



P.O. Box 30006, Pittsburgh, PA 15222-0330



SilverScript Employer PDP sponsored by State of Maryland (SilverScript)

2021 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/18/2020. For more recent information or other questions, please contact SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21265

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2021. 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, 2022, and from time to time during the year.

Y0080_3012_FORM_COMP_CLT_2021_C_9544_0536_805

08/18/2020

What is the SilverScript Formulary?

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

Please note: State of Maryland provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call SilverScript Customer Care.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript 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 below 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 section below entitled “How do I request an exception to the SilverScript 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 may 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits and prior authorization 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 45-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 section below entitled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

Quantity Limits (QL): For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the SilverScript Formulary?" 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 SilverScript Customer Care and ask if your drug is covered.

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

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

State of Maryland offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact SilverScript Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

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

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

Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if 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 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 90-day supply. If your prescription is written for fewer than 90 days, we'll allow refills to provide up to a maximum 90-day supply of medication. After your first 90-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 experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Generics

Cost-Sharing Tier 2: Preferred Brands

Cost-Sharing Tier 3: Non-Preferred Brands

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your individual or family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 45-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1 (Generics)	\$10.00	\$10.00
Tier 2 (Preferred Brands)	\$25.00	\$25.00
Tier 3 (Non-Preferred Brands)	\$40.00	\$40.00

Costs shown in the table above reflect the additional coverage that may be provided by State of Maryland. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Maryland would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php> for more information about the 2021 Medicare Part D Defined Standard Benefit drug costs.

For more information

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

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

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

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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

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

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits									
ANALGESICS														
GOUT														
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>etodolac</i> (generic of LODINE) TABS 400mg	1										
<i>colchicine</i> (generic of COLCRYS) TABS .6mg	1		<i>FELDENE</i> CAPS 10mg, 20mg	3										
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	1		<i>flurbiprofen</i> TABS 100mg	1										
COLCRYS TABS .6mg	3		<i>ibu</i> TABS 600mg, 800mg	1										
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1		<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1										
KRYSTEXXA SOLN 8mg/ml	3	NDS NM LA	<i>ketoprofen</i> CAPS 25mg	3	NDS									
MITIGARE CAPS .6mg	2		<i>ketoprofen</i> CP24 200mg	1										
<i>probenecid</i> TABS 500mg	1		<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1										
ULORIC TABS 40mg, 80mg	3		<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1										
ZYLOPRIM TABS 100mg, 300mg	3		MOBIC TABS 7.5mg, 15mg	3										
NSAIDS														
ARTHROTEC 50 TAB	3		<i>nabumetone</i> TABS 500mg, 750mg	1										
ARTHROTEC 75 TAB	3		<i>naproxen</i> (generic of NAPROSYN) TABS 250mg	1										
CELEBREX CAPS 50mg, 100mg, 200mg, 400mg	3		<i>naproxen</i> TABS 375mg, 500mg	1										
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg, 400mg	1		<i>naproxen dr</i> (generic of EC-NAPROSYN) TBEC 375mg	1										
DAYPRO TABS 600mg	3		<i>naproxen dr</i> TBEC 500mg	1										
<i>diclofenac potassium</i> TABS 50mg	1		<i>naproxen sodium</i> TABS 275mg	1										
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1		<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1										
<i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1		<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1										
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1		<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1										
<i>diflunisal</i> TABS 500mg	1		<i>sulindac</i> TABS 150mg, 200mg	1										
<i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg	1		<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	1										
<i>ec-naproxen</i> TBEC 500mg	1		OPIOID ANALGESICS, LONG-ACTING											
<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1		ARYMO ER TBEA 15mg, 30mg QL (90 tabs / 30 days)						ARYMO ER TBEA 60mg QL (90 tabs / 30 days)					
ARYMO ER TBEA 15mg, 30mg QL (90 tabs / 30 days)														
ARYMO ER TBEA 60mg QL (90 tabs / 30 days)														

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA	hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg (generic of ZOHYDRO ER) QL (60 caps / 30 days)	1	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA	hydromorphone hcl T24A 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA	HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA	KADIAN CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA	KADIAN CP24 40mg, 50mg, 60mg, 80mg, 100mg, 200mg QL (60 caps / 30 days)	3	NDS QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	3	QL PA	methadone hcl SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
DOLOPHINE TABS 5mg, 10mg QL (90 tabs / 30 days)	3	QL PA	methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml QL (90 tabs / 30 days)	1	QL PA
fentanyl (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA	methadone hcl intensol (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
fentanyl PT72 37.5mcg/hr, 62.5mcg/hr QL (10 patches / 30 days)	1	QL PA	morphine sulfate (generic of KADIAN) CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
fentanyl PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA	morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
hydrocodone bitartrate (generic of ZOHYDRO ER) C12A 10mg, 15mg, 20mg, 30mg, 50mg QL (60 caps / 30 days)	1	QL PA	morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA			

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA		ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA		<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA		<i>butorphanol tartrate</i> SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA		<i>codeine sulfate</i> TABS 30mg QL (180 tabs / 30 days)	1	QL
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	1	QL PA		CODEINE SULFATE TABS 60mg QL (180 tabs / 30 days)	3	QL
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA		DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA		DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
XTAMPZA ER C12A 36mg QL (240 caps / 30 days)	3	NDS QL PA		DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
ZOHYDRO ER C12A 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	3	QL PA		DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
OPIOID ANALGESICS, SHORT-ACTING				<i>dvorah</i> QL (300 tabs / 30 days)	1	QL
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL		<i>endocet tab 2.5-325mg</i> (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL		<i>endocet tab 5-325mg</i> (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL		<i>endocet tab 7.5-325mg</i> (generic of PERCOSET) QL (240 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL		<i>endocet tab 10-325mg</i> (generic of PERCOSET) QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine-dihyd rocodeine cap 320.5-30-16 mg QL (300 caps / 30 days)	1	QL		fentanyl citrate (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
acetaminophen-caffeine-dihyd rocodeine tab 325-30-16 mg QL (300 tabs / 30 days)	1	QL		fentanyl citrate (generic of ACTIQ) LPOP 400mcg QL (120 lozenges / 30 days)	1	QL PA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg (generic of NORCO) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg (generic of NORCO) QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml QL (600 mL / 30 days)	1	B/D

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	1	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
HYDROMORPHONE HYDROCHLORIDE SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
loracet (generic of NORCO) QL (240 tabs / 30 days)	1	QL
loracet hd (generic of NORCO) QL (180 tabs / 30 days)	1	QL
loracet plus (generic of NORCO) QL (180 tabs / 30 days)	1	QL
morphine sulfate SOLN 1mg/ml	1	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	1	
NORCO TAB 5-325MG QL (240 tabs / 30 days)	3	QL
NORCO TAB 7.5-325 QL (180 tabs / 30 days)	3	QL
NORCO TAB 10-325MG QL (180 tabs / 30 days)	3	QL

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL	PERCO CET TAB 2.5-325 QL (360 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL	PERCO CET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
OXAYDO TABA 5mg QL (540 tabs / 30 days)	3	QL	PERCO CET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
OXAYDO TABA 7.5mg QL (360 tabs / 30 days)	3	NDS QL	PERCO CET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL	ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL	ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL	SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL	SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL	tramadol hcl (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 1 tab 2.5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	tramadol hcl TABS 100mg QL (120 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 1 tab 5-325 mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL	tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen 1 tab 7.5-325 mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL	trezix QL (300 caps / 30 days)	1	QL
oxycodone w/ acetaminophen 1 tab 10-325 mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL	ULTRACET TAB 37.5-325 QL (240 tabs / 30 days)	3	QL
oxycodone-aspirin tab 4.8355-325 mg QL (360 tabs / 30 days)	1	QL	ULTRAM TABS 50mg QL (240 tabs / 30 days)	3	QL
oxymorphone hcl TABS 5mg QL (180 tabs / 30 days)	1	QL	ANESTHETICS		
oxymorphone hcl (generic of OPANA) TABS 10mg QL (180 tabs / 30 days)	1	QL	LOCAL ANESTHETICS		
			lidocaine hcl (local anesth.) SOLN 4%	1	
			lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
			lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D	<i>clindamycin phosphate in d5w</i>	1	
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D	<i>iv soln 300 mg/50ml</i>		
ANTI-INFECTIVES					
ANTI-INFECTIVES - MISCELLANEOUS					
AEMCOLO TBEC 194mg	3		<i>clindamycin phosphate in d5w</i>	1	
<i>albendazole (generic of</i> ALBENZA) TABS 200mg	3	NDS	<i>iv soln 600 mg/50ml</i>		
ALINIA SUSR 100mg/5ml; TABS 500mg	3	NDS	<i>clindamycin phosphate in d5w</i>	1	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1		<i>iv soln 900 mg/50ml</i>		
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA	CLINDMYC/NAC INJ 300/50ML	3	
<i>atovaquone (generic of</i> MEPRON) SUSP 750mg/5ml	3	NDS	CLINDMYC/NAC INJ 600/50ML	3	
AZACTAM SOLR 1gm, 2gm	3		CLINDMYC/NAC INJ 900/50ML	3	
<i>aztreonam (generic of</i> AZACTAM) SOLR 1gm, 2gm	1		<i>colistimethate sodium (generic 1</i> of COLY-MYCIN M) SOLR 150mg		
BACTRIM DS TAB 800-160	3		COLY-MYCIN M SOLR 150mg	3	
BACTRIM TAB 400-80MG	3		CUBICIN SOLR 500mg	3	NDS
BETHKIS NEBU 300mg/4ml	3	NDS B/D NM	DALVANCE SOLR 500mg	3	NDS
BILTRICIDE TABS 600mg	3		dapsone TABS 25mg, 100mg	1	
CAYSTON SOLR 75mg	3	NDS NM LA	DAPTOMYCIN SOLR 350mg	3	NDS
CLEOCIN CAPS 75mg, 150mg, 300mg	3		<i>daptomycin (generic of</i> DAPTOMYCIN) SOLR 350mg	3	NDS
CLEOCIN PEDIATRIC	3		<i>daptomycin (generic of</i> CUBICIN) SOLR 500mg	3	NDS
GRANULE SOLR 75mg/5ml			EMVERM CHEW 100mg	3	NDS
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3		<i>ertapenem sodium (generic of</i> INVANZ) SOLR 1gm	1	
<i>clindamycin hcl (generic of</i> CLEOCIN) CAPS 75mg, 150mg, 300mg	1		FIRVANQ SOLR 25mg/ml, 50mg/ml	3	
<i>clindamycin palmitate</i> 1 <i>hydrochloride (generic of</i> CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml			FLAGYL CAPS 375mg; TABS 250mg, 500mg	3	
<i>clindamycin phosphate</i> 1 (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml			<i>gentamicin in saline inj 0.8</i> mg/ml	1	
			<i>gentamicin in saline inj 1</i> mg/ml	1	
			<i>gentamicin in saline inj 1.2</i> mg/ml	1	
			<i>gentamicin in saline inj 1.6</i> mg/ml	1	
			<i>gentamicin in saline inj 2</i> mg/ml	1	
			<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HIPREX TABS 1gm	3			<i>nitrofurantoin macrocrystal</i>	2	
<i>imipenem-cilastatin</i>	1			(generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg		
<i>intravenous for soln 250 mg</i>				<i>nitrofurantoin monohyd macro</i>	2	
<i>imipenem-cilastatin</i>	1			(generic of MACROBID) CAPS 100mg		
<i>intravenous for soln 500 mg</i>						
(generic of PRIMAXIN IV)						
INVANZ SOLR 1gm	3			ORBACTIV SOLR 400mg	3	NDS
<i>ivermectin (generic of</i>	1			<i>paromomycin sulfate</i>	CAPS	1
STROMECTOL) TABS 3mg				250mg		
KITABIS PAK NEBU	3	NDS B/D NM		PENTAM 300 SOLR 300mg	3	
300mg/5ml				<i>pentamidine isethionate inh</i>	1	B/D
<i>linezolid (generic of ZYVOX)</i>	1			(generic of NEBUPENT) SOLR 300mg		
SOLN 600mg/300ml; TABS				<i>pentamidine isethionate inj</i>	1	
600mg				(generic of PENTAM 300) SOLR 300mg		
<i>linezolid (generic of ZYVOX)</i>	3	NDS		<i>polymyxin b sulfate</i>	SOLR	1
SUSR 100mg/5ml				500000unit		
<i>linezolid in sodium chloride iv</i>	1			<i>praziquantel (generic of</i>	1	
<i>soln 600 mg/300ml-0.9%</i>				BILTRICIDE) TABS 600mg		
MACROBID CAPS 100mg	3			PRIMAXIN IV INJ 500MG	3	
MEPRON SUSP 750mg/5ml	3	NDS		<i>pyrimethamine</i>	TABS 25mg	NDS
MEROP/NACL INJ	3			RECARBRIOD INJ 1.25GM	3	NDS
1GM/50ML				SIVEXTRO SOLR 200mg;	3	NDS
MEROP/NACL INJ 500/50ML	3			TABS 200mg		
<i>meropenem (generic of</i>	1			SOLOSEC PACK 2gm	3	
MERREM) SOLR 1gm,				<i>streptomycin sulfate</i>	SOLR	NDS
500mg				1gm		
MERREM SOLR 1gm,	3			STROMECTOL TABS 3mg	3	
500mg				SULFADIAZINE TABS	3	
<i>methenamine hippurate</i>	1			500mg		
(generic of HIPREX) TABS				<i>sulfamethoxazole-trimethopri</i>	1	
1gm				<i>m iv soln 400-80 mg/5ml</i>		
METRONIDAZOL INJ	3			<i>sulfamethoxazole-trimethopri</i>	1	
5MG/ML				<i>m susp 200-40 mg/5ml</i>		
<i>metronidazole (generic of</i>	1			<i>sulfamethoxazole-trimethopri</i>	1	
FLAGYL) CAPS 375mg;				<i>m tab 400-80 mg (generic of</i>		
TABS 250mg, 500mg				BACTRIM)		
<i>metronidazole in nacl 0.74%</i>	1			<i>sulfamethoxazole-trimethopri</i>	1	
<i>iv soln 500 mg/100ml (generic</i>				<i>m tab 800-160 mg (generic of</i>		
<i>of METRONIDAZOLE)</i>				BACTRIM DS)		
<i>metronidazole in nacl 0.79%</i>	1			SYNERCID INJ 500MG	3	NDS
<i>iv soln 500 mg/100ml</i>				<i>tinidazole</i>	TABS 250mg,	1
NEBUPENT SOLR 300mg	3	B/D		500mg		
neomycin sulfate TABS	1			TOBI NEBU 300mg/5ml	3	NDS B/D NM
500mg				TOBI PODHALER CAPS	3	NDS NM LA
<i>nitrofurantoin</i>	SUSP			28mg		
25mg/5ml						

PA - Prior Authorization
under Medicare B or D**QL** - Quantity Limits
LA - Limited Access**NM** - Not available at mail-order
NDS - Non-Extended Days Supply**B/D** - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS B/D NM
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	3	NDS
VANCOCIN CAPS 250mg	3	NDS
VANCOCIN HCL CAPS 125mg	3	NDS
VANCOMYCIN SOLN 2000mg/400ml	3	
vancomycin hcl (generic of VANCOGICIN HCL) CAPS 125mg	1	
vancomycin hcl (generic of VANCOGICIN) CAPS 250mg	1	
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 1000mg/200ml, 1500mg/300ml; SOLR 1.25gm, 1.5gm, 250mg, 250mg/5ml	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	3	NDS
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM
XIFAXAN TABS 200mg	3	NDS
ZEMDRI SOLN 500mg/10ml	3	NDS
ZYVOX SOLN 200mg/100ml, 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	3	NDS
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	3	NDS B/D
amphotericin b SOLR 50mg	1	B/D
ANCOBON CAPS 250mg, 500mg	3	NDS
CANCIDAS SOLR 50mg, 70mg	3	NDS
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS
caspofungin acetate (generic of CANCIDAS) SOLR 50mg, 70mg	3	NDS
CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg	3	
DIFLUCAN TABS 200mg	3	NDS
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	3	NDS
fluconazole (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
itraconazole (generic of SPORANOX) CAPS 100mg	1	
itraconazole (generic of SPORANOX) SOLN 10mg/ml	3	NDS
ketoconazole TABS 200mg	1	
micafungin sodium (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
MYCAMINE SOLR 50mg, 100mg	3	NDS
NOXAFL SOLN 300mg/16.7ml; SUSP 40mg/ml; TBEC 100mg	3	NDS
nystatin TABS 500000unit	1	
posaconazole (generic of NOXAFL) TBEC 100mg	3	NDS
SPORANOX CAPS 100mg; SOLN 10mg/ml	3	NDS

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
B/D - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SPORANOX PULSEPAK CAPS 100mg	3	NDS
<i>terbinafine hcl</i> (generic of LAMISIL) TABS 250mg	1	
TOLSURA CAPS 65mg	3	NDS
VFEND SUSR 40mg/ml; TABS 50mg, 200mg	3	NDS PA
VFEND IV SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND IV) SOLR 200mg	3	NDS PA
<i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml	3	NDS PA
<i>voriconazole</i> (generic of VFEND) TABS 50mg, 200mg	1	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	1	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	
<i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTVUS CAPS 250mg; SOLN 100mg/ml	3	NDS NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	1	NM
CRIXIVAN CAPS 200mg, 400mg	3	NM
<i>didanosine</i> CPDR 200mg, 250mg, 400mg	1	NM
EDURANT TABS 25mg	3	NDS NM
<i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	2	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
INVIRASE TABS 500mg	3	NDS NM
ISENTRESS CHEW 25mg; PACK 100mg	2	NM
ISENTRESS CHEW 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM
<i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml; TABS 200mg	1	NM
<i>nevirapine</i> TB24 100mg	1	NM
<i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml; TABS 150mg, 600mg, 800mg	3	NDS NM
PREZISTA TABS 75mg	3	NM

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM	abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)	3	NDS NM
REYATAZ CAPS 150mg, 200mg, 300mg; PACK 50mg	3	NDS NM	ATRIPLA TAB	3	NDS NM
ritonavir (generic of NORVIR) TABS 100mg	1	NM	BIKTARVY TAB	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM	CIMDUO TAB 300-300	3	NDS NM
SELZENTRY TABS 25mg	2	NM	COMBIVIR TAB 150-300	3	NDS NM
stavudine CAPS 15mg, 20mg	1	NM	COMPLERA TAB	3	NDS NM
stavudine (generic of ZERIT) CAPS 30mg, 40mg	1	NM	DELSTRIGO TAB	3	NDS NM
SUSTIVA CAPS 50mg	3	NM	DESCOVY TAB 200/25	3	NDS NM
SUSTIVA CAPS 200mg; TABS 600mg	3	NDS NM	DOVATO TAB 50-300MG	3	NDS NM
tenofovir disoproxil fumarate (generic of VIREAD) TABS 300mg	1	NM	EPZICOM TAB 600-300	3	NDS NM
TIVICAY TABS 10mg	2	NM	EVOTAZ TAB 300-150	3	NDS NM
TIVICAY TABS 25mg, 50mg	3	NDS NM	GENVOYA TAB	3	NDS NM
TIVICAY PD TBSO 5mg	2	NM	JULUCA TAB 50-25MG	3	NDS NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA	KALETRA SOL	3	NDS NM
TYBOST TABS 150mg	3	NM	KALETRA TAB 100-25MG	3	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM	KALETRA TAB 200-50MG	3	NDS NM
VIRAMUNE SUSP 50mg/5ml; TABS 200mg	3	NDS NM	lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)	1	NM
VIRAMUNE XR TB24 400mg	3	NDS NM	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM	ODEFSEY TAB	3	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM	PREZCOBIX TAB 800-150	3	NDS NM
zidovudine (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM	STRIBILD TAB	3	NDS NM
zidovudine TABS 300mg	1	NM	SYMFI LO TAB	3	NDS NM
ANTIRETROVIRAL COMBINATION AGENTS					
abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)	1	NM	SYMFI TAB	3	NDS NM
ANTITUBERCULAR AGENTS					
cycloserine CAPS 250mg	3	NDS	SYMTUZA TAB	3	NDS NM
ethambutol hcl TABS 100mg	1		TEMIXYS TAB 300-300	3	NDS NM
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1		TRIUMEQ TAB	3	NDS NM
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1		TRIZIVIR TAB	3	NDS NM
			TRUVADA TAB 100-150	3	NDS NM
			TRUVADA TAB 133-200	3	NDS NM
			TRUVADA TAB 167-250	3	NDS NM
			TRUVADA TAB 200-300	3	NDS NM

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits	
MYAMBUTOL TABS 100mg, 3 400mg		
MYCOBUTIN CAPS 150mg	3	NDS
PASER PACK 4gm	3	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin (generic of MYCOBUTIN) CAPS 150mg	1	
RIFADIN CAPS 150mg	3	
RIFADIN SOLR 600mg	3	NDS
rifampin (generic of RIFADIN) CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 100mg	3	NDS LA
TRECATOR TABS 250mg	3	
ANTIVIRALS		
acyclovir CAPS 200mg	1	
acyclovir (generic of ZOVIRAX) SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN	1	B/D
50mg/ml		
adefovir dipivoxil (generic of HEPSERA) TABS 10mg	3	NDS NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
cidofovir SOLN 75mg/ml	3	NDS
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
EPCLUSA TAB 400-100	3	NDS NM
EPIVIR HBV SOLN 5mg/ml;	3	NM
TABS 100mg		
famciclovir TABS 125mg, 250mg, 500mg	1	
GANCICLOVIR SOLN	3	B/D
500mg/10ml		
ganciclovir sodium (generic of CYTOVENE) SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	3	NDS NM
HARVONI PAK 45-200MG	3	NDS NM
HARVONI TAB 45-200MG	3	NDS NM
HARVONI TAB 90-400MG	3	NDS NM
HEPSERA TABS 10mg	3	NDS NM

Drug Name	Drug Requirements/ Tier Limits	
lamivudine (hbv) (generic of EPIVIR HBV) TABS 100mg	1	NM
MAVYRET TAB 100-40MG	3	NDS NM
oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	1	
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	3	NDS NM
PEGASYS PROCLICK SOLN 180mcg/0.5ml	3	NDS NM
PREVYMIS SOLN 240mg/12ml, 480mg/24ml; TABS 240mg, 480mg	3	NDS
RELENZA DISKHALER AEPB 5mg/blister	2	
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
SITAVIG TABS 50mg	3	NDS
TAMIFLU CAPS 30mg, 45mg, 75mg; SUSR 6mg/ml	3	
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	3	NDS NM
VOSEVI TAB	3	NDS NM
XOFLUZA TBPK 20mg, 40mg	3	
ZOVIRAX SUSP 200mg/5ml	3	
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1		cephalexin (generic of KEFLEX) CAPS 250mg, 500mg, 750mg	1	
CEFAZOLIN INJ 1GM/50ML	3		cephalexin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
cefazolin sodium SOLR 1gm, 10gm, 500mg	1		FETROJA SOLR 1gm	3	NDS
CEFAZOLIN SOLN 2GM/100ML-4%	3		SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml	3	
cefdinir CAPS 300mg; SUSR 1 125mg/5ml, 250mg/5ml	1		tazicef SOLR 1gm, 2gm, 6gm	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3		TEFLARO SOLR 400mg, 600mg	3	NDS
cefepime hcl SOLR 1gm, 2gm	1		ZERBAXA INJ 1.5GM	3	NDS
CEFEPIME/DEX INJ 1GM	3		ERYTHROMYCINS/MACROLIDES		
CEFEPIME/DEX INJ 2GM	3		azithromycin PACK 1gm; TABS 600mg	1	
cefixime (generic of SUPRAX) 1 CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml			azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1	
CEFOTAN SOLR 1gm, 2gm	3		clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
cefotetan disodium (generic of 1 CEFOTAN) SOLR 1gm, 2gm			clarithromycin (generic of BIAXIN XL) TB24 500mg	1	
CEFOXITIN INJ 1GM	3		DIFICID TABS 200mg	3	NDS
CEFOXITIN INJ 2GM	3		ery-tab TBEC 250mg, 333mg, 500mg	1	
cefoxitin sodium SOLR 1gm, 1 2gm, 10gm			ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1		erythrocin stearate TABS 250mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1		erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
CEFTAZIDIME/ SOL D5W 1GM	3		erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
CEFTAZIDIME/ SOL D5W 2GM	3				
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1				
cefuroxime axetil TABS 250mg, 500mg	1				
cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
erythromycin ethylsuccinate TABS 400mg	1		amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3		amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
ZITHROMAX TRI-PAK TABS 500mg	3		amoxicillin & k clavulanate chew tab 400-57 mg	1	
ZITHROMAX Z-PAK TABS 250mg	3		amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
FLUOROQUINOLONES			amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)	1	
BAXDELA SOLR 300mg; TABS 450mg	3	NDS	amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3		amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
ciprofloxacin 200 mg/100ml in d5w	1		amoxicillin & k clavulanate tab 250-125 mg	1	
ciprofloxacin 400 mg/200ml in d5w	1		amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)	1	
ciprofloxacin hcl TABS 100mg, 750mg	1		amoxicillin & k clavulanate tab 875-125 mg	1	
ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1		amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
levofloxacin SOLN 25mg/ml 1			ampicillin CAPS 500mg	1	
levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg	1		ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)	1	
levofloxacin in d5w iv soln 250 1 mg/50ml			ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)	1	
levofloxacin in d5w iv soln 500 1 mg/100ml			ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)	1	
levofloxacin in d5w iv soln 750 1 mg/150ml			ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
moxifloxacin hcl TABS 400mg	1		AUGMENTIN SUS ES-600	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1		AUGMENTIN TAB 500MG	3	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3		BICILLIN C-R INJ 900/300	3	
PENICILLINS			BICILLIN C-R INJ 1200000	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3		<i>piperacillin sod-tazobactam</i> <i>sod for inj 40.5 gm (36-4.5 gm)</i>	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1		UNASYN INJ 1.5GM	3	
NAFCILLIN INJ 1GM/50ML	3		UNASYN INJ 3GM	3	
NAFCILLIN INJ 2GM/100	3		UNASYN INJ 15GM	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1		ZOSYN SOL 2-0.25GM	3	
<i>nafcillin sodium</i> SOLR 10gm	3	NDS	ZOSYN SOL 3-0.375G	3	
NAFCILLIN SODIUM SOLR 10gm	3	NDS	ZOSYN SOL 4-0.50GM	3	
OXACILLIN INJ 1GM	3		TETRACYCLINES		
OXACILLIN INJ 2GM	3	NDS	<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm	1		<i>doxy 100</i> SOLR 100mg	1	
<i>oxacillin sodium</i> SOLR 10gm	3	NDS	<i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; TABS 50mg, 75mg, 100mg, 150mg	1	
PEN GK/DEXTR INJ 20000/ML	3		<i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml	1	
PEN GK/DEXTR INJ 40000/ML	3		<i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 100mg; TBEC 75mg, 100mg, 150mg	1	
PEN GK/DEXTR INJ 60000/ML	3		<i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1		<i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg, 200mg	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3		<i>minocycline hcl</i> CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 90mg, 135mg	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1		<i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		<i>minocycline hcl</i> (generic of SOLODYN) TB24 55mg, 80mg, 105mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1		<i>minocycline hcl</i> (generic of SOLODYN) TB24 65mg, 115mg	3	NDS
<i>piperacillin sod-tazobactam na</i> <i>for inj 3.375 gm (3-0.375 gm)</i>	1		MINOLIRA TB24 105mg, 135mg	3	
<i>piperacillin sod-tazobactam</i> <i>sod for inj 2.25 gm (2-0.25 gm)</i>	1		<i>monodoxine nl</i> CAPS 75mg, 100mg	1	
<i>piperacillin sod-tazobactam</i> <i>sod for inj 4.5 gm (4-0.5 gm)</i>	1				
<i>piperacillin sod-tazobactam</i> <i>sod for inj 13.5 gm (12-1.5 gm)</i>	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	3	NDS
TARGADOX TABS 50mg	3	
tetracycline hcl CAPS 250mg, 500mg	1	
TIGECYCLINE SOLR 50mg	3	NDS
tigecycline (generic of TYGACIL) SOLR 50mg	3	NDS
TYGACIL SOLR 50mg	3	NDS
VIBRAMYCIN CAPS 100mg; 3 SUSR 25mg/5ml; SYRP 50mg/5ml	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	3	NDS B/D NM
carboplatin SOLN 50mg/5ml, 1 150mg/15ml, 450mg/45ml, 600mg/60ml		B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg	1	B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	3	NDS B/D
GLEOSTINE CAPS 10mg	3	
GLEOSTINE CAPS 40mg, 100mg	3	NDS
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 1 3gm/60ml		B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	3	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	3	NDS B/D
TREANDA SOLR 25mg, 100mg	3	NDS B/D NM
ANTIBIOTICS		
adriamycin SOLN 2mg/ml	1	B/D
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	3	NDS B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
doxorubicin hcl liposomal (generic of DOXIL) INJ 2mg/ml	3	NDS B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	NDS B/D
epirubicin hcl SOLN 50mg/25ml	1	B/D
epirubicin hcl (generic of ELLENCE) SOLN 200mg/100ml	1	B/D
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	3	NDS B/D
valrubicin (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
VALSTAR SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
azacitidine (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
DACOGEN SOLR 50mg	3	NDS B/D NM
decitabine (generic of DACOGEN) SOLR 50mg	3	NDS B/D NM
fludarabine phosphate SOLN 50mg/2ml	3	NDS B/D
fludarabine phosphate SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 1 2.5gm/50ml, 5gm/100ml, 500mg/10ml		B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM
GEMCITABINE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
gemcitabine hcl SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
gemcitabine hcl (generic of GEMCITABINE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
INFUGEM SOL 1200MG	3	NDS B/D

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
INFUGEM SOL 1300MG	3	NDS B/D	<i>hydroxyprogesterone caproate (antineoplastic)</i>	3	NDS B/D			
INFUGEM SOL 1400MG	3	NDS B/D	SOLN 1.25gm/5ml					
INFUGEM SOL 1500MG	3	NDS B/D	<i>letrozole (generic of FEMARA)</i> TABS 2.5mg	1				
INFUGEM SOL 1600MG	3	NDS B/D	<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM			
INFUGEM SOL 1700MG	3	NDS B/D	LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM			
INFUGEM SOL 1800MG	3	NDS B/D	LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM			
INFUGEM SOL 1900MG	3	NDS B/D	LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM			
INFUGEM SOL 2000MG	3	NDS B/D	LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM			
INFUGEM SOL 2200MG	3	NDS B/D	LYSODREN TABS 500mg	3	NDS			
<i>mercaptopurine</i> TABS 50mg	1		<i>megestrol acetate</i> TABS 20mg, 40mg	2				
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D	<i>nilutamide (generic of NILANDRON)</i> TABS 150mg	3	NDS			
PURIXAN SUSP 2000mg/100ml	3	NDS NM	NUBEQA TABS 300mg	3	NDS NM LA			
TABLOID TABS 40mg	3		SOLTAMOX SOLN 10mg/5ml	3	NDS			
VIDAZA SUSR 100mg	3	NDS B/D NM	<i>tamoxifen citrate</i> TABS 10mg, 20mg	1				
HORMONAL ANTINEOPLASTIC AGENTS								
abiraterone acetate (generic of ZYTIGA) TABS 250mg	3	NDS NM	<i>toremifene citrate (generic of FARESTON)</i> TABS 60mg	3	NDS			
<i>anastrozole (generic of ARIMIDEX)</i> TABS 1mg	1		TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NDS NM			
ARIMIDEX TABS 1mg	3	NDS	VANTAS KIT 50mg	3	NM			
AROMASIN TABS 25mg	3	NDS	XTANDI CAPS 40mg	3	NDS NM LA			
<i>bicalutamide (generic of CASODEX)</i> TABS 50mg	1		ZOLADEX IMPL 3.6mg, 10.8mg	3	NM			
CASODEX TABS 50mg	3	NDS	ZYTIGA TABS 250mg, 500mg	3	NDS NM LA			
DEPO-PROVERA SUSP 400mg/ml	3	B/D	IMMUNOMODULATORS					
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	B/D NM	POMALYST CAPS 1mg, 2mg, 3mg, 4mg	3	NDS NM LA			
EMCYT CAPS 140mg	3		REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA			
ERLEADA TABS 60mg	3	NDS NM LA	THALOMID CAPS 50mg, 100mg, 150mg, 200mg	3	NDS NM			
<i>exemestane (generic of AROMASIN)</i> TABS 25mg	1		MISCELLANEOUS					
FARESTON TABS 60mg	3	NDS	<i>bexarotene (generic of TARGRETIN)</i> CAPS 75mg	3	NDS NM			
FASLODEX SOLN 250mg/5ml	3	NDS B/D	<i>dacarbazine</i> SOLR 100mg	1	B/D			
FEMARA TABS 2.5mg	3							
FIRMAGON SOLR 80mg	3	B/D NM						
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM						
<i>flutamide</i> CAPS 125mg	1							
<i>fulvestrant (generic of FASLODEX)</i> SOLN 250mg/5ml	3	NDS B/D						

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ERWINAZE SOLR 10000unit	3	NDS NM LA	docetaxel (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D
HYDREA CAPS 500mg	3		ETOPOPHOS SOLR 100mg	3	B/D
hydroxyurea (generic of HYDREA) CAPS 500mg	1		etoposide SOLN 100mg/5ml, 1 500mg/25ml	1	B/D
irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml	1	B/D	HALAVEN SOLN 1mg/2ml	3	NDS B/D NM
irinotecan hcl SOLN 300mg/15ml, 500mg/25ml	1	B/D	IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM
KISQALI 200 PAK FEMARA	3	NDS NM	JEVTANA SOLN 60mg/1.5ml	3	NDS NM
KISQALI 400 PAK FEMARA	3	NDS NM	MARQIBO SUSP 5mg/31ml	3	NDS B/D NM
KISQALI 600 PAK FEMARA	3	NDS NM	paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D
LONSURF TAB 15-6.14	3	NDS NM	toposar SOLN 1gm/50ml, 100mg/5ml	1	B/D
LONSURF TAB 20-8.19	3	NDS NM	vinblastine sulfate SOLN 1mg/ml	1	B/D
MATULANE CAPS 50mg	3	NDS LA	vincristine sulfate SOLN 1mg/ml	1	B/D
mitoxantrone hcl CONC 2mg/ml	1	B/D NM	vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
NIPENT SOLR 10mg	3	NDS B/D	MOLECULAR TARGET AGENTS		
ONIVYDE INJ 43mg/10ml	3	NDS B/D NM	AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	3	NDS NM
SYLATRON KIT 200mcg, 300mcg	3	NDS NM	AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	3	NDS NM
SYNRIBO SOLR 3.5mg	3	NDS NM	ALECensa CAPS 150mg	3	NDS NM LA
TARGRETIN CAPS 75mg	3	NDS NM	ALIQOPA SOLR 60mg	3	NDS NM LA
TOPOTECAN HCL SOLN 4mg/4ml	3	NDS B/D	ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA
topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D	ALUNBRIG PAK	3	NDS NM LA
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D	ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM
tretinoin (chemotherapy) CAPS 10mg	3	NDS	AVASTIN SOLN 100mg/4ml, 400mg/16ml	3	NDS B/D NM LA
MITOTIC INHIBITORS			AYVAKIT TABS 100mg, 200mg, 300mg	3	NDS NM LA
ABRAXANE INJ 100MG	3	NDS B/D	BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA
docetaxel CONC 20mg/ml	1	B/D	BAVENCIO SOLN 200mg/10ml	3	NDS NM LA
DOCETAXEL CONC 20mg/ml	3	B/D	BELEODAQ SOLR 500mg	3	NDS NM
docetaxel (generic of TAXOTERE) CONC 80mg/4ml	3	NDS B/D	BESPONSA SOLR .9mg	3	NDS NM LA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	BORTEZOMIB SOLR 3.5mg	3	NDS B/D NM

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM	HERZUMA SOLR 150mg, 420mg	3	NDS B/D NM
BRAFTOVI CAPS 75mg	3	NDS NM LA	IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	3	NDS NM LA
BRUKINSA CAPS 80mg	3	NDS NM LA	ICLUSIG TABS 15mg, 45mg	3	NDS NM LA
CABOMETYX TABS 20mg, 40mg, 60mg	3	NDS NM LA	IDHIFA TABS 50mg, 100mg <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg, 400mg	3	NDS NM
CALQUENCE CAPS 100mg	3	NDS NM LA	IMBRUVICA CAPS 70mg, 140mg; TABS 140mg, 280mg, 420mg, 560mg	3	NDS NM LA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA
COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA	INLYTA TABS 1mg, 5mg	3	NDS NM LA
COMETRIQ KIT 100MG	3	NDS NM LA	INREBIC CAPS 100mg	3	NDS NM LA
COMETRIQ KIT 140MG	3	NDS NM LA	IRESSA TABS 250mg	3	NDS NM LA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	3	NDS NM LA
COTELLIC TABS 20mg	3	NDS NM LA	KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA	KANJINTI SOLR 150mg, 420mg	3	NDS B/D NM
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA	KEYTRUDA SOLN 100mg/4ml	3	NDS NM
DARZALEX SOL FASPRO	3	NDS NM	KISQALI TBPK 200mg	3	NDS NM
DAURISMO TABS 25mg, 100mg	3	NDS NM LA	KOSELUGO CAPS 10mg, 25mg	3	NDS NM LA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA	KYPROLIS SOLR 10mg, 30mg, 60mg	3	NDS NM LA
ENHERTU SOLR 100mg	3	NDS B/D NM LA	LENVIMA 4 MG DAILY DOSE CPPK 4mg	3	NDS NM LA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM	LENVIMA 8 MG DAILY DOSE CPPK 4mg	3	NDS NM LA
ERIVEDGE CAPS 150mg <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg, 100mg, 150mg	3	NDS NM	LENVIMA 10 MG DAILY DOSE CPPK 10mg	3	NDS NM LA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg	3	NDS NM	LENVIMA 12MG DAILY DOSE CPPK 4mg	3	NDS NM LA
FARYDAK CAPS 10mg, 20mg	3	NDS NM LA	LENVIMA 20 MG DAILY DOSE CPPK 10mg	3	NDS NM LA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA	LENVIMA CAP 14 MG	3	NDS NM LA
GILOTrif TABS 20mg, 30mg, 40mg	3	NDS NM LA	LENVIMA CAP 18 MG	3	NDS NM LA
GLEEVEC TABS 100mg, 400mg	3	NDS NM	LENVIMA CAP 24 MG	3	NDS NM LA
HERCEP HYLEC SOL 60-10000	3	NDS B/D NM	LIBTAYO SOLN 350mg/7ml	3	NDS NM LA
HERCEPTIN SOLR 150mg	3	NDS B/D NM	LORBRENA TABS 25mg, 100mg	3	NDS NM LA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LUMOXITI SOLR 1mg	3	NDS NM LA
LYNPARZA TABS 100mg, 150mg	3	NDS NM LA
MEKINIST TABS .5mg, 2mg	3	NDS NM LA
MEKTOVI TABS 15mg	3	NDS NM LA
MVASI SOLN 100mg/4ml, 400mg/16ml	3	NDS B/D NM LA
MYLOTARG SOLR 4.5mg	3	NDS NM LA
NERLYNX TABS 40mg	3	NDS NM LA
NEXAVAR TABS 200mg	3	NDS NM LA
NINLARO CAPS 2.3mg, 3mg, 4mg	3	NDS NM
ODOMZO CAPS 200mg	3	NDS NM LA
OGIVRI SOLR 150mg	3	NDS B/D NM
OGIVRI INJ 420MG	3	NDS B/D NM
ONTRUZANT SOLR 150mg, 420mg	3	NDS B/D NM
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml	3	NDS NM LA
PADCEV SOLR 20mg, 30mg	3	NDS NM LA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3	NDS NM LA
PERJETA SOLN 420mg/14ml	3	NDS NM
PIQRAY 200MG DAILY DOSE TBPK 200mg	3	NDS NM
PIQRAY 250MG TAB DOSE	3	NDS NM
PIQRAY 300MG DAILY DOSE TBPK 150mg	3	NDS NM
POLIVY SOLR 140mg	3	NDS NM
PORTRAZZA SOLN 800mg/50ml	3	NDS NM LA
POTELIGEO SOLN 20mg/5ml	3	NDS NM LA
QINLOCK TABS 50mg	3	NDS NM LA
RETEVMO CAPS 40mg, 80mg	3	NDS NM LA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA
RITUXAN INJ HYCELA	3	NDS NM LA
ROZLYTREK CAPS 100mg, 200mg	3	NDS NM LA
RUBRACA TABS 200mg, 250mg, 300mg	3	NDS NM LA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3	NDS NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
RYDAPT CAPS 25mg	3	NDS NM
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3	NDS NM LA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3	NDS NM
STIVARGA TABS 40mg	3	NDS NM LA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	3	NDS NM
TABRECTA TABS 150mg, 200mg	3	NDS NM
TAFINLAR CAPS 50mg, 75mg	3	NDS NM LA
TAGRISSO TABS 40mg, 80mg	3	NDS NM LA
TALZENNA CAPS .25mg, 1mg	3	NDS NM LA
TARCEVA TABS 25mg, 100mg, 150mg	3	NDS NM LA
TASIGNA CAPS 50mg, 150mg, 200mg	3	NDS NM
TAZVERIK TABS 200mg	3	NDS NM LA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml <i>temsirolimus (generic of</i> <i>TORISEL)</i> SOLN 25mg/ml	3	NDS B/D NM
TIBSOVO TABS 250mg	3	NDS NM LA
TORISEL SOLN 25mg/ml	3	NDS B/D NM
TRAZIMERA SOLR 420mg	3	NDS B/D NM
TRODELVY SOLR 180mg	3	NDS NM LA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM
TUKYSA TABS 50mg, 150mg	3	NDS NM LA
TURALIO CAPS 200mg	3	NDS NM LA
TYKERB TABS 250mg	3	NDS NM LA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3	NDS B/D NM
VELCADE SOLR 3.5mg	3	NDS B/D NM
VENCLEXTA TABS 10mg	3	NM LA
VENCLEXTA TABS 50mg, 100mg	3	NDS NM LA
VENCLEXTA TAB START PK	3	NDS NM LA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	3	NDS NM LA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3	NDS NM LA

