

AETNA BETTER HEALTHSM PREMIER PLAN

2016 List of Covered Drugs/Formulary



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

Helpful information

Member Services

1-855-676-5772 (TTY: 711)

Representatives available

24 hours a day, 7 days a week

Address

Aetna Better HealthSM Premier Plan

1333 Gratiot Avenue, Suite 400

Detroit, MI 48207

Personal information

My primary care provider's (PCP) name and phone number

My care manager's name and phone number



AETNA BETTER HEALTHSM PREMIER PLAN | 2016 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Aetna Better Health Premier Plan.

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change 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/michigan.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Aetna Better Health Premier Plan pay for your services. 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 information for free in other languages. Call **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week. The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al **1-855-676-5772** (TTY: 711), las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

يمكنك الحصول على هذه المعلومات مجاناً بلغات أخرى برجاء الاتصال برقم **1-855-676-5772** (هاتف ضعاف السمع: 711)، متاح 24 ساعة / 7 أيام أسبوعياً. المكالمات تكون مجانية

- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week. The call is free.





If you have questions, please call Aetna Better Health Premier Plan at **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/michigan
MI-15-08-24

H8026_16_009_LST_CVRD_DRGS

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 1 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 an 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/michigan or call Member Services at **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week.

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 V.)

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/michigan. You can also call Member Services to check the current Drug List at **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week.

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 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. 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 or other prescriber 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 prescriber 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 1-72. You can also get more information by visiting our website at www.aetnabetterhealth.com/michigan. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an "exception" from these limits. Please see question 11 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 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 11 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 1 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 or other prescriber 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 beginning on page 73. Then look for the name of your drug in the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **Cardiovascular Agents**. 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 **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week 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 11 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. 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. 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.

We will cover a 30-day 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 Aetna Better Health Premier Plan, **or**
- You are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as at least 91 days and up to 98 days. You may refill the drug multiple times during your first 90 days in the plan. 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.



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 your Care Coordinator. Your Care Coordinator 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 active 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". Aetna Better Health Premier Plan covers some OTC drugs when they are written as prescriptions by your provider.

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 when they are written as prescriptions by your provider.

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?

Aetna Better Health Premier Plan members have no copays for prescription and OTC drugs.

18. What are drug tiers?

Tiers are groups of drugs with the same copay.

Tier 1: Part D prescription generic drug

Tier 2: Part D prescription brand name drugs

Tier 3: Non-Part D prescription and over-the-counter drugs

In Aetna Better Health Premier Plan, all tiers have \$0 copay.

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 60.

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
MO = Available by mail order	LA = Limited Access	

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” These drugs 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 Michigan Medicaid. If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week. You can also read Chapter 9 in the Member Handbook to learn how to appeal a decision.



If you have questions, please call Aetna Better Health Premier Plan at **1-855-676-5772** (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/michigan
MI-15-08-24

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List of Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS-DRUGS USED TO TREAT PAIN AND INFLAMMATION		
<i>Analgesics</i>		
<i>8 hour pain relief</i>	\$0 (3)	*
<i>acetaminophen supp 650mg</i>	\$0 (3)	*
<i>arthritis pain relief</i>	\$0 (3)	*
<i>butalbital/acetaminophen/caffeine/codeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>capacet</i>	\$0 (1)	QL (180 EA per 30 days) PA
<i>esgic caps</i>	\$0 (1)	QL (180 EA per 30 days) PA
<i>gnp 8 hour pain reliever</i>	\$0 (3)	*
<i>gnp arthritis pain relief</i>	\$0 (3)	*
<i>hm arthritis pain relief</i>	\$0 (3)	*
<i>margesic</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>pain relief tbcr</i>	\$0 (3)	*
<i>qc arthritis pain relief</i>	\$0 (3)	*
<i>sm 8 hour pain relief</i>	\$0 (3)	*
<i>sm arthritis pain relief</i>	\$0 (3)	*
<i>zebutal caps 325mg; 50mg; 40mg</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>all day pain relief</i>	\$0 (3)	*
<i>celecoxib caps 400mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	\$0 (1)	MO
<i>diclofenac sodium dr</i>	\$0 (1)	MO
<i>diclofenac sodium er</i>	\$0 (1)	MO
<i>diflunisal tabs</i>	\$0 (1)	MO
<i>etodolac er</i>	\$0 (1)	MO
<i>etodolac caps, tabs</i>	\$0 (1)	MO
<i>flurbiprofen tabs</i>	\$0 (1)	MO
<i>gnp all day pain relief</i>	\$0 (3)	*
<i>gnp ibuprofen</i>	\$0 (3)	*
<i>hm ibuprofen infants</i>	\$0 (3)	*
<i>ibuprofen junior strength</i>	\$0 (3)	*
<i>ibuprofen susp</i>	\$0 (1)	MO
<i>ibuprofen caps</i>	\$0 (3)	*
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	\$0 (1)	MO

PA – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order
B/D – Covered under Medicare B or D **LA** – Limited Access * - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibuprofen tabs 200mg</i>	\$0 (3) *	
<i>infants ibuprofen</i>	\$0 (3) *	
<i>ketoprofen er</i>	\$0 (1) MO	
<i>ketoprofen caps</i>	\$0 (1) MO	
<i>meclofenamate sodium caps</i>	\$0 (1) MO	
<i>meloxicam susp, tabs</i>	\$0 (1) MO	
<i>nabumetone</i>	\$0 (1) MO	
<i>naproxen dr</i>	\$0 (1) MO	
<i>naproxen sodium tabs 275mg, 550mg</i>	\$0 (1) MO	
<i>naproxen susp, tabs</i>	\$0 (1) MO	
<i>oxaprozin</i>	\$0 (1) MO	
<i>piroxicam caps</i>	\$0 (1) MO	
<i>sb ibuprofen</i>	\$0 (3) *	
<i>sm all day pain relief</i>	\$0 (3) *	
<i>sm ibuprofen caps</i>	\$0 (3) *	
<i>sm infants ibuprofen</i>	\$0 (3) *	
<i>sm naproxen sodium tabs</i>	\$0 (3) *	
<i>sulindac tabs</i>	\$0 (1) MO	
<i>tolmetin sodium</i>	\$0 (1) MO	
VOLTAREN	\$0 (2)	QL (1020 GM per 30 days) MO
Opioid Analgesics, Long-acting		
<i>fentanyl</i>	\$0 (1)	QL (15 EA per 30 days) MO
<i>methadone hcl inj</i>	\$0 (1)	
<i>methadone hcl tabs</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>methadone hcl oral soln</i>	\$0 (1)	QL (3000 ML per 30 days) MO
<i>methadone hcl conc</i>	\$0 (1)	QL (360 ML per 30 days) MO
<i>methadone hcl tbso</i>	\$0 (1)	QL (90 EA per 30 days)
<i>methadose sugar-free</i>	\$0 (1)	QL (360 ML per 30 days) MO
<i>methadose conc</i>	\$0 (1)	QL (360 ML per 30 days) MO
<i>methadose tbso</i>	\$0 (1)	QL (90 EA per 30 days)
<i>morphine sulfate er cp24 120mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>morphine sulfate er cp24 45mg, 75mg, 90mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>morphine sulfate er tbcr</i>	\$0 (1)	QL (90 EA per 30 days) MO
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine #3</i>	\$0 (1)	QL (390 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	\$0 (1)	QL (4500 ML per 30 days) MO
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i>	\$0 (1)	QL (390 EA per 30 days) MO
<i>butalbital compound/codeine</i>	\$0 (1)	QL (180 EA per 30 days) PA
<i>codeine sulfate tabs</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>duramorph</i>	\$0 (1)	B/D

PA – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order
B/D – Covered under Medicare B or D **LA** – Limited Access * - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	\$0 (1)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	\$0 (1)	QL (5550 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i>	\$0 (1)	QL (390 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	\$0 (1)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	\$0 (1)	QL (2400 ML per 30 days) MO
<i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i>	\$0 (1)	B/D MO
<i>hydromorphone hcl tabs 4mg, 8mg</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>hydromorphone hcl tabs 2mg</i>	\$0 (1)	QL (480 EA per 30 days) MO
<i>ibudone tabs 5mg; 200mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>lorcet</i>	\$0 (1)	QL (360 EA per 30 days)
<i>lorcet hd</i>	\$0 (1)	QL (360 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>morphine sulfate tabs</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate inj 10mg/ml, 15mg/ml, 1mg/ml</i>	\$0 (1)	B/D MO
<i>morphine sulfate oral soln 20mg/5ml</i>	\$0 (1)	QL (1020 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	\$0 (1)	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml</i>	\$0 (1)	QL (1800 ML per 30 days) MO
<i>nalbuphine hcl inj</i>	\$0 (1)	MO
<i>oxycodone hcl conc</i>	\$0 (1)	QL (180 ML per 30 days) MO
<i>oxycodone hcl caps</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>oxycodone hcl soln</i>	\$0 (1)	QL (5400 ML per 30 days) MO
<i>oxycodone hcl tabs 10mg, 15mg, 20mg, 30mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>oxycodone hcl tabs 5mg</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>oxycodone/aspirin</i>	\$0 (1)	QL (360 EA per 30 days) MO
<i>oxycodone/ibuprofen</i>	\$0 (1)	QL (120 EA per 30 days) MO
ROXICET SOLN	\$0 (2)	QL (1800 ML per 30 days) MO
<i>roxicet tabs</i>	\$0 (1)	QL (360 EA per 30 days)
<i>tramadol hcl tabs</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	\$0 (1)	QL (390 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	\$0 (1)	QL (390 EA per 30 days)

PA – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order
B/D – Covered under Medicare B or D **LA** – Limited Access * - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zamicet</i>	\$0 (1)	QL (5550 ML per 30 days) MO
ANESTHETICS-DRUGS USED FOR NUMBING		
Local Anesthetics		
<i>glydo</i>	\$0 (1)	
<i>lidocaine hcl jelly</i>	\$0 (1)	MO
<i>lidocaine hcl gel 2%</i>	\$0 (1)	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	\$0 (1)	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	\$0 (1)	MO
<i>lidocaine hcl external soln 4%</i>	\$0 (1)	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	\$0 (1)	
<i>lidocaine viscous</i>	\$0 (1)	MO
<i>lidocaine/prilocaine kit</i>	\$0 (1)	
<i>lidocaine/prilocaine crea</i>	\$0 (1)	MO
<i>lidocaine oint</i>	\$0 (1)	MO
<i>lidocaine ptch</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>relador pak plus</i>	\$0 (1)	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	\$0 (1)	MO
<i>disulfiram tabs</i>	\$0 (1)	MO
<i>naltrexone hcl tabs</i>	\$0 (1)	MO
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	\$0 (2)	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	\$0 (2)	QL (90 EA per 30 days) PA MO
Opioid Reversal Agents		
EVZIO	\$0 (2)	PA MO
<i>naloxone hcl inj</i>	\$0 (1)	MO
Smoking Cessation Agents		
<i>buproban</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	\$0 (2)	QL (336 EA per 365 days) MO
CHANTIX STARTING MONTH PAK	\$0 (2)	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	\$0 (2)	QL (336 EA per 365 days) MO
<i>gnp nicotine polacrilex gum 2mg</i>	\$0 (3)	*
<i>hm nicotine polacrilex lozg</i>	\$0 (3)	*
<i>hm nicotine polacrilex gum 2mg</i>	\$0 (3)	*
<i>nicotine polacrilex gum, lozg</i>	\$0 (3)	*
<i>nicotine transdermal system pt24 21mg/24hr</i>	\$0 (3)	*
NICOTROL NS	\$0 (2)	QL (40 ML per 30 days) MO

PA – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm nicotine polacrilex</i>	\$0 (3) *	
<i>sm nicotine gum, lozg</i>	\$0 (3) *	
ANTIBACTERIALS-DRUGS USED TO TREAT INFECTIONS		
Aminoglycosides		
<i>amikacin sulfate inj</i>	\$0 (1) MO	
<i>gentamicin sulfate pediatric</i>	\$0 (1) MO	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	\$0 (1)	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	\$0 (1) MO	
<i>gentamicin sulfate inj 10mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40mg/ml</i>	\$0 (1) MO	
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (1)	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	\$0 (1) MO	
<i>neomycin sulfate</i>	\$0 (1) MO	
<i>paromomycin sulfate</i>	\$0 (1) MO	
<i>streptomycin sulfate inj</i>	\$0 (1) MO	
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	\$0 (1)	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	\$0 (1)	
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml, 80mg/2ml</i>	\$0 (1) MO	
Antibacterials, Other		
<i>baciim</i>	\$0 (1)	
<i>bacitracin inj 50000unit</i>	\$0 (1) MO	
<i>chloramphenicol sodium succinate</i>	\$0 (1)	
<i>clindamax</i>	\$0 (1)	
<i>clindamycin hcl caps</i>	\$0 (1) MO	
<i>clindamycin palmitate hcl</i>	\$0 (1) MO	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w</i>	\$0 (1)	
<i>clindamycin phosphate crea 2%</i>	\$0 (1) MO	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900mg/6ml</i>	\$0 (1) MO	
<i>colistimethate sodium</i>	\$0 (1) PA MO	
CUBICIN	\$0 (2)	
DALVANCE	\$0 (2)	
ISOPROPYL ALCOHOL WIPES	\$0 (2)	
<i>linezolid inj</i>	\$0 (1) PA	
<i>linezolid susr</i>	\$0 (1) QL (1800 ML per 28 days) PA	
<i>linezolid tabs</i>	\$0 (1) QL (56 EA per 28 days) PA MO	
<i>methenamine hippurate</i>	\$0 (1) MO	
METRO IV	\$0 (2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole in nacl 0.79%</i>	\$0 (1)	
<i>metronidazole vaginal</i>	\$0 (1)	MO
<i>metronidazole caps 375mg</i>	\$0 (1)	MO
<i>metronidazole tabs 250mg, 500mg</i>	\$0 (1)	MO
<i>nitrofurantoin macrocrystals</i>	\$0 (1)	MO
<i>nitrofurantoin monohydrate</i>	\$0 (1)	MO
<i>nitrofurantoin susp</i>	\$0 (1)	MO
SIVEXTRO INJ	\$0 (2)	
SIVEXTRO TABS	\$0 (2)	MO
SYNERCID	\$0 (2)	
<i>tinidazole</i>	\$0 (1)	MO
<i>trimethoprim tabs</i>	\$0 (1)	MO
TYGACIL	\$0 (2)	
<i>vancomycin hcl in dextrose</i>	\$0 (1)	
<i>vancomycin hcl caps</i>	\$0 (1)	PA MO
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	\$0 (1)	
<i>vancomycin hcl inj 500mg</i>	\$0 (1)	MO
<i>vandazole</i>	\$0 (1)	MO
ZYVOX INJ	\$0 (2)	PA
ZYVOX SUSR	\$0 (2)	QL (1800 ML per 28 days) PA MO
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor</i>	\$0 (1)	MO
<i>cefaclor er</i>	\$0 (1)	MO
<i>cefadroxil</i>	\$0 (1)	MO
<i>cefazolin</i>	\$0 (1)	
<i>cefazolin sodium/dextrose</i>	\$0 (1)	
<i>cefazolin sodium inj 100gm, 1gm; 5%, 1gm, 20gm, 300gm</i>	\$0 (1)	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	\$0 (1)	MO
<i>cefdinir</i>	\$0 (1)	MO
<i>cefditoren pivoxil tabs 400mg</i>	\$0 (1)	
<i>cefditoren pivoxil tabs 200mg</i>	\$0 (1)	MO
<i>cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%</i>	\$0 (1)	
<i>cefepime inj 1gm, 2gm</i>	\$0 (1)	MO
<i>cefixime</i>	\$0 (1)	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	\$0 (1)	
<i>cefotaxime sodium inj 1gm</i>	\$0 (1)	MO
<i>cefotetan</i>	\$0 (1)	
<i>cefotetan/dextrose</i>	\$0 (1)	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%, 2gm</i>	\$0 (1)	
<i>cefoxitin sodium inj 1gm</i>	\$0 (1)	MO

