



AETNA BETTER HEALTHSM PREMIER PLAN

List of Covered Drugs/Formulary



Aetna Better HealthSM Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

Helpful information

Aetna Better Health Premier Plan Member Services

1-866-600-2139 (toll free)
Representatives available 24 hours a day,
7 days a week

Address

Aetna Better Health Premier Plan
One South Wacker Drive
Suite 1200, Mail Stop F646
Chicago, IL 60606

Services for the Hearing Impaired Illinois Relay 7-1-1

Enrollment and Application Services
Illinois Client Enrollment Broker (ICEB)
1-877-912-8880 (toll free)
TTY: 1-866-565-8576

Transportation Services
Medical Transportation Management, Inc.
Non-Emergency Transportation
1-888-513-1612 (toll free)

Dental Services
DentaQuest
1-800-416-9185 (toll free)

Behavioral Health Services
1-866-600-2139 (toll free)

Vision Services
March Vision
1-888-493-4070 (toll free)

Pharmacy Services
Aetna Better Health Premier Plan
Call Member Services
1-866-600-2139 (toll free)

Prescriptions by Mail
CVS Caremark
PO Box 2110
Pittsburgh, PA 15230-2110
1-866-698-1325 (toll free)
TTY: 1-800-899-2114
Monday through Friday
8 a.m. to 5 p.m.

Language Interpretation Services
Including Sign Language Interpretation and
CART Reporting
Call Aetna Better Health Premier Plan
Member Services
1-866-600-2139 (toll free)
Representatives available 24 hours a day,
7 days a week

Appeals and Grievances
Aetna Better Health Premier Plan
Attn: Appeals and Grievances Manager
One South Wacker Drive
Mail Stop F646
Chicago, IL 60606
1-866-600-2139
Illinois Relay 7-1-1 (hearing impaired)

To make a request for a fair hearing:
Illinois Department of Healthcare
and Family Services
Bureau of Assistance Hearings
401 South Clinton, Sixth Floor
Chicago, IL 60607
1-800-435-0774 (toll free)
TTY: 1-877-734-7429

Fraud and Abuse Hotline
1-877-436-8154 (toll free)

Aetna Better Health Illinois Premier Plan

October 2014 Formulary Updates

Brands Added

ZONTIVITY TAB 2.08MG

SIVEXTRO 200MG TAB, INJ

September 2014 Formulary Updates

Generics Added

METHOXSALEN CAP 10MG

Brands Added

ISENTRESS POW 100MG

LEVEMIR INJ FLEXTOUCH

Medications Removed from Formulary

LODOSYN TAB 25MG

RAPAMUNE TAB 0.5MG

AVINZA CAP 120MG

ORTHO EVRA DIS WEEK

NEXIUM I.V. INJ 20MG

NEXIUM I.V. INJ 40MG

AVINZA CAP 90MG

AVINZA CAP 60MG

AVINZA CAP 30MG

MEPRON SUS

AVINZA CAP 75MG

LUNESTA TAB 3MG

LUNESTA TAB 2MG

LUNESTA TAB 1MG

AVINZA CAP 45MG

MYCOBUTIN CAP 150MG

EVISTA TAB 60MG

VIRAMUNE XR TAB 400MG

August 2014 Formulary Updates

Generics Added

AZELASTINE SPR 0.15%

Brands Added

ZYKADIA CAP 150MG-PA

NIPENT INJ 10MG-PA

Medications Removed from Formulary

JUVISYNC TAB (all strengths)

ONFI TAB 5MG (only strength)

Formulary Changes

EPLERENONE-removed PA

APTIOM-removed PA

July 2014 Formulary Updates

Generics Added

OMEGA-3-ACID CAP 1GM

ESZOPICLONE TAB 1MG-QL, PA

ESZOPICLONE TAB 2MG-QL, PA

ESZOPICLONE TAB 3MG-QL, PA

NEVIRAPINE TAB 400MG ER

MORPHINE SUL INJ 2MG/ML-PA

LARIN FE TAB 1/20

LARIN FE TAB 1.5/30

XULANE DIS 150-35

Brands Added

BIVIGAM INJ 10%-PA

SUBOXONE MIS 4-1MG-QL, PA

SUBOXONE MIS 8-2MG-QL, PA

SUBOXONE MIS 2-0.5MG-QL, PA

SUBOXONE MIS 12-3MG-QL, PA

INVOKANA TAB 100MG-QL

INVOKANA TAB 300MG-QL

COPAXONE INJ 40MG/ML-QL,PA
PEG-INTRON KIT 80MCG-PA
PEG-INTRON KIT 120MCG-PA
PEG-INTRON KIT 150MCG-PA

Medications Removed from Formulary

PILOPINE HS GEL 4% OP
PENTOSTATIN INJ 10MG
EXELON SOL 2MG/ML

June 2014 Formulary Updates

Generics Added

LARIN TAB 1/20
CARBIDOPA TAB 25MG
ATOVAQUONE SUS 750/5ML
TRIHEXYPHEN TAB 2MG-PA
TRIHEXYPHEN ELX 0.4MG/ML-PA
TRIHEXYPHEN TAB 5MG-PA
HYDROXYZ HCL TAB 10MG-PA
HYDROXYZ PAM CAP 100MG-PA
HYDROXYZ HCL SOL 10MG/5ML-PA
HYDROXYZ PAM CAP 25MG-PA
HYDROXYZ HCL TAB 25MG-PA
HYDROXYZ PAM CAP 50MG-PA
HYDROXYZ HCL TAB 50MG-PA
CYCLOSERINE CAP 250MG
SUMATRIPTAN INJ 6MG/0.5
POT CHLORIDE TAB 8MEQ SR
FAMOTIDINE INJ 200/20ML
RALOXIFENE TAB 60MG
DEXAMETH PHO INJ 4MG/ML
DEXAMETH PHO INJ 10MG/ML
SUMATRIPTAN INJ 6MG/0.5-QL
RIFABUTIN CAP 150MG
FAMOTIDINE INJ 40MG/4ML
DOXYCYCL HYC INJ 100MG
METHADONE CON 10MG/ML

Brands Added

APTIOM TAB 200MG-QL, PA
APTIOM TAB 400MG-QL, PA
APTIOM TAB 600MG-QL, PA
APTIOM TAB 800MG-QL, PA
OLYSIO CAP 150MG-PA

SOVALDI TAB 400MG-PA
NAMENDA XR CAP 14MG
NAMENDA XR CAP 21MG
NAMENDA XR CAP 28MG
NAMENDA XR CAP 7MG
NAMENDA XR CAP TITRATIO
KUVAN POW 100MG-PA
NOVOLOG INJ PENFILL
BCG VACCINE INJ
ADRUCIL INJ 500/10ML-PA
ROTARIX SUS

Formulary changes

May 2014 Formulary Updates

Generics Added

TEMAZEPAM CAP 15MG-QL
TEMAZEPAM CAP 7.5MG- QL

Brands Added

MYRBETRIQ TAB 25MG- QL
MYRBETRIQ TAB 50MG- QL
BREQ ELLIPTA INH 100-25- QL
SILENOR TAB 3MG- QL
SILENOR TAB 6MG- QL
NUVIGIL TAB 200MG- PA, QL

April 2014 Formulary Updates

Generics Added

ESOMEPRAZOLE INJ 20MG
ESOMEPRAZOLE INJ 40MG
GENTAMICIN OIN 0.3% OP
MITOMYCIN INJ 40MG- PA
MITOMYCIN INJ 5MG- PA
MODERIBA PAK 1200/DAY- PA
MORPHINE SUL CAP 120MG ER-QL
MORPHINE SUL CAP 30MG ER-QL
MORPHINE SUL CAP 45MG ER-QL
MORPHINE SUL CAP 60MG ER-QL
MORPHINE SUL CAP 75MG ER-QL
MORPHINE SUL CAP 90MG ER-QL

NIACIN ER TAB 1000MG
NIACIN ER TAB 500MG-QL
NIACIN ER TAB 750MG-QL
PIMTREA TAB
SIROLIMUS TAB 0.5MG- PA
VYFEMLA TAB 0.4-35

Brands Added

ADEMPAS TAB 0.5MG-PA
ADEMPAS TAB 1.5MG-PA
ADEMPAS TAB 1MG-PA
ADEMPAS TAB 2.5MG-PA
ADEMPAS TAB 2MG-PA
ENBREL SRCLK INJ 50MG/ML-PA
FYCOMPA TAB 10MG-PA
FYCOMPA TAB 12MG-PA
FYCOMPA TAB 2MG-PA
FYCOMPA TAB 4MG-PA
FYCOMPA TAB 6MG-PA
FYCOMPA TAB 8MG-PA
VERSACLOZ SUS 50MG/ML

Formulary Changes

PARICALCITOL CAP 4 MCG-*changed from Tier 2 to Tier 1*

Aetna Better HealthSM Premier Plan | 2014 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Aetna Better HealthSM Premier Plan (Medicare-Medicaid Plan).

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ Benefits, List of Covered Drugs, pharmacy and provider networks, and copayments may change from time to time throughout the year and on January 1 of each year.
- ❖ You can always check Aetna Better Health Premier Plan's up-to-date List of Covered Drugs online at www.aetnabetterhealth.com/illinois.
- ❖ You can ask for this information in other formats, such as Braille or large print. Call 1-866-600-2139 (TTY/TDD 7-1-1). The call is free.
- ❖ Limitations and restrictions may apply. For more information, call Aetna Better Health Premier Plan Member Services or read the Aetna Better Health Premier Plan Member Handbook.
- ❖ You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-866-600-2139 (TTY/TDD 7-1-1). The call is free.
- ❖ Usted puede obtener este documento en Español, o puede hablar con alguien gratuitamente sobre esta información en otros idiomas. Llame al 1-866-600-2139 (TTY/TDD 7-1-1). La llamada es gratis.

Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

The drugs on the List of Covered Drugs that starts on page 10 are the drugs covered by Aetna Better Health Premier Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

→ Aetna Better Health Premier Plan will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Aetna Better Health Premier Plan network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.aetnabetterhealth.com/illinois or call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1).

2. Does the Drug List ever change?

Yes. Aetna Better Health Premier Plan may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- We learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Aetna Better Health Premier Plan before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page <page number>.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check Aetna Better Health Premier Plan's up to date Drug List online at www.aetnabetterhealth.com/illinois.

You can also call Member Services to check the current Drug List at 1-866-600-2139 (TTY/TDD 7-1-1).

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will be notified by mail if a drug list change will affect you. You can view also search for your drug with the online searchable formulary tool as it is updated to reflect current coverage.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Your doctor will also receive notification about this change, and will work with you to find another drug for your condition. Please contact your doctor if a drug you are taking is removed from the drug list.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you or your doctor must get approval from Aetna Better Health Premier Plan before you fill your prescription. If you don't get approval, Aetna Better Health Premier Plan may not cover the drug.
- **Quantity limits:** Sometimes Aetna Better Health Premier Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health Premier Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition.

You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 10-112. You can also get more information by visiting our web site at www.aetnabetterhealth.com/illinois.

You can also ask for an "exception" from these limits. Please see question 10 for more information on exceptions.

→ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover at least a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna Better Health Premier Plan member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 10 for more information about exceptions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The List of Covered Drugs on page <page number> has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor about what to do next.

8. How can you find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), *or*
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it on page 92. 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.

To search **by medical condition**, go to the beginning of the drug list section on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

9. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1) and ask about it. If you learn that Aetna Better Health Premier Plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 10 for more information about exceptions.

10. What if you are a new Aetna Better Health Premier Plan member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. Under certain circumstances, the plan can offer a temporary supply of a drug to you when your drug is not on the Drug List or when it is restricted in some way. This will give you time to talk with your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a temporary supply of your drug if:

- you are taking a drug that is not on our Drug List, or
- health plan rules do not let you get the amount ordered by your prescriber, or
- the drug requires prior approval by <plan name>, or
- you are taking a drug that is part of a step therapy restriction.

For drugs covered under your **Medicare** benefit we may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan.

→ If you live in a nursing home or other long-term care facility, you may refill your prescription for least 91 days and up to 98 days. You may refill the drug multiple times during the 91 to 98 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

For drugs covered under your **Medicaid** benefit there are two temporary supply options depending on what kind of plan you were previously enrolled in.

1. If prior to becoming a member of Aetna Better Health Premier Plan, you were previously a member of a non-Medicare-Medicaid Alignment Initiative plan and are new to this program, we may cover a temporary 180-day supply of your drug during the first 180 days you are a member of Aetna Better Health Premier Plan.
2. If prior to becoming a member of Aetna Better Health Premier Plan you were previously a member of a different Medicare-Medicaid Alignment Initiative plan, we may cover a temporary 90-day supply of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan.

→ If you live in a nursing home or other long-term care facility, you may refill your prescription for at least 90 days or 180 days depending on the type of plan you were on prior to becoming an Aetna Better Health Premier Plan member. You may refill the drug multiple times during the 90 or 180 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

If you are a current member and you have a change in your level of care (e.g. you are discharged from a hospital to your home or admitted to, or discharged from, a long-term care facility, your pharmacy may obtain an override up to a 30-day supply from Aetna Better Health Premier Plan.

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Please call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1) for more information.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Aetna Better Health Premier Plan to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Aetna Better Health Premier Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.

- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive the statement, we will give you a decision on your exception request within 72 hours.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1). A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Aetna Better Health Premier Plan covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for “over-the-counter”. You can buy OTC drugs without a prescription.

Aetna Better Health Premier Plan covers some OTC drugs.

You can read the Aetna Better Health Premier Plan Drug List to see what OTC drugs are covered.

16. Does Aetna Better Health Premier Plan cover OTC non-drug products?

Aetna Better Health Premier Plan covers some OTC non-drug products.

You can read the Aetna Better Health Premier Plan Drug List to see what OTC non-drug products are covered.

17. What is your copay?

Member copayments for covered prescription products will be \$0 regardless of drug tier level.