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	3	NDS NM LA
VOTRIENT TABS 200mg	3	NDS NM LA
XALKORI CAPS 200mg, 250mg	3	NDS NM LA
XOSPATA TABS 40mg	3	NDS NM LA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	3	NDS NM LA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA
ZEJULA CAPS 100mg	3	NDS NM LA
ZELBORAF TABS 240mg	3	NDS NM LA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS B/D NM
ZOLINZA CAPS 100mg	3	NDS NM
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA
ZYKADIA TABS 150mg	3	NDS NM LA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml; SOLR 50mg	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
levoleucovorin calcium SOLN 250mg/25ml	1	B/D NM
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)	1	
amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
captopril & hydrochlorothiazide tab 25-25 mg	1		trandolapril-verapamil hcl tab er 2-180 mg (generic of TARKA)	1	
captopril & hydrochlorothiazide tab 50-15 mg	1		trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)	1	
captopril & hydrochlorothiazide tab 50-25 mg	1		trandolapril-verapamil hcl tab er 4-240 mg (generic of TARKA)	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1		VASERETIC TAB 10-25MG	3	
enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)	1		ZESTORETIC TAB 10-12.5	3	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1		ZESTORETIC TAB 20-12.5	3	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1		ZESTORETIC TAB 20-25MG	3	
lisinopril & hydrochlorothiazide 1 tab 10-12.5 mg (generic of ZESTORETIC)	1		ACE INHIBITORS		
lisinopril & hydrochlorothiazide 1 tab 20-12.5 mg (generic of ZESTORETIC)	1		ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	3	
lisinopril & hydrochlorothiazide 1 tab 20-25 mg (generic of ZESTORETIC)	1		ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
LOTREL CAP 5-10MG	3		benazepril hcl TABS 5mg	1	
LOTREL CAP 5-20MG	3		benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	1	
LOTREL CAP 10-20MG	3		captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
LOTREL CAP 10-40MG	3		enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	1	
quinapril-hydrochlorothiazide 1 tab 10-12.5 mg (generic of ACCURETIC)	1		EPANED SOLN 1mg/ml	3	NDS
quinapril-hydrochlorothiazide 1 tab 20-12.5 mg (generic of ACCURETIC)	1		fosinopril sodium TABS 10mg, 20mg, 40mg	1	
quinapril-hydrochlorothiazide 1 tab 20-25 mg (generic of ACCURETIC)	1		lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 30mg, 40mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1		lisinopril (generic of PRINIVIL) TABS 10mg, 20mg	1	
			LOTENSIN TABS 10mg, 20mg, 40mg	3	
			moexipril hcl TABS 7.5mg, 15mg	1	
			perindopril erbumine TABS 2mg, 4mg, 8mg	1	
			PRINIVIL TABS 10mg, 20mg	3	
			QBRELIS SOLN 1mg/ml	3	NDS
			quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ramipril</i> (generic of ALTACE) 1 CAPS 1.25mg, 2.5mg, 5mg, 10mg		
<i>trandolapril</i> TABS 1mg, 2mg 1		
<i>trandolapril</i> (generic of MAVIK) TABS 4mg 1		
VASOTEC TABS 2.5mg, 5mg 3		
VASOTEC TABS 10mg, 20mg 3 NDS	3	NDS
ZESTRIL TABS 2.5mg, 5mg, 3 10mg, 20mg, 30mg, 40mg		
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 3 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml 3		
<i>eplerenone</i> (generic of INSPRA) TABS 25mg, 50mg 1		
INSPRA TABS 25mg, 50mg 3		
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg 1		
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 3 4mg, 8mg		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg 1		
MINIPRESS CAPS 1mg, 3 2mg, 5mg	3	
<i>prazosin hcl</i> (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg 1		
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg 1		
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine</i> 1 <i>besylate-olmesartan</i> <i>medoxomil</i> tab 5-20 mg (generic of AZOR)		
<i>amlodipine</i> 1 <i>besylate-olmesartan</i> <i>medoxomil</i> tab 5-40 mg (generic of AZOR)		

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>amlodipine</i> 1 <i>besylate-olmesartan</i> <i>medoxomil</i> tab 10-20 mg (generic of AZOR)		
<i>amlodipine</i> 1 <i>besylate-olmesartan</i> <i>medoxomil</i> tab 10-40 mg (generic of AZOR)		
<i>amlodipine besylate-valsartan</i> 1 tab 5-160 mg (generic of EXFORGE)		
<i>amlodipine besylate-valsartan</i> 1 tab 5-320 mg (generic of EXFORGE)		
<i>amlodipine besylate-valsartan</i> 1 tab 10-160 mg (generic of EXFORGE)		
<i>amlodipine besylate-valsartan</i> 1 tab 10-320 mg (generic of EXFORGE)		
<i>amlodipine-valsartan-hydrochl</i> 1 <i>orothiazide</i> tab 5-160-12.5 mg (generic of EXFORGE HCT)		
<i>amlodipine-valsartan-hydrochl</i> 1 <i>orothiazide</i> tab 5-160-25 mg (generic of EXFORGE HCT)		
<i>amlodipine-valsartan-hydrochl</i> 1 <i>orothiazide</i> tab 10-160-12.5 mg (generic of EXFORGE HCT)		
<i>amlodipine-valsartan-hydrochl</i> 1 <i>orothiazide</i> tab 10-160-25 mg (generic of EXFORGE HCT)		
<i>amlodipine-valsartan-hydrochl</i> 1 <i>orothiazide</i> tab 10-320-25 mg (generic of EXFORGE HCT)		
ATACAND HCT TAB 16-12.5 3		
ATACAND HCT TAB 32-12.5 3		
ATACAND HCT TAB 32-25MG AVALIDE TAB 150-12.5 3		
AVALIDE TAB 300-12.5 3		
AZOR TAB 5-20MG 3		
AZOR TAB 5-40MG 3		
AZOR TAB 10-20MG 3		
AZOR TAB 10-40MG 3		

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
BENICAR HCT TAB 20-12.5	3		<i>irbesartan-hydrochlorothiazide</i>	1	
BENICAR HCT TAB 40-12.5	3		<i>tab 150-12.5 mg (generic of AVALIDE)</i>		
BENICAR HCT TAB 40-25MG	3		<i>irbesartan-hydrochlorothiazide</i>	1	
candesartan	1		<i>tab 300-12.5 mg (generic of AVALIDE)</i>		
<i>cilexetil-hydrochlorothiazide</i>			<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	1	
<i>tab 16-12.5 mg (generic of ATACAND HCT)</i>			<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	1	
candesartan	1		<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	1	
<i>cilexetil-hydrochlorothiazide</i>			MICARDIS HCT TAB 40/12.5	3	
<i>tab 32-12.5 mg (generic of ATACAND HCT)</i>			MICARDIS HCT TAB	3	
candesartan	1		80-25MG		
<i>cilexetil-hydrochlorothiazide</i>			MICARDIS HCT TAB 80/12.5	3	
<i>tab 32-25 mg (generic of ATACAND HCT)</i>			<i>olmesartan</i>	1	
DIOVAN HCT TAB 80/12.5	3		<i>medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>		
DIOVAN HCT TAB 160-12.5	3		<i>olmesartan</i>	1	
DIOVAN HCT TAB 160-25MG	3		<i>medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>		
DIOVAN HCT TAB 320-12.5	3		<i>olmesartan</i>	1	
DIOVAN HCT TAB 320-25MG	3		<i>medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>		
EDARBYCLOR TAB 40-12.5	3		<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	1	
EDARBYCLOR TAB 40-25MG	3		<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	1	
ENTRESTO TAB 24-26MG	2		<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	1	
ENTRESTO TAB 49-51MG	2		<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	1	
ENTRESTO TAB 97-103MG	2				
EXFORGE HCT TAB 5-160-12.5MG	3				
EXFORGE HCT TAB 5-160-25MG	3				
EXFORGE HCT TAB 10-160-12.5MG	3				
EXFORGE HCT TAB 10-160-25MG	3				
EXFORGE HCT TAB 10-320-25MG	3				
EXFORGE TAB 5-160MG	3				
EXFORGE TAB 5-320MG	3				
EXFORGE TAB 10-160MG	3				
EXFORGE TAB 10-320MG	3				
HYZAAR TAB 50-12.5	3				
HYZAAR TAB 100-12.5	3				
HYZAAR TAB 100-25	3				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)			valsartanhydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)	1	
telmisartanamlodipine tab 40-5 mg (generic of TWYNSTA)	1		valsartanhydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)	1	
telmisartanamlodipine tab 40-10 mg (generic of TWYNSTA)	1				
telmisartanamlodipine tab 80-5 mg (generic of TWYNSTA)	1				
telmisartanamlodipine tab 80-10 mg (generic of TWYNSTA)	1				
telmisartanhydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)	1		candesartancilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg, 32mg	1	
telmisartanhydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)	1		COZAARTABS 25mg, 50mg, 100mg	3	
telmisartanhydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)	1		DIOVANTABS 40mg, 80mg, 160mg, 320mg	3	
TRIBENZOR20-TAB 5-12.5MG	3		EDARBITABS 40mg, 80mg	3	
TRIBENZOR40-TAB 5-12.5MG	3		irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg	1	
TRIBENZOR40-TAB 5-25MG	3		losartanpotassium (generic of COZAAR) TABS 25mg, 50mg, 100mg	1	
TRIBENZOR40-TAB 10-12.5	3		MICARDISTABS 20mg, 40mg, 80mg	3	
TRIBENZOR40-TAB 10-25MG	3		olmesartanmedoxomil (generic of BENICAR) TABS 5mg, 20mg, 40mg	1	
TWYNSTA TAB 40-5MG	3		telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg	1	
TWYNSTA TAB 40-10MG	3		valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg, 320mg	1	
TWYNSTA TAB 80-5MG	3				
TWYNSTA TAB 80-10MG	3				
valsartanhydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)	1				
valsartanhydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)	1				
valsartanhydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	1	NM	fenofibrate micronized 43mg, 67mg, 130mg, 134mg, 200mg	CAPS 1	
flecainide acetate TABS 50mg, 100mg, 150mg	1		gemfibrozil (generic of LOPID) TABS 600mg	1	
MULTAQ TABS 400mg	3		LIPOFEN CAPS 50mg, 150mg	3	
NORPACE CAPS 100mg, 150mg	3		LOPID TABS 600mg	3	
NORPACE CR CP12 100mg, 150mg	3		TRICOR TABS 48mg, 145mg	3	
pacerone TABS 100mg, 200mg, 400mg	1		TRIGLIDE TABS 160mg	3	
propafenone hcl (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1		TRILIPPIX CPDR 45mg, 135mg	3	
propafenone hcl TABS 150mg, 225mg, 300mg	1		ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
quinidine sulfate TABS 200mg, 300mg	1		ALTOPREV TB24 20mg, 40mg, 60mg	3	NDS
RYTHMOL SR CP12 225mg	3		atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg	1	
RYTHMOL SR CP12 325mg, 425mg	3	NDS	CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3	
sorine (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	
sorine TABS 240mg	1		FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	
sotalol hcl (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1		fluvastatin sodium CAPS 20mg, 40mg	1	
sotalol hcl TABS 240mg	1		fluvastatin sodium (generic of LESCOL XL) TB24 80mg	1	
sotalol hcl (afib/afl) (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1		LESCOL XL TB24 80mg	3	
SOTYLIZE SOLN 5mg/ml	3		LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM	LIVALO TABS 1mg, 2mg, 4mg	3	
ANTI-LIPEMICS, FIBRATES			lovastatin TABS 10mg, 20mg, 40mg	1	
ANTARA CAPS 30mg, 90mg	3		pravastatin sodium TABS 10mg, 80mg	1	
choline fenofibrate (generic of TRILIPPIX) CPDR 45mg, 135mg	1		pravastatin sodium (generic of PRAVACHOL) TABS 20mg, 40mg	1	
fenofibrate CAPS 50mg, 150mg; TABS 54mg, 160mg	1		rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg	1	
fenofibrate (generic of TRICOR) TABS 48mg, 145mg	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>simvastatin</i> (generic of ZOCOR) TABS 5mg, 10mg, 20mg, 40mg	1		NEXLIZET TAB 180/10MG	3	
<i>simvastatin</i> (generic of ZOCOR) TABS 80mg QL (30 tabs / 30 days)	1	QL	<i>niacin (antihyperlipidemic)</i> TABS 500mg	1	
ZOCOR TABS 10mg, 20mg, 30mg			<i>niacin (antihyperlipidemic)</i> (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg	1	
ZOCOR TABS 80mg QL (30 tabs / 30 days)	3	QL	<i>niacor</i> TABS 500mg	1	
ZYPITAMAG TABS 2mg, 4mg	3		NIASPAN TBCR 500mg, 750mg, 1000mg	3	
ANTI-LIPEMICS, MISCELLANEOUS					
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1		<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	1	
<i>cholestyramine light</i> PACK 4gm	1		PRALUENT SOAJ 75mg/ml, 150mg/ml	2	NM
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1		<i>prevalite</i> PACK 4gm	1	
<i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1		<i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3		QUESTRAN PACK 4gm; POWD 4gm/dose	3	
<i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1		QUESTRAN LIGHT POWD 4gm/dose	3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg	1		VASCEPA CAPS .5gm, 1gm	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)	1		VYTORIN TAB 10-10MG	3	
<i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)	1		VYTORIN TAB 10-20MG	3	
<i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)	1		VYTORIN TAB 10-40MG	3	
<i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)	1		VYTORIN TAB 10-80MG	3	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA	WELCHOL PACK 3.75gm; TABS 625mg	3	
LOVAZA CAP 1GM	3		ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS					
<i>atenolol & chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)	1		<i>atenolol & chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)	1		<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	1		<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
D/S - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LOPRESS HCT TAB 50-25MG	3	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg (generic of LOPRESSOR</i> <i>HCT)</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> <i>100-25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> <i>100-50 mg</i>	1	
<i>propranolol &</i> <i>hydrochlorothiazide tab 40-25</i> <i>mg</i>	1	
<i>propranolol &</i> <i>hydrochlorothiazide tab 80-25</i> <i>mg</i>	1	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
<i>atenolol (generic of</i> <i>TENORMIN) TABS 25mg,</i> <i>50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg,</i> <i>20mg</i>	1	
<i>bisoprolol fumarate TABS</i> <i>5mg, 10mg</i>	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	
<i>carvedilol (generic of COREG) 1</i> <i>TABS 3.125mg, 6.25mg,</i> <i>12.5mg, 25mg</i>	1	
<i>carvedilol phosphate (generic</i> <i>of COREG CR) CP24 10mg,</i> <i>20mg, 40mg, 80mg</i>	1	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3	
CORGARD TABS 20mg, 40mg, 80mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	3	NDS

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
KAPSPARGO SPRINKLE	3	
CS24 25mg, 50mg, 100mg, 200mg		
<i>labetalol hcl SOLN 5mg/ml;</i> <i>TABS 100mg, 200mg, 300mg</i>	1	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate (generic</i> <i>of TOPROL XL) TB24 25mg,</i> <i>50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOCT</i> <i>5mg/5ml; SOLN 5mg/5ml;</i> <i>TABS 25mg, 37.5mg, 75mg</i>	1	
<i>metoprolol tartrate (generic of</i> <i>LOPRESSOR) TABS 50mg,</i> <i>100mg</i>	1	
<i>nadolol (generic of</i> <i>CORGARD) TABS 20mg,</i> <i>40mg, 80mg</i>	1	
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl (generic of</i> <i>INDERAL LA) CP24 60mg,</i> <i>80mg, 120mg, 160mg</i>	1	
<i>propranolol hcl SOLN</i> <i>1mg/ml, 20mg/5ml, 40mg/5ml;</i> <i>TABS 10mg, 20mg, 40mg,</i> <i>60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg,</i> <i>10mg, 20mg</i>	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate (generic</i> <i>of NORVASC) TABS 2.5mg,</i> <i>5mg, 10mg</i>	1	
CALAN SR TBCR 120mg, 240mg	3	
CARDIZEM TABS 30mg	3	
CARDIZEM TABS 60mg, 120mg	3	NDS
CARDIZEM CD CP24 120mg, 180mg, 240mg, 300mg, 360mg	3	NDS
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1		<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1		NORVASC TABS 2.5mg, 5mg, 10mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1		NYMALIZE SOLN 6mg/ml	3	NDS
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1		PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1		SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release</i> beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1		TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>isradipine</i> CAPS 2.5mg, 5mg	1		<i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg	1	
KATERZIA SUSP 1mg/ml	3		<i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg	1	
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1		<i>verapamil hcl</i> CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1		<i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg	1	
NICARDIPINE SOL 20/200ML	3		VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
NICARDIPINE SOL 40/200ML	3		VERELAN PM CP24 100mg, 200mg, 300mg	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1		DIURETICS		
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>nimodipine</i> CAPS 30mg	1		ALDACTAZIDE TAB 25/25	3	
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1		ALDACTAZIDE TAB 50/50	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
bumetanide (generic of BUMEX) TABS .5mg, 1mg, 2mg	1		MISCELLANEOUS		
chlorthalidone TABS 25mg, 50mg	1		aliskiren fumarate (generic of TEKTURNA) TABS 150mg, 300mg	1	
DIURIL SUSP 250mg/5ml	3		amlodipine	1	
DYAZIDE CAP 37.5-25	3		besylate-atorvastatin calcium tab 2.5-10 mg		
EDECRIN TABS 25mg	3	NDS	amlodipine	1	
ethacrynic acid (generic of EDECRIN) TABS 25mg	1		besylate-atorvastatin calcium tab 2.5-20 mg		
furosemide SOLN 8mg/ml, 10mg/ml	1		amlodipine	1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1		besylate-atorvastatin calcium tab 2.5-40 mg		
furosemide inj SOLN 10mg/ml	1		amlodipine	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1		besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)		
indapamide TABS 1.25mg, 2.5mg	1		amlodipine	1	
KEVEYIS TABS 50mg	3	NDS NM	besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)		
LASIX TABS 20mg, 40mg, 80mg	3		amlodipine	1	
MAXZIDE TAB 75-50	3		besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)		
MAXZIDE-25 TAB	3		amlodipine	1	
methazolamide TABS 25mg, 50mg	1		besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)		
metolazone TABS 2.5mg, 5mg, 10mg	1		amlodipine	1	
spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)	1		besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)		
torsemide TABS 5mg, 10mg, 1 20mg, 100mg			amlodipine	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYAZIDE)	1		besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)		
triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)	1		amlodipine	1	
triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)	1		besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)		
			amlodipine	1	
			besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)		
			BIDIL TAB	3	
			CADUET TAB 5-10MG	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CADUET TAB 5-20MG	3		LANOXIN PEDIATRIC	3	
CADUET TAB 5-40MG	3		SOLN .1mg/ml		
CADUET TAB 5-80MG	3		<i>methyldopa</i> TABS 250mg, 500mg	1	
CADUET TAB 10-10MG	3		<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
CADUET TAB 10-20MG	3		<i>minoxidil</i> TABS 2.5mg, 10mg	1	
CADUET TAB 10-40MG	3		NORTHERA CAPS 100mg, 200mg, 300mg	3	NDS NM LA
CADUET TAB 10-80MG	3		<i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg	3	NDS
CATAPRES TABS .1mg,.2mg, .3mg	3		RANEXA TB12 500mg, 1000mg	3	
CATAPRES-TTS-1 PTWK .1mg/24hr	3		<i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg	1	
CATAPRES-TTS-2 PTWK .2mg/24hr	3		TEKTURNA TABS 150mg, 300mg	3	
CATAPRES-TTS-3 PTWK .3mg/24hr	3		TEKTURNA HCT TAB 150-12.5	3	
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1		TEKTURNA HCT TAB 150-25MG	3	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1		TEKTURNA HCT TAB 300-12.5	3	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1		TEKTURNA HCT TAB 300-25MG	3	
clonidine hcl (generic of CATAPRES) TABS .1mg,.2mg, .3mg	1		VYNDAMAX CAPS 61mg	3	NDS NM LA
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	3		VYNDAQEL CAPS 20mg	3	NDS NM LA
DEMSER CAPS 250mg	3	NDS	NITRATES		
DIBENZYLINE CAPS 10mg	3	NDS	DILATRATE SR CPCR 40mg	3	
digitek (generic of LANOXIN) TABS .125mg, .25mg	1		ISORDIL TITRADOSE TABS 3 5mg	3	
digox (generic of LANOXIN) TABS 125mcg, 250mcg	1		ISORDIL TITRADOSE TABS 3 40mg	3	NDS
digoxin SOLN .05mg/ml	1		<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml; TABS 125mcg, 250mcg	1		<i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg	1	
guanfacine hcl TABS 1mg, 2mg	2		<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg	3	NDS
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1		<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		REVATIO SUSR 10mg/ml; TABS 20mg	3	NDS NM PA
NITRO-BID OINT 2%	2		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml	3	NDS NM PA
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .3mg/hr, .4mg/hr, .6mg/hr, .8mg/hr	3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		tadalafil (pulmonary hypertension) (generic of ADCIRCA) TABS 20mg	3	NDS NM PA
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSpray) SOLN .4mg/spray	1		TRACLEER TABS 62.5mg, 125mg; TBSO 32mg	3	NDS NM LA
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1		treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS B/D NM LA
NITROLINGUAL PUMPSpray SOLN .4mg/spray	3		TYVASO SOLN .6mg/ml	3	NDS B/D NM
NITROSTAT SUBL .3mg, .4mg, .6mg	3		UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA
PULMONARY ARTERIAL HYPERTENSION					
ADCIRCA TABS 20mg	3	NDS NM PA	UPTRAVI TAB 200/800	3	NDS NM LA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA	VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA
alyq (generic of ADCIRCA) TABS 20mg	3	NDS NM PA	VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS B/D NM
ambrisentan (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA	CENTRAL NERVOUS SYSTEM		
bosentan (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA	ANTIANXIETY		
epoprostenol sodium (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA	alprazolam (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg	1	
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA	ALPRAZOLAM INTENSOL CONC 1mg/ml	3	
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA	ATIVAN SOLN 2mg/ml, 4mg/ml	3	
OPSUMIT TABS 10mg	3	NDS NM LA	ATIVAN TABS .5mg, 1mg, 2mg	3	NDS
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA	buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
ORENITRAM TBCR .125mg	3	NM LA	fluvoxamine maleate CP24 100mg, 150mg; TABS 25mg, 50mg, 100mg	1	
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS B/D NM LA	lorazepam (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml; TABS .5mg, 1mg, 2mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits	
<i>lorazepam intenso</i> CONC 2mg/ml	1	
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	3	NDS
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	3	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	NDS
BRIVIACT SOLN 50mg/5ml	3	
carbamazepine CHEW 100mg	1	
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1	
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1	
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam (generic of ONFI) SUSP 2.5mg/ml; TABS 10mg, 20mg	1	
clonazepam (generic of KLONOPIN) TABS .5mg, 1mg, 2mg	1	
clonazepam TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIASTAT ACUDIAL GEL 10mg, 20mg	3	
DIASTAT PEDIATRIC GEL 2.5mg	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>diazepam</i> CONC 5mg/ml; SOLN 5mg/5ml	1	
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg	1	
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam</i> inj SOLN 5mg/ml	1	
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	3	NDS NM LA PA
<i>epitol</i> (generic of TEGRETOL) TABS 200mg	1	
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	3	NDS
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FYCOMPA TABS 2mg	3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
B/D - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
GABITRIL TABS 2mg, 4mg, 3 12mg, 16mg			<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg		1
KEPPRA SOLN 100mg/ml, 3 500mg/5ml; TABS 500mg, 750mg, 1000mg		NDS	<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg		1
KEPPRA TABS 250mg	3		<i>lamotrigine tab 25 mg (42) &</i> <i>100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)		1
KEPPRA XR TB24 500mg, 3 750mg		NDS	<i>lamotrigine tab 84 x 25 mg &</i> <i>14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)		1
KLONOPIN TABS .5mg, 1mg, 2mg	3		LEVETIRACETA INJ 5MG/ML	3	
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS	LEVETIRACETA INJ	3	
LAMICTAL CHEWABLE	3	NDS	LEVETIRACETA INJ	3	
DISPERS CHEW 5mg, 25mg			<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg		1
LAMICTAL ODT TBDP 25mg	3		<i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg		1
LAMICTAL ODT TBDP 50mg, 100mg, 200mg	3	NDS	<i>levetiracetam in sodium</i> <i>chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)		1
LAMICTAL ODT KIT	3		<i>levetiracetam in sodium</i> <i>chloride iv soln 1000</i> <i>mg/100ml</i> (generic of LEVETIRACETAM)		1
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3		<i>levetiracetam in sodium</i> <i>chloride iv soln 1500</i> <i>mg/100ml</i> (generic of LEVETIRACETAM)		1
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		LYRICA CAPS 25mg, 50mg, 3 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml		
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		MYSOLINE TABS 50mg, 250mg	3	NDS
LAMICTAL XR TB24 25mg	3		NAYZILAM SOLN 5mg/0.1ml	3	
LAMICTAL XR TB24 50mg, 3 100mg, 200mg, 250mg, 300mg		NDS			
LAMICTAL XR KIT	3				
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1				
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1				
<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
NEURONTIN CAPS 100mg, 300mg, 400mg			QUDEXY XR CS24 25mg, 50mg, 100mg		3
NEURONTIN SOLN 250mg/5ml; TABS 600mg, 800mg	3	NDS	QUDEXY XR CS24 150mg, 200mg	3	NDS
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	3	NDS	roweepra (generic of KEPPTRA) TABS 500mg, 750mg, 1000mg	1	
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		roweepra xr (generic of KEPPTRA XR) TB24 500mg, 750mg	1	
OXTELLAR XR TB24 150mg, 300mg	3		SABRIL PACK 500mg; TABS 500mg	3	NDS NM LA
OXTELLAR XR TB24 600mg	3	NDS	SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	3	
PEGANONE TABS 250mg	3		subvenite (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
phenobarbital ELIX 20mg/5ml	3		subvenite starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2		subvenite starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	1	
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	3		subvenite starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1	
PHENYTEK CAPS 200mg, 300mg	3		SYMPAZAN FILM 5mg	3	
phenytoin (generic of DILANTIN INFATABS) CHEW 50mg	1		SYMPAZAN FILM 10mg, 20mg	3	NDS
phenytoin (generic of DILANTIN-125) SUSP 125mg/5ml	1		TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
phenytoin sodium SOLN 50mg/ml	1		TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
phenytoin sodium extended (generic of DILANTIN) CAPS 100mg	1		tiagabine hcl (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1	
phenytoin sodium extended (generic of PHENYTEK) CAPS 200mg, 300mg	1		TOPAMAX TABS 25mg	3	
pregabalin (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1		TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS
primidone (generic of MYSOLINE) TABS 50mg, 250mg	1		TOPAMAX SPRINKLE CPSP 15mg	3	
			TOPAMAX SPRINKLE CPSP 25mg	3	NDS
			topiramate (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
topiramate CS24 25mg, 50mg, 100mg, 150mg	1		ARICEPT TABS 5mg, 10mg, 3 23mg		
topiramate CS24 200mg	3	NDS	<i>donepezil hydrochloride</i> 1 (generic of ARICEPT) TABS 5mg, 10mg, 23mg		
topiramate (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		<i>donepezil hydrochloride</i> 1 TBDP 5mg, 10mg		
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS	EXELON PT24 4.6mg/24hr, 3 9.5mg/24hr, 13.3mg/24hr		
TRILEPTAL TABS 150mg	3		<i>galantamine hydrobromide</i> 1 (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg		
TROKENDI XR CP24 25mg, 50mg	3		<i>galantamine hydrobromide</i> 1 SOLN 4mg/ml; TABS 8mg, 12mg		
TROKENDI XR CP24 100mg, 200mg	3	NDS	<i>galantamine hydrobromide</i> 1 (generic of RAZADYNE) TABS 4mg		
VALIUM TABS 2mg, 5mg, 10mg	3		<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1		<i>memantine hcl</i> SOLN 1 2mg/ml PA if < 30 yrs	1	PA
valproic acid CAPS 250mg	1		<i>memantine hcl</i> (generic of NAMENDA) TABS 5mg, 10mg PA if < 30 yrs	1	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3		<i>memantine hcl tab 28 x 5 mg</i> 1 & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA
vigabatrin (generic of SABRIL) PACK 500mg; TABS 500mg	3	NDS NM LA	NAMENDA TABS 5mg, 3 10mg PA if < 30 yrs	3	PA
vigadron (generic of SABRIL) PACK 500mg	3	NDS NM LA	NAMENDA TAB 5-10MG 3 PA if < 30 yrs	3	PA
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg	3	NDS	NAMENDA XR CP24 7mg, 3 14mg, 21mg, 28mg PA if < 30 yrs	3	PA
VIMPAT TABS 50mg	3		NAMENDA XR CAP 3 TITRATIO PA if < 30 yrs	3	PA
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	3	NDS	NAMZARIC CAP 7-10MG 3	3	
XCOPRI PAK 12.5-25	3		NAMZARIC CAP 14-10MG 3	3	
XCOPRI PAK 50-100MG	3	NDS			
XCOPRI PAK 150-200MG (MAINTENANCE)	3	NDS			
XCOPRI PAK 150-200MG (TITRATION)	3	NDS			
XCOPRI TAB 50-200MG	3	NDS			
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3				
zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg	1				
zonisamide CAPS 50mg	1				
ANTIDEMENTIA					

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NAMZARIC CAP 21-10MG	3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24	1	
NAMZARIC CAP 28-10MG	3		25mg, 50mg, 100mg		
NAMZARIC CAP PACK	3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
RAZADYNE ER CP24 8mg, 16mg, 24mg	3		<i>doxepin hcl</i> CAPS 150mg	3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg	1	
ANTIDEPRESSANTS					
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		<i>duloxetine hcl</i> CPEP 40mg	1	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2		EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS	EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS
bupropion hcl TABS 75mg, 100mg; TB24 450mg	1		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1		<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1		FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	
CELEXA TABS 10mg, 20mg, 40mg	3		FETZIMA CAP TITRATIO	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1		<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1		<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg	1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3		<i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg	1	
CYMBALTA CPEP 20mg, 30mg, 60mg	3		<i>fluoxetine hcl</i> (pmdd) (generic of SARAFEM) TABS 10mg, 20mg (generic of SARAFEM)	1	
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3		FLUOXETINE HYDROCHLORIDE TABS 60mg	3	
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3		FORFIVO XL TB24 450mg	3	
DESVENLAFAKINE ER TB24 50mg, 100mg	3		<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>imipramine pamoate</i> CAPS 3 75mg, 100mg, 125mg, 150mg			<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3		PROZAC CAPS 10mg, 20mg	3	
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1		PROZAC CAPS 40mg	3	NDS
MARPLAN TABS 10mg	3		REMERON TABS 15mg, 30mg	3	
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		SARAFEM TABS 10mg, 20mg	3	
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
NARDIL TABS 15mg	3		SPRAVATO SOL 56MG DOS	3	NDS B/D NM LA
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		SPRAVATO SOL 84MG DOS	3	NDS B/D NM LA
NORPRAMIN TABS 10mg, 25mg	3		<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS	TRINTELLIX TABS 5mg, 10mg, 20mg	3	
PARNATE TABS 10mg	3	NDS	<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 225mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg	3		VIIBRYD TABS 10mg, 20mg, 40mg	3	
PAXIL SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg	3		VIIBRYD KIT STARTER	3	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3		WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	3		WELLBUTRIN XL TB24 150mg, 300mg	3	NDS
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1		ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
PRISTIQ TB24 25mg, 50mg, 100mg	3		ANTIPARKINSONIAN AGENTS		
			amantadine hcl CAPS 100mg; SYRP 50mg/5ml; TABS 100mg	1	
			APOKYN SOCT 30mg/3ml	3	NDS NM LA

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Limits
AZILECT TABS .5mg, 1mg	3	NDS
benztropine mesylate (generic of COGENTIN) SOLN 1mg/ml		
benztropine mesylate TABS .5mg, 1mg, 2mg	2	
bromocriptine mesylate (generic of PARLODEL) CAPS 5mg; TABS 2.5mg	1	
carbidopa (generic of LODOSYN) TABS 25mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	1	
carbidopa & levodopa tab 25-250 mg (generic of SINEMET)	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 25-100-200 mg (generic of STALEVO 100)	1	
carbidopa-levodopa-entacapo ne tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapo ne tabs 37.5-150-200 mg (generic of STALEVO 150)	1	
carbidopa-levodopa-entacapo ne tabs 50-200-200 mg	1	
COGENTIN SOLN 1mg/ml	3	
COMTAN TABS 200mg	3	NDS
DUOPA SUS 4.63-20	3	NDS B/D NM

Drug Name	Drug Requirements/ Tier	Limits
entacapone (generic of COMTAN) TABS 200mg	1	
GOCOVRI CP24 68.5mg, 137mg	3	NDS NM LA
INBRIJA CAPS 42mg	3	NDS NM LA
LODOSYN TABS 25mg	3	NDS
MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	3	NDS NM
OSMOLEX ER TB24 129mg, 193mg, 258mg	3	NM
OSMOLEX ER PAK	3	NM
PARLODEL CAPS 5mg; TABS 2.5mg	3	
pramipexole dihydrochloride TABS .25mg, 1.5mg	1	
pramipexole dihydrochloride (.125mg, .5mg, .75mg, 1mg)	1	
pramipexole dihydrochloride (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg	1	
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 8mg	1	
ropinirole hydrochloride (generic of REQUIP XL) TB24 6mg, 12mg	1	
RYTARY CAP 95MG	3	
RYTARY CAP 145MG	3	
RYTARY CAP 195MG	3	
RYTARY CAP 245MG	3	
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
SINEMET TAB 25-250MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	NDS
STALEVO 100 TAB	3	NDS
STALEVO 125 TAB	3	NDS
STALEVO 150 TAB	3	NDS
STALEVO 200 TAB	3	NDS
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	2	
XADAGO TABS 50mg, 100mg	3	NDS
ZELAPAR TBDP 1.25mg	3	NDS
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	3	NDS
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	NDS
<i>aripiprazole</i> SOLN 1mg/ml; TBDP 10mg, 15mg	3	NDS
<i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	3	NDS
ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
CAPLYTA CAPS 42mg	3	
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	3	
<i>chlorpromazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TBDP 12.5mg, 25mg, 100mg	1	
<i>clozapine</i> TBDP 150mg, 200mg	3	NDS
CLOZARIL TABS 25mg, 50mg	3	

Drug Name	Drug Requirements/ Tier	Limits
CLOZARIL TABS 100mg, 200mg	3	NDS
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	3	NDS
FANAPT PAK	3	
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	3	NDS
GEODON SOLR 20mg	3	
HALDOL SOLN 5mg/ml	3	
HALDOL DECANOATE 50 SOLN 50mg/ml	3	
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml	1	
<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	1	
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	3	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	3	NDS
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1		SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1		SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	3	
NUPLAZID CAPS 34mg; TABS 10mg	3	NDS NM LA	SEROQUEL TABS 25mg, 50mg, 100mg, 200mg	3	
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	1		SEROQUEL TABS 300mg, 400mg	3	NDS
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TB24 5mg, 10mg, 15mg, 20mg	1		SEROQUEL XR TB24 50mg, 150mg, 200mg, 300mg	3	
<i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 6mg, 9mg	1		SEROQUEL XR TB24 400mg	3	NDS
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1		<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
PERSERIS PRSY 90mg, 120mg	3	NDS	<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1		<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		VERSACLOZ SUSP 50mg/ml	3	NDS
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 150mg, 200mg, 300mg, 400mg	1		VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	NDS
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3		VRAYLAR CAP 1.5-3MG	3	
RISPERDAL SOLN 1mg/ml; TABS 2mg, 3mg, 4mg	3	NDS	<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg	1	
RISPERDAL TABS .5mg, 1mg	3		<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg	1	
RISPERDAL CONSTA SRER 12.5mg, 25mg	3		ZYPREXA SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg	3	
RISPERDAL CONSTA SRER 37.5mg, 50mg	3	NDS	ZYPREXA TABS 15mg, 20mg	3	NDS
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 3mg, 4mg	1		ZYPREXA RELPREVV SUSR 210mg	3	
<i>risperidone</i> TABS .25mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1		ZYPREXA RELPREVV SUSR 300mg, 405mg	3	NDS
			ZYPREXA ZYDIS TBDP 5mg, 10mg	3	
			ZYPREXA ZYDIS TBDP 15mg, 20mg	3	NDS
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
			ADDERALL TAB 5MG	3	
			ADDERALL TAB 7.5MG	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ADDERALL TAB 10MG	3		<i>amphetamine-dextroampheta</i>	1	
ADDERALL TAB 12.5MG	3		<i>mine tab 12.5 mg (generic of ADDERALL)</i>		
ADDERALL TAB 15MG	3		<i>amphetamine-dextroampheta</i>	1	
ADDERALL TAB 20MG	3		<i>mine tab 15 mg (generic of ADDERALL)</i>		
ADDERALL TAB 30MG	3		<i>amphetamine-dextroampheta</i>	1	
ADDERALL XR CAP 5MG	3		<i>mine tab 20 mg (generic of ADDERALL)</i>		
ADDERALL XR CAP 10MG	3		<i>amphetamine-dextroampheta</i>	1	
ADDERALL XR CAP 15MG	3		<i>mine tab 30 mg (generic of ADDERALL)</i>		
ADDERALL XR CAP 20MG	3		APTENSIO XR CP24 10mg,	3	
ADDERALL XR CAP 25MG	3		15mg, 20mg, 30mg, 40mg, 50mg, 60mg		
ADDERALL XR CAP 30MG	3		<i>atomoxetine hcl (generic of STRATTERA) CAPS 10mg,</i>	1	
ADZENYS ER SUER 1.25mg/ml	3		18mg, 25mg, 40mg, 60mg, 80mg, 100mg		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	3		CONCERTA TBCR 18mg,	3	
<i>amphetamine SUER</i>	1		27mg, 36mg, 54mg		
1.25mg/ml			COTEMPLA XR-ODT TBED	3	
<i>amphetamine-dextroampheta</i>	1		8.6mg, 17.3mg, 25.9mg		
<i>mine cap er 24hr 5 mg (generic of ADDERALL XR)</i>			DAYTRANA PTCH	3	
<i>amphetamine-dextroampheta</i>	1		10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr		
<i>mine cap er 24hr 10 mg (generic of ADDERALL XR)</i>			DEXEDRINE CP24 5mg,	3	NDS
<i>amphetamine-dextroampheta</i>	1		10mg, 15mg		
<i>mine cap er 24hr 15 mg (generic of ADDERALL XR)</i>			<i>dexamphetamine hcl</i>	1	
<i>amphetamine-dextroampheta</i>	1		<i>(generic of FOCALIN XR)</i>		
<i>mine cap er 24hr 20 mg (generic of ADDERALL XR)</i>			CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg		
<i>amphetamine-dextroampheta</i>	1		<i>dexamphetamine hcl</i>	1	
<i>mine cap er 24hr 25 mg (generic of ADDERALL XR)</i>			<i>(generic of FOCALIN) TABS</i>		
<i>amphetamine-dextroampheta</i>	1		2.5mg, 5mg, 10mg		
<i>mine cap er 24hr 30 mg (generic of ADDERALL XR)</i>			<i>dextroamphetamine sulfate</i>	1	
<i>amphetamine-dextroampheta</i>	1		<i>(generic of DEXEDRINE)</i>		
<i>mine tab 5 mg (generic of ADDERALL)</i>			CP24 5mg, 10mg, 15mg		
<i>amphetamine-dextroampheta</i>	1		<i>dextroamphetamine sulfate</i>	1	
<i>mine tab 7.5 mg (generic of ADDERALL)</i>			TABS 5mg, 10mg		
<i>amphetamine-dextroampheta</i>	1		DYANAVEL XR SUER	3	
<i>mine tab 10 mg (generic of ADDERALL)</i>			2.5mg/ml		

