

# Basic Blue<sup>®</sup> Rx (PDP)

A Medicare Prescription Drug Plan

## Basic Blue<sup>®</sup> Rx Value (PDP) 2020 Formulary

(List of covered drugs)  
Effective January 1, 2020

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

Formulary ID: 00020397 Version 5

This formulary was updated on 8/16/2019. For more recent information or other questions, please contact Basic Blue Rx customer service.



Call **1-877-376-2185**, 8 a.m. to 8 p.m., daily, local time  
(TTY hearing impaired users call **711**)



Visit **BasicBlueRx.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 MII Life Insurance, Inc. When it refers to “plan” or “our plan,” it means Basic Blue Rx Value.

This document includes a list of the drugs (formulary) for our plan which is current as of August 16, 2019. 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, 2021, and from time to time during the year.

### **What is the Basic Blue Rx Value formulary?**

A formulary is a list of covered drugs selected by Basic Blue Rx Value 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. Basic Blue Rx Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Basic Blue Rx Value 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?**

Most changes in drug coverage happen on January 1, but Basic Blue Rx Value may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the following cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Basic Blue Rx Value Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or 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 30 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 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Basic Blue Rx Value Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described previously. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of August 16, 2019. To get updated information about the drugs covered by Basic Blue Rx Value, please contact us. Our contact information appears on the front and back cover pages. To view the most recent formulary, visit [BasicBlueRx.com](http://BasicBlueRx.com).

### **How do I use the formulary?**

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

#### *Medical Condition*

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

#### *Alphabetical Listing*

If you are not sure what category to look under, you should look for your drug in the Index at the back of this booklet. 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?**

Basic Blue Rx Value 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:** Basic Blue Rx Value requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Basic Blue Rx Value before you fill your prescriptions. If you don’t get approval, Basic Blue Rx Value may not cover the drug.
- **Quantity Limits:** For certain drugs, Basic Blue Rx Value limits the amount of the drug that Basic Blue Rx Value will cover. For example, Basic Blue Rx Value provides 30 capsules per prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Basic Blue Rx Value 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, Basic Blue Rx Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Basic Blue Rx Value 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 Basic Blue Rx Value 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 Basic Blue Rx Value formulary?" in the following section for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Basic Blue Rx Value does not cover your drug, you have two options:

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

### **How do I request an exception to the Basic Blue Rx Value formulary?**

You can ask Basic Blue Rx Value 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, Basic Blue Rx Value 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, Basic Blue Rx Value 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 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 a 31-day emergency supply of that drug while you pursue a formulary exception.

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain

the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

### **For more information**

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

If you have questions about Basic Blue Rx Value, 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, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **medicare.gov**.

The tables below show your share of the cost for 30-day and 90-day supplies from network pharmacies offering preferred and standard cost sharing.

**Basic Blue Rx Value (PDP)** **\$0 annual deductible on Tier 1 (Preferred Generic) and Tier 2 (Generic) drugs**  
**\$435 annual deductible on Tier 3 (Preferred Brand), Tier 4 (Non-preferred drug) and Tier 5 (Specialty) drugs**

**30-day supplies cost sharing**

<b>Drug Tiers and Tier Names</b>	<b>30-day supply – preferred retail cost sharing</b>	<b>30-day supply – standard retail cost sharing</b>
Tier 1: Preferred Generic drugs	\$0 copay	\$10 copay
Tier 2: Generic drugs	\$1 copay	\$15 copay
Tier 3: Preferred Brand drugs	\$35 copay	\$47 copay
Tier 4: Non-Preferred Drugs	33% coinsurance	45% coinsurance
Tier 5: Specialty drugs	25% coinsurance	25% coinsurance

**90-day supplies cost sharing**

<b>Drug Tiers and Tier Names</b>	<b>90-day supply – preferred retail, mail order or extended day supply cost sharing</b>	<b>90-day supply – standard retail, mail order or extended day supply cost sharing</b>
Tier 1: Preferred Generic drugs	\$0 copay	\$30 copay
Tier 2: Generic drugs	\$3 copay	\$45 copay
Tier 3: Preferred Brand drugs	\$105 copay	\$141 copay
Tier 4: Non-Preferred Drugs	33% coinsurance	45% coinsurance
Tier 5: Specialty drugs	Not available	Not available

**Cost Sharing Tier 1: Preferred Generic**

This Tier is the lowest tier and generally contains the lowest cost generics.

**Cost Sharing Tier 2: Generic**

This Tier contains generics.

**Cost Sharing Tier 3: Preferred Brand**

This Tier contains preferred brand drugs and non-preferred generic drugs.

**Cost Sharing Tier 4: Non-Preferred Drugs**

This Tier contains non-preferred brand drugs and non-preferred generic drugs.

**Cost Sharing Tier 5: Specialty Tier**

This Tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.

## Basic Blue Rx Value formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by Basic Blue Rx Value. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower case italics (e.g., *glimepiride*). The information in the Requirements/Limits column tells you if Basic Blue Rx Value has any special requirements for coverage of your drug.

The key below can assist you as you look for the information for your drug.

### KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic drugs

2 = Tier 2: Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Non-Preferred Drugs

5 = Tier 5: Specialty drugs

B/D = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance

LA = Limited Access

NM = Not available by mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy



Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**ANALGESICS**

**GOUT**

<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	2	

**NSAIDS**

<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24</i>	3	
<i>diclofenac sodium TBEC</i>	2	
<i>diflunisal TABS</i>	3	
<i>etodolac</i>	3	
<i>flurbiprofen TABS</i>	2	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>naproxen sodium TABS 275mg, 550mg</i>	3	
<i>piroxicam CAPS</i>	3	
<i>sulindac TABS</i>	2	

**OPIOID ANALGESICS**

<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	3	QL (240 tabs / 30 days)

**OPIOID ANALGESICS, CII**

<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> SOLN 10mg/ml, 50mg/5ml, 500mg/50ml	4	B/D
<i>hydromorphone hcl</i> TABS	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	3	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	3	QL (240 tabs / 30 days)
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	3	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> TABS	3	QL (180 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	4	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	4	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	2	
<i>neomycin sulfate TABS</i>	2	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	
<i>tobramycin sulfate SOLN</i>	3	

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole TABS</i>	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
<i>aztreonam</i>	4	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NAACL	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
DAPTOMYCIN 350mg	5	
<i>daptomycin 500mg</i>	5	
EMVERM	5	QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
<i>ivermectin TABS</i>	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	4	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
PENTAM 300	4	
<i>pentamidine isethionate</i>	4	
<i>praziquantel TABS</i>	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (120 caps / 30 days)
<i>vancomycin hcl CAPS 250mg</i>	5	QL (240 caps / 30 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN IN NACL	4	
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b SOLR</i>	4	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole SUSR</i>	3	
<i>fluconazole TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine CAPS</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole CAPS</i>	4	PA
<i>ketoconazole TABS</i>	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin TABS</i>	3	
<i>terbinafine hcl TABS</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR</i>	5	PA
<i>voriconazole SUSR</i>	5	PA
<i>voriconazole TABS 50mg</i>	4	
<i>voriconazole TABS 200mg</i>	5	

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate TABS</i>	3	
COARTEM	4	
<i>mefloquine hcl</i>	3	
<i>primaquine phosphate 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE 26.3mg	3	
<i>quinine sulfate CAPS</i>	4	PA

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate SOLN</i>	4	
<i>abacavir sulfate TABS</i>	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	4	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz CAPS 50mg</i>	4	
<i>efavirenz CAPS 200mg</i>	5	
<i>efavirenz TABS</i>	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	5	
TRUVADA TAB 100-150	5	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECTOR	4	
<b>ANTIVIRALS</b>		
<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	4	
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	4	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbv)</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAVYRET	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
REBETOL SOLN	5	NM
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	3	NM
<i>ribasphere</i> TABS 200mg	4	NM
<i>ribasphere</i> TABS 600mg	5	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS	3	
<i>cefaclor</i> SUSR	4	
CEFACLOR ER TAB 500MG	4	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	2	
<i>cefdinir</i> SUSR	4	
<i>cefepime for inj</i>	4	
<i>cefixime</i> SUSR	4	
<i>cefoxitin for inj</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>cefprozil</i>	3	
<i>ceftazidime</i> SOLR	3	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tazicef</i> SOLR	3	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
DIFICID	5	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocin stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin</i> SUSR	4	
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj</i> 25mg/ml	4	
<i>levofloxacin oral soln</i> 25 mg/ml	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i> 200-28.5 chw tabs	4	
<i>amoxicillin &amp; pot clavulanate</i> 200/5ml susr	3	
<i>amoxicillin &amp; pot clavulanate</i> 250-125 tabs	4	
<i>amoxicillin &amp; pot clavulanate</i> 250/5ml susr	4	
<i>amoxicillin &amp; pot clavulanate</i> 400-57 chw tabs	4	
<i>amoxicillin &amp; pot clavulanate</i> 400/5ml susr	3	
<i>amoxicillin &amp; pot clavulanate</i> 500-125 tabs	2	
<i>amoxicillin &amp; pot clavulanate</i> 600/5ml susr	3	
<i>amoxicillin &amp; pot clavulanate</i> 875-125 tabs	2	
<i>amoxicillin &amp; pot clavulanate er</i> 12hr 1000-62.5 tabs	4	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin cap</i> 500mg	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUGMENTIN SUS 125/5ML	5	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium for inj 1gm, 2gm</i>	4	
<i>nafcillin sodium for inj 10gm</i>	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
<i>oxacillin sodium 1gm, 2gm</i>	4	
<i>oxacillin sodium 10gm</i>	5	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium SOLR</i>	2	
<i>penicillin v potassium TABS</i>	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS</i>	3	
<i>doxycycline hyclate SOLR</i>	4	
<i>doxycycline hyclate 20 mg</i>	3	
<i>doxycycline hyclate 100 mg</i>	3	
<i>minocycline hcl CAPS</i>	2	
<i>mondoxyne nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl CAPS</i>	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA	5	B/D, NM
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	4	B/D
<i>cyclophosphamide SOLR</i>	5	B/D
EMCYT	4	
GLEOSTINE 10mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEOSTINE 40mg, 100mg	5	
LEUKERAN	5	
<b>ANTHRACYCLINES</b>		
<i>adriamycin SOLN</i>	4	B/D
<i>doxorubicin hcl</i>	4	B/D
<i>doxorubicin hcl liposomal</i>	5	B/D
<i>epirubicin hcl</i>	4	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D
<i>cytarabine 20mg/ml</i>	3	B/D
<i>fluorouracil SOLN</i>	3	B/D
<i>gemcitabine inj soln</i>	4	B/D
<i>gemcitabine inj solr</i>	4	B/D
<i>mercaptopurine TABS</i>	3	
<i>methotrexate sodium inj soln</i>	2	B/D
<i>methotrexate sodium inj solr</i>	2	B/D
PURIXAN	5	NM
TABLOID	5	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml</i>	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>paclitaxel</i>	4	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	3	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	LA, PA
BORTEZOMIB	5	PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 caps / 28 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDHIFA	5	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	5	B/D
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	PA
VENCLEXTA 10mg	4	NM, LA, PA
VENCLEXTA 50mg, 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	1	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	3	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA 500mg	5	NM, LA, PA

### **IMMUNOMODULATORS**

POMALYST 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA

### **KINASE INHIBITORS**

AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BALVERSA	5	NM, LA, PA
BOSULIF	5	NM, PA
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
<i>erlotinib hcl</i> 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE	5	NM, PA
PIQRAY 250MG DAILY DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE	5	NM, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	QL (30 caps / 30 days), NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSE	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA

### **MISCELLANEOUS**

<i>bexarotene</i>	5	NM, PA
-------------------	---	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON	5	PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i> SOLN	3	B/D
<i>oxaliplatin inj 50mg</i>	5	B/D
<i>oxaliplatin inj 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg</i>	5	B/D
<i>oxaliplatin inj 100mg/20ml</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml	4	B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	3	B/D
<i>irinotecan hcl</i>	4	B/D
<i>toposar</i>	3	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>captopril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	3	
<i>spironolactone</i> TABS	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i> 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> 10mg	2	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan</i>	1	
<i>medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
MULTAQ	4	
NORPACE CR	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pacerone</i> 100mg, 400mg	4	
<i>pacerone</i> 200mg	1	
<i>propafenone hcl</i>	2	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	

### **ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine</i>	3	
<i>cholestyramine light pack</i>	4	
<i>cholestyramine light powd</i>	3	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	3	
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	1	
JUXTAPID	5	NM, LA, PA
<i>niacin er (antihyperlipidemic)</i> 500mg	4	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	4	
<i>niacor</i>	4	
PRALUENT	4	PA
<i>prevalite</i> PACK	4	
<i>prevalite</i> POWD	3	
VASCEPA	4	
VYTORIN	4	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	
<i>propranolol &amp; hydrochlorothiazide</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl</i> CAPS	2	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i> SOCT	3	
<i>metoprolol tartrate</i> SOLN	3	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS	3	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl</i> TABS	2	
<i>propranolol oral sol</i>	3	
<i>timolol maleate</i> TABS	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i> TABS	1	
<i>cartia xt</i>	2	
<i>dilt-xr cap</i>	2	
<i>diltiazem cap 240mg cd</i>	2	
<i>diltiazem cap 360mg cd</i>	4	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl</i> TABS	2	
<i>diltiazem hcl coated beads</i> CP24	4	
<i>diltiazem hcl coated beads cap sr 24hr</i>	2	
<i>diltiazem hcl extended release beads cap sr</i>	2	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	3	
<i>nicardipine hcl</i> CAPS	4	
<i>nifedipine</i> TB24	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i> CAPS	5	
NYMALIZE	5	
<i>taztia xt</i>	2	
<i>verapamil cap er</i> 100mg, 200mg, 300mg, 360mg	4	
<i>verapamil cap er</i> 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> SOLN	4	
<i>verapamil hcl</i> TABS	1	
<i>verapamil hcl</i> TBCR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil tab er</i>	2	
<b>DIGITALIS GLYCOSIDES</b>		
<i>digitek .25mg</i>	2	PA; PA if 70 years and older
<i>digitek .125mg</i>	2	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	2	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	2	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol 50mcg/ml</i>	4	PA; PA if 70 years and older
<b>DIURETICS</b>		
<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	2	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	2	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	
<i>methazolamide TABS</i>	4	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>MISCELLANEOUS</b>		
<i>aliskiren fumarate</i>	4	
<i>clonidine hcl TABS</i>	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR TABS	4	
DEMSER	5	PA
<i>hydralazine hcl SOLN</i>	4	
<i>hydralazine hcl TABS</i>	2	
<i>midodrine hcl</i>	3	
<i>minoxidil TABS</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORTHERA 100mg	5	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	5	QL (180 caps / 30 days), NM, LA, PA
RANEXA	4	
<i>ranolazine</i>	4	

### **NITRATES**

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin SUBL</i>	3	
<i>nitroglycerin td patch</i>	2	

