

# AvMed Medicare Choice

## 2015 Comprehensive Formulary

### (List of Covered Drugs)

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

**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.

This formulary was updated on 09/01/2015. For more recent information or other questions, please contact AvMed Medicare Choice Member Services, at 1-800-782-8633 October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., TTY users, 711 or 1-800-955-8771 or visit [www.avmed.org](http://www.avmed.org).

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2015. 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, premium and/or copayments/coinsurance may change on January 1, 2016.

This information is available for free in other languages. Please call our Member Service number listed above.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro Departamento de Servicios para Afiliados al número que aparece arriba.

HPMS Approved Formulary File Submission ID 00015195, Version 24

H1016\_PH194-092014 accepted

AvMed Medicare is an HMO plan with a Medicare contract.  
Enrollment in AvMed Medicare depends on contract renewal.

## **What is the AvMed Medicare Choice Comprehensive Formulary?**

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

## **Can the Formulary (drug list) change?**

Generally, if you are taking a drug on our 2015 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of September 1<sup>st</sup>, 2015. To get updated information about the drugs covered by AvMed Medicare Choice, please contact us. Our contact information appears on the front and back cover pages.

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

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

### **Medical Condition**

The formulary begins on page 2. 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, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins 2. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. 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.

AvMed Medicare is an HMO plan with a Medicare contract.  
Enrollment in AvMed Medicare depends on contract renewal.

## What are generic drugs?

AvMed Medicare Choice 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:** AvMed Medicare Choice requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare Choice before you fill your prescriptions. If you don't get approval, AvMed Medicare Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare Choice limits the amount of the drug that AvMed Medicare Choice will cover. For example, AvMed Medicare Choice provides 30 per prescription for Zetia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AvMed Medicare Choice requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AvMed Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare Choice will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask AvMed Medicare Choice 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 AvMed Medicare Choice formulary?" on page iv 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 Member Services and ask if your drug is covered.

If you learn that AvMed Medicare Choice does not cover your drug, you have two options:

You can ask Member Services for a list of similar drugs that are covered by AvMed Medicare Choice. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by AvMed Medicare Choice.

- You can ask AvMed Medicare Choice to make an exception and cover your drug. See below for information about how to request an exception.

AvMed Medicare is an HMO plan with a Medicare contract.  
Enrollment in AvMed Medicare depends on contract renewal.

## How do I request an exception to the AvMed Medicare Choice Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, AvMed Medicare Choice 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, AvMed Medicare Choice will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

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

drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

### **For more information**

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

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

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

### **AvMed Medicare Choice Formulary**

The comprehensive formulary below provides coverage information about the drugs covered by AvMed Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

### **List of Abbreviations**

**B/D PA:** This prescription 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.

**EX:** Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**GC:** Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**NM:** Not Mail-Order Drug. This prescription drug is NOT available through our mail-order service, but is available through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

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

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

# AvMed 2015 eff 09/01/2015

Drug Name	Drug Requirements/ Tier Limits	
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	4	B/D
amphotericin b for inj 50 mg	2	GC B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
clotrimazole troche 10 mg	2	GC
ERAXIS INJ 100MG	4	
fluconazole for susp 10 mg/ml	2	GC
fluconazole for susp 40 mg/ml	2	GC
fluconazole in dextrose inj 400 mg/200ml	2	GC
fluconazole tab 50 mg	2	GC
fluconazole tab 100 mg	2	GC
fluconazole tab 150 mg QL (30 tabs / 30 days)	2	GC QL
fluconazole tab 200 mg	2	GC
flucytosine cap 250 mg	5	
flucytosine cap 500 mg	5	
griseofulvin microsize susp 125 mg/5ml	2	GC
griseofulvin microsize tab 500 mg	2	GC
griseofulvin ultramicrosize tab 125 mg	2	GC
griseofulvin ultramicrosize tab 250 mg	2	GC
itraconazole cap 100 mg QL (120 caps / 30 days)	2	GC QL PA
ketoconazole tab 200 mg	2	GC
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
nystatin susp 100000 unit/ml	2	GC
nystatin tab 500000 unit	2	GC
terbinafine hcl tab 250 mg QL (30 tabs / 30 days)	2	GC QL
voriconazole for inj 200 mg	2	GC
voriconazole for susp 40 mg/ml QL (4 bottles / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Tier Limits	
voriconazole tab 50 mg QL (120 tabs / 30 days)	2	GC QL
voriconazole tab 200 mg QL (60 tabs / 30 days)	2	GC QL
<b>ANTIVIRALS</b>		
abacavir sulfate tab 300 mg (base equiv) QL (60 tabs / 30 days)	2	GC QL
abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg QL (60 tabs / 30 days)	5	QL
acyclovir cap 200 mg	2	GC
acyclovir sodium iv soln 50 mg/ml	2	GC B/D
acyclovir susp 200 mg/5ml	2	GC
acyclovir tab 400 mg	2	GC
acyclovir tab 800 mg	2	GC
adefovir dipivoxil tab 10 mg QL (30 tabs / 30 days)	5	QL
amantadine hcl cap 100 mg	2	GC
amantadine hcl syrup 50 mg/5ml	2	GC
amantadine hcl tab 100 mg	2	GC
APTIVUS CAP 250MG QL (120 caps / 30 days)	5	QL
APTIVUS SOL QL (300ml / 30 days)	5	QL
ATRIPLA TAB QL (30 tabs / 30 days)	5	QL
BARACLUDGE SOL .05MG/ML QL (600ml /30 days)	3	QL
BARACLUDGE TAB 0.5MG QL (30 tabs / 30 days)	5	QL
BARACLUDGE TAB 1MG QL (30 tabs / 30 days)	5	QL
cidofovir iv inj 75 mg/ml	5	
COMPLERA TAB QL (30 tabs / 30 days)	5	QL
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
didanosine delayed release capsule 125 mg QL (30 caps / 30 days)	2	GC QL
didanosine delayed release capsule 200 mg QL (30 caps / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>didanosine delayed release capsule 250 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>didanosine delayed release capsule 400 mg</i> QL (30 caps / 30 days)	2	GC QL
EDURANT TAB 25MG QL (30 tabs / 30 days)	5	QL
EMTRIVA CAP 200MG QL (30 caps / 30 days)	4	QL
EMTRIVA SOL 10MG/ML QL (850ml / 30 days)	4	QL
<i>entecavir tab 0.5 mg</i> QL (30 tabs / 30 days)	5	QL
<i>entecavir tab 1 mg</i> QL (30 tabs / 30 days)	5	QL
EPIVIR HBV SOL 5MG/ML	3	
EPIVIR SOL 10MG/ML QL (960ml / 30 days)	3	QL
EPZICOM TAB 600-300 QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150 QL (30 tabs / 30 days)	5	QL
<i>famciclovir tab 125 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>famciclovir tab 250 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>famciclovir tab 500 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>foscarnet sodium inj 24 mg/ml</i>	2	GC B/D
FUZEON INJ 90MG QL (60 vials / 30 days)	5	QL
<i>ganciclovir sodium for inj 500 mg</i>	2	GC
HARVONI TAB 90-400MG QL (28 tabs / 28 days)	5	QL PA
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG QL (120 tabs / 30 days)	5	QL
INTELENCE TAB 200MG QL (60 tabs / 30 days)	5	QL
INVIRASE CAP 200MG QL (300 caps / 30 days)	4	QL
INVIRASE TAB 500MG QL (120 tabs / 30 days)	5	QL
ISENTRESS CHW 25MG QL (180 tabs / 30 days)	3	QL
ISENTRESS CHW 100MG QL (180 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/	
	Tier	Limits
ISENTRESS POW 100MG QL (3 boxes / 30 days)	3	QL
ISENTRESS TAB 400MG QL (60 tabs / 30 days)	5	QL
KALETRA SOL QL (480ml / 30 days)	5	QL
KALETRA TAB 100-25MG QL (300 tabs / 30 days)	4	QL
KALETRA TAB 200-50MG QL (120 tabs / 30 days)	5	QL
<i>lamivudine tab 100 mg (hbv)</i>	2	GC
<i>lamivudine tab 150 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>lamivudine tab 300 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>lamivudine-zidovudine tab 150-300 mg</i> QL (60 tabs / 30 days)	2	GC QL
LEXIVA SUS 50MG/ML QL (1800ml / 30 days)	4	QL
LEXIVA TAB 700MG QL (120 tabs / 30 days)	5	QL
<i>nevirapine susp 50 mg/5ml</i> QL (1200ml / 30 days)	2	GC QL
<i>nevirapine tab 200 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nevirapine tab sr 24hr 400 mg</i> QL (30 tabs / 30 days)	2	GC QL
NORVIR CAP 100MG QL (360 caps / 30 days)	4	QL
NORVIR SOL 80MG/ML QL (480ml / 30 days)	4	QL
NORVIR TAB 100MG QL (360 tabs / 30 days)	4	QL
OLYSIO CAP 150MG QL (28 caps / 28 days)	5	QL PA
PREZCOBIX TAB 800-150 QL (30 tabs / 30 days)	5	QL
PREZISTA SUS 100MG/ML	5	
PREZISTA TAB 75MG QL (300 tabs / 30 days)	4	QL
PREZISTA TAB 150MG QL (180 tabs / 30 days)	4	QL
PREZISTA TAB 600MG QL (60 tabs / 30 days)	5	QL
PREZISTA TAB 800MG QL (30 tabs / 30 days)	5	QL
REBETOL SOL 40MG/ML	3	PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
RELENZA MIS DISKHALE QL (3 boxes / 180 days)	4	QL
RESCRIPTOR TAB 100 MG QL (360 tabs / 30 days)	4	QL
RESCRIPTOR TAB 200MG QL (180 tabs / 30 days)	4	QL
RETROVIR INJ 10MG/ML	4	
REYATAZ CAP 150MG QL (60 caps / 30 days)	5	QL
REYATAZ CAP 200MG QL (60 caps / 30 days)	5	QL
REYATAZ CAP 300MG QL (30 caps / 30 days)	5	QL
REYATAZ POW 50MG QL (150 packets / 30 days)	5	QL
<i>ribasphere cap 200mg</i>	2	GC PA
<i>ribasphere tab 200mg</i>	2	GC PA
<i>ribavirin cap 200 mg</i>	2	GC PA
<i>ribavirin tab 200 mg</i>	2	GC PA
<i>rimantadine hydrochloride tab 100 mg</i>	2	GC
SELZENTRY TAB 150MG QL (60 tabs / 30 days)	5	QL
SELZENTRY TAB 300MG QL (120 tabs / 30 days)	5	QL
SOVALDI TAB 400MG QL (28 tabs / 28 days)	5	QL PA
<i>stavudine cap 15 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 20 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine for oral soln 1 mg/ml</i> QL (2400ml / 30 days)	2	GC QL
STRIBILD TAB	5	
SUSTIVA CAP 50MG QL (210 caps / 30 days)	3	QL
SUSTIVA CAP 200MG QL (120 caps / 30 days)	3	QL
SUSTIVA TAB 600MG QL (30 tabs / 30 days)	3	QL
SYNAGIS INJ 50MG	5	

Drug Name	Drug Requirements/	
	Tier	Limits
TAMIFLU CAP 30MG QL (84 caps / 180 days)	3	QL
TAMIFLU CAP 45MG QL (42 caps / 180 days)	3	QL
TAMIFLU CAP 75MG QL (42 caps / 180 days)	3	QL
TAMIFLU SUS 6MG/ML QL (600ml / 180 days)	3	QL
TIVICAY TAB 50MG	5	
TRIUMEQ TAB QL (30 tabs / 30 days)	5	QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	QL
TYBOST TAB 150MG QL (30 tabs / 30 days)	4	QL
TYZEKA TAB 600MG QL (30 tabs / 30 days)	5	QL
<i>valacyclovir hcl tab 1 gm</i> QL (60 tabs / 30 days)	2	GC QL
<i>valacyclovir hcl tab 500 mg</i> QL (60 tabs / 30 days)	2	GC QL
VALCYTE SOL 50MG/ML	5	
VALCYTE TAB 450MG	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> QL (60 tabs / 30 days)	5	QL
VIDEX SOL 2GM QL (1200ml / 30 days)	4	QL
VIRACEPT TAB 250MG QL (300 tabs / 30 days)	5	QL
VIRACEPT TAB 625MG QL (120 tabs / 30 days)	5	QL
VIRAMUNE XR TAB 100MG QL (120 tabs / 30 days)	4	QL
VIRAZOLE INH 6GM	5	
VIREAD POW 40MG/GM QL (4 bottles / 30 days)	5	QL
VIREAD TAB 150MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 200MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 250MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 300MG QL (30 tabs / 30 days)	5	QL
VISTIDE INJ 75MG/ML	4	
VITEKTA TAB 85MG QL (30 tabs / 30 days)	5	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
VITEKTA TAB 150MG QL (30 tabs / 30 days)	5	QL
ZERIT SOL 1MG/ML QL (2400ml / 30 days)	4	QL
ZIAGEN SOL 20MG/ML QL (960ml / 30 days)	3	QL
zidovudine cap 100 mg QL (180 caps / 30 days)	2	GC QL
zidovudine syrup 10 mg/ml QL (1840ml /30 days)	2	GC QL
zidovudine tab 300 mg QL (60 tabs / 30 days)	2	GC QL
<b>CEPHALOSPORINS</b>		
CEDAX CAP 400MG	4	
cefaclor cap 250 mg	2	GC
cefaclor cap 500 mg	2	GC
CEFACLOR ER TAB 500MG	2	GC
cefadroxil cap 500 mg	2	GC
cefadroxil for susp 250 mg/5ml	2	GC
cefadroxil for susp 500 mg/5ml	2	GC
cefadroxil tab 1 gm	2	GC
CEFAZOLIN INJ 1GM/50ML	2	GC
cefazolin sodium for inj 1 gm	2	GC
cefazolin sodium for inj 10 gm	2	GC
cefazolin sodium for inj 500 mg	2	GC
cefdinir cap 300 mg	2	GC
cefdinir for susp 125 mg/5ml	2	GC
cefdinir for susp 250 mg/5ml	2	GC
cefditoren pivoxil tab 200 mg (base equivalent)	2	GC
cefepime hcl for inj 1 gm	2	GC
cefepime hcl for inj 2 gm	2	GC
cefixime for susp 100 mg/5ml	2	GC
cefixime for susp 200 mg/5ml	2	GC
cefotaxime sodium for inj 1 gm	2	GC
cefotaxime sodium for inj 2 gm	2	GC
cefotaxime sodium for inj 500 mg	2	GC
CEFOTETAN INJ 1GM/10ML	2	GC
CEFOTETAN INJ 2GM/20ML	2	GC
CEFOTETAN INJ 10G	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
CEFOXITIN INJ 1GM	2	GC
CEFOXITIN INJ 2GM	2	GC
cefoxitin sodium for inj 10 gm	2	GC
cefoxitin sodium for iv soln 1 gm	2	GC
cefoxitin sodium for iv soln 2 gm	2	GC
cefpodoxime proxetil for susp 50 mg/5ml	2	GC
cefpodoxime proxetil for susp 100 mg/5ml	2	GC
cefpodoxime proxetil tab 100 mg	2	GC
cefpodoxime proxetil tab 200 mg	2	GC
cefprozil for susp 125 mg/5ml	2	GC
cefprozil for susp 250 mg/5ml	2	GC
cefprozil tab 250 mg	2	GC
cefprozil tab 500 mg	2	GC
ceftazidime for inj 1 gm	2	GC
ceftazidime for inj 2 gm	2	GC
ceftazidime for inj 6 gm	2	GC
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
CEFTIN SUS 125/5ML	4	
CEFTIN SUS 250/5ML	4	
ceftriaxone sodium for inj 250 mg	2	GC
ceftriaxone sodium for inj 500 mg	2	GC
ceftriaxone sodium for iv soln 1 gm	2	GC
ceftriaxone sodium for iv soln 2 gm	2	GC
cefuroxime axetil tab 250 mg	2	GC
cefuroxime axetil tab 500 mg	2	GC
cefuroxime sodium for inj 1.5 gm	2	GC
cefuroxime sodium for inj 7.5 gm	2	GC
cefuroxime sodium for inj 750 mg	2	GC
cephalexin cap 250 mg	2	GC
cephalexin cap 500 mg	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>cephalexin for susp 125 mg/5ml</i>	2	GC
<i>cephalexin for susp 250 mg/5ml</i>	2	GC
<i>cephalexin tab 250 mg</i>	2	GC
<i>cephalexin tab 500 mg</i>	2	GC
FORTAZ INJ 1GM	4	
FORTAZ INJ 2GM	4	
FORTAZ INJ 6GM	4	
SUPRAX CAP 400MG	4	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
SUPRAX SUS 100/5ML	4	
SUPRAX SUS 200/5ML	4	
SUPRAX SUS 500/5ML	4	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
ZERBAXA INJ 1-0.5 GM	4	
<b>ERYTHROMYCINS / OTHER</b>		
<b>MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	2	GC
<i>azithromycin for susp 200 mg/5ml</i>	2	GC
<i>azithromycin iv for soln 500 mg</i>	2	GC
<i>azithromycin powd pack for susp 1 gm</i>	2	GC
<i>azithromycin tab 250 mg</i> QL (12 tabs / 30 days)	2	GC QL
<i>azithromycin tab 500 mg</i> QL (12 tabs / 30 days)	2	GC QL
<i>azithromycin tab 600 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>clarithromycin for susp 125 mg/5ml</i>	2	GC
<i>clarithromycin for susp 250 mg/5ml</i>	2	GC
<i>clarithromycin tab 250 mg</i>	2	GC
<i>clarithromycin tab 500 mg</i>	2	GC
<i>clarithromycin tab sr 24hr 500 mg</i>	2	GC
DIFICID TAB 200MG QL (20 tabs / 30 days)	4	QL PA
e.e.s. 400 tab 400mg	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
ERY-TAB TAB 250MG EC	2	GC
ERY-TAB TAB 333MG EC	2	GC
ERY-TAB TAB 500MG EC	3	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	2	GC
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	GC
<i>erythromycin tab 250 mg</i>	2	GC
<i>erythromycin tab 500 mg</i>	2	GC
ZMAX SUS 2GM	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
ALBENZA TAB 200MG	4	
ALINIA SUS 100/5ML QL (60ml / 7 days)	4	QL
ALINIA TAB 500MG QL (60 tabs / 30 days)	4	QL
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	GC
<i>atovaquone susp 750 mg/5ml</i>	2	GC
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	GC
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	GC
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	2	GC
<i>baciim inj 50000unt</i>	2	GC
BACITRACIN INJ 50000UNT	2	GC
BILTRICIDE TAB 600MG	4	
CAPASTAT SUL INJ 1GM	4	
CAYSTON INH 75MG QL (1 vial / 28 days)	5	QL LA
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	2	GC
<i>chloroquine phosphate tab 250 mg</i>	2	GC
<i>chloroquine phosphate tab 500 mg</i>	2	GC
CLEOCIN/D5W INJ 900MG	4	
<i>clindamycin hcl cap 75 mg</i>	2	GC
<i>clindamycin hcl cap 150 mg</i>	2	GC
<i>clindamycin hcl cap 300 mg</i>	2	GC
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	GC
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	GC
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	2	GC
COARTEM TAB 20-120MG QL (24 tabs / 30 days)	3	QL
<i>colistimethate sodium for inj 150 mg</i>	2	GC
CUBICIN SOL 500MG	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
DARAPRIM TAB 25MG	3	
<i>ethambutol hcl tab 100 mg</i>	2	GC
<i>ethambutol hcl tab 400 mg</i>	2	GC
GENTAM/NAACL INJ 0.9MG/ML	2	GC
GENTAM/NAACL INJ 1.4MG/ML	2	GC
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	GC
<i>gentamicin sulfate inj 40 mg/ml</i>	2	GC
<i>gentamicin sulfate iv soln 10 mg/ml</i>	2	GC
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	GC
INVANZ INJ 1GM	4	
<i>isoniazid inj 100 mg/ml</i>	2	GC
<i>isoniazid syrup 50 mg/5ml</i>	2	GC
<i>isoniazid tab 100 mg</i>	2	GC
<i>isoniazid tab 300 mg</i>	2	GC
<i>ivermectin tab 3 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
KETEK TAB 300MG QL (20 tabs / 30 days)	4	QL
KETEK TAB 400MG QL (20 tabs / 30 days)	4	QL
LINCOCIN INJ 300MG/ML	4	
<i>linezolid tab 600 mg</i> QL (56 tabs / 28 days)	3	QL
<i>mefloquine hcl tab 250 mg</i>	2	GC
<i>meropenem iv for soln 500 mg</i>	2	GC
<i>metronidazole cap 375 mg</i>	2	GC
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	GC
<i>metronidazole tab 250 mg</i>	2	GC
<i>metronidazole tab 500 mg</i>	2	GC
MYCOBUTIN CAP 150MG	3	
NEBUPENT INH 300MG	4	B/D
<i>neomycin sulfate tab 500 mg</i>	2	GC
<i>paromomycin sulfate cap 250 mg</i>	2	GC
PASER GRA 4GM	3	
PENTAM 300 INJ 300MG	4	B/D
<i>polymyxin b sulfate for inj 500000 unit</i>	2	GC
PRIMAQUINE TAB 26.3MG	3	
<i>pyrazinamide tab 500 mg</i>	2	GC
<i>quinine sulfate cap 324 mg</i>	2	GC PA
<i>rifabutin cap 150 mg</i>	2	GC
<i>rifampin cap 150 mg</i>	2	GC
<i>rifampin cap 300 mg</i>	2	GC
<i>rifampin for inj 600 mg</i>	2	GC
RIFATER TAB	3	
SIRTURO TAB 100MG	5	LA PA
SIVEXTRO TAB 200MG QL (6 tabs / 6 days)	3	QL
<i>streptomycin sulfate for inj 1 gm</i>	4	
STROMEKTOL TAB 3MG	3	
SYNERCID INJ 500MG	5	
<i>tinidazole tab 250 mg</i>	2	GC
<i>tinidazole tab 500 mg</i>	2	GC
TOBI PODHALR CAP 28MG QL (224 caps / 28 days)	5	QL
TOBRA/NAACL INJ 80/0.9	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>tobramycin nebu soln 300 mg/5ml</i> QL (56 ampules / 28 days)	5	B/D QL
<i>tobramycin sulfate inj 10 mg/ml</i>	2	GC
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	2	GC
TRECTOR TAB 250MG	3	
TYGACIL INJ 50MG	4	
XIFAXAN TAB 200MG QL (9 tabs / 30 days)	4	QL PA
XIFAXAN TAB 550MG QL (60 tabs / 30 days)	5	QL PA
ZYVOX SOL 2MG/ML	3	
ZYVOX SUS 100MG/5M QL (1800ml / 28 days)	3	QL
ZYVOX TAB 600MG QL (56 tabs / 28 days)	3	QL
<b>PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	GC
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	GC
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	GC
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	GC
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	GC
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	GC
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	GC
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	GC
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	GC
<i>amoxicillin &amp; k clavulanate tab sr 12hr 1000-62.5 mg</i>	2	GC
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	GC
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	GC
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	GC
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	GC
<i>ampicillin &amp; sulbactam sodium for inj 2-1 gm</i>	2	GC
<i>ampicillin &amp; sulbactam sodium for iv soln 1-0.5 gm</i>	2	GC
<i>ampicillin &amp; sulbactam sodium for iv soln 10-5 gm</i>	2	GC
<i>ampicillin cap 250 mg</i>	2	GC
<i>ampicillin cap 500 mg</i>	2	GC
<i>ampicillin for susp 125 mg/5ml</i>	2	GC
<i>ampicillin for susp 250 mg/5ml</i>	2	GC
<i>ampicillin sodium for inj 1 gm</i>	2	GC
<i>ampicillin sodium for inj 125 mg</i>	2	GC
<i>ampicillin sodium for iv soln 10 gm</i>	2	GC
BACTOCILL INJ DEX 1GM	2	GC
BACTOCILL INJ DEX 2GM	2	GC
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	GC
<i>dicloxacillin sodium cap 500 mg</i>	2	GC
<i>naftillin sodium for inj 1 gm</i>	2	GC
<i>naftillin sodium for inj 10 gm</i>	2	GC
<i>oxacillin sodium for inj 2 gm</i>	2	GC
<i>oxacillin sodium for inj 10 gm</i>	2	GC
PEN G PROC INJ 600000	2	GC
PENICILL GK/ INJ DEX 2MU	2	GC
PENICILL GK/ INJ DEX 3MU	2	GC
<i>penicillin g potassium for inj 5000000 unit</i>	2	GC
<i>penicillin g sodium for inj 5000000 unit</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	GC
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	GC
<i>penicillin v potassium tab 250 mg</i>	2	GC
<i>penicillin v potassium tab 500 mg</i>	2	GC
<i>pfizerpen-g inj 5mu</i>	2	GC
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	2	GC
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	2	GC
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
<b>QUINOLONES</b>		
AVELOX ABC TAB 400MG	4	
AVELOX INJ	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	GC
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	GC
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	GC
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	GC
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	GC
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	2	GC
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	2	GC
FACTIVE TAB 320MG	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	GC
<i>levofloxacin iv soln 25 mg/ml</i>	2	GC
<i>levofloxacin oral soln 25 mg/ml</i>	2	GC
<i>levofloxacin tab 250 mg</i>	2	GC
<i>levofloxacin tab 500 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>levofloxacin tab 750 mg</i>	2	GC
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	GC
<i>ofloxacin tab 300 mg</i>	2	GC
<i>ofloxacin tab 400 mg</i>	2	GC
<b>SULFA'S / RELATED AGENTS</b>		
SULFADIAZINE TAB 500MG	2	GC
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	GC
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	2	GC
<i>demeclocycline hcl tab 300 mg</i>	2	GC
<i>doxy 100 inj 100mg</i>	2	GC
<i>doxycycline hyclate cap 50 mg</i>	2	GC
<i>doxycycline hyclate cap 100 mg</i>	2	GC
<i>doxycycline hyclate for inj 100 mg</i>	2	GC
<i>doxycycline hyclate tab 20 mg</i>	2	GC
<i>doxycycline hyclate tab 100 mg</i>	2	GC
<i>doxycycline hyclate tab delayed release 75 mg</i>	2	GC
<i>doxycycline hyclate tab delayed release 100 mg</i>	2	GC
<i>doxycycline hyclate tab delayed release 150 mg</i>	2	GC
<i>doxycycline monohydrate cap 75 mg</i>	2	GC
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	GC
<i>doxycycline monohydrate tab 50 mg</i>	2	GC
<i>doxycycline monohydrate tab 75 mg</i>	2	GC
<i>doxycycline monohydrate tab 150 mg</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>minocycline hcl cap 50 mg</i>	2	GC
<i>minocycline hcl cap 75 mg</i>	2	GC
<i>minocycline hcl cap 100 mg</i>	2	GC
<i>minocycline hcl tab 50 mg</i>	2	GC
<i>minocycline hcl tab 75 mg</i>	2	GC
<i>minocycline hcl tab 100 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 45 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 90 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 135 mg</i>	2	GC
<b>URINARY TRACT AGENTS</b>		
MACRODANTIN CAP 25MG	4	
<i>methenamine hippurate tab 1 gm</i>	2	GC
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	2	GC
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	GC
<i>nitrofurantoin susp 25 mg/5ml</i>	2	GC
PRIMSOL SOL 50MG/5ML	3	
<i>trimethoprim tab 100 mg</i>	2	GC
<b>VANCOMYCIN</b>		
<i>vancomycin hcl cap 125 mg</i>	2	GC
<i>vancomycin hcl cap 250 mg</i>	2	GC
<i>vancomycin hcl for inj 10 gm</i>	2	GC
<i>vancomycin hcl for inj 500 mg</i>	2	GC
<i>vancomycin hcl for inj 1000 mg</i>	2	GC
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVE AGENTS</b>		
CRESEMBA CAP 186 MG	5	PA
CRESEMBA INJ 372MG	5	PA
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>amifostine crystalline for inj 500 mg</i>	5	
<i>dexrazoxane for inj 250 mg</i>	5	
ELITEK INJ 1.5MG	5	
KEPIVANCE INJ 6.25MG	5	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>leucovorin calcium for inj 100 mg</i>	2	GC
<i>leucovorin calcium for inj 350 mg</i>	2	GC
<i>leucovorin calcium tab 5 mg</i>	2	GC
<i>leucovorin calcium tab 10 mg</i>	2	GC
<i>leucovorin calcium tab 15 mg</i>	2	GC
<i>leucovorin calcium tab 25 mg</i>	2	GC
<i>mesna inj 100 mg/ml</i>	2	GC
MESNEX TAB 400MG	5	
XGEVA INJ QL (4 vials / 28 days)	5	QL
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
ABRAXANE INJ 100MG	5	
AFINITOR DIS TAB 2MG QL (120 tabs / 30 days)	5	QL PA
AFINITOR DIS TAB 3MG QL (120 tabs / 30 days)	5	QL PA
AFINITOR DIS TAB 5MG QL (120 tabs / 30 days)	5	QL PA
AFINITOR TAB 2.5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 7.5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 10MG QL (30 tabs / 30 days)	5	QL PA
ALIMTA INJ 500MG	5	
<i>anastrozole tab 1 mg</i>	2	GC
ARRANON INJ 5MG/ML	5	
ARZERRA CON 100/5ML	5	
ASTAGRAF XL CAP 0.5MG	4	B/D
ASTAGRAF XL CAP 1MG	4	B/D
ASTAGRAF XL CAP 5MG	4	B/D
AVASTIN INJ	3	
<i>azacitidine for inj 100 mg</i>	5	
<i>azathioprine tab 50 mg</i>	2	GC B/D
BELEODAQ INJ 500MG	5	PA
<i>bicalutamide tab 50 mg</i>	2	GC
BICNU INJ 100MG	4	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	GC B/D

PA - Prior Authorization      QL - Quantity Limits      ST - Step Therapy      B/D - 10  
Prior Authorization, Part D vs. Part B only      LA - Limited Availability      ED -  
Enhancement Drug      GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
BOSULIF TAB 100MG QL (120 tabs / 30 days)	5	QL PA
BOSULIF TAB 500MG QL (30 tabs / 30 days)	5	QL PA
BUSULFEX INJ 6MG/ML	5	
CAPRELSA TAB 100MG QL (60 tabs / 30 days)	5	QL LA PA
CAPRELSA TAB 300MG QL (30 tabs / 30 days)	5	QL LA PA
<i>carboplatin iv soln 150 mg/15ml</i>	2	GC
CELLCEPT IV INJ 500MG	3	B/D
CELLCEPT SUS 200MG/ML	5	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	GC
<i>cladribine inj 1 mg/ml</i>	5	B/D
CLOLAR INJ 1MG/ML	5	B/D
COMETRIQ KIT 60MG	5	PA
COMETRIQ KIT 100MG	5	PA
COMETRIQ KIT 140MG	5	PA
<i>cyclosporine cap 25 mg</i>	2	GC B/D
<i>cyclosporine cap 100 mg</i>	2	GC B/D
<i>cyclosporine iv soln 50 mg/ml</i>	2	GC B/D
<i>cyclosporine modified cap 25 mg</i>	2	GC B/D
<i>cyclosporine modified cap 50 mg</i>	2	GC B/D
<i>cyclosporine modified cap 100 mg</i>	2	GC B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	GC B/D
<i>cytarabine inj pf 100 mg/ml</i>	2	GC B/D
<i>dacarbazine for inj 200 mg</i>	2	GC
DACOGEN INJ 50MG	5	
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	2	GC B/D
<i>decitabine for inj 50 mg</i>	5	
DOCEFREZ INJ 20MG	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
DOCETAXEL INJ 80MG/8ML	5	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	GC B/D
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
ELIGARD INJ 7.5MG	4	
ELIGARD INJ 22.5MG	4	
ELIGARD INJ 30MG	4	
ELIGARD INJ 45MG	5	
EMCYT CAP 140MG	4	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	GC
ERBITUX INJ 100MG	5	
ERIVEDGE CAP 150MG QL (30 caps / 30 days)	5	QL PA
ERWINAZE INJ 10000UNT	5	
ETOPOPHOS INJ 100MG	3	
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	2	GC
<i>exemestane tab 25 mg</i>	2	GC
FARESTON TAB 60MG	4	
FARYDAK CAP 10MG QL (12 caps / 28 days)	5	QL PA
FARYDAK CAP 15MG QL (12 caps / 28 days)	5	QL PA
FARYDAK CAP 20MG QL (12 caps / 28 days)	5	QL PA
FASLODEX INJ 250MG	5	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG	5	
<i>fludarabine phosphate for inj 50 mg</i>	2	GC
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	2	GC B/D
<i>flutamide cap 125 mg</i>	2	GC
FOLOTYN INJ 40MG/2ML	5	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gengraf cap 25mg</i>	2	GC B/D
<i>gengraf cap 100mg</i>	2	GC B/D
<i>gengraf sol 100mg/ml</i>	2	GC B/D
GILOTRIF TAB 20MG QL (60 tabs / 30 days)	5	QL PA
GILOTRIF TAB 30MG QL (40 tabs / 30 days)	5	QL PA
GILOTRIF TAB 40MG QL (30 tabs / 30 days)	5	QL PA
GLEEVEC TAB 100MG	5	PA
GLEEVEC TAB 400MG QL (60 tabs / 30 days)	5	QL PA
HALAVEN INJ 1MG/2ML	5	

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
HERCEPTIN INJ 440MG	5	
HEXALEN CAP 50MG	5	
hydroxyurea cap 500 mg	2	GC
IBRANCE CAP 75MG QL (21 caps / 28 days)	5	QL PA
IBRANCE CAP 100MG QL (21 caps / 28 days)	5	QL PA
IBRANCE CAP 125MG QL (21 caps / 28 days)	5	QL PA
ICLUSIG TAB 15MG QL (90 tabs / 30 days)	5	QL PA
ICLUSIG TAB 45MG QL (30 tabs / 30 days)	5	QL PA
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	2	GC B/D
ifosfamide for inj 1 gm	2	GC
IMBRUVICA CAP 140MG	5	PA
INLYTA TAB 1MG	5	PA
INLYTA TAB 5MG QL (120 tabs / 30 days)	5	QL PA
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	5	
ISTODAX INJ 10MG	5	
IXEMPRA KIT INJ 45MG	5	
JAKAFI TAB 5MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 10MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 15MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 20MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 25MG QL (60 tabs / 30 days)	5	QL PA
JEVTANA INJ 60/1.5ML	5	PA
KADCYLA INJ 100MG	5	PA
KEYTRUDA SOL 50MG	5	PA
LENVIMA CAP 10MG QL (60 Caps / 30 days)	5	QL PA
LENVIMA CAP 14MG QL (90 Caps / 30 days)	5	QL PA
LENVIMA CAP 20MG QL (30 Caps / 30 days)	5	QL PA
LENVIMA CAP 24MG QL (90 Caps / 30 days)	5	QL PA
letrozole tab 2.5 mg	2	GC
LEUKERAN TAB 2MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
leuprolide acetate inj kit 5 mg/ml	2	GC
lomustine cap 10 mg	4	
lomustine cap 40 mg	4	
lomustine cap 100 mg	4	
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 3.75MG	5	PA
LUPRON DEPOT INJ 7.5MG	5	PA
LUPRON DEPOT INJ 11.25MG	5	PA
LUPRON DEPOT INJ 22.5MG	5	PA
LUPRON DEPOT INJ 30MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
LYNPARZA CAP 50MG QL (480 caps / 30 days)	5	QL PA
LYSODREN TAB 500MG	3	
MATULANE CAP 50MG	5	
MEGACE ES SUS 625/5ML	3	PA
megestrol acetate susp 40 mg/ml	2	GC PA
megestrol acetate tab 20 mg	2	GC PA
megestrol acetate tab 40 mg	2	GC PA
MEKINIST TAB 0.5MG QL (120 tabs / 30 days)	5	QL LA PA
MEKINIST TAB 2MG QL (30 tabs / 30 days)	5	QL LA PA
melphalan hcl for inj 50 mg (base equiv)	5	
mercaptopurine tab 50 mg	2	GC
methotrexate sodium for inj 1 gm	2	GC
methotrexate sodium inj pf 25 mg/ml	2	GC
methotrexate sodium tab 2.5 mg (base equiv)	2	GC B/D
mitomycin for iv soln 20 mg	2	GC
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	2	GC
MUSTARGEN INJ 10MG	3	
mycophenolate mofetil cap 250 mg	2	GC B/D
mycophenolate mofetil for oral susp 200 mg/ml	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>mycophenolate mofetil tab 500 mg</i>	2	GC B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	GC B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	GC B/D
NEORAL CAP 25MG	4	B/D
NEORAL CAP 100MG	4	B/D
NEORAL SOL 100MG/ML	4	B/D
NEXAVAR TAB 200MG QL (120 tabs / 30 days)	5	QL LA PA
NILANDRON TAB 150MG QL (40 tabs / 30 days)	3	QL
NULOJIX INJ 250MG	5	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	GC
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	GC
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	GC
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	
ONCASPASPAR INJ 750/ML	5	
OPDIVO INJ 40MG/4ML	5	PA
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	GC
PERJETA INJ 420/14ML	5	PA
POMALYST CAP 1MG	5	LA PA
POMALYST CAP 2MG	5	LA PA
POMALYST CAP 3MG	5	LA PA
POMALYST CAP 4MG	5	LA PA
PROGRAF INJ 5MG/ML	3	B/D
PURIXAN SUS 20MG/ML	5	
RAPAMUNE SOL 1MG/ML	3	B/D
RAPAMUNE TAB 1MG	3	B/D
RAPAMUNE TAB 2MG	5	B/D
REVLIMID CAP 2.5MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 5MG QL (28 caps / 28 days)	5	QL LA PA

Drug Name	Drug Requirements/	
	Tier	Limits
REVLIMID CAP 10MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 15MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 20MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 25MG QL (28 caps / 28 days)	5	QL LA PA
RITUXAN INJ 500MG	5	LA PA
SANDIMMUNE CAP 25MG	4	B/D
SANDIMMUNE CAP 100MG	4	B/D
SANDIMMUNE INJ 50MG/ML	4	B/D
SANDIMMUNE SOL 100MG/ML	4	B/D
SIGNIFOR INJ 0.3MG/ML	5	PA
SIGNIFOR INJ 0.6MG/ML	5	PA
SIGNIFOR INJ 0.9MG/ML	5	PA
SIMULECT INJ 20MG	5	B/D
<i>sirolimus tab 0.5 mg</i>	2	GC B/D
<i>sirolimus tab 1 mg</i>	2	GC B/D
<i>sirolimus tab 2 mg</i>	2	GC B/D
SOLTAMOX SOL 10MG/5ML	4	
SOMATULINE INJ 60/0.2ML	5	
SOMATULINE INJ 90/0.3ML	5	
SOMATULINE INJ 120/.5ML	5	
SPRYCEL TAB 20MG QL (60 tabs / 30 days)	5	QL PA
SPRYCEL TAB 50MG QL (120 tabs / 30 days)	5	QL PA
SPRYCEL TAB 70MG QL (60 tabs / 30 days)	5	QL PA
SPRYCEL TAB 80MG QL (30 tabs / 30 days)	5	QL PA
SPRYCEL TAB 100MG QL (30 tabs / 30 days)	5	QL PA
SPRYCEL TAB 140MG QL (30 tabs / 30 days)	5	QL PA
STIVARGA TAB 40MG QL (84 tabs / 28 days)	5	QL PA
SUTENT CAP 12.5MG QL (90 caps / 30 days)	5	QL PA
SUTENT CAP 25MG QL (60 caps / 30 days)	5	QL PA
SUTENT CAP 37.5MG QL (60 caps / 30 days)	5	QL PA
SUTENT CAP 50MG QL (30 caps / 30 days)	5	QL PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
SYLVANT SOL 100MG	5	PA
SYNRIBO INJ 3.5MG	5	PA
TABLOID TAB 40MG	4	
<i>tacrolimus cap 0.5 mg</i>	2	GC B/D
<i>tacrolimus cap 1 mg</i>	2	GC B/D
<i>tacrolimus cap 5 mg</i>	5	B/D
TAFINLAR CAP 50MG QL (180 caps / 30 days)	5	QL LA PA
TAFINLAR CAP 75MG QL (120 caps / 30 days)	5	QL LA PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	GC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	GC
TARCEVA TAB 25MG QL (60 tabs / 30 days)	5	QL PA
TARCEVA TAB 100MG QL (30 tabs / 30 days)	5	QL PA
TARCEVA TAB 150MG QL (30 tabs / 30 days)	5	QL PA
TARGRETIN CAP 75MG	5	PA
TASIGNA CAP 150MG QL (112 caps / 28 days)	5	QL PA
TASIGNA CAP 200MG QL (112 caps / 28 days)	5	QL PA
THALOMID CAP 50MG	5	PA
THALOMID CAP 100MG	5	PA
THALOMID CAP 150MG	5	PA
THALOMID CAP 200MG	5	PA
<i>topotecan hcl for inj 4 mg</i>	5	
TORISEL SOL 25MG/ML	5	PA
TREANDA INJ 45/0.5ML	5	
TREANDA INJ 100MG	5	
TRELSTAR MIX INJ 3.75MG	5	
TRELSTAR MIX INJ 11.25MG	5	
TRELSTAR MIX INJ 22.5MG	5	
<i>tretinoin cap 10 mg</i>	5	
TRISENOX SOL 10MG/10M	5	
TYKERB TAB 250MG QL (150 tabs / 30 days)	5	QL LA PA
VALCHLOR GEL 0.016%	5	PA
VECTIBIX INJ 100MG	5	
VELCADE INJ 3.5MG	5	
VIDAZA INJ 100MG	5	
VINBLASTINE INJ 1MG/ML	2	GC B/D

Drug Name	Drug Requirements/	
	Tier	Limits
<i>vincasar pfs inj 1mg/ml</i>	2	GC
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	GC
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	GC
VOTRIENT TAB 200MG QL (120 tabs / 30 days)	5	QL PA
XALKORI CAP 200MG QL (60 caps / 30 days)	5	QL PA
XALKORI CAP 250MG QL (60 caps / 30 days)	5	QL PA
XTANDI CAP 40MG QL (120 caps / 30 days)	5	QL PA
YERVOY INJ 50MG	5	PA
ZALTRAP INJ 100/4ML	5	PA
ZANOSAR INJ 1GM	3	
ZELBORAF TAB 240MG QL (240 tabs / 30 days)	5	QL PA
ZOLINZA CAP 100MG QL (120 caps / 30 days)	5	QL
ZORTRESS TAB 0.5MG QL (60 tabs / 30 days)	5	B/D QL
ZORTRESS TAB 0.25MG QL (60 tabs / 30 days)	3	B/D QL
ZORTRESS TAB 0.75MG QL (60 tabs / 30 days)	5	B/D QL
ZYDELIG TAB 100MG QL (60 tabs / 30 days)	5	QL PA
ZYDELIG TAB 150MG QL (60 tabs / 30 days)	5	QL PA
ZYKADIA CAP 150MG QL (150 caps / 30 days)	5	QL PA
ZYTIGA TAB 250MG QL (120 tabs / 30 days)	5	QL LA PA
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH ANTICONVULSANTS</b>		
APTIOM TAB 200MG	4	
APTIOM TAB 400MG	4	
APTIOM TAB 600MG	4	
APTIOM TAB 800MG	4	
BANZEL SUS 40MG/ML QL (2400ml / 30 days)	4	QL
BANZEL TAB 200MG QL (480 tabs / 30 days)	4	QL

**PA** - Prior Authorization      **QL** - Quantity Limits      **ST** - Step Therapy  
Prior Authorization, Part D vs. Part B only      **LA** - Limited Availability  
Enhancement Drug      **GC** - Gap Coverage