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<i>cefpodoxime proxetil</i>	\$0 (1) MO	
<i>cefprozil</i>	\$0 (1) MO	
<i>ceftazidime/dextrose</i>	\$0 (1)	
<i>ceftazidime inj 6gm</i>	\$0 (1)	
<i>ceftazidime inj 1gm, 2gm</i>	\$0 (1) MO	
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (1)	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (1) MO	
<i>ceftriaxone/dextrose</i>	\$0 (1)	
<i>cefuroxime axetil</i>	\$0 (1) MO	
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i>	\$0 (1)	
<i>cefuroxime sodium inj 750mg</i>	\$0 (1) MO	
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	\$0 (1)	
<i>cephalexin</i>	\$0 (1) MO	
SUPRAX CAPS	\$0 (2) MO	
SUPRAX CHEW 100MG	\$0 (2)	
SUPRAX CHEW 200MG	\$0 (2) MO	
SUPRAX SUSR 500MG/5ML	\$0 (2)	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	\$0 (2) MO	
<i>tazicef inj 1gm, 2gm, 6gm</i>	\$0 (1)	
TEFLARO	\$0 (2)	
Beta-lactam, Other		
<i>aztreonam</i>	\$0 (1) MO	
<i>imipenem/cilastatin</i>	\$0 (1) MO	
INVANZ INJ 1GM	\$0 (2)	
INVANZ INJ 1GM	\$0 (2) MO	
<i>meropenem</i>	\$0 (1) MO	
<i>meropenem/sodium chloride</i>	\$0 (1)	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	\$0 (1) MO	
<i>amoxicillin/clavulanate potassium</i>	\$0 (1) MO	
<i>amoxicillin/clavulanate potassium er</i>	\$0 (1) MO	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	\$0 (1)	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	\$0 (1) MO	
<i>ampicillin-sulbactam</i>	\$0 (1)	
<i>ampicillin caps</i>	\$0 (1) MO	
<i>ampicillin susr 125mg/5ml</i>	\$0 (1)	
<i>ampicillin susr 250mg/5ml</i>	\$0 (1) MO	
BICILLIN L-A	\$0 (2) MO	
<i>dicloxacillin sodium</i>	\$0 (1) MO	
NALLPEN ISO-OSMOTIC IN DEXTROSE	\$0 (2)	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	\$0 (2)	
<i>oxacillin sodium inj 10gm, 1gm</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxacillin sodium inj 2gm</i>	\$0 (1) MO	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	\$0 (1) MO	
<i>penicillin g procaine</i>	\$0 (1) MO	
<i>penicillin g sodium</i>	\$0 (1)	
<i>penicillin v potassium</i>	\$0 (1) MO	
<i>piperacillin sodium/ tazobactam sodium</i>	\$0 (1)	
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (1)	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	\$0 (1) MO	
<i>azithromycin inj 500mg</i>	\$0 (1) MO	
<i>clarithromycin susr, tabs</i>	\$0 (1) MO	
DIFICID	\$0 (2) MO	
ERYTHROCIN LACTOBIONATE INJ 500MG	\$0 (2)	
<i>erythromycin base</i>	\$0 (1) MO	
<i>erythromycin ethylsuccinate tabs</i>	\$0 (1) MO	
<i>erythromycin stearate tabs</i>	\$0 (1) MO	
<i>erythromycin cpep 250mg</i>	\$0 (1) MO	
Quinolones		
<i>ciprofloxacin er</i>	\$0 (1) MO	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	\$0 (1) MO	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	\$0 (1)	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	\$0 (1) MO	
<i>ciprofloxacin inj, otic soln, susr</i>	\$0 (1) MO	
<i>levofloxacin in d5w</i>	\$0 (1)	
<i>levofloxacin inj 25mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25mg/ml</i>	\$0 (1) MO	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	\$0 (1) MO	
<i>ofloxacin tabs 400mg</i>	\$0 (1) MO	
Sulfonamides		
<i>sulfadiazine tabs</i>	\$0 (1) MO	
<i>sulfamethoxazole/trimethoprim</i>	\$0 (1) MO	
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (1) MO	
<i>sulfatrim pediatric</i>	\$0 (1)	
Tetracyclines		
<i>doxy 100</i>	\$0 (1) MO	
<i>doxycycline hyclate dr</i>	\$0 (1) MO	
<i>doxycycline hyclate caps, inj, tabs</i>	\$0 (1) MO	
<i>doxycycline monohydrate</i>	\$0 (1) MO	
<i>doxycycline caps, susr</i>	\$0 (1) MO	
<i>minocycline hcl caps</i>	\$0 (1) MO	
<i>morgidox 1x100mg caps</i>	\$0 (1)	
<i>morgidox 2x100mg caps</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetracycline hcl caps</i>	\$0 (1)	MO
ANTICONVULSANTS-DRUGS USED TO TREAT SEIZURES		
<i>Anticonvulsants, Other</i>		
APTiom TABS 200MG, 400MG, 800MG	\$0 (2)	QL (30 EA per 30 days) PA MO
APTiom TABS 600MG	\$0 (2)	QL (60 EA per 30 days) PA MO
FYCOMPa TABS 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (2)	QL (30 EA per 30 days) PA MO
FYCOMPa TABS 2MG	\$0 (2)	QL (60 EA per 30 days) PA MO
<i>levetiracetam oral soln, tabs</i>	\$0 (1)	MO
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 (1)	
<i>levetiracetam inj 500mg/5ml</i>	\$0 (1)	MO
POTIGA TABS 50MG	\$0 (2)	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	\$0 (2)	QL (90 EA per 30 days) MO
<i>Calcium Channel Modifying Agents</i>		
CELONTIN	\$0 (2)	MO
<i>ethosuximide</i>	\$0 (1)	MO
LYRICA SOLN	\$0 (2)	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	\$0 (2)	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	\$0 (2)	QL (90 EA per 30 days) PA MO
<i>zonisamide</i>	\$0 (1)	MO
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clonazepam odt tbdp 1mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	\$0 (1)	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	\$0 (1)	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	\$0 (1)	MO
<i>divalproex sodium</i>	\$0 (1)	MO
<i>divalproex sodium dr</i>	\$0 (1)	MO
<i>divalproex sodium er</i>	\$0 (1)	MO
<i>gabapentin caps, soln, tabs</i>	\$0 (1)	MO
GABITRIL TABS 12MG, 16MG	\$0 (2)	MO
ONFI SUSP	\$0 (2)	MO
ONFI TABS 10MG, 20MG	\$0 (2)	MO
<i>phenobarbital tabs</i>	\$0 (1)	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	\$0 (1)	QL (1500 ML per 30 days) PA MO
<i>primidone tabs</i>	\$0 (1)	MO
SABRIL	\$0 (2)	PA LA
<i>tiagabine hydrochloride</i>	\$0 (1)	MO

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<i>valproate sodium inj</i>	\$0 (1)	
<i>valproic acid caps, syrp</i>	\$0 (1)	MO
Glutamate Reducing Agents		
<i>felbamate</i>	\$0 (1)	MO
<i>lamotrigine chew, tabs</i>	\$0 (1)	MO
<i>topiramate csp, tabs</i>	\$0 (1)	MO
Sodium Channel Agents		
BANZEL	\$0 (2)	PA MO
<i>carbamazepine er</i>	\$0 (1)	MO
<i>carbamazepine chew, susp, tabs</i>	\$0 (1)	MO
DILANTIN CAPS 30MG	\$0 (2)	MO
<i>epitol</i>	\$0 (1)	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	\$0 (1)	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	\$0 (1)	MO
<i>oxcarbazepine</i>	\$0 (1)	MO
PEGANONE	\$0 (2)	MO
<i>phenytoin sodium extended</i>	\$0 (1)	MO
<i>phenytoin sodium inj</i>	\$0 (1)	
<i>phenytoin chew, susp</i>	\$0 (1)	MO
TEGRETOL-XR TB12 100MG	\$0 (2)	MO
VIMPAT INJ	\$0 (2)	
VIMPAT ORAL SOLN	\$0 (2)	MO
VIMPAT TABS 50MG	\$0 (2)	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	\$0 (2)	QL (60 EA per 30 days) MO

ANTIDEMENTIA AGENTS-DRUGS USED TO TREAT DEMENTIA AND MEMORY LOSS

Antidementia Agents, Other		
<i>ergoloid mesylates tabs</i>	\$0 (1)	PA MO
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
EXELON PT24	\$0 (2)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	\$0 (1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide cp24</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	\$0 (1)	QL (60 EA per 30 days) MO
NAMZARIC	\$0 (2)	QL (30 EA per 30 days) PA MO
<i>rivastigmine tartrate</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (1)	QL (30 EA per 30 days) MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	\$0 (1)	QL (49 EA per 28 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hydrochloride soln</i>	\$0 (1)	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	\$0 (2)	QL (49 EA per 28 days) PA MO
NAMENDA XR	\$0 (2)	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	\$0 (2)	QL (30 EA per 30 days) PA MO
NAMENDA SOLN	\$0 (2)	QL (360 ML per 30 days) PA MO
NAMENDA TABS	\$0 (2)	QL (60 EA per 30 days) PA MO

ANTIDEPRESSANTS-DRUGS USED TO TREAT DEPRESSION

Antidepressants, Other

<i>bupropion hcl er</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	\$0 (1)	MO
<i>mirtazapine odt</i>	\$0 (1)	QL (30 EA per 30 days) MO

Monoamine Oxidase Inhibitors

EMSAM	\$0 (2)	QL (30 EA per 30 days) ST MO
MARPLAN	\$0 (2)	MO
<i>phenelzine sulfate</i>	\$0 (1)	MO
<i>tranylcypromine sulfate</i>	\$0 (1)	MO

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)

BRINTELLIX	\$0 (2)	QL (30 EA per 30 days) ST MO
<i>citalopram hydrobromide soln</i>	\$0 (1)	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>desvenlafaxine er tb24 100mg, 50mg</i>	\$0 (1)	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg, 50mg</i>	\$0 (1)	QL (30 EA per 30 days) ST MO
<i>duloxetine hcl cpep 20mg, 60mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>escitalopram oxalate soln</i>	\$0 (1)	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	\$0 (1)	QL (45 EA per 30 days) MO
FETZIMA	\$0 (2)	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	\$0 (2)	QL (30 EA per 30 days) ST MO
<i>fluoxetine</i>	\$0 (1)	MO
<i>fluoxetine dr</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps, soln, tabs</i>	\$0 (1)	MO
<i>fluvoxamine maleate</i>	\$0 (1)	MO
<i>maprotiline hcl</i>	\$0 (1)	MO
<i>nefazodone hcl</i>	\$0 (1)	MO
<i>olanzapine/fluoxetine</i>	\$0 (1)	QL (30 EA per 30 days) MO

PA – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hcl</i>	\$0 (1) MO	
PAXIL SUSP	\$0 (2) MO	
PRISTIQ TB24 25MG	\$0 (2) QL (120 EA per 30 days) ST MO	
<i>sertraline hcl conc, tabs</i>	\$0 (1) MO	
<i>trazodone hcl</i>	\$0 (1) MO	
<i>venlafaxine hcl</i>	\$0 (1) MO	
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>venlafaxine hcl er cp24 150mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>venlafaxine hcl er tb24 150mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
VIIBRYD STARTER PACK	\$0 (2) QL (60 EA per 365 days)	
VIIBRYD TABS	\$0 (2) QL (30 EA per 30 days) MO	
VIIBRYD KIT	\$0 (2) QL (60 EA per 365 days) MO	
Tricyclics		
<i>amitriptyline hcl tabs</i>	\$0 (1) PA MO	
<i>amoxapine</i>	\$0 (1) MO	
<i>clomipramine hcl caps</i>	\$0 (1) PA MO	
<i>desipramine hcl tabs</i>	\$0 (1) MO	
<i>doxepin hcl caps, conc</i>	\$0 (1) PA MO	
<i>imipramine hcl tabs</i>	\$0 (1) PA MO	
<i>nortriptyline hcl caps, soln</i>	\$0 (1) MO	
<i>perphenazine/amitriptyline</i>	\$0 (1) MO	
<i>protriptyline hcl</i>	\$0 (1) MO	
SURMONTIL	\$0 (2) PA MO	
<i>trimipramine maleate caps</i>	\$0 (1) PA MO	
ANTIEMETICS-DRUGS FOR NAUSEA AND VOMITING		
Antiemetics, Other		
<i>meclizine hcl tabs</i>	\$0 (1) MO	
<i>phenadoz supp 25mg</i>	\$0 (1) PA	
<i>phenadoz supp 12.5mg</i>	\$0 (1) PA MO	
<i>phenergan supp</i>	\$0 (1) PA	
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	\$0 (1) PA MO	
<i>promethegan supp 12.5mg, 25mg</i>	\$0 (1) PA	
<i>promethegan supp 50mg</i>	\$0 (1) PA MO	
TRANSDERM-SCOP	\$0 (2) MO	
Emetogenic Therapy Adjuncts		
<i>dronabinol</i>	\$0 (1) QL (60 EA per 30 days) PA MO	
EMEND CAPS 40MG	\$0 (2) QL (1 EA per 30 days) B/D MO	
EMEND CAPS 0, 125MG, 80MG	\$0 (2) QL (6 EA per 30 days) B/D MO	
<i>granisetron hcl tabs</i>	\$0 (1) QL (60 EA per 30 days) B/D MO	
<i>ondansetron hcl tabs</i>	\$0 (1) MO	
<i>ondansetron hcl oral soln</i>	\$0 (1) QL (900 ML per 30 days) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	\$0 (1) MO	
<i>ondansetron odt</i>	\$0 (1) MO	

ANTIFUNGALS-DRUGS USED TO TREAT FUNGAL INFECTIONS

Antifungals

ABELCET	\$0 (2) B/D	
AMBISOME	\$0 (2) B/D	
<i>amphotericin b</i>	\$0 (1) B/D MO	
CANCIDAS INJ 50MG	\$0 (2)	
CANCIDAS INJ 70MG	\$0 (2) MO	
<i>ciclodan</i>	\$0 (1)	
<i>ciclopirox</i>	\$0 (1) MO	
<i>ciclopirox nail lacquer</i>	\$0 (1) MO	
<i>ciclopirox olamine crea</i>	\$0 (1) MO	
<i>clotrimazole/betamethasone dipropionate</i>	\$0 (1) MO	
<i>clotrimazole external crea 1%</i>	\$0 (1) MO	
<i>clotrimazole soln 1%</i>	\$0 (1) MO	
<i>clotrimazole troc 10mg</i>	\$0 (1) MO	
<i>econazole nitrate crea</i>	\$0 (1) MO	
ERAXIS	\$0 (2) PA	
<i>fluconazole in dextrose</i>	\$0 (1)	
<i>fluconazole in nacl</i>	\$0 (1)	
<i>fluconazole susr, tabs</i>	\$0 (1) MO	
<i>flucytosine</i>	\$0 (1) MO	
<i>griseofulvin microsize</i>	\$0 (1) MO	
<i>griseofulvin ultramicrosize</i>	\$0 (1) MO	
<i>itraconazole caps</i>	\$0 (1) PA MO	
<i>ketoconazole crea, sham, tabs</i>	\$0 (1) MO	
NOXAFIL INJ	\$0 (2) PA	
NOXAFIL SUSP, TBEC	\$0 (2) PA MO	
<i>nyamyc</i>	\$0 (1)	
<i>nystatin crea, oint, powd, susp, tabs</i>	\$0 (1) MO	
<i>nystop</i>	\$0 (1) MO	
SPORANOX SOLN	\$0 (2) PA MO	
<i>terbinafine hcl tabs 250mg</i>	\$0 (1) MO	
<i>terconazole</i>	\$0 (1) MO	
<i>voriconazole inj</i>	\$0 (1)	
<i>voriconazole susr, tabs</i>	\$0 (1) MO	
<i>zazole supp</i>	\$0 (1)	

ANTIGOUT AGENTS- DRUGS USED TO TREAT GOUT

Antigout Agents

<i>allopurinol tabs</i>	\$0 (1) MO	
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colchicine caps, tabs</i>	\$0 (1) MO	
COLCRYS	\$0 (2) MO	
<i>probenecid/colchicine</i>	\$0 (1) MO	
<i>probenecid tabs</i>	\$0 (1) MO	
ULORIC	\$0 (2) ST MO	

ANTIMIGRAINE AGENTS- DRUGS USED TO TREAT SEVERE HEADACHES

Ergot Alkaloids

<i>dihydroergotamine mesylate inj</i>	\$0 (1) MO	
MIGERGOT	\$0 (2) QL (20 EA per 28 days) MO	

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>naratriptan hcl</i>	\$0 (1) QL (9 EA per 30 days) MO	
<i>rizatriptan benzoate</i>	\$0 (1) QL (12 EA per 30 days) MO	
<i>rizatriptan benzoate odt</i>	\$0 (1) QL (12 EA per 30 days) MO	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days)	
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days) MO	
<i>sumatriptan succinate tabs</i>	\$0 (1) QL (9 EA per 30 days) MO	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days)	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days) MO	
<i>sumatriptan soln</i>	\$0 (1) QL (6 EA per 30 days) MO	

