1	
<i>ranitidine hcl inj</i> (generic of ZANTAC)	Tier 1	
<i>ranitidine syrup</i>	Tier 1	
INFLAMMATORY BOWEL DISEASE		
APRISO	Tier 2	
<i>balsalazide disodium</i>	Tier 1	
<i>budesonide ec</i> (generic of ENTOCORT EC)	Tier 1	
CANASA	Tier 3	
<i>colocort enema 100mg</i> (generic of CORTENEMA)	Tier 1	
DELZICOL	Tier 3	
<i>hydrocortisone (enema)</i> (generic of CORTENEMA)	Tier 1	
<i>mesalamine</i> ENEM; TBEC	Tier 1	
<i>mesalamine w/ cleanser</i> (generic of ROWASA)	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS	Tier 1	
<i>sulfasalazine ec</i> (generic of AZULFIDINE EN-TABS)	Tier 1	
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 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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/</i> flavor pack (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; POWD	Tier 1	
SUPREP BOWEL PREP KIT	Tier 3	
<i>trilyte</i> (generic of NULYTELY/FLAVOR PACKS)	Tier 1	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX)	Tier 1	PA
AMITIZA CAP 8MCG QL (60 caps / 30 days)	Tier 2	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	Tier 2	QL
<i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM)	Tier 1	
<i>diphenoxylate w/ atropine</i> LIQD	Tier 1	
<i>diphenoxylate w/ atropine</i> (generic of LOMOTIL) TABS	Tier 1	
GATTEX	Tier 2	NMO LA PA
LINZESS 72mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/Limits
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 1	
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>sucrafate</i> (generic of CARAFATE) TABS	Tier 1	
<i>ursodiol</i> (generic of ACTIGALL) CAPS	Tier 1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	Tier 1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 1	
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 1	QL
<i>esomeprazole sodium inj</i> 20mg	Tier 1	
<i>esomeprazole sodium inj</i> (generic of NEXIUM I.V.) 40mg	Tier 1	
<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 tbec</i> (generic of PROTONIX) 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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride</i> (generic of AVODART) QL (30 caps / 30 days)	Tier 1	QL
<i>dutasteride-tamsulosin hcl</i> (generic of JALYN) QL (30 caps / 30 days)	Tier 1	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 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 15) 15meq	Tier 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 5) 540mg	Tier 1	
<i>potassium citrate</i> (alkalinizer) er tabs (generic of UROCIT-K 10) 1080mg	Tier 1	
URINARY ANTISPASMODICS		
MYRBETRIQ 25mg QL (60 tabs / 30 days)	Tier 3	QL
MYRBETRIQ 50mg QL (30 tabs / 30 days)	Tier 3	QL
<i>oxybutynin chloride</i> SYRP	Tier 1	
<i>oxybutynin chloride</i> TABS	Tier 1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 1	QL
<i>tolterodine tartrate cap er</i> (generic of DETROL LA) QL (30 caps / 30 days)	Tier 1	QL
<i>tolterodine tartrate tabs</i> (generic of DETROL)	Tier 1	
TOVIAZ QL (30 tabs / 30 days)	Tier 2	QL
<i>tropium chloride</i> TABS QL (60 tabs / 30 days)	Tier 1	QL
VESICARE QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> (generic of CLEOCIN)	Tier 1	
<i>metronidazole vaginal</i> (generic of METROGEL-VAGINAL)	Tier 1	
<i>terconazole vaginal</i> (generic of TERAZOL 7) CREA .4%	Tier 1	
<i>terconazole vaginal</i> CREA .8%	Tier 1	
<i>terconazole vaginal</i> SUPP	Tier 1	
<i>vandazole</i>	Tier 1	
<i>zazole cream 0.8%</i>	Tier 1	
HEMATOLOGIC ANTICOAGULANTS		
COUMADIN	Tier 3	
ELIQUIS	Tier 2	
<i>enoxaparin sodium</i> (generic of LOVENOX)	Tier 1	
<i>fondaparinux sodium</i> (generic of ARIXTRA) 2.5mg/0.5ml	Tier 1	
<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 2	
<i>heparin sod (porcine) in d5w</i> (generic of HEPARIN SODIUM/D5W)	Tier 2	
<i>heparin sod inj 1000/ml</i>	Tier 1	B/D
<i>heparin sod inj 5000/ml</i>	Tier 1	B/D
<i>heparin sod inj 10000/ml</i>	Tier 1	B/D
<i>heparin sod inj 20000/ml</i>	Tier 1	B/D
<i>heparin sodium/d5w</i>	Tier 2	
HEPARIN SODIUM/NACL 0.45%	Tier 2	
<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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
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 1	
<i>anagrelide hcl</i> (generic of AGRYLIN) .5mg	Tier 1	
<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 1	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS	Tier 1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i> (generic of AGGRENOLX)	Tier 1	
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

Drug Name	Drug Tier	Requirements/Limits
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 1	
<i>methotrexate sodium tabs</i>	Tier 1	
REMICADE	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
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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
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 1	B/D
BENLYSTA SOLR	Tier 2	NMO PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS; SOLN	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 1	B/D NMO
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) SOLN	Tier 1	B/D NMO
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 1	B/D NMO
<i>gengraf</i> CAPS 50mg	Tier 1	B/D NMO
<i>gengraf</i> (generic of NEORAL) SOLN	Tier 1	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS; TABS	Tier 1	B/D NMO
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR	Tier 1	B/D NMO
<i>mycophenolate sodium</i> (generic of MYFORTIC)	Tier 1	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 1	B/D NMO
<i>tacrolimus</i> (generic of PROGRAF) CAPS	Tier 1	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

Drug Name	Drug Tier	Requirements/Limits
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	
RABAVERT	Tier 2	
RECOMBIVAX HB	Tier 2	B/D
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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
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 1	
<i>klor-con spr cap 10meq</i> (generic of MICRO-K)	Tier 1	
<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 1	
<i>potassium chloride</i> PACK	Tier 1	
<i>potassium chloride</i> SOLN 10%, 20%	Tier 1	
<i>potassium chloride</i> TBCR	Tier 1	
<i>potassium chloride microencapsulated crystals cr</i>	Tier 1	
<i>potassium chloride tab cr 10meq</i>	Tier 1	
<i>sodium chloride</i> SOLN 2.5meq/ml	Tier 1	
<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

Drug Name	Drug Tier	Requirements/Limits
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 INJ 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 sol 6%</i>	Tier 1	B/D
PREMASOL SOL 10%	Tier 3	B/D
PROCALAMINE	Tier 3	B/D
PROSOL	Tier 3	B/D
TRAVASOL	Tier 3	B/D
TROPHAMINE INJ 10%	Tier 3	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	Tier 1	
<i>dextrose 5%</i>	Tier 1	
DEXTROSE 5%/ELECTROLYTE	Tier 2	
<i>dextrose 5%/lactated ring</i>	Tier 1	
<i>dextrose 5%/nacl 0.2%</i>	Tier 1	
DEXTROSE 5%/NACL 0.3%	Tier 3	
<i>dextrose 5%/nacl 0.9%</i>	Tier 1	
<i>dextrose 5%/nacl 0.33%</i>	Tier 1	
<i>dextrose 5%/nacl 0.45%</i>	Tier 1	
<i>dextrose 5%/nacl 0.225%</i>	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%/potassium chl</i>	Tier 1	
<i>dextrose 10% flex contain</i>	Tier 1	
DEXTROSE 10%/NACL 0.2%	Tier 2	
<i>dextrose 10%/nacl 0.45%</i>	Tier 1	
<i>dextrose 50%</i>	Tier 1	
<i>dextrose inj 70%</i>	Tier 1	
IONOSOL-MB/DEXTROSE 5%	Tier 3	
ISOLYTE P	Tier 3	
ISOLYTE S	Tier 3	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	Tier 1	
KCL 0.3%/D5W/NACL 0.9%	Tier 3	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	Tier 1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	Tier 1	
KCL 0.15%/D5W/NACL 0.225%	Tier 2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	Tier 1	
<i>kcl/d5w inj 0.3%</i>	Tier 1	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	Tier 1	
<i>kcl/d5w/nacl inj .15/.33%</i>	Tier 1	
<i>kcl/d5w/nacl inj .15/.45%</i>	Tier 1	
<i>kcl/nacl inj 0.3-0.9</i>	Tier 1	
<i>kcl/nacl inj 0.15%-0.9%</i>	Tier 1	
<i>lactated ringer's inj</i>	Tier 1	
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 1	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	Tier 1	
<i>potassium chloride in nacl</i>	Tier 1	
<i>ringer's</i>	Tier 1	
<i>sodium chloride SOLN 3%, 5%</i>	Tier 1	
<i>sodium chloride 0.45%</i>	Tier 1	
<i>sodium chloride inj 0.9%</i>	Tier 1	

VITAMINS

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol (generic of ROCALTROL) CAPS</i>	Tier 1	B/D
<i>calcitriol inj</i>	Tier 1	B/D
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Tier 1	B/D
<i>paricalcitol (generic of ZEMPLAR) CAPS 1mcg, 2mcg</i>	Tier 1	B/D
<i>paricalcitol CAPS 4mcg</i>	Tier 1	B/D
<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	Tier 1	
OPHTHALMIC ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-poly-neomycin-hc</i>	Tier 1	
BLEPHAMIDE OINT	Tier 3	
<i>neomycin-polymy-dexameth (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin-hc (ophth)</i>	Tier 1	
<i>sulfacetamide sod-prednisolone</i>	Tier 1	
TOBRADEX OINT	Tier 2	
TOBRADEX ST	Tier 2	
<i>tobramycin-dexamethasone (generic of TOBRADEX)</i>	Tier 1	
ZYLET	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	Tier 1	
<i>bacitracin-polymyxin b (ophth)</i>	Tier 1	
BESIVANCE	Tier 2	
CILOXAN OINT	Tier 2	
<i>ciprofloxacin hcl (ophth) (generic of CILOXAN)</i>	Tier 1	
<i>erythromycin (ophth)</i>	Tier 1	
<i>gatifloxacin (ophth) (generic of ZYMAXID)</i>	Tier 1	
<i>gentak</i>	Tier 1	
<i>gentamicin sulfate soln (ophth)</i>	Tier 1	
MOXEZA	Tier 2	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX)</i>	Tier 1	
NATACYN	Tier 3	
<i>neomycin-bacitracin zn-polymyxin</i>	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyxin-gramicidin</i> (generic of NEOSPORIN)	Tier 1	
<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 1	
<i>sulfacetamide sodium (ophth)</i> (generic of BLEPH-10)	Tier 1	
<i>tobramycin (ophth)</i> (generic of TOBREX)	Tier 1	
<i>trifluridine</i> (generic of VIROPTIC) SOLN	Tier 1	
VIGAMOX	Tier 2	
ZIRGAN	Tier 3	
ANTI-INFLAMMATORIES		
ALREX	Tier 2	
<i>bromfenac sodium (ophth)</i>	Tier 1	
BROMSITE	Tier 3	
<i>dexamethasone sodium phosphate (ophth)</i>	Tier 1	
<i>diclofenac sodium (ophth)</i>	Tier 1	
DUREZOL	Tier 2	
<i>fluorometholone</i>	Tier 1	
<i>flurbiprofen sodium</i>	Tier 1	
ILEVRO	Tier 2	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR LS) .4%	Tier 1	
<i>ketorolac tromethamine (ophth)</i> (generic of ACULAR) .5%	Tier 1	
LOTEMAX	Tier 2	
<i>prednisolone acetate (ophth)</i> (generic of OMNIPRED)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	Tier 2	
PROLENSA	Tier 2	
ANTIALLERGICS		
<i>azelastine drop 0.05%</i>	Tier 1	
BEPREVE	Tier 2	
<i>cromolyn sodium (ophth)</i>	Tier 1	
LASTACAFT	Tier 3	

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

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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
ANORO ELLIPTA QL (60 blisters / 30 days)	Tier 2	QL
BEVESPI AEROSPHERE QL (1 inhaler / 30 days)	Tier 2	QL
COMBIVENT RESPIMAT QL (2 inhalers / 30 days)	Tier 3	QL
<i>ipratropium-albuterol nebu</i>	Tier 1	B/D
ANTICHOLINERGICS		
ATROVENT HFA QL (2 inhalers / 30 days)	Tier 3	QL
INCRUSE ELLIPTA QL (30 blisters / 30 days)	Tier 2	QL
<i>ipratropium bromide SOLN</i>	Tier 1	B/D
<i>ipratropium bromide (nasal)</i>	Tier 1	
ANTI-HISTAMINES		
<i>azelastine spr 0.1%</i>	Tier 1	
<i>azelastine spr 0.15%</i> (generic of ASTEPRO)	Tier 1	
<i>cetirizine syrup</i>	Tier 1	
<i>cyproheptadine hcl</i> SYRP; TABS PA if 65 years and older	Tier 3	PA
<i>diphenhydramine inj</i>	Tier 1	
<i>hydroxyzine hcl</i> SOLN; SYRP; TABS PA if 65 years and older	Tier 3	PA
<i>hydroxyzine pamoate</i> (generic of VISTARIL) CAPS 25mg, 50mg PA if 65 years and older	Tier 3	PA
<i>levocetirizine dihydrochloride</i> (generic of XYZAL)	Tier 1	
BETA AGONISTS		
<i>albuterol sulfate</i> NEBU	Tier 1	B/D
<i>albuterol sulfate</i> SYRP	Tier 1	
<i>albuterol sulfate</i> TABS	Tier 1	
<i>albuterol sulfate</i> (generic of VOSPIRE ER) TB12	Tier 1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i> (generic of XOPENEX CONCENTRATE)	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate hfa</i> QL (2 inhalers / 30 days)	Tier 1	QL
SEREVENT DISKUS QL (60 inhalations / 30 days)	Tier 2	QL
<i>terbutaline sulfate</i> TABS	Tier 1	
VENTOLIN HFA QL (2 inhalers / 30 days)	Tier 2	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW; PACK; TABS	Tier 1	
<i>zafirlukast</i> (generic of ACCOLATE)	Tier 1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu</i>	Tier 1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	Tier 1	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 1	
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 1	QL
<i>fluticasone propionate (nasal)</i> (generic of FLONASE) QL (1 bottle / 30 days)	Tier 1	QL
STERIOD INHALANTS		
ARNUITY ELLIPTA QL (30 inhalations / 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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation)</i> (generic of PULMICORT) .25mg/2ml, .5mg/2ml	Tier 1	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 1	
THEO-24	Tier 3	
<i>theophylline</i>	Tier 1	
TOPICAL DERMATOLOGY, ACNE		
<i>avita</i> (generic of RETIN-A) CREA	Tier 1	PA
<i>avita</i> GEL	Tier 1	PA
<i>benzoyl peroxide- erythromycin</i> (generic of BENZAMYCIN)	Tier 1	
<i>claravis</i>	Tier 1	PA
<i>clindacin-p</i> (generic of CLEOCIN-T)	Tier 1	
<i>clindamax</i> (generic of CLEOCIN-T)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate</i> (<i>topical</i>) (generic of CLEOCIN-T) GEL; LOTN; SOLN; SWAB	Tier 1	
<i>ery pad 2%</i>	Tier 1	
<i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL	Tier 1	
<i>erythromycin (acne aid)</i> SOLN	Tier 1	
<i>myorisan</i>	Tier 1	PA
<i>sulfacetamide sodium</i> (<i>acne</i>) (generic of KLARON)	Tier 1	
<i>tretinoin</i> (generic of RETIN- A) CREA	Tier 1	PA
<i>tretinoin</i> (generic of RETIN- A) GEL .01%, .025%	Tier 1	PA
<i>zenatane</i>	Tier 1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i>	Tier 1	
<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>ciclopirox</i> (generic of LOPROX) CREA; SUSP	Tier 1	
<i>ciclopirox</i> GEL	Tier 1	
<i>ciclopirox shampoo 1%</i> (generic of LOPROX SHAMPOO)	Tier 1	
<i>clotrimazole (topical)</i>	Tier 1	
<i>ketconazole cream</i>	Tier 1	
<i>nyamyc</i>	Tier 1	
<i>nyata</i>	Tier 1	
<i>nystatin (topical)</i>	Tier 1	
<i>nystatin pow 100000</i>	Tier 1	
<i>nystop</i>	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> (generic of SORIATANE)	Tier 1	PA
<i>calcipotriene</i> (generic of DOVONEX) CREA	Tier 1	
<i>calcipotriene</i> SOLN	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/ Limits
<i>tazarotene</i> (generic of TAZORAC) CREA	Tier 1	PA
TAZORAC CREA .05%	Tier 3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole 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 1	
<i>betamethasone dipropionate (topical)</i>	Tier 1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE AF) CREA	Tier 1	
<i>betamethasone dipropionate augmented</i> GEL	Tier 1	
<i>betamethasone dipropionate augmented</i> (generic of DIPROLENE) LOTN; OINT	Tier 1	
<i>betamethasone valerate</i> CREA; LOTN; OINT	Tier 1	
<i>desoximetasone</i> (generic of TOPICORT) CREA; GEL; OINT	Tier 1	
<i>fluocinolone acetonide</i> CREA .01%	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) OINT	Tier 1	
<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN	Tier 1	
<i>fluocinolone acetonide oil body</i> (generic of DERMA-SMOOTHIE/FS BODY)	Tier 1	
<i>fluocinolone acetonide oil scalp</i> (generic of DERMA-SMOOTHIE/FS SCALP)	Tier 1	
<i>fluocinonide</i> CREA .05%	Tier 1	
<i>fluocinonide</i> GEL	Tier 1	
<i>fluocinonide</i> SOLN	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide emulsified base</i>	Tier 1	
<i>fluticasone propionate</i> (generic of CUTIVATE) CREA	Tier 1	
<i>fluticasone propionate</i> OINT	Tier 1	
<i>halobetasol propionate</i> (generic of ULTRAVATE)	Tier 1	
<i>hydrocortisone (topical)</i> CREA	Tier 1	
<i>hydrocortisone (topical)</i> LOTN	Tier 1	
<i>hydrocortisone (topical)</i> OINT 1%	Tier 1	
<i>hydrocortisone (topical)</i> OINT 2.5%	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i> (generic of LOCOID)	Tier 1	
<i>hydrocortisone butyrate oint 0.1%</i> (generic of LOCOID)	Tier 1	
<i>hydrocortisone butyrate soln 0.1%</i> (generic of LOCOID)	Tier 1	
<i>hydrocortisone valerate</i> CREA	Tier 1	
<i>hydrocortisone valerate</i> (generic of WESTCORT) OINT	Tier 1	
<i>mometasone furoate</i> (generic of ELOCON) CREA; OINT	Tier 1	
<i>mometasone furoate</i> SOLN	Tier 1	
TEXACORT SOLN 2.5%	Tier 3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	Tier 1	
<i>triamcinolone acetonide (topical)</i> LOTN	Tier 1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i> (generic of LIDODERM) PTCH QL (3 patches / 1 day)	Tier 1	QL PA
<i>lidocaine hcl</i> GEL QL (30 mL / 30 days)	Tier 1	QL PA
<i>lidocaine hcl</i> (generic of XYLOCAINE) SOLN 4% QL (50 mL / 30 days)	Tier 1	QL PA
<i>lidocaine oint 5%</i> QL (50 gm / 30 days)	Tier 1	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