**B/D** -      **ED** -      14

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
BANZEL TAB 400MG QL (240 tabs / 30 days)	4	QL
carbamazepine cap sr 12hr 100 mg	2	GC
carbamazepine cap sr 12hr 200 mg	2	GC
carbamazepine cap sr 12hr 300 mg	2	GC
carbamazepine chew tab 100 mg	2	GC
carbamazepine susp 100 mg/5ml	2	GC
carbamazepine tab 200 mg	2	GC
carbamazepine tab sr 12hr 200 mg	2	GC
carbamazepine tab sr 12hr 400 mg	2	GC
CELONTIN CAP 300MG	3	
clonazepam orally disintegrating tab 0.5 mg	2	GC
clonazepam orally disintegrating tab 0.25 mg	2	GC
clonazepam orally disintegrating tab 0.125 mg	2	GC
clonazepam orally disintegrating tab 1 mg	2	GC
clonazepam orally disintegrating tab 2 mg	2	GC
clonazepam tab 0.5 mg	2	GC
clonazepam tab 1 mg	2	GC
clonazepam tab 2 mg	2	GC
diazepam rectal gel delivery system 2.5 mg	2	GC
diazepam rectal gel delivery system 10 mg	2	GC
diazepam rectal gel delivery system 20 mg	2	GC
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
divalproex sodium cap sprinkle 125 mg	2	GC
divalproex sodium tab delayed release 125 mg	2	GC
divalproex sodium tab delayed release 250 mg	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
divalproex sodium tab delayed release 500 mg	2	GC
divalproex sodium tab sr 24 hr 250 mg	2	GC
divalproex sodium tab sr 24 hr 500 mg	2	GC
epitol tab 200mg	2	GC
ethosuximide cap 250 mg	2	GC
ethosuximide soln 250 mg/5ml	2	GC
felbamate susp 600 mg/5ml	2	GC
felbamate tab 400 mg	2	GC
felbamate tab 600 mg	2	GC
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	2	GC
FYCOMPA TAB 2MG	4	
FYCOMPA TAB 4MG	4	
FYCOMPA TAB 6MG	4	
FYCOMPA TAB 8MG	4	
FYCOMPA TAB 10MG	4	
FYCOMPA TAB 12MG	4	
gabapentin cap 100 mg	2	GC
gabapentin cap 300 mg	2	GC
gabapentin cap 400 mg	2	GC
gabapentin oral soln 250 mg/5ml QL (2160ml / 30 days)	2	GC QL
gabapentin tab 600 mg	2	GC
gabapentin tab 800 mg	2	GC
GABITRIL TAB 12MG	3	
GABITRIL TAB 16MG	3	
lamotrigine tab 25 mg	2	GC
lamotrigine tab 100 mg	2	GC
lamotrigine tab 150 mg	2	GC
lamotrigine tab 200 mg	2	GC
lamotrigine tab chewable dispersible 5 mg	2	GC
lamotrigine tab chewable dispersible 25 mg	2	GC
lamotrigine tab sr 24hr 25 mg	2	GC
lamotrigine tab sr 24hr 50 mg	2	GC
lamotrigine tab sr 24hr 100 mg	2	GC
lamotrigine tab sr 24hr 200 mg	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>lamotrigine tab sr 24hr 250 mg</i>	2	GC
<i>lamotrigine tab sr 24hr 300 mg</i>	2	GC
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	GC
<i>levetiracetam oral soln 100 mg/ml</i>	2	GC
<i>levetiracetam tab 250 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>levetiracetam tab 500 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>levetiracetam tab 750 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>levetiracetam tab 1000 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>levetiracetam tab sr 24hr 500 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>levetiracetam tab sr 24hr 750 mg</i> QL (120 tabs / 30 days)	2	GC QL
LYRICA CAP 25MG QL (150 caps / 30 days)	4	QL PA
LYRICA CAP 50MG QL (150 caps / 30 days)	4	QL PA
LYRICA CAP 75MG QL (150 caps / 30 days)	4	QL PA
LYRICA CAP 100MG QL (150 caps / 30 days)	4	QL PA
LYRICA CAP 150MG QL (120 caps / 30 days)	4	QL PA
LYRICA CAP 200MG QL (90 caps / 30 days)	4	QL PA
LYRICA CAP 225MG QL (60 caps / 30 days)	4	QL PA
LYRICA CAP 300MG QL (60 caps / 30 days)	4	QL PA
LYRICA SOL 20MG/ML	4	PA
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	GC
<i>oxcarbazepine tab 150 mg</i>	2	GC
<i>oxcarbazepine tab 300 mg</i>	2	GC
<i>oxcarbazepine tab 600 mg</i>	2	GC
PEGANONE TAB 250MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>phenobarbital elixir 20 mg/5ml</i>	2	GC PA
<i>phenobarbital tab 15 mg</i>	2	GC PA
<i>phenobarbital tab 16.2 mg</i>	2	GC PA
<i>phenobarbital tab 30 mg</i>	2	GC PA
<i>phenobarbital tab 32.4 mg</i>	2	GC PA
<i>phenobarbital tab 60 mg</i>	2	GC PA
<i>phenobarbital tab 64.8 mg</i>	2	GC PA
<i>phenobarbital tab 97.2 mg</i>	2	GC PA
<i>phenobarbital tab 100 mg</i>	2	GC PA
PHENYTEK CAP 200MG	4	
PHENYTEK CAP 300MG	4	
<i>phenytoin chew tab 50 mg</i>	2	GC
<i>phenytoin sodium extended cap 100 mg</i>	2	GC
<i>phenytoin sodium extended cap 200 mg</i>	2	GC
<i>phenytoin sodium extended cap 300 mg</i>	2	GC
<i>phenytoin sodium inj 50 mg/ml</i>	2	GC
<i>phenytoin susp 125 mg/5ml</i>	2	GC
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	4	
POTIGA TAB 300MG	4	
POTIGA TAB 400MG	4	
<i>primidone tab 50 mg</i>	2	GC
<i>primidone tab 250 mg</i>	2	GC
SABRIL POW 500MG QL (180 packets / 30 days)	5	QL LA
SABRIL TAB 500MG QL (180 tabs / 30 days)	5	QL LA
TEGRETOL-XR TAB 100MG	3	
<i>tiagabine hcl tab 2 mg</i>	2	GC
<i>tiagabine hcl tab 4 mg</i>	2	GC
<i>topiramate sprinkle cap 15 mg</i>	2	GC
<i>topiramate sprinkle cap 25 mg</i>	2	GC
<i>topiramate tab 25 mg</i>	2	GC
<i>topiramate tab 50 mg</i>	2	GC
<i>topiramate tab 100 mg</i>	2	GC
<i>topiramate tab 200 mg</i>	2	GC
<i>valproate sodium inj 100 mg/ml</i>	2	GC
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>valproic acid cap 250 mg</i>	2	GC
VIMPAT INJ 200MG/20 QL (60 vials / 30 days)	4	QL
VIMPAT SOL 10MG/ML QL (1800ml / 30 days)	4	QL
VIMPAT TAB 50MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 100MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 150MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 200MG QL (60 tabs / 30 days)	4	QL
<i>zonisamide cap 25 mg</i>	2	GC
<i>zonisamide cap 50 mg</i>	2	GC
<i>zonisamide cap 100 mg</i>	2	GC
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN INJ 10MG/ML QL (20 cartridges / 30 days)	5	QL LA
AZILECT TAB 0.5MG QL (30 tabs / 30 days)	3	QL
AZILECT TAB 1MG QL (30 tabs / 30 days)	3	QL
<i>benztropine mesylate tab 0.5 mg</i>	2	GC PA
<i>benztropine mesylate tab 1 mg</i>	2	GC PA
<i>benztropine mesylate tab 2 mg</i>	2	GC PA
<i>bromocriptine mesylate cap 5 mg</i>	2	GC
<i>bromocriptine mesylate tab 2.5 mg</i>	2	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	GC
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa &amp; levodopa tab cr 25-100 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>carbidopa &amp; levodopa tab cr 50-200 mg</i>	2	GC
<i>carbidopa tab 25 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	GC
<i>entacapone tab 200 mg</i>	2	GC
MIRAPEX ER TAB 0.75MG	4	
MIRAPEX ER TAB 0.375MG	4	
MIRAPEX ER TAB 1.5MG	4	
MIRAPEX ER TAB 2.25MG QL (30 tabs / 30 days)	4	QL
MIRAPEX ER TAB 3.75MG QL (30 tabs / 30 days)	4	QL
MIRAPEX ER TAB 3MG	4	
MIRAPEX ER TAB 4.5MG QL (30 tabs / 30 days)	4	QL
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 1 mg</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	GC
<i>pramipexole dihydrochloride tab sr 24hr 0.75 mg</i>	2	GC
<i>pramipexole dihydrochloride tab sr 24hr 1.5 mg</i>	2	GC
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	GC
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	GC
<i>ropinirole hydrochloride tab 1 mg</i>	2	GC
<i>ropinirole hydrochloride tab 2 mg</i>	2	GC
<i>ropinirole hydrochloride tab 3 mg</i>	2	GC
<i>ropinirole hydrochloride tab 4 mg</i>	2	GC
<i>ropinirole hydrochloride tab 5 mg</i>	2	GC
<i>ropinirole hydrochloride tab sr 24hr 2 mg (base equivalent) QL (90 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 4 mg (base equivalent) QL (90 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 6 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 8 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 12 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>selegiline hcl cap 5 mg</i>	2	GC
<i>selegiline hcl tab 5 mg</i>	2	GC
TASMAR TAB 100MG	3	
<i>tolcapone tab 100 mg</i>	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	2	GC PA
<i>trihexyphenidyl hcl tab 2 mg</i>	2	GC PA
<i>trihexyphenidyl hcl tab 5 mg</i>	2	GC PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml QL (30ml / 30 days)</i>	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
FROVA TAB 2.5MG QL (12 tabs / 30 days)	4	QL
<i>migergot sup 2/100</i>	2	GC
MIGRANAL SPR 4MG/ML QL (8 vials / 28 days)	4	QL
<i>naratriptan hcl tab 1 mg (base equiv) QL (18 tabs / 30 days)</i>	2	GC QL
<i>naratriptan hcl tab 2.5 mg (base equiv) QL (18 tabs / 30 days)</i>	2	GC QL
RELPAK TAB 20MG QL (12 tabs / 30 days)	3	QL
RELPAK TAB 40MG QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate orally disintegrating tab 5 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>rizatriptan benzoate orally disintegrating tab 10 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>rizatriptan benzoate tab 5 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>rizatriptan benzoate tab 10 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>sumatriptan nasal spray 5 mg/act QL (36 sprays / 28 days)</i>	2	GC QL
<i>sumatriptan nasal spray 20 mg/act QL (18 sprays / 28 days)</i>	2	GC QL
<i>sumatriptan succinate inj 6 mg/0.5ml QL (16 injections / 30 Day)</i>	2	GC QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml QL (4 cartridges / 30 days)</i>	2	GC QL
<i>sumatriptan succinate tab 25 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>sumatriptan succinate tab 50 mg QL (18 tabs / 30 days)</i>	2	GC QL
<i>sumatriptan succinate tab 100 mg QL (9 tabs / 30 days)</i>	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> QL (12 tabs / 30 days)	2	GC QL
<i>zolmitriptan orally disintegrating tab 5 mg</i> QL (9 tabs / 30 days)	2	GC QL
<i>zolmitriptan tab 2.5 mg</i> QL (12 tabs / 30 days)	2	GC QL
<i>zolmitriptan tab 5 mg</i> QL (9 tabs / 30 days)	2	GC QL
ZOMIG NASAL SPR 5MG QL (8 sprays / 30 days)	4	QL
ZOMIG SPR 2.5MG QL (8 sprays / 30 days)	4	QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA TAB 10MG QL (60 tabs / 30 days)	5	QL LA PA
AUBAGIO TAB 7MG QL (28 tabs / 28 days)	5	QL PA
AUBAGIO TAB 14MG QL (28 tabs / 28 days)	5	QL PA
COPAXONE INJ 20MG/ML QL (30 syringes / 30 days)	5	QL
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	QL
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 23 mg</i> QL (30 tabs / 30 days)	2	GC QL
EXELON DIS 4.6MG/24 QL (30 patches / 30 days)	3	QL
EXELON DIS 9.5MG/24 QL (30 patches / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
EXELON DIS 13.3/24 QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide cap sr 24hr 8 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>galantamine hydrobromide cap sr 24hr 16 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>galantamine hydrobromide cap sr 24hr 24 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>galantamine hydrobromide oral soln 4 mg/ml</i> QL (600ml / 30 days)	2	GC QL
<i>galantamine hydrobromide tab 4 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>galantamine hydrobromide tab 8 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>galantamine hydrobromide tab 12 mg</i> QL (60 tabs / 30 days)	2	GC QL
GILENYA CAP 0.5MG QL (30 caps / 30 days)	5	QL PA
NAMENDA SOL 10MG/5ML QL (300ml / 30 days)	3	QL
NAMENDA TAB 5-10MG QL (49 tabs / 28 days)	3	QL
NAMENDA TAB 5MG QL (60 tabs / 30 days)	3	QL
NAMENDA TAB 10MG QL (60 tabs / 30 days)	3	QL
NAMENDA XR CAP 7MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 14MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 21MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 28MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP TITRATIO	3	PA
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>rivastigmine tartrate cap 1.5 mg</i> QL (60 caps / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
<i>rivastigmine tartrate cap 3 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>rivastigmine tartrate cap 4.5 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>rivastigmine tartrate cap 6 mg</i> QL (60 caps / 30 days)	2	GC QL
TECFIDERA CAP 120MG	5	PA
TECFIDERA CAP 240MG	5	PA
TECFIDERA MIS STARTER	5	PA
TYSABRI INJ 300/15ML	5	LA PA
XENAZINE TAB 12.5MG	5	LA PA
XENAZINE TAB 25MG	5	LA PA
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen tab 10 mg</i>	2	GC
<i>baclofen tab 20 mg</i>	2	GC
<i>carisoprodol tab 350 mg</i>	2	GC PA
<i>chlorzoxazone tab 500 mg</i>	2	GC PA
<i>cyclobenzaprine hcl tab 5 mg</i>	2	GC PA
<i>cyclobenzaprine hcl tab 7.5 mg</i>	2	GC PA
<i>cyclobenzaprine hcl tab 10 mg</i>	2	GC PA
<i>dantrolene sodium cap 25 mg</i>	2	GC
<i>dantrolene sodium cap 50 mg</i>	2	GC
<i>dantrolene sodium cap 100 mg</i>	2	GC
<i>meprobamate tab 200 mg</i>	2	GC PA
<i>meprobamate tab 400 mg</i>	2	GC PA
MESTINON SYP 60MG/5ML	4	
<i>metaxalone tab 800 mg</i>	2	GC PA
<i>methocarbamol tab 500 mg</i>	2	GC PA
<i>methocarbamol tab 750 mg</i>	2	GC PA
<i>orphenadrine citrate tab sr 12hr 100 mg</i>	2	GC PA
<i>pyridostigmine bromide tab 60 mg</i>	2	GC
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	2	GC
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	2	GC
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	GC
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	GC
<b>NARCOTIC ANALGESICS</b>		
ABSTRAL SUB 100MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 200MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 300MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 400MCG QL (116 tabs / 30 days)	5	QL PA
ABSTRAL SUB 600MCG QL (77 tabs / 30 days)	5	QL PA
ABSTRAL SUB 800MCG QL (58 tabs / 30 days)	5	QL PA
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> QL (4500ml / 30 days)	2	GC QL
<i>acetaminophen w/ codeine tab 300-15 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine tab 300-30 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>ascomp/cod cap 30mg</i> QL (360 caps / 30 days)	2	GC QL
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> QL (300 tabs / 30 days)	2	GC QL
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> QL (75 tabs / 30 days)	2	GC QL
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> QL (360 caps / 30 days)	2	GC QL
<i>codeine sulfate tab 15 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>codeine sulfate tab 30 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>codeine sulfate tab 60 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>duramorph inj 0.5mg/ml</i> QL (400 vials / 30 days)	2	GC QL
<i>duramorph inj 1mg/ml</i> QL (200 vials / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>endocet tab 7.5-325</i> QL (360 tabs / 30 days)	2	GC QL
<i>endocet tab 10-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>endodan tab</i> QL (360 tabs / 30 days)	2	GC QL
<i>fentanyl citrate lozenge on a handle 200 mcg</i> QL (120 lpop / 30 days)	2	GC QL PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i> QL (116 lozenges / 30 days)	5	QL PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i> QL (77 lozenges / 30 days)	5	QL PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i> QL (58 lpop / 30 days)	5	QL PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i> QL (39 lpop / 30 days)	5	QL PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i> QL (29 lpop / 30 days)	5	QL PA
<i>fentanyl td patch 72hr 12 mcg/hr</i> QL (10 patches / 30 days)	2	GC QL
<i>fentanyl td patch 72hr 25 mcg/hr</i> QL (10 patches / 30 days)	2	GC QL
<i>fentanyl td patch 72hr 50 mcg/hr</i> QL (10 patches / 30 days)	2	GC QL
<i>fentanyl td patch 72hr 75 mcg/hr</i> QL (10 patches / 30 days)	2	GC QL
<i>fentanyl td patch 72hr 100 mcg/hr</i> QL (10 patches / 30 days)	2	GC QL
FENTORA TAB 100MCG QL (120 tabs / 30 days)	5	QL PA
FENTORA TAB 200MCG QL (120 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
FENTORA TAB 400MCG QL (116 tabs / 30 days)	5	QL PA
FENTORA TAB 600MCG QL (77 tabs / 30 days)	5	QL PA
FENTORA TAB 800MCG QL (58 tabs / 30 days)	5	QL PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (5550ml / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (50 tabs / 30 days)	2	GC QL
<i>hydromorphone hcl liqd 1 mg/ml</i> QL (1200ml /30 days)	2	GC QL
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i> QL (120ml / 30 days)	2	GC QL
<i>hydromorphone hcl tab 2 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>hydromorphone hcl tab 4 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>hydromorphone hcl tab 8 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>hydromorphone hcl tab er 24hr deter 8 mg</i> QL (60 tabs / 30 Day)	2	GC QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>hydromorphone hcl tab er 24hr deter 12 mg</i> QL (60 tabs / 30 Day)	2	GC QL
<i>hydromorphone hcl tab er 24hr deter 16 mg</i> QL (60 tabs / 30 Day)	2	GC QL
<i>hydromorphone hcl tab er 24hr deter 32 mg</i> QL (60 tabs / 30 days)	2	GC QL
KADIAN CAP 10MG ER QL (90 caps / 30 days)	4	QL ST
KADIAN CAP 40MG ER	4	ST
KADIAN CAP 200MG ER QL (30 caps / 30 days)	4	QL ST
LAZANDA SPR 100MCG QL (23 sprays / 30 days)	5	QL PA
LAZANDA SPR 400MCG QL (23 sprays / 30 days)	5	QL PA
<i>lorcet hd tab 10-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>lorcet plus tab 7.5-325</i> QL (360 tabs / 30 days)	2	GC QL
<i>lorcet tab 5-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 5-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 7.5-325</i> QL (360 tabs / 30 days)	2	GC QL
<i>lortab tab 10-325mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>meperidine hcl oral soln 50 mg/5ml</i>	2	GC PA
<i>meperitab tab 50mg</i>	2	GC PA
<i>meperitab tab 100mg</i>	2	GC PA
<i>methadone hcl soln 5 mg/5ml</i> QL (1200ml / 30 days)	2	GC QL
<i>methadone hcl soln 10 mg/5ml</i> QL (600ml / 30 days)	2	GC QL
<i>methadone hcl tab 5 mg</i> QL (240 tabs / 30 days)	2	GC QL
<i>methadone hcl tab 10 mg</i> QL (120 tabs / 30 days)	2	GC QL
METHADONE INJ 10MG/ML QL (400ml / 30 days)	2	GC QL
MORPHINE SUL INJ 2MG/ML	2	GC B/D
MORPHINE SUL INJ 4MG/ML	2	GC B/D
MORPHINE SUL INJ 8MG/ML	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>morphine sulfate (concentrate) oral soln 20 mg/ml</i> QL (300ml / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 45 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 60 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 75 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 90 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>morphine sulfate beads cap sr 24hr 120 mg</i> QL (50 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 10 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 20 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 30 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 50 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 60 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 80 mg</i> QL (75 caps / 30 days)	2	GC QL
<i>morphine sulfate cap sr 24hr 100 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>morphine sulfate iv soln pf 10 mg/ml</i>	2	GC
<i>morphine sulfate oral soln 10 mg/5ml</i> QL (900ml / 30 days)	2	GC QL
<i>morphine sulfate oral soln 20 mg/5ml</i> QL (900ml / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>morphine sulfate tab 15 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab 30 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab cr 15 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab cr 30 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab cr 60 mg</i> QL (100 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab cr 100 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>morphine sulfate tab cr 200 mg</i> QL (30 tabs / 30 days)	2	GC QL
OPANA ER TAB 5MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 7.5MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 10MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 15MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 20MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 30MG QL (67 tabs / 30 days)	4	QL ST
OPANA ER TAB 40MG QL (50 tabs / 30 days)	4	QL ST
<i>oxycodone hcl cap 5 mg</i> QL (360 caps / 30 days)	2	GC QL
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> QL (180 ml / 30 days)	2	GC QL
<i>oxycodone hcl soln 5 mg/5ml</i> QL (1200ml / 30 days)	2	GC QL
<i>oxycodone hcl tab 5 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone hcl tab 10 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>oxycodone hcl tab 15 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>oxycodone hcl tab 20 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>oxycodone hcl tab 30 mg</i> QL (134 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone-aspirin tab 4.8355-325 mg</i> QL (360 tabs / 30 days)	2	GC QL
<i>oxycodone-ibuprofen tab 5-400 mg</i> QL (28 tabs / 30 days)	2	GC QL
OXYCONTIN TAB 10MG CR QL (90 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 15MG CR QL (90 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 20MG CR QL (90 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 30MG CR QL (90 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 40MG CR QL (90 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 60MG CR QL (67 tabs / 30 days)	4	QL ST
OXYCONTIN TAB 80MG CR QL (50 tabs / 30 days)	4	QL ST
<i>oxymorphone hcl tab 5 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab 10 mg</i> QL (200 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 7.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 10 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 15 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 20 mg</i> QL (90 tabs / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>oxymorphone hcl tab sr 12hr 30 mg</i> QL (67 tabs / 30 days)	2	GC QL
<i>oxymorphone hcl tab sr 12hr 40 mg</i> QL (50 tabs / 30 days)	2	GC QL
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> QL (360 tabs / 30 days)	2	GC QL PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL PA
CAMBIA POW 50MG QL (1 box / 30 days)	4	QL
CELEBREX CAP 50MG QL (60 caps / 30 days)	4	QL PA
CELEBREX CAP 100MG QL (60 caps / 30 days)	4	QL PA
CELEBREX CAP 200MG QL (60 caps / 30 days)	4	QL PA
CELEBREX CAP 400MG QL (60 caps / 30 days)	4	QL PA
<i>celecoxib cap 50 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>celecoxib cap 100 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>celecoxib cap 200 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>celecoxib cap 400 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>diclofenac potassium tab 50 mg</i>	2	GC
<i>diclofenac sodium soln 1.5%</i>	2	GC
<i>diclofenac sodium tab delayed release 25 mg</i>	2	GC
<i>diclofenac sodium tab delayed release 50 mg</i>	2	GC
<i>diclofenac sodium tab delayed release 75 mg</i>	2	GC
<i>diclofenac sodium tab sr 24hr 100 mg</i>	2	GC
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	GC
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	GC
<i>diflunisal tab 500 mg</i>	2	GC
<i>etodolac cap 200 mg</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>etodolac cap 300 mg</i>	2	GC
<i>etodolac tab 400 mg</i>	2	GC
<i>etodolac tab 500 mg</i>	2	GC
<i>etodolac tab sr 24hr 400 mg</i>	2	GC
<i>etodolac tab sr 24hr 500 mg</i>	2	GC
<i>etodolac tab sr 24hr 600 mg</i>	2	GC
<i>fenoprofen calcium tab 600 mg</i>	2	GC
FLECTOR DIS 1.3% QL (60 patches / 30 days)	4	QL PA
<i>flurbiprofen tab 50 mg</i>	2	GC
<i>flurbiprofen tab 100 mg</i>	2	GC
<i>ibuprofen tab 400 mg</i>	2	GC
<i>ibuprofen tab 600 mg</i>	2	GC
<i>ibuprofen tab 800 mg</i>	2	GC
<i>indomethacin cap 25 mg</i>	2	GC PA
<i>indomethacin cap 50 mg</i>	2	GC PA
<i>indomethacin cap cr 75 mg</i>	2	GC PA
<i>ketoprofen cap 50 mg</i>	2	GC
<i>ketoprofen cap 75 mg</i>	2	GC
<i>ketoprofen cap sr 24hr 200 mg</i>	2	GC
<i>ketorolac tromethamine inj 15 mg/ml</i>	2	GC PA
<i>ketorolac tromethamine inj 30 mg/ml</i>	2	GC PA
<i>ketorolac tromethamine tab 10 mg</i>	2	GC PA
<i>meclofenamate sodium cap 50 mg</i>	2	GC
<i>meclofenamate sodium cap 100 mg</i>	2	GC
<i>mefenamic acid cap 250 mg</i>	2	GC
<i>meloxicam susp 7.5 mg/5ml</i> QL (300ml / 30 days)	2	GC QL
<i>meloxicam tab 7.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>meloxicam tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nabumetone tab 500 mg</i>	2	GC
<i>nabumetone tab 750 mg</i>	2	GC
<i>naloxone hcl inj 1 mg/ml</i>	2	GC
<i>naltrexone hcl tab 50 mg</i>	2	GC
<i>naproxen dr tab 375mg</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>naproxen dr tab 500mg</i>	2	GC
<i>naproxen sodium tab 275 mg</i>	2	GC
<i>naproxen sodium tab 550 mg</i>	2	GC
<i>naproxen susp 125 mg/5ml</i>	2	GC
<i>naproxen tab 250 mg</i>	2	GC
<i>naproxen tab 375 mg</i>	2	GC
<i>naproxen tab 500 mg</i>	2	GC
<i>oxaprozin tab 600 mg</i>	2	GC
PENNSAID SOL 2%	4	ST
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> QL (325 tabs / 30 days)	2	GC QL PA
<i>piroxicam cap 10 mg</i>	2	GC
<i>piroxicam cap 20 mg</i>	2	GC
SUBOXONE MIS 2-0.5MG QL (12 boxes / 30 days)	4	QL PA
SUBOXONE MIS 4-1MG QL (6 boxes / 30 days)	4	QL PA
SUBOXONE MIS 8-2MG QL (3 boxes / 30 days)	4	QL PA
SUBOXONE MIS 12-3MG QL (2 boxes / 30 days)	4	QL PA
<i>sulindac tab 150 mg</i>	2	GC
<i>sulindac tab 200 mg</i>	2	GC
<i>tolmetin sodium cap 400 mg</i>	2	GC
<i>tolmetin sodium tab 200 mg</i>	2	GC
<i>tolmetin sodium tab 600 mg</i>	2	GC
<i>tramadol hcl tab 50 mg</i> QL (240 tabs / 30 days)	2	GC QL
<i>tramadol hcl tab sr 24hr 100 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>tramadol hcl tab sr 24hr 200 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>tramadol hcl tab sr 24hr biphasic release 300 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	2	GC QL
VIMOVO TAB 375-20MG QL (60 tabs / 30 days)	3	QL
VIMOVO TAB 500-20MG QL (60 tabs / 30 days)	3	QL
VOLTAREN GEL 1%	3	

### PSYCHOTHERAPEUTIC DRUGS

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
ABILIFY MAIN INJ 300MG	4	PA
ABILIFY MAIN INJ 400MG	4	PA
ABILIFY TAB 2MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 5MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 10MG QL (90 tabs / 30 days)	4	QL PA
ABILIFY TAB 15MG QL (60 tabs / 30 days)	4	QL PA
ABILIFY TAB 20MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 30MG QL (30 tabs / 30 days)	4	QL PA
<i>alprazolam tab 0.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>alprazolam tab 0.25 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>alprazolam tab 1 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>alprazolam tab 2 mg</i> QL (150 tabs / 30 days)	2	GC QL
<i>amitriptyline hcl tab 10 mg</i>	2	GC PA
<i>amitriptyline hcl tab 25 mg</i>	2	GC PA
<i>amitriptyline hcl tab 50 mg</i>	2	GC PA
<i>amitriptyline hcl tab 75 mg</i>	2	GC PA
<i>amitriptyline hcl tab 100 mg</i>	2	GC PA
<i>amitriptyline hcl tab 150 mg</i>	2	GC PA
<i>amoxapine tab 25 mg</i>	2	GC
<i>amoxapine tab 50 mg</i>	2	GC
<i>amoxapine tab 100 mg</i>	2	GC
<i>amoxapine tab 150 mg</i>	2	GC
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> QL (60 caps / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	2	GC QL
BRINTELLIX TAB 5MG	4	
BRINTELLIX TAB 10MG	4	
BRINTELLIX TAB 20MG	4	
<i>bupropion hcl tab 75 mg</i>	2	GC
<i>bupropion hcl tab 100 mg</i>	2	GC
<i>bupropion hcl tab sr 12hr 100 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 12hr 150 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 12hr 200 mg</i> QL (60 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>bupropion hcl tab sr 24hr 150 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 24hr 300 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>buspirone hcl tab 5 mg</i>	2	GC
<i>buspirone hcl tab 7.5 mg</i>	2	GC
<i>buspirone hcl tab 10 mg</i>	2	GC
<i>buspirone hcl tab 15 mg</i>	2	GC
<i>buspirone hcl tab 30 mg</i>	2	GC
CELEXA TAB 10MG QL (60 tabs / 30 days)	4	QL
CELEXA TAB 20MG QL (90 tabs / 30 days)	4	QL
CELEXA TAB 40MG QL (30 tabs / 30 days)	4	QL
<i>chlordiazepoxide hcl cap 5 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>chlordiazepoxide hcl cap 10 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>chlordiazepoxide hcl cap 25 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	2	GC PA
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	2	GC PA
CHLORPROMAZ INJ 50MG/2ML	2	GC
<i>chlorpromazine hcl tab 10 mg</i>	2	GC
<i>chlorpromazine hcl tab 25 mg</i>	2	GC
<i>chlorpromazine hcl tab 50 mg</i>	2	GC
<i>chlorpromazine hcl tab 100 mg</i>	2	GC
<i>chlorpromazine hcl tab 200 mg</i>	2	GC
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	GC
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> QL (60 tabs / 30 days)	2	GC QL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> QL (90 tabs / 30 days)	2	GC QL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>clomipramine hcl cap 25 mg</i>	2	GC PA
<i>clomipramine hcl cap 50 mg</i>	2	GC PA
<i>clomipramine hcl cap 75 mg</i>	2	GC PA
<i>clonidine hcl tab sr 12hr 0.1 mg</i>	2	GC
<i>clorazepate dipotassium tab 3.75 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>clorazepate dipotassium tab 7.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>clorazepate dipotassium tab 15 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	GC
<i>clozapine orally disintegrating tab 25 mg</i>	2	GC
<i>clozapine orally disintegrating tab 100 mg</i>	2	GC
<i>clozapine tab 25 mg</i>	2	GC
<i>clozapine tab 50 mg</i>	2	GC
<i>clozapine tab 100 mg</i>	2	GC
<i>clozapine tab 200 mg</i>	2	GC
<i>desipramine hcl tab 10 mg</i>	2	GC
<i>desipramine hcl tab 25 mg</i>	2	GC
<i>desipramine hcl tab 50 mg</i>	2	GC
<i>desipramine hcl tab 75 mg</i>	2	GC
<i>desipramine hcl tab 100 mg</i>	2	GC
<i>desipramine hcl tab 150 mg</i>	2	GC
DESVENLAFAX TAB 50MG ER QL (30 tabs / 30 days)	4	QL
DESVENLAFAX TAB 100MG ER QL (30 tabs / 30 days)	4	QL
<i>dexedrine tab 5mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>dexedrine tab 10mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 5 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 10 mg</i> QL (30 caps / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dexmethylphenidate hcl cap sr 24 hr 15 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 20 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 30 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 40 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl tab 2.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>dexmethylphenidate hcl tab 5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>dexmethylphenidate hcl tab 10 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i> QL (90 caps / 30 days)	2	GC QL
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>dextroamphetamine sulfate tab 5 mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>dextroamphetamine sulfate tab 10 mg</i> QL (180 tabs / 30 days)	2	GC QL
DIAZEPAM CON 5MG/ML	2	GC
<i>diazepam soln 1 mg/ml</i>	2	GC
<i>diazepam tab 2 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>diazepam tab 5 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>diazepam tab 10 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>doxepin hcl cap 10 mg</i>	2	GC PA
<i>doxepin hcl cap 25 mg</i>	2	GC PA
<i>doxepin hcl cap 50 mg</i>	2	GC PA
<i>doxepin hcl cap 75 mg</i>	2	GC PA
<i>doxepin hcl cap 100 mg</i>	2	GC PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
<i>doxepin hcl cap 150 mg</i>	2	GC PA
<i>doxepin hcl conc 10 mg/ml</i>	2	GC PA
<i>duloxetine hcl enteric coated pellets cap 20 mg</i> QL (180 caps / 30 days)	2	GC QL
<i>duloxetine hcl enteric coated pellets cap 30 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>duloxetine hcl enteric coated pellets cap 60 mg</i> QL (60 caps / 30 days)	2	GC QL
EFFEXOR XR CAP 37.5MG QL (30 caps / 30 days)	4	QL
EFFEXOR XR CAP 75MG QL (90 caps / 30 days)	4	QL
EFFEXOR XR CAP 150MG QL (30 caps / 30 days)	4	QL
EMSAM DIS 6MG/24HR QL (30 patches / 30 days)	4	QL
EMSAM DIS 9MG/24HR QL (30 patches / 30 days)	4	QL
EMSAM DIS 12MG/24H QL (30 patches / 30 days)	4	QL
<i>ergoloid mesylates tab 1 mg</i>	2	GC
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> QL (600ml / 30 days)	2	GC QL
<i>escitalopram oxalate tab 5 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>escitalopram oxalate tab 10 mg (base equiv)</i> QL (45 tabs / 30 days)	2	GC QL
<i>escitalopram oxalate tab 20 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>estazolam tab 1 mg</i> QL (30 tabs / 30 days)	2	GC QL PA
<i>estazolam tab 2 mg</i> QL (30 tabs / 30 days)	2	GC QL PA
<i>eszopiclone tab 1 mg</i> QL (90 tabs / 30 days)	2	GC QL ST
<i>eszopiclone tab 2 mg</i> QL (30 tabs / 30 days)	2	GC QL ST
<i>eszopiclone tab 3 mg</i> QL (30 tabs / 30 days)	2	GC QL ST
FANAPT PAK	4	

Drug Name	Drug Requirements/	
	Tier	Limits
FANAPT TAB 1MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 2MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 4MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 6MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 8MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 10MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 12MG QL (60 tabs / 30 days)	4	QL
FAZACLO TAB 150MG	3	
FAZACLO TAB 200MG	3	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i> QL (240 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap 20 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap delayed release 90 mg</i> QL (4 caps / 28 days)	2	GC QL
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	GC
<i>fluoxetine hcl tab 10 mg</i> QL (240 tabs / 30 days)	2	GC QL
<i>fluoxetine hcl tab 20 mg</i>	2	GC
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	GC
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	GC
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	GC
<i>fluphenazine hcl tab 1 mg</i>	2	GC
<i>fluphenazine hcl tab 2.5 mg</i>	2	GC
<i>fluphenazine hcl tab 5 mg</i>	2	GC
<i>fluphenazine hcl tab 10 mg</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>flurazepam hcl cap 15 mg</i> QL (30 caps / 30 days)	2	GC QL PA
<i>flurazepam hcl cap 30 mg</i> QL (30 caps / 30 days)	2	GC QL PA
<i>fluvoxamine maleate cap sr</i> 24hr 100 mg QL (90 caps / 30 days)	2	GC QL
<i>fluvoxamine maleate cap sr</i> 24hr 150 mg QL (60 caps / 30 days)	2	GC QL
<i>fluvoxamine maleate tab 25 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>fluvoxamine maleate tab 50 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>fluvoxamine maleate tab 100 mg</i> QL (90 tabs / 30 days)	2	GC QL
FOCALIN XR CAP 5MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 10MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 15MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 20MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 25MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 30MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 35MG QL (30 caps / 30 days)	4	QL
FOCALIN XR CAP 40MG QL (30 caps / 30 days)	4	QL
GEODON INJ 20MG	4	
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
GUANIDINE TAB 125MG	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>haloperidol decanoate im soln</i> 50 mg/ml	2	GC
<i>haloperidol decanoate im soln</i> 100 mg/ml	2	GC
<i>haloperidol lactate inj 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	GC
<i>haloperidol tab 0.5 mg</i>	2	GC
<i>haloperidol tab 1 mg</i>	2	GC
<i>haloperidol tab 2 mg</i>	2	GC
<i>haloperidol tab 5 mg</i>	2	GC
<i>haloperidol tab 10 mg</i>	2	GC
<i>haloperidol tab 20 mg</i>	2	GC
<i>imipramine hcl tab 10 mg</i>	2	GC PA
<i>imipramine hcl tab 25 mg</i>	2	GC PA
<i>imipramine hcl tab 50 mg</i>	2	GC PA
<i>imipramine pamoate cap 75 mg</i>	2	GC PA
<i>imipramine pamoate cap 100 mg</i>	2	GC PA
<i>imipramine pamoate cap 125 mg</i>	2	GC PA
<i>imipramine pamoate cap 150 mg</i>	2	GC PA
INTUNIV TAB 1MG QL (30 tabs / 30 days)	4	QL
INTUNIV TAB 2MG QL (30 tabs / 30 days)	4	QL
INTUNIV TAB 3MG QL (30 tabs / 30 days)	4	QL
INTUNIV TAB 4MG QL (30 tabs / 30 days)	4	QL
INVEGA SUST INJ 39/0.25 QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 78/0.5ML QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 117/0.75 QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 syringe / 30 days)	4	QL
INVEGA SUST INJ 234/1.5 QL (1 syringe / 30 days)	4	QL
INVEGA TAB 1.5MG QL (60 tabs / 30 days)	4	QL PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
INVEGA TAB 3MG QL (30 tabs / 30 days)	4	QL PA
INVEGA TAB 6MG QL (60 tabs / 30 days)	4	QL PA
INVEGA TAB 9MG QL (30 tabs / 30 days)	4	QL PA
KHEDEZLA TAB 50MG ER QL (30 tabs / 30 days)	4	QL
KHEDEZLA TAB 100MG ER QL (30 tabs / 30 days)	4	QL
LATUDA TAB 20MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 40MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 60MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 80MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 120MG QL (30 tabs / 30 days)	4	QL
LEXAPRO SOL 5MG/5ML QL (600ml / 30 days)	4	QL
LEXAPRO TAB 5MG QL (30 tabs / 30 days)	4	QL
LEXAPRO TAB 10MG QL (45 tabs / 30 days)	4	QL
LEXAPRO TAB 20MG QL (30 tabs / 30 days)	4	QL
<i>lithium carbonate cap 150 mg</i>	2	GC
<i>lithium carbonate cap 300 mg</i>	2	GC
<i>lithium carbonate cap 600 mg</i>	2	GC
<i>lithium carbonate tab 300 mg</i>	2	GC
<i>lithium carbonate tab cr 300 mg</i>	2	GC
<i>lithium carbonate tab cr 450 mg</i>	2	GC
LITHIUM SOL 8MEQ/5ML	2	GC
<i>lorazepam con 2mg/ml</i>	2	GC
<i>lorazepam tab 0.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>lorazepam tab 1 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>lorazepam tab 2 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>loxapine succinate cap 5 mg</i>	2	GC
<i>loxapine succinate cap 10 mg</i>	2	GC
<i>loxapine succinate cap 25 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>loxapine succinate cap 50 mg</i>	2	GC
<i>maprotiline hcl tab 25 mg</i>	2	GC
<i>maprotiline hcl tab 50 mg</i>	2	GC
<i>maprotiline hcl tab 75 mg</i>	2	GC
MARPLAN TAB 10MG	4	
<i>metadate tab 20mg er</i> QL (90 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl cap cr 10 mg</i>	2	GC
<i>methylphenidate hcl cap cr 50 mg</i>	2	GC
<i>methylphenidate hcl cap cr 60 mg</i>	2	GC
<i>methylphenidate hcl cap sr 24hr 20 mg (la)</i> QL (60 caps / 30 days)	2	GC QL
<i>methylphenidate hcl cap sr 24hr 30 mg (la)</i> QL (60 caps / 30 days)	2	GC QL
<i>methylphenidate hcl cap sr 24hr 40 mg (la)</i> QL (60 caps / 30 days)	2	GC QL
<i>methylphenidate hcl soln 5 mg/5ml</i> QL (2160ml / 30 days)	2	GC QL
<i>methylphenidate hcl soln 10 mg/5ml</i> QL (1080ml / 30 days)	2	GC QL
<i>methylphenidate hcl tab 5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab 10 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab 20 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab cr 20 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab sa osm 18 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab sa osm 27 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>methylphenidate hcl tab sa osm 36 mg</i> QL (60 tabs / 30 days)	2	GC QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

30

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>methylphenidate hcl tab sa osm 54 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine orally disintegrating tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine orally disintegrating tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine orally disintegrating tab 45 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 7.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 45 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>modafinil tab 100 mg</i> QL (150 tabs / 30 days)	2	GC QL PA
<i>modafinil tab 200 mg</i> QL (60 tabs / 30 days)	2	GC QL PA
<i>nefazodone hcl tab 50 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nefazodone hcl tab 100 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nefazodone hcl tab 150 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nefazodone hcl tab 200 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>nefazodone hcl tab 250 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nortriptyline hcl cap 10 mg</i>	2	GC
<i>nortriptyline hcl cap 25 mg</i>	2	GC
<i>nortriptyline hcl cap 50 mg</i>	2	GC
<i>nortriptyline hcl cap 75 mg</i>	2	GC
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	GC
NUVIGIL TAB 50MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 150MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 200MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 250MG QL (30 tabs / 30 days)	4	QL PA
<i>olanzapine for im inj 10 mg</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>olanzapine orally disintegrating tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine orally disintegrating tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine orally disintegrating tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine orally disintegrating tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 2.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 7.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i> QL (30 caps / 30 days)	2	GC QL
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>oxazepam cap 10 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>oxazepam cap 15 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>oxazepam cap 30 mg</i> QL (120 caps / 30 days)	2	GC QL PA
<i>paroxetine hcl tab 10 mg</i> QL (60 tabs / 30 days)	2	GC QL

PA - Prior Authorization      QL - Quantity Limits      ST - Step Therapy  
 Prior Authorization, Part D vs. Part B only      LA - Limited Availability  
 Enhancement Drug      GC - Gap Coverage

B/D -      ED -      31

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>paroxetine hcl tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab 30 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab 40 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab sr 24hr</i> 12.5 mg QL (60 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab sr 24hr</i> 25 mg QL (90 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab sr 24hr</i> 37.5 mg QL (60 tabs / 30 days)	2	GC QL
PAXIL SUS 10MG/5ML	4	
<i>perphenazine tab 2 mg</i>	2	GC
<i>perphenazine tab 4 mg</i>	2	GC
<i>perphenazine tab 8 mg</i>	2	GC
<i>perphenazine tab 16 mg</i>	2	GC
<i>perphenazine-amitriptyline tab</i> 2-10 mg	2	GC PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg	2	GC PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg	2	GC PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg	2	GC PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg	2	GC PA
<i>phenelzine sulfate tab 15 mg</i>	2	GC
PRISTIQ TAB 25MG QL (30 tabs / 30 days)	4	QL
PRISTIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
PRISTIQ TAB 100MG QL (30 tabs / 30 days)	4	QL
<i>protriptyline hcl tab 5 mg</i>	2	GC
<i>protriptyline hcl tab 10 mg</i>	2	GC
PROZAC CAP 10MG QL (240 caps / 30 days)	4	QL
PROZAC CAP 20MG QL (120 caps / 30 days)	4	QL
PROZAC CAP 40MG QL (60 caps / 30 days)	4	QL
<i>quetiapine fumarate tab 25</i> mg QL (60 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>quetiapine fumarate tab 50</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 100</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 200</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 300</i> mg QL (60 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 400</i> mg QL (60 tabs / 30 days)	2	GC QL
RISPERDAL INJ 12.5MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 25MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 37.5MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 50MG QL (4 injections / 28 days)	3	QL
<i>risperidone orally</i> <i>disintegrating tab 0.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone orally</i> <i>disintegrating tab 0.25 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone orally</i> <i>disintegrating tab 1 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone orally</i> <i>disintegrating tab 2 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone orally</i> <i>disintegrating tab 3 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone orally</i> <i>disintegrating tab 4 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone soln 1 mg/ml</i> QL (480ml / 30 days)	2	GC QL
<i>risperidone tab 0.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 0.25 mg</i> QL (60 tabs / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>risperidone tab 1 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 2 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 3 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 4 mg</i> QL (60 tabs / 30 days)	2	GC QL
RITALIN LA CAP 10MG QL (120 caps / 30 days)	4	QL
ROZEREM TAB 8MG QL (30 tabs / 30 days)	2	GC QL
SAPHRIS SUB 5MG QL (60 tabs / 30 days)	4	QL
SAPHRIS SUB 10MG QL (60 tabs / 30 days)	4	QL
SEROQUEL XR TAB 50MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 150MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 200MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 300MG QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TAB 400MG QL (60 tabs / 30 days)	3	QL
<i>sertraline hcl oral conc 20</i> <i>mg/ml</i> QL (300 ml / 30 days)	2	GC QL
<i>sertraline hcl tab 25 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>sertraline hcl tab 50 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>sertraline hcl tab 100 mg</i> QL (60 tabs / 30 days)	2	GC QL
STRATTERA CAP 10MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 18MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 25MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 40MG QL (60 caps / 30 days)	3	QL
STRATTERA CAP 60MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 80MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 100MG QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
SURMONTIL CAP 25MG	4	PA
SURMONTIL CAP 50MG	4	PA
SURMONTIL CAP 100MG	4	PA
<i>temazepam cap 7.5 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>temazepam cap 15 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>temazepam cap 22.5 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>temazepam cap 30 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>thioridazine hcl tab 10 mg</i>	2	GC PA
<i>thioridazine hcl tab 25 mg</i>	2	GC PA
<i>thioridazine hcl tab 50 mg</i>	2	GC PA
<i>thioridazine hcl tab 100 mg</i>	2	GC PA
<i>thiothixene cap 1 mg</i>	2	GC
<i>thiothixene cap 2 mg</i>	2	GC
<i>thiothixene cap 5 mg</i>	2	GC
<i>thiothixene cap 10 mg</i>	2	GC
<i>tranylcypromine sulfate tab 10</i> <i>mg</i>	2	GC
<i>trazodone hcl tab 50 mg</i>	2	GC
<i>trazodone hcl tab 100 mg</i>	2	GC
<i>trazodone hcl tab 150 mg</i>	2	GC
<i>trazodone hcl tab 300 mg</i>	2	GC
<i>triazolam tab 0.25 mg</i> QL (30 tabs / 30 days)	2	GC QL PA
<i>triazolam tab 0.125 mg</i> QL (30 tabs / 30 days)	2	GC QL PA
<i>trifluoperazine hcl tab 1 mg</i>	2	GC
<i>trifluoperazine hcl tab 2 mg</i>	2	GC
<i>trifluoperazine hcl tab 5 mg</i>	2	GC
<i>trifluoperazine hcl tab 10 mg</i>	2	GC
<i>venlafaxine hcl cap sr 24hr</i> <i>37.5 mg (base equivalent)</i> QL (30 caps / 30 days)	2	GC QL
<i>venlafaxine hcl cap sr 24hr 75</i> <i>mg (base equivalent)</i> QL (90 caps / 30 days)	2	GC QL
<i>venlafaxine hcl cap sr 24hr</i> <i>150 mg (base equivalent)</i> QL (30 caps / 30 days)	2	GC QL
<i>venlafaxine hcl tab 25 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 37.5 mg</i> QL (90 tabs / 30 days)	2	GC QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>venlafaxine hcl tab 50 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 75 mg</i> QL (150 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 100 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr</i> <i>37.5 mg (base equivalent)</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr 75</i> <i>mg (base equivalent)</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr</i> <i>150 mg (base equivalent)</i> QL (30 tabs / 30 days)	2	GC QL
VENLAFAXINE TAB 225MG ER QL (30 tabs / 30 days)	4	QL
VERSACLOZ SUS 50MG/ML	3	
VIIBRYD KIT	4	
VIIBRYD TAB 10MG QL (30 tabs / 30 days)	4	QL
VIIBRYD TAB 20MG QL (30 tabs / 30 days)	4	QL
VIIBRYD TAB 40MG QL (30 tabs / 30 days)	4	QL
WELLBUTRIN TAB 75MG	4	
WELLBUTRIN TAB 100MG	4	
WELLBUTRIN TAB 100MG SR QL (60 tabs / 30 days)	4	QL
WELLBUTRIN TAB 150MG SR QL (60 tabs / 30 days)	4	QL
WELLBUTRIN TAB 200MG SR QL (60 tabs / 30 days)	4	QL
WELLBUTRIN TAB XL 150MG QL (90 tabs / 30 days)	4	QL
WELLBUTRIN TAB XL 300MG QL (30 tabs / 30 days)	4	QL
XYREM SOL 500MG/ML	5	LA PA
<i>zaleplon cap 5 mg</i>	2	GC ST
<i>zaleplon cap 10 mg</i>	2	GC ST
<i>ziprasidone hcl cap 20 mg</i> QL (60 caps / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ziprasidone hcl cap 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>ziprasidone hcl cap 60 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>ziprasidone hcl cap 80 mg</i> QL (60 caps / 30 days)	2	GC QL
ZOLOFT CON 20MG/ML QL (300 ml / 30 days)	4	QL
ZOLOFT TAB 25MG QL (60 tabs / 30 days)	4	QL
ZOLOFT TAB 50MG QL (90 tabs / 30 days)	4	QL
ZOLOFT TAB 100MG QL (60 tabs / 30 days)	4	QL
<i>zolpidem tartrate tab 5 mg</i>	2	GC ST
<i>zolpidem tartrate tab 10 mg</i>	2	GC ST
<i>zolpidem tartrate tab cr 6.25</i> <i>mg</i>	2	GC ST
<i>zolpidem tartrate tab cr 12.5</i> <i>mg</i>	2	GC ST
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone hcl tab 200 mg</i>	2	GC
<i>amiodarone hcl tab 400 mg</i>	2	GC
<i>disopyramide phosphate cap</i> <i>100 mg</i>	2	GC PA
<i>disopyramide phosphate cap</i> <i>150 mg</i>	2	GC PA
<i>flecainide acetate tab 50 mg</i>	2	GC
<i>flecainide acetate tab 100 mg</i>	2	GC
<i>flecainide acetate tab 150 mg</i>	2	GC
<i>mexiletine hcl cap 150 mg</i>	2	GC
<i>mexiletine hcl cap 200 mg</i>	2	GC
<i>mexiletine hcl cap 250 mg</i>	2	GC
MULTAQ TAB 400MG QL (60 tabs / 30 days)	4	QL
<i>pacerone tab 100mg</i>	2	GC
<i>pacerone tab 200mg</i>	2	GC
<i>pacerone tab 400mg</i>	2	GC
<i>propafenone hcl cap sr 12hr</i> <i>225 mg</i>	2	GC
<i>propafenone hcl cap sr 12hr</i> <i>325 mg</i>	2	GC
<i>propafenone hcl cap sr 12hr</i> <i>425 mg</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>propafenone hcl tab 150 mg</i>	2	GC
<i>propafenone hcl tab 225 mg</i>	2	GC
<i>propafenone hcl tab 300 mg</i>	2	GC
<i>quinidine gluconate tab cr 324 mg</i>	2	GC
<i>quinidine sulfate tab 200 mg</i>	2	GC
<i>quinidine sulfate tab 300 mg</i>	2	GC
<i>sorine tab 80mg</i>	2	GC
<i>sorine tab 120mg</i>	2	GC
<i>sorine tab 160mg</i>	2	GC
<i>sorine tab 240mg</i>	2	GC
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	GC
<i>sotalol hcl tab 80 mg</i>	2	GC
<i>sotalol hcl tab 160 mg</i>	2	GC
<i>sotalol hcl tab 240 mg</i>	2	GC
TIKOSYN CAP 125MCG	3	
TIKOSYN CAP 250MCG	3	
TIKOSYN CAP 500MCG	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL TAB 5MG	4	
ACCUPRIL TAB 10MG	4	
ACCUPRIL TAB 20MG	4	
ACCUPRIL TAB 40MG	4	
ACCURETIC TAB 10-12.5 QL (30 tabs / 30 days)	4	QL
ACCURETIC TAB 20-12.5 QL (30 tabs / 30 days)	4	QL
ACCURETIC TAB 20-25MG QL (30 tabs / 30 days)	4	QL
<i>acebutolol hcl cap 200 mg</i>	2	GC
<i>acebutolol hcl cap 400 mg</i>	2	GC
<i>afeditab tab 30mg cr</i>	2	GC
<i>afeditab tab 60mg cr</i>	2	GC
ALTACE CAP 1.25MG	4	
ALTACE CAP 2.5MG	4	
ALTACE CAP 5MG	4	
ALTACE CAP 10MG	4	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	GC
<i>amiloride hcl tab 5 mg</i>	2	GC
<i>amlodipine besylate tab 2.5 mg</i> QL (60 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>amlodipine besylate tab 5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>amlodipine besylate tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5- 160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 5- 160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan- hydrochlorothiazide tab 10- 160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
ATACAND HCT TAB 16-12.5 QL (30 tabs / 30 days)	4	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	4	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	4	QL
ATACAND TAB 4MG QL (30 tabs / 30 days)	4	QL
ATACAND TAB 8MG QL (30 tabs / 30 days)	4	QL
ATACAND TAB 16MG QL (30 tabs / 30 days)	4	QL
ATACAND TAB 32MG QL (30 tabs / 30 days)	4	QL
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	2	GC
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	GC
<i>atenolol tab 25 mg</i>	2	GC
<i>atenolol tab 50 mg</i>	2	GC
<i>atenolol tab 100 mg</i>	2	GC
AVALIDE TAB 150-12.5 QL (30 tabs / 30 days)	4	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	4	QL
AVAPRO TAB 75MG QL (30 tabs / 30 days)	4	QL
AVAPRO TAB 150MG QL (30 tabs / 30 days)	4	QL
AVAPRO TAB 300MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	4	QL
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	GC

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>benazepril hcl tab 5 mg</i>	1	GC
<i>benazepril hcl tab 10 mg</i>	1	GC
<i>benazepril hcl tab 20 mg</i>	1	GC
<i>benazepril hcl tab 40 mg</i>	1	GC
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL
BENICAR TAB 5MG QL (60 tabs / 30 days)	3	QL
BENICAR TAB 20MG QL (30 tabs / 30 days)	3	QL
BENICAR TAB 40MG QL (30 tabs / 30 days)	3	QL
<i>betaxolol hcl tab 10 mg</i>	2	GC
<i>betaxolol hcl tab 20 mg</i>	2	GC
BIDIL TAB	4	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	2	GC
<i>bisoprolol fumarate tab 5 mg</i>	2	GC
<i>bisoprolol fumarate tab 10 mg</i>	2	GC
<i>bumetanide tab 0.5 mg</i>	2	GC
<i>bumetanide tab 1 mg</i>	2	GC
<i>bumetanide tab 2 mg</i>	2	GC
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG QL (120 tabs / 30 days)	3	QL
BYSTOLIC TAB 20MG QL (60 tabs / 30 days)	3	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

36

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>candesartan cilexetil tab 4 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil tab 8 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil tab 16 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil tab 32 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>captopril tab 12.5 mg</i>	1	GC
<i>captopril tab 25 mg</i>	1	GC
<i>captopril tab 50 mg</i>	1	GC
<i>captopril tab 100 mg</i>	1	GC
CARDIZEM LA TAB 120MG	4	
<i>cartia xt cap 120/24hr</i>	2	GC
<i>cartia xt cap 180/24hr</i>	2	GC
<i>cartia xt cap 240/24hr</i>	2	GC
<i>cartia xt cap 300/24hr</i>	2	GC
<i>carvedilol tab 3.125 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>carvedilol tab 6.25 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>carvedilol tab 12.5 mg</i> QL (120 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>carvedilol tab 25 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>chlorothiazide sodium for inj 500 mg</i>	2	GC
<i>chlorothiazide tab 250 mg</i>	2	GC
<i>chlorothiazide tab 500 mg</i>	2	GC
<i>chlorthalidone tab 25 mg</i>	2	GC
<i>chlorthalidone tab 50 mg</i>	2	GC
<i>clonidine hcl tab 0.1 mg</i>	2	GC
<i>clonidine hcl tab 0.2 mg</i>	2	GC
<i>clonidine hcl tab 0.3 mg</i>	2	GC
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL
COREG CR CAP 10MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 20MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 40MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 80MG QL (30 caps / 30 days)	3	QL
COZAAR TAB 25MG QL (30 tabs / 30 days)	4	QL
COZAAR TAB 50MG QL (30 tabs / 30 days)	4	QL
COZAAR TAB 100MG QL (30 tabs / 30 days)	4	QL
DEMSEER CAP 250MG	4	
<i>dilt-xr cap 120mg</i>	2	GC
<i>dilt-xr cap 180mg</i>	2	GC
<i>dilt-xr cap 240mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 60 mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 90 mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 120 mg</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	2	GC
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	GC
<i>diltiazem hcl tab 30 mg</i>	2	GC
<i>diltiazem hcl tab 60 mg</i>	2	GC
<i>diltiazem hcl tab 90 mg</i>	2	GC
<i>diltiazem hcl tab 120 mg</i>	2	GC
DILTIAZEM INJ 100MG	2	GC
DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	4	QL
DIOVAN TAB 40MG QL (30 tabs / 30 days)	4	QL
DIOVAN TAB 80MG QL (30 tabs / 30 days)	4	QL
DIOVAN TAB 160MG QL (30 tabs / 30 days)	4	QL
DIOVAN TAB 320MG QL (30 tabs / 30 days)	4	QL
<i>doxazosin mesylate tab 1 mg QL (60 tabs / 30 days)</i>	2	GC QL
<i>doxazosin mesylate tab 2 mg QL (60 tabs / 30 days)</i>	2	GC QL
<i>doxazosin mesylate tab 4 mg QL (60 tabs / 30 days)</i>	2	GC QL
<i>doxazosin mesylate tab 8 mg QL (60 tabs / 30 days)</i>	2	GC QL
DUTOPROL TAB 25-12.5	4	
DUTOPROL TAB 50-12.5	4	
DUTOPROL TAB 100-12.5	4	
DYRENIUM CAP 50MG	3	
DYRENIUM CAP 100MG	3	
EDARBI TAB 40MG	4	