ANTIMYASTHENIC AGENTS- DRUGS USED TO TREAT MYASTHENIA GRAVIS

Parasympathomimetics

<i>guanidine hcl</i>	\$0 (1)	
MESTINON TIMESPAN	\$0 (2) MO	
MESTINON SYRP	\$0 (2) MO	
<i>pyridostigmine bromide tabs, tbc</i>	\$0 (1) MO	

ANTIMYCOBACTERIALS- DRUGS USED TO TREAT TUBERCULOSIS

Antimycobacterials, Other

<i>dapsone tabs</i>	\$0 (1) MO	
<i>rifabutin</i>	\$0 (1) MO	

Antituberculars

CAPASTAT SULFATE	\$0 (2)	
<i>cycloserine</i>	\$0 (1) MO	
<i>ethambutol hcl</i>	\$0 (1) MO	
<i>isoniazid inj</i>	\$0 (1)	
<i>isoniazid syrp, tabs</i>	\$0 (1) MO	
PASER	\$0 (2) MO	
PRIFTIN	\$0 (2) MO	
<i>pyrazinamide tabs</i>	\$0 (1) MO	
<i>rifampin caps, inj</i>	\$0 (1) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RIFATER	\$0 (2)	MO
SIRTURO	\$0 (2)	QL (188 EA per 365 days) PA
TRECTOR	\$0 (2)	MO
ANTINEOPLASTICS- DRUGS USED TO TREAT CANCER		
<i>Alkylating Agents</i>		
ALKERAN TABS	\$0 (2)	B/D MO
BUSULFEX	\$0 (2)	
<i>cyclophosphamide inj</i>	\$0 (1)	
<i>cyclophosphamide caps</i>	\$0 (1)	B/D MO
GLEOSTINE CAPS 5MG	\$0 (2)	
HEXALEN	\$0 (2)	MO
LEUKERAN	\$0 (2)	MO
<i>lomustine</i>	\$0 (1)	
MATULANE	\$0 (2)	
<i>melfalan hydrochloride</i>	\$0 (1)	
MUSTARGEN	\$0 (2)	
TEMODAR INJ	\$0 (2)	B/D
<i>thiotepa</i>	\$0 (1)	
TREANDA	\$0 (2)	
VALCHLOR	\$0 (2)	PA
YONDELIS	\$0 (2)	PA
<i>Antiandrogens</i>		
<i>bicalutamide</i>	\$0 (1)	MO
<i>flutamide</i>	\$0 (1)	MO
NILANDRON	\$0 (2)	MO
XTANDI	\$0 (2)	QL (120 EA per 30 days) PA LA
ZYTIGA	\$0 (2)	QL (120 EA per 30 days) PA
<i>Antiangiogenic Agents</i>		
POMALYST	\$0 (2)	QL (21 EA per 28 days) PA LA
REVLIMID	\$0 (2)	QL (30 EA per 30 days) PA LA
THALOMID CAPS 100MG, 150MG, 50MG	\$0 (2)	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	\$0 (2)	QL (56 EA per 28 days) PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	\$0 (2)	MO
FARESTON	\$0 (2)	MO
SOLTAMOX	\$0 (2)	PA MO
<i>tamoxifen citrate tabs</i>	\$0 (1)	MO
<i>Antimetabolites</i>		
DEPOCYT	\$0 (2)	
DROXIA	\$0 (2)	MO
<i>hydroxyurea caps</i>	\$0 (1)	
LONSURF TABS 6.14MG; 15MG	\$0 (2)	QL (100 EA per 28 days) PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONSURF TABS 8.19MG; 20MG	\$0 (2)	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	\$0 (1)	MO
PURIXAN	\$0 (2)	PA
TABLOID	\$0 (2)	MO
Antineoplastics, Other		
ABRAXANE	\$0 (2)	
<i>adrucil</i>	\$0 (1)	B/D
ALIMTA	\$0 (2)	PA
<i>amifostine</i>	\$0 (1)	
ARRANON	\$0 (2)	
AVASTIN	\$0 (2)	PA
<i>azacitidine</i>	\$0 (1)	PA
BELEODAQ	\$0 (2)	PA LA
BICNU	\$0 (2)	
<i>bleomycin sulfat</i>	\$0 (1)	B/D
<i>carboplatin</i>	\$0 (1)	
<i>cisplatin</i>	\$0 (1)	
<i>cladribine</i>	\$0 (1)	B/D
CLOLAR	\$0 (2)	
COSMEGEN	\$0 (2)	
COTELLIC	\$0 (2)	QL (63 EA per 28 days) PA
<i>cytarabine aqueous</i>	\$0 (1)	B/D
<i>dacarbazine</i>	\$0 (1)	
<i>daunorubicin hcl inj 5mg/ml</i>	\$0 (1)	
DAUNOXOME	\$0 (2)	
<i>decitabine</i>	\$0 (1)	
<i>dexrazoxane</i>	\$0 (1)	
DOCEFREZ	\$0 (2)	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	\$0 (1)	
<i>doxorubicin hcl</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposome</i>	\$0 (1)	
ELITEK	\$0 (2)	PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	\$0 (1)	
ERBITUX	\$0 (2)	PA
ERWINAZE	\$0 (2)	PA
FARYDAK	\$0 (2)	QL (6 EA per 21 days) PA LA
FASLODEX	\$0 (2)	PA
<i>floxuridine</i>	\$0 (1)	B/D
<i>fludarabine phosphate</i>	\$0 (1)	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i>	\$0 (1)	B/D
FOLOTYN	\$0 (2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FUSILEV	\$0 (2)	
<i>gemcitabine</i>	\$0 (1)	
<i>gemcitabine hcl</i>	\$0 (1)	
HALAVEN	\$0 (2)	PA
HERCEPTIN	\$0 (2)	PA
IBRANCE	\$0 (2)	QL (21 EA per 28 days) PA LA
<i>idarubicin hcl</i>	\$0 (1)	
<i>ifosfamide</i>	\$0 (1)	
INTRON A W/DILUENT	\$0 (2)	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	\$0 (2)	PA
<i>irinotecan</i>	\$0 (1)	
ISTODAX	\$0 (2)	PA
IXEMPRA KIT	\$0 (2)	PA
JEVTANA	\$0 (2)	PA
KADCYLA	\$0 (2)	PA
<i>leucovorin calcium tabs</i>	\$0 (1)	MO
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	\$0 (1)	
<i>levoleucovorin calcium</i>	\$0 (1)	
<i>levoleucovorin inj 250mg/25ml</i>	\$0 (1)	
LYNPARZA	\$0 (2)	QL (448 EA per 28 days) PA
<i>mesna</i>	\$0 (1)	
MESNEX TABS	\$0 (2)	MO
<i>mitomycin</i>	\$0 (1)	
<i>mitoxantrone hcl</i>	\$0 (1)	
NINLARO	\$0 (2)	QL (3 EA per 28 days) PA
NIPENT	\$0 (2)	
ODOMZO	\$0 (2)	QL (30 EA per 30 days) PA
ONCASPAR	\$0 (2)	
<i>oxaliplatin</i>	\$0 (1)	
<i>paclitaxel</i>	\$0 (1)	
PERJETA	\$0 (2)	PA LA
PROLEUKIN	\$0 (2)	
SYLATRON INJ 200MCG, 300MCG, 600MCG	\$0 (2)	PA
SYLATRON INJ 200MCG, 300MCG	\$0 (2)	PA LA
SYNRIBO	\$0 (2)	PA
TAGRISSE	\$0 (2)	QL (30 EA per 30 days) PA
THERACYS	\$0 (2)	
TICE BCG	\$0 (2)	
TRISENOX	\$0 (2)	PA
UVADEX	\$0 (2)	
VALSTAR	\$0 (2)	
VECTIBIX	\$0 (2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VELCADE	\$0 (2)	PA
<i>vinblastine sulfate inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincasar pfs</i>	\$0 (1)	B/D
<i>vincristine sulfate</i>	\$0 (1)	B/D
<i>vinorelbine tartrate</i>	\$0 (1)	
YERVOY	\$0 (2)	PA
ZALTRAP INJ 100MG/4ML	\$0 (2)	PA
ZALTRAP INJ 200MG/8ML	\$0 (2)	PA LA
ZANOSAR	\$0 (2)	
ZOLINZA	\$0 (2)	QL (120 EA per 30 days) PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tabs</i>	\$0 (1)	MO
<i>exemestane</i>	\$0 (1)	MO
<i>letrozole</i>	\$0 (1)	MO
<i>Enzyme Inhibitors</i>		
<i>etoposide inj</i>	\$0 (1)	
<i>toposar</i>	\$0 (1)	
<i>topotecan hcl</i>	\$0 (1)	
ZYDELIG	\$0 (2)	QL (60 EA per 30 days) PA
<i>Molecular Target Inhibitors</i>		
AFINITOR	\$0 (2)	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	\$0 (2)	QL (60 EA per 30 days) PA
BOSULIF	\$0 (2)	PA
CAPRELSA TABS 300MG	\$0 (2)	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	\$0 (2)	QL (60 EA per 30 days) PA
COMETRIQ	\$0 (2)	PA
ERIVEDGE	\$0 (2)	QL (30 EA per 30 days) PA LA
GILOTRIF	\$0 (2)	QL (30 EA per 30 days) PA
GLEEVEC TABS 400MG	\$0 (2)	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	\$0 (2)	QL (90 EA per 30 days) PA
ICLUSIG TABS 45MG	\$0 (2)	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	\$0 (2)	QL (60 EA per 30 days) PA
IMBRUVICA	\$0 (2)	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	\$0 (2)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (2)	QL (240 EA per 30 days) PA LA
JAKAFI	\$0 (2)	QL (60 EA per 30 days) PA LA
LENVIMA 10MG DAILY DOSE	\$0 (2)	PA
LENVIMA 14MG DAILY DOSE	\$0 (2)	PA
LENVIMA 20MG DAILY DOSE	\$0 (2)	PA
LENVIMA 24MG DAILY DOSE	\$0 (2)	PA
MEKINIST TABS 0.5MG	\$0 (2)	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	\$0 (2)	QL (30 EA per 30 days) PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEXAVAR	\$0 (2)	QL (120 EA per 30 days) PA LA
SPRYCEL TABS 100MG, 140MG	\$0 (2)	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	\$0 (2)	QL (60 EA per 30 days) PA
STIVARGA	\$0 (2)	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	\$0 (2)	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	\$0 (2)	QL (90 EA per 30 days) PA
TAFINLAR CAPS 75MG	\$0 (2)	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	\$0 (2)	QL (180 EA per 30 days) PA LA
TARCEVA TABS 25MG	\$0 (2)	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	\$0 (2)	QL (90 EA per 30 days) PA LA
TASIGNA	\$0 (2)	QL (120 EA per 30 days) PA
TORISEL	\$0 (2)	
TYKERB	\$0 (2)	QL (180 EA per 30 days) PA LA
VOTRIENT	\$0 (2)	QL (120 EA per 30 days) PA LA
XALKORI	\$0 (2)	QL (60 EA per 30 days) PA LA
ZELBORAF	\$0 (2)	QL (240 EA per 30 days) PA LA
ZYKADIA	\$0 (2)	QL (150 EA per 30 days) PA LA
Monoclonal Antibodies		
ARZERRA	\$0 (2)	PA LA
BLINCYTO	\$0 (2)	PA LA
CYRAMZA	\$0 (2)	PA
DARZALEX	\$0 (2)	PA
EMPLICITI	\$0 (2)	PA
GAZYVA	\$0 (2)	PA LA
KEYTRUDA	\$0 (2)	PA LA
OPDIVO	\$0 (2)	PA LA
RITUXAN	\$0 (2)	PA
SYLVANT	\$0 (2)	PA
Retinoids		
<i>bexarotene</i>	\$0 (1)	PA
PANRETIN	\$0 (2)	MO
TARGRETIN	\$0 (2)	PA
<i>tretinoin caps 10mg</i>	\$0 (1)	MO
ANTIPARASITICS-DRUGS USED TO TREAT MALARIA AND LICE		
Anthelmintics		
ALBENZA	\$0 (2)	MO
<i>ivermectin tabs</i>	\$0 (1)	MO
STROMEKTOL	\$0 (2)	MO
Antiprotozoals		
ALINIA	\$0 (2)	MO
<i>atovaquone</i>	\$0 (1)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atovaquone/proguanil hcl</i>	\$0 (1) MO	
<i>chloroquine phosphate tabs</i>	\$0 (1) MO	
COARTEM	\$0 (2) MO	
DARAPRIM	\$0 (2) MO	
<i>hydroxychloroquine sulfate tabs</i>	\$0 (1) MO	
<i>mefloquine hcl</i>	\$0 (1) MO	
MEPRON	\$0 (2) PA MO	
NEBUPENT	\$0 (2) B/D MO	
PENTAM 300	\$0 (2) MO	
<i>primaquine phosphate tabs</i>	\$0 (1) MO	
<i>quinine sulfate</i>	\$0 (1) PA MO	
<i>Pediculicides/Scabicides</i>		
<i>lindane lotn, sham</i>	\$0 (1) MO	
<i>malathion</i>	\$0 (1) MO	
<i>permethrin crea</i>	\$0 (1) MO	
<i>permethrin lotn</i>	\$0 (3) *	

ANTIPARKINSON AGENTS- DRUGS USED TO TREAT PARKINSONS DISEASE

<i>Anticholinergics</i>		
<i>benztropine mesylate inj, tabs</i>	\$0 (1) PA MO	
<i>trihexyphenidyl hcl</i>	\$0 (1) PA MO	
<i>Antiparkinson Agents, Other</i>		
<i>amantadine hcl caps, syrp, tabs</i>	\$0 (1) MO	
<i>entacapone</i>	\$0 (1) MO	
<i>Dopamine Agonists</i>		
APOKYN	\$0 (2) PA LA	
<i>bromocriptine mesylate caps, tabs</i>	\$0 (1) MO	
NEUPRO	\$0 (2) QL (30 EA per 30 days) MO	
<i>pramipexole dihydrochloride</i>	\$0 (1) MO	
<i>ropinirole hcl</i>	\$0 (1) MO	
<i>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	\$0 (1) MO	
<i>carbidopa/levodopa er</i>	\$0 (1) MO	
<i>carbidopa/levodopa odt</i>	\$0 (1) MO	
<i>carbidopa/levodopa/entacapone</i>	\$0 (1) MO	
<i>carbidopa tabs</i>	\$0 (1) MO	
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
AZILECT	\$0 (2) QL (30 EA per 30 days) MO	
<i>selegiline hcl caps, tabs</i>	\$0 (1) MO	