### **PULMONARY ARTERIAL HYPERTENSION**

ADCIRCA	5	QL (60 tabs / 30 days), NM, PA
ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
<i>alyq</i>	5	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan 62.5mg</i>	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan 125mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i>	5	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i>	5	NM, LA, PA
VENTAVIS	5	NM, PA

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl TABS 5mg, 10mg, 15mg</i>	1	
<i>bupirone hcl TABS 7.5mg, 30mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate</i> TABS	2	
<i>lorazepam</i> SOLN	2	
<i>lorazepam</i> TABS	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

### **ANTICONVULSANTS**

APTIOM	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine</i> CHEW; TABS	3	
<i>carbamazepine</i> CP12; SUSP; TB12	4	
CELONTIN	4	
<i>clobazam</i>	4	PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam</i> TABS	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex sodium</i> TB24; TBEC	3	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	1	
<i>lamotrigine</i> TB24	4	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	2	
<i>levetiracetam</i> TB24	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	4	QL (120 caps / 30 days), PA
LYRICA CAPS 200mg	4	QL (90 caps / 30 days), PA
LYRICA CAPS 225mg, 300mg	4	QL (60 caps / 30 days), PA
LYRICA SOLN	4	QL (900 mL / 30 days), PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite tab</i>	1	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	3	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	2	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	3	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	3	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	4	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	4	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> TABS	1	
FETZIMA 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	2	
<i>maprotiline hcl</i>	3	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i>	2	
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days), PA
TRINTELLIX 10mg	4	QL (60 tabs / 30 days), PA
TRINTELLIX 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24; TABS	2	
VIIBRYD STARTER PACK	4	PA
VIIBRYD TAB	4	QL (30 tabs / 30 days), PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	1	
<i>pramipexole tab 0.25mg</i>	1	
<i>pramipexole tab 0.75mg</i>	1	
<i>pramipexole tab 0.125mg</i>	1	
<i>pramipexole tab 1.5mg</i>	1	
<i>pramipexole tab 1mg</i>	1	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	
<i>ropinirole tab 0.25mg</i>	2	
<i>ropinirole tab 1mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole tab 2mg</i>	2	
<i>ropinirole tab 3mg</i>	2	
<i>ropinirole tab 4mg</i>	2	
<i>ropinirole tab 5mg</i>	2	
<i>selegiline hcl CAPS; TABS</i>	3	
<i>trihexyphenidyl hcl</i>	3	PA; PA if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	4	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	4	PA
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	3	
<i>haloperidol lactate inj 5mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	4	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	4	QL (60 tabs / 30 days)
<i>paliperidone 1.5mg, 3mg, 9mg</i>	4	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	4	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	3	
PERSERIS	5	QL (1 injection / 30 days)
<i>pimozide</i>	4	
<i>quetiapine fumarate TABS</i>	2	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate TB24 150mg, 200mg</i>	4	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	3	QL (240 mL / 30 days)
<i>risperidone TABS</i>	2	
<i>risperidone TBDP 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone TBDP .25mg, .5mg</i>	4	QL (90 tabs / 30 days)
SAPHRIS	4	QL (60 tabs / 30 days)
<i>thioridazine hcl TABS</i>	3	
<i>thiothixene</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tbcR 10 mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbcR 20mg</i>	4	QL (90 tabs / 30 days)

### **HYPNOTICS**

HETLIOZ	5	NM, LA, PA
SILENOR	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate TABS</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

AIMOVIG	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	5	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
EMGALITY SOAJ	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine TABS</i>	4	
<i>naratriptan hcl</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	4	QL (18 injections / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan inj 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan TABS</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate CAPS</i>	1	
<i>lithium carbonate TABS</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR	3	QL (60 tabs / 30 days), PA
NUEDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	3	
<i>riluzole</i>	3	
<i>tetrabenazine 12.5mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen TABS 10mg, 20mg</i>	3	
<i>cyclobenzaprine hcl TABS 5mg, 10mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium CAPS</i>	4	
<i>tizanidine hcl TABS</i>	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil 50mg</i>	3	QL (90 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>armodafinil</i> 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 2-0.5mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	2	
<i>naloxone inj 1mg/ml</i>	2	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL INHALER	4	
NICOTROL NS	4	
VIVITROL	5	

### **ENDOCRINE AND METABOLIC**

#### **ANDROGENS**

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

#### **ANTIDIABETICS, INJECTABLE**

BASAGLAR KWIKPEN	3	
BD ALCOHOL SWABS	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
SYMLINPEN 60	5	PA
SYMLINPEN 120	5	PA
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

### **ANTIDIABETICS, ORAL**

<i>acarbose</i> TABS	3	
FARXIGA	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	2	QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	2	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
JANUMET	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
ACTONEL 5mg, 35mg, 150mg	4	
<i>alendronate sodium</i> TABS 5mg, 10mg, 35mg, 70mg	1	
<i>alendronate sodium</i> TABS 40mg	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibandronate sodium tabs</i>	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D
<i>pamidronate disodium 30mg/10ml, 90mg/10ml</i>	3	B/D
<i>pamidronate inj 30mg</i>	3	B/D
<i>pamidronate inj 90mg</i>	3	B/D
<i>risedronate sodium TABS 5mg, 35mg, 150mg</i>	4	
<i>zoledronic acid inj 5mg/100ml</i>	4	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	4	B/D, NM

### **CHELATING AGENTS**

CHEMET	4	
<i>deferasirox</i>	5	NM, PA
DEPEN TITRATABS	5	
EXJADE	5	NM, LA, PA
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	PA

### **CONTRACEPTIVES**

<i>altavera tab</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	2	
<i>caziant pak</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred tab</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol</i>	3	
ELLA	3	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	2	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gianvi tab 3-0.02mg</i>	3	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa tab 0.15-0.03 mg</i>	3	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia tab</i>	2	
<i>leena tab</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	3	
<i>levora 0.15/30-28</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah tab 0.25-35</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet &amp; eth estra</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>NUVARING</i>	4	
<i>ocella tab 3-0.03mg</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin tab</i>	3	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	3	
<i>tri-linyah</i>	2	
<i>tri-lo marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>xulane dis 150-35</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35e</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	4	
SYNAREL	5	
<b>ENZYME REPLACEMENTS</b>		
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA
NAGLAZYME	5	NM, LA, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<i>sodium phenylbutyrate</i>	5	NM, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
<i>estradiol PTWK</i>	3	
<i>estradiol TABS</i>	2	
<i>estradiol vaginal cream</i>	3	
<i>estradiol vaginal tab</i>	4	
<i>estradiol valerate inj</i>	4	
<i>fyavolv</i>	3	
<i>jinteli</i>	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
<i>yuvaferm vaginal tablet 10mcg</i>	4	
<b>GLUCOCORTICOIDS</b>		
<i>cortisone acetate TABS</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXAMETHASONE CONC	4	
<i>dexamethasone</i> ELIX; SOLN	3	
<i>dexamethasone</i> TABS	2	
<i>dexamethasone sodium phosphate</i>	2	
<i>fludrocortisone acetate</i> TABS	2	
<i>hydrocortisone</i> TABS	3	
<i>methylpr ss inj</i>	3	B/D
<i>methylpred pak 4mg</i>	2	
<i>methylpred tab 4mg</i>	3	B/D
<i>methylpred tab 8mg</i>	3	B/D
<i>methylpred tab 16mg</i>	3	B/D
<i>methylpred tab 32mg</i>	3	B/D
<i>methylprednisolone acetate</i>	2	B/D
<i>pred sod pho sol 5mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sol 15mg/5ml</i>	2	B/D
<i>prednisolone sol 25mg/5ml</i>	4	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone pak 5mg</i>	3	
<i>prednisone pak 10mg</i>	3	
<i>prednisone sol 5mg/5ml</i>	4	B/D
<i>prednisone tab 1mg</i>	1	B/D
<i>prednisone tab 2.5mg</i>	1	B/D
<i>prednisone tab 5mg</i>	1	B/D
<i>prednisone tab 10mg</i>	1	B/D
<i>prednisone tab 20mg</i>	1	B/D
<i>prednisone tab 50mg</i>	1	B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	3	
<i>calcitonin (salmon)</i>	3	B/D
<i>cinacalcet hcl</i> 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> 60mg	5	B/D, QL (60 tabs / 30 days), NM
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRELEX	5	NM, LA, PA
JYNARQUE	5	NM, LA, PA
KORLYM	5	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	5	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	5	NM, PA
LUPRON DEPOT-PED (1-MONTH)	5	NM, PA
LUPRON DEPOT-PED (3-MONTH)	5	NM, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SAMSCA	5	NM, LA, PA
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
<b>THYROID AGENTS</b>		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	3	
SYNTHROID	4	
<i>unithroid</i>	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NM

## **GASTROINTESTINAL**

### **ANTIEMETICS**

<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older

### **ANTISPASMODICS**

<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	

### **H2-RECEPTOR ANTAGONISTS**

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



Drug Name	Drug Tier	Requirements/Limits
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	3	
<i>budesonide ec</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone (enema)</i>	4	
LIALDA	4	
<i>mesalamine</i> CPDR	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine</i> SUPP	5	
<i>mesalamine</i> TBEC 1.2gm	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	2	
<i>sulfasalazine ec</i>	3	
<b>LAXATIVES</b>		
<i>constulose</i>	3	
<i>enulose</i>	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	3	
GOLYTELY	3	
<i>lactulose</i> SOLN	3	
<i>lactulose (encephalopathy)</i>	3	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
PLENVU	4	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine</i> LIQD	4	
<i>diphenoxylate w/ atropine</i> TABS	3	
GATTEX	5	NM, LA, PA
LINZESS	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS	3	
<i>misoprostol</i> TABS	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELISTOR SOLN	5	PA
<i>sucralfate</i> TABS	2	
<i>ursodiol</i> CAPS	3	
<i>ursodiol</i> TABS	4	
XIFAXAN 550mg	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON	3	
ZENPEP	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR	3	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium</i> SOLR	4	
<i>pantoprazole sodium tbec</i>	1	
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	4	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride</i> TABS	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	3	
<i>oxybutynin chloride</i> TABS	3	
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i>	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trosipium chloride</i> TABS	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

## HEMATOLOGIC

### ANTICOAGULANTS

COUMADIN	3	
ELIQUIS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 caps / 30 days)
<i>warfarin sodium</i>	1	
XARELTO 2.5mg	3	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STARTER PACK	3	QL (51 tabs / 30 days)

### HEMATOPOIETIC GROWTH FACTORS

PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO	5	NM, PA

### MISCELLANEOUS

<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN	4	
<i>tranexamic acid</i> TABS	3	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	3	

### **IMMUNOLOGIC AGENTS**

#### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA
RENFLXIS	5	NM, LA, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	5	QL (1 syringe / 28 days), NM, PA
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

#### **IMMUNOGLOBULINS**

BIVIGAM	5	NM, PA
---------	---	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA

### **IMMUNOMODULATORS**

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

### **IMMUNOSUPPRESSANTS**

<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS; SOLN	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>gengraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
PROGRAF PACK	4	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
ZORTRESS TAB 1MG	5	B/D

### **VACCINES**

ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES***

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride</i> CPCR	3	
<i>potassium chloride</i> PACK	4	
<i>potassium chloride</i> SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>sodium chloride</i> SOLN 2.5meq/ml	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
TPN ELECTROLYTES	4	B/D

#### **IV NUTRITION**

AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID 30%	4	B/D
INTRALIPID INJ 20%	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID INJ 20%	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%</i>	2	
DEXTROSE 5% /ELECTROLYTE	3	
<i>dextrose 5%/nacl 0.2%</i>	2	
DEXTROSE 5%/NAACL 0.3%	4	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose 5%/potassium chl</i>	2	
<i>dextrose 10% flex contain</i>	2	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	3	
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE P	4	
ISOLYTE S	4	
<i>kcl0.15%/d5w/nacl0.2%</i>	3	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	3	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	3	
KCL 0.15%/D5W/NACL 0.225%	4	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	3	
<i>kcl/d5w inj 0.3%</i>	2	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	3	
<i>kcl/d5w/nacl inj .15/.33%</i>	3	
<i>kcl/d5w/nacl inj .15/.45%</i>	3	
<i>kcl/nacl inj 0.3-0.9</i>	2	
<i>kcl/nacl inj 0.15%-0.9%</i>	2	
<i>lactated ringer's</i>	2	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
NORMOSOL-R IN D5W	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	3	
<i>sodium chloride 0.45%</i>	3	
<i>sodium chloride inj 0.9%</i>	3	
<b>VITAMINS</b>		
<i>calcitriol CAPS</i>	2	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
M-NATAL PLUS	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PRENATAL	3	
PRENATAL PLUS	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATAL PLUS LOW IRON	3	
RAYALDEE	5	
TRICARE	3	

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	4	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

### **ANTI-INFECTIVES**

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	3	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i>	3	
ZIRGAN	4	

### **ANTI-INFLAMMATORIES**

ALREX	3	
<i>bromfenac sodium (ophth)</i>	4	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ILEVRO	3	
<i>ketorolac tromethamine (ophth) .4%</i>	3	
<i>ketorolac tromethamine (ophth) .5%</i>	2	
LOTEMAX GEL; OINT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	1	
<i>brimonidine sol 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
RHOPRESSA	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	4	QL (60 single use vials / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

## RESPIRATORY

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

### ANTICHOLINERGICS

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	

### ANTI-HISTAMINES

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	3	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	3	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN</i>	4	
<i>levocetirizine dihydrochloride TABS</i>	2	

### BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .5%, .63mg/3ml, 1.25mg/3ml</i>	3	B/D
<i>albuterol sulfate NEBU .083%</i>	2	B/D
<i>albuterol sulfate SYRP</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate</i> TABS	4	
<i>albuterol sulfate</i> TB12	3	
<i>levalbuterol hcl</i> NEBU 1.25mg/3ml	4	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
PERFOROMIST	5	B/D
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW	2	
<i>montelukast sodium</i> PACK	4	
<i>montelukast sodium</i> TABS	1	
<i>zafirlukast</i>	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb 20mg/2ml</i>	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
NUCALA	5	NM, LA, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
THEO-24	4	
<i>theophylline</i> SOLN	4	
<i>theophylline</i> TB12 100mg, 200mg	2	
<i>theophylline</i> TB12 300mg, 450mg	4	
<i>theophylline</i> TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate (nasal)</i>	4	QL (2 inhalers / 30 days)
NASONEX	4	QL (2 inhalers / 30 days)

### **STEROID INHALANTS**

ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)