Drug Name	Drug Requirements/	
	Tier	Limits
EDARBI TAB 80MG	4	
EDARBYCLOR TAB 40-12.5	4	
EDARBYCLOR TAB 40-25MG	4	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>enalapril maleate tab 2.5 mg</i>	1	GC
<i>enalapril maleate tab 5 mg</i>	1	GC
<i>enalapril maleate tab 10 mg</i>	1	GC
<i>enalapril maleate tab 20 mg</i>	1	GC
EPANED SOL 1MG/ML	4	
<i>eplerenone tab 25 mg</i>	2	GC
<i>eplerenone tab 50 mg</i>	2	GC
<i>eprosartan mesylate tab 600 mg</i>	1	GC
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	4	QL
EXFORGEH/5- TAB 160-12.5 QL (30 tabs / 30 days)	4	QL
EXFORGEH/5- TAB 160-25 QL (30 tabs / 30 days)	4	QL
EXFORGEH/10- TAB 160-12.5 QL (30 tabs / 30 days)	4	QL
EXFORGEH/10- TAB 160-25 QL (30 tabs / 30 days)	4	QL
EXFORGEH/10- TAB 320-25 QL (30 tabs / 30 days)	4	QL
<i>felodipine tab sr 24hr 2.5 mg</i>	2	GC
<i>felodipine tab sr 24hr 5 mg</i>	2	GC
<i>felodipine tab sr 24hr 10 mg</i>	2	GC
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg QL (30 tabs / 30 days)</i>	1	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>fosinopril sodium tab 10 mg</i>	1	GC
<i>fosinopril sodium tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 40 mg</i>	1	GC
<i>furosemide inj 10 mg/ml</i>	2	GC
<i>furosemide oral soln 10 mg/ml</i>	2	GC
FUROSEMIDE SOL 8MG/ML	2	GC
<i>furosemide tab 20 mg</i>	2	GC
<i>furosemide tab 40 mg</i>	2	GC
<i>furosemide tab 80 mg</i>	2	GC
<i>guanfacine hcl tab 1 mg</i>	2	GC PA
<i>guanfacine hcl tab 2 mg</i>	2	GC PA
<i>hydralazine hcl inj 20 mg/ml</i>	2	GC
<i>hydralazine hcl tab 10 mg</i>	2	GC
<i>hydralazine hcl tab 25 mg</i>	2	GC
<i>hydralazine hcl tab 50 mg</i>	2	GC
<i>hydralazine hcl tab 100 mg</i>	2	GC
<i>hydrochlorothiazide cap 12.5 mg</i>	2	GC
<i>hydrochlorothiazide tab 12.5 mg</i>	2	GC
<i>hydrochlorothiazide tab 25 mg</i>	2	GC
<i>hydrochlorothiazide tab 50 mg</i>	2	GC
HYZAAR TAB 50-12.5 QL (60 tabs / 30 days)	4	QL
HYZAAR TAB 100-12.5 QL (30 tabs / 30 days)	4	QL
HYZAAR TAB 100-25 QL (30 tabs / 30 days)	4	QL
<i>indapamide tab 1.25 mg</i>	2	GC
<i>indapamide tab 2.5 mg</i>	2	GC
<i>irbesartan tab 75 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan tab 150 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan tab 300 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>isradipine cap 2.5 mg</i>	2	GC
<i>isradipine cap 5 mg</i>	2	GC
<i>labetalol hcl iv soln 5 mg/ml</i>	2	GC
<i>labetalol hcl tab 100 mg</i>	2	GC
<i>labetalol hcl tab 200 mg</i>	2	GC
<i>labetalol hcl tab 300 mg</i>	2	GC
LASIX TAB 20MG	4	
LASIX TAB 40MG	4	
LASIX TAB 80MG	4	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>lisinopril tab 2.5 mg</i>	1	GC
<i>lisinopril tab 5 mg</i>	1	GC
<i>lisinopril tab 10 mg</i>	1	GC
<i>lisinopril tab 20 mg</i>	1	GC
<i>lisinopril tab 30 mg</i>	1	GC
<i>lisinopril tab 40 mg</i>	1	GC
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 25 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 50 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 100 mg</i> QL (30 tabs / 30 days)	1	GC QL
LOTENSIN TAB 20MG	4	
LOTENSIN TAB 40MG	4	
LOTREL CAP 2.5-10MG QL (30 caps / 30 days)	4	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
LOTREL CAP 5-10MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 5-20MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 5-40MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 10-20MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 10-40MG QL (30 caps / 30 days)	4	QL
<i>matzim la tab 180mg/24</i>	2	GC
<i>matzim la tab 240mg/24</i>	2	GC
<i>matzim la tab 300mg/24</i>	2	GC
<i>matzim la tab 360mg/24</i> QL (30 tabs / 30 days)	2	GC QL
<i>matzim la tab 420mg/24</i> QL (30 tabs / 30 days)	2	GC QL
<i>methyclothiazide tab 5 mg</i>	2	GC
<i>methyldopa &amp; hydrochlorothiazide tab 250- 15 mg</i>	2	GC
<i>methyldopa &amp; hydrochlorothiazide tab 250- 25 mg</i>	2	GC
<i>methyldopa tab 250 mg</i>	2	GC PA
<i>methyldopa tab 500 mg</i>	2	GC PA
<i>metolazone tab 2.5 mg</i>	2	GC
<i>metolazone tab 5 mg</i>	2	GC
<i>metolazone tab 10 mg</i>	2	GC
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	GC
<i>metoprolol &amp; hydrochlorothiazide tab 100- 25 mg</i>	2	GC
<i>metoprolol &amp; hydrochlorothiazide tab 100- 50 mg</i>	2	GC
<i>metoprolol succinate tab sr 24hr 25 mg</i>	2	GC
<i>metoprolol succinate tab sr 24hr 50 mg</i>	2	GC
<i>metoprolol succinate tab sr 24hr 100 mg</i>	2	GC
<i>metoprolol succinate tab sr 24hr 200 mg</i>	2	GC
<i>metoprolol tartrate inj 1 mg/ml</i>	2	GC
<i>metoprolol tartrate tab 25 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>metoprolol tartrate tab 50 mg</i>	2	GC
<i>metoprolol tartrate tab 100 mg</i>	2	GC
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80- 25MG QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80/12.5 QL (30 tabs / 30 days)	4	QL
MICARDIS TAB 20MG QL (30 tabs / 30 days)	4	QL
MICARDIS TAB 40MG QL (30 tabs / 30 days)	4	QL
MICARDIS TAB 80MG QL (30 tabs / 30 days)	4	QL
MICROZIDE CAP 12.5MG	4	
<i>minoxidil tab 2.5 mg</i>	2	GC
<i>minoxidil tab 10 mg</i>	2	GC
<i>moexipril hcl tab 7.5 mg</i>	1	GC
<i>moexipril hcl tab 15 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	GC
<i>nadolol &amp; bendroflumethiazide tab 40-5 mg</i>	2	GC
<i>nadolol &amp; bendroflumethiazide tab 80-5 mg</i>	2	GC
<i>nadolol tab 20 mg</i>	2	GC
<i>nadolol tab 40 mg</i>	2	GC
<i>nadolol tab 80 mg</i>	2	GC
<i>nicardipine hcl cap 20 mg</i>	2	GC
<i>nicardipine hcl cap 30 mg</i>	2	GC
<i>nifedical xl tab 30mg</i>	2	GC
<i>nifedical xl tab 60mg</i>	2	GC
<i>nifedipine cap 10 mg</i>	2	GC PA
<i>nifedipine cap 20 mg</i>	2	GC PA
<i>nifedipine tab sr 24hr osmotic 30 mg</i>	2	GC
<i>nifedipine tab sr 24hr osmotic 60 mg</i>	2	GC
<i>nifedipine tab sr 24hr osmotic 90 mg</i>	2	GC
<i>nimodipine cap 30 mg</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

40

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nisoldipine tab sr 24hr 8.5 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 17 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 25.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 34 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nisoldipine tab sr 24hr 40 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>perindopril erbumine tab 2 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>perindopril erbumine tab 4 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>perindopril erbumine tab 8 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>pindolol tab 5 mg</i>	2	GC
<i>pindolol tab 10 mg</i>	2	GC
<i>prazosin hcl cap 1 mg</i>	2	GC
<i>prazosin hcl cap 2 mg</i>	2	GC
<i>prazosin hcl cap 5 mg</i>	2	GC
PRINIVIL TAB 5MG	4	
PRINIVIL TAB 10MG	4	
PRINIVIL TAB 20MG	4	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	2	GC
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 60 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 80 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 120 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 160 mg</i>	2	GC
<i>propranolol hcl inj 1 mg/ml</i>	2	GC
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	GC
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>propranolol hcl tab 10 mg</i>	2	GC
<i>propranolol hcl tab 20 mg</i>	2	GC
<i>propranolol hcl tab 40 mg</i>	2	GC
<i>propranolol hcl tab 60 mg</i>	2	GC
<i>propranolol hcl tab 80 mg</i>	2	GC
<i>quinapril hcl tab 5 mg</i>	1	GC
<i>quinapril hcl tab 10 mg</i>	1	GC
<i>quinapril hcl tab 20 mg</i>	1	GC
<i>quinapril hcl tab 40 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ramipril cap 1.25 mg</i>	1	GC
<i>ramipril cap 2.5 mg</i>	1	GC
<i>ramipril cap 5 mg</i>	1	GC
<i>ramipril cap 10 mg</i>	1	GC
<i>reserpine tab 0.1 mg</i>	2	GC PA
<i>reserpine tab 0.25 mg</i>	2	GC PA
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2	GC
<i>spironolactone tab 25 mg</i>	2	GC
<i>spironolactone tab 50 mg</i>	2	GC
<i>spironolactone tab 100 mg</i>	2	GC
TARKA TAB 1-240 CR QL (30 tabs / 30 days)	4	QL
TARKA TAB 2-180 CR QL (30 tabs / 30 days)	4	QL
TARKA TAB 2-240 CR QL (30 tabs / 30 days)	4	QL
TARKA TAB 4-240 CR QL (30 tabs / 30 days)	4	QL
<i>taztia xt cap 120mg/24</i>	2	GC
<i>taztia xt cap 180mg/24</i>	2	GC
<i>taztia xt cap 240mg/24</i>	2	GC
<i>taztia xt cap 300mg/24</i>	2	GC
<i>taztia xt cap 360mg/24</i>	2	GC
TEKAMLO TAB 150-5MG QL (30 tabs / 30 days)	3	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TEKAMLO TAB 150-10MG QL (30 tabs / 30 days)	3	QL
TEKAMLO TAB 300-5MG QL (30 tabs / 30 days)	3	QL
TEKAMLO TAB 300-10MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 150- 12.5 QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 150- 25MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300- 12.5 QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300- 25MG QL (30 tabs / 30 days)	3	QL
TEKTURNA TAB 150MG QL (30 tabs / 30 days)	3	QL
TEKTURNA TAB 300MG QL (30 tabs / 30 days)	3	QL
<i>telmisartan tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan tab 80 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine tab 40- 5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40- 10 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80- 5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80- 10 mg</i>	1	GC
<i>telmisartan- hydrochlorothiazide tab 40- 12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan- hydrochlorothiazide tab 80- 12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
TENORETIC TAB 50	4	
TENORETIC TAB 100	4	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
TENORMIN TAB 25MG	4	
TENORMIN TAB 50MG	4	
TENORMIN TAB 100MG	4	
<i>terazosin hcl cap 1 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 2 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 5 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 10 mg</i> QL (60 caps / 30 days)	2	GC QL
TEVETEN HCT TAB 600-12.5 QL (30 tabs / 30 days)	4	QL
TEVETEN HCT TAB 600- 25MG QL (30 tabs / 30 days)	4	QL
TEVETEN TAB 600MG	4	
<i>timolol maleate tab 5 mg</i>	2	GC
<i>timolol maleate tab 10 mg</i>	2	GC
<i>timolol maleate tab 20 mg</i>	2	GC
TOPROL XL TAB 25MG	4	
TOPROL XL TAB 50MG	4	
TOPROL XL TAB 100MG	4	
TOPROL XL TAB 200MG	4	
<i>toremide tab 5 mg</i>	2	GC
<i>toremide tab 10 mg</i>	2	GC
<i>toremide tab 20 mg</i>	2	GC
<i>toremide tab 100 mg</i>	2	GC
<i>trandolapril tab 1 mg</i>	1	GC
<i>trandolapril tab 2 mg</i>	1	GC
<i>trandolapril tab 4 mg</i>	1	GC
<i>trandolapril-verapamil hcl tab cr 1-240 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>trandolapril-verapamil hcl tab cr 2-180 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>trandolapril-verapamil hcl tab cr 2-240 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>trandolapril-verapamil hcl tab cr 4-240 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>triamterene &amp; hydrochlorothiazide cap 37.5- 25 mg</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>triamterene &amp; hydrochlorothiazide cap 50-25 mg</i>	2	GC
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	2	GC
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	2	GC
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	4	QL
<i>valsartan tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan tab 80 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan tab 160 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan tab 320 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
VASERETIC TAB 10-25MG	4	
VASOTEC TAB 2.5MG	4	
VASOTEC TAB 5MG	4	
VASOTEC TAB 10MG	4	
VASOTEC TAB 20MG	4	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>verapamil hcl cap sr 24hr 100 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 120 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 180 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 200 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 240 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 300 mg</i>	2	GC
<i>verapamil hcl cap sr 24hr 360 mg</i>	2	GC
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	GC
<i>verapamil hcl tab 40 mg</i>	2	GC
<i>verapamil hcl tab 80 mg</i>	2	GC
<i>verapamil hcl tab 120 mg</i>	2	GC
<i>verapamil hcl tab cr 120 mg</i>	2	GC
<i>verapamil hcl tab cr 180 mg</i>	2	GC
<i>verapamil hcl tab cr 240 mg</i>	2	GC
ZESTORETIC TAB 10-12.5	4	
ZESTORETIC TAB 20-12.5	4	
ZESTORETIC TAB 20-25MG	4	
ZESTRIL TAB 2.5MG	4	
ZESTRIL TAB 5MG	4	
ZESTRIL TAB 10MG	4	
ZESTRIL TAB 20MG	4	
ZESTRIL TAB 30MG	4	
ZESTRIL TAB 40MG	4	
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin inj 0.25 mg/ml</i>	2	GC
<i>digoxin oral soln 0.05 mg/ml</i>	2	GC
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	GC
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	GC
LANOXIN TAB 0.25MG	4	
LANOXIN TAB 0.125MG	4	
LANOXIN TAB 0.0625MG	4	
LANOXIN TAB 0.1875MG	4	
<b>COAGULATION THERAPY</b>		
AGGRENOX CAP 25-200MG QL (60 caps / 30 days)	3	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
BRILINTA TAB 90MG	3	
<i>cilostazol tab 50 mg</i>	2	GC
<i>cilostazol tab 100 mg</i>	2	GC
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> QL (33 tabs / 30 days)	2	GC QL
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	2	GC
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
<i>dipyridamole tab 25 mg</i>	2	GC PA
<i>dipyridamole tab 50 mg</i>	2	GC PA
<i>dipyridamole tab 75 mg</i>	2	GC PA
EFFIENT TAB 5MG QL (35 tabs / 30 days)	3	QL
EFFIENT TAB 10MG QL (35 tabs / 30 days)	3	QL
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 40 mg/0.4ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 60 mg/0.6ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 80 mg/0.8ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 100 mg/ml</i> QL (42 syringes / 60 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>enoxaparin sodium inj 120 mg/0.8ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 150 mg/ml</i> QL (42 syringes / 60 days)	2	GC QL
<i>enoxaparin sodium inj 300 mg/3ml</i> QL (7 vials / 60 days)	2	GC QL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> QL (21 syringes / 60 days)	2	GC QL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> QL (21 syringes / 60 days)	2	GC QL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> QL (21 syringes / 60 days)	2	GC QL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> QL (21 syringes / 60 days)	2	GC QL
FRAGMIN INJ 2500/0.2 QL (21 syringes / 60 days)	4	QL
FRAGMIN INJ 5000/0.2 QL (21 syringes / 60 days)	4	QL
FRAGMIN INJ 7500/0.3 QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 10000/ML QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 12500UNT QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 15000UNT QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 18000UNT QL (21 syringes / 60 days)	5	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
FRAGMIN INJ 95000UNT QL (21 syringes / 60 days)	5	QL
HEP SOD/D5W INJ 25000UNT	2	GC
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	2	GC
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	GC
<i>jantoven tab 1mg</i>	2	GC
<i>jantoven tab 2.5mg</i>	2	GC
<i>jantoven tab 2mg</i>	2	GC
<i>jantoven tab 3mg</i>	2	GC
<i>jantoven tab 4mg</i>	2	GC
<i>jantoven tab 5mg</i>	2	GC
<i>jantoven tab 6mg</i>	2	GC
<i>jantoven tab 7.5mg</i>	2	GC
<i>jantoven tab 10mg</i>	2	GC
MEPHYTON TAB 5MG QL (60 tabs / 30 days)	4	ED QL
<i>pentoxifylline tab cr 400 mg</i>	2	GC
PRADAXA CAP 75MG QL (60 caps / 30 days)	3	QL
PRADAXA CAP 150MG QL (60 caps / 30 days)	3	QL
PROMACTA TAB 12.5MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 25MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 50MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 75MG QL (30 tabs / 30 days)	5	QL LA PA
<i>ticlopidine hcl tab 250 mg</i>	2	GC PA
<i>tranexamic acid inj 100 mg/ml</i>	2	GC
<i>warfarin sodium tab 1 mg</i>	2	GC
<i>warfarin sodium tab 2 mg</i>	2	GC
<i>warfarin sodium tab 2.5 mg</i>	2	GC
<i>warfarin sodium tab 3 mg</i>	2	GC
<i>warfarin sodium tab 4 mg</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>warfarin sodium tab 5 mg</i>	2	GC
<i>warfarin sodium tab 6 mg</i>	2	GC
<i>warfarin sodium tab 7.5 mg</i>	2	GC
<i>warfarin sodium tab 10 mg</i>	2	GC
XARELTO STAR TAB 15/20MG QL (1 kit / 30 days)	3	QL
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
ZONTIVITY TAB 2.08MG	3	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ADVICOR TAB 500-20MG QL (30 tabs / 30 days)	4	QL
ADVICOR TAB 750-20MG QL (60 tabs / 30 days)	4	QL
ADVICOR TAB 1000-20 QL (60 tabs / 30 days)	4	QL
ADVICOR TAB 1000-40 QL (30 tabs / 30 days)	4	QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> QL (30 tabs / 30 days)	1	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> QL (30 tabs / 30 days)	1	GC QL
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> QL (45 tabs / 30 days)	1	GC QL
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> QL (30 tabs / 30 days)	1	GC QL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> QL (30 tabs / 30 days)	1	GC QL
CADUET TAB 2.5-10MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 2.5-20MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 2.5-40MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 5-10MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 5-20MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 5-40MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 5-80MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 10-10MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 10-20MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 10-40MG QL (30 tabs / 30 days)	4	QL
CADUET TAB 10-80MG QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>cholestyramine light powder packets 4 gm</i>	2	GC
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> QL (30 caps / 30 days)	2	GC QL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> QL (30 caps / 30 days)	2	GC QL
<i>colestipol hcl granules 5 gm</i>	2	GC
<i>colestipol hcl tab 1 gm</i>	2	GC
CRESTOR TAB 5MG QL (30 tabs / 30 days)	3	QL
CRESTOR TAB 10MG QL (30 tabs / 30 days)	3	QL
CRESTOR TAB 20MG QL (30 tabs / 30 days)	3	QL
CRESTOR TAB 40MG QL (30 tabs / 30 days)	3	QL
<i>fenofibrate micronized cap 43 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>fenofibrate micronized cap 67 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>fenofibrate micronized cap 130 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>fenofibrate micronized cap 134 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>fenofibrate micronized cap 200 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>fenofibrate tab 48 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fenofibrate tab 54 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fenofibrate tab 145 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fenofibrate tab 160 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fluvastatin sodium cap 20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>fluvastatin sodium cap 40 mg</i> QL (60 caps / 30 days)	1	GC QL
<i>gemfibrozil tab 600 mg</i> QL (60 tabs / 30 days)	2	GC QL
JUXTAPID CAP 5MG	5	LA PA
JUXTAPID CAP 10MG	5	LA PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

46

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
JUXTAPID CAP 20MG	5	LA PA
JUXTAPID CAP 30MG	5	LA PA
JUXTAPID CAP 40MG	5	LA PA
JUXTAPID CAP 60MG	5	LA PA
KYNAMRO INJ 200MG/ML	5	LA PA
LESCOL CAP 20MG QL (30 caps / 30 days)	4	QL
LESCOL CAP 40MG QL (60 caps / 30 days)	4	QL
LESCOL XL TAB 80MG QL (30 tabs / 30 days)	4	QL
LIPITOR TAB 10MG QL (30 tabs / 30 days)	4	QL
LIPITOR TAB 20MG QL (45 tabs / 30 days)	4	QL
LIPITOR TAB 40MG QL (30 tabs / 30 days)	4	QL
LIPITOR TAB 80MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-10MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-20MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-40MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-80MG QL (30 tabs / 30 days)	4	QL
LIVALO TAB 1MG QL (30 tabs / 30 days)	4	QL
LIVALO TAB 2MG QL (30 tabs / 30 days)	4	QL
LIVALO TAB 4MG QL (30 tabs / 30 days)	4	QL
lovastatin tab 10 mg QL (30 tabs / 30 days)	1	GC QL
lovastatin tab 20 mg QL (30 tabs / 30 days)	1	GC QL
lovastatin tab 40 mg QL (60 tabs / 30 days)	1	GC QL
LOVAZA CAP 1GM QL (120 caps / 30 days)	3	QL
niacin tab cr 500 mg (antihyperlipidemic) QL (60 tabs / 30 days)	2	GC QL
niacin tab cr 750 mg (antihyperlipidemic) QL (60 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
niacin tab cr 1000 mg (antihyperlipidemic) QL (60 tabs / 30 days)	2	GC QL
omega-3-acid ethyl esters cap 1 gm QL (120 caps / 30 days)	2	GC QL
PRAVACHOL TAB 20MG QL (30 tabs / 30 days)	4	QL
PRAVACHOL TAB 40MG QL (60 tabs / 30 days)	4	QL
PRAVACHOL TAB 80MG QL (30 tabs / 30 days)	4	QL
pravastatin sodium tab 10 mg QL (30 tabs / 30 days)	1	GC QL
pravastatin sodium tab 20 mg QL (30 tabs / 30 days)	1	GC QL
pravastatin sodium tab 40 mg QL (60 tabs / 30 days)	1	GC QL
pravastatin sodium tab 80 mg QL (30 tabs / 30 days)	1	GC QL
prevalite pow 4gm	2	GC
QUESTRAN POW 4GM	2	GC
SIMCOR TAB 500-20MG QL (30 tabs / 30 days)	4	QL
SIMCOR TAB 500-40MG QL (30 tabs / 30 days)	4	QL
SIMCOR TAB 750-20MG QL (30 tabs / 30 days)	4	QL
SIMCOR TAB 1000-20 QL (30 tabs / 30 days)	4	QL
SIMCOR TAB 1000-40 QL (30 tabs / 30 days)	4	QL
simvastatin tab 5 mg QL (30 tabs / 30 days)	1	GC QL
simvastatin tab 10 mg QL (30 tabs / 30 days)	1	GC QL
simvastatin tab 20 mg QL (30 tabs / 30 days)	1	GC QL
simvastatin tab 40 mg QL (30 tabs / 30 days)	1	GC QL
simvastatin tab 80 mg QL (30 tabs / 30 days)	1	GC QL
VASCEPA CAP 1GM	3	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	4	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

47

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	4	QL
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
ZETIA TAB 10MG QL (30 tabs / 30 days)	4	QL
ZOCOR TAB 5MG QL (30 tabs / 30 days)	4	QL
ZOCOR TAB 10MG QL (30 tabs / 30 days)	4	QL
ZOCOR TAB 20MG QL (30 tabs / 30 days)	4	QL
ZOCOR TAB 40MG QL (30 tabs / 30 days)	4	QL
ZOCOR TAB 80MG QL (30 tabs / 30 days)	4	QL
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
RANEXA TAB 500MG QL (120 tabs / 30 days)	3	QL
RANEXA TAB 1000MG QL (60 tabs / 30 days)	3	QL
<b>NITRATES</b>		
ISORDIL TAB 40MG	4	
<i>isosorbide dinitrate tab 5 mg</i>	2	GC
<i>isosorbide dinitrate tab 10 mg</i>	2	GC
<i>isosorbide dinitrate tab 20 mg</i>	2	GC
<i>isosorbide dinitrate tab 30 mg</i>	2	GC
<i>isosorbide dinitrate tab cr 40 mg</i>	2	GC
<i>isosorbide mononitrate tab 10 mg</i>	2	GC
<i>isosorbide mononitrate tab 20 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	2	GC
NITRO-BID OIN 2%	2	GC
NITRO-DUR DIS 0.1MG/HR	4	
NITRO-DUR DIS 0.2MG/HR	4	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.4MG/HR	4	
NITRO-DUR DIS 0.6MG/HR	4	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	GC
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	GC
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	GC
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	GC
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	GC
NITROMIST AER 400MCG	3	
NITROSTAT SUB 0.3MG	2	GC
NITROSTAT SUB 0.4MG	2	GC
NITROSTAT SUB 0.6MG	2	GC
<b>CENTRAL NERVOUS SYSTEM ANTIPSYCHOTICS</b>		
<i>aripiprazole tab 2 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 5 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 10 mg</i> QL (90 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 15 mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 20 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 30 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>clozapine orally disintegrating tab 150 mg</i>	2	GC
<i>clozapine orally disintegrating tab 200 mg</i>	2	GC
SAPHRIS SUB 2.5MG QL (60 tabs / 30 days)	4	QL
<b>DERMATOLOGICALS/TOPICAL THERAPY ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin cap 10 mg</i>	2	GC
<i>acitretin cap 17.5 mg</i>	5	
<i>acitretin cap 25 mg</i>	5	
<i>calcipotriene cream 0.005%</i> QL (120 gm / 30 days)	2	GC QL
<i>calcipotriene oint 0.005%</i> QL (120 gm / 30 days)	2	GC QL
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> QL (1 bottle / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	2	GC
<i>calcitriol oint 3 mcg/gm</i>	2	GC
<i>selenium sulfide lotion 2.5%</i>	2	GC
TACLONEX SUS QL (480ml / 30 days)	4	QL
<b>BURN THERAPY</b>		
<i>silver sulfadiazine cream 1%</i>	2	GC
<i>ssd cre 1%</i>	2	GC
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
CARAC CRE 0.5%	3	
CONDYLOX GEL 0.5%	3	
<i>diclofenac sodium (actinic keratoses) gel 3%</i> QL (100 gm / 30 days)	2	GC QL PA
ELIDEL CRE 1%	3	PA
<i>fluorouracil cream 0.5%</i>	2	GC
<i>fluorouracil cream 5%</i>	2	GC
<i>fluorouracil soln 2%</i>	2	GC
<i>fluorouracil soln 5%</i>	2	GC
<i>imiquimod cream 5%</i> QL (12 packets / 30 days)	2	GC QL
<i>lactic acid (ammonium lactate) cream 12%</i>	2	GC
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	GC
<i>methoxsalen rapid cap 10 mg</i>	2	GC
OXSORALEN-UL CAP 10MG	5	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	4	
PICATO GEL 0.015%	4	
<i>podofilox soln 0.5%</i>	2	GC
PROTOPIC OIN 0.1%	4	PA
PROTOPIC OIN 0.03%	4	PA
<i>prudoxin cre 5%</i>	2	GC
REGRANEX GEL 0.01% QL (15 gm / 30 days)	4	QL
<i>tacrolimus oint 0.1%</i>	2	GC PA
<i>tacrolimus oint 0.03%</i>	2	GC PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OIN 15% QL (15 gm / 30 days)	4	QL

**THERAPY FOR ACNE**

Drug Name	Drug Requirements/	
	Tier	Limits
ACZONE GEL 5%	4	
<i>adapalene cream 0.1%</i>	2	GC PA
<i>adapalene gel 0.1%</i>	2	GC PA
<i>adapalene gel 0.3%</i>	2	GC PA
<i>amneesteem cap 10mg</i>	2	GC
<i>amneesteem cap 20mg</i>	2	GC
<i>amneesteem cap 40mg</i>	2	GC
AZELEX CRE 20%	4	
<i>claravis cap 10mg</i>	2	GC
<i>claravis cap 20mg</i>	2	GC
<i>claravis cap 30mg</i>	5	
<i>claravis cap 40mg</i>	2	GC
<i>clindamycin phosphate foam 1%</i>	2	GC
<i>clindamycin phosphate gel 1%</i>	2	GC
<i>clindamycin phosphate lotion 1%</i>	2	GC
<i>clindamycin phosphate soln 1%</i>	2	GC
<i>clindamycin phosphate swab 1%</i>	2	GC
<i>ery pad 2%</i>	2	GC
<i>erythromycin gel 2%</i>	2	GC
<i>erythromycin soln 2%</i>	2	GC
FINACEA GEL 15%	4	
<i>metronidazole cream 0.75%</i>	2	GC
<i>metronidazole gel 0.75%</i>	2	GC
<i>metronidazole gel 1%</i>	2	GC
<i>metronidazole lotion 0.75%</i>	2	GC
MIRVASO GEL 0.33%	4	PA
<i>myorisan cap 10mg</i>	2	GC
<i>myorisan cap 20mg</i>	2	GC
<i>myorisan cap 40mg</i>	2	GC
<i>neuac gel 1.2-5%</i>	2	GC
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA
TAZORAC GEL 0.1%	4	PA
TAZORAC GEL 0.05%	4	PA
<i>tretinoin cream 0.1%</i>	2	GC PA
<i>tretinoin cream 0.05%</i>	2	GC PA
<i>tretinoin cream 0.025%</i>	2	GC PA
<i>tretinoin gel 0.01%</i>	2	GC PA
<i>tretinoin gel 0.025%</i>	2	GC PA

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

49

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<b>TOPICAL ANESTHETICS</b>		
<i>lidocaine hcl gel 2%</i>	2	GC
<i>lidocaine hcl local inj 2%</i>	2	GC
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	GC
<i>lidocaine hcl soln 4%</i>	2	GC
<i>lidocaine hcl viscous soln 2%</i>	2	GC
<i>lidocaine oint 5%</i>	2	GC
<i>lidocaine patch 5% (700 mg) QL (90 patches / 30 days)</i>	2	GC QL PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	GC
SYNERA DIS 70-70MG	3	
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX OIN 1%	4	
GARAMYCIN SOL 0.3% OP	2	GC
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate oint 0.1%</i>	2	GC
<i>mupirocin calcium cream 2%</i>	2	GC
<i>mupirocin oint 2%</i>	2	GC
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	2	GC
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	GC
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	GC
<i>ciclopirox shampoo 1%</i>	2	GC
<i>ciclopirox solution 8%</i>	2	GC
<i>clotrimazole cream 1%</i>	2	GC
<i>clotrimazole soln 1%</i>	2	GC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	GC
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	GC
<i>econazole nitrate cream 1%</i>	2	GC
EXELDERM CRE 1%	4	
EXELDERM SOL 1%	4	
<i>ketconazole cream 2%</i>	2	GC
<i>ketconazole shampoo 2%</i>	2	GC
<i>naftifine hcl cream 1%</i>	3	
NAFTIN CRE 1%	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
NAFTIN CRE 2%	3	
NAFTIN GEL 1%	3	
NAFTIN GEL 2%	3	
<i>nystatin cream 100000 unit/gm</i>	2	GC
<i>nystatin oint 100000 unit/gm</i>	2	GC
<i>nystatin topical powder</i>	2	GC
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	GC
<i>nystop pow 100000</i>	2	GC
OXISTAT CRE 1%	4	
OXISTAT LOT 1%	4	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir oint 5% QL (30 gm / 30 days)</i>	2	GC QL
DENAVIR CRE 1%	4	
<i>ZOVIRAX CRE 5% QL (15 gm / 30 days)</i>	3	QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>alclometasone dipropionate cream 0.05%</i>	2	GC
<i>alclometasone dipropionate oint 0.05%</i>	2	GC
<i>amcinonide cream 0.1%</i>	2	GC
<i>amcinonide lotion 0.1%</i>	2	GC
AMCINONIDE OIN 0.1%	2	GC
APEXICON E CRE 0.05%	2	GC
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	GC
<i>betamethasone dipropionate cream 0.05%</i>	2	GC
<i>betamethasone dipropionate lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate oint 0.05%</i>	2	GC
<i>betamethasone valerate aerosol foam 0.12%</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

50

Prior Authorization, Part D vs. Part B only LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>betamethasone valerate cream 0.1%</i>	2	GC
<i>betamethasone valerate lotion 0.1%</i>	2	GC
<i>betamethasone valerate oint 0.1%</i>	2	GC
CAPEX SHA 0.01%	3	
<i>clobetasol e cre 0.05%</i>	2	GC
<i>clobetasol propionate foam 0.05%</i>	2	GC
<i>clobetasol propionate gel 0.05%</i>	2	GC
<i>clobetasol propionate lotion 0.05%</i>	2	GC
<i>clobetasol propionate oint 0.05%</i>	2	GC
<i>clobetasol propionate shampoo 0.05%</i>	2	GC
<i>clobetasol propionate soln 0.05%</i>	2	GC
<i>clodan sha 0.05%</i>	2	GC
CORDRAN 80X3 TAP 4MCG/CM	4	
<i>desonide cream 0.05%</i>	2	GC
<i>desonide lotion 0.05%</i>	2	GC
<i>desonide oint 0.05%</i>	2	GC
<i>desoximetasone cream 0.05%</i>	2	GC
<i>desoximetasone cream 0.25%</i>	2	GC
<i>desoximetasone gel 0.05%</i>	2	GC
<i>desoximetasone oint 0.05%</i>	2	GC
<i>desoximetasone oint 0.25%</i>	2	GC
<i>diflorasone diacetate cream 0.05%</i>	2	GC
<i>diflorasone diacetate oint 0.05%</i>	2	GC
<i>fluocin acet oil body</i>	2	GC
<i>fluocinolone acetonide cream 0.01%</i>	2	GC
<i>fluocinolone acetonide cream 0.025%</i>	2	GC
<i>fluocinolone acetonide oint 0.025%</i>	2	GC
<i>fluocinolone acetonide soln 0.01%</i>	2	GC
<i>fluocinonide cream 0.1%</i>	2	GC
<i>fluocinonide emulsified base cream 0.05%</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>fluocinonide gel 0.05%</i>	2	GC
<i>fluocinonide oint 0.05%</i>	2	GC
<i>fluocinonide soln 0.05%</i>	2	GC
<i>fluticasone propionate cream 0.05%</i>	2	GC
<i>fluticasone propionate lotion 0.05%</i>	2	GC
<i>fluticasone propionate oint 0.005%</i>	2	GC
<i>halobetasol propionate cream 0.05%</i>	2	GC
<i>halobetasol propionate oint 0.05%</i>	2	GC
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	2	GC
<i>hydrocortisone butyrate oint 0.1%</i>	2	GC
<i>hydrocortisone butyrate soln 0.1%</i>	2	GC
<i>hydrocortisone cream 1%</i>	2	GC
<i>hydrocortisone cream 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC
<i>hydrocortisone oint 1%</i>	2	GC
<i>hydrocortisone oint 2.5%</i>	2	GC
<i>hydrocortisone valerate cream 0.2%</i>	2	GC
<i>hydrocortisone valerate oint 0.2%</i>	2	GC
<i>lokara lot 0.05%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate oint 0.1%</i>	2	GC
<i>mometasone furoate solution 0.1% (lotion)</i>	2	GC
<i>prednicarbate cream 0.1%</i>	2	GC
<i>prednicarbate oint 0.1%</i>	2	GC
<i>triamcinolone acetonide cream 0.1%</i>	2	GC
<i>triamcinolone acetonide cream 0.5%</i>	2	GC
<i>triamcinolone acetonide cream 0.025%</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
<i>triamcinolone acetonide lotion 0.1%</i>	2	GC
<i>triamcinolone acetonide lotion 0.025%</i>	2	GC
<i>triamcinolone acetonide oint 0.1%</i>	2	GC
<i>triamcinolone acetonide oint 0.5%</i>	2	GC
<i>triamcinolone acetonide oint 0.025%</i>	2	GC
<i>triderm cre 0.1%</i>	2	GC
<b>TOPICAL ENZYMES</b>		
SANTYL OIN 250/GM	3	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
EURAX CRE 10%	4	
EURAX LOT 10%	4	
<i>lindane lotion 1%</i>	2	GC
<i>lindane shampoo 1%</i>	2	GC
<i>permethrin cream 5%</i>	2	GC
<b>DIAGNOSTICS / MISCELLANEOUS</b>		
<b>AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringer's for irrigation</i>	2	GC
<i>neomycin-polymyxin b gu irrigation soln</i>	2	GC
<i>ringer's solution for irrigation</i>	2	GC
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	GC
ACTONEL TAB 30MG QL (30 tabs / 30 days)	4	QL
ADAGEN INJ 250/ML	5	LA
<i>alendronate sodium tab 40 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>anagrelide hcl cap 0.5 mg</i>	2	GC
<i>anagrelide hcl cap 1 mg</i>	2	GC
ARALAST NP INJ 400MG	5	LA PA
CARBAGLU TAB 200MG	5	LA
<i>cevimeline hcl cap 30 mg</i>	2	GC
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 2.75/D10	3	
CLINIMIX INJ 4.25/D5W	3	B/D
D10W/NACL INJ 0.2%	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% in lactated ringers</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	GC
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose inj 5%</i>	2	GC
<i>dextrose inj 10%</i>	2	GC
<i>disulfiram tab 250 mg</i>	2	GC
<i>disulfiram tab 500 mg</i>	2	GC
<i>etidronate disodium tab 200 mg</i>	2	GC
<i>etidronate disodium tab 400 mg</i>	2	GC
EXJADE TAB 125MG	3	LA
EXJADE TAB 250MG	5	LA
EXJADE TAB 500MG	5	LA
FERRIPROX TAB 500MG	5	
FOSRENOL CHW 500MG	3	
FOSRENOL CHW 750MG	3	
FOSRENOL CHW 1000MG	3	
GLASSIA INJ	5	LA PA
INCRELEX INJ 40MG/4ML	5	LA PA
<i>kionex pow</i>	2	GC
<i>levocarnitine tab 330 mg</i>	2	GC
<i>midodrine hcl tab 2.5 mg</i>	2	GC
<i>midodrine hcl tab 5 mg</i>	2	GC
<i>midodrine hcl tab 10 mg</i>	2	GC
ORFADIN CAP 2MG	5	
ORFADIN CAP 5MG	5	
ORFADIN CAP 10MG	5	
<i>pilocarpine hcl tab 5 mg</i>	2	GC
<i>pilocarpine hcl tab 7.5 mg</i>	2	GC
PROLASTIN-C INJ 1000MG	5	LA PA
RAVICTI LIQ 1.1GM/ML	5	PA

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
RENAGEL TAB 400MG	4	
RENAGEL TAB 800MG	4	
RENVELA PAK 0.8GM QL (525 packets / 30 days)	4	QL
RENVELA PAK 2.4GM QL (175 packets / 30 days)	4	QL
RENVELA TAB 800MG QL (525 tabs / 30 days)	4	QL
<i>riluzole tab 50 mg</i>	5	
<i>sodium chloride irrigation soln 0.9%</i>	2	GC
<i>sodium chloride iv soln 0.9%</i>	2	GC
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	GC
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	GC
SYPRINE CAP 250MG	5	
<i>water for irrigation, sterile irrigation soln</i>	2	GC
ZEMAIRA INJ 1000MG	5	LA PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	GC PA
<b>SMOKING DETERRENTS</b>		
<i>buproban tab 150mg</i> QL (60 tabs / 30 days)	2	GC QL
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG QL (56 tabs / 28 days)	4	QL PA
CHANTIX TAB 0.5MG QL (56 tabs / 28 days)	4	QL PA
CHANTIX TAB 1MG QL (56 tabs / 28 days)	4	QL PA
NICOTROL INH QL (3 inhalers / 30 days)	3	QL PA
NICOTROL NS SPR 10MG/ML QL (4 bottles / 30 days)	3	QL PA
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> QL (2 inhalers / 30 days)	2	GC QL
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> QL (2 inhalers / 30 days)	2	GC QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
BACTROBAN OIN NASAL 2%	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	GC
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> QL (1 bottle / 30 days)	2	GC QL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> QL (2 inhalers / 30 days)	2	GC QL
<i>olopatadine hcl nasal soln 0.6%</i> QL (1 bottle / 30 days)	2	GC QL
PATANASE SPR 0.6% QL (1 bottle / 30 days)	4	QL
<i>perio gard sol 0.12%</i>	2	GC
<i>triamcinolone acetonide dental paste 0.1%</i>	2	GC
TYZINE PED DRO 0.05%	4	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetazol hc sol otic</i>	2	GC
<i>acetic acid otic soln 2%</i>	2	GC
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	GC
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	GC
<i>ofloxacin otic soln 0.3%</i>	2	GC
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	GC
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANTIDIABETICS, ORAL</b>		
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	4	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	4	QL
<b>BISPHOSPHONATES</b>		
<i>risedronate sodium tab delayed release 35 mg</i> QL (4 tabs / 28 days)	2	GC QL
<b>ESTROGENS</b>		

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	GC PA
<b>PHOSPHATE BINDER AGENTS</b>		
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>a-hydrocort inj 100mg</i>	2	GC
<i>cortisone acetate tab 25 mg</i>	2	GC
DEPO-MEDROL INJ 20MG/ML	4	
DEPO-MEDROL INJ 40MG/ML	4	
DEPO-MEDROL INJ 80MG/ML	4	
DEXAMETHASON CON 1MG/ML	2	GC
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	GC
<i>dexamethasone tab 0.5 mg</i>	2	GC
<i>dexamethasone tab 0.75 mg</i>	2	GC
<i>dexamethasone tab 1 mg</i>	2	GC
<i>dexamethasone tab 1.5 mg</i>	2	GC
<i>dexamethasone tab 2 mg</i>	2	GC
<i>dexamethasone tab 4 mg</i>	2	GC
<i>dexamethasone tab 6 mg</i>	2	GC
DEXPAK PAK 13 DAY	4	
FLO-PRED SUS	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	GC
H.P. ACTHAR INJ 80UNIT	5	PA
<i>hydrocortisone tab 5 mg</i>	2	GC
<i>hydrocortisone tab 10 mg</i>	2	GC
<i>hydrocortisone tab 20 mg</i>	2	GC
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	GC
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	GC
<i>methylprednisolone sodium succinate for inj 40 mg</i>	2	GC
<i>methylprednisolone sodium succinate for inj 125 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>methylprednisolone tab 4 mg</i>	2	GC B/D
<i>methylprednisolone tab 4 mg dose pack</i>	2	GC
<i>methylprednisolone tab 8 mg</i>	2	GC B/D
<i>methylprednisolone tab 16 mg</i>	2	GC B/D
<i>methylprednisolone tab 32 mg</i>	2	GC B/D
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	2	GC
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	2	GC
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	2	GC
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	GC
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	GC
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	GC
PREDNISON CON 5MG/ML	2	GC B/D
<i>prednisone oral soln 5 mg/5ml</i>	2	GC B/D
<i>prednisone tab 1 mg</i>	2	GC B/D
<i>prednisone tab 2.5 mg</i>	2	GC B/D
<i>prednisone tab 5 mg</i>	2	GC B/D
<i>prednisone tab 10 mg</i>	2	GC B/D
<i>prednisone tab 20 mg</i>	2	GC B/D
<i>prednisone tab 50 mg</i>	2	GC B/D
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-MEDROL INJ 2GM	4	
SOLU-MEDROL INJ 40MG	4	
SOLU-MEDROL INJ 125MG	4	
SOLU-MEDROL INJ 500MG	4	
<i>triamcinolone acetate inj susp 10 mg/ml</i>	2	GC
<i>triamcinolone acetate inj susp 40 mg/ml</i>	2	GC
<b>ANTITHYROID AGENTS</b>		
<i>methimazole tab 5 mg</i>	2	GC
<i>methimazole tab 10 mg</i>	2	GC
<i>propylthiouracil tab 50 mg</i>	2	GC
<b>DIABETES THERAPY</b>		
<i>acarbose tab 25 mg QL (90 tabs / 30 days)</i>	1	GC QL

PA - Prior Authorization      QL - Quantity Limits

Prior Authorization, Part D vs. Part B only      LA - Limited Availability

Enhancement Drug      GC - Gap Coverage

ST - Step Therapy

B/D -

ED -

Drug Name	Drug Requirements/	
	Tier	Limits
<i>acarbose tab 50 mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>acarbose tab 100 mg</i> QL (90 tabs / 30 days)	1	GC QL
ACTOPLUS MET TAB 15-500MG QL (90 tabs / 30 days)	4	QL
ACTOPLUS MET TAB 15-850MG QL (90 tabs / 30 days)	4	QL
ACTOPLUS MET TAB XR QL (30 tabs / 30 days)	3	QL
ACTOPLUS MET TAB XR QL (60 tabs / 30 days)	3	QL
ACTOS TAB 15MG QL (30 tabs / 30 days)	4	QL
ACTOS TAB 30MG QL (30 tabs / 30 days)	4	QL
ACTOS TAB 45MG QL (30 tabs / 30 days)	4	QL
ALCOHOL SWABS	3	
AMARYL TAB 1MG QL (240 tabs / 30 days)	4	QL
AMARYL TAB 2MG QL (120 tabs / 30 days)	4	QL
AMARYL TAB 4MG QL (60 tabs / 30 days)	4	QL
APIDRA INJ SOLOSTAR QL (20 pens / 30 days)	4	QL ST
APIDRA INJ U-100 QL (6 vials / 30 days)	4	QL ST
AVANDAMET TAB 2-1000MG QL (60 tabs / 30 days)	4	QL LA
AVANDIA TAB 2MG QL (90 tabs / 30 days)	4	QL LA
AVANDIA TAB 4MG QL (60 tabs / 30 days)	4	QL LA
AVANDIA TAB 8MG QL (30 tabs / 30 days)	4	QL LA
BYDUREON INJ QL (4 pens / 28 days)	3	QL
BYDUREON INJ QL (4 vials / 30 days)	3	QL
BYETTA INJ 5MCG QL (2 pens / 30 days)	3	QL
BYETTA INJ 10MCG QL (1 pen / 30 days)	3	QL
CYCLOSET TAB 0.8MG QL (180 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	4	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	4	QL
FARXIGA TAB 5MG QL (30 tabs / 30 days)	3	QL
FARXIGA TAB 10MG QL (30 tabs / 30 days)	3	QL
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glimepiride tab 2 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glimepiride tab 4 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide tab 5 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide tab 10 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 2.5 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 10 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG QL (2 boxes / 30 days)	3	QL
GLUCOPHAGE TAB 500MG QL (150 tabs / 30 days)	4	QL
GLUCOPHAGE TAB 500MG XR QL (120 tabs / 30 days)	4	QL
GLUCOPHAGE TAB 750MG XR QL (60 tabs / 30 days)	4	QL
GLUCOPHAGE TAB 850MG QL (90 tabs / 30 days)	4	QL
GLUCOPHAGE TAB 1000MG QL (60 tabs / 30 days)	4	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
GLUCOTROL TAB 5MG QL (240 tabs / 30 days)	4	QL
GLUCOTROL TAB 10MG QL (120 tabs / 30 days)	4	QL
GLUCOTROL XL TAB 2.5MG QL (240 tabs / 30 days)	4	QL
GLUCOTROL XL TAB 5MG QL (120 tabs / 30 days)	4	QL
GLUCOTROL XL TAB 10MG QL (60 tabs / 30 days)	4	QL
GLUMETZA TAB 500MG QL (120 tabs / 30 days)	4	QL
GLUMETZA TAB 1000MG QL (120 tabs / 30 days)	4	QL
<i>glyburide micronized tab 1.5 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide micronized tab 3 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide micronized tab 6 mg</i> QL (60 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 1.25 mg</i> QL (480 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 2.5 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 5 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 1.25-250 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 2.5-500 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 5-500 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
GLYSET TAB 25MG QL (90 tabs / 30 days)	3	QL
GLYSET TAB 50MG QL (90 tabs / 30 days)	3	QL
GLYSET TAB 100MG QL (90 tabs / 30 days)	3	QL
HUMALOG INJ 100/ML QL (6 vials / 30 days)	4	QL ST
HUMALOG KWIK INJ 100/ML QL (20 pens / 30 days)	4	QL ST
HUMALOG MIX INJ 50/50 QL (6 vials / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
HUMALOG MIX INJ 50/50KWP QL (20 pens / 30 days)	4	QL
HUMALOG MIX INJ 75/25KWP QL (20 pens / 30 days)	4	QL ST
HUMALOG MIX SUS 75/25 QL (6 vials / 30 days)	4	QL ST
HUMULIN INJ 70/30 QL (6 vials / 30 days)	4	QL ST
HUMULIN INJ 70/30KWP QL (20 pens / 30 days)	4	QL ST
HUMULIN N INJ U-100 QL (6 vials / 30 days)	4	QL ST
HUMULIN N INJ U-100KWP QL (20 pens / 30 days)	4	QL ST
HUMULIN R INJ U-100 QL (6 vials / 30 days)	4	QL ST
HUMULIN R INJ U-500 QL (3 vials / 30 days)	4	QL
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE	3	
INVOKAMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TAB 100MG QL (30 tabs / 30 days)	3	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TAB 25MG QL (30 tabs / 30 days)	3	QL
JANUVIA TAB 50MG QL (30 tabs / 30 days)	3	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
JANUVIA TAB 100MG QL (30 tabs / 30 days)	3	QL
JARDIANCE TAB 10MG QL (30 tabs / 30 days)	4	QL
JARDIANCE TAB 25MG QL (30 tabs / 30 days)	4	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	4	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	4	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	4	QL
KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days)	4	QL
KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days)	4	QL
KOMBIGLYZE TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
KOMBIGLYZE TAB 5-500MG QL (30 tabs / 30 days)	3	QL
KOMBIGLYZE TAB 5- 1000MG QL (30 tabs / 30 days)	3	QL
LANTUS INJ 100/ML QL (3 vials / 30 days)	3	QL
LANTUS INJ SOLOSTAR QL (10 pens / 30 days)	3	QL
LEVEMIR INJ QL (3 vials / 30 days)	3	QL
LEVEMIR INJ FLEXTOUC QL (10 pens / 30 days)	3	QL
<i>metformin hcl tab 500 mg</i> QL (150 tabs / 30 days)	1	GC QL
<i>metformin hcl tab 850 mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>metformin hcl tab 1000 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>metformin hcl tab sr 24hr 500 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>metformin hcl tab sr 24hr 750 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>metformin hcl tab sr 24hr osmotic 1000 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>nateglinide tab 60 mg</i> QL (90 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nateglinide tab 120 mg</i> QL (90 tabs / 30 days)	1	GC QL
NESINA TAB 6.25MG QL (30 tabs / 30 days)	4	QL
NESINA TAB 12.5MG QL (30 tabs / 30 days)	4	QL
NESINA TAB 25MG QL (30 tabs / 30 days)	4	QL
NOVOLIN INJ 70/30 QL (6 vials / 30 days)	3	QL
NOVOLIN N INJ U-100 QL (6 vials / 30 days)	3	QL
NOVOLIN R INJ U-100 QL (6 vials / 30 days)	3	QL
NOVOLOG INJ 100/ML QL (6 vials / 30 days)	3	QL
NOVOLOG INJ FLEXPEN QL (20 pens / 30 days)	3	QL
NOVOLOG MIX INJ 70/30 QL (6 vials / 30 days)	3	QL
NOVOLOG MIX INJ FLEXPEN QL (20 pens / 30 days)	3	QL
ONGLYZA TAB 2.5MG QL (30 tabs / 30 days)	3	QL
ONGLYZA TAB 5MG QL (30 tabs / 30 days)	3	QL
OSENI TAB 12.5-15 QL (30 tabs / 30 days)	4	QL
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	4	QL
OSENI TAB 12.5-45 QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-15MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-30MG QL (30 tabs / 30 days)	4	QL
OSENI TAB 25-45MG QL (30 tabs / 30 days)	4	QL
<i>pioglitazone hcl tab 15 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL
<i>pioglitazone hcl tab 30 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL
<i>pioglitazone hcl tab 45 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> QL (90 tabs / 30 days)	1	GC QL
PRANDIN TAB 0.5MG QL (120 tabs / 30 days)	4	QL
PRANDIN TAB 1MG QL (120 tabs / 30 days)	4	QL
PRANDIN TAB 2MG QL (240 tabs / 30 days)	4	QL
PROGLYCEM SUS 50MG/ML	3	
<i>repaglinide tab 0.5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>repaglinide tab 1 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>repaglinide tab 2 mg</i> QL (240 tabs / 30 days)	1	GC QL
STARLIX TAB 60MG QL (90 tabs / 30 days)	4	QL
STARLIX TAB 120MG QL (90 tabs / 30 days)	4	QL
SYMLINPEN 60 INJ 1000MCG QL (8 pens / 30 days)	3	QL
SYMLINPEN 120 INJ 1000MCG QL (4 pens / 30 days)	3	QL
TANZEUM INJ 30MG	4	
TANZEUM INJ 50MG	4	
<i>tolazamide tab 250 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>tolazamide tab 500 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>tolbutamide tab 500 mg</i> QL (180 tabs / 30 days)	1	GC QL
TRADJENTA TAB 5MG QL (30 tabs / 30 days)	4	QL
TRULICITY INJ 0.75/0.5 QL (4 pens / 28 days)	4	QL
TRULICITY INJ 1.5/0.5 QL (4 pens / 28 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
VICTOZA INJ 18MG/3ML QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INJ 2.9MG/5M	5	
ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
ANDROGEL GEL 1%(25MG) QL (150 gm / 30 days)	3	QL PA
ANDROGEL GEL 1%(50MG) QL (300 gm / 30 days)	3	QL PA
ANDROGEL GEL 1.62% QL (150 gm / 30 days)	3	QL PA
ANDROGEL GEL 1.62% QL (300 gm / 30 days)	3	QL PA
ANDROGEL GEL PUMP 1% QL (300 gm / 30 days)	3	QL PA
<i>cabergoline tab 0.5 mg</i> QL (16 tabs / 28 days)	2	GC QL
<i>calcitonin (salmon) nasal soln 200 unit/act</i> QL (1 bottle / 28 days)	2	GC QL
<i>calcitriol cap 0.5 mcg</i>	2	GC
<i>calcitriol cap 0.25 mcg</i>	2	GC
<i>calcitriol inj 1 mcg/ml</i>	2	GC
<i>calcitriol oral soln 1 mcg/ml</i>	2	GC
CERDELGA CAP 84MG QL (112 caps / 28 days)	5	QL PA
CEREZYME INJ 400UNIT	5	LA
<i>danazol cap 50 mg</i>	2	GC
<i>danazol cap 100 mg</i>	2	GC
<i>danazol cap 200 mg</i>	2	GC
DEPO-TESTOST INJ 100MG/ML	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only

**LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	GC
<i>desmopressin acetate tab 0.1 mg</i>	2	GC
<i>desmopressin acetate tab 0.2 mg</i>	2	GC
<i>doxercalciferol cap 0.5 mcg</i>	2	GC
<i>doxercalciferol cap 1 mcg</i>	2	GC
<i>doxercalciferol cap 2.5 mcg</i>	2	GC
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	2	GC
ELAPRASE INJ 6MG/3ML	5	
ELELYSO INJ 200UNIT	5	
FABRAZYME INJ 35MG	5	LA
FORTICAL SPR 200/ACT QL (1 bottle / 28 days)	2	GC QL
KORLYM TAB 300MG	5	PA
KUVAN POW 500MG	5	LA PA
KUVAN TAB 100MG	5	LA PA
LUMIZYME INJ 50MG	5	LA
MIACALCIN INJ 200/ML	4	
MYOZYME INJ 50MG	5	
NAGLAZYME INJ 1MG/ML	5	LA
<i>oxandrolone tab 2.5 mg QL (120 tabs / 30 days)</i>	2	GC QL PA
<i>oxandrolone tab 10 mg QL (60 tabs / 30 days)</i>	5	QL PA
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	GC
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	GC
PAMIDRONATE INJ 6MG/ML	2	GC
<i>paricalcitol cap 1 mcg</i>	2	GC
<i>paricalcitol cap 2 mcg</i>	2	GC
<i>paricalcitol cap 4 mcg</i>	2	GC
PARICALCITOL INJ 2MCG/ML	2	GC
SAMSCA TAB 15MG QL (30 tabs / 30 days)	5	QL PA
SAMSCA TAB 30MG QL (60 tabs / 30 days)	5	QL PA
SENSIPAR TAB 30MG QL (120 tabs / 30 days)	3	QL
SENSIPAR TAB 60MG QL (150 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/	
	Tier	Limits
SENSIPAR TAB 90MG QL (120 tabs / 30 days)	5	QL
SOMAVERT INJ 10MG	5	LA PA
SOMAVERT INJ 15MG	5	LA PA
SOMAVERT INJ 20MG	5	LA PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SYNAREL SOL 2MG/ML	5	PA
VPRIV INJ 400UNIT	5	
ZAVESCA CAP 100MG	5	LA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	GC
ZOMETA INJ 4MG/5ML	5	
ZOMETA INJ 4MG/100	5	
<b>THYROID HORMONES</b>		
CYTOMEL TAB 5MCG	4	
CYTOMEL TAB 25MCG	4	
CYTOMEL TAB 50MCG	4	
<i>levothyroxine sodium tab 25 mcg</i>	2	GC
<i>levothyroxine sodium tab 50 mcg</i>	2	GC
<i>levothyroxine sodium tab 75 mcg</i>	2	GC
<i>levothyroxine sodium tab 88 mcg</i>	2	GC
<i>levothyroxine sodium tab 100 mcg</i>	2	GC
<i>levothyroxine sodium tab 112 mcg</i>	2	GC
<i>levothyroxine sodium tab 125 mcg</i>	2	GC
<i>levothyroxine sodium tab 137 mcg</i>	2	GC
<i>levothyroxine sodium tab 150 mcg</i>	2	GC
<i>levothyroxine sodium tab 175 mcg</i>	2	GC
<i>levothyroxine sodium tab 200 mcg</i>	2	GC
<i>levothyroxine sodium tab 300 mcg</i>	2	GC
<i>levoxyl tab 25mcg</i>	2	GC
<i>levoxyl tab 50mcg</i>	2	GC
<i>levoxyl tab 75mcg</i>	2	GC
<i>levoxyl tab 88mcg</i>	2	GC

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
<i>levoxyl tab 100mcg</i>	2	GC
<i>levoxyl tab 112mcg</i>	2	GC
<i>levoxyl tab 125mcg</i>	2	GC
<i>levoxyl tab 137mcg</i>	2	GC
<i>levoxyl tab 150mcg</i>	2	GC
<i>levoxyl tab 175mcg</i>	2	GC
<i>levoxyl tab 200mcg</i>	2	GC
<i>liothyronine sodium tab 5 mcg</i>	2	GC
<i>liothyronine sodium tab 25 mcg</i>	2	GC
<i>liothyronine sodium tab 50 mcg</i>	2	GC
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
THYROLAR-1 TAB 60MG	4	
THYROLAR-1/2 TAB 30MG	4	
THYROLAR-1/4 TAB 15MG	4	
THYROLAR-2 TAB 120MG	4	
THYROLAR-3 TAB 180MG	4	
TIROSINT CAP 13MCG	3	
TIROSINT CAP 25MCG	3	
TIROSINT CAP 50MCG	3	
TIROSINT CAP 75MCG	3	
TIROSINT CAP 88MCG	3	
TIROSINT CAP 100MCG	3	
TIROSINT CAP 112MCG	3	
TIROSINT CAP 125MCG	3	
TIROSINT CAP 137MCG	3	
TIROSINT CAP 150MCG	3	
<i>unithroid tab 25mcg</i>	2	GC
<i>unithroid tab 50mcg</i>	2	GC
<i>unithroid tab 75mcg</i>	2	GC
<i>unithroid tab 88mcg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>unithroid tab 100mcg</i>	2	GC
<i>unithroid tab 112mcg</i>	2	GC
<i>unithroid tab 125mcg</i>	2	GC
<i>unithroid tab 150mcg</i>	2	GC
<i>unithroid tab 175mcg</i>	2	GC
<i>unithroid tab 200mcg</i>	2	GC
<i>unithroid tab 300mcg</i>	2	GC

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine sulfate inj 0.1 mg/ml</i>	2	GC
<i>atropine sulfate inj 0.05 mg/ml</i>	2	GC
BENTYL INJ 10MG/ML	4	
CUVPOSA SOL 1MG/5ML	4	
<i>dicyclomine hcl cap 10 mg</i>	2	GC
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	GC
<i>dicyclomine hcl tab 20 mg</i>	2	GC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	GC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	GC
FULYZAQ TAB 125MG	4	PA
<i>glycopyrrolate tab 1 mg</i>	2	GC
<i>glycopyrrolate tab 2 mg</i>	2	GC
<i>loperamide hcl cap 2 mg</i>	2	GC
<i>methscopolamine bromide tab 2.5 mg</i>	2	GC
<i>methscopolamine bromide tab 5 mg</i>	2	GC
<i>propantheline bromide tab 15 mg</i>	2	GC

### MISCELLANEOUS GASTROINTESTINAL

#### AGENTS

AKYNZEO CAP QL (4 caps / 28 days)	4	B/D QL
<i>alosetron hcl tab 0.5 mg (base equiv)</i> QL (60 tabs / 30 days)	5	QL
<i>alosetron hcl tab 1 mg (base equiv)</i> QL (60 tabs / 30 days)	5	QL
AMITIZA CAP 8MCG QL (60 caps / 30 days)	3	QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	3	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
ANZEMET TAB 50MG QL (7 tabs / 30 days)	4	QL
ANZEMET TAB 100MG QL (7 tabs / 30 days)	4	QL
APRISO CAP 0.375GM QL (120 caps / 30 days)	4	QL
ASACOL HD TAB 800MG	3	
balsalazide disodium cap 750 mg	2	GC
budesonide cap sr 24hr 3 mg	5	
CANASA SUP 1000MG QL (60 supp / 30 days)	3	QL
CESAMET CAP 1MG	4	B/D
CIMZIA KIT QL (6 boxes / 28 days)	5	QL PA
CIMZIA PREFL KIT 200MG/ML QL (6 boxes / 28 days)	5	QL PA
COLYTE/FLAVR SOL PACKS	4	
compro sup 25mg	2	GC
constulose sol 10gm/15	2	GC
CORTIFOAM AER 90MG	4	
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium oral conc 100 mg/5ml	2	GC
DELZICOL CAP 400MG QL (360 caps / 30 days)	3	QL
DIPENTUM CAP 250MG	4	
dronabinol cap 2.5 mg	2	GC B/D
dronabinol cap 5 mg	2	GC B/D
dronabinol cap 10 mg	2	GC B/D
EMEND CAP 40MG QL (1 cap / 30 days)	3	B/D QL
EMEND CAP 80MG QL (8 caps / 30 days)	3	B/D QL
EMEND CAP 125MG QL (2 caps / 30 days)	3	B/D QL
EMEND PAK 80 & 125 QL (6 caps / 30 days)	3	B/D QL
enulose sol 10gm/15	2	GC
GATTEX KIT 5MG	5	PA
gavilyte-c sol	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
gavilyte-g sol	2	GC
gavilyte-n sol flav pk	2	GC
generlac sol 10gm/15	2	GC
GOLYTELY SOL	4	
granisetron hcl tab 1 mg QL (60 tabs / 30 days)	2	GC B/D QL
hydrocortisone enema 100 mg/60ml	2	GC
KRISTALOSE PAK 10GM	4	
KRISTALOSE PAK 20GM	4	
lactulose solution 10 gm/15ml	2	GC
LIALDA TAB 1.2GM QL (120 tabs / 30 days)	3	QL
LINZESS CAP 145MCG	3	
LINZESS CAP 290MCG	3	
LOTRONEX TAB 0.5MG QL (60 tabs / 30 days)	5	QL
LOTRONEX TAB 1MG QL (60 tabs / 30 days)	5	QL
meclizine hcl tab 12.5 mg	2	GC
meclizine hcl tab 25 mg	2	GC
mesalamine rectal enema 4 gm & cleanser wipe kit	2	GC
metoclopramide hcl inj 5 mg/ml	2	GC
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2	GC
metoclopramide hcl tab 5 mg	2	GC
metoclopramide hcl tab 10 mg	2	GC
MOVIPREP SOL	4	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	2	GC
ondansetron hcl oral soln 4 mg/5ml QL (450ml / 30 days)	2	GC B/D QL
ondansetron hcl tab 4 mg QL (45 tabs / 30 days)	2	GC B/D QL
ondansetron hcl tab 8 mg QL (45 tabs / 30 days)	2	GC B/D QL
ondansetron hcl tab 24 mg QL (15 tabs / 30 days)	2	GC B/D QL
ondansetron orally disintegrating tab 4 mg QL (45 tabs / 30 days)	2	GC B/D QL
ondansetron orally disintegrating tab 8 mg QL (45 tabs / 30 days)	2	GC B/D QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
OSMOPREP TAB 1.5GM	4	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PENTASA CAP 250MG CR QL (240 caps / 30 days)	3	QL
PENTASA CAP 500MG CR QL (240 caps / 30 days)	3	QL
PERTZYE CAP	4	
<i>polyethylene glycol 3350 oral powder</i>	2	GC
PREPOPIK PAK	3	
<i>prochlorperazine edisylate inj 5 mg/ml</i>	2	GC
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	GC
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	GC
<i>prochlorperazine suppos 25 mg</i>	2	GC
<i>procto-pak cre 1%</i>	2	GC
<i>proctosol hc cre 2.5%</i>	2	GC
<i>proctozone cre -hc 2.5%</i>	2	GC
RELISTOR INJ 12/0.6ML QL (18 vials / 30 days)	4	QL
REMICADE INJ 100MG	5	PA
SANCUSO DIS 3.1MG QL (2 patches / 28 days)	4	QL
SUCLEAR KIT	3	
<i>sulfasalazine tab 500 mg</i>	2	GC
<i>sulfazine ec tab 500mg</i>	2	GC
SUPREP BOWEL SOL PREP	4	
TRANSDERM-SC DIS 1MG	4	
<i>trilyte sol</i>	2	GC
<i>trimethobenzamide hcl cap 300 mg</i>	2	GC PA
UCERIS TAB 9MG	5	
ULTRESA CAP 13800UNT	4	
ULTRESA CAP 20700UNT	4	
ULTRESA CAP 23000UNT	4	
<i>ursodiol cap 300 mg</i>	2	GC
<i>ursodiol tab 250 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ursodiol tab 500 mg</i>	2	GC
VIOKACE TAB	4	
VIOKACE TAB 20880	4	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

### ULCER THERAPY

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	2	GC
CARAFATE SUS 1GM/10ML	2	GC
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	4	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	4	QL
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	2	GC
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	GC
<i>famotidine for susp 40 mg/5ml</i>	2	GC
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	GC
<i>famotidine inj 20 mg/2ml</i>	2	GC
<i>famotidine tab 20 mg</i>	2	GC
<i>famotidine tab 40 mg</i>	2	GC
<i>lansoprazole cap delayed release 15 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>lansoprazole cap delayed release 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>misoprostol tab 100 mcg</i>	2	GC
<i>misoprostol tab 200 mcg</i>	2	GC
NEXIUM CAP 20MG QL (30 caps / 30 days)	2	GC QL
NEXIUM CAP 40MG QL (30 caps / 30 days)	2	GC QL
NEXIUM GRA 2.5MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 5MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 10MG DR QL (1 box / 30 days)	3	QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
NEXIUM GRA 20MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 40MG DR QL (1 box / 30 days)	3	QL
<i>nizatidine cap 150 mg</i>	2	GC
<i>nizatidine cap 300 mg</i>	2	GC
<i>nizatidine oral soln 15 mg/ml</i>	2	GC
<i>omeprazole cap delayed release 10 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>omeprazole cap delayed release 20 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>omeprazole cap delayed release 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> QL (60 tabs / 30 days)	2	GC QL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> QL (60 tabs / 30 days)	2	GC QL
PREVACID TAB 15MG STB QL (30 tabs / 30 days)	4	QL
PREVACID TAB 30MG STB QL (30 tabs / 30 days)	4	QL
PROTONIX INJ 40MG	4	
PROTONIX PAK QL (1 box / 30 days)	4	QL
PYLERA CAP QL (120 caps / 30 days)	3	QL
<i>rabeprazole sodium ec tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>ranitidine hcl cap 150 mg</i>	2	GC
<i>ranitidine hcl cap 300 mg</i>	2	GC
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	GC
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	GC
<i>ranitidine hcl tab 150 mg</i>	2	GC
<i>ranitidine hcl tab 300 mg</i>	2	GC
<i>sucralfate tab 1 gm</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
ZEGERID POW 20-1680 QL (1 packet / 30 days)	4	QL
ZEGERID POW 40-1680 QL (1 packet / 30 days)	4	QL
<b>GASTROINTESTINAL</b>		
<b>MISCELLANEOUS</b>		
MOVANTIK TAB 12.5MG	3	
MOVANTIK TAB 25MG	3	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
SAVAYSA TAB 15MG QL (30 tabs / 30 days)	4	QL
SAVAYSA TAB 30MG QL (30 tabs / 30 days)	4	QL
SAVAYSA TAB 60MG QL (30 tabs / 30 days)	4	QL
<b>IMMUNOLOGIC AGENTS</b>		
<b>VACCINES</b>		
BEXSERO INJ	3	
<b>IMMUNOLOGY, VACCINES /</b>		
<b>BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE INJ 2MU/0.5	5	LA PA
ARANESP INJ 10MCG QL (4 syringes / 28 days)	4	QL PA
ARANESP INJ 25MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 40MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 60MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 100MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 100MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 150MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 200MCG QL (4 syringes / 30 days)	5	QL PA

**PA** - Prior Authorization      **QL** - Quantity Limits      **ST** - Step Therapy  
Prior Authorization, Part D vs. Part B only      **LA** - Limited Availability  
Enhancement Drug      **GC** - Gap Coverage

**B/D** -      **ED** -      63

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
ARANESP INJ 300MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 500MCG QL (1 syringe / 30 days)	5	QL PA
ARCALYST INJ 220MG	5	LA PA
AVONEX KIT 30MCG QL (4 boxes / 30 days)	5	QL PA
AVONEX PREFL KIT 30MCG QL (4 boxes / 30 days)	5	QL PA
BETASERON INJ 0.3MG QL (15 syringes / 30 days)	5	QL PA
EPOGEN INJ 2000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 3000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 4000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 10000/ML QL (24 vials / 30 days)	4	QL PA
EPOGEN INJ 20000/ML QL (12 vials / 30 days)	4	QL PA
ILARIS INJ 180MG	5	LA PA
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 50MU	5	PA
LEUKINE INJ 250MCG	5	PA
MOZOBIL INJ	5	PA
NEULASTA INJ 6MG/0.6M QL (2 syringes / 30 days)	5	QL PA
NEUMEGA INJ 5MG QL (21 vials / 30 days)	5	QL PA
NEUPOGEN INJ 300/0.5 QL (14 syringes / 30 days)	5	QL PA
NEUPOGEN INJ 480/0.8 QL (14 syringes / 30 days)	5	QL PA
NEUPOGEN INJ 480MCG QL (14 vials / 30 days)	5	QL PA
OMNITROPE INJ 5.8MG	5	LA PA
PEG-INTRON KIT 50MCG QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 50MCG RP QL (4 boxes / 28 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
PEG-INTRON KIT 80MCG RP QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 120 RP QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 150 RP QL (4 boxes / 28 days)	5	QL PA
PEGASYS INJ QL (4 syringes / 28 Day)	5	QL PA
PEGASYS INJ 180MCG/M QL (4 vials / 28 days)	5	QL PA
PEGASYS INJ PROCLICK QL (4 syringes / 28 Day)	5	QL PA
PEGINTRON KIT 80MCG QL (4 boxes / 28 days)	5	QL PA
PEGINTRON KIT 120MCG QL (4 boxes / 28 days)	5	QL PA
PEGINTRON KIT 150MCG QL (4 boxes / 28 days)	5	QL PA
PLEGRIDY INJ QL (2 pens / 28 days)	5	QL PA
PLEGRIDY PEN INJ STARTER QL (1 pen / 28 days)	5	QL PA
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	5	PA
PROCRIT INJ 40000/ML QL (6 vials / 30 days)	5	QL PA
PROLEUKIN INJ 22MU	5	
REBIF INJ 22/0.5 QL (12 syringes / 28 Days)	5	QL
REBIF INJ 44/0.5 QL (12 syringes / 28 Days)	5	QL
REBIF TITRTN SOL PACK QL (12 syringes / 28 days)	5	QL
SYLATRON KIT 200MCG	5	PA
SYLATRON KIT 300MCG	5	PA
SYLATRON KIT 600MCG	5	PA
<b>VACCINES / MISCELLANEOUS</b>		
<b>IMMUNOLOGICALS</b>		
ACTHIB INJ	3	
ADACEL INJ	3	

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
ATGAM INJ 250MG	3	B/D
BCG VACCINE INJ	4	
BIVIGAM INJ 10%	5	PA
BOOSTRIX INJ	3	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
CERVARIX INJ	3	
COMVAX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
DYSPORE INJ 300UNIT	4	PA
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	2	GC
GAMMAGARD INJ 2.5GM/25	5	PA
GAMMAPLEX INJ 10GM	5	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
GARDASIL 9 INJ	3	
GARDASIL INJ	3	
GRASTEK SUB 2800BAU	4	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOLE INJ INACTIVE	3	
IXIARO INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDVAX HIB INJ	3	
PRIVIGEN INJ 20GRAMS	5	PA
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RAGWITEK SUB	4	
RECOMBIVA HB INJ 5MCG/0.5	3	
RECOMBIVA HB INJ 10MCG/ML	3	
RECOMBIVA HB INJ 10MCG/ML	3	B/D

Drug Name	Drug Requirements/	
	Tier	Limits
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
TET/DIP TOX INJ 2-2 LF	3	
TETANUS TOX INJ 5LF ADS	2	GC
THYMOGLOBULN INJ 25MG	5	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
XEOMIN INJ 50 UNIT	4	PA
YF-VAX INJ	3	
ZOSTAVAX INJ	3	

**MUSCULOSKELETAL / RHEUMATOLOGY  
GOUT THERAPY**

<i>allopurinol tab 100 mg</i>	2	GC
<i>allopurinol tab 300 mg</i>	2	GC
ALOPRIM INJ 500MG	2	GC
<i>colchicine tab 0.6 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	GC
COLCRYS TAB 0.6MG QL (120 tabs / 30 days)	4	QL
<i>probenecid tab 500 mg</i>	2	GC
ULORIC TAB 40MG QL (30 tabs / 30 days)	3	QL
ULORIC TAB 80MG QL (30 tabs / 30 days)	3	QL

**OSTEOPOROSIS THERAPY**

ACTONEL TAB 5MG QL (30 tabs / 30 days)	4	QL
ACTONEL TAB 35MG QL (4 tabs / 28 days)	4	QL
ACTONEL TAB 150MG QL (1 tab / 30 days)	4	QL
<i>alendronate sodium oral soln 70 mg/75ml</i> QL (1286ml / 30 days)	2	GC QL
<i>alendronate sodium tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>alendronate sodium tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>alendronate sodium tab 35 mg</i> QL (4 tabs / 28 days)	2	GC QL
<i>alendronate sodium tab 70 mg</i> QL (4 tabs / 28 days)	2	GC QL
FORTEO SOL 600/2.4 QL (1 pen / 30 days)	5	QL
FOSAMAX TAB 70MG QL (4 tabs / 28 days)	4	QL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	2	GC
<i>ibandronate sodium tab 150 mg (base equivalent)</i> QL (1 tab / 30 days)	2	GC QL
PROLIA SOL 60MG/ML QL (1 syringe / 180 days)	3	QL
<i>raloxifene hcl tab 60 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>risedronate sodium tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>risedronate sodium tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>risedronate sodium tab 35 mg</i> QL (12 tabs / 84 days)	2	GC QL
<i>risedronate sodium tab 35 mg</i> QL (4 tabs / 28 days)	2	GC QL
<i>risedronate sodium tab 150 mg</i> QL (1 tabs / 30 days)	2	GC QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA INJ 162/0.9	5	PA
ACTEMRA INJ 200/10ML	5	PA
BENLYSTA INJ 120MG	5	PA
DEPEN TITRA TAB 250MG	4	
ENBREL INJ 25/0.5ML QL (200 / 30 Day)	5	QL PA
ENBREL INJ 25MG QL (200 / 30 days)	5	QL PA
ENBREL INJ 50MG/ML QL (200 / 30 Day)	5	QL PA
HUMIRA INJ 10MG/0.2 QL (2 boxes / 28 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
HUMIRA INJ 40MG/0.8 QL (10 syringes / 28 days)	5	QL PA
HUMIRA KIT 20MG/0.4 QL (2 syringes / 30 days)	5	QL PA
HUMIRA PEN INJ CROHNS	5	PA
KINERET INJ	5	PA
<i>leflunomide tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>leflunomide tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
ORENCIA INJ 125MG/ML QL (4 syringes / 28 days)	5	QL PA
ORENCIA INJ 250MG	5	PA
OTEZLA TAB 10/20/30 QL (27 tabs / 14 days)	5	QL PA
OTEZLA TAB 10/20/30 QL (55 tabs / 28 days)	5	QL PA
OTEZLA TAB 30MG QL (60 tabs / 30 days)	5	QL PA
RIDAURA CAP 3MG	3	
SAVELLA MIS TITR PAK QL (1 kit / 28 days)	3	QL
SAVELLA TAB 12.5MG QL (60 tabs / 30 days)	3	QL
SAVELLA TAB 25MG QL (60 tabs / 30 days)	3	QL
SAVELLA TAB 50MG QL (60 tabs / 30 days)	3	QL
SAVELLA TAB 100MG QL (60 tabs / 30 days)	3	QL
SIMPONI ARIA SOL 50MG/4ML	5	PA
SIMPONI INJ 50/0.5ML QL (1 syringe / 30 days)	5	QL PA
SIMPONI INJ 100MG/ML QL (4 syringes / 30 days)	5	QL PA
STELARA INJ 45MG/0.5	5	PA
STELARA INJ 90MG/ML	5	PA
XELJANZ TAB 5MG	5	PA
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ALORA DIS 0.1MG QL (8 patches / 28 days)	3	QL PA

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
ALORA DIS 0.05MG QL (8 patches / 28 days)	3	QL PA
ALORA DIS 0.025MG QL (8 patches / 28 days)	3	QL PA
ALORA DIS 0.075MG QL (8 patches / 28 days)	3	QL PA
ANGELIQ TAB 0.5-1MG	3	PA
ANGELIQ TAB 0.25-0.5	3	PA
<i>camila tab 0.35mg</i>	2	GC
CLIMARA PRO DIS WEEKLY QL (4 patches / 28 days)	4	QL PA
COMBIPATCH DIS .05/.14 QL (8 patches / 28 days)	3	QL PA
COMBIPATCH DIS .05/.25 QL (8 patches / 28 days)	3	QL PA
DEPO-PROVERA INJ 400/ML	3	
DIVIGEL GEL 0.5MG QL (30 packets / 30 days)	4	QL PA
DUAVEE TAB 0.45-20 QL (30 tabs / 30 days)	4	QL PA
ENJUVIA TAB 0.3MG	4	PA
ENJUVIA TAB 0.9MG	4	PA
ENJUVIA TAB 0.45MG	4	PA
ENJUVIA TAB 0.625MG	4	PA
ENJUVIA TAB 1.25MG	4	PA
<i>errin tab 0.35mg</i>	2	GC
ESTRACE VAG CRE 0.1MG/GM	3	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	2	GC PA
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	2	GC PA
<i>estradiol tab 0.5 mg</i>	2	GC PA
<i>estradiol tab 1 mg</i>	2	GC PA
<i>estradiol tab 2 mg</i>	2	GC PA
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.1 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.05 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.06 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.025 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.075 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol valerate im in oil 20 mg/ml</i>	2	GC
<i>estradiol valerate im in oil 40 mg/ml</i>	2	GC
ESTRING MIS 2MG QL (1 ring / 84 days)	4	QL
<i>estropipate tab 0.75 mg</i>	2	GC PA
<i>estropipate tab 1.5 mg</i>	2	GC PA
<i>estropipate tab 3 mg</i>	2	GC PA
EVAMIST SPR 1.53MG QL (2 bottles / 30 days)	4	QL
FEMRING MIS 0.1MG/24 QL (1 ring / 84 days)	4	QL
FEMRING MIS 0.05/24H QL (1 ring / 84 days)	4	QL
<i>jinteli tab 1mg-5mcg</i>	2	GC PA
<i>jolivette tab 0.35mg</i>	2	GC
<i>lyza tab 0.35mg</i>	2	GC
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	GC
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	GC
<i>medroxyprogesterone acetate tab 5 mg</i>	2	GC
<i>medroxyprogesterone acetate tab 10 mg</i>	2	GC
MENEST TAB 0.3MG	3	PA

**PA** - Prior Authorization      **QL** - Quantity Limits      **ST** - Step Therapy  
Prior Authorization, Part D vs. Part B only      **LA** - Limited Availability  
Enhancement Drug      **GC** - Gap Coverage

**B/D** -      **ED** -      67

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.



Drug Name	Drug Requirements/	
	Tier	Limits
MENEST TAB 0.625MG	3	PA
MENEST TAB 1.25MG	3	PA
MENEST TAB 2.5MG	3	PA
<i>mimvey lo tab 0.5-0.1</i>	2	GC
<i>nora-be tab 0.35mg</i>	2	GC
<i>norethindrone acetate tab 5 mg</i>	2	GC
<i>norethindrone tab 0.35 mg</i>	2	GC
PREFEST TAB	3	
PREMARIN INJ 25MG	3	PA
PREMARIN TAB 0.3MG	3	PA
PREMARIN TAB 0.9MG	3	PA
PREMARIN TAB 0.45MG	3	PA
PREMARIN TAB 0.625MG	3	PA
PREMARIN TAB 1.25MG	3	PA
PREMARIN VAG CRE 0.625MG	3	
PREMPHASE TAB QL (28 tabs / 28 days)	3	QL PA
PREMPRO TAB 0.3-1.5 QL (28 tabs / 28 days)	3	QL PA
PREMPRO TAB 0.45-1.5 QL (28 tabs / 28 days)	3	QL PA
PREMPRO TAB 0.625-5 QL (28 tabs / 28 days)	3	QL PA
PREMPRO TAB .625-2.5 QL (28 tabs / 28 days)	3	QL PA
<i>progesterone micronized cap 100 mg</i>	2	GC
<i>progesterone micronized cap 200 mg</i>	2	GC
VAGIFEM TAB 10MCG	3	
VIVELLE-DOT DIS 0.1MG QL (8 patches / 28 days)	3	QL PA
VIVELLE-DOT DIS 0.05MG QL (8 patches / 28 days)	3	QL PA
VIVELLE-DOT DIS 0.025MG QL (8 patches / 28 days)	3	QL PA
VIVELLE-DOT DIS 0.075MG QL (8 patches / 28 days)	3	QL PA
VIVELLE-DOT DIS 0.0375MG QL (8 patches / 28 days)	3	QL PA
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
LYSTEDA TAB 650MG	4	
<i>metronidazole vaginal gel 0.75%</i>	2	GC
<i>miconazole 3 sup 200mg</i>	2	GC
NUVARING MIS QL (1 ring / 28 days)	3	QL
NUVESSA GEL 1.3%	4	
<i>terconazole vaginal cream 0.4%</i> QL (90 gm / 30 days)	2	GC QL
<i>terconazole vaginal cream 0.8%</i>	2	GC
<i>terconazole vaginal suppos 80 mg</i> QL (30 supp / 30 days)	2	GC QL
<i>tranexamic acid tab 650 mg</i>	2	GC
<i>vandazole gel 0.75%</i>	2	GC
<i>xulane dis 150-35</i> QL (3 patches / 28 days)	2	GC QL
<i>zazole cre 0.4%</i>	2	GC
<i>zazole cre 0.8%</i>	2	GC
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>amethia tab</i> QL (91 tabs / 91 days)	2	GC QL
<i>amethyst tab 90-20mcg</i>	2	GC
<i>apri tab</i>	2	GC
<i>aubra tab 0.1-0.02</i>	2	GC
<i>aviane tab</i>	2	GC
BEYAZ TAB	3	
<i>briellyn tab</i>	2	GC
<i>cryelle-28 tab 28 tabs</i>	2	GC
<i>cyclafem tab 1/35</i>	2	GC
<i>cyclafem tab 7/7/7</i>	2	GC
<i>deblitane tab 0.35mg</i>	2	GC
<i>delyla tab 0.1-0.02</i>	2	GC
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	GC
<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i>	2	GC
ELLA TAB 30MG QL (1 tab / 30 days)	3	QL
<i>emoquette tab</i>	2	GC
<i>enpresse-28 tab</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>falmina tab</i>	2	GC
GENERESS FE CHW	4	
<i>gianvi tab 3-0.02mg</i>	2	GC
<i>gildagia tab 0.4-35</i>	2	GC
<i>gildess 24 tab fe 1/20</i>	2	GC
<i>gildess tab 1.5/30</i>	2	GC
<i>introvale tab</i> QL (91 tabs / 91 days)	2	GC QL
<i>junel 1.5/30 tab</i>	2	GC
<i>junel 1/20 tab</i>	2	GC
<i>junel fe tab 1.5/30</i>	2	GC
<i>junel fe tab 1/20</i>	2	GC
<i>kariva tab 28 day</i>	2	GC
<i>kelnor tab 1/35</i>	2	GC
<i>larin fe tab 1.5/30</i>	2	GC
<i>larin fe tab 1/20</i>	2	GC
<i>larin tab 1.5/30</i>	2	GC
<i>larin tab 1/20</i>	2	GC
<i>leena tab</i>	2	GC
<i>lessina tab</i>	2	GC
<i>levonest tab</i>	2	GC
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> QL (91 tabs / 91 days)	2	GC QL
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	GC
<i>levora-28 tab 0.15/30</i>	2	GC
LO LOESTRIN TAB	4	
<i>lomedica 24 tab fe</i>	4	
<i>loryna tab 3-0.02mg</i>	2	GC
<i>low-ogestrel tab</i>	2	GC
<i>lutera tab</i>	2	GC
<i>marlissa tab 0.15/30</i>	2	GC
<i>microgestin tab 1.5/30</i>	2	GC
<i>microgestin tab 1/20</i>	2	GC
<i>microgestin tab fe 1.5/30</i>	2	GC
<i>microgestin tab fe 1/20</i>	2	GC
MINASTRIN 24 CHW FE	4	
<i>mononessa tab</i>	2	GC
NATAZIA TAB	4	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>necon tab 0.5/35</i>	2	GC
<i>necon tab 1/35</i>	2	GC
<i>necon tab 7/7/7</i>	2	GC
NECON TAB 10/11-28	2	GC
<i>nikki tab 3-0.02mg</i>	2	GC
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	GC
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	GC
<i>norlyroc tab 0.35mg</i>	2	GC
<i>nortrel tab 0.5/35</i>	2	GC
<i>nortrel tab 1/35</i>	2	GC
<i>nortrel tab 7/7/7</i>	2	GC
<i>ocella tab 3-0.03mg</i>	2	GC
<i>ogestrel tab</i>	2	GC
<i>orsythia tab</i>	2	GC
<i>pimtrea tab</i>	2	GC
<i>pirmella tab 1/35</i>	2	GC
<i>portia-28 tab</i>	2	GC
<i>previfem tab</i>	2	GC
QUARTETTE TAB QL (91 tabs / 91 days)	4	QL
<i>quasense tab</i> QL (91 tabs / 91 days)	2	GC QL
<i>reclipsen tab</i>	2	GC
SAFYRAL TAB	4	
<i>sharobel tab 0.35mg</i>	2	GC
<i>sprintec 28 tab 28 day</i>	2	GC
<i>tarina fe tab 1/20</i>	2	GC
<i>tri-legest tab fe</i>	2	GC
<i>tri-previfem tab</i>	2	GC
<i>tri-sprintec tab</i>	2	GC
<i>trinessa tab</i>	2	GC
<i>trivora-28 tab</i>	2	GC
<i>velivet pak</i>	2	GC
<i>vestura tab 3-0.02mg</i>	2	GC
<i>vyfemla tab 0.4-35</i>	2	GC
<i>wymzya fe chw 0.4mg-35</i>	2	GC
<i>zenchent fe chw 0.4mg-35</i>	2	GC
<i>zenchent tab</i>	2	GC
<i>zovia 1/35e tab</i>	2	GC
<i>zovia 1/50e tab</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	2	GC
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophth oint</i>	2	GC
BESIVANCE SUS 0.6%	4	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	GC
<i>erythromycin ophth oint 5 mg/gm</i>	2	GC
<i>gatifloxacin ophth soln 0.5%</i>	2	GC
<i>gentak oin 0.3% op</i>	2	GC
<i>gentamicin sulfate ophth oint 0.3%</i>	2	GC
<i>gentamicin sulfate ophth soln 0.3%</i>	2	GC
<i>levofloxacin ophth soln 0.5%</i>	2	GC
MOXEZA SOL 0.5%	3	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
<i>ofloxacin ophth soln 0.3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	GC
<i>tobramycin ophth soln 0.3%</i>	2	GC
TOBEX OIN 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
<b>ANTIVIRALS</b>		
<i>trifluridine ophth soln 1%</i>	2	GC
ZIRGAN GEL 0.15%	4	
<b>BETA-BLOCKERS</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	2	GC
BETIMOL SOL 0.5%	3	
BETOPTIC-S SUS 0.25% OP	4	

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
<i>carteolol hcl ophth soln 1%</i>	2	GC
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	2	GC
<i>metipranolol ophth soln 0.3%</i>	2	GC
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	GC
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	GC
<i>timolol maleate ophth soln 0.5%</i>	2	GC
<i>timolol maleate ophth soln 0.25%</i>	2	GC
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP	4	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate ophth soln 1%</i>	2	GC
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophth soln 1%</i>	2	GC
<i>pilocarpine hcl ophth soln 2%</i>	2	GC
<i>pilocarpine hcl ophth soln 4%</i>	2	GC
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRIOL SOL 2%	4	
ALOMIDE SOL 0.1% OP	3	
<i>azelastine hcl ophth soln 0.05%</i>	2	GC
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	2	GC
CYSTARAN SOL 0.44%	4	
EMADINE SOL 0.05% OP	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	GC
LACRISERT MIS 5MG OP	4	
LASTACFT SOL 0.25%	4	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP	3	QL
QL (2 bottles / 30 days)		
<i>proparacaine hcl ophth soln 0.5%</i>	2	GC
RESTASIS EMU 0.05%	3	QL
QL (64 vials / 30 days)		
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

70

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	2	GC
<i>diclofenac sodium ophth soln 0.1%</i>	2	GC
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	GC
ILEVRO DRO 0.3% OP	4	
<i>ketorolac tromethamine ophth soln 0.4%</i> QL (2 bottles / 30 days)	2	GC QL
<i>ketorolac tromethamine ophth soln 0.5%</i> QL (1 bottle / 30 days)	2	GC QL
NEVANAC SUS 0.1%	4	
PROLENSA SOL 0.07%	4	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide cap sr 12hr 500 mg</i>	2	GC
<i>acetazolamide tab 125 mg</i>	2	GC
<i>acetazolamide tab 250 mg</i>	2	GC
<i>methazolamide tab 25 mg</i>	2	GC
<i>methazolamide tab 50 mg</i>	2	GC
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT SUS 1% OP QL (10ml / 30 days)	3	QL
<i>bimatoprost ophth soln 0.03%</i> QL (5ml / 30 days)	2	GC QL
COMBIGAN SOL 0.2/0.5%	4	
<i>dorzolamide hcl ophth soln 2%</i> QL (1 bottle / 30 days)	2	GC QL
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> QL (1 bottle / 30 days)	2	GC QL
<i>latanoprost ophth soln 0.005%</i> QL (2 bottles / 30 days)	2	GC QL
LUMIGAN SOL 0.01% QL (1 bottle / 30 days)	3	QL
SIMBRINZA SUS 1-0.2%	3	
TRAVATAN Z DRO 0.004% QL (2 bottles / 30 days)	3	QL
<i>travoprost ophth soln 0.004%</i>	2	GC
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	GC
<i>neomycin-polymyxin-hc ophth susp</i>	2	GC
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUS 0.3-0.05	4	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	GC
ZYLET SUS 0.5-0.3%	4	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
<b>STERIODS</b>		
ALREX SUS 0.2%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	GC
DUREZOL EMU 0.05%	4	
FLAREX SUS 0.1% OP	4	
<i>fluorometholone ophth susp 0.1%</i>	2	GC
FML FORTE SUS 0.25% OP	3	
FML OIN 0.1% OP	3	
LOTEMAX GEL 0.5%	4	
LOTEMAX OIN 0.5%	4	
LOTEMAX SUS 0.5%	4	
PRED FORTE SUS 1% OP	4	
PRED MILD SUS 0.12% OP	3	
PRED SOD PHO SOL 1% OP	2	GC
<i>prednisolone acetate ophth susp 1%</i>	2	GC
VEXOL SUS 1% OP	4	
<b>SULFONAMIDES</b>		
BLEPH-10 SOL 10% OP	4	
<i>sulfacetamide sodium ophth oint 10%</i>	2	GC

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>sulfacetamide sodium ophth soln 10%</i>	2	GC
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P SOL 0.1%	4	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	GC
<i>brimonidine tartrate ophth soln 0.2%</i>	2	GC
<i>brimonidine tartrate ophth soln 0.15%</i>	2	GC
IOPIDINE SOL 1% OP	4	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<i>naphazoline hcl ophth soln 0.1%</i>	2	GC
<b>RESPIRATORY</b>		
<b>BETA AGONISTS</b>		
PROAIR RESPI AER QL (4 inhalers / 30 days)	3	QL
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC</b>		
<b>AGENTS</b>		
ADRENALIN INJ 1MG/ML	2	GC
AUVI-Q INJ 0.3MG QL (1 pen / 30 days)	3	QL
AUVI-Q INJ 0.15MG QL (1 pen / 30 days)	3	QL
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	GC
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	2	GC PA
<i>cyproheptadine hcl tab 4 mg</i>	2	GC PA
<i>desloratadine tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>desloratadine tab orally disintegrating 2.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>desloratadine tab orally disintegrating 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	GC
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	GC
EPIPEN 2-PAK INJ 0.3MG QL (1 pen / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
EPIPEN-JR INJ 2-PAK QL (1 pen / 30 days)	3	QL
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	GC PA
<i>hydroxyzine hcl tab 10 mg</i>	2	GC PA
<i>hydroxyzine hcl tab 25 mg</i>	2	GC PA
<i>hydroxyzine hcl tab 50 mg</i>	2	GC PA
<i>hydroxyzine pamoate cap 25 mg</i>	2	GC PA
<i>hydroxyzine pamoate cap 50 mg</i>	2	GC PA
<i>hydroxyzine pamoate cap 100 mg</i>	2	GC PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	GC
<i>levocetirizine dihydrochloride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>phenadoz sup 12.5mg</i>	2	GC PA
<i>phenergan sup 12.5mg</i>	2	GC PA
<i>phenergan sup 25mg</i>	2	GC PA
<i>phenergan sup 50mg</i>	2	GC PA
<i>prometh vc syp plain</i>	2	GC PA
<i>promethazine hcl inj 25 mg/ml</i>	2	GC PA
<i>promethazine hcl inj 50 mg/ml</i>	2	GC PA
<i>promethazine hcl suppos 12.5 mg</i>	2	GC PA
<i>promethazine hcl suppos 25 mg</i>	2	GC PA
<i>promethazine hcl suppos 50 mg</i>	2	GC PA
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	GC PA
<i>promethazine hcl tab 12.5 mg</i>	2	GC PA
<i>promethazine hcl tab 25 mg</i>	2	GC PA
<i>promethazine hcl tab 50 mg</i>	2	GC PA
<i>promethegan sup 25mg</i>	2	GC PA
<i>promethegan sup 50mg</i>	2	GC PA
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine inhal soln 10%</i>	2	GC B/D
<i>acetylcysteine inhal soln 20%</i>	2	GC B/D
ADCIRCA TAB 20MG QL (60 tabs / 30 days)	5	QL PA
ADEMPAS TAB 0.5MG QL (90 tabs / 30 days)	5	QL LA PA

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ADEMPAS TAB 1.5MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 1MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 2.5MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 2MG QL (90 tabs / 30 days)	5	QL LA PA
ADVAIR DISKU AER 100/50 QL (1 kit / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (1 kit / 30 days)	3	QL
ADVAIR DISKU AER 500/50 QL (1 kit / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AEROSPAN AER 80MCG	4	
<i>albuterol sulfate soln nebu</i> 0.5% (5 mg/ml) QL (3 bottles / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 0.63 mg/3ml (base equiv) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 0.083% (2.5 mg/3ml) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 1.25 mg/3ml (base equiv) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate syrup</i> 2 mg/5ml	2	GC
<i>albuterol sulfate tab</i> 2 mg	2	GC
<i>albuterol sulfate tab</i> 4 mg	2	GC
<i>albuterol sulfate tab sr</i> 12hr 4 mg	2	GC
<i>albuterol sulfate tab sr</i> 12hr 8 mg	2	GC
ALVESCO AER 80MCG QL (1 inhaler / 30 days)	4	QL
ALVESCO AER 160MCG QL (2 inhalers / 30 days)	4	QL
ANORO ELLIPT AER 62.5-25 QL (1 kit / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ARCAPTA CAP 75MCG QL (30 caps / 30 days)	4	QL
ARNUITY ELPT INH 100MCG QL (1 inhaler / 30 days)	3	QL
ARNUITY ELPT INH 200MCG QL (1 inhaler / 30 days)	3	QL
ASMANEX 30 AER 110MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX 30 AER 220MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX 60 AER 220MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX 120 AER 220MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX HFA AER 100 MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX HFA AER 200 MCG QL (1 inhaler / 30 days)	4	QL
ATROVENT HFA AER 17MCG QL (2 inhalers / 30 days)	4	QL
BECONASE AQ SUS 0.042% QL (2 inhalers / 30 days)	4	QL
BREO ELLIPTA INH 100-25	3	
BREO ELLIPTA INH 200-25	3	
BROVANA NEB 15MCG	4	B/D
<i>budesonide inhalation susp</i> 0.5 mg/2ml	2	GC B/D
<i>budesonide inhalation susp</i> 0.25 mg/2ml	2	GC B/D
<i>budesonide nasal susp</i> 32 mcg/act QL (2 inhalers / 30 days)	2	GC QL
CINRYZE SOL 500 UNIT	5	PA
COMBIVENT AER RESPIMAT QL (2 inhalers / 30 days)	3	QL
<i>cromolyn sodium soln nebu</i> 20 mg/2ml	2	GC B/D
DALIRESP TAB 500MCG QL (30 tabs / 30 days)	4	QL PA
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	3	QL

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	4	QL
ELIXOPHYLLIN ELX 80/15ML	4	
ESBRIET CAP 267MG QL (270 caps / 30 days)	5	QL PA
FIRAZYR INJ 30MG/3ML	5	PA
FLOVENT DISK AER 50MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT DISK AER 100MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT DISK AER 250MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA AER 44MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA AER 110MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA AER 220MCG QL (2 inhalers / 30 days)	3	QL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> QL (2 inhalers / 30 days)	2	GC QL
<i>fluticasone propionate nasal susp 50 mcg/act</i> QL (1 bottle / 30 days)	2	GC QL
FORADIL CAP AEROLIZE QL (60 caps / 30 days)	3	QL
<i>ipratropium bromide inhal soln 0.02%</i>	2	GC B/D
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> QL (180 vials / 30 days)	2	GC B/D QL
KALYDECO PAK 50MG QL (56 packets / 28 days)	5	QL PA
KALYDECO PAK 75MG QL (56 packets / 28 days)	5	QL PA
KALYDECO TAB 150MG QL (60 tabs / 30 days)	5	QL PA
LETAIRIS TAB 5MG QL (30 tabs / 30 days)	5	QL LA PA
LETAIRIS TAB 10MG QL (30 tabs / 30 days)	5	QL LA PA
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	2	GC B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	2	GC B/D

Drug Name	Drug Requirements/	
	Tier	Limits
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	GC B/D
<i>montelukast sodium chew tab 4 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>montelukast sodium chew tab 5 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> QL (1 box / 30 days)	2	GC QL
<i>montelukast sodium tab 10 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
NASONEX SPR 50MCG/AC QL (2 inhalers / 30 days)	3	QL
OFEV CAP 100MG QL (60 caps / 30 days)	5	QL PA
OFEV CAP 150MG QL (60 caps / 30 days)	5	QL PA
OMNARIS SPR QL (1 inhaler / 30 days)	4	QL
OPSUMIT TAB 10MG QL (30 tabs / 30 days)	5	QL LA PA
PERFOROMIST NEB 20MCG	4	B/D
PROAIR HFA AER QL (4 inhalers / 30 days)	3	QL
PROVENTIL AER HFA QL (4 inhalers / 30 days)	4	QL
PULMICORT INH 90MCG QL (2 inhalers / 30 days)	4	QL
PULMICORT INH 180MCG QL (2 inhalers / 30 days)	4	QL
PULMICORT SUS 1MG/2ML	4	B/D
PULMOZYME SOL 1MG/ML	5	B/D
QNASL AER 80MCG QL (1 inhaler / 30 days)	4	QL
QNASL CHILD SPR 40MCG QL (1 inhaler / 30 days)	4	QL
QVAR AER 40MCG QL (29.2gm / 30 days)	4	QL
QVAR AER 80MCG QL (2 inhalers / 30 days)	4	QL
REVATIO INJ QL (90 vials / 30 days)	5	QL PA
RUCONEST INJ 2100UNIT	5	PA

**PA** - Prior Authorization

**QL** - Quantity Limits

**ST** - Step Therapy

**B/D** -

Prior Authorization, Part D vs. Part B only **LA** - Limited Availability

**ED** -

Enhancement Drug **GC** - Gap Coverage

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SEREVENT DIS AER 50MCG QL (1 inhaler / 30 days)	3	QL
<i>sildenafil citrate tab 20 mg</i> QL (90 tabs / 30 days)	2	GC QL PA
SPIRIVA CAP HANDIHLR QL (30 caps / 30 days)	3	QL
SPIRIVA SPR RESPIMAT QL (60 doses / 30 days)	3	QL
STRIVERDI AER RESPIMAT QL (1 inhaler / 30 days)	4	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL
<i>terbutaline sulfate tab 2.5 mg</i>	2	GC
<i>terbutaline sulfate tab 5 mg</i>	2	GC
<i>theophylline soln 80 mg/15ml</i>	2	GC
<i>theophylline tab sr 12hr 100 mg</i>	2	GC
<i>theophylline tab sr 12hr 200 mg</i>	2	GC
<i>theophylline tab sr 12hr 300 mg</i>	2	GC
<i>theophylline tab sr 12hr 450 mg</i>	2	GC
<i>theophylline tab sr 24hr 400 mg</i>	2	GC
<i>theophylline tab sr 24hr 600 mg</i>	2	GC
TRACLEER TAB 62.5MG QL (120 tabs / 30 days)	5	QL LA PA
TRACLEER TAB 125MG QL (60 tabs / 30 days)	5	QL LA PA
<i>triamcinolone acetone nasal aerosol suspension 55 mcg/act</i> QL (1 bottle / 30 days)	2	GC QL
TUDORZA PRES AER 400/ACT QL (1 inhaler / 15 days)	3	QL
TUDORZA PRES AER 400/ACT QL (1 inhaler / 30 days)	3	QL
TYVASO SOL 0.6MG/ML	5	PA
VENTAVIS SOL 10MCG/ML	5	PA
VENTAVIS SOL 20MCG/ML	5	PA
VENTOLIN HFA AER QL (2 inhalers / 30 days)	3	QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
VERAMYST SPR 27.5MCG QL (1 bottle / 30 days)	4	QL
XOLAIR SOL 150MG	5	LA PA
XOPENEX HFA AER QL (2 inhalers / 30 days)	4	QL
<i>zafirlukast tab 10 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>zafirlukast tab 20 mg</i> QL (60 tabs / 30 days)	2	GC QL
ZETONNA AER 37MCG QL (1 inhaler / 30 days)	4	QL
ZYFLO CR TAB 600MG QL (120 tabs / 30 days)	3	QL
ZYFLO TAB 600MG QL (120 tabs / 30 days)	3	QL

### TOPICAL

#### DERMATOLOGY, ANTIPSORIATICS

COSENTYX PEN INJ 150MG/ML	5	PA
------------------------------	---	----

#### DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

TARGRETIN GEL 1%	5	PA
------------------	---	----

### UROLOGICALS

#### ANTICHOLINERGICS / ANTISPASMODICS

ENABLEX TAB 7.5MG QL (30 tabs / 30 days)	4	QL
ENABLEX TAB 15MG QL (30 tabs / 30 days)	4	QL
<i>flavoxate hcl tab 100 mg</i>	2	GC
GELNIQUE GEL 3% QL (184 gm / 30 days)	4	QL
GELNIQUE GEL 10% QL (30 gm / 30 days)	4	QL
MYRBETRIQ TAB 25MG QL (30 tabs / 30 days)	3	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	GC
<i>oxybutynin chloride tab 5 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>oxybutynin chloride tab sr 24hr 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>oxybutynin chloride tab sr 24hr 10 mg</i> QL (60 tabs / 30 days)	2	GC QL

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage



Drug Name	Drug Requirements/	
	Tier	Limits
<i>oxybutynin chloride tab sr 24hr 15 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>tolterodine tartrate cap sr 24hr 2 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>tolterodine tartrate cap sr 24hr 4 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>tolterodine tartrate tab 1 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>tolterodine tartrate tab 2 mg</i> QL (60 tabs / 30 days)	2	GC QL
TOVIAZ TAB 4MG QL (30 tabs / 30 days)	3	QL
TOVIAZ TAB 8MG QL (30 tabs / 30 days)	3	QL
<i>tropium chloride cap sr 24hr 60 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>tropium chloride tab 20 mg</i> QL (60 tabs / 30 days)	2	GC QL
VESICARE TAB 5MG QL (30 tabs / 30 days)	3	QL
VESICARE TAB 10MG QL (30 tabs / 30 days)	3	QL
<b>BENIGN PROSTATIC</b>		
<b>HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin hcl tab sr 24hr 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
AVODART CAP 0.5MG QL (30 caps / 30 days)	3	QL
<i>finasteride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
JALYN CAP QL (30 caps / 30 days)	3	QL
RAPAFLO CAP 4MG	4	
RAPAFLO CAP 8MG	4	
<i>tamsulosin hcl cap 0.4 mg</i> QL (60 caps / 30 days)	2	GC QL
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride tab 5 mg</i>	2	GC
<i>bethanechol chloride tab 10 mg</i>	2	GC
<i>bethanechol chloride tab 25 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>bethanechol chloride tab 50 mg</i>	2	GC
<b>MISCELLANEOUS UROLOGICALS</b>		
CIALIS TAB 2.5MG QL (30 tabs / 30 days)	3	QL PA
CIALIS TAB 5MG QL (30 tabs / 30 days)	3	QL PA
CIALIS TAB 10MG QL (4 tabs / 30 days)	3	ED QL
CIALIS TAB 20MG QL (4 tabs / 30 days)	3	ED QL
CYSTAGON CAP 50MG	3	LA
CYSTAGON CAP 150MG	3	LA
ELMIRON CAP 100MG	4	
LEVITRA TAB 2.5MG QL (4 tabs / 30 days)	4	ED QL
LEVITRA TAB 5MG QL (4 tabs / 30 days)	4	ED QL
LEVITRA TAB 10MG QL (4 tabs / 30 days)	4	ED QL
LEVITRA TAB 20MG QL (4 tabs / 30 days)	4	ED QL
<i>potassium citrate tab cr 5 meq (540 mg)</i>	2	GC
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	2	GC
<i>potassium citrate tab cr 15 meq (1620 mg)</i>	2	GC
PROCYSBI CAP 25MG	5	PA
PROCYSBI CAP 75MG	5	PA
STAXYN TAB 10MG QL (4 tabs / 30 days)	4	ED QL
UROCIT-K 15 TAB	4	
VIAGRA TAB 25MG QL (4 tabs / 30 days)	4	ED QL
VIAGRA TAB 50MG QL (4 tabs / 30 days)	4	ED QL
VIAGRA TAB 100MG QL (4 tabs / 30 days)	4	ED QL
<b>VITAMINS, HEMATINICS /</b>		
<b>ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	GC
K-TAB TAB 10MEQ CR	4	
K-TAB TAB 20MEQ	4	

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	GC
KCL/D5W/LR INJ 0.15%	2	GC
KCL/D5W/NACL INJ 0.3/0.9%	2	GC
KCL/D5W/NACL INJ 0.15/0.2	2	GC
<i>klor-con 8 tab 8meq er</i>	2	GC
<i>klor-con 10 tab 10meq er</i>	2	GC
KLOR-CON M15 TAB 15MEQ ER	2	GC
<i>klor-con m20 tab 20meq er</i>	2	GC
<i>lactated ringer's solution</i>	2	GC
<i>magnesium sulfate inj 50%</i>	2	GC
NORMOSOL -R INJ /D5W	2	GC
PHOSLYRA SOL	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	GC
<i>potassium chloride cap cr 8 meq</i>	2	GC
<i>potassium chloride cap cr 10 meq</i>	2	GC
<i>potassium chloride inj 2 meq/ml</i>	2	GC
<i>potassium chloride inj 10 meq/100 ml</i>	2	GC
<i>potassium chloride inj 20 meq/100 ml</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>potassium chloride inj 40 meq/100 ml</i>	2	GC
<i>potassium chloride microencapsulated crs cr tab 10 meq</i>	2	GC
<i>potassium chloride microencapsulated crs cr tab 20 meq</i>	2	GC
<i>potassium chloride oral liq 10% (20 meq/15ml)</i>	2	GC
<i>potassium chloride oral liq 20% (40 meq/15ml)</i>	2	GC
<i>potassium chloride tab cr 8 meq (600 mg)</i>	2	GC
<i>ringer's solution</i>	2	GC
<i>sodium chloride inj 0.45%</i>	2	GC
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	GC
<i>sodium chloride inj 3%</i>	2	GC
<i>sodium chloride inj 5%</i>	2	GC
<i>tpn electrol inj</i>	3	

### MISCELLANEOUS NUTRITION

#### PRODUCTS

AMINOSYN 7% INJ /LYTES	3	
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
<i>aminosyn ii inj 8.5/lyte</i>	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN II INJ 15%	3	B/D
<i>aminosyn inj 8.5/lyte</i>	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC INJ 7%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
AMINOSYN-RF INJ 5.2%	3	
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	
CLINIMIX E INJ 4.25/D25	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	
CLINIMIX E INJ 5%/D25W	3	
CLINIMIX INJ 2.75/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D

PA - Prior Authorization

QL - Quantity Limits

ST - Step Therapy

B/D -

Prior Authorization, Part D vs. Part B only

LA - Limited Availability

ED -

Enhancement Drug

GC - Gap Coverage

Drug Name	Drug Requirements/	
	Tier	Limits
CLINIMIX INJ 4.25/D25	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 5%/D25W	3	B/D
<i>clinisol sf inj 15%</i>	3	B/D
FREAMINE HBC INJ 6.9%	3	
<i>hepatamine sol 8%</i>	3	B/D
<i>intralipid inj 20%</i>	2	GC B/D
INTRALIPID INJ 30%	4	B/D
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
LIPOSYN III INJ 10%	2	GC B/D
LIPOSYN III INJ 20%	2	GC B/D
NEPHRAMINE INJ 5.4%	3	B/D
<i>normosol -m inj /d5w</i>	3	
NORMOSOL-R INJ PH 7.4	3	
<i>nutrilipid emu 20%</i>	2	GC B/D
PLASMA-LYTE INJ 56/D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>premasol sol 6%</i>	3	B/D
PREMASOL SOL 10%	2	GC B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	2	GC B/D
TROPHAMINE INJ 6%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>VITAMINS / HEMATINICS</b>		
<i>folic acid tab 1 mg</i> QL (30 tabs / 30 days)	1	ED GC QL
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	GC
SOD FLUORIDE 2.2MG TAB	2	GC
VITAMIN D2 TAB 400UNIT QL (30 tabs / 30 days)	2	ED GC QL
VITAMIN D2 TAB 2000UNIT QL (30 tabs / 30 days)	2	ED GC QL

**PA** - Prior Authorization      **QL** - Quantity Limits      **ST** - Step Therapy  
 Prior Authorization, Part D vs. Part B only      **LA** - Limited Availability  
 Enhancement Drug      **GC** - Gap Coverage

**B/D** -  
**ED** -

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.