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FOCALIN XR	CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	RITALIN LA	CP24 10mg, 20mg, 30mg, 40mg	3
<i>guanfacine hcl (adhd) (generic of INTUNIV)</i>	TB24 1mg, 2mg, 3mg, 4mg	2	STRATTERA	CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	3
INTUNIV	TB24 1mg, 2mg, 3mg, 4mg	3	VYVANSE	CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	3
JORNAY PM	CP24 20mg, 40mg, 60mg, 80mg, 100mg	3	<i>zenzedi</i>	TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg	1
<i>metadate er</i>	TBCR 20mg	1	HYPNOTICS		
METHYLIN	SOLN 5mg/5ml, 10mg/5ml	3	AMBIEN	TABS 5mg, 10mg	3
<i>methylphenidate hcl</i>	CHEW 1 2.5mg, 5mg, 10mg; CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; CPCR 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; TB24 18mg, 27mg, 36mg, 54mg; TBCR 10mg, 20mg	1	AMBIEN CR	TBCR 6.25mg, 12.5mg	3
<i>methylphenidate hcl (generic of RITALIN LA)</i>	CP24 10mg, 20mg, 30mg, 40mg	1	BELSOMRA	TABS 5mg, 10mg, 15mg, 20mg	3
<i>methylphenidate hcl (generic of METHYLIN)</i>	SOLN 5mg/5ml, 10mg/5ml	1	DAYVIGO	TABS 5mg, 10mg	3
<i>methylphenidate hcl (generic of RITALIN)</i>	TABS 5mg, 10mg, 20mg	1	<i>doxepin hcl (sleep) (generic of SILENOR)</i>	TABS 3mg, 6mg	1
<i>methylphenidate hcl (generic of CONCERTA)</i>	TBCR 18mg, 27mg, 36mg, 54mg	1	EDLUAR	SUBL 5mg, 10mg	3
METHYLPHENIDATE	3		<i>eszopiclone (generic of LUNESTA)</i>	TABS 1mg, 2mg, 3mg	2
HYDROCHLO	TBCR 72mg		HALCION	TABS .25mg	3
MYDAYIS CAP	12.5MG	3	HETLIOZ	CAPS 20mg	3
MYDAYIS CAP	25MG	3	LUNESTA	TABS 1mg, 2mg, 3mg	NDS NM LA
MYDAYIS CAP	37.5MG	3	<i>ramelteon (generic of ROZEREM)</i>	TABS 8mg	1
MYDAYIS CAP	50MG	3	RESTORIL	CAPS 7.5mg, 15mg, 22.5mg, 30mg	3
QUILLICHEW ER	CHER 20mg, 30mg, 40mg	3	SILENOR	TABS 3mg, 6mg	3
QUILLIVANT XR	SRER 25mg/5ml	3	<i>temazepam (generic of RESTORIL)</i>	CAPS 7.5mg, 15mg, 30mg	1
RELEXXII	TBCR 72mg	3	<i>temazepam (generic of RESTORIL)</i>	CAPS 22.5mg	3
RITALIN	TABS 5mg, 10mg, 20mg	3	<i>triazolam (generic of HALCION)</i>	TABS .25mg	2
			<i>triazolam</i>	TABS .125mg	2
			<i>zaleplon</i>	CAPS 5mg, 10mg	2
			<i>zolpidem tartrate</i>	SUBL 1.75mg, 3.5mg	3

PA - Prior Authorization **QL** - Quantity Limits
 under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg</i>	1		<i>rizatriptan benzoate (generic of MAXALT) TABS 10mg</i>	1	
<i>zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg</i>	2		<i>rizatriptan benzoate (generic of MAXALT-MLT) TBDP 10mg</i>	1	
MIGRAINE			<i>sumatriptan (generic of IMITREX) SOLN 5mg/act, 20mg/act</i>	1	
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	NM	<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml, 6mg/0.5ml</i>	1	
<i>almotriptan malate TABS 6.25mg, 12.5mg</i>	1		<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml, 6mg/0.5ml</i>	1	
AMERGE TABS 1mg, 2.5mg	3		<i>sumatriptan succinate (generic of IMITREX) SOLN 6mg/0.5ml; TABS 25mg, 50mg, 100mg</i>	1	
D.H.E. 45 SOLN 1mg/ml	3	NDS	<i>sumatriptan succinate SOSY 6mg/0.5ml</i>	1	
<i>dihydroergotamine mesylate (generic of D.H.E. 45) SOLN 1mg/ml</i>	3	NDS	<i>sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET)</i>	1	
<i>dihydroergotamine mesylate (generic of MIGRALAN) SOLN 4mg/ml</i>	3	NDS	TREXIMET TAB 85-500MG	3	NDS
<i>eletriptan hydrobromide (generic of RELPAX) TABS 20mg, 40mg</i>	1		ZEMBRACE SYMTOUCH	3	NDS
<i>ergotamine w/ caffeine tab 1-100 mg (generic of CAFERGOT)</i>	1		SOAJ 3mg/0.5ml		
FROVA TABS 2.5mg	3	NDS	<i>zolmitriptan (generic of ZOMIG) TABS 2.5mg, 5mg</i>	1	
<i>frovatriptan succinate (generic of FROVA) TABS 2.5mg</i>	1		<i>zolmitriptan (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg</i>	1	
IMITREX SOLN 5mg/act, 20mg/act; TABS 25mg, 50mg, 100mg	3		ZOMIG SOLN 2.5mg, 5mg	3	
IMITREX SOLN 6mg/0.5ml	3	NDS	ZOMIG TABS 2.5mg, 5mg	3	NDS
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	3	NDS	ZOMIG ZMT TBDP 2.5mg, 5mg	3	NDS
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	3	NDS	MISCELLANEOUS		
MAXALT TABS 10mg	3		AUSTEDO TABS 6mg, 9mg, 12mg	3	NDS NM
MAXALT-MLT TBDP 10mg	3		BRISDELLE CAPS 7.5mg	3	
<i>migergot</i>	3	NDS	EQUETRO CP12 100mg, 200mg, 300mg	3	
<i>naratriptan hcl (generic of AMERGE) TABS 1mg, 2.5mg</i>	1		FIRDAPSE TABS 10mg	3	NDS NM LA
ONZETRA XSAIL EXHP 11mg/nosepc	3	NDS	GRALISE TABS 300mg, 600mg	3	PA
RELPAX TABS 20mg, 40mg	3		GRALISE STAR MIS 300/600	3	PA
<i>rizatriptan benzoate TABS 5mg; TBDP 5mg</i>	1				

PA - Prior Authorization **QL** - Quantity Limits
 under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 80mg	3	NDS NM
INGREZZA CAP 40-80MG	3	NDS NM
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg	2	PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESSPAN TBCR 180mg	3	NDS
NUEDEXTA CAP 20-10MG	3	PA
<i>paroxetine mesylate</i> (<i>vasomotor</i>) (generic of BRISDELLE) CAPS 7.5mg	3	
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 30mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESSPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA
RILUTEK TABS 50mg	3	NDS
<i>riluzole</i> (generic of RILUTEK) TABS 50mg	1	
RUZURGI TABS 10mg	3	NDS NM LA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	
SAVELLA MIS TITR PAK	3	
TEGSEDI SOSY 284mg/1.5ml	3	NDS NM LA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg, 25mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TIGLUTIK SUSP 50mg/10ml	3	NDS
XENAZINE TABS 12.5mg, 25mg	3	NDS NM LA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	3	NDS NM LA
AUBAGIO TABS 7mg, 14mg	3	NDS NM LA
AVONEX PSKT 30mcg/0.5ml	3	NDS NM
AVONEX PEN AJKT 30mcg/0.5ml	3	NDS NM
BETASERON KIT .3mg	3	NDS NM
COPAXONE SOSY 20mg/ml, 40mg/ml	3	NDS NM
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg	1	NM
GILENYA CAPS .5mg	3	NDS NM
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml, 40mg/ml	3	NDS NM
LEMTRADA SOLN 12mg/1.2ml	3	NDS NM LA
MAVENCLAD (4 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (5 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (6 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (7 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (8 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (9 TABS) TBPK 10mg	3	NDS NM LA
MAVENCLAD (10 TABS) TBPK 10mg	3	NDS NM LA
MAYZENT TABS .25mg, 2mg	3	NDS NM LA
OCREVUS SOLN 300mg/10ml	3	NDS NM LA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	3	NDS NM
PLEGRIDY INJ STARTER	3	NDS NM

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PLEGRIDY PEN INJ STARTER	3	NDS NM
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM
REBIF REBIDO INJ TITRATN	3	NDS NM
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	3	NDS NM
REBIF TITRTN INJ PACK	3	NDS NM
TECFIDERA CPDR 120mg, 240mg	3	NDS NM LA
TECFIDERA MIS STARTER	3	NDS NM LA
TYSABRI CONC 300mg/15ml	3	NDS NM LA
VUMERITY CPDR 231mg	3	NDS NM LA
VUMERITY STARTER CPDR 231mg	3	NDS NM LA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg, 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	3	NDS NM PA
carisoprodol (generic of SOMA) TABS 250mg	3	
carisoprodol (generic of SOMA) TABS 350mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	2	
DANTRIUM CAPS 25mg, 50mg	3	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	1	
dantrolene sodium CAPS 100mg	1	
DYSPORT SOLR 300unit	3	NM PA
DYSPORT SOLR 500unit	3	NDS NM PA
metaxalone TABS 400mg	3	
metaxalone (generic of SKELAXIN) TABS 800mg	3	
methocarbamol TABS 500mg	2	
methocarbamol (generic of ROBAXIN-750) TABS 750mg	2	
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA
SKELAXIN TABS 800mg	3	
SOMA TABS 250mg	3	
SOMA TABS 350mg	3	NDS
<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1	
<i>tizanidine hcl</i> TABS 2mg	1	
<i>vanadom</i> (generic of SOMA) TABS 350mg	2	
XEOMIN SOLR 50unit	3	NM PA
XEOMIN SOLR 100unit, 200unit	3	NDS NM PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg, 150mg, 200mg, 250mg	1	PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg, 200mg	1	PA
NUVIGIL TABS 50mg	3	PA
NUVIGIL TABS 150mg, 200mg, 250mg	3	NDS PA
PROVIGIL TABS 100mg, 200mg	3	NDS PA
SUNOSI TABS 75mg, 150mg	3	
WAKIX TABS 4.45mg, 17.8mg	3	NDS NM LA
XYREM SOLN 500mg/ml	3	NDS NM LA PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
ANTABUSE TABS 250mg, 500mg	3	
BUNAVAIL MIS 2.1-0.3 QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 4.2-0.7 QL (90 films / 30 days)	3	QL
BUNAVAIL MIS 6.3-1MG QL (60 films / 30 days)	3	QL

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	1	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	1	QL
bupropion hcl (smoking deterrent) TB12 150mg	1	
CHANTIX TABS .5mg, 1mg	3	
CHANTIX CONTINUING MONTH TABS 1mg	3	
CHANTIX PAK 0.5& 1MG	3	
disulfiram (generic of ANTABUSE) TABS 250mg, 500mg	1	
LUCEMYRA TABS .18mg	3	NDS
naloxone hcl SOCT .4mg/ml; 1 SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml		
naltrexone hcl TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
VIVITROL SUSR 380mg	3	NDS NM
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	3	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	3	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	3	QL
ENDOCRINE AND METABOLIC ANDROGENS		
ANADROL-50 TABS 50mg	3	NDS PA
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	PA
ANDROGEL GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED SOLN 750mg/3ml	3	NM LA PA
DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	PA
FORTESTA GEL 10mg/act	3	PA
oxandrolone TABS 2.5mg, 10mg	1	PA
TESTIM GEL 1%	3	PA
testosterone GEL 1%; SOLN 30mg/act	1	PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62%	1	PA

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
testosterone (generic of FORTESTA) GEL 10mg/act	1	PA	glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1	
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	1	PA	glipizide-metformin hcl tab 2.5-250 mg	1	
testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA	glipizide-metformin hcl tab 2.5-500 mg	1	
testosterone enanthate SOLN 200mg/ml	1	PA	glipizide-metformin hcl tab 5-500 mg	1	
VOGELXO GEL 50mg/5gm	3	PA	GLUCOTROL TABS 5mg, 10mg	3	
VOGELXO PUMP GEL 1%	3	PA	GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	3	
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA	GLYSET TABS 25mg, 50mg, 100mg	3	
ANTIDIABETICS			GLYXAMBI TAB 10-5 MG	2	
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1		GLYXAMBI TAB 25-5 MG	2	
ACTOPLUS MET TAB 15-500MG	3		JANUMET TAB 50-500MG	2	
ACTOPLUS MET TAB 15-850MG	3		JANUMET TAB 50-1000	2	
ACTOS TABS 15mg, 30mg, 45mg	3		JANUMET XR TAB 50-500MG	2	
AMARYL TABS 1mg, 2mg, 4mg	3		JANUMET XR TAB 50-1000	2	
BYDUREON BCISE AUIJ 2mg/0.85ml	2		JANUMET XR TAB 100-1000	2	
BYDUREON PEN PEN 2mg	2		JANUVIA TABS 25mg, 50mg, 100mg	2	
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3		JARDIANCE TABS 10mg, 25mg	2	
DUETACT TAB 30-2MG	3		JENTADUETO TAB 2.5-500	2	
DUETACT TAB 30-4MG	3		JENTADUETO TAB 2.5-850	2	
FARXIGA TABS 5mg, 10mg	2		JENTADUETO TAB 2.5-1000	2	
glimepiride (generic of AMARYL) TABS 1mg, 2mg, 4mg	1		JENTADUETO TAB XR 2.5-1000MG	2	
glipizide (generic of GLUCOTROL) TABS 5mg, 10mg	1		JENTADUETO TAB XR 5-1000MG	2	
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg, 10mg	1		metformin hcl (generic of RIOMET) SOLN 500mg/5ml	1	
			metformin hcl TABS 500mg, 850mg, 1000mg	1	
			metformin hcl TB24 500mg, 750mg (generic of GLUCOPHAGE XR)	1	
			miglitol (generic of GLYSET) TABS 25mg, 50mg, 100mg	1	
			nateglinide TABS 60mg, 120mg	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	2		TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	2		TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg	1		TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)	1		TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)	1		TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	2	
pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)	1		VICTOZA SOPN 18mg/3ml	2	
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)	1		XIGDUO XR TAB 2.5-1000	2	
PRECOSE TABS 25mg, 50mg, 100mg	3		XIGDUO XR TAB 5-500MG	2	
repaglinide TABS .5mg, 1mg, 2mg	1		XIGDUO XR TAB 5-1000MG	2	
RIOMET SOLN 500mg/5ml	3		XIGDUO XR TAB 10-500MG	2	
RIOMET ER SRER 500mg/5ml	3		XIGDUO XR TAB 10-1000	2	
RYBELSUS TABS 3mg, 7mg, 14mg	2		ANTIDIABETICS, INSULINS		
STARLIX TABS 120mg	3		BASAGLAR KWIKPEN	2	
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS	SOPN 100unit/ml		
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS	BD ALCOHOL SWABS	2	
SYNJARDY TAB 5-500MG	2		FIASP FLEX INJ TOUCH	2	
SYNJARDY TAB 5-1000MG	2		FIASP INJ 100/ML	2	
SYNJARDY TAB 12.5-500	2		FIASP PENFIL INJ U-100	2	
SYNJARDY TAB 12.5-1000MG	2		GAUZE PADS 2X2	2	
SYNJARDY XR TAB 5-1000MG	2		HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	NDS B/D
SYNJARDY XR TAB 10-1000	2		HUMULIN R U-500 KWIKPEN	3	NDS
SYNJARDY XR TAB 12.5-1000MG	2		SOPN 500unit/ml		
SYNJARDY XR TAB 25-1000	2		INSULIN SAFETY NEEDLES	2	
TRADJENTA TABS 5mg	2		INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVI DIA/MHC	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NOVOLIN R FLEXPEN	2		FOSAMAX + D TAB 70-5600	3	
SOPN 100unit/ml			<i>ibandronate sodium</i> (generic of BONIVA) SOLN 3mg/3ml; TABS 150mg	1	B/D
NOVOLOG SOLN 100unit/ml	2		NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM
NOVOLOG FLEXPEN SOPN 100unit/ml	2		PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
NOVOLOG MIX INJ 70/30	2		<i>pamidronate disodium</i> SOLN 1 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
NOVOLOG MIX INJ FLEXPEN	2		PROLIA SOSY 60mg/ml	3	NM
NOVOLOG PENFILL SOCT 100unit/ml	2		RECLAST SOLN 5mg/100ml	3	B/D NM
OMNIPOD KIT STARTER	3		<i>risedronate sodium</i> (generic of ACTONEL) TABS 5mg, 30mg, 35mg, 150mg	1	
OMNIPOD MIS 5 PACK	3		<i>risedronate sodium</i> (generic of ATELVIA) TBEC 35mg	1	
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	2		TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM
SOLIQUA INJ 100/33	2		XGEVA SOLN 120mg/1.7ml	3	NDS B/D NM
TRESIBA SOLN 100unit/ml	2		<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	1	B/D NM
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2		ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
V-GO 20 KIT	3		<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
V-GO 30 KIT	3		CHELATING AGENTS		
V-GO 40 KIT	3		CHEMET CAPS 100mg	3	
XULTOPHY INJ 100/3.6	2		<i>clovique</i> (generic of SYPRINE) CAPS 250mg	3	NDS
CALCIUM REGULATORS			deferasirox (generic of JADENU) TABS 90mg, 180mg, 360mg	3	NDS NM
ACTONEL TABS 5mg, 35mg, 150mg	3		deferasirox (generic of EXJADE) TBSO 125mg, 250mg, 500mg	3	NDS NM
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg	1		deferoxamine mesylate SOLR 2gm	1	B/D NM
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	1		<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	B/D NM
ATELVIA TBEC 35mg	3		DEPEN TITRATABS TABS 250mg	3	NDS
BINOSTO TBEF 70mg	3		DESFERAL SOLR 500mg	3	B/D NM
BONIVA SOLN 3mg/3ml; TABS 150mg	3	B/D			
<i>calcitonin (salmon)</i> (generic of MIACALCIN) SOLN 200unit/act	1	B/D			
EVENITY SOSY 105mg/1.17ml	3	NDS NM			
FORTEO SOPN 600mcg/2.4ml	3	NDS NM			
FOSAMAX TABS 70mg	3				
FOSAMAX + D TAB 70-2800	3				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM LA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine (generic of DEPEN TITRATABS) TABS 250mg	3	NDS
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	3	NDS
trientine hcl (generic of SYPRINE) CAPS 250mg	3	NDS
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	LA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia (generic of SEASONIQUE)	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna (generic of SEASONIQUE)	1	
aubra eq	1	
aurovela 1/20 (generic of LOESTRIN 1/20-21)	1	
aurovela 24 fe	1	
aurovela fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
aurovela fe 1/20 (generic of LOESTRIN FE 1/20)	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
aviane	1	
ayuna	1	
azurette (generic of MIRCETTE)	1	
BALCOLTRA TAB 0.1-20	3	
balziva	1	
bekyree (generic of MIRCETTE)	1	
BEYAZ TAB	3	
blisovi 24 fe	1	
blisovi fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
briellyn	1	
camila TABS .35mg	1	
camrese (generic of SEASONIQUE)	1	
camrese lo (generic of LOSEASONIQUE)	1	
caziant	1	
chateal	1	
cryselle-28	1	
cyclafem 1/35	1	
cyclafem 7/7/7	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee (generic of SEASONIQUE)	1	
deblitane TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	1	
drospirenone-ethynodiol estradiol-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
drosipренон-этиныл	1		junel 1/20 (generic of LOESTRIN 1/20-21)	1	
estradiol-левомефолат таб			junel fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
3-0.03-0.451 mg (generic of SAFYRAL)			junel fe 1/20 (generic of LOESTRIN FE 1/20)	1	
drosipренон-этиныл эстрадиол таб 3-0.02 mg (generic of YAZ)	1		junel fe 24	1	
drosipренон-этиныл эстрадиол tab 3-0.03 mg (generic of YASMIN 28)	1		kaitlib fe (generic of GENERESS FE)	1	
elinest	1		kariva (generic of MIRCETTE)	1	
ELLA TABS 30mg	2		kelnor 1/35	1	
eluryng (generic of NUVARING)	1		kelnor 1/50	1	
emoquette	1		kurvelo	1	
enpresse-28	1		larin 1.5/30 (generic of LOESTRIN 1.5/30-21)	1	
enskyce	1		larin 1/20 (generic of LOESTRIN 1/20-21)	1	
errin TABS .35mg	1		larin 24 fe	1	
estarrylla	1		larin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
ESTROSTEP FE TAB	3		larin fe 1/20 (generic of LOESTRIN FE 1/20)	1	
ethynodiol diacetate & ethynil estradiol tab 1 mg-35 mcg	1		larissia	1	
ethynodiol diacetate & ethynil estradiol tab 1 mg-50 mcg	1		layolis fe (generic of GENERESS FE)	1	
etonogestrel-этиныл эстрадиол ва ring 0.120-0.015 mg/24hr (generic of NUVARING)	1		leena	1	
falmina	1		lessina	1	
fayosim (generic of QUARTETTE)	1		levonest	1	
femynor	1		levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (generic of QUARTETTE)	1	
GENERESS FE CHW	3		levonorg-eth est tab 0.15-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	1	
gianvi (generic of YAZ)	1		levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	1	
hailey 1.5/30 (generic of LOESTRIN 1.5/30-21)	1		levonorgestrel & ethynil estradiol (91-day) tab 0.15-0.03 mg	1	
hailey 24 fe	1		levonorgestrel & ethynil estradiol tab 0.1 mg-20 mcg	1	
heather TABS .35mg	1				
incassia TABS .35mg	1				
introvale	1				
isibloom	1				
jasmiel (generic of YAZ)	1				
jolessa	1				
juleber	1				
junel 1.5/30 (generic of LOESTRIN 1.5/30-21)	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg -mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levora 0.15/30-28	1	
lilow	1	
LO LOESTRIN TAB 1-10-10	3	
LOESTRIN 21 TAB 1.5/30	3	
LOESTRIN FE TAB 1.5/30	3	
LOESTRIN FE TAB 1/20	3	
LOESTRIN TAB 1/20-21	3	
loryna (generic of YAZ)	1	
LOSEASONIQUE TAB	3	
low-ogestrel	1	
ltera	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
melodetta 24 fe (generic of MINASTRIN 24 FE)	1	
mibelas 24 fe (generic of MINASTRIN 24 FE)	1	
microgestin 1.5/30 (generic of LOESTRIN 1.5/30-21)	1	
microgestin 1/20 (generic of LOESTRIN 1/20-21)	1	
microgestin fe (generic of LOESTRIN FE 1/20)	1	
microgestin fe 1.5/30 (generic of LOESTRIN FE 1.5/30)	1	
milli	1	
MINASTRIN 24 CHW FE	3	
MIRCETTE TAB 28 DAY	3	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
nikki (generic of YAZ)	1	

Drug Name	Drug Requirements/ Tier	Limits
nora-be TABS .35mg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (generic of LOESTRIN 1/20-21)	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (generic of LOESTRIN 1.5/30-21)	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (generic of LOESTRIN FE 1/20)	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING MIS	3	
ocella (generic of YASMIN 28)	1	
orsythia	1	
ORTHO MICRONOR TABS .35mg	3	
ORTHO TRI- TAB CYCLN LO 3		

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>philith</i>	1		<i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)	1	
<i>pimtrea</i> (generic of MIRCETTE)	1		<i>trivora-28</i>	1	
<i>pirmella</i> 1/35	1		<i>tulana</i> TABS .35mg	1	
<i>portia-28</i>	1		<i>tydemy</i> (generic of SAFYRAL)	1	
<i>previfem</i>	1		<i>velivet</i>	1	
QUARTETTE TAB	3		<i>vienva</i>	1	
<i>reclipsen</i>	1		<i>viorele</i> (generic of MIRCETTE)	1	
<i>rivilsa</i> (generic of QUARTETTE)	1		<i>vyfemla</i>	1	
SAFYRAL TAB	3		<i>vylibra</i>	1	
SEASONIQUE TAB	3		<i>wera</i>	1	
<i>setlakin</i>	1		<i>wymzya fe</i>	1	
<i>sharobel</i> TABS .35mg	1		<i>xulane</i>	1	
<i>simliya</i> (generic of MIRCETTE)	1		<i>YASMIN</i> 28 TAB 3-0.03MG	3	
<i>simpesse</i> (generic of SEASONIQUE)	1		<i>YAZ</i> TAB 3-0.02MG	3	
SLYND TABS 4mg	3		<i>zarah</i> (generic of YASMIN 28)	1	
<i>sprintec</i> 28	1		<i>zovia</i> 1/35e	1	
<i>sronyx</i>	1		<i>zumandimine</i> (generic of YASMIN 28)	1	
<i>syeda</i> (generic of YASMIN 28)	1		ENDOMETRIOSIS		
<i>tarina</i> 24 fe	1		<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>tarina fe</i> 1/20 eq (generic of LOESTRIN FE 1/20)	1		<i>LUPANETA</i> KIT 3.75-5	3	NDS NM
TAYTULLA CAP 1MG/20MC	3		<i>LUPANETA</i> KIT 11.25-5	3	NDS NM
<i>tilia fe</i> (generic of ESTROSTEP FE)	1		<i>ORILISSA</i> TABS 150mg, 200mg	3	NDS
<i>tri-estarrylla</i>	1		<i>SYNAREL</i> SOLN 2mg/ml	3	NDS
<i>tri-legest fe</i> (generic of ESTROSTEP FE)	1		ESTROGENS		
<i>tri-linyah</i>	1		<i>ACTIVELLA</i> TAB 1-0.5MG	3	
<i>tri-lo-estarrylla</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>ALORA</i> PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>amabelz</i>	2	
<i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>amabelz</i> (generic of ACTIVELLA)	2	
<i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	1		<i>CLIMARA</i> PTWK	3	
<i>tri-mili</i>	1		.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr		
<i>tri-previfem</i>	1		<i>DELESTROGEN</i> OIL	3	
<i>tri-sprintec</i>	1		10mg/ml, 20mg/ml, 40mg/ml		
<i>tri-vylibra</i>	1		<i>DEPO-ESTRADIOL</i> OIL	3	
			5mg/ml		

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3		IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
dotti (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		jinteli	2	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3		lopreeza (generic of ACTIVELLA)	2	
estradiol (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		MENEST TABS .3mg, .625mg, 1.25mg	3	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2		MENOSTAR PTWK 14mcg/24hr	3	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1		mimvey (generic of ACTIVELLA)	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2		MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2		norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)	2	
estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1		norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1		PREMARIN CREA .625mg/gm; SOLR 25mg	3	
estradiol valerate (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1		PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
ESTRING RING 2mg	3		PREMPHASE TAB	2	
ESTROGEL GEL .06%	3		PREMPRO TAB	2	
FEMHRT TAB 0.5-2.5	3		PREMPRO TAB 0.3-1.5	2	
FEMRING RING .05mg/24hr, .1mg/24hr	3		PREMPRO TAB 0.45-1.5	2	
fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT LOW DOSE)	2		PREMPRO TAB 0.625-5	2	
fyavolv tab 1mg-5mcg	2		VAGIFEM TABS 10mcg	3	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA	VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
GLUCOCORTICOIDS					
CORTEF TABS 5mg, 10mg, 20mg					
cortisone acetate TABS 25mg					
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml					

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1		prednisolone SOLN 15mg/5ml	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	3		prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1		prednisolone sodium phosphate SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
dexamethasone sodium phosphate (generic of DEXAMETHASONE SODIUM PHOS) SOLN 10mg/ml	1		prednisolone sodium phosphate (generic of ORAPRED ODT) TBDP 10mg, 15mg, 30mg	1	B/D
fludrocortisone acetate TABS .1mg	1		prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1		prednisone TBPK 5mg, 10mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D	PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D	SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
KENALOG-80 SUSP 80mg/ml	3	B/D	SOLU-MEDROL SOLR 2gm, 3 40mg, 125mg, 500mg, 1000mg	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	3	B/D	triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
MEDROL DOSEPAK TBPK 4mg	3		GLUCOSE ELEVATING AGENTS		
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	B/D	diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1		GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D	GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D	PROGLYCEM SUSP 50mg/ml	3	NDS
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D	MISCELLANEOUS		
PEDIAPRED SOLN 6.7mg/5ml	3	B/D	ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA
			BUPHENYL POWD 3gm/tsp	3	NDS NM
			BUPHENYL TABS 500mg	3	NDS NM LA
			BYNFEZIA PEN SOPN 2500mcg/ml	3	NDS NM

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
cabergoline TABS .5mg	1			HUMATROPE SOLR 6mg, 12mg, 24mg	3	NDS NM PA
CARBAGLU TABS 200mg	3	NDS NM LA		HUMATROPE COMBO PACK SOLR 5mg	3	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D		INCRELEX SOLN 40mg/4ml	3	NDS NM LA
CERDELGA CAPS 84mg	3	NDS NM		ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA
CEREZYME SOLR 400unit	3	NDS NM LA		JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA
CHORIONIC	3	NM PA		JYNARQUE PAK 30-15MG	3	NDS NM LA
GONADOTROPIN SOLR 10000unit				JYNARQUE PAK 45-15MG	3	NDS NM LA
cinacalcet hcl (generic of SENSIPAR) TABS 30mg	1	B/D NM		JYNARQUE PAK 60-30MG	3	NDS NM LA
cinacalcet hcl (generic of SENSIPAR) TABS 60mg, 90mg	3	NDS B/D NM		JYNARQUE PAK 90-30MG	3	NDS NM LA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA		KANUMA SOLN 20mg/10ml	3	NDS NM LA
CYSTADANE POW	3	NDS NM LA		KORLYM TABS 300mg	3	NDS NM LA
CYSTAGON CAPS 50mg, 150mg	3	NM LA		KUVAN PACK 100mg, 500mg; TBSO 100mg	3	NDS NM LA
DDAVP SOLN .01%, 4mcg/ml; TABS .2mg	3	NDS		levocarnitine (metabolic modifiers) (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
DDAVP TABS .1mg	3			LUMIZYME SOLR 50mg	3	NDS NM LA
desmopressin acetate (generic of DDAVP) SOLN 4mcg/ml	3	NDS		LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM
desmopressin acetate (generic of DDAVP) TABS .1mg, .2mg	1			LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	3	NDS NM
desmopressin acetate spray (generic of DDAVP) SOLN .01%	1			miglustat (generic of ZAVESCA) CAPS 100mg	3	NDS NM
desmopressin acetate spray refrigerated SOLN .01%	1			MYALEPT SOLR 11.3mg	3	NDS NM LA
EGRIFTA SOLR 1mg	3	NDS NM LA		NAGLAZYME SOLN 1mg/ml	3	NDS NM LA
EGRIFTA SV SOLR 2mg	3	NDS NM LA		nitisinone (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA		NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA
ELELYSO SOLR 200unit	3	NDS NM		NORDITROPIN FLEXPRO SOLN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA
EVISTA TABS 60mg	3			NOVAREL SOLR 5000unit	3	NM PA
FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA		NUTROPIN AQ NUSPIN 5 SOLN 5mg/2ml	3	NDS NM LA PA
GALAFOLD CAPS 123mg	3	NDS NM LA		NUTROPIN AQ NUSPIN 10 SOLN 10mg/2ml	3	NDS NM LA PA
GENOTROPIN SOLR 5mg, 12mg	3	NDS NM PA				
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
NUTROPIN AQ NUSPIN 20 SOLN 20mg/2ml	3	NDS NM LA PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA
octreotide acetate (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM	SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA
octreotide acetate SOLN 200mcg/ml	1	NM	sodium phenylbutyrate (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM
octreotide acetate (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM
octreotide acetate SOLN 1000mcg/ml	3	NDS NM	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA
OMNITROPE SOLN 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA	STIMATE SOLN 1.5mg/ml	3	NDS NM
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA	STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA
OSPHENA TABS 60mg	2	PA	TEPEZZA SOLR 500mg	3	NDS NM LA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA	tolvaptan (generic of SAMSCA) TABS 30mg	3	NDS NM
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA	VIMIZIM SOLN 5mg/5ml	3	NDS NM
PROSYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA	VPRIV SOLR 400unit	3	NDS NM
raloxifene hcl (generic of EVISTA) TABS 60mg	1		ZAVESCA CAPS 100mg	3	NDS NM LA
RAVICTI LIQD 1.1gm/ml	3	NDS NM LA	ZOMACTON SOLR 5mg	3	NM PA
REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA	ZOMACTON SOLR 10mg	3	NDS NM PA
SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA	ZORBTIVE SOLR 8.8mg	3	NDS NM
SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA	PHOSPHATE BINDER AGENTS		
SAMSCA TABS 15mg, 30mg	3	NDS NM LA	AURYXIA TABS 210mg	3	NDS PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	3	NDS NM	calcium acetate (phosphate binder) (generic of PHOSLO) CAPS 667mg	1	
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM	calcium acetate (phosphate binder) TABS 667mg	1	
SENSIPAR TABS 30mg, 60mg, 90mg	3	NDS B/D NM	FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	3	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA	lanthanum carbonate (generic of FOSRENOL) CHEW 500mg, 750mg, 1000mg	3	NDS
			PHOSLYRA SOLN 667mg/5ml	3	
			RENAGEL TABS 800mg	3	NDS
			RENVELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS
			sevelamer carbonate (generic of RENVELA) PACK .8gm, 2.4gm	3	NDS

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
sevelamer carbonate (generic of RENVELA) TABS 800mg	1		levoxyd (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
sevelamer hcl TABS 400mg	1		liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1				
sevelamer hcl (generic of RENAGEL) TABS 800mg	1		methimazole (generic of TAPAZOLE) TABS 5mg, 10mg	1				
VELPHORO CHEW 500mg	3	NDS	propylthiouracil TABS 50mg	1				
PROGESTINS								
AYGESTIN TABS 5mg	3		SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3				
CRINONE GEL 4%, 8%	3	PA	TAPAZOLE TABS 5mg, 10mg	3				
medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1		TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3				
megestrol acetate SUSP 40mg/ml	2		TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3				
megestrol acetate (appetite) SUSP 625mg/5ml	3		unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
norethindrone acetate (generic of AYGESTIN) TABS 5mg	1		THYROID AGENTS					
progesterone micronized (generic of PROMETRIUM) CAPS 100mg, 200mg	1		CYTOMEL TABS 5mcg, 25mcg	3				
PROMETRIUM CAPS 100mg, 200mg	3		euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1				
PROVERA TABS 2.5mg, 5mg, 10mg	3		levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
THYROID AGENTS			levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1				
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3		calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D			
euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1		calcitriol SOLN 1mcg/ml	1	B/D			
levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D			
levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		VITAMIN D ANALOGS					
PA - Prior Authorization under Medicare B or D	QL - Quantity Limits	NM - Not available at mail-order	BM - Covered					
	LA - Limited Access	NDS - Non-Extended Days Supply						

PA - Prior Authorization under Medicare B or D **QL** - Quantity Limits **NM** - Not available at mail-order **BM** - Covered
LA - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>paricalcitol</i> CAPS 4mcg	1	B/D	<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
RAYALDEE CPCR 30mcg	3	NDS	<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	METOCLOPRAMIDE ODT TBDP 10mg	3	
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
GASTROINTESTINAL ANTIEMETICS			<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	
AKYNZEO CAP 300-0.5	3	B/D	<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 24mg	1	B/D
AKYNZEO INJ 235-0.25	3		<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg, 8mg	1	B/D
AKYNZEO INJ 235-0.25MG/20ML	3		<i>palonosetron hcl</i> (generic of ALOXI) SOLN .25mg/5ml	1	
ALOXI SOLN .25mg/5ml	3		<i>palonosetron hcl</i> SOSY .25mg/5ml	1	
<i>aprepitant</i> (generic of EMEND) CAPS 40mg, 80mg	1	B/D	PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
<i>aprepitant</i> CAPS 125mg	1	B/D	<i>phenadoz</i> SUPP 25mg	3	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D	PHENERGAN SOLN 25mg/ml, 50mg/ml	3	
BONJESTA TAB 20-20MG	3		<i>prochlorperazine</i> SUPP 25mg	1	
CINVANTI EMUL 130mg/18ml	3		<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
compro SUPP 25mg	1		<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
DICLEGIS TAB 10-10MG	3		<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml	2	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg (generic of DICLEGIS)</i>	1		<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg	1	B/D	<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	
EMEND CAPS 80mg; SUSR 125mg	3	B/D	<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	
EMEND SOLR 150mg	3		REGLAN TABS 5mg, 10mg	3	
EMEND TRIPAC PAK 80 & 125	3	NDS B/D	SANCUSO PTCH 3.1mg/24hr	3	NDS
<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1				
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1				
<i>granisetron hcl</i> TABS 1mg	1	B/D			
MARINOL CAPS 2.5mg	3	B/D			
MARINOL CAPS 5mg, 10mg	3	NDS B/D			

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days	3	
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml	3	NDS B/D
VARUBI TBPK 90mg	3	B/D
ZOFRAN TABS 4mg, 8mg	3	NDS B/D
ZUPLENZ FILM 4mg, 8mg	3	NDS B/D
ANTISPASMODICS		
atropine sulfate SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; 2 TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
dicyclomine hcl (generic of BENTYL) SOLN 10mg/ml	3	
GLYCATE TABS 1.5mg	3	
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1	
GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml	3	
methscopolamine bromide TABS 2.5mg, 5mg	1	
propantheline bromide TABS 1 15mg	1	
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml	1	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	1	
famotidine (generic of PEPCID) TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg; SOLN 15mg/ml	1	
PEPCID TABS 20mg, 40mg	3	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ASACOL HD TBEC 800mg	3	NDS
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide (generic of ENTOCORT EC) CPEP 3mg	1	
budesonide (generic of UCERIS) TB24 9mg	3	NDS
CANASA SUPP 1000mg	3	NDS
cococort (generic of CORTENEMA) ENEM 100mg/60ml	1	
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg	3	
DIPENTUM CAPS 250mg	3	NDS
ENTOCORT EC CPEP 3mg	3	NDS
hydrocortisone (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	
mesalamine (generic of APRISO) CP24 .375gm	1	
mesalamine (generic of DELZICOL) CPDR 400mg	1	
mesalamine ENEM 4gm	1	
mesalamine (generic of CANASA) SUPP 1000mg	1	
mesalamine (generic of LIALDA) TBEC 1.2gm	1	
mesalamine (generic of ASACOL HD) TBEC 800mg	1	
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1	
PENTASA CPCR 250mg, 500mg	3	NDS
ROWASA KIT 4gm	3	NDS
SFROWASA ENEM 4gm/60ml	3	NDS
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1	
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1	