List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by Aetna Better Health Premier Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Aetna Better Health Premier Plan has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

(*) = Non Medicare Part D drugs, or OTC items that are covered by Medicaid

B/D = Covered under Medicare B or D

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

NM = Not available at mail-order

LA = Limited Access

Note: The * next to a drug means the drug is not a “Part D drug.” These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-866-600-2139 (TTY/TDD 7-1-1). You can also read the Member Handbook to learn how to appeal a decision.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
CELEBREX	2	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i> TB24; TBEC	1	
<i>diflunisal</i>	1	
<i>etodolac</i>	1	
<i>flurbiprofen</i> TABS	1	
<i>ibuprofen</i> SUSP	1	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>ketoprofen</i> CAPS; CP24	1	
<i>meloxicam</i> TABS	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>nabumetone</i> TABS	1	
<i>naproxen</i> SUSP; TABS; TBEC	1	
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>oxaprozin</i>	1	
<i>piroxicam</i> CAPS	1	
<i>sulindac</i> TABS	1	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine</i> SOLN	1	QL (5000mL / 30 days)
<i>acetaminophen w/ codeine</i> TABS	1	QL (400 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>hydroco/apap tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1	QL (150 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	1	QL (360 tabs / 30 days), NM
<i>lorcet plus tab 7.5-325</i>	1	QL (360 tabs / 30 days), NM
<i>lorcet tab 5-325mg</i>	1	QL (360 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>lorTAB</i>	1	QL (360 tabs / 30 days), NM
<i>tramadol hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH	1	B/D
<i>endocet 5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 10/325</i>	1	QL (360 tabs / 30 days)
ENDODAN	1	QL (360 tabs / 30 days)
<i>fentanyl</i> 12mcg/hr, 25mcg/hr	1	QL (10 ptch / 30 days)
<i>fentanyl</i> 50mcg/hr, 75mcg/hr, 100mcg/hr	1	QL (10 ptch / 30 days), PA
<i>fentanyl citrate</i> LPOP	2	QL (120 lpop / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	1	B/D
<i>hydromorphone hcl</i> LIQD; TABS	1	
KADIAN	2	QL (60 caps / 30 days)
LAZANDA	2	QL (30 bottles / 30 days), PA
<i>methadone hcl</i> CONC	1	NM
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	
<i>methadone hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>morphine ext-rel tab</i> 15mg, 30mg, 60mg, 100mg	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab</i> 200mg	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	B/D
<i>morphine sul inj</i> .5mg/ml, 1mg/ml	1	B/D
<i>morphine sulfate</i> CP24	1	QL (60 ea / 30 days)
MORPHINE SULFATE SOLN 2mg/ml	1	B/D, NM
MORPHINE SULFATE SOLN 8mg/ml	1	B/D
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
<i>morphine sulfate beads cap sr</i>	1	QL (60 ea / 30 days)
MORPHINE SULFATE ORAL SOL	1	
OXYCODONE HCL CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC	1	
<i>oxycodone hcl</i> SOLN	1	
<i>oxycodone hcl</i> TABS	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	1	QL (360 tabs / 30 days)
<i>roxicet soln</i>	2	QL (1800mL / 30 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING**LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.) 4%</i>	1	
<i>lidocaine hcl (local anesth.) .5%</i>	1	B/D
<i>lidocaine inj 0.5%</i>	1	B/D
<i>lidocaine inj 1%</i>	1	B/D
<i>lidocaine inj 1.5%</i>	1	B/D
<i>lidocaine inj 2%</i>	1	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate SOLN 1gm/4ml</i>	1	NM
<i>amikacin sulfate SOLN 500mg/2ml</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
<i>sulfadiazine TABS</i>	2	
<i>tobramycin NEBU</i>	2	B/D, NM
<i>tobramycin sulfate SOLN; SOLR</i>	1	
<i>tobramycin sulfate in saline</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	2	
ALINIA SUSR	2	QL (540 mL / 30 days)
ALINIA TABS	2	QL (20 tabs / 30 days)
<i>atovaquone SUSP</i>	2	
AZACTAM 2gm	2	
AZACTAM/DEX INJ 1GM	2	
AZACTAM/DEX INJ 2GM	2	
<i>aztreonam</i>	1	
BILTRICIDE	2	
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin sol 75mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i> SOLR	1	
CUBICIN	2	B/D
<i>dapsone</i> TABS	1	
DARAPRIM	2	
DORIBAX	2	
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	2	
MACRODANTIN 25mg	2	PA; 90 day limit if >64 yr
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	B/D
<i>nitrofurantoin macrocrystal</i>	1	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohyd macro</i>	1	PA; 90 day limit if >64 yr
PENTAM 300	2	
SIVEXTRO	2	NM
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	2	
<i>vancomycin hcl</i> CAPS	2	
<i>vancomycin hcl</i> SOLR	1	B/D
ZYVOX	2	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET	2	B/D
AMBISOME	2	B/D
<i>amphotericin b</i> SOLR	1	B/D
CANCIDAS	2	
ERAXIS	2	
<i>fluconazole</i> SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole</i> CAPS	1	PA
<i>ketoconazole</i> TABS	1	
MYCAMINE	2	
NOXAFIL SUSP; TBEC	2	
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	2	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i>	1	
APTIVUS	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	2	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS CHEW; TABS	2	
ISENTRESS PACK	2	NM
<i>lamivudine</i> 150mg, 300mg	1	
LEXIVA	2	
NEVIRAPINE SUSP	1	
<i>nevirapine</i> TABS	1	
<i>nevirapine</i> TB24	1	NM
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	

Drug Name	Drug Tier	Requirements/Limits
TIVICAY	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE SUSP	2	
VIRAMUNE XR 100mg	2	
VIREAD	2	
ZIAGEN SOLN	2	
<i>zidovudine</i>	1	

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate-lamivudine-zidovudine</i>	2	
ATRIPLA	2	
COMPLERA	2	
EPZICOM	2	
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine</i>	2	
STRIBILD	2	
TRUVADA	2	

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

CAPASTAT SULFATE	2	
<i>cycloserine</i> CAPS	1	NM
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
<i>paser d/r</i>	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	NM
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	2	
<i>seromycin</i>	2	
SIRTURO	2	LA, PA
TRECTOR	2	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i> SOLN	1	B/D
<i>acyclovir sodium</i> SOLR 500mg	1	B/D, NM
<i>acyclovir sodium</i> SOLR 1000mg	1	B/D
<i>adefovir dipivoxil</i>	2	ST

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE	2	
EPIVIR HBV SOLN	2	
<i>famciclovir</i> TABS	1	
<i>ganciclovir inj 500mg</i>	1	B/D
INCIVEK	2	NM, PA
<i>lamivudine 100mg</i>	1	
<i>moderiba pak</i>	2	NM, PA
<i>moderiba tab 200mg</i>	1	NM, PA
OLYSIO	2	NM, PA
REBETOL SOLN	2	NM, PA
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	2	NM, PA
<i>ribasphere</i> CAPS	1	NM, PA
<i>ribasphere</i> TABS 200mg, 400mg	1	NM, PA
<i>ribasphere</i> TABS 600mg	2	NM, PA
<i>ribasphere ribapak 800</i>	2	NM, PA
<i>ribasphere ribapak 1000</i>	2	NM, PA
<i>ribasphere ribapak 1200</i>	2	NM, PA
<i>ribavirin 200mg</i>	1	NM, PA
<i>rimantadine hydrochloride</i>	1	
SOVALDI	2	NM, PA
TAMIFLU	2	
TYZEKA	2	
<i>valacyclovir hcl</i> TABS	1	
VALCYTE	2	
VICTRELIS	2	NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor</i>	1	
<i>cefaclor monohydrate</i>	2	
<i>cefadroxil</i>	1	
<i>cefazolin in d5w</i>	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium 1gm, 20gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime solr</i>	1	
CEFTAZIDIME/DEXTROSE	2	
<i>ceftriaxone sodium</i> SOLR	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
<i>suprax</i> CHEW	2	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
<i>suprax</i> TABS	2	
<i>tazicef</i> SOLR	1	
<i>tazicef vial</i>	1	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN PACK	1	
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR	1	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	2	ST
<i>e.e.s.</i>	1	
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin stearate</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
ZMAX	2	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR	2	
<i>ciprofloxacin</i> SUSR	1	NM
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 1gm</i>	1	
<i>nafcillin sodium 2gm, 10gm</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	1	
<i>oxacillin sodium 10gm</i>	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
TIMENTIN	2	
TIMENTIN INJ 3.1GM	2	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1	
<i>doxycycline (monohydrate) TABS</i>	1	
<i>doxycycline hyclate CAPS; TABS</i>	1	
<i>doxycycline hyclate SOLR</i>	1	NM
<i>minocycline hcl CAPS</i>	1	
VIBRAMYCIN SYRP	2	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**ALKYLATING AGENTS**

BICNU	2	B/D
BUSULFEX	2	B/D
CEENU CAP 10MG	2	
CEENU CAP 40MG	2	
<i>cyclophosphamide SOLR; TABS</i>	1	B/D
<i>dacarbazine 200mg</i>	1	B/D
EMCYT	2	
HEXALEN	2	
IFEX 3gm	2	B/D
<i>ifosfamide inj 1gm</i>	1	B/D
<i>ifosfamide inj 1gm/20ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
IFOSFAMIDE INJ 3GM	2	B/D
<i>ifosfamide inj 3gm/60ml</i>	1	B/D
LEUKERAN	2	
LOMUSTINE	1	
<i>melphalan hcl</i>	2	B/D
MUSTARGEN	2	B/D
TREANDA	2	B/D, NM
ANTHRACYCLINES		
<i>adriamycin 50mg</i>	1	B/D
<i>daunorubicin hcl</i>	1	B/D
<i>daunorubicin hcl for inj 20 mg</i>	1	B/D
DOXIL INJ 2MG/ML	2	B/D
<i>doxorubicin hcl SOLN</i>	1	B/D
<i>doxorubicin hcl SOLR 20mg, 50mg</i>	1	B/D
<i>doxorubicin hcl liposomal</i>	2	B/D
<i>epirubicin hcl SOLN</i>	1	B/D
<i>idarubicin hcl</i>	2	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	2	B/D
<i>mitomycin SOLR</i>	1	B/D
<i>mitomycin inj 20mg</i>	1	B/D
ANTIMETABOLITES		
<i>adrucil</i>	1	B/D
<i>adrucil inj 500/10ml</i>	1	B/D, NM
ALIMTA	2	B/D
<i>azacitidine</i>	2	B/D, NM
<i>cladribine</i>	2	B/D
<i>cytarabine SOLN 20mg/ml</i>	1	B/D
<i>cytarabine SOLR 100mg</i>	1	B/D
<i>fludarabine phosphate</i>	1	B/D
<i>fluorouracil SOLN</i>	1	B/D
GEMCITABINE HCL SOLN	2	B/D
<i>gemcitabine hcl SOLR</i>	2	B/D
<i>mercaptopurine TABS</i>	1	
<i>methotrexate sodium inj</i>	1	B/D
NIPENT	2	B/D, NM
TABLOID	2	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 280mg/4ml		B/D
<i>docetaxel CONC 140mg/7ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL SOLN 80mg/8ml	2	B/D
<i>paclitaxel</i>	1	B/D
TAXOTERE	2	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN	2	B/D
<i>vincasar</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	2	B/D, NM
ERIVEDGE	2	NM, LA, PA
HERCEPTIN	2	B/D, NM
ISTODAX	2	B/D, NM
KADCYLA	2	B/D, NM
PROLEUKIN	2	B/D, NM
RITUXAN	2	NM, PA
VELCADE	2	B/D, NM
ZOLINZA	2	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole tab 1mg</i>	1	NM
<i>bicalutamide</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	B/D
<i>exemestane tab 25mg</i>	1	NM
FARESTON	2	
FASLODEX	2	B/D
<i>flutamide</i>	1	
<i>letrozole tab 2.5mg</i>	1	NM
<i>leuprolide acetate</i> KIT	1	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPRON DEPOT 3.75mg	2	QL (1 box / 30 days), NM, PA
LUPRON DEPOT-PED	2	NM, PA
LYSODREN	2	
MEGACE ES	2	QL (150 mL / 30 days), PA
<i>megestrol acetate</i> SUSP; TABS	1	PA
NILANDRON	2	
SOLTAMOX	2	
<i>tamoxifen citrate</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR DEP INJ 3.75MG	2	NM, PA
TRELSTAR LA INJ 11.25MG	2	NM, PA
XTANDI	2	NM, LA, PA
ZYTIGA	2	NM, PA
KINASE INHIBITORS		
AFINITOR	2	NM, PA
AFINITOR DISPERZ	2	NM, PA
BOSULIF	2	NM, PA
CAPRELSA	2	NM, LA, PA
COMETRIQ	2	NM, PA
GILOTRIF	2	NM, PA
GLEEVEC	2	NM, PA
ICLUSIG	2	NM, LA, PA
IMBRUVICA	2	NM, PA
INLYTA	2	NM, LA, PA
JAKAFI	2	NM, LA, PA
MEKINIST	2	NM, PA
NEXAVAR	2	NM, LA, PA
SPRYCEL	2	NM, PA
STIVARGA	2	NM, LA, PA
SUTENT	2	NM, PA
TAFINLAR	2	NM, PA
TARCEVA	2	NM, PA
TASIGNA	2	NM, PA
TYKERB	2	NM, LA, PA
VOTRIENT	2	NM, PA
XALKORI	2	NM, LA, PA
ZELBORAF	2	NM, LA, PA
ZYKADIA	2	NM, LA, PA
MISCELLANEOUS		
DROXIA	2	
<i>hydroxyurea</i> CAPS	1	
MATULANE	2	
<i>mitoxantrone hcl</i>	1	B/D, NM
POMALYST CAP 1MG	2	NM, LA, PA
POMALYST CAP 2MG	2	NM, LA, PA
POMALYST CAP 3MG	2	NM, LA, PA
POMALYST CAP 4MG	2	NM, LA, PA
SYLATRON	2	NM, PA
TARGRETIN CAPS	2	NM, PA
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	2	B/D

Drug Name	Drug Tier	Requirements/Limits
PLATINUM-BASED AGENTS		
<i>carboplatin</i> SOLN	1	B/D
<i>cisplatin soln</i>	1	B/D
<i>oxaliplatin</i>	2	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	2	B/D
<i>dexrazoxane</i> 250mg	2	B/D
ELITEK	2	B/D
<i>leucovorin calcium</i> SOLR	1	B/D
<i>leucovorin calcium</i> TABS	1	
<i>leucovorin calcium inj 10 mg/ml</i>	1	B/D
<i>mesna</i>	1	B/D
MESNEX TABS	2	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN 500mg/25ml	1	B/D
<i>irinotecan hcl</i>	2	B/D
<i>toposar</i> 1gm/50ml	1	B/D
<i>topotecan hcl</i> SOLR	2	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-40mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl</i> TABS	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone tab</i>	1	NM
<i>spironolactone TABS</i>	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate 8mg</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
AZOR 10-40MG	2	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	2	
BENICAR HCT TAB 20-12.5MG	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE 10-320MG	2	
EXFORGE HCT 5 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 5 160 25MG	2	QL (60 tabs / 30 days)
EXFORGE HCT 10 160 12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10 160 25MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-320-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
<i>losartan-hctz 50-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25 mg</i>	1	
TRIBENZOR 20- 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-25MG	2	
TRIBENZOR 40- 5-25MG	2	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 80-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-12.5mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hctz tab 160-25mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 320-12.5mg</i>	1	
<i>valsartan-hctz tab 320-25mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
BENICAR 5mg	2	QL (60 tabs / 30 days)
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	2	QL (60 tabs / 30 days)
DIOVAN 320mg	2	
<i>losartan potassium 25mg, 50mg</i>	1	QL (60 tabs / 30 days)
<i>losartan potassium 100mg</i>	1	
<i>valsartan tab 40 mg</i>	1	QL (60 tabs / 30 days), NM
<i>valsartan tab 80 mg</i>	1	QL (60 tabs / 30 days), NM
<i>valsartan tab 160 mg</i>	1	QL (60 tabs / 30 days), NM
<i>valsartan tab 320 mg</i>	1	NM
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	PA
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate TBCR</i>	1	
<i>quinidine sulfate TABS; TBCR</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
TIKOSYN	2	NM, PA
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i>	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
<i>lovastatin 10mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin 20mg</i>	1	QL (120 tabs / 30 days)
<i>lovastatin 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i> TABS	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i> TABS	1	
FENOFIBRATE MICRONIZED 43mg	1	QL (60 caps / 30 days)
<i>fenofibrate micronized</i> 67mg	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED 130mg	1	
<i>fenofibrate micronized</i> 134mg, 200mg	1	
<i>gemfibrozil</i> TABS	1	
LOVAZA	2	
<i>niacin er</i> TBCR 500mg	1	QL (90 ea / 30 days)
<i>niacin er</i> TBCR 750mg	1	QL (60 ea / 30 days)
<i>niacin er</i> TBCR 1000mg	1	
<i>omega-3-acid ethyl esters</i>	1	NM
<i>prevalite</i>	1	
VASCEPA	2	
WELCHOL	2	
ZETIA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i> 25mg, 50mg	1	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	1	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	1	
<i>metoprolol tartrate</i> SOLN; TABS	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> SOLN; TABS	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>afeditab cr</i> 30mg	1	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	1	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia</i> 120mg	1	QL (30 caps / 30 days)
<i>cartia</i> 180mg, 240mg, 300mg	1	
<i>dilt</i> 120mg	1	QL (30 caps / 30 days)
<i>dilt</i> 180mg, 240mg	1	
<i>dilt-cd cap</i> 120mg	1	QL (30 ea / 30 days), NM
<i>dilt-cd cap</i> 180mg	1	
<i>dilt-cd cap</i> 240mg	1	
<i>dilt-cd cap</i> 300mg	1	
<i>diltiazem cap</i>	1	
<i>diltiazem cap</i> 60mg er	1	
<i>diltiazem cap</i> 90mg er	1	
<i>diltiazem cap</i> 120mg er CP12	1	
<i>diltiazem cap</i> 120mg er CP24	1	QL (30 caps / 30 days)
<i>diltiazem cap</i> 120mg/24	1	QL (30 caps / 30 days)
<i>diltiazem hcl</i> SOLN	1	
<i>diltiazem hcl coated beads</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads</i> 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem inj</i> 50/10ml	1	
<i>diltiazem tab</i> 30mg	1	
<i>diltiazem tab</i> 60mg	1	
<i>diltiazem tab</i> 90mg	1	
<i>diltiazem tab</i> 120mg	1	
<i>diltzac</i> 120mg	1	QL (30 caps / 30 days)
<i>diltzac</i> 180mg, 240mg, 300mg	1	
<i>felodipine</i> 2.5mg	1	QL (30 tabs / 30 days)
<i>felodipine</i> 5mg	1	QL (60 tabs / 30 days)
<i>felodipine</i> 10mg	1	
<i>isradipine</i>	1	
<i>matzim</i>	1	
<i>nicardipine hcl</i> CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	
<i>nifedical 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical 60mg</i>	1	
<i>nifedipine TB24 30mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine TB24 60mg</i>	1	
<i>nifedipine TB24 90mg</i>	1	NM
<i>nifedipine er 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine er 60mg, 90mg</i>	1	
<i>nimodipine CAPS</i>	1	
NYMALIZE	2	
<i>taztia 120mg</i>	1	QL (30 caps / 30 days)
<i>taztia 180mg, 240mg, 300mg, 360mg</i>	1	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	1	
VERAPAMIL CAP ER 360mg	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil tab er</i>	1	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digoxin</i>	1	
DIGOXIN SOL 50MCG/ML	1	PA
<i>digoxin tab 0.25mg</i>	1	PA
<i>digoxin tab 0.125mg</i>	1	QL (30 tabs / 30 days)
LANOXIN TAB 0.25MG	2	PA
LANOXIN TAB 0.125MG	2	QL (30 tabs / 30 days)
<i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i>		
AMTURNIDE 150-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-25MG	2	
TEKAMLO 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-10MG	2	
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	2	
EDECIN	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i>	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>torsemide inj</i>	1	
<i>torsemide tabs</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK; TABS	1	
DIBENZYLIN	2	
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tab</i>	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA 500mg	2	QL (90 tabs / 30 days), PA
RANEXA 1000mg	2	QL (60 tabs / 30 days), PA
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide dinitrate sl tab 2.5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>minitran</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin</i> PT24	1	

Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT**PUMONARY HYPERTENSION**

ADCIRCA	2	QL (60 tabs / 30 days), NM, PA
ADEMPAS	2	QL (90 tabs / 30 days), NM, PA
LETAIRIS	2	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	2	B/D, NM, LA
<i>sildenafil citrate (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	2	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	2	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**ANTIANKXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam</i> CONC	1	QL (300 ml / 30 days)
<i>alprazolam tab 0.5mg</i>	1	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	1	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	1	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	
<i>lorazepam</i> CONC	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM TAB 200MG	2	QL (180 tabs / 30 days), NM
APTIOM TAB 400MG	2	QL (90 tabs / 30 days), NM
APTIOM TAB 600MG	2	QL (60 tabs / 30 days), NM
APTIOM TAB 800MG	2	QL (30 tabs / 30 days), NM
BANZEL	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	2	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	1	QL (2400 tabs per 30 days)
<i>clonazepam</i> TBDP .125mg	1	QL (4800 tabs per 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	1	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	1	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
<i>diazepam inj</i>	1	
<i>dilantin</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	2	
<i>felbamate</i> TABS 400mg	1	
<i>felbamate</i> TABS 600mg	2	
FYCOMPA 2mg	2	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	2	QL (90 tabs / 30 days), PA
FYCOMPA 6mg	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	2	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946mL / 30 days)
ONFI SUS 2.5MG/ML	2	PA
ONFI TAB 10MG	2	PA
ONFI TAB 20MG	2	PA
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenobarbital</i> ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
<i>phenobarbital sodium</i> 130mg/ml	1	PA
<i>phenytek</i>	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	
POTIGA	2	
<i>primidone</i> TABS	1	
SABRIL PACK	2	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	2	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	2	
TEGRETOL-XR	2	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
TRILEPTAL SUSP	2	
<i>valproate sodium</i> SOLN; SYRP	1	
<i>valproic acid</i> CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN	2	QL (1200 mL / 30 days)
VIMPAT TABS 50mg	2	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>zonisamide</i>	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ptch / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
NAMENDA XR	2	NM
NAMENDA XR TITRATION PACK	2	NM
<i>rivastigmine tartrate</i> 1.5mg, 3mg, 6mg	1	
<i>rivastigmine tartrate</i> 4.5mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS	1	PA
<i>amoxapine tab</i> 25mg	1	
<i>amoxapine tab</i> 50mg	1	
<i>amoxapine tab</i> 100mg	1	
<i>amoxapine tab</i> 150mg	1	
BRINTELLIX 5mg	2	QL (120 tabs / 30 days)
BRINTELLIX 10mg	2	QL (60 tabs / 30 days)
BRINTELLIX 20mg	2	QL (30 tabs / 30 days)
<i>budeprion</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 ea / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	1	PA
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	PA
<i>duloxetine hcl</i> CPEP	1	QL (60 ea / 30 days)
EMSAM	2	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
FETZIMA 20mg	2	QL (180 ea / 30 days)
FETZIMA 40mg	2	QL (90 ea / 30 days)
FETZIMA 80mg, 120mg	2	QL (30 ea / 30 days)
FETZIMA TITRATION PACK	2	
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN	1	QL (600 mL / 30 days)
<i>fluoxetine hcl</i> TABS 10mg	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	2	
<i>imipramine hcl</i> TABS	1	PA
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 30mg	1	QL (60 tabs / 30 days)
<i>paroxetine hcl er</i> 12.5mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl er</i> 25mg	1	QL (90 tabs / 30 days)
<i>paroxetine hcl er</i> 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	2	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	1	
PRISTIQ	2	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
SURMONTIL	2	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i>	1	PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD KIT	2	
VIIBRYD TABS	2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	2	NM, LA, PA
AZILECT	2	
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	1	PA
<i>bromocriptine mesylate</i> CAPS; TABS	1	
<i>carbidopa</i> TABS	1	NM
<i>carbidopa-levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE	1	
<i>entacapone</i>	1	
NEUPRO	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i> TABS	1	
<i>selegiline hcl</i> CAPS; TABS	1	
<i>trihexyphenidyl hcl</i>	1	PA

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY SOLN 1mg/ml	2	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	2	QL (3 vials / 1 day)
ABILIFY TABS	2	QL (30 tabs / 30 days)
ABILIFY DISCMELT	2	QL (60 tabs / 30 days)
ABILIFY MAINTENA	2	QL (1 vial / 30 days), PA
<i>chlorpromazine hcl</i> SOLN	2	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> 25mg, 50mg	1	
<i>clozapine</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg	1	QL (270 ea / 30 days), PA
FANAPT	2	QL (60 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK	2	ST
FAZACLO 12.5mg, 25mg	2	PA
FAZACLO 100mg	2	QL (270 tabs / 30 days), PA
FAZACLO 150mg	2	QL (180 tabs / 30 days), PA
FAZACLO 200mg	2	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	2	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
INVEGA 6mg	2	QL (60 tabs / 30 days)
INVEGA SUSTENNA	2	QL (1 inj / 28 days), PA
LATUDA 20mg	2	
LATUDA 40mg, 120mg	2	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	2	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	1	
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	2	QL (60 tabs / 30 days)
ORAP	2	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i>	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA	2	QL (2 inj / 28 days), PA
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS	2	
SEROQUEL XR 50mg	2	QL (120 tab / 30 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl</i> TABS	1	PA
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VERSACLOZ	2	QL (600 ML / 30 days)
<i>ziprasidone hcl</i> 20mg, 40mg	1	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	1	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	1	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 20 mg	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 30 mg	1	QL (60 tabs / 30 days)
INTUNIV	2	ST
<i>metadate tab</i> 20mg er	1	QL (90 ea / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	1	QL (90 ea / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	1	QL (900mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
STRATTERA 40mg	2	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i>	1	QL (30 tabs / 30 days), NM, PA
SILENOR 3mg	2	QL (60 tabs / 30 days), NM
SILENOR 6mg	2	QL (30 tabs / 30 days)
<i>temazepam</i> 7.5mg	1	QL (30 caps / 30 days), NM
<i>temazepam</i> 15mg	1	QL (60 caps / 30 days)
<i>zaleplon</i>	1	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate</i> TABS	1	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>cafergot tab 1-100mg</i>	2	
<i>dihydroergotamine mesylate</i>	1	
<i>naratriptan hcl</i>	1	QL (9 tabs / 30 days)
RELPAK	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TBDP	1	QL (12 ea / 30 days)
SUMATRIPTAN SOLN	1	QL (12 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOCT	1	QL (4mL/30 days), NM
<i>sumatriptan succinate</i> SOSY	1	QL (4mL/30 days), NM
<i>sumatriptan succinate</i> TABS	1	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ SOAJ 4mg/0.5ml	1	QL (4mL/30 days)
<i>sumatriptan succinate inj</i> SOAJ 6mg/0.5ml	1	QL (4mL/30 days)
SUMATRIPTAN SUCCINATE INJ SOCT	1	QL (4mL/30 days)
<i>sumatriptan succinate inj</i> SOLN	1	QL (4mL/30 days)
<i>zolmitriptan</i> TABS	1	QL (12 tabs per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs per 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM CITRATE	2	
MESTINON SYRP	2	
MESTINON TIMESPAN	2	

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	1	
RILUTEK	2	
<i>riluzole</i>	1	
SAVELLA 12.5mg	2	QL (480 tabs / 30 days)
SAVELLA 25mg	2	QL (240 tabs / 30 days)
SAVELLA 50mg	2	QL (120 tabs / 30 days)
SAVELLA 100mg	2	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	2	
XENAZINE 12.5mg	2	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	2	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AVONEX	2	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	2	QL (4 boxes / 28 days), NM, PA
BETASERON	2	QL (14 vials / 28 days), NM, PA
COPAXONE INJ 40MG/ML	2	QL (12 / 28 days), NM, PA
COPAXONE KIT 20MG/ML	2	QL (30 syringes / 30 days), NM, PA
GILENYA	2	QL (30 caps / 30 days), NM, PA
TYSABRI	2	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS	1	
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>modafinil</i> 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 50mg	2	QL (150 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL 150mg	2	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	2	QL (30 tabs / 30 days), PA
XYREM	2	QL (540 mL / 30 days), LA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate sl</i>	1	QL (120 ea / 30 days), PA
<i>buproban</i>	1	
CHANTIX	2	QL (336 tabs / year), PA
CHANTIX STARTER PACK	2	QL (106 tabs / year), PA
<i>disulfiram</i> TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> TABS	1	
<i>nicotine patch</i>	5	NM; *
<i>nicotine polacrilex</i> GUM; LOZG	5	NM; *
NICOTROL INHALER	2	QL (2688 cartridges / year)
NICOTROL NS	2	QL (36 bottles / year)
SUBOXONE MIS 2-0.5MG	2	QL (4 boxes / 30 days), NM, PA
SUBOXONE MIS 4-1MG	2	QL (4 boxes / 30 days), NM, PA
SUBOXONE MIS 8-2MG	2	QL (4 boxes / 30 days), NM, PA
SUBOXONE MIS 12-3MG	2	QL (2 boxes / 30 days), NM, PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

ANDRODERM	2	QL (30 ea / 30 days), PA
<i>androxy</i>	2	PA
<i>oxandrolone</i> TABS	1	PA
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> OIL	1	
<i>testosterone enanthate</i> OIL	1	

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	B/D
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	NM
NOVOLIN 70/30	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
NOVOLOG PENFILL	2	NM
SYMLINPEN 60	2	QL (8 pens / 30 days), PA
SYMLINPEN 120	2	QL (4 pens / 30 days), PA
VICTOZA	2	QL (9 mL / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose</i>	1	
<i>glimepiride 1mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride 2mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride 4mg</i>	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250m</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500m</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TB24 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glyb/metform tab 1.25-250</i>	1	QL (240 tabs / 30 days), PA
<i>glyb/metform tab 2.5-500</i>	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>glyb/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide 1.25mg</i>	1	QL (480 tabs / 30 days), PA
<i>glyburide 2.5mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized 1.5mg</i>	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized 3mg</i>	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized 6mg</i>	1	QL (60 tabs / 30 days), PA
INVOKANA 100mg	2	QL (90 tabs / 30 days), NM
INVOKANA 300mg	2	QL (30 tabs / 30 days), NM
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days)
<i>metformin hcl TB24 750mg</i>	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
<i>repaglinide 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RIOMET	2	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium TABS 5mg, 10mg, 40mg</i>	1	
<i>alendronate sodium TABS 35mg, 70mg</i>	1	QL (4 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium</i> TABS	1	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	1	B/D
<i>zoledronic inj 4mg/5ml</i>	2	B/D, NM
ZOMETA	2	B/D, NM

CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE

PARATHYROID LEVELS

SENSIPAR 30mg, 90mg	2	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	2	QL (60 tabs / 30 days), NM

CHELATING AGENTS

CHEMET	2	
EXJADE	2	NM, LA, PA
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	2	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>altavera</i>	1	
<i>apri 28 day</i>	1	
<i>aranelle 28</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i>	1	
<i>briellyn 28 day</i>	1	
<i>camila 28 day</i>	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i>	1	
<i>cyclafem 7/7/7 28 day</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i>	1	
GIANVI	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLIVETTE	1	
<i>junel 1.5/30 21 day</i>	1	
<i>junel 1/20 21 day</i>	1	
<i>junel fe 1.5/30 28 day</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20 28 day</i>	1	
<i>kariva 28 day</i>	1	
<i>kelnor 1/35 28 day</i>	1	
<i>larin 1/20</i>	1	NM
<i>larin fe 1.5/30</i>	1	NM
<i>larin fe 1/20</i>	1	NM
LEENA	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	
<i>loryna 28 day</i>	1	
<i>low-ogestrel 28 day</i>	1	
<i>lutera 28 day</i>	1	
<i>lyza</i>	1	
<i>marlissa 28 day</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml</i>	1	
<i>microgestin 1.5/30 21 day</i>	1	
<i>microgestin 1/20 21 day</i>	1	
<i>microgestin fe 1.5/30 28 day</i>	1	
<i>microgestin fe 1/20 28 day</i>	1	
MONONESSA	1	
<i>my way</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35 28 day</i>	1	
<i>necon 1/35 28 day</i>	1	
NECON 7/7/7	1	
<i>necon 10/11 28 day</i>	2	
NECON TAB 1/50-28	1	NM
<i>next choice one dose</i>	1	
NORA-BE	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
NORINYL 1+50	2	
<i>nortrel 0.5/35 28 day</i>	1	
<i>nortrel 1/35 21 day</i>	1	
<i>nortrel 1/35 28 day</i>	1	
<i>nortrel 7/7/7 28 day</i>	1	
NUVARING	2	
OCELLA	1	
<i>ogestrel 28 day</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>orsythia 28 day</i>	1	
ORTHO TRI-CYCLEN LO	2	
<i>philith</i>	1	
<i>pimtrea pack</i>	1	
<i>pirmella 1/35 28 day</i>	1	
<i>portia 28 day</i>	1	
<i>previfem 28 day</i>	1	
<i>quasense 91 day</i>	1	
<i>reclipsen 28 day</i>	1	
SOLIA	1	
<i>sprintec 28 day</i>	1	
<i>sronyx</i>	1	
<i>tri-legest 28 day</i>	1	
<i>tri-previfem 28 day</i>	1	
<i>tri-sprintec 28 day</i>	1	
TRINESSA	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>xulane</i>	1	NM
<i>zarah</i>	1	
<i>zenchent 28 day</i>	1	
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN	2	NM, LA, PA
ALDURAZYME	2	NM, LA, PA
BUPHENYL TABS	2	NM
CARBAGLU	2	NM, LA, PA
CEREZYME	2	NM, PA
CYSTADANE	2	NM
CYSTAGON	2	NM, PA
ELAPRASE	2	NM, PA
ELELYSO	2	NM, PA
FABRAZYME	2	NM, PA
KUVAN	2	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
LUMIZYME	2	NM, PA
MYOZYME	2	NM, PA
NAGLAZYME	2	NM, LA, PA
ORFADIN	2	NM, LA, PA
PROCYSBI	2	NM, LA, PA
<i>sodium phenylbutyrate</i>	2	NM
VPRIV	2	NM, PA
ZAVESCA	2	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH	2	PA
<i>estradiol</i> PTWK; TABS	1	PA
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1	
<i>menest</i>	2	PA
PREMARIN CREAM	2	
VAGIFEM	2	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>a-hydrocort</i>	1	
<i>cortisone acetate</i> TABS	1	
<i>dexamethasone</i> CONC; ELIX; SOLN; TABS	1	
<i>dexamethasone sodium phosphate</i> 10mg/ml, 120mg/30ml	1	
<i>dexamethasone sodium phosphate</i> 20mg/5ml, 100mg/10ml	1	NM
<i>fludrocortisone acetate</i> TABS	1	
<i>hydrocortisone</i> TABS	1	
<i>methylprednisolone</i> TABS	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	
<i>methylprednisolone tab 4mg dose pack</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i> CONC	2	
<i>prednisone</i> SOLN; TABS	1	
SOLU-CORTEF 250mg	2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
<i>glucose chew tab</i>	5	NM; *
<i>glucose gel 40%</i>	5	NM; *
PROGLYCEM	2	