<i>alprazolam tab 0.25 mg</i> .....	25	<i>mg</i> .....	35	<i>hydrochlorothiazide tab</i>	
<i>alprazolam tab 0.5 mg</i> .....	25	<i>amlodipine besylate tab 5</i>		<i>10-160-12.5 mg</i> .....	35
<i>alprazolam tab 1 mg</i> .....	25	<i>mg</i> .....	35	<i>amlodipine-valsartan-</i>	
<i>alprazolam tab 2 mg</i> .....	25	<i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab</i>	
ALREX SUS 0.2%.....	71	<i>atorvastatin calcium tab</i>		<i>10-160-25 mg</i> .....	35
ALTABAX OIN 1%.....	50	<i>10-10 mg</i> .....	46	<i>amlodipine-valsartan-</i>	
ALTACE CAP 1.25MG.....	35	<i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab</i>	
ALTACE CAP 10MG.....	35	<i>atorvastatin calcium tab</i>		<i>10-320-25 mg</i> .....	36
ALTACE CAP 2.5MG.....	35	<i>10-20 mg</i> .....	46	<i>amlodipine-valsartan-</i>	
ALTACE CAP 5MG.....	35	<i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab 5-</i>	
ALVESCO AER 160MCG.....	73	<i>atorvastatin calcium tab</i>		<i>160-12.5 mg</i> .....	35
ALVESCO AER 80MCG.....	73	<i>10-40 mg</i> .....	46	<i>amlodipine-valsartan-</i>	
<i>amantadine hcl cap 100 mg</i> .....	2	<i>amlodipine besylate-</i>		<i>hydrochlorothiazide tab 5-</i>	
<i>amantadine hcl syrup 50</i>		<i>atorvastatin calcium tab</i>		<i>160-25 mg</i> .....	35
<i>mg/5ml</i> .....	2	<i>10-80 mg</i> .....	46	<i>amnesteeem cap 10mg</i> .....	49
<i>amantadine hcl tab 100 mg</i> .....	2	<i>amlodipine besylate-</i>		<i>amnesteeem cap 20mg</i> .....	49
AMARYL TAB 1MG.....	55	<i>atorvastatin calcium tab</i>		<i>amnesteeem cap 40mg</i> .....	49
AMARYL TAB 2MG.....	55	<i>2.5-10 mg</i> .....	45	<i>amoxapine tab 100 mg</i> .....	25
AMARYL TAB 4MG.....	55	<i>amlodipine besylate-</i>		<i>amoxapine tab 150 mg</i> .....	25
AMBISOME INJ 50MG.....	2	<i>atorvastatin calcium tab</i>		<i>amoxapine tab 25 mg</i> .....	25
<i>amcinonide cream 0.1%</i> .....	50	<i>2.5-20 mg</i> .....	45	<i>amoxapine tab 50 mg</i> .....	25
<i>amcinonide lotion 0.1%</i> .....	50	<i>amlodipine besylate-</i>		<i>amoxicillin &amp; k clavulanate</i>	
AMCINONIDE OIN 0.1%.....	50	<i>atorvastatin calcium tab</i>		<i>chew tab 200-28.5 mg</i> .....	8
<i>amethia tab</i> .....	68	<i>2.5-40 mg</i> .....	45	<i>amoxicillin &amp; k clavulanate</i>	
<i>amethyst tab 90-20mcg</i> .....	68	<i>amlodipine besylate-</i>		<i>chew tab 400-57 mg</i> .....	8
<i>amifostine crystalline for inj</i>		<i>atorvastatin calcium tab</i>		<i>amoxicillin &amp; k clavulanate for</i>	
<i>500 mg</i> .....	10	<i>5-10 mg</i> .....	45	<i>susp 200-28.5 mg/5ml</i> .....	8
<i>amikacin sulfat inj 500</i>		<i>amlodipine besylate-</i>		<i>amoxicillin &amp; k clavulanate for</i>	
<i>mg/2ml (250 mg/ml)</i> .....	6	<i>atorvastatin calcium tab</i>		<i>susp 250-62.5 mg/5ml</i> .....	8
<i>amiloride &amp;</i>		<i>5-20 mg</i> .....	45	<i>amoxicillin &amp; k clavulanate for</i>	
<i>hydrochlorothiazide tab 5-</i>		<i>amlodipine besylate-</i>		<i>susp 400-57 mg/5ml</i> .....	8
<i>50 mg</i> .....	35	<i>atorvastatin calcium tab</i>		<i>amoxicillin &amp; k clavulanate for</i>	
<i>amiloride hcl tab 5 mg</i> .....	35	<i>5-40 mg</i> .....	45	<i>susp 600-42.9 mg/5ml</i> .....	8
AMINOSYN 7% INJ		<i>amlodipine besylate-</i>		<i>amoxicillin &amp; k clavulanate</i>	
/LYTES.....	77	<i>atorvastatin calcium tab</i>		<i>tab 250-125 mg</i> .....	8
AMINOSYN II INJ 10%.....	77	<i>5-80 mg</i> .....	45	<i>amoxicillin &amp; k clavulanate</i>	
AMINOSYN II INJ 15%.....	77	<i>amlodipine besylate-</i>		<i>tab 500-125 mg</i> .....	8
AMINOSYN II INJ 7%.....	77	<i>benazepril hcl cap 10-20</i>		<i>amoxicillin &amp; k clavulanate</i>	
AMINOSYN II INJ 8.5%.....	77	<i>mg</i> .....	35	<i>tab 875-125 mg</i> .....	8
<i>aminosyn ii inj 8.5/lyte</i> .....	77	<i>amlodipine besylate-</i>		<i>amoxicillin &amp; k clavulanate</i>	
<i>aminosyn inj 8.5/lyte</i> .....	77	<i>benazepril hcl cap 10-40</i>		<i>tab sr 12hr 1000-62.5</i>	
AMINOSYN M INJ 3.5%.....	77	<i>mg</i> .....	35	<i>mg</i> .....	8
AMINOSYN-HBC INJ 7%.....	77	<i>amlodipine besylate-</i>		<i>amoxicillin (trihydrate) cap</i>	
AMINOSYN-PF INJ 10%.....	77	<i>benazepril hcl cap 2.5-10</i>		<i>250 mg</i> .....	8
AMINOSYN-PF INJ 7%.....	77	<i>mg</i> .....	35	<i>amoxicillin (trihydrate) cap</i>	
AMINOSYN-RF INJ 5.2%.....	77	<i>amlodipine besylate-</i>		<i>500 mg</i> .....	8
<i>amiodarone hcl tab 200 mg</i> .....	34	<i>benazepril hcl cap 5-10</i>		<i>amoxicillin (trihydrate) chew</i>	
<i>amiodarone hcl tab 400 mg</i> .....	34	<i>mg</i> .....	35	<i>tab 125 mg</i> .....	8
AMITIZA CAP 24MCG.....	60	<i>amlodipine besylate-</i>		<i>amoxicillin (trihydrate) chew</i>	
AMITIZA CAP 8MCG.....	60	<i>benazepril hcl cap 5-20</i>		<i>tab 250 mg</i> .....	8
<i>amitriptyline hcl tab 10 mg</i> .....	25	<i>mg</i> .....	35	<i>amoxicillin (trihydrate) for</i>	
<i>amitriptyline hcl tab 100</i>		<i>amlodipine besylate-</i>		<i>susp 125 mg/5ml</i> .....	8
<i>mg</i> .....	25	<i>benazepril hcl cap 5-40</i>		<i>amoxicillin (trihydrate) for</i>	
<i>amitriptyline hcl tab 150</i>		<i>mg</i> .....	35	<i>susp 200 mg/5ml</i> .....	8
<i>mg</i> .....	25	<i>amlodipine besylate-valsartan</i>		<i>amoxicillin (trihydrate) for</i>	
<i>amitriptyline hcl tab 25 mg</i> .....	25	<i>tab 10-160 mg</i> .....	35	<i>susp 250 mg/5ml</i> .....	8
<i>amitriptyline hcl tab 50 mg</i> .....	25	<i>amlodipine besylate-valsartan</i>		<i>amoxicillin (trihydrate) for</i>	
<i>amitriptyline hcl tab 75 mg</i> .....	25	<i>tab 10-320 mg</i> .....	35	<i>susp 400 mg/5ml</i> .....	8
<i>amlodipine besylate tab 10</i>		<i>amlodipine besylate-valsartan</i>		<i>amoxicillin (trihydrate) tab</i>	
<i>mg</i> .....	35	<i>tab 5-160 mg</i> .....	35	<i>500 mg</i> .....	8
<i>amlodipine besylate tab 2.5</i>		<i>amlodipine besylate-valsartan</i>		<i>amoxicillin (trihydrate) tab</i>	
<i>mg</i> .....	35	<i>tab 5-320 mg</i> .....	35	<i>875 mg</i> .....	8
<i>amlodipine-valsartan-</i>		<i>amlodipine-valsartan-</i>			

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> .....	62	AMPYRA TAB 10MG.....	19	<i>ascomp/cod cap 30mg</i> ....	20
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	25	<i>anagrelide hcl cap 0.5 mg</i> ..	52	ASMANEX 120 AER	
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	25	<i>anagrelide hcl cap 1 mg</i> ....	52	220MCG.....	73
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> .....	25	<i>anastrozole tab 1 mg</i> .....	10	ASMANEX 30 AER	
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	26	ANDRODERM DIS		110MCG.....	73
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	26	2MG/24HR.....	58	ASMANEX 30 AER	
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	25	ANDRODERM DIS		220MCG.....	73
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	26	4MG/24HR.....	58	ASMANEX 60 AER	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	26	ANDROGEL GEL		220MCG.....	73
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	26	1%(25MG).....	58	ASMANEX HFA AER 100	
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	26	ANDROGEL GEL		MCG.....	73
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	26	1%(50MG).....	58	ASMANEX HFA AER 200	
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	26	ANDROGEL GEL 1.62%.....	58	MCG.....	73
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	26	ANDROGEL GEL PUMP		ASTAGRAF XL CAP	
<i>amphotericin b for inj 50 mg</i> ..	2	1%.....	58	0.5MG.....	10
<i>ampicillin &amp; sulbactam sodium for inj 2-1 gm</i> ....	8	ANGELIQ TAB 0.25-0.5....	67	ASTAGRAF XL CAP 1MG	10
<i>ampicillin &amp; sulbactam sodium for iv soln 1-0.5 gm</i> .....	8	ANGELIQ TAB 0.5-1MG.....	67	ASTAGRAF XL CAP 5MG	10
<i>ampicillin &amp; sulbactam sodium for iv soln 10-5 gm</i> .....	8	ANORO ELLIPT AER 62.5-		ATACAND HCT TAB 16-	
<i>ampicillin cap 250 mg</i> .....	8	25.....	73	12.5.....	36
<i>ampicillin cap 500 mg</i> .....	8	ANZEMET TAB 100MG....	61	ATACAND HCT TAB 32-	
<i>ampicillin for susp 125 mg/5ml</i> .....	8	ANZEMET TAB 50MG....	61	12.5.....	36
<i>ampicillin for susp 250 mg/5ml</i> .....	8	APEXICON E CRE 0.05%..	50	ATACAND HCT TAB 32-	
<i>ampicillin sodium for inj 1 gm</i> .....	8	APIDRA INJ SOLOSTAR....	55	25MG.....	36
<i>ampicillin sodium for inj 125 mg</i> .....	8	APIDRA INJ U-100.....	55	ATACAND TAB 16MG....	36
<i>ampicillin sodium for iv soln 10 gm</i> .....	8	APOKYN INJ 10MG/ML....	17	ATACAND TAB 32MG....	36
		<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> ..	72	ATACAND TAB 4MG....	36
		<i>apri tab</i> .....	68	ATACAND TAB 8MG....	36
		APRISO CAP 0.375GM....	61	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	36
		APTIOM TAB 200MG....	14	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	36
		APTIOM TAB 400MG....	14	<i>atenolol tab 100 mg</i> .....	36
		APTIOM TAB 600MG....	14	<i>atenolol tab 25 mg</i> .....	36
		APTIOM TAB 800MG....	14	<i>atenolol tab 50 mg</i> .....	36
		APTIVUS CAP 250MG....	2	ATGAM INJ 250MG.....	65
		APTIVUS SOL.....	2	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> ..	46
		ARALAST NP INJ 400MG..	52	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> ..	46
		ARANESP INJ 100MCG....	63	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> ..	46
		ARANESP INJ 10MCG....	63	<i>atorvastatin calcium tab 80 mg (base equivalent)</i> ..	46
		ARANESP INJ 150MCG....	63	<i>atovaquone susp 750 mg/5ml</i> .....	6
		ARANESP INJ 200MCG....	63	<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	6
		ARANESP INJ 25MCG....	63	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	6
		ARANESP INJ 300MCG....	64	ATRIPLA TAB.....	2
		ARANESP INJ 40MCG....	63	<i>atropine sulfate inj 0.05 mg/ml</i> .....	60
		ARANESP INJ 500MCG....	64	<i>atropine sulfate inj 0.1 mg/ml</i> .....	60
		ARANESP INJ 60MCG....	63	<i>atropine sulfate ophth soln 1%</i> .....	70
		ARCALYST INJ 220MG....	64	ATROVENT HFA AER	
		ARCAPTA CAP 75MCG....	73	17MCG.....	73
		<i>aripiprazole tab 10 mg</i> .....	48	AUBAGIO TAB 14MG....	19
		<i>aripiprazole tab 15 mg</i> .....	48	AUBAGIO TAB 7MG....	19
		<i>aripiprazole tab 2 mg</i> .....	48	<i>abra tab 0.1-0.02</i> .....	68
		<i>aripiprazole tab 20 mg</i> .....	48	AUVI-Q INJ 0.15MG....	72
		<i>aripiprazole tab 30 mg</i> .....	48		
		<i>aripiprazole tab 5 mg</i> .....	48		
		ARNUITY ELPT INH			
		100MCG.....	73		
		ARNUITY ELPT INH			
		200MCG.....	73		
		ARRANON INJ 5MG/ML....	10		
		ARZERRA CON 100/5ML..	10		
		ASACOL HD TAB 800MG..	61		

AUVI-Q INJ 0.3MG	72	<i>neomycin-hc ophth oint</i>		<i>augmented lotion</i>	
AVALIDE TAB 150-12.5	36	1%	71	0.05%	50
AVALIDE TAB 300-12.5	36	<i>baclofen tab 10 mg</i>	20	<i>betamethasone dipropionate</i>	
AVANDAMET TAB 2-1000MG	55	<i>baclofen tab 20 mg</i>	20	<i>augmented oint 0.05%</i>	50
AVANDIA TAB 2MG	55	BACTOCILL INJ DEX 1GM	8	<i>betamethasone dipropionate</i>	
AVANDIA TAB 4MG	55	BACTOCILL INJ DEX 2GM	8	<i>cream 0.05%</i>	50
AVANDIA TAB 8MG	55	BACTROBAN OIN NASAL		<i>betamethasone dipropionate</i>	
AVAPRO TAB 150MG	36	2%	53	<i>lotion 0.05%</i>	50
AVAPRO TAB 300MG	36	<i>balsalazide disodium cap 750</i>		<i>betamethasone dipropionate</i>	
AVAPRO TAB 75MG	36	<i>mg</i>	61	<i>ointment 0.05%</i>	50
AVASTIN INJ	10	BANZEL SUS 40MG/ML	14	<i>betamethasone valerate</i>	
AVELOX ABC TAB 400MG	9	BANZEL TAB 200MG	14	<i>aerosol foam 0.12%</i>	50
AVELOX INJ	9	BANZEL TAB 400MG	15	<i>betamethasone valerate</i>	
<i>aviane tab</i>	68	BARACLUDGE SOL		<i>cream 0.1%</i>	51
AVODART CAP 0.5MG	76	.05MG/ML	2	<i>betamethasone valerate</i>	
AVONEX KIT 30MCG	64	BARACLUDGE TAB 0.5MG	2	<i>lotion 0.1%</i>	51
AVONEX PREFL KIT		BARACLUDGE TAB 1MG	2	<i>betamethasone valerate oint</i>	
30MCG	64	BCG VACCINE INJ	65	<i>0.1%</i>	51
<i>azacitidine for inj 100 mg</i>	10	BECONASE AQ SUS		BETASERON INJ 0.3MG	64
AZACTAM/DEX INJ 1GM	6	0.042%	73	<i>betaxolol hcl ophth soln</i>	
AZACTAM/DEX INJ 2GM	6	BELEODAQ INJ 500MG	10	0.5%	70
AZASITE SOL 1%	70	<i>benazepril &amp;</i>		<i>betaxolol hcl tab 10 mg</i>	36
<i>azathioprine tab 50 mg</i>	10	<i>hydrochlorothiazide tab</i>		<i>betaxolol hcl tab 20 mg</i>	36
<i>azelastine hcl nasal spray</i>		10-12.5 mg	36	<i>bethanechol chloride tab 10</i>	
0.1% (137 mcg/spray)	53	<i>benazepril &amp;</i>		<i>mg</i>	76
<i>azelastine hcl nasal spray</i>		<i>hydrochlorothiazide tab</i>		<i>bethanechol chloride tab 25</i>	
0.15% (205.5 mcg/spray)	53	20-12.5 mg	36	<i>mg</i>	76
<i>azelastine hcl ophth soln</i>		<i>benazepril &amp;</i>		<i>bethanechol chloride tab 5</i>	
0.05%	70	<i>hydrochlorothiazide tab</i>		<i>mg</i>	76
AZELEX CRE 20%	49	20-25 mg	36	<i>bethanechol chloride tab 50</i>	
AZILECT TAB 0.5MG	17	<i>benazepril &amp;</i>		<i>mg</i>	76
AZILECT TAB 1MG	17	<i>hydrochlorothiazide tab 5-</i>		BETIMOL SOL 0.5%	70
<i>azithromycin for susp 100</i>		6.25 mg	36	BETOPTIC-S SUS 0.25%	
<i>mg/5ml</i>	6	<i>benazepril hcl tab 10 mg</i>	36	OP	70
<i>azithromycin for susp 200</i>		<i>benazepril hcl tab 20 mg</i>	36	BEXSERO INJ	63
<i>mg/5ml</i>	6	<i>benazepril hcl tab 40 mg</i>	36	BEYAZ TAB	68
<i>azithromycin iv for soln 500</i>		<i>benazepril hcl tab 5 mg</i>	36	<i>bicalutamide tab 50 mg</i>	10
<i>mg</i>	6	BENICAR HCT TAB 20-		BICILLIN C-R INJ 1200000	8
<i>azithromycin powd pack for</i>		12.5	36	BICILLIN C-R INJ 900/300	8
<i>susp 1 gm</i>	6	BENICAR HCT TAB 40-		BICNU INJ 100MG	10
<i>azithromycin tab 250 mg</i>	6	12.5	36	BIDIL TAB	36
<i>azithromycin tab 500 mg</i>	6	BENICAR HCT TAB 40-		BILTRICIDE TAB 600MG	6
<i>azithromycin tab 600 mg</i>	6	25MG	36	<i>bimatoprost ophth soln</i>	
AZOPT SUS 1% OP	71	BENICAR TAB 20MG	36	0.03%	71
AZOR TAB 10-20MG	36	BENICAR TAB 40MG	36	<i>bisoprolol &amp;</i>	
AZOR TAB 10-40MG	36	BENICAR TAB 5MG	36	<i>hydrochlorothiazide tab</i>	
AZOR TAB 5-20MG	36	BENLYSTA INJ 120MG	66	10-6.25 mg	36
AZOR TAB 5-40MG	36	BENTYL INJ 10MG/ML	60	<i>bisoprolol &amp;</i>	
<i>aztreonam for inj 1 gm</i>	6	<i>benztropine mesylate tab 0.5</i>		<i>hydrochlorothiazide tab</i>	
		<i>mg</i>	17	2.5-6.25 mg	36
		<i>benztropine mesylate tab 1</i>		<i>bisoprolol &amp;</i>	
		<i>mg</i>	17	<i>hydrochlorothiazide tab 5-</i>	
		<i>benztropine mesylate tab 2</i>		6.25 mg	36
		<i>mg</i>	17	<i>bisoprolol fumarate tab 10</i>	
<b>B</b>		BEPREVE DRO 1.5%	70	<i>mg</i>	36
<i>baciim inj 50000unt</i>	6	BESIVANCE SUS 0.6%	70	<i>bisoprolol fumarate tab 5</i>	
BACITRACIN INJ		<i>betamethasone dipropionate</i>		<i>mg</i>	36
50000UNT	6	<i>augmented cream</i>		BIVIGAM INJ 10%	65
<i>bacitracin ophth oint 500</i>		0.05%	50	<i>bleomycin sulfate for inj 30</i>	
<i>unit/gm</i>	70	<i>betamethasone dipropionate</i>		<i>unit</i>	10
<i>bacitracin-polymyxin b ophth</i>		<i>augmented gel 0.05%</i>	50	BLEPH-10 SOL 10% OP	71
<i>oint</i>	70	<i>betamethasone dipropionate</i>		BLEPHAMIDE OIN S.O.P.	71
<i>bacitracin-polymyxin-</i>					

BLEPHAMIDE SUS OP	71
BOOSTRIX INJ	65
BOSULIF TAB 100MG	11
BOSULIF TAB 500MG	11
BOTOX INJ 100UNIT	65
BOTOX INJ 200UNIT	65
BREO ELLIPTA INH 100-25	73
BREO ELLIPTA INH 200-25	73
<i>briellyn tab</i>	68
BRILINTA TAB 90MG	44
<i>brimonidine tartrate ophth soln 0.15%</i>	72
<i>brimonidine tartrate ophth soln 0.2%</i>	72
BRINTELLIX TAB 10MG	26
BRINTELLIX TAB 20MG	26
BRINTELLIX TAB 5MG	26
<i>bromfenac sodium ophth soln 0.09% (base equivalent)</i>	71
<i>bromocriptine mesylate cap 5 mg</i>	17
<i>bromocriptine mesylate tab 2.5 mg</i>	17
BROVANA NEB 15MCG	73
<i>budesonide cap sr 24hr 3 mg</i>	61
<i>budesonide inhalation susp 0.25 mg/2ml</i>	73
<i>budesonide inhalation susp 0.5 mg/2ml</i>	73
<i>budesonide nasal susp 32 mcg/act</i>	73
<i>bumetanide tab 0.5 mg</i>	36
<i>bumetanide tab 1 mg</i>	36
<i>bumetanide tab 2 mg</i>	36
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	20
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	20
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	24
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	24
<i>buproban tab 150mg</i>	53
<i>bupropion hcl tab 100 mg</i>	26
<i>bupropion hcl tab 75 mg</i>	26
<i>bupropion hcl tab sr 12hr 100 mg</i>	26
<i>bupropion hcl tab sr 12hr 150 mg</i>	26
<i>bupropion hcl tab sr 12hr 200 mg</i>	26
<i>bupropion hcl tab sr 24hr 150 mg</i>	26
<i>bupropion hcl tab sr 24hr 300 mg</i>	26
<i>bupropion hcl tab 10 mg</i>	26

<i>buspirone hcl tab 15 mg</i>	26
<i>buspirone hcl tab 30 mg</i>	26
<i>buspirone hcl tab 5 mg</i>	26
<i>buspirone hcl tab 7.5 mg</i>	26
BUSULFEX INJ 6MG/ML	11
<i>bupropion hcl tab 10 mg</i>	26
<i>bupropion hcl tab 75 mg</i>	26
<i>bupropion hcl tab sr 12hr 100 mg</i>	26
<i>bupropion hcl tab sr 12hr 150 mg</i>	26
<i>bupropion hcl tab sr 12hr 200 mg</i>	26
<i>bupropion hcl tab sr 24hr 150 mg</i>	26
<i>bupropion hcl tab sr 24hr 300 mg</i>	26
<i>bupropion hcl tab 10 mg</i>	26

## C

<i>cabergoline tab 0.5 mg</i>	58
CADUET TAB 10-10MG	46
CADUET TAB 10-20MG	46
CADUET TAB 10-40MG	46
CADUET TAB 10-80MG	46
CADUET TAB 2.5-10MG	46
CADUET TAB 2.5-20MG	46
CADUET TAB 2.5-40MG	46
CADUET TAB 5-10MG	46
CADUET TAB 5-20MG	46
CADUET TAB 5-40MG	46
CADUET TAB 5-80MG	46
<i>calcipotriene cream 0.005%</i>	48
<i>calcipotriene oint 0.005%</i>	48
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	48
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	49
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	58
<i>calcitriol cap 0.25 mcg</i>	58
<i>calcitriol cap 0.5 mcg</i>	58
<i>calcitriol inj 1 mcg/ml</i>	58
<i>calcitriol oint 3 mcg/gm</i>	49
<i>calcitriol oral soln 1 mcg/ml</i>	58
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	76
CAMBIA POW 50MG	24
<i>camila tab 0.35mg</i>	67
CANASA SUP 1000MG	61
CANCIDAS INJ 50MG	2
CANCIDAS INJ 70MG	2
<i>candesartan cilexetil tab 16 mg</i>	37
<i>candesartan cilexetil tab 32 mg</i>	37
<i>candesartan cilexetil tab 4 mg</i>	37
<i>candesartan cilexetil tab 8 mg</i>	37
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	37
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	37
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	37
CAPASTAT SUL INJ 1GM	6
CAPEX SHA 0.01%	51
CAPRELSA TAB 100MG	11
CAPRELSA TAB 300MG	11
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	37
<i>captopril tab 100 mg</i>	37
<i>captopril tab 12.5 mg</i>	37
<i>captopril tab 25 mg</i>	37
<i>captopril tab 50 mg</i>	37
CARAC CRE 0.5%	49
CARAFATE SUS 1GM/10ML	62
CARBAGLU TAB 200MG	52
<i>carbamazepine cap sr 12hr 100 mg</i>	15
<i>carbamazepine cap sr 12hr 200 mg</i>	15
<i>carbamazepine cap sr 12hr 300 mg</i>	15
<i>carbamazepine chew tab 100 mg</i>	15
<i>carbamazepine susp 100 mg/5ml</i>	15
<i>carbamazepine tab 200 mg</i>	15
<i>carbamazepine tab sr 12hr 200 mg</i>	15
<i>carbamazepine tab sr 12hr 400 mg</i>	15
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	17
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	17
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	17
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	17

<i>hydrochlorothiazide tab 16-12.5 mg</i>	37
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	37
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	37
CAPASTAT SUL INJ 1GM	6
CAPEX SHA 0.01%	51
CAPRELSA TAB 100MG	11
CAPRELSA TAB 300MG	11
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	37
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	37
<i>captopril tab 100 mg</i>	37
<i>captopril tab 12.5 mg</i>	37
<i>captopril tab 25 mg</i>	37
<i>captopril tab 50 mg</i>	37
CARAC CRE 0.5%	49
CARAFATE SUS 1GM/10ML	62
CARBAGLU TAB 200MG	52
<i>carbamazepine cap sr 12hr 100 mg</i>	15
<i>carbamazepine cap sr 12hr 200 mg</i>	15
<i>carbamazepine cap sr 12hr 300 mg</i>	15
<i>carbamazepine chew tab 100 mg</i>	15
<i>carbamazepine susp 100 mg/5ml</i>	15
<i>carbamazepine tab 200 mg</i>	15
<i>carbamazepine tab sr 12hr 200 mg</i>	15
<i>carbamazepine tab sr 12hr 400 mg</i>	15
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	17
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	17
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	17
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	17
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	17



<i>carbidopa &amp; levodopa tab cr</i> 25-100 mg.....	17	<i>cefixime for susp 100</i> mg/5ml.....	5	<i>cefuroxime sodium for inj 750</i> mg.....	5
<i>carbidopa &amp; levodopa tab cr</i> 50-200 mg.....	17	<i>cefixime for susp 200</i> mg/5ml.....	5	CELEBREX CAP 100MG.....	24
<i>carbidopa tab 25 mg</i> .....	17	<i>cefotaxime sodium for inj 1</i> gm.....	5	CELEBREX CAP 200MG.....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-</i> <i>200 mg</i> .....	17	<i>cefotaxime sodium for inj 2</i> gm.....	5	CELEBREX CAP 400MG.....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-</i> <i>75-200 mg</i> .....	17	<i>cefotaxime sodium for inj 500</i> mg.....	5	CELEBREX CAP 50MG.....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-</i> <i>200 mg</i> .....	17	CEFOTETAN INJ 10G.....	5	<i>celecoxib cap 100 mg</i> .....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-</i> <i>125-200 mg</i> .....	17	CEFOTETAN INJ 1GM/10ML.....	5	<i>celecoxib cap 200 mg</i> .....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-</i> <i>150-200 mg</i> .....	17	CEFOTETAN INJ 2GM/20ML.....	5	<i>celecoxib cap 400 mg</i> .....	24
<i>carbidopa-levodopa-</i> <i>entacapone tabs 50-200-</i> <i>200 mg</i> .....	17	CEFOXITIN INJ 1GM.....	5	<i>celecoxib cap 50 mg</i> .....	24
<i>carboplatin iv soln 150</i> mg/15ml.....	11	CEFOXITIN INJ 2GM.....	5	CELEXA TAB 10MG.....	26
CARDIZEM LA TAB 120MG.....	37	<i>cefcoxitin sodium for inj 10</i> gm.....	5	CELEXA TAB 20MG.....	26
<i>carisoprodol tab 350 mg</i> .....	20	<i>cefcoxitin sodium for iv soln 1</i> gm.....	5	CELEXA TAB 40MG.....	26
<i>carteolol hcl ophth soln 1%</i> .....	70	<i>cefcoxitin sodium for iv soln 2</i> gm.....	5	CELLCEPT IV INJ 500MG.....	11
<i>cartia xt cap 120/24hr</i> .....	37	<i>cefpodoxime proxetil for susp</i> 100 mg/5ml.....	5	CELLCEPT SUS 200MG/ML.....	11
<i>cartia xt cap 180/24hr</i> .....	37	<i>cefpodoxime proxetil for susp</i> 50 mg/5ml.....	5	CELONTIN CAP 300MG.....	15
<i>cartia xt cap 240/24hr</i> .....	37	<i>cefpodoxime proxetil tab 100</i> mg.....	5	<i>cephalexin cap 250 mg</i> .....	5
<i>cartia xt cap 300/24hr</i> .....	37	<i>cefpodoxime proxetil tab 200</i> mg.....	5	<i>cephalexin cap 500 mg</i> .....	5
<i>carvedilol tab 12.5 mg</i> .....	37	<i>cefprozil for susp 125</i> mg/5ml.....	5	<i>cephalexin for susp 125</i> mg/5ml.....	6
<i>carvedilol tab 25 mg</i> .....	37	<i>cefprozil for susp 250</i> mg/5ml.....	5	<i>cephalexin for susp 250</i> mg/5ml.....	6
<i>carvedilol tab 3.125 mg</i> .....	37	<i>cefprozil tab 250 mg</i> .....	5	<i>cephalexin tab 250 mg</i> .....	6
<i>carvedilol tab 6.25 mg</i> .....	37	<i>cefprozil tab 500 mg</i> .....	5	<i>cephalexin tab 500 mg</i> .....	6
CAYSTON INH 75MG.....	6	<i>ceftazidime for inj 1 gm</i> .....	5	CERDELGA CAP 84MG.....	58
CEDAX CAP 400MG.....	5	<i>ceftazidime for inj 2 gm</i> .....	5	CEREZYME INJ 400UNIT.....	58
<i>cefaclor cap 250 mg</i> .....	5	<i>ceftazidime for inj 6 gm</i> .....	5	CERVARIX INJ.....	65
<i>cefaclor cap 500 mg</i> .....	5	CEFTAZIDIME/ SOL D5W 1GM.....	5	CESAMET CAP 1MG.....	61
CEFACTOR ER TAB 500MG.....	5	CEFTAZIDIME/ SOL D5W 2GM.....	5	<i>cetirizine hcl oral soln 1</i> mg/ml (5 mg/5ml).....	72
<i>cefadroxil cap 500 mg</i> .....	5	CEFTIN SUS 125/5ML.....	5	<i>cevimeline hcl cap 30 mg</i> .....	52
<i>cefadroxil for susp 250</i> mg/5ml.....	5	CEFTIN SUS 250/5ML.....	5	CHANTIX PAK 0.5& 1MG.....	53
<i>cefadroxil for susp 500</i> mg/5ml.....	5	<i>ceftriaxone sodium for inj 250</i> mg.....	5	CHANTIX PAK 1MG.....	53
<i>cefadroxil tab 1 gm</i> .....	5	<i>ceftriaxone sodium for inj 500</i> mg.....	5	CHANTIX TAB 0.5MG.....	53
CEFAZOLIN INJ 1GM/50ML.....	5	<i>ceftriaxone sodium for iv soln</i> 1 gm.....	5	CHANTIX TAB 1MG.....	53
<i>cefazolin sodium for inj 1 gm</i> 5 gm.....	5	<i>ceftriaxone sodium for iv soln</i> 2 gm.....	5	<i>chloramphenicol sodium</i> <i>succinate for iv inj 1 gm</i> .....	6
<i>cefazolin sodium for inj 500</i> mg.....	5	<i>cefuroxime axetil tab 250</i> mg.....	5	<i>chlordiazepoxide hcl cap 10</i> mg.....	26
<i>cefdinir cap 300 mg</i> .....	5	<i>cefuroxime axetil tab 500</i> mg.....	5	<i>chlordiazepoxide hcl cap 25</i> mg.....	26
<i>cefdinir for susp 125 mg/5ml</i> 5 5	5	<i>cefuroxime sodium for inj 1.5</i> gm.....	5	<i>chlordiazepoxide hcl cap 5</i> mg.....	26
<i>cefdinir for susp 250 mg/5ml</i> 5 5	5	<i>cefuroxime sodium for inj 7.5</i> gm.....	5	<i>chlordiazepoxide-amitriptyline</i> <i>tab 10-25 mg</i> .....	26
<i>cefditoren pivoxil tab 200 mg</i> (base equivalent).....	5			<i>chlordiazepoxide-amitriptyline</i> <i>tab 5-12.5 mg</i> .....	26
<i>cefepime hcl for inj 1 gm</i> .....	5			<i>chlorhexidine gluconate soln</i> 0.12%.....	53
<i>cefepime hcl for inj 2 gm</i> .....	5			<i>chloroquine phosphate tab</i> 250 mg.....	6
				<i>chloroquine phosphate tab</i> 500 mg.....	6
				<i>chlorothiazide sodium for inj</i> 500 mg.....	37
				<i>chlorothiazide tab 250 mg</i> .....	37
				<i>chlorothiazide tab 500 mg</i> .....	37
				CHLORPROMAZ INJ 50MG/2ML.....	26
				<i>chlorpromazine hcl tab 10</i>	

mg.....	26	tab sr 24hr 1000 mg(base eq).....	9	CLINIMIX E INJ 4.25/D5W..	77
chlorpromazine hcl tab 100 mg.....	26	ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq).....	9	CLINIMIX E INJ 5%/D15W..	77
chlorpromazine hcl tab 200 mg.....	26	cisplatin inj 100 mg/100ml (1 mg/ml).....	11	CLINIMIX E INJ 5%/D20W..	77
chlorpromazine hcl tab 25 mg.....	26	citalopram hydrobromide oral soln 10 mg/5ml.....	26	CLINIMIX INJ 2.75/D5W.....	77
chlorpromazine hcl tab 50 mg.....	26	citalopram hydrobromide tab 10 mg (base equiv).....	26	CLINIMIX INJ 4.25/D10.....	77
chlorthalidone tab 25 mg..	37	citalopram hydrobromide tab 20 mg (base equiv).....	26	CLINIMIX INJ 4.25/D20.....	77
chlorthalidone tab 50 mg..	37	citalopram hydrobromide tab 40 mg (base equiv).....	26	CLINIMIX INJ 4.25/D25.....	78
chlorzoxazone tab 500 mg..	20	cladribine inj 1 mg/ml.....	11	CLINIMIX INJ 4.25/D5W.....	52
cholestyramine light powder packets 4 gm.....	46	claravis cap 10mg.....	49	CLINIMIX INJ 5%/D15W.....	78
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	46	claravis cap 20mg.....	49	CLINIMIX INJ 5%/D20W.....	78
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	46	claravis cap 30mg.....	49	CLINIMIX INJ 5%/D25W.....	78
CIALIS TAB 10MG.....	76	claravis cap 40mg.....	49	clinisol sf inj 15%.....	78
CIALIS TAB 2.5MG.....	76	clarithromycin for susp 125 mg/5ml.....	6	clobetasol e cre 0.05%.....	51
CIALIS TAB 20MG.....	76	clarithromycin for susp 250 mg/5ml.....	6	clobetasol propionate foam 0.05%.....	51
CIALIS TAB 5MG.....	76	clarithromycin tab 250 mg..	6	clobetasol propionate gel 0.05%.....	51
ciclopirox gel 0.77%.....	50	clarithromycin tab 500 mg..	6	clobetasol propionate lotion 0.05%.....	51
ciclopirox olamine cream 0.77% (base equiv).....	50	clarithromycin tab sr 24hr 500 mg.....	6	clobetasol propionate oint 0.05%.....	51
ciclopirox olamine susp 0.77% (base equiv).....	50	CLEOCIN SUP 100MG.....	68	clobetasol propionate shampoo 0.05%.....	51
ciclopirox shampoo 1%.....	50	CLEOCIN/D5W INJ 900MG..	6	clobetasol propionate soln 0.05%.....	51
ciclopirox solution 8%.....	50	CLIMARA PRO DIS WEEKLY.....	67	clodan sha 0.05%.....	51
cidofovir iv inj 75 mg/ml.....	2	clindamycin hcl cap 150 mg..	6	CLOLAR INJ 1MG/ML.....	11
cilostazol tab 100 mg.....	44	clindamycin hcl cap 300 mg..	6	clomipramine hcl cap 25 mg.....	27
cilostazol tab 50 mg.....	44	clindamycin hcl cap 75 mg..	6	clomipramine hcl cap 50 mg.....	27
CILOXAN OIN 0.3% OP.....	70	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	6	clomipramine hcl cap 75 mg.....	27
CIMZIA KIT.....	61	clindamycin phosphate foam 1%.....	49	clonazepam orally disintegrating tab 0.125 mg.....	15
CIMZIA PREFL KIT 200MG/ML.....	61	clindamycin phosphate gel 1%.....	49	clonazepam orally disintegrating tab 0.25 mg.....	15
CINRYZE SOL 500 UNIT.....	73	clindamycin phosphate in d5w iv soln 300 mg/50ml7	17	clonazepam orally disintegrating tab 0.5 mg.....	15
CIPRO HC SUS OTIC.....	53	clindamycin phosphate in d5w iv soln 600 mg/50ml7	17	clonazepam orally disintegrating tab 1 mg.....	15
CIPRODEX SUS 0.3-0.1%.....	53	clindamycin phosphate in d5w iv soln 900 mg/50ml7	17	clonazepam tab 0.5 mg.....	15
ciprofloxacin 200 mg/100ml in d5w.....	9	clindamycin phosphate iv soln 600 mg/4ml.....	7	clonazepam tab 1 mg.....	15
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	9	clindamycin phosphate lotion 1%.....	49	clonazepam tab 2 mg.....	15
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	9	clindamycin phosphate soln 1%.....	49	clonidine hcl tab 0.1 mg.....	37
ciprofloxacin hcl ophth soln 0.3%.....	70	clindamycin phosphate swab 1%.....	49	clonidine hcl tab 0.2 mg.....	37
ciprofloxacin hcl tab 100 mg (base equiv).....	9	clindamycin phosphate vaginal cream 2%.....	68	clonidine hcl tab 0.3 mg.....	37
ciprofloxacin hcl tab 250 mg (base equiv).....	9	CLINIMIX E INJ 2.75/D10.....	52	clonidine hcl tab sr 12hr 0.1 mg.....	27
ciprofloxacin hcl tab 500 mg (base equiv).....	9	CLINIMIX E INJ 2.75/D5W.....	52	clonidine hcl td patch weekly 0.1 mg/24hr.....	37
ciprofloxacin hcl tab 750 mg (base equiv).....	9	CLINIMIX E INJ 4.25/D10.....	77	clonidine hcl td patch weekly 0.2 mg/24hr.....	37
ciprofloxacin iv soln 400 mg/40ml (1%).....	9	CLINIMIX E INJ 4.25/D25.....	77	clonidine hcl td patch weekly 0.3 mg/24hr.....	37
ciprofloxacin-ciprofloxacin hcl				clopidogrel bisulfate tab 300	

mg (base equiv).....	44	COPAXONE INJ 40MG/ML 19		cyclosporine modified cap 25	
clopidogrel bisulfate tab 75		CORDRAN 80X3 TAP		mg.....	11
mg (base equiv).....	44	4MCG/CM.....	51	cyclosporine modified cap 50	
clorazepate dipotassium tab		COREG CR CAP 10MG.....	37	mg.....	11
15 mg.....	27	COREG CR CAP 20MG.....	37	cyclosporine modified oral	
clorazepate dipotassium tab		COREG CR CAP 40MG.....	37	soln 100 mg/ml.....	11
3.75 mg.....	27	COREG CR CAP 80MG.....	37	cyproheptadine hcl syrup 2	
clorazepate dipotassium tab		CORTIFOAM AER 90MG.....	61	mg/5ml.....	72
7.5 mg.....	27	cortisone acetate tab 25		cyproheptadine hcl tab 4	
clotrimazole cream 1%.....	50	mg.....	54	mg.....	72
clotrimazole soln 1%.....	50	COSENTYX PEN INJ		CYSTAGON CAP 150MG.....	76
clotrimazole troche 10 mg.....	2	150MG/ML.....	75	CYSTAGON CAP 50MG.....	76
clotrimazole w/		COUMADIN TAB 10MG.....	44	CYSTARAN SOL 0.44%.....	70
betamethasone cream 1-		COUMADIN TAB 1MG.....	44	cytarabine inj pf 100 mg/ml.....	11
0.05%.....	50	COUMADIN TAB 2.5MG.....	44	CYTOMEL TAB 25MCG.....	59
clotrimazole w/		COUMADIN TAB 2MG.....	44	CYTOMEL TAB 50MCG.....	59
betamethasone lotion 1-		COUMADIN TAB 3MG.....	44	CYTOMEL TAB 5MCG.....	59
0.05%.....	50	COUMADIN TAB 4MG.....	44		
clozapine orally disintegrating		COUMADIN TAB 5MG.....	44	<b>D</b>	
tab 100 mg.....	27	COUMADIN TAB 6MG.....	44	D10W/NACL INJ 0.2%.....	52
clozapine orally disintegrating		COUMADIN TAB 7.5MG.....	44	dacarbazine for inj 200 mg.....	11
tab 12.5 mg.....	27	COZAAR TAB 100MG.....	37	DACOGEN INJ 50MG.....	11
clozapine orally disintegrating		COZAAR TAB 25MG.....	37	DALIRESP TAB 500MCG.....	73
tab 150 mg.....	48	COZAAR TAB 50MG.....	37	danazol cap 100 mg.....	58
clozapine orally disintegrating		CREON CAP 12000UNT.....	61	danazol cap 200 mg.....	58
tab 200 mg.....	48	CREON CAP 24000UNT.....	61	danazol cap 50 mg.....	58
clozapine orally disintegrating		CREON CAP 3000UNIT.....	61	dantrolene sodium cap 100	
tab 25 mg.....	27	CREON CAP 36000UNT.....	61	mg.....	20
clozapine tab 100 mg.....	27	CREON CAP 6000UNIT.....	61	dantrolene sodium cap 25	
clozapine tab 200 mg.....	27	CRESEMBA CAP 186 MG.....	10	mg.....	20
clozapine tab 25 mg.....	27	CRESEMBA INJ 372MG.....	10	dantrolene sodium cap 50	
clozapine tab 50 mg.....	27	CRESTOR TAB 10MG.....	46	mg.....	20
COARTEM TAB 20-120MG.....	7	CRESTOR TAB 20MG.....	46	dapsone tab 100 mg.....	7
codeine sulfate tab 15 mg.....	20	CRESTOR TAB 40MG.....	46	dapsone tab 25 mg.....	7
codeine sulfate tab 30 mg.....	20	CRESTOR TAB 5MG.....	46	DAPTACEL INJ.....	65
codeine sulfate tab 60 mg.....	20	CRIXIVAN CAP 200MG.....	2	DARAPRIM TAB 25MG.....	7
colchicine tab 0.6 mg.....	65	CRIXIVAN CAP 400MG.....	2	daunorubicin hcl inj 5 mg/ml	
colchicine w/ probenecid tab		cromolyn sodium ophth soln		(base equiv).....	11
0.5-500 mg.....	65	4%.....	70	deblitane tab 0.35mg.....	68
COLCRYSTAB 0.6MG.....	65	cromolyn sodium oral conc		decitabine for inj 50 mg.....	11
colestipol hcl granules 5		100 mg/5ml.....	61	delyla tab 0.1-0.02.....	68
gm.....	46	cromolyn sodium soln nebu		DELZICOL CAP 400MG.....	61
colestipol hcl tab 1 gm.....	46	20 mg/2ml.....	73	demeclocycline hcl tab 150	
colistimethate sodium for inj		cryselle-28 tab 28 tabs.....	68	mg.....	9
150 mg.....	7	CUBICIN SOL 500MG.....	7	demeclocycline hcl tab 300	
COLYTE/FLAVR SOL		CUVPOSA SOL 1MG/5ML.....	60	mg.....	9
PACKS.....	61	cyclafem tab 1/35.....	68	DEMSEER CAP 250MG.....	37
COMBIGAN SOL 0.2/0.5%.....	71	cyclafem tab 7/7/7.....	68	DENAVIR CRE 1%.....	50
COMBIPATCH DIS .05/.14.....	67	cyclobenzaprine hcl tab 10		DEPEN TITRA TAB	
COMBIPATCH DIS .05/.25.....	67	mg.....	20	250MG.....	66
COMBIVENT AER		cyclobenzaprine hcl tab 5		DEPO-MEDROL INJ	
RESPIMAT.....	73	mg.....	20	20MG/ML.....	54
COMETRIQ KIT 100MG.....	11	cyclobenzaprine hcl tab 7.5		DEPO-MEDROL INJ	
COMETRIQ KIT 140MG.....	11	mg.....	20	40MG/ML.....	54
COMETRIQ KIT 60MG.....	11	CYCLOSET TAB 0.8MG.....	55	DEPO-MEDROL INJ	
COMPLERA TAB.....	2	cyclosporine cap 100 mg.....	11	80MG/ML.....	54
compro sup 25mg.....	61	cyclosporine cap 25 mg.....	11	DEPO-PROVERA INJ	
COMVAX INJ.....	65	cyclosporine iv soln 50		400/ML.....	67
CONDYLOX GEL 0.5%.....	49	mg/ml.....	11	DEPO-TESTOST INJ	
constulose sol 10gm/15.....	61	cyclosporine modified cap		100MG/ML.....	58
COPAXONE INJ 20MG/ML 19		100 mg.....	11	desipramine hcl tab 10 mg.....	27