00018215_v4_01/2018

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine</i> QL (30 gm / 30 days)	Tier 1	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate</i> (generic of LAC-HYDRIN) CREA; LOTN	Tier 1	
<i>diclofenac sodium (topical) 1% gel</i> (generic of VOLTAREN)	Tier 1	PA
<i>doxepin hcl (antipruritic)</i>	Tier 1	
<i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%	Tier 1	
<i>fluorouracil (topical) SOLN</i>	Tier 1	
<i>imiquimod</i> (generic of ALDARA) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROCREAM) CREA	Tier 1	
<i>metronidazole (topical)</i> (generic of METROLOTION) LOTN	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
PANRETIN	Tier 2	
PICATO	Tier 2	
<i>podofilox SOLN</i>	Tier 1	
<i>procto-med hc</i> (generic of ANUSOL-HC)	Tier 1	
<i>procto-pak</i>	Tier 1	
<i>proctosol hc cre 2.5%</i> (generic of ANUSOL-HC)	Tier 1	
<i>proctozone-hc</i> (generic of ANUSOL-HC)	Tier 1	
<i>rosadan</i> (generic of METROCREAM)	Tier 1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC)	Tier 1	
TARGRETIN GEL	Tier 2	NMO PA
VALCHLOR	Tier 2	NMO LA PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> (generic of OVIDE)	Tier 1	
<i>permethrin cre 5%</i> (generic of ELIMITE)	Tier 1	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
REGRANEX	Tier 2	PA
SANTYL	Tier 3	
<i>sodium chlor sol 0.9% irr sterile water irrigation</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC)	Tier 1	
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX)	Tier 1	
<i>clotrimazole LOZG</i>	Tier 1	
<i>lidocaine hcl (mouth-throat)</i>	Tier 1	
<i>nystatin (mouth-throat)</i>	Tier 1	
<i>paroex sol 0.12%</i> (generic of PERIDEX)	Tier 1	
<i>periogard</i> (generic of PERIDEX)	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN)	Tier 1	
<i>triamcinolone acetonide (mouth)</i>	Tier 1	
OTIC		
<i>acetic acid (otic)</i>	Tier 1	
<i>acetic acid-aluminum acetate</i>	Tier 1	
CIPRODEX	Tier 2	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC)	Tier 1	
<i>neomycin-polymyxin-hc (otic)</i> (generic of CORTISPORIN) SOLN	Tier 1	
<i>neomycin-polymyxin-hc (otic) SUSP</i>	Tier 1	
<i>ofloxacin (otic)</i> (generic of FLOXIN OTIC)	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

00018215_v4_01/2018

Index

- A**
abacavir sulfate.....11
abacavir sulfate-lamivudine
.....12
*abacavir sulfate-lamivudine-
zidovudine*.....12
ABELCET.....10
ABILIFY
 see *aripiprazole tab*.....29
ABILIFY MAINTENA29
ABRAXANE15
acamprosate calcium.....34
acarbose35
ACCOLATE
 see *zafirlukast*50
ACCUPRIL
 see *quinapril hcl*18
ACCURETIC
 see *quinapril-
hydrochlorothiazide*18
acebutolol hcl.....20
ACEON
 see *perindopril erbumine*
 18
acetaminophen w/ codeine .7
acetazolamide.....22
acetic acid.....53
acetic acid (otic).....53
acetic acid-aluminum acetate
.....53
acetylcysteine50
acitretin51
ACTHIB.....46
ACTIGALL
 see *ursodiol*.....43
ACTIMMUNE45
ACTIQ
 see *fentanyl citrate*8
ACTOS
 see *pioglitazone hcl*.....36
ACULAR
 see *ketorolac
tromethamine (ophth)*....49
ACULAR LS
 see *ketorolac
tromethamine (ophth)*....49
acyclovir.....12
acyclovir sodium12
ADACEL.....46
ADAGEN.....39
ADALAT CC
 see *afeditab cr*.....21
 see *nifedipine er*.....21
ADCIRCA.....22
ADDERALL
 see *amphetamine-
dextroamphetamine tab 10
mg*32
 see *amphetamine-
dextroamphetamine tab
12.5 mg*32
 see *amphetamine-
dextroamphetamine tab 15
mg*32
 see *amphetamine-
dextroamphetamine tab 20
mg*32
 see *amphetamine-
dextroamphetamine tab 30
mg*32
 see *amphetamine-
dextroamphetamine tab 5
mg*32
 see *amphetamine-
dextroamphetamine tab
7.5 mg*32
ADDERALL XR
 see *amphetamine-
dextroamphetamine cap sr
24hr 10 mg*.....31
 see *amphetamine-
dextroamphetamine cap sr
24hr 15 mg*.....31
 see *amphetamine-
dextroamphetamine cap sr
24hr 20 mg*.....32
 see *amphetamine-
dextroamphetamine cap sr
24hr 25 mg*.....32
 see *amphetamine-
dextroamphetamine cap sr
24hr 30 mg*.....32
 see *amphetamine-
dextroamphetamine cap sr
24hr 5 mg*.....31
adefovir dipivoxil12
ADEMPAS22
adriamycin15
adrucil.....15
ADVAIR DISKUS.....51
ADVAIR HFA51
afeditab cr.....21
AFINITOR16
AFINITOR DISPERZ16
AGGRENOL
 see *aspirin-dipyridamole*45
AGRYLIN
 see *anagrelide hcl*.....45
ala-cort.....52
ALBENZA10
albuterol sulfate50
ALCAINE
 see *proparacaine hcl*....49
alclometasone dipropionate
.....52
ALCOHOL SWABS.....35
ALDACTAZIDE
 see *spironolactone &
hydrochlorothiazide*22
ALDACTONE
 see *spironolactone*.....18
ALDARA
 see *imiquimod*.....53
ALDURAZYME39
ALECENSA16
alendronate sodium37
alfuzosin hcl.....43
ALIMTA.....15
ALINIA10
ALKERAN
 see *melfalan hcl*.....15
allopurinol tab7
aloksetron hcl.....43
ALPHAGAN P
 see *brimonidine sol 0.15%*
 49
ALPHAGAN P SOL 0.1% .49
alprazolam tab 0.25mg23
alprazolam tab 0.5mg23
alprazolam tab 1mg23
alprazolam tab 2mg23
ALREX.....49
ALTACE
 see *ramipril*18
altavera tab.....37
ALUNBRIG16
alyacen 1/35.....37

<i>amantadine hcl</i>.....28	<i>amlodipine-benazepril hcl</i>	<i>mg</i>.....32
AMARYL	<i>cap 5-40 mg</i>.....18	<i>amphetamine-</i>
see <i>glimepiride</i> .....35	<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 20</i>
AMBIEN	<i>hydrochlorothiazide 10-160-</i>	<i>mg</i>.....32
see <i>zolpidem tartrate</i> ....33	<i>12.5mg</i>.....19	<i>amphetamine-</i>
AMBISOME.....10	<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 30</i>
AMERGE	<i>hydrochlorothiazide 10-160-</i>	<i>mg</i>.....32
see <i>naratriptan hcl</i>.....33	<i>25mg</i>.....19	<i>amphetamine-</i>
<i>amikacin sulfate</i> .....9	<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 5</i>
<i>amiloride &</i>	<i>hydrochlorothiazide 10-320-</i>	<i>mg</i>.....32
<i>hydrochlorothiazide</i> .....22	<i>25mg</i>.....19	<i>amphetamine-</i>
<i>amiloride hcl</i>.....22	<i>amlodipine-valsartan-</i>	<i>dextroamphetamine tab 7.5</i>
<i>aminophylline inj</i> .....51	<i>hydrochlorothiazide 5-160-</i>	<i>mg</i>.....32
AMINOSYN.....47	<i>12.5mg</i>.....19	<i>amphotericin b</i> .....10
AMINOSYN	<i>amlodipine-valsartan-</i>	<i>ampicillin & sulbactam</i>
7%/ELECTROLYTES .....47	<i>hydrochlorothiazide 5-160-</i>	<i>sodium</i> .....14
<i>aminosyn 8.5%/electrolyte</i> 47	<i>25mg</i>.....19	<i>ampicillin cap 250 mg</i> .....14
<i>aminosyn ii 8.5%/electrol</i> ..47	<i>ammonium lactate</i> .....53	<i>ampicillin cap 500 mg</i> .....14
AMINOSYN II INJ 10% .....47	<i>amoxapine tab 100mg</i> .....26	<i>ampicillin for susp 125</i>
AMINOSYN II INJ 7% .....47	<i>amoxapine tab 150mg</i> .....26	<i>mg/5ml</i>.....14
AMINOSYN II INJ 8.5% ....47	<i>amoxapine tab 25mg</i> .....26	<i>ampicillin for susp 250</i>
AMINOSYN M.....47	<i>amoxapine tab 50mg</i> .....26	<i>mg/5ml</i>.....14
AMINOSYN-HBC .....47	<i>amoxicillin</i> .....14	<i>ampicillin inj</i> .....14
AMINOSYN-PF 7% .....47	<i>amoxicillin & pot clavulanate</i>	<i>ampicillin sodium</i> .....14
AMINOSYN-PF INJ 10%...47	.....14	AMPYRA .....34
AMINOSYN-RF .....47	<i>amphetamine-</i>	ANADROL-50 .....34
<i>amidarone hcl</i> .....19	<i>dextroamphetamine cap sr</i>	ANAFRANIL
AMITIZA CAP 24MCG .....43	<i>24hr 10 mg</i>.....31	see <i>clomipramine hcl</i> ....27
AMITIZA CAP 8MCG .....43	<i>amphetamine-</i>	<i>anagrelide hcl</i> .....45
<i>amitriptyline hcl</i> .....26	<i>dextroamphetamine cap sr</i>	ANAPROX DS
<i>amlodipine besylate</i> .....21	<i>24hr 15 mg</i>.....31	see <i>naproxen sodium</i>.....7
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	<i>anastrozole</i> .....16
<i>olmesartan medoxomil</i>.....18	<i>dextroamphetamine cap sr</i>	ANCOBON
<i>amlodipine besylate-</i>	<i>24hr 20 mg</i>.....32	see <i>flucytosine</i> .....11
<i>valsartan tab 10-160 mg</i> ...19	<i>amphetamine-</i>	ANDRODERM .....34
<i>amlodipine besylate-</i>	<i>dextroamphetamine cap sr</i>	ANDROGEL
<i>valsartan tab 10-320 mg</i> ...19	<i>24hr 25 mg</i>.....32	see <i>testosterone</i>.....35
<i>amlodipine besylate-</i>	<i>amphetamine-</i>	ANORO ELLIPTA .....50
<i>valsartan tab 5-160 mg</i> .....18	<i>dextroamphetamine cap sr</i>	ANTABUSE
<i>amlodipine besylate-</i>	<i>24hr 30 mg</i>.....32	see <i>disulfiram</i>.....34
<i>valsartan tab 5-320 mg</i> .....19	<i>amphetamine-</i>	ANUSOL-HC
<i>amlodipine--benazepril hcl</i>	<i>dextroamphetamine cap sr</i>	see <i>procto-med hc</i> .....53
<i>cap 10-20 mg</i>.....18	<i>24hr 5 mg</i>.....31	see <i>proctosol hc cre 2.5%</i>
<i>amlodipine-benazepril hcl</i>	<i>amphetamine-</i>	.....53
<i>cap 10-40mg</i>.....18	<i>dextroamphetamine tab 10</i>	see <i>proctozone-hc</i>.....53
<i>amlodipine-benazepril hcl</i>	<i>mg</i>.....32	APOKYN.....28
<i>cap 2.5-10 mg</i>.....18	<i>amphetamine-</i>	<i>aprepitant</i>.....42
<i>amlodipine-benazepril hcl</i>	<i>dextroamphetamine tab 12.5</i>	<i>aprepitant pak 80mg &</i>
<i>cap 5-10 mg</i>.....18	<i>mg</i>.....32	<i>125mg</i>.....42
<i>amlodipine-benazepril hcl</i>	<i>amphetamine-</i>	<i>apri</i>.....37
<i>cap 5-20 mg</i>.....18	<i>dextroamphetamine tab 15</i>	APRISO .....42

APTIOM	23	<i>hydrochlorothiazide</i>	19	BANZEL TAB 400MG	23
APTIVUS.....	11	AVAPRO		BARACLUDGE.....	12
ARALAST NP.....	50	<i>see irbesartan</i>	19	<i>see entecavir</i>	12
<i>aranelle</i>	37	AVASTIN	15	BASAGLAR KWIKPEN.....	35
ARAVA		<i>aviane</i>	37	BCG VACCINE	46
<i>see leflunomide</i>	45	<i>avita</i>	51	<i>bekyree</i>	37
ARCALYST	45	AVODART		BELEODAQ.....	15
ARICEPT		<i>see dutasteride</i>	44	<i>benazepril &</i>	
<i>see donepezil</i>		AYGESTIN		<i>hydrochlorothiazide</i>	18
<i>hydrochloride</i>	26	<i>see norethindrone acetate</i>		<i>benazepril hcl</i>	18
ARIMIDEX		.....	41	BENDEKA	15
<i>see anastrozole</i>	16	<i>azacitidine</i>	15	BENICAR	
<i>aripiprazole odt</i>	29	AZACTAM		<i>see olmesartan medoxomil</i>	
<i>aripiprazole oral solution 1</i>		<i>see aztreonam</i>	10	.....	19
<i>mg/ml</i>	29	AZACTAM/DEX INJ.....	10	BENICAR HCT	
<i>aripiprazole tab</i>	29	<i>azathioprine</i>	46	<i>see olmesartan</i>	
ARISTADA.....	29	AZATHIOPRINE	46	<i>medoxomil-</i>	
ARIXTRA		<i>azelastine drop 0.05%</i>	49	<i>hydrochlorothiazide</i>	19
<i>see fondaparinux sodium</i>		<i>azelastine spr 0.1%</i>	50	BENLYSTA.....	46
.....	44	<i>azelastine spr 0.15%</i>	50	BENTYL	
<i>armodafinil</i>	34	AZILECT		<i>see dicyclomine hcl</i>	42
ARNUITY ELLIPTA.....	50	<i>see rasagiline mesylate</i>	29	BENZAMYCIN	
AROMASIN		<i>azithromycin</i>	13	<i>see benzoyl peroxide-</i>	
<i>see exemestane</i>	16	AZOPT.....	49	<i>erythromycin</i>	51
<i>aspirin-dipyridamole</i>	45	AZOR		<i>benzoyl peroxide-</i>	
ASTEPRO		<i>see amlodipine besylate-</i>		<i>erythromycin</i>	51
<i>see azelastine spr 0.15%</i>		<i>olmesartan medoxomil</i> ..	18	<i>benztropine mesylate</i>	28
.....	50	<i>aztreonam</i>	10	BEPREVE.....	49
<i>atenolol</i>	20	AZULFIDINE		BESIVANCE	48
<i>atenolol & chlorthalidone</i> ...20		<i>see sulfasalazine</i>	42	BETAGAN	
ATIVAN		AZULFIDINE EN-TABS		<i>see levobunolol hcl</i>	49
<i>see lorazepam</i>	23	<i>see sulfasalazine ec</i>	42	<i>betamethasone dipropionate</i>	
<i>atomoxetine hcl</i>	32	B		<i>(topical)</i>	52
<i>atorvastatin calcium</i>	19	<i>bacitracin (ophthalmic)</i>	48	<i>betamethasone dipropionate</i>	
<i>atovaquone</i>	10	<i>bacitracin-polymyxin b</i>		<i>augmented</i>	52
<i>atovaquone-proguanil hcl</i> ..11		<i>(ophth)</i>	48	<i>betamethasone valerate</i> ...52	
ATRIPLA	12	<i>bacitracin-poly-neomycin-hc</i>		BETAPACE	
ATROVENT HFA	50	.....	48	<i>see sorine</i>	19
<i>abra</i>	37	<i>baclofen</i>	34	<i>see sotalol hcl</i>	19
AUGMENTIN		BACTRIM		BETAPACE AF	
<i>see amoxicillin & pot</i>		<i>see sulfamethoxazole-</i>		<i>see sotalol hcl (afib/afI)</i> .19	
<i>clavulanate</i>	14	<i>trimethoprim</i>	10	BETASERON	34
AUGMENTIN ES-600		BACTRIM DS		<i>betaxolol hcl (ophth)</i>	49
<i>see amoxicillin & pot</i>		<i>see sulfamethoxazole-</i>		<i>bethanechol chloride</i>	44
<i>clavulanate</i>	14	<i>trimethop ds</i>	10	BETOPTIC-S	49
AUGMENTIN XR		BACTROBAN		BEVESPI AEROSPHERE 50	
<i>see amoxicillin & pot</i>		<i>see mupirocin</i>	51	<i>bexarotene</i>	17
<i>clavulanate</i>	14	<i>balsalazide disodium</i>	42	BEXSERO	46
AURYXIA	41	<i>balziva</i>	37	BIAXIN	
AVALIDE		BANZEL SUS 40MG/ML...23		<i>see clarithromycin</i>	13
<i>see irbesartan-</i>		BANZEL TAB 200MG	23	<i>see clarithromycin for susp</i>	