Drug Name Drug Tier Requirements/Limits
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

NORDITROPIN FLEXPRO	2	NM, PA
NORDITROPIN NORDIFLEX PEN	2	NM, PA
TEV-TROPIN	2	NM, PA

MISCELLANEOUS

<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
FORTICAL	2	
INCRELEX	2	NM, LA, PA
<i>methylergonovine maleate</i> TABS	1	
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	1	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	2	NM, PA
PROLIA	2	QL (1 syringe / 180 days), NM
SANDOSTATIN LAR DEPOT	2	NM, PA
SOMATULINE DEPOT	2	NM, PA
SOMAVERT	2	NM, LA, PA
XGEVA	2	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO	2	QL (1 pen / 28 days), NM, PA
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLYRA	2	
REVELA	2	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	1	

SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS

<i>raloxifene hcl</i>	1	NM
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium</i> TABS	1	
LEVOXYL	1	
<i>lithyronine sodium</i> TABS	1	
<i>methimazole</i> TABS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
UNITHROID	1	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
DESMOPRESSIN SOL 0.01%	1	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS**ANTACIDS**

<i>alum & mag hydrox-simethicone</i>	5	NM; *
ALUMINUM HYDROXIDE	5	NM; *
<i>aluminum hydroxide-mag carb</i>	5	NM; *
<i>calcium carbonate (antacid)</i>	5	NM; *
<i>calcium carbonate-mag hydrox</i>	5	NM; *
GAVISCON CHEW	5	NM; *
<i>sodium bicarbonate (antacid)</i>	5	NM; *

ANTI-DIARRHEAL

<i>bismuth subsalicylate</i> CHEW; SUSP	5	NM; *
<i>loperamide hcl</i> LIQD; SUSP; TABS	5	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>compro</i>	1	
<i>dimenhydrinate</i> TABS	5	NM; *
<i>dronabinol</i> 2.5mg, 5mg	1	B/D, QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	2	B/D, QL (60 caps / 30 days)
EMEND CAPS 40mg	2	QL (3 caps / 180 days)
EMEND CAPS 80mg	2	B/D, QL (4 caps / 30 days)
EMEND CAPS 125mg	2	B/D, QL (2 caps / 30 days)
EMEND PAK 80 & 125	2	B/D, QL (12 caps / 30 days)
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	B/D
<i>meclizine hcl</i> CHEW	5	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 12.5mg, 25mg	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl</i> TABS	1	B/D
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
TRANSDERM-SCOP	2	QL (10 ptch / 30 days), PA
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
CUVPOSA	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i> TABS	1	
<i>glycopyrrolate inj</i>	1	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>famotidine</i> SUSR	1	
<i>famotidine</i> TABS 10mg	5	NM; *
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i> 20mg/2ml	1	
<i>famotidine inj</i> 40mg/4ml, 200mg/20ml	1	NM
<i>ranitidine hcl</i> SOLN	1	
<i>ranitidine hcl</i> TABS 75mg	5	NM; *
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	
INFLAMMATORY BOWEL DISEASE		
APRISO	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	2	
CANASA	2	
<i>colocort</i>	1	
DELZICOL	2	
DIPENTUM	2	
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
<i>mesalamine</i> ENEM	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine</i> TABS	1	
<i>sulfasalazine ec</i>	1	
UCERIS	2	
LAXATIVES		
BENEFIBER POWD	5	NM; *
<i>bisacodyl</i> SUPP; TBEC	5	NM; *
<i>calcium polycarbophil (fiber laxative)</i>	5	NM; *
<i>constulose</i>	1	
<i>docusate calcium</i>	5	NM; *
<i>docusate sodium</i> CAPS; LIQD; SYRP; TABS	5	NM; *
<i>enulose</i>	1	
<i>gavilte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
<i>glycerin (laxative)</i>	5	NM; *
GOLYTELY	2	
HALFLYTELY BOWEL PREP/FLA	2	
KONSYL-D	5	NM; *
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>magnesium hydroxide</i> SUSP	5	NM; *
<i>methylcellulose (laxative)</i>	5	NM; *
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
NUTRISOURCE FIBER POWD	5	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
PEG 3350/ELECTROLYTES	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
<i>psyllium</i>	5	NM; *
RELISTOR	2	PA
SENNA TABS	5	NM; *
<i>sennosides</i>	5	NM; *
<i>sennosides-docusate sodium</i>	5	NM; *
<i>sodium phosphates</i>	5	NM; *
SUPREP BOWEL PREP	2	
<i>trilyte</i>	1	
MISCELLANEOUS		
AMITIZA CAP 8MCG	2	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
AMITIZA CAP 24MCG	2	QL (60 caps / 30 days)
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
CARAFATE SUSP	2	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	1	PA
LINZESS CAP 145MCG	2	QL (60 caps / 30 days)
LINZESS CAP 290MCG	2	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	1	
LOTRONEX	2	PA
<i>misoprostol TABS</i>	1	
PYLERA	2	
SUCRAID	2	
<i>sucralfate TABS</i>	1	
<i>ursodiol CAPS; TABS</i>	1	
XIFAXAN 550mg	2	PA

PANCREATIC ENZYMES

CREON	2	
ZENPEP	2	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT	2	QL (30 caps / 30 days)
<i>esomeprazole inj</i>	1	
NEXIUM 2.5mg, 5mg	2	
NEXIUM 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
NEXIUM CAPS	2	QL (30 caps / 30 days)
<i>omeprazole CPDR 10mg, 40mg</i>	1	QL (30 caps / 30 days)
<i>omeprazole CPDR 20mg</i>	1	QL (60 caps / 30 days)
<i>pantoprazole sodium TBEC</i>	1	QL (30 ea / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride TABS</i>	1	
ELMIRON	2	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CITRATE (ALKALINIZER)	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ 25mg	2	QL (60 ea / 30 days)
MYRBETRIQ 50mg	2	QL (30 ea / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	1	
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	1	QL (30 ea / 30 days)
<i>tolterodine tartrate tabs</i>	1	
TOVIAZ	2	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	1	QL (60 tabs / 30 days)
VESICARE	2	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole vaginal</i>	5	NM; *
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal</i> CREA	5	NM; *
<i>miconazole nitrate vaginal</i> KIT	5	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	5	NM; *
<i>terconazole vaginal</i>	1	
<i>tioconazole vaginal</i>	5	NM; *
VANDAZOLE	1	
<i>zazole</i> .4%	1	
ZAZOLE .8%	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN	2	
ELIQUIS	2	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
<i>heparin sod inj</i> 1000/ml	1	B/D
HEPARIN SOD INJ 2000/ML	2	B/D
HEPARIN SOD INJ 2500/ML	2	B/D
<i>heparin sod inj</i> 5000/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sod inj 10000/ml</i>	1	B/D
<i>heparin sod inj 20000/ml</i>	1	B/D
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
XARELTO	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	2	NM, PA
GRANIX	2	NM, PA
LEUKINE	2	NM, PA
MOZOBIL	2	QL (9.6 mL / 4 days), NM, PA
NEUMEGA	2	NM
NEUPOGEN	2	NM, PA
PROCRIT	2	NM, PA
IRON		
<i>ferrous sulfate</i> ELIX	5	NM; *
<i>ferrous sulfate</i> LIQD	5	NM; *
<i>ferrous sulfate</i> TABS 200mg, 325mg	5	NM; *
<i>ferrous sulfate</i> TBEC	5	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
<i>pentoxifylline</i> TBCR	1	
PROMACTA 12.5mg, 25mg, 50mg	2	NM, LA, PA
PROMACTA 75mg	2	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	2	
BRILINTA	2	
<i>clopidogrel bisulfate</i> 75mg	1	QL (30 tabs / 30 days)
EFFIENT	2	
ZONTIVITY	2	NM

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
ENBREL KIT	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOLN	2	QL (8 syringes / 28 days), NM, PA
ENBREL SURECLICK	2	QL (8 syringes / 28 days), NM, PA
HUMIRA 20mg/0.4ml	2	QL (2 boxes / 28 days), NM, PA
HUMIRA 40mg/0.8ml	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	2	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	2	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide TABS</i>	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	2	NM, PA
IMMUNOGLOBULINS		
BIVIGAM 10gm/100ml	2	NM, PA
CARIMUNE NANOFILTERED	2	NM, PA
FLEBOGAMMA	2	NM, PA
FLEBOGAMMA DIF	2	NM, PA
GAMASTAN S/D	2	B/D, NM
GAMMAGARD LIQUID	2	NM, PA
GAMMAGARD S/D	2	NM, PA
GAMMAKED	2	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	2	NM, PA
GAMUNEX	2	NM, PA
GAMUNEX-C	2	NM, PA
GAMUNEX-C 1GM/10ML	2	NM, PA
OCTAGAM 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	2	NM, PA
PRIVIGEN	2	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	2	NM, LA, PA
ARCALYST	2	NM, PA
INTRON-A	2	B/D, NM
INTRON-A W/DILUENT	2	B/D, NM
PEG-INTRON	2	NM, PA
PEG-INTRON REDIPEN	2	NM, PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	2	NM, LA, PA
THALOMID	2	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	1	B/D
CELLCEPT SUSR	2	B/D
<i>cyclosporine</i> CAPS; SOLN	1	B/D
<i>cyclosporine modified (for microemulsion)</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>mycophenolate mofetil</i>	1	B/D
<i>mycophenolate sodium</i> 180mg	1	B/D
<i>mycophenolate sodium</i> 360mg	2	B/D
NEORAL	2	B/D
NULOJIX	2	B/D
PROGRAF CAPS	2	B/D
RAPAMUNE SOLN	2	B/D
RAPAMUNE TABS 1mg, 2mg	2	B/D
SANDIMMUNE CAPS	2	B/D
SANDIMMUNE SOLN 100mg/ml	2	B/D
<i>sirolimus tab 0.5mg</i>	1	B/D
<i>tacrolimus</i> CAPS 5mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	1	B/D
ZORTRESS	2	B/D
VACCINES		
ACTHIB	2	
ADACEL	2	
BCG VACCINE	2	NM
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	B/D
DIPHTHERIA/TETANUS TOXOID	2	B/D
ENGERIX-B SUSP	2	B/D
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	

Drug Name	Drug Tier	Requirements/Limits
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	B/D
ROTARIX	2	NM
ROTATEQ	2	
TENIVAC	2	B/D
TETANUS TOXOID ADSORBED	2	B/D
TETANUS/DIPHThERIA TOXOID	2	B/D
TWINRIX INJ	2	NM
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate inj 50%</i>	1	
<i>oral electrolytes</i>	5	NM; *
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride LIQD</i>	1	
POTASSIUM CHLORIDE TBCR	1	NM
POTASSIUM CHLORIDE ER	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	1	
TPN ELECTROLYTES	2	B/D

IV NUTRITION

AMINOSYN	2	B/D
AMINOSYN 7%/ELECTROLYTES	2	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 8.5%/ELECTROLYTE	2	B/D
AMINOSYN II	2	B/D
AMINOSYN II 8.5%/ELECTROL	2	B/D
AMINOSYN M	2	B/D
AMINOSYN-HBC	2	B/D
AMINOSYN-PF	2	B/D
AMINOSYN-PF 7%	2	B/D
AMINOSYN-RF	2	B/D
CLINIMIX 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 5%/DEXTROSE 25%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 5%/DEXTROSE 25%	2	B/D
CLINIMIX E INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 4.25/D20	2	B/D
<i>clinisol 15</i>	1	B/D
FREAMINE HBC 6.9%	2	B/D
FREAMINE III	2	B/D
HEPATAMINE	2	B/D
<i>hepatasol 8</i>	1	B/D
INTRALIPID INJ 20%	2	B/D
INTRALIPID INJ 30%	2	B/D
NEPHRAMINE	2	B/D
<i>premasol</i>	1	B/D
<i>premasol</i>	2	B/D
PROCALAMINE	2	B/D
PROSOL	2	B/D
<i>travasol 10</i>	2	B/D
TROPHAMINE INJ 10%	2	B/D
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NAACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NAACL 0.2%	1	
DEXTROSE 5%/NAACL 0.3%	1	
DEXTROSE 5%/NAACL 0.9%	1	
DEXTROSE 5%/NAACL 0.33%	1	
DEXTROSE 5%/NAACL 0.45%	1	
DEXTROSE 5%/NAACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	
DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 10%/NAACL 0.45%	1	
DEXTROSE 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE P	2	
<i>isolyte s</i>	2	
KCL0.15%/D5W/NAACL0.2%	1	
KCL0.15%/D5W/NAACL0.225%	2	
KCL 0.3%/D5W/NAACL 0.2%	1	
KCL 0.3%/D5W/NAACL 0.9%	1	
KCL 0.3%/D5W/NAACL 0.45%	1	
KCL 0.15%/D5W/NAACL 0.9%	1	
KCL 0.075%/D5W/NAACL 0.2%	1	
KCL 0.075%/D5W/NAACL 0.45%	1	
KCL 0.224%/D5W/NAACL 0.2%	1	
KCL/D5W INJ 0.3%	1	
KCL/NAACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
<i>normosol-m</i>	1	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-148	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	1	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
<i>potassium chloride in nacl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN 30 MEQ/100 ML	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	

VITAMINS

<i>calcitriol</i> CAPS	1	B/D
<i>calcitriol inj</i>	1	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	1	B/D
<i>paricalcitol</i>	1	B/D
<i>paricalcitol cap 4 mcg</i>	1	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	1	
ZEMPLAR INJ	2	B/D

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION**

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE	2	
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	2	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBEX OINT	2	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX	2	
BROMDAY	2	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	1	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
PREDNISOLONE ACETATE SUSP	1	
<i>prednisolone sodium phosphate (ophth)</i>	2	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth)</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISOPTO CARPINE	2	
ISTALOL	2	
<i>latanoprost</i>	1	
<i>levobunolol hcl .5%</i>	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	

MISCELLANEOUS

<i>artificial tear ointment</i>	5	NM; *
<i>artificial tear solution</i>	5	NM; *
GENTEAL SEVERE	5	NM; *
<i>hypromellose (ophth)</i>	5	NM; *
ISOPTO TEARS	5	NM; *
<i>lubricant eye drops</i>	5	NM; *
MURO 128 SOLN 2%	5	NM; *
<i>naphazoline 0.1%</i>	1	
<i>polyethylene glycol-propylene glycol (ophth)</i>	5	NM; *
<i>polyvinyl alcohol SOLN</i>	5	NM; *
<i>polyvinyl alcohol-povidone (ophth)</i>	5	NM; *
PROLENSA	2	
<i>proparacaine hcl SOLN</i>	1	
REFRESH CELLUVISC	5	NM; *
REFRESH LIQUIGEL	5	NM; *
RESTASIS	2	QL (64 vials / 30 days)
<i>sodium chloride hypertonic</i>	5	NM; *
<i>white petrolatum-mineral oil</i>	5	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

COMBIVENT RESPIMAT	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	B/D

ANTICHOLINERGICS - DRUGS TO TREAT COPD

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide</i> SOLN	1	B/D
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ASTEPRO	2	
<i>azelastine hcl</i> SOLN 137mcg/spray	1	
<i>azelastine hcl</i> SOLN .15%	1	NM
<i>cetirizine syrup</i>	1	
<i>cyproheptadine hcl</i> SYRP; TABS	1	PA
<i>diphenhydramine inj</i>	1	
<i>hydroxyzine hcl</i> SOLN; TABS	1	PA
<i>hydroxyzine pamoate</i> CAPS	1	PA
<i>levocetirizine dihydrochloride</i>	1	
PATANASE	2	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> NEBU	1	B/D
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	1	B/D
PERFOROMIST	2	B/D
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN; TABS	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium nebu</i>	1	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP	2	NM, LA, PA
AUVI-Q	2	
AYR NASAL DROPS	5	NM; *
CAYSTON	2	NM, LA, PA
DALIRESP	2	
EPIPEN 2-PAK	2	