### **STEROID/BETA-AGONIST COMBINATIONS**

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

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

<i>amnesteam</i>	4	PA
<i>avita</i>	4	QL (45 grams / 30 days), PA
<i>benzoyl peroxide-erythromycin</i>	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical)</i> GEL	4	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN	3	
<i>clindamycin phosphate (topical)</i> SOLN	4	QL (60 mL / 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	QL (45 grams / 30 days), PA
<i>tretinoin</i> GEL .01%, .025%	4	QL (45 grams / 30 days), PA
<i>zenatane</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA	4	
<i>gentamicin sulfate (topical)</i> OINT	3	
<i>mupirocin</i> OINT	2	QL (220 grams / 30 days)
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> CREA	3	QL (90 grams / 30 days)
<i>ciclopirox</i> SUSP	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA	3	
<i>clotrimazole (topical)</i> SOLN	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketoconazole cream</i>	3	QL (60 grams / 30 days)
<i>nyamyc</i>	3	QL (60 grams / 30 days)
<i>nystatin (topical)</i> CREA; OINT	3	
<i>nystatin (topical)</i> POWD	3	QL (60 grams / 30 days)
<i>nystop</i>	3	QL (60 grams / 30 days)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	4	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 grams / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 grams / 30 days), PA
<i>tazarotene</i> CREA	3	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	4	QL (60 grams / 30 days), PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> 1%	1	
<i>ala-cort</i> 2.5%	2	
<i>alclometasone dipropionate</i> CREA	4	
<i>alclometasone dipropionate</i> OINT	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
<i>clobetasol propionate</i> CREA; OINT	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN	4	QL (50 mL / 30 days)
<i>desonide</i> CREA; OINT	4	QL (60 gm / 30 days)
<i>desonide</i> LOTN	4	QL (118 mL / 30 days)
ENSTILAR	4	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide</i> CREA; OINT	3	
<i>fluocinolone acetonide</i> OIL	4	
<i>fluocinolone acetonide</i> SOLN	4	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	4	
<i>fluocinonide</i> CREA .05%	4	QL (120 grams / 30 days)
<i>fluocinonide</i> GEL	4	QL (60 grams / 30 days)
<i>fluocinonide</i> OINT	4	QL (60 grams / 30 days)
<i>fluocinonide</i> SOLN	4	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	4	QL (120 grams / 30 days)
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	QL (50 grams / 30 days)
<i>hydrocortisone (topical) cream 1%</i>	1	
<i>hydrocortisone (topical) cream 2.5%</i>	2	
<i>hydrocortisone (topical) lotion 2.5%</i>	3	
<i>hydrocortisone (topical) oint 2.5%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	4	QL (45 grams / 30 days)
<i>mometasone furoate</i> CREA; OINT; SOLN	3	
TEXACORT SOLN 2.5%	4	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 grams / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<i>triamcinolone acetonide (topical)</i> OINT	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine oint 5%</i>	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>ammonium lactate CREA</i>	2	
<i>ammonium lactate LOTN</i>	3	
<i>diclofenac sodium (topical) 1% gel</i>	3	QL (1000 grams / 30 days), PA
<i>fluorouracil (topical) CREA 5%</i>	4	QL (40 grams / 30 days)
<i>fluorouracil (topical) CREA .5%</i>	5	QL (30 gm / 30 days)
<i>fluorouracil (topical) SOLN</i>	3	QL (10 mL / 30 days)
<i>imiquimod CREA 5%</i>	3	QL (24 packets / 30 days)
<i>metronidazole (topical) CREA; LOTN</i>	4	
<i>metronidazole gel 0.75%</i>	4	
PANRETIN	5	QL (60 grams / 30 days)
PICATO .05%	4	QL (2 tubes / 30 days)
PICATO .015%	4	QL (3 tubes / 30 days)
<i>podofilox SOLN</i>	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre 2.5%</i>	3	
<i>proctozone-hc</i>	3	
RECTIV	4	QL (30 grams / 30 days)
<i>rosadan cre 0.75%</i>	4	
<i>tacrolimus (topical)</i>	4	QL (100 grams / 30 days)
TARGRETIN GEL	5	QL (60 grams / 30 days), NM, PA
VALCHLOR	5	QL (60 grams / 30 days), NM, LA, PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i>	4	
<i>permethrin cre 5%</i>	3	

### **DERMATOLOGY, WOUND CARE AGENTS**

<i>acetic acid .25%</i>	2	
REGRANEX	5	QL (30 grams / 30 days), PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	

### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
CIPRODEX	3	
<i>flac</i>	4	
<i>fluocinolone acetonide (otic)</i>	4	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

## Index

A	
<i>abacavir sulfate</i> .....	11
<i>abacavir sulfate-lamivudine</i> .....	12
<i>abacavir sulfate-lamivudine-zidovudine</i>	12
ABELCET .....	10
ABILIFY MAINTENA .....	32
<i>abiraterone acetate</i> .....	18
ABRAXANE.....	17
<i>acamprosate calcium</i> .....	37
<i>acarbose</i> .....	38
<i>acebutolol hcl</i> .....	24
<i>acetaminophen w/ codeine 300-15mg</i> ...	7
<i>acetaminophen w/ codeine 300-30mg</i> ...	7
<i>acetaminophen w/ codeine 300-60mg</i> ...	7
<i>acetaminophen w/ codeine soln</i> .....	7
<i>acetazolamide</i> .....	25
<i>acetic acid</i> .....	62
<i>acetic acid (otic)</i> .....	63
<i>acetylcysteine</i> .....	58
<i>acitretin</i> .....	60
ACTHIB .....	51
ACTIMMUNE.....	51
ACTONEL.....	39
<i>acyclovir</i> .....	13
<i>acyclovir sodium</i> .....	13
ADACEL.....	51
ADCIRCA.....	26
<i>adefovir dipivoxil</i> .....	13
ADEMPAS .....	26
<i>adriamycin</i> .....	17
<i>adrucil inj</i> .....	17
ADVAIR DISKUS.....	59
ADVAIR HFA .....	59
AFINITOR .....	19
AFINITOR DISPERZ.....	19
AIMOVIG .....	35
<i>ala-cort</i> .....	60
<i>albendazole</i> .....	9
<i>albuterol sulfate</i> .....	57, 58
<i>alclometasone dipropionate</i> .....	60
ALDURAZYME.....	43
ALECENSA .....	19
<i>alendronate sodium</i> .....	39
<i>alfuzosin hcl</i> .....	48
ALIMTA .....	17
ALINIA.....	9
<i>aliskiren fumarate</i> .....	25
<i>allopurinol tab</i> .....	7
<i>alosetron hcl</i> .....	47
ALPHAGAN P SOL 0.1% .....	56
<i>alprazolam tab 0.25mg</i> .....	26
<i>alprazolam tab 0.5mg</i> .....	26
<i>alprazolam tab 1mg</i> .....	26
<i>alprazolam tab 2 mg</i> .....	26
ALREX.....	55
<i>altavera tab</i> .....	40
ALUNBRIG .....	19
<i>alyacen 1/35</i> .....	40
<i>alyq</i> .....	26
<i>amantadine hcl</i> .....	31
AMBISOME .....	10
<i>ambrisentan</i> .....	26
<i>amikacin sulfate</i> .....	9
<i>amiloride &amp; hydrochlorothiazide</i> .....	25
<i>amiloride hcl</i> .....	25
AMINOSYN II INJ 10% .....	53
AMINOSYN-PF 7% .....	53
AMINOSYN-PF INJ 10% .....	53
<i>amiodarone hcl soln</i> .....	22
<i>amiodarone tab 100mg</i> .....	22
<i>amiodarone tab 200mg</i> .....	22
<i>amiodarone tab 400mg</i> .....	22
AMITIZA CAP 24MCG .....	47
AMITIZA CAP 8MCG .....	47
<i>amitriptyline hcl</i> .....	30
<i>amlodipine besylate</i> .....	24
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i> .....	21
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i> .....	21
<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i> .....	22
<i>amlodipine besylate-valsartan tab</i> .....	22
<i>amlodipine-valsartan-hydrochlorothiazide</i> <i>tab</i> .....	22
<i>ammonium lactate</i> .....	62

<i>amnesteem</i> .....	59	<i>7.5 mg</i> .....	34
<i>amoxapine</i> .....	30	<i>amphotericin b</i> .....	10
<i>amoxicillin</i> .....	15	<i>ampicillin &amp; sulbactam sodium</i> .....	15
<i>amoxicillin &amp; pot clavulanate 200/5ml</i>		<i>ampicillin cap 500mg</i> .....	15
<i>susr</i> .....	15	<i>ampicillin inj</i> .....	15
<i>amoxicillin &amp; pot clavulanate 200-28.5</i>		<i>ampicillin sodium</i> .....	15
<i>chw tabs</i> .....	15	ANADROL-50 .....	37
<i>amoxicillin &amp; pot clavulanate 250/5ml</i>		<i>anagrelide hcl</i> .....	49
<i>susr</i> .....	15	<i>anastrozole</i> .....	18
<i>amoxicillin &amp; pot clavulanate 250-125</i>		ANDRODERM .....	37
<i>tabs</i> .....	15	ANORO ELLIPTA .....	57
<i>amoxicillin &amp; pot clavulanate 400/5ml</i>		APOKYN .....	31
<i>susr</i> .....	15	<i>aprepitant</i> .....	46
<i>amoxicillin &amp; pot clavulanate 400-57 chw</i>		<i>aprepitant pak 80mg &amp; 125mg</i> .....	46
<i>tabs</i> .....	15	<i>apri</i> .....	40
<i>amoxicillin &amp; pot clavulanate 500-125</i>		APTIOM.....	27
<i>tabs</i> .....	15	APTIVUS .....	11
<i>amoxicillin &amp; pot clavulanate 600/5ml</i>		ARALAST NP .....	58
<i>susr</i> .....	15	<i>aranelle</i> .....	40
<i>amoxicillin &amp; pot clavulanate 875-125</i>		ARCALYST.....	51
<i>tabs</i> .....	15	<i>aripiprazole odt</i> .....	32
<i>amoxicillin &amp; pot clavulanate er 12hr</i>		<i>aripiprazole oral solution 1 mg/ml</i> .....	32
<i>1000-62.5 tabs</i> .....	15	<i>aripiprazole tab</i> .....	32
<i>amphetamine-dextroamphetamine cap sr</i>		ARISTADA .....	32
<i>24hr 10 mg</i> .....	34	ARISTADA INITIO .....	32
<i>amphetamine-dextroamphetamine cap sr</i>		<i>armodafinil</i> .....	36, 37
<i>24hr 15 mg</i> .....	34	ARNUITY ELLIPTA .....	59
<i>amphetamine-dextroamphetamine cap sr</i>		<i>aspirin-dipyridamole</i> .....	50
<i>24hr 20 mg</i> .....	34	<i>atazanavir sulfate</i> .....	11
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atenolol</i> .....	24
<i>24hr 25 mg</i> .....	34	<i>atenolol &amp; chlorthalidone</i> .....	23
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atomoxetine hcl</i> .....	34
<i>24hr 30 mg</i> .....	34	<i>atorvastatin calcium</i> .....	23
<i>amphetamine-dextroamphetamine cap sr</i>		<i>atovaquone</i> .....	9
<i>24hr 5 mg</i> .....	34	<i>atovaquone-proguanil hcl</i> .....	11
<i>amphetamine-dextroamphetamine tab</i>		ATRIPLA .....	12
<i>10 mg</i> .....	34	ATROPINE SULFATE .....	56
<i>amphetamine-dextroamphetamine tab</i>		ATROVENT HFA .....	57
<i>12.5 mg</i> .....	34	<i>aubra</i> .....	40
<i>amphetamine-dextroamphetamine tab</i>		AUGMENTIN SUS 125/5ML.....	16
<i>15 mg</i> .....	34	AURYXIA .....	45
<i>amphetamine-dextroamphetamine tab</i>		AUSTEDO .....	36
<i>20 mg</i> .....	34	AVASTIN .....	17
<i>amphetamine-dextroamphetamine tab</i>		<i>aviane</i> .....	40
<i>30 mg</i> .....	34	<i>avita</i> .....	59
<i>amphetamine-dextroamphetamine tab 5</i>		<i>azacitidine</i> .....	17
<i>mg</i> .....	34	AZASITE.....	55
<i>amphetamine-dextroamphetamine tab</i>		<i>azathioprine</i> .....	51

<i>azelastine drop 0.05%</i> .....	56	BICILLIN L-A.....	16
<i>azelastine spr 0.1%</i> .....	57	BIKTARVY.....	12
<i>azelastine spr 0.15%</i> .....	57	<i>bisoprolol &amp; hydrochlorothiazide</i> .....	23
<i>azithromycin</i> .....	15	<i>bisoprolol fumarate</i> .....	24
AZOPT .....	56	BIVIGAM .....	50
<i>aztreonam</i> .....	9	BLEPHAMIDE.....	55
B		<i>blisovi fe 1.5/30</i> .....	40
<i>bacitracin (ophthalmic)</i> .....	55	BOOSTRIX.....	51
<i>bacitracin-polymyxin b (ophth)</i> .....	55	BORTEZOMIB.....	17
<i>bacitracin-poly-neomycin-hc</i> .....	55	<i>bosentan</i> .....	26
<i>baclofen</i> .....	36	BOSULIF .....	19
<i>balsalazide disodium</i> .....	47	BRAFTOVI .....	19
BALVERSA .....	19	BREO ELLIPTA.....	59
<i>balziva</i> .....	40	<i>briellyn</i> .....	40
BANZEL SUS 40MG/ML.....	27	BRILINTA .....	50
BANZEL TAB 200MG.....	27	<i>brimonidine sol 0.15%</i> .....	56
BANZEL TAB 400MG.....	27	<i>brimonidine sol 0.2%</i> .....	56
BARACLUDGE.....	13	BRIVIACT INJ 50MG/5ML.....	27
BASAGLAR KWIKPEN.....	37	BRIVIACT SOL 10MG/ML.....	27
BCG VACCINE .....	51	BRIVIACT TAB 100MG .....	27
BD ALCOHOL SWABS .....	37	BRIVIACT TAB 10MG.....	27
BD ULTRAFINE/NANO PEN NEEDLES....	37	BRIVIACT TAB 25MG.....	27
BD ULTRAFINE INSULIN SYRINGE.....	37	BRIVIACT TAB 50MG.....	27
<i>bekyree</i> .....	40	BRIVIACT TAB 75MG.....	27
<i>benazepril &amp; hydrochlorothiazide</i> .....	21	<i>bromfenac sodium (ophth)</i> .....	55
<i>benazepril hcl</i> .....	21	<i>bromocriptine mesylate</i> .....	31
BENDEKA .....	16	BROMSITE.....	55
BENLYSTA .....	51	<i>budesonide (inhalation)</i> .....	59
<i>benzoyl peroxide-erythromycin</i> .....	59	<i>budesonide ec</i> .....	47
<i>benztropine mesylate inj</i> .....	31	<i>bumetanide inj 0.25/ml</i> .....	25
<i>benztropine mesylate tab 0.5mg</i> .....	31	<i>bumetanide tab</i> .....	25
<i>benztropine mesylate tab 1mg</i> .....	31	<i>buprenorphine hcl</i> .....	37
<i>benztropine mesylate tab 2mg</i> .....	31	<i>buprenorphine hcl-naloxone hcl dihydrate</i> 12-3mg.....	37
BEPREVE .....	56	<i>buprenorphine hcl-naloxone hcl dihydrate</i> 2-0.5mg.....	37
BERINERT.....	49	<i>buprenorphine hcl-naloxone hcl dihydrate</i> 4-1mg.....	37
BESIVANCE.....	55	<i>buprenorphine hcl-naloxone hcl dihydrate</i> 8-2mg.....	37
<i>betamethasone dipropionate (topical)</i> ..	60	<i>buprenorphine hcl-naloxone hcl sl</i> .....	37
<i>betamethasone dipropionate augmented</i> .....	60, 61	<i>bupropion hcl</i> .....	30
<i>betamethasone valerate</i> .....	61	<i>bupropion hcl (smoking deterrent)</i> .....	37
BETASERON.....	36	<i>buspirone hcl</i> .....	26
<i>betaxolol hcl (ophth)</i> .....	56	<i>butorphanol tartrate</i> .....	7
<i>bethanechol chloride</i> .....	48	BYDUREON BCISE.....	38
BETOPTIC-S.....	56	BYDUREON PEN.....	38
BEVESPI AEROSPHERE .....	57	BYETTA .....	38
<i>bexarotene</i> .....	20		
BEXSERO .....	51		
<i>bicalutamide</i> .....	18		