.....13	BYDUREON PEN.....35	<i>cd</i>.....21
BIAXIN XL	BYETTA.....35	see <i>diltiazem cap 180mg</i>
see <i>clarithromycin er</i>.....13	BYSTOLIC.....20	<i>cd</i>.....21
<i>bicalutamide</i>.....16	C	see <i>diltiazem cap 240mg</i>
BICILLIN L-A.....14	<i>cabergoline</i>.....41	<i>cd</i>.....21
BILTRICIDE.....10	CABOMETYX.....16	see <i>diltiazem cap 360mg</i>
<i>bisoprolol &</i>	CAFERGOT	<i>cd</i>.....21
<i>hydrochlorothiazide</i>.....20	see <i>ergotamine w/ caffeine</i>	see <i>diltiazem hcl coated</i>
<i>bisoprolol fumarate</i>.....20	.....33	<i>beads cap sr 24hr</i>.....21
BIVIGAM.....45	CALAN	CARDURA
<i>bleomycin sulfate</i>.....15	see <i>verapamil hcl</i>.....21	see <i>doxazosin mesylate</i> 18
BLEPH-10	CALAN SR	CARIMUNE
see <i>sulfacetamide sodium</i>	see <i>verapamil hcl tab er</i> 21	NANOFILTERED.....45
(<i>ophth</i>).....49	<i>calcipotriene</i>.....51	CARNITOR
BLEPHAMIDE.....48	<i>calcitonin (salmon)</i>.....41	see <i>levocarnitine</i>
<i>blisovi fe 1.5/30</i>.....37	<i>calcitriol</i>.....48	(<i>metabolic modifiers</i>).....40
<i>blisovi fe 1/20</i>.....37	<i>calcitriol inj</i>.....48	<i>carteolol hcl (ophth)</i>.....49
BOOSTRIX.....46	<i>calcitriol oral soln 1 mcg/ml</i>	<i>cartia xt cap 120/24hr</i>.....21
BOSULIF.....16	.....48	<i>cartia xt cap 180/24hr</i>.....21
BREO ELLIPTA.....51	<i>calcium acetate (phosphate</i>	<i>cartia xt cap 240/24hr</i>.....21
BREVICON-28	<i>binder)</i>.....41	<i>cartia xt cap 300/24hr</i>.....21
see <i>necon 0.5/35-28</i>.....38	<i>camila</i>.....37	<i>carvedilol</i>.....20
see <i>nortrel 0.5/35 (28)</i> ...39	CAMPTOSAR	CASODEX
<i>briellyn</i>.....37	see <i>irinotecan hcl</i>.....17	see <i>bicalutamide</i>.....16
BRILINTA.....45	CANASA.....42	CATAPRES
<i>brimonidine sol 0.15%</i>.....49	CANCIDAS.....11	see <i>clonidine hcl</i>.....22
<i>brimonidine sol 0.2%</i>.....49	CAPASTAT SULFATE.....12	CATAPRES-TTS-1
BRIVIACT.....23	CAPRELSA.....16	see <i>clonidine hcl</i>.....22
<i>bromfenac sodium (ophth)</i> 49	<i>captopril</i>.....18	CATAPRES-TTS-2
<i>bromocriptine mesylate</i>.....28	<i>captopril &</i>	see <i>clonidine hcl</i>.....22
BROMSITE.....49	<i>hydrochlorothiazide</i>.....18	CATAPRES-TTS-3
<i>budesonide (inhalation)</i>.....51	CARAFATE	see <i>clonidine hcl</i>.....22
<i>budesonide ec</i>.....42	see <i>sucralfate</i>.....43	CAYSTON.....10
<i>bumetanide</i>.....22	CARBAGLU.....39	<i>caziant pak</i>.....37
BUMEX	<i>carbamazepine</i>.....23	<i>cefaclor</i>.....13
see <i>bumetanide</i>.....22	CARBATROL	CEFACLOR
BUPHENYL.....39	see <i>carbamazepine</i>.....23	MONOHYDRATE ER.....13
see <i>sodium phenylbutyrate</i>	<i>carbidopa/levodopa/entacap</i>	<i>cefadroxil</i>.....13
.....40	<i>one</i>.....28	CEFAZOLIN IN DEXTROSE
<i>buprenorphine hcl</i>.....34	<i>carbidopa-levodopa</i>.....28	2GM/100ML-4%.....13
<i>buprenorphine hcl-naloxone</i>	<i>carboplatin</i>.....17	<i>cefazolin inj</i>.....13
<i>hcl sl</i>.....34	CARDIZEM	<i>cefazolin sodium</i>.....13
<i>bupropion hcl</i>.....26	see <i>diltiazem hcl</i>.....21	CEFAZOLIN SODIUM 1
<i>bupropion hcl (smoking</i>	CARDIZEM CD	GM/50ML.....13
<i>deterrent)</i>.....34	see <i>cartia xt cap 120/24hr</i>	<i>cefdinir</i>.....13
<i>buspirone hcl</i>.....23	.....21	<i>cefepime hcl</i>.....13
<i>busulfan</i>.....15	see <i>cartia xt cap 180/24hr</i>	<i>cefixime</i>.....13
BUSULFEX	.....21	<i>cefotaxime sodium</i>.....13
see <i>busulfan</i>.....15	see <i>cartia xt cap 240/24hr</i>	<i>cefoxitin sodium</i>.....13
<i>butorphanol tartrate</i>.....7	.....21	<i>cefpodoxime proxetil</i>.....13
BYDUREON INJ.....35	see <i>diltiazem cap 120mg</i>	<i>cefprozil</i>.....13

<i>ceftazidime</i>.....13	<i>ciprofloxacin</i>.....14	<i>clindamycin phosphate</i>
CEFTAZIDIME/DEXTROSE	<i>ciprofloxacin hcl (ophth)</i> ...48	<i>vaginal</i>.....44
.....13	<i>ciprofloxacin hcl tab</i>.....14	<i>clindamycin soln 75mg/5ml</i>
CEFTIN	<i>ciprofloxacin in d5w</i>.....14	.....10
see <i>cefuroxime axetil</i>....13	<i>ciprofloxacin inj</i>.....14	CLINIMIX
<i>ceftriaxone sodium</i>.....13	<i>cisplatin</i>.....17	2.75%/DEXTROSE 5%....47
<i>cefuroxime axetil</i>.....13	<i>citalopram hydrobromide</i> ..26	CLINIMIX
<i>cefuroxime sodium</i>.....13	<i>cladribine</i>.....15	4.25%/DEXTROSE 25%...47
CELEBREX	<i>claravis</i>.....51	CLINIMIX
see <i>celecoxib</i>.....7	<i>clarithromycin</i>.....13	4.25%/DEXTROSE 5%....47
<i>celecoxib</i>.....7	<i>clarithromycin er</i>.....13	CLINIMIX 5%/DEXTROSE
CELEXA	<i>clarithromycin for susp</i>.....13	15%.....47
see <i>citalopram</i>	CLEOCIN	CLINIMIX 5%/DEXTROSE
<i>hydrobromide</i>.....26	see <i>clindamycin cap</i>	20%.....47
CELLCEPT	300mg.....10	CLINIMIX 5%/DEXTROSE
see <i>mycophenolate mofetil</i>	see <i>clindamycin cap 75mg</i>	25%.....47
.....46	.....10	CLINIMIX INJ 4.25/D10 ....47
CELONTIN.....23	see <i>clindamycin hcl cap</i>	CLINIMIX INJ 4.25/D20 ....47
<i>cephalexin</i>.....13	150 mg.....10	<i>clomipramine hcl</i>.....27
CERDELGA.....39	see <i>clindamycin</i>	<i>clonazepam</i>.....23, 24
CEREZYME.....39	<i>phosphate vaginal</i>.....44	<i>clonidine hcl</i>.....22
<i>cetirizine syrup</i>.....50	CLEOCIN IN D5W	<i>clopidogrel bisulfate</i>.....45
<i>cevimeline hcl</i>.....53	see <i>clindamycin</i>	<i>clorazepate dipotassium</i> ...24
CHANTIX.....34	<i>phosphate in d5w</i>.....10	<i>clotrimazole</i>.....53
CHANTIX CONTINUING	CLEOCIN PEDIATRIC	<i>clotrimazole (topical)</i>.....51
MONTH.....34	GRANULE	<i>clozapine odt</i>.....29
CHANTIX STARTER PACK	see <i>clindamycin soln</i>	<i>clozapine tab 100mg</i>.....29
.....34	75mg/5ml.....10	<i>clozapine tab 200mg</i>.....29
CHEMET.....37	CLEOCIN PHOSPHATE	<i>clozapine tab 25mg</i>.....29
<i>chlorhexidine gluconate</i>	see <i>clindamycin</i>	<i>clozapine tab 50mg</i>.....29
(<i>mouth-throat</i>).....53	<i>phosphate inj</i>.....10	CLOZARIL
<i>chloroquine phosphate</i>.....11	CLEOCIN-T	see <i>clozapine tab 100mg</i>
<i>chlorothiazide tabs</i>.....22	see <i>clindacin-p</i>.....51	.....29
<i>chlorpromazine hcl</i>.....29	see <i>clindamax</i>.....51	see <i>clozapine tab 25mg</i> 29
CHLORPROMAZINE INJ..29	see <i>clindamycin</i>	COARTEM.....11
<i>chlorthalidone</i>.....22	<i>phosphate (topical)</i>.....51	COGENTIN
<i>cholestyramine</i>.....20	CLIMARA	see <i>benztropine mesylate</i>
<i>cholestyramine light</i>.....20	see <i>estradiol</i>.....40	.....28
<i>ciclopirox</i>.....51	<i>clindacin-p</i>.....51	<i>colchicine w/ probenecid</i>....7
<i>ciclopirox shampoo 1%</i>.....51	<i>clindamax</i>.....51	COLCRYS.....7
<i>cilostazol</i>.....45	<i>clindamycin cap 300mg</i>....10	COLESTID
CILOXAN.....48	<i>clindamycin cap 75mg</i>.....10	see <i>colestipol hcl</i>.....20
see <i>ciprofloxacin hcl</i>	<i>clindamycin hcl cap 150 mg</i>	<i>colestipol hcl</i>.....20
(<i>ophth</i>).....48	.....10	<i>colistimethate sodium</i>.....10
CINRYZE.....45	<i>clindamycin phosphate</i>	<i>colocort enema 100mg</i>....42
CIPRO	(<i>topical</i>).....51	COLY-MYCIN M
see <i>ciprofloxacin</i>.....14	<i>clindamycin phosphate in</i>	see <i>colistimethate sodium</i>
see <i>ciprofloxacin hcl tab</i> 14	<i>d5w</i>.....10	.....10
CIPRO I.V.-IN D5W	CLINDAMYCIN	COLYTE-FLAVOR PACKS
see <i>ciprofloxacin in d5w</i> 14	PHOSPHATE IN NAACL....10	see <i>gavilyte-c</i>.....42
CIPRODEX.....53	<i>clindamycin phosphate inj</i> .10	see <i>peg 3350/electrolytes</i>

.....43	<i>cromolyn sodium</i>	DAPTACEL.....46
COMBIGAN .....49	(<i>mastocytosis</i>).....43	<i>daptomycin</i> 10
COMBIVENT RESPIMAT .50	<i>cromolyn sodium (ophth)</i> ..49	DDAVP
COMBIVIR	<i>cromolyn sodium nebu</i>.....50	see <i>desmopressin acetate</i>
see <i>lamivudine-zidovudine</i>	<i>cryselle-28</i> .....37	<i>spray</i> .....41
.....12	CUBICIN	see <i>desmopressin acetate</i>
COMETRIQ.....16	see <i>daptomycin</i> 10	<i>tabs</i> .....41
COMPLERA.....12	CUTIVATE	see <i>desmopressin inj</i>
<i>compro</i>.....42	see <i>fluticasone propionate</i>	<i>4mcg/ml</i> .....41
COMTAN	.....52	see <i>desmopressin sol</i>
see <i>entacapone</i>.....28	<i>cyclafem 1/35</i>.....37	<i>0.01%</i>.....41
<i>constulose</i>.....42	<i>cyclafem 7/7/7</i>.....37	<i>deblitane</i> .....37
COPAXONE	CYCLESSA	DELESTROGEN.....40
see <i>glatopa</i>.....34	see <i>caziant pak</i> .....37	see <i>estradiol valerate</i> ...40
COPAXONE INJ 40MG/ML	see <i>velivet</i> .....39	<i>delyla</i> .....37
.....34	<i>cyclobenzaprine hcl</i> .....34	DELZICOL .....42
COPEGUS	<i>cyclophosphamide</i> 15	DEMADEX
see <i>moderiba tab 200mg</i>	CYCLOPHOSPHAMIDE ...15	see <i>torseamide tabs</i>.....22
.....12	<i>cycloserine</i>.....12	DEMSEER .....22
see <i>ribasphere</i>.....13	<i>cyclosporine</i>.....46	DEPACON
see <i>ribavirin 200mg</i> .....13	<i>cyclosporine modified (for</i>	see <i>valproate sodium</i> ....25
COREG	<i>microemulsion)</i> .....46	DEPAKENE
see <i>carvedilol</i> .....20	CYKLOKAPRON	see <i>valproate sodium</i> ....25
CORGARD	see <i>tranexamic acid</i> .....45	see <i>valproic acid</i> .....25
see <i>nadolol</i>.....21	CYMBALTA	DEPAKOTE
CORLANOR.....22	see <i>duloxetine hcl</i> .....27	see <i>divalproex sodium</i> ..24
CORTEF	<i>cyproheptadine hcl</i>.....50	DEPAKOTE ER
see <i>hydrocortisone</i> .....40	<i>cyred tab</i> .....37	see <i>divalproex sodium</i> ..24
CORTENEMA	CYSTADANE.....39	DEPAKOTE SPRINKLES
see <i>colocort enema</i>	CYSTAGON.....39	see <i>divalproex sodium</i> ..24
<i>100mg</i> .....42	CYSTARAN .....49	DEPEN TITRATABS.....37
see <i>hydrocortisone</i>	<i>cytarabine</i> .....15	DEPO-MEDROL
(<i>enema</i>).....42	CYTOMEL	see <i>methylpr ace inj</i>
<i>cortisone acetate</i>.....40	see <i>liothyronine sodium</i> .41	<i>40mg/ml</i> .....40
CORTISPORIN	CYTOTEC	see <i>methylpr ace inj</i>
see <i>neomycin-polymyxin-</i>	see <i>misoprostol</i> .....43	<i>80mg/ml</i> .....40
<i>hc (otic)</i>.....53	CYTOVENE	DEPO-PROVERA
COSOPT	see <i>ganciclovir inj 500mg</i>	CONTRACEPTIV
see <i>dorzolamide hcl-</i>	.....12	see <i>medroxyprogesterone</i>
<i>timolol maleate</i> .....49	D	<i>acetate (contraceptive)</i> ..38
COTELLIC .....16	D.H.E. 45	DEPO-PROVERA INJ
COUMADIN .....44	see <i>dihydroergotamine</i>	400/ML.....16
see <i>jantoven</i>.....44	<i>mesylate 1mg/ml</i> .....33	DEPO-TESTOSTERONE
see <i>warfarin sodium</i> .....44	<i>dacarbazine</i> .....15	see <i>testosterone cypionate</i>
COZAAR	DAKLINZA .....12	.....35
see <i>losartan potassium</i> ..19	DALIRESP .....50	DERMA-SMOOTH/FS
CREON.....43	<i>danazol</i> .....39	BODY
CRESTOR	DANTRIUM	see <i>fluocinolone acetonide</i>
see <i>rosuvastatin calcium</i>	see <i>dantrolene sodium</i> ..34	<i>oil body</i>.....52
.....20	<i>dantrolene sodium</i> .....34	DERMA-SMOOTH/FS
CRIXIVAN.....11	<i>dapsone</i>.....10	SCALP