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	3	NDS
LAXATIVES		
CLENPIQ SOL	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g (generic of GOLYTELY)	1	
gavilyte-n/flavor pack (generic of NULYTELY)	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	2	
KRISTALOSE PACK 10gm, 20gm	3	
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
NULYTELY SOL FLAV PKS	2	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of NULYTELY)	1	
PLENUV SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
trilyte (generic of NULYTELY)	1	
MISCELLANEOUS		
ACTIGALL CAPS 300mg	3	
alosetron hcl (generic of LOTRONEX) TABS 1mg	3	NDS
alosetron hcl (generic of LOTRONEX) TABS .5mg	1	
AMITIZA CAPS 8mcg, 24mcg	3	
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA
cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	
GASTROCROM CONC 100mg/5ml	3	NDS
GATTEX KIT 5mg	3	NDS NM LA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	
LOMOTIL TAB 2.5MG	3	
loperamide hcl CAPS 2mg	1	
LOPERAMIDE HYDROCHLORIDE SOLN 2mg/15ml	3	
LOTRONEX TABS .5mg, 1mg	3	NDS
misoprostol (generic of CYTOTEC) TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	
OCALIVA TABS 5mg, 10mg	3	NDS NM LA
OMECLAMOX- MIS PAK	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS LA
sucralfate (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm	1	
SYMPROIC TABS .2mg	3	
TALICIA CAP	3	
TRULANCE TABS 3mg	3	
URSO 250 TABS 250mg	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
URSO FORTE TABS 500mg	3	
<i>ursodiol</i> (generic of ACTIGALL) CAPS 300mg	1	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1	
VIBERZI TABS 75mg, 100mg	3	NDS
XERMELO TABS 250mg	3	NDS NM LA
XIFAXAN TABS 550mg	3	NDS
ZELNORM TABS 6mg	3	
PANCREATIC ENZYMEs		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	NDS
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000	3	
ZENPEP CAP 40000	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	3	
DEXILANT CPDR 30mg, 60mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg; PACK 10mg, 20mg, 40mg	1	
<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
<i>lansoprazole</i> (generic of PREVACID) CPDR 15mg, 30mg	1	
<i>lansoprazole</i> (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg	1	
NEXIUM CPDR 20mg, 40mg; PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	3	
NEXIUM I.V. SOLR 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 15mg, 30mg	3	
PREVACID SOLUTAB TBDD 15mg, 30mg	3	
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX PACK 40mg; SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> (generic of ACIPHEX) TBEC 20mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> (generic of JALYN)	1	
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
JALYN CAP	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
<i>silodosin</i> (generic of RAPAFLO) CAPS 4mg, 8mg	1	
<i>tamsulosin hcl</i> (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	3	NDS
INTRAROSA INST 6.5mg	3	PA
<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i>	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA TABS 100mg	3	NDS
THIOLA EC TBEC 100mg, 300mg	3	NDS
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> (generic of ENABLEX) TB24 7.5mg, 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
DITROPAN XL TB24 5mg, 10mg	3	
ENABLEX TB24 7.5mg	3	
GELNIQUE GEL 10%	3	
MYRBETRIQ TB24 25mg, 50mg	3	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
<i>oxybutynin chloride</i> (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	
<i>solifenacain succinate</i> (generic of VESICARE) TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> (generic of DETROL LA) CP24 2mg, 4mg	1	
<i>tolterodine tartrate</i> (generic of DETROL) TABS 1mg, 2mg	1	
TOVIAZ TB24 4mg, 8mg	2	
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1	
VESICARE TABS 5mg, 10mg	3	
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate</i> <i>vaginal</i> (generic of CLEOCIN) CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNIAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
<i>vandazole</i> GEL .75%	1	
HEMATOLOGIC ANTICOAGULANTS		
ARIIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS
COUMADIN TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
ELIQUIS TABS 2.5mg, 5mg	2	
ELIQUIS STARTER PACK TABS 5mg	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
B/D - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
<i>enoxaparin sodium (generic of LOVENOX) SOLN</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml			LOVENOX SOLN	3	NDS	
<i>fondaparinux sodium (generic of ARIXTRA) SOLN</i> 2.5mg/0.5ml			PRADAXA CAPS 75mg, 110mg, 150mg	3		
<i>fondaparinux sodium (generic of ARIXTRA) SOLN</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	3	NDS	warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		
FRAGMIN SOLN 2500unit/0.2ml	3		XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2		
FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	NDS	XARELTO STAR TAB 15/20MG	2		
HEP SOD/NACL INJ 25000UNT	2		HEMATOPOIETIC GROWTH FACTORS			
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D	ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	B/D NM	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D	ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS B/D NM	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	1		LEUKINE SOLR 250mcg	3	NDS NM	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	1		MOZOBIL SOLN 24mg/1.2ml	3	NDS NM	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	1		NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM	
HEPARIN/NACL INJ 25000UNT	2		PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	B/D NM	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		PROCRIT SOLN 20000unit/ml, 40000unit/ml	3	NDS B/D NM	
LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 300mg/3ml	3		ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM	
MISCELLANEOUS						
ADAKEVO SOLN 100mg/10ml						
AGRYLIN CAPS .5mg						
anagrelide hcl CAPS 1mg						
anagrelide hcl (generic of AGRYLIN) CAPS .5mg						
BERINERT KIT 500unit						
CABLIVI KIT 11mg						

PA - Prior Authorization **QL** - Quantity Limits
under Medicare B or D **LA** - Limited Access

NM - Not available at mail-order **B/D** - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier Limits			Drug Name	Drug Requirements/ Tier Limits		
cilostazol TABS 50mg, 100mg	1			<i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg	1		
CINRYZE SOLR 500unit	3	NDS NM LA		<i>clopidogrel bisulfate</i> TABS 300mg	1		
DOPTELET TABS 20mg	3	NDS NM LA		<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2		
DROXIA CAPS 200mg, 300mg, 400mg	2			EFFIENT TABS 5mg, 10mg	3		
ENDARI PACK 5gm	3	NDS NM LA		PLAVIX TABS 75mg	3		
FIRAZYR SOLN 30mg/3ml	3	NDS NM		<i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg	1		
GIVLAARI SOLN 189mg/ml	3	NDS NM LA		ZONTIVITY TABS 2.08mg	3		
HAEGARDA SOLR 2000unit, 3000unit	3	NDS NM LA		IMMUNOLOGIC AGENTS AUTOIMMUNE AGENTS			
<i>icatibant acetate</i> (generic of FIRAZYR) SOLN 30mg/3ml	3	NDS NM		AVSOLA SOLR 100mg	3	NDS NM	
KALBITOR SOLN 10mg/ml	3	NDS NM LA		ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	3	NDS NM	
LYSTEDA TABS 650mg	3			ENBREL MINI SOCT 50mg/ml	3	NDS NM	
MULPLETA TABS 3mg	3	NDS NM		ENBREL SURECLICK SOAJ 50mg/ml	3	NDS NM	
OXBRYTA TABS 500mg	3	NDS NM LA		ENTYVIO SOLR 300mg	3	NDS NM	
<i>pentoxifylline</i> TBCR 400mg	1			HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	3	NDS NM	
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	3	NDS NM LA		HUMIRA PEDIA INJ CROHNS	3	NDS NM	
REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA		HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	3	NDS NM	
RUCONEST SOLR 2100unit	3	NDS NM		HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	3	NDS NM	
SIKLOS TABS 100mg	3			HUMIRA PEN KIT PS/UV	3	NDS NM	
SIKLOS TABS 1000mg	3	NDS		HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	3	NDS NM	
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA		HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	3	NDS NM	
TAKHYRO SOLN 300mg/2ml	3	NDS NM LA		RENFLEXIS SOLR 100mg	3	NDS NM LA	
TAVALISSE TABS 100mg, 150mg	3	NDS NM LA		RINVOQ TB24 15mg	3	NDS NM	
<i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1			SKYRIZI PSKT 75mg/0.83ml	3	NDS NM	
<i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg	1			STELARA SOLN 45mg/0.5ml	3	NDS NM LA	
ULTOMIRIS SOLN 300mg/30ml	3	NDS NM LA		STELARA SOSY 45mg/0.5ml, 90mg/ml	3	NDS NM	
PLATELET AGGREGATION INHIBITORS							
AGGRENOX CAP 25-200MG	3						
aspirin-dipyridamole cap er 12hr 25-200 mg (generic of AGGRENOX)	1						
BRILINTA TABS 60mg, 90mg	3						

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	3	NDS NM LA	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml,	3	NDS B/D NM LA
XELJANZ TABS 5mg, 10mg	3	NDS NM	10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml		
XELJANZ XR TB24 11mg, 22mg	3	NDS NM	HYQVIA INJ 2.5-200	3	NDS B/D NM
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)					
ARAVA TABS 10mg, 20mg	3	NDS	HYQVIA INJ 5-400	3	NDS B/D NM
hydroxychloroquine sulfate	1		HYQVIA INJ 10-800	3	NDS B/D NM
(generic of PLAQUENIL) TABS 200mg			HYQVIA INJ 20-1600	3	NDS B/D NM
leflunomide (generic of ARAVA) TABS 10mg, 20mg	1		HYQVIA INJ 30-2400	3	NDS B/D NM
methotrexate sodium TABS 2.5mg	1		OCTAGAM SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	3	NDS B/D NM
PLAQUENIL TABS 200mg	3		PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS B/D NM
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS B/D NM
XATMEP SOLN 2.5mg/ml	3	B/D	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3	NDS B/D NM LA
IMMUNOGLOBULINS					
BIVIGAM SOLN 5gm/50ml	3	NDS B/D NM	IMMUNOMODULATORS		
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3	NDS B/D NM LA	ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3	NDS B/D NM LA	ARCALYST SOLR 220mg	3	NDS NM
CYTOGAM INJ 50mg/ml	3	NDS NM	ILARIS SOLN 150mg/ml	3	NDS NM LA
GAMASTAN INJ	3	B/D NM	INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu	3	NDS B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3	NDS B/D NM	ODACTRA SUB	3	
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3	NDS B/D NM	ORALAIR SUB 300 IR	3	NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3	NDS B/D NM	RAGWITEK SUBL 12amba1-u	3	
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3	NDS B/D NM	IMMUNOSUPPRESSANTS		
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3	NDS B/D NM	ASTAGRAF XL CP24 5mg	3	NDS B/D NM
PA - Prior Authorization under Medicare B or D					
QL - Quantity Limits					
NM - Not available at mail-order					
LA - Limited Access					
B/D - Covered					
NDS - Non-Extended Days Supply					

PA - Prior Authorization under Medicare B or D **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered
LA - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	3	NDS NM	RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM	RAPAMUNE TABS .5mg	3	B/D NM
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM	SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	SANDIMMUNE CAPS 100mg	3	NDS B/D NM
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM	SANDIMMUNE SOLN 100mg/ml	2	B/D NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	3	B/D NM	sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg	3	NDS B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg	3	NDS B/D NM	sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg	1	B/D NM
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg	1	B/D NM	tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM
IMURAN TABS 50mg	3	B/D	VACCINES		
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	ACTHIB INJ		2
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	ADACEL INJ		2
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	BCG VACCINE INJ		2
MYFORTIC TBEC 180mg	3	B/D NM	BEXZERO INJ		2
MYFORTIC TBEC 360mg	3	NDS B/D NM	BOOSTRIX INJ		2
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	DAPTACEL INJ		2
NULOJIX SOLR 250mg	3	NDS B/D NM	DIP/TET PED INJ 25-5LFU	2	B/D
PROGRAF CAPS 5mg	3	NDS B/D NM	ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM	GARDASIL 9 INJ		2
			HAVRIX SUSP 720elu/0.5ml, 1440elu/ml		
			HIBERIX SOLR 10mcg		2
			IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D
			INFANRIX INJ		2
			IPOP INJ INACTIVE		2
			IXIARO INJ		2
			KINRIX INJ		2
			M-M-R II INJ		2
			MENACTRA INJ		2
			MENVEO INJ		2
			PEDIARIX INJ 0.5ML		2

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENTACEL INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D
ROTARIX SUS	2	
ROTAQE SOL	2	
SHINGRIX SUSR 50mcg/0.5ml	2	
TDVAX INJ 2-2 LF	2	B/D
TENIVAC INJ 5-2LF	2	B/D
TRUMENBA INJ	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX INJ 1350pfu/0.5ml	2	
YF-VAX INJ	2	
ZOSTAVAX SUSR 19400unt/0.65ml	2	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS,		
INJECTABLE		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	2	
D10W/NACL INJ 0.2%	2	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate (generic of</i>	1	
MAGNESIUM SULFATE)		
SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml		
<i>magnesium sulfate</i> SOLN 50%	1	
<i>magnesium sulfate in</i>	1	
<i>dextrose 5% iv soln</i> 1		
<i>gm/100ml (generic of</i>		
MAGNESIUM SULFATE IN		
D5W)		
MG SO4/D5W INJ 10MG/ML	2	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
potassium chloride SOLN 2meq/ml	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, 1 .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
K-TAB TBCR 8meq, 10meq, 20meq	3	
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
klor-con sprinkle CPCR 8meq, 10meq	1	
M-NATAL PLUS TAB	2	
ONE VITE TAB 1MG PLUS	2	
PNV FOLIC AC TAB + IRON	2	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq	1	
potassium chloride (generic of K-TAB) TBCR 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
AMINOSYN II INJ 10%	3	B/D
AMINOSYN II INJ 15%	3	B/D

Drug Name	Drug Requirements/ Tier	Limits
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
clinisol sf 15%	1	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	1	
dextrose SOLN 50%, 70%	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
hepatamine	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NEPHRAMINE INJ 5.4%	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomyci n-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamet hasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamet hasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
PRED-G S.O.P OIN OP	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
PRED-G SUS OP	3	
sulfacetamide	1	
sodium-prednisolone ophth soln 10-0.23(0.25)%		
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone	1	
ophth susp 0.3-0.1% (generic of TOBRADEX)		
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT	1	
500unit/gm		
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
BLEPH-10 SOLN 10%	3	
CILOXAN OINT .3%	2	
CILOXAN SOLN .3%	3	
ciprofloxacin hcl (ophth)	1	
(generic of CILOXAN) SOLN .3%		
erythromycin (ophth) OINT	1	
5mg/gm		
gatifloxacin (ophth) (generic of	1	
ZYMAXID) SOLN .5%		
gentak OINT .3%	1	
gentamicin sulfate (ophth)	1	
SOLN .3%		
levofloxacin (ophth) SOLN	1	
.5%		
MOXEZA SOLN .5%	3	
moxifloxacin hcl (ophth)	1	
(generic of MOXEZA) SOLN .5%		
moxifloxacin hcl (ophth)	1	
(generic of VIGAMOX)		
SOLN .5%		
NATACYN SUSP 5%	3	
neomycin-bacitrac zn-polymyx	1	
5(3.5)mg-400unt-1000unt op oin		

Drug Name	Drug Requirements/ Tier	Limits
neomycin-polomy-gramicid op sol	1	
1.75-10000-0.025mg-unt-mg/ ml		
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) (generic of	1	
OCUFLOX) SOLN .3%		
polymyxin b-trimethoprim	1	
ophth soln 10000 unit/ml-0.1%		
(generic of POLYTRIM)		
POLYTRIM SOL OP	3	
sulfacetamide sodium (ophth) OINT	10%	
sulfacetamide sodium (ophth)	1	
(generic of BLEPH-10) SOLN	10%	
tobramycin (ophth) (generic of	1	
TOBREX) SOLN .3%		
TOBREX OINT .3%; SOLN	3	
.3%		
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ALREX SUSP .2%	2	
bromfenac sodium (ophth)	1	
SOLN .09%		
BROMSITE SOLN .075%	3	
dexamethasone sodium phosphate (ophth)	1	
SOLN .1%		
diclofenac sodium (ophth)	1	
SOLN .1%		
DUREZOL EMUL .05%	2	
FLAREX SUSP .1%	3	
fluorometholone (ophth) SUSP	.1%	
.1%		
flurbiprofen sodium SOLN	1	
.03%		
FML OINT .1%	3	
FML FORTE SUSP .25%	3	
ILEVRO SUSP .3%	2	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
INVELTYS SUSP 1%	3	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	3	
loteprednol etabonate (generic of LOTEMAX) SUSP .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1	
PREDNISOLONE SODIUM	2	
PHOSP SOLN 1%		
PROLENSA SOLN .07%	2	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
BEPREVE SOLN 1.5%	2	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
LASTACAFT SOLN .25%	3	
olopatadine hcl SOLN .1%, .2%	1	
PAZEO SOLN .7%	2	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	2	
ALPHAGAN P SOLN .15%	3	
AZOPT SUSP 1%	2	
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	

Drug Name	Drug Requirements/ Tier	Limits
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	1	
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
dorzolamide hcl (generic of TRUSOPT) SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	1	
ISOPTO CARPINE SOLN 1%, 2%, 4%	3	
ISTALOL SOLN .5%	3	
latanoprost (generic of XALATAN) SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
SIMBRINZA SUS 1-0.2%	2	
timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%	1	
timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5%	1	
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier Limits		
TIMOPTIC-XE	SOLG .25%, .5%	3	
TRAVATAN Z	SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z)	SOLN .004%	1	
TRUSOPT	SOLN 2%	3	
VYZULTA	SOLN .024%	3	
XALATAN	SOLN .005%	3	
MISCELLANEOUS			
ATROPINE SULFATE	SOLN 2 1%		
BEOVU	SOLN 6mg/0.05ml	3	NDS NM LA
CYSTARAN	SOLN .44%	3	NDS NM LA
EYLEA	SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA
LACRISERT	INST 5mg	3	
LUCENTIS	SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3	NDS NM LA
<i>proparacaine hcl</i> (generic of ALCAINE)	SOLN .5%	1	
IIDRA	SOLN 5%	2	
RESPIRATORY			
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS			
ANORO ELLIPT AER	62.5-25	2	
BEVESPI AER	9-4.8MCG	2	
COMBIVENT AER	20-100	3	
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	B/D	
TRELEGY AER ELLIPTA		2	
ANTICHOLINERGICS			
ATROVENT HFA	AERS 17mcg/act	3	
INCRUSE ELLIPTA	AEPB 62.5mcg/inh	2	
<i>ipratropium bromide</i>	SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i>	SOLN .03%, .06%	1	
ANTIHISTAMINE COMBINATIONS			
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act	1		
(generic of DYMISTA)			
CLARINEX-D TAB	2.5-120	3	

Drug Name	Drug Requirements/ Tier Limits		
DYMISTA SPR	137-50	3	
SEMPREX-D CAP	8-60MG	3	
ANTIHISTAMINES			
<i>azelastine hcl</i>	SOLN .1%, .15%	1	
<i>cetirizine hcl</i>	SOLN 1mg/ml	1	
CLARINEX TABS	5mg	3	
<i>ciproheptadine hcl</i>	SYRP 2mg/5ml; TABS 4mg	2	
<i>desloratadine</i> (generic of CLARINEX)	TABS 5mg	1	
<i>desloratadine</i>	TBDP 2.5mg, 5mg	1	
<i>diphenhydramine hcl</i>	SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i>	SOLN 25mg/ml, 50mg/ml	3	
<i>hydroxyzine hcl</i>	SYRP 10mg/5ml	2	
<i>hydroxyzine hcl</i>	TABS 10mg, 25mg, 50mg	1	
<i>hydroxyzine pamoate</i> (generic of VISTARIL)	CAPS 25mg, 50mg	1	
<i>hydroxyzine pamoate</i>	CAPS 100mg	1	
<i>levocetirizine dihydrochloride</i>	SOLN 2.5mg/5ml; TABS 5mg	1	
<i>olopatadine hcl (nasal)</i>	(generic of PATANASE) SOLN .6%	1	
PATANASE	SOLN .6%	3	
QUZYTTIR	SOLN 10mg/ml	3	
VISTARIL	CAPS 25mg, 50mg	3	
BETA AGONISTS			
<i>albuterol sulfate</i>	AERS 108mcg/act	1	
(generic of Ventolin HFA)			
<i>albuterol sulfate</i> (generic of PROAIR HFA)	AERS 108mcg/act	1	
(generic of Proair HFA)			
<i>albuterol sulfate</i>	NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1		ARALAST NP SOLR 500mg, 1000mg	3	NDS NM LA
BROVANA NEBU 15mcg/2ml	3	NDS B/D	cromolyn sodium NEBU 20mg/2ml	1	B/D
<i>levalbuterol hcl</i> (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml	1	B/D	DALIRESP TABS 250mcg, 500mcg	3	
<i>levalbuterol hcl</i> (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	B/D	ELIXOPHYLLIN ELIX 80mg/15ml	3	
<i>levalbuterol tartrate</i> AERO 45mcg/act	1		<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)	1	
PERFOROMIST NEBU 20mcg/2ml	3	NDS B/D	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	1	
SEREVENT DISKUS AEPB 50mcg/dose	2		<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	1	
STRIVERDI RESPIMAT AERS 2.5mcg/act	3		EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
<i>terbutaline sulfate</i> SOLN 1mg/ml	3	NDS	EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1		ESBRIET CAPS 267mg; TABS 267mg, 801mg	3	NDS NM
VENTOLIN HFA AERS 108mcg/act	2		FASENRA SOSY 30mg/ml	3	NDS NM LA
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	3	B/D	FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	3	B/D	GLASSIA SOLN 1000mg/50ml	3	NDS NM LA
XOPENEX HFA AERO 45mcg/act	3		KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	3	NDS NM
LEUKOTRIENE MODULATORS			OFEV CAPS 100mg, 150mg	3	NDS NM
ACCOLATE TABS 10mg, 20mg	3		ORKAMBI GRA 100-125	3	NDS NM
<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1		ORKAMBI GRA 150-188	3	NDS NM
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3		ORKAMBI TAB 100-125	3	NDS NM
zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg	1		ORKAMBI TAB 200-125	3	NDS NM
MISCELLANEOUS			PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA
acetylcysteine SOLN 10%, 20%	1	B/D	PULMOZYME SOLN 1mg/ml	3	NDS B/D NM
			SYMDEKO TAB 50-75MG	3	NDS NM LA
			SYMDEKO TAB 100-150	3	NDS NM LA
			SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
			THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA TAB XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA
ZEMAIRA SOLR 1000mg	3	NDS NM LA
NASAL STEROIDS		
BECONASE AQ SUSP 42mcg/spray	3	
flunisolide (nasal) SOLN .025%	1	
fluticasone propionate (nasal) SUSP 50mcg/act	1	
mometasone furoate (nasal) (generic of NASONEX) SUSP 50mcg/act	1	
NASONEX SUSP 50mcg/act	3	
OMNARIS SUSP 50mcg/act	3	
QNASL AERS 80mcg/act	3	
QNASL CHILDRENS AERS 40mcg/act	3	
XHANCE EXHU 93mcg/act	3	
ZETONNA AERS 37mcg/act	3	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	
budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	2	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	2	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ADVAIR DISKU AER 250/50	2	
ADVAIR DISKU AER 500/50	2	
ADVAIR HFA AER 45/21	2	
ADVAIR HFA AER 115/21	2	
ADVAIR HFA AER 230/21	2	
BREO ELLIPTA INH 100-25	2	
BREO ELLIPTA INH 200-25	2	
SYMBICORT AER 80-4.5	2	
SYMBICORT AER 160-4.5	2	
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS
ACANYA GEL 1.2-2.5%	3	
ACZONE GEL 5%, 7.5%	3	
adapalene (generic of DIFFERIN) CREA .1%; GEL .3%	1	
adapalene GEL .1%	1	
ADAPALENE SOLN .1%	3	
adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
AKLIEF CREA .005%	3	
ALTRENO LOTN .05%	3	
amnesteem CAPS 10mg, 20mg, 40mg	1	
AMZEEQ FOAM 4%	3	
ARAZLO LOTN .045%	3	
ATRALIN GEL .05%	3	
avita (generic of RETIN-A) CREA .025%	1	
avita GEL .025%	1	
AZELEX CREA 20%	3	
BENZACLIN GEL 1-5%PUMP	3	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
claravis CAPS 10mg, 20mg, 1 30mg, 40mg			isotretinoin CAPS 10mg, 20mg, 30mg, 40mg		1
CLEOCIN-T GEL 1%	3	NDS	KLARON LOTN 10%	3	
CLEOCIN-T LOTN 1%	3		myorisan CAPS 10mg, 20mg, 30mg, 40mg		1
clindacin-p SWAB 1%	1		neuac gel 1.2-5%		1
CLINDAGEL GEL 1%	3	NDS	ONEXTON GEL 1.2-3.75	3	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1		RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
clindamycin phosphate (topical) (generic of EVOCLIN) FOAM 1%	1		RETIN-A MICRO GEL .04%, .06%, .1%	3	NDS
clindamycin phosphate (topical) (generic of CLEOCIN-T) GEL 1%; LOTN 1%	1		RETIN-A MICRO PUMP GEL .08%	3	NDS
clindamycin phosphate (topical) SOLN 1%; SWAB 1%	1		sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5% (generic of BENZACLIN)	1		tretinooin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)	1		tretinooin (generic of ATRALIN) GEL .05%	1	
clindamycin phosphate-tretinooin gel 1.2-0.025% (generic of ZIANA)	1		tretinooin microsphere (generic of RETIN-A MICRO) GEL .04%, .1%	1	
dapsone (topical) (generic of ACZONE) GEL 5%, 7.5%	1		VELTIN GEL	3	
DIFFERIN CREA .1%; GEL .3%; LOTN .1%	3		zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	
EPIDUO FORTE GEL 0.3-2.5%	3		ZIANA GEL	3	
EPIDUO GEL 0.1-2.5%	3		DERMATOLOGY, ANTIBIOTICS		
ery PADS 2%	1		ALTABAX OINT 1%	3	
ERYGEL GEL 2%	3		CENTANY OINT 2%	3	
erythromycin (acne aid) (generic of ERYGEL) GEL 2%	1		CORTISPORIN CRE 0.5%	3	
erythromycin (acne aid) SOLN 2%	1		CORTISPORIN OIN 1%	3	
EVOCLIN FOAM 1%	3		gentamicin sulfate (topical) CREA .1%; OINT .1%	1	
			mafenide acetate (generic of SULFAMYLYON) PACK 5%	1	
			mupirocin OINT 2%	1	
			SILVADENE CREA 1%	3	
			silver sulfadiazine (generic of SILVADENE) CREA 1%	1	
			ssd (generic of SILVADENE) CREA 1%	1	
			SULFAMYLYON CREA 85mg/gm	3	
			SULFAMYLYON PACK 5%	3	NDS

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
XEPI CREA 1%	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine (generic of LOPROX) CREA .77%; SUSP .77%	1	
clotrimazole (topical) CREA 1 1%; SOLN 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate CREA 1%	1	
ERTACZO CREA 2%	3	NDS
JUBLIA SOLN 10%	3	NDS
ketoconazole (topical) CREA 1 2%	1	
LOPROX CREA .77%; SUSP .77%	3	
luliconazole CREA 1%	1	
LUZU CREA 1%	3	
MENTAX CREA 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl CREA 1%	1	
naftifine hcl (generic of NAFTIN) CREA 2%; GEL 1%	1	
NAFTIN CREA 2%; GEL 1%, 2%	3	
nyamyc POWD 100000unit/gm	1	
nystatin (topical) CREA 1 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1	
nystop POWD 100000unit/gm	1	
OXISTAT LOTN 1%	3	PA
VUSION OIN	3	
DERMATOLOGY, ANTIPSORIATICS		
acitretin (generic of SORIATANE) CAPS 10mg, 25mg	1	

Drug Name	Drug Requirements/ Tier	Limits
acitretin CAPS 17.5mg	1	
calcipotriene OINT .005%; SOLN .005%	1	PA
calcitrene OINT .005%	1	PA
methoxsalen rapid (generic of OXSORALEN ULTRA) CAPS 10mg	3	NDS
OXSORALEN ULTRA CAPS 10mg	3	NDS
SORIATANE CAPS 10mg, 25mg	3	NDS
SORILUX FOAM .005%	3	NDS PA
tazarotene (generic of TAZORAC) CREA .1%	1	
TAZORAC CREA .05%, .1%; GEL .05%, .1%	3	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 1 2%	1	
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	
amcinonide CREA .1%; LOTN .1%	1	
AMCINONIDE OINT .1%	3	
APEXICON E CREA .05%	3	NDS
beser (generic of CUTIVATE) LOTN .05%	1	
betamethasone dipropionate (topical) CREA .05%; LOTN .05%; OINT .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE AF) CREA .05%	1	
betamethasone dipropionate augmented GEL .05%; LOTN .05%	1	
betamethasone dipropionate augmented (generic of DIPROLENE) OINT .05%	1	
betamethasone valerate CREA .1%; LOTN .1%; OINT .1%	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
B/D - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12%	1		<i>desonide</i> LOTN .05%; OINT .05%	1	
BRYHALI LOTN .01%	3		DESOWEN CREA .05%	3	
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064% (generic of TACLONEX)	1	PA	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25%	1	
<i>calcipotriene-betamethasone dipropionate susp</i> 0.005-0.064% (generic of TACLONEX)	3	NDS PA	DIPROLENE OINT .05%	3	
CAPEX SHAM .01%	3		DIPROLENE AF CREA .05%	3	
<i>clobetasol propionate</i> (generic of TEMOVATE) CREA .05%; OINT .05%	1		DUOBRII LOT	3	NDS
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05%	1		ENSTILAR AER	3	PA
<i>clobetasol propionate</i> GEL .05%; SOLN .05%	1		<i>fluocinolone acetonide</i> CREA .01%	1	
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%; LOTN .05%; SHAM .05%	1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%	1	
<i>clobetasol propionate e</i> CREA .05%	1		<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%	1	
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05%	1		<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%; SOLN .05%	1	
CLOBEX LIQD .05%; LOTN .05%	3		<i>fluocinonide emulsified base</i> CREA .05%	1	
CLOBEX SHAM .05%	3	NDS	<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%	1		<i>fluticasone propionate</i> (generic of CUTIVATE) LOTN .05%	1	
<i>clodan</i> (generic of CLOBEX) SHAM .05%	1		<i>halcinonide</i> (generic of HALOG) CREA .1%	3	NDS
CLODERM CREA .1%	3		<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	
CUTIVATE LOTN .05%	3	NDS	HALOBETASOL PROPIONATE FOAM .05%	3	NDS
DERMA-SMOOTH/FS BODY OIL .01%	3		HALOG CREA .1%; OINT .1%	3	NDS
DERMA-SMOOTH/FS SCALP OIL .01%	3		<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 1%, 2.5%	1	
DESONATE GEL .05%	3		<i>hydrocortisone butyrate</i> SOLN .1%	1	
<i>desonide</i> (generic of DESOWEN) CREA .05%	1				
<i>desonide</i> (generic of DESONATE) GEL .05%	1				

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Limits
IMPOYZ CREA .025%	3	
KENALOG AERS .147mg/gm	3	
LEXETTE FOAM .05%	3	NDS
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
OLUX FOAM .05%	3	NDS
OLUX-E FOAM .05%	3	NDS
PANDEL CREA .1%	3	NDS
<i>prednicarbate</i> CREA .1%; OINT .1%	1	
SERNIVO EMUL .05%	3	NDS
SYNALAR CREA .025%; OINT .025%; SOLN .01%	3	
TACLONEX OIN	3	NDS PA
TACLONEX SUS	3	NDS PA
TEMOVATE CREA .05%; OINT .05%	3	
TOPICORT LIQD .25%	3	
<i>tovet</i> (generic of OLUX-E) FOAM .05%	1	
<i>triamcinolone acetonide</i> (topical) (generic of KENALOG) AERS .147mg/gm	1	
<i>triamcinolone acetonide</i> (topical) CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .1%	1	
TRIDESILON CREA .05%	3	
ULTRAVATE LOTN .05%	3	NDS
VERDESO FOAM .05%	3	NDS
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	1	PA
<i>lidocaine</i> OINT 5%	1	PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5%	1	PA
<i>lidocaine hcl</i> GEL 2%; SOLN 4%	1	PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	PA
LIDODERM PTCH 5%	3	PA
ZTLIDO PTCH 1.8%	3	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		

Drug Name	Drug Requirements/ Tier	Limits
<i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%	3	NDS
<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%	1	
ALDARA CREA 5%	3	
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> (generic of FINACEA) GEL 15%	1	
CONDYLOX GEL .5%	3	
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	NDS
<i>diclofenac sodium</i> (actinic keratoses) GEL 3%	1	PA
<i>diclofenac sodium</i> (topical) (generic of VOLTAREN) GEL 1%	1	
<i>diclofenac sodium</i> (topical) SOLN 1.5%	1	PA
<i>doxycycline</i> (rosacea) CPDR 40mg	1	
EFUDEX CREA 5%	3	
ELIDEL CREA 1%	3	
FINACEA FOAM 15%; GEL 15%	3	
FLUOROPLEX CREA 1%	3	NDS
<i>fluorouracil</i> (topical) (generic of EFUDEX) CREA 5%	1	
<i>fluorouracil</i> (topical) SOLN 2%, 5%	1	
<i>imiquimod</i> (generic of ALDARA) CREA 5%	1	
<i>lactic acid</i> (ammonium lactate) CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	
METROLOTION LOTN .75%	3	
<i>metronidazole</i> (topical) (generic of METROCREAM) CREA .75%	1	
<i>metronidazole</i> (topical) GEL .75%	1	
<i>metronidazole</i> (topical) (generic of METROLOTION) LOTN .75%	1	
MIRVASO GEL .33%	3	
NORITATE CREA 1%	3	NDS
ORACEA CPDR 40mg	3	NDS

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
NDS - Non-Extended Days Supply

B/D - Covered

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PENNSAID SOLN 2%	3	NDS PA
PICATO GEL .015%, .05%	3	
<i>pimecrolimus</i> (generic of ELIDEL) CREA 1%	1	
<i>podofilox</i> SOLN .5%	1	
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>procto-pak</i> (generic of PROCTOCORT) CREA 1%	1	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
<i>protozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	1	
PROTOPIC OINT .03%, .1%	3	
QBREXZA PADS 2.4%	3	
RECTIV OINT .4%	3	
RHOFADE CREA 1%	3	
<i>rosadan</i> (generic of METROCREAM) CREA .75%	1	
<i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%	1	
TARGRETIN GEL 1%	3	NDS NM
VALCHLOR GEL .016%	3	NDS NM LA
XERESE CRE 5-1%	3	NDS
ZOVIRAX CREA 5%; OINT 5%	3	NDS
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1	
ELIMITE CREA 5%	3	
<i>malathion</i> LOTN .5%	1	
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	
<i>permethrin</i> (generic of ELIMITE) CREA 5%	1	
SKLICE LOTN .5%	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	NDS
SANTYL OINT 250unit/gm	3	
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile</i> <i>irrigation soln</i>	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl</i> (mouth-throat) SOLN 2%	1	
<i>nystatin</i> (mouth-throat) SUSP 100000unit/ml	1	
ORAVIG TABS 50mg	3	NDS
<i>paroex</i> (generic of PERIDEX) SOLN .12%	1	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	1	
<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide</i> (mouth) PSTE .1%	1	
OTIC		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-fluocinolone</i> acetone (pf) otic soln 0.3-0.025%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid</i> otic soln 1-2%	1	
<i>neomycin-polymyxin-hc otic</i> soln 1%	1	

PA - Prior Authorization
under Medicare B or D

QL - Quantity Limits
LA - Limited Access

NM - Not available at mail-order
B/D - Covered
NDS - Non-Extended Days Supply

Drug Name	Drug Requirements/ Tier Limits	
<i>neomycin-polymyxin-hc otic</i>	1	
<i>susp 3.5 mg/ml-10000 unit/ml-1%</i>		
<i>ofloxacin (otic)</i> SOLN .3%	1	
OTOVEL DRO	3	

PA - Prior Authorization **QL** - Quantity Limits **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Index

- A**
- abacavir sulfate.....9
 - abacavir sulfate-lamivudine tab 600-300 mg.....10
 - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg.....10
 - ABELCET.....8
 - ABILIFY.....39
 - see *aripiprazole*.....39
 - ABILIFY MAINTENA39
 - ABILIFY MYCITE39
 - abiraterone acetate16
 - ABRAXANE INJ 100MG ...17
 - ABSORICA74
 - ABSORICA LD.....74
 - acamprosate calcium45
 - ACANYA
 - see *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* ...75
 - ACANYA GEL 1.2-2.5%....74
 - acarbose47
 - ACCOLATE.....73
 - see *zaflurkast*73
 - ACCUPRIL.....21
 - see *quinapril hcl*21
 - ACCURETIC
 - see
 - quinapril-hydrochlorothiazide tab 10-12.5 mg*21
 - see
 - quinapril-hydrochlorothiazide tab 20-12.5 mg*21
 - see
 - quinapril-hydrochlorothiazide tab 20-25 mg*21
 - ACCURETIC TAB 10-12.5.....20
 - ACCURETIC TAB 20-12.5.....20
 - ACCURETIC TAB 20-25MG20
 - acebutolol hcl*.....27
 - acetaminophen w/ codeine soln 120-12 mg/5ml*3
 - acetaminophen w/ codeine tab 300-15 mg*.....3
 - acetaminophen w/ codeine tab 300-30 mg*.....3
 - acetaminophen w/ codeine tab 300-60 mg*.....3
 - acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg*.....3
 - acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg*.....3
 - acetazolamide*.....28
 - acetic acid*.....63
 - acetic acid (otic)*.....79
 - acetylcysteine*73
 - ACIPHEX*.....62
 - see *rabeprazole sodium* 62
 - acitretin*76
 - ACTHIB INJ*67
 - ACTIGALL*61
 - see *ursodiol*.....62
 - ACTIMMUNE*66
 - ACTIQ*.....3
 - see *fentanyl citrate*3
 - ACTIVELLA*
 - see *amabelz*.....53
 - see *estradiol & norethindrone acetate tab 1-0.5 mg*54
 - see *lopreeza*.....54
 - see *mimvey*54
 - ACTIVELLA TAB 1-0.5MG*53
 - ACTONEL*.....49
 - see *risedronate sodium* .49
 - ACTOPLUS MET*
 - see *pioglitazone hcl-metformin hcl tab 15-500 mg*48
 - see *pioglitazone hcl-metformin hcl tab 15-850 mg*48
 - ACTOPLUS MET TAB 15-500MG*.....47
 - ACTOPLUS MET TAB 15-850MG*.....47
 - ACTOS*47
 - see *pioglitazone hcl*.....48
 - ACULAR*70
 - see *ketorolac*
 - tromethamine (ophth)*....71
 - ACULAR LS*.....70
 - see *ketorolac*
 - tromethamine (ophth)*....71
 - acyclovir*.....11
 - acyclovir sodium*11
 - acyclovir topical*78
 - ACZONE*74
 - see *dapsone (topical)*....75
 - ADACEL INJ*67
 - ADAKVEO*64
 - adapalene*74
 - ADAPALENE*74
 - adapalene-benzoyl peroxide gel 0.1-2.5%*74
 - ADCIRCA*31
 - see *alyq*.....31
 - see *tadalafil (pulmonary hypertension)*31
 - ADDERALL*
 - see
 - amphetamine-dextroamph etamine tab 10 mg*41
 - see
 - amphetamine-dextroamph etamine tab 12.5 mg*41
 - see
 - amphetamine-dextroamph etamine tab 15 mg*41
 - see
 - amphetamine-dextroamph etamine tab 20 mg*41
 - see
 - amphetamine-dextroamph etamine tab 30 mg*41
 - see
 - amphetamine-dextroamph etamine tab 5 mg*41
 - see
 - amphetamine-dextroamph etamine tab 7.5 mg*41
 - ADDERALL TAB 10MG*41
 - ADDERALL TAB 12.5MG* .41
 - ADDERALL TAB 15MG*41
 - ADDERALL TAB 20MG*41
 - ADDERALL TAB 30MG*41
 - ADDERALL TAB 5MG*40