BYSTOLIC.....	24	<i>cephalexin</i> .....	14
C		CERDELGA.....	43
<i>cabergoline</i> .....	44	CEREZYME.....	43
CABOMETYX .....	19	<i>cetirizine syrup</i> .....	57
<i>calcipotriene</i> .....	60	<i>cevimeline hcl</i> .....	62
<i>calcitonin (salmon)</i> .....	44	CHANTIX .....	37
<i>calcitrene</i> .....	60	CHANTIX CONTINUING MONTH .....	37
<i>calcitriol</i> .....	54	CHANTIX STARTER PACK .....	37
<i>calcitriol inj</i> .....	54	CHEMET .....	40
<i>calcitriol oral soln 1 mcg/ml</i> .....	54	<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>calcium acetate (phosphate binder)</i> .....	45	.....	62
CALQUENCE.....	19	<i>chloroquine phosphate</i> .....	11
<i>camila</i> .....	40	<i>chlorothiazide tabs</i> .....	25
CAPRELSA .....	19	<i>chlorpromazine hcl</i> .....	32
<i>captopril</i> .....	22	CHLORPROMAZINE INJ .....	32
<i>captopril &amp; hydrochlorothiazide</i> .....	21	<i>chlorthalidone</i> .....	25
CARBAGLU .....	43	<i>cholestyramine</i> .....	23
<i>carbamazepine</i> .....	27	<i>cholestyramine light pack</i> .....	23
<i>carbidopa/levodopa/entacapone</i> .....	31	<i>cholestyramine light powd</i> .....	23
<i>carbidopa-levodopa</i> .....	31	<i>ciclopirox</i> .....	60
<i>carboplatin</i> .....	21	<i>cilostazol</i> .....	49
<i>carteolol hcl (ophth)</i> .....	56	CILOXAN .....	55
<i>cartia xt</i> .....	24	CIMDUO .....	12
<i>carvedilol</i> .....	24	<i>cinacalcet hcl</i> .....	44
<i>caspofungin acetate</i> .....	10	CIPRODEX .....	63
CAYSTON .....	9	<i>ciprofloxacin</i> .....	15
<i>caziant pak</i> .....	40	<i>ciprofloxacin hcl (ophth)</i> .....	55
<i>cefaclor</i> .....	14	<i>ciprofloxacin hcl tab</i> .....	15
CEFACLOR ER TAB 500MG .....	14	<i>ciprofloxacin in d5w</i> .....	15
<i>cefadroxil</i> .....	14	<i>cisplatin</i> .....	21
CEFAZOLIN IN DEXTROSE		<i>citalopram hydrobromide</i> .....	30
2GM/100ML-4% .....	14	<i>claravis</i> .....	59
<i>cefazolin inj</i> .....	14	<i>clarithromycin</i> .....	15
<i>cefazolin sodium</i> .....	14	<i>clarithromycin er</i> .....	15
CEFAZOLIN SODIUM 1 GM/50ML .....	14	<i>clarithromycin for susp</i> .....	15
<i>cefdinir</i> .....	14	<i>clindamycin cap 300 mg</i> .....	9
<i>cefepime for inj</i> .....	14	<i>clindamycin cap 75mg</i> .....	9
<i>cefixime</i> .....	14	<i>clindamycin hcl cap 150 mg</i> .....	9
<i>cefoxitin for inj</i> .....	14	<i>clindamycin phosphate (topical)</i> .....	59
<i>cefpodoxime proxetil</i> .....	14	<i>clindamycin phosphate in d5w</i> .....	9
<i>cefprozil</i> .....	14	<i>clindamycin phosphate inj</i> .....	10
<i>ceftazidime</i> .....	14	CLINDAMYCIN PHOSPHATE IN NACL .....	9
CEFTAZIDIME/DEXTROSE .....	14	<i>clindamycin phosphate vaginal</i> .....	48
<i>ceftriaxone sodium</i> .....	14	<i>clindamycin soln 75mg/5ml</i> .....	10
<i>cefuroxime axetil</i> .....	14	CLINIMIX 4.25%/DEXTROSE 5% .....	53
<i>cefuroxime sodium</i> .....	14	CLINIMIX 5%/DEXTROSE 15% .....	53
<i>celecoxib</i> .....	7	CLINIMIX 5%/DEXTROSE 20% .....	53
CELONTIN .....	27	CLINIMIX INJ 4.25/D10 .....	53

<i>clobazam</i> .....	27	<i>cyclosporine</i> .....	51
<i>clobetasol propionate</i> .....	61	<i>cyclosporine modified (for</i>	
<i>clomipramine hcl</i> .....	30	<i>microemulsion)</i> .....	51
<i>clonazepam</i> .....	27	<i>cyproheptadine hcl</i> .....	57
<i>clonidine hcl</i> .....	25	<i>cyred tab</i> .....	40
<i>clonidine hcl ptwk</i> .....	25	CYSTADANE.....	43
<i>clopidogrel tab 75mg</i> .....	50	CYSTAGON .....	43
<i>clorazepate dipotassium</i> .....	27	CYSTARAN.....	56
<i>clotrimazole</i> .....	62	<i>cytarabine</i> .....	17
<i>clotrimazole (topical)</i> .....	60	D	
<i>clotrimazole w/ betamethasone</i> .....	60	<i>dalfampridine</i> .....	36
<i>clozapine odt</i> .....	32	DALIRESP .....	58
<i>clozapine tab 100mg</i> .....	32	<i>danazol</i> .....	43
<i>clozapine tab 200mg</i> .....	32	<i>dantrolene sodium</i> .....	36
<i>clozapine tab 25mg</i> .....	32	<i>dapsone</i> .....	10
<i>clozapine tab 50mg</i> .....	32	DAPTACEL .....	51
COARTEM .....	11	<i>daptomycin</i> .....	10
<i>colchicine w/ probenecid</i> .....	7	DAPTOMYCIN .....	10
COLCRYS .....	7	<i>dasetta 1/35</i> .....	40
<i>colesevelam hcl</i> .....	23	<i>dasetta 7/7/7</i> .....	40
<i>colestipol hcl gran</i> .....	23	DAURISMO .....	17
<i>colestipol hcl pack</i> .....	23	<i>deblitane</i> .....	40
<i>colestipol hcl tabs</i> .....	23	<i>deferasirox</i> .....	40
<i>colistimethate sodium</i> .....	10	DELESTROGEN .....	43
<i>colocort</i> .....	47	DELSTRIGO .....	12
COMBIGAN .....	56	<i>delyla</i> .....	40
COMBIVENT RESPIMAT.....	57	DEM SER.....	25
COMETRIQ.....	19	DEPEN TITRATABS.....	40
COMPLERA.....	12	DEPO-PROVERA INJ 400/ML.....	18
<i>compro supp</i> .....	46	DESCOVY .....	12
<i>constulose</i> .....	47	<i>desipramine hcl</i> .....	30
COPIKTRA .....	19	<i>desmopressin acetate spray</i> .....	45
CORLANOR .....	25	<i>desmopressin acetate spray refrigerated</i>	
<i>cortisone acetate</i> .....	43	.....	45
COTELLIC .....	19	<i>desmopressin acetate tabs</i> .....	46
COUMADIN .....	49	<i>desmopressin inj 4mcg/ml</i> .....	46
CREON .....	48	<i>desogestrel &amp; ethinyl estradiol</i> .....	40
CRIXIVAN.....	11	<i>desogestrel-ethinyl estradiol (biphasic)</i>	40
<i>cromolyn sodium (mastocytosis)</i> .....	47	<i>desonide</i> .....	61
<i>cromolyn sodium (ophth)</i> .....	56	<i>desvenlafaxine succinate</i> .....	30
<i>cromolyn sod neb 20mg/2ml</i> .....	58	<i>dexamethasone</i> .....	44
<i>cryselle-28</i> .....	40	DEXAMETHASONE .....	44
<i>cyclafem 1/35</i> .....	40	<i>dexamethasone sodium phosphate</i> .....	44
<i>cyclafem 7/7/7</i> .....	40	<i>dexamethasone sodium phosphate</i>	
<i>cyclobenzaprine hcl</i> .....	36	<i>(ophth)</i> .....	55
<i>cyclophosphamide</i> .....	16	DEXILANT.....	48
CYCLOPHOSPHAMIDE.....	16	<i>dexmethylphenidate hcl</i> .....	34
<i>cycloserine</i> .....	13	<i>dextrose 10%/nacl 0.45%</i> .....	54

<i>dextrose 10% flex contain</i> .....	54	<i>diltiazem cap 360mg cd</i> .....	24
DEXTROSE 10% W/ SODIUM CHLORIDE		<i>diltiazem cap er/12hr</i> .....	24
0.2% .....	54	<i>diltiazem hcl</i> .....	24
<i>dextrose 2.5%/nacl 0.45%</i> .....	53	<i>diltiazem hcl coated beads</i> .....	24
<i>dextrose 5%</i> .....	53	<i>diltiazem hcl coated beads cap sr 24hr</i>	24
DEXTROSE 5% /ELECTROLYTE .....	53	<i>diltiazem hcl extended release beads cap</i>	
<i>dextrose 5%/nacl 0.2%</i> .....	53	<i>sr</i> .....	24
<i>dextrose 5%/nacl 0.225%</i> .....	53	<i>diltiazem inj</i> .....	24
DEXTROSE 5%/NAACL 0.3% .....	53	<i>dilt-xr cap</i> .....	24
<i>dextrose 5%/nacl 0.33%</i> .....	53	<i>diphenhydramine hcl inj 50mg/ml</i> .....	57
<i>dextrose 5%/nacl 0.45%</i> .....	53	<i>diphenoxylate w/ atropine</i> .....	47
<i>dextrose 5%/nacl 0.9%</i> .....	53	DIPHTHERIA/TETANUS TOXOID .....	51
<i>dextrose 5%/potassium chl</i> .....	54	<i>disopyramide phosphate</i> .....	22
<i>dextrose 50%</i> .....	54	<i>disulfiram</i> .....	37
<i>dextrose inj 70%</i> .....	54	<i>divalproex sodium</i> .....	27, 28
<i>dextrose in lactated ringers</i> .....	54	<i>docetaxel</i> .....	17
DIASTAT ACUDIAL.....	27	DOCETAXEL .....	17
DIASTAT PEDIATRIC .....	27	<i>dofetilide</i> .....	22
<i>diazepam</i> .....	27	<i>donepezil hydrochloride</i> .....	29
<i>diazepam gel</i> .....	27	<i>dorzolamide hcl</i> .....	56
<i>diazepam inj</i> .....	27	<i>dorzolamide hcl-timolol maleate</i> .....	56
<i>diazepam intensol</i> .....	27	DOVATO.....	12
<i>diazepam oral soln 1 mg/ml</i> .....	27	<i>doxazosin mesylate</i> .....	22
<i>diclofenac potassium</i> .....	7	<i>doxepin hcl</i> .....	30
<i>diclofenac sodium</i> .....	7	<i>doxorubicin hcl</i> .....	17
<i>diclofenac sodium (ophth)</i> .....	55	<i>doxorubicin hcl liposomal</i> .....	17
<i>diclofenac sodium (topical) 1% gel</i> .....	62	<i>doxy 100</i> .....	16
<i>dicloxacillin sodium</i> .....	16	<i>doxycycline (monohydrate)</i> .....	16
<i>dicyclomine hcl cap 10mg</i> .....	46	<i>doxycycline hyclate</i> .....	16
<i>dicyclomine hcl soln 10mg/5ml</i> .....	46	<i>doxycycline hyclate 100 mg</i> .....	16
<i>dicyclomine hcl tab 20mg</i> .....	46	<i>doxycycline hyclate 20 mg</i> .....	16
<i>didanosine</i> .....	11	<i>dronabinol</i> .....	46
DIFICID .....	15	<i>drospirenone-ethinyl estradiol</i> .....	41
<i>diflunisal</i> .....	7	DROXIA.....	49
<i>digitek</i> .....	25	<i>duloxetine hcl</i> .....	30
<i>digox</i> .....	25	DUREZOL .....	55
<i>digoxin</i> .....	25	<i>dutasteride</i> .....	48
<i>digoxin inj</i> .....	25	<i>dutasteride-tamsulosin hcl</i> .....	48
<i>digoxin sol 50mcg/ml</i> .....	25	E	
<i>dihydroergotamine mesylate inj 1 mg/ml</i>		<i>e.e.s. 400</i> .....	15
.....	35	EDURANT .....	11
<i>dihydroergotamine mesylate nasal spr 4</i>		<i>efavirenz</i> .....	11
<i>mg/ml</i> .....	35	<i>eletriptan hydrobromide</i> .....	35
DILANTIN-125 SUSP .....	27	ELIQUIS .....	49
DILANTIN CAP 100MG .....	27	ELIQUIS STARTER PACK .....	49
DILANTIN CAP 30MG.....	27	ELLA .....	41
DILANTIN CHEW TAB 50MG .....	27	EMCYT .....	16
<i>diltiazem cap 240mg cd</i> .....	24	EMEND.....	46