see <i>fluocinolone acetonide oil scalp</i>	52	.....47	<i>diltiazem cap er/12hr</i>	21
DERMOTIC		<i>dextrose 5%/nacl 0.33%</i> ...	<i>diltiazem hcl</i>	21
see <i>fluocinolone acetonide (otic)</i>	53	<i>dextrose 5%/nacl 0.45%</i> ...	<i>diltiazem hcl cap sr 24hr</i> ...	21
DESCOVY	12	<i>dextrose 5%/nacl 0.9%</i>	<i>diltiazem hcl coated beads cap sr 24hr</i>	21
<i>desipramine hcl</i>	27	<i>dextrose 5%/potassium chl</i>	<i>diltiazem hcl extended release beads cap sr</i>	21
<i>desmopressin acetate spray</i>	41	48	<i>diltiazem inj</i>	21
<i>desmopressin acetate spray refrigerated</i>	41	<i>dextrose 50%</i>	<i>dilt-xr cap</i>	21
<i>desmopressin acetate tabs</i>	41	48	DIOVAN	
<i>desmopressin inj 4mcg/ml</i>	41	<i>dextrose inj 70%</i>	see <i>valsartan</i>	19
<i>desmopressin sol 0.01%</i> ...41		DIAMOX	DIOVAN HCT	
DESOGEN		see <i>acetazolamide</i>	see <i>valsartan-hydrochlorothiazide</i>	19
see <i>apri</i>	37	DIASTAT ACUDIAL	<i>diphenhydramine inj</i>	50
see <i>cyred tab</i>	37	DIASTAT PEDIATRIC.....	<i>diphenoxylate w/ atropine</i> .	43
see <i>emoquette</i>	38	<i>diazepam</i>	DIPHTHERIA/TETANUS	
see <i>juleber</i>	38	<i>diazepam intensol</i>	TOXOID	46
see <i>reclipsen</i>	39	<i>diclofenac potassium</i>	DIPROLENE	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	37	<i>diclofenac sodium</i>	see <i>betamethasone dipropionate augmented</i>	52
<i>desoximetasone</i>	52	<i>diclofenac sodium (ophth)</i>	DIPROLENE AF	
<i>desvenlafaxine succinate</i> ..	27	<i>diclofenac sodium (topical) 1% gel</i>	see <i>betamethasone dipropionate augmented</i>	52
DETROL		<i>dicloxacin sodium</i>	<i>disopyramide phosphate</i> ...	19
see <i>tolterodine tartrate tabs</i>	44	<i>dicyclomine hcl</i>	<i>disulfiram</i>	34
DETROL LA		<i>didanosine</i>	DITROPAN XL	
see <i>tolterodine tartrate cap er</i>	44	DIFICID	see <i>oxybutynin chloride</i>	44
<i>dexamethasone</i>	40	DIFLUCAN	<i>divalproex sodium</i>	24
DEXAMETHASONE	40	see <i>fluconazole</i>	DOCEFREZ	15
<i>dexamethasone sodium phosphate</i>	40	<i>diflunisal</i>	<i>docetaxel</i>	15
<i>dexamethasone sodium phosphate (ophth)</i>	49	<i>digitek</i>	DOCETAXEL.....	15
DEXILANT	43	<i>digox</i>	<i>dofetilide</i>	19
<i>dexrazoxane</i>	17	<i>digoxin</i>	DOLOPHINE	
<i>dextrose 10% flex contain</i>	48	<i>digoxin inj</i>	see <i>methadone hcl 10mg</i> 9	
DEXTROSE 10%/NACL 0.2%		<i>digoxin sol 50mcg/ml</i>	see <i>methadone hcl 5mg</i> ..	8
.....48		<i>dihydroergotamine mesylate 1mg/ml</i>	<i>donepezil hydrochloride</i> ...	26
<i>dextrose 10%/nacl 0.45%</i> .	48	<i>dihydroergotamine mesylate nasal</i>	<i>dorzolamide hcl</i>	49
<i>dextrose 2.5%/nacl 0.45%</i> 47		DILANTIN	<i>dorzolamide hcl-timolol maleate</i>	49
<i>dextrose 5%</i>	47	see <i>phenytoin sodium extended</i>	DOVONEX	
DEXTROSE 5% /ELECTROLYTE	47	DILANTIN INFATABS	see <i>calcipotriene</i>	51
<i>dextrose 5%/lactated ring</i>	47	see <i>phenytoin</i>	<i>doxazosin mesylate</i>	18
<i>dextrose 5%/nacl 0.2%</i>	47	DILANTIN-125	<i>doxepin hcl</i>	27
<i>dextrose 5%/nacl 0.225%</i> .	47	see <i>phenytoin</i>	<i>doxepin hcl (antipruritic)</i>	53
DEXTROSE 5%/NACL 0.3%		DILANTIN-125 SUS	DOXIL	
.....47		125/5ML.....	see <i>doxorubicin hcl liposomal inj 2mg/ml</i>	15
<i>dextrose 5%/nacl 0.225%</i> .	47	DILAUDID	<i>doxorubicin hcl</i>	15
DEXTROSE 5%/NACL 0.3%		see <i>hydromorphone hcl</i> ...8	<i>doxorubicin hcl liposomal inj 2mg/ml</i>	15
.....47		<i>diltiazem cap 120mg cd</i>		
<i>dextrose 5%/nacl 0.45%</i> .	48	<i>diltiazem cap 180mg cd</i>		
<i>dextrose 5%/nacl 0.9%</i>	47	<i>diltiazem cap 240mg cd</i>		
<i>dextrose 5%/potassium chl</i>	48	<i>diltiazem cap 300mg cd</i>		
.....48		<i>diltiazem cap 360mg cd</i>		
<i>dextrose 50%</i>	48			
<i>dextrose inj 70%</i>	48			

doxorubicin hcl soln 2mg/ml	15	see epirubicin hcl	15	erythromycin ethylsuccinate	14
doxy 100	14	ELOCON		ESBRIET	50
doxycycline (monohydrate)	14, 15	see mometasone furoate	52	escitalopram oxalate	27
doxycycline hyclate	15	EMCYT	15	esomeprazole magnesium	43
dronabinol	42	EMEND	42	esomeprazole sodium inj.	43
drospirenone-ethinyl		see aprepitant	42	estarylla tab 0.25-35	38
estradiol	37	emoquette	38	ESTRACE	40
DROXIA	17	EMSAM	27	see estradiol	40
duloxetine hcl	27	EMTRIVA	11	estradiol	40
DURAGESIC		EMVERM	10	estradiol valerate	40
see fentanyl patch 100		enalapril maleate	18	ESTROSTEP FE	
mcg/hr	8	enalapril maleate &		see tilia fe	39
see fentanyl patch 12		hydrochlorothiazide	18	see tri-legest fe	39
mcg/hr	8	endocet	8	ethambutol hcl	12
see fentanyl patch 25		ENGERIX-B	46	ethosuximide	24
mcg/hr	8	enoxaparin sodium	44	ethynodiol tab 1-50	38
see fentanyl patch 50		enpresse-28	38	etodolac	7
mcg/hr	8	entacapone	28	etodolac er	7
see fentanyl patch 75		entecavir	12	etoposide	17
mcg/hr	8	ENTOCORT EC		EVISTA	
DUREZOL	49	see budesonide ec	42	see raloxifene hcl	41
dutasteride	44	ENTRESTO	19	EVOTAZ	12
dutasteride-tamsulosin hcl	44	enulose	42	EVOXAC	
DYAZIDE		epinephrine (anaphylaxis)	50	see cevimeline hcl	53
see triamterene &		epirubicin hcl	15	EXELON	
hydrochlorothiazide cap		epitol	24	see rivastigmine td patch	
37.5-25 mg	22	EPIVIR		24hr 13.3 mg/24hr	26
E		see lamivudine	11	see rivastigmine td patch	
e.e.s 400	13	EPIVIR HBV	12	24hr 4.6 mg/24hr	26
EC-NAPROSYN		see lamivudine (hcv)	12	see rivastigmine td patch	
see naproxen dr	7	eplerenone	18	24hr 9.5 mg/24hr	26
EDURANT	11	EPZICOM		exemestane	16
EFFEXOR XR		see abacavir sulfate-		EXFORGE	
see venlafaxine hcl	28	lamivudine	12	see amlodipine besylate-	
EFUDEX		ergotamine w/ caffeine	33	valsartan tab 10-160 mg	19
see fluorouracil (topical)	53	ERIVEDGE	15	see amlodipine besylate-	
ELAVIL		errin	38	valsartan tab 10-320 mg	19
see amitriptyline hcl	26	ery pad 2%	51	see amlodipine besylate-	
ELDEPRYL		ERYGEL		valsartan tab 5-160 mg	18
see selegiline hcl	29	see erythromycin (acne		see amlodipine besylate-	
ELIMITE		aid)	51	valsartan tab 5-320 mg	19
see permethrin cre 5%	53	ery-tab	13	EXFORGE HCT	
ELIPHOS		ERYTHROCIN		see amlodipine-valsartan-	
see calcium acetate		LACTOBIONATE	13	hydrochlorothiazide 10-	
(phosphate binder)	41	erythrocin stearate	13	160-12.5mg	19
ELIQUIS	44	erythromycin (acne aid)	51	see amlodipine-valsartan-	
ELITEK	17	erythromycin (ophth)	48	hydrochlorothiazide 10-	
ELLA	38	erythromycin base	13	160-25mg	19
ELLENCÉ		erythromycin cap 250mg ec		see amlodipine-valsartan-	
			14	hydrochlorothiazide 10-	

320-25mg.....19	<i>flecainide acetate</i>.....19	see <i>ceftazidime</i> .....13
see <i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i> .....19	FLOMAX	see <i>tazicef</i>.....13
see <i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i> .....19	see <i>tamsulosin hcl</i>.....44	FORTEO.....41
<i>ezetimibe</i>.....20	FLONASE	FOSAMAX
F	see <i>fluticasone propionate (nasal)</i> .....50	see <i>alendronate sodium</i> 37
FABRAZYME .....39	FLOVENT DISKUS .....51	<i>fosinopril sodium</i>.....18
<i>falmina</i> .....38	FLOVENT HFA .....51	<i>fosinopril sodium & hydrochlorothiazide</i>.....18
<i>famciclovir</i> .....12	FLOXIN OTIC	FREAMINE HBC 6.9% .....47
<i>famotidine</i> .....42	see <i>ofloxacin (otic)</i> .....53	FREAMINE III .....47
<i>famotidine inj</i>.....42	<i>fluconazole</i>.....11	<i>furosemide</i>.....22
FAMVIR	<i>fluconazole in dextrose</i> ....11	<i>furosemide inj</i> .....22
see <i>famciclovir</i>.....12	FLUCONAZOLE INJ NAACL	FUSILEV
FANAPT .....29	100.....11	see <i>levoleucovorin calcium 50mg</i>.....17
FANAPT TITRATION PACK	<i>fluconazole inj nacl 200</i>....11	FUZEON .....11
.....29	<i>fluconazole inj nacl 400</i>....11	<i>fyavolv tab 1-5mg</i> .....40
FARESTON .....16	<i>flucytosine</i>.....11	FYCOMPA .....24
FARXIGA .....35	<i>fludarabine phosphate</i> .....15	G
FARYDAK .....15	<i>fludrocortisone acetate</i>.....40	<i>gabapentin</i>.....24
FASLODEX.....16	FLUMADINE	GABITRIL .....24
FAZACLO	see <i>rimantadine hydrochloride</i>.....13	see <i>tiagabine hcl</i>.....25
see <i>clozapine odt</i> .....29	<i>flunisolide (nasal)</i>.....50	<i>galantamine hydrobromide</i> 26
<i>felbamate</i> .....24	<i>fluocinolone acetonide</i> .....52	<i>galantamine hydrobromide er</i> .....26
FELBATOL	<i>fluocinolone acetonide (otic)</i> .....53	GAMASTAN S/D.....45
see <i>felbamate</i>.....24	<i>fluocinolone acetonide oil body</i>.....52	GAMMAGARD LIQUID ....45
FELDENE	<i>fluocinolone acetonide oil scalp</i> .....52	GAMMAGARD S/D.....45
see <i>piroxicam</i> .....7	<i>fluocinonide</i>.....52	GAMMAKED.....45
<i>felodipine</i>.....21	<i>fluocinonide emulsified base</i> .....52	GAMMAPLEX.....45
FEMARA	<i>fluorometholone</i> .....49	GAMMAPLEX 10GM/100ML
see <i>letrozole</i> .....16	<i>fluorouracil</i> .....15	.....45
<i>femynor</i>.....38	<i>fluorouracil (topical)</i> .....53	GAMUNEX-C.....45
<i>fenofibrate</i> .....20	<i>fluoxetine cap 10mg</i>.....27	<i>ganciclovir inj 500mg</i> .....12
<i>fenofibrate micronized</i>.....20	<i>fluoxetine cap 20mg</i>.....27	GARDASIL 9 .....46
<i>fentanyl citrate</i>.....8	<i>fluoxetine cap 40mg</i>.....27	GASTROCROM
<i>fentanyl patch 100 mcg/hr</i> ...8	<i>fluoxetine hcl</i>.....27	see <i>cromolyn sodium (mastocytosis)</i>.....43
<i>fentanyl patch 12 mcg/hr</i>....8	<i>fluphenazine decanoate</i>....29	<i>gatifloxacin (ophth)</i> .....48
<i>fentanyl patch 25 mcg/hr</i>....8	<i>fluphenazine hcl</i>.....29	GATTEX .....43
<i>fentanyl patch 50 mcg/hr</i>....8	<i>flurbiprofen</i>.....7	GAUZE PADS 2.....35
<i>fentanyl patch 75 mcg/hr</i>....8	<i>flurbiprofen sodium</i> .....49	<i>gavilyte-c</i> .....42
FENTORA.....8	<i>flutamide</i> .....16	<i>gavilyte-g</i> .....42
FETZIMA.....27	<i>fluticasone propionate</i>.....52	<i>gavilyte-h</i> .....42
FETZIMA TITRATION PACK	<i>fluticasone propionate (nasal)</i>.....50	<i>gavilyte-n/ flavor pack</i>.....43
.....27	<i>fluvoxamine maleate</i>.....23	<i>gemcitabine inj soln</i> .....15
<i>finasteride</i> .....44	<i>fondaparinux sodium</i>.....44	<i>gemcitabine inj solr</i>.....15
FIRAZYR.....45	FORTAZ	<i>gemfibrozil</i> .....20
FLAGYL		GEMZAR
see <i>metronidazole</i> .....10		see <i>gemcitabine inj solr</i> .15
FLEBOGAMMA DIF .....45		<i>generlac</i>.....43

<i>gengraf</i>.....46	<i>griseofulvin ultramicrosize</i> .11	HUMIRA PEN.....45
<i>gentak</i>.....48	GRIS-PEG	HUMIRA PEN-CROHNS
<i>gentamicin in saline</i> .....9	<i>see griseofulvin</i>	DISEASE.....45
<i>gentamicin sulfate</i>.....9	<i>ultramicrosize</i> 11	HUMIRA PEN-PSORIASIS
<i>gentamicin sulfate (topical)</i>	<i>guanfacine er (adhd)</i>.....32	.....45
.....51	H	HUMULIN R INJ U-500.....35
<i>gentamicin sulfate soln</i>	HALDOL	HUMULIN R U-500
(<i>ophth</i>) .....48	<i>see haloperidol lactate inj</i>	KWIKPEN.....35
GENVOYA .....12	5 mg/ml .....30	HYCANTIN
GEODON.....29	HALDOL DECANOATE 100	<i>see topotecan inj 4mg</i> ... 17
<i>see ziprasidone hcl</i>.....31	<i>see haloperidol decanoate</i>	HYCET
<i>gianvi</i> .....38	.....29	<i>see hydrocodone-</i>
<i>gildagia</i> .....38	HALDOL DECANOATE 50	<i>acetaminophen 7.5-325</i>
GILENYA CAP 0.5MG .....34	<i>see haloperidol decanoate</i>	mg/15ml 8
GILOTRIF TAB 20MG.....16	.....29	<i>hydralazine hcl</i>.....22
GILOTRIF TAB 30MG.....16	<i>halobetasol propionate</i>.....52	HYDREA
GILOTRIF TAB 40MG.....16	<i>haloperidol</i>.....29	<i>see hydroxyurea</i> 17
<i>glatopa</i>.....34	<i>haloperidol decanoate</i>.....29	<i>hydrochlorothiazide</i>.....22
GLEEVEC	<i>haloperidol lactate inj 5</i>	<i>hydroco/apap tab 10-325mg</i>
<i>see imatinib mesylate</i> ... 17	mg/ml .....30	.....8
GLEOSTINE .....15	<i>haloperidol lactate oral conc</i>	<i>hydroco/apap tab 5-325mg</i> .8
<i>glimepiride</i>.....35	2 mg/ml .....30	<i>hydroco/apap tab 7.5-325</i> ...8
<i>glip/metform tab 2.5-250mg</i>	HAVRIX .....46	<i>hydrocodone-acetaminophen</i>
.....35	<i>heather</i>.....38	7.5-325 mg/15ml..... 8
<i>glip/metform tab 2.5-500mg</i>	<i>heparin sod (porcine) in d5w</i>	<i>hydrocodone-ibuprofen tab</i>
.....35	.....44	7.5-200 mg .....8
<i>glip/metform tab 5-500mg</i> .35	<i>heparin sod inj 1000/ml</i>....44	<i>hydrocortisone</i> .....40
<i>glipizide</i>.....35, 36	<i>heparin sod inj 10000/ml</i> ...44	<i>hydrocortisone (enema)</i>....42
<i>glipizide xl</i> .....36	<i>heparin sod inj 20000/ml</i> ...44	<i>hydrocortisone (topical)</i> ....52
GLUCAGEN HYPOKIT .....40	<i>heparin sod inj 5000/ml</i>....44	<i>hydrocortisone butyrate</i>
GLUCAGON EMERGENCY	<i>heparin sodium/d5w</i>.....44	cream 0.1% .....52
KIT .....40	HEPARIN SODIUM/D5W	<i>hydrocortisone butyrate oint</i>
GLUCOPHAGE	<i>see heparin sod (porcine)</i>	0.1% .....52
<i>see metformin hcl</i>.....36	<i>in d5w</i>.....44	<i>hydrocortisone butyrate soln</i>
GLUCOPHAGE XR	HEPARIN SODIUM/NACL	0.1% .....52
<i>see metformin er</i> .....36	0.45%.....44	<i>hydrocortisone valerate</i> ....52
GLUCOTROL	<i>hepatamine</i>.....47	<i>hydromorphone hcl</i>.....8
<i>see glipizide</i>.....35	HEPSERA	<i>hydroxychloroquine sulfate</i>
GLUCOTROL XL	<i>see adefovir dipivoxil</i> 12	.....45
<i>see glipizide</i>.....35, 36	HERCEPTIN.....15	<i>hydroxyprogesterone</i>
<i>see glipizide xl</i>.....36	HETLIOZ.....32	caproate (<i>antineoplastic</i>) .. 16
<i>glycopyrrolate</i>.....42	HEXALEN .....15	<i>hydroxyurea</i> 17
<i>glycopyrrolate inj</i>.....42	HIBERIX .....46	<i>hydroxyzine hcl</i>.....50
GOLYTELY .....43	HIPREX	<i>hydroxyzine pamoate</i>.....50
<i>see gavilyte-g</i>.....42	<i>see methenamine</i>	HYZAAR
<i>see peg 3350-kcl-sod</i>	<i>hippurate</i> .....10	<i>see losartan-</i>
<i>bicarb-sod chloride-sod</i>	HUMIRA INJ 10MG/0.2ML45	<i>hydrochlorothiazide</i> 19
<i>sulfate</i>.....43	HUMIRA KIT 20MG/0.4ML45	I
<i>granisetron hcl</i> .....42	HUMIRA KIT 40MG/0.8ML45	IBRANCE.....15
GRANIX .....44	HUMIRA PEDIATRIC	<i>ibuprofen</i>.....7
<i>griseofulvin microsize</i>.....11	CROHNS DISEASE.....45	ICLUSIG .....16