ANTIPSYCHOTICS- DRUGS USED TO TREAT PSYCHOSES AND SCHIZOPHRENIA

<i>1st Generation/Typical</i>		
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PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order
 B/D – Covered under Medicare B or D LA – Limited Access * - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADASUVE	\$0 (2)	
<i>chlorpromazine hcl inj, tabs</i>	\$0 (1) MO	
<i>compazine supp</i>	\$0 (1)	
<i>compro</i>	\$0 (1) MO	
<i>fluphenazine decanoate inj</i>	\$0 (1) MO	
<i>fluphenazine hcl conc, elix, inj, tabs</i>	\$0 (1) MO	
<i>haloperidol decanoate</i>	\$0 (1) MO	
<i>haloperidol lactate</i>	\$0 (1) MO	
<i>haloperidol conc, tabs</i>	\$0 (1) MO	
<i>loxapine succinate</i>	\$0 (1) MO	
ORAP	\$0 (2) MO	
<i>perphenazine tabs</i>	\$0 (1) MO	
<i>pimozide</i>	\$0 (1) MO	
<i>prochlorperazine</i>	\$0 (1) MO	
<i>prochlorperazine edisylate inj</i>	\$0 (1) MO	
<i>prochlorperazine maleate tabs</i>	\$0 (1) MO	
<i>thioridazine hcl tabs</i>	\$0 (1) PA MO	
<i>thiothixene</i>	\$0 (1) MO	
<i>trifluoperazine hcl tabs</i>	\$0 (1) MO	
2nd Generation/Atypical		
ABILIFY DISCMELT TBDP 15MG	\$0 (2) QL (60 EA per 30 days)	
ABILIFY DISCMELT TBDP 10MG	\$0 (2) QL (60 EA per 30 days) MO	
ABILIFY MAINTENA	\$0 (2) MO	
ABILIFY INJ	\$0 (2) MO	
ABILIFY ORAL SOLN	\$0 (2) QL (900 ML per 30 days) MO	
<i>aripiprazole odt</i>	\$0 (1) QL (60 EA per 30 days)	
<i>aripiprazole tabs</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>aripiprazole soln</i>	\$0 (1) QL (900 ML per 30 days) MO	
ARISTADA	\$0 (2) PA	
FANAPT	\$0 (2) QL (60 EA per 30 days) ST MO	
FANAPT TITRATION PACK	\$0 (2) QL (16 EA per 365 days) ST	
GEODON INJ	\$0 (2) MO	
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (2) QL (0.25 ML per 28 days) MO	
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (2) QL (0.5 ML per 28 days) MO	
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (2) QL (0.75 ML per 28 days) MO	
INVEGA SUSTENNA INJ 156MG/ML	\$0 (2) QL (1 ML per 28 days) MO	
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (2) QL (1.5 ML per 28 days) MO	
INVEGA TRINZA	\$0 (2)	
INVEGA TB24 1.5MG, 3MG, 9MG	\$0 (2) QL (30 EA per 30 days) ST MO	
INVEGA TB24 6MG	\$0 (2) QL (60 EA per 30 days) ST MO	
LATUDA	\$0 (2) QL (30 EA per 30 days) MO	
<i>olanzapine odt</i>	\$0 (1) QL (30 EA per 30 days) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine inj</i>	\$0 (1)	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
REXULTI	\$0 (2)	QL (30 EA per 30 days) ST MO
RISPERDAL CONSTA	\$0 (2)	MO
<i>risperidone odt tbdp 4mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	\$0 (1)	MO
<i>risperidone tabs 4mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
SAPHRIS	\$0 (2)	QL (60 EA per 30 days) MO
<i>ziprasidone hcl</i>	\$0 (1)	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJ 405MG	\$0 (2)	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	\$0 (2)	QL (2 EA per 28 days)
Antipsychotics		
<i>molindone hydrochloride tabs 25mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>molindone hydrochloride tabs 10mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>molindone hydrochloride tabs 5mg</i>	\$0 (1)	QL (90 EA per 30 days)
Treatment-Resistant		
<i>clozapine</i>	\$0 (1)	
<i>clozapine odt</i>	\$0 (1)	
FAZACLO	\$0 (2)	ST
VERSACLOZ	\$0 (2)	ST
ANTISPASTICITY AGENTS - DRUGS USED TO TREAT MUSCLE SPASMS		
Antispasticity Agents		
<i>baclofen tabs</i>	\$0 (1)	MO
<i>dantrolene sodium caps</i>	\$0 (1)	MO
<i>tizanidine hcl tabs</i>	\$0 (1)	MO
ANTIVIRALS- DRUGS USED TO TREAT VIRAL INFECTIONS, HEPATITIS AND HIV/AIDS INFECTIONS		
Anti-cytomegalovirus (CMV) Agents		
<i>ganciclovir inj</i>	\$0 (1)	B/D
VALCYTE	\$0 (2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valganciclovir</i>	\$0 (1)	MO
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	\$0 (1)	QL (30 EA per 30 days) MO
BARACLUDE TABS	\$0 (2)	QL (30 EA per 30 days) MO
BARACLUDE SOLN	\$0 (2)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (1)	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	\$0 (2)	MO
INTRON A INJ 18MU, 50MU	\$0 (2)	PA LA
<i>lamivudine tabs 100mg</i>	\$0 (1)	MO
TYZEKA	\$0 (2)	QL (30 EA per 30 days) MO
Anti-hepatitis C (HCV) Agents		
HARVONI	\$0 (2)	QL (30 EA per 30 days) PA
<i>moderiba tabs</i>	\$0 (1)	PA
PEG-INTRON REDIPEN	\$0 (2)	PA
PEG-INTRON INJ 50MCG/0.5ML	\$0 (2)	PA
PEGINTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	\$0 (2)	PA
<i>ribavirin</i>	\$0 (1)	PA
SOVALDI	\$0 (2)	QL (28 EA per 28 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	\$0 (2)	QL (30 EA per 30 days) MO
GENVOYA	\$0 (2)	QL (30 EA per 30 days)
ISENTRESS TABS	\$0 (2)	QL (120 EA per 30 days) MO
ISENTRESS CHEW	\$0 (2)	QL (180 EA per 30 days) MO
ISENTRESS PACK	\$0 (2)	QL (300 EA per 30 days)
TIVICAY	\$0 (2)	QL (60 EA per 30 days) MO
VITEKTA	\$0 (2)	QL (30 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	\$0 (2)	QL (30 EA per 30 days) MO
EDURANT	\$0 (2)	QL (30 EA per 30 days) MO
INTELENCE TABS 25MG	\$0 (2)	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	\$0 (2)	QL (60 EA per 30 days) MO
<i>nevirapine</i>	\$0 (1)	MO
<i>nevirapine er</i>	\$0 (1)	MO
RESCRIPTOR	\$0 (2)	MO
STRIBILD	\$0 (2)	QL (30 EA per 30 days) MO
SUSTIVA	\$0 (2)	MO
VIRAMUNE XR TB24 100MG	\$0 (2)	MO
VIRAMUNE SUSP	\$0 (2)	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		

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<i>abacavir</i>	\$0 (1) MO	
<i>abacavir sulfate/lamivudine/zidovudine</i>	\$0 (1) MO	
<i>didanosine</i>	\$0 (1) MO	
EMTRIVA	\$0 (2) MO	
EPIVIR SOLN	\$0 (2) MO	
EPZICOM	\$0 (2) MO	
<i>lamivudine/zidovudine</i>	\$0 (1) MO	
<i>lamivudine soln 10mg/ml</i>	\$0 (1) MO	
<i>lamivudine tabs 150mg, 300mg</i>	\$0 (1) MO	
RETROVIR IV INFUSION	\$0 (2)	
<i>stavudine</i>	\$0 (1) MO	
TRIUMEQ	\$0 (2) QL (30 EA per 30 days) MO	
TRUVADA	\$0 (2) QL (30 EA per 30 days) MO	
VIDEX PEDIATRIC	\$0 (2) MO	
VIREAD POWD	\$0 (2) MO	
VIREAD TABS 250MG	\$0 (2)	
VIREAD TABS 150MG, 200MG, 300MG	\$0 (2) MO	
ZIAGEN SOLN	\$0 (2) MO	
<i>zidovudine</i>	\$0 (1) MO	
Anti-HIV Agents, Other		
FUZEON	\$0 (2) QL (60 EA per 30 days)	
SELZENTRY TABS 300MG	\$0 (2) QL (120 EA per 30 days) MO	
SELZENTRY TABS 150MG	\$0 (2) QL (60 EA per 30 days) MO	
TYBOST	\$0 (2) QL (30 EA per 30 days) MO	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS SOLN	\$0 (2)	
APTIVUS CAPS	\$0 (2) MO	
CRIXIVAN	\$0 (2) MO	
EVOTAZ	\$0 (2) QL (30 EA per 30 days) MO	
INVIRASE	\$0 (2) MO	
KALETRA SOLN	\$0 (2) QL (390 ML per 30 days) MO	
KALETRA TABS 200MG; 50MG	\$0 (2) QL (120 EA per 30 days) MO	
KALETRA TABS 100MG; 25MG	\$0 (2) QL (240 EA per 30 days) MO	
LEXIVA	\$0 (2) MO	
NORVIR	\$0 (2) MO	
PREZCOBIX	\$0 (2) QL (30 EA per 30 days) MO	
PREZISTA SUSP	\$0 (2) MO	
PREZISTA TABS 75MG	\$0 (2)	
PREZISTA TABS 150MG, 600MG, 800MG	\$0 (2) MO	
REYATAZ PACK	\$0 (2)	
REYATAZ CAPS	\$0 (2) MO	
VIRACEPT	\$0 (2) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-influenza Agents		
RELENZA DISKHALER	\$0 (2)	QL (120 EA per 365 days) MO
<i>rimantadine hcl</i>	\$0 (1)	MO
TAMIFLU SUSR	\$0 (2)	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	\$0 (2)	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	\$0 (2)	QL (84 EA per 365 days) MO
Antiherpetic Agents		
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	\$0 (1)	B/D
<i>acyclovir sodium inj 500mg</i>	\$0 (1)	B/D MO
<i>acyclovir caps, oint, susp, tabs</i>	\$0 (1)	MO
DENAVIR	\$0 (2)	MO
<i>famciclovir tabs 125mg, 250mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>valacyclovir hcl</i>	\$0 (1)	MO
Antivirals		
VIRAZOLE	\$0 (2)	

ANXIOLYTICS- DRUGS USED TO TREAT ANXIETY

Anxiolytics, Other		
<i>bupirone hcl tabs</i>	\$0 (1)	MO
Benzodiazepines		
<i>alprazolam tabs 0.25mg, 0.5mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	\$0 (1)	QL (150 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	\$0 (1)	MO
<i>diazepam inj 5mg/ml</i>	\$0 (1)	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	\$0 (1)	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>lorazepam intensol</i>	\$0 (1)	QL (150 ML per 30 days) MO
<i>lorazepam tabs</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>lorazepam inj 4mg/ml</i>	\$0 (1)	QL (120 ML per 30 days)
<i>lorazepam inj 2mg/ml</i>	\$0 (1)	QL (120 ML per 30 days) MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>duloxetine hcl cpep 40mg</i>	\$0 (1)	QL (60 EA per 30 days) MO

BIPOLAR AGENTS- DRUGS USED TO TREAT BIPOLAR DISORDER

Mood Stabilizers		
EQUETRO	\$0 (2)	MO
<i>lithium</i>	\$0 (1)	MO
<i>lithium carbonate er</i>	\$0 (1)	MO
<i>lithium carbonate caps, tabs</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS- DRUGS USED TO TREAT DIABETES		
<i>Antidiabetic Agents</i>		
<i>acarbose</i>	\$0 (1) MO	
<i>glimepiride</i>	\$0 (1) MO	
<i>glipizide er</i>	\$0 (1) MO	
<i>glipizide xl</i>	\$0 (1) MO	
<i>glipizide/metformin hcl</i>	\$0 (1) MO	
<i>glipizide tabs</i>	\$0 (1) MO	
<i>glyburide micronized</i>	\$0 (1) PA MO	
<i>glyburide/metformin hcl</i>	\$0 (1) PA MO	
<i>glyburide tabs</i>	\$0 (1) PA MO	
INVOKAMET	\$0 (2) QL (60 EA per 30 days) MO	
INVOKANA TABS 300MG	\$0 (2) QL (30 EA per 30 days) MO	
INVOKANA TABS 100MG	\$0 (2) QL (60 EA per 30 days) MO	
JANUMET	\$0 (2) QL (60 EA per 30 days) MO	
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	\$0 (2) QL (30 EA per 30 days) MO	
JANUMET XR TB24 1000MG; 50MG	\$0 (2) QL (60 EA per 30 days) MO	
JANUVIA	\$0 (2) QL (30 EA per 30 days) MO	
JENTADUETO	\$0 (2) MO	
KORLYM	\$0 (2) QL (120 EA per 30 days) PA	
<i>metformin hcl er</i>	\$0 (1) MO	
<i>metformin hcl tabs</i>	\$0 (1) MO	
<i>nateglinide</i>	\$0 (1) MO	
<i>pioglitazone hcl</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>pioglitazone hcl-glimepiride</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>pioglitazone hcl/metformin hcl</i>	\$0 (1) QL (90 EA per 30 days) MO	
<i>repaglinide/metformin hydrochloride</i>	\$0 (1) QL (150 EA per 30 days)	
<i>repaglinide tabs 0.5mg, 1mg</i>	\$0 (1) QL (120 EA per 30 days) MO	
<i>repaglinide tabs 2mg</i>	\$0 (1) QL (240 EA per 30 days) MO	
SYMLINPEN 120	\$0 (2) QL (10.8 ML per 30 days) MO	
SYMLINPEN 60	\$0 (2) QL (6 ML per 30 days) MO	
<i>tolazamide</i>	\$0 (1) MO	
<i>tolbutamide</i>	\$0 (1) MO	
TRADJENTA	\$0 (2) MO	
TRULICITY	\$0 (2) QL (2 ML per 28 days) MO	
VICTOZA	\$0 (2) QL (9 ML per 30 days) MO	
<i>Glycemic Agents</i>		
GLUCAGEN DIAGNOSTIC	\$0 (2) QL (4 EA per 30 days) MO	
GLUCAGEN HYPOKIT	\$0 (2) QL (4 EA per 30 days) MO	
GLUCAGON EMERGENCY KIT	\$0 (2) QL (4 EA per 30 days) MO	
PROGLYCEM	\$0 (2) MO	

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Insulins		
LEVEMIR	\$0 (2)	MO
LEVEMIR FLEXTOUCH	\$0 (2)	MO
NOVOLIN 70/30	\$0 (2)	MO
NOVOLIN 70/30 RELION	\$0 (2)	MO
NOVOLIN N	\$0 (2)	MO
NOVOLIN N RELION	\$0 (2)	MO
NOVOLIN R	\$0 (2)	MO
NOVOLIN R RELION	\$0 (2)	MO
NOVOLOG	\$0 (2)	MO
NOVOLOG FLEXPEN	\$0 (2)	MO
NOVOLOG MIX 70/30	\$0 (2)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	\$0 (2)	MO
NOVOLOG PENFILL	\$0 (2)	MO

**BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS-
DRUGS USED TO TREAT BLOOD DISORDERS;
ANTICOAGULANTS/BLOOD THINNERS**

Anticoagulants		
ELIQUIS	\$0 (2)	QL (60 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (1)	MO
<i>fondaparinux sodium</i>	\$0 (1)	MO
<i>heparin sodium/d5w</i>	\$0 (1)	
<i>heparin sodium/nacl 0.45%</i>	\$0 (1)	
<i>heparin sodium/nacl 0.9%</i>	\$0 (1)	
<i>heparin sodium/sodium chloride 0.9%</i>	\$0 (1)	
<i>heparin sodium/sodium chloride 0.9% premix</i>	\$0 (1)	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (1)	MO
<i>jantoven</i>	\$0 (1)	MO
PRADAXA CAPS 150MG, 75MG	\$0 (2)	QL (60 EA per 30 days) MO
SAVAYSA	\$0 (2)	QL (30 EA per 30 days) MO
<i>warfarin sodium tabs</i>	\$0 (1)	MO
XARELTO STARTER PACK	\$0 (2)	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 20MG	\$0 (2)	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	\$0 (2)	QL (60 EA per 30 days) MO
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	\$0 (1)	MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	\$0 (2)	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML, 60MCG/0.3ML	\$0 (2)	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML, 40MCG/0.4ML	\$0 (2)	QL (1.6 ML per 28 days) PA

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ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	\$0 (2)	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	\$0 (2)	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	\$0 (2)	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	\$0 (2)	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	\$0 (2)	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 25MCG/ML, 300MCG/ML, 40MCG/ML, 60MCG/ML	\$0 (2)	QL (4 ML per 28 days) PA
LEUKINE INJ 250MCG	\$0 (2)	PA
NEUMEGA	\$0 (2)	PA
NEUPOGEN	\$0 (2)	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (2)	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	\$0 (2)	QL (8 ML per 28 days) PA
PROMACTA	\$0 (2)	QL (30 EA per 30 days) PA LA
Coagulants		
<i>tranexamic acid inj</i>	\$0 (1)	
<i>tranexamic acid tabs</i>	\$0 (1)	QL (30 EA per 5 days) MO
Platelet Modifying Agents		
AGGRENOX	\$0 (2)	QL (60 EA per 30 days) MO
<i>aspirin/dipyridamole</i>	\$0 (1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>cilostazol</i>	\$0 (1)	MO
<i>clopidogrel tabs 300mg</i>	\$0 (1)	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
EFFIENT	\$0 (2)	QL (30 EA per 30 days) MO
<i>ticlopidine hcl</i>	\$0 (1)	PA
CARDIOVASCULAR AGENTS - DRUGS USED TO TREAT HEART AND CIRCULATION CONDITIONS, HIGH BLOOD PRESSURE, HEART RHYTHM, HIGH CHOLESTEROL		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs</i>	\$0 (1)	MO
<i>clonidine hcl ptwk</i>	\$0 (1)	QL (8 EA per 28 days) MO
<i>midodrine hcl</i>	\$0 (1)	MO
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate</i>	\$0 (1)	MO
<i>prazosin hcl</i>	\$0 (1)	MO
<i>terazosin hcl</i>	\$0 (1)	MO
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>eprosartan mesylate</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>valsartan</i>	\$0 (1)	MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	\$0 (1)	MO
<i>benazepril hcl tabs</i>	\$0 (1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>captopril tabs</i>	\$0 (1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (1)	MO
<i>enalapril maleate tabs</i>	\$0 (1)	MO
<i>fosinopril sodium</i>	\$0 (1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (1)	MO
<i>lisinopril</i>	\$0 (1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>moexipril hcl</i>	\$0 (1)	MO
<i>moexipril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>perindopril erbumine</i>	\$0 (1)	MO
<i>quinapril hcl</i>	\$0 (1)	MO
<i>quinapril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>ramipril</i>	\$0 (1)	MO
<i>trandolapril</i>	\$0 (1)	MO
<i>trandolapril/verapamil hcl</i>	\$0 (1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (1)	MO
Antiarrhythmics		
<i>amiodarone hcl tabs</i>	\$0 (1)	MO
<i>disopyramide phosphate</i>	\$0 (1)	PA MO
<i>flecainide acetate</i>	\$0 (1)	MO
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	\$0 (1)	MO
<i>mexiletine hcl</i>	\$0 (1)	MO
MULTAQ	\$0 (2)	MO
<i>pacerone</i>	\$0 (1)	
<i>propafenone hcl</i>	\$0 (1)	MO
<i>propafenone hcl er</i>	\$0 (1)	MO