EMGALITY .....	35	<i>estradiol</i> .....	43
<i>emoquette</i> .....	41	<i>estradiol vaginal cream</i> .....	43
EMSAM .....	30	<i>estradiol vaginal tab</i> .....	43
EMTRIVA .....	11	<i>estradiol valerate inj</i> .....	43
EMVERM .....	10	<i>ethambutol hcl</i> .....	13
<i>enalapril maleate</i> .....	22	<i>ethosuximide</i> .....	28
<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	21	<i>ethynodiol diacet &amp; eth estrad</i> .....	41
ENDARI .....	49	<i>ethynodiol tab 1-50</i> .....	41
<i>endocet 10-325mg</i> .....	8	<i>etodolac</i> .....	7
<i>endocet 2.5-325mg</i> .....	7	<i>etoposide</i> .....	21
<i>endocet 5-325mg</i> .....	7	EVOTAZ .....	13
<i>endocet 7.5-325mg</i> .....	7	<i>exemestane</i> .....	18
ENGERIX-B .....	52	EXJADE .....	40
<i>enoxaparin sodium</i> .....	49	<i>ezetimibe</i> .....	23
<i>enpresse-28</i> .....	41	<i>ezetimibe-simvastatin</i> .....	23
<i>enskyce</i> .....	41	F	
ENSTILAR .....	61	FABRAZYME .....	43
<i>entacapone</i> .....	31	<i>falmina</i> .....	41
<i>entecavir</i> .....	13	<i>famciclovir</i> .....	13
ENTRESTO .....	22	<i>famotidine</i> .....	46
<i>enulose</i> .....	47	<i>famotidine inj</i> .....	46
EPCLUSA .....	13	<i>famotidine in nacl</i> .....	46
EPIDIOLEX .....	28	FANAPT .....	32
<i>epinephrine (anaphylaxis)</i> .....	58	FANAPT TITRATION PACK .....	32
<i>epirubicin hcl</i> .....	17	FARXIGA .....	38
<i>epitol</i> .....	28	FARYDAK .....	17
EPIVIR HBV .....	13	FASLODEX .....	18
<i>eplerenone</i> .....	22	<i>felbamate</i> .....	28
<i>ergotamine w/ caffeine</i> .....	35	<i>felodipine</i> .....	24
ERIVEDGE .....	17	<i>femynor</i> .....	41
ERLEADA .....	18	<i>fenofibrate</i> .....	23
<i>erlotinib hcl</i> .....	19	<i>fenofibrate micronized</i> .....	23
<i>errin</i> .....	41	<i>fentanyl citrate</i> .....	8
<i>ertapenem sodium</i> .....	10	<i>fentanyl patch 100 mcg/hr</i> .....	8
<i>ery pad 2%</i> .....	59	<i>fentanyl patch 12 mcg/hr</i> .....	8
<i>ery-tab</i> .....	15	<i>fentanyl patch 25 mcg/hr</i> .....	8
ERYTHROCIN LACTOBIONATE .....	15	<i>fentanyl patch 50 mcg/hr</i> .....	8
<i>erythrocin stearate</i> .....	15	<i>fentanyl patch 75 mcg/hr</i> .....	8
<i>erythromycin (acne aid)</i> .....	59	FETZIMA .....	30
<i>erythromycin (ophth)</i> .....	55	FETZIMA TITRATION PACK .....	30
<i>erythromycin base</i> .....	15	FIASP .....	38
<i>erythromycin cap 250mg ec</i> .....	15	FIASP FLEXTOUCH .....	38
<i>erythromycin ethylsuccinate</i> .....	15	<i>finasteride</i> .....	48
ESBRIET .....	58	FIRAZYR .....	49
<i>escitalopram oxalate</i> .....	30	<i>flac</i> .....	63
<i>esomeprazole magnesium</i> .....	48	<i>flecainide acetate</i> .....	22
<i>estarylla tab 0.25-35</i> .....	41	FLOVENT DISKUS .....	59
		FLOVENT HFA .....	59



<i>fluconazole</i> .....	10	GAMMAPLEX 10GM/100ML .....	51
<i>fluconazole inj nacl 200</i> .....	11	GAMUNEX-C .....	51
<i>fluconazole inj nacl 400</i> .....	11	<i>ganciclovir sodium</i> .....	13
<i>flucytosine</i> .....	11	GARDASIL 9 .....	52
<i>fludrocortisone acetate</i> .....	44	<i>gatifloxacin (ophth)</i> .....	55
<i>flunisolide (nasal)</i> .....	58	GATTEX.....	47
<i>fluocinolone acetonide</i> .....	61	GAUZE PADS 2.....	38
<i>fluocinolone acetonide (otic)</i> .....	63	<i>gavilyte-c</i> .....	47
<i>fluocinolone acetonide oil body</i> .....	61	<i>gavilyte-g</i> .....	47
<i>fluocinonide</i> .....	61	<i>gavilyte-n/ flavor pack</i> .....	47
<i>fluocinonide emulsified base</i> .....	61	<i>gemcitabine inj soln</i> .....	17
<i>fluorometholone</i> .....	55	<i>gemcitabine inj solr</i> .....	17
<i>fluorouracil</i> .....	17	<i>gemfibrozil</i> .....	23
<i>fluorouracil (topical)</i> .....	62	<i>generlac</i> .....	47
<i>fluoxetine cap 10mg</i> .....	30	<i>gengraf</i> .....	51
<i>fluoxetine cap 20mg</i> .....	30	GENOTROPIN .....	44
<i>fluoxetine cap 40mg</i> .....	30	GENOTROPIN MINIQUICK .....	44
<i>fluoxetine hcl</i> .....	30	<i>gentak</i> .....	55
<i>fluphenazine decanoate</i> .....	32	<i>gentamicin in saline</i> .....	9
<i>fluphenazine hcl</i> .....	32	<i>gentamicin sulfate</i> .....	9
<i>flurbiprofen</i> .....	7	<i>gentamicin sulfate (topical)</i> .....	60
<i>flurbiprofen sodium</i> .....	55	<i>gentamicin sulfate soln (ophth)</i> .....	55
<i>flutamide</i> .....	18	GENVOYA .....	13
<i>fluticasone propionate</i> .....	61	GEODON .....	32
<i>fluticasone propionate (nasal)</i> .....	58	<i>gianvi tab 3-0.02mg</i> .....	41
<i>fluvoxamine maleate</i> .....	27	GILENYA .....	36
<i>fondaparinux sodium</i> .....	49	GILOTRIF TAB 20MG .....	19
FORTEO .....	44	GILOTRIF TAB 30MG .....	19
<i>fosamprenavir tab 700 mg</i> .....	11	GILOTRIF TAB 40MG .....	19
<i>fosinopril sodium</i> .....	22	<i>glatiramer acetate 20mg/ml</i> .....	36
<i>fosinopril sodium &amp; hydrochlorothiazide</i> .....	21	<i>glatiramer acetate 40mg/ml</i> .....	36
FREAMINE HBC 6.9% .....	53	<i>glatopa</i> .....	36
FREAMINE III .....	53	GLEOSTINE .....	16, 17
<i>furosemide</i> .....	25	<i>glimepiride</i> .....	38
<i>furosemide inj</i> .....	25	<i>glip/metform tab 2.5-250mg</i> .....	38
FUZEON .....	11	<i>glip/metform tab 2.5-500mg</i> .....	38
<i>fyavolv</i> .....	43	<i>glip/metform tab 5-500mg</i> .....	38
FYCOMPA .....	28	<i>glipizide</i> .....	38, 39
G		<i>glipizide xl</i> .....	39
<i>gabapentin</i> .....	28	GLUCAGEN HYPOKIT .....	44
<i>galantamine hydrobromide</i> .....	29	GLUCAGON EMERGENCY KIT .....	44
<i>galantamine hydrobromide er</i> .....	29	<i>glycopyrrolate tab 1mg</i> .....	46
GAMASTAN S/D.....	51	<i>glycopyrrolate tab 2mg</i> .....	46
GAMMAGARD LIQUID .....	51	<i>glydo</i> .....	61
GAMMAGARD S/D .....	51	GOLYTELY .....	47
GAMMAKED .....	51	<i>granisetron hcl</i> .....	46
GAMMAPLEX .....	51	<i>griseofulvin microsize</i> .....	11
		<i>griseofulvin ultramicrosize</i> .....	11

<i>guanfacine er (adhd)</i> .....	35	<i>hydrocortisone butyrate cream 0.1%</i> ..	61
H		<i>hydrocortisone butyrate oint 0.1%</i> .....	61
HAEGARDA .....	49	<i>hydromorphone hcl</i> .....	8
<i>halobetasol propionate</i> .....	61	<i>hydroxychloroquine sulfate</i> .....	50
<i>haloperidol</i> .....	32	<i>hydroxyurea</i> .....	21
<i>haloperidol conc 2mg/ml</i> .....	32	<i>hydroxyzine hcl</i> .....	57
<i>haloperidol decanoate</i> .....	32	<i>hydroxyzine hcl inj</i> .....	57
<i>haloperidol lactate inj 5mg/ml</i> .....	32	<i>hydroxyzine pamoate</i> .....	57
HARVONI.....	13	HYSINGLA ER .....	8
HAVRIX.....	52	I	
<i>heather</i> .....	41	<i>ibandronate sodium tabs</i> .....	40
<i>heparin sod (porcine) in d5w</i> .....	49	IBRANCE .....	17
<i>heparin sod inj 1000/ml</i> .....	49	<i>ibuprofen</i> .....	7
<i>heparin sod inj 10000/ml</i> .....	49	<i>ibu tab 600mg</i> .....	7
<i>heparin sod inj 20000/ml</i> .....	49	<i>ibu tab 800mg</i> .....	7
<i>heparin sod inj 5000/ml</i> .....	49	ICLUSIG .....	19
HEPARIN SODIUM/NACL 0.45%.....	49	IDHIFA.....	18
<i>hepatamine</i> .....	53	ILEVRO .....	56
HERCEPTIN .....	17	<i>imatinib mesylate</i> .....	19, 20
HERCEPTIN HYLECTA .....	17	IMBRUVICA.....	20
HETLIOZ .....	35	<i>imipenem-cilastatin</i> .....	10
HIBERIX.....	52	<i>imipramine hcl</i> .....	30
HUMIRA .....	50	<i>imiquimod</i> .....	62
HUMIRA INJ 10MG/0.2ML .....	50	IMOVAX RABIES (H.D.C.V.) .....	52
HUMIRA KIT 20MG/0.4ML .....	50	<i>incassia</i> .....	41
HUMIRA KIT 40MG/0.8ML .....	50	INCRELEX.....	45
HUMIRA PEDIATRIC CROHNS DISEASE	50	INCRUSE ELLIPTA.....	57
HUMIRA PEN .....	50	<i>indapamide</i> .....	25
HUMIRA PEN CD/UC/HS STARTER.....	50	INFANRIX .....	52
HUMIRA PEN INJ CD/UC/HS STARTER	50	INLYTA.....	20
HUMIRA PEN INJ PS/UV STARTER .....	50	INSULIN PEN NEEDLE .....	38
HUMIRA PEN-PS/UV STARTER .....	50	INSULIN SAFETY NEEDLES.....	38
HUMULIN R INJ U-500.....	38	INSULIN SYRINGE .....	38
HUMULIN R U-500 KWIKPEN .....	38	INTELENCE .....	11
<i>hydralazine hcl</i> .....	25	INTRALIPID 30% .....	53
<i>hydrochlorothiazide</i> .....	25	INTRALIPID INJ 20% .....	53
<i>hydroco/apap tab 10-325mg</i> .....	8	INTRON-A INJ 10MU .....	51
<i>hydroco/apap tab 5-325mg</i> .....	8	INTRON-A INJ 18MU .....	51
<i>hydroco/apap tab 7.5-325</i> .....	8	INTRON-A INJ 25MU .....	51
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRON-A INJ 50MU .....	51
<i>mg/15ml</i> .....	8	<i>introvale</i> .....	41
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .	8	INVEGA SUST INJ 117 MG/0.75 ML .....	32
<i>hydrocortisone</i> .....	44	INVEGA SUST INJ 156MG/ML .....	33
<i>hydrocortisone (enema)</i> .....	47	INVEGA SUST INJ 234 MG/1.5 ML.....	33
<i>hydrocortisone (topical) cream 1%</i> .....	61	INVEGA SUST INJ 39 MG/0.25 ML.....	32
<i>hydrocortisone (topical) cream 2.5%</i> .....	61	INVEGA SUST INJ 78 MG/0.5 ML .....	32
<i>hydrocortisone (topical) lotion 2.5%</i> .....	61	INVEGA TRINZA .....	33
<i>hydrocortisone (topical) oint 2.5%</i> .....	61	INVIRASE .....	11

IONOSOL-MB/DEXTROSE 5% .....	54	<i>junel fe 1.5/30</i> .....	41
IPOL INACTIVATED IPV .....	52	JUXTAPID .....	23
<i>ipratropium-albuterol nebu</i> .....	57	JYNARQUE .....	45
<i>ipratropium bromide</i> .....	57	K	
<i>ipratropium bromide (nasal)</i> .....	57	KADCYLA.....	18
<i>irbesartan</i> .....	22	KALETRA TAB 100-25MG .....	13
<i>irbesartan-hydrochlorothiazide</i> .....	22	KALETRA TAB 200-50MG .....	13
IRESSA .....	20	KALYDECO.....	58
<i>irinotecan hcl</i> .....	21	<i>kariva</i> .....	41
ISENTRESS.....	11	<i>kcl/d5w/nacl inj .15/.33%</i> .....	54
ISENTRESS HD.....	12	<i>kcl/d5w/nacl inj .15/.45%</i> .....	54
<i>isibloom</i> .....	41	<i>kcl/d5w/nacl inj 0.22%/0.45%</i> .....	54
ISOLYTE P .....	54	<i>kcl/d5w inj 0.3%</i> .....	54
ISOLYTE S .....	54	<i>kcl/nacl inj 0.15%-0.9%</i> .....	54
<i>isoniazid</i> .....	13	<i>kcl/nacl inj 0.3-0.9</i> .....	54
<i>isoniazid syp 50mg/5ml</i> .....	13	<i>kcl 0.075%/d5w/nacl 0.45%</i> .....	54
<i>isosorbide dinitrate</i> .....	26	<i>kcl0.15%/d5w/nacl0.2%</i> .....	54
<i>isosorbide dinitrate er</i> .....	26	KCL 0.15%/D5W/NACL 0.225%.....	54
<i>isosorbide mononitrate er</i> .....	26	<i>kcl 0.15%/d5w/nacl 0.9%</i> .....	54
<i>isosorb mononitrate tab</i> .....	26	<i>kcl 0.3%/d5w/nacl 0.45%</i> .....	54
<i>isotretinoin</i> .....	59	KCL 0.3%/D5W/NACL 0.9% .....	54
<i>isradipine</i> .....	24	<i>kelnor 1/35</i> .....	41
<i>itraconazole</i> .....	11	<i>kelnor 1/50</i> .....	41
<i>ivermectin</i> .....	10	<i>ketoconazole</i> .....	11
IXIARO .....	52	<i>ketoconazole cream</i> .....	60
J		<i>ketoconazole shampoo</i> .....	60
JADENU.....	40	<i>ketorolac tromethamine (ophth)</i> .....	56
JADENU SPRINKLE.....	40	KEYTRUDA.....	18
JAKAFI .....	20	KINRIX.....	52
<i>jantoven</i> .....	49	<i>kionex sus 15gm/60ml</i> .....	40
JANUMET.....	39	KISQALI .....	18
JANUMET XR TAB 100-1000 .....	39	KISQALI FEMARA 200 DOSE.....	18
JANUMET XR TAB 50-1000.....	39	KISQALI FEMARA 400 DOSE.....	18
JANUMET XR TAB 50-500MG .....	39	KISQALI FEMARA 600 DOSE.....	18
JANUVIA.....	39	<i>klor-con 10</i> .....	52
JARDIANCE.....	39	<i>klor-con 8</i> .....	52
<i>jasmiel</i> .....	41	<i>klor-con m10</i> .....	52
JENTADUETO .....	39	<i>klor-con m15</i> .....	52
JENTADUETO TAB XR 2.5-1000 MG .....	39	<i>klor-con m20</i> .....	52
JENTADUETO TAB XR 5-1000 MG.....	39	<i>klor-con pak 20meq</i> .....	52
<i>jinteli</i> .....	43	<i>klor-con spr cap 10meq</i> .....	52
<i>jolessa tab 0.15-0.03 mg</i> .....	41	<i>klor-con spr cap 8meq</i> .....	52
<i>jolivette</i> .....	41	KORLYM .....	45
<i>juleber</i> .....	41	<i>kurvelo</i> .....	41
JULUCA .....	13	KUVAN .....	43
<i>junel 1/20</i> .....	41	L	
<i>junel 1.5/30</i> .....	41	<i>labetalol hcl</i> .....	24
<i>junel fe 1/20</i> .....	41	<i>lactated ringer's</i> .....	54