IFEX	<i>introvale</i>.....38	ISOLYTE S.....48
see <i>ifosfamide inj 1gm</i> ...15	INTUNIV	<i>isoniazid</i>.....12
IFEX INJ 3GM.....15	see <i>guanfacine er (adhd)</i>	<i>isoniazid inj 100 mg/ml</i> ....12
<i>ifosfamide inj 1gm</i>.....15	.....32	<i>isoniazid syp 50mg/5ml</i> ....12
<i>ifosfamide inj 1gm/20ml</i> ....15	INVANZ.....10	ISORDIL TITRADOSE
IFOSFAMIDE INJ 3GM.....15	INVEGA	see <i>isosorbide dinitrate</i> .22
<i>ifosfamide inj 3gm/60ml</i> ....15	see <i>paliperidone</i>.....30	<i>isosorb mononitrate tab</i> ....22
ILEVRO.....49	INVEGA SUST INJ 117	<i>isosorbide dinitrate</i>.....22
<i>imatinib mesylate</i> .....17	MG/0.75 ML.....30	<i>isosorbide dinitrate er</i> .....22
IMBRUVICA CAP 140MG .17	INVEGA SUST INJ	<i>isosorbide mononitrate er</i> .22
<i>imipenem-cilastatin</i> .....10	156MG/ML.....30	<i>isradipine</i> .....21
<i>imipramine hcl</i>.....27	INVEGA SUST INJ 234	ISTALOL.....49
<i>imiquimod</i>.....53	MG/1.5 ML.....30	<i>itraconazole</i> .....11
IMITREX	INVEGA SUST INJ 39	<i>ivermectin</i> .....10
see <i>sumatriptan</i>.....33	MG/0.25 ML.....30	IXIARO .....46
see <i>sumatriptan inj</i>	INVEGA SUST INJ 78	J
<i>6mg/0.5ml</i>.....33	MG/0.5 ML.....30	JADENU .....37
see <i>sumatriptan succinate</i>	INVEGA TRINZA .....30	JADENU SPRINKLE.....37
.....33	INVIRASE .....11	JAKAFI .....17
IMITREX STATDOSE	INVOKAMET TAB 150-	JALYN
REFILL	1000MG.....36	see <i>dutasteride-tamsulosin</i>
see <i>sumatriptan inj</i>	INVOKAMET TAB 150-	<i>hcl</i> .....44
<i>6mg/0.5ml</i>.....33	500MG.....36	<i>jantoven</i>.....44
IMITREX STATDOSE	INVOKAMET TAB 50-	JANUMET .....36
SYSTEM	1000MG.....36	JANUMET XR TAB 100-
see <i>sumatriptan inj</i>	INVOKAMET TAB 50-	1000.....36
<i>6mg/0.5ml</i>.....33	500MG.....36	JANUMET XR TAB 50-1000
IMOVAX RABIES (H.D.C.V.)	INVOKAMET XR TAB 150-	.....36
.....46	1000MG.....36	JANUMET XR TAB 50-
IMURAN	INVOKAMET XR TAB 150-	500MG.....36
see <i>azathioprine</i>.....46	500MG.....36	JANUVIA .....36
INCRELEX.....41	INVOKAMET XR TAB 50-	JENTADUETO.....36
INCRUSE ELLIPTA .....50	1000MG.....36	JENTADUETO TAB XR 2.5-
<i>indapamide</i> .....22	INVOKAMET XR TAB 50-	1000 MG.....36
INDERAL LA	500MG.....36	JENTADUETO TAB XR 5-
see <i>propranolol cap er</i> ...21	INVOKANA .....36	1000 MG.....36
INFANRIX .....46	IONOSOL-MB/DEXTROSE	<i>jinteli</i> .....40
INLYTA .....17	5% .....48	<i>jolessa tab 0.15-0.03 mg</i> ..38
INSPIRA	IPOL INACTIVATED IPV ..46	<i>jolivet</i> .....38
see <i>eplerenone</i>.....18	<i>ipratropium bromide</i>.....50	<i>juleber</i>.....38
INSULIN PEN NEEDLE ....35	<i>ipratropium bromide (nasal)</i>	<i>junel 1.5/30</i>.....38
INSULIN SAFETY	.....50	<i>junel 1/20</i>.....38
NEEDLES .....35	<i>ipratropium-albuterol nebu</i> 50	<i>junel fe 1.5/30</i>.....38
INSULIN SYRINGE.....35	<i>irbesartan</i>.....19	<i>junel fe 1/20</i>.....38
INTELENCE.....11	<i>irbesartan-</i>	JUXTAPID .....20
INTRALIPID 30%.....47	<i>hydrochlorothiazide</i>.....19	K
<i>intralipid inj 20%</i>.....47	IRESSA.....17	KADCYLA .....15
INTRON-A INJ 10MU.....45	<i>irinotecan hcl</i>.....17	KALETRA
INTRON-A INJ 18MU.....46	ISENTRESS .....11	see <i>lopinavir-ritonavir</i>....12
INTRON-A INJ 25MU.....46	ISENTRESS HD .....11	KALETRA TAB 100-25MG12
INTRON-A INJ 50MU.....46	ISOLYTE P .....48	KALETRA TAB 200-50MG12

KALYDECO	50	KLONOPIN		DOSE	17
<i>kariva</i>	38	<i>see clonazepam</i>	23	LENVIMA 14 MG DAILY	
<i>kcl 0.075%/d5w/nacl 0.45%</i>		<i>klor-con 10</i>	47	DOSE	17
.....	48	<i>klor-con 8</i>	47	LENVIMA 18 MG DAILY	
KCL 0.15%/D5W/NACL		<i>klor-con m10</i>	47	DOSE	17
0.225%	48	KLOR-CON M15	47	LENVIMA 20 MG DAILY	
<i>kcl 0.15%/d5w/nacl 0.9%</i> ..	48	<i>klor-con m20</i>	47	DOSE	17
<i>kcl 0.3%/d5w/nacl 0.45%</i> ..	48	<i>klor-con spr cap 10meq</i> ...	47	LENVIMA 24 MG DAILY	
KCL 0.3%/D5W/NACL 0.9%		<i>klor-con spr cap 8meq</i>	47	DOSE	17
.....	48	KORLYM	41	LENVIMA 8 MG DAILY	
<i>kcl/d5w inj 0.3%</i>	48	KUVAN	39	DOSE	17
<i>kcl/d5w/nacl inj .15/.33%</i> ..	48	KYNAMRO	20	<i>lessina</i>	38
<i>kcl/d5w/nacl inj .15/.45%</i> ..	48	L		LETAIRIS	23
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>		<i>labetalol hcl</i>	20	<i>letrozole</i>	16
.....	48	LAC-HYDRIN		<i>leucovorin calcium</i>	17
<i>kcl/nacl inj 0.15%-0.9%</i>	48	<i>see ammonium lactate</i> ..	53	LEUKERAN	15
<i>kcl/nacl inj 0.3-0.9</i>	48	<i>lactated ringer's inj</i>	48	<i>leuprolide inj 1mg/0.2</i>	16
<i>kcl0.15%/d5w/nacl0.2%</i> ...	48	<i>lactulose</i>	43	<i>levabuterol hcl soln nebu</i>	
KEFLEX		<i>lactulose (encephalopathy)</i>		<i>conc 1.25 mg/0.5ml</i>	50
<i>see cephalixin</i>	13	.....	43	<i>levabuterol tartrate hfa</i>	50
<i>kelnor 1/35</i>	38	LAMICTAL		LEVAQUIN	
KEPPRA		<i>see lamotrigine</i>	25	<i>see levofloxacin</i>	14
<i>see levetiracetam</i>	25	LAMICTAL CHEWABLE		LEVEMIR	35
<i>see levetiracetam oral soln</i>		DISPERS		LEVEMIR FLEXTOUCH ...	35
100 mg/ml	25	<i>see lamotrigine</i>	25	<i>levetiracetam</i>	25
<i>see roweepra</i>	25	LAMICTAL XR		LEVETIRACETAM	
KEPPRA XR		<i>see lamotrigine</i>	25	<i>see levetiracetam in</i>	
<i>see levetiracetam</i>	25	LAMISIL		<i>sodium chloride</i>	25
<i>ketoconazole</i>	11	<i>see terbinafine hcl</i>	11	<i>levetiracetam in sodium</i>	
<i>ketoconazole cream</i>	51	<i>lamivudine</i>	11	<i>chloride</i>	25
<i>ketoconazole shampoo</i>	52	<i>lamivudine (hbv)</i>	12	<i>levetiracetam oral soln 100</i>	
<i>ketoprofen</i>	7	<i>lamivudine-zidovudine</i>	12	<i>mg/ml</i>	25
<i>ketorolac tromethamine</i>		<i>lamotrigine</i>	25	<i>levobunolol hcl</i>	49
<i>(ophth)</i>	49	LANOXIN		<i>levocarnitine (metabolic</i>	
KEYTRUDA	16	<i>see digitek</i>	21	<i>modifiers)</i>	40
<i>kimidess</i>	38	<i>see digox</i>	21	<i>levocetirizine dihydrochloride</i>	
KINRIX	46	<i>see digoxin</i>	21	.....	50
<i>kionex powder</i>	37	<i>see digoxin inj</i>	21	<i>levofloxacin</i>	14
<i>kionex sus 15gm/60ml</i>	37	<i>larin 1.5/30</i>	38	<i>levofloxacin in d5w</i>	14
KISQALI	16	<i>larin 1/20</i>	38	<i>levofloxacin inj 25mg/ml</i> ...	14
KISQALI FEMARA 200		<i>larin fe 1.5/30</i>	38	<i>levofloxacin oral soln 25</i>	
DOSE	16	<i>larin fe 1/20</i>	38	<i>mg/ml</i>	14
KISQALI FEMARA 400		<i>larissia tab</i>	38	<i>levoleucovorin calcium</i>	17
DOSE	16	LASIX		LEVOLEUCOVORIN	
KISQALI FEMARA 600		<i>see furosemide</i>	22	CALCIUM	17
DOSE	16	LASTACRAFT	49	LEVOLEUCOVORIN	
KITABIS PAK		<i>latanoprost</i>	49	CALCIUM 175MG	17
<i>see tobramycin</i>	10	LATUDA	30	<i>levoleucovorin calcium 50mg</i>	
KLARON		<i>leena</i>	38	.....	17
<i>see sulfacetamide sodium</i>		<i>leflunomide</i>	45	<i>levonest</i>	38
<i>(acne)</i>	51	LENVIMA 10 MG DAILY		<i>levonor/ethi tab</i>	38

<i>levonorgestrel & eth estradiol</i>.....38	see <i>microgestin 1.5/30</i> ..38	..... 19
<i>levonorgestrel-ethinyl</i> <i>estradiol (91-day)</i>.....38	LOESTRIN 1/20-21	LOTEMAX .....49
<i>levora 0.15/30-28</i>.....38	see <i>junel 1/20</i>.....38	LOTENSIN
<i>levothyroxine sodium</i> .....41	see <i>larin 1/20</i>.....38	see <i>benazepril hcl</i> 18
<i>levoxyl</i>.....41	see <i>microgestin 1/20</i>.....38	LOTENSIN HCT
LEXAPRO	see <i>norethindrone acet &</i> <i>eth estra</i> .....38	see <i>benazepril &</i> <i>hydrochlorothiazide</i> 18
see <i>escitalopram oxalate</i>.....27	LOESTRIN FE 1.5/30	LOTREL
LEXIVA .....11	see <i>blisovi fe 1.5/30</i>.....37	see <i>amlodipine--</i> <i>benazepril hcl cap 10-20</i> <i>mg</i> 18
<i>lidocaine</i>.....52	see <i>junel fe 1.5/30</i>.....38	see <i>amlodipine-benazepril</i> <i>hcl cap 10-40mg</i> 18
<i>lidocaine hcl</i>.....52	see <i>larin fe 1.5/30</i>.....38	see <i>amlodipine-benazepril</i> <i>hcl cap 5-10 mg</i> 18
<i>lidocaine hcl (mouth-throat)</i> .....53	see <i>microgestin fe 1.5/30</i>.....38	see <i>amlodipine-benazepril</i> <i>hcl cap 5-20 mg</i> 18
<i>lidocaine inj 0.5%</i>.....9	LOESTRIN FE 1/20	LOTRONEX
<i>lidocaine inj 1%</i>.....9	see <i>blisovi fe 1/20</i> .....37	see <i>alosetron hcl</i>.....43
<i>lidocaine inj 1.5%</i>.....9	see <i>junel fe 1/20</i>.....38	<i>lovastatin</i> 19
<i>lidocaine inj 2%</i>.....9	see <i>larin fe 1/20</i>.....38	LOVAZA
<i>lidocaine oint 5%</i>.....52	see <i>microgestin fe 1/20</i> .38	see <i>omega-3-acid ethyl</i> <i>esters</i>.....20
<i>lidocaine-prilocaine</i> .....53	see <i>tarina fe 1/20</i> .....39	LOVENOX
LIDODERM	LOFIBRA	see <i>enoxaparin sodium</i> .44
see <i>lidocaine</i> .....52	see <i>fenofibrate</i> .....20	<i>low-ogestrel</i> .....38
<i>linezolid</i>.....10	see <i>fenofibrate micronized</i>.....20	<i>loxapine succinate</i> .....30
<i>linezolid in sodium chloride</i>.....10	LOMOTIL	LUMIGAN .....49
LINZESS .....43	see <i>diphenoxylate w/</i> <i>atropine</i> .....43	LUMIZYME .....40
<i>liothyronine sodium</i> .....41	LONSURF .....17	LUPRON DEPOT (1- MONTH) 16
LIPITOR	<i>loperamide hcl</i> .....43	LUPRON DEPOT INJ
see <i>atorvastatin calcium</i> 19	LOPID	11.25MG (3-MONTH) 16
<i>lisinopril</i>.....18	see <i>gemfibrozil</i>.....20	LUPRON DEP-PED INJ
<i>lisinopril &</i> <i>hydrochlorothiazide</i> .....18	<i>lopinavir-ritonavir</i> 12	11.25MG .....41
<i>lithium carbonate</i>.....33	LOPRESSOR	LUPRON DEP-PED INJ
<i>lithium carbonate er</i> .....33	see <i>metoprolol tartrate</i> ..20	11.25MG (3-MONTH) .....41
LITHIUM SOLN 8MEQ/5ML.....33	LOPRESSOR HCT	LUPRON DEP-PED INJ
LITHOBID	see <i>metoprolol & hctz tab</i> <i>50-25mg</i>.....20	15MG .....41
see <i>lithium carbonate er</i> 33	LOPROX	LUPRON DEP-PED INJ
LOCOID	see <i>ciclopirox</i> .....51	30MG (3-MONTH) .....41
see <i>hydrocortisone</i> <i>butyrate cream 0.1%</i> .....52	LOPROX SHAMPOO	LUPRON DEP-PED INJ
see <i>hydrocortisone</i> <i>butyrate oint 0.1%</i> .....52	see <i>ciclopirox shampoo</i> <i>1%</i>.....51	7.5MG .....41
see <i>hydrocortisone</i> <i>butyrate soln 0.1%</i>.....52	<i>lorazepam</i> .....23	<i>lutra</i>.....38
LODINE	<i>lorazepam intensol</i>.....23	LYNPARZA..... 16
see <i>etodolac</i>.....7	<i>lorcet hd tab 10-325mg</i>.....8	LYRICA.....25
LOESTRIN 1.5/30-21	<i>lorcet plus tab 7.5-325</i> .....8	LYSODREN..... 16
see <i>junel 1.5/30</i>.....38	<i>lortab tab 10-325mg</i>.....8	LYSTEDA
see <i>larin 1.5/30</i>.....38	<i>lortab tab 5-325mg</i>.....8	see <i>tranexamic acid</i> .....45
	<i>lortab tab 7.5-325</i>.....8	<i>lyza</i> .....38
	<i>loryna</i>.....38	
	<i>losartan potassium</i> 19	
	<i>losartan-hydrochlorothiazide</i> 19	