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR 2-PAK	2	
GLASSIA	2	NM, LA, PA
PROLASTIN-C	2	NM, LA, PA
PULMOZYME	2	B/D, NM
<i>saline .65%</i>	5	NM; *
XOLAIR	2	NM, LA, PA
ZEMAIRA	2	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide spr 0.025%</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)
NASONEX	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 30 days)
<i>budesonide (inhalation)</i>	1	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT 1mg/2ml	2	B/D
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
BREO ELLIPTA	2	QL (1 kit / 30 days)
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)
XANTHINES - DRUGS TO TREAT COPD		
<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	2	
<i>theo-24</i>	2	
<i>theophylline TB12; TB24</i>	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ACNE		
<i>adapalene</i> CREA	1	
<i>adapalene</i> GEL .1%	1	
<i>amnesteem</i>	1	
AVITA	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad</i> 2%	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA; GEL	1	
<i>zenatane</i>	1	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	2	
<i>diclofenac sodium (actinic keratoses)</i>	1	PA
<i>fluorouracil (topical)</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i>	5	NM; *
<i>bacitracin zinc</i> OINT	5	NM; *
<i>bacitracin-polymyxin b</i>	5	NM; *
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> PACK	1	
<i>mupirocin</i> OINT	1	
<i>neomycin-bacitracin-polymyxin</i>	5	NM; *
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	5	NM; *
<i>neomycin-polymyxin w/ pramoxine</i>	5	NM; *
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	2	
THERMAZENE	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo</i> 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	5	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	1	
<i>clotrimazole (topical)</i> SOLN 1%	5	NM; *
<i>econazole nitrate</i> CREA	1	
FUNGOID TINCTURE SOLN	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream</i>	1	
<i>miconazole nitrate (topical)</i>	5	NM; *
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
<i>terbinafine hcl (topical)</i>	5	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak</i>	1	
<i>proctocream</i>	1	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA
<i>calcipotriene CREA; OINT; SOLN</i>	1	
<i>calcitrene oin 0.005%</i>	1	
<i>methoxsalen rapid</i>	2	NM
OXSORALEN ULTRA	2	
TAZORAC	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide LOTN</i>	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir topical</i>	1	
DENAVIR	2	
ZOVIRAX CREA	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide CREA; LOTN</i>	1	
<i>amcinonide OINT</i>	2	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate CREA; LOTN; OINT</i>	1	
<i>clobetasol propionate CREA</i>	1	
<i>clobetasol propionate GEL</i>	1	
<i>clobetasol propionate OINT</i>	1	
<i>clobetasol propionate SOLN</i>	1	
DESONIDE CREA	1	
<i>desonide LOTN; OINT</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone</i> CREA	1	
<i>desoximetasone</i> GEL	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone</i> OINT .25%	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i> CREA; OIL; OINT; SOLN	1	
<i>fluocinonide</i> CREA .05%	1	
<i>fluocinonide</i> GEL	1	
<i>fluocinonide</i> OINT	1	
<i>fluocinonide</i> SOLN	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate</i> CREA	1	
<i>fluticasone propionate</i> OINT	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> CREA .5%, 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 1%	5	NM; *
<i>hydrocortisone (topical)</i> LOTN 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	5	NM; *
<i>hydrocortisone (topical)</i> OINT 1%, 2.5%	1	
<i>hydrocortisone acetate (topical)</i>	5	NM; *
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-aloe vera</i>	5	NM; *
LOKARA LOTN 0.05%	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
<i>texacort soln</i> 2.5%	2	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>dibucaine</i>	5	NM; *
<i>dibucaine (rectal)</i>	5	NM; *
<i>lidocaine</i> CREA 4%	5	NM; *
<i>lidocaine</i> PTCH	1	QL (3 ptch / 1 day), PA
<i>lidocaine hcl</i> GEL	1	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine oint</i> 5%	1	
<i>lidocaine-prilocaine</i>	1	B/D
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA SKIN CONDITIONER	5	NM; *
<i>aluminum sulfate & calcium acetate</i>	5	NM; *

Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate</i> CREA; LOTN	1	
<i>calamine lotn</i>	5	NM; *
<i>capsaicin</i> CREA .025%, .075%	5	NM; *
<i>chlorhexidine topical liqd 4%</i>	5	NM; *
ELIDEL	2	PA
<i>hemorrhoidal OINT</i>	5	NM; *
<i>hemorrhoidal supp</i>	5	NM; *
<i>imiquimod</i> CREA	1	
<i>laclotion lotn 12%</i>	1	
<i>lubricants</i>	5	NM; *
<i>metronidazole (topical)</i> CREA; LOTN	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	2	
<i>podofilox</i> SOLN	1	
<i>povidone-iodine OINT</i>	5	NM; *
<i>povidone-iodine SOLN</i>	5	NM; *
<i>povidone-iodine SWAB 10%</i>	5	NM; *
PROSHIELD PLUS SKIN PROTE	5	NM; *
PROSHIELD PROTECTIVE HAND	5	NM; *
<i>rosadan cre 0.75%</i>	1	
<i>skin protectants, misc.</i>	5	NM; *
TARGRETIN GEL	2	NM, PA
TRIXAICIN	5	NM; *
VALCHLOR	2	NM, LA, PA
<i>vitamins a & d (topical)</i>	5	NM; *
VOLTAREN	2	
<i>zinc oxide (topical)</i>	5	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	2	
<i>malathion</i>	1	
<i>permethrin</i> CREA	1	
<i>permethrin</i> LOTN	5	NM; *
<i>pyrethrins-piperonyl butoxide</i>	5	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
REGRANEX	2	PA
SANTYL	2	
SEA-CLENS WOUND CLEANSER	5	NM; *
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
<i>carbamide peroxide (otic)</i>	5	NM; *
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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<i>amantadine hcl</i>	25
AMBISOME.....	4
<i>amcinonide</i>	55
<i>amifostine crystalline</i>	13
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide</i>	19
<i>amiloride hcl</i>	19
<i>aminophylline inj</i>	53
AMINOSYN.....	46
AMINOSYN 7%/ELECTROLYTES.....	46
AMINOSYN 8.5%/ELECTROLYTE.....	47
AMINOSYN II.....	47
AMINOSYN II 8.5%/ELECTROL.....	47
AMINOSYN M.....	47
AMINOSYN-HBC.....	47
AMINOSYN-PF.....	47
AMINOSYN-PF 7%.....	47
AMINOSYN-RF.....	47
<i>amiodarone hcl</i>	15
AMITIZA CAP 24MCG.....	41
AMITIZA CAP 8MCG.....	40
<i>amitriptyline hcl</i>	23
<i>amlodipine besylate</i>	17
<i>amlodipine-benazepril hcl cap 10-20mg</i>	13
<i>amlodipine-benazepril hcl cap 10-40mg</i>	13
<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	13
<i>amlodipine-benazepril hcl cap 5-10mg</i>	13
<i>amlodipine-benazepril hcl cap 5-20mg</i>	13
<i>amlodipine-benazepril hcl cap 5-40mg</i>	13
<i>ammonium lactate</i>	57
<i>amnestem</i>	54
<i>amoxapine tab 100mg</i>	23
<i>amoxapine tab 150mg</i>	23
<i>amoxapine tab 25mg</i>	23
<i>amoxapine tab 50mg</i>	23
<i>amoxicillin</i>	8
<i>amoxicillin & pot clavulanate</i>	9
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	41
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	27
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	27
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	27
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	27
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	27
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	27
<i>amphetamine-dextroamphetamine tab 10 mg</i>	27
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	27
<i>amphetamine-dextroamphetamine tab 15</i>	

<i>mg</i>	27	AZACTAM/DEX INJ 1GM.....	3
<i>amphetamine-dextroamphetamine tab 20</i>		AZACTAM/DEX INJ 2GM.....	3
<i>mg</i>	27	AZASITE.....	49
<i>amphetamine-dextroamphetamine tab 30</i>		<i>azathioprine</i>	45
<i>mg</i>	27	<i>azelastine hcl</i>	52
<i>amphetamine-dextroamphetamine tab 5</i>		<i>azelastine hcl (ophth)</i>	50
<i>mg</i>	27	AZILECT.....	25
<i>amphetamine-dextroamphetamine tab 7.5</i>		AZITHROMYCIN.....	8
<i>mg</i>	27	<i>azithromycin</i>	8
<i>amphotericin b</i>	4	AZOPT.....	50
<i>ampicillin</i>	9	AZOR 10-40MG.....	14
<i>ampicillin & sulbactam sodium</i>	9	AZOR TAB 10-20MG.....	14
<i>ampicillin inj</i>	9	AZOR TAB 5-20MG.....	14
<i>ampicillin sodium</i>	9	AZOR TAB 5-40MG.....	14
AMTURNIDE 150-5-12.5MG.....	18	<i>aztreonam</i>	3
AMTURNIDE 300-10-12.5MG.....	18		
AMTURNIDE 300-10-25MG.....	18	B	
AMTURNIDE 300-5-12.5MG.....	18	<i>bacitracin (ophthalmic)</i>	49
AMTURNIDE 300-5-25MG.....	18	<i>bacitracin (topical)</i>	54
<i>anagrelide hcl</i>	43	<i>bacitracin zinc</i>	54
<i>anastrozole tab 1mg</i>	11	<i>bacitracin-poly-neomycin-hc</i>	49
ANDRODERM.....	30	<i>bacitracin-polymyxin b</i>	54
<i>androxy</i>	30	<i>bacitracin-polymyxin b (ophth)</i>	49
APOKYN.....	25	<i>baclofen</i>	29
<i>apri 28 day</i>	33	<i>balsalazide disodium</i>	39
APRISO.....	39	<i>balziva 28 day</i>	33
APTIOM TAB 200MG.....	20	BANZEL.....	20
APTIOM TAB 400MG.....	20	BARACLUDGE.....	7
APTIOM TAB 600MG.....	20	BCG VACCINE.....	45
APTIOM TAB 800MG.....	20	<i>benazepril & hydrochlorothiazide</i>	13
APTIVUS.....	5	<i>benazepril hcl</i>	13
ARALAST NP.....	52	BENEFIBER.....	40
<i>aranelle 28</i>	33	BENICAR.....	15
ARANESP ALBUMIN FREE.....	43	BENICAR HCT 40-25MG.....	14
ARCALYST.....	44	BENICAR HCT TAB 20-12.5MG.....	14
<i>artificial tear ointment</i>	51	BENICAR HCT TAB 40-12.5MG.....	14
<i>artificial tear solution</i>	51	<i>benzoyl peroxide-erythromycin</i>	54
ASACOL HD.....	39	<i>benztropine mesylate</i>	25
ASMANEX.....	53	BEPREVE.....	50
ASMANEX 14 METERED DOSES.....	53	BESIVANCE.....	49
ASTEPRO.....	52	<i>betamethasone dipropionate (topical)</i>	55
<i>atenolol</i>	16	<i>betamethasone dipropionate augmented</i>	55
<i>atenolol & chlorthalidone</i>	16	<i>betamethasone valerate</i>	55
<i>atorvastatin calcium</i>	15	BETASERON.....	29
<i>atovaquone</i>	3	<i>betaxolol hcl (ophth)</i>	50
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>bethanechol chloride</i>	41
<i>mg</i>	5	BETOPTIC-S.....	50
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>		<i>bicalutamide</i>	11
ATRIPLA.....	6	BICILLIN C-R.....	9
ATROVENT HFA.....	52	BICILLIN L-A.....	9
AUVI-Q.....	52	BICNU.....	9
AVASTIN.....	11	BILTRICIDE.....	3
<i>aviane 28</i>	33	<i>bisacodyl</i>	40
AVITA.....	54	<i>bismuth subsalicylate</i>	38
AVODART.....	41	<i>bisoprolol & hydrochlorothiazide</i>	16
AVONEX.....	29	<i>bisoprolol fumarate</i>	16
AVONEX PEN.....	29	BIVIGAM.....	44
AYR NASAL DROPS.....	52	<i>bleomycin sulfate</i>	10
<i>azacitidine</i>	10	<i>blephamide</i>	49
AZACTAM.....	3		

BOOSTRIX.....	45	<i>cartia</i>	17
BOSULIF.....	12	<i>carvedilol</i>	16
BREO ELLIPTA.....	53	CAYSTON.....	52
<i>briellyn 28 day</i>	33	CEENU CAP 10MG.....	9
BRILINTA.....	43	CEENU CAP 40MG.....	9
BRIMONIDINE SOL 0.15%.....	50	<i>cefaclor</i>	7
<i>brimonidine sol 0.2%</i>	50	<i>cefaclor monohydrate</i>	7
BRINTELLIX.....	23	<i>cefadroxil</i>	7
BROMDAY.....	50	<i>cefazolin in d5w</i>	7
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY).....	50	<i>cefazolin inj</i>	7
<i>bromocriptine mesylate</i>	25	<i>cefazolin sodium</i>	7
<i>budeprion</i>	23	<i>cefdinir</i>	7
<i>budesonide (inhalation)</i>	53	<i>cefepime hcl</i>	7
<i>budesonide ec</i>	39	<i>cefotaxime sodium</i>	7
<i>bumetanide</i>	19	<i>cefoxitin sodium</i>	7
BUPHENYL.....	35	<i>cefpodoxime proxetil</i>	7
<i>buprenorphine hcl</i>	30	<i>cefprozil</i>	7
<i>buprenorphine hcl-naloxone hcl dihydrate sl</i>	30	<i>ceftazidime solr</i>	7
<i>buproban</i>	30	CEFTAZIDIME/DEXTROSE.....	7
<i>bupropion hcl</i>	23	<i>ceftriaxone sodium</i>	7
<i>bupirone hcl</i>	20	<i>cefuroxime axetil</i>	8
BUSULFEX.....	9	<i>cefuroxime sodium</i>	8
<i>butorphanol tartrate</i>	1	CELEBREX.....	1
BYSTOLIC.....	16	CELLCEPT.....	45
		CELONTIN.....	21
		<i>cephalexin</i>	8
		CEREZYME.....	35
		CERVARIX.....	45
		<i>cetirizine syrup</i>	52
		<i>cevimeline hcl</i>	57
		CHANTIX.....	30
		CHANTIX STARTER PACK.....	30
		CHEMET.....	33
		<i>chlorhexidine gluconate (mouth-throat)</i>	58
		<i>chlorhexidine topical liqd 4%</i>	57
		<i>chloroquine phosphate</i>	5
		<i>chlorothiazide</i>	19
		<i>chlorpromazine hcl</i>	25
		<i>chlorthalidone</i>	19
		<i>cholestyramine</i>	16
		<i>cholestyramine light</i>	16
		<i>choline fenofibrate</i>	16
		<i>ciclopirox</i>	54
		<i>ciclopirox shampoo 1%</i>	54
		<i>cilostazol</i>	43
		CILOXAN.....	49
		CIPRO.....	8
		CIPRODEX.....	58
		<i>ciprofloxacin</i>	8
		<i>ciprofloxacin er</i>	8
		<i>ciprofloxacin hcl (ophth)</i>	49
		<i>ciprofloxacin hcl tab</i>	8
		<i>ciprofloxacin in d5w</i>	8
		<i>ciprofloxacin inj</i>	8
		<i>cisplatin soln</i>	13
		<i>citalopram hydrobromide</i>	23, 24
		<i>cladribine</i>	10
		<i>claravis</i>	54
		<i>clarithromycin</i>	8
		<i>clarithromycin er</i>	8
C			
<i>cabergoline</i>	37		
<i>cafegot tab 1-100mg</i>	28		
<i>calamine lotn</i>	57		
<i>calcipotriene</i>	55		
<i>calcitonin (salmon)</i>	37		
<i>calcitrene oin 0.005%</i>	55		
<i>calcitriol</i>	49		
<i>calcitriol inj</i>	49		
<i>calcitriol oral soln 1 mcg/ml</i>	49		
<i>calcium acetate (phosphate binder)</i>	37		
<i>calcium carbonate (antacid)</i>	38		
<i>calcium carbonate-mag hydrox</i>	38		
<i>calcium polycarbophil (fiber laxative)</i>	40		
<i>camila 28 day</i>	33		
CANASA.....	39		
CANCIDAS.....	4		
CAPASTAT SULFATE.....	6		
CAPRELSA.....	12		
<i>capsaicin</i>	57		
<i>captopril</i>	13		
<i>captopril & hydrochlorothiazide</i>	13		
CARAC.....	54		
CARAFATE.....	41		
CARBAGLU.....	35		
<i>carbamazepine</i>	21		
<i>carbamide peroxide (otic)</i>	58		
<i>carbidopa</i>	25		
<i>carbidopa-levodopa</i>	25		
CARBIDOPA/LEVODOPA/ENTACAPONE.....	25		
<i>carboplatin</i>	13		
CARIMUNE NANOFILTERED.....	44		
<i>carteolol hcl (ophth)</i>	50		