<i>lactulose</i> .....	47	<i>levonorgestrel &amp; eth estradiol</i> .....	41
<i>lactulose (encephalopathy)</i> .....	47	<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>lamivudine</i> .....	12	.....	41
<i>lamivudine (hbv)</i> .....	13	<i>levora 0.15/30-28</i> .....	41
<i>lamivudine-zidovudine</i> .....	13	<i>levo-t</i> .....	45
<i>lamotrigine</i> .....	28	<i>levothyroxine sodium</i> .....	45
<i>lansoprazole</i> .....	48	<i>levoxyl</i> .....	45
<i>larin 1/20</i> .....	41	LEXIVA.....	12
<i>larin 1.5/30</i> .....	41	LIALDA.....	47
<i>larin fe 1/20</i> .....	41	<i>lidocaine</i> .....	61
<i>larin fe 1.5/30</i> .....	41	<i>lidocaine hcl</i> .....	61
<i>larissia tab</i> .....	41	<i>lidocaine hcl (local anesth.)</i> .....	9
LASTACAFIT.....	56	<i>lidocaine hcl (mouth-throat)</i> .....	63
<i>latanoprost</i> .....	56	<i>lidocaine inj 0.5%</i> .....	9
LATUDA.....	33	<i>lidocaine inj 1.5% preservative free (pf)</i>	9
<i>leena tab</i> .....	41	<i>lidocaine inj 1%</i> .....	9
<i>leflunomide</i> .....	50	<i>lidocaine oint 5%</i> .....	62
LENVIMA 10 MG DAILY DOSE .....	20	<i>lidocaine-prilocaine</i> .....	62
LENVIMA 12MG DAILY DOSE .....	20	<i>linezolid inj</i> .....	10
LENVIMA 14 MG DAILY DOSE .....	20	<i>linezolid in sodium chloride</i> .....	10
LENVIMA 18 MG DAILY DOSE .....	20	<i>linezolid susp</i> .....	10
LENVIMA 20 MG DAILY DOSE .....	20	<i>linezolid tab 600mg</i> .....	10
LENVIMA 24 MG DAILY DOSE .....	20	LINZESS.....	47
LENVIMA 4 MG DAILY DOSE.....	20	<i>liothyronine sodium</i> .....	45
LENVIMA 8 MG DAILY DOSE.....	20	<i>lisinopril</i> .....	22
<i>lessina</i> .....	41	<i>lisinopril &amp; hydrochlorothiazide</i> .....	21
<i>letrozole</i> .....	18	<i>lithium carbonate</i> .....	36
<i>leucovorin calcium</i> .....	21	<i>lithium carbonate er</i> .....	36
LEUKERAN.....	17	LITHIUM SOLN 8MEQ/5ML .....	36
<i>leuprolide inj 1mg/0.2</i> .....	18	LONSURF .....	21
<i>levabuterol hcl</i> .....	58	<i>loperamide hcl</i> .....	47
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>lopinavir-ritonavir</i> .....	13
<i>mg/0.5ml</i> .....	58	<i>lorazepam</i> .....	27
<i>levabuterol tartrate hfa</i> .....	58	<i>lorazepam intensol</i> .....	27
LEVEMIR .....	38	LORBRENA.....	20
LEVEMIR FLEXTOUCH.....	38	<i>lorcet hd tab 10-325mg</i> .....	8
<i>levetiracetam</i> .....	28	<i>lorcet plus tab 7.5-325</i> .....	8
<i>levetiracetam in sodium chloride</i> .....	28	<i>lorcet tab 5-325mg</i> .....	8
<i>levetiracetam oral soln 100 mg/ml</i> .....	28	<i>loryna</i> .....	41
<i>levobunolol hcl</i> .....	56	<i>losartan-hydrochlorothiazide</i> .....	22
<i>levocarnitine (metabolic modifiers)</i> ....	43	<i>losartan potassium</i> .....	22
<i>levocetirizine dihydrochloride</i> .....	57	LOTEMAX .....	56
<i>levofloxacin</i> .....	15	<i>loteprednol etabonate</i> .....	56
<i>levofloxacin in d5w</i> .....	15	<i>lovastatin</i> .....	23
<i>levofloxacin inj 25mg/ml</i> .....	15	<i>low-ogestrel</i> .....	41
<i>levofloxacin oral soln 25 mg/ml</i> .....	15	<i>loxapine succinate</i> .....	33
<i>levonest</i> .....	41	LUMIGAN.....	56
<i>levonor/ethi tab</i> .....	41	LUMIZYME .....	43

LUPRON DEPOT (1-MONTH) .....	18	<i>metadate er tab 20mg</i> .....	35
LUPRON DEPOT INJ 11.25MG (3-MONTH)		<i>metformin er</i> .....	39
.....	18	<i>metformin hcl</i> .....	39
LUPRON DEPOT-PED (1-MONTH).....	45	<i>methadone hcl</i> .....	8
LUPRON DEPOT-PED (3-MONTH).....	45	<i>methadone hcl 10mg</i> .....	8
LUPRON DEP-PED INJ 11.25MG		<i>methadone hcl 5mg</i> .....	8
(3-MONTH) .....	45	<i>methadone hcl intensol</i> .....	8
LUPRON DEP-PED INJ 7.5MG.....	45	<i>methazolamide</i> .....	25
<i>lutra</i> .....	41	<i>methenamine hippurate</i> .....	10
LYNPARZA .....	18	<i>methimazole</i> .....	45
LYRICA.....	28	<i>methotrexate sodium inj soln</i> .....	17
LYRICA CR.....	36	<i>methotrexate sodium inj solr</i> .....	17
LYSODREN.....	18	<i>methotrexate sodium tabs</i> .....	50
<i>lyza</i> .....	41	<i>methylphenidate hcl</i> .....	35
M		<i>methylphenidate hcl oral soln</i> .....	35
<i>magnesium sulfate</i> .....	53	<i>methylphenidate hcl tbc 10 mg</i> .....	35
MAGNESIUM SULFATE .....	52	<i>methylphenidate hcl tbc 20mg</i> .....	35
MAGNESIUM SULFATE IN D5W .....	53	<i>methylprednisolone acetate</i> .....	44
<i>magnesium sulfate in dextrose</i> .....	53	<i>methylpred pak 4mg</i> .....	44
<i>magnesium sulfate inj 50%</i> .....	53	<i>methylpred tab 16mg</i> .....	44
<i>malathion</i> .....	62	<i>methylpred tab 32mg</i> .....	44
<i>maprotiline hcl</i> .....	30	<i>methylpred tab 4mg</i> .....	44
<i>marlissa</i> .....	41	<i>methylpred tab 8mg</i> .....	44
MARPLAN TAB 10MG .....	30	<i>methylpr ss inj</i> .....	44
MATULANE.....	21	<i>metoclopramide hcl</i> .....	46
MAVYRET.....	14	<i>metoclopramide hcl inj</i> .....	46
<i>meclizine hcl</i> .....	46	<i>metolazone</i> .....	25
<i>medroxyprogesterone acetate</i>		<i>metoprolol &amp; hydrochlorothiazide</i> .....	23
(contraceptive).....	42	<i>metoprolol succinate</i> .....	24
<i>medroxyprogesterone acetate tab</i> .....	45	<i>metoprolol tartrate</i> .....	24
<i>mefloquine hcl</i> .....	11	<i>metronidazole</i> .....	10
<i>megestrol ac sus 40mg/ml</i> .....	18	<i>metronidazole (topical)</i> .....	62
<i>megestrol ac tab 20mg</i> .....	18	<i>metronidazole gel 0.75%</i> .....	62
<i>megestrol ac tab 40mg</i> .....	18	<i>metronidazole in nacl</i> .....	10
<i>megestrol sus 625mg/5ml</i> .....	18	<i>metronidazole vaginal</i> .....	48
MEKINIST.....	20	<i>microgestin 1/20</i> .....	42
MEKTOVI.....	20	<i>microgestin 1.5/30</i> .....	42
<i>meloxicam</i> .....	7	<i>microgestin fe 1/20</i> .....	42
<i>memantine hcl cp24</i> .....	29	<i>microgestin fe 1.5/30</i> .....	42
<i>memantine soln</i> .....	29	<i>midodrine hcl</i> .....	25
<i>memantine tabs</i> .....	29	<i>miglustat</i> .....	43
MENACTRA .....	52	<i>mili</i> .....	42
MENVEO.....	52	<i>minitran</i> .....	26
<i>mercaptopurine</i> .....	17	<i>minocycline hcl</i> .....	16
<i>meropenem</i> .....	10	<i>minoxidil</i> .....	25
<i>mesalamine</i> .....	47	<i>mirtazapine</i> .....	30
<i>mesalamine w/ cleanser</i> .....	47	<i>misoprostol</i> .....	47
MESNEX .....	21	MITIGARE .....	7

M-M-R II .....	52	NATPARA.....	45
M-NATAL PLUS .....	54	NEBUPENT.....	10
<i>moexipril hcl</i> .....	22	<i>necon 0.5/35-28</i> .....	42
<i>molindone hcl</i> .....	33	<i>nefazodone hcl</i> .....	30
<i>mometasone furoate</i> .....	61	<i>neomycin-bacitracin zn-polymyxin</i> .....	55
<i>mometasone furoate (nasal)</i> .....	59	<i>neomycin-polymy-dexameth</i> .....	55
<i>mondoxyne nl cap 100mg</i> .....	16	<i>neomycin-polymyxin-gramicidin</i> .....	55
<i>mono-linyah tab 0.25-35</i> .....	42	<i>neomycin-polymyxin-hc (ophth)</i> .....	55
<i>montelukast sodium</i> .....	58	<i>neomycin-polymyxin-hc (otic)</i> .....	63
<i>morgidox cap 1x50mg</i> .....	16	<i>neomycin sulfate</i> .....	9
<i>morphine ext-rel tab</i> .....	8	NEPHRAMINE .....	53
<i>morphine sulfate</i> .....	8	NERLYNX.....	20
MORPHINE SULFATE .....	8	NEUPRO .....	31
<i>morphine sulfate oral soln 100mg/5ml</i> ..	9	<i>nevirapine susp 50 mg/5ml</i> .....	12
<i>morphine sulfate oral soln 10mg/5ml</i> ....	9	<i>nevirapine tab 100mg er</i> .....	12
<i>morphine sulfate oral soln 20mg/5ml</i> ....	9	<i>nevirapine tab 200mg</i> .....	12
<i>morphine sul inj 10mg/ml</i> .....	8	<i>nevirapine tab 400mg er</i> .....	12
<i>morphine sul inj 1mg/ml</i> .....	8	NEXAVAR .....	20
MORPHINE SUL INJ 4MG/ML .....	8	<i>niacin er (antihyperlipidemic)</i> .....	23
MOVANTIK.....	47	<i>niacor</i> .....	23
MOXEZA.....	55	<i>nicardipine hcl</i> .....	24
<i>moxifloxacin hcl (ophth)</i> .....	55	NICOTROL INHALER.....	37
MULTAQ .....	22	NICOTROL NS .....	37
<i>mupirocin</i> .....	60	<i>nifedipine</i> .....	24
MYCAMINE.....	11	<i>nifedipine er</i> .....	24
<i>mycophenolate mofetil</i> .....	51	<i>nikki</i> .....	42
<i>mycophenolate sodium tbec</i> .....	51	<i>nilutamide</i> .....	18
<i>myorisan</i> .....	59	<i>nimodipine</i> .....	24
MYRBETRIQ .....	48	NINLARO.....	18
N		NITRO-BID .....	26
<i>nabumetone</i> .....	7	NITRO-DUR DIS 0.3MG/HR .....	26
<i>nadolol</i> .....	24	NITRO-DUR DIS 0.8MG/HR .....	26
<i>nafcillin sodium for inj</i> .....	16	<i>nitrofurantoin macrocrystal</i> .....	10
NAFCILLIN SODIUM FOR INJ 10GM .....	16	<i>nitrofurantoin monohyd macro</i> .....	10
NAGLAZYME.....	43	<i>nitroglycerin</i> .....	26
<i>nalbuphine hcl</i> .....	7	<i>nitroglycerin td patch</i> .....	26
<i>naloxone inj 0.4mg/ml</i> .....	37	NITYR .....	43
<i>naloxone inj 1mg/ml</i> .....	37	<i>nora-be tab 0.35mg</i> .....	42
<i>naltrexone hcl</i> .....	37	<i>norethindrone (contraceptive)</i> .....	42
NAMZARIC.....	29	<i>norethindrone acet &amp; eth estra</i> .....	42
<i>naproxen</i> .....	7	<i>norethindrone acetate</i> .....	45
<i>naproxen dr</i> .....	7	<i>norethindrone acetate-ethinyl estradiol</i> 43	
<i>naproxen sodium</i> .....	7	<i>norgest/ethi tab 0.25/35</i> .....	42
<i>naratriptan hcl</i> .....	35	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
NARCAN .....	37	<i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	42
NASONEX .....	59	<i>norgestimate-ethinyl estradiol (triphasic)</i>	
NATACYN .....	55	<i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	42
<i>nateglinide</i> .....	39	<i>norlyroc</i> .....	42