M		
MACROBID		
see <i>nitrofurantoin</i>		
<i>monohyd macro</i>	10	
MACRODANTIN		
see <i>nitrofurantoin</i>		
<i>macrocrystal</i>	10	
<i>magnesium sulfate</i>	47	
MAGNESIUM SULFATE ...47		
see <i>magnesium sulfate</i> .47		
MAGNESIUM SULFATE IN		
D5W	47	
see <i>magnesium sulfate in</i>		
<i>dextrose</i>	47	
<i>magnesium sulfate in</i>		
<i>dextrose</i>	47	
MALARONE		
see <i>atovaquone-proguanil</i>		
<i>hcl</i>	11	
<i>malathion</i>	53	
<i>maprotiline hcl</i>	27	
MARINOL		
see <i>dronabinol</i>	42	
<i>marlissa</i>	38	
MARPLAN TAB 10MG	27	
MATULANE	17	
MAVIK		
see <i>trandolapril</i>	18	
MAXALT		
see <i>rizatriptan benzoate</i> 33		
MAXALT-MLT		
see <i>rizatriptan benzoate</i>		
<i>odt</i>	33	
MAXIPIME		
see <i>cefepime hcl</i>	13	
MAXITROL		
see <i>neomycin-polymy-</i>		
<i>dexameth</i>	48	
MAXZIDE		
see <i>triamterene &</i>		
<i>hydrochlorothiazide</i>	22	
MAXZIDE-25		
see <i>triamterene &</i>		
<i>hydrochlorothiazide</i>	22	
<i>meclizine hcl</i>	42	
MEDROL		
see <i>methylpred tab 16mg</i>		
.....	40	
see <i>methylpred tab 32mg</i>		
.....	40	
see <i>methylpred tab 4mg</i> 40		
see <i>methylpred tab 8mg</i> 40		
MEDROL DOSEPAK		
see <i>methylpred pak 4mg</i>		
.....	40	
<i>medroxyprogesterone</i>		
<i>acetate (contraceptive)</i>	38	
<i>medroxyprogesterone</i>		
<i>acetate tab</i>	41	
<i>mefloquine hcl</i>	11	
MEGACE ES		
see <i>megestrol sus</i>		
<i>625mg/5ml</i>	16	
<i>megestrol ac sus 40mg/ml</i> 16		
<i>megestrol ac tab 20mg</i>	16	
<i>megestrol ac tab 40mg</i>	16	
<i>megestrol sus 625mg/5ml</i> .16		
MEKINIST	17	
<i>meloxicam</i>	7	
<i>melphalan hcl</i>	15	
<i>memantine hcl</i>	26	
MENACTRA	46	
MENOMUNE-A/C/Y/W-135		
.....	46	
MENVEO	46	
MEPRON		
see <i>atovaquone</i>	10	
<i>mercaptapurine</i>	15	
<i>meropenem</i>	10	
MERREM		
see <i>meropenem</i>	10	
<i>mesalamine</i>	42	
<i>mesalamine w/ cleanser</i> ...42		
<i>mesna</i>	17	
MESNEX	17	
see <i>mesna</i>	17	
MESTINON		
see <i>pyridostigmine tab</i>		
<i>60mg</i>	33	
<i>metadate er tab 20mg</i>	32	
<i>metformin er</i>	36	
<i>metformin hcl</i>	36	
<i>methadone hcl</i>	8	
<i>methadone hcl 10mg</i>	9	
<i>methadone hcl 5mg</i>	8	
<i>methadone hcl intensol</i>	9	
METHADOSE		
see <i>methadone hcl</i>		
<i>intensol</i>	9	
<i>methazolamide</i>	22	
<i>methenamine hippurate</i>	10	
<i>methimazole</i>	41	
<i>methotrexate sodium inj</i>	15	
<i>methotrexate sodium tabs</i> 45		
<i>methyclothiazide</i>	22	
METHYLIN		
see <i>methylphenidate hcl</i>		
<i>oral soln</i>	32	
<i>methylphenidate hcl</i>	32	
<i>methylphenidate hcl oral soln</i>		
.....	32	
<i>methylphenidate tab 10mg er</i>		
.....	32	
<i>methylphenidate tab 20mg er</i>		
.....	32	
<i>methylpr ace inj 40mg/ml</i> ..40		
<i>methylpr ace inj 80mg/ml</i> ..40		
<i>methylpr ss inj 125mg</i>	40	
<i>methylpr ss inj 1gm</i>	40	
<i>methylpr ss inj 40mg</i>	40	
<i>methylpred pak 4mg</i>	40	
<i>methylpred tab 16mg</i>	40	
<i>methylpred tab 32mg</i>	40	
<i>methylpred tab 4mg</i>	40	
<i>methylpred tab 8mg</i>	40	
<i>metipranolol</i>	49	
<i>metoclopramide hcl</i>	42	
<i>metoclopramide inj</i>	42	
<i>metolazone</i>	22	
<i>metoprolol & hctz tab 100-</i>		
<i>25mg</i>	20	
<i>metoprolol & hctz tab 100-</i>		
<i>50mg</i>	20	
<i>metoprolol & hctz tab 50-</i>		
<i>25mg</i>	20	
<i>metoprolol succinate</i>	20	
<i>metoprolol tartrate</i>	20	
METROCREAM		
see <i>metronidazole</i>		
<i>(topical)</i>	53	
see <i>rosadan</i>	53	
METROGEL-VAGINAL		
see <i>metronidazole vaginal</i>		
.....	44	
METROLOTION		
see <i>metronidazole</i>		
<i>(topical)</i>	53	
<i>metronidazole</i>	10	
<i>metronidazole (topical)</i>	53	
<i>metronidazole gel 0.75%</i> ..53		
<i>metronidazole in nacl</i>	10	
<i>metronidazole vaginal</i>	44	
MEVACOR		

see <i>lovastatin</i>	19	M-M-R II.....	46	<i>myzilra</i>	38
<i>mexiletine hcl</i>	19	MOBIC		N	
MIACALCIN	41	see <i>meloxicam</i>	7	<i>nabumetone</i>	7
see <i>calcitonin (salmon)</i> ..	41	<i>moderiba tab 200mg</i>	12	<i>nadolol</i>	21
<i>microgestin 1.5/30</i>	38	<i>moexipril hcl</i>	18	<i>nafcillin sodium</i>	14
<i>microgestin 1/20</i>	38	<i>moexipril-</i>		NAGLAZYME	40
<i>microgestin fe 1.5/30</i>	38	<i>hydrochlorothiazide</i>	18	<i>nalbuphine hcl</i>	7
<i>microgestin fe 1/20</i>	38	<i>mometasone furoate</i>	52	<i>naloxone inj 0.4mg/ml</i>	34
MICRO-K		MONODOX		<i>naloxone inj 1mg/ml</i>	34
see <i>klor-con spr cap</i>		see <i>doxycycline</i>		<i>naltrexone hcl</i>	34
10meq	47	(<i>monohydrate</i>).....	14	NAMENDA	
see <i>klor-con spr cap 8meq</i>		<i>mono-lyyah tab 0.25-35</i> ...38		see <i>memantine hcl</i>	26
.....	47	<i>mononessa</i>	38	NAMENDA XR.....	26
see <i>potassium chloride</i> ..	47	<i>montelukast sodium</i>	50	NAMENDA XR TITRATION	
MICROZIDE		<i>morgidox cap 1x50mg</i>	15	PACK.....	26
see <i>hydrochlorothiazide</i>	22	<i>morphine ext-rel tab</i>	9	NAMZARIC	26
<i>midodrine hcl</i>	22	<i>morphine sul inj 10mg/ml</i>	9	NAPROSYN	
<i>migergot</i>	33	<i>morphine sul inj 15mg/ml</i>	9	see <i>naproxen</i>	7
MINIPRESS		<i>morphine sul inj 1mg/ml</i>	9	<i>naproxen</i>	7
see <i>prazosin hcl</i>	18	MORPHINE SUL INJ		<i>naproxen dr</i>	7
<i>minitran</i>	22	4MG/ML.....	9	<i>naproxen sodium</i>	7
MINOCIN		<i>morphine sulfate</i>	9	<i>naratriptan hcl</i>	33
see <i>minocycline hcl</i>	15	MORPHINE SULFATE	9	NARDIL	
<i>minocycline hcl</i>	15	see <i>morphine sul inj</i>		see <i>phenelzine sulfate</i> ..	27
<i>minoxidil</i>	22	10mg/ml	9	NATACYN	48
MIRAPEX		see <i>morphine sulfate</i>	9	<i>nateglinide</i>	36
see <i>pramipexole tab</i>		<i>morphine sulfate oral sol</i>	9	NATPARA.....	41
0.125mg	29	MOVANTIK.....	43	NAVELBINE	
see <i>pramipexole tab</i>		MOVIPREP	43	see <i>vinorelbine tartrate</i> ..	15
0.25mg	28	MOXEZA.....	48	NEBUPENT	10
see <i>pramipexole tab</i>		<i>moxifloxacin hcl (ophth)</i>	48	<i>necon 0.5/35-28</i>	38
0.5mg	28	MOZOBIL.....	45	<i>necon 1/50-28</i>	38
see <i>pramipexole tab</i>		MS CONTIN		NECON 10/11 28 DAY	38
0.75mg	28	see <i>morphine ext-rel tab</i> ..	9	<i>necon 7/7/7</i>	38
see <i>pramipexole tab</i>		MULTAQ.....	19	<i>nefazodone hcl</i>	27
1.5mg	29	<i>mupirocin</i>	51	<i>neomycin sulfate</i>	9
see <i>pramipexole tab 1mg</i>		MUSTARGEN.....	15	<i>neomycin-bacitracin zn-</i>	
.....	29	MYAMBUTOL		<i>polymyxin</i>	48
MIRCETTE		see <i>ethambutol hcl</i>	12	<i>neomycin-polymy-dexameth</i>	
see <i>bekyree</i>	37	MYCAMINE	11	.....	48
see <i>desogestrel-ethinyl</i>		MYCOBUTIN		<i>neomycin-polymyxin-</i>	
<i>estradiol (biphasic)</i>	37	see <i>rifabutin</i>	12	<i>gramicidin</i>	49
see <i>kariva</i>	38	<i>mycophenolate mofetil</i>	46	<i>neomycin-polymyxin-hc</i>	
see <i>kimidess</i>	38	<i>mycophenolate sodium</i>	46	(<i>ophth</i>)	48
see <i>pimtreea</i>	39	MYFORTIC		<i>neomycin-polymyxin-hc (otic)</i>	
see <i>viorele</i>	39	see <i>mycophenolate</i>		.....	53
<i>mirtazapine</i>	27	<i>sodium</i>	46	NEORAL	
<i>misoprostol</i>	43	<i>myorisan</i>	51	see <i>cyclosporine modified</i>	
MITIGARE.....	7	MYRBETRIQ	44	(<i>for microemulsion</i>)	46
<i>mitomycin</i>	15	MYSOLINE		see <i>gengraf</i>	46
<i>mitoxantrone hcl</i>	17	see <i>primidone</i>	25	NEOSPORIN	

see <i>neomycin-polymyxin-gramicidin</i>	49	see <i>nitroglycerin</i>	22	<i>nortriptyline hcl</i>	27
NEPHRAMINE	47	NIZORAL		NORVASC	
NEPTAZANE		see <i>ketoconazole</i>		see <i>amlodipine besylate</i>	21
see <i>methazolamide</i>	22	<i>shampoo</i>	52	NORVIR.....	11
NEUPOGEN	45	<i>nora-be tab</i>	38	NOVOLIN 70/30.....	35
NEUPRO.....	28	NORCO		NOVOLIN N.....	35
NEURONTIN		see <i>hydroco/apap tab 10-325mg</i>	8	NOVOLIN R.....	35
see <i>gabapentin</i>	24	see <i>hydroco/apap tab 5-325mg</i>	8	NOVOLOG	35
<i>nevirapine</i>	11	see <i>hydroco/apap tab 7.5-325</i>	8	NOVOLOG 70/30 FLEXPEN	35
NEXAVAR.....	17	see <i>lorcet hd tab 10-325mg</i>	8	.....	35
NEXIUM		see <i>lorcet plus tab 7.5-325</i>	8	NOVOLOG FLEXPEN	35
see <i>esomeprazole</i>		see <i>lorcet plus tab 7.5-325mg</i>	8	NOVOLOG MIX 70/30	35
<i>magnesium</i>	43	see <i>lorcet plus tab 7.5-325mg</i>	8	NOVOLOG PENFILL.....	35
NEXIUM I.V.		see <i>lorcet plus tab 7.5-325mg</i>	8	NOXAFIL	11
see <i>esomeprazole sodium inj</i>	43	see <i>lorcet plus tab 7.5-325mg</i>	8	NUCYNTA ER	9
<i>niacin er (antihyperlipidemic)</i>	20	see <i>lorcet plus tab 7.5-325mg</i>	8	NUDEXTA	33
.....	20	see <i>lorcet plus tab 7.5-325mg</i>	8	NULOJIX	46
<i>niacor</i>	20	see <i>lorcet plus tab 7.5-325mg</i>	8	NULYTELY/FLAVOR	
NIASPAN		NORDITROPIN FLEXPRO	41	PACKS	43
see <i>niacin er (antihyperlipidemic)</i>	20	.....	41	see <i>gavilyte-n/ flavor pack</i>	43
<i>nicardipine hcl</i>	21	<i>norethindrone (contraceptive)</i>	38	see <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	43
NICOTROL INHALER.....	34	<i>norethindrone acet & eth</i>		see <i>trilyte</i>	43
NICOTROL NS	34	<i>estra</i>	38	NUPLAZID	30
<i>nifedical xl</i>	21	<i>norethindrone acetate</i>	41	<i>nutrilipid inj 20%</i>	47
<i>nifedipine</i>	21	<i>norethindrone acetate-ethinyl</i>		NUVARING.....	39
<i>nifedipine er</i>	21	<i>estradiol tab 1 mg-5 mcg</i> ..	40	NUVIGIL	
<i>nikki</i>	38	<i>norgest/ethi tab 0.25/35</i>	39	see <i>armodafinil</i>	34
NILANDRON		<i>norgestimate-ethinyl</i>		<i>nyamyc</i>	51
see <i>nilutamide</i>	16	<i>estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	39	<i>nyata</i>	51
<i>nilutamide</i>	16	.....	39	NYMALIZE.....	21
<i>nimodipine</i>	21	<i>norgestimate-ethinyl</i>		<i>nystatin</i>	11
NINLARO	16	<i>estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	39	<i>nystatin (mouth-throat)</i>	53
NIPENT.....	15	.....	39	<i>nystatin (topical)</i>	51
NITRO-BID.....	22	<i>norlyroc</i>	39	<i>nystatin pow 100000</i>	51
NITRO-DUR		NORMOSOL-M IN D5W ...	48	<i>nystop</i>	51
see <i>minitran</i>	22	NORMOSOL-R	48	O	
see <i>nitroglycerin td patch</i>	22	NORMOSOL-R IN D5W....	48	<i>ocella tab 3-0.03mg</i>	39
.....	22	NORPACE		OCTAGAM	45
NITRO-DUR DIS 0.3MG/HR	22	see <i>disopyramide</i>		<i>octreotide acetate</i>	41
NITRO-DUR DIS 0.8MG/HR	22	<i>phosphate</i>	19	OCUFLOX	
<i>nitrofurantoin macrocrystal</i>	10	NORPACE CR.....	19	see <i>ofloxacin (ophth)</i>	49
<i>nitrofurantoin monohyd</i>		NORPRAMIN		ODEFSEY	12
<i>macro</i>	10	see <i>desipramine hcl</i>	27	ODOMZO	16
<i>nitroglycerin</i>	22	NORTHERA.....	22	OFEV	50
<i>nitroglycerin td patch</i>	22	<i>nortrel 0.5/35 (28)</i>	39	<i>ofloxacin (ophth)</i>	49
NITROSTAT		<i>nortrel 1/35</i>	39	<i>ofloxacin (otic)</i>	53
		<i>nortrel 7/7/7</i>	39	<i>olanzapine</i>	30
				<i>olmesartan medoxomil</i>	19

<i>olmesartan medoxomil-hydrochlorothiazide</i>.....19	.....38	<i>pamidronate inj 30mg</i> .....37
<i>olmesartan medoxomil-hydrochlorothiazide</i>.....19	see <i>femynor</i> .....38	<i>pamidronate inj 90mg</i> .....37
<i>olopatadine hcl 0.2%</i>.....49	see <i>mono-lynyah tab 0.25-35</i>.....38	PANRETIN .....53
<i>omega-3-acid ethyl esters</i> .20	see <i>mononessa</i>.....38	<i>pantoprazole sodium tbec</i> .43
<i>omeprazole cap 10mg</i> .....43	see <i>norgest/ethi tab 0.25/35</i>.....39	<i>paricalcitol</i>.....48
<i>omeprazole cap 20mg</i> .....43	see <i>previfem</i>.....39	PARLODEL
<i>omeprazole cap 40mg</i> .....43	see <i>sprintec 28</i>.....39	see <i>bromocriptine mesylate</i>.....28
OMNIPRED	ORTHO-NOVUM 1/35	PARNATE
see <i>prednisolone acetate (ophth)</i>.....49	see <i>alyacen 1/35</i>.....37	see <i>tranylcypropromine sulfate</i> .....28
<i>ondansetron hcl</i> .....42	see <i>cyclafem 1/35</i> .....37	<i>paroex sol 0.12%</i>.....53
<i>ondansetron hcl inj</i>.....42	see <i>nortrel 1/35</i> .....39	<i>paromomycin sulfate</i>.....10
<i>ondansetron hcl oral soln</i> ..42	see <i>pirmella 1/35</i>.....39	<i>paroxetine hcl tabs</i>.....27
<i>ondansetron odt</i>.....42	ORTHO-NOVUM 7/7/7	PASER D/R .....12
ONFI .....25	see <i>cyclafem 7/7/7</i> .....37	PATADAY
OPSUMIT.....23	see <i>necon 7/7/7</i>.....38	see <i>olopatadine hcl 0.2%</i>.....49
ORAP	see <i>nortrel 7/7/7</i>.....39	PAXIL .....27
see <i>pimozide</i> .....30	<i>oseltamivir phosphate</i>.....12	see <i>paroxetine hcl tabs</i> .27
ORFADIN.....40	OVIDE	PAZEO .....49
ORKAMBI .....50	see <i>malathion</i>.....53	PEDIAPRED
<i>orsythia</i> .....39	<i>oxacillin sodium</i> .....14	see <i>pred sod pho sol 5mg/5ml</i> .....40
ORTHO MICRONOR	<i>oxaliplatin inj 100mg</i> .....17	PEDIARIX.....46
see <i>errin</i> .....38	<i>oxaliplatin inj 100mg/20ml</i> .17	PEDVAX HIB .....46
see <i>jolivette</i> .....38	<i>oxaliplatin inj 50mg</i> .....17	<i>peg 3350/electrolytes</i>.....43
see <i>lyza</i> .....38	<i>oxaliplatin inj 50mg/10ml</i> ..17	<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>.....43
see <i>norethindrone (contraceptive)</i>.....38	OXANDRIN	<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>.....43
see <i>sharobel</i>.....39	see <i>oxandrolone</i>.....34	PEGANONE .....25
ORTHO TRI-CYCLEN	<i>oxandrolone</i>.....34	PEGASYS .....13
see <i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....39	<i>oxcarbazepine</i> .....25	PEGASYS PROCLICK .....13
see <i>tri-lynyah</i>.....39	<i>oxybutynin chloride</i> .....44	PENICILLIN G POT IN DEXTROSE 2MU .....14
see <i>trinessa</i>.....39	<i>oxycodone hcl</i>.....9	PENICILLIN G POT IN DEXTROSE 3MU .....14
see <i>tri-previfem</i>.....39	<i>oxycodone w/ acetaminophen 10-325mg</i> ..9	PENICILLIN G PROCAINE .....14
see <i>tri-sprintec</i>.....39	<i>oxycodone w/ acetaminophen 2.5-325mg</i> .9	<i>penicillin g sodium</i> .....14
ORTHO TRI-CYCLEN LO	<i>oxycodone w/ acetaminophen 5-325mg</i> ....9	<i>penicillin v potassium</i>.....14
see <i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....39	<i>oxycodone w/ acetaminophen 7.5-325mg</i> .9	<i>penicilln gk inj 20mu</i> .....14
see <i>tri-lo marzia</i>.....39	<i>oxycodone w/ acetaminophen soln</i>.....9	<i>penicilln gk inj 5mu</i> .....14
see <i>tri-lo-estarylla</i> .....39	P	PENTACEL.....46
see <i>tri-lo-sprintec</i>.....39	<i>pacerone</i>.....19	PENTAM 300.....10
see <i>trinessa lo</i> .....39	<i>paclitaxel</i>.....15	<i>pentoxifylline</i>.....45
ORTHO-CYCLEN	<i>paliperidone</i> .....30	PEPCID
see <i>estarylla tab 0.25-35</i>	PAMELOR	see <i>famotidine</i>.....42
	see <i>nortriptyline hcl</i> .....27	PERCOCET
	<i>pamidronate disodium</i>.....37	
	PAMIDRONATE DISODIUM .....37	