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<i>quinidine gluconate cr</i>	\$0 (1) MO	
<i>quinidine gluconate er</i>	\$0 (1) MO	
<i>quinidine sulfate</i>	\$0 (1) MO	
<i>quinidine sulfate er</i>	\$0 (1) MO	
<i>sorine</i>	\$0 (1)	
<i>sotalol hcl</i>	\$0 (1) MO	
<i>sotalol hcl (af)</i>	\$0 (1) MO	
TIKOSYN	\$0 (2)	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	\$0 (1) MO	
<i>atenolol/chlorthalidone</i>	\$0 (1) MO	
<i>atenolol tabs</i>	\$0 (1) MO	
<i>betaxolol hcl tabs 10mg, 20mg</i>	\$0 (1) MO	
<i>bisoprolol fumarate</i>	\$0 (1) MO	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (1) MO	
<i>carvedilol</i>	\$0 (1) MO	
<i>labetalol hcl inj, tabs</i>	\$0 (1) MO	
<i>metoprolol succinate er</i>	\$0 (1) MO	
<i>metoprolol tartrate inj, tabs</i>	\$0 (1) MO	
<i>metoprolol/hydrochlorothiazide</i>	\$0 (1) MO	
<i>nadolol/bendroflumethiazide</i>	\$0 (1) MO	
<i>nadolol tabs</i>	\$0 (1) MO	
<i>pindolol</i>	\$0 (1) MO	
<i>propranolol hcl er</i>	\$0 (1) MO	
<i>propranolol hcl inj</i>	\$0 (1)	
<i>propranolol hcl oral soln, tabs</i>	\$0 (1) MO	
<i>propranolol/hydrochlorothiazide</i>	\$0 (1) MO	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	\$0 (1) MO	
Calcium Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (1) MO	
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>amlodipine besylate/valsartan</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>amlodipine besylate tabs</i>	\$0 (1) MO	
<i>amlodipine/valsartan/hctz</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>cartia xt</i>	\$0 (1)	
<i>dilt-xr</i>	\$0 (1)	
<i>diltiazem cd cp24 180mg</i>	\$0 (1)	
<i>diltiazem cd cp24 120mg, 180mg, 240mg, 300mg</i>	\$0 (1) MO	
<i>diltiazem hcl cd</i>	\$0 (1) MO	
<i>diltiazem hcl er</i>	\$0 (1) MO	
<i>diltiazem hcl inj</i>	\$0 (1)	
<i>diltiazem hcl tabs</i>	\$0 (1) MO	

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<i>isradipine</i>	\$0 (1) MO	
<i>matzim la</i>	\$0 (1) MO	
<i>nicardipine hcl caps</i>	\$0 (1) MO	
<i>nisoldipine</i>	\$0 (1) MO	
<i>nisoldipine er</i>	\$0 (1) MO	
<i>taztia xt</i>	\$0 (1)	
<i>verapamil hcl er</i>	\$0 (1) MO	
<i>verapamil hcl sr cp24</i>	\$0 (1) MO	
<i>verapamil hcl sr tbc 240mg</i>	\$0 (1) MO	
<i>verapamil hcl inj, tabs</i>	\$0 (1) MO	
Cardiovascular Agents, Other		
CORLANOR	\$0 (2) PA MO	
<i>digitek</i>	\$0 (1)	
<i>digox</i>	\$0 (1)	
<i>digoxin inj, oral soln, tabs</i>	\$0 (1) MO	
NORTHERA	\$0 (2) PA LA	
<i>pentoxifylline cr</i>	\$0 (1) MO	
<i>pentoxifylline er</i>	\$0 (1) MO	
RANEXA	\$0 (2) QL (60 EA per 30 days) MO	
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	\$0 (1) MO	
<i>acetazolamide tabs</i>	\$0 (1) MO	
<i>methazolamide</i>	\$0 (1) MO	
Diuretics, Loop		
<i>bumetanide</i>	\$0 (1) MO	
<i>furosemide inj, oral soln, tabs</i>	\$0 (1) MO	
<i>toremide tabs</i>	\$0 (1) MO	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	\$0 (1) MO	
<i>amiloride/hydrochlorothiazide</i>	\$0 (1) MO	
<i>eplerenone</i>	\$0 (1) MO	
<i>spironolactone/hydrochlorothiazide</i>	\$0 (1) MO	
<i>spironolactone tabs</i>	\$0 (1) MO	
<i>triamterene/hydrochlorothiazide</i>	\$0 (1) MO	
Diuretics, Thiazide		
<i>chlorothiazide</i>	\$0 (1) MO	
<i>chlorthalidone tabs 25mg, 50mg</i>	\$0 (1) MO	
<i>hydrochlorothiazide caps, tabs</i>	\$0 (1) MO	
<i>indapamide</i>	\$0 (1) MO	
<i>methyclothiazide tabs</i>	\$0 (1) MO	
<i>metolazone</i>	\$0 (1) MO	
Dyslipidemics, Fibric Acid Derivatives		

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<i>fenofibrate micronized</i>	\$0 (1) MO	
<i>fenofibrate caps</i>	\$0 (1) MO	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	\$0 (1) MO	
<i>fenofibric acid</i>	\$0 (1) MO	
<i>fenofibric acid dr</i>	\$0 (1) MO	
<i>gemfibrozil tabs</i>	\$0 (1) MO	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium</i>	\$0 (1) MO	
CRESTOR	\$0 (2) QL (30 EA per 30 days) MO	
<i>fluvastatin</i>	\$0 (1) MO	
<i>fluvastatin sodium er</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>lovastatin</i>	\$0 (1) MO	
<i>pravastatin sodium</i>	\$0 (1) MO	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	\$0 (1) MO	
<i>simvastatin tabs 80mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	\$0 (1) MO	
<i>cholestyramine pack, powd</i>	\$0 (1) MO	
<i>colestipol hcl</i>	\$0 (1) MO	
KYNAMRO	\$0 (2) PA LA	
LOVAZA	\$0 (2) QL (120 EA per 30 days) ST MO	
<i>micronized colestipol hcl</i>	\$0 (1) MO	
<i>niacin er</i>	\$0 (1) MO	
<i>omega-3-acid ethyl esters</i>	\$0 (1) QL (120 EA per 30 days) MO	
<i>prevalite</i>	\$0 (1) MO	
VASCEPA	\$0 (2) MO	
ZETIA	\$0 (2) QL (30 EA per 30 days) MO	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate er</i>	\$0 (1) MO	
<i>isosorbide dinitrate tabs</i>	\$0 (1) MO	
<i>isosorbide mononitrate</i>	\$0 (1) MO	
<i>isosorbide mononitrate er</i>	\$0 (1) MO	
<i>minitran</i>	\$0 (1)	
<i>nitroglycerin lingual</i>	\$0 (1) MO	
<i>nitroglycerin transdermal</i>	\$0 (1) MO	
<i>nitroglycerin inj</i>	\$0 (1)	
NITROSTAT	\$0 (2) MO	
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl inj, tabs</i>	\$0 (1) MO	
<i>minoxidil tabs</i>	\$0 (1) MO	

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CENTRAL NERVOUS SYSTEM AGENTS- DRUGS USED TO TREAT ADHD, MULTIPLE SCLEROSIS, CHOREA ASSOCIATED WITH HUNTINGTON DISEASE		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln</i>	\$0 (1)	QL (1800 ML per 30 days) PA MO
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>guanfacine er</i>	\$0 (1)	QL (30 EA per 30 days) MO
INTUNIV	\$0 (2)	QL (30 EA per 30 days) MO
<i>metadate er</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl sr</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl tabs</i>	\$0 (1)	PA MO
<i>Central Nervous System, Other</i>		
NUEDEXTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>riluzole</i>	\$0 (1)	MO
<i>tetrabenazine tabs 25mg</i>	\$0 (1)	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	\$0 (1)	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	\$0 (2)	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	\$0 (2)	QL (90 EA per 30 days) PA LA
<i>Multiple Sclerosis Agents</i>		
AMPYRA	\$0 (2)	QL (60 EA per 30 days) PA LA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (2)	QL (30 ML per 30 days) PA
EXTAVIA	\$0 (2)	QL (15 EA per 30 days) PA
GILENYA	\$0 (2)	QL (30 EA per 30 days) PA
<i>glatopa</i>	\$0 (1)	QL (30 ML per 30 days) PA
DENTAL AND ORAL AGENTS		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate oral rinse</i>	\$0 (1)	MO
<i>clinpro 5000</i>	\$0 (1)	MO
<i>dentagel</i>	\$0 (1)	MO
<i>fluoridex daily defense</i>	\$0 (1)	MO
<i>oralone</i>	\$0 (1)	

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<i>paroex</i>	\$0 (1)	
<i>periogard</i>	\$0 (1)	
<i>phos-flur</i>	\$0 (1)	
<i>pilocarpine hcl tabs 7.5mg</i>	\$0 (1)	MO
<i>pilocarpine hydrochloride</i>	\$0 (1)	MO
<i>sf</i>	\$0 (1)	MO
<i>triamcinolone acetonide pste 0.1%</i>	\$0 (1)	MO
<i>triamcinolone in orabase</i>	\$0 (1)	MO

DERMATOLOGICAL AGENTS- ANTIPSORIATICS, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE, ACNE, WOUND CARE AGENTS, ANTIBIOTICS

Dermatological Agents

8-MOP	\$0 (2)	
<i>acitretin</i>	\$0 (1)	PA MO
ALTABAX	\$0 (2)	MO
<i>ammonium lactate crea, lotn</i>	\$0 (1)	MO
<i>amnesteem</i>	\$0 (1)	
<i>avita crea</i>	\$0 (1)	PA
<i>avita gel</i>	\$0 (1)	PA MO
<i>calcipotriene</i>	\$0 (1)	MO
<i>calcitrene</i>	\$0 (1)	MO
<i>claravis</i>	\$0 (1)	
<i>clindamycin phosphate foam 1%</i>	\$0 (1)	MO
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	MO
<i>clindamycin phosphate lotn 1%</i>	\$0 (1)	MO
<i>clindamycin phosphate external soln 1%</i>	\$0 (1)	MO
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	MO
<i>clindamycin/benzoyl peroxide</i>	\$0 (1)	MO
ELIDEL	\$0 (2)	QL (60 GM per 30 days) ST MO
<i>ery</i>	\$0 (1)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (1)	MO
<i>erythromycin gel 2%</i>	\$0 (1)	MO
<i>erythromycin pads 2%</i>	\$0 (1)	MO
<i>erythromycin soln 2%</i>	\$0 (1)	MO
<i>fluorouracil crea 0.5%, 5%</i>	\$0 (1)	MO
<i>fluorouracil external soln 2%, 5%</i>	\$0 (1)	MO
<i>gentamicin sulfate crea 0.1%</i>	\$0 (1)	MO
<i>gentamicin sulfate external oint 0.1%</i>	\$0 (1)	MO
<i>gnp lice treatment</i>	\$0 (3)	*
<i>gnp terbinafine hydrochloride</i>	\$0 (3)	*
<i>hm lice treatment</i>	\$0 (3)	*
<i>imiquimod crea</i>	\$0 (1)	MO

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LAMISIL AT CREA	\$0 (3) *	
<i>methoxsalen caps</i>	\$0 (1) MO	
<i>metronidazole crea 0.75%</i>	\$0 (1) MO	
<i>metronidazole gel 0.75%, 1%</i>	\$0 (1) MO	
<i>metronidazole lotn 0.75%</i>	\$0 (1) MO	
<i>mupirocin</i>	\$0 (1) MO	
<i>mupirocin calcium</i>	\$0 (1) MO	
<i>myorisan</i>	\$0 (1)	
OXSORALEN	\$0 (2) MO	
<i>podofilox soln</i>	\$0 (1) MO	
<i>qc athletes foot</i>	\$0 (3) *	
REGRANEX	\$0 (2) QL (15 GM per 30 days) PA MO	
<i>rosadan</i>	\$0 (1)	
SANTYL	\$0 (2) MO	
<i>selenium sulfide lotn</i>	\$0 (1) MO	
<i>silver sulfadiazine</i>	\$0 (1) MO	
<i>sm athletes foot</i>	\$0 (3) *	
<i>sodium sulfacetamide lotn 10%</i>	\$0 (1) MO	
<i>ssd</i>	\$0 (1)	
<i>sulfacetamide sodium susp 10%</i>	\$0 (1) MO	
SULFAMYLON	\$0 (2) MO	
TAZORAC	\$0 (2) MO	
<i>terbinafine hcl crea 1%</i>	\$0 (3) *	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	\$0 (1) PA MO	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (1) PA MO	
<i>zenatane</i>	\$0 (1)	
ZONALON	\$0 (2) MO	

ENZYME REPLACEMENT/MODIFIERS- DRUGS USED TO TREAT ENZYME DEFICIENCIES, PANCREATIC ENZYMES

Enzyme Replacement/Modifiers

ADAGEN	\$0 (2) PA	
ALDURAZYME	\$0 (2) PA LA	
BUPHENYL TABS	\$0 (2) PA	
CARBAGLU	\$0 (2)	
CEREZYME	\$0 (2) PA LA	
CREON	\$0 (2) MO	
CYSTADANE	\$0 (2)	
CYSTAGON	\$0 (2) PA LA	
FABRAZYME	\$0 (2) PA LA	
KUVAN TBSO	\$0 (2) PA LA	
KUVAN PACK 500MG	\$0 (2) PA	
KUVAN PACK 100MG	\$0 (2) PA LA	

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LUMIZYME	\$0 (2)	LA
NAGLAZYME	\$0 (2)	PA LA
ORFADIN	\$0 (2)	PA
<i>pancrelipase</i>	\$0 (1)	MO
RAVICTI	\$0 (2)	PA LA
<i>sodium phenylbutyrate powd</i>	\$0 (1)	PA
VPRIV	\$0 (2)	PA
ZAVESCA	\$0 (2)	PA
ZENPEP	\$0 (2)	MO

GASTROINTESTINAL- DRUGS USED TO TREAT STOMACH AND INTESTINAL DISORDERS, ANTI-DIARRHEAL, LAXATIVES, ULCERS AND STOMACH ACID

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl</i>	\$0 (1)	PA MO
<i>glycopyrrolate inj, tabs</i>	\$0 (1)	MO
<i>methscopolamine bromide</i>	\$0 (1)	MO

Gastrointestinal Agents, Other

<i>anti-diarrheal tabs</i>	\$0 (3)	*
<i>clearlax</i>	\$0 (3)	*
<i>cromolyn sodium conc 100mg/5ml</i>	\$0 (1)	MO
<i>diphenatol</i>	\$0 (1)	
<i>diphenoxylate/atropine</i>	\$0 (1)	MO
GATTEX	\$0 (2)	PA LA
<i>gavilax</i>	\$0 (3)	*
<i>gavilyte-h</i>	\$0 (1)	MO
<i>gnp clearlax</i>	\$0 (3)	*
<i>gnp loperamide hcl</i>	\$0 (3)	*
<i>healthylax</i>	\$0 (3)	*
<i>loperamide a-d</i>	\$0 (3)	*
<i>loperamide hcl caps</i>	\$0 (1)	MO
<i>loperamide hcl liqd, susp</i>	\$0 (3)	*
<i>metoclopramide hcl inj, oral soln, tabs</i>	\$0 (1)	MO
<i>qc anti-diarrheal</i>	\$0 (3)	*
RELISTOR INJ 12MG/0.6ML	\$0 (2)	PA
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	\$0 (2)	PA MO
<i>sb anti-diarrhea</i>	\$0 (3)	*
<i>sm anti-diarrheal tabs</i>	\$0 (3)	*
<i>sm clearlax</i>	\$0 (3)	*
<i>ursodiol caps, tabs</i>	\$0 (1)	MO
<i>Histamine2 (H2) receptor Antagonists</i>		
<i>acid reducer tabs 10mg, 75mg</i>	\$0 (3)	*
<i>cimetidine hcl</i>	\$0 (1)	MO