NORMOSOL-M IN D5W .....	54
NORMOSOL-R .....	54
NORMOSOL-R IN D5W.....	54
NORPACE CR.....	22
NORTHERA .....	26
<i>nortrel 0.5/35 (28)</i> .....	42
<i>nortrel 1/35</i> .....	42
<i>nortrel 7/7/7</i> .....	42
<i>nortriptyline hcl</i> .....	30
NORVIR PACK .....	12
NORVIR SOLN .....	12
NOVOLIN 70/30 .....	38
NOVOLIN 70/30 FLEXPEN .....	38
NOVOLIN N.....	38
NOVOLIN R.....	38
NOVOLOG.....	38
NOVOLOG 70/30 FLEXPEN .....	38
NOVOLOG FLEXPEN .....	38
NOVOLOG MIX 70/30 .....	38
NOVOLOG PENFILL .....	38
NOXAFIL .....	11
NUCALA .....	58
NUCYNTA ER .....	9
NUDEXTA.....	36
NULOJIX.....	51
NULYTELY/FLAVOR PACKS .....	47
NUPLAZID CAPS .....	33
NUPLAZID TABS 10MG .....	33
NUTRILIPID INJ 20% .....	53
NUVARING.....	42
<i>nyamyc</i> .....	60
NYMALIZE .....	24
<i>nystatin</i> .....	11
<i>nystatin (mouth-throat)</i> .....	63
<i>nystatin (topical)</i> .....	60
<i>nystop</i> .....	60
O	
<i>ocella tab 3-0.03mg</i> .....	42
OCTAGAM.....	51
<i>octreotide acetate</i> .....	45
ODEFSEY.....	13
ODOMZO .....	18
OFEV .....	58
<i>ofloxacin (ophth)</i> .....	55
<i>ofloxacin (otic)</i> .....	63
<i>olanzapine</i> .....	33
<i>olmesartan medoxomil</i> .....	22
<i>olmesartan</i>	

<i>medoxomil-amlodipine-hydrochlorothiazide</i> .....	22
<i>olmesartan</i>	
<i>medoxomil-hydrochlorothiazide</i> .....	22
<i>olopatadine hcl 0.2%</i> .....	56
<i>omeprazole cap 10mg</i> .....	48
<i>omeprazole cap 20mg</i> .....	48
<i>omeprazole cap 40mg</i> .....	48
<i>ondansetron hcl</i> .....	46
<i>ondansetron hcl inj</i> .....	46
<i>ondansetron hcl oral soln</i> .....	46
<i>ondansetron odt</i> .....	46
OPSUMIT.....	26
ORFADIN.....	43
ORKAMBI .....	58
<i>orsythia</i> .....	42
<i>oseltamivir phosphate</i> .....	14
<i>oxacillin sodium</i> .....	16
<i>oxaliplatin inj 100mg</i> .....	21
<i>oxaliplatin inj 100mg/20ml</i> .....	21
<i>oxaliplatin inj 50mg</i> .....	21
<i>oxaliplatin inj 50mg/10ml</i> .....	21
<i>oxandrolone tab 10mg</i> .....	37
<i>oxandrolone tab 2.5mg</i> .....	37
<i>oxcarbazepine</i> .....	28
<i>oxybutynin chloride</i> .....	48
<i>oxycodone hcl</i> .....	9
<i>oxycodone w/ acetaminophen 10-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 2.5-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 5-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 7.5-325mg</i> .....	9
OZEMPIC INJ 0.25 OR 0.5MG/DOSE ....	38
OZEMPIC INJ 1MG/DOSE .....	38
P	
<i>pacerone</i> .....	23
<i>paclitaxel</i> .....	17
<i>paliperidone</i> .....	33
<i>pamidronate disodium</i> .....	40
PAMIDRONATE DISODIUM .....	40
<i>pamidronate inj 30mg</i> .....	40
<i>pamidronate inj 90mg</i> .....	40
PANRETIN .....	62
<i>pantoprazole sodium</i> .....	48
<i>pantoprazole sodium tbec</i> .....	48
PANZYGA .....	51

<i>paricalcitol</i> .....	54	<i>pilocarpine hcl</i> .....	56
<i>paroex sol 0.12%</i> .....	63	<i>pilocarpine hcl (oral)</i> .....	63
<i>paromomycin sulfate</i> .....	9	<i>pimozide</i> .....	33
<i>paroxetine hcl tabs</i> .....	30	<i>pimtrea</i> .....	42
PASER D/R .....	13	<i>pindolol</i> .....	24
PAXIL.....	30	<i>pioglitazone hcl</i> .....	39
PAZEO .....	56	PIPER/TAZOBA INJ 12-1.5GM.....	16
PEDIARIX .....	52	<i>piper/tazoba inj 2-0.25gm</i> .....	16
PEDVAX HIB .....	52	<i>piper/tazoba inj 3-0.375gm</i> .....	16
<i>peg 3350/electrolytes</i> .....	47	<i>piper/tazoba inj 36-4.5gm</i> .....	16
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> .....	47	<i>piper/tazoba inj 4-0.5gm</i> .....	16
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> .....	47	PIQRAY 200MG DAILY DOSE .....	20
PEGANONE .....	28	PIQRAY 250MG DAILY DOSE .....	20
PEGASYS.....	14	PIQRAY 300MG DAILY DOSE .....	20
PEGASYS PROCLICK.....	14	<i>pirmella 1/35</i> .....	42
PENICILLIN G POT IN DEXTROSE 2MU.16		<i>piroxicam</i> .....	7
PENICILLIN G POT IN DEXTROSE 3MU.16		PLASMA-LYTE-148 .....	54
PENICILLIN G PROCAINE .....	16	PLASMA-LYTE A.....	54
<i>penicillin g sodium</i> .....	16	PLENVU.....	47
<i>penicillin v potassium</i> .....	16	PNV FOLIC ACID + IRON MUL .....	54
<i>penicilln gk inj 20mu</i> .....	16	<i>podofilox</i> .....	62
<i>penicilln gk inj 5mu</i> .....	16	<i>polymyxin b-trimethoprim</i> .....	55
PENTACEL .....	52	POMALYST .....	19
PENTAM 300 .....	10	<i>portia-28</i> .....	42
<i>pentamidine isethionate</i> .....	10	<i>potassium chloride</i> .....	53, 54
<i>pentoxifylline</i> .....	49	<i>potassium chloride in nacl</i> .....	54
PERFOROMIST .....	58	<i>potassium chloride microencapsulated crystals er</i> .....	53
<i>perindopril erbumine</i> .....	22	<i>potassium citrate (alkalinizer) er tabs</i> ..	48
<i>periogard</i> .....	63	<i>pot chloride inj 2meq/ml</i> .....	54
<i>permethrin cre 5%</i> .....	62	PRADAXA .....	49
<i>perphenazine</i> .....	33	PRALUENT .....	23
PERSERIS.....	33	<i>pramipexole tab 0.125mg</i> .....	31
<i>pfizerpen-g inj 20mu</i> .....	16	<i>pramipexole tab 0.25mg</i> .....	31
<i>pfizerpen-g inj 5mu</i> .....	16	<i>pramipexole tab 0.5mg</i> .....	31
<i>phenelzine sulfate</i> .....	30	<i>pramipexole tab 0.75mg</i> .....	31
<i>phenobarbital</i> .....	28	<i>pramipexole tab 1.5mg</i> .....	31
<i>phenobarbital sodium</i> .....	29	<i>pramipexole tab 1mg</i> .....	31
PHENOBARBITAL SODIUM.....	28	<i>prasugrel hcl</i> .....	50
PHENYTEK .....	29	<i>pravastatin sodium</i> .....	23
<i>phenytoin</i> .....	29	<i>praziquantel</i> .....	10
<i>phenytoin sodium extended</i> .....	29	<i>prazosin hcl</i> .....	22
<i>phenytoin sodium inj 50mg/ml</i> .....	29	<i>prednisolone acetate (ophth)</i> .....	56
<i>philith</i> .....	42	<i>prednisolone sodium phosphate</i> .....	44
PHOSPHOLINE IODIDE .....	56	PREDNISOLONE SODIUM PHOSPHATE (OPHTH) .....	56
PICATO .....	62	<i>prednisolone sol 15mg/5ml</i> .....	44
PIFELTRO .....	12	<i>prednisolone sol 25mg/5ml</i> .....	44



PREDNISONE CON 5MG/ML.....	44	<i>propranolol oral sol</i> .....	24
<i>prednisone pak 10mg</i> .....	44	<i>propylthiouracil</i> .....	45
<i>prednisone pak 5mg</i> .....	44	PROQUAD.....	52
<i>prednisone sol 5mg/5ml</i> .....	44	PROSOL.....	53
<i>prednisone tab 10mg</i> .....	44	<i>protriptyline hcl</i> .....	30
<i>prednisone tab 1mg</i> .....	44	PULMICORT FLEXHALER.....	59
<i>prednisone tab 2.5mg</i> .....	44	PULMOZYME.....	58
<i>prednisone tab 20mg</i> .....	44	PURIXAN.....	17
<i>prednisone tab 50mg</i> .....	44	<i>pyrazinamide</i> .....	13
<i>prednisone tab 5mg</i> .....	44	<i>pyridostigmine tab 60mg</i> .....	36
<i>pred sod pho sol 5mg/5ml</i> .....	44	Q	
PREMASOL 10%.....	53	QUADRACEL.....	52
PRENATAL.....	54	<i>quetiapine fumarate</i> .....	33
PRENATAL PLUS.....	54	<i>quinapril hcl</i> .....	22
PRENATAL PLUS LOW IRON.....	55	<i>quinapril-hydrochlorothiazide</i> .....	21
<i>prevalite</i> .....	23	<i>quinidine sulfate</i> .....	23
<i>previfem</i> .....	42	<i>quinine sulfate</i> .....	11
PREZCOBIX.....	13	R	
PREZISTA.....	12	RABAVERT.....	52
PRIFTIN.....	13	<i>raloxifene tab 60mg</i> .....	45
<i>primaquine phosphate</i> .....	11	<i>ramipril</i> .....	22
PRIMAQUINE PHOSPHATE.....	11	RANEXA.....	26
<i>primidone</i> .....	29	<i>ranitidine hcl</i> .....	46
PRIVIGEN.....	51	<i>ranitidine hcl inj</i> .....	46
<i>probenecid</i> .....	7	<i>ranitidine syrup</i> .....	46
PROCALAMINE.....	53	<i>ranolazine</i> .....	26
<i>prochlorperazine inj</i> .....	46	<i>rasagiline mesylate</i> .....	31
<i>prochlorperazine maleate</i> .....	46	RAYALDEE.....	55
<i>prochlorperazine supp</i> .....	46	REBETOL SOLN.....	14
PROCRIT.....	49	<i>reclipsen</i> .....	42
<i>procto-med hc</i> .....	62	RECOMBIVAX HB.....	52
<i>procto-pak</i> .....	62	RECTIV.....	62
<i>proctosol hc cre 2.5%</i> .....	62	REGRANEX.....	62
<i>proctozone-hc</i> .....	62	RELENZA DISKHALER.....	14
PROGLYCEM SUS 50MG/ML.....	44	RELISTOR.....	48
PROGRAF.....	51	REMICADE.....	50
PROLASTIN-C.....	58	RENFLEXIS.....	50
PROLENSA.....	56	<i>repaglinide</i> .....	39
PROLIA.....	45	RESCRIPTOR.....	12
PROMACTA.....	49, 50	RESTASIS.....	56
<i>promethazine hcl</i> .....	46	RESTASIS MULTIDOSE.....	57
<i>promethazine hcl inj</i> .....	46	REVLIMID.....	19
<i>propafenone hcl</i> .....	23	REXULTI.....	33
<i>propafenone hcl 12hr</i> .....	23	REYATAZ.....	12
<i>proparacaine hcl</i> .....	56	RHOPRESSA.....	56
<i>propranolol &amp; hydrochlorothiazide</i> .....	23	<i>ribasphere</i> .....	14
<i>propranolol cap er</i> .....	24	<i>ribavirin cap 200mg</i> .....	14
<i>propranolol hcl</i> .....	24	<i>ribavirin tab 200mg</i> .....	14

<i>rifabutin</i> .....	13	<i>sertraline hcl</i> .....	30
<i>rifampin</i> .....	13	<i>setlakin tab</i> .....	42
RIFATER.....	13	<i>sevelamer carbonate</i> .....	45
<i>riluzole</i> .....	36	<i>sharobel</i> .....	42
<i>rimantadine hydrochloride</i> .....	14	SHINGRIX .....	52
<i>risedronate sodium</i> .....	40	SIGNIFOR.....	45
RISPERDAL INJ 12.5MG.....	33	<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i> .....	26
RISPERDAL INJ 25MG.....	33	SILENOR .....	35
RISPERDAL INJ 37.5MG.....	33	<i>silodosin</i> .....	48
RISPERDAL INJ 50MG.....	33	<i>silver sulfadiazine</i> .....	60
<i>risperidone</i> .....	33	SIMBRINZA.....	56
<i>ritonavir</i> .....	12	<i>simvastatin</i> .....	23
RITUXAN .....	18	<i>sirolimus</i> .....	51
RITUXAN HYCELA .....	18	SIRTURO .....	13
<i>rivastigmine tartrate</i> .....	29	SIVEXTRO .....	10
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	30	<i>sodium chloride</i> .....	53, 54
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	29	<i>sodium chloride 0.45%</i> .....	54
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	30	<i>sodium chloride inj 0.9%</i> .....	54
<i>rizatriptan benzoate</i> .....	35	<i>sodium chlor sol 0.9% irr</i> .....	62
<i>rizatriptan benzoate odt</i> .....	35	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	53
<i>ropinirole tab 0.25mg</i> .....	31	<i>sodium phenylbutyrate</i> .....	43
<i>ropinirole tab 0.5mg</i> .....	31	<i>sodium polystyrene sulfonate powder</i> ..	40
<i>ropinirole tab 1mg</i> .....	31	<i>sodium polystyrene sulfonate susp</i> .....	40
<i>ropinirole tab 2mg</i> .....	32	<i>solifenacin succinate</i> .....	48
<i>ropinirole tab 3mg</i> .....	32	SOLIUQUA 100/33 .....	38
<i>ropinirole tab 4mg</i> .....	32	SOLTAMOX .....	18
<i>ropinirole tab 5mg</i> .....	32	SOLU-CORTEF.....	44
<i>rosadan cre 0.75%</i> .....	62	SOMATULINE DEPOT .....	45
<i>rosuvastatin calcium</i> .....	23	SOMAVERT .....	45
ROTARIX .....	52	<i>sorine</i> .....	23
ROTATEQ .....	52	<i>sotalol hcl</i> .....	23
<i>roweepra</i> .....	29	<i>sotalol hcl (afib/af)</i> .....	23
<i>roweepra xr</i> .....	29	<i>spironolactone</i> .....	22
RUBRACA .....	18	<i>spironolactone &amp; hydrochlorothiazide</i> ..	25
RYDAPT.....	20	<i>sprintec 28</i> .....	42
S		SPRITAM .....	29
SAMSCA .....	45	SPRYCEL .....	20
SANDIMMUNE .....	51	<i>sps susp 15gm/60ml</i> .....	40
SANTYL.....	62	<i>sronyx</i> .....	42
SAPHRIS .....	33	<i>ssd</i> .....	60
<i>scopolamine</i> .....	46	<i>stavudine</i> .....	12
<i>selegiline hcl</i> .....	32	STELARA .....	50
<i>selenium sulfide</i> .....	60	STIMATE .....	46
SELZENTRY.....	12	STIVARGA .....	20
SEREVENT DISKUS .....	58	<i>streptomycin sulfate</i> .....	9
		STRIBILD .....	13