desipramine hcl tab 100 mg	DEXILANT CAP 30MG DR 62	mg	24
desipramine hcl tab 150 mg	DEXILANT CAP 60MG DR 62	diclofenac sodium (actinic keratoses) gel 3%	49
desipramine hcl tab 25 mg	dexmethylphenidate hcl cap sr 24 hr 10 mg	diclofenac sodium ophth soln 0.1%	71
desipramine hcl tab 50 mg	dexmethylphenidate hcl cap sr 24 hr 15 mg	diclofenac sodium soln 1.5%	24
desipramine hcl tab 75 mg	dexmethylphenidate hcl cap sr 24 hr 20 mg	diclofenac sodium tab delayed release 25 mg	24
desloratadine tab orally disintegrating 2.5 mg	dexmethylphenidate hcl cap sr 24 hr 30 mg	diclofenac sodium tab delayed release 50 mg	24
desloratadine tab orally disintegrating 5 mg	dexmethylphenidate hcl cap sr 24 hr 40 mg	diclofenac sodium tab delayed release 75 mg	24
desmopressin acetate inj 4 mcg/ml	dexmethylphenidate hcl cap sr 24 hr 5 mg	diclofenac sodium tab sr 24hr 100 mg	24
desmopressin acetate nasal spray soln 0.01% (refrigerated)	dexmethylphenidate hcl tab 10 mg	diclofenac w/ misoprostol tab delayed release 50-0.2 mg	24
desmopressin acetate tab 0.1 mg	dexmethylphenidate hcl tab 2.5 mg	diclofenac w/ misoprostol tab delayed release 75-0.2 mg	24
desmopressin acetate tab 0.2 mg	dexmethylphenidate hcl tab 5 mg	dicloxacillin sodium cap 250 mg	8
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	DEXPAK PAK 13 DAY	dicloxacillin sodium cap 500 mg	8
desonide cream 0.05%	dexrazoxane for inj 250 mg	dicyclomine hcl cap 10 mg	60
desonide lotion 0.05%	dextroamphetamine sulfate cap sr 24hr 10 mg	dicyclomine hcl oral soln 10 mg/5ml	60
desonide oint 0.05%	dextroamphetamine sulfate cap sr 24hr 15 mg	dicyclomine hcl tab 20 mg	60
desoximetasone cream 0.05%	dextroamphetamine sulfate cap sr 24hr 5 mg	didanosine delayed release capsule 125 mg	2
desoximetasone cream 0.25%	dextroamphetamine sulfate tab 10 mg	didanosine delayed release capsule 200 mg	2
desoximetasone gel 0.05%	dextroamphetamine sulfate tab 5 mg	didanosine delayed release capsule 250 mg	3
desoximetasone oint 0.05%	dextrose 10% w/ sodium chloride 0.45%	didanosine delayed release capsule 400 mg	3
desoximetasone oint 0.25%	dextrose 2.5% w/ sodium chloride 0.45%	DIFICID TAB 200MG	6
DESVENLAFAX TAB 100MG ER	dextrose 5% in lactated ringers	diflorasone diacetate cream 0.05%	51
DESVENLAFAX TAB 50MG ER	dextrose 5% w/ sodium chloride 0.2%	diflorasone diacetate oint 0.05%	51
DEXAMETHASON CON 1MG/ML	dextrose 5% w/ sodium chloride 0.225%	diflunisal tab 500 mg	24
dexamethasone elixir 0.5 mg/5ml	dextrose 5% w/ sodium chloride 0.33%	digoxin inj 0.25 mg/ml	43
dexamethasone sodium phosphate inj 10 mg/ml	dextrose 5% w/ sodium chloride 0.45%	digoxin oral soln 0.05 mg/ml	43
dexamethasone sodium phosphate inj 120 mg/30ml	dextrose 5% w/ sodium chloride 0.9%	digoxin tab 125 mcg (0.125 mg)	43
dexamethasone sodium phosphate ophth soln 0.1%	dextrose inj 10%	digoxin tab 250 mcg (0.25 mg)	43
dexamethasone tab 0.5 mg	dextrose inj 5%	dihydroergotamine mesylate inj 1 mg/ml	18
dexamethasone tab 0.75 mg	DIAZEPAM CON 5MG/ML	DILANTIN CAP 100MG	15
dexamethasone tab 1 mg	diazepam rectal gel delivery system 10 mg	DILANTIN CAP 30MG	15
dexamethasone tab 1.5 mg	diazepam rectal gel delivery system 2.5 mg	DILANTIN CHW 50MG	15
dexamethasone tab 2 mg	diazepam rectal gel delivery system 20 mg	DILANTIN-125 SUS 125/5ML	15
dexamethasone tab 4 mg	diazepam soln 1 mg/ml	dilt-xr cap 120mg	37
dexamethasone tab 6 mg	diazepam tab 10 mg	dilt-xr cap 180mg	37
dexedrine tab 10mg	diazepam tab 2 mg	dilt-xr cap 240mg	37
dexedrine tab 5mg	diazepam tab 5 mg	diltiazem hcl cap sr 12hr 120 mg	37
	diclofenac potassium tab 50 mg		

diltiazem hcl cap sr 12hr 60 mg	37	delayed release 250 mg	15	mg	9
diltiazem hcl cap sr 12hr 90 mg	37	divalproex sodium tab delayed release 500 mg	15	doxycycline hyclate tab 20 mg	9
diltiazem hcl coated beads cap sr 24hr 120 mg	37	divalproex sodium tab sr 24 hr 250 mg	15	doxycycline hyclate tab delayed release 100 mg	9
diltiazem hcl coated beads cap sr 24hr 240 mg	37	divalproex sodium tab sr 24 hr 500 mg	15	doxycycline hyclate tab delayed release 150 mg	9
diltiazem hcl coated beads cap sr 24hr 300 mg	38	DIVIGEL GEL 0.5MG	67	doxycycline hyclate tab delayed release 75 mg	9
diltiazem hcl extended release beads cap sr 24hr 180 mg	38	DOCEFREZ INJ 20MG	11	doxycycline monohydrate cap 75 mg	9
diltiazem hcl extended release beads cap sr 24hr 360 mg	38	docetaxel for inj conc 80 mg/4ml (20 mg/ml)	11	doxycycline monohydrate for susp 25 mg/5ml	9
diltiazem hcl extended release beads cap sr 24hr 420 mg	38	DOCETAXEL INJ 80MG/8ML	11	doxycycline monohydrate tab 150 mg	9
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	38	donepezil hydrochloride orally disintegrating tab 10 mg	19	doxycycline monohydrate tab 50 mg	9
diltiazem hcl tab 120 mg	38	donepezil hydrochloride orally disintegrating tab 5 mg	19	doxycycline monohydrate tab 75 mg	9
diltiazem hcl tab 30 mg	38	donepezil hydrochloride tab 10 mg	19	dronabinol cap 10 mg	61
diltiazem hcl tab 60 mg	38	donepezil hydrochloride tab 23 mg	19	dronabinol cap 2.5 mg	61
diltiazem hcl tab 90 mg	38	donepezil hydrochloride tab 5 mg	19	dronabinol cap 5 mg	61
DILTIAZEM INJ 100MG	38	doxazosin mesylate hcl ophth soln 2%	71	drosiprenone-ethinyl estradiol tab 3-0.03 mg	68
DIOVAN HCT TAB 160-12.5	38	doxazosin mesylate hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	71	DROXIA CAP 200MG	11
DIOVAN HCT TAB 160-25MG	38	doxazosin mesylate tab 1 mg	38	DROXIA CAP 300MG	11
DIOVAN HCT TAB 320-12.5	38	doxazosin mesylate tab 2 mg	38	DROXIA CAP 400MG	11
DIOVAN HCT TAB 320-25MG	38	doxazosin mesylate tab 4 mg	38	DUAVEE TAB 0.45-20	67
DIOVAN HCT TAB 80/12.5	38	doxazosin mesylate tab 8 mg	38	DUETACT TAB 30-2MG	55
DIOVAN TAB 160MG	38	doxepin hcl cap 10 mg	27	DUETACT TAB 30-4MG	55
DIOVAN TAB 320MG	38	doxepin hcl cap 100 mg	27	DULERA AER 100-5MCG	73
DIOVAN TAB 40MG	38	doxepin hcl cap 150 mg	28	DULERA AER 200-5MCG	73
DIOVAN TAB 80MG	38	doxepin hcl cap 25 mg	27	duloxetine hcl enteric coated pellets cap 20 mg	28
DIP/TET PED INJ 25-5LFU65		doxepin hcl cap 50 mg	27	duloxetine hcl enteric coated pellets cap 30 mg	28
DIPENTUM CAP 250MG	61	doxepin hcl cap 75 mg	27	duloxetine hcl enteric coated pellets cap 60 mg	28
diphenhydramine hcl inj 50 mg/ml	72	doxepin hcl conc 10 mg/ml	28	duramorph inj 0.5mg/ml	20
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	60	doxercalciferol cap 0.5 mcg	59	duramorph inj 1mg/ml	20
diphenoxylate w/ atropine tab 2.5-0.025 mg	60	doxercalciferol cap 1 mcg	59	DUREZOL EMU 0.05%	71
dipyridamole tab 25 mg	44	doxercalciferol cap 2.5 mcg	59	DUTOPROL TAB 100-12.5	38
dipyridamole tab 50 mg	44	doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	59	DUTOPROL TAB 25-12.5	38
dipyridamole tab 75 mg	44	doxorubicin hcl inj 2 mg/ml	11	DUTOPROL TAB 50-12.5	38
disopyramide phosphate cap 100 mg	34	doxy 100 inj 100mg	9	DYMISTA SPR 137-50	74
disopyramide phosphate cap 150 mg	34	doxycycline hyclate cap 100 mg	9	DYRENIUM CAP 100MG	38
disulfiram tab 250 mg	52	doxycycline hyclate cap 50 mg	9	DYRENIUM CAP 50MG	38
disulfiram tab 500 mg	52	doxycycline hyclate for inj 100 mg	9	DYSPORT INJ 300UNIT	65
divalproex sodium cap sprinkle 125 mg	15	doxycycline hyclate tab 100 mg			
divalproex sodium tab delayed release 125 mg	15				
divalproex sodium tab					

## E

e.e.s. 400 tab 400mg	6
econazole nitrate cream 1%	50
EDARBI TAB 40MG	38
EDARBI TAB 80MG	38
EDARBYCLOR TAB 40-12.5	38
EDARBYCLOR TAB 40-25MG	38
EDURANT TAB 25MG	3
EFFEXOR XR CAP	

150MG	28	ENJUVIA TAB 1.25MG	67	erythromycin ophth oint 5	
EFFEXOR XR CAP		enoxaparin sodium inj 100	67	mg/gm	70
37.5MG	28	mg/ml	44	erythromycin soln 2%	49
EFFEXOR XR CAP 75MG	28	enoxaparin sodium inj 120	44	erythromycin tab 250 mg	6
EFFIENT TAB 10MG	44	mg/0.8ml	44	erythromycin tab 500 mg	6
EFFIENT TAB 5MG	44	enoxaparin sodium inj 150	44	ESBRIET CAP 267MG	74
ELAPRASE INJ 6MG/3ML	59	mg/ml	44	escitalopram oxalate soln 5	
ELELYSO INJ 200UNIT	59	enoxaparin sodium inj 30	44	mg/5ml (base equiv)	28
ELIDEL CRE 1%	49	mg/0.3ml	44	escitalopram oxalate tab 10	
ELIGARD INJ 22.5MG	11	enoxaparin sodium inj 300	44	mg (base equiv)	28
ELIGARD INJ 30MG	11	mg/3ml	44	escitalopram oxalate tab 20	
ELIGARD INJ 45MG	11	enoxaparin sodium inj 40	44	mg (base equiv)	28
ELIGARD INJ 7.5MG	11	mg/0.4ml	44	escitalopram oxalate tab 5	
ELIQUIS TAB 2.5MG	44	enoxaparin sodium inj 60	44	mg (base equiv)	28
ELIQUIS TAB 5MG	44	mg/0.6ml	44	esomeprazole sodium for	
ELITEK INJ 1.5MG	10	enoxaparin sodium inj 80	44	intravenous soln 20 mg	
ELIXOPHYLLIN ELX		mg/0.8ml	44	(base equiv)	62
80/15ML	74	enpresse-28 tab	68	esomeprazole sodium for	
ELLA TAB 30MG	68	entacapone tab 200 mg	17	intravenous soln 40 mg	
ELMIRON CAP 100MG	76	entecavir tab 0.5 mg	3	(base equiv)	62
EMADINE SOL 0.05% OP	70	entecavir tab 1 mg	3	estazolam tab 1 mg	28
EMCYT CAP 140MG	11	enulose sol 10gm/15	61	estazolam tab 2 mg	28
EMEND CAP 125MG	61	EPANED SOL 1MG/ML	38	ESTRACE VAG CRE	
EMEND CAP 40MG	61	epinastine hcl ophth soln		0.1MG/GM	67
EMEND CAP 80MG	61	0.05%	70	estradiol & norethindrone	
EMEND PAK 80 & 125	61	epinephrine solution auto-		acetate tab 0.5-0.1 mg	67
emoquette tab	68	injector 0.15 mg/0.15ml		estradiol & norethindrone	
EMSAM DIS 12MG/24H	28	(1:1000)	72	acetate tab 1-0.5 mg	67
EMSAM DIS 6MG/24HR	28	EPIPEN 2-PAK INJ 0.3MG	72	estradiol tab 0.5 mg	67
EMSAM DIS 9MG/24HR	28	EPIPEN-JR INJ 2-PAK	72	estradiol tab 1 mg	67
EMTRIVA CAP 200MG	3	epirubicin hcl iv soln 50		estradiol tab 2 mg	67
EMTRIVA SOL 10MG/ML	3	mg/25ml (2 mg/ml)	11	estradiol td patch twice	
ENABLEX TAB 15MG	75	epitol tab 200mg	15	weekly 0.025 mg/24hr	67
ENABLEX TAB 7.5MG	75	EPIVIR HBV SOL 5MG/ML	3	estradiol td patch twice	
enalapril maleate &		EPIVIR SOL 10MG/ML	3	weekly 0.0375 mg/24hr	67
hydrochlorothiazide tab		epplerenone tab 25 mg	38	estradiol td patch twice	
10-25 mg	38	epplerenone tab 50 mg	38	weekly 0.05 mg/24hr	67
enalapril maleate &		EPOGEN INJ 10000/ML	64	estradiol td patch twice	
hydrochlorothiazide tab 5-		EPOGEN INJ 2000/ML	64	weekly 0.075 mg/24hr	67
12.5 mg	38	EPOGEN INJ 20000/ML	64	estradiol td patch twice	
enalapril maleate tab 10		EPOGEN INJ 3000/ML	64	weekly 0.1 mg/24hr	67
mg	38	EPOGEN INJ 4000/ML	64	estradiol td patch weekly	
enalapril maleate tab 2.5		eprosartan mesylate tab 600		0.025 mg/24hr	67
mg	38	mg	38	estradiol td patch weekly	
enalapril maleate tab 20		EPZICOM TAB 600-300	3	0.0375 mg/24hr (37.5	
mg	38	ERAXIS INJ 100MG	2	mcg/24hr)	67
enalapril maleate tab 5 mg	38	ERBITUX INJ 100MG	11	estradiol td patch weekly 0.05	
ENBREL INJ 25/0.5ML	66	ergoloid mesylates tab 1		mg/24hr	67
ENBREL INJ 25MG	66	mg	28	estradiol td patch weekly 0.06	
ENBREL INJ 50MG/ML	66	ERIVEDGE CAP 150MG	11	mg/24hr	67
endocet tab 10-325mg	21	errin tab 0.35mg	67	estradiol td patch weekly	
endocet tab 5-325mg	21	ERWINAZE INJ 10000UNT	11	0.075 mg/24hr	67
endocet tab 7.5-325	21	ery pad 2%	49	estradiol td patch weekly 0.1	
endodan tab	21	ERY-TAB TAB 250MG EC	6	mg/24hr	67
ENGERIX-B INJ 10/0.5ML	65	ERY-TAB TAB 333MG EC	6	estradiol valerate im in oil 20	
ENGERIX-B INJ		ERY-TAB TAB 500MG EC	6	mg/ml	67
20MCG/ML	65	ERYTHROCIN INJ 500MG	6	estradiol valerate im in oil 40	
ENJUVIA TAB 0.3MG	67	erythrocin tab 250mg	6	mg/ml	67
ENJUVIA TAB 0.45MG	67	erythromycin ethylsuccinate		ESTRING MIS 2MG	67
ENJUVIA TAB 0.625MG	67	tab 400 mg	6	estropipate tab 0.75 mg	67
ENJUVIA TAB 0.9MG	67	erythromycin gel 2%	49	estropipate tab 1.5 mg	67
				estropipate tab 3 mg	67

eszopiclone tab 1 mg	28
eszopiclone tab 2 mg	28
eszopiclone tab 3 mg	28
ethambutol hcl tab 100 mg	7
ethambutol hcl tab 400 mg	7
ethosuximide cap 250 mg	15
ethosuximide soln 250 mg/5ml	15
etidronate disodium tab 200 mg	52
etidronate disodium tab 400 mg	52
etodolac cap 200 mg	24
etodolac cap 300 mg	24
etodolac tab 400 mg	24
etodolac tab 500 mg	24
etodolac tab sr 24hr 400 mg	24
etodolac tab sr 24hr 500 mg	24
etodolac tab sr 24hr 600 mg	24
ETOPOPHOS INJ 100MG	11
etoposide inj 500mg/25ml (20 mg/ml)	11
EURAX CRE 10%	52
EURAX LOT 10%	52
EVAMIST SPR 1.53MG	67
EVOTAZ TAB 300-150	3
EXELDERM CRE 1%	50
EXELDERM SOL 1%	50
EXELON DIS 13.3/24	19
EXELON DIS 4.6MG/24	19
EXELON DIS 9.5MG/24	19
exemestane tab 25 mg	11
EXFORGE TAB 10-160MG	38
EXFORGE TAB 10-320MG	38
EXFORGE TAB 5-160MG	38
EXFORGE TAB 5-320MG	38
EXFORGEH/10- TAB 160-12.5	38
EXFORGEH/10- TAB 160-25	38
EXFORGEH/10- TAB 320-25	38
EXFORGEH/5- TAB 160-12.5	38
EXFORGEH/5- TAB 160-25	38
EXJADE TAB 125MG	52
EXJADE TAB 250MG	52
EXJADE TAB 500MG	52
<b>F</b>	
FABRAZYME INJ 35MG	59
FACTIVE TAB 320MG	9
falmina tab	69
famciclovir tab 125 mg	3
famciclovir tab 250 mg	3
famciclovir tab 500 mg	3
famotidine for susp 40 mg/5ml	62
famotidine in nacl 0.9% iv soln 20 mg/50ml	62
famotidine inj 20 mg/2ml	62
famotidine tab 20 mg	62
famotidine tab 40 mg	62
FANAPT PAK	28
FANAPT TAB 10MG	28
FANAPT TAB 12MG	28
FANAPT TAB 1MG	28
FANAPT TAB 2MG	28
FANAPT TAB 4MG	28
FANAPT TAB 6MG	28
FANAPT TAB 8MG	28
FARESTON TAB 60MG	11
FARXIGA TAB 10MG	55
FARXIGA TAB 5MG	55
FARYDAK CAP 10MG	11
FARYDAK CAP 15MG	11
FARYDAK CAP 20MG	11
FASLODEX INJ 250MG	11
FAZACLO TAB 150MG	28
FAZACLO TAB 200MG	28
felbamate susp 600 mg/5ml	15
felbamate tab 400 mg	15
felbamate tab 600 mg	15
felodipine tab sr 24hr 10 mg	38
felodipine tab sr 24hr 2.5 mg	38
felodipine tab sr 24hr 5 mg	38
FEMRING MIS 0.05/24H	67
FEMRING MIS 0.1MG/24	67
fenofibrate micronized cap 130 mg	46
fenofibrate micronized cap 134 mg	46
fenofibrate micronized cap 200 mg	46
fenofibrate micronized cap 43 mg	46
fenofibrate micronized cap 67 mg	46
fenofibrate tab 145 mg	46
fenofibrate tab 160 mg	46
fenofibrate tab 48 mg	46
fenofibrate tab 54 mg	46
fenopropfen calcium tab 600 mg	24
fentanyl citrate lozenge on a handle 1200 mcg	21
fentanyl citrate lozenge on a handle 1600 mcg	21
fentanyl citrate lozenge on a handle 200 mcg	21
fentanyl citrate lozenge on a handle 400 mcg	21
fentanyl citrate lozenge on a handle 600 mcg	21
fentanyl citrate lozenge on a handle 800 mcg	21
fentanyl td patch 72hr 100 mcg/hr	21
fentanyl td patch 72hr 12 mcg/hr	21
fentanyl td patch 72hr 25 mcg/hr	21
fentanyl td patch 72hr 50 mcg/hr	21
fentanyl td patch 72hr 75 mcg/hr	21
FENTORA TAB 100MCG	21
FENTORA TAB 200MCG	21
FENTORA TAB 400MCG	21
FENTORA TAB 600MCG	21
FENTORA TAB 800MCG	21
FERRIPROX TAB 500MG	52
FETZIMA CAP 120MG	28
FETZIMA CAP 20MG	28
FETZIMA CAP 40MG	28
FETZIMA CAP 80MG	28
FETZIMA CAP TITRATIO	28
FINACEA GEL 15%	49
finasteride tab 5 mg	76
FIRAZYR INJ 30MG/3ML	74
FIRMAGON INJ 120MG	11
FIRMAGON INJ 80MG	11
FLAREX SUS 0.1% OP	71
flavoxate hcl tab 100 mg	75
flecainide acetate tab 100 mg	34
flecainide acetate tab 150 mg	34
flecainide acetate tab 50 mg	34
FLECTOR DIS 1.3%	24
FLO-PRED SUS	54
FLOVENT DISK AER 100MCG	74
FLOVENT DISK AER 250MCG	74
FLOVENT DISK AER 50MCG	74
FLOVENT HFA AER 110MCG	74
FLOVENT HFA AER 220MCG	74
FLOVENT HFA AER 44MCG	74
fluconazole for susp 10 mg/ml	2
fluconazole for susp 40 mg/ml	2
fluconazole in dextrose inj 400 mg/200ml	2
fluconazole tab 100 mg	2
fluconazole tab 150 mg	2
fluconazole tab 200 mg	2
fluconazole tab 50 mg	2
flucytosine cap 250 mg	2

flucytosine cap 500 mg . . . . .	2	fluticasone propionate cream 0.05% . . . . .	51	hydrochlorothiazide tab 20-12.5 mg . . . . .	39
fludarabine phosphate for inj 50 mg . . . . .	11	fluticasone propionate lotion 0.05% . . . . .	51	fosinopril sodium tab 10 mg . . . . .	39
fludrocortisone acetate tab 0.1 mg . . . . .	54	fluticasone propionate nasal susp 50 mcg/act. . . . .	74	fosinopril sodium tab 20 mg . . . . .	39
flunisolide nasal soln 25 mcg/act (0.025%) . . . . .	74	fluticasone propionate oint 0.005% . . . . .	51	fosinopril sodium tab 40 mg . . . . .	39
fluocin acet oil body . . . . .	51	fluvastatin sodium cap 20 mg . . . . .	46	fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv) . . . . .	15
fluocinolone acetonide (otic) oil 0.01% . . . . .	53	fluvastatin sodium cap 40 mg . . . . .	46	FOSRENOL CHW 1000MG . . . . .	52
fluocinolone acetonide cream 0.01% . . . . .	51	fluvoxamine maleate cap sr 24hr 100 mg . . . . .	29	FOSRENOL CHW 500MG . . . . .	52
fluocinolone acetonide cream 0.025% . . . . .	51	fluvoxamine maleate cap sr 24hr 150 mg . . . . .	29	FOSRENOL CHW 750MG . . . . .	52
fluocinolone acetonide oint 0.025% . . . . .	51	fluvoxamine maleate tab 100 mg . . . . .	29	FOSRENOL POW 1000MG . . . . .	54
fluocinolone acetonide soln 0.01% . . . . .	51	fluvoxamine maleate tab 25 mg . . . . .	29	FOSRENOL POW 750MG . . . . .	54
fluocinonide cream 0.1% . . . . .	51	fluvoxamine maleate tab 50 mg . . . . .	29	FRAGMIN INJ 10000/ML . . . . .	44
fluocinonide emulsified base cream 0.05% . . . . .	51	FML FORTE SUS 0.25% OP . . . . .	71	FRAGMIN INJ 12500UNT . . . . .	44
fluocinonide gel 0.05% . . . . .	51	FML OIN 0.1% OP . . . . .	71	FRAGMIN INJ 15000UNT . . . . .	44
fluocinonide oint 0.05% . . . . .	51	FOCALIN XR CAP 10MG . . . . .	29	FRAGMIN INJ 18000UNT . . . . .	44
fluocinonide soln 0.05% . . . . .	51	FOCALIN XR CAP 15MG . . . . .	29	FRAGMIN INJ 2500/0.2 . . . . .	44
fluorometholone ophth susp 0.1% . . . . .	71	FOCALIN XR CAP 20MG . . . . .	29	FRAGMIN INJ 5000/0.2 . . . . .	44
fluorouracil cream 0.5% . . . . .	49	FOCALIN XR CAP 25MG . . . . .	29	FRAGMIN INJ 7500/0.3 . . . . .	44
fluorouracil cream 5% . . . . .	49	FOCALIN XR CAP 30MG . . . . .	29	FRAGMIN INJ 95000UNT . . . . .	45
fluorouracil inj 2.5 gm/50ml (50 mg/ml) . . . . .	11	FOCALIN XR CAP 35MG . . . . .	29	FREAMINE HBC INJ 6.9% . . . . .	78
fluorouracil soln 2% . . . . .	49	FOCALIN XR CAP 40MG . . . . .	29	FROVA TAB 2.5MG . . . . .	18
fluorouracil soln 5% . . . . .	49	FOCALIN XR CAP 5MG . . . . .	29	FULYZAQ TAB 125MG . . . . .	60
fluoxetine hcl cap 10 mg . . . . .	28	folic acid tab 1 mg . . . . .	78	furosemide inj 10 mg/ml . . . . .	39
fluoxetine hcl cap 20 mg . . . . .	28	FOLOTYN INJ 40MG/2ML . . . . .	11	furosemide oral soln 10 mg/ml . . . . .	39
fluoxetine hcl cap 40 mg . . . . .	28	fomepizole inj 1 gm/ml (for iv infusion) . . . . .	65	FUROSEMIDE SOL 8MG/ML . . . . .	39
fluoxetine hcl cap delayed release 90 mg . . . . .	28	fondaparinux sodium subcutaneous inj 10 mg/0.8ml . . . . .	44	furosemide tab 20 mg . . . . .	39
fluoxetine hcl solution 20 mg/5ml . . . . .	28	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml . . . . .	44	furosemide tab 40 mg . . . . .	39
fluoxetine hcl tab 10 mg . . . . .	28	fondaparinux sodium subcutaneous inj 5 mg/0.4ml . . . . .	44	furosemide tab 80 mg . . . . .	39
fluoxetine hcl tab 20 mg . . . . .	28	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml . . . . .	44	FUZEON INJ 90MG . . . . .	3
fluphenazine decanoate inj 25 mg/ml . . . . .	28	FORADIL CAP AEROLIZE . . . . .	74	FYCOMPA TAB 10MG . . . . .	15
fluphenazine hcl elixir 2.5 mg/5ml . . . . .	28	FORTAZ INJ 1GM . . . . .	6	FYCOMPA TAB 12MG . . . . .	15
fluphenazine hcl inj 2.5 mg/ml . . . . .	28	FORTAZ INJ 2GM . . . . .	6	FYCOMPA TAB 2MG . . . . .	15
fluphenazine hcl oral conc 5 mg/ml . . . . .	28	FORTAZ INJ 6GM . . . . .	6	FYCOMPA TAB 4MG . . . . .	15
fluphenazine hcl tab 1 mg . . . . .	28	FORTEO SOL 600/2.4 . . . . .	66	FYCOMPA TAB 6MG . . . . .	15
fluphenazine hcl tab 10 mg . . . . .	28	FORTICAL SPR 200/ACT . . . . .	59	FYCOMPA TAB 8MG . . . . .	15
fluphenazine hcl tab 2.5 mg . . . . .	28	FOSAMAX TAB 70MG . . . . .	66	<b>G</b>	
fluphenazine hcl tab 5 mg . . . . .	28	foscarnet sodium inj 24 mg/ml . . . . .	3	gabapentin cap 100 mg . . . . .	15
flurazepam hcl cap 15 mg . . . . .	29	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg . . . . .	38	gabapentin cap 300 mg . . . . .	15
flurazepam hcl cap 30 mg . . . . .	29	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg . . . . .	38	gabapentin cap 400 mg . . . . .	15
flurbiprofen sodium ophth soln 0.03% . . . . .	71			gabapentin oral soln 250 mg/5ml . . . . .	15
flurbiprofen tab 100 mg . . . . .	24			gabapentin tab 600 mg . . . . .	15
flurbiprofen tab 50 mg . . . . .	24			gabapentin tab 800 mg . . . . .	15
flutamide cap 125 mg . . . . .	11			GABITRIL TAB 12MG . . . . .	15



<i>galantamine hydrobromide oral soln 4 mg/ml</i> .....	19	<i>gianvi tab 3-0.02mg</i> .....	69	<i>500 mg</i> .....	56
<i>galantamine hydrobromide tab 12 mg</i> .....	19	<i>gildagia tab 0.4-35</i> .....	69	<i>glycopyrrolate tab 1 mg</i> ....	60
<i>galantamine hydrobromide tab 4 mg</i> .....	19	<i>gildess 24 tab fe 1/20</i> .....	69	<i>glycopyrrolate tab 2 mg</i> ....	60
<i>galantamine hydrobromide tab 8 mg</i> .....	19	<i>gildess tab 1.5/30</i> .....	69	GLYSET TAB 100MG.....	56
GAMMAGARD INJ 2.5GM/25.....	65	GILENYA CAP 0.5MG.....	19	GLYSET TAB 25MG.....	56
GAMMAPLEX INJ 10GM..	65	GILOTRIF TAB 20MG.....	11	GLYSET TAB 50MG.....	56
GAMUNEX-C INJ 1GM/10ML.....	65	GILOTRIF TAB 30MG.....	11	GLYXAMBI TAB 10-5 MG..	53
<i>ganciclovir sodium for inj 500 mg</i> .....	3	GILOTRIF TAB 40MG.....	11	GLYXAMBI TAB 25-5 MG..	53
GARAMYCIN SOL 0.3% OP.....	50	GLASSIA INJ.....	52	GOLYTELY SOL.....	61
GARDASIL 9 INJ.....	65	GLEEVEC TAB 100MG.....	11	<i>granisetron hcl tab 1 mg</i> ...	61
GARDASIL INJ.....	65	GLEEVEC TAB 400MG.....	11	GRASTEK SUB 2800BAU..	65
<i>gatifloxacin ophth soln 0.5%</i> .....	70	<i>glimepiride tab 1 mg</i> .....	55	<i>griseofulvin microsize susp 125 mg/5ml</i> .....	2
GATTEX KIT 5MG.....	61	<i>glimepiride tab 2 mg</i> .....	55	<i>griseofulvin microsize tab 500 mg</i> .....	2
GAUZE PADS 2" X 2".....	55	<i>glimepiride tab 4 mg</i> .....	55	<i>griseofulvin ultramicrosize tab 125 mg</i> .....	2
<i>gavilyte-c sol</i> .....	61	<i>glipizide tab 10 mg</i> .....	55	<i>griseofulvin ultramicrosize tab 250 mg</i> .....	2
<i>gavilyte-g sol</i> .....	61	<i>glipizide tab 5 mg</i> .....	55	<i>guanfacine hcl tab 1 mg</i> ...	39
<i>gavilyte-n sol flav pk</i> .....	61	<i>glipizide tab sr 24hr 10 mg</i> ..	55	<i>guanfacine hcl tab 2 mg</i> ...	39
GELNIQUE GEL 10%.....	75	<i>glipizide tab sr 24hr 2.5 mg</i> ..	55	<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i> .....	29
GELNIQUE GEL 3%.....	75	<i>glipizide tab sr 24hr 5 mg</i> ...	55	<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i> .....	29
<i>gemcitabine hcl for inj 1 gm</i> .....	11	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	55	<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i> .....	29
<i>gemfibrozil tab 600 mg</i> ....	46	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	55	<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i> .....	29
GENERESS FE CHW.....	69	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	55	GUANIDINE TAB 125MG..	29
<i>generlac sol 10gm/15</i> .....	61	GLUCAGEN INJ HYPOKIT.....	55	<b>H</b>	
<i>gengraf cap 100mg</i> .....	11	GLUCAGON KIT 1MG.....	55	H.P. ACTHAR INJ 80UNIT..	54
<i>gengraf cap 25mg</i> .....	11	GLUCOPHAGE TAB 1000MG.....	55	HALAVEN INJ 1MG/2ML..	11
<i>gengraf sol 100mg/ml</i> .....	11	GLUCOPHAGE TAB 500MG.....	55	<i>halobetasol propionate cream 0.05%</i> .....	51
<i>gentak oin 0.3% op</i> .....	70	GLUCOPHAGE TAB 500MG XR.....	55	<i>halobetasol propionate oint 0.05%</i> .....	51
GENTAM/NACL INJ 0.9MG/ML.....	7	GLUCOPHAGE TAB 750MG XR.....	55	HALOG CRE 0.1%.....	51
GENTAM/NACL INJ 1.4MG/ML.....	7	GLUCOPHAGE TAB 850MG.....	55	HALOG OIN 0.1%.....	51
<i>gentamicin in saline inj 0.8 mg/ml</i> .....	7	GLUCOTROL TAB 10MG.....	56	<i>haloperidol decanoate im soln 100 mg/ml</i> .....	29
<i>gentamicin in saline inj 1 mg/ml</i> .....	7	GLUCOTROL TAB 5MG.....	56	<i>haloperidol decanoate im soln 50 mg/ml</i> .....	29
<i>gentamicin in saline inj 1.2 mg/ml</i> .....	7	GLUCOTROL XL TAB 10MG.....	56	<i>haloperidol lactate inj 5 mg/ml</i> .....	29
<i>gentamicin in saline inj 1.6 mg/ml</i> .....	7	GLUCOTROL XL TAB 2.5MG.....	56	<i>haloperidol lactate oral conc 2 mg/ml</i> .....	29
<i>gentamicin sulfate cream 0.1%</i> .....	50	GLUCOTROL XL TAB 5MG.....	56	<i>haloperidol tab 0.5 mg</i> ....	29
<i>gentamicin sulfate inj 40 mg/ml</i> .....	7	GLUMETZA TAB 1000MG.....	56	<i>haloperidol tab 1 mg</i> .....	29
<i>gentamicin sulfate iv soln 10 mg/ml</i> .....	7	GLUMETZA TAB 500MG.....	56	<i>haloperidol tab 10 mg</i> ....	29
<i>gentamicin sulfate oint 0.1%</i> .....	50	<i>glyburide micronized tab 1.5 mg</i> .....	56	<i>haloperidol tab 2 mg</i> ....	29
<i>gentamicin sulfate ophth oint 0.3%</i> .....	70	<i>glyburide micronized tab 3 mg</i> .....	56	<i>haloperidol tab 20 mg</i> ....	29
<i>gentamicin sulfate ophth soln 0.3%</i> .....	70	<i>glyburide tab 1.25 mg</i> ....	56	<i>haloperidol tab 5 mg</i> ....	29
GEODON INJ 20MG.....	29	<i>glyburide tab 2.5 mg</i> ....	56	HARVONI TAB 90-400MG..	3
		<i>glyburide tab 5 mg</i> .....	56	HAVRIX INJ 1440UNIT....	65
		<i>glyburide-metformin tab 1.25-250 mg</i> .....	56	HAVRIX INJ 720UNIT....	65
		<i>glyburide-metformin tab 2.5-500 mg</i> .....	56	HEP SOD/D5W INJ 25000UNT.....	45
		<i>glyburide-metformin tab 5-</i>		<i>heparin sodium (porcine) 40 unit/ml in d5w</i> .....	45

heparin sodium (porcine) inj 1000 unit/ml	45	tab 7.5-325 mg	21	HYZAAR TAB 50-12.5	39
heparin sodium (porcine) inj 10000 unit/ml	45	hydrocodone-ibuprofen tab 7.5-200 mg	21	<b>I</b>	
heparin sodium (porcine) inj 20000 unit/ml	45	hydrocortisone butyrate hydrophilic lipo base cream 0.1%	51	ibandronate sodium iv soln 3 mg/3ml (base equivalent)	66
heparin sodium (porcine) inj 5000 unit/ml	45	hydrocortisone butyrate oint 0.1%	51	ibandronate sodium tab 150 mg (base equivalent)	66
hepatamine sol 8%	78	hydrocortisone butyrate soln 0.1%	51	IBRANCE CAP 100MG	12
HERCEPTIN INJ 440MG	12	hydrocortisone cream 1%	51	IBRANCE CAP 125MG	12
HEXALEN CAP 50MG	12	hydrocortisone cream 2.5%	51	IBRANCE CAP 75MG	12
HUMALOG INJ 100/ML	56	hydrocortisone enema 100 mg/60ml	61	ibuprofen tab 400 mg	24
HUMALOG KWIK INJ 100/ML	56	hydrocortisone lotion 2.5%	51	ibuprofen tab 600 mg	24
HUMALOG MIX INJ 50/50	56	hydrocortisone oint 1%	51	ibuprofen tab 800 mg	24
HUMALOG MIX INJ 50/50KWP	56	hydrocortisone oint 2.5%	51	ICLUSIG TAB 15MG	12
HUMALOG MIX INJ 75/25KWP	56	hydrocortisone tab 10 mg	54	ICLUSIG TAB 45MG	12
HUMALOG MIX SUS 75/25	56	hydrocortisone tab 20 mg	54	idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	12
HUMIRA INJ 10MG/0.2	66	hydrocortisone tab 5 mg	54	ifosfamide for inj 1 gm	12
HUMIRA INJ 40MG/0.8	66	hydrocortisone valerate cream 0.2%	51	ILARIS INJ 180MG	64
HUMIRA KIT 20MG/0.4	66	hydrocortisone valerate oint 0.2%	51	ILEVRO DRO 0.3% OP	71
HUMIRA PEN INJ CROHNS	66	hydrocortisone w/ acetic acid otic soln 1-2%	53	IMBRUVICA CAP 140MG	12
HUMULIN INJ 70/30	56	hydromorphone hcl liqd 1 mg/ml	21	imipenem-cilastatin intravenous for soln 250 mg	7
HUMULIN INJ 70/30KWP	56	hydromorphone hcl preservative free (pf) inj 10 mg/ml	21	imipenem-cilastatin intravenous for soln 500 mg	7
HUMULIN N INJ U-100	56	hydromorphone hcl tab 2 mg	21	imipramine hcl tab 10 mg	29
HUMULIN N INJ U- 100KWP	56	hydromorphone hcl tab 4 mg	21	imipramine hcl tab 25 mg	29
HUMULIN R INJ U-100	56	hydromorphone hcl tab 8 mg	21	imipramine hcl tab 50 mg	29
HUMULIN R INJ U-500	56	hydromorphone hcl tab er 24hr deter 12 mg	22	imipramine pamoate cap 100 mg	29
hydralazine hcl inj 20 mg/ml	39	hydromorphone hcl tab er 24hr deter 16 mg	22	imipramine pamoate cap 125 mg	29
hydralazine hcl tab 10 mg	39	hydromorphone hcl tab er 24hr deter 32 mg	22	imipramine pamoate cap 150 mg	29
hydralazine hcl tab 100 mg	39	hydromorphone hcl tab er 24hr deter 8 mg	21	imipramine pamoate cap 75 mg	29
hydralazine hcl tab 25 mg	39	hydroxychloroquine sulfate tab 200 mg	7	imiquimod cream 5%	49
hydralazine hcl tab 50 mg	39	hydroxyurea cap 500 mg	12	IMOVAX RABIE INJ 2.5/ML	65
hydrochlorothiazide cap 12.5 mg	39	hydroxyzine hcl syrup 10 mg/5ml	72	INCRELEX INJ 40MG/4ML	52
hydrochlorothiazide tab 12.5 mg	39	hydroxyzine hcl tab 10 mg	72	indapamide tab 1.25 mg	39
hydrochlorothiazide tab 25 mg	39	hydroxyzine hcl tab 25 mg	72	indapamide tab 2.5 mg	39
hydrochlorothiazide tab 50 mg	39	hydroxyzine hcl tab 50 mg	72	indomethacin cap 25 mg	24
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	21	hydroxyzine pamoate cap 100 mg	72	indomethacin cap 50 mg	24
hydrocodone-acetaminophen tab 10-300 mg	21	hydroxyzine pamoate cap 25 mg	72	indomethacin cap cr 75 mg	24
hydrocodone-acetaminophen tab 10-325 mg	21	hydroxyzine pamoate cap 50 mg	72	INFANRIX INJ	65
hydrocodone-acetaminophen tab 2.5-325 mg	21	HYZAAR TAB 100-12.5	39	INLYTA TAB 1MG	12
hydrocodone-acetaminophen tab 5-300 mg	21	HYZAAR TAB 100-25	39	INLYTA TAB 5MG	12
hydrocodone-acetaminophen tab 5-325 mg	21			INSULIN PEN NEEDLE	56
hydrocodone-acetaminophen tab 7.5-300 mg	21			INSULIN SYRINGE	56
hydrocodone-acetaminophen				INTELENCE TAB 100MG	3
				INTELENCE TAB 200MG	3
				INTELENCE TAB 25MG	3
				intralipid inj 20%	78
				INTRALIPID INJ 30%	78
				INTRON A INJ 10MU	64
				INTRON A INJ 18MU	64

INTRON A INJ 50MU ..... 64  
*introvale tab* ..... 69  
 INTUNIV TAB 1MG ..... 29  
 INTUNIV TAB 2MG ..... 29  
 INTUNIV TAB 3MG ..... 29  
 INTUNIV TAB 4MG ..... 29  
 INVANZ INJ 1GM ..... 7  
 INVEGA SUST INJ  
 117/0.75 ..... 29  
 INVEGA SUST INJ  
 156MG/ML ..... 29  
 INVEGA SUST INJ 234/1.529  
 INVEGA SUST INJ 39/0.2529  
 INVEGA SUST INJ  
 78/0.5ML ..... 29  
 INVEGA TAB 1.5MG ..... 29  
 INVEGA TAB 3MG ..... 30  
 INVEGA TAB 6MG ..... 30  
 INVEGA TAB 9MG ..... 30  
 INVIRASE CAP 200MG ..... 3  
 INVIRASE TAB 500MG ..... 3  
 INVOKAMET TAB 150-  
 1000 ..... 56  
 INVOKAMET TAB 150-500 56  
 INVOKAMET TAB 50-1000 56  
 INVOKAMET TAB 50-  
 500MG ..... 56  
 INVOKANA TAB 100MG ..... 56  
 INVOKANA TAB 300MG ..... 56  
 IOPIDINE SOL 1% OP ..... 72  
 IPOL INJ INACTIVE ..... 65  
*ipratropium bromide inhal*  
*soln 0.02%* ..... 74  
*ipratropium bromide nasal*  
*soln 0.03% (21*  
*mcg/spray)* ..... 53  
*ipratropium bromide nasal*  
*soln 0.06% (42*  
*mcg/spray)* ..... 53  
*ipratropium-albuterol nebu*  
*soln 0.5-2.5(3) mg/3ml* 74  
*irbesartan tab 150 mg* ..... 39  
*irbesartan tab 300 mg* ..... 39  
*irbesartan tab 75 mg* ..... 39  
*irbesartan-*  
*hydrochlorothiazide tab*  
*150-12.5 mg* ..... 39  
*irbesartan-*  
*hydrochlorothiazide tab*  
*300-12.5 mg* ..... 39  
*irinotecan hcl inj 100 mg/5ml*  
*(20 mg/ml)* ..... 12  
 ISENTRESS CHW 100MG ..... 3  
 ISENTRESS CHW 25MG ..... 3  
 ISENTRESS POW 100MG ..... 3  
 ISENTRESS TAB 400MG ..... 3  
 ISOLYTE-P INJ /D5W ..... 78  
 ISOLYTE-S INJ ..... 78  
*isoniazid inj 100 mg/ml* ..... 7  
*isoniazid syrup 50 mg/5ml* .. 7  
*isoniazid tab 100 mg* ..... 7

*isoniazid tab 300 mg* ..... 7  
 ISORDIL TAB 40MG ..... 48  
*isosorbide dinitrate tab 10*  
*mg* ..... 48  
*isosorbide dinitrate tab 20*  
*mg* ..... 48  
*isosorbide dinitrate tab 30*  
*mg* ..... 48  
*isosorbide dinitrate tab 5*  
*mg* ..... 48  
*isosorbide dinitrate tab cr 40*  
*mg* ..... 48  
*isosorbide mononitrate tab 10*  
*mg* ..... 48  
*isosorbide mononitrate tab 20*  
*mg* ..... 48  
*isosorbide mononitrate tab sr*  
*24hr 120 mg* ..... 48  
*isosorbide mononitrate tab sr*  
*24hr 30 mg* ..... 48  
*isosorbide mononitrate tab sr*  
*24hr 60 mg* ..... 48  
*isradipine cap 2.5 mg* ..... 39  
*isradipine cap 5 mg* ..... 39  
 ISTALOL SOL 0.5% OP ..... 70  
 ISTODAX INJ 10MG ..... 12  
*itraconazole cap 100 mg* ..... 2  
*ivermectin tab 3 mg* ..... 7  
 IXEMPRA KIT INJ 45MG ..... 12  
 IXIARO INJ ..... 65

**J**

JAKAFI TAB 10MG ..... 12  
 JAKAFI TAB 15MG ..... 12  
 JAKAFI TAB 20MG ..... 12  
 JAKAFI TAB 25MG ..... 12  
 JAKAFI TAB 5MG ..... 12  
 JALYN CAP ..... 76  
*jantoven tab 10mg* ..... 45  
*jantoven tab 1mg* ..... 45  
*jantoven tab 2.5mg* ..... 45  
*jantoven tab 2mg* ..... 45  
*jantoven tab 3mg* ..... 45  
*jantoven tab 4mg* ..... 45  
*jantoven tab 5mg* ..... 45  
*jantoven tab 6mg* ..... 45  
*jantoven tab 7.5mg* ..... 45  
 JANUMET TAB 50-1000 ..... 56  
 JANUMET TAB 50-500MG 56  
 JANUMET XR TAB 100-  
 1000 ..... 56  
 JANUMET XR TAB 50-  
 1000 ..... 56  
 JANUMET XR TAB 50-  
 500MG ..... 56  
 JANUVIA TAB 100MG ..... 57  
 JANUVIA TAB 25MG ..... 56  
 JANUVIA TAB 50MG ..... 56  
 JARDIANCE TAB 10MG ..... 57  
 JARDIANCE TAB 25MG ..... 57  
 JENTADUETO TAB 2.5-

1000 ..... 57  
 JENTADUETO TAB 2.5-  
 500 ..... 57  
 JENTADUETO TAB 2.5-  
 850 ..... 57  
 JEVTANA INJ 60/1.5ML ..... 12  
*jinteli tab 1mg-5mcg* ..... 67  
*jolivette tab 0.35mg* ..... 67  
*junel 1.5/30 tab* ..... 69  
*junel 1/20 tab* ..... 69  
*junel fe tab 1.5/30* ..... 69  
*junel fe tab 1/20* ..... 69  
 JUXTAPID CAP 10MG ..... 46  
 JUXTAPID CAP 20MG ..... 47  
 JUXTAPID CAP 30MG ..... 47  
 JUXTAPID CAP 40MG ..... 47  
 JUXTAPID CAP 5MG ..... 46  
 JUXTAPID CAP 60MG ..... 47

**K**

K-TAB TAB 10MEQ CR... 76  
 K-TAB TAB 20MEQ ..... 76  
 KADCYLA INJ 100MG ..... 12  
 KADIAN CAP 10MG ER... 22  
 KADIAN CAP 200MG ER... 22  
 KADIAN CAP 40MG ER... 22  
 KALETRA SOL ..... 3  
 KALETRA TAB 100-25MG... 3  
 KALETRA TAB 200-50MG... 3  
 KALYDECO PAK 50MG... 74  
 KALYDECO PAK 75MG... 74  
 KALYDECO TAB 150MG... 74  
*kariva tab 28 day* ..... 69  
 KAZANO 12.5- TAB  
 1000MG ..... 57  
 KAZANO 12.5- TAB  
 500MG ..... 57  
*kcl 10 meq/l (0.075%) in*  
*dextrose 5% & nacl*  
*0.45% inj* ..... 77  
*kcl 20 meq/l (0.15%) in*  
*dextrose 5% & nacl 0.2%*  
*inj* ..... 77  
*kcl 20 meq/l (0.15%) in*  
*dextrose 5% & nacl*  
*0.33% inj* ..... 77  
*kcl 20 meq/l (0.15%) in*  
*dextrose 5% & nacl*  
*0.45% inj* ..... 77  
*kcl 20 meq/l (0.15%) in*  
*dextrose 5% & nacl 0.9%*  
*inj* ..... 77  
*kcl 20 meq/l (0.15%) in nacl*  
*0.45% inj* ..... 77  
*kcl 20 meq/l (0.15%) in nacl*  
*0.9% inj* ..... 77  
*kcl 30 meq/l (0.224%) in*  
*dextrose 5% & nacl*  
*0.45% inj* ..... 77  
*kcl 40 meq/l (0.3%) in*  
*dextrose 5% & nacl*