ADDERALL TAB 7.5MG ...40	ADVAIR HFA AER 45/21 ..74	ALIQOPA .....17
ADDERALL XR see <i>amphetamine-dextroamph</i> <i>etamine cap er 24hr 10 mg</i>.....41	ADZENYS ER .....41	<i>aliskiren fumarate</i> .....29
<i>etamine cap er 24hr 15 mg</i>.....41	ADZENYS XR-ODT .....41	<i>allopurinol</i> .....1
see <i>amphetamine-dextroamph</i> <i>etamine cap er 24hr 20 mg</i>.....41	AEMCOLO .....6	<i>almotriptan malate</i> .....43
see <i>amphetamine-dextroamph</i> <i>etamine cap er 24hr 25 mg</i>.....41	AFINITOR .....17	ALORA .....53
see <i>amphetamine-dextroamph</i> <i>etamine cap er 24hr 30 mg</i>.....41	see <i>everolimus</i> .....18	<i>alosetron hcl</i> .....61
see <i>amphetamine-dextroamph</i> <i>etamine cap er 24hr 5 mg</i>.....41	AFINITOR DISPERZ .....17	ALOXI .....59
see <i>amphetamine-dextroamph</i> etamine cap er 10mg	afirmelle .....50	see <i>palonosetron hcl</i> .....59
.....41	AGGRENOX see <i>aspirin-dipyridamole</i> <i>cap er 12hr 25-200 mg</i> ..65	ALPHAGAN P .....71
.....41	AGGRENOX CAP 25-200MG .....65	see <i>brimonidine tartrate</i> 71
.....41	AGRYLIN .....64	alprazolam .....31
.....41	see <i>anagrelide hcl</i> .....64	ALPRAZOLAM INTENSOL.....31
.....41	AIMOVIG .....43	ALREX .....70
.....41	AKLIEF .....74	ALTABAX .....75
.....41	AKYNZEO CAP 300-0.5 ...59	ALTACE .....21
.....41	AKYNZEO INJ 235-0.25 ...59	see <i>ramipril</i> .....22
.....41	AKYNZEO INJ 235-0.25MG/20ML .....59	altavera .....50
.....41	ala-cort .....76	ALTOPREV .....25
.....41	albendazole .....6	ALTRENO .....74
.....41	ALBENZA see <i>albendazole</i> .....6	ALUNBRIG .....17
.....41	albuterol sulfate .....72, 73	ALUNBRIG PAK .....17
.....41	ALCAINE see <i>proparacaine hcl</i>....72	alyacen 1/35 .....50
.....41	<i>alclometasone dipropionate</i>.....76	alyacen 7/7/7 .....50
.....41	ALDACTAZIDE see <i>spironolactone &</i> <i>hydrochlorothiazide tab</i> 25-25 mg .....29	alyq .....31
.....41	ALDACTAZIDE TAB 25/25.....28	amabelz .....53
.....41	ALDACTAZIDE TAB 50/50.....28	amantadine hcl .....37
.....41	ALDACTONE .....22	AMARYL .....47
.....41	see <i>spironolactone</i> .....22	see <i>glimepiride</i> .....47
adefovir dipivoxil .....11	ALDARA .....78	AMBIEN .....42
ADEMPAS .....31	see <i>imiquimod</i> .....78	see <i>zolpidem tartrate</i>....43
adriamycin .....15	ALDURAZYME .....55	AMBIEN CR .....42
ADVAIR DISKU AER 100/50.....74	ALECENSA .....17	see <i>zolpidem tartrate</i>....43
ADVAIR DISKU AER 250/50.....74	alendronate sodium .....49	AMBISOME .....8
ADVAIR DISKU AER 500/50.....74	alfuzosin hcl .....62	ambrisentan .....31
ADVAIR HFA AER 115/21 74	ALIMTA .....15	amcinonide .....76
ADVAIR HFA AER 230/21 74	ALINIA .....6	AMCINONIDE .....76
		AMERGE .....43
		see <i>naratriptan hcl</i>.....43
		amethia .....50
		amethyst .....50
		amikacin sulfate .....6
		amiloride & <i>hydrochlorothiazide tab</i> 5-50 mg .....28
		amiloride hcl .....28
		AMINOSYN II INJ 10% ....69
		AMINOSYN II INJ 15% ....69

AMINOSYN-PF INJ 7%	69	besylate-benazepril hcl cap 5-10 mg.....	20	amoxapine	36
amiodarone hcl	24	amlodipine		amoxicillin	13
AMITIZA.....	61	besylate-benazepril hcl cap 5-20 mg.....	20	amoxicillin & k clavulanate chew tab 200-28.5 mg	13
amitriptyline hcl	36	amlodipine		amoxicillin & k clavulanate chew tab 400-57 mg	13
amlodipine besylate	27	besylate-benazepril hcl cap 5-40 mg.....	20	amoxicillin & k clavulanate for susp 200-28.5 mg/5ml..	13
amlodipine		amlodipine		amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.	13
besylate-atorvastatin calcium tab 10-10 mg.....	29	besylate-olmesartan		amoxicillin & k clavulanate for susp 400-57 mg/5ml....	13
amlodipine		medoxomil tab 10-20 mg ..	22	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml.	13
besylate-atorvastatin calcium tab 10-20 mg.....	29	amlodipine		amoxicillin & k clavulanate tab 250-125 mg	13
amlodipine		besylate-olmesartan		amoxicillin & k clavulanate tab 500-125 mg	13
besylate-atorvastatin calcium tab 10-40 mg.....	29	medoxomil tab 10-40 mg ..	22	amoxicillin & k clavulanate tab 875-125 mg	13
amlodipine		amlodipine		amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg .	13
besylate-atorvastatin calcium tab 10-80 mg.....	29	besylate-valsartan tab 10-160 mg.....	22	amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack.....	61
amlodipine		amlodipine		amphetamine	41
besylate-atorvastatin calcium tab 2.5-10 mg.....	29	besylate-valsartan tab 10-320 mg.....	22	amphetamine-dextroamphet amine cap er 24hr 10 mg..	41
amlodipine		amlodipine		amphetamine-dextroamphet amine cap er 24hr 15 mg..	41
besylate-atorvastatin calcium tab 2.5-20 mg.....	29	besylate-valsartan tab 5-160 mg.....	22	amphetamine-dextroamphet amine cap er 24hr 20 mg..	41
amlodipine		amlodipine		amphetamine-dextroamphet amine cap er 24hr 25 mg..	41
besylate-atorvastatin calcium tab 2.5-40 mg.....	29	besylate-valsartan tab 5-320 mg.....	22	amphetamine-dextroamphet amine cap er 24hr 30 mg..	41
amlodipine		amlodipine-valsartan-hydroc hlorothiazide tab 10-160-12.5 mg	22	amphetamine-dextroamphet amine cap er 24hr 5 mg....	41
besylate-atorvastatin calcium tab 5-10 mg.....	29	amlodipine-valsartan-hydroc hlorothiazide tab 10-160-25 mg.....	22	amphetamine-dextroamphet amine tab 10 mg.....	41
amlodipine		amlodipine-valsartan-hydroc hlorothiazide tab 10-320-25 mg.....	22	amphetamine-dextroamphet amine tab 12.5 mg.....	41
besylate-atorvastatin calcium tab 5-20 mg.....	29	amlodipine-valsartan-hydroc hlorothiazide tab 5-160-12.5 mg.....	22	amphetamine-dextroamphet amine tab 15 mg	41
amlodipine		amlodipine-valsartan-hydroc hlorothiazide tab 5-160-25 mg.....	22	amphetamine-dextroamphet amine tab 20 mg	41
besylate-atorvastatin calcium tab 5-40 mg.....	29	amnesteem.....	74	amphetamine-dextroamphet amine tab 30 mg	41
amlodipine					
besylate-atorvastatin calcium tab 5-80 mg.....	29				
amlodipine					
besylate-benazepril hcl cap 10-20 mg.....	20				
amlodipine					
besylate-benazepril hcl cap 10-40 mg.....	20				
amlodipine					
besylate-benazepril hcl cap 2.5-10 mg.....	20				
amlodipine					

<i>amphetamine-dextroamphet amine tab 5 mg</i>	41	APRISO	60	<i>see candesartan cilexetil</i>
<i>amphetamine-dextroamphet amine tab 7.5 mg</i>	41	see <i>mesalamine</i>	60	..... 24
<i>amphotericin b</i>	8	APTENSIO XR	41	ATACAND HCT
<i>ampicillin</i>	13	APTIOM	32	<i>see candesartan</i>
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	13	APTVUS	9	<i>cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	13	ARALAST NP	73	23
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	13	aranelle	50	<i>see candesartan</i>
<i>ampicillin sodium</i>	13	ARANESP ALBUMIN FREE	64	<i>cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>
<i>AMPYRA</i>	44	ARAVA	66	23
<i>see dalfampridine</i>	44	see <i>leflunomide</i>	66	<i>see candesartan</i>
<i>AMZEEQ</i>	74	ARAZLO	74	<i>cilexetil-hydrochlorothiazide tab 32-25 mg</i>
<i>ANADROL-50</i>	46	ARCALYST	66	23
<i>ANAFRANIL</i>	36	ARICEPT	35	ATACAND HCT TAB
<i>see clomipramine hcl</i>	36	see <i>donepezil</i> <i>hydrochloride</i>	35	16-12.5
<i>anagrelide hcl</i>	64	ARIKAYCE	6	22
<i>ANAPROX DS</i> <i>see naproxen sodium</i>	1	ARIMIDEX	16	ATACAND HCT TAB
<i>anastrozole</i>	16	see <i>anastrozole</i>	16	32-25MG
<i>ANCOBON</i>	8	aripiprazole	39	22
<i>see flucytosine</i>	8	ARISTADA	39	<i>atazanavir sulfate</i>
<i>ANDRODERM</i>	46	ARISTADA INITIO	39	9
<i>ANDROGEL</i>	46	ARIIXTRA	63	ATELVIA
<i>see testosterone</i>	47	see <i>fondaparinux sodium</i>	64	49
<i>ANDROGEL PUMP</i>	46	armodafinil	45	
<i>see testosterone</i>	46	ARNUITY ELLIPTA	74	
<i>ANNOVERA MIS</i>	50	AROMASIN	16	
<i>ANORO ELLIPT AER</i> 62.5-25	72	see <i>exemestane</i>	16	
<i>ANTABUSE</i>	45	ARTHROTEC 50 <i>see diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>see disulfiram</i>	46	ARTHROTEC 50 TAB	1	
<i>ANTARA</i>	25	ARTHROTEC 75 <i>see diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>ANUSOL-HC</i>	78	ARYMO ER	1	
<i>see procto-med hc</i>	79	ARZERRA	17	
<i>see proctosol hc</i>	79	ASACOL HD	60	
<i>see proctozone-hc</i>	79	see <i>mesalamine</i>	60	
<i>APEXICON E</i>	76	ashlyna	50	
<i>APOKYN</i>	37	aspirin-dipyridamole cap er 12hr 25-200 mg	65	
<i>aprepitant</i>	59	ASTAGRAF XL	66	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59	ATACAND	24	
<i>apri</i>	50			
				<i>AUGMENTIN</i>
				<i>see amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>
				13

see <i>amoxicillin & k clavulanate tab</i> 500-125	.....	72
mg	13	
AUGMENTIN SUS ES-600	.....	13
AUGMENTIN TAB 500MG	13	
aurovela 1/20	50	
aurovela 24 fe	50	
aurovela fe 1.5/30	50	
aurovela fe 1/20	50	
AURYXIA	57	
AUSTEDO	43	
AVALIDE		
see <i>irbesartan-hydrochlorothia zide tab</i> 150-12.5 mg....	23	
see <i>irbesartan-hydrochlorothia zide tab</i> 300-12.5 mg....	23	
AVALIDE TAB 150-12.5....	22	
AVALIDE TAB 300-12.5....	22	
AVAPRO	24	
see <i>irbesartan</i>	24	
AVASTIN.....	17	
AVEED.....	46	
aviane	50	
avita	74	
AVODART	62	
see <i>dutasteride</i>	62	
AVONEX	44	
AVONEX PEN.....	44	
AVSOLA.....	65	
AVYCAZ INJ 2-0.5GM	11	
AYGESTIN.....	58	
see <i>norethindrone acetate</i>	58	
ayuna	50	
AYVAKIT	17	
azacitidine	15	
AZACTAM.....	6	
see <i>aztreonam</i>	6	
AZASAN.....	66	
AZASITE	70	
azathioprine	66	
azelaic acid	78	
azelastine hcl	72	
azelastine hcl (ophth).....	71	
azelastine hcl-fluticasone		
<i>prop nasal spray</i> 137-50		
<i>mcg/act</i>	72	
AZELEX	74	
AZILECT	38	
see <i>rasagiline mesylate</i> .38		
azithromycin.....	12	
AZOPT	71	
AZOR		
see <i>amlodipine</i>		
<i>besylate-olmesartan</i>		
<i>medoxomil tab</i> 10-20 mg		
.....	22	
see <i>amlodipine</i>		
<i>besylate-olmesartan</i>		
<i>medoxomil tab</i> 10-40 mg		
.....	22	
see <i>amlodipine</i>		
<i>besylate-olmesartan</i>		
<i>medoxomil tab</i> 5-20 mg.	22	
see <i>amlodipine</i>		
<i>besylate-olmesartan</i>		
<i>medoxomil tab</i> 5-40 mg.	22	
AZOR TAB 10-20MG	22	
AZOR TAB 10-40MG	22	
AZOR TAB 5-20MG	22	
AZOR TAB 5-40MG	22	
aztreonam.....	6	
AZULFIDINE	60	
see <i>sulfasalazine</i>	60	
AZULFIDINE EN-TABS	60	
see <i>sulfasalazine</i>	60	
azurette.....	50	
B		
<i>bacitracin (ophthalmic)</i>	70	
<i>bacitracin-polymyxin b ophth oint</i>	70	
<i>bacitracin-polymyxin-neomyc in-hc ophth oint 1%</i>	69	
baclofen	45	
BACTRIM		
see <i>sulfamethoxazole-trimetho prim tab</i> 400-80 mg	7	
BACTRIM DS		
see <i>sulfamethoxazole-trimetho prim tab</i> 800-160 mg	7	
BACTRIM DS TAB 800-1606		
BACTRIM TAB 400-80MG..	6	
BALCOLTRA TAB 0.1-20 .50		
<i>balsalazide disodium</i>	60	
BALVERSA.....	17	
balziva	50	
BANZEL	32	
BARACLUDE	11	
see <i>entecavir</i>	11	
BASAGLAR KWIKPEN....	48	
BAVENCIO	17	
BAXDELA	13	
BCG VACCINE INJ.....	67	
BD ALCOHOL SWABS....	48	
BECONASE AQ.....	74	
<i>bekyree</i>	50	
BELBUCA	2	
BELEODAQ	17	
BELSOMRA.....	42	
benazepril & <i>hydrochlorothiazide tab</i> 10-12.5 mg	20	
benazepril & <i>hydrochlorothiazide tab</i> 20-12.5 mg	20	
benazepril & <i>hydrochlorothiazide tab</i> 20-25 mg	20	
benazepril & <i>hydrochlorothiazide tab</i> 5-6.25 mg	20	
benazepril hcl	21	
BENDEKA	15	
BENICAR	24	
see <i>olmesartan medoxomil</i>	24	
BENICAR HCT		
see <i>olmesartan</i>		
<i>medoxomil-hydrochlorothi azide tab</i> 20-12.5 mg	23	
see <i>olmesartan</i>		
<i>medoxomil-hydrochlorothi azide tab</i> 40-12.5 mg	23	
see <i>olmesartan</i>		
<i>medoxomil-hydrochlorothi azide tab</i> 40-25 mg	23	
BENICAR HCT TAB 20-12.5	23	
BENICAR HCT TAB 40-12.5		

.....	23	BEYAZ	BREO ELLIPTA INH 200-25
BENICAR HCT TAB		see <i>drosopirenone-ethinyl estrad-levomefolate tab</i>	..... 74
40-25MG	23	3-0.02-0.451 mg	..... 50
BENLYSTA	67	BEYAZ TAB	BRILINTA
BENTYL	60	.....	..... 65
see <i>dicyclomine hcl</i>	60	BIAXIN XL	<i>brimonidine tartrate</i>
BENZACLIN		see <i>clarithromycin</i>	..... 71
see <i>clindamycin</i>		..... 12	BRISDELLE
<i>phosphate-benzoyl</i>		bicalutamide	..... 43
<i>peroxide gel 1-5%</i>	75	BICILLIN C-R INJ 1200000	see <i>paroxetine mesylate</i>
BENZACLIN GEL		.....	(<i>vasomotor</i>)
1-5%PUMP	74	BICILLIN C-R INJ 900/30013	..... 44
BENZAMYCIN		BICILLIN L-A	BRIVIACT
see <i>benzoyl</i>		.....	..... 32
<i>peroxide-erythromycin gel</i>		BIDIL TAB	<i>bromfenac sodium (ophth)</i>
5-3%	74	.....	70
BENZAMYCIN GEL 5-3%	74	BIKTARVY TAB	BROVANA
benzoyl		.....	..... 73
<i>peroxide-erythromycin gel</i>		BILTRICIDE	BRUKINSA
5-3%	74	.....	..... 18
benztropine mesylate	38	see <i>praziquantel</i>	BRYHALI
BEOVU	72	.....	..... 77
BEPREVE	71	BINOSTO	<i>budesonide</i>
BERINERT	64	.....	..... 60
beser	76	bisoprolol &	<i>budesonide (inhalation)</i>
BESIVANCE	70	<i>hydrochlorothiazide tab</i>	..... 74
BESPONSA	17	10-6.25 mg	<i>bumetanide</i>
<i>betamethasone dipropionate</i>		.....	..... 28, 29
(topical)	76	bisoprolol &	BUMEX
<i>betamethasone dipropionate</i>		<i>hydrochlorothiazide tab</i>	see <i>bumetanide</i>
augmented	76	5-6.25 mg	..... 29
<i>betamethasone valerate</i>	76,	bisoprolol fumarate	BUNAVAIL MIS 2.1-0.3
77		.....	.... 45
BETAPACE		BIVIGAM	BUNAVAIL MIS 4.2-0.7
see <i>sorine</i>	25	.....	.... 45
see <i>sotalol hcl</i>	25	bleomycin sulfate	BUNAVAIL MIS 6.3-1MG
BETAPACE AF		.....	.. 45
see <i>sotalol hcl (afib/afl)</i>	25	BLEPH-10	BUPHENYL
BETASERON	44	.....	see <i>sodium phenylbutyrate</i>
<i>betaxolol hcl</i>	27	see <i>sulfacetamide sodium</i>	..... 57
<i>betaxolol hcl (ophth)</i>	71	(ophth)	<i>buprenorphine</i>
<i>bethanechol chloride</i>	63	.....	..... 2
BETHKIS	6	BLEPHAMIDE OIN S.O.P.	<i>buprenorphine hcl</i>
BETIMOL	71	69	..... 46
BETOPTIC-S	71	BLEPHAMIDE SUS OP	<i>buprenorphine hcl-naloxone</i>
BEVESPI AER 9-4.8MCG	72	.....	<i>hcl sl film 12-3 mg (base</i>
<i>bexarotene</i>	16	BLEPH-10	<i>equiv)</i>
BEXSERO INJ	67	see <i>sulfacetamide sodium</i>	..... 46
		(ophth)	<i>buprenorphine hcl-naloxone</i>
		.....	<i>hcl sl film 2-0.5 mg (base</i>
		blisovi 24 fe	<i>equiv)</i>
		.....	<i>buprenorphine hcl-naloxone</i>
		50	<i>hcl sl film 4-1 mg (base</i>
		blisovi fe 1.5/30	<i>equiv)</i>
		.....	<i>buprenorphine hcl-naloxone</i>
		50	<i>hcl sl film 8-2 mg (base</i>
		BONIVA	<i>equiv)</i>
		.....	<i>buprenorphine hcl-naloxone</i>
		49	<i>hcl sl film 8-2 mg (base</i>
		see <i>ibandronate sodium</i>	<i>equiv)</i>
		49	<i>buprenorphine hcl-naloxone</i>
		BONJESTA TAB 20-20MG	<i>hcl sl film 8-2 mg (base</i>
		.....	<i>equiv)</i>
		59	<i>buprenorphine hcl-naloxone</i>
		BOOSTRIX INJ	<i>hcl sl tab 2-0.5 mg (base</i>
		67	<i>equiv)</i>
		BORTEZOMIB	<i>buprenorphine hcl-naloxone</i>
		17	<i>hcl sl tab 8-2 mg (base</i>
		bosentan	<i>equiv)</i>
		31	<i>buprenorphine hcl-naloxone</i>
		BOSULIF	<i>hcl sl tab 8-2 mg (base</i>
		18	<i>equiv)</i>
		BOTOX	<i>bupropion hcl</i>
		45	..... 36
		BRAFTOVI	<i>bupropion hcl (smoking</i>
		18	
		BREO ELLIPTA INH 100-25	
		
		74	

decrement)	46	see ergotamine w/ caffeine tab 1-100 mg	43	50-15 mg	21
buspirone hcl.....	31	CALAN SR.....	27	captoril & hydrochlorothiazide tab	
butorphanol tartrate.....	3	see verapamil hcl	28	50-25 mg	21
BUTRANS.....	2	calcipotriene.....	76	CARAFATE	
see buprenorphine	2	calcipotriene-betamethasone dipropionate oint		see sucralfate.....	61
BYDUREON BCISE	47	0.005-0.064%	77	CARBAGLU	56
BYDUREON PEN	47	calcipotriene-betamethasone dipropionate susp		carbamazepine	32
BYETTA.....	47	0.005-0.064%	77	CARBATROL.....	32
BYNFEZIA PEN	55	calcitonin (salmon).....	49	see carbamazepine.....	32
BYSTOLIC	27	calcitrene	76	carbidopa	38
C		calcitriol.....	58	carbidopa & levodopa orally disintegrating tab 10-100 mg	38
cabergoline	56	calcium acetate (phosphate binder).....	57	carbidopa & levodopa orally disintegrating tab 25-100 mg	38
CABLIVI	64	CALQUENCE	18	carbidopa & levodopa orally disintegrating tab 25-250 mg	38
CABOMETYX	18	camila	50	carbidopa & levodopa tab 10-100 mg	38
CADUET		CAMPTOSAR		carbidopa & levodopa tab 25-100 mg	38
see amlodipine		see irinotecan hcl	17	carbidopa & levodopa tab er 25-100 mg	38
besylate-atorvastatin		camrese	50	carbidopa & levodopa tab er 25-100 mg	38
calcium tab 10-10 mg	29	camrese lo	50	carbidopa & levodopa tab er 25-100 mg	38
see amlodipine		CANASA	60	carbidopa & levodopa tab er 25-100 mg	38
besylate-atorvastatin		see mesalamine	60	carbidopa & levodopa tab er 25-250 mg	38
calcium tab 10-20 mg	29	CANCIDAS	8	carbidopa & levodopa tab er 25-250 mg	38
see amlodipine		see caspofungin acetate .8		carbidopa & levodopa-entacap one tabs 12.5-50-200 mg..38	
besylate-atorvastatin		candesartan cilexetil	24	carbidopa & levodopa-entacap one tabs 18.75-75-200 mg38	
calcium tab 10-40 mg	29	candesartan		carbidopa & levodopa-entacap one tabs 25-100-200 mg...38	
see amlodipine		cilexetil-hydrochlorothiazide tab 16-12.5 mg.....	23	carbidopa & levodopa-entacap one tabs 31.25-125-200 mg	38
besylate-atorvastatin		candesartan		carbidopa-levodopa-entacap one tabs 37.5-150-200 mg38	
calcium tab 5-10 mg.....	29	cilexetil-hydrochlorothiazide tab 32-12.5 mg.....	23	carbidopa-levodopa-entacap one tabs 50-200-200 mg...38	
see amlodipine		candesartan		carboplatin	15
besylate-atorvastatin		cilexetil-hydrochlorothiazide tab 32-25 mg.....	23	CARDIZEM	27
calcium tab 5-20 mg.....	29	CAPEX.....	77	see diltiazem hcl.....	28
see amlodipine		CAPLYTA	39	CARDIZEM CD.....	27
besylate-atorvastatin		CAPRELSA.....	18	see cartia xt.....	28
calcium tab 5-40 mg.....	29	captopril	21		
see amlodipine		captopril &			
besylate-atorvastatin		hydrochlorothiazide tab			
calcium tab 5-80 mg.....	29	25-15 mg.....	20		
CADUET TAB 10-10MG ..	30	captopril &			
CADUET TAB 10-20MG ..	30	hydrochlorothiazide tab			
CADUET TAB 10-40MG ..	30	25-25 mg.....	21		
CADUET TAB 10-80MG ..	30	captopril &			
CADUET TAB 5-10MG ..	29	hydrochlorothiazide tab			
CADUET TAB 5-20MG ..	30	25-25 mg.....	21		
CADUET TAB 5-40MG ..	30	captopril &			
CADUET TAB 5-80MG ..	30	hydrochlorothiazide tab			
CAFERGOT		25-25 mg.....	21		

see <i>diltiazem hcl coated beads</i>	28	<i>cefotetan disodium</i>	12	GONADOTROPIN	56
CARDIZEM LA.....	27	CEFOXITIN INJ 1GM.....	12	<i>ciclopirox olamine</i>	76
<i>see diltiazem hcl coated beads</i>	28	CEFOXITIN INJ 2GM.....	12	<i>cidofovir</i>	11
<i>see matzim la</i>	28	<i>cefoxitin sodium</i>	12	<i>cilostazol</i>	65
CARDURA	22	<i>cefopodoxime proxetil</i>	12	CILOXAN	70
<i>see doxazosin mesylate</i> 22		<i>cefprozil</i>	12	<i>see ciprofloxacin hcl (ophth)</i>	70
CARDURA XL.....	62	<i>ceftazidime</i>	12	CIMDUO TAB 300-300	10
<i>carisoprodol</i>	45	CEFTAZIDIME/ SOL D5W		<i>cimetidine</i>	60
CARNITOR	56	1GM	12	<i>cimetidine hcl</i>	60
<i>see levocarnitine (metabolic modifiers)</i>	56	2GM	12	<i>cinacalcet hcl</i>	56
CAROSPIR	22	<i>ceftriaxone sodium</i>	12	CINRYZE	65
<i>carteolol hcl (ophth)</i>	71	<i>cefuroxime axetil</i>	12	CINVANTI	59
<i>cartia xt</i>	28	<i>cefuroxime sodium</i>	12	CIPRO	13
<i>carvedilol</i>	27	CELEBREX	1	<i>see ciprofloxacin hcl</i>	13
<i>carvedilol phosphate</i>	27	<i>see celecoxib</i>	1	CIPRO HC SUS OTIC	79
CASODEX	16	celecoxib	1	CIPRODEX SUS 0.3-0.1%	79
<i>see bicalutamide</i>	16	CELEXA	36	<i>ciprofloxacin 200 mg/100ml in d5w</i>	13
<i>caspofungin acetate</i>	8	<i>see citalopram hydrobromide</i>	36	<i>ciprofloxacin 400 mg/200ml in d5w</i>	13
CASPOFUNGIN ACETATE 8		CELLCEPT	67	<i>ciprofloxacin hcl</i>	13
CATAPRES	30	<i>see mycophenolate mofetil</i>	67	<i>ciprofloxacin hcl (ophth)</i>	70
<i>see clonidine hcl</i>	30	CELONTIN	32	<i>ciprofloxacin hcl (otic)</i>	79
CATAPRES-TTS-1	30	CENTANY	75	<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	79
<i>see clonidine</i>	30	cephalexin	12	<i>cisplatin</i>	15
CATAPRES-TTS-2	30	CERDELGA	56	<i>citalopram hydrobromide</i>	36
<i>see clonidine</i>	30	CEREZYME	56	<i>claravis</i>	75
CATAPRES-TTS-3	30	<i>cetirizine hcl</i>	72	CLARINEX	72
<i>see clonidine</i>	30	CETRAXAL	79	<i>see desloratadine</i>	72
CAYSTON	6	<i>cevimeline hcl</i>	79	CLARINEX-D TAB 2.5-120	72
<i>caziant</i>	50	CHANTIX	46	<i>clarithromycin</i>	12
<i>cefaclor</i>	11	CHANTIX CONTINUING MONTH	46	CLENPIQ SOL	61
CEFACLOR ER	11	CHANTIX PAK 0.5& 1MG	46	CLEOCIN	6, 63
<i>cefadroxil</i>	12	<i>chateal</i>	50	<i>see clindamycin hcl</i>	6
CEFAZOLIN INJ 1GM/50ML	12	CHEMET	49	<i>see clindamycin</i>	
<i>cefazolin sodium</i>	12	<i>chlorhexidine gluconate (mouth-throat)</i>	79	<i>phosphate vaginal</i>	63
CEFAZOLIN SOLN 2GM/100ML-4%	12	<i>chloroquine phosphate</i>	9	CLEOCIN PEDIATRIC	
<i>cefdinir</i>	12	<i>chlorpromazine hcl</i>	39	GRANULE	6
CEFEPIME	12	CHLORPROMAZINE HCL	39	<i>see clindamycin palmitate hydrochloride</i>	6
<i>cefepime hcl</i>	12	<i>chlorthalidone</i>	29	CLEOCIN PHOSPHATE	6
CEFEPIME/DEX INJ 1GM 12		CHOLBAM	61	<i>see clindamycin phosphate</i>	6
CEFEPIME/DEX INJ 2GM 12		<i>cholestyramine</i>	26	CLEOCIN-T	75
<i>cefixime</i>	12	<i>cholestyramine light</i>	26		
CEFOTAN	12	<i>choline fenofibrate</i>	25		
<i>see cefotetan disodium</i>	12	CHORIONIC			

see <i>clindamycin</i>	
<i>phosphate (topical)</i>	75
CLIMARA.....	53
see <i>estradiol</i>	54
clindacin-p.....	75
CLINDAGEL.....	75
clindamycin hcl.....	6
clindamycin palmitate	
<i>hydrochloride</i>	6
<i>clindamycin phosphate</i>	6
<i>clindamycin phosphate (topical)</i>	75
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	6
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	6
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	6
<i>clindamycin phosphate vaginal</i>	63
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	75
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	75
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	75
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	75
CLINDESSE.....	63
CLINDMYC/NAC INJ 300/50ML.....	6
CLINDMYC/NAC INJ 600/50ML.....	6
CLINDMYC/NAC INJ 900/50ML.....	6
CLINIMIX E INJ 2.75/D5W	69
CLINIMIX E INJ 4.25/D10	69
CLINIMIX E INJ 4.25/D5W	69
CLINIMIX E INJ 5%/D15W	69
CLINIMIX E INJ 5%/D20W	69
CLINIMIX INJ 4.25/D10 ...	69
CLINIMIX INJ 4.25/D5W ...	69
CLINIMIX INJ 5%/D15W ...	69
CLINIMIX INJ 5%/D20W ...	69
<i>clinisol sf 15%</i>	69
CLINOLIPID EMU 20%.....	69
clobazam	32
clobetasol propionate.....	77
clobetasol propionate e.....	77
<i>clobetasol propionate emulsion</i>	77
CLOBEX	77
see <i>clobetasol propionate</i>	
.....	77
see <i>clodan</i>	77
clocortolone pivalate	77
clodan	77
CLODERM	77
see <i>clocortolone pivalate</i>	
.....	77
clomipramine hcl.....	36
clonazepam	32
clonidine.....	30
<i>clonidine hcl</i>	30
clopidogrel bisulfate	65
clorazepate dipotassium	32
clotrimazole.....	79
<i>clotrimazole (topical)</i>	76
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	76
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	76
<i>clovique</i>	49
<i>clozapine</i>	39
<i>CLOZARIL</i>	39
see <i>clozapine</i>	39
COARTEM TAB 20-120MG	9
codeine sulfate.....	3
CODEINE SULFATE	3
COGENTIN.....	38
see <i>benztropine mesylate</i>	
.....	38
COLAZAL	
see <i>balsalazide disodium</i>	
.....	60
colchicine	1
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1
COLCRYS	1
see <i>colchicine</i>	1
colesevelam hcl	26
COLESTID.....	26
see <i>colestipol hcl</i>	26
colestipol hcl.....	26
colistimethate sodium	6
colocort	60
COLY-MYCIN M	6
see <i>colistimethate sodium</i>	
.....	6
COMBIGAN SOL 0.2/0.5%	
.....	71
COMBIVENT AER 20-100	72
COMBIVIR	
see <i>lamivudine-zidovudine tab 150-300 mg</i>	10
COMBIVIR TAB 150-300..	10
COMETRIQ (60MG DOSE)	
.....	18
COMETRIQ KIT 100MG	18
COMETRIQ KIT 140MG	18
COMPLERA TAB.....	10
compro.....	59
COMTAN	38
see <i>entacapone</i>	38
CONCERTA	41
see <i>methylphenidate hcl</i> 42	
CONDYLOX	78
constulose	61
CONZIP	2
COPAXONE	44
see <i>glatiramer acetate</i> ..	44
see <i>glatopa</i>	44
COPIKTRA	18
COREG	27
see <i>carvedilol</i>	27
COREG CR	27
see <i>carvedilol phosphate</i>	
.....	27
CORGARD	27
see <i>nadolol</i>	27
CORLANOR	30
CORTEF	54
see <i>hydrocortisone</i>	55
CORTENEMA.....	60
see <i>colocort</i>	60
see <i>hydrocortisone (intrarectal)</i>	60
CORTIFOAM	78

cortisone acetate.....	54	CUVPOSA	60	DAPTO MYCIN.....	6
CORTISPORIN CRE 0.5%		cyclafem 1/35.....	50	see <i>daptomycin</i>	6
.....	75	cyclafem 7/7/7.....	50	darifenacin hydrobromide	.63
CORTISPORIN OIN 1% ...	75	cyclobenzaprine hcl	45	DARZALEX.....	18
CORTISPORIN SUS -TC		cyclophosphamide	15	DARZALEX SOL FASPRO	
OTIC	79	cycloserine.....	10	.....	18
COSOPT		cyclosporine.....	67	dasetta 1/35.....	50
<i>see dorzolamide</i>		cyclosporine modified (for		dasetta 7/7/7.....	50
<i>hcl-timolol maleate ophth</i>		microemulsion)	67	DAURISMO	18
<i>soln 22.3-6.8 mg/ml</i>	71	CYKLOKAPRON		DAYPRO	1
COSOPT PF		<i>see tranexamic acid</i>	65	<i>see oxaprozin</i>	1
<i>see dorzolamide</i>		CYMBALTA	36	daysee	50
<i>hcl-timolol maleate ophth</i>		<i>see duloxetine hcl</i>	36	DAYTRANA	41
<i>sol 22.3-6.8 mg/ml pf</i>	71	cyproheptadine hcl.....	72	DAYVIGO	42
COSOPT PF SOL 2%-0.5%		CYRAMZA	18	DDAVP	56
.....	71	cyred eq.....	50	<i>see desmopressin acetate</i>	
COSOPT SOL 22.3-6.8	71	CYSTADANE POW	56	.....	56
COTELLIC	18	CYSTAGON.....	56	see <i>desmopressin acetate</i>	
COTEMPLA XR-ODT	41	CYSTARAN	72	spray	56
COUMADIN	63	cytarabine	15	deblitane	50
COZAAR	24	CYTOGAM.....	66	decitabine	15
<i>see losartan potassium</i> ..24		CYTOMEL	58	deferasirox	49
CREON CAP 12000UNT ..	62	<i>see liothyronine sodium</i> ..58		deferoxamine mesylate....	49
CREON CAP 24000UNT ..	62	CYTOTEC.....	61	DELESTROGEN.....	53
CREON CAP 3000UNIT ..	62	<i>see misoprostol</i>	61	<i>see estradiol valerate</i> ..54	
CREON CAP 36000UNT ..	62	CYTOVENE		DELSTRIGO TAB	10
CREON CAP 6000UNIT ..	62	<i>see ganciclovir sodium</i> ..11		DELZICOL	60
CRESEMBOLA.....	8	D		<i>see mesalamine</i>	60
CRESTOR	25	D.H.E. 45	43	demeclocycline hcl.....	14
<i>see rosuvastatin calcium</i>		<i>see dihydroergotamine</i>		DEM SER	30
.....	25	<i>mesylate</i>	43	DENAVIR	78
CRINONE	58	D10W/NACL INJ 0.2%.....	68	DEPAKOTE	32
CRIXIVAN	9	D5W/LYTES INJ #48	68	<i>see divalproex sodium</i> ..32	
cromolyn sodium.....	73	D5W/NACL INJ 0.3%.....	68	DEPAKOTE ER	32
cromolyn sodium		dacarbazine	16	<i>see divalproex sodium</i> ..32	
(mastocytosis).....	61	DACOGEN.....	15	DEPAKOTE SPRINKLES ..32	
cromolyn sodium (ophth) ..	71	<i>see decitabine</i>	15	<i>see divalproex sodium</i> ..32	
crotan.....	79	dalfampridine	44	DEPEN TITRATABS.....	49
cryselle-28.....	50	DALIRESP	73	<i>see penicillamine</i>	50
CRYSVITA	56	DALVANCE	6	DEPO-ESTRADIOL.....	53
CUBICIN	6	danazol	53	DEPO-MEDROL	54
<i>see daptomycin</i>	6	DANTRIUM	45	<i>see methylprednisolone</i>	
CUTAQUIG	66	<i>acetate</i>	55	DEPO-PROVERA	16
CUTIVATE	77	<i>see dantrolene sodium</i> ..45		DEPO-PROVERA	
<i>see beser</i>	76	dantrolene sodium	45	CONTRACEPTIV.....	50
<i>see fluticasone propionate</i>		dapsone	6	<i>see medroxyprogesterone</i>	
.....	77	dapsone (topical)	75	<i>acetate (contraceptive)</i> ..52	
CUVITRU	66	DAPTACEL INJ	67		
		daptomycin	6		