<i>subvenite tab</i> .....	29	TAFINLAR.....	20
<i>sucralfate</i> .....	48	TAGRISSO.....	20
<i>sulfacetamide sodium (acne)</i> .....	59	TALZENNA.....	18
<i>sulfacetamide sodium (ophth)</i> .....	55	<i>tamoxifen citrate</i> .....	18
<i>sulfacetamide sod-prednisolone</i> .....	55	<i>tamsulosin hcl</i> .....	48
SULFADIAZINE.....	9	TARGRETIN.....	62
<i>sulfamethoxazole-trimethop ds</i> .....	10	<i>tarina fe 1/20</i> .....	42
<i>sulfamethoxazole-trimethoprim inj</i> .....	10	TASIGNA.....	20
<i>sulfamethoxazole-trimethoprim susp</i> ...	10	TAXOTERE.....	17
<i>sulfamethoxazole-trimethoprim tab</i>		<i>tazarotene</i> .....	60
<i>400-80mg</i> .....	10	<i>tazicef</i> .....	15
SULFAMYLON.....	60	TAZORAC.....	60
<i>sulfasalazine</i> .....	47	<i>taztia xt</i> .....	24
<i>sulfasalazine ec</i> .....	47	TDVAX.....	52
<i>sulindac</i> .....	7	TECENTRIQ.....	18
<i>sumatriptan</i> .....	35	TEFLARO.....	15
<i>sumatriptan inj 4mg/0.5ml</i> .....	35	<i>telmisartan</i> .....	22
<i>sumatriptan inj 6mg/0.5ml</i> .....	36	<i>temazepam</i> .....	35
<i>sumatriptan succinate</i> .....	36	TENIVAC.....	52
SUPREP BOWEL PREP KIT.....	47	<i>tenofovir disoproxil fumarate</i> .....	12
SUTENT.....	20	<i>terazosin hcl</i> .....	22
<i>syeda</i> .....	42	<i>terbinafine hcl</i> .....	11
SYLATRON.....	21	<i>terbutaline sulfate</i> .....	58
SYMBICORT.....	59	<i>terconazole vaginal</i> .....	49
SYMDEKO.....	58	<i>testosterone</i> .....	37
SYMFI.....	13	<i>testosterone cypionate</i> .....	37
SYMFI LO.....	13	<i>testosterone enanthate</i> .....	37
SYMLINPEN 120.....	38	<i>tetrabenazine</i> .....	36
SYMLINPEN 60.....	38	<i>tetracycline hcl</i> .....	16
SYMPAZAN.....	29	TEXACORT SOLN 2.5%.....	61
SYMTUZA.....	13	THALOMID.....	19
SYNAREL.....	43	THEO-24.....	58
SYNERCID.....	10	<i>theophylline</i> .....	58
SYNJARDY TAB 12.5-1000MG.....	39	<i>thioridazine hcl</i> .....	33
SYNJARDY TAB 12.5-500MG.....	39	<i>thiothixene</i> .....	33
SYNJARDY TAB 5-1000MG.....	39	<i>tiagabine hcl</i> .....	29
SYNJARDY TAB 5-500MG.....	39	TIBSOVO.....	18
SYNJARDY XR TAB 10-1000MG.....	39	<i>tigecycline</i> .....	10
SYNJARDY XR TAB 12.5-1000MG.....	39	<i>tilia fe</i> .....	42
SYNJARDY XR TAB 25-1000MG.....	39	<i>timolol maleate</i> .....	24
SYNJARDY XR TAB 5-1000MG.....	39	<i>timolol maleate (ophth) soln</i> .....	56
SYNRIBO.....	21	<i>timolol maleate gel</i> .....	56
SYNTHROID.....	45	<i>timolol maleate ophth soln 0.5%</i>	
T		<i>(once-daily)</i> .....	56
TABLOID.....	17	TIVICAY.....	12
<i>tacrolimus</i> .....	51	<i>tizanidine hcl</i> .....	36
<i>tacrolimus (topical)</i> .....	62	TOBRADEX.....	55
<i>tadalafil (pulmonary hypertension)</i> .....	26	TOBRADEX ST.....	55

<i>tobramycin</i> .....	9	<i>tri-lo-sprintec</i> .....	42
<i>tobramycin (ophth)</i> .....	55	<i>trilyte</i> .....	47
<i>tobramycin-dexamethasone</i> .....	55	<i>trimethoprim</i> .....	10
<i>tobramycin inj 1.2gm</i> .....	9	<i>tri-mili</i> .....	42
<i>tobramycin inj 1.2 gm/30ml</i> .....	9	<i>trimipramine maleate</i> .....	31
<i>tobramycin inj 10mg/ml</i> .....	9	TRINTELLIX .....	31
<i>tobramycin inj 80mg/2ml</i> .....	9	<i>tri-previfem</i> .....	42
<i>tobramycin sulfate</i> .....	9	<i>tri-sprintec</i> .....	43
<i>tolterodine tartrate</i> .....	48	TRIUMEQ .....	13
<i>topiramate</i> .....	29	<i>trivora-28</i> .....	43
<i>toposar</i> .....	21	<i>tri-vylibra</i> .....	43
<i>toremifene citrate</i> .....	19	<i>tri-vylibra lo</i> .....	43
<i>torseamide tabs</i> .....	25	TROGARZO .....	12
TOVIAZ .....	48	TROPHAMINE INJ 10% .....	53
TPN ELECTROLYTES .....	53	<i>trospium chloride</i> .....	48
TRADJENTA .....	39	TRULICITY .....	38
<i>tramadol-acetaminophen</i> .....	7	TRUMENBA .....	52
<i>tramadol hcl tab 50 mg</i> .....	7	TRUVADA TAB 100-150 .....	13
<i>trandolapril</i> .....	22	TRUVADA TAB 133-200 .....	13
<i>tranexamic acid</i> .....	50	TRUVADA TAB 167-250 .....	13
<i>tranylcypromine sulfate</i> .....	31	TRUVADA TAB 200-300 .....	13
TRAVASOL .....	53	<i>tulana</i> .....	43
TRAVATAN Z .....	56	TWINRIX INJ .....	52
<i>trazodone hcl</i> .....	31	TYBOST .....	12
TRECTOR .....	13	TYKERB .....	20
TRELEGY ELLIPTA .....	57	TYMLOS .....	45
TRELSTAR DEP INJ 3.75MG .....	19	TYPHIM VI .....	52
TRELSTAR LA INJ 11.25MG .....	19	U	
<i>treprostinil</i> .....	26	<i>unithroid</i> .....	45
TRESIBA FLEXTOUCH .....	38	<i>ursodiol</i> .....	48
TRESIBA INJ .....	38	V	
<i>tretinoin</i> .....	59	<i>valacyclovir hcl</i> .....	14
<i>tretinoin (chemotherapy)</i> .....	21	VALCHLOR .....	62
<i>triamcinolone acetonide (mouth)</i> .....	63	<i>valganciclovir hcl</i> .....	14
<i>triamcinolone acetonide (topical)</i> .....	61	<i>valproate sodium</i> .....	29
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	25	<i>valproate sodium oral soln</i> .....	29
<i>triamterene &amp; hydrochlorothiazide tabs</i> .....	25	<i>valproic acid</i> .....	29
TRICARE .....	55	<i>valsartan</i> .....	22
<i>trientine hcl</i> .....	40	<i>valsartan-hydrochlorothiazide</i> .....	22
<i>tri-estarylla</i> .....	42	<i>vancomycin hcl</i> .....	10
<i>trifluoperazine hcl</i> .....	34	VANCOMYCIN IN NACL .....	10
<i>trifluridine</i> .....	55	<i>vandazole</i> .....	49
<i>trihexyphenidyl hcl</i> .....	32	VAQTA .....	52
<i>tri-legest fe</i> .....	42	VARIVAX .....	52
<i>tri-linyah</i> .....	42	VASCEPA .....	23
<i>tri-lo-estarylla</i> .....	42	VELCADE .....	18
<i>tri-lo marzia</i> .....	42	<i>velivet</i> .....	43
		VEMLIDY .....	14

VENCLEXTA .....	18	XELJANZ XR.....	50
VENCLEXTA STARTING PACK.....	18	XGEVA .....	45
<i>venlafaxine hcl</i> .....	31	XIFAXAN .....	48
VENTAVIS .....	26	XIGDUO XR TAB 10-1000MG.....	39
VENTOLIN HFA.....	58	XIGDUO XR TAB 10-500MG.....	39
<i>verapamil cap er</i> .....	24	XIGDUO XR TAB 2.5-1000MG.....	39
<i>verapamil hcl</i> .....	24	XIGDUO XR TAB 5-1000MG.....	39
<i>verapamil tab er</i> .....	25	XIGDUO XR TAB 5-500MG .....	39
VERSACLOZ.....	34	XOLAIR .....	58
VERZENIO .....	18	XOSPATA.....	20
VESICARE.....	48	XTANDI.....	19
VICTOZA .....	38	<i>xulane dis 150-35</i> .....	43
VIDEX EC .....	12	XULTOPHY 100/3.6 .....	38
VIDEX PEDIATRIC.....	12	XYREM .....	37
<i>vienva</i> .....	43	Y	
<i>vigabatrin powd pack 500mg</i> .....	29	YF-VAX .....	52
<i>vigabatrin tab 500mg</i> .....	29	<i>yuvafem vaginal tablet 10mcg</i> .....	43
<i>vigadrone</i> .....	29	Z	
VIIBRYD STARTER PACK.....	31	<i>zafirlukast</i> .....	58
VIIBRYD TAB .....	31	<i>zarah</i> .....	43
VIMPAT .....	29	ZARXIO.....	49
VIMPAT INJ 200MG/20ML .....	29	ZEJULA .....	18
VIMPAT SOL 10MG/ML.....	29	ZELBORAF .....	20
<i>vincristine sulfate</i> .....	17	ZEMAIRA .....	58
<i>vinorelbine tartrate</i> .....	17	<i>zenatane</i> .....	59
<i>viorele</i> .....	43	ZENPEP .....	48
VIRACEPT .....	12	<i>zidovudine cap 100mg</i> .....	12
VIREAD.....	12	<i>zidovudine syp 50mg/5ml</i> .....	12
VITRAKVI .....	20	<i>zidovudine tab 300mg</i> .....	12
VIVITROL .....	37	<i>ziprasidone hcl</i> .....	34
VIZIMPRO.....	20	ZIRGAN.....	55
<i>voriconazole</i> .....	11	<i>zoledronic acid inj 5mg/100ml</i> .....	40
VOSEVI.....	14	<i>zoledronic inj 4mg/5ml</i> .....	40
VOTRIENT .....	20	ZOLINZA .....	18
VRAYLAR .....	34	<i>zolmitriptan</i> .....	36
VRAYLAR THERAPY PACK .....	34	<i>zolmitriptan odt</i> .....	36
<i>vyfemla</i> .....	43	<i>zolpidem tartrate</i> .....	35
<i>vylibra</i> .....	43	<i>zonisamide</i> .....	29
VYTORIN .....	23	ZORTRESS TAB 0.25MG .....	51
W		ZORTRESS TAB 0.5MG .....	51
<i>warfarin sodium</i> .....	49	ZORTRESS TAB 0.75MG .....	51
<i>water for irrigation, sterile</i> .....	62	ZORTRESS TAB 1MG.....	51
X		ZOSTAVAX .....	52
XALKORI .....	20	<i>zovia 1/35e</i> .....	43
XARELTO .....	49	ZYDELIG .....	20
XARELTO STARTER PACK.....	49	ZYKADIA .....	20
XATMEP .....	50	ZYLET .....	55
XELJANZ .....	50	ZYPREXA RELPREVV .....	34

ZYPREXA RELPREVV INJ 210MG.....	34
ZYTIGA .....	19



# Basic Blue® Rx (PDP)

A Medicare Prescription Drug Plan

## NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

Basic Blue® Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Basic Blue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Basic Blue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services call customer service at **1-877-376-2185**, daily, 8:00 a.m. to 8:00 p.m. local time (TTY: **711**).

If you believe that Basic Blue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

Basic Blue Rx Privacy  
1750 Yankee Doodle Road, S120  
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, Basic Blue Rx Privacy is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	<a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a>
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

MII Life Insurance, Inc. is the underwriter for Basic Blue Rx, a prescription drug plan with a Medicare contract. Enrollment in Basic Blue Rx depends on contract renewal. MII Life Insurance, Inc. and each Blue Cross® and/or Blue Shield® plan are independent licensees of the Blue Cross® and Blue Shield® Association.



**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-376-2185 (TTY: 711).

**Chinese:** 注意：如果您使用普通话，您可以免费获得语言援助服务。请致电 1-877-376-2185 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-376-2185 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-376-2185 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-376-2185 (TTY: 711) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-877-376-2185 (телетайп: 711).

**Arabic:**

ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-376-2185 (رقم هاتف الصم والبكم: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-376-2185 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-376-2185 (TTY: 711).

**Haitian-Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou w. Rele nan 1-877-376-2185 (ATS: 711).

**Yiddish:**

אויפֿמערקזאַם: אויב איר רעדט ייִדיש, עס זײַנען פֿאַראַן פֿאַר אײַך שפּראַך הילף באַדינען פֿרײַ פֿון אָפּצאַל. אַנקלינגט 1-877-376-2185 (TTY: 711).

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-376-2185 (TTY: 711).

**Cantonese:** 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 1-877-376-2185 (TTY: 711)。

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա կարող եք օգտվել անվճար թազմանչական ծառայություններից: Չանգահարեք 1-877-376-2185 (TTY (հեռատիպ)՝ 711) հեռախոսահամարով:

**Mandarin:** 注意：如果您使用普通话，您可以免费获得语言援助服务。请致电 1-877-376-2185 (TTY: 711)。



This formulary was updated on 8/16/2019. For more recent information or other questions, please contact Basic Blue Rx customer service.



Call **1-877-376-2185**, 8 a.m. to 8 p.m., daily, local time  
(TTY hearing impaired users call **711**)



Visit **BasicBlueRx.com**

MII Life Insurance, Inc. is the underwriter for Basic Blue<sup>®</sup> Rx (PDP), a prescription drug plan with a Medicare contract. Enrollment in Basic Blue Rx depends on contract renewal. MII Life Insurance, Inc. and each Blue Cross<sup>®</sup> and/or Blue Shield<sup>®</sup> plan are independent licensees of the Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Association.