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<i>cimetidine tabs</i>	\$0 (1) MO	
<i>dual action complete chew 800mg; 10mg; 165mg</i>	\$0 (3) *	
<i>famotidine premixed</i>	\$0 (1)	
<i>famotidine inj 200mg/20ml</i>	\$0 (1)	
<i>famotidine inj 20mg/2ml, 40mg/4ml</i>	\$0 (1) MO	
<i>famotidine susr 40mg/5ml</i>	\$0 (1) MO	
<i>famotidine tabs 20mg, 40mg</i>	\$0 (1) MO	
<i>famotidine tabs 10mg</i>	\$0 (3) *	
<i>gnp acid reducer tabs 10mg</i>	\$0 (3) *	
<i>heartburn relief tabs 10mg</i>	\$0 (3) *	
<i>qc acid controller</i>	\$0 (3) *	
<i>ranitidine 75</i>	\$0 (3) *	
<i>ranitidine hcl caps 150mg, 300mg</i>	\$0 (1) MO	
<i>ranitidine hcl inj 150mg/6ml</i>	\$0 (1)	
<i>ranitidine hcl inj 50mg/2ml</i>	\$0 (1) MO	
<i>ranitidine hcl syrp 15mg/ml</i>	\$0 (1) MO	
<i>ranitidine hcl tabs 150mg, 300mg</i>	\$0 (1) MO	
<i>sm acid reducer tabs 10mg, 75mg</i>	\$0 (3) *	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	\$0 (1) QL (60 EA per 30 days) MO	
AMITIZA	\$0 (2) QL (60 EA per 30 days) MO	
LINZESS	\$0 (2) QL (30 EA per 30 days) MO	
Laxatives		
<i>constulose</i>	\$0 (1)	
<i>enulose</i>	\$0 (1)	
<i>gavilyte-c</i>	\$0 (1) MO	
<i>gavilyte-g</i>	\$0 (1) MO	
<i>gavilyte-n/flavor pack</i>	\$0 (1) MO	
<i>generlac</i>	\$0 (1) MO	
<i>lactulose soln</i>	\$0 (1) MO	
MOVIPREP	\$0 (2) MO	
<i>peg 3350/electrolytes</i>	\$0 (1) MO	
<i>peg-3350/electrolytes</i>	\$0 (1) MO	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (1) MO	
<i>polyethylene glycol 3350 pack, powd</i>	\$0 (1) MO	
PREPOPIK	\$0 (2) MO	
SUPREP BOWEL PREP	\$0 (2) MO	
<i>trilyte</i>	\$0 (1) MO	
Protectants		
<i>misoprostol</i>	\$0 (1) MO	
<i>sucrafate susp, tabs</i>	\$0 (1) MO	
Proton Pump Inhibitors		

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<i>dual action complete chew 800mg; 10mg; 165mg</i>	\$0 (3) *	
<i>esomeprazole magnesium</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium</i>	\$0 (1)	
<i>hm complete dual action</i>	\$0 (3) *	
<i>omeprazole cpdr 20mg</i>	\$0 (1)	MO
<i>omeprazole cpdr 10mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	\$0 (1)	
<i>pantoprazole sodium tbec 20mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
PRILOSEC OTC	\$0 (3) *	
GENITOURINARY- VAGINAL ANTI-INFECTIVES		
Antispasmodics, Urinary		
MYRBETRIQ	\$0 (2)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrp</i>	\$0 (1)	QL (600 ML per 30 days) MO
<i>tolterodine tartrate</i>	\$0 (1)	QL (60 EA per 30 days) MO
VESICARE	\$0 (2)	QL (30 EA per 30 days) MO
Benign Prostatic Hypertrophy Agents		
<i>dutasteride</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (1)	QL (30 EA per 30 days)
<i>finasteride tabs 5mg</i>	\$0 (1)	MO
<i>tamsulosin hcl</i>	\$0 (1)	MO
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	\$0 (1)	MO
<i>clotrimazole vaginal crea 1%</i>	\$0 (3)	*
<i>gnp miconazole 3</i>	\$0 (3)	*
<i>methylergonovine maleate</i>	\$0 (1)	MO
<i>miconazole 3 combo pack</i>	\$0 (3)	*
<i>miconazole 7</i>	\$0 (3)	*
<i>qc 3 day vaginal cream</i>	\$0 (3)	*
<i>sm miconazole 3</i>	\$0 (3)	*
<i>sm miconazole 7</i>	\$0 (3)	*
<i>sodium chloride 0.9%</i>	\$0 (1)	MO
THIOLA	\$0 (2)	
<i>tioconazole-1</i>	\$0 (3)	*
Phosphate Binders		
AURYXIA	\$0 (2)	MO
<i>calcium acetate caps</i>	\$0 (1)	MO
<i>calcium acetate tabs 667mg</i>	\$0 (1)	MO

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FOSRENOL CHEW	\$0 (2) MO	
FOSRENOL PACK 750MG	\$0 (2)	
FOSRENOL PACK 1000MG	\$0 (2) MO	
RENVELA	\$0 (2) MO	
VELPHORO	\$0 (2) MO	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)-CORTICOSTEROID DRUGS THAT CAN BE USED FOR A VARIETY OF CONDITIONS SUCH AS INFLAMMATION

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

<i>a-hydrocort</i>	\$0 (1) MO	
<i>ala cort</i>	\$0 (1)	
<i>alclometasone dipropionate</i>	\$0 (1) MO	
<i>amcinonide</i>	\$0 (1) MO	
<i>augmented betamethasone dipropionate</i>	\$0 (1) MO	
<i>baycadron</i>	\$0 (1)	
<i>betamethasone dipropionate crea, lotn, oint</i>	\$0 (1) MO	
<i>betamethasone valerate crea, foam, lotn, oint</i>	\$0 (1) MO	
<i>budesonide cp24 3mg</i>	\$0 (1) MO	
<i>clobetasol propionate e</i>	\$0 (1) MO	
<i>clobetasol propionate emollient foam</i>	\$0 (1) MO	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	\$0 (1) MO	
<i>colocort</i>	\$0 (1)	
<i>cormax scalp application</i>	\$0 (1)	
<i>cortisone acetate tabs</i>	\$0 (1) MO	
<i>deltasone</i>	\$0 (1)	
<i>desonide crea, lotn, oint</i>	\$0 (1) MO	
<i>desoximetasone crea, gel, oint</i>	\$0 (1) MO	
DEXAMETHASONE INTENSOL	\$0 (2) MO	
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 20mg/5ml, 4mg/ml</i>	\$0 (1) MO	
<i>dexamethasone elix, soln, tabs</i>	\$0 (1) MO	
<i>diflorasone diacetate</i>	\$0 (1) MO	
<i>fludrocortisone acetate tabs</i>	\$0 (1) MO	
<i>fluocinolone acetonide body</i>	\$0 (1) MO	
<i>fluocinolone acetonide scalp</i>	\$0 (1) MO	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	\$0 (1) MO	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1) MO	
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1) MO	
<i>fluocinonide-e</i>	\$0 (1) MO	

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<i>fluocinonide crea, gel, oint, soln</i>	\$0 (1) MO	
<i>fluticasone propionate crea 0.05%</i>	\$0 (1) MO	
<i>fluticasone propionate lotn 0.05%</i>	\$0 (1) MO	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1) MO	
<i>halobetasol propionate</i>	\$0 (1) MO	
<i>hydrocortisone butyrate (lipophilic)</i>	\$0 (1) MO	
<i>hydrocortisone butyrate crea, oint, soln</i>	\$0 (1) MO	
<i>hydrocortisone in absorbase</i>	\$0 (1) MO	
<i>hydrocortisone valerate</i>	\$0 (1) MO	
<i>hydrocortisone crea 1%, 2.5%</i>	\$0 (1) MO	
<i>hydrocortisone enem, tabs</i>	\$0 (1) MO	
<i>hydrocortisone lotn 2.5%</i>	\$0 (1) MO	
<i>hydrocortisone oint 1%, 2.5%</i>	\$0 (1) MO	
<i>methylprednisolone acetate inj</i>	\$0 (1) MO	
<i>methylprednisolone dose pack</i>	\$0 (1) MO	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	\$0 (1) MO	
<i>methylprednisolone tabs</i>	\$0 (1) MO	
MILLIPRED	\$0 (2) MO	
MILLIPRED DP	\$0 (2) MO	
<i>mometasone furoate crea, oint, soln</i>	\$0 (1) MO	
<i>prednicarbate</i>	\$0 (1) MO	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	\$0 (1) MO	
<i>prednisolone soln, syrp</i>	\$0 (1) MO	
PREDNISON INTENSOL	\$0 (2) MO	
<i>prednisone soln, tabs</i>	\$0 (1) MO	
<i>procto-pak</i>	\$0 (1) MO	
<i>proctosol hc</i>	\$0 (1) MO	
<i>proctozone-hc</i>	\$0 (1) MO	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	\$0 (1) MO	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	\$0 (1) MO	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	\$0 (1) MO	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	\$0 (1) MO	
<i>triderm</i>	\$0 (1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)-DRUGS USED TO REGULATE PITUITARY HORMONES, GROWTH HORMONES

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate inj, nasal soln, tabs</i>	\$0 (1) MO	
EGRIFTA INJ 2MG	\$0 (2)	QL (30 EA per 30 days) PA LA

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EGRIFTA INJ 1MG	\$0 (2)	QL (60 EA per 30 days) PA LA
INCRELEX	\$0 (2)	PA LA
NORDITROPIN FLEXPRO	\$0 (2)	PA
VASOSTRICT	\$0 (2)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)- BIRTH CONTROL, ENDOMETRIOSIS, ESTROGENS, MALE HORMONES

Anabolic Steroids

ANADROL-50	\$0 (2)	MO
<i>oxandrolone tabs 2.5mg</i>	\$0 (1)	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO

Androgens

ANDROGEL PUMP GEL 1.62%	\$0 (2)	PA MO
ANDROGEL PUMP GEL 1%	\$0 (2)	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	\$0 (2)	PA MO
ANDROGEL GEL 25MG/2.5GM	\$0 (2)	QL (300 GM per 30 days) PA MO
<i>danazol caps</i>	\$0 (1)	MO
<i>testosterone cypionate inj</i>	\$0 (1)	PA MO
<i>testosterone enanthate inj</i>	\$0 (1)	PA MO
<i>testosterone gel 1%, 25mg/2.5gm</i>	\$0 (1)	QL (300 GM per 30 days) PA MO

Estrogens

<i>altavera</i>	\$0 (1)	
<i>alyacen 1/35</i>	\$0 (1)	
<i>alyacen 7/7/7</i>	\$0 (1)	
<i>amethia</i>	\$0 (1)	
<i>amethia lo</i>	\$0 (1)	
<i>amethyst</i>	\$0 (1)	
<i>apri</i>	\$0 (1)	
<i>aranelle</i>	\$0 (1)	
<i>ashlyna</i>	\$0 (1)	
<i>aubra</i>	\$0 (1)	
<i>aviane</i>	\$0 (1)	
<i>azurette</i>	\$0 (1)	
<i>balziva</i>	\$0 (1)	
<i>blisovi 24 fe</i>	\$0 (1)	
<i>blisovi fe 1.5/30</i>	\$0 (1)	
<i>blisovi fe 1/20</i>	\$0 (1)	
<i>briellyn</i>	\$0 (1)	

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<i>camrese</i>	\$0 (1)	
<i>camrese lo</i>	\$0 (1)	
<i>caziant</i>	\$0 (1)	
<i>chateal</i>	\$0 (1)	
<i>cryselle-28</i>	\$0 (1)	MO
<i>cyclafem 1/35</i>	\$0 (1)	MO
<i>cyclafem 7/7/7</i>	\$0 (1)	MO
<i>cyred</i>	\$0 (1)	
<i>dasetta 1/35</i>	\$0 (1)	
<i>dasetta 7/7/7</i>	\$0 (1)	
<i>daysee</i>	\$0 (1)	MO
<i>delyla</i>	\$0 (1)	
DEPO-ESTRADIOL	\$0 (2)	MO
<i>desogestrel/ethinyl estradiol</i>	\$0 (1)	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	\$0 (1)	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	\$0 (1)	MO
<i>elinest</i>	\$0 (1)	
<i>emoquette</i>	\$0 (1)	
<i>enpresse-28</i>	\$0 (1)	
<i>enskyce</i>	\$0 (1)	MO
<i>estarylla</i>	\$0 (1)	
ESTRACE CREA	\$0 (2)	MO
<i>estradiol/norethindrone acetate</i>	\$0 (1)	PA MO
<i>estradiol tabs</i>	\$0 (1)	PA MO
<i>estradiol ptwk</i>	\$0 (1)	QL (4 EA per 28 days) PA MO
<i>estradiol pttw</i>	\$0 (1)	QL (8 EA per 28 days) PA MO
<i>falmina</i>	\$0 (1)	
<i>gianvi</i>	\$0 (1)	
<i>gildagia</i>	\$0 (1)	
<i>gildess 1.5/30</i>	\$0 (1)	MO
<i>gildess 1/20</i>	\$0 (1)	MO
<i>gildess 24 fe</i>	\$0 (1)	
<i>gildess fe 1.5/30</i>	\$0 (1)	
<i>gildess fe 1/20</i>	\$0 (1)	
<i>introvale</i>	\$0 (1)	
<i>jinteli</i>	\$0 (1)	PA MO
<i>jolessa</i>	\$0 (1)	
<i>juleber</i>	\$0 (1)	
<i>junel 1.5/30</i>	\$0 (1)	
<i>junel 1/20</i>	\$0 (1)	
<i>junel fe 1.5/30</i>	\$0 (1)	MO
<i>junel fe 1/20</i>	\$0 (1)	MO

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<i>junel fe 24</i>	\$0 (1)	
<i>kariva</i>	\$0 (1)	
<i>kelnor 1/35</i>	\$0 (1)	MO
<i>kimidess</i>	\$0 (1)	
<i>kurvelo</i>	\$0 (1)	
<i>larin 1.5/30</i>	\$0 (1)	
<i>larin 1/20</i>	\$0 (1)	
<i>larin 24 fe</i>	\$0 (1)	
<i>larin fe 1.5/30</i>	\$0 (1)	
<i>larin fe 1/20</i>	\$0 (1)	
<i>layolis fe</i>	\$0 (1)	
<i>leena</i>	\$0 (1)	MO
<i>lessina</i>	\$0 (1)	
<i>levonest</i>	\$0 (1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (1)	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	\$0 (1)	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	\$0 (1)	MO
<i>levora 0.15/30-28</i>	\$0 (1)	
<i>lomedina 24 fe</i>	\$0 (1)	MO
<i>lopreeza</i>	\$0 (1)	PA
<i>loryna</i>	\$0 (1)	MO
<i>low-ogestrel</i>	\$0 (1)	
<i>lutera</i>	\$0 (1)	
<i>marlissa</i>	\$0 (1)	MO
MENEST	\$0 (2)	PA MO
<i>microgestin 1.5/30</i>	\$0 (1)	
<i>microgestin 1/20</i>	\$0 (1)	
<i>microgestin 24 fe</i>	\$0 (1)	
<i>microgestin fe</i>	\$0 (1)	
<i>microgestin fe 1.5/30</i>	\$0 (1)	
<i>mimvey</i>	\$0 (1)	PA MO
<i>mimvey lo</i>	\$0 (1)	PA MO
<i>mono-linyah</i>	\$0 (1)	
<i>mononessa</i>	\$0 (1)	
<i>myzilra</i>	\$0 (1)	MO
<i>necon 0.5/35-28</i>	\$0 (1)	
<i>necon 1/35</i>	\$0 (1)	
NECON 1/50-28	\$0 (2)	MO
NECON 10/11-28	\$0 (2)	MO
<i>necon 7/7/7</i>	\$0 (1)	
<i>nikki</i>	\$0 (1)	