DEPO-SUBQ PROVERA	see <i>dexamethasone sodium phosphate</i>	78
104.....50		
DEPO-TESTOSTERONE .46	<i>dexamethasone sodium phosphate</i>	55
<i>see testosterone cypionate</i>		
.....47		
DERMA-SMOOTH/FS	<i>dexamethasone sodium phosphate (ophth)</i>	70
BODY.....77	<i>DEXEDRINE</i>	41
<i>see fluocinolone acetonide</i>	<i>see dextroamphetamine sulfate</i>	41
.....77		
DERMA-SMOOTH/FS	<i>DEXILANT</i>	62
SCALP.....77	<i>dexamethylphenidate hcl</i>	41
<i>see fluocinolone acetonide</i>	<i>dexrazoxane hcl</i>	20
.....77	<i>dextroamphetamine sulfate</i>	41
DERMOTIC.....79		
<i>see flac</i>	<i>dextrose</i>	69
.....79	<i>dextrose 10% w/ sodium chloride 0.45%</i>	68
<i>see fluocinolone acetonide (otic)</i>	<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	68
.....79	<i>dextrose 5% in lactated ringers</i>	68
DESCOZY TAB 200/25 ....10	<i>dextrose 5% w/ sodium chloride 0.2%</i>	68
DESFERAL.....49	<i>dextrose 5% w/ sodium chloride 0.225%</i>	68
<i>see deferoxamine mesylate</i>	<i>dextrose 5% w/ sodium chloride 0.45%</i>	68
.....49	<i>dextrose 5% w/ sodium chloride 0.9%</i>	68
desipramine hcl.....36	<i>DIASTAT ACUDIAL</i>	32
desloratadine	<i>DIASTAT PEDIATRIC</i>	32
desmopressin acetate.....56	<i>diazepam</i>	32
desmopressin acetate spray	<i>diazepam (anticonvulsant)</i>	32
refrigerated.....56	<i>diazepam inj</i>	32
desmopressin acetate spray refrigerated.....56	<i>diazoxide</i>	55
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....50	<i>DIBENZYLINE</i>	30
DESONATE	<i>see phenoxybenzamine hcl</i>	30
<i>see desonide</i>		
.....77		
desonide		
DESWHEN		
<i>see desonide</i>		
.....77		
desoximetasone.....77		
DESVENLAFAKINE ER ....36		
desvenlafaxine succinate..36		
DETROL	<i>DICLEGIS</i>	
<i>see tolterodine tartrate</i>	<i>see doxylamine-pyridoxine tab delayed release 10-10 mg</i>	
.....63	.....59	
DETROL LA	<i>DICLEGIS TAB 10-10MG .59</i>	
<i>see tolterodine tartrate</i>	<i>diclofenac potassium</i>	1
.....63	<i>diclofenac sodium</i>	1
dexamethasone	<i>diclofenac sodium (actinic keratoses)</i>	78
DEXAMETHASONE INTENSOL.....55	<i>diclofenac sodium (ophth)</i>	70
DEXAMETHASONE SODIUM PHOS		

de tab 320-25 mg	24
see	
valsartan-hydrochlorothiazi	
de tab 80-12.5 mg	24
DIOVAN HCT TAB 160-12.5	
.....	23
DIOVAN HCT TAB	
160-25MG	23
DIOVAN HCT TAB 320-12.5	
.....	23
DIOVAN HCT TAB	
320-25MG	23
DIOVAN HCT TAB 80/12.5	
.....	23
DIP/TET PED INJ 25-5LFU	
.....	67
DIPENTUM	60
diphenhydramine hcl.....	72
diphenoxylate w/ atropine liq	
2.5-0.025 mg/5ml	61
diphenoxylate w/ atropine	
tab 2.5-0.025 mg.....	61
DIPROLENE	77
see betamethasone	
dipropionate augmented	76
DIPROLENE AF	77
see betamethasone	
dipropionate augmented	76
dipyridamole.....	65
disopyramide phosphate	24
disulfiram.....	46
DITROPAN XL.....	63
see oxybutynin chloride	63
DIURIL	29
divalproex sodium.....	32
DIVIGEL.....	54
docetaxel.....	17
DOCETAXEL	17
see docetaxel.....	17
dofetilide.....	25
DOLOPHINE	2
see methadone hcl.....	2
donepezil hydrochloride	35
DOPTELET	65
DORYX	
see doxycycline hyolate.	14
dorzolamide hcl.....	71
dorzolamide hcl-timolol	
maleate ophth sol 22.3-6.8	
mg/ml pf.....	71
dorzolamide hcl-timolol	
maleate ophth soln 22.3-6.8	
mg/ml.....	71
dotti.....	54
DOVATO TAB 50-300MG.10	
doxazosin mesylate	22
doxepin hcl.....	36
doxepin hcl (sleep).....	42
doxercalciferol.....	58
DOXIL	15
see doxorubicin hcl	
liposomal.....	15
doxorubicin hcl.....	15
doxorubicin hcl liposomal..	15
doxy 100	14
doxycycline (monohydrate)	
.....	14
doxycycline (rosacea)	78
doxycycline hyolate.....	14
doxylamine-pyridoxine tab	
delayed release 10-10 mg	59
DRIZALMA SPRINKLE	36
dronabinol.....	59
drospirenone-ethinyl	
estradiol tab 3-0.02 mg	51
drospirenone-ethinyl	
estradiol tab 3-0.03 mg	51
drospirenone-ethinyl	
estradiol-levomefolate tab	
3-0.02-0.451 mg	50
drospirenone-ethinyl	
estradiol-levomefolate tab	
3-0.03-0.451 mg	51
DROXIA	65
DUETACT	
see pioglitazone	
hcl-glimepiride tab 30-2	
mg	48
see pioglitazone	
hcl-glimepiride tab 30-4	
mg	48
DUETACT TAB 30-2MG	47
DUETACT TAB 30-4MG	47
duloxetine hcl.....	36
DUOBRII LOT	77
DUOPA SUS 4.63-20.....	38
DURAGESIC	
see fentanyl.....	2
DUREZOL	70
dutasteride.....	62
dutasteride-tamsulosin hcl	
cap 0.5-0.4 mg.....	62
dvorah.....	3
DYANAVEL XR.....	41
DYAZIDE	
see triamterene &	
hydrochlorothiazide cap	
37.5-25 mg.....	29
DYAZIDE CAP 37.5-25....	29
DYMISTA	
see azelastine	
hcl-fluticasone prop nasal	
spray 137-50 mcg/act....	72
DYMISTA SPR 137-50	72
DYSPORT	45
E	
E.E.S. GRANULES	
see erythromycin	
ethylsuccinate	12
EC-NAPROSYN	
see ec-naproxen	1
see naproxen dr	1
ec-naproxen.....	1
econazole nitrate	76
EDARBI	24
EDARBYCLOR TAB 40-12.5	
.....	23
EDARBYCLOR TAB	
40-25MG.....	23
EDECIN	29
see ethacrynic acid	29
EDLUAR	42
EDURANT	9
efavirenz	9
EFFEXOR XR.....	36
see venlafaxine hcl.....	37
EFFIENT	65
see prasugrel hcl.....	65
EFUDEX	78
see fluorouracil (topical)	78
EGRIFTA	56
EGRIFTA SV	56
ELAPRASE	56
ELELYSO	56

<i>eletiptan hydrobromide</i> ....43	ENHERTU	18	EQUETRO	43
ELIDEL .....78 <i>see pimecrolimus</i> .....79	enoxaparin sodium	64	ERAXIS	8
ELIGARD .....16	enpresse-28.....	51	ERBITUX	18
ELIMITE .....79 <i>see permethrin</i> .....79	enskyce.....	51	<i>ergotamine w/ caffeine tab</i> 1-100 mg	43
elinest .....51	ENSTILAR AER	77	ERIVEDGE	18
ELIQUIS .....63	entacapone.....	38	ERLEADA.....	16
ELIQUIS STARTER PACK	entecavir.....	11	erlotinib hcl	18
.....63	ENTOCORT EC.....	60	errin	51
ELITEK .....20	<i>see budesonide</i>	60	ERTACZO	76
ELIXOPHYLLIN .....73	ENTRESTO TAB 24-26MG	23	ertapenem sodium	6
ELLA .....51	ENTRESTO TAB 49-51MG	23	ERWINAZE	17
ELLENCE .....15 <i>see epirubicin hcl</i>.....15	ENTRESTO TAB 97-103MG	23	ery.....	75
ELMIRON.....63	ENTYVIO	65	ERYGEL	75
eluryng	enulose	61	<i>see erythromycin (acne aid)</i>.....75	
EMCYT .....16	ENVARSUS XR	67	ERYPED 400	
EMEND .....59 <i>see aprepitant</i>.....59	EPANED	21	<i>see erythromycin ethylsuccinate</i>	12
<i>see fosaprepitant</i>	EPCLUSA TAB 400-100 ...11		ery-tab	12
dimeglumine	EPIDIOLEX.....	32	ERYTHROCIN	
EMEND TRIPAC PAK 80 & 125	EPIDUO		LACTOBIONATE	12
.....59	<i>see adapalene-benzoyl peroxide gel 0.1-2.5%</i> ...74		erythrocin stearate	12
emoquette	EPIDUO FORTE GEL	75	erythromycin (acne aid) ....75	
EMPLICITI	0.3-2.5%	75	erythromycin (ophth).....70	
EMSAM.....36	EPIDUO GEL 0.1-2.5%....75		erythromycin base	12
EMTRIVA	epinastine hcl (ophth).....71		erythromycin ethylsuccinate	12, 13
EMVERM	epinephrine (anaphylaxis).73		ESBRIET	73
ENABLEX	EPIPEN 2-PAK	73	escitalopram oxalate.....36	
<i>see darifenacin hydrobromide</i>	<i>see epinephrine (anaphylaxis)</i>.....73		esomeprazole magnesium	62
enalapril maleate.....21	EPIPEN-JR 2-PAK.....	73	esomeprazole sodium.....62	
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....21	<i>see epinephrine (anaphylaxis)</i>.....73		estarrylla	51
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....21	epirubicin hcl.....	15	ESTRACE	54
ENBREL.....65	epitol	32	<i>see estradiol</i>.....54	
ENBREL MINI.....65	EPIVIR	9	<i>see estradiol vaginal</i>	54
ENBREL SURECLICK	<i>see lamivudine</i>	9	estradiol	54
ENDARI	EPIVIR HBV.....	11	estradiol & norethindrone acetate tab 0.5-0.1 mg.....54	
endocet tab 10-325mg	<i>see lamivudine (hbv)</i>	11	estradiol & norethindrone acetate tab 1-0.5 mg.....54	
endocet tab 2.5-325mg	eplerenone.....	22	estradiol vaginal	54
endocet tab 5-325mg	epoprostenol sodium.....31		estradiol valerate	54
endocet tab 7.5-325mg	EPZICOM		ESTRING	54
ENGERIX-B	<i>see abacavir sulfate-lamivudine tab 600-300 mg</i>	10	ESTROGEL	54
.....67	EPZICOM TAB 600-300 ...10		ESTROSTEP FE	
			<i>see tilia fe</i>	53
			<i>see tri-legest fe</i>	53

ESTROSTEP FE TAB.....	51
eszopiclone	42
ethacrynic acid.....	29
ethambutol hcl.....	10
ethosuximide.....	32
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	50
etodolac	1
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	51
ETOPOPHOS	17
etoposide	17
euthyrox	58
EVENITY.....	49
everolimus.....	18
everolimus (immunosuppressant)	67
EVISTA	56
see raloxifene hcl	57
EVOCLIN	75
see clindamycin phosphate (topical).....	75
EVOTAZ TAB 300-150	10
EVOXAC	79
see cevimeline hcl.....	79
EXELON	35
see rivastigmine	36
exemestane	16
EXFORGE	
see amlodipine besylate-valsartan tab 10-160 mg	22
see amlodipine besylate-valsartan tab 10-320 mg	22
see amlodipine besylate-valsartan tab 5-160 mg	22
see amlodipine besylate-valsartan tab 5-320 mg	22
EXFORGE HCT	
see	
amlodipine-valsartan-hyd ochlorothiazide tab 10-160-12.5 mg	22
see	
amlodipine-valsartan-hyd ochlorothiazide tab 10-160-25 mg	22
see	
amlodipine-valsartan-hyd ochlorothiazide tab 10-320-25 mg	22
see	
amlodipine-valsartan-hyd ochlorothiazide tab 5-160-12.5 mg	22
see	
amlodipine-valsartan-hyd ochlorothiazide tab 5-160-25 mg	22
EXFORGE HCT TAB	
10-160-12.5MG.....	23
EXFORGE HCT TAB	
10-160-25MG.....	23
EXFORGE HCT TAB	
10-320-25MG.....	23
EXFORGE HCT TAB	
5-160-12.5MG.....	23
EXFORGE HCT TAB	
5-160-25MG.....	23
EXFORGE TAB 10-160MG	
.....	23
EXFORGE TAB 10-320MG	
.....	23
EXFORGE TAB 5-160MG	23
EXFORGE TAB 5-320MG	23
EXJADE	50
see deferasirox.....	49
EYLEA	72
EZALLOR SPRINKLE.....	25
ezetimibe	26
ezetimibe-simvastatin tab 10-10 mg.....	26
ezetimibe-simvastatin tab 10-20 mg.....	26
ezetimibe-simvastatin tab 10-40 mg.....	26
ezetimibe-simvastatin tab 10-80 mg.....	26
F	
FABRAZYME	56
falmina	51
famciclovir.....	11
famotidine	60
famotidine in nacl 0.9% iv soln 20 mg/50ml	60
FANAPT	39
FANAPT PAK	39
FARESTON	16
see toremifene citrate....	16
FARXIGA	47
FARYDAK	18
FASENRA	73
FASENRA PEN	73
FASLODEX	16
see fulvestrant.....	16
fayosim	51
febuxostat	1
felbamate	32
FELBATOL	32
see felbamate.....	32
FELDENE	1
see piroxicam.....	1
felodipine	28
FEMARA	16
see letrozole.....	16
FEMHRT LOW DOSE	
see fyavolv tab 0.5mg-2.5mcg	54
see norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	54
FEMHRT TAB 0.5-2.5.....	54
FEMRING	54
femynor	51
fenofibrate	25
fenofibrate micronized	25
fentanyl	2
fentanyl citrate	3, 4
FENTORA	4
FERRIPROX	50
FETROJA	12
FETZIMA	36
FETZIMA CAP TITRATIO.	36
FIASP FLEX INJ TOUCH .48	
FIASP INJ 100/ML	48
FIASP PENFIL INJ U-100.48	

FINACEA	78	flurbiprofen sodium	70	furosemide	29
see <i>azelaic acid</i>	78	flutamide	16	<i>furosemide inj</i>	29
finasteride	62	fluticasone propionate.....	77	FUZEON	9
FIRAZYR.....	65	<i>fluticasone propionate</i> <i>(nasal)</i>	74	<i>fyavolv tab 0.5mg-2.5mcg</i>	54
see <i>icatibant acetate</i>	65	<i>fluvastatin sodium</i>	25	<i>fyavolv tab 1mg-5mcg</i>	54
FIRDAPSE	43	<i>fluvoxamine maleate</i>	31	FYCOMPA	32
FIRMAGON.....	16	FML.....	70	G	
FIRVANQ.....	6	FML FORTE	70	<i>gabapentin</i>	32
flac	79	FOCALIN	41	GABITRIL	33
FLAGYL	6	<i>see dexmethylphenidate</i> <i>hcl</i>	41	<i>see tiagabine hcl</i>	34
<i>see metronidazole</i>	7	FOCALIN XR	42	GALAFOLD	56
FLAREX.....	70	<i>see dexmethylphenidate</i> <i>hcl</i>	41	<i>galantamine hydrobromide</i>	35
flecainide acetate	25	FOLOTYN.....	15	GAMASTAN INJ	66
FLOLAN	31	<i>fondaparinux sodium</i>	64	GAMMAGARD LIQUID	66
<i>see epoprostenol sodium</i>	31	FORFIVO XL	36	GAMMAGARD S/D IGA	
FLOLIPID	25	FORTEO.....	49	LESS TH.....	66
FLOMAX	62	FORTESTA.....	46	GAMMAKED	66
<i>see tamsulosin hcl</i>	63	<i>see testosterone</i>	47	GAMMAPLEX	66
FLOVENT DISKUS	74	FOSAMAX	49	GAMUNEX-C	66
FLOVENT HFA	74	<i>see alendronate sodium</i>	49	GANCICLOVIR	11
fluconazole.....	8	FOSAMAX + D TAB 70-2800	49	<i>ganciclovir sodium</i>	11
fluconazole in nacl 0.9% inj 200 mg/100ml	8	FOSAMAX + D TAB 70-5600	49	GARDASIL 9 INJ	67
fluconazole in nacl 0.9% inj 400 mg/200ml	8	<i>fosamprenavir calcium</i>	9	GASTROCROM	61
flucytosine	8	<i>fosaprepitant dimeglumine</i>	59	<i>see cromolyn sodium</i> <i>(mastocytosis)</i>	61
fludarabine phosphate	15	<i>fosinopril sodium</i>	21	<i>gatifloxacin (ophth)</i>	70
fludrocortisone acetate.....	55	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg.....	21	GATTEX	61
flunisolide (nasal)	74	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg.....	21	GAUZE PADS 2X2	48
fluocinolone acetonide	77	FOSRENOL	57	<i>gavilyte-c</i>	61
fluocinolone acetonide (otic)	79	<i>see lanthanum carbonate</i>	57	<i>gavilyte-g</i>	61
fluocinonide	77	FRAGMIN	64	<i>gavilyte-n/flavor pack</i>	61
fluocinonide emulsified base	77	FREAMINE HBC INJ 6.9%	69	GAZYVA	18
fluorometholone (ophth)	70	FREAMINE III INJ 10%.....	69	GELNIQUE	63
FLUOROPLEX.....	78	FROVA	43	GEMCITABINE	15
fluorouracil	15	<i>see frovatriptan succinate</i>	43	<i>see gemcitabine hcl</i>	15
fluorouracil (topical).....	78	<i>frovatriptan succinate</i>	43	<i>gemcitabine hcl</i>	15
fluoxetine hcl.....	36	fulvestrant	16	gemfibrozil	25
fluoxetine hcl (pmdd).....	36			GENERESS FE	
FLUOXETINE				<i>see kaitlib fe</i>	51
HYDROCHLORIDE	36			<i>see layolis fe</i>	51
<i>see fluoxetine hcl</i>	36			<i>see norethindrone &</i> <i>ethinyl estradiol-fe chew</i> tab 0.8 mg-25 mcg	52
fluphenazine decanoate....	39			GENERESS FE CHW	51
fluphenazine hcl.....	39			generlac	61
flurbiprofen	1			gengraf	67

.....	56	glydo	78	haloperidol decanoate	39
gentak	70	GLYSET	47	haloperidol lactate.....	39
gentamicin in saline inj 0.8 mg/ml.....	6	see miglitol	47	HARVONI PAK	
gentamicin in saline inj 1 mg/ml.....	6	GLYXAMBI TAB 10-5 MG.	47	33.75-150MG.....	11
gentamicin in saline inj 1.2 mg/ml.....	6	GLYXAMBI TAB 25-5 MG.	47	HARVONI PAK 45-200MG	11
gentamicin in saline inj 2 mg/ml.....	6	GOCOVRI.....	38	HARVONI TAB 45-200MG	11
gentamicin in saline inj 1.6 mg/ml.....	6	GOLYTELY		HARVONI TAB 90-400MG	11
gentamicin sulfate	6	see gavilyte-g	61	HAVRIX	67
gentamicin sulfate (ophth).70 gentamicin sulfate (topical)	75	see peg 3350-kcl-na		heather	51
GENVOYA TAB	10	bicarb-nacl-na sulfate for		HEP SOD/NACL INJ	
GEODON	39	soln 236 gm.....	61	25000UNT	64
see ziprasidone hcl.....	40	GOLYTELY SOL.....	61	HEPARIN SODIUM	64
see ziprasidone mesylate	40	GRALISE	43	heparin sodium (porcine) ..	64
gianvi	51	GRALISE STAR MIS		heparin sodium (porcine)	
GILENYA	44	300/600.....	43	100 unit/ml in d5w.....	64
GILOTrif	18	granisetron hcl	59	heparin sodium	
GIVLAARI	65	griseofulvin microsize.....	8	(porcine)-dextrose iv sol	
GLASSIA.....	73	griseofulvin ultramicrosize...8		20000 unit/500ml-5%.....	64
glatiramer acetate	44	guanfacine hcl.....	30	heparin sodium	
glatopa	44	guanfacine hcl (adhd)	42	(porcine)-dextrose iv sol	
GLEEVEC	18	GVOKE HYOPEN 2-PACK	55	25000 unit/500ml-5%.....	64
see imatinib mesylate....	18	GVOKE PFS	55	HEPARIN/NACL INJ	
GLEOSTINE	15	GYNAZOLE-1	63	25000UNT	64
glimepiride.....	47	H		hepatamine	69
glipizide.....	47	HAEGARDA.....	65	HEPSERA	11
glipizide xl	47	hailey 1.5/30	51	see adefovir dipivoxil....	11
glipizide-metformin hcl tab 2.5-250 mg.....	47	hailey 24 fe	51	HERCEP HYLEC SOL	
glipizide-metformin hcl tab 2.5-500 mg.....	47	HALAVEN	17	60-10000	18
glipizide-metformin hcl tab 5-500 mg.....	47	halcinonide.....	77	HERCEPTIN	18
GLUCOTROL.....	47	HALCION.....	42	HERZUMA	18
see glipizide.....	47	see triazolam.....	42	HETLIOZ	42
GLUCOTROL XL	47	HALDOL	39	HIBERIX	67
see glipizide.....	47	see haloperidol lactate ..	39	HIPREX	7
see glipizide xl.....	47	HALDOL DECANOATE 100	39	see methenamine	
GLYCATE	60	see haloperidol decanoate	39	hippurate	7
glycopyrrolate.....	60	HALDOL DECANOATE 50	39	HIZENTRA	66
GLYCOPYRROLATE.....	60	see haloperidol decanoate	39	HORIZANT	44

START	65	.....	66	IMITREX	43
HUMIRA PEN-PS/UV		hydroxyprogesterone		see <i>sumatriptan</i>	43
STARTER	65	caproate (antineoplastic)...	16	see <i>sumatriptan succinate</i>	
HUMULIN R U-500		hydroxyurea.....	17	.....	43
(CONCENTR	48	hydroxyzine hcl.....	72	IMITREX STATDOSE	
HUMULIN R U-500		hydroxyzine pamoate.....	72	REFILL	43
KWIKPEN	48	HYQVIA INJ 10-800.....	66	see <i>sumatriptan succinate</i>	
HYCAMTIN		HYQVIA INJ 2.5-200.....	66	.....	43
see <i>topotecan hcl</i>	17	HYQVIA INJ 20-1600.....	66	IMITREX STATDOSE	
hydralazine hcl.....	30	HYQVIA INJ 30-2400.....	66	SYSTEM	43
HYDREA	17	HYQVIA INJ 5-400.....	66	see <i>sumatriptan succinate</i>	
see <i>hydroxyurea</i>	17	HYSINGLA ER.....	2	.....	43
hydrochlorothiazide.....	29	HYZAAR		IMOVAX RABIES (H.D.C.V.)	
hydrocodone bitartrate	2	see <i>losartan potassium &</i>		.....	67
hydrocodone bitartrate cap		<i>hydrochlorothiazide tab</i>		IMPOYZ	78
er 12hr abuse-deterrant 40		100-12.5 mg	23	IMURAN	67
mg	2	see <i>losartan potassium &</i>		see <i>azathioprine</i>	66
hydrocodone-acetaminophen		<i>hydrochlorothiazide tab</i>		IMVEXXY MAINTENANCE	
soln 7.5-325 mg/15ml	4	100-25 mg	23	PACK	54
hydrocodone-acetaminophen		see <i>losartan potassium &</i>		IMVEXXY STARTER PACK	
tab 10-300 mg.....	4	<i>hydrochlorothiazide tab</i>		.....	54
hydrocodone-acetaminophen		50-12.5 mg	23	INBRIJA	38
tab 10-325 mg.....	4	HYZAAR TAB 100-12.5	23	<i>incassia</i>	51
hydrocodone-acetaminophen		HYZAAR TAB 100-25	23	INCRELEX	56
tab 5-300 mg.....	4	HYZAAR TAB 50-12.5	23	INCRUSE ELLIPTA	72
hydrocodone-acetaminophen		I		<i>indapamide</i>	29
tab 5-325 mg.....	4	<i>ibandronate sodium</i>	49	INDERAL LA	27
hydrocodone-acetaminophen		IBRANCE	18	see <i>propranolol hcl</i>	27
tab 7.5-300 mg.....	4	<i>ibu</i>	1	INFANRIX INJ	67
hydrocodone-acetaminophen		<i>ibuprofen</i>	1	INFUGEM SOL 1200MG ..	15
tab 7.5-325 mg.....	4	<i>icatibant acetate</i>	65	INFUGEM SOL 1300MG ..	16
hydrocodone-ibuprofen tab		ICLUSIG	18	INFUGEM SOL 1400MG ..	16
10-200 mg.....	4	IDHIFA	18	INFUGEM SOL 1500MG ..	16
hydrocodone-ibuprofen tab		IFEX	15	INFUGEM SOL 1600MG ..	16
5-200 mg.....	4	<i>ifosfamide</i>	15	INFUGEM SOL 1700MG ..	16
hydrocodone-ibuprofen tab		IFOSFAMIDE	15	INFUGEM SOL 1800MG ..	16
7.5-200 mg.....	4	ILARIS	66	INFUGEM SOL 1900MG ..	16
hydrocortisone	55	ILEVRO	70	INFUGEM SOL 2000MG ..	16
hydrocortisone (<i>intrarectal</i>)		<i>imatinib mesylate</i>	18	INFUGEM SOL 2200MG ..	16
.....	60	IMBRUVICA	18	INGREZZA	44
hydrocortisone (<i>topical</i>)....	77	IMFINZI	18	INGREZZA CAP 40-80MG	44
hydrocortisone butyrate	77	<i>imipenem-cilastatin</i>		INLYTA	18
hydrocortisone w/ acetic acid		<i>intravenous for soln 250 mg</i>	7	INREBIC	18
otic soln 1-2%	79	<i>imipenem-cilastatin</i>		INSPRA	22
hydromorphone hcl	2, 4	<i>intravenous for soln 500 mg</i>	7	see <i>ezetimibe</i>	22
HYDROMORPHONE		<i>imipramine hcl</i>	36	INSULIN SAFETY	
HYDROCHLORI	4	<i>imipramine pamoate</i>	37	NEEDLES	48
<i>hydroxychloroquine sulfate</i>		<i>imiquimod</i>	78	INSULIN SYRINGES:	

BD/ULTIMED/ALLISON/TRI	ISTURISA	56
VIDIA/MHC	<i>itraconazole</i>	8
INTELENCE	<i>ivermectin</i>	7
INTRALIPID	IXEMPRA KIT	17
INTRAROSA	IXIARO INJ	67
INTRON A	J	
<i>introvale</i>	JADENU	50
INTUNIV	<i>see deferasirox</i>	49
<i>see guanfacine hcl (adhd)</i>	JADENU SPRINKLE.....	50
.....42	JAKAFI.....	18
INVANZ.....7	JALYN	
<i>see ertapenem sodium</i>....6	<i>see dutasteride-tamsulosin</i>	
INVEGA	<i>hcl cap 0.5-0.4 mg</i>	62
<i>see paliperidone</i>	JALYN CAP	63
40	<i>jantoven</i>	64
INVEGA SUSTENNA.....39	JANUMET TAB 50-1000...47	
INVEGA TRINZA	JANUMET TAB 50-500MG	
INVELTYS.....71	.....47	
INVIRASE	JANUMET XR TAB	
IPOL INJ INACTIVE	100-1000.....47	
<i>ipratropium bromide</i>	JANUMET XR TAB 50-1000	
<i>ipratropium bromide (nasal)</i>	.....47	
.....72	JANUMET XR TAB	
<i>ipratropium-albuterol nebu</i>	50-500MG	47
<i>soln 0.5-2.5(3) mg/3ml</i>.....72	JANUVIA.....	47
<i>irbesartan</i>.....24	JARDIANC E	47
<i>irbesartan-hydrochlorothiazid</i>	<i>jasmiel</i>	51
<i>e tab 150-12.5 mg</i>.....23	JENTADUETO TAB	
<i>irbesartan-hydrochlorothiazid</i>	2.5-1000.....47	
<i>e tab 300-12.5 mg</i>.....23	JENTADUETO TAB 2.5-500	
IRESSA.....18	.....47	
<i>irinotecan hcl</i>.....17	JENTADUETO TAB 2.5-850	
ISENTRESS.....9	.....47	
ISENTRESS HD	JENTADUETO TAB XR	
<i>isibloom</i>.....51	2.5-1000MG	47
ISOLYTE-P INJ /D5W	JENTADUETO TAB XR	
ISOLYTE-S INJ.....68	5-1000MG	47
<i>isoniazid</i>.....10	JEVTANA.....	17
ISOPTO CARPINE	<i>jintel i</i>	54
<i>see pilocarpine hcl</i>.....71	<i>jolessa</i>	51
ISORDIL TITRADOSE	JORNAY PM	42
<i>see isosorbide dinitrate</i> .30	JUBLIA.....	76
<i>isosorbide dinitrate</i>	<i>juleber</i>	51
<i>isosorbide mononitrate</i>.....30	JULUCA TAB 50-25MG ...10	
<i>isotretinoin</i>.....75	<i>junel 1.5/30</i>	51
<i>isradipine</i>.....28	<i>junel 1/20</i>	51
ISTALOL	<i>junel fe 1.5/30</i>	51
<i>see timolol maleate</i>	<i>junel fe 1/20</i>	51
<i>(ophth) once-daily</i>.....71		
	<i>junel fe 24</i>	51
	JUXTAPID	26
	JYNARQUE	56
	JYNARQUE PAK 30-15MG	
	.....56	
	JYNARQUE PAK 45-15MG	
	.....56	
	JYNARQUE PAK 60-30MG	
	.....56	
	JYNARQUE PAK 90-30MG	
	.....56	
	K	
	KADCYLA.....	18
	KADIAN	2
	<i>see morphine sulfate</i>.....2	
	kaitlib fe	51
	KALBITOR	65
	KALETRA	
	<i>see lopinavir-ritonavir soln</i>	
	<i>400-100 mg/5ml (80-20</i>	
	<i>mg/ml)</i>	10
	KALETRA SOL	10
	KALETRA TAB 100-25MG10	
	KALETRA TAB 200-50MG10	
	KALYDECO	73
	KANJINTI.....	18
	KANUMA	56
	KAPSPARGO SPRINKLE 27	
	<i>kariva</i>	51
	KATERZIA	28
	<i>kcl 10 meq/l (0.075%) in</i>	
	<i>dextrose 5% & nacl 0.45%</i>	
	<i>inj</i>	68
	<i>kcl 20 meq/l (0.15%) in</i>	
	<i>dextrose 5% & nacl 0.2% inj</i>	
	.....68	
	<i>kcl 20 meq/l (0.15%) in</i>	
	<i>dextrose 5% & nacl 0.45%</i>	
	<i>inj</i>	68
	<i>kcl 20 meq/l (0.15%) in</i>	
	<i>dextrose 5% & nacl 0.9% inj</i>	
	.....68	
	<i>kcl 20 meq/l (0.15%) in nacl</i>	
	<i>0.45% inj</i>	68
	<i>kcl 20 meq/l (0.15%) in nacl</i>	
	<i>0.9% inj</i>	68
	<i>kcl 30 meq/l (0.224%) in</i>	
	<i>dextrose 5% & nacl 0.45%</i>	

<i>inj</i>	68	<i>see tobramycin</i>	8	100MG TABS)	33
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i>		<i>KLARON</i>	75	LAMICTAL STARTER/NOT	
<i>inj</i>	68	<i>see sulfacetamide sodium (acne)</i>	75	TAKI	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	68	<i>KLONOPIN</i>	33	<i>see lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	33
KCL/D5W/LACT INJ		<i>see clonazepam</i>	32	<i>see subvenite starter kit/ora</i>	34
20MEQ/L	68	<i>klor-con</i>	69	LAMICTAL	
KCL/D5W/NACL INJ		<i>klor-con 10</i>	69	STARTER/TAKING C	
0.15/0.2	68	<i>klor-con 8</i>	69	<i>see lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	33
KCL/D5W/NACL INJ		<i>klor-con m10</i>	69	<i>see subvenite starter kit/gre</i>	34
0.3/0.9%	68	<i>klor-con m15</i>	69	LAMICTAL	
KEFLEX		<i>klor-con m20</i>	69	STARTER/TAKING V	
<i>see cephalixin</i>	12	<i>klor-con sprinkle</i>	69	<i>see lamotrigine</i>	33
<i>kelnor 1/35</i>	51	<i>KORLYM</i>	56	<i>see subvenite starter kit/blu</i>	34
<i>kelnor 1/50</i>	51	<i>KOSELUGO</i>	18	LAMICTAL XR	33
KENALOG	78	<i>KRINTAFEL</i>	9	<i>see lamotrigine</i>	33
<i>see triamcinolone acetonide (topical)</i>	78	<i>KRISTALOSE</i>	61	LAMICTAL XR KIT	33
KENALOG-10	55	<i>KRYSTEXXA</i>	1	LAMISIL	
KENALOG-40	55	<i>K-TAB</i>	69	<i>see terbinafine hcl</i>	9
<i>see triamcinolone acetonide</i>	55	<i>see potassium chloride</i>	69	<i>lamivudine</i>	9
KENALOG-80	55	<i>kurvelo</i>	51	<i>lamivudine (hbv)</i>	11
KEPPRA	33	<i>KUVAN</i>	56	<i>lamivudine-zidovudine tab 150-300 mg</i>	10
<i>see levetiracetam</i>	33	<i>KYPROLIS</i>	18	<i>lamotrigine</i>	33
<i>see roweepra</i>	34	L		<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	33
KEPPRA XR	33	<i>labetalol hcl</i>	27	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	33
<i>see levetiracetam</i>	33	<i>LACRISERT</i>	72	LANOXIN	30
<i>see roweepra xr</i>	34	<i>lactated ringer's solution</i>	68	<i>see digitek</i>	30
ketoconazole	8	<i>lactic acid (ammonium lactate)</i>	78	<i>see digox</i>	30
ketoconazole (topical)	76	<i>lactulose</i>	61	<i>see digoxin</i>	30
ketoprofen	1	<i>lactulose (encephalopathy)</i>	61	LANOXIN PEDIATRIC	30
ketorolac tromethamine (ophth)	71	<i>LAMICTAL</i>	33	<i>lansoprazole</i>	62
KEVEYIS	29	<i>see lamotrigine</i>	33	<i>lanthanum carbonate</i>	57
KEYTRUDA	18	<i>see subvenite</i>	34	<i>larin 1.5/30</i>	51
KHAPZORY	20	LAMICTAL CHEWABLE		<i>larin 1/20</i>	51
KINRIX INJ	67	<i>DISPERS</i>	33	<i>larin 24 fe</i>	51
kionex	50	<i>see lamotrigine</i>	33	<i>larin fe 1.5/30</i>	51
KISQALI	18	<i>LAMICTAL ODT</i>	33	<i>larin fe 1/20</i>	51
KISQALI 200 PAK FEMARA	17	<i>see lamotrigine</i>	33	<i>larissia</i>	51
KISQALI 400 PAK FEMARA	17	<i>LAMICTAL ODT KIT</i>	33	LASIX	29
KISQALI 600 PAK FEMARA	17	<i>LAMICTAL STARTER KIT (35 X 25MG TABS)</i>	33		
KITABIS PAK	7	<i>LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)</i>	33		
		<i>LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X</i>			

see <i>furosemide</i>	29	see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	33	see <i>levonorgestrel est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	51
LASTACAF ^T	71	see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33	levonorg ^{-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)}	51
<i>latanoprost</i>	71	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	33	<i>levora 0.15/30-28</i>	52
LATUDA	39	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	33	<i>levo-t</i>	58
<i>layolis fe</i>	51	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33	<i>levothyroxine sodium</i>	58
<i>leena</i>	51	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33	<i>levoxyl</i>	58
<i>leflunomide</i>	66	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	33	LEXAPRO	37
LEMTRADA	44	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	33	see <i>escitalopram oxalate</i>	36
LENVIMA 10 MG DAILY DOSE	18	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33	LEXETTE	78
LENVIMA 12MG DAILY DOSE	18	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	33	LEXIVA	9
LENVIMA 20 MG DAILY DOSE	18	<i>levobunolol hcl</i>	71	see <i>fosamprenavir calcium</i>	9
LENVIMA 4 MG DAILY DOSE	18	<i>levocarnitine (metabolic modifiers)</i>	56	LIALDA	60
LENVIMA 8 MG DAILY DOSE	18	<i>levocetirizine dihydrochloride</i>	72	see <i>mesalamine</i>	60
LENVIMA CAP 14 MG	18	<i>levofloxacin</i>	13	LIBTAYO	18
LENVIMA CAP 18 MG	18	<i>levofloxacin (ophth)</i>	70	<i>lidocaine</i>	78
LENVIMA CAP 24 MG	18	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	13	<i>lidocaine hcl</i>	78
LESCOL XL	25	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	13	<i>lidocaine hcl (local anesth.)</i>	5
see <i>fluvastatin sodium</i>	25	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	13	<i>lidocaine hcl (mouth-throat)</i>	79
<i>lessina</i>	51	<i>levoleucovorin calcium</i>	20	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	78
LETAIRIS	31	<i>levonest</i>	51	LIDODERM	78
see <i>ambrisentan</i>	31	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	51	see <i>lidocaine</i>	78
<i>letrozole</i>	16	<i>levonorgestrel & ethynodiol (91-day) tab 0.15-0.03 mg</i>	51	<i>lillow</i>	52
<i>leucovorin calcium</i>	20	<i>levonorgestrel & ethynodiol tab 0.1 mg-20 mcg</i>	51	<i>linezolid</i>	7
LEUKERAN	15	<i>levonorgestrel & ethynodiol tab 0.15 mg-30 mcg</i>	52	<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	7
LEUKINE	64	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30m g-mcg</i>	52	LINZESS	61
<i>leuprolide acetate</i>	16	<i>levonorgestrel-ethynodiol (continuous) tab 90-20 mcg</i>	52	<i>liothyronine sodium</i>	58
<i>levalbuterol hcl</i>	73	<i>levonopril & hydrochlorothiazide tab 10-12.5 mg</i>	21	LIPITOR	25
<i>levalbuterol tartrate</i>	73	<i>levonopril & hydrochlorothiazide tab 20-12.5 mg</i>	21	LIPOFEN	25
LEVAQUIN		<i>levonopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril</i>	21
see <i>levofloxacin</i>	13	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVEMIR	48	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVEMIR FLEXTOUCH	48	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVETIRACETA INJ 10MG/ML	33	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVETIRACETA INJ 15MG/ML	33	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVETIRACETA INJ 5MG/ML	33	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
<i>levetiracetam</i>	33	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
LEVETIRACETAM		<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21
see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	33	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	21

LITHIUM.....	44	LOMOTIL	
<i>lithium carbonate</i>	44	see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
LITHOBID	44	.....	61
<i>see lithium carbonate</i>	44	LOMOTIL TAB 2.5MG	61
LIVALO	25	LONSURF TAB 15-6.14....	17
LO LOESTRIN TAB 1-10-10	52	LONSURF TAB 20-8.19....	17
LODINE		<i>loperamide hcl</i>	61
<i>see etodolac</i>	1	LOPERAMIDE	
LODOSYN	38	HYDROCHLORIDE	61
<i>see carbidopa</i>	38	LOPID	25
LOESTRIN 1.5/30-21		<i>see gemfibrozil</i>	25
<i>see hailey 1.5/30</i>	51	lopinavir-ritonavir soln	
<i>see junel 1.5/30</i>	51	<i>400-100 mg/5ml (80-20</i>	
<i>see larin 1.5/30</i>	51	<i>mg/ml)</i>	10
<i>see microgestin 1.5/30</i> ..	52	lopreeza	54
<i>see norethindrone ace & ethynodiol-ethynodiol tab 1.5 mg-30 mcg</i>	52	LOPRESS HCT TAB	
LOESTRIN 1/20-21		<i>50-25MG</i>	27
<i>see aurovela 1/20</i>	50	LOPRESSOR	27
<i>see junel 1/20</i>	51	<i>see metoprolol tartrate</i> ..	27
<i>see larin 1/20</i>	51	LOPRESSOR HCT	
<i>see microgestin 1/20</i>	52	<i>see metoprolol & hydrochlorothiazide tab</i>	
<i>see norethindrone ace & ethynodiol-ethynodiol tab 1 mg-20 mcg</i>	52	<i>50-25 mg</i>	27
LOESTRIN 21 TAB 1.5/30	52	LOPROX.....	76
LOESTRIN FE 1.5/30		<i>see ciclopirox olamine</i> ..	76
<i>see aurovela fe 1.5/30</i> ...50		lorazepam.....	31
<i>see blisovi fe 1.5/30</i>.....50		lorazepam intensol.....	32
<i>see junel fe 1.5/30</i>.....51		LORBRENA.....	18
<i>see larin fe 1.5/30</i>.....51		lorcet.....	4
<i>see microgestin fe 1.5/30</i>	52	lorcet hd.....	4
LOESTRIN FE 1/20		lorcet plus	4
<i>see aurovela fe 1/20</i>.....50		loryna	52
<i>see junel fe 1/20</i>.....51		losartan potassium.....	24
<i>see larin fe 1/20</i>.....51		losartan potassium & hydrochlorothiazide tab	
<i>see microgestin fe</i>	52	<i>100-12.5 mg</i>	23
<i>see norethindrone ace & ethynodiol-ethynodiol tab 1 mg-20 mcg</i>	52	losartan potassium & hydrochlorothiazide tab	
<i>see tarina fe 1/20 eq</i>.....53		<i>100-25 mg</i>	23
LOESTRIN FE TAB 1.5/30	52	losartan potassium & hydrochlorothiazide tab	
LOESTRIN FE TAB 1/20...52		<i>50-12.5 mg</i>	23
LOESTRIN TAB 1/20-21...52		LOSEASONIQUE	
LOKELMA.....	50	<i>see camrese lo</i>	50
		<i>see levonorg-eth est tab</i>	
		<i>0.1-0.02mg(84) & eth est</i>	
		<i>tab 0.01mg(7)</i>	51
		LOSEASONIQUE TAB	52
		LOTEMAX	71
		<i>see loteprednol etabonate</i>	
		.....	71
		LOTEMAX SM	71
		LOTENSIN.....	21
		<i>see benazepril hcl</i>	21
		LOTENSIN HCT	
		<i>see benazepril & hydrochlorothiazide tab</i>	
		<i>10-12.5 mg</i>	20
		see <i>benazepril & hydrochlorothiazide tab</i>	
		<i>20-12.5 mg</i>	20
		see <i>benazepril & hydrochlorothiazide tab</i>	
		<i>20-25 mg</i>	20
		loteprednol etabonate.....	71
		LOTREL	
		<i>see amlodipine besylate-benazepril hcl</i>	
		<i>cap 10-20 mg</i>	20
		see <i>amlodipine besylate-benazepril hcl</i>	
		<i>cap 10-40 mg</i>	20
		see <i>amlodipine besylate-benazepril hcl</i>	
		<i>cap 5-10 mg</i>	20
		see <i>amlodipine besylate-benazepril hcl</i>	
		<i>cap 5-20 mg</i>	20
		LOTREL CAP 10-20MG ..	21
		LOTREL CAP 10-40MG ..	21
		LOTREL CAP 5-10MG ..	21
		LOTREL CAP 5-20MG ..	21
		LOTRONEX.....	61
		<i>see alosetron hcl</i>	61
		lovastatin	25
		LOVAZA	
		<i>see omega-3-acid ethyl esters cap 1 gm</i>	26
		LOVAZA CAP 1GM	26
		LOVENOX	64
		<i>see enoxaparin sodium</i> ..	64
		low-ogestrel	52
		loxapine succinate	40
		LUCEMYRA.....	46
		LUCENTIS.....	72