<i>clarithromycin for susp</i>	8	<i>cromolyn sodium (ophth)</i>	50
CLEOCIN.....	42	<i>cromolyn sodium nebu</i>	52
<i>clindamycin cap 300mg</i>	3	<i>cryselle 28</i>	33
<i>clindamycin cap 75mg</i>	3	CUBICIN.....	4
<i>clindamycin hcl cap 150 mg</i>	3	CUVPOSA.....	39
<i>clindamycin phosphate (topical)</i>	54	<i>cyclafem 1/35 28 day</i>	33
<i>clindamycin phosphate inj</i>	3	<i>cyclafem 7/7/7 28 day</i>	33
<i>clindamycin phosphate vaginal</i>	42	<i>cyclophosphamide</i>	9
<i>clindamycin sol 75mg/5ml</i>	3	<i>cycloserine</i>	6
CLINIMIX 2.75%/DEXTROSE 5%.....	47	<i>cyclosporine</i>	45
CLINIMIX 4.25%/DEXTROSE 25%.....	47	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	45
CLINIMIX 4.25%/DEXTROSE 5%.....	47	<i>cyproheptadine hcl</i>	52
CLINIMIX 5%/DEXTROSE 15%.....	47	CYSTADANE.....	35
CLINIMIX 5%/DEXTROSE 20%.....	47	CYSTAGON.....	35
CLINIMIX 5%/DEXTROSE 25%.....	47	<i>cytarabine</i>	10
CLINIMIX E 2.75%/DEXTROSE 10%.....	47		
CLINIMIX E 2.75%/DEXTROSE 5%.....	47	D	
CLINIMIX E 4.25%/DEXTROSE 25%.....	47	<i>dacarbazine</i>	9
CLINIMIX E 4.25%/DEXTROSE 5%.....	47	DALIRESP.....	52
CLINIMIX E 5%/DEXTROSE 15%.....	47	<i>danazol</i>	35
CLINIMIX E 5%/DEXTROSE 20%.....	47	<i>dantrolene sodium</i>	29
CLINIMIX E 5%/DEXTROSE 25%.....	47	<i>dapsone</i>	4
CLINIMIX E INJ 4.25/D10.....	47	DAPTACEL.....	45
CLINIMIX INJ 4.25/D10.....	47	DARAPRIM.....	4
CLINIMIX INJ 4.25/D20.....	47	<i>daunorubicin hcl</i>	10
<i>clinisol 15</i>	47	<i>daunorubicin hcl for inj 20 mg</i>	10
<i>clobetasol propionate</i>	55	DECAVAC.....	45
<i>clomipramine hcl</i>	24	DELZICOL.....	39
<i>clonazepam</i>	21	DENAVIR.....	55
<i>clonidine hcl</i>	19	DEPO-PROVERA INJ 400/ML.....	11
<i>clopidogrel bisulfate</i>	43	<i>desipramine hcl</i>	24
<i>clorazepate dipotassium</i>	21	<i>desmopressin acetate spray</i>	38
<i>clotrimazole</i>	58	<i>desmopressin acetate spray refrigerated</i>	38
<i>clotrimazole (topical)</i>	54	<i>desmopressin acetate tabs</i>	38
<i>clotrimazole vaginal</i>	42	<i>desmopressin inj 4mcg/ml</i>	38
<i>clozapine</i>	25	DESMOPRESSIN SOL 0.01%.....	38
CLOZAPINE ODT.....	25	DESONIDE.....	55
COARTEM.....	5	<i>desonide</i>	55
<i>colchicine w/ probenecid</i>	1	DESOXIMETASONE.....	56
COLCRYS.....	1	<i>desoximetasone</i>	56
<i>colestipol hcl</i>	16	<i>dexamethasone</i>	36
<i>colistimethate sodium</i>	4	<i>dexamethasone sodium phosphate</i>	36
<i>colocort</i>	39	<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	50
COMBIGAN.....	50	DEXILANT.....	41
COMBIPATCH.....	36	<i>dexrazoxane</i>	13
COMBIVENT RESPIMAT.....	51	DEXTROSE 10% FLEX CONTAIN.....	48
COMETRIQ.....	12	DEXTROSE 10%/NACL 0.2%.....	48
COMPLERA.....	6	DEXTROSE 10%/NACL 0.45%.....	48
<i>compro</i>	38	DEXTROSE 2.5%/NACL 0.45%.....	47
COMVAX.....	45	DEXTROSE 5%.....	47
<i>constulose</i>	40	DEXTROSE 5% /ELECTROLYTE.....	47
COPAXONE INJ 40MG/ML.....	29	DEXTROSE 5%/LACTATED RING.....	48
COPAXONE KIT 20MG/ML.....	29	DEXTROSE 5%/NACL 0.2%.....	48
<i>cortisone acetate</i>	36	DEXTROSE 5%/NACL 0.225%.....	48
COSMEGEN.....	10	DEXTROSE 5%/NACL 0.3%.....	48
COUMADIN.....	42	DEXTROSE 5%/NACL 0.33%.....	48
CREON.....	41	DEXTROSE 5%/NACL 0.45%.....	48
CRESTOR.....	15	DEXTROSE 5%/NACL 0.9%.....	48
CRIXIVAN.....	5		
<i>cromolyn sodium (mastocytosis)</i>	41		

DEXTROSE 5%/POTASSIUM CHL.....	48	<i>dorzolamide hcl</i>	51
DEXTROSE 50%.....	48	<i>dorzolamide hcl-timolol maleate</i>	51
<i>dextrose inj 70%</i>	48	<i>doxazosin mesylate</i>	14
<i>diazepam</i>	21	<i>doxepin hcl</i>	24
DIAZEPAM GEL.....	21	DOXIL INJ 2MG/ML.....	10
<i>diazepam inj</i>	21	<i>doxorubicin hcl</i>	10
DIBENZYLINE.....	19	<i>doxorubicin hcl liposomal</i>	10
<i>dibucaine</i>	56	<i>doxycycline (monohydrate)</i>	9
<i>dibucaine (rectal)</i>	56	<i>doxycycline hyclate</i>	9
<i>diclofenac potassium</i>	1	<i>dronabinol</i>	38
<i>diclofenac sodium</i>	1	<i>drospirenone-ethinyl estradiol</i>	33
<i>diclofenac sodium (actinic keratoses)</i>	54	DROXIA.....	12
<i>diclofenac sodium (ophth)</i>	50	DULERA.....	53
<i>dicloxacillin sodium</i>	9	<i>duloxetine hcl</i>	24
<i>dicyclomine hcl</i>	39	DURAMORPH.....	2
<i>didanosine</i>	5	DUREZOL.....	50
DIFICID.....	8	DYRENIUM.....	19
<i>diflorasone diacetate</i>	56		
<i>diflunisal</i>	1	E	
<i>digoxin</i>	18	<i>e.e.s.</i>	8
DIGOXIN SOL 50MCG/ML.....	18	E.E.S. GRANULES.....	8
<i>digoxin tab 0.125mg</i>	18	<i>econazole nitrate</i>	54
<i>digoxin tab 0.25mg</i>	18	EDECIN.....	19
<i>dihydroergotamine mesylate</i>	28	EDURANT.....	5
<i>dilantin</i>	21	EFFIENT.....	43
DILANTIN-125 SUS 125/5ML.....	21	ELAPRASE.....	35
<i>dilt</i>	17	ELELYSO.....	35
<i>dilt-cd cap 120mg</i>	17	ELIDEL.....	57
<i>dilt-cd cap 180mg</i>	17	ELIQUIS.....	42
<i>dilt-cd cap 240mg</i>	17	ELITEK.....	13
<i>dilt-cd cap 300mg</i>	17	<i>elixophyllin</i>	53
<i>diltiazem cap</i>	17	ELLA.....	33
<i>diltiazem cap 120mg er</i>	17	ELMIRON.....	41
<i>diltiazem cap 120mg/24</i>	17	EMCYT.....	9
<i>diltiazem cap 60mg er</i>	17	EMEND.....	38
<i>diltiazem cap 90mg er</i>	17	EMEND PAK 80 & 125.....	38
<i>diltiazem hcl</i>	17	<i>emoquette</i>	33
<i>diltiazem hcl coated beads</i>	17	EMSAM.....	24
<i>diltiazem inj 50/10ml</i>	17	EMTRIVA.....	5
<i>diltiazem tab 120mg</i>	17	<i>enalapril maleate</i>	13
<i>diltiazem tab 30mg</i>	17	<i>enalapril maleate & hydrochlorothiazide</i>	13
<i>diltiazem tab 60mg</i>	17	ENBREL.....	44
<i>diltiazem tab 90mg</i>	17	ENBREL SURECLICK.....	44
<i>diltzac</i>	17	<i>endocet 10/325</i>	2
<i>dimenhydrinate</i>	38	<i>endocet 5/325</i>	2
DIOVAN.....	15	<i>endocet 7.5/325</i>	2
DIPENTUM.....	39	ENDODAN.....	2
<i>diphenhydramine inj</i>	52	ENGERIX-B.....	45
<i>diphenoxylate w/ atropine</i>	41	<i>enoxaparin sodium</i>	42
DIPHThERIA/TETANUS TOXOID.....	45	<i>enpresse 28 day</i>	33
<i>disopyramide phosphate</i>	15	<i>entacapone</i>	25
<i>disulfiram</i>	30	<i>enulose</i>	40
DIURIL SUS 250/5ML.....	19	EPIPEN 2-PAK.....	52
<i>divalproex sodium</i>	21	EPIPEN-JR 2-PAK.....	53
DOCETAXEL.....	10, 11	<i>epirubicin hcl</i>	10
<i>docetaxel</i>	10	<i>epitol</i>	21
<i>docusate calcium</i>	40	EPIVIR.....	5
<i>docusate sodium</i>	40	EPIVIR HBV.....	7
<i>donepezil hydrochloride</i>	23	<i>eplerenone tab</i>	14
DORIBAX.....	4		

EPZICOM	6	<i>finasteride</i>	41
ERAXIS	4	FLEBOGAMMA	44
ERIVEDGE	11	FLEBOGAMMA DIF	44
<i>errin 28 day</i>	33	<i>flecainide acetate</i>	15
<i>ery pad 2%</i>	54	FLOVENT DISKUS	53
<i>ery-tab</i>	8	FLOVENT HFA	53
ERYPED 200	8	<i>fluconazole</i>	4
ERYPED 400	8	<i>fluconazole in dextrose</i>	4
<i>erythrocin stearate</i>	8	<i>fluconazole in nacl</i>	4
<i>erythromycin (acne aid)</i>	54	<i>flucytosine</i>	4
<i>erythromycin (ophth)</i>	49	<i>fludarabine phosphate</i>	10
<i>erythromycin base</i>	8	<i>fludrocortisone acetate</i>	36
<i>erythromycin ethylsuccinate</i>	8	<i>flunisolide spr 0.025%</i>	53
<i>erythromycin-sulfisoxazole for susp 200-600 mg/5ml</i>	4	<i>fluocinolone acetonide</i>	56
<i>escitalopram oxalate</i>	24	<i>fluocinolone acetonide (otic)</i>	58
<i>esomeprazole inj</i>	41	<i>fluocinonide</i>	56
<i>estradiol</i>	36	<i>fluocinonide emulsified base</i>	56
ESTRADIOL VALERATE	36	FLUJROMETHOLONE SUSP	50
<i>estradiol valerate</i>	36	<i>fluorouracil</i>	10
<i>eszopiclone</i>	28	<i>fluorouracil (topical)</i>	54
<i>ethambutol hcl</i>	6	<i>fluoxetine hcl</i>	24
<i>ethosuximide</i>	21	<i>fluphenazine decanoate</i>	26
<i>etodolac</i>	1	<i>fluphenazine hcl</i>	26
<i>etoposide</i>	13	<i>flurbiprofen</i>	1
EURAX	57	<i>flurbiprofen sodium</i>	50
EXELON	23	<i>flutamide</i>	11
<i>exemestane tab 25mg</i>	11	<i>fluticasone propionate</i>	56
EXFORGE 10-320MG	14	<i>fluticasone propionate (nasal)</i>	53
EXFORGE HCT 10 160 12.5MG	14	<i>fluvoxamine maleate</i>	20
EXFORGE HCT 10 160 25MG	14	FML	50
EXFORGE HCT 10-320-25MG	14	FML FORTE	50
EXFORGE HCT 5 160 12.5MG	14	<i>fondaparinux sodium</i>	42
EXFORGE HCT 5 160 25MG	14	FORADIL AEROLIZER	52
EXFORGE TAB 10-160MG	14	FORFIVO XL	24
EXFORGE TAB 5-160MG	14	FORTEO	37
EXFORGE TAB 5-320MG	14	FORTICAL	37
EXJADE	33	<i>fosinopril sodium</i>	13
F		<i>fosinopril sodium & hydrochlorothiazide</i>	13
FABRAZYME	35	FOSRENOL	37
<i>famciclovir</i>	7	FREAMINE HBC 6.9%	47
<i>famotidine</i>	39	FREAMINE III	47
<i>famotidine inj</i>	39	FUNGOID TINCTURE	54
FANAPT	25	<i>furosemide</i>	19
FANAPT TITRATION PACK	26	<i>furosemide inj</i>	19
FARESTON	11	FUZEON	5
FASLODEX	11	FYCOMPA	21, 22
FAZACLO	26	G	
<i>felbamate</i>	21	<i>gabapentin</i>	22
<i>felodipine</i>	17	GABITRIL	22
<i>fenofibrate</i>	16	<i>galantamine hydrobromide</i>	23
FENOFIBRATE MICRONIZED	16	GAMASTAN S/D	44
<i>fenofibrate micronized</i>	16	GAMMAGARD LIQUID	44
<i>fentanyl</i>	2	GAMMAGARD S/D	44
<i>fentanyl citrate</i>	2	GAMMAKED	44
<i>ferrous sulfate</i>	43	GAMMAPLEX	44
FETZIMA	24	GAMUNEX	44
FETZIMA TITRATION PACK	24	GAMUNEX-C	44
		GAMUNEX-C 1GM/10ML	44