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<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	\$0 (1) PA MO	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	\$0 (1)	
<i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>	\$0 (1) MO	
NORINYL 1+50	\$0 (2) MO	
<i>nortrel 0.5/35 (28)</i>	\$0 (1) MO	
<i>nortrel 1/35</i>	\$0 (1)	
<i>nortrel 7/7/7</i>	\$0 (1)	
<i>ocella</i>	\$0 (1)	
OGESTREL	\$0 (2) MO	
<i>orsythia</i>	\$0 (1)	
<i>philith</i>	\$0 (1)	
<i>pimtreea</i>	\$0 (1)	
<i>pirmella 1/35</i>	\$0 (1)	
<i>pirmella 7/7/7</i>	\$0 (1)	
<i>portia-28</i>	\$0 (1)	
<i>previfem</i>	\$0 (1) MO	
<i>quasense</i>	\$0 (1)	
<i>reclipsen</i>	\$0 (1)	
<i>setlakin</i>	\$0 (1)	
<i>sprintec 28</i>	\$0 (1)	
<i>sronyx</i>	\$0 (1) MO	
<i>syeda</i>	\$0 (1)	
<i>tarina fe 1/20</i>	\$0 (1)	
<i>tilia fe</i>	\$0 (1)	
<i>tri-estarylla</i>	\$0 (1)	
<i>tri-legest fe</i>	\$0 (1) MO	
<i>tri-lynyah</i>	\$0 (1)	
<i>tri-lo-estarylla</i>	\$0 (1)	
<i>tri-lo-sprintec</i>	\$0 (1)	
<i>tri-previfem</i>	\$0 (1)	
<i>tri-sprintec</i>	\$0 (1) MO	
<i>trinessa</i>	\$0 (1)	
<i>trinessa lo</i>	\$0 (1)	
<i>trivora-28</i>	\$0 (1)	
VAGIFEM	\$0 (2) MO	
<i>velivet</i>	\$0 (1) MO	
<i>vestura</i>	\$0 (1)	
<i>viorele</i>	\$0 (1) MO	
<i>vyfemla</i>	\$0 (1) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wera</i>	\$0 (1)	
<i>wymzya fe</i>	\$0 (1)	MO
<i>zarah</i>	\$0 (1)	
<i>zenchent</i>	\$0 (1)	
<i>zenchent fe</i>	\$0 (1)	
<i>zovia 1/35e</i>	\$0 (1)	
<i>zovia 1/50e</i>	\$0 (1)	MO
<i>Progesterone Agonists/Antagonists</i>		
ELLA	\$0 (2)	
<i>Progestins</i>		
<i>camila</i>	\$0 (1)	
<i>deblitane</i>	\$0 (1)	
DEPO-PROVERA	\$0 (2)	MO
<i>econtra ez</i>	\$0 (1)	
<i>errin</i>	\$0 (1)	
<i>heather</i>	\$0 (1)	MO
<i>jencycla</i>	\$0 (1)	
<i>jolivette</i>	\$0 (1)	
<i>levonorgestrel</i>	\$0 (1)	
<i>lyza</i>	\$0 (1)	
<i>medroxyprogesterone acetate inj, tabs</i>	\$0 (1)	MO
<i>megestrol acetate tabs</i>	\$0 (1)	PA MO
<i>megestrol acetate susp 40mg/ml</i>	\$0 (1)	PA MO
<i>nora-be</i>	\$0 (1)	
<i>norethindrone acetate tabs</i>	\$0 (1)	MO
<i>norethindrone tabs</i>	\$0 (1)	MO
<i>norlyroc</i>	\$0 (1)	
<i>progesterone caps, inj</i>	\$0 (1)	MO
<i>sharobel</i>	\$0 (1)	
<i>Selective Estrogen Receptor Modifying Agents</i>		
<i>raloxifene hydrochloride</i>	\$0 (1)	MO
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS USED TO REGULATE THYROID LEVELS		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levothyroxine sodium inj, tabs</i>	\$0 (1)	MO
<i>levoxyl</i>	\$0 (1)	MO
<i>liothyronine sodium tabs</i>	\$0 (1)	MO
SYNTHROID	\$0 (2)	MO
THYROLAR-1	\$0 (2)	MO
THYROLAR-1/2	\$0 (2)	MO
THYROLAR-1/4	\$0 (2)	MO

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THYROLAR-2	\$0 (2) MO	
THYROLAR-3	\$0 (2) MO	
<i>unithroid</i>	\$0 (1)	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUG(S) USED TO TREAT ADRENAL CORTICAL CANCER		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	\$0 (2) MO	
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS USED TO TREAT HIGH CALCIUM LEVELS IN PEOPLE WITH CHRONIC KIDNEY DISEASE		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
SENSIPAR TABS 90MG	\$0 (2) QL (120 EA per 30 days)	
SENSIPAR TABS 30MG, 60MG	\$0 (2) QL (60 EA per 30 days)	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)- DRUGS USED TO TREAT PROSTATE CANCER AND OTHER CONDITIONS ASSOCIATED WITH AN OVERACTIVE PITUITARY GLAND		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	\$0 (1) MO	
FIRMAGON	\$0 (2) PA	
<i>leuprolide acetate inj</i>	\$0 (1) PA	
LUPRON DEPOT	\$0 (2) PA	
LUPRON DEPOT-PED	\$0 (2) PA	
<i>octreotide acetate</i>	\$0 (1) PA	
SIGNIFOR	\$0 (2) QL (60 ML per 30 days) PA	
SOMATULINE DEPOT INJ 60MG/0.2ML	\$0 (2) QL (0.2 ML per 28 days) PA	
SOMATULINE DEPOT INJ 90MG/0.3ML	\$0 (2) QL (0.3 ML per 28 days) PA	
SOMATULINE DEPOT INJ 120MG/0.5ML	\$0 (2) QL (0.5 ML per 28 days) PA	
SOMAVERT	\$0 (2) PA LA	
SYNAREL	\$0 (2) MO	
TRELSTAR MIXJECT	\$0 (2) PA	
VANTAS	\$0 (2)	
ZOLADEX	\$0 (2)	
HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS USED TO LOWER THYROID LEVELS		
<i>Antithyroid Agents</i>		
<i>methimazole tabs</i>	\$0 (1) MO	
<i>propylthiouracil tabs</i>	\$0 (1) MO	
IMMUNOLOGICAL AGENTS- VACCINES, RHEUMATOID ARTHRITIS , IMMUNOGLOBULINS, IMMUNOMODULATORS, IMMUNOSUPPRESSANTS		
<i>Angioedema (HAE) Agents</i>		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CINRYZE	\$0 (2)	PA LA
FIRAZYR	\$0 (2)	QL (270 ML per 30 days) PA LA
<i>Immune Suppressants</i>		
<i>azathioprine tabs</i>	\$0 (1)	B/D MO
CELLCEPT INTRAVENOUS	\$0 (2)	PA
CELLCEPT SUSR	\$0 (2)	PA MO
CIMZIA	\$0 (2)	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT	\$0 (2)	QL (6 EA per 28 days) PA
<i>cyclosporine modified</i>	\$0 (1)	PA MO
<i>cyclosporine inj</i>	\$0 (1)	PA
<i>cyclosporine caps</i>	\$0 (1)	PA MO
<i>engraf caps</i>	\$0 (1)	PA
<i>engraf soln</i>	\$0 (1)	PA MO
<i>hecoria</i>	\$0 (1)	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	\$0 (2)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	\$0 (2)	QL (6 EA per 28 days) PA
<i>methotrexate sodium</i>	\$0 (1)	
<i>methotrexate tabs</i>	\$0 (1)	MO
<i>mycophenolate mofetil</i>	\$0 (1)	PA MO
NULOJIX	\$0 (2)	PA
PROGRAF INJ	\$0 (2)	PA
RAPAMUNE SOLN	\$0 (2)	PA MO
REMICADE	\$0 (2)	PA
SANDIMMUNE SOLN	\$0 (2)	PA MO
SIMULECT	\$0 (2)	B/D
<i>sirolimus tabs</i>	\$0 (1)	PA MO
<i>tacrolimus caps</i>	\$0 (1)	PA MO
ZORTRESS	\$0 (2)	PA MO
<i>Immunizing Agents, Passive</i>		
ATGAM	\$0 (2)	PA
GAMASTAN S/D	\$0 (2)	PA
GAMMAPLEX INJ 10GM/200ML	\$0 (2)	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	\$0 (2)	PA LA
THYMOGLOBULIN	\$0 (2)	B/D
<i>Immunomodulators</i>		
ACTIMMUNE	\$0 (2)	PA LA

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ARCALYST	\$0 (2)	PA LA
BENLYSTA	\$0 (2)	PA
ILARIS	\$0 (2)	QL (2 EA per 28 days) PA LA
<i>leflunomide</i>	\$0 (1)	MO
SYNAGIS	\$0 (2)	PA
Vaccines		
ACTHIB	\$0 (2)	
ADACEL	\$0 (2)	
<i>bcg vaccine</i>	\$0 (1)	
BEXSERO	\$0 (2)	
BOOSTRIX	\$0 (2)	
CERVARIX	\$0 (2)	
COMVAX	\$0 (2)	
DAPTACEL	\$0 (2)	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	\$0 (1)	
ENGERIX-B	\$0 (2)	B/D
GARDASIL	\$0 (2)	
GARDASIL 9	\$0 (2)	
HAVRIX	\$0 (2)	
HIBERIX	\$0 (2)	
IMOVAX RABIES (H.D.C.V.)	\$0 (2)	B/D
INFANRIX	\$0 (2)	
IPOL INACTIVATED IPV	\$0 (2)	
IXIARO	\$0 (2)	
KINRIX	\$0 (2)	
M-M-R II	\$0 (2)	
MENACTRA	\$0 (2)	
MENOMUNE-A/C/Y/W-135	\$0 (2)	
MENVEO	\$0 (2)	
PEDIARIX	\$0 (2)	
PEDVAX HIB	\$0 (2)	
PENTACEL	\$0 (2)	
PROQUAD	\$0 (2)	
QUADRACEL	\$0 (2)	
RABAVERT	\$0 (2)	B/D
RECOMBIVAX HB	\$0 (2)	B/D
ROTARIX	\$0 (2)	
ROTATEQ	\$0 (2)	
TENIVAC	\$0 (2)	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	\$0 (1)	
TRUMENBA	\$0 (2)	
TWINRIX	\$0 (2)	

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TYPHIM VI	\$0 (2)	
VAQTA	\$0 (2)	
VARIVAX	\$0 (2)	
YF-VAX	\$0 (2)	
ZOSTAVAX	\$0 (2)	QL (1 EA per 365 days)

INFLAMMATORY BOWEL DISEASE AGENTS DRUGS USED TO MANAGE DISORDERS IN THE COLON AND/OR INTESTINES

Aminosalicylates

APRISO	\$0 (2)	MO
ASACOL HD	\$0 (2)	MO
<i>balsalazide disodium</i>	\$0 (1)	MO
DELZICOL	\$0 (2)	MO
LIALDA	\$0 (2)	MO
<i>mesalamine enem, kit</i>	\$0 (1)	MO
PENTASA	\$0 (2)	MO

Sulfonamides

<i>sulfasalazine tabs, tbc</i>	\$0 (1)	MO
<i>sulfazine</i>	\$0 (1)	
<i>sulfazine ec</i>	\$0 (1)	

METABOLIC BONE DISEASE AGENTS- DRUGS USED TO TREAT BONE LOSS

Metabolic Bone Disease Agents

<i>alendronate sodium soln</i>	\$0 (1)	MO
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</i>	\$0 (1)	MO
<i>calcitriol inj</i>	\$0 (1)	
<i>calcitriol caps, oral soln</i>	\$0 (1)	MO
<i>doxercalciferol caps</i>	\$0 (1)	MO
<i>etidronate disodium</i>	\$0 (1)	MO
FORTEO	\$0 (2)	QL (2.4 ML per 28 days) PA
MIACALCIN INJ	\$0 (2)	MO
<i>pamidronate disodium</i>	\$0 (1)	
<i>paricalcitol inj</i>	\$0 (1)	
<i>paricalcitol caps</i>	\$0 (1)	MO
PROLIA	\$0 (2)	QL (1 ML per 180 days)
<i>risedronate sodium dr</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	\$0 (1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	\$0 (1)	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
XGEVA	\$0 (2)	PA

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<i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i>	\$0 (1)	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	\$0 (2)	MO
GAUZE PADS 2"X2"	\$0 (2)	MO
INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (2)	MO
INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	\$0 (2)	MO
INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	\$0 (2)	MO
INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	\$0 (2)	MO
INSUPEN 33GX4MM	\$0 (2)	MO
NATPARA	\$0 (2)	QL (2 EA per 28 days) PA
PEN NEEDLE/ULTRAFINE/29G X 12.7MM	\$0 (2)	MO
V-GO 20	\$0 (2)	MO
V-GO 30	\$0 (2)	MO
V-GO 40	\$0 (2)	MO
OPHTHALMIC AGENTS- DRUGS USED TO TREAT EYE ALLERGIES, INFECTIONS, INFLAMMATION, AND GLAUCOMA		
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
COMBIGAN	\$0 (2)	MO
<i>latanoprost</i>	\$0 (1)	MO
LUMIGAN	\$0 (2)	MO
TRAVATAN Z	\$0 (2)	MO
<i>travoprost</i>	\$0 (1)	MO
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	\$0 (1)	
<i>atropine sulfate soln</i>	\$0 (1)	MO
AZASITE	\$0 (2)	MO
<i>bacitracin/neomycin/polymyxin</i>	\$0 (1)	MO
<i>bacitracin/polymyxin b</i>	\$0 (1)	MO
<i>bacitracin oint 500unit/gm</i>	\$0 (1)	MO
BESIVANCE	\$0 (2)	MO
<i>ciprofloxacin hcl soln 0.3%</i>	\$0 (1)	MO
CYSTARAN	\$0 (2)	QL (60 ML per 28 days)
<i>erythromycin oint 5mg/gm</i>	\$0 (1)	MO
<i>gentak</i>	\$0 (1)	MO
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	\$0 (1)	MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	\$0 (1)	MO
<i>levofloxacin ophthalmic soln 0.5%</i>	\$0 (1)	MO
MOXEZA	\$0 (2)	MO
<i>naphazoline hcl</i>	\$0 (1)	MO
<i>neo-polycin</i>	\$0 (1)	

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<i>neomycin/bacitracin/polymyxin</i>	\$0 (1) MO	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (1) MO	
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (1) MO	
<i>neomycin/polymyxin/gramicidin</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (1) MO	
<i>ofloxacin ophthalmic soln 0.3%</i>	\$0 (1) MO	
<i>polycin</i>	\$0 (1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (1) MO	
<i>proparacaine hcl</i>	\$0 (1) MO	
RESTASIS	\$0 (2) MO	
<i>sodium sulfacetamide soln 10%</i>	\$0 (1) MO	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (1) MO	
<i>sulfacetamide sodium oint 10%</i>	\$0 (1) MO	
<i>sulfacetamide sodium soln 10%</i>	\$0 (1) MO	
TOBRADEX	\$0 (2) MO	
TOBRADEX ST	\$0 (2) MO	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	\$0 (1) MO	
<i>tobramycin/dexamethasone</i>	\$0 (1) MO	
TOBREX	\$0 (2) MO	
<i>trifluridine</i>	\$0 (1) MO	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	\$0 (1) MO	
<i>triple antibiotic</i>	\$0 (1)	
VIGAMOX	\$0 (2) MO	
ZIRGAN	\$0 (2) MO	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic soln 0.05%</i>	\$0 (1) MO	
<i>cromolyn sodium soln 4%</i>	\$0 (1) MO	
<i>epinastine hcl</i>	\$0 (1) MO	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	\$0 (1)	
PATADAY	\$0 (2) MO	
PATANOL	\$0 (2) MO	
PAZEO	\$0 (2) MO	
ZADITOR	\$0 (3) *	
Ophthalmic Anti-inflammatories		
ACUVAIL	\$0 (2) MO	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	\$0 (1) MO	
DUREZOL	\$0 (2) MO	
<i>fluorometholone</i>	\$0 (1) MO	
<i>flurbiprofen sodium</i>	\$0 (1) MO	
ILEVRO	\$0 (2) MO	
<i>ketorolac tromethamine</i>	\$0 (1) MO	

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NEVANAC	\$0 (2) MO	
<i>prednisolone acetate</i>	\$0 (1) MO	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	\$0 (1) MO	
PROLENSA	\$0 (2) MO	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	\$0 (2) MO	
<i>apraclonidine</i>	\$0 (1) MO	
AZOPT	\$0 (2) MO	
<i>betaxolol hcl soln 0.5%</i>	\$0 (1) MO	
BETIMOL	\$0 (2) MO	
BETOPTIC-S	\$0 (2) MO	
<i>brimonidine tartrate</i>	\$0 (1) MO	
<i>carteolol hcl</i>	\$0 (1) MO	
<i>dorzolamide hcl</i>	\$0 (1) MO	
<i>dorzolamide hcl/timolol maleate</i>	\$0 (1) MO	
ISOPTO CARPINE	\$0 (2) MO	
<i>levobunolol hcl</i>	\$0 (1) MO	
<i>metipranolol</i>	\$0 (1) MO	
PHOSPHOLINE IODIDE	\$0 (2)	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	\$0 (1) MO	
SIMBRINZA	\$0 (2) MO	
<i>timolol maleate ophthalmic gel forming</i>	\$0 (1) MO	
<i>timolol maleate soln 0.25%, 0.5%</i>	\$0 (1) MO	