<i>luliconazole</i>	76	<i>gm/100ml</i>	68	see <i>triamterene & hydrochlorothiazide tab</i>	
LUMIGAN	71	<i>magnesium sulfate in dextrose 5% iv soln 1</i>		75-50 mg	29
LUMIZYME	56	<i>gm/100ml</i>	68	MAXZIDE TAB 75-50	29
LUMOXITI	19	MALARONE		MAXZIDE-25	
LUNESTA	42	<i>see atovaquone-proguanil hcl tab 250-100 mg</i>	9	see <i>triamterene & hydrochlorothiazide tab</i>	
<i>see eszopiclone</i>	42	<i>see atovaquone-proguanil hcl tab 62.5-25 mg</i>	9	37.5-25 mg	29
LUPANETA KIT 11.25-5	53	MALARONE TAB 250-100	9	MAXZIDE-25 TAB	29
LUPANETA KIT 3.75-5	53	MALARONE TAB 62.5-25	9	MAYZENT	44
LUPRON DEPOT		<i>malathion</i>	79	<i>meclizine hcl</i>	59
(1-MONTH)	16	<i>maprotiline hcl</i>	37	<i>meclofenamate sodium</i>	1
LUPRON DEPOT		MARINOL	59	MEDROL	55
(3-MONTH)	16	<i>see dronabinol</i>	59	<i>see methylprednisolone</i>	55
LUPRON DEPOT		<i>marlissa</i>	52	MEDROL DOSEPAK	55
(4-MONTH)	16	MARPLAN	37	<i>see methylprednisolone</i>	55
LUPRON DEPOT		MARQIBO	17	<i>medroxyprogesterone acetate</i>	58
(6-MONTH)	16	MATULANE	17	<i>medroxyprogesterone acetate (contraceptive)</i>	52
LUPRON DEPOT-PED		<i>matzim la</i>	28	<i>mefloquine hcl</i>	9
(1-MONTH)	56	MAVENCLAD (10 TABS)	44	<i>megestrol acetate</i>	16, 58
LUPRON DEPOT-PED		MAVENCLAD (4 TABS)	44	<i>megestrol acetate (appetite)</i>	58
(3-MONTH)	56	MAVENCLAD (5 TABS)	44	MEKINIST	19
<i>lutera</i>	52	MAVENCLAD (6 TABS)	44	MEKTOVI	19
LUXIQ		MAVENCLAD (7 TABS)	44	<i>melodetta 24 fe</i>	52
<i>see betamethasone valerate</i>	77	MAVENCLAD (8 TABS)	44	<i>meloxicam</i>	1
LUZU	76	MAVENCLAD (9 TABS)	44	<i>memantine hcl</i>	35
LYNPARZA	19	MAVIK		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	35
LYRICA	33	<i>see trandolapril</i>	22	MENACTRA INJ	67
<i>see pregabalin</i>	34	MAVYRET TAB 100-40MG		MENEST	54
LYRICA CR	44	.....	11	MENOSTAR	54
LYSODREN	16	MAXALT	43	MENTAX	76
LYSTEDA	65	<i>see rizatriptan benzoate</i>	43	MENVEO INJ	67
<i>see tranexamic acid</i>	65	MAXALT-MLT	43	MEPRON	7
lyza	52	<i>see rizatriptan benzoate</i>	43	<i>see atovaquone</i>	6
M		MAXIDEX	71	<i>mercaptopurine</i>	16
MACROBID	7	MAXITROL		MEROP/NACL INJ	
<i>see nitrofurantoin</i>		<i>see</i>		1GM/50ML	7
<i>monohyd macro</i>	7	<i>neomycin-polymyxin-dexa</i>		MEROP/NACL INJ	
MACRODANTIN		<i>methasone ophth oint</i>		500/50ML	7
<i>see nitrofurantoin</i>		<i>0.1%</i>	69	<i>meropenem</i>	7
<i>macrocrystal</i>	7	<i>see</i>		MERREM	7
mafénide acetate	75	<i>neomycin-polymyxin-dexa</i>		<i>see meropenem</i>	7
magnesium sulfate	68	<i>methasone ophth susp</i>		<i>mesalamine</i>	60
MAGNESIUM SULFATE	68	<i>0.1%</i>	69	<i>mesalamine w/ cleanser</i>	60
<i>see magnesium sulfate</i>	68	MAXITROL OIN 0.1% OP	69		
MAGNESIUM SULFATE IN D5W		MAXITROL SUS 0.1% OP	69		
<i>see magnesium sulfate in dextrose 5% iv soln 1</i>		MAXZIDE			

MESNEX.....	20	<i>metoprolol succinate</i>	27	<i>petrolatum oint</i>	
MESTINON	44	<i>metoprolol tartrate</i>	27	0.25-15-81.35%.....	76
<i>see pyridostigmine</i>		METROCREAM.....	78	<i>microgestin 1.5/30</i>	52
<i>bromide</i>	44	<i>see metronidazole</i>		<i>microgestin 1/20</i>	52
MESTINON TIMESSPAN....	44	(<i>topical</i>)	78	<i>microgestin fe</i>	52
<i>see pyridostigmine</i>		<i>see rosadan</i>	79	<i>microgestin fe 1.5/30</i>	52
<i>bromide</i>	44	METROLOTION	78	<i>midodrine hcl</i>	30
metadate er.....	42	<i>see metronidazole</i>		<i>migergot</i>	43
metaxalone	45	(<i>topical</i>)	78	<i>miglitol</i>	47
metformin hcl	47	METRONIDAZOL INJ		<i>miglustat</i>	56
methadone hcl	2	5MG/ML.....	7	MIGRALAN	
METHADONE HCL		<i>metronidazole</i>	7	<i>see dihydroergotamine</i>	
<i>see methadone hcl</i>	2	METRONIDAZOLE		<i>mesylate</i>	43
methadone hcl intensol	2	<i>see metronidazole in nacl</i>		<i>mil</i>	52
METHADOSE		0.74% <i>iv soln</i> 500		<i>mimvey</i>	54
<i>see methadone hcl</i>		<i>mg/100ml</i>	7	MINASTRIN 24 CHW FE ..	52
<i>intensol</i>	2	<i>metronidazole (topical)</i>	78	MINASTRIN 24 FE	
methazolamide.....	29	<i>metronidazole in nacl 0.74%</i>		<i>see melodetta 24 fe</i>	52
methenamine hippurate	7	<i>iv soln 500 mg/100ml</i>	7	<i>see mibelas 24 fe</i>	52
methimazole.....	58	<i>metronidazole in nacl 0.79%</i>		<i>see norethindrone ace-eth</i>	
methocarbamol	45	<i>iv soln 500 mg/100ml</i>	7	<i>estradiol-fe chew tab 1</i>	
methotrexate sodium ..	16, 66	<i>metronidazole vaginal</i>	63	<i>mg-20 mcg (24)</i>	52
methoxsalen rapid.....	76	MG SO4/D5W INJ 10MG/ML		MINIPRESS	22
methscopolamine bromide	60	.....	68	<i>see prazosin hcl</i>	22
methyldopa	30	MIACALCIN		<i>minitran</i>	31
METHYLIN.....	42	<i>see calcitonin (salmon)</i> ..	49	MINIVELLE	54
<i>see methylphenidate hcl</i> 42		<i>mibelas 24 fe</i>	52	MINOCIN	
methylphenidate hcl	42	<i>micafungin sodium</i>	8	<i>see minocycline hcl</i>	14
METHYLPHENIDATE		MICARDIS	24	<i>minocycline hcl</i>	14
HYDROCHLO	42	<i>see telmisartan</i>	24	MINOLIRA	14
methylprednisolone.....	55	MICARDIS HCT		<i>minoxidil</i>	30
methylprednisolone acetate		<i>see</i>		MIRAPEX	
.....	55	<i>telmisartan-hydrochlorothi</i>		<i>see pramipexole</i>	
methylprednisolone sod succ		<i>azide tab 40-12.5 mg</i>	24	<i>dihydrochloride</i>	38
.....	55	<i>see</i>		MIRAPEX ER	38
metoclopramide hcl.....	59	<i>telmisartan-hydrochlorothi</i>		<i>see pramipexole</i>	
METOCLOPRAMIDE ODT		<i>azide tab 80-12.5 mg</i>	24	<i>dihydrochloride</i>	38
.....	59	<i>see</i>		MIRCETTE	
metolazone	29	<i>telmisartan-hydrochlorothi</i>		<i>see azurette</i>	50
metoprolol &		<i>azide tab 80-25 mg</i>	24	<i>see bekyree</i>	50
hydrochlorothiazide tab		MICARDIS HCT TAB		<i>see desogest-eth estrad &</i>	
100-25 mg.....	27	40/12.5.....	23	<i>eth estrad tab</i>	
metoprolol &		MICARDIS HCT TAB		0.15-0.02/0.01 mg(21/5)50	
hydrochlorothiazide tab		80/12.5.....	23	<i>see kariva</i>	51
100-50 mg.....	27	MICARDIS HCT TAB		<i>see pimtrea</i>	53
metoprolol &		80-25MG.....	23	<i>see simliya</i>	53
hydrochlorothiazide tab		miconazole 3.....	63	<i>see viorele</i>	53
50-25 mg.....	27	<i>miconazole-zinc oxide-white</i>		MIRCETTE TAB 28 DAY ..	52

mirtazapine	37	MYCOBUTIN	11	.....	36
MIRVASO	78	see rifabutin.....	11	NAMZARIC CAP 7-10MG.	35
misoprostol.....	61	mycophenolate mofetil.....	67	NAMZARIC CAP PACK....	36
MITIGARE.....	1	mycophenolate sodium.....	67	NAPROSYN	
mitomycin.....	15	MYDAYIS CAP 12.5MG....	42	see naproxen	1
mitoxantrone hcl.....	17	MYDAYIS CAP 25MG.....	42	naproxen.....	1
M-M-R II INJ.....	67	MYDAYIS CAP 37.5MG....	42	naproxen dr	1
M-NATAL PLUS TAB.....	69	MYDAYIS CAP 50MG.....	42	naproxen sodium	1
MOBIC	1	MYFORTIC	67	naratriptan hcl.....	43
see meloxicam	1	see mycophenolate		NARCAN	46
modafinil.....	45	sodium.....	67	NARDIL	37
moexipril hcl.....	21	MYLOTARG.....	19	see phenelzine sulfate ..	37
molindone hcl.....	40	MYOBLOC.....	45	NASONEX	74
mometasone furoate	78	myorisan	75	see mometasone furoate	
.....	74	MYRBETRIQ	63	(nasal)	74
monodoxyne nl.....	14	mysoline	33	NATACYN	70
mono-linyah	52	see primidone.....	34	NATAZIA TAB	52
montelukast sodium.....	73	N		nateglinide	47
morphine sulfate	2, 4	nabumetone.....	1	NATPARA.....	49
MORPHINE SULFATE	4	nadolol	27	NATROBA	79
see morphine sulfate	4	NAFCILLIN INJ 1GM/50ML		NAYZILAM.....	33
morphine sulfate beads.....	2	.....	14	NEBUPENT	7
MOTEGRITY.....	61	NAFCILLIN INJ 2GM/100 .	14	see pentamidine	
MOVANTIK	61	nafcillin sodium	14	isethionate inh.....	7
MOVIPREP SOL.....	61	NAFCILLIN SODIUM	14	necon 0.5/35-28.....	52
MOXEZA.....	70	naftifine hcl.....	76	nefazodone hcl	37
see moxifloxacin hcl		NAFTIN.....	76	neomycin sulfate.....	7
(ophth).....	70	see naftifine hcl	76	neomycin-bacitrac	
moxifloxacin hcl.....	13	NAGLAZYME.....	56	zn-polymyx	
moxifloxacin hcl (ophth)	70	nalbuphine hcl.....	4	5(3.5)mg-400unt-10000unt	
moxifloxacin hcl 400		naloxone hcl.....	46	op oin.....	70
mg/250ml in sodium chloride		naltrexone hcl	46	neomycin-polymy-gramicid	
0.8% inj.....	13	NAMENDA.....	35	op sol	
MOXIFLOXACIN		see memantine hcl	35	1.75-10000-0.025mg-unt-mg	
HYDROCHLORID	13	NAMENDA TAB 5-10MG ..	35	/ml.....	70
MOZOBIL.....	64	NAMENDA TITRATION PAK		neomycin-polymyxin b gu	
MS CONTIN.....	2, 3	see memantine hcl tab 28		irrigation soln	63
see morphine sulfate	2	x 5 mg & 21 x 10 mg		neomycin-polymyxin-dexam	
MULPLETA.....	65	titration pack.....	35	thasone ophth oint 0.1%...69	
MULTAQ.....	25	NAMENDA XR	35	neomycin-polymyxin-dexam	
mupirocin	75	see memantine hcl	35	thasone ophth susp 0.1%.69	
MVASI.....	19	NAMENDA XR CAP		neomycin-polymyxin-hc	
MYALEPT	56	TITRATIO	35	ophth susp	69
MYAMBUTOL	11	NAMZARIC CAP 14-10MG		neomycin-polymyxin-hc otic	
see ethambutol hcl	10	.....	35	soln 1%.....	79
MYCAMINE	8	NAMZARIC CAP 21-10MG		neomycin-polymyxin-hc otic	
see micafungin sodium....	8	.....	36	susp 3.5 mg/ml-10000	
		NAMZARIC CAP 28-10MG		unit/ml-1%.....	80

NEORAL	67
see <i>cyclosporine modified (for microemulsion)</i>	67
see <i>gengraf</i>	67
NEPHRAMINE INJ 5.4%....	69
NERLYNX	19
<i>neuac gel 1.2-5%</i>	75
NEUPRO.....	38
NEURONTIN.....	34
see <i> gabapentin</i>	32
NEVANAC.....	71
<i>nevirapine</i>	9
NEXAVAR.....	19
NEXIUM.....	62
see <i>esomeprazole magnesium</i>	62
NEXIUM I.V.....	62
see <i>esomeprazole sodium</i>	62
NEXLIZET TAB 180/10MG	26
<i>niacin (antihyperlipidemic)</i>	26
<i>niacor</i>	26
NIASPAN	26
see <i> niacin (antihyperlipidemic)</i>	26
nicardipine hcl.....	28
NICARDIPINE SOL 20/200ML.....	28
NICARDIPINE SOL 40/200ML.....	28
NICOTROL INHALER.....	46
NICOTROL NS	46
<i>nifedipine</i>	28
nikki.....	52
NILANDRON	
see <i> nilutamide</i>	16
nilutamide.....	16
nimodipine.....	28
NINLARO	19
NIPENT.....	17
<i>nisoldipine</i>	28
nitisinone.....	56
NITRO-BID.....	31
NITRO-DUR	31
see <i> minitran</i>	31
nitrofurantoin	7
<i>nitrofurantoin macrocrystal</i> ..	7
<i>nitrofurantoin monohyd macro</i>	7
<i>nitroglycerin</i>	31
NITROLINGUAL	
PUMPSPRAY	31
see <i> nitroglycerin</i>	31
NITROSTAT	31
see <i> nitroglycerin</i>	31
NITYR	56
<i>nizatidine</i>	60
<i>nora-be</i>	52
NORCO	
see	
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	4
see	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	4
see	
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	4
see <i> loracet</i>	4
see <i> loracet hd</i>	4
see <i> loracet plus</i>	4
NORCO TAB 10-325MG.....	4
NORCO TAB 5-325MG.....	4
NORCO TAB 7.5-325	4
NORDITROPIN FLEXPRO	56
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	52
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	52
<i>norethindrone</i>	
<i>(contraceptive)</i>	52
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	52
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	52
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	52
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	52
<i>norethindrone acetate</i>	58
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	54
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	54
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	52
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	52
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	52
NORITATE	78
<i>norlyroc</i>	52
NORMOSOL -M INJ /D5W68	
NORMOSOL -R INJ.....	68
NORPACE	25
see <i> disopyramide phosphate</i>	24
NORPACE CR.....	25
NORPRAMIN	37
see <i> desipramine hcl</i>	36
NORTHERA	30
<i>nortrel 0.5/35 (28)</i>	52
<i>nortrel 1/35 (21)</i>	52
<i>nortrel 1/35 (28)</i>	52
<i>nortrel 7/7/7</i>	52
<i>nortriptyline hcl</i>	37
NORVASC	28
see <i> amlodipine besylate</i>	27
NORVIR	9
see <i> ritonavir</i>	10
NOURIANZ	38
NOVAREL	56
NOVOLIN INJ 70/30	48
NOVOLIN INJ 70/30 FP	48
NOVOLIN N	48
NOVOLIN N FLEXPEN	48
NOVOLIN R	48
NOVOLIN R FLEXPEN	49
NOVOLOG	49
NOVOLOG FLEXPEN	49
NOVOLOG MIX INJ 70/30	49
NOVOLOG MIX INJ FLEXPEN	49

NOVOLOG PENFILL	49	ODACTRA SUB	66	OMNIPOD KIT STARTER	49
NOXAFILE.....	8	ODEFSEY TAB.....	10	OMNIPOD MIS 5 PACK ..	49
see posaconazole	8	ODOMZO.....	19	OMNITROPE	57
NPLATE.....	64	OFEV	73	ondansetron.....	59
NUBEQA.....	16	ofloxacin (ophth)	70	ondansetron hcl	59
NUCYNTA.....	5	ofloxacin (otic).....	80	ONE VITE TAB 1MG PLUS	69
NUCYNTA ER.....	3	OGIVRI	19	ONEXTON GEL 1.2-3.75..	75
NUEDEXTA CAP 20-10MG	44	OGIVRI INJ 420MG	19	ONFI	34
NULOJIX.....	67	olanzapine	40	see clobazam.....	32
NULYTELY		olmesartan medoxomil.....	24	ONIVYDE	17
see gavilyte-n/flavor pack	61	olmesartan		ONTRUZANT	19
see peg 3350-kcl-sod bicarb-nacl for soln	420	medoxomil-hydrochlorothiazi de tab 20-12.5 mg.....	23	ONZETRA XSAIL	43
gm	61	olmesartan		OPANA	
see trilyte.....	61	medoxomil-hydrochlorothiazi de tab 40-12.5 mg.....	23	see oxymorphone hcl.....	5
NULYTELY SOL FLAV PKS	61	olmesartan		OPDIVO	19
NUPLAZID	40	medoxomil-hydrochlorothiazi de tab 40-25 mg.....	23	OPSUMIT	31
NUTRILIPID	69	olmesartan-amldipine-hydro chlorothiazide tab 20-5-12.5 mg.....	23	ORACEA	78
NUTROPIN AQ NUSPIN 10	56	olmesartan-amldipine-hydro chlorothiazide tab 40-10-12.5 mg.....	23	ORALAIR SUB 300 IR	66
NUTROPIN AQ NUSPIN 20	57	olmesartan-amldipine-hydro chlorothiazide tab 40-10-25 mg.....	24	ORAPRED ODT	55
NUTROPIN AQ NUSPIN 556		olmesartan-amldipine-hydro chlorothiazide tab 40-5-12.5 mg.....	23	see prednisolone sodium phosphate	55
NUVARING		olmesartan-amldipine-hydro chlorothiazide tab 40-5-25 mg.....	23	ORAVIG	79
see eluring.....	51	olopatadine hcl.....	71	ORBACTIV	7
see etonogestrel-ethinyl estradiol va ring		olopatadine hcl (nasal).....	72	ORENITRAM	31
0.120-0.015 mg/24hr	51	OLUX	78	ORFADIN	57
NUVARING MIS.....	52	see clobetasol propionate	77	see nitisinone	56
NUVIGIL.....	45	OLUX-E	78	ORILISSA	53
see armodafinil	45	see clobetasol propionate emulsion.....	77	ORKAMBI GRA 100-125 ..	73
nyamyc	76	see tovet.....	78	ORKAMBI GRA 150-188 ..	73
NYMALIZE	28	OMECLAMOX- MIS PAK..	61	ORKAMBI TAB 100-125 ..	73
nystatin	8	omega-3-acid ethyl esters cap 1 gm.....	26	ORKAMBI TAB 200-125 ..	73
nystatin (mouth-throat).....	79	omeprazole	62	orsythia	52
nystatin (topical).....	76	OMNARIS	74	ORTHO MICRONOR	52
nystop	76			ORTHO TRI- TAB CYCLN LO	52
O				ORTHO TRI-CYCLEN LO	
OCALIVA	61			see norgestimate-eth estrad tab	
ocella	52			0.18-25/0.215-25/0.25-25 mg-mcg	52
OCREVUS	44			see tri-lo-estarrylla	53
OCTAGAM.....	66			see tri-lo-marzia	53
octreotide acetate	57			see tri-lo-milli	53
OCUFLOX.....	70			see tri-lo-sprintec	53
see ofloxacin (ophth)	70			see tri-vylibra lo	53
				oseltamivir phosphate.....	11
				OSMOLEX ER	38

OSMOLEX ER PAK	38	PALYNZIQ	57	peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	61
OSMOPREP TAB 1.5GM..	61	PAMELOR	37	PEGANONE	34
OSPHENA	57	<i>see nortriptyline hcl</i>	37	PEGASYS	11
OTOVEL DRO	80	pamidronate disodium.....	49	PEGASYS PROCLICK	11
OVIDE.....	79	PAMIDRONATE DISODIUM	49	PEMAZYRE	19
OXACILLIN INJ 1GM	14	PANCREAZE CAP		PEN GK/DEXTR INJ	
OXACILLIN INJ 2GM	14	10500UNT	62	20000/ML.....	14
oxacillin sodium.....	14	PANCREAZE CAP		PEN GK/DEXTR INJ	
oxaliplatin.....	15	16800UNT	62	40000/ML.....	14
oxandrolone	46	PANCREAZE CAP		PEN GK/DEXTR INJ	
oxaprozin	1	21000UNT	62	60000/ML.....	14
OXAYDO.....	5	PANCREAZE CAP		PEN NEEDLES:	
OXBRYTA.....	65	2600UNIT	62	NOVO/BD/ULTIMED/OWEN/	
oxcarbazepine.....	34	PANCREAZE CAP		TRIVIDIA	49
OXISTAT.....	76	4200UNIT	62	penicillamine	50
OXSORALEN ULTRA.....	76	PANDEL	78	penicillin g potassium.....	14
<i>see methoxsalen rapid</i>	76	pantoprazole sodium.....	62	PENICILLIN G PROCAINE	
OXTELLAR XR	34	PANZYGA.....	66	.....	14
oxybutynin chloride	63	paricalcitol.....	59	penicillin g sodium	14
oxycodone hcl.....	5	PARLODEL.....	38	penicillin v potassium.....	14
oxycodone w/ acetaminophen tab 10-325		<i>see bromocriptine</i>		PENNSAID	79
mg.....	5	<i>mesylate</i>	38	PENTACEL INJ	68
oxycodone w/ acetaminophen tab 2.5-325		PARNATE	37	PENTAM 300.....	7
mg.....	5	<i>see tranylcypromine</i>		<i>see pentamidine</i>	
oxycodone w/ acetaminophen tab 5-325		<i>sulfate</i>	37	<i>isethionate inj</i>	7
mg.....	5	paroex.....	79	pentamidine isethionate inh	7
oxycodone w/ acetaminophen tab 7.5-325		paromomycin sulfate.....	7	pentamidine isethionate inj.	7
mg.....	5	paroxetine hcl	37	PENTASA	60
oxycodone w/ acetaminophen tab 4.8355-325 mg.....	5	paroxetine mesylate		pentoxifylline	65
OXYCONTIN.....	3	(vasomotor).....	44	PEPCID	60
oxymorphone hcl.....	5	PASER.....	11	<i>see famotidine</i>	60
OXYTROL.....	63	PATANASE.....	72	PEROCET	
OZEMPIC (0.25 OR 0.5MG/DOSE).....	48	<i>see olopatadine hcl (nasal)</i>		<i>see endocet tab 10-325mg</i>	
OZEMPIC (1MG/DOSE)	48	.....	72	.....	3
P		PAXIL.....	37	<i>see endocet tab</i>	
pacerone.....	25	<i>see paroxetine hcl</i>	37	2.5-325mg.....	3
paclitaxel.....	17	PAXIL CR	37	see endocet tab 5-325mg	3
PADCEV	19	<i>see paroxetine hcl</i>	37	see endocet tab	
paliperidone	40	PAZEO.....	71	7.5-325mg.....	3
palonosetron hcl.....	59	PEDIAPRED	55	see oxycodone w/ acetaminophen tab 10-325	
PALONOSETRON		<i>see prednisolone sodium</i>		mg.....	5
HYDROCHLORID	59	<i>phosphate</i>	55	see oxycodone w/ acetaminophen tab	
		PEDIATRIX INJ 0.5ML.....	67	2.5-325 mg.....	5
		PEDVAX HIB	68	see oxycodone w/ acetaminophen tab 5-325	
		peg 3350-kcl-na			
		bicarb-nacl-na sulfate for			
		soln 236 gm	61		

<i>mg</i>	5	PICATO	79	PLEGRIDY INJ STARTER	44
see <i>oxycodone w/ acetaminophen tab</i>		PIFELTRO	9	PLEGRIDY PEN INJ	
7.5-325 mg	5	<i>pilocarpine hcl</i>	71	STARTER	45
PERCOCET TAB 10-325MG	5	<i>pilocarpine hcl (oral)</i>	79	<i>plenamine</i>	69
PERCOCET TAB 2.5-325 ...5		<i>pimecrolimus</i>	79	PLENVU SOL	61
PERCOCET TAB 5-325MG 5		<i>pimozide</i>	40	PNV FOLIC AC TAB + IRON	69
PERCOCET TAB 7.5-325 ...5		<i>pimtrea</i>	53	<i>podofilox</i>	79
PERFOROMIST	73	<i>pindolol</i>	27	POLIVY	19
PERIDEX		<i>pioglitazone hcl</i>	48	<i>polymyxin b sulfate</i>	7
see <i>chlorhexidine gluconate (mouth-throat)</i>		<i>pioglitazone hcl-glimepiride tab</i> 30-2 mg.....	48	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%.....	70
.....	79	<i>pioglitazone hcl-glimepiride tab</i> 30-4 mg.....	48	POLYTRIM	
see <i>paroex</i>	79	<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg	48	see <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	70
see <i>periogard</i>	79	<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg	48	POLYTRIM SOL OP	70
perindopril erbumine	21	<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm).....	14	POMALYST	16
periogard.....	79	<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm).....	14	<i>portia-28</i>	53
PERJETA.....	19	<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm).....	14	PORTRAZZA	19
permethrin.....	79	<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm).....	14	<i>posaconazole</i>	8
perphenazine	40	<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm).....	14	<i>potassium chloride</i>	69
PERSERIS.....	40	PIQRAY 200MG DAILY DOSE	19	POTASSIUM CHLORIDE .69	
PERTZYE CAP 16000U ..62		PIQRAY 250MG TAB DOSE	19	<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj ..69	
PERTZYE CAP 24000U ..62		PIQRAY 300MG DAILY DOSE	19	<i>potassium chloride</i> microencapsulated crystals er	69
PERTZYE CAP 4000UNIT62		<i>pirmella</i> 1/35	53	<i>potassium citrate</i> (alkalinizer)	63
PERTZYE CAP 8000UNIT62		<i>piroxicam</i>	1	POTELIGEO	19
PEXEVA.....	37	PLAQUENIL	66	PRADAXA	64
pfizerpen	14	see <i>hydroxychloroquine sulfate</i>	66	PRALUENT	26
phenadoz	59	PLASMA-LYTE INJ -148...68		<i>pramipexole dihydrochloride</i>	38
phenelzine sulfate	37	PLASMA-LYTE INJ -A	68	<i>prasugrel hcl</i>	65
PHENERGAN	59	PLAVIX	65	PRAVACHOL	
see <i>promethazine hcl</i>	59	see <i>clopidogrel bisulfate</i>	65	see <i>pravastatin sodium</i> ..25	
phenobarbital	34	PLEGRIDY	44	<i>pravastatin sodium</i>	25
phenobarbital sodium.....	34			<i>praziquantel</i>	7
phenoxybenzamine hcl	30			<i>prazosin hcl</i>	22
PHENYTEK.....	34			PRECOSE	48
see <i>phenytoin sodium extended</i>				see <i>acarbose</i>	47
.....	34			PRED FORTE	
philith	53			see <i>prednisolone acetate (ophth)</i>	71
PHOSLO				PRED MILD	71
see <i>calcium acetate (phosphate binder)</i> ..57					
PHOSLYRA	57				
PHOSPHOLINE IODIDE ..71					

PRED-G S.O.P OIN OP	69	<i>mg</i>	7	80-25 mg	27
PRED-G SUS OP	70	PRIMAXIN IV INJ 500MG ...	7	<i>propranolol hcl</i>	27
<i>prednicarbate</i>	78	<i>primidone</i>	34	<i>propylthiouracil</i>	58
<i>prednisolone</i>	55	PRINVIL.....	21	PROQUAD INJ	68
<i>prednisolone acetate (ophth)</i>	71	see <i>lisinopril</i>	21	PROSCAR	63
PREDNISOLONE SODIUM		PRISTIQ	37	see <i>finasteride</i>	62
PHOSP	71	see <i>desvenlafaxine succinate</i>	36	PROSOL INJ 20%	69
<i>prednisolone sodium phosphate</i>	55	PRIVIGEN.....	66	PROTONIX	62
<i>prednisone</i>	55	PROAIR HFA		see <i>pantoprazole sodium</i>	62
PREDNISONE INTENSOL	55	see <i>albuterol sulfate</i>	72	PROTOPIC	79
<i>pregabalin</i>	34	<i>probenecid</i>	1	see <i>tacrolimus (topical)</i>	79
PREGNYL W/DILUENT		PROCALAMINE INJ 3% ...	69	<i>protriptyline hcl</i>	37
BENZYL.....	57	PROCARDIA XL	28	PROVERA	58
PREMARIN	54	see <i>nifedipine</i>	28	PROVIGIL	45
PREMASOL SOL 10%....	69	<i>prochlorperazine</i>	59	see <i>modafinil</i>	45
PREMPHASE TAB	54	<i>prochlorperazine edisylate</i>	59	PROZAC	37
PREMPRO TAB.....	54	<i>prochlorperazine maleate</i>	59	see <i>fluoxetine hcl</i>	36
PREMPRO TAB 0.3-1.5....	54	PROCIT.....	64	PULMICORT	74
PREMPRO TAB 0.45-1.5..	54	PROCTOCORT		see <i>budesonide (inhalation)</i>	74
PREMPRO TAB 0.625-5...54		see <i>procto-pak</i>	79	PULMICORT FLEXHALER	74
PRENATAL TAB 27-1MG .69		<i>procto-med hc</i>	79	PULMOZYME	73
PRENATAL TAB PLUS....69		<i>procto-pak</i>	79	PURIXAN	16
PRENATAL VIT TAB LOW		<i>proctosol hc</i>	79	<i>pyrazinamide</i>	11
IRON.....	69	<i>proctozone-hc</i>	79	<i>pyridostigmine bromide</i>	44
PRETOMANID	11	PROCYSBI	57	<i>pyrimethamine</i>	7
PREVACID.....	62	<i>progesterone micronized</i>	58	Q	
see <i>lansoprazole</i>	62	PROGLYCEM	55	QBRELIS	21
PREVACID SOLUTAB	62	PROGRAF	67	QBREXZA	79
see <i>lansoprazole</i>	62	see <i>tacrolimus</i>	67	QINLOCK	19
prevalte	26	PROLASTIN-C.....	73	QNDSL	74
previfem	53	PROLENSA	71	QNDSL CHILDRENS	74
PREVYMIS	11	PROLIA.....	49	QUADRACEL INJ	68
PREZCOBIX TAB 800-150	10	PROMACTA	65	QUALAQUIN	9
PREZISTA	9	<i>promethazine hcl</i>	59	see <i>quinine sulfate</i>	9
PRIFTIN	11	<i>promethegan</i>	59	QUARTETTE	
PRILOSEC	62	PROMETRIUM	58	see <i>fayosim</i>	51
<i>primaquine phosphate</i>	9	see <i>progesterone micronized</i>	58	see <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	51
PRIMAQUINE PHOSPHATE	9	propafenone hcl	25	see <i>rivelsa</i>	53
see <i>primaquine phosphate</i>	9	<i>propantheline bromide</i>	60	QUARTETTE TAB	53
PRIMAXIN IV		<i>paracetamol hcl</i>	72	QUDEXY XR	34
see <i>imipenem-cilastatin intravenous for soln 500</i>		<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	27	QUESTRAN.....	26

see <i>cholestyramine</i>	26	RECLAST	49	REYATAZ	10
QUESTRAN LIGHT	26	see <i>zoledronic acid</i>	49	see <i>atazanavir sulfate</i>	9
see <i>cholestyramine light</i>	26	reclipsen	53	RHOFADE	79
see <i>prevalite</i>	26	RECOMBIVAX HB	68	RHOPRESSA	71
quetiapine fumarate	40	RECTIV	79	ribavirin (<i>hepatitis c</i>)	11
QUILLICHEW ER	42	REGLAN	59	rifabutin	11
QUILLIVANT XR	42	see <i>metoclopramide hcl</i>	59	RIFADIN	11
quinapril hcl	21	REGRANEX	79	see <i>rifampin</i>	11
quinapril-hydrochlorothiazide		RELENZA DISKHALER	11	rifampin	11
tab 10-12.5 mg	21	RELEXXII	42	RILUTEK	44
quinapril-hydrochlorothiazide		RELISTOR	61	see <i>riluzole</i>	44
tab 20-12.5 mg	21	RELPAX	43	riluzole	44
quinapril-hydrochlorothiazide		see <i>eletriptan</i>		rimantadine hydrochloride	11
tab 20-25 mg	21	<i>hydrobromide</i>	43	RINVOQ	65
quinidine sulfate	25	REMERON	37	RIOMET	48
quinine sulfate	9	see <i>mirtazapine</i>	37	see <i>metformin hcl</i>	47
QUZYTIR	72	REMERON SOLTAB	37	RIOMET ER	48
R		see <i>mirtazapine</i>	37	risedronate sodium	49
RABAVERT INJ	68	REMODULIN	31	RISPERDAL	40
rabeprazole sodium	62	RENAGEL	57	see <i>risperidone</i>	40
RADICAVA	44	RENFLEXIS	65	RISPERDAL CONSTA	40
RAGWITEK	66	RENVELA	57	risperidone	40
raloxifene hcl	57	see <i>sevelamer carbonate</i>		RITALIN	42
ramelteon	42	.....	57, 58	see <i>methylphenidate hcl</i>	42
ramipril	22	repaglinide	48	RITALIN LA	42
RANEXA	30	REQUIP XL		see <i>methylphenidate hcl</i>	42
see <i>ranolazine</i>	30	see <i>ropinirole</i>		ritonavir	10
ranolazine	30	<i>hydrochloride</i>	38	RITUXAN	19
RAPAFLO	63	RESTORIL	42	RITUXAN INJ HYCELA	19
see <i>silodosin</i>	63	see <i>temazepam</i>	42	rivastigmine	36
RAPAMUNE	67	RETEVMO	19	rivastigmine tartrate	36
see <i>sirolimus</i>	67	RETIN-A	75	rivelsa	53
rasagiline mesylate	38	see <i>avita</i>	74	rizatriptan benzoate	43
RAVICTI	57	see <i>tretinoi</i> n	75	ROBAXIN-750	
RAYALDEE	59	RETIN-A MICRO	75	see <i>methocarbamol</i>	45
RAZADYNE		see <i>tretinoi</i> n microsphere		ROCALTROL	59
see <i>galantamine</i>		.....	75	see <i>calcitriol</i>	58
<i>hydrobromide</i>	35	RETIN-A MICRO PUMP	75	ropinirole hydrochloride	38
RAZADYNE ER	36	RETROVIR	10	rosadan	79
see <i>galantamine</i>		see <i>zidovudine</i>	10	rosuvastatin calcium	25
<i>hydrobromide</i>	35	REVATIO	31	ROTARIX SUS	68
REBIF	45	see <i>sildenafil citrate</i>		ROTATEQ SOL	68
REBIF REBIDO INJ		(<i>pulmonary hypertension</i>)		ROWASA	60
TITRATN	45	.....	31	see <i>mesalamine w/</i>	
REBIF REBIDOSE	45	REVCVI	57	<i>cleanser</i>	60
REBIF TITRTN INJ PACK	45	REVLIMID	16	roweepra	34
REBLOZYL	65	REXULTI	40	roweepra xr	34
RECARBrio INJ 1.25GM	7			ROXICODONE	5

see <i>oxycodone hcl</i>	5
ROZEREM	
see <i>ramelteon</i>	42
ROZLYTREK	19
RUBRACA	19
RUCONEST	65
RUXIENCE	19
RUZURGI.....	44
RYBELSUS.....	48
RYDAPT	19
RYTARY CAP 145MG	38
RYTARY CAP 195MG	38
RYTARY CAP 245MG	38
RYTARY CAP 95MG	38
RYTHMOL SR	25
see <i>propafenone hcl</i>	25
S	
SABRIL	34
see <i>vigabatrin</i>	35
see <i>vigadrone</i>	35
SAFYRAL	
see <i>dospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	51
see <i>tydemy</i>	53
SAFYRAL TAB.....	53
SAIZEN	57
SAIZENPREP	
RECONSTITUTION	57
SALAGEN	79
see <i>pilocarpine hcl (oral)</i>	79
SAMSCA.....	57
see <i>tolvaptan</i>	57
SANCUSO	59
SANDIMMUNE	67
see <i>cyclosporine</i>	67
SANDOSTATIN	57
see <i>octreotide acetate</i>	57
SANDOSTATIN LAR	
DEPOT	57
SANTYL.....	79
SAPHRIS	40
SARAFEM.....	37
see <i>fluoxetine hcl (pmdd)</i>	36
SARCLISA	19
SAVELLA.....	44
SAVELLA MIS TITR PAK .44	
scopolamine.....	60
SEASONIQUE	
see <i>amethia</i>	50
see <i>ashlyna</i>	50
see <i>camrese</i>	50
see <i>daysee</i>	50
see <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	51
see <i>simpesse</i>	53
SEASONIQUE TAB	53
SECUADO	40
selegiline hcl	38
selenium sulfide	76
SELZENTRY	10
SEMPREX-D CAP 8-60MG	72
SENSIPAR.....	57
see <i>cinacalcet hcl</i>	56
SEREVENT DISKUS	73
SERNIVO.....	78
SEROQUEL	40
see <i>quetiapine fumarate</i>	40
SEROQUEL XR	40
see <i>quetiapine fumarate</i>	40
SEROSTIM	57
sertraline hcl	37
setlakin.....	53
sevelamer carbonate	57, 58
sevelamer hcl.....	58
SFROWASA	60
sharobel.....	53
SHINGRIX	68
SIGNIFOR	57
SIGNIFOR LAR	57
SIKLOS	65
sildenafil citrate (pulmonary hypertension)	31
SILENOR	42
see <i>doxepin hcl (sleep)</i>	42
silodosin.....	63
SILVADENE	75
see <i>silver sulfadiazine</i>	75
see <i>ssd</i>	75
silver sulfadiazine	75
SIMBRINZA SUS 1-0.2%..	71
simliya.....	53
simpesse	53
simvastatin.....	26
SINEMET	
see <i>carbidopa & levodopa tab 10-100 mg</i>	38
see <i>carbidopa & levodopa tab 25-100 mg</i>	38
see <i>carbidopa & levodopa tab 25-250 mg</i>	38
SINEMET TAB 10-100MG	38
SINEMET TAB 25-100MG	38
SINEMET TAB 25-250MG	39
SINGULAIR	73
see <i>montelukast sodium</i>	73
sirolimus	67
SIRTURO	11
SITAVIG	11
SIVEXTRO	7
SKELAXIN	45
see <i>metaxalone</i>	45
SKLICE	79
SKYRIZI	65
SLYND	53
SMOFLIPID EMU	69
sodium chloride	69
sodium chloride (gu irrigant)	79
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	69
sodium phenylbutyrate	57
sodium polystyrene sulfonate	50
sodium polystyrene sulfonate powder	50
solifenacin succinate	63
SOLIQUA INJ 100/33	49
SOLIRIS	65
SOLODYN	15
see <i>minocycline hcl</i>	14
SOLOSEC	7
SOLTAMOX	16
SOLU-CORTEF	55
SOLU-MEDROL	55
see <i>methylprednisolone sod succ</i>	55
SOMA	45
see <i>carisoprodol</i>	45
see <i>vanadom</i>	45