<i>ganciclovir inj 500mg</i>	7	<i>heparin sod inj 1000/ml</i>	42
GARDASIL.....	45	<i>heparin sod inj 10000/ml</i>	43
<i>gatifloxacin (ophth)</i>	49	HEPARIN SOD INJ 2000/ML.....	42
GAUZE PADS 2" X 2".....	31	<i>heparin sod inj 20000/ml</i>	43
<i>gavilyte-g</i>	40	HEPARIN SOD INJ 2500/ML.....	42
<i>gavilyte-c</i>	40	<i>heparin sod inj 5000/ml</i>	42
<i>gavilyte-n</i>	40	HEPARIN SODIUM/D5W.....	43
GAVISCON.....	38	HEPARIN SODIUM/NACL 0.45%.....	43
GEMCITABINE HCL.....	10	HEPARIN SODIUM/SODIUM CHL.....	43
<i>gemcitabine hcl</i>	10	HEPATAMINE.....	47
<i>gemfibrozil</i>	16	<i>hepatasol 8</i>	47
<i>generlac</i>	40	HERCEPTIN.....	11
<i>gengraf</i>	45	HEXALEN.....	9
<i>gentak</i>	49	HIBERIX.....	45
<i>gentamicin in saline</i>	3	HUMIRA.....	44
<i>gentamicin sulfate</i>	3	HUMIRA PEN.....	44
<i>gentamicin sulfate (ophth)</i>	49	HUMIRA PEN-CROHNS DISEASE STARTER	
<i>gentamicin sulfate (topical)</i>	54	KIT.....	44
GENTEAL SEVERE.....	51	HUMIRA PEN-PSORIASIS STARTER KIT.....	44
GEODON.....	26	HUMULIN R INJ U-500.....	31
GIANVI.....	33	<i>hydralazine hcl soln</i>	19
<i>gildagia</i>	33	<i>hydralazine hcl tab</i>	19
GILENYA.....	29	<i>hydrochlorothiazide</i>	19
GILOTRIF.....	12	<i>hydroco/apap tab 10-325mg</i>	1
GLASSIA.....	53	<i>hydroco/apap tab 5-325mg</i>	1
GLEEVEC.....	12	<i>hydroco/apap tab 7.5-325</i>	1
<i>glimepiride</i>	31	<i>hydrocodone-acetaminophen 7.5-325</i>	
<i>glip/metform tab 2.5-250m</i>	31	<i>mg/15ml</i>	1
<i>glip/metform tab 2.5-500m</i>	31	<i>hydrocodone-ibuprofen 7-5-200mg</i>	1
<i>glip/metform tab 5-500mg</i>	31	hydrocortisone.....	36
<i>glipizide</i>	31	HYDROCORTISONE (INTRARECTAL).....	39
GLUCAGEN HYPOKIT.....	36	<i>hydrocortisone (topical)</i>	56
GLUCAGON EMERGENCY KIT.....	36	<i>hydrocortisone acetate (topical)</i>	56
<i>glucose chew tab</i>	36	<i>hydrocortisone butyrate</i>	56
<i>glucose gel 40%</i>	36	<i>hydrocortisone valerate</i>	56
<i>glyb/metform tab 1.25-250</i>	31	<i>hydrocortisone-aloe vera</i>	56
<i>glyb/metform tab 2.5-500</i>	31	<i>hydromorphon inj 10mg/ml</i>	2
<i>glyb/metform tab 5-500mg</i>	32	<i>hydromorphone hcl</i>	2
<i>glyburide</i>	32	<i>hydroxychloroquine sulfate</i>	44
<i>glyburide micronized</i>	32	<i>hydroxyurea</i>	12
<i>glycerin (laxative)</i>	40	<i>hydroxyzine hcl</i>	52
<i>glycopyrrolate</i>	39	<i>hydroxyzine pamoate</i>	52
<i>glycopyrrolate inj</i>	39	<i>hypromellose (ophth)</i>	51
GOLYTELY.....	40		
<i>granisetron hcl</i>	38		
GRANIX.....	43	I	
<i>griseofulvin microsize</i>	4	<i>ibandronate sodium</i>	33
<i>griseofulvin ultramicrosize</i>	4	<i>ibuprofen</i>	1
		ICLUSIG.....	12
H		<i>idarubicin hcl</i>	10
HALFLYTELY BOWEL PREP/FLA.....	40	IFEX.....	9
<i>halobetasol propionate</i>	56	<i>ifosfamide inj 1gm</i>	9
<i>haloperidol</i>	26	<i>ifosfamide inj 1gm/20ml</i>	9
<i>haloperidol decanoate</i>	26	IFOSFAMIDE INJ 3GM.....	10
<i>haloperidol lactate</i>	26	<i>ifosfamide inj 3gm/60ml</i>	10
HAVRIX.....	45	ILEVRO.....	50
<i>heather</i>	33	IMBRUVICA.....	12
<i>hemorrhoidal</i>	57	<i>imipenem-cilastatin</i>	4
<i>hemorrhoidal supp</i>	57	<i>imipramine hcl</i>	24
		<i>imiquimod</i>	57
		IMOVAX RABIES (H.D.C.V.).....	45

INCIVEK	7
INCRELEX	37
<i>indapamide</i>	19
INFANRIX	45
INLYTA	12
INSULIN PEN NEEDLE	31
INSULIN SAFETY NEEDLES	31
INSULIN SYRINGE	31
INTELENCE	5
INTRALIPID INJ 20%	47
INTRALIPID INJ 30%	47
INTRON-A	44
INTRON-A W/DILUENT	44
<i>introvale 91 day</i>	33
INTUNIV	27
INVANZ	4
INVEGA	26
INVEGA SUSTENNA	26
INVIRASE	5
INVOKANA	32
IONOSOL-B/DEXTROSE 5%	48
IONOSOL-MB/DEXTROSE 5%	48
IPOL INACTIVATED IPV	45
<i>ipratropium bromide</i>	52
<i>ipratropium bromide (nasal)</i>	52
<i>ipratropium-albuterol nebu</i>	51
<i>irinotecan hcl</i>	13
ISENTRESS	5
ISOLYTE P	48
<i>isolyte s</i>	48
<i>isoniazid</i>	6
<i>isoniazid inj 100 mg/ml</i>	6
<i>isoniazid syp 50mg/5ml</i>	6
ISOPTO CARPINE	51
ISOPTO TEARS	51
<i>isosorb mononitrate tab</i>	19
<i>isosorbide dinitrate</i>	19
<i>isosorbide dinitrate sl tab 2.5 mg</i>	19
<i>isosorbide mononitrate</i>	19
<i>isradipine</i>	17
ISTALOL	51
ISTODAX	11
<i>itraconazole</i>	5
IXIARO	45

J

JAKAFI	12
JALYN	41
<i>jantoven</i>	43
JANUMET	32
JANUMET XR TAB 100-1000	32
JANUMET XR TAB 50-1000	32
JANUMET XR TAB 50-500MG	32
JANUVIA	32
JENTADUETO	32
JOLIVETTE	33
<i>junel 1.5/30 21 day</i>	33
<i>junel 1/20 21 day</i>	33
<i>junel fe 1.5/30 28 day</i>	33

<i>junel fe 1/20 28 day</i>	34
K	
KADCYLA	11
KADIAN	2
KALETRA SOL	6
KALETRA TAB 100-25MG	6
KALETRA TAB 200-50MG	6
<i>kariva 28 day</i>	34
KCL 0.075%/D5W/NACL 0.2%	48
KCL 0.075%/D5W/NACL 0.45%	48
KCL 0.15%/D5W/NACL 0.9%	48
KCL 0.224%/D5W/NACL 0.2%	48
KCL 0.3%/D5W/NACL 0.2%	48
KCL 0.3%/D5W/NACL 0.45%	48
KCL 0.3%/D5W/NACL 0.9%	48
KCL/D5W INJ 0.3%	48
KCL/NACL INJ 0.3-0.9	48
KCL0.15%/D5W/NACL0.2%	48
KCL0.15%/D5W/NACL0.225%	48
<i>kelnor 1/35 28 day</i>	34
<i>ketoconazole</i>	5
<i>ketoconazole cream</i>	55
<i>ketoconazole shampoo</i>	55
<i>ketoprofen</i>	1
<i>ketorolac tromethamine (ophth)</i>	50
<i>kionex</i>	33
KLOR-CON 10	46
KLOR-CON 8	46
<i>klor-con m15</i>	46
<i>klor-con m20</i>	46
<i>klor-con pow 20meq</i>	46
KONSYL-D	40
KUVAN	35

L

<i>labetalol hcl</i>	16
<i>laclotion lotn 12%</i>	57
LACTATED RINGER'S INJ	48
<i>lactulose</i>	40
<i>lactulose (encephalopathy)</i>	40
<i>lamivudine</i>	5, 7
<i>lamivudine-zidovudine</i>	6
<i>lamotrigine</i>	22
LANOXIN TAB 0.125MG	18
LANOXIN TAB 0.25MG	18
LANTUS	31
LANTUS SOLOSTAR	31
<i>larin 1/20</i>	34
<i>larin fe 1.5/30</i>	34
<i>larin fe 1/20</i>	34
<i>latanoprost</i>	51
LATUDA	26
LAZANDA	2
LEENA	34
<i>leflunomide</i>	44
<i>lessina 28 day</i>	34
LETAIRIS	20
<i>letrozole tab 2.5mg</i>	11

<i>leucovorin calcium</i>	13	<i>lovastatin</i>	15
<i>leucovorin calcium inj 10 mg/ml</i>	13	LOVAZA.....	16
LEUKERAN.....	10	<i>low-ogestrel 28 day</i>	34
LEUKINE.....	43	<i>loxapine succinate</i>	26
<i>leuprolide acetate</i>	11	<i>lubricant eye drops</i>	51
<i>levalbuterol conc 1.25mg/0.5ml</i>	52	<i>lubricants</i>	57
LEVEMIR.....	31	LUMIGAN.....	51
LEVEMIR FLEXPEN.....	31	LUMIZYME.....	36
LEVEMIR FLEXTOUCH.....	31	LUPR DEP-PED INJ 11.25MG (3-MONTH).....	11
<i>levetiracetam</i>	22	LUPR DEP-PED INJ 30MG (3-MONTH).....	11
LEVOBUNOLOL HCL.....	51	LUPRON DEPOT.....	11
<i>levobunolol hcl</i>	51	LUPRON DEPOT-PED.....	11
<i>levocarnitine (metabolic modifiers)</i>	35	<i>lutera 28 day</i>	34
<i>levocetirizine dihydrochloride</i>	52	LYRICA.....	22
<i>levofloxacin</i>	8	LYSODREN.....	11
<i>levofloxacin in d5w</i>	8	<i>lyza</i>	34
<i>levofloxacin inj 25mg/ml</i>	8		
<i>levofloxacin oral soln 25 mg/ml</i>	8	M	
<i>levonest 28 day</i>	34	M-M-R II W/DILUENT 10 DOS.....	45
<i>levonorgestrel (emergency oc)</i>	34	MACRODANTIN.....	4
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	34	<i>mafenide acetate</i>	54
<i>levora 0.15/30 28 day</i>	34	<i>magnesium hydroxide</i>	40
<i>levothyroxine sodium</i>	37	MAGNESIUM SULFATE.....	46
LEVOXYL.....	37	MAGNESIUM SULFATE IN D5W.....	46
LEXIVA.....	5	<i>magnesium sulfate inj 50%</i>	46
LIALDA.....	39	<i>malathion</i>	57
<i>lidocaine</i>	56	<i>maprotiline hcl</i>	24
<i>lidocaine hcl</i>	56	<i>marlissa 28 day</i>	34
<i>lidocaine hcl (local anesth.)</i>	3	MARPLAN.....	24
<i>lidocaine hcl (mouth-throat)</i>	58	MATULANE.....	12
<i>lidocaine inj 0.5%</i>	3	<i>matzim</i>	17
<i>lidocaine inj 1%</i>	3	MAXIDEX.....	50
<i>lidocaine inj 1.5%</i>	3	<i>meclizine hcl</i>	38
<i>lidocaine inj 2%</i>	3	<i>medroxyprogesterone acetate 150 mg/ml</i>	34
<i>lidocaine oint 5%</i>	56	<i>medroxyprogesterone acetate tab</i>	37
<i>lidocaine-prilocaine</i>	56	<i>mefloquine hcl</i>	5
LINZESS CAP 145MCG.....	41	MEGACE ES.....	11
LINZESS CAP 290MCG.....	41	<i>megestrol acetate</i>	11
<i>liothyronine sodium</i>	37	MEKINIST.....	12
<i>lisinopril</i>	13	<i>meloxicam</i>	1
<i>lisinopril & hydrochlorothiazide</i>	13	MELOXICAM SUSP 7.5 MG/5ML.....	1
<i>lithium carbonate</i>	28	<i>melphalan hcl</i>	10
<i>lithium carbonate er</i>	28	MENACTRA.....	45
LITHIUM CITRATE.....	28	<i>menest</i>	36
LOKARA LOTN 0.05%.....	56	MENHIBRIX.....	46
LOMUSTINE.....	10	MENOMUNE-A/C/Y/W-135.....	46
<i>loperamide hcl</i>	38, 41	MENVEO.....	46
<i>lorazepam</i>	20	<i>mercaptapurine</i>	10
<i>lorcet hd tab 10-325mg</i>	1	<i>meropenem</i>	4
<i>lorcet plus tab 7.5-325</i>	1	<i>mesalamine</i>	39
<i>lorcet tab 5-325mg</i>	1	<i>mesalamine w/ cleanser</i>	39
<i>lortab</i>	2	<i>mesna</i>	13
<i>loryna 28 day</i>	34	MESNEX.....	13
<i>losartan potassium</i>	15	MESTINON.....	28
<i>losartan-hctz 100-12.5mg</i>	14	MESTINON TIMESPAN.....	28
<i>losartan-hctz 100-25 mg</i>	14	<i>metadate tab 20mg er</i>	27
<i>losartan-hctz 50-12.5mg</i>	14	<i>metformin hcl</i>	32
LOTEMAX.....	50	<i>methadone hcl</i>	2
LOTRONEX.....	41		

<i>methazolamide</i>	19	MOXEZA.....	49
<i>methenamine hippurate</i>	4	MOZOBIL.....	43
<i>methimazole</i>	37	MULTAQ.....	15
<i>methotrexate sodium inj</i>	10	<i>mupirocin</i>	54
<i>methotrexate sodium tabs</i>	44	MURO 128.....	51
<i>methoxsalen rapid</i>	55	MUSTARGEN.....	10
<i>methyclothiazide</i>	19	<i>my way</i>	34
<i>methylcellulose (laxative)</i>	40	MYCAMINE.....	5
<i>methylergonovine maleate</i>	37	<i>mycophenolate mofetil</i>	45
<i>methylphenidate hcl</i>	27	<i>mycophenolate sodium</i>	45
<i>methylphenidate hcl oral soln</i>	27	<i>myorisan</i>	54
<i>methylprednisolone</i>	36	MYOZYME.....	36
<i>methylprednisolone acetate</i>	36	MYRBETRIQ.....	42
<i>methylprednisolone sod succ</i>	36	<i>myzilra</i>	34
<i>methylprednisolone tab 4mg dose pack</i>	36		
<i>metipranolol</i>	51	N	
<i>metoclopramide hcl</i>	39	<i>nabumetone</i>	1
<i>metoclopramide inj</i>	39	<i>nadolol</i>	16
<i>metolazone</i>	19	<i>nafcillin sodium</i>	9
<i>metoprolol & hydrochlorothiazide</i>	16	NAGLAZYME.....	36
<i>metoprolol succinate</i>	16	<i>naloxone hcl</i>	30
<i>metoprolol tartrate</i>	16	<i>naltrexone hcl</i>	30
METRO IV.....	4	NAMENDA.....	23
<i>metronidazole</i>	4	NAMENDA TITRATION PAK.....	23
<i>metronidazole (topical)</i>	57	NAMENDA XR.....	23
<i>metronidazole gel 0.75%</i>	57	NAMENDA XR TITRATION PACK.....	23
<i>metronidazole in nacl</i>	4	<i>naphazoline 0.1%</i>	51
<i>metronidazole vaginal</i>	42	<i>naproxen</i>	1
<i>mexiletine hcl</i>	15	<i>naproxen sodium</i>	1
<i>miconazole nitrate (topical)</i>	55	<i>naratriptan hcl</i>	28
<i>miconazole nitrate vaginal</i>	42	NASONEX.....	53
<i>microgestin 1.5/30 21 day</i>	34	NATACYN.....	49
<i>microgestin 1/20 21 day</i>	34	<i>nateglinide</i>	32
<i>microgestin fe 1.5/30 28 day</i>	34	NEBUPENT.....	4
<i>microgestin fe 1/20 28 day</i>	34	<i>necon 0.5/35 28 day</i>	34
<i>midodrine hcl</i>	19	<i>necon 1/35 28 day</i>	34
<i>minitran</i>	19	<i>necon 10/11 28 day</i>	34
<i>minocycline hcl</i>	9	NECON 7/7/7.....	34
<i>minoxidil</i>	19	NECON TAB 1/50-28.....	34
<i>mirtazapine</i>	24	<i>nefazodone hcl</i>	24
<i>misoprostol</i>	41	<i>neomycin sulfate</i>	3
<i>mitomycin</i>	10	<i>neomycin-bacitracin zn-polymyxin</i>	49
<i>mitomycin inj 20mg</i>	10	<i>neomycin-bacitracin-polymyxin</i>	54
<i>mitoxantrone hcl</i>	12	<i>neomycin-bacitracin-polymyxin-</i>	
<i>modafinil</i>	29	<i>pramoxine</i>	54
<i>moderiba pak</i>	7	<i>neomycin-polymy-dexameth</i>	49
<i>moderiba tab 200mg</i>	7	<i>neomycin-polymy-gramicid</i>	49
<i>moexipril hcl</i>	14	<i>neomycin-polymyxin w/ pramoxine</i>	54
<i>moexipril-hydrochlorothiazide</i>	13	<i>neomycin-polymyxin-hc (ophth)</i>	49
<i>mometasone furoate</i>	56	<i>neomycin-polymyxin-hc (otic)</i>	58
MONONESSA.....	34	NEORAL.....	45
<i>montelukast sodium</i>	52	NEPHRAMINE.....	47
<i>morphine ext-rel tab</i>	2	NEUMEGA.....	43
MORPHINE SUL INJ.....	2	NEUPOGEN.....	43
<i>morphine sul inj</i>	2	NEUPRO.....	25
MORPHINE SULFATE.....	2	NEVANAC.....	50
<i>morphine sulfate</i>	2	NEVIRAPINE.....	5
<i>morphine sulfate beads cap sr</i>	2	<i>nevirapine</i>	5
MORPHINE SULFATE ORAL SOL.....	2	NEXAVAR.....	12
MOVIPREP.....	40		