see <i>endocet</i>	8	1.5GM.....	14	<i>pred sod pho sol 5mg/5ml</i>	40
see <i>oxycodone w/ acetaminophen 10-325mg</i>	9	<i>piper/tazoba inj 2-0.25gm</i> .	14	<i>prednisolone acetate (ophth)</i>	49
see <i>oxycodone w/ acetaminophen 2.5-325mg</i>	9	<i>piper/tazoba inj 3-0.375gm</i>	14	PREDNISOLONE SODIUM PHOSPHATE (OPHTH)....	49
see <i>oxycodone w/ acetaminophen 5-325mg</i>	9	<i>piper/tazoba inj 4-0.5gm</i> ...	14	<i>prednisolone sol 15mg/5ml</i>	40
see <i>oxycodone w/ acetaminophen 7.5-325mg</i>	9	<i>pirmella 1/35</i>	39	<i>prednisolone sol 25mg/5ml</i>	40
PERIDEX		<i>piroxicam</i>	7	<i>prednisolone syp 15mg/5ml</i>	40
see <i>chlorhexidine gluconate (mouth-throat)</i>	53	PLAQUENIL		.....	40
see <i>paroex sol 0.12%</i>	53	see <i>hydroxychloroquine sulfate</i>	45	.....	40
see <i>periogard</i>	53	PLASMA-LYTE A.....	48	.....	40
<i>perindopril erbumine</i>	18	PLASMA-LYTE-148.....	48	PREDNISON CON	
<i>periogard</i>	53	PLAVIX		5MG/ML.....	40
<i>permethrin cre 5%</i>	53	see <i>clopidogrel bisulfate</i>	45	<i>prednisone pak 10mg</i>	40
<i>perphenazine</i>	30	<i>podofilox</i>	53	<i>prednisone pak 5mg</i>	40
<i>pfizerpen-g inj 20mu</i>	14	<i>polyethylene glycol 3350</i> ...	43	<i>prednisone sol 5mg/5ml</i>	40
<i>pfizerpen-g inj 5mu</i>	14	<i>polymyxin b-trimethoprim</i> ..	49	<i>prednisone tab 10mg</i>	40
<i>phenelzine sulfate</i>	27	POLYTRIM		<i>prednisone tab 1mg</i>	40
PHENERGAN		see <i>polymyxin b-trimethoprim</i>	49	<i>prednisone tab 2.5mg</i>	40
see <i>promethazine hcl</i>	42	POMALYST CAP 1MG	16	<i>prednisone tab 20mg</i>	40
<i>phenobarbital</i>	25	POMALYST CAP 2MG	16	<i>prednisone tab 50mg</i>	40
<i>phenobarbital sodium</i>	25	POMALYST CAP 3MG	16	<i>prednisone tab 5mg</i>	40
PHENOBARBITAL SODIUM		POMALYST CAP 4MG	16	PREMASOL SOL 10%	47
.....	25	<i>portia-28</i>	39	<i>premasol sol 6%</i>	47
PHENYTEK.....	25	<i>pot chloride inj 2meq/ml</i>	48	<i>prenatal vitamin/folic acid > 0.8 mg (generic)</i>	48
see <i>phenytoin sodium extended</i>	25	<i>potassium chloride</i>	47, 48	<i>prevalite</i>	20
<i>phenytoin</i>	25	<i>potassium chloride in nacl</i>	48	<i>previfem</i>	39
<i>phenytoin sodium</i>	25	<i>potassium chloride microencapsulated crystals cr</i>	47	PREZCOBIX.....	12
<i>phenytoin sodium extended</i>	25	<i>potassium chloride tab cr 10 meq</i>	47	PREZISTA.....	11
<i>philith</i>	39	<i>potassium citrate (alkalinizer) er tabs</i>	44	PRIFTIN.....	12
PHOSLO		PRADAXA.....	44	PRILOSEC	
see <i>calcium acetate (phosphate binder)</i>	41	PRALUENT.....	20	see <i>omeprazole cap 20mg</i>	43
PHOSPHOLINE IODIDE...	49	<i>pramipexole tab 0.125mg</i> .	29	PRIMAQUINE PHOSPHATE.....	11
PICATO.....	53	<i>pramipexole tab 0.25mg</i> ...	28	PRIMAXIN IV	
<i>pilocarpine hcl</i>	49	<i>pramipexole tab 0.5mg</i>	28	see <i>imipenem-cilastatin</i>	10
<i>pilocarpine hcl (oral)</i>	53	<i>pramipexole tab 0.75mg</i> ...	28	<i>primidone</i>	25
<i>pimozide</i>	30	<i>pramipexole tab 1.5mg</i>	29	PRINIVIL	
<i>pimtreea</i>	39	<i>pramipexole tab 1mg</i>	29	see <i>lisinopril</i>	18
<i>pindolol</i>	21	PRANDIN		PRISTIQ	
<i>pioglitazone hcl</i>	36	see <i>repaglinide</i>	36, 37	see <i>desvenlafaxine succinate</i>	27
PIPER/TAZOBA INJ 12-		PRAVACHOL		PRIVIGEN	45
		see <i>pravastatin sodium</i> .	20	<i>probenecid</i>	7
		<i>pravastatin sodium</i>	20	PROCALAMINE.....	47
		<i>prazosin hcl</i>	18	PROCARDIA XL	
		PRECOSE		see <i>nifedical xl</i>	21
		see <i>acarbose</i>	35	see <i>nifedipine</i>	21
				<i>prochlorperazine inj</i>	42

<i>prochlorperazine maleate</i> ..42	Q	<i>see mirtazapine</i>.....27
<i>prochlorperazine supp</i> .....42	QUADRACEL .....46	REMICADE.....45
PROCRIT.....45	QUALAQUIN	REMODULIN .....23
<i>procto-med hc</i>.....53	<i>see quinine sulfate</i> 11	RENVELA PAK 0.8GM ....41
<i>procto-pak</i>.....53	<i>quasense</i> .....39	RENVELA PAK 2.4GM ....41
<i>proctosol hc cre 2.5%</i> .....53	QUESTRAN	RENVELA TAB 800MG ...41
<i>proctozone-hc</i> .....53	<i>see cholestyramine</i> .....20	<i>repaglinide</i> 36, 37
PROGLYCEM SUS	QUESTRAN LIGHT	REQUIP
50MG/ML .....40	<i>see cholestyramine light</i> 20	<i>see ropinirole tab 0.25mg</i>
PROGRAF	<i>see prevalite</i>.....20	.....29
<i>see tacrolimus</i> .....46	<i>quetiapine fumarate</i> .....30	<i>see ropinirole tab 0.5mg</i> 29
PROLASTIN-C.....50	<i>quinapril hcl</i>.....18	<i>see ropinirole tab 1mg</i> ...29
PROLENSA .....49	<i>quinapril-hydrochlorothiazide</i>	<i>see ropinirole tab 2mg</i> ...29
PROLIA.....41	.....18	<i>see ropinirole tab 3mg</i> ...29
PROMACTA.....45	<i>quinidine gluconate</i>.....19	<i>see ropinirole tab 4mg</i> ...29
<i>promethazine hcl</i>.....42	<i>quinidine sulfate</i>.....19	<i>see ropinirole tab 5mg</i> ...29
<i>propafenone hcl</i>.....19	<i>quinine sulfate</i>.....11	RESCRIPTOR 11
<i>propafenone hcl 12hr</i>.....19	R	RESTASIS .....49
<i>proparacaine hcl</i> .....49	RABAVERT .....46	RESTASIS MULTIDOSE ..49
<i>propranolol &</i>	<i>raloxifene hcl</i>.....41	RESTORIL
<i>hydrochlorothiazide</i>.....20	<i>ramipril</i>.....18	<i>see temazepam</i>.....33
<i>propranolol cap er</i>.....21	RANEXA .....22	RETIN-A
<i>propranolol hcl</i> .....21	<i>ranitidine hcl</i>.....42	<i>see avita</i>.....51
<i>propranolol oral sol</i> .....21	<i>ranitidine hcl inj</i>.....42	<i>see tretinoin</i> .....51
<i>propylthiouracil</i>.....41	<i>ranitidine syrup</i> .....42	RETROVIR
PROQUAD.....46	RAPAMUNE .....46	<i>see zidovudine cap 100mg</i>
PROSCAR	<i>see sirolimus</i> .....46	.....12
<i>see finasteride</i> .....44	<i>rasagiline mesylate</i> .....29	<i>see zidovudine syp</i>
PROSOL.....47	RAZADYNE	<i>50mg/5ml</i> .....12
PROTONIX	<i>see galantamine</i>	RETROVIR IV INFUSION.11
<i>see pantoprazole sodium</i>	<i>hydrobromide</i> .....26	REVATIO
<i>tbec</i> .....43	RAZADYNE ER	<i>see sildenafil citrate</i>
PROTOPIC	<i>see galantamine</i>	<i>(pulmonary hypertension)</i>
<i>see tacrolimus (topical)</i> ..53	<i>hydrobromide er</i>.....26	.....23
<i>protriptyline hcl</i>.....27	REBETOL	REVLIMID.....16
PROVERA	<i>see ribasphere</i> .....13	REXULTI 30, 31
<i>see medroxyprogesterone</i>	<i>see ribavirin 200mg</i>.....13	REYATAZ 11
<i>acetate tab</i>.....41	REBETOL SOLN .....13	<i>ribasphere</i>.....13
PROZAC	RECLAST	<i>ribavirin 200mg</i> .....13
<i>see fluoxetine cap 10mg</i> 27	<i>see zoledronic acid</i>.....37	<i>rifabutin</i>.....12
<i>see fluoxetine cap 20mg</i> 27	<i>reclipsen</i> .....39	RIFADIN
<i>see fluoxetine cap 40mg</i> 27	RECOMBIVAX HB.....46	<i>see rifampin</i> .....12
PULMICORT	REGLAN	<i>rifampin</i>.....12
<i>see budesonide</i>	<i>see metoclopramide hcl</i> 42	RIFATER .....12
<i>(inhalation)</i>.....51	REGRANEX.....53	RILUTEK
PULMICORT FLEXHALER	RELENZA DISKHALER ...13	<i>see riluzole</i>.....33
.....51	RELISTOR.....43	<i>riluzole</i> .....33
PULMOZYME .....50	RELPAZ.....33	<i>rimantadine hydrochloride</i> 13
PURIXAN.....15	REMERON	<i>ringer's</i>.....48
<i>pyrazinamide</i>.....12	<i>see mirtazapine</i>.....27	RISPERDAL
<i>pyridostigmine tab 60mg</i> ...33	REMERON SOLTAB	<i>see risperidone</i>.....31

RISPERDAL INJ 12.5MG..31	.....19	<i>sodium phenylbutyrate</i>.....40
RISPERDAL INJ 25MG ....31	S	<i>sodium polystyrene sulfonate</i>
RISPERDAL INJ 37.5MG..31	SABRIL.....25	.....37
RISPERDAL INJ 50MG ....31	SALAGEN	SOLTAMOX.....16
RISPERDAL M-TAB	see <i>pilocarpine hcl (oral)</i>	SOLU-CORTEF.....40
see <i>risperidone</i>.....31	.....53	SOLU-MEDROL
<i>risperidone</i>.....31	SANDIMMUNE.....46	see <i>methylpr ss inj 125mg</i>
RITALIN	see <i>cyclosporine</i>.....46	.....40
see <i>methylphenidate hcl</i> 32	SANDOSTATIN	see <i>methylpr ss inj 1gm</i> 40
RITUXAN.....16	see <i>octreotide acetate</i> ...41	see <i>methylpr ss inj 40mg</i>
<i>rivastigmine tartrate</i>.....26	SANDOSTATIN LAR	.....40
<i>rivastigmine td patch 24hr</i>	DEPOT.....41	SOMATULINE DEPOT.....41
<i>13.3 mg/24hr</i>.....26	SANTYL.....53	SOMAVERT.....41
<i>rivastigmine td patch 24hr</i>	SAPHRIS.....31	SORIATANE
<i>4.6 mg/24hr</i>.....26	<i>selegiline hcl</i>.....29	see <i>acitretin</i>.....51
<i>rivastigmine td patch 24hr</i>	<i>selenium sulfide</i>.....52	<i>sorine</i>.....19
<i>9.5 mg/24hr</i>.....26	SELZENTRY.....11	<i>sotalol hcl</i>.....19
<i>rizatriptan benzoate</i>.....33	SENSIPAR.....37	<i>sotalol hcl (afib/afI)</i>.....19
<i>rizatriptan benzoate odt</i> ....33	SEREVENT DISKUS.....50	SOVALDI.....13
ROBINUL	SEROQUEL	<i>spironolactone</i>.....18
see <i>glycopyrrolate</i>.....42	see <i>quetiapine fumarate</i> 30	<i>spironolactone &</i>
see <i>glycopyrrolate inj</i>....42	SEROQUEL XR	<i>hydrochlorothiazide</i>.....22
ROBINUL FORTE	see <i>quetiapine fumarate</i> 30	SPORANOX
see <i>glycopyrrolate</i>.....42	<i>sertraline hcl</i>.....28	see <i>itraconazole</i>.....11
ROCALTROL	<i>setlakin tab</i>.....39	<i>sprintec 28</i>.....39
see <i>calcitriol</i>.....48	<i>sharobel</i>.....39	SPRITAM.....25
see <i>calcitriol oral soln 1</i>	SIGNIFOR.....41	SPRYCEL.....17
<i>mcg/ml</i>.....48	<i>sildenafil citrate (pulmonary</i>	<i>sps susp 15gm/60ml</i>.....37
ROCEPHIN	<i>hypertension)</i>.....23	<i>sronyx</i>.....39
see <i>ceftriaxone sodium</i> ..13	SILENOR.....32	<i>ssd</i>.....51
<i>ropinirole tab 0.25mg</i>.....29	SILVADENE	STALEVO 100
<i>ropinirole tab 0.5mg</i>.....29	see <i>silver sulfadiazine</i> ...51	see
<i>ropinirole tab 1mg</i>.....29	see <i>ssd</i>.....51	<i>carbidopa/levodopa/entac</i>
<i>ropinirole tab 2mg</i>.....29	<i>silver sulfadiazine</i>.....51	<i>apone</i>.....28
<i>ropinirole tab 3mg</i>.....29	SIMBRINZA.....49	STALEVO 125
<i>ropinirole tab 4mg</i>.....29	<i>simvastatin</i>.....20	see
<i>ropinirole tab 5mg</i>.....29	SINEMET	<i>carbidopa/levodopa/entac</i>
<i>rosadan</i>.....53	see <i>carbidopa-levodopa</i> 28	<i>apone</i>.....28
<i>rosuvastatin calcium</i>.....20	SINEMET CR	STALEVO 150
ROTARIX.....46	see <i>carbidopa-levodopa</i> 28	see
ROTATEQ.....46	SINGULAIR	<i>carbidopa/levodopa/entac</i>
ROWASA	see <i>montelukast sodium</i> 50	<i>apone</i>.....28
see <i>mesalamine w/</i>	<i>sirolimus</i>.....46	STALEVO 200
<i>cleanser</i>.....42	SIRTURO.....12	see
<i>roweepra</i>.....25	SIVEXTRO.....10	<i>carbidopa/levodopa/entac</i>
ROXICODONE	<i>sodium chlor sol 0.9% irr</i> ...53	<i>apone</i>.....28
see <i>oxycodone hcl</i>.....9	<i>sodium chloride</i>.....47, 48	STALEVO 50
RUBRACA.....16	<i>sodium chloride 0.45%</i>.....48	see
RYDAPT.....17	<i>sodium chloride inj 0.9%</i> ...48	<i>carbidopa/levodopa/entac</i>
RYTHMOL SR	<i>sodium fluoride chew; tab;</i>	<i>apone</i>.....28
see <i>propafenone hcl 12hr</i>	<i>1.1 (0.5 f) mg/ml soln</i>.....47	STALEVO 75