0.45% inj.....	77	irrigation.....	52	leflunomide tab 10 mg.....	66
kcl 40 meq/l (0.3%) in nacl		lactated ringer's solution... 77		leflunomide tab 20 mg.....	66
0.9% inj.....	77	lactic acid (ammonium		LENVIMA CAP 10MG.....	12
KCL/D5W/LR INJ 0.15%... 77		lactate) cream 12%.....	49	LENVIMA CAP 14MG.....	12
KCL/D5W/NACL INJ		lactic acid (ammonium		LENVIMA CAP 20MG.....	12
0.15/0.2.....	77	lactate) lotion 12%.....	49	LENVIMA CAP 24MG.....	12
KCL/D5W/NACL INJ		lactulose solution 10		LESCOL CAP 20MG.....	47
0.3/0.9%.....	77	gm/15ml.....	61	LESCOL CAP 40MG.....	47
kelnor tab 1/35.....	69	lamivudine tab 100 mg (hbv)3		LESCOL XL TAB 80MG... 47	
KEPIVANCE INJ 6.25MG... 10		lamivudine tab 150 mg..... 3		lessina tab.....	69
KETEK TAB 300MG..... 7		lamivudine tab 300 mg..... 3		LETAIRIS TAB 10MG..... 74	
KETEK TAB 400MG..... 7		lamivudine-zidovudine tab		LETAIRIS TAB 5MG..... 74	
ketoconazole cream 2%... 50		150-300 mg..... 3		letrozole tab 2.5 mg..... 12	
ketoconazole shampoo 2% 50		lamotrigine tab 100 mg... 15		leucovorin calcium for inj 100	
ketoconazole tab 200 mg... 2		lamotrigine tab 150 mg... 15		mg.....	10
ketoprofen cap 50 mg... 24		lamotrigine tab 200 mg... 15		leucovorin calcium for inj 350	
ketoprofen cap 75 mg... 24		lamotrigine tab 25 mg... 15		mg.....	10
ketoprofen cap sr 24hr 200		lamotrigine tab chewable		leucovorin calcium tab 10	
mg.....	24	dispersible 25 mg..... 15		mg.....	10
ketorolac tromethamine inj 15		lamotrigine tab chewable		leucovorin calcium tab 15	
mg/ml.....	24	dispersible 5 mg..... 15		mg.....	10
ketorolac tromethamine inj 30		lamotrigine tab sr 24hr 100		leucovorin calcium tab 25	
mg/ml.....	24	mg.....	15	mg.....	10
ketorolac tromethamine ophth		lamotrigine tab sr 24hr 200		leucovorin calcium tab 5	
soln 0.4%.....	71	mg.....	15	mg.....	10
ketorolac tromethamine ophth		lamotrigine tab sr 24hr 25		LEUKERAN TAB 2MG... 12	
soln 0.5%.....	71	mg.....	15	LEUKINE INJ 250MCG... 64	
ketorolac tromethamine tab		lamotrigine tab sr 24hr 250		leuprolide acetate inj kit 5	
10 mg.....	24	mg.....	16	mg/ml.....	12
KEYTRUDA SOL 50MG... 12		lamotrigine tab sr 24hr 300		levabuterol hcl soln nebu	
KHEDEZLA TAB 100MG		mg.....	16	0.31 mg/3ml (base	
ER.....	30	lamotrigine tab sr 24hr 50		equiv).....	74
KHEDEZLA TAB 50MG ER30		mg.....	15	levabuterol hcl soln nebu	
KINERET INJ.....	66	LANOXIN TAB 0.0625MG. 43		0.63 mg/3ml (base	
kionex pow.....	52	LANOXIN TAB 0.125MG. 43		equiv).....	74
klor-con 10 tab 10meq er.. 77		LANOXIN TAB 0.1875MG. 43		levabuterol hcl soln nebu	
klor-con 8 tab 8meq er... 77		LANOXIN TAB 0.25MG... 43		conc 1.25 mg/0.5ml (base	
KLOR-CON M15 TAB		lansoprazole cap delayed		equiv).....	74
15MEQ ER.....	77	release 15 mg... 62		LEVEMIR INJ.....	57
klor-con m20 tab 20meq er 77		lansoprazole cap delayed		LEVEMIR INJ FLEXTUOC 57	
KOMBIGLYZE TAB 2.5-		release 30 mg..... 62		levetiracetam inj 500 mg/5ml	
1000.....	57	LANTUS INJ 100/ML... 57		(100 mg/ml).....	16
KOMBIGLYZE TAB 5-		LANTUS INJ SOLOSTAR... 57		levetiracetam oral soln 100	
1000MG.....	57	larin fe tab 1.5/30..... 69		mg/ml.....	16
KOMBIGLYZE TAB 5-		larin fe tab 1/20..... 69		levetiracetam tab 1000 mg. 16	
500MG.....	57	larin tab 1.5/30..... 69		levetiracetam tab 250 mg... 16	
KORLYM TAB 300MG... 59		larin tab 1/20..... 69		levetiracetam tab 500 mg... 16	
KRISTALOSE PAK 10GM. 61		LASIX TAB 20MG... 39		levetiracetam tab 750 mg... 16	
KRISTALOSE PAK 20GM. 61		LASIX TAB 40MG... 39		levetiracetam tab sr 24hr 500	
KUVAN POW 500MG... 59		LASIX TAB 80MG... 39		mg.....	16
KUVAN TAB 100MG... 59		LASTACFT SOL 0.25%... 70		levetiracetam tab sr 24hr 750	
KYNAMRO INJ 200MG/ML 47		latanoprost ophth soln		mg.....	16
		0.005%.....	71	LEVITRA TAB 10MG..... 76	
<b>L</b>		LATUDA TAB 120MG... 30		LEVITRA TAB 2.5MG... 76	
labetalol hcl iv soln 5		LATUDA TAB 20MG... 30		LEVITRA TAB 20MG..... 76	
mg/ml.....	39	LATUDA TAB 40MG... 30		LEVITRA TAB 5MG..... 76	
labetalol hcl tab 100 mg... 39		LATUDA TAB 60MG... 30		levobunolol hcl ophth soln	
labetalol hcl tab 200 mg... 39		LATUDA TAB 80MG... 30		0.5%.....	70
labetalol hcl tab 300 mg... 39		LAZANDA SPR 100MCG... 22		levocarnitine tab 330 mg... 52	
labetalol hcl tab 300 mg... 39		LAZANDA SPR 400MCG... 22		levocetirizine dihydrochloride	
LACRISERT MIS 5MG OP... 70		leena tab.....	69	soln 2.5 mg/5ml (0.5	
lactated ringer's for					

mg/ml).....	72	LEXAPRO TAB 20MG.....	30	<i>lithium carbonate tab 300</i>	
<i>levocetirizine dihydrochloride</i>		LEXAPRO TAB 5MG.....	30	mg.....	30
tab 5 mg.....	72	LEXIVA SUS 50MG/ML.....	3	<i>lithium carbonate tab cr 300</i>	
<i>levofloxacin in d5w iv soln</i>		LEXIVA TAB 700MG.....	3	mg.....	30
500 mg/100ml.....	9	LIALDA TAB 1.2GM.....	61	<i>lithium carbonate tab cr 450</i>	
<i>levofloxacin iv soln 25</i>		<i>lidocaine hcl gel 2%</i> .....	50	mg.....	30
mg/ml.....	9	<i>lidocaine hcl local inj 2%</i> .....	50	LITHIUM SOL 8MEQ/5ML.....	30
<i>levofloxacin ophth soln</i>		<i>lidocaine hcl local</i>		LIVALO TAB 1MG.....	47
0.5%.....	70	<i>lidocaine hcl local</i>		LIVALO TAB 2MG.....	47
<i>levofloxacin oral soln 25</i>		<i>preservative free (pf) inj</i>		LIVALO TAB 4MG.....	47
mg/ml.....	9	0.5%.....	50	LO LOESTRIN TAB.....	69
<i>levofloxacin tab 250 mg</i> .....	9	<i>lidocaine hcl soln 4%</i> .....	50	<i>lokara lot 0.05%</i> .....	51
<i>levofloxacin tab 500 mg</i> .....	9	<i>lidocaine hcl viscous soln</i>		<i>lomedica 24 tab fe</i> .....	69
<i>levofloxacin tab 750 mg</i> .....	9	2%.....	50	<i>lomustine cap 10 mg</i> .....	12
<i>levonest tab</i> .....	69	<i>lidocaine oint 5%</i> .....	50	<i>lomustine cap 100 mg</i> .....	12
<i>levonorgestrel &amp; ethinyl</i>		<i>lidocaine patch 5% (700</i>		<i>lomustine cap 40 mg</i> .....	12
<i>estradiol (91-day) tab</i>		mg).....	50	<i>loperamide hcl cap 2 mg</i> .....	60
0.15-0.03 mg.....	69	<i>lidocaine-prilocaine cream</i>		<i>lorazepam con 2mg/ml</i> .....	30
<i>levonorgestrel &amp; ethinyl</i>		2.5-2.5%.....	50	<i>lorazepam tab 0.5 mg</i> .....	30
<i>estradiol tab 0.1 mg-20</i>		<i>lidocaine hcl soln 4%</i> .....	50	<i>lorazepam tab 1 mg</i> .....	30
mcg.....	69	<i>lidocaine hcl viscous soln</i>		<i>lorazepam tab 2 mg</i> .....	30
<i>levonorgestrel-ethinyl</i>		2%.....	50	<i>lorcet hd tab 10-325mg</i> .....	22
<i>estradiol (continuous) tab</i>		<i>lidocaine oint 5%</i> .....	50	<i>lorcet plus tab 7.5-325</i> .....	22
90-20 mcg.....	69	<i>lidocaine patch 5% (700</i>		<i>lorcet tab 5-325mg</i> .....	22
<i>levora-28 tab 0.15/30</i> .....	69	mg).....	50	<i>lortab tab 10-325mg</i> .....	22
<i>levothyroxine sodium tab 100</i>		<i>lidocaine-prilocaine cream</i>		<i>lortab tab 5-325mg</i> .....	22
mcg.....	59	2.5-2.5%.....	50	<i>lortab tab 7.5-325</i> .....	22
<i>levothyroxine sodium tab 112</i>		LINCOCIN INJ 300MG/ML.....	7	<i>loryna tab 3-0.02mg</i> .....	69
mcg.....	59	<i>lindane lotion 1%</i> .....	52	<i>losartan potassium &amp;</i>	
<i>levothyroxine sodium tab 125</i>		<i>lindane shampoo 1%</i> .....	52	<i>hydrochlorothiazide tab</i>	
mcg.....	59	<i>linezolid tab 600 mg</i> .....	7	100-12.5 mg.....	39
<i>levothyroxine sodium tab 137</i>		LINZESS CAP 145MCG.....	61	<i>losartan potassium &amp;</i>	
mcg.....	59	LINZESS CAP 290MCG.....	61	<i>hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 150</i>		<i>liothyronine sodium tab 25</i>		100-25 mg.....	39
mcg.....	59	mcg.....	60	<i>losartan potassium &amp;</i>	
<i>levothyroxine sodium tab 175</i>		<i>liothyronine sodium tab 5</i>		<i>hydrochlorothiazide tab</i>	
mcg.....	59	mcg.....	60	50-12.5 mg.....	39
<i>levothyroxine sodium tab 200</i>		<i>liothyronine sodium tab 50</i>		<i>losartan potassium tab 100</i>	
mcg.....	59	mcg.....	60	mg.....	39
<i>levothyroxine sodium tab 25</i>		LIPITOR TAB 10MG.....	47	<i>losartan potassium tab 25</i>	
mcg.....	59	LIPITOR TAB 20MG.....	47	mg.....	39
<i>levothyroxine sodium tab 300</i>		LIPITOR TAB 40MG.....	47	<i>losartan potassium tab 50</i>	
mcg.....	59	LIPITOR TAB 80MG.....	47	mg.....	39
<i>levothyroxine sodium tab 50</i>		LIPOSYN III INJ 10%.....	78	LOTEMAX GEL 0.5%.....	71
mcg.....	59	LIPOSYN III INJ 20%.....	78	LOTEMAX OIN 0.5%.....	71
<i>levothyroxine sodium tab 75</i>		LIPTRUZET TAB 10-10MG.....	47	LOTEMAX SUS 0.5%.....	71
mcg.....	59	LIPTRUZET TAB 10-20MG.....	47	LOTENSIN TAB 20MG.....	39
<i>levothyroxine sodium tab 88</i>		LIPTRUZET TAB 10-40MG.....	47	LOTENSIN TAB 40MG.....	39
mcg.....	59	LIPTRUZET TAB 10-80MG.....	47	LOTREL CAP 10-20MG.....	40
<i>levoxyl tab 100mcg</i> .....	60	<i>lisinopril &amp;</i>		LOTREL CAP 10-40MG.....	40
<i>levoxyl tab 112mcg</i> .....	60	<i>hydrochlorothiazide tab</i>		LOTREL CAP 2.5-10MG.....	39
<i>levoxyl tab 125mcg</i> .....	60	10-12.5 mg.....	39	LOTREL CAP 5-10MG.....	40
<i>levoxyl tab 137mcg</i> .....	60	<i>lisinopril &amp;</i>		LOTREL CAP 5-20MG.....	40
<i>levoxyl tab 150mcg</i> .....	60	<i>hydrochlorothiazide tab</i>		LOTREL CAP 5-40MG.....	40
<i>levoxyl tab 175mcg</i> .....	60	20-12.5 mg.....	39	LOTRONEX TAB 0.5MG.....	61
<i>levoxyl tab 200mcg</i> .....	60	<i>lisinopril &amp;</i>		LOTRONEX TAB 1MG.....	61
<i>levoxyl tab 25mcg</i> .....	59	<i>hydrochlorothiazide tab</i>		<i>lovastatin tab 10 mg</i> .....	47
<i>levoxyl tab 50mcg</i> .....	59	20-25 mg.....	39	<i>lovastatin tab 20 mg</i> .....	47
<i>levoxyl tab 75mcg</i> .....	59	<i>lisinopril tab 10 mg</i> .....	39	<i>lovastatin tab 40 mg</i> .....	47
<i>levoxyl tab 88mcg</i> .....	59	<i>lisinopril tab 2.5 mg</i> .....	39	LOVAZA CAP 1GM.....	47
LEXAPRO SOL 5MG/5ML.....	30	<i>lisinopril tab 20 mg</i> .....	39	<i>low-ogestrel tab</i> .....	69
LEXAPRO TAB 10MG.....	30	<i>lisinopril tab 30 mg</i> .....	39		
		<i>lisinopril tab 40 mg</i> .....	39		
		<i>lisinopril tab 5 mg</i> .....	39		
		<i>lithium carbonate cap 150</i>			
		mg.....	30		
		<i>lithium carbonate cap 300</i>			
		mg.....	30		
		<i>lithium carbonate cap 600</i>			
		mg.....	30		

<i>loxapine succinate cap 10 mg</i> .....	30	<i>50 mg</i> .....	24	<i>metformin hcl tab sr 24hr osmotic 1000 mg</i> .....	57
<i>loxapine succinate cap 25 mg</i> .....	30	<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	67	<i>methadone hcl soln 10 mg/5ml</i> .....	22
<i>loxapine succinate cap 5 mg</i> .....	30	<i>medroxyprogesterone acetate tab 10 mg</i> .....	67	<i>methadone hcl soln 5 mg/5ml</i> .....	22
<i>loxapine succinate cap 50 mg</i> .....	30	<i>medroxyprogesterone acetate tab 2.5 mg</i> .....	67	<i>methadone hcl tab 10 mg</i> .....	22
LUMIGAN SOL 0.01%.....	71	<i>medroxyprogesterone acetate tab 5 mg</i> .....	67	<i>methadone hcl tab 5 mg</i> .....	22
LUMIZYME INJ 50MG.....	59	<i>mefenamic acid cap 250 mg</i> .....	24	METHADONE INJ	
LUPR DEP-PED INJ 11.25MG.....	12	<i>mefloquine hcl tab 250 mg</i> .....	7	10MG/ML.....	22
LUPR DEP-PED INJ 15MG12		MEGACE ES SUS 625/5ML.....	12	<i>methazolamide tab 25 mg</i> .....	71
LUPRON DEPOT INJ 11.25MG.....	12	<i>megestrol acetate susp 40 mg/ml</i> .....	12	<i>methazolamide tab 50 mg</i> .....	71
LUPRON DEPOT INJ 22.5MG.....	12	<i>megestrol acetate tab 20 mg</i> .....	12	<i>methenamine hippurate tab 1 gm</i> .....	10
LUPRON DEPOT INJ 3.75MG.....	12	<i>megestrol acetate tab 40 mg</i> .....	12	<i>methimazole tab 10 mg</i> .....	54
LUPRON DEPOT INJ 30MG.....	12	MEKINIST TAB 0.5MG.....	12	<i>methimazole tab 5 mg</i> .....	54
LUPRON DEPOT INJ 45MG.....	12	MEKINIST TAB 2MG.....	12	<i>methocarbamol tab 500 mg</i> .....	20
LUPRON DEPOT INJ 7.5MG.....	12	<i>meloxicam susp 7.5 mg/5ml</i> .....	24	<i>methocarbamol tab 750 mg</i> .....	20
<i>lutera tab</i> .....	69	<i>meloxicam tab 15 mg</i> .....	24	<i>methotrexate sodium for inj 1 gm</i> .....	12
LYNPARZA CAP 50MG.....	12	<i>meloxicam tab 7.5 mg</i> .....	24	<i>methotrexate sodium inj pf 25 mg/ml</i> .....	12
LYRICA CAP 100MG.....	16	<i>melphalan hcl for inj 50 mg (base equiv)</i> .....	12	<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	12
LYRICA CAP 150MG.....	16	MENACTRA INJ.....	65	<i>methoxsalen rapid cap 10 mg</i> .....	49
LYRICA CAP 200MG.....	16	MENEST TAB 0.3MG.....	67	<i>methscopolamine bromide tab 2.5 mg</i> .....	60
LYRICA CAP 225MG.....	16	MENEST TAB 0.625MG.....	68	<i>methscopolamine bromide tab 5 mg</i> .....	60
LYRICA CAP 25MG.....	16	MENEST TAB 1.25MG.....	68	<i>methyclothiazide tab 5 mg</i> .....	40
LYRICA CAP 300MG.....	16	MENEST TAB 2.5MG.....	68	<i>methyldopa &amp; hydrochlorothiazide tab 250-15 mg</i> .....	40
LYRICA CAP 50MG.....	16	MENOMUNE INJ A/C/Y/W.....	65	<i>methyldopa &amp; hydrochlorothiazide tab 250-25 mg</i> .....	40
LYRICA CAP 75MG.....	16	MENVEO INJ.....	65	<i>methyldopa tab 250 mg</i> .....	40
LYRICA SOL 20MG/ML.....	16	<i>meperidine hcl oral soln 50 mg/5ml</i> .....	22	<i>methyldopa tab 500 mg</i> .....	40
LYSODREN TAB 500MG.....	12	<i>meperitab tab 100mg</i> .....	22	<i>methylergonovine maleate tab 0.2 mg</i> .....	70
LYSTEDA TAB 650MG.....	68	<i>meperitab tab 50mg</i> .....	22	<i>methylphenidate hcl cap cr 10 mg</i> .....	30
<i>lyza tab 0.35mg</i> .....	67	MEPHYTON TAB 5MG.....	45	<i>methylphenidate hcl cap cr 50 mg</i> .....	30
<b>M</b>					
M-M-R II INJ.....	65	<i>meprobamate tab 200 mg</i> .....	20	<i>methylphenidate hcl cap cr 60 mg</i> .....	30
MACRODANTIN CAP 25MG.....	10	<i>meprobamate tab 400 mg</i> .....	20	<i>methylphenidate hcl cap sr 24hr 20 mg (la)</i> .....	30
<i>magnesium sulfate inj 50%</i> .....	77	<i>mercaptapurine tab 50 mg</i> .....	12	<i>methylphenidate hcl cap sr 24hr 30 mg (la)</i> .....	30
<i>maprotiline hcl tab 25 mg</i> .....	30	<i>meropenem iv for soln 500 mg</i> .....	7	<i>methylphenidate hcl cap sr 24hr 40 mg (la)</i> .....	30
<i>maprotiline hcl tab 50 mg</i> .....	30	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	61	<i>methylphenidate hcl soln 10 mg/5ml</i> .....	30
<i>maprotiline hcl tab 75 mg</i> .....	30	<i>mesna inj 100 mg/ml</i> .....	10	<i>methylphenidate hcl soln 5 mg/5ml</i> .....	30
<i>marlissa tab 0.15/30</i> .....	69	MESNEX TAB 400MG.....	10	<i>methylphenidate hcl tab 10 mg</i> .....	30
MARPLAN TAB 10MG.....	30	MESTINON SYP 60MG/5ML.....	20	<i>methylphenidate hcl tab 20 mg</i> .....	30
MATULANE CAP 50MG.....	12	<i>metadate tab 20mg er</i> .....	30		
<i>matzim la tab 180mg/24</i> .....	40	<i>metaxalone tab 800 mg</i> .....	20		
<i>matzim la tab 240mg/24</i> .....	40	<i>metformin hcl tab 1000 mg</i> .....	57		
<i>matzim la tab 300mg/24</i> .....	40	<i>metformin hcl tab 500 mg</i> .....	57		
<i>matzim la tab 360mg/24</i> .....	40	<i>metformin hcl tab 850 mg</i> .....	57		
<i>matzim la tab 420mg/24</i> .....	40	<i>metformin hcl tab sr 24hr 500 mg</i> .....	57		
<i>meclizine hcl tab 12.5 mg</i> .....	61	<i>metformin hcl tab sr 24hr 750 mg</i> .....	57		
<i>meclizine hcl tab 25 mg</i> .....	61				
<i>meclofenamate sodium cap 100 mg</i> .....	24				
<i>meclofenamate sodium cap</i> .....					

mg	30	metoprolol tartrate inj 1		MIRAPEX ER TAB	
methylphenidate hcl tab 5		mg/ml	40	0.375MG	17
mg	30	metoprolol tartrate tab 100		MIRAPEX ER TAB	
methylphenidate hcl tab cr 20		mg	40	0.75MG	17
mg	30	metoprolol tartrate tab 25		MIRAPEX ER TAB 1.5MG	17
methylphenidate hcl tab sa		mg	40	MIRAPEX ER TAB	
osm 18 mg	30	metoprolol tartrate tab 50		2.25MG	17
methylphenidate hcl tab sa		mg	40	MIRAPEX ER TAB	
osm 27 mg	30	metronidazole cap 375 mg	7	3.75MG	17
methylphenidate hcl tab sa		metronidazole cream		MIRAPEX ER TAB 3MG	17
osm 36 mg	30	0.75%	49	MIRAPEX ER TAB 4.5MG	17
methylphenidate hcl tab sa		metronidazole gel 0.75%	49	mirtazapine orally	
osm 54 mg	31	metronidazole gel 1%	49	disintegrating tab 15	
methylprednisolone acetate		metronidazole in nacl 0.79%		mg	31
inj susp 40 mg/ml	54	iv soln 500 mg/100ml	7	mirtazapine orally	
methylprednisolone acetate		metronidazole lotion 0.75%	49	disintegrating tab 30	
inj susp 80 mg/ml	54	metronidazole tab 250 mg	7	mg	31
methylprednisolone sodium		metronidazole tab 500 mg	7	mirtazapine orally	
succinate for inj 125		metronidazole vaginal gel		disintegrating tab 45	
mg	54	0.75%	68	mg	31
methylprednisolone sodium		mexiletine hcl cap 150 mg	34	mirtazapine tab 15 mg	31
succinate for inj 40 mg	54	mexiletine hcl cap 200 mg	34	mirtazapine tab 30 mg	31
methylprednisolone tab 16		mexiletine hcl cap 250 mg	34	mirtazapine tab 45 mg	31
mg	54	MIACALCIN INJ 200/ML	59	mirtazapine tab 7.5 mg	31
methylprednisolone tab 32		MICARDIS HCT TAB		MIRVASO GEL 0.33%	49
mg	54	40/12.5	40	misoprostol tab 100 mcg	62
methylprednisolone tab 4		MICARDIS HCT TAB 80-		misoprostol tab 200 mcg	62
mg	54	25MG	40	mitomycin for iv soln 20 mg	12
methylprednisolone tab 4 mg		MICARDIS HCT TAB		mitoxantrone hcl inj conc 25	
dose pack	54	80/12.5	40	mg/12.5ml (2 mg/ml)	12
methylprednisolone tab 8		MICARDIS TAB 20MG	40	modafinil tab 100 mg	31
mg	54	MICARDIS TAB 40MG	40	modafinil tab 200 mg	31
metipranolol ophth soln		MICARDIS TAB 80MG	40	moexipril hcl tab 15 mg	40
0.3%	70	miconazole 3 sup 200mg	68	moexipril hcl tab 7.5 mg	40
metoclopramide hcl inj 5		microgestin tab 1.5/30	69	moexipril-hydrochlorothiazide	
mg/ml	61	microgestin tab 1/20	69	tab 15-12.5 mg	40
metoclopramide hcl soln 5		microgestin tab fe 1/20	69	moexipril-hydrochlorothiazide	
mg/5ml (10 mg/10ml)	61	microgestin tab fe 1.5/30	69	tab 15-25 mg	40
metoclopramide hcl tab 10		MICROZIDE CAP 12.5MG	40	moexipril-hydrochlorothiazide	
mg	61	midodrine hcl tab 10 mg	52	tab 7.5-12.5 mg	40
metoclopramide hcl tab 5		midodrine hcl tab 2.5 mg	52	mometasone furoate cream	
mg	61	midodrine hcl tab 5 mg	52	0.1%	51
metolazone tab 10 mg	40	migergot sup 2/100	18	mometasone furoate oint	
metolazone tab 2.5 mg	40	MIGRANAL SPR 4MG/ML	18	0.1%	51
metolazone tab 5 mg	40	mimvey lo tab 0.5-0.1	68	mometasone furoate solution	
metoprolol &		MINASTRIN 24 CHW FE	69	0.1% (lotion)	51
hydrochlorothiazide tab		minocycline hcl cap 100		mononessa tab	69
100-25 mg	40	mg	10	montelukast sodium chew tab	
metoprolol &		minocycline hcl cap 50 mg	10	4 mg (base equiv)	74
hydrochlorothiazide tab		minocycline hcl cap 75 mg	10	montelukast sodium chew tab	
100-50 mg	40	minocycline hcl tab 100 mg	10	5 mg (base equiv)	74
metoprolol &		minocycline hcl tab 50 mg	10	montelukast sodium oral	
hydrochlorothiazide tab		minocycline hcl tab 75 mg	10	granules packet 4 mg	
50-25 mg	40	minocycline hcl tab sr 24hr		(base equiv)	74
metoprolol succinate tab sr		135 mg	10	montelukast sodium tab 10	
24hr 100 mg	40	minocycline hcl tab sr 24hr	45	mg (base equiv)	74
metoprolol succinate tab sr		mg	10	MONUROL PAK	
24hr 200 mg	40	minocycline hcl tab sr 24hr	90	GRANULES	10
metoprolol succinate tab sr		mg	10	MORPHINE SUL INJ	
24hr 25 mg	40	minoxidil tab 10 mg	40	2MG/ML	22
metoprolol succinate tab sr		minoxidil tab 2.5 mg	40	MORPHINE SUL INJ	
24hr 50 mg	40			4MG/ML	22

MORPHINE SUL INJ			
8MG/ML	22		
morphine sulfate			
(concentrate) oral soln 20			
mg/ml	22		
morphine sulfate beads cap			
sr 24hr 120 mg	22		
morphine sulfate beads cap			
sr 24hr 30 mg	22		
morphine sulfate beads cap			
sr 24hr 45 mg	22		
morphine sulfate beads cap			
sr 24hr 60 mg	22		
morphine sulfate beads cap			
sr 24hr 75 mg	22		
morphine sulfate beads cap			
sr 24hr 90 mg	22		
morphine sulfate cap sr 24hr			
10 mg	22		
morphine sulfate cap sr 24hr			
100 mg	22		
morphine sulfate cap sr 24hr			
20 mg	22		
morphine sulfate cap sr 24hr			
30 mg	22		
morphine sulfate cap sr 24hr			
50 mg	22		
morphine sulfate cap sr 24hr			
60 mg	22		
morphine sulfate cap sr 24hr			
80 mg	22		
morphine sulfate iv soln pf 10			
mg/ml	22		
morphine sulfate oral soln 10			
mg/5ml	22		
morphine sulfate oral soln 20			
mg/5ml	22		
morphine sulfate tab 15 mg	23		
morphine sulfate tab 30 mg	23		
morphine sulfate tab cr 100			
mg	23		
morphine sulfate tab cr 15			
mg	23		
morphine sulfate tab cr 200			
mg	23		
morphine sulfate tab cr 30			
mg	23		
morphine sulfate tab cr 60			
mg	23		
MOVANTIK TAB 12.5MG	63		
MOVANTIK TAB 25MG	63		
MOVIPREP SOL	61		
MOXEZA SOL 0.5%	70		
moxifloxacin hcl tab 400 mg			
(base equiv)	9		
MOZOBIL INJ	64		
MULTAQ TAB 400MG	34		
mupirocin calcium cream			
2%	50		
mupirocin oint 2%	50		
MUSTARGEN INJ 10MG	12		
MYCOBUTIN CAP 150MG	7		
mycophenolate mofetil cap			
250 mg	12		
mycophenolate mofetil for			
oral susp 200 mg/ml	12		
mycophenolate mofetil tab			
500 mg	13		
mycophenolate sodium tab dr			
180 mg (mycophenolic			
acid equiv)	13		
mycophenolate sodium tab dr			
360 mg (mycophenolic			
acid equiv)	13		
myorisan cap 10mg	49		
myorisan cap 20mg	49		
myorisan cap 40mg	49		
MYOZYME INJ 50MG	59		
MYRBETRIQ TAB 25MG	75		
MYRBETRIQ TAB 50MG	75		
<b>N</b>			
nabumetone tab 500 mg	24		
nabumetone tab 750 mg	24		
nadolol &			
bendroflumethiazide tab			
40-5 mg	40		
nadolol &			
bendroflumethiazide tab			
80-5 mg	40		
nadolol tab 20 mg	40		
nadolol tab 40 mg	40		
nadolol tab 80 mg	40		
nafcillin sodium for inj 1 gm	8		
nafcillin sodium for inj 10 gm	8		
naftifine hcl cream 1%	50		
NAFTIN CRE 1%	50		
NAFTIN CRE 2%	50		
NAFTIN GEL 1%	50		
NAFTIN GEL 2%	50		
NAGLAZYME INJ 1MG/ML	59		
naloxone hcl inj 1 mg/ml	24		
naltrexone hcl tab 50 mg	24		
NAMENDA SOL			
10MG/5ML	19		
NAMENDA TAB 10MG	19		
NAMENDA TAB 5-10MG	19		
NAMENDA TAB 5MG	19		
NAMENDA XR CAP 14MG	19		
NAMENDA XR CAP 21MG	19		
NAMENDA XR CAP 28MG	19		
NAMENDA XR CAP 7MG	19		
NAMENDA XR CAP			
TITRATIO	19		
naphazoline hcl ophth soln			
0.1%	72		
naproxen dr tab 375mg	24		
naproxen dr tab 500mg	25		
naproxen sodium tab 275			
mg	25		
naproxen sodium tab 550			
mg	25		
naproxen susp 125 mg/5ml	25		
naproxen tab 250 mg	25		
naproxen tab 375 mg	25		
naproxen tab 500 mg	25		
naratriptan hcl tab 1 mg			
(base equiv)	18		
naratriptan hcl tab 2.5 mg			
(base equiv)	18		
NASONEX SPR			
50MCG/AC	74		
NATACYN SUS 5% OP	70		
NATAZIA TAB	69		
nateglinide tab 120 mg	57		
nateglinide tab 60 mg	57		
NEBUPENT INH 300MG	7		
necon tab 0.5/35	69		
necon tab 1/35	69		
NECON TAB 10/11-28	69		
necon tab 7/7/7	69		
nefazodone hcl tab 100 mg	31		
nefazodone hcl tab 150 mg	31		
nefazodone hcl tab 200 mg	31		
nefazodone hcl tab 250 mg	31		
nefazodone hcl tab 50 mg	31		
neomycin sulfate tab 500			
mg	7		
neomycin-bacitrac zn-			
polymyx 5(3.5)mg-			
400unt-10000unt op			
oin	70		
neomycin-polymy-gramicid			
op sol 1.75-10000-			
0.025mg-unt-mg/ml	70		
neomycin-polymyxin b gu			
irrigation soln	52		
neomycin-polymyxin-			
dexamethasone ophth			
oint 0.1%	71		
neomycin-polymyxin-			
dexamethasone ophth			
susp 0.1%	71		
neomycin-polymyxin-hc ophth			
susp	71		
neomycin-polymyxin-hc otic			
soln 1%	53		
neomycin-polymyxin-hc otic			
susp 3.5 mg/ml-10000			
unit/ml-1%	53		
NEORAL CAP 100MG	13		
NEORAL CAP 25MG	13		
NEORAL SOL 100MG/ML	13		
NEPHRAMINE INJ 5.4%	78		
NESINA TAB 12.5MG	57		
NESINA TAB 25MG	57		
NESINA TAB 6.25MG	57		
neuac gel 1.2-5%	49		
NEULASTA INJ 6MG/0.6M	64		
NEUMEGA INJ 5MG	64		
NEUPOGEN INJ 300/0.5	64		
NEUPOGEN INJ 480/0.8	64		
NEUPOGEN INJ 480MCG	64		
NEUPRO DIS 1MG/24HR	17		



NEUPRO DIS 2MG/24HR	17
NEUPRO DIS 3MG/24HR	17
NEUPRO DIS 4MG/24HR	17
NEUPRO DIS 6MG/24HR	17
NEUPRO DIS 8MG/24HR	17
NEVANAC SUS 0.1%	71
nevirapine susp 50 mg/5ml	3
nevirapine tab 200 mg	3
nevirapine tab sr 24hr 400 mg	3
NEXAVAR TAB 200MG	13
NEXIUM CAP 20MG	62
NEXIUM CAP 40MG	62
NEXIUM GRA 10MG DR	62
NEXIUM GRA 2.5MG DR	62
NEXIUM GRA 20MG DR	63
NEXIUM GRA 40MG DR	63
NEXIUM GRA 5MG DR	62
niacin tab cr 1000 mg (antihyperlipidemic)	47
niacin tab cr 500 mg (antihyperlipidemic)	47
niacin tab cr 750 mg (antihyperlipidemic)	47
nicardipine hcl cap 20 mg	40
nicardipine hcl cap 30 mg	40
NICOTROL INH	53
NICOTROL NS SPR 10MG/ML	53
nifedical xl tab 30mg	40
nifedical xl tab 60mg	40
nifedipine cap 10 mg	40
nifedipine cap 20 mg	40
nifedipine tab sr 24hr osmotic 30 mg	40
nifedipine tab sr 24hr osmotic 60 mg	40
nifedipine tab sr 24hr osmotic 90 mg	40
nikki tab 3-0.02mg	69
NILANDRON TAB 150MG	13
nimodipine cap 30 mg	40
nisoldipine tab sr 24hr 17 mg	41
nisoldipine tab sr 24hr 20 mg	41
nisoldipine tab sr 24hr 25.5 mg	41
nisoldipine tab sr 24hr 30 mg	41
nisoldipine tab sr 24hr 34 mg	41
nisoldipine tab sr 24hr 40 mg	41
nisoldipine tab sr 24hr 8.5 mg	41
NITRO-BID OIN 2%	48
NITRO-DUR DIS 0.1MG/HR	48
NITRO-DUR DIS 0.2MG/HR	48
NITRO-DUR DIS 0.3MG/HR	48
NITRO-DUR DIS 0.4MG/HR	48
NITRO-DUR DIS 0.6MG/HR	48
NITRO-DUR DIS 0.8MG/HR	48
nitrofurantoin macrocrystalline cap 50 mg	10
nitrofurantoin monohydrate macrocrystalline cap 100 mg	10
nitrofurantoin susp 25 mg/5ml	10
nitroglycerin td patch 24hr 0.1 mg/hr	48
nitroglycerin td patch 24hr 0.2 mg/hr	48
nitroglycerin td patch 24hr 0.4 mg/hr	48
nitroglycerin td patch 24hr 0.6 mg/hr	48
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	48
NITROMIST AER 400MCG	48
NITROSTAT SUB 0.3MG	48
NITROSTAT SUB 0.4MG	48
NITROSTAT SUB 0.6MG	48
nizatidine cap 150 mg	63
nizatidine cap 300 mg	63
nizatidine oral soln 15 mg/ml	63
nora-be tab 0.35mg	68
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	69
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	69
norethindrone acetate tab 5 mg	68
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	54
norethindrone tab 0.35 mg	68
norlyroc tab 0.35mg	69
normosol -m inj /d5w	78
NORMOSOL -R INJ /D5W	77
NORMOSOL-R INJ PH 7.4	78
nortrel tab 0.5/35	69
nortrel tab 1/35	69
nortrel tab 7/7/7	69
nortriptyline hcl cap 10 mg	31
nortriptyline hcl cap 25 mg	31
nortriptyline hcl cap 50 mg	31
nortriptyline hcl cap 75 mg	31
nortriptyline hcl soln 10 mg/5ml	31
NORVIR CAP 100MG	3
NORVIR SOL 80MG/ML	3
NORVIR TAB 100MG	3
NOVOLIN INJ 70/30	57
NOVOLIN N INJ U-100	57
NOVOLIN R INJ U-100	57
NOVOLOG INJ 100/ML	57
NOVOLOG INJ FLEXPEN	57
NOVOLOG MIX INJ 70/30	57
NOVOLOG MIX INJ FLEXPEN	57
NOXAFIL SUS 40MG/ML	2
NOXAFIL TAB 100MG	2
NUEDEXA CAP 20-10MG	19
NULOJIX INJ 250MG	13
nutrilipid emu 20%	78
NUVARING MIS	68
NUVESSA GEL 1.3%	68
NUVIGIL TAB 150MG	31
NUVIGIL TAB 200MG	31
NUVIGIL TAB 250MG	31
NUVIGIL TAB 50MG	31
nystatin cream 100000 unit/gm	50
nystatin oint 100000 unit/gm	50
nystatin susp 100000 unit/ml	2
nystatin tab 500000 unit	2
nystatin topical powder	50
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	50
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	50
nystop pow 100000	50
<b>O</b>	
ocella tab 3-0.03mg	69
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	13
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	13
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	13
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	13
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	13
OFEV CAP 100MG	74
OFEV CAP 150MG	74
ofloxacin ophth soln 0.3%	70
ofloxacin otic soln 0.3%	53
ofloxacin tab 300 mg	9
ofloxacin tab 400 mg	9
ogestrel tab	69
olanzapine for im inj 10 mg	31
olanzapine orally disintegrating tab 10 mg	31
olanzapine orally disintegrating tab 15 mg	31

olanzapine orally			
disintegrating tab 20			
mg	31		
olanzapine orally			
disintegrating tab 5 mg	31		
olanzapine tab 10 mg	31		
olanzapine tab 15 mg	31		
olanzapine tab 2.5 mg	31		
olanzapine tab 20 mg	31		
olanzapine tab 5 mg	31		
olanzapine tab 7.5 mg	31		
olanzapine-fluoxetine hcl cap			
12-25 mg	31		
olanzapine-fluoxetine hcl cap			
12-50 mg	31		
olanzapine-fluoxetine hcl cap			
3-25 mg	31		
olanzapine-fluoxetine hcl cap			
6-25 mg	31		
olanzapine-fluoxetine hcl cap			
6-50 mg	31		
olopatadine hcl nasal soln			
0.6%	53		
OLYSIO CAP 150MG	3		
omega-3-acid ethyl esters			
cap 1 gm	47		
omeprazole cap delayed			
release 10 mg	63		
omeprazole cap delayed			
release 20 mg	63		
omeprazole cap delayed			
release 40 mg	63		
omeprazole-sodium			
bicarbonate cap 20-1100			
mg	63		
omeprazole-sodium			
bicarbonate cap 40-1100			
mg	63		
OMNARIS SPR	74		
OMNITROPE INJ 5.8MG	64		
ONCASPAR INJ 750/ML	13		
ondansetron hcl inj 4 mg/2ml			
(2 mg/ml)	61		
ondansetron hcl oral soln 4			
mg/5ml	61		
ondansetron hcl tab 24 mg	61		
ondansetron hcl tab 4 mg	61		
ondansetron hcl tab 8 mg	61		
ondansetron orally			
disintegrating tab 4 mg	61		
ondansetron orally			
disintegrating tab 8 mg	61		
ONFI SUS 2.5MG/ML	16		
ONFI TAB 10MG	16		
ONFI TAB 20MG	16		
ONGLYZA TAB 2.5MG	57		
ONGLYZA TAB 5MG	57		
OPANA ER TAB 10MG	23		
OPANA ER TAB 15MG	23		
OPANA ER TAB 20MG	23		
OPANA ER TAB 30MG	23		
OPANA ER TAB 40MG	23		
OPANA ER TAB 5MG	23		
OPANA ER TAB 7.5MG	23		
OPDIVO INJ 40MG/4ML	13		
OPSUMIT TAB 10MG	74		
ORAP TAB 1MG	31		
ORAP TAB 2MG	31		
ORENCIA INJ 125MG/ML	66		
ORENCIA INJ 250MG	66		
ORFADIN CAP 10MG	52		
ORFADIN CAP 2MG	52		
ORFADIN CAP 5MG	52		
orphenadrine citrate tab sr			
12hr 100 mg	20		
orsythia tab	69		
OSENI TAB 12.5-15	57		
OSENI TAB 12.5-30	57		
OSENI TAB 12.5-45	57		
OSENI TAB 25-15MG	57		
OSENI TAB 25-30MG	57		
OSENI TAB 25-45MG	57		
OSMOPREP TAB 1.5GM	62		
OTEZLA TAB 10/20/30	66		
OTEZLA TAB 30MG	66		
oxacillin sodium for inj 10			
gm	8		
oxacillin sodium for inj 2 gm	8		
oxaliplatin iv soln 100			
mg/20ml	13		
oxandrolone tab 10 mg	59		
oxandrolone tab 2.5 mg	59		
oxaprozin tab 600 mg	25		
oxazepam cap 10 mg	31		
oxazepam cap 15 mg	31		
oxazepam cap 30 mg	31		
oxcarbazepine susp 300			
mg/5ml (60 mg/ml)	16		
oxcarbazepine tab 150 mg	16		
oxcarbazepine tab 300 mg	16		
oxcarbazepine tab 600 mg	16		
OXISTAT CRE 1%	50		
OXISTAT LOT 1%	50		
OXSORALEN-UL CAP			
10MG	49		
oxybutynin chloride syrup 5			
mg/5ml	75		
oxybutynin chloride tab 5			
mg	75		
oxybutynin chloride tab sr			
24hr 10 mg	75		
oxybutynin chloride tab sr			
24hr 15 mg	76		
oxybutynin chloride tab sr			
24hr 5 mg	75		
oxycodone hcl cap 5 mg	23		
oxycodone hcl conc 100			
mg/5ml (20 mg/ml)	23		
oxycodone hcl soln 5			
mg/5ml	23		
oxycodone hcl tab 10 mg	23		
oxycodone hcl tab 15 mg	23		
oxycodone hcl tab 20 mg	23		
oxycodone hcl tab 30 mg	23		
oxycodone hcl tab 5 mg	23		
oxycodone w/ acetaminophen			
tab 10-325 mg	23		
oxycodone w/ acetaminophen			
tab 2.5-325 mg	23		
oxycodone w/ acetaminophen			
tab 5-325 mg	23		
oxycodone w/ acetaminophen			
tab 7.5-325 mg	23		
oxycodone-aspirin tab			
4.8355-325 mg	23		
oxycodone-ibuprofen tab 5-			
400 mg	23		
OXYCONTIN TAB 10MG			
CR	23		
OXYCONTIN TAB 15MG			
CR	23		
OXYCONTIN TAB 20MG			
CR	23		
OXYCONTIN TAB 30MG			
CR	23		
OXYCONTIN TAB 40MG			
CR	23		
OXYCONTIN TAB 60MG			
CR	23		
OXYCONTIN TAB 80MG			
CR	23		
oxymorphone hcl tab 10			
mg	23		
oxymorphone hcl tab 5 mg	23		
oxymorphone hcl tab sr 12hr			
10 mg	23		
oxymorphone hcl tab sr 12hr			
15 mg	23		
oxymorphone hcl tab sr 12hr			
20 mg	23		
oxymorphone hcl tab sr 12hr			
30 mg	24		
oxymorphone hcl tab sr 12hr			
40 mg	24		
oxymorphone hcl tab sr 12hr			
5 mg	23		
oxymorphone hcl tab sr 12hr			
7.5 mg	23		
<b>P</b>			
pacerone tab 100mg	34		
pacerone tab 200mg	34		
pacerone tab 400mg	34		
paclitaxel iv conc 300			
mg/50ml (6 mg/ml)	13		
pamidronate disodium iv soln			
3 mg/ml	59		
pamidronate disodium iv soln			
9 mg/ml	59		
PAMIDRONATE INJ			
6MG/ML	59		
PANCREAZE CAP			
10500UNT	62		
PANCREAZE CAP			

16800UNT	62	mg	9	phenytoin sodium extended	
PANCREAZE CAP		penicillin v potassium tab 500		cap 200 mg	16
21000UNT	62	mg	9	phenytoin sodium extended	
PANCREAZE CAP		PENNSAID SOL 2%	25	cap 300 mg	16
4200UNIT	62	PENTASA 300 INJ 300MG	7	phenytoin sodium inj 50	
PANRETIN GEL 0.1%	49	PENTASA CAP 250MG		mg/ml	16
<i>pantoprazole sodium ec tab</i>		CR	62	phenytoin susp 125	
20 mg (base equiv)	63	PENTASA CAP 500MG		mg/5ml	16
<i>pantoprazole sodium ec tab</i>		CR	62	PHOSLYRA SOL	77
40 mg (base equiv)	63	pentazocine w/ naloxone tab		PHOSPHOLINE SOL	
<i>paricalcitol cap 1 mcg</i>	59	50-0.5 mg	25	0.125%OP	70
<i>paricalcitol cap 2 mcg</i>	59	pentoxifylline tab cr 400		PICATO GEL 0.015%	49
<i>paricalcitol cap 4 mcg</i>	59	mg	45	PICATO GEL 0.05%	49
PARICALCITOL INJ		PERFOROMIST NEB		<i>pilocarpine hcl ophth soln</i>	
2MCG/ML	59	20MCG	74	1%	70
<i>paromomycin sulfate cap 250</i>		<i>perindopril erbumine tab 2</i>		<i>pilocarpine hcl ophth soln</i>	
<i>mg</i>	7	mg	41	2%	70
<i>paroxetine hcl tab 10 mg</i>	31	<i>perindopril erbumine tab 4</i>		<i>pilocarpine hcl ophth soln</i>	
<i>paroxetine hcl tab 20 mg</i>	32	mg	41	4%	70
<i>paroxetine hcl tab 30 mg</i>	32	<i>perindopril erbumine tab 8</i>		<i>pilocarpine hcl tab 5 mg</i>	52
<i>paroxetine hcl tab 40 mg</i>	32	mg	41	<i>pilocarpine hcl tab 7.5 mg</i>	52
<i>paroxetine hcl tab sr 24hr</i>		<i>periogard sol 0.12%</i>	53	<i>pimtreea tab</i>	69
12.5 mg	32	PERJETA INJ 420/14ML	13	<i>pindolol tab 10 mg</i>	41
<i>paroxetine hcl tab sr 24hr 25</i>		<i>permethrin cream 5%</i>	52	<i>pindolol tab 5 mg</i>	41
<i>mg</i>	32	<i>perphenazine tab 16 mg</i>	32	<i>pioglitazone hcl tab 15 mg</i>	
<i>paroxetine hcl tab sr 24hr</i>		<i>perphenazine tab 2 mg</i>	32	(base equiv)	57
37.5 mg	32	<i>perphenazine tab 4 mg</i>	32	<i>pioglitazone hcl tab 30 mg</i>	
PASER GRA 4GM	7	<i>perphenazine tab 8 mg</i>	32	(base equiv)	57
PATADAY SOL 0.2%	70	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl tab 45 mg</i>	
PATANASE SPR 0.6%	53	<i>tab 2-10 mg</i>	32	(base equiv)	57
PATANOL SOL 0.1% OP	70	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-glimepiride</i>	
PAXIL SUS 10MG/5ML	32	<i>tab 2-25 mg</i>	32	<i>tab 30-2 mg</i>	58
PEDVAX HIB INJ	65	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-glimepiride</i>	
PEG-INTRON KIT 120 RP	64	<i>tab 4-10 mg</i>	32	<i>tab 30-4 mg</i>	58
PEG-INTRON KIT 150 RP	64	<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-metformin hcl</i>	
PEG-INTRON KIT 50MCG	64	<i>tab 4-25 mg</i>	32	<i>tab 15-500 mg</i>	58
PEG-INTRON KIT 50MCG		<i>perphenazine-amitriptyline</i>		<i>pioglitazone hcl-metformin hcl</i>	
RP	64	<i>tab 4-50 mg</i>	32	<i>tab 15-850 mg</i>	58
PEG-INTRON KIT 80MCG		PERTZYE CAP	62	<i>piperacillin sodium-</i>	
RP	64	<i>pfizerpen-g inj 5mu</i>	9	<i>tazobactam sodium for inj</i>	
PEGANONE TAB 250MG	16	<i>phenadoz sup 12.5mg</i>	72	3-0.375 gm	9
PEGASYS INJ	64	<i>phenelzine sulfate tab 15</i>		<i>piperacillin sodium-</i>	
PEGASYS INJ 180MCG/M	64	mg	32	<i>tazobactam sodium for inj</i>	
PEGASYS INJ PROCLICK	64	<i>phenergan sup 12.5mg</i>	72	4-0.5 gm	9
PEGINTRON KIT 120MCG	64	<i>phenergan sup 25mg</i>	72	<i>pirmella tab 1/35</i>	69
PEGINTRON KIT 150MCG	64	<i>phenergan sup 50mg</i>	72	<i>piroxicam cap 10 mg</i>	25
PEGINTRON KIT 80MCG	64	<i>phenobarbital elixir 20</i>		<i>piroxicam cap 20 mg</i>	25
PEN G PROC INJ 600000	8	mg/5ml	16	PLASMA-LYTE INJ -148	78
PENICILL GK/ INJ DEX		<i>phenobarbital tab 100 mg</i>	16	PLASMA-LYTE INJ -A	78
2MU	8	<i>phenobarbital tab 15 mg</i>	16	PLASMA-LYTE INJ	
PENICILL GK/ INJ DEX		<i>phenobarbital tab 16.2 mg</i>	16	56/D5W	78
3MU	8	<i>phenobarbital tab 30 mg</i>	16	PLEGRIDY INJ	64
<i>penicillin g potassium for inj</i>		<i>phenobarbital tab 32.4 mg</i>	16	PLEGRIDY PEN INJ	
5000000 unit	8	<i>phenobarbital tab 60 mg</i>	16	STARTER	64
<i>penicillin g sodium for inj</i>		<i>phenobarbital tab 64.8 mg</i>	16	<i>podofilox soln 0.5%</i>	49
5000000 unit	8	<i>phenobarbital tab 97.2 mg</i>	16	<i>polyethylene glycol 3350 oral</i>	
<i>penicillin v potassium for soln</i>		PHENYTEK CAP 200MG	16	<i>powder</i>	62
125 mg/5ml	9	PHENYTEK CAP 300MG	16	<i>polymyxin b sulfate for inj</i>	
<i>penicillin v potassium for soln</i>		<i>phenytoin chew tab 50 mg</i>	16	500000 unit	7
250 mg/5ml	9	<i>phenytoin sodium extended</i>		<i>polymyxin b-trimethoprim</i>	
<i>penicillin v potassium tab 250</i>		<i>cap 100 mg</i>	16	<i>ophth soln 10000 unit/ml-</i>	

POMALYST CAP 1MG	13	<i>tab sr 24hr 1.5 mg</i>	18	PREMARIN TAB 0.625MG	68
POMALYST CAP 2MG	13	PRANDIN TAB 0.5MG	58	PREMARIN TAB 0.9MG	68
POMALYST CAP 3MG	13	PRANDIN TAB 1MG	58	PREMARIN TAB 1.25MG	68
POMALYST CAP 4MG	13	PRANDIN TAB 2MG	58	PREMARIN VAG CRE	
<i>portia-28 tab</i>	69	PRAVACHOL TAB 20MG	47	0.625MG	68
potassium chloride 20 meq/l		PRAVACHOL TAB 40MG	47	PREMASOL SOL 10%	78
(0.15%) in dextrose 5%		PRAVACHOL TAB 80MG	47	<i>premasol sol 6%</i>	78
<i>inj</i>	77	<i>pravastatin sodium tab 10</i>		PREMPHASE TAB	68
potassium chloride 40 meq/l		<i>mg</i>	47	PREMPRO TAB .625-2.5	68
(0.3%) in dextrose 5%		<i>pravastatin sodium tab 20</i>		PREMPRO TAB 0.3-1.5	68
<i>inj</i>	77	<i>mg</i>	47	PREMPRO TAB 0.45-1.5	68
potassium chloride cap cr 10		<i>pravastatin sodium tab 40</i>		PREMPRO TAB 0.625-5	68
meq	77	<i>mg</i>	47	PRENATAL VITAMIN/FOLIC	
potassium chloride cap cr 8		<i>pravastatin sodium tab 80</i>		ACID > 0.8 MG	
meq	77	<i>mg</i>	47	(GENERIC)	78
potassium chloride inj 10		<i>prazosin hcl cap 1 mg</i>	41	PREPOPIK PAK	62
meq/100 ml	77	<i>prazosin hcl cap 2 mg</i>	41	PREVACID TAB 15MG	
potassium chloride inj 2		<i>prazosin hcl cap 5 mg</i>	41	STB	63
meq/ml	77	PRED FORTE SUS 1%		PREVACID TAB 30MG	
potassium chloride inj 20		OP	71	STB	63
meq/100 ml	77	PRED MILD SUS 0.12%		<i>prevalite pow 4gm</i>	47
potassium chloride inj 40		OP	71	<i>previfem tab</i>	69
meq/100 ml	77	PRED SOD PHO SOL 1%		PREZCOBIX TAB 800-150	3
potassium chloride		OP	71	PREZISTA SUS 100MG/ML	3
microencapsulated crys cr		PRED-G S.O.P OIN OP	71	PREZISTA TAB 150MG	3
tab 10 meq	77	PRED-G SUS OP	71	PREZISTA TAB 600MG	3
potassium chloride		<i>prednicarbate cream 0.1%</i>	51	PREZISTA TAB 75MG	3
microencapsulated crys cr		<i>prednicarbate oint 0.1%</i>	51	PREZISTA TAB 800MG	3
tab 20 meq	77	<i>prednisolone acetate ophth</i>		PRIMAQUINE TAB 26.3MG	7
potassium chloride oral liq		<i>susp 1%</i>	71	<i>primidone tab 250 mg</i>	16
10% (20 meq/15ml)	77	<i>prednisolone sod phos orally</i>		<i>primidone tab 50 mg</i>	16
potassium chloride oral liq		<i>disintegr tab 10 mg (base</i>		PRIMSOL SOL 50MG/5ML	10
20% (40 meq/15ml)	77	<i>eq)</i>	54	PRINIVIL TAB 10MG	41
potassium chloride tab cr 8		<i>prednisolone sod phos orally</i>		PRINIVIL TAB 20MG	41
meq (600 mg)	77	<i>disintegr tab 15 mg (base</i>		PRINIVIL TAB 5MG	41
potassium citrate tab cr 10		<i>eq)</i>	54	PRISTIQ TAB 100MG	32
meq (1080 mg)	76	<i>prednisolone sod phos orally</i>		PRISTIQ TAB 25MG	32
potassium citrate tab cr 15		<i>disintegr tab 30 mg (base</i>		PRISTIQ TAB 50MG	32
meq (1620 mg)	76	<i>eq)</i>	54	PRIVIGEN INJ 20GRAMS	65
potassium citrate tab cr 5		<i>prednisolone sod phosph oral</i>		PROAIR HFA AER	74
meq (540 mg)	76	<i>soln 6.7 mg/5ml (5</i>		PROAIR RESPI AER	72
POTIGA TAB 200MG	16	<i>mg/5ml base)</i>	54	<i>probenecid tab 500 mg</i>	65
POTIGA TAB 300MG	16	<i>prednisolone sod phosphate</i>		PROCALAMINE INJ 3%	78
POTIGA TAB 400MG	16	<i>oral soln 15 mg/5ml (base</i>		<i>prochlorperazine edisylate inj</i>	
POTIGA TAB 50MG	16	<i>equiv)</i>	54	5 mg/ml	62
PRADAXA CAP 150MG	45	<i>prednisolone sodium</i>		<i>prochlorperazine maleate tab</i>	
PRADAXA CAP 75MG	45	<i>phosphate oral soln 25</i>		10 mg (base	
pramipexole dihydrochloride		<i>mg/5ml (base eq)</i>	54	<i>equivalent)</i>	62
tab 0.125 mg	17	PREDNISON CON		<i>prochlorperazine maleate tab</i>	
pramipexole dihydrochloride		5MG/ML	54	5 mg (base equivalent)	62
tab 0.25 mg	17	<i>prednisone oral soln 5</i>		<i>prochlorperazine suppos 25</i>	
pramipexole dihydrochloride		<i>mg/5ml</i>	54	<i>mg</i>	62
tab 0.5 mg	17	<i>prednisone tab 1 mg</i>	54	PROCRIT INJ 10000/ML	64
pramipexole dihydrochloride		<i>prednisone tab 10 mg</i>	54	PROCRIT INJ 2000/ML	64
tab 0.75 mg	17	<i>prednisone tab 2.5 mg</i>	54	PROCRIT INJ 20000/ML	64
pramipexole dihydrochloride		<i>prednisone tab 20 mg</i>	54	PROCRIT INJ 3000/ML	64
tab 1 mg	17	<i>prednisone tab 5 mg</i>	54	PROCRIT INJ 4000/ML	64
pramipexole dihydrochloride		<i>prednisone tab 50 mg</i>	54	PROCRIT INJ 40000/ML	64
tab 1.5 mg	18	PREFEST TAB	68	<i>procto-pak cre 1%</i>	62
pramipexole dihydrochloride		PREMARIN INJ 25MG	68	<i>proctosol hc cre 2.5%</i>	62
tab sr 24hr 0.75 mg	18	PREMARIN TAB 0.3MG	68	<i>proctozone cre -hc 2.5%</i>	62
pramipexole dihydrochloride		PREMARIN TAB 0.45MG	68		