SOMATULINE DEPOT	57	see <i>atomoxetine hcl</i>	41
SOMAVERT	57	STRENSIQ	57
SORIATANE	76	<i>streptomycin sulfate</i>	7
<i>see acitretin</i>	76	STRIBILD TAB.....	10
SORILUX	76	STRIVERDI RESPIMAT ..	73
sorine	25	STROMECTOL.....	7
sotalol hcl.....	25	<i>see ivermectin</i>	7
sotalol hcl (afib/afl)	25	SUBLOCADE.....	46
SOTYLIZE.....	25	SUBOXONE	
spironolactone.....	22	<i>see buprenorphine</i>	
spironolactone &		<i>hcl-naloxone hcl sl film</i>	
hydrochlorothiazide tab		<i>12-3 mg (base equiv)</i>	46
25-25 mg.....	29	<i>see buprenorphine</i>	
SPORANOX.....	8	<i>hcl-naloxone hcl sl film</i>	
<i>see itraconazole</i>	8	<i>2-0.5 mg (base equiv)</i> ...	46
SPORANOX PULSEPAK....	9	<i>see buprenorphine</i>	
SPRAVATO SOL 56MG		<i>hcl-naloxone hcl sl film 4-1</i>	
DOS	37	<i>mg (base equiv)</i>	46
SPRAVATO SOL 84MG		<i>see buprenorphine</i>	
DOS	37	<i>hcl-naloxone hcl sl film 8-2</i>	
sprintec 28	53	<i>mg (base equiv)</i>	46
SPRITAM.....	34	SUBOXONE MIS 12-3MG 46	
SPRYCEL	19	SUBOXONE MIS 2-0.5MG	
sps	50	.....	46
sronyx	53	SUBOXONE MIS 4-1MG ..46	
ssd	75	SUBOXONE MIS 8-2MG ..46	
STALEVO 100		SUBSYS	5
<i>see</i>		subvenite	34
<i>carbidopa-levodopa-entac</i>		subvenite starter kit/blu ..	34
<i>apone tabs</i> 25-100-200		subvenite starter kit/gre ..	34
<i>mg</i>	38	subvenite starter kit/ora ..	34
STALEVO 100 TAB	39	SUCRAID.....	61
STALEVO 125 TAB	39	sucralfate	61
STALEVO 150		SULAR.....	28
<i>see</i>		<i>see nisoldipine</i>	28
<i>carbidopa-levodopa-entac</i>		sulfacetamide sodium (acne)	
<i>apone tabs</i> 37.5-150-200		.....	75
<i>mg</i>	38	sulfacetamide sodium	
STALEVO 150 TAB	39	<i>(ophth)</i>	70
STALEVO 200 TAB	39	sulfacetamide	
STALEVO 50 TAB	39	<i>sodium-prednisolone ophth</i>	
STALEVO 75 TAB	39	<i>soln 10-0.23(0.25)%</i> ..	70
STARLIX.....	48	SULFADIAZINE	7
stavudine.....	10	<i>sulfamethoxazole-trimethopri</i>	
STELARA.....	65	<i>m iv soln 400-80 mg/5ml</i>	7
STIMATE	57	<i>sulfamethoxazole-trimethopri</i>	
STIVARGA.....	19	<i>m susp 200-40 mg/5ml</i>	7
STRATTERA.....	42	<i>sulfamethoxazole-trimethopri</i>	
		<i>m tab 400-80 mg</i>	7
		<i>sulfamethoxazole-trimethopri</i>	
		<i>m tab 800-160 mg</i>	7
		SULFAMYLYON	75
		<i>see mafenide acetate</i>	75
		sulfasalazine	60
		sulindac	1
		sumatriptan	43
		sumatriptan succinate.....	43
		sumatriptan-naproxen	
		<i>sodium tab 85-500 mg</i>	43
		SUNOSI	45
		SUPRAX	12
		<i>see cefixime</i>	12
		SUPREP BOWEL SOL	
		PREP KIT	61
		SUSTIVA	10
		<i>see efavirenz</i>	9
		SUSTOL	60
		SUTENT	19
		syeda	53
		SYLATRON	17
		SYMBICORT AER 160-4.5	
		.....	74
		SYMBICORT AER 80-4.5	74
		SYMDEKO TAB 100-150..	73
		SYMDEKO TAB 50-75MG	73
		SYMFI LO TAB	10
		SYMFI TAB	10
		SYMJEPI	73
		SYMLINPEN 120	48
		SYMLINPEN 60	48
		SYMPAZAN	34
		SYMPROIC	61
		SYMTUZA TAB	10
		SYNALAR	78
		<i>see fluocinolone acetonide</i>	
		.....	77
		SYNAREL	53
		SYNDROS	60
		SYNERCID INJ 500MG ..	7
		SYNJARDY TAB	
		12.5-1000MG	48
		SYNJARDY TAB 12.5-500	48
		SYNJARDY TAB 5-1000MG	
		.....	48
		SYNJARDY TAB 5-500MG	
		.....	48

SYNJARDY XR TAB	
10-1000.....	48
SYNJARDY XR TAB	
12.5-1000MG	48
SYNJARDY XR TAB	
25-1000.....	48
SYNJARDY XR TAB	
5-1000MG	48
SYNRIBO.....	17
SYNTHROID.....	58
see <i>euthyrox</i>	58
see <i>levo-t</i>	58
see <i>levothyroxine sodium</i>	
.....	58
see <i>levoxyl</i>	58
see <i>unithroid</i>	58
SYPRINE	50
see <i>clovique</i>	49
see <i>trientine hcl</i>	50
T	
TABLOID.....	16
TABRECTA.....	19
TACLONEX	
see	
<i>calcipotriene-betamethasone dipropionate oint</i>	
<i>0.005-0.064%</i>	77
see	
<i>calcipotriene-betamethasone dipropionate susp</i>	
<i>0.005-0.064%</i>	77
TACLONEX OIN	78
TACLONEX SUS	78
tacrolimus.....	67
tacrolimus (<i>topical</i>).....	79
tadalafil (<i>pulmonary hypertension</i>)	31
TAFINLAR.....	19
TAGRISSO	19
TAKHZYRO	65
TALICIA CAP	61
TALTZ.....	66
TALZENNA	19
TAMIFLU.....	11
see <i>oseltamivir phosphate</i>	
.....	11
<i>tamoxifen citrate</i>	16
<i>tamsulosin hcl</i>	63
TAPAZOLE	58
see <i>methimazole</i>	58
TARCEVA.....	19
see <i>erlotinib hcl</i>	18
TARGADOX.....	15
TARGETIN	17, 79
see <i>bexarotene</i>	16
tarina 24 fe.....	53
tarina fe 1/20 eq.....	53
TARKA	
see <i>trandolapril-verapamil hcl tab er 2-180 mg</i>	21
see <i>trandolapril-verapamil hcl tab er 2-240 mg</i>	21
see <i>trandolapril-verapamil hcl tab er 4-240 mg</i>	21
TASIGNA.....	19
TAVALISSE	65
TAXOTERE	
see <i>docetaxel</i>	17
TAYTULLA CAP 1MG/20MC	
.....	53
tazarotene.....	76
tazicef	12
TAZORAC.....	76
see <i>tazarotene</i>	76
taztia xt	28
TAZVERIK	19
TDVAX INJ 2-2 LF	68
TECENTRIQ	19
TECFIDERA	45
TECFIDERA MIS STARTER	
.....	45
TEFLARO	12
TEGRETOL	34
see <i>carbamazepine</i>	32
see <i>epitol</i>	32
TEGRETOL-XR	34
see <i>carbamazepine</i>	32
TEGSEDI	44
TEKTURNNA	30
see <i>aliskiren fumarate</i>	29
TEKTURNNA HCT TAB	
150-12.5.....	30
TEKTURNNA HCT TAB	
150-25MG	30
TEKTURNNA HCT TAB	
300-12.5.....	30
TEKTURNA HCT TAB	
300-25MG.....	30
telmisartan	24
telmisartan-amlodipine tab	
40-10 mg	24
telmisartan-amlodipine tab	
40-5 mg	24
telmisartan-amlodipine tab	
80-10 mg	24
telmisartan-amlodipine tab	
80-5 mg	24
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	24
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	24
telmisartan-hydrochlorothiazide tab 80-25 mg.....	24
temazepam.....	42
TEMIXYS TAB 300-300	10
TEMOVATE	78
see <i>clobetasol propionate</i>	
.....	77
temsirolimus	19
TENIVAC INJ 5-2LF	68
tenofovir disoproxil fumarate	10
TENORETIC 100	
see <i>atenolol & chlorthalidone tab 100-25 mg</i>	26
TENORETIC 50	
see <i>atenolol & chlorthalidone tab 50-25 mg</i>	26
TENORMIN	
see <i>atenolol</i>	27
TEPEZZA	57
terazosin hcl	22
terbinafine hcl	9
terbutaline sulfate	73
terconazole vaginal.....	63
TESTIM	46
testosterone.....	46, 47
testosterone cypionate.....	47
testosterone enanthate	47
tetrabenazine	44
tetracycline hcl.....	15
THALOMID	16

THEO-24.....	73	tobramycin	8	TRANSDERM SCOP see <i>scopolamine</i>	60
<i>theophylline</i>	74	<i>tobramycin (ophth)</i>	70	<i>tranylcypromine sulfate</i>	37
THIOLA.....	63	<i>tobramycin sulfate</i>	8	TRAVASOL INJ 10%.....	69
THIOLA EC.....	63	<i>tobramycin-dexamethasone</i> <i>ophth susp 0.3-0.1%</i>	70	TRAVATAN Z	72
<i>thioridazine hcl</i>	40	TOBREX	70	see <i>travoprost</i>	72
<i>thiothixene</i>	40	<i>travoprost</i>	72	TRAZIMERA	19
<i>tiadylt er</i>	28	TOLSURA.....	9	<i>trazodone hcl</i>	37
<i>tiagabine hcl</i>	34	<i>tolterodine tartrate</i>	63	TREANDA	15
TIAZAC	28	<i>tolvaptan</i>	57	TRECATOR	11
<i>see diltiazem hcl extended</i> <i>release beads</i>	28	TOPAMAX	34	TRELEGY AER ELLIPTA .72	
<i>see taztia xt</i>	28	<i>see topiramate</i>	35	TRELSTAR MIXJECT.....	16
<i>see tiadylt er</i>	28	TOPAMAX SPRINKLE	34	<i>treprostинil</i>	31
TIBSOVO	19	<i>see topiramate</i>	34	TRESIBA	49
<i>tigecycline</i>	15	TOPICORT	78	TRESIBA FLEXTOUCH	49
TIGECYCLINE	15	<i>see desoximetasone</i>	77	<i>tretinoin</i>	75
TIGLUTIK.....	44	<i>topiramate</i>	34, 35	<i>tretinoin (chemotherapy)</i> ...17	
TIKOSYN	25	<i>toposar</i>	17	<i>tretinoin microsphere</i>	75
<i>see dofetilide</i>	25	<i>topotecan hcl</i>	17	TREXALL	66
<i>tilia fe</i>	53	TOPOTECAN HCL	17	TREXIMET <i>see sumatriptan-naproxen</i> <i>sodium tab 85-500 mg ..43</i>	
<i>timolol maleate</i>	27	TOPROL XL.....	27	TREXIMET TAB 85-500MG	43
<i>timolol maleate (ophth)</i>	71	<i>see metoprolol succinate</i>	27	<i>trezix</i>	5
<i>timolol maleate (ophth)</i> <i>once-daily</i>	71	<i>toremifene citrate</i>	16	<i>triamcinolone acetonide</i>....55	
TIMOPTIC	71	TORISEL	19	<i>triamcinolone acetonide</i> <i>(mouth)</i>	79
<i>see timolol maleate</i> (ophth).....	71	<i>torsemide</i>	29	<i>triamcinolone acetonide</i> (topical)	78
TIMOPTIC OCUDOSE	71	<i>tovet</i>	78	<i>triamterene &</i> <i>hydrochlorothiazide cap</i> 37.5-25 mg	29
TIMOPTIC-XE	72	TOVIAZ	63	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 37.5-25 mg	29
<i>see timolol maleate</i> (ophth).....	71	TPN ELECTROL INJ	69	<i>triamterene &</i> <i>hydrochlorothiazide tab</i> 75-50 mg	29
<i>tinidazole</i>	7	TRACLEER.....	31	<i>triazolam</i>	42
TIROSINT	58	TRADJENTA.....	48	TRIBENZOR <i>see</i> <i>olmesartanamlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg.....	
TIROSINT-SOL.....	58	<i>tramadol hcl</i>	3, 5	<i>olmesartanamlodipine-hy</i> <i>drochlorothiazide tab</i> 20-5-12.5 mg.....	
TIVICAY	10	<i>tramadol-acetaminophen tab</i> 37.5-325 mg	5	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TIVICAY PD	10	<i>trandolapril</i>	22	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
<i>tizanidine hcl</i>	45	<i>trandolapril-verapamil hcl tab</i> er 1-240 mg	21	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TOBI	7	<i>trandolapril-verapamil hcl tab</i> er 2-180 mg	21	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TOBI PODHALER.....	7	<i>trandolapril-verapamil hcl tab</i> er 2-240 mg	21	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TOBRADEX <i>see</i> <i>tobramycin-dexamethason</i> e ophth susp 0.3-0.1% ..70		<i>trandolapril-verapamil hcl tab</i> er 4-240 mg	21	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TOBRADEX OIN 0.3-0.1%70		<i>tranexamic acid</i>	65	<i>olmesartanamlodipinehy</i> <i>drochlorothiazide</i>	
TOBRADEX ST SUS 0.3-0.05.....	70				
TOBRADEX SUS 0.3-0.1%					
.....	70				

<i>drochlorothiazide tab</i>	53																																																																																																																																												
40-10-12.5 mg	23																																																																																																																																												
see																																																																																																																																													
<i>olmesartan-amlodipine-hy</i>																																																																																																																																													
<i>drochlorothiazide tab</i>																																																																																																																																													
40-10-25 mg	24																																																																																																																																												
see																																																																																																																																													
<i>olmesartan-amlodipine-hy</i>																																																																																																																																													
<i>drochlorothiazide tab</i>																																																																																																																																													
40-5-12.5 mg	23																																																																																																																																												
see																																																																																																																																													
<i>olmesartan-amlodipine-hy</i>																																																																																																																																													
<i>drochlorothiazide tab</i>																																																																																																																																													
40-5-25 mg	23																																																																																																																																												
TRIBENZOR20- TAB																																																																																																																																													
5-12.5MG	24																																																																																																																																												
TRIBENZOR40- TAB																																																																																																																																													
10-12.5	24																																																																																																																																												
TRIBENZOR40- TAB																																																																																																																																													
10-25MG	24																																																																																																																																												
TRIBENZOR40- TAB																																																																																																																																													
5-12.5MG	24																																																																																																																																												
TRIBENZOR40- TAB																																																																																																																																													
5-25MG	24																																																																																																																																												
TRICARE TAB PRENATAL																																																																																																																																													
	69																																																																																																																																												
TRICOR	25																																																																																																																																												
see <i>fenofibrate</i>	25																																																																																																																																												
triderm	78																																																																																																																																												
TRIDESILON	78																																																																																																																																												
<i>trientine hcl</i>	50																																																																																																																																												
<i>tri-estarrylla</i>	53																																																																																																																																												
<i>trifluoperazine hcl</i>	40																																																																																																																																												
<i>trifluridine</i>	70																																																																																																																																												
TRIGLIDE	25																																																																																																																																												
<i>trihexyphenidyl hcl</i>	39																																																																																																																																												
TRIJARDY XR TAB ER																																																																																																																																													
24HR 10-5-1000MG	48																																																																																																																																												
TRIJARDY XR TAB ER																																																																																																																																													
24HR 12.5-2.5-1000MG	48																																																																																																																																												
TRIJARDY XR TAB ER																																																																																																																																													
24HR 25-5-1000MG	48																																																																																																																																												
TRIJARDY XR TAB ER																																																																																																																																													
24HR 5-2.5-1000MG	48																																																																																																																																												
TRIKAFTA TAB	74																																																																																																																																												
<i>tri-legest fe</i>	53																																																																																																																																												
TRILEPTAL	35																																																																																																																																												
see <i>oxcarbazepine</i>	34																																																																																																																																												
<i>tri-linyah</i>	53																																																																																																																																												
TRILIPIX	25																																																																																																																																												
see <i>choline fenofibrate</i>	25																																																																																																																																												
<i>tri-lo-estarrylla</i>	53																																																																																																																																												
<i>tri-lo-marzia</i>	53																																																																																																																																												
<i>tri-lo-mili</i>	53																																																																																																																																												
<i>tri-lo-sprintec</i>	53																																																																																																																																												
<i>trilyte</i>	61																																																																																																																																												
<i>trimethoprim</i>	8																																																																																																																																												
<i>tri-mili</i>	53																																																																																																																																												
<i>trimipramine maleate</i>	37																																																																																																																																												
TRINTELLIX	37																																																																																																																																												
<i>tri-previfem</i>	53																																																																																																																																												
<i>tri-sprintec</i>	53																																																																																																																																												
TRIUMEQ TAB	10																																																																																																																																												
<i>trivora-28</i>	53																																																																																																																																												
<i>tri-vylibra</i>	53																																																																																																																																												
<i>tri-vylibra lo</i>	53																																																																																																																																												
TRIZIVIR																																																																																																																																													
see <i>abacavir</i>																																																																																																																																													
<i>sulfate-lamivudine-zidovudine tab</i>	300-150-300 mg	10	TRIZIVIR TAB	10	TRODELVY	19	TROGARZO	10	TROKENDI XR	35	TROPHAMINE INJ 10%	69	<i>trospium chloride</i>	63	TRULANCE	61	TRULICITY	48	TRUMENBA INJ	68	TRUSOPT	72	see <i>dorzolamide hcl</i>	71	TRUVADA TAB 100-150	10	TRUVADA TAB 133-200	10	TRUVADA TAB 167-250	10	TRUVADA TAB 200-300	10	TRUXIMA	19	TUKYSA	19	<i>tulana</i>	53	TURALIO	19	TWINRIX INJ	68	TWYNSTA		see <i>telmisartan-amlodipine tab</i>	40-10 mg	24	see <i>telmisartan-amlodipine tab</i>	40-5 mg	24	see <i>telmisartan-amlodipine</i>		<i>tab 80-10 mg</i>	24	see <i>telmisartan-amlodipine tab</i>	80-5 mg	24	TWYNSTA TAB 40-10MG	24	TWYNSTA TAB 40-5MG	..24	TWYNSTA TAB 80-10MG	24	TWYNSTA TAB 80-5MG	..24	TYBOST	10	<i>tydemy</i>	53	TYGACIL	15	see <i>tigecycline</i>	15	TYKERB	19	TYMLOS	49	TYPHIM VI	68	TYSABRI	45	TYVASO	31	U		UCERIS	61	see <i>budesonide</i>	60	ULORIC	1	see <i>febuxostat</i>	1	ULTOMIRIS	65	ULTRACET		see		<i>tramadol-acetaminophen tab</i>	37.5-325 mg	5	ULTRACET TAB 37.5-325	..5	ULTRAM	5	see <i>tramadol hcl</i>	5	ULTRAVATE	78	UNASYN		see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)	gm	13	see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>	
10																																																																																																																																													
TRIZIVIR TAB	10																																																																																																																																												
TRODELVY	19																																																																																																																																												
TROGARZO	10																																																																																																																																												
TROKENDI XR	35																																																																																																																																												
TROPHAMINE INJ 10%	69																																																																																																																																												
<i>trospium chloride</i>	63																																																																																																																																												
TRULANCE	61																																																																																																																																												
TRULICITY	48																																																																																																																																												
TRUMENBA INJ	68																																																																																																																																												
TRUSOPT	72																																																																																																																																												
see <i>dorzolamide hcl</i>	71																																																																																																																																												
TRUVADA TAB 100-150	10																																																																																																																																												
TRUVADA TAB 133-200	10																																																																																																																																												
TRUVADA TAB 167-250	10																																																																																																																																												
TRUVADA TAB 200-300	10																																																																																																																																												
TRUXIMA	19																																																																																																																																												
TUKYSA	19																																																																																																																																												
<i>tulana</i>	53																																																																																																																																												
TURALIO	19																																																																																																																																												
TWINRIX INJ	68																																																																																																																																												
TWYNSTA																																																																																																																																													
see <i>telmisartan-amlodipine tab</i>	40-10 mg	24	see <i>telmisartan-amlodipine tab</i>	40-5 mg	24	see <i>telmisartan-amlodipine</i>		<i>tab 80-10 mg</i>	24	see <i>telmisartan-amlodipine tab</i>	80-5 mg	24	TWYNSTA TAB 40-10MG	24	TWYNSTA TAB 40-5MG	..24	TWYNSTA TAB 80-10MG	24	TWYNSTA TAB 80-5MG	..24	TYBOST	10	<i>tydemy</i>	53	TYGACIL	15	see <i>tigecycline</i>	15	TYKERB	19	TYMLOS	49	TYPHIM VI	68	TYSABRI	45	TYVASO	31	U		UCERIS	61	see <i>budesonide</i>	60	ULORIC	1	see <i>febuxostat</i>	1	ULTOMIRIS	65	ULTRACET		see		<i>tramadol-acetaminophen tab</i>	37.5-325 mg	5	ULTRACET TAB 37.5-325	..5	ULTRAM	5	see <i>tramadol hcl</i>	5	ULTRAVATE	78	UNASYN		see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)	gm	13	see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>																																														
24																																																																																																																																													
see <i>telmisartan-amlodipine tab</i>	40-5 mg	24	see <i>telmisartan-amlodipine</i>		<i>tab 80-10 mg</i>	24	see <i>telmisartan-amlodipine tab</i>	80-5 mg	24	TWYNSTA TAB 40-10MG	24	TWYNSTA TAB 40-5MG	..24	TWYNSTA TAB 80-10MG	24	TWYNSTA TAB 80-5MG	..24	TYBOST	10	<i>tydemy</i>	53	TYGACIL	15	see <i>tigecycline</i>	15	TYKERB	19	TYMLOS	49	TYPHIM VI	68	TYSABRI	45	TYVASO	31	U		UCERIS	61	see <i>budesonide</i>	60	ULORIC	1	see <i>febuxostat</i>	1	ULTOMIRIS	65	ULTRACET		see		<i>tramadol-acetaminophen tab</i>	37.5-325 mg	5	ULTRACET TAB 37.5-325	..5	ULTRAM	5	see <i>tramadol hcl</i>	5	ULTRAVATE	78	UNASYN		see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)	gm	13	see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>																																																	
24																																																																																																																																													
see <i>telmisartan-amlodipine</i>																																																																																																																																													
<i>tab 80-10 mg</i>	24																																																																																																																																												
see <i>telmisartan-amlodipine tab</i>	80-5 mg	24	TWYNSTA TAB 40-10MG	24	TWYNSTA TAB 40-5MG	..24	TWYNSTA TAB 80-10MG	24	TWYNSTA TAB 80-5MG	..24	TYBOST	10	<i>tydemy</i>	53	TYGACIL	15	see <i>tigecycline</i>	15	TYKERB	19	TYMLOS	49	TYPHIM VI	68	TYSABRI	45	TYVASO	31	U		UCERIS	61	see <i>budesonide</i>	60	ULORIC	1	see <i>febuxostat</i>	1	ULTOMIRIS	65	ULTRACET		see		<i>tramadol-acetaminophen tab</i>	37.5-325 mg	5	ULTRACET TAB 37.5-325	..5	ULTRAM	5	see <i>tramadol hcl</i>	5	ULTRAVATE	78	UNASYN		see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)	gm	13	see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>																																																								
24																																																																																																																																													
TWYNSTA TAB 40-10MG	24																																																																																																																																												
TWYNSTA TAB 40-5MG	..24																																																																																																																																												
TWYNSTA TAB 80-10MG	24																																																																																																																																												
TWYNSTA TAB 80-5MG	..24																																																																																																																																												
TYBOST	10																																																																																																																																												
<i>tydemy</i>	53																																																																																																																																												
TYGACIL	15																																																																																																																																												
see <i>tigecycline</i>	15																																																																																																																																												
TYKERB	19																																																																																																																																												
TYMLOS	49																																																																																																																																												
TYPHIM VI	68																																																																																																																																												
TYSABRI	45																																																																																																																																												
TYVASO	31																																																																																																																																												
U																																																																																																																																													
UCERIS	61																																																																																																																																												
see <i>budesonide</i>	60																																																																																																																																												
ULORIC	1																																																																																																																																												
see <i>febuxostat</i>	1																																																																																																																																												
ULTOMIRIS	65																																																																																																																																												
ULTRACET																																																																																																																																													
see																																																																																																																																													
<i>tramadol-acetaminophen tab</i>	37.5-325 mg	5	ULTRACET TAB 37.5-325	..5	ULTRAM	5	see <i>tramadol hcl</i>	5	ULTRAVATE	78	UNASYN		see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)	gm	13	see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>																																																																																																					
5																																																																																																																																													
ULTRACET TAB 37.5-325	..5																																																																																																																																												
ULTRAM	5																																																																																																																																												
see <i>tramadol hcl</i>	5																																																																																																																																												
ULTRAVATE	78																																																																																																																																												
UNASYN																																																																																																																																													
see <i>ampicillin & sulbactam sodium for inj</i>	1.5 (1-0.5)																																																																																																																																												
gm	13																																																																																																																																												
see <i>ampicillin & sulbactam sodium for inj</i>	3 (2-1) gm	13	UNASYN BULK PACK		see <i>ampicillin & sulbactam sodium for iv soln</i>	15	(10-5) gm	13	UNASYN INJ 1.5GM	14	UNASYN INJ 15GM	14	UNASYN INJ 3GM	14	<i>unithroid</i>	58	UPTRAVI	31	UPTRAVI TAB 200/800	..31	UROCIT-K 10	63	see <i>potassium citrate</i>																																																																																																																						
13																																																																																																																																													
UNASYN BULK PACK																																																																																																																																													
see <i>ampicillin & sulbactam sodium for iv soln</i>	15																																																																																																																																												
(10-5) gm	13																																																																																																																																												
UNASYN INJ 1.5GM	14																																																																																																																																												
UNASYN INJ 15GM	14																																																																																																																																												
UNASYN INJ 3GM	14																																																																																																																																												
<i>unithroid</i>	58																																																																																																																																												
UPTRAVI	31																																																																																																																																												
UPTRAVI TAB 200/800	..31																																																																																																																																												
UROCIT-K 10	63																																																																																																																																												
see <i>potassium citrate</i>																																																																																																																																													

(alkalinizer)	63	VANCOCIN HCL.....	8	VFEND	9
UROCIT-K 15.....	63	see <i>vancomycin hcl</i>	8	see <i>voriconazole</i>	9
see <i>potassium citrate</i>		VANCOMYCIN	8	VFEND IV	9
(alkalinizer)	63	<i>vancomycin hcl</i>	8	see <i>voriconazole</i>	9
UROCIT-K 5.....	63	VANCOMYCIN		V-GO 20 KIT	49
see <i>potassium citrate</i>		HYDROCHLORIDE	8	V-GO 30 KIT	49
(alkalinizer)	63	VANCOMYCIN INJ 1 GM ...	8	V-GO 40 KIT	49
UROXATRAL		VANCOMYCIN INJ 500MG	8	VIBATIV	8
see <i>alfuzosin hcl</i>	62	VANCOMYCIN INJ 750MG	8	VIBERZI.....	62
URSO 250.....	61	vandazole	63	VIBRAMYCIN	15
see <i>ursodiol</i>	62	VANTAS	16	see <i>doxycycline</i>	
URSO FORTE	62	VAQTA.....	68	(monohydrate).....	14
see <i>ursodiol</i>	62	VARIVAX	68	see <i>doxycycline hyclate</i> 14	
ursodiol	62	VARUBI	60	VICTOZA	48
V		VASCEPA.....	26	VIDAZA	16
VABOMERE INJ 2GM(1-1)	.8	VASERETIC		see <i>azacitidine</i>	15
VAGIFEM.....	54	<i>see enalapril maleate &</i>		vienna	53
<i>see estradiol vaginal</i>	54	<i>hydrochlorothiazide tab</i>		vigabatrin	35
<i>see yuafem</i>	54	<i>10-25 mg</i>	21	vigadroner	35
valacyclovir hcl.....	11	VASOTEC.....	22	VIGAMOX	70
VALCHLOR.....	79	<i>see enalapril maleate</i>	21	<i>see moxifloxacin hcl</i>	
VALCYTE.....	11	VECTIBIX	19	(ophth).....	70
<i>see valganciclovir hcl</i>	11	VELCADE	19	VIIBRYD	37
valganciclovir hcl.....	11	VELETRI.....	31	VIIBRYD KIT STARTER	37
VALIUM.....	35	velvet.....	53	VIMIZIM	57
<i>see diazepam</i>	32	VELPHORO	58	VIMPAT	35
valproate sodium.....	35	VELTASSA	50	vinblastine sulfate	17
valproic acid.....	35	VELTIN GEL	75	vincristine sulfate	17
valrubicin.....	15	VEMLIDY	11	vinorelbine tartrate	17
valsartan	24	VENCLEXTA	19	VIOKACE TAB 10440.....	62
valsartan-hydrochlorothiazid		<i>see VENCLEXTA TAB START</i>		VIOKACE TAB 20880.....	62
e tab 160-12.5 mg.....	24	PK.....	19	viorele	53
valsartan-hydrochlorothiazid		venlafaxine hcl	37	VIRACEPT	10
e tab 160-25 mg.....	24	VENTAVIS	31	VIRAMUNE	10
valsartan-hydrochlorothiazid		VENTOLIN HFA.....	73	<i>see nevirapine</i>	9
e tab 320-12.5 mg.....	24	verapamil hcl.....	28	VIRAMUNE XR	10
valsartan-hydrochlorothiazid		VERDESO	78	<i>see nevirapine</i>	9
e tab 320-25 mg.....	24	VERELAN	28	VIREAD	10
valsartan-hydrochlorothiazid		<i>see verapamil hcl</i>	28	<i>see tenofovir disoproxil</i>	
e tab 80-12.5 mg.....	24	VERELAN PM.....	28	fumarate	10
VALSTAR.....	15	<i>see verapamil hcl</i>	28	VISTARIL	72
<i>see valrubicin</i>	15	VERSACLOZ	40	<i>see hydroxyzine pamoate</i>	
VALTOCO.....	35	VERZENIO	19	.....	72
VALTREX.....	11	VESICARE.....	63	VITRAKVI	19
<i>see valacyclovir hcl</i>	11	<i>see solifenacin succinate</i>		VIVELLE-DOT	54
vanadom	45	.....	63	<i>see dotti</i>	54
VANCOCIN	8	<i>see estradiol</i>		<i>see estradiol</i>	54
<i>see vancomycin hcl</i>	8	VIVITROL	46		

VIZIMPRO.....	20
VOGELXO	47
VOGELXO PUMP	47
VOLTAREN see <i>diclofenac sodium</i> (<i>topical</i>).....	78
voriconazole.....	9
VOSEVI TAB.....	11
VOTRIENT.....	20
VPRI.....	57
VRAYLAR.....	40
VRAYLAR CAP 1.5-3MG ..	40
VUMERITY.....	45
VUMERITY STARTER.....	45
VUSION OIN.....	76
vyfemla	53
vylibra	53
VYNDAMAX.....	30
VYNDAQEL	30
VYTORIN see <i>ezetimibe-simvastatin</i> <i>tab 10-10 mg</i>	26
see <i>ezetimibe-simvastatin</i> <i>tab 10-20 mg</i>	26
see <i>ezetimibe-simvastatin</i> <i>tab 10-40 mg</i>	26
see <i>ezetimibe-simvastatin</i> <i>tab 10-80 mg</i>	26
VYTORIN TAB 10-10MG ..	26
VYTORIN TAB 10-20MG ..	26
VYTORIN TAB 10-40MG ..	26
VYTORIN TAB 10-80MG ..	26
VYVANSE.....	42
VYZULTA.....	72
W	
WAKIX	45
warfarin sodium.....	64
water for irrigation, sterile <i>irrigation soln.</i>	79
WELCHOL.....	26
see <i>colesevelam hcl</i>	26
WELLBUTRIN SR.....	37
see <i>bupropion hcl</i>	36
WELLBUTRIN XL	37
see <i>bupropion hcl</i>	36
wera.....	53
wymzya fe.....	53
X	
XADAGO	39
XALATAN	72
see <i>latanoprost</i>	71
XALKORI	20
XANAX.....	32
see <i>alprazolam</i>	31
XARELTO	64
XARELTO STAR TAB 15/20MG	64
XATMEP	66
XCOPRI	35
XCOPRI PAK 12.5-25.....	35
XCOPRI PAK 150-200MG (MAINTENANCE)	35
XCOPRI PAK 150-200MG (TITRATION)	35
XCOPRI PAK 50-100MG ..	35
XCOPRI TAB 50-200MG ..	35
XELJANZ	66
XELJANZ XR	66
XEMBIFY	66
XENAZINE	44
see <i>tetrabenazine</i>	44
XENLETA	8
XEOMIN.....	45
XEPI.....	76
XERESE CRE 5-1%	79
XERMELO	62
XGEVA	49
XHANCE	74
XIFAXAN	8, 62
XIGDUO XR TAB 10-100048	
XIGDUO XR TAB 10-500MG	
.....	48
XIGDUO XR TAB 2.5-1000	
.....	48
XIGDUO XR TAB 5-1000MG	
.....	48
XIGDUO XR TAB 5-500MG	
.....	48
XIIDRA.....	72
XODOL see <i>hydrocodone-acetaminophen tab 5-300 mg</i>	4
XOFLUZA	11
XOLAIR.....	74
XOPENEX	73
see <i>levalbuterol hcl</i>	73
XOPENEX CONCENTRATE	73
see <i>levalbuterol hcl</i>	73
XOPENEX HFA	73
XOSPATA.....	20
XPOVIO 100 MG ONCE	
WEEKLY	20
XPOVIO 40 MG ONCE	
WEEKLY	20
XPOVIO 40 MG TWICE	
WEEKLY	20
XPOVIO 60 MG ONCE	
WEEKLY	20
XPOVIO 60 MG TWICE	
WEEKLY	20
XPOVIO 80 MG ONCE	
WEEKLY	20
XPOVIO 80 MG TWICE	
WEEKLY	20
XTAMPZA ER.....	3
XTANDI	16
<i>xulane</i>	53
XULTOPHY INJ 100/3.6 ..	49
XYLOCAINE	6
see <i>lidocaine hcl (local</i> <i>anesth.)</i>	5
XYLOCAINE-MPF	6
see <i>lidocaine hcl (local</i> <i>anesth.)</i>	5
XYOSTED	47
XYREM	45
Y	
YASMIN 28	
see <i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.03 mg</i> ..	51
see <i>ocella</i>	52
see <i>syeda</i>	53
see <i>zarah</i>	53
see <i>zumandimine</i>	53
YASMIN 28 TAB 3-0.03MG	53
YAZ	
see <i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.02 mg</i> ..	51
see <i>gianvi</i>	51
see <i>jasmiel</i>	51

see <i>loryna</i>	52	<i>hydrochlorothiazide tab</i>	.....	2
see <i>nikki</i>	52	20-25 mg.....	21	see <i>hydrocodone bitartrate</i>
YAZ TAB 3-0.02MG	53	ZESTORETIC TAB 10-12.5	.....	<i>cap er 12hr</i>
YEROVY	20	.....	21	<i>abuse-deterrant 40 mg</i>....2
YF-VAX INJ.....	68	ZESTORETIC TAB 20-12.5	.....	ZOLADEX.....
<i>yuvafem</i>	54	.....	21	16
Z		ZESTORETIC TAB		<i>zoledronic acid</i>
<i>zafirlukast</i>	73	20-25MG.....	21	49
<i>zaleplon</i>	42	ZESTRIL.....	22	ZOLEDRONIC ACID.....
ZALTRAP.....	20	.....	21	49
ZANAFLEX	45	see <i>lisinopril</i>	21	ZOLINZA
see <i>tizanidine hcl</i>	45	ZETIA.....	26	20
<i>zarah</i>	53	.....	26	<i>zolmitriptan</i>
ZARONTIN.....	35	ZETONNA.....	74	43
see <i>ethosuximide</i>	32	ZIAC		ZOLOFT
ZARXIO.....	64	see <i>bisoprolol &</i>		37
ZAVESCA	57	<i>hydrochlorothiazide tab</i>		<i>see sertraline hcl</i>
see <i>miglustat</i>	56	10-6.25 mg.....	26	37
ZEJULA.....	20	see <i>bisoprolol &</i>		<i>zolpidem tartrate</i>
ZELAPAR.....	39	<i>hydrochlorothiazide tab</i>		42, 43
ZELBORA F.....	20	2.5-6.25 mg	26	ZOMACTON
ZELNORM	62	see <i>bisoprolol &</i>		57
ZEMAIRA.....	74	<i>hydrochlorothiazide tab</i>		ZOMIG
ZEMBRACE SYMTOUCH	43	5-6.25 mg	26	43
ZEMDRI	8	ZIAC TAB 10/6.25.....	27	<i>see zolmitriptan</i>
ZEMPLAR	59	ZIAC TAB 2.5/6.25.....	27	43
<i>see paricalcitol</i>	59	ZIAC TAB 5-6.25MG.....	27	ZOMIG ZMT
<i>zenatane</i>	75	ZIAGEN	10	43
ZENPEP CAP 10000UNT	62	.....	9	<i>see zolmitriptan</i>
ZENPEP CAP 15000UNT	62	ZIANA		43
ZENPEP CAP 20000UNT	62	<i>see clindamycin</i>		ZONEGRAN
ZENPEP CAP 25000	62	<i>phosphate-tretinoin gel</i>		<i>see zonisamide</i>
ZENPEP CAP 3000UNIT ..	62	1.2-0.025%.....	75	35
ZENPEP CAP 40000	62	ZIANA GEL	75	<i>zonisamide</i>
ZENPEP CAP 5000UNIT ..	62	<i>zidovudine</i>	10	65
<i>zenzedi</i>	42	ziprasidone <i>hcl</i>	40	ZORBTIVE
ZERBAXA INJ 1.5GM	12	ziprasidone <i>mesylate</i>	40	57
ZERIT		ZIRABEV	20	ZORTRESS
<i>see stavudine</i>	10	ZIRGAN	70	67
ZERVIATE	71	ZITHROMAX.....	13	<i>see everolimus</i>
ZESTORETIC		.....	12	<i>(immunosuppressant)</i> ...67
<i>see lisinopril &</i>		ZITHROMAX TRI-PAK.....	13	ZOSTAVAX
<i>hydrochlorothiazide tab</i>		ZITHROMAX Z-PAK.....	13	68
10-12.5 mg	21	ZOCOR.....	26	ZOSYN SOL 2-0.25GM ....14
see <i>lisinopril &</i>		.....	26	ZOSYN SOL 3-0.375G ....14
<i>hydrochlorothiazide tab</i>		ZOFTRAN	60	ZOSYN SOL 4-0.50GM ....14
20-12.5 mg	21	.....	60	<i>zovia 1/35e</i>
see <i>lisinopril &</i>		see <i>ondansetron hcl</i>	59	53
		ZOHYDRO ER	3	ZUPLENZ
		.....		60
		see <i>hydrocodone bitartrate</i>		ZYDELIG
				20
				ZYKADIA
				20
				ZYLET SUS 0.5-0.3%....70
				ZYLOPRIM
				1
				<i>see allopurinol</i>.....1
				ZYMAXID.....
				70

see <i>gatifloxacin (ophth)</i> .70	ZYPREXA RELPREVV	40	see <i>abiraterone acetate</i> 16	
ZYPITAMAG	ZYPREXA ZYDIS	40	ZYVOX	8
ZYPREXA	see <i>olanzapine</i>	40	see <i>linezolid</i>	7
see <i>olanzapine</i>	ZYTIGA.....	16		



P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 08/18/2020. For more recent information or other questions, please contact SilverScript Customer Care at 1-844-460-8767, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

08/18/2020