see	SUTENT	17	<i>temazepam</i>	33
<i>carbidopa/levodopa/entac</i>	<i>syeda</i>	39	TENIVAC	46
<i>apone</i>	SYLATRON KIT 200MCG.	17	TENORMIN	
STARLIX	SYLATRON KIT 300MCG.	17	see <i>atenolol</i>	20
see <i>nateglinide</i>	SYLATRON KIT 600MCG.	17	TERAZOL 7	
<i>stavudine</i>	SYMBICORT	51	see <i>terconazole vaginal</i>	44
<i>sterile water irrigation</i>	SYNAGIS	46	<i>terazosin hcl</i>	18
STIMATE	SYNALAR		<i>terbinafine hcl</i>	11
STIVARGA.....	see <i>fluocinolone acetonide</i>		<i>terbutaline sulfate</i>	50
STRATTERA	.....	52	<i>terconazole vaginal</i>	44
see <i>atomoxetine hcl</i>	SYNAREL	39	<i>testosterone</i>	34, 35
<i>streptomycin sulfate</i>	SYNERCID	10	<i>testosterone cypionate</i>	35
STRIBILD.....	SYNRIBO.....	17	<i>testosterone enanthate</i>	35
STROMECTOL	SYNTHROID.....	41	TETANUS/DIPHThERIA	
see <i>ivermectin</i>	see <i>levothyroxine sodium</i>		TOXOID	46
SUBOXONE MIS 12-3MG	.....	41	<i>tetrabenazine</i>	34
SUBOXONE MIS 2-0.5MG	see <i>levoxyl</i>	41	TEXACORT SOLN 2.5% ..	52
.....	see <i>unithroid</i>	41	THALOMID	16
SUBOXONE MIS 4-1MG ..	SYPRINE	37	THEO-24	51
SUBOXONE MIS 8-2MG ..	T		<i>theophylline</i>	51
<i>sucralfate</i>	TABLOID	15	<i>thioridazine hcl</i>	31
<i>sulfacet sod oin 10% op</i>	<i>tacrolimus</i>	46	<i>thiothixene</i>	31
<i>sulfacetamide sodium (acne)</i>	<i>tacrolimus (topical)</i>	53	<i>tiagabine hcl</i>	25
.....	TAFINLAR	17	TIAZAC	
<i>sulfacetamide sodium</i>	TAGRISSO	17	see <i>diltiazem hcl extended</i>	
<i>(ophth)</i>	TAMIFLU	13	<i>release beads cap sr</i>	21
<i>sulfacetamide sod-</i>	see <i>oseltamivir phosphate</i>		see <i>taztia xt</i>	21
<i>prednisolone</i> .....	.....	12	TIGECYCLINE.....	10
SULFADIAZINE	<i>tamoxifen citrate</i>	16	TIKOSYN	
<i>sulfamethoxazole-trimethop</i>	<i>tamsulosin hcl</i>	44	see <i>dofetilide</i>	19
<i>ds</i>	TAPAZOLE		<i>tilia fe</i>	39
<i>sulfamethoxazole-</i>	see <i>methimazole</i>	41	<i>timolol maleate</i>	21
<i>trimethoprim</i>	TARCEVA	17	<i>timolol maleate (ophth) soln</i>	
<i>sulfamethoxazole-</i>	TARGRETIN	53	.....	49
<i>trimethoprim inj</i>	see <i>bexarotene</i>	17	<i>timolol maleate gel</i>	49
SULFAMYLLON.....	<i>tarina fe 1/20</i>	39	TIMOPTIC	
<i>sulfasalazine</i>	TASIGNA	17	see <i>timolol maleate</i>	
<i>sulfasalazine ec</i>	TAXOTERE	15	<i>(ophth) soln</i>	49
<i>sulindac</i>	see <i>docetaxel</i>	15	TIMOPTIC-XE	
<i>sumatriptan</i>	<i>tazarotene</i>	52	see <i>timolol maleate gel</i> .	49
<i>sumatriptan inj 4mg/0.5ml</i> .	<i>tazicef</i>	13	TIVICAY.....	12
<i>sumatriptan inj 6mg/0.5ml</i> .	TAZORAC.....	52	<i>tizanidine hcl</i>	34
<i>sumatriptan succinate</i>	see <i>tazarotene</i>	52	TOBRADEX.....	48
SUPRAX	<i>taztia xt</i>	21	see <i>tobramycin-</i>	
see <i>cefixime</i>	TECENTRIQ	16	<i>dexamethasone</i>	48
SUPREP BOWEL PREP KIT	TEFLARO	13	TOBRADEX ST	48
.....	TEGRETOL	25	<i>tobramycin</i>	10
SURMONTIL	see <i>carbamazepine</i>	23	<i>tobramycin (ophth)</i>	49
see <i>trimipramine maleate</i>	see <i>epitol</i>	24	<i>tobramycin inj 1.2 gm/30ml</i>	
.....	TEGRETOL-XR	25	.....	10
SUSTIVA.....	see <i>carbamazepine</i>	23	<i>tobramycin inj 1.2gm</i>	10

<i>tobramycin inj 10mg/ml</i>.....10	<i>(mouth)</i> .....53	TWINRIX INJ .....46
<i>tobramycin inj 40mg/ml</i>.....10	<i>triamcinolone acetonide</i>	TYBOST .....12
<i>tobramycin inj 80mg/2ml</i> ...10	<i>(topical)</i>.....52	TYKERB .....17
<i>tobramycin-dexamethasone</i>	<i>triamterene &</i>	TYLENOL/CODEINE #3
.....48	<i>hydrochlorothiazide</i>.....22	see <i>acetaminophen w/</i>
TOBREX	<i>triamterene &</i>	<i>codeine</i> .....7
see <i>tobramycin (ophth)</i> ..49	<i>hydrochlorothiazide cap</i>	TYLENOL/CODEINE #4
TOFRANIL	<i>37.5-25 mg</i>.....22	see <i>acetaminophen w/</i>
see <i>imipramine hcl</i> .....27	TRIBENZOR	<i>codeine</i> .....7
<i>tolterodine tartrate cap er</i> ..44	see <i>olmesartan</i>	TYPHIM VI.....46
<i>tolterodine tartrate tabs</i>.....44	<i>medoxomil-amlodipine-</i>	TYSABRI .....34
TOPAMAX	<i>hydrochlorothiazide</i> .....19	U
see <i>topiramate</i>.....25	TRICOR	ULORIC .....7
TOPAMAX SPRINKLE	see <i>fenofibrate</i> .....20	ULTRACET
see <i>topiramate</i>.....25	<i>trifluoperazine hcl</i>.....31	see <i>tramadol-</i>
TOPICORT	<i>trifluridine</i> .....49	<i>acetaminophen</i>.....8
see <i>desoximetasone</i> .....52	<i>trihexyphenidyl hcl</i> .....29	ULTRAM
<i>topiramate</i>.....25	<i>tri-legest fe</i>.....39	see <i>tramadol hcl</i>.....7
<i>toposar</i>.....17	TRILEPTAL	ULTRAVATE
<i>topotecan inj 4mg</i>.....17	see <i>oxcarbazepine</i> .....25	see <i>halobetasol</i>
TOPOTECAN INJ 4MG/4ML	<i>tri-linyah</i>.....39	<i>propionate</i>.....52
.....18	<i>tri-lo marzia</i>.....39	UNASYN
TOPROL XL	<i>tri-lo-estarylla</i> .....39	see <i>ampicillin & sulbactam</i>
see <i>metoprolol succinate</i>	<i>tri-lo-sprintec</i>.....39	<i>sodium</i> .....14
.....20	<i>trilyte</i> .....43	UNASYN BULK PACK
<i>torseamide tabs</i> .....22	<i>trimethoprim</i>.....10	see <i>ampicillin & sulbactam</i>
TOVIAZ.....44	<i>trimipramine maleate</i> .....28	<i>sodium</i> .....14
<i>tpn electrolytes</i>.....47	<i>trinessa</i> .....39	<i>unithroid</i>.....41
TRACLEER.....23	<i>trinessa lo</i> .....39	URECHOLINE
TRADJENTA.....37	TRI-NORINYL 28	see <i>bethanechol chloride</i>
<i>tramadol hcl</i> .....7	see <i>aranelle</i>.....37	.....44
<i>tramadol-acetaminophen</i> ....8	see <i>leena</i>.....38	UROCIT-K 10
<i>trandolapril</i> .....18	TRINTELLIX .....28	see <i>potassium citrate</i>
<i>tranexamic acid</i>.....45	<i>tri-previfem</i>.....39	<i>(alkalinizer) er tabs</i>.....44
TRANSDERM-SCOP .....42	TRISENOX .....17	UROCIT-K 15
TRANXENE T	<i>tri-sprintec</i>.....39	see <i>potassium citrate</i>
see <i>clorazepate</i>	TRIUMEQ .....12	<i>(alkalinizer) er tabs</i>.....44
<i>dipotassium</i> .....24	<i>trivora-28</i>.....39	UROCIT-K 5
<i>tranylcypromine sulfate</i>.....28	TRIZIVIR	see <i>potassium citrate</i>
TRAVASOL.....47	see <i>abacavir sulfate-</i>	<i>(alkalinizer) er tabs</i>.....44
TRAVATAN Z.....49	<i>lamivudine-zidovudine</i> ...12	UROXATRAL
<i>trazodone hcl</i> .....28	TROPHAMINE INJ 10% ...47	see <i>alfuzosin hcl</i>.....43
TRECATOR .....12	<i>trosipium chloride</i> .....44	URSO 250
TRELSTAR DEP INJ	TRULICITY .....35	see <i>ursodiol</i>.....43
3.75MG .....16	TRUMENBA.....46	URSO FORTE
TRELSTAR LA INJ 11.25MG	TRUSOPT	see <i>ursodiol</i>.....43
.....16	see <i>dorzolamide hcl</i> .....49	<i>ursodiol</i>.....43
TRESIBA FLEXTOUCH...35	TRUVADA TAB 100-150...12	V
<i>tretinoin</i> .....51	TRUVADA TAB 133-200...12	VAGIFEM
<i>tretinoin (chemotherapy)</i> ...17	TRUVADA TAB 167-250...12	see <i>yuvafem vaginal tablet</i>
<i>triamcinolone acetonide</i>	TRUVADA TAB 200-300...12	<i>10 mcg</i>.....40

<i>valacyclovir hcl</i>.....13	see <i>doxycycline hyclate</i> .15	<i>valerate</i> .....52
VALCHLOR.....53	VICTOZA .....35	X
VALCYTE	VIDAZA	XALATAN
see <i>valganciclovir hcl</i> ....13	see <i>azacitidine</i> .....15	see <i>latanoprost</i>.....49
<i>valganciclovir hcl</i>.....13	VIDEX EC	XALKORI .....17
VALIUM	see <i>didanosine</i>.....11	XANAX
see <i>diazepam</i>.....24	VIDEX PEDIATRIC .....12	see <i>alprazolam tab</i>
<i>valproate sodium</i>.....25	<i>vienna</i> .....39	0.25mg .....23
<i>valproic acid</i>.....25	VIGAMOX .....49	see <i>alprazolam tab 0.5mg</i>
<i>valsartan</i> .....19	see <i>moxifloxacin hcl</i>	.....23
<i>valsartan-</i>	(<i>ophth</i>).....48	see <i>alprazolam tab 1mg</i> 23
<i>hydrochlorothiazide</i> .....19	VIIBRYD STARTER PACK	see <i>alprazolam tab 2mg</i> 23
VALTREX	.....28	XARELTO .....44
see <i>valacyclovir hcl</i> .....13	VIIBRYD TAB .....28	XARELTO STARTER PACK
VANCOCIN HCL	VIMPAT .....25	.....44
see <i>vancomycin hcl</i>.....10	<i>vinblastine sulfate</i> .....15	XATMEP .....45
<i>vancomycin hcl</i> .....10	<i>vincasar pfs</i>.....15	XELJANZ .....45
VANCOMYCIN IN NACL...10	<i>vincristine sulfate</i> .....15	XELJANZ XR .....45
<i>vandazole</i>.....44	<i>vinorelbine tartrate</i> .....15	XENAZINE
VAQTA.....46	<i>viorele</i> .....39	see <i>tetrabenazine</i>.....34
VARIVAX .....46	VIRACEPT .....12	XGEVA .....41
VASCEPA .....20	VIRAMUNE	XIFAXAN .....43
VASERETIC	see <i>nevirapine</i>.....11	XIGDUO XR TAB 10-
see <i>enalapril maleate &</i>	VIRAMUNE XR	1000MG .....37
<i>hydrochlorothiazide</i> .....18	see <i>nevirapine</i>.....11	XIGDUO XR TAB 10-500MG
VASOTEC	VIREAD .....12	.....37
see <i>enalapril maleate</i> ....18	VIROPTIC	XIGDUO XR TAB 5-1000MG
VELCADE .....16	see <i>trifluridine</i>.....49	.....37
<i>velivet</i>.....39	VISTARIL	XIGDUO XR TAB 5-500MG
VEMLIDY .....13	see <i>hydroxyzine pamoate</i>	.....37
VENCLEXTA.....16	.....50	XOLAIR .....50
VENCLEXTA STARTING	VOLTAREN	XOPENEX CONCENTRATE
PACK .....16	see <i>diclofenac sodium</i>	see <i>levalbuterol hcl soln</i>
<i>venlafaxine hcl</i> .....28	(<i>topical</i>) 1% gel .....53	<i>nebu conc 1.25 mg/0.5ml</i>
VENTAVIS .....23	<i>voriconazole</i>.....11	.....50
VENTOLIN HFA.....50	VOSPIRE ER	XTANDI .....16
<i>verapamil cap er</i> .....21	see <i>albuterol sulfate</i> .....50	<i>xulane</i>.....39
<i>verapamil hcl</i>.....21	VOTRIENT.....17	XYLOCAINE
<i>verapamil hcl tab er</i>.....21	VRAYLAR .....31	see <i>lidocaine hcl</i>.....52
VERELAN	VRAYLAR THERAPY PACK	see <i>lidocaine inj 0.5%</i> .....9
see <i>verapamil cap er</i>.....21	.....31	see <i>lidocaine inj 1%</i> .....9
VERELAN PM	<i>vyfemla</i> .....39	see <i>lidocaine inj 2%</i> .....9
see <i>verapamil cap er</i>.....21	W	XYLOCAINE-MPF
VERSACLOZ .....31	<i>warfarin sodium</i> .....44	see <i>lidocaine inj 0.5%</i> .....9
VESICARE.....44	WELCHOL .....20	see <i>lidocaine inj 1%</i> .....9
<i>vestura</i>.....39	WELLBUTRIN SR	see <i>lidocaine inj 1.5%</i> .....9
VFEND	see <i>bupropion hcl</i>.....26	XYREM.....34
see <i>voriconazole</i> .....11	WELLBUTRIN XL	XYZAL
VFEND IV	see <i>bupropion hcl</i>.....26	see <i>levocetirizine</i>
see <i>voriconazole</i> .....11	WESTCORT	<i>dihydrochloride</i>.....50
VIBRAMYCIN	see <i>hydrocortisone</i>	

Y		
YASMIN 28		
see <i>drospirenone-ethinyl estradiol</i>	37	
see <i>ocella tab 3-0.03mg</i>	39	
see <i>syeda</i>	39	
see <i>zarah</i>	39	
YAZ		
see <i>drospirenone-ethinyl estradiol</i>	37	
see <i>gianvi</i>	38	
see <i>loryna</i>	38	
see <i>nikki</i>	38	
see <i>vestura</i>	39	
YERVOY.....	16	
YF-VAX.....	46	
<i>yuvaferm vaginal tablet 10 mcg</i>	40	
Z		
<i>zafirlukast</i>	50	
ZANAFLEX		
see <i>tizanidine hcl</i>	34	
ZANTAC		
see <i>ranitidine hcl</i>	42	
see <i>ranitidine hcl inj</i>	42	
<i>zarah</i>	39	
ZARONTIN		
see <i>ethosuximide</i>	24	
ZAVESCA.....	40	
<i>zazole cream 0.8%</i>	44	
ZEJULA.....	16	
ZELBORAF.....	17	
ZEMAIRA.....	50	
ZEMPLAR		
see <i>paricalcitol</i>	48	
<i>zenatane</i>	51	
<i>zenchent</i>	39	
ZENPEP.....	43	
ZERIT.....	12	
see <i>stavudine</i>	11	
ZESTORETIC		
see <i>lisinopril & hydrochlorothiazide</i>	18	
ZESTRIL		
see <i>lisinopril</i>	18	
ZETIA		
see <i>ezetimibe</i>	20	
ZIAC		
see <i>bisoprolol & hydrochlorothiazide</i>	20	
ZIAGEN.....	12	
see <i>abacavir sulfate</i>	11	
<i>zidovudine cap 100mg</i>	12	
<i>zidovudine syp 50mg/5ml</i>	12	
<i>zidovudine tab 300mg</i>	12	
ZINACEF		
see <i>cefuroxime sodium</i>	13	
ZINECARD		
see <i>dexrazoxane</i>	17	
<i>ziprasidone hcl</i>	31	
ZIRGAN.....	49	
ZITHROMAX		
see <i>azithromycin</i>	13	
ZOCOR		
see <i>simvastatin</i>	20	
ZOFRAN		
see <i>ondansetron hcl</i>	42	
see <i>ondansetron hcl oral soln</i>	42	
ZOFRAN ODT		
see <i>ondansetron odt</i>	42	
<i>zoledronic acid</i>	37	
ZOLEDRONIC INJ 4MG...37		
<i>zoledronic inj 4mg/5ml</i>	37	
ZOLINZA.....	16	
<i>zolmitriptan</i>	33	
<i>zolmitriptan odt</i>	33	
ZOLOFT		
see <i>sertraline hcl</i>	28	
<i>zolpidem tartrate</i>	33	
ZOMETA		
see <i>zoledronic inj 4mg/5ml</i>	37	
ZOMIG		
see <i>zolmitriptan</i>	33	
ZOMIG ZMT		
see <i>zolmitriptan odt</i>	33	
ZONEGRAN		
see <i>zonisamide</i>	25	
<i>zonisamide</i>	25	
ZONTIVITY.....	45	
ZORTRESS TAB 0.25MG 46		
ZORTRESS TAB 0.5MG ..46		
ZORTRESS TAB 0.75MG 46		
ZOSTAVAX.....	46	
ZOSYN		
see <i>piper/tazoba inj 2-0.25gm</i>	14	
see <i>piper/tazoba inj 3-0.375gm</i>	14	
see <i>piper/tazoba inj 36-4.5gm</i>	14	
see <i>piper/tazoba inj 4-0.5gm</i>	14	
<i>zovia 1/35e</i>	39	
<i>zovia 1/50e</i>	39	
ZOVIRAX		
see <i>acyclovir</i>	12	
ZYBAN		
see <i>bupropion hcl (smoking deterrent)</i>	34	
ZYDELIG.....	17	
ZYKADIA.....	17	
ZYLET.....	48	
ZYLOPRIM		
see <i>allopurinol tab</i>	7	
ZYMAXID		
see <i>gatifloxacin (ophth)</i>	48	
ZYPREXA		
see <i>olanzapine</i>	30	
ZYPREXA RELPREVV.....	31	
ZYPREXA RELPREVV INJ 210MG.....	31	
ZYPREXA ZYDIS		
see <i>olanzapine</i>	30	
ZYTIGA.....	16	
ZYVOX		
see <i>linezolid</i>	10	



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.