PROCYSBI CAP 25MG	76	120 mg	41	quetiapine fumarate tab 50	
PROCYSBI CAP 75MG	76	propranolol hcl cap sr 24hr		mg	32
progesterone micronized cap		160 mg	41	quinapril hcl tab 10 mg	41
100 mg	68	propranolol hcl cap sr 24hr 60		quinapril hcl tab 20 mg	41
progesterone micronized cap		mg	41	quinapril hcl tab 40 mg	41
200 mg	68	propranolol hcl cap sr 24hr 80		quinapril hcl tab 5 mg	41
PROGLYCEM SUS		mg	41	quinapril-hydrochlorothiazide	
50MG/ML	58	propranolol hcl inj 1 mg/ml	41	tab 10-12.5 mg	41
PROGRAF INJ 5MG/ML	13	propranolol hcl oral soln 20		quinapril-hydrochlorothiazide	
PROLASTIN-C INJ		mg/5ml	41	tab 20-12.5 mg	41
1000MG	52	propranolol hcl oral soln 40		quinapril-hydrochlorothiazide	
PROLENSA SOL 0.07%	71	mg/5ml	41	tab 20-25 mg	41
PROLEUKIN INJ 22MU	64	propranolol hcl tab 10 mg	41	quinidine gluconate tab cr	
PROLIA SOL 60MG/ML	66	propranolol hcl tab 20 mg	41	324 mg	35
PROMACTA TAB 12.5MG	45	propranolol hcl tab 40 mg	41	quinidine sulfate tab 200	
PROMACTA TAB 25MG	45	propranolol hcl tab 60 mg	41	mg	35
PROMACTA TAB 50MG	45	propranolol hcl tab 80 mg	41	quinidine sulfate tab 300	
PROMACTA TAB 75MG	45	propylthiouracil tab 50 mg	54	mg	35
prometh vc syp plain	72	PROQUAD INJ	65	quinine sulfate cap 324 mg	7
promethazine hcl inj 25		PROSOL INJ 20%	78	QVAR AER 40MCG	74
mg/ml	72	PROTONIX INJ 40MG	63	QVAR AER 80MCG	74
promethazine hcl inj 50		PROTONIX PAK	63		
mg/ml	72	PROTOPIC OIN 0.03%	49	<b>R</b>	
promethazine hcl suppos		PROTOPIC OIN 0.1%	49	RABAVERT INJ	65
12.5 mg	72	protriptyline hcl tab 10 mg	32	rabeprazole sodium ec tab 20	
promethazine hcl suppos 25		protriptyline hcl tab 5 mg	32	mg	63
mg	72	PROVENTIL AER HFA	74	RAGWITEK SUB	65
promethazine hcl suppos 50		PROZAC CAP 10MG	32	raloxifene hcl tab 60 mg	66
mg	72	PROZAC CAP 20MG	32	ramipril cap 1.25 mg	41
promethazine hcl syrup 6.25		PROZAC CAP 40MG	32	ramipril cap 10 mg	41
mg/5ml	72	prudoxin cre 5%	49	ramipril cap 2.5 mg	41
promethazine hcl tab 12.5		PULMICORT INH 180MCG	74	ramipril cap 5 mg	41
mg	72	PULMICORT INH 90MCG	74	RANEXA TAB 1000MG	48
promethazine hcl tab 25		PULMICORT SUS		RANEXA TAB 500MG	48
mg	72	1MG/2ML	74	ranitidine hcl cap 150 mg	63
promethazine hcl tab 50		PULMOZYME SOL		ranitidine hcl cap 300 mg	63
mg	72	1MG/ML	74	ranitidine hcl inj 150 mg/6ml	
promethegan sup 25mg	72	PURIXAN SUS 20MG/ML	13	(25 mg/ml)	63
promethegan sup 50mg	72	PYLERA CAP	63	ranitidine hcl syrup 15 mg/ml	
propafenone hcl cap sr 12hr		pyrazinamide tab 500 mg	7	(75 mg/5ml)	63
225 mg	34	pyridostigmine bromide tab		ranitidine hcl tab 150 mg	63
propafenone hcl cap sr 12hr		60 mg	20	ranitidine hcl tab 300 mg	63
325 mg	34			RAPAFLO CAP 4MG	76
propafenone hcl cap sr 12hr		<b>Q</b>		RAPAFLO CAP 8MG	76
425 mg	34	QNASL AER 80MCG	74	RAPAMUNE SOL 1MG/ML	13
propafenone hcl tab 150		QNASL CHILD SPR		RAPAMUNE TAB 1MG	13
mg	35	40MCG	74	RAPAMUNE TAB 2MG	13
propafenone hcl tab 225		QUADRACEL INJ	65	RAVICTI LIQ 1.1GM/ML	52
mg	35	QUARTETTE TAB	69	REBETOL SOL 40MG/ML	3
propafenone hcl tab 300		quasense tab	69	REBIF INJ 22/0.5	64
mg	35	QUESTRAN POW 4GM	47	REBIF INJ 44/0.5	64
propantheline bromide tab 15		quetiapine fumarate tab 100		REBIF TITRTN SOL PACK	64
mg	60	mg	32	reclipsen tab	69
proparacaine hcl ophth soln		quetiapine fumarate tab 200		RECOMBIVA HB INJ	
0.5%	70	mg	32	10MCG/ML	65
propranolol &		quetiapine fumarate tab 25		RECOMBIVA HB INJ	
hydrochlorothiazide tab		mg	32	5MCG/0.5	65
40-25 mg	41	quetiapine fumarate tab 300		RECOMBIVA-HB INJ	
propranolol &		mg	32	40MCG/ML	65
hydrochlorothiazide tab		quetiapine fumarate tab 400		REGANEX GEL 0.01%	49
80-25 mg	41	mg	32		
propranolol hcl cap sr 24hr					

RELENZA MIS DISKHALE . . . . .	4		
RELISTOR INJ 12/0.6ML . . . . .	62		
RELPAK TAB 20MG . . . . .	18		
RELPAK TAB 40MG . . . . .	18		
REMICADE INJ 100MG . . . . .	62		
RENAGEL TAB 400MG . . . . .	53		
RENAGEL TAB 800MG . . . . .	53		
REVELA PAK 0.8GM . . . . .	53		
REVELA PAK 2.4GM . . . . .	53		
REVELA TAB 800MG . . . . .	53		
repaglinide tab 0.5 mg . . . . .	58		
repaglinide tab 1 mg . . . . .	58		
repaglinide tab 2 mg . . . . .	58		
RESCRIPTOR TAB 100 MG . . . . .	4		
RESCRIPTOR TAB 200MG . . . . .	4		
reserpine tab 0.1 mg . . . . .	41		
reserpine tab 0.25 mg . . . . .	41		
RESTASIS EMU 0.05% . . . . .	70		
RETROVIR INJ 10MG/ML . . . . .	4		
REVATIO INJ . . . . .	74		
REVLIMID CAP 10MG . . . . .	13		
REVLIMID CAP 15MG . . . . .	13		
REVLIMID CAP 2.5MG . . . . .	13		
REVLIMID CAP 20MG . . . . .	13		
REVLIMID CAP 25MG . . . . .	13		
REVLIMID CAP 5MG . . . . .	13		
REYATAZ CAP 150MG . . . . .	4		
REYATAZ CAP 200MG . . . . .	4		
REYATAZ CAP 300MG . . . . .	4		
REYATAZ POW 50MG . . . . .	4		
ribasphere cap 200mg . . . . .	4		
ribasphere tab 200mg . . . . .	4		
ribavirin cap 200 mg . . . . .	4		
ribavirin tab 200 mg . . . . .	4		
RIDAURA CAP 3MG . . . . .	66		
rifabutin cap 150 mg . . . . .	7		
rifampin cap 150 mg . . . . .	7		
rifampin cap 300 mg . . . . .	7		
rifampin for inj 600 mg . . . . .	7		
RIFATER TAB . . . . .	7		
riluzole tab 50 mg . . . . .	53		
rimantadine hydrochloride tab 100 mg . . . . .	4		
ringer's solution . . . . .	77		
ringer's solution for irrigation . . . . .	52		
risedronate sodium tab 150 mg . . . . .	66		
risedronate sodium tab 30 mg . . . . .	66		
risedronate sodium tab 35 mg . . . . .	66		
risedronate sodium tab 5 mg . . . . .	66		
risedronate sodium tab delayed release 35 mg . . . . .	53		
RISPERDAL INJ 12.5MG . . . . .	32		
RISPERDAL INJ 25MG . . . . .	32		
RISPERDAL INJ 37.5MG . . . . .	32		
RISPERDAL INJ 50MG . . . . .	32		
risperidone orally disintegrating tab 0.25 mg . . . . .	32		
risperidone orally disintegrating tab 0.5 mg . . . . .	32		
risperidone orally disintegrating tab 1 mg . . . . .	32		
risperidone orally disintegrating tab 2 mg . . . . .	32		
risperidone orally disintegrating tab 3 mg . . . . .	32		
risperidone orally disintegrating tab 4 mg . . . . .	32		
risperidone soln 1 mg/ml . . . . .	32		
risperidone tab 0.25 mg . . . . .	32		
risperidone tab 0.5 mg . . . . .	32		
risperidone tab 1 mg . . . . .	33		
risperidone tab 2 mg . . . . .	33		
risperidone tab 3 mg . . . . .	33		
risperidone tab 4 mg . . . . .	33		
RITALIN LA CAP 10MG . . . . .	33		
RITUXAN INJ 500MG . . . . .	13		
rivastigmine tartrate cap 1.5 mg . . . . .	19		
rivastigmine tartrate cap 3 mg . . . . .	20		
rivastigmine tartrate cap 4.5 mg . . . . .	20		
rivastigmine tartrate cap 6 mg . . . . .	20		
rizatriptan benzoate orally disintegrating tab 10 mg . . . . .	18		
rizatriptan benzoate orally disintegrating tab 5 mg . . . . .	18		
rizatriptan benzoate tab 10 mg . . . . .	18		
rizatriptan benzoate tab 5 mg . . . . .	18		
ropinirole hydrochloride tab 0.25 mg . . . . .	18		
ropinirole hydrochloride tab 0.5 mg . . . . .	18		
ropinirole hydrochloride tab 1 mg . . . . .	18		
ropinirole hydrochloride tab 2 mg . . . . .	18		
ropinirole hydrochloride tab 3 mg . . . . .	18		
ropinirole hydrochloride tab 4 mg . . . . .	18		
ropinirole hydrochloride tab 5 mg . . . . .	18		
ropinirole hydrochloride tab sr 24hr 12 mg (base equivalent) . . . . .	18		
ropinirole hydrochloride tab sr 24hr 2 mg (base equivalent) . . . . .	18		
ropinirole hydrochloride tab sr 24hr 4 mg (base equivalent) . . . . .	18		
ropinirole hydrochloride tab sr 24hr 6 mg (base equivalent) . . . . .	18		
ropinirole hydrochloride tab sr 24hr 8 mg (base equivalent) . . . . .	18		
ROTARIX SUS . . . . .	65		
ROTATEQ SOL . . . . .	65		
ROZEREM TAB 8MG . . . . .	33		
RUCONEST INJ 2100UNIT . . . . .	74		
<b>S</b>			
SABRIL POW 500MG . . . . .	16		
SABRIL TAB 500MG . . . . .	16		
SAFYRAL TAB . . . . .	69		
SAMSCA TAB 15MG . . . . .	59		
SAMSCA TAB 30MG . . . . .	59		
SANCUSO DIS 3.1MG . . . . .	62		
SANDIMMUNE CAP 100MG . . . . .	13		
SANDIMMUNE CAP 25MG . . . . .	13		
SANDIMMUNE INJ 50MG/ML . . . . .	13		
SANDIMMUNE SOL 100MG/ML . . . . .	13		
SANTYL OIN 250/GM . . . . .	52		
SAPHRIS SUB 10MG . . . . .	33		
SAPHRIS SUB 2.5MG . . . . .	48		
SAPHRIS SUB 5MG . . . . .	33		
SAVAYSA TAB 15MG . . . . .	63		
SAVAYSA TAB 30MG . . . . .	63		
SAVAYSA TAB 60MG . . . . .	63		
SAVELLA MIS TITR PAK . . . . .	66		
SAVELLA TAB 100MG . . . . .	66		
SAVELLA TAB 12.5MG . . . . .	66		
SAVELLA TAB 25MG . . . . .	66		
SAVELLA TAB 50MG . . . . .	66		
selegiline hcl cap 5 mg . . . . .	18		
selegiline hcl tab 5 mg . . . . .	18		
selenium sulfide lotion 2.5% . . . . .	49		
SELZENTRY TAB 150MG . . . . .	4		
SELZENTRY TAB 300MG . . . . .	4		
SENSIPAR TAB 30MG . . . . .	59		
SENSIPAR TAB 60MG . . . . .	59		
SENSIPAR TAB 90MG . . . . .	59		
SEREVENT DIS AER 50MCG . . . . .	75		
SEROQUEL XR TAB 150MG . . . . .	33		
SEROQUEL XR TAB 200MG . . . . .	33		
SEROQUEL XR TAB 300MG . . . . .	33		
SEROQUEL XR TAB 400MG . . . . .	33		
SEROQUEL XR TAB 50MG . . . . .	33		
sertraline hcl oral conc 20			

mg/ml.....	33	120/.5ML.....	13	STROMECTOL TAB 3MG..	7
sertraline hcl tab 100 mg...	33	SOMATULINE INJ		SUBOXONE MIS 12-3MG.	25
sertraline hcl tab 25 mg...	33	60/0.2ML.....	13	SUBOXONE MIS 2-0.5MG	25
sertraline hcl tab 50 mg...	33	SOMATULINE INJ		SUBOXONE MIS 4-1MG..	25
sharobel tab 0.35mg.....	69	90/0.3ML.....	13	SUBOXONE MIS 8-2MG..	25
SIGNIFOR INJ 0.3MG/ML.	13	SOMAVERT INJ 10MG....	59	SUCLEAR KIT.....	62
SIGNIFOR INJ 0.6MG/ML.	13	SOMAVERT INJ 15MG....	59	sucralfate tab 1 gm.....	63
SIGNIFOR INJ 0.9MG/ML.	13	SOMAVERT INJ 20MG....	59	sulfacetamide sodium ophth	
sildenafil citrate tab 20 mg.	75	SOMAVERT INJ 25MG....	59	oint 10%.....	71
silver sulfadiazine cream		SOMAVERT INJ 30MG....	59	sulfacetamide sodium ophth	
1%.....	49	sorine tab 120mg.....	35	soln 10%.....	72
SIMBRINZA SUS 1-0.2%...	71	sorine tab 160mg.....	35	sulfacetamide sodium-	
SIMCOR TAB 1000-20....	47	sorine tab 240mg.....	35	prednisolone ophth soln	
SIMCOR TAB 1000-40....	47	sorine tab 80mg.....	35	10-0.23(0.25)%.....	71
SIMCOR TAB 500-20MG....	47	sotalol hcl (afib/af) tab 120		SULFADIAZINE TAB	
SIMCOR TAB 500-40MG....	47	mg.....	35	500MG.....	9
SIMCOR TAB 750-20MG....	47	sotalol hcl tab 160 mg.....	35	sulfamethoxazole-	
SIMPONI ARIA SOL		sotalol hcl tab 240 mg.....	35	trimethoprim iv soln 400-	
50MG/4ML.....	66	sotalol hcl tab 80 mg.....	35	80 mg/5ml.....	9
SIMPONI INJ 100MG/ML....	66	SOVALDI TAB 400MG.....	4	sulfamethoxazole-	
SIMPONI INJ 50/0.5ML....	66	SPIRIVA CAP HANDIHLR.	75	trimethoprim susp 200-40	
SIMULECT INJ 20MG.....	13	SPIRIVA SPR RESPIMAT.	75	mg/5ml.....	9
simvastatin tab 10 mg.....	47	spironolactone &		sulfamethoxazole-	
simvastatin tab 20 mg.....	47	hydrochlorothiazide tab		trimethoprim tab 400-80	
simvastatin tab 40 mg.....	47	25-25 mg.....	41	mg.....	9
simvastatin tab 5 mg.....	47	spironolactone tab 100 mg.	41	sulfamethoxazole-	
simvastatin tab 80 mg.....	47	spironolactone tab 25 mg..	41	trimethoprim tab 800-160	
sirolimus tab 0.5 mg.....	13	spironolactone tab 50 mg..	41	mg.....	9
sirolimus tab 1 mg.....	13	sprintec 28 tab 28 day.....	69	sulfasalazine tab 500 mg..	62
sirolimus tab 2 mg.....	13	SPRYCEL TAB 100MG....	13	sulfazine ec tab 500mg....	62
SIRTURO TAB 100MG.....	7	SPRYCEL TAB 140MG....	13	sulindac tab 150 mg.....	25
SIVEXTRO TAB 200MG.....	7	SPRYCEL TAB 20MG.....	13	sulindac tab 200 mg.....	25
SOD FLUORIDE 2.2MG		SPRYCEL TAB 50MG.....	13	sumatriptan nasal spray 20	
TAB.....	78	SPRYCEL TAB 70MG.....	13	mg/act.....	18
sodium chloride inj 0.45%..	77	SPRYCEL TAB 80MG.....	13	sumatriptan nasal spray 5	
sodium chloride inj 2.5		ssd cre 1%.....	49	mg/act.....	18
meq/ml (14.6%).....	77	STARLIX TAB 120MG....	58	sumatriptan succinate inj 6	
sodium chloride inj 3%.....	77	STARLIX TAB 60MG.....	58	mg/0.5ml.....	18
sodium chloride inj 5%.....	77	stavudine cap 15 mg.....	4	sumatriptan succinate	
sodium chloride irrigation soln		stavudine cap 20 mg.....	4	solution auto-injector 6	
0.9%.....	53	stavudine cap 30 mg.....	4	mg/0.5ml.....	18
sodium chloride iv soln		stavudine cap 40 mg.....	4	sumatriptan succinate tab	
0.9%.....	53	stavudine for oral soln 1		100 mg.....	18
sodium phenylbutyrate oral		mg/ml.....	4	sumatriptan succinate tab 25	
powder 3		STAXYN TAB 10MG.....	76	mg.....	18
gm/teaspoonful.....	53	STELARA INJ 45MG/0.5..	66	sumatriptan succinate tab 50	
sodium polystyrene sulfonate		STELARA INJ 90MG/ML..	66	mg.....	18
oral susp 15 gm/60ml..	53	STIVARGA TAB 40MG....	13	SUPRAX CAP 400MG.....	6
SOLTAMOX SOL		STRATTERA CAP 100MG.	33	SUPRAX CHW 100MG....	6
10MG/5ML.....	13	STRATTERA CAP 10MG..	33	SUPRAX CHW 200MG....	6
SOLU-CORTEF INJ		STRATTERA CAP 18MG..	33	SUPRAX SUS 100/5ML....	6
100MG.....	54	STRATTERA CAP 25MG..	33	SUPRAX SUS 200/5ML....	6
SOLU-CORTEF INJ		STRATTERA CAP 40MG..	33	SUPRAX SUS 500/5ML....	6
250MG.....	54	STRATTERA CAP 60MG..	33	SUPREP BOWEL SOL	
SOLU-MEDROL INJ		STRATTERA CAP 80MG..	33	PREP.....	62
125MG.....	54	streptomycin sulfate for inj 1		SURMONTIL CAP 100MG.	33
SOLU-MEDROL INJ 2GM.	54	gm.....	7	SURMONTIL CAP 25MG..	33
SOLU-MEDROL INJ 40MG	54	STRIBILD TAB.....	4	SURMONTIL CAP 50MG..	33
SOLU-MEDROL INJ		STRIVERDI AER		SUSTIVA CAP 200MG....	4
500MG.....	54	RESPIMAT.....	75	SUSTIVA CAP 50MG.....	4
SOMATULINE INJ				SUSTIVA TAB 600MG....	4
				SUTENT CAP 12.5MG....	13

SUTENT CAP 25MG	13
SUTENT CAP 37.5MG	13
SUTENT CAP 50MG	13
SYLATRON KIT 200MCG	64
SYLATRON KIT 300MCG	64
SYLATRON KIT 600MCG	64
SYLVANT SOL 100MG	14
SYMBICORT AER 160-4.5	75
SYMBICORT AER 80-4.5	75
SYMLINPEN 60 INJ	
1000MCG	58
SYMLNPN 120 INJ	
1000MCG	58
SYNAGIS INJ 50MG	4
SYNAREL SOL 2MG/ML	59
SYNERA DIS 70-70MG	50
SYNERCID INJ 500MG	7
SYNRIBO INJ 3.5MG	14
SYNTHROID TAB	
100MCG	60
SYNTHROID TAB	
112MCG	60
SYNTHROID TAB	
125MCG	60
SYNTHROID TAB	
137MCG	60
SYNTHROID TAB	
150MCG	60
SYNTHROID TAB	
175MCG	60
SYNTHROID TAB	
200MCG	60
SYNTHROID TAB 25MCG	60
SYNTHROID TAB	
300MCG	60
SYNTHROID TAB 50MCG	60
SYNTHROID TAB 75MCG	60
SYNTHROID TAB 88MCG	60
SYPRINE CAP 250MG	53
<b>T</b>	
TABLOID TAB 40MG	14
TACLONEX SUS	49
<i>tacrolimus cap 0.5 mg</i>	14
<i>tacrolimus cap 1 mg</i>	14
<i>tacrolimus cap 5 mg</i>	14
<i>tacrolimus oint 0.03%</i>	49
<i>tacrolimus oint 0.1%</i>	49
TAFINLAR CAP 50MG	14
TAFINLAR CAP 75MG	14
TAMIFLU CAP 30MG	4
TAMIFLU CAP 45MG	4
TAMIFLU CAP 75MG	4
TAMIFLU SUS 6MG/ML	4
<i>tamoxifen citrate tab 10 mg</i> (base equivalent)	14
<i>tamoxifen citrate tab 20 mg</i> (base equivalent)	14
<i>tamsulosin hcl cap 0.4 mg</i>	76
TANZEUM INJ 30MG	58
TANZEUM INJ 50MG	58
TARCEVA TAB 100MG	14
TARCEVA TAB 150MG	14
TARCEVA TAB 25MG	14
TARGRETIN CAP 75MG	14
TARGRETIN GEL 1%	75
<i>tarina fe tab 1/20</i>	69
TARKA TAB 1-240 CR	41
TARKA TAB 2-180 CR	41
TARKA TAB 2-240 CR	41
TARKA TAB 4-240 CR	41
TASIGNA CAP 150MG	14
TASIGNA CAP 200MG	14
TASMAR TAB 100MG	18
TAZORAC CRE 0.05%	49
TAZORAC CRE 0.1%	49
TAZORAC GEL 0.05%	49
TAZORAC GEL 0.1%	49
<i>taztia xt cap 120mg/24</i>	41
<i>taztia xt cap 180mg/24</i>	41
<i>taztia xt cap 240mg/24</i>	41
<i>taztia xt cap 300mg/24</i>	41
<i>taztia xt cap 360mg/24</i>	41
TECFIDERA CAP 120MG	20
TECFIDERA CAP 240MG	20
TECFIDERA MIS	
STARTER	20
TEFLARO INJ 400MG	6
TEFLARO INJ 600MG	6
TEGRETOL-XR TAB	
100MG	16
TEKAMLO TAB 150-10MG	42
TEKAMLO TAB 150-5MG	41
TEKAMLO TAB 300-10MG	42
TEKAMLO TAB 300-5MG	42
TEKTURNA HCT TAB 150-	
12.5	42
TEKTURNA HCT TAB 150-	
25MG	42
TEKTURNA HCT TAB 300-	
12.5	42
TEKTURNA HCT TAB 300-	
25MG	42
TEKTURNA TAB 150MG	42
TEKTURNA TAB 300MG	42
<i>telmisartan tab 20 mg</i>	42
<i>telmisartan tab 40 mg</i>	42
<i>telmisartan tab 80 mg</i>	42
<i>telmisartan-amlodipine tab</i> 40-10 mg	42
<i>telmisartan-amlodipine tab</i> 40-5 mg	42
<i>telmisartan-amlodipine tab</i> 80-10 mg	42
<i>telmisartan-amlodipine tab</i> 80-5 mg	42
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 40-12.5 mg	42
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-12.5 mg	42
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> 80-25 mg	42
<i>temazepam cap 15 mg</i>	33
<i>temazepam cap 22.5 mg</i>	33
<i>temazepam cap 30 mg</i>	33
<i>temazepam cap 7.5 mg</i>	33
TENORETIC TAB 100	42
TENORETIC TAB 50	42
TENORMIN TAB 100MG	42
TENORMIN TAB 25MG	42
TENORMIN TAB 50MG	42
<i>terazosin hcl cap 1 mg</i>	42
<i>terazosin hcl cap 10 mg</i>	42
<i>terazosin hcl cap 2 mg</i>	42
<i>terazosin hcl cap 5 mg</i>	42
<i>terbinafine hcl tab 250 mg</i>	2
<i>terbutaline sulfate tab 2.5</i> <i>mg</i>	75
<i>terbutaline sulfate tab 5 mg</i>	75
<i>terconazole vaginal cream</i> 0.4%	68
<i>terconazole vaginal cream</i> 0.8%	68
<i>terconazole vaginal suppos</i> 80 mg	68
TET/DIP TOX INJ 2-2 LF	65
TETANUS TOX INJ 5LF	
ADS	65
TEVETEN HCT TAB 600-	
12.5	42
TEVETEN HCT TAB 600-	
25MG	42
TEVETEN TAB 600MG	42
THALOMID CAP 100MG	14
THALOMID CAP 150MG	14
THALOMID CAP 200MG	14
THALOMID CAP 50MG	14
<i>theophylline soln 80</i> <i>mg/15ml</i>	75
<i>theophylline tab sr 12hr 100</i> <i>mg</i>	75
<i>theophylline tab sr 12hr 200</i> <i>mg</i>	75
<i>theophylline tab sr 12hr 300</i> <i>mg</i>	75
<i>theophylline tab sr 12hr 450</i> <i>mg</i>	75
<i>theophylline tab sr 24hr 400</i> <i>mg</i>	75
<i>theophylline tab sr 24hr 600</i> <i>mg</i>	75
<i>thioridazine hcl tab 10 mg</i>	33
<i>thioridazine hcl tab 100 mg</i>	33
<i>thioridazine hcl tab 25 mg</i>	33
<i>thioridazine hcl tab 50 mg</i>	33
<i>thiothixene cap 1 mg</i>	33
<i>thiothixene cap 10 mg</i>	33
<i>thiothixene cap 2 mg</i>	33
<i>thiothixene cap 5 mg</i>	33



THYMOGLOBULN INJ		
25MG	65	
THYROLAR-1 TAB 60MG	60	
THYROLAR-1/2 TAB		
30MG	60	
THYROLAR-1/4 TAB		
15MG	60	
THYROLAR-2 TAB 120MG	60	
THYROLAR-3 TAB 180MG	60	
tiagabine hcl tab 2 mg	16	
tiagabine hcl tab 4 mg	16	
ticlopidine hcl tab 250 mg	45	
TIKOSYN CAP 125MCG	35	
TIKOSYN CAP 250MCG	35	
TIKOSYN CAP 500MCG	35	
timolol maleate ophth gel		
forming soln 0.25%	70	
timolol maleate ophth gel		
forming soln 0.5%	70	
timolol maleate ophth soln		
0.25%	70	
timolol maleate ophth soln		
0.5%	70	
timolol maleate tab 10 mg	42	
timolol maleate tab 20 mg	42	
timolol maleate tab 5 mg	42	
tinidazole tab 250 mg	7	
tinidazole tab 500 mg	7	
TIROSINT CAP 100MCG	60	
TIROSINT CAP 112MCG	60	
TIROSINT CAP 125MCG	60	
TIROSINT CAP 137MCG	60	
TIROSINT CAP 13MCG	60	
TIROSINT CAP 150MCG	60	
TIROSINT CAP 25MCG	60	
TIROSINT CAP 50MCG	60	
TIROSINT CAP 75MCG	60	
TIROSINT CAP 88MCG	60	
TIVICAY TAB 50MG	4	
tizanidine hcl cap 2 mg (base		
equivalent)	20	
tizanidine hcl cap 4 mg (base		
equivalent)	20	
tizanidine hcl cap 6 mg (base		
equivalent)	20	
tizanidine hcl tab 2 mg (base		
equivalent)	20	
tizanidine hcl tab 4 mg (base		
equivalent)	20	
TOBI PODHALR CAP		
28MG	7	
TOBRA/NACL INJ 80/0.9	7	
TOBRADEX OIN 0.3-0.1%	71	
TOBRADEX ST SUS 0.3-		
0.05	71	
tobramycin nebu soln 300		
mg/5ml	8	
tobramycin ophth soln		
0.3%	70	
tobramycin sulfate inj 10		
mg/ml	8	
tobramycin sulfate inj 80		
mg/2ml (40 mg/ml)	8	
tobramycin-dexamethasone		
ophth susp 0.3-0.1%	71	
TOBREX OIN 0.3% OP	70	
tolazamide tab 250 mg	58	
tolazamide tab 500 mg	58	
tolbutamide tab 500 mg	58	
tolcapone tab 100 mg	18	
tolmetin sodium cap 400		
mg	25	
tolmetin sodium tab 200		
mg	25	
tolmetin sodium tab 600		
mg	25	
tolterodine tartrate cap sr		
24hr 2 mg	76	
tolterodine tartrate cap sr		
24hr 4 mg	76	
tolterodine tartrate tab 1		
mg	76	
tolterodine tartrate tab 2		
mg	76	
topiramate sprinkle cap 15		
mg	16	
topiramate sprinkle cap 25		
mg	16	
topiramate tab 100 mg	16	
topiramate tab 200 mg	16	
topiramate tab 25 mg	16	
topiramate tab 50 mg	16	
topotecan hcl for inj 4 mg	14	
TOPROL XL TAB 100MG	42	
TOPROL XL TAB 200MG	42	
TOPROL XL TAB 25MG	42	
TOPROL XL TAB 50MG	42	
TORISEL SOL 25MG/ML	14	
torsemide tab 10 mg	42	
torsemide tab 100 mg	42	
torsemide tab 20 mg	42	
torsemide tab 5 mg	42	
TOVIAZ TAB 4MG	76	
TOVIAZ TAB 8MG	76	
tpn electrol inj	77	
TRACLEER TAB 125MG	75	
TRACLEER TAB 62.5MG	75	
TRADJENTA TAB 5MG	58	
tramadol hcl tab 50 mg	25	
tramadol hcl tab sr 24hr 100		
mg	25	
tramadol hcl tab sr 24hr 200		
mg	25	
tramadol hcl tab sr 24hr		
biphasic release 300		
mg	25	
tramadol-acetaminophen tab		
37.5-325 mg	25	
trandolapril tab 1 mg	42	
trandolapril tab 2 mg	42	
trandolapril tab 4 mg	42	
trandolapril-verapamil hcl tab		
cr 1-240 mg	42	
trandolapril-verapamil hcl tab		
cr 2-180 mg	42	
trandolapril-verapamil hcl tab		
cr 2-240 mg	42	
trandolapril-verapamil hcl tab		
cr 4-240 mg	42	
tranexamic acid inj 100		
mg/ml	45	
tranexamic acid tab 650		
mg	68	
TRANSDERM-SC DIS		
1MG	62	
tranylcypromine sulfate tab		
10 mg	33	
TRAVASOL INJ 10%	78	
TRAVATAN Z DRO		
0.004%	71	
travoprost ophth soln		
0.004%	71	
trazodone hcl tab 100 mg	33	
trazodone hcl tab 150 mg	33	
trazodone hcl tab 300 mg	33	
trazodone hcl tab 50 mg	33	
TREANDA INJ 100MG	14	
TREANDA INJ 45/0.5ML	14	
TRECTOR TAB 250MG	8	
TRELSTAR MIX INJ		
11.25MG	14	
TRELSTAR MIX INJ		
22.5MG	14	
TRELSTAR MIX INJ		
3.75MG	14	
tretinoin cap 10 mg	14	
tretinoin cream 0.025%	49	
tretinoin cream 0.05%	49	
tretinoin cream 0.1%	49	
tretinoin gel 0.01%	49	
tretinoin gel 0.025%	49	
tri-legest tab fe	69	
tri-previfem tab	69	
tri-sprintec tab	69	
triamcinolone acetone		
cream 0.025%	51	
triamcinolone acetone		
cream 0.1%	51	
triamcinolone acetone		
cream 0.5%	51	
triamcinolone acetone		
dental paste 0.1%	53	
triamcinolone acetone inj		
susp 10 mg/ml	54	
triamcinolone acetone inj		
susp 40 mg/ml	54	
triamcinolone acetone lotion		
0.025%	52	
triamcinolone acetone lotion		
0.1%	52	
triamcinolone acetone nasal		
aerosol suspension 55		
mcg/act	75	
triamcinolone acetone oint		

0.025%.....	52	400/ACT.....	75	tab 320-25 mg.....	43
triamcinolone acetonide oint		TWINRIX INJ.....	65	valsartan-hydrochlorothiazide	
0.1%.....	52	TYBOST TAB 150MG.....	4	tab 80-12.5 mg.....	43
triamcinolone acetonide oint		TYGACIL INJ 50MG.....	8	vancomycin hcl cap 125	
0.5%.....	52	TYKERB TAB 250MG.....	14	mg.....	10
triamterene &		TYPHIM VI INJ.....	65	vancomycin hcl cap 250	
hydrochlorothiazide cap		TYSABRI INJ 300/15ML.....	20	mg.....	10
37.5-25 mg.....	42	TYVASO SOL 0.6MG/ML.....	75	vancomycin hcl for inj 10	
triamterene &		TYZEKA TAB 600MG.....	4	gm.....	10
hydrochlorothiazide cap		TYZINE PED DRO 0.05%.....	53	vancomycin hcl for inj 1000	
50-25 mg.....	43			mg.....	10
triamterene &		<b>U</b>		vancomycin hcl for inj 500	
hydrochlorothiazide tab		UCERIS TAB 9MG.....	62	mg.....	10
37.5-25 mg.....	43	ULORIC TAB 40MG.....	65	vandazole gel 0.75%.....	68
triamterene &		ULORIC TAB 80MG.....	65	VAQTA INJ 25/0.5ML.....	65
hydrochlorothiazide tab		ULTRESA CAP 13800UNT.....	62	VAQTA INJ 50UNT/ML.....	65
75-50 mg.....	43	ULTRESA CAP 20700UNT.....	62	VARIVAX INJ.....	65
triazolam tab 0.125 mg.....	33	ULTRESA CAP 23000UNT.....	62	VASCEPA CAP 1GM.....	47
triazolam tab 0.25 mg.....	33	unithroid tab 100mcg.....	60	VASERETIC TAB 10-	
TRIBENZOR20- TAB 5-		unithroid tab 112mcg.....	60	25MG.....	43
12.5MG.....	43	unithroid tab 125mcg.....	60	VASOTEC TAB 10MG.....	43
TRIBENZOR40- TAB 10-		unithroid tab 150mcg.....	60	VASOTEC TAB 2.5MG.....	43
12.5.....	43	unithroid tab 175mcg.....	60	VASOTEC TAB 20MG.....	43
TRIBENZOR40- TAB 10-		unithroid tab 200mcg.....	60	VASOTEC TAB 5MG.....	43
25MG.....	43	unithroid tab 25mcg.....	60	VECTIBIX INJ 100MG.....	14
TRIBENZOR40- TAB 5-		unithroid tab 300mcg.....	60	VELCADE INJ 3.5MG.....	14
12.5MG.....	43	unithroid tab 50mcg.....	60	velivet pak.....	69
TRIBENZOR40- TAB 5-		unithroid tab 75mcg.....	60	venlafaxine hcl cap sr 24hr	
25MG.....	43	unithroid tab 88mcg.....	60	150 mg (base	
triderm cre 0.1%.....	52	UROCIT-K 15 TAB.....	76	equivalent).....	33
trifluoperazine hcl tab 1 mg.....	33	ursodiol cap 300 mg.....	62	venlafaxine hcl cap sr 24hr	
trifluoperazine hcl tab 10		ursodiol tab 250 mg.....	62	37.5 mg (base	
mg.....	33	ursodiol tab 500 mg.....	62	equivalent).....	33
trifluoperazine hcl tab 2 mg.....	33	UVADEX INJ 20MCG/ML.....	49	venlafaxine hcl cap sr 24hr	
trifluoperazine hcl tab 5 mg.....	33			75 mg (base	
trifluridine ophth soln 1%.....	70	<b>V</b>		equivalent).....	33
trihexyphenidyl hcl elixir 0.4		VAGIFEM TAB 10MCG.....	68	venlafaxine hcl tab 100 mg.....	34
mg/ml.....	18	valacyclovir hcl tab 1 gm.....	4	venlafaxine hcl tab 25 mg.....	33
trihexyphenidyl hcl tab 2		valacyclovir hcl tab 500 mg.....	4	venlafaxine hcl tab 37.5	
mg.....	18	VALCHLOR GEL 0.016%.....	14	mg.....	33
trihexyphenidyl hcl tab 5		VALCYTE SOL 50MG/ML.....	4	venlafaxine hcl tab 50 mg.....	34
mg.....	18	VALCYTE TAB 450MG.....	4	venlafaxine hcl tab 75 mg.....	34
trilyte sol.....	62	valganciclovir hcl tab 450 mg		venlafaxine hcl tab sr 24hr	
trimethobenzamide hcl cap		(base equivalent).....	4	150 mg (base	
300 mg.....	62	valproate sodium inj 100		equivalent).....	34
trimethoprim tab 100 mg.....	10	mg/ml.....	16	venlafaxine hcl tab sr 24hr	
trinessa tab.....	69	valproate sodium syrup 250		37.5 mg (base	
TRISENOX SOL		mg/5ml (base equiv).....	16	equivalent).....	34
10MG/10M.....	14	valproic acid cap 250 mg.....	17	venlafaxine hcl tab sr 24hr 75	
TRIUMEQ TAB.....	4	valsartan tab 160 mg.....	43	mg (base equivalent).....	34
trivora-28 tab.....	69	valsartan tab 320 mg.....	43	VENLAFAXINE TAB 225MG	
TROPHAMINE INJ 10%.....	78	valsartan tab 40 mg.....	43	ER.....	34
TROPHAMINE INJ 6%.....	78	valsartan tab 80 mg.....	43	VENTAVIS SOL	
tropium chloride cap sr 24hr		valsartan-hydrochlorothiazide		10MCG/ML.....	75
60 mg.....	76	tab 160-12.5 mg.....	43	VENTAVIS SOL	
tropium chloride tab 20		valsartan-hydrochlorothiazide		20MCG/ML.....	75
mg.....	76	tab 160-25 mg.....	43	VENTOLIN HFA AER.....	75
TRULICITY INJ 0.75/0.5.....	58	valsartan-hydrochlorothiazide		VERAMYST SPR	
TRULICITY INJ 1.5/0.5.....	58	tab 320-12.5 mg.....	43	27.5MCG.....	75
TRUMENBA INJ.....	65	valsartan-hydrochlorothiazide		verapamil hcl cap sr 24hr 100	
TRUVADA TAB 200-300.....	4	tab 160-12.5 mg.....	43	mg.....	43
TUDORZA PRES AER				verapamil hcl cap sr 24hr 120	

mg.....43  
 verapamil hcl cap sr 24hr 180  
 mg.....43  
 verapamil hcl cap sr 24hr 200  
 mg.....43  
 verapamil hcl cap sr 24hr 240  
 mg.....43  
 verapamil hcl cap sr 24hr 300  
 mg.....43  
 verapamil hcl cap sr 24hr 360  
 mg.....43  
 verapamil hcl iv soln 2.5  
 mg/ml.....43  
 verapamil hcl tab 120 mg...43  
 verapamil hcl tab 40 mg...43  
 verapamil hcl tab 80 mg...43  
 verapamil hcl tab cr 120  
 mg.....43  
 verapamil hcl tab cr 180  
 mg.....43  
 verapamil hcl tab cr 240  
 mg.....43  
 VEREGEN OIN 15%.....49  
 VERSACLOZ SUS  
 50MG/ML.....34  
 VESICARE TAB 10MG...76  
 VESICARE TAB 5MG...76  
 vestura tab 3-0.02mg.....69  
 VEXOL SUS 1% OP.....71  
 VIAGRA TAB 100MG.....76  
 VIAGRA TAB 25MG.....76  
 VIAGRA TAB 50MG.....76  
 VICTOZA INJ 18MG/3ML...58  
 VIDAZA INJ 100MG.....14  
 VIDEX SOL 2GM.....4  
 VIGAMOX DRO 0.5%.....70  
 VIIBRYD KIT.....34  
 VIIBRYD TAB 10MG.....34  
 VIIBRYD TAB 20MG.....34  
 VIIBRYD TAB 40MG.....34  
 VIMOVO TAB 375-20MG...25  
 VIMOVO TAB 500-20MG...25  
 VIMPAT INJ 200MG/20...17  
 VIMPAT SOL 10MG/ML...17  
 VIMPAT TAB 100MG.....17  
 VIMPAT TAB 150MG.....17  
 VIMPAT TAB 200MG.....17  
 VIMPAT TAB 50MG.....17  
 VINBLASTINE INJ  
 1MG/ML.....14  
 vincasar pfs inj 1mg/ml...14  
 vincristine sulfate iv soln 1  
 mg/ml.....14  
 vinorelbine tartrate inj 50  
 mg/5ml (10 mg/ml) (base  
 equiv).....14  
 VIOKACE TAB.....62  
 VIOKACE TAB 20880.....62  
 VIRACEPT TAB 250MG...4  
 VIRACEPT TAB 625MG...4  
 VIRAMUNE XR TAB 100MG4

VIRAZOLE INH 6GM.....4  
 VIREAD POW 40MG/GM...4  
 VIREAD TAB 150MG.....4  
 VIREAD TAB 200MG.....4  
 VIREAD TAB 250MG.....4  
 VIREAD TAB 300MG.....4  
 VISTIDE INJ 75MG/ML...4  
 VITAMIN D2 TAB  
 2000UNIT.....78  
 VITAMIN D2 TAB 400UNIT78  
 VITEKTA TAB 150MG.....5  
 VITEKTA TAB 85MG.....4  
 VIVELLE-DOT DIS  
 0.025MG.....68  
 VIVELLE-DOT DIS  
 0.0375MG.....68  
 VIVELLE-DOT DIS  
 0.05MG.....68  
 VIVELLE-DOT DIS  
 0.075MG.....68  
 VIVELLE-DOT DIS 0.1MG.68  
 VOLTAREN GEL 1%.....25  
 voriconazole for inj 200 mg. 2  
 voriconazole for susp 40  
 mg/ml.....2  
 voriconazole tab 200 mg...2  
 voriconazole tab 50 mg...2  
 VOTRIENT TAB 200MG...14  
 VPRIV INJ 400UNIT.....59  
 vyfemla tab 0.4-35.....69  
 VYTORIN TAB 10-10MG...47  
 VYTORIN TAB 10-20MG...47  
 VYTORIN TAB 10-40MG...47  
 VYTORIN TAB 10-80MG...48

## W

warfarin sodium tab 1 mg...45  
 warfarin sodium tab 10 mg.45  
 warfarin sodium tab 2 mg...45  
 warfarin sodium tab 2.5 mg45  
 warfarin sodium tab 3 mg...45  
 warfarin sodium tab 4 mg...45  
 warfarin sodium tab 5 mg...45  
 warfarin sodium tab 6 mg...45  
 warfarin sodium tab 7.5 mg45  
 water for irrigation, sterile  
 irrigation soln.....53  
 WELCHOL PAK 3.75GM...48  
 WELCHOL TAB 625MG...48  
 WELLBUTRIN TAB  
 100MG.....34  
 WELLBUTRIN TAB 100MG  
 SR.....34  
 WELLBUTRIN TAB 150MG  
 SR.....34  
 WELLBUTRIN TAB 200MG  
 SR.....34  
 WELLBUTRIN TAB 75MG.34  
 WELLBUTRIN TAB XL  
 150MG.....34

WELLBUTRIN TAB XL  
 300MG.....34  
 wymzya fe chw 0.4mg-35...69

## X

XALKORI CAP 200MG...14  
 XALKORI CAP 250MG...14  
 XARELTO STAR TAB  
 15/20MG.....45  
 XARELTO TAB 10MG...45  
 XARELTO TAB 15MG...45  
 XARELTO TAB 20MG...45  
 XELJANZ TAB 5MG.....66  
 XENAZINE TAB 12.5MG...20  
 XENAZINE TAB 25MG...20  
 XEOMIN INJ 50 UNIT...65  
 XGEVA INJ.....10  
 XIFAXAN TAB 200MG...8  
 XIFAXAN TAB 550MG...8  
 XIGDUO XR TAB 10-1000.58  
 XIGDUO XR TAB 10-  
 500MG.....58  
 XIGDUO XR TAB 5-  
 1000MG.....58  
 XIGDUO XR TAB 5-  
 500MG.....58  
 XOLAIR SOL 150MG.....75  
 XOPENEX HFA AER.....75  
 XTANDI CAP 40MG.....14  
 xulane dis 150-35.....68  
 XYREM SOL 500MG/ML...34

## Y

YERVOY INJ 50MG.....14  
 YF-VAX INJ.....65

## Z

zafirlukast tab 10 mg.....75  
 zafirlukast tab 20 mg.....75  
 zaleplon cap 10 mg.....34  
 zaleplon cap 5 mg.....34  
 ZALTRAP INJ 100/4ML...14  
 ZANOSAR INJ 1GM.....14  
 ZAVESCA CAP 100MG...59  
 zazole cre 0.4%.....68  
 zazole cre 0.8%.....68  
 ZEGERID POW 20-1680...63  
 ZEGERID POW 40-1680...63  
 ZELBORAF TAB 240MG...14  
 ZEMAIRA INJ 1000MG...53  
 zenchent fe chw 0.4mg-35.69  
 zenchent tab.....69  
 ZENPEP CAP 10000UNT...62  
 ZENPEP CAP 15000UNT...62  
 ZENPEP CAP 20000UNT...62  
 ZENPEP CAP 25000UNT...62  
 ZENPEP CAP 3000UNIT...62  
 ZENPEP CAP 40000UNT...62  
 ZERBAXA INJ 1-0.5 GM...6

ZERIT SOL 1MG/ML.....	5
ZESTORETIC TAB 10- 12.5.....	43
ZESTORETIC TAB 20- 12.5.....	43
ZESTORETIC TAB 20- 25MG.....	43
ZESTRIL TAB 10MG.....	43
ZESTRIL TAB 2.5MG.....	43
ZESTRIL TAB 20MG.....	43
ZESTRIL TAB 30MG.....	43
ZESTRIL TAB 40MG.....	43
ZESTRIL TAB 5MG.....	43
ZETIA TAB 10MG.....	48
ZETONNA AER 37MCG...75	
ZIAGEN SOL 20MG/ML....	5
<i>zidovudine cap 100 mg</i> .....	5
<i>zidovudine syrup 10 mg/ml</i> ..	5
<i>zidovudine tab 300 mg</i> .....	5
<i>ziprasidone hcl cap 20 mg</i> ..	34
<i>ziprasidone hcl cap 40 mg</i> ..	34
<i>ziprasidone hcl cap 60 mg</i> ..	34
<i>ziprasidone hcl cap 80 mg</i> ..	34
ZIRGAN GEL 0.15%.....	70
ZMAX SUS 2GM.....	6
ZOCOR TAB 10MG.....	48
ZOCOR TAB 20MG.....	48
ZOCOR TAB 40MG.....	48
ZOCOR TAB 5MG.....	48
ZOCOR TAB 80MG.....	48
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	59
<i>zoledronic acid iv soln 5 mg/100ml</i> .....	53
ZOLINZA CAP 100MG....	14
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	19
<i>zolmitriptan orally disintegrating tab 5 mg</i> ..	19
<i>zolmitriptan tab 2.5 mg</i> ....	19
<i>zolmitriptan tab 5 mg</i> .....	19
ZOLOFT CON 20MG/ML..	34
ZOLOFT TAB 100MG.....	34
ZOLOFT TAB 25MG.....	34
ZOLOFT TAB 50MG.....	34
<i>zolpidem tartrate tab 10 mg</i> .....	34
<i>zolpidem tartrate tab 5 mg</i> ..	34
<i>zolpidem tartrate tab cr 12.5 mg</i> .....	34
<i>zolpidem tartrate tab cr 6.25 mg</i> .....	34
ZOMETA INJ 4MG/100....	59
ZOMETA INJ 4MG/5ML....	59
ZOMIG NASAL SPR 5MG..	19
ZOMIG SPR 2.5MG.....	19
<i>zonisamide cap 100 mg</i> ....	17
<i>zonisamide cap 25 mg</i> ....	17
<i>zonisamide cap 50 mg</i> ....	17
ZONTIVITY TAB 2.08MG..	45
ZORTRESS TAB 0.25MG..	14
ZORTRESS TAB 0.5MG...14	
ZORTRESS TAB 0.75MG..	14
ZOSTAVAX INJ.....	65
ZOSYN SOL 2-0.25GM....	9
ZOSYN SOL 3-0.375G....	9
<i>zovia 1/35e tab</i> .....	69
<i>zovia 1/50e tab</i> .....	69
ZOVIRAX CRE 5%.....	50
ZYDELIG TAB 100MG....	14
ZYDELIG TAB 150MG....	14
ZYFLO CR TAB 600MG...75	
ZYFLO TAB 600MG.....	75
ZYKADIA CAP 150MG....	14
ZYLET SUS 0.5-0.3%.....	71
ZYTIGA TAB 250MG.....	14
ZYVOX SOL 2MG/ML.....	8
ZYVOX SUS 100MG/5M....	8
ZYVOX TAB 600MG.....	8

This formulary was updated on 09/01/2015. For more recent information or other questions, please contact AvMed Medicare Choice Member Services, at 1-800-782-8633 October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 – September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., TTY users, 711 or 1-800-955-8771 or visit [www.avmed.org](http://www.avmed.org).