NEXIUM	41	<i>nystatin</i>	5
NEXIUM CAPS	41	<i>nystatin (mouth-throat)</i>	58
<i>next choice one dose</i>	34	<i>nystatin (topical)</i>	55
<i>niacin er</i>	16	<i>nystop</i>	55
<i>nicardipine hcl</i>	17	O	
<i>nicotine patch</i>	30	OCELLA	34
<i>nicotine polacrilex</i>	30	OCTAGAM	44
NICOTROL INHALER	30	<i>octreotide acetate</i>	37
NICOTROL NS	30	<i>ofloxacin (ophth)</i>	50
<i>nifediac cc tab 30mg er</i>	18	<i>ofloxacin (otic)</i>	58
<i>nifediac cc tab 60mg er</i>	18	<i>ogestrel 28 day</i>	34
<i>nifedical</i>	18	<i>olanzapine</i>	26
<i>nifedipine</i>	18	OLYSIO	7
<i>nifedipine er</i>	18	<i>omega-3-acid ethyl esters</i>	16
NILANDRON	11	<i>omeprazole</i>	41
<i>nimodipine</i>	18	<i>ondansetron hcl</i>	39
NIPENT	10	<i>ondansetron hcl inj</i>	39
<i>nitro-bid</i>	19	<i>ondansetron hcl oral soln</i>	39
NITRO-DUR DIS 0.3MG/HR	19	<i>ondansetron odt</i>	39
NITRO-DUR DIS 0.8MG/HR	19	ONFI SUS 2.5MG/ML	22
<i>nitrofurantoin macrocrystal</i>	4	ONFI TAB 10MG	22
<i>nitrofurantoin monohyd macro</i>	4	ONFI TAB 20MG	22
<i>nitroglycerin</i>	19	<i>oral electrolytes</i>	46
NITROLINGUAL PUMPSPRAY	20	ORAP	26
NITROSTAT	20	ORFADIN	36
NORA-BE	34	<i>orsythia 28 day</i>	35
NORDITROPIN FLEXPRO	37	ORTHO TRI-CYCLEN LO	35
NORDITROPIN NORDIFLEX PEN	37	<i>oxacillin sodium</i>	9
<i>norethindrone (contraceptive)</i>	34	<i>oxaliplatin</i>	13
<i>norethindrone acetate</i>	37	<i>oxandrolone</i>	30
<i>norgestimate-ethinyl estradiol (triphasic)</i>	34	<i>oxaprozin</i>	1
NORINYL 1+50	34	<i>oxcarbazepine</i>	22
<i>normosol-m</i>	48	OXSORALEN ULTRA	55
NORMOSOL-R	48	<i>oxybutynin chloride</i>	42
NORMOSOL-R IN D5W	48	OXYCODONE HCL	2
NORPACE CR	15	<i>oxycodone hcl</i>	2
<i>nortrel 0.5/35 28 day</i>	34	<i>oxycodone hcl tab 5 mg</i>	2
<i>nortrel 1/35 21 day</i>	34	<i>oxycodone w/ acetaminophen 10-325mg</i>	3
<i>nortrel 1/35 28 day</i>	34	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2
<i>nortrel 7/7/7 28 day</i>	34	<i>oxycodone w/ acetaminophen 5-325mg</i>	2
<i>nortriptyline hcl</i>	24	<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3
NORVIR	5	<i>oxycodone-aspirin</i>	3
NOVOLIN 70/30	31	P	
NOVOLIN N	31	<i>pacerone</i>	15
NOVOLIN R	31	<i>paclitaxel</i>	11
NOVOLOG	31	<i>pamidronate disodium</i>	33
NOVOLOG FLEXPEN	31	PANRETIN	57
NOVOLOG MIX 70/30	31	<i>pantoprazole sodium</i>	41
NOVOLOG MIX 70/30 PREFILL	31	<i>paricalcitol</i>	49
NOVOLOG PENFILL	31	<i>paricalcitol cap 4 mcg</i>	49
NOXAFIL	5	<i>paromomycin sulfate</i>	3
NUDEXTA	29	<i>paroxetine hcl</i>	24
NULOJIX	45	<i>paroxetine hcl er</i>	24
NULYTELY/FLAVOR PACKS	40	<i>paser d/r</i>	6
NUTRISOURCE FIBER	40	PATADAY	50
NUVARING	34	PATANASE	52
NUVIGIL	29, 30	PATANOL	50
<i>nyamyc</i>	55		
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PAXIL	24	<i>portia 28 day</i>	35
<i>pedi-dri</i>	55	POTASSIUM CHLORIDE	46, 48
PEDVAX HIB	46	<i>potassium chloride</i>	46, 48
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	40	POTASSIUM CHLORIDE 0.15%	48
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	40	POTASSIUM CHLORIDE 0.22%	48
PEG 3350/ELECTROLYTES	40	POTASSIUM CHLORIDE ER	46
PEG-INTRON	44	<i>potassium chloride in nacl</i>	48
PEG-INTRON REDIPEN	44	<i>potassium chloride microencapsulated crystals cr</i>	46
PEGANONE	22	POTASSIUM CHLORIDE SOLN 30 MEQ/100 ML	49
PENICILLIN G POT IN DEXTROSE	9	POTASSIUM CITRATE (ALKALINIZER)	42
<i>penicillin g potassium</i>	9	POTIGA	22
<i>penicillin g procaine</i>	9	<i>povidone-iodine</i>	57
<i>penicillin g sodium</i>	9	PRADAXA	43
<i>penicillin v potassium</i>	9	<i>pramipexole dihydrochloride</i>	25
<i>penicillin gk inj 5mu</i>	9	<i>pravastatin sodium</i>	15
PENTAM 300	4	<i>prazosin hcl</i>	14
PENTASA	39	PRED MILD	50
<i>pentoxifylline</i>	43	<i>prednisolone</i>	36
PERFOROMIST	52	PREDNISOLONE ACETATE	50
<i>perindopril erbumine</i>	14	<i>prednisolone sodium phosphate</i>	36
<i>periogard</i>	58	<i>prednisolone sodium phosphate (ophth)</i>	50
<i>permethrin</i>	57	<i>prednisone</i>	36
<i>perphenazine</i>	26	PREMARIN CREAM	36
<i>phenelzine sulfate</i>	24	<i>premasol</i>	47
<i>phenobarbital</i>	22	PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	49
PHENOBARBITAL SODIUM	22	<i>prevalite</i>	16
<i>phenobarbital sodium</i>	22	<i>previfem 28 day</i>	35
<i>phenytek</i>	22	PREZISTA	5
<i>phenytoin</i>	22	PRIFTIN	6
<i>phenytoin sodium</i>	22	PRIMAQUINE PHOSPHATE	5
<i>phenytoin sodium extended</i>	22	<i>primidone</i>	22
<i>philith</i>	35	PRISTIQ	24
PHOSLYRA	37	PRIVIGEN	44
PHOSPHOLINE IODIDE	51	PROAIR HFA	52
PILOCARPINE HCL	51	<i>probenecid</i>	1
<i>pilocarpine hcl (oral)</i>	58	PROCALAMINE	47
<i>pimtreea pack</i>	35	<i>prochlorperazine inj</i>	39
<i>pindolol</i>	16	<i>prochlorperazine maleate</i>	39
<i>pioglitazone hcl</i>	32	<i>prochlorperazine supp</i>	39
<i>pioglitazone hcl-glimepiride</i>	32	PROCRIT	43
<i>pioglitazone hcl-metformin hcl</i>	32	<i>procto-pak</i>	55
<i>piperacillin sodium-tazobactam sodium</i>	9	<i>proctocream</i>	55
<i>pirmella 1/35 28 day</i>	35	<i>proctozone hc</i>	55
<i>piroxicam</i>	1	PROCYSBI	36
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PLASMA-LYTE-148	48	PROGRAF	45
PLASMA-LYTE-56/D5W	48	PROLASTIN-C	53
<i>podofilox</i>	57	PROLENSA	51
<i>polyethylene glycol 3350</i>	40	PROLEUKIN	11
<i>polyethylene glycol-propylene glycol (ophth)</i>	51	PROLIA	37
<i>polymyxin b-trimethoprim</i>	50	PROMACTA	43
<i>polyvinyl alcohol</i>	51	<i>propafenone hcl</i>	15
<i>polyvinyl alcohol-povidone (ophth)</i>	51	<i>proparacaine hcl</i>	51
POMALYST CAP 1MG	12	<i>propranolol & hydrochlorothiazide</i>	16
POMALYST CAP 2MG	12	<i>propranolol cap er</i>	17
POMALYST CAP 3MG	12	<i>propranolol hcl</i>	17
POMALYST CAP 4MG	12	<i>propranolol tab</i>	17

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SOMAVERT	37	<i>tamoxifen citrate</i>	11
<i>sorine</i>	15	<i>tamsulosin hcl</i>	41
<i>sotalol hcl</i>	15	TARCEVA	12
<i>sotalol hcl (afib/af)</i>	15	TARGRETIN	12, 57
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<i>spironolactone</i>	14	<i>tazicef</i>	8
<i>spironolactone & hydrochlorothiazide</i>	19	<i>tazicef vial</i>	8
<i>sprintec 28 day</i>	35	TAZORAC	55
SPRYCEL	12	<i>taztia</i>	18
<i>sps susp 15gm/60ml</i>	33	TEGRETOL	22
<i>sronyx</i>	35	TEGRETOL-XR	22
SSD	54	TEKAMLO 150-10MG	18
<i>stavudine</i>	5	TEKAMLO 150-5MG	18
STERILE WATER IRRIGATION	57	TEKAMLO 300-10MG	18
STIVARGA	12	TEKAMLO 300-5MG	18
STRATTERA	27	TEKTURNA	18
<i>streptomycin sulfate</i>	3	TEKTURNA HCT TAB 150-12.5MG	18
STRIBILD	6	TEKTURNA HCT TAB 150-25MG	18
SUBOXONE MIS 12-3MG	30	TEKTURNA HCT TAB 300-12.5MG	18
SUBOXONE MIS 2-0.5MG	30	TEKTURNA HCT TAB 300-25MG	18
SUBOXONE MIS 4-1MG	30	<i>temazepam</i>	28
SUBOXONE MIS 8-2MG	30	TENIVAC	46
SUCRAID	41	<i>terazosin hcl</i>	14
<i>sucrafate</i>	41	<i>terbinafine hcl</i>	5
<i>sulfacetamide sod-prednisolone</i>	49	<i>terbinafine hcl (topical)</i>	55
<i>sulfacetamide sodium (acne)</i>	54	<i>terbutaline sulfate</i>	52
<i>sulfacetamide sodium (ophth)</i>	50	<i>terconazole vaginal</i>	42
<i>sulfadiazine</i>	3	TESTIM	30
<i>sulfamethoxazole-trimethoprim</i>	4	<i>testosterone cypionate</i>	30
<i>sulfamethoxazole-trimethoprim inj</i>	4	<i>testosterone enanthate</i>	30
SULFAMYLON	54	TETANUS TOXOID ADSORBED	46
<i>sulfasalazine</i>	40	TETANUS/DIPHThERIA TOXOID	46
<i>sulfasalazine ec</i>	40	TEV-TROPIN	37
<i>sulindac</i>	1	<i>texacort soln 2.5%</i>	56
SUMATRIPTAN	28	THALOMID	45
SUMATRIPTAN SUCCINATE	28	<i>theo-24</i>	53
<i>sumatriptan succinate</i>	28	<i>theophylline</i>	53
SUMATRIPTAN SUCCINATE INJ	28	THERMAZENE	54
<i>sumatriptan succinate inj</i>	28	<i>thioridazine hcl</i>	27
SUPRAX	8	<i>thiothixene</i>	27
<i>suprax</i>	8	<i>tiagabine hcl</i>	22
SUPREP BOWEL PREP	40	TIKOSYN	15
SURMONTIL	25	TIMENTIN	9
SUSTIVA	5	TIMENTIN INJ 3.1GM	9
SUTENT	12	<i>timolol maleate</i>	17
SYLATRON	12	<i>timolol maleate (ophth)</i>	51
SYMBICORT	53	TIMOLOL MALEATE GEL	51
SYMLINPEN 120	31	<i>tioconazole vaginal</i>	42
SYMLINPEN 60	31	TIVICAY	6
SYNAREL	35	<i>tizanidine hcl</i>	29
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SYPRINE	33	TOBRADEX ST	49
		<i>tobramycin</i>	3
		<i>tobramycin sulfate</i>	3
		<i>tobramycin sulfate (ophth)</i>	50
		<i>tobramycin sulfate in saline</i>	3
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<i>tobramycin-dexamethasone</i>	49	TYZEKA.....	7
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<i>tolterodine tartrate cap er</i>	42	UCERIS.....	40
<i>tolterodine tartrate tabs</i>	42	ULORIC.....	1
<i>topiramate</i>	22	UNITHROID.....	38
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<i>torseamide tabs</i>	19	<i>valacyclovir hcl</i>	7
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TRADJENTA.....	32	<i>valproic acid</i>	22
<i>tramadol hcl</i>	2	<i>valsartan tab 160 mg</i>	15
<i>tramadol-acetaminophen</i>	2	<i>valsartan tab 320 mg</i>	15
<i>trandolapril</i>	14	<i>valsartan tab 40 mg</i>	15
<i>tranexamic acid</i>	43	<i>valsartan tab 80 mg</i>	15
TRANSDERM-SCOP.....	39	<i>valsartan-hctz tab 160-12.5mg</i>	14
<i>tranylcypromine sulfate</i>	25	<i>valsartan-hctz tab 160-25mg</i>	15
<i>travasol 10</i>	47	<i>valsartan-hctz tab 320-12.5mg</i>	15
TRAVATAN Z.....	51	<i>valsartan-hctz tab 80-12.5mg</i>	14
<i>trazodone hcl</i>	25	<i>valsartan-hctztab 320-25mg</i>	15
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<i>tretinoin (chemotherapy)</i>	12	VELCADE.....	11
<i>tri-legest 28 day</i>	35	<i>velivet 28 day</i>	35
<i>tri-previfem 28 day</i>	35	<i>venlafaxine hcl</i>	25
<i>tri-sprintec 28 day</i>	35	VERAPAMIL CAP ER.....	18
<i>triamcinolone acetonide (mouth)</i>	58	<i>verapamil cap er</i>	18
<i>triamcinolone acetonide (nasal)</i>	53	<i>verapamil hcl</i>	18
<i>triamcinolone acetonide (topical)</i>	56	<i>verapamil tab er</i>	18
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<i>trifluridine</i>	50	VIIBRYD.....	25
<i>trihexyphenidyl hcl</i>	25	VIMPAT.....	23
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<i>trilyte</i>	40	<i>vincasar</i>	11
<i>trimethoprim</i>	4	<i>vincristine sulfate</i>	11
<i>trimipramine maleate</i>	25	<i>vinorelbine tartrate</i>	11
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