OTIC AGENTS- DRUGS USED TO TREAT CONDITIONS OF THE EAR

Otic Agents		
<i>acetazol hc</i>	\$0 (1)	
<i>acetic acid</i>	\$0 (1) MO	
<i>acetic acid/aluminum acetate</i>	\$0 (1) MO	
<i>antibiotic ear</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (1) MO	
<i>hydrocortisone/acetic acid</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hc</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (1) MO	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1) MO	

RESPIRATORY TRACT/PULMONARY AGENTS- DRUGS USED TO TREAT ALLERGIES, ASTHMA, COPD, PULMONARY HYPERTENSION

Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	\$0 (2)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (2)	QL (12 GM per 30 days) MO

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ASMANEX HFA	\$0 (2)	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	\$0 (2)	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	\$0 (2)	QL (4 EA per 28 days) MO
BREO ELLIPTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (1)	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	\$0 (1)	MO
<i>flunisolide</i>	\$0 (1)	MO
<i>fluticasone propionate susp 50mcg/act</i>	\$0 (1)	MO
NASONEX	\$0 (2)	QL (34 GM per 30 days) MO
QVAR	\$0 (2)	QL (17.4 GM per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	\$0 (1)	MO
Antihistamines		
<i>all day allergy tabs</i>	\$0 (3)	*
<i>allergy relief tbdp</i>	\$0 (3)	*
<i>allergy relief tabs 10mg</i>	\$0 (3)	*
<i>allergy tbdp</i>	\$0 (3)	*
<i>allergy tabs 10mg</i>	\$0 (3)	*
<i>allerhist-1</i>	\$0 (3)	*
<i>azelastine hcl nasal soln 0.15%</i>	\$0 (1)	MO
<i>azelastine hcl nasal soln 0.1%</i>	\$0 (1)	QL (30 ML per 25 days) MO
<i>cetirizine hcl chew, tabs</i>	\$0 (3)	*
<i>childrens loratadine</i>	\$0 (3)	*
<i>chlorpheniramine maleate tbcr</i>	\$0 (3)	*
<i>clemastine fumarate syrp</i>	\$0 (1)	PA
<i>clemastine fumarate tabs 2.68mg</i>	\$0 (1)	PA MO
<i>dayhist allergy 12 hour relief</i>	\$0 (3)	*
<i>diphenhydramine hcl inj</i>	\$0 (1)	PA MO
<i>gnp allergy relief for kids tbdp</i>	\$0 (3)	*
<i>gnp allergy relief tbdp</i>	\$0 (3)	*
<i>gnp dayhist allergy</i>	\$0 (3)	*
<i>gnp loratadine childrens</i>	\$0 (3)	*
<i>gnp loratadine tabs</i>	\$0 (3)	*
<i>goodsense all day allergy</i>	\$0 (3)	*
<i>hm all day allergy</i>	\$0 (3)	*
<i>hm allergy relief tbdp</i>	\$0 (3)	*
<i>hydroxyzine hcl inj</i>	\$0 (1)	PA MO
<i>levocetirizine dihydrochloride tabs</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	\$0 (1)	QL (300 ML per 30 days) MO
<i>loratadine childrens</i>	\$0 (3)	*

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<i>loratadine hives relief</i>	\$0 (3) *	
<i>loratadine tabs</i>	\$0 (3) *	
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (1)	QL (30.5 GM per 30 days) MO
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	\$0 (1)	PA MO
<i>qc all day allergy</i>	\$0 (3) *	
<i>qc allergy relief</i>	\$0 (3) *	
<i>qc loratadine allergy relief</i>	\$0 (3) *	
<i>sb allergy tabs</i>	\$0 (3) *	
<i>sb loratadine tabs</i>	\$0 (3) *	
<i>sm all day allergy</i>	\$0 (3) *	
<i>sm allergy relief loratadine</i>	\$0 (3) *	
<i>sm allergy relief tbdp</i>	\$0 (3) *	
<i>sm allergy relief tabs 1.34mg</i>	\$0 (3) *	
<i>sm loratadine allergy relief</i>	\$0 (3) *	
<i>sm loratadine syrp</i>	\$0 (3) *	
Antileukotrienes		
<i>montelukast sodium</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (1)	QL (60 EA per 30 days) MO
Bronchodilators, Anticholinergic		
ANORO ELLIPTA	\$0 (2)	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT	\$0 (2)	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (2)	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	\$0 (1)	B/D MO
<i>ipratropium bromide inhalation soln</i>	\$0 (1)	B/D MO
<i>ipratropium bromide nasal soln</i>	\$0 (1)	MO
SPIRIVA HANDIHALER	\$0 (2)	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	\$0 (1)	MO
<i>albuterol sulfate nebu</i>	\$0 (1)	B/D MO
<i>albuterol sulfate syrp, tabs</i>	\$0 (1)	MO
ARCAPTA NEOHALER	\$0 (2)	QL (30 EA per 30 days) MO
EPIPEN 2-PAK	\$0 (2)	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	\$0 (2)	QL (2 EA per 30 days) MO
FORADIL AEROLIZER	\$0 (2)	QL (60 EA per 30 days) MO
<i>levalbuterol hcl nebu</i>	\$0 (1)	B/D MO
<i>levalbuterol nebu</i>	\$0 (1)	B/D MO
<i>metaproterenol sulfate syrp, tabs</i>	\$0 (1)	MO
PROAIR HFA	\$0 (2)	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	\$0 (2)	QL (2 EA per 30 days) MO
STRIVERDI RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
<i>terbutaline sulfate tabs</i>	\$0 (1)	MO

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VENTOLIN HFA	\$0 (2)	QL (36 GM per 30 days) MO
Cystic Fibrosis Agents		
CAYSTON	\$0 (2)	QL (84 ML per 56 days)
KALYDECO PACK	\$0 (2)	QL (56 EA per 28 days) PA
KALYDECO TABS	\$0 (2)	QL (60 EA per 30 days) PA
ORKAMBI	\$0 (2)	QL (112 EA per 28 days) PA
PULMOZYME	\$0 (2)	B/D
TOBI PODHALER	\$0 (2)	QL (224 EA per 56 days)
<i>tobramycin</i>	\$0 (1)	QL (280 ML per 56 days) B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	\$0 (1)	B/D MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline</i>	\$0 (1)	MO
DALIRESP	\$0 (2)	QL (30 EA per 30 days) MO
<i>theophylline</i>	\$0 (1)	MO
<i>theophylline cr tb12 100mg, 200mg</i>	\$0 (1)	MO
<i>theophylline er</i>	\$0 (1)	MO
Pulmonary Antihypertensives		
ADEMPAS	\$0 (2)	QL (90 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	\$0 (1)	PA LA
OPSUMIT	\$0 (2)	QL (30 EA per 30 days) PA LA
REMODULIN	\$0 (2)	PA LA
<i>sildenafil tabs</i>	\$0 (1)	QL (90 EA per 30 days) PA
TRACLEER	\$0 (2)	QL (60 EA per 30 days) PA LA
Respiratory Tract Agents, Other		
<i>acetylcysteine inj</i>	\$0 (1)	
<i>acetylcysteine inhalation soln</i>	\$0 (1)	B/D MO
<i>cromolyn sodium aers 5.2mg/act</i>	\$0 (3)	*
ESBRIET	\$0 (2)	QL (270 EA per 30 days) PA LA
PROLASTIN-C	\$0 (2)	PA MO
STIOLTO RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
TYZINE PEDIATRIC NASAL DROPS	\$0 (2)	
XOLAIR	\$0 (2)	QL (6 EA per 28 days) PA LA

SKELLETAL MUSCLE RELAXANTS- DRUGS USED TO TREAT MUSCLE SPASMS

Skeletal Muscle Relaxants		
<i>chlorzoxazone</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	\$0 (1)	QL (90 EA per 30 days) PA MO

SLEEP DISORDER AGENTS- DRUGS USED TO TREAT INSOMNIA OR SLEEP DISORDERS

GABA Receptor Modulators		
<i>zaleplon caps 5mg</i>	\$0 (1)	QL (30 EA per 30 days) PA MO

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<i>zaleplon caps 10mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate</i>	\$0 (1)	QL (30 EA per 30 days) PA MO
Sleep Disorders, Other		
HETLIOZ	\$0 (2)	QL (30 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	\$0 (1)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
ROZEREM	\$0 (2)	QL (30 EA per 30 days) MO
XYREM	\$0 (2)	QL (540 ML per 30 days) PA

THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES, VITAMINS AND IV NUTRITION

Electrolyte/Mineral Modifiers		
CUPRIMINE	\$0 (2)	MO
DEPEN TITRATABS	\$0 (2)	MO
EXJADE	\$0 (2)	PA LA
FERRIPROX TABS 500MG	\$0 (2)	PA
<i>fomepizole</i>	\$0 (1)	
<i>kionex powd</i>	\$0 (1)	
<i>kionex susp</i>	\$0 (1)	MO
<i>levocarnitine</i>	\$0 (1)	MO
SAMSCA TABS 15MG	\$0 (2)	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	\$0 (2)	QL (60 EA per 30 days) PA
<i>sodium bicarbonate partial fill</i>	\$0 (1)	MO
<i>sodium bicarbonate inj 8.4%</i>	\$0 (1)	MO
<i>sodium polystyrene sulfonate rectal susp</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powd, oral susp</i>	\$0 (1)	MO
<i>sps</i>	\$0 (1)	
SYPRINE	\$0 (2)	MO
Electrolyte/Mineral Replacement		
AMINOSYN 7%/ELECTROLYTES	\$0 (2)	B/D
<i>aminosyn 8.5%/electrolytes</i>	\$0 (1)	B/D
AMINOSYN II	\$0 (2)	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	\$0 (1)	B/D
AMINOSYN M	\$0 (2)	B/D
AMINOSYN-HBC	\$0 (2)	B/D
AMINOSYN-PF	\$0 (2)	B/D
AMINOSYN-PF 7%	\$0 (2)	B/D
AMINOSYN-RF	\$0 (2)	B/D

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AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	\$0 (2) B/D	
<i>calcium chloride</i>	\$0 (1)	
<i>calcium gluconate inj</i>	\$0 (1)	
<i>clinisol sf 15%</i>	\$0 (1) B/D	
<i>dextrose 10%/nacl 0.45%</i>	\$0 (1)	
<i>dextrose 5% /electrolyte #48 viaflex</i>	\$0 (1)	
<i>dextrose 10% flex container</i>	\$0 (1) B/D	
<i>dextrose 10%/nacl 0.2%</i>	\$0 (1)	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 20%</i>	\$0 (1) B/D	
<i>dextrose 25%</i>	\$0 (1) B/D	
<i>dextrose 30%</i>	\$0 (1) B/D	
<i>dextrose 40%</i>	\$0 (1) B/D	
<i>dextrose 5%</i>	\$0 (1) MO	
<i>dextrose 5%/lactated ringers</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.2%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.225%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.3%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.33%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.45%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.9%</i>	\$0 (1) MO	
<i>dextrose 5%/potassium chloride 0.15%</i>	\$0 (1)	
<i>dextrose 50%</i>	\$0 (1) B/D	
<i>dextrose 70%</i>	\$0 (1) B/D	
FLORIVA LIQD 0.25MG/ML; 400UNIT/ML	\$0 (2) MO	
<i>fluoride chew 1.1mg, 2.2mg</i>	\$0 (1) MO	
<i>fluoritab chew 0.5mg, 1mg</i>	\$0 (1)	
FLURA-DROPS SOLN 0.25MG/DROP	\$0 (2) MO	
<i>hepatamine</i>	\$0 (1) B/D	
INTRALIPID INJ 30GM/100ML	\$0 (2) B/D	
<i>intralipid inj 20gm/100ml</i>	\$0 (1) B/D	

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<i>k-sol</i>	\$0 (1) MO	
KABIVEN	\$0 (2) B/D	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/lr</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	\$0 (1)	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	\$0 (1)	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	\$0 (1)	
<i>klor-con</i>	\$0 (1) MO	
<i>klor-con 10</i>	\$0 (1) MO	
<i>klor-con 8</i>	\$0 (1) MO	
<i>klor-con m10</i>	\$0 (1)	
<i>klor-con m20</i>	\$0 (1) MO	
<i>klor-con sprinkle</i>	\$0 (1)	
<i>klor-con/ef</i>	\$0 (1) MO	
<i>lactated ringers dextrose 5% viaflex</i>	\$0 (1)	
<i>lactated ringers viaflex</i>	\$0 (1)	
LIPOSYN III	\$0 (2) B/D	
<i>ludent chew 0.5mg, 1mg</i>	\$0 (1) MO	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	\$0 (1)	
<i>magnesium sulfate inj 50%</i>	\$0 (1) MO	
NEPHRAMINE	\$0 (2) B/D	
PERIKABIVEN	\$0 (2) B/D	
<i>plenamine</i>	\$0 (1) B/D	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.15% nacl 0.9%</i>	\$0 (1) MO	
<i>potassium chloride 0.15%/nacl 0.9%</i>	\$0 (1) MO	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	\$0 (1)	
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	\$0 (1)	
<i>potassium chloride 0.3%/d5w</i>	\$0 (1)	
<i>potassium chloride cr tbc 10meq, 20meq</i>	\$0 (1) MO	
<i>potassium chloride er</i>	\$0 (1) MO	
<i>potassium chloride sr</i>	\$0 (1) MO	
<i>potassium chloride oral soln</i>	\$0 (1) MO	

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<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	\$0 (1)	MO
<i>potassium citrate er</i>	\$0 (1)	MO
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (2)	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	\$0 (1)	B/D
<i>ringers injection</i>	\$0 (1)	
<i>sodium chloride 0.45% viaflex</i>	\$0 (1)	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	\$0 (1)	MO
<i>sodium fluoride chew 0.5mg, 1.1mg, 1mg</i>	\$0 (1)	MO
<i>sterile water irrigation</i>	\$0 (1)	MO
<i>tpn electrolytes</i>	\$0 (1)	
<i>vitamins a/d/c/fluoride</i>	\$0 (1)	
Vitamins		
BAL-CARE DHA	\$0 (2)	MO
CALCIUM PNV	\$0 (2)	MO
CITRANATAL 90 DHA MISC 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 90MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL ASSURE MISC 120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL B-CALM	\$0 (2)	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	\$0 (2)	MO
<i>complete natal dha</i>	\$0 (1)	MO
<i>completenate</i>	\$0 (1)	MO
CONCEPT DHA	\$0 (2)	MO
CONCEPT OB	\$0 (2)	MO

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ENBRACE HR	\$0 (2)	
ESCAVITE	\$0 (2)	
ESCAVITE D	\$0 (2)	
ESCAVITE LQ	\$0 (2)	
EXTRA-VIRT PLUS DHA	\$0 (2)	MO
<i>floriva chew 75mg; 0; 40mcg; 600unit; 1mg; 6mcg; 262mcg; 0; 15mg; 1.8mg; 1.5mg; 0.25mg; 1.3mg; 20unit; 2000unit; 5mg</i>	\$0 (1)	
FOCALGIN 90 DHA	\$0 (2)	MO
FOCALGIN CA	\$0 (2)	MO
FOCALGIN-B	\$0 (2)	
FOLCAL DHA	\$0 (2)	MO
FOLCAPS OMEGA 3	\$0 (2)	MO
FOLET DHA	\$0 (2)	
FOLET ONE	\$0 (2)	
FOLIVANE-OB	\$0 (2)	MO
FOLIVANE-PRX DHA NF	\$0 (2)	MO
HEMENATAL OB	\$0 (2)	MO
HEMENATAL OB + DHA	\$0 (2)	MO
<i>inatal advance</i>	\$0 (1)	
<i>inatal ultra</i>	\$0 (1)	
<i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	\$0 (1)	MO
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	\$0 (1)	MO
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 (1)	MO
<i>mvc-fluoride</i>	\$0 (1)	MO

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NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	\$0 (2)	
NATALVIRT 90 DHA	\$0 (2) MO	
NATALVIRT CA	\$0 (2) MO	
NATELLE ONE	\$0 (2) MO	
NESTABS	\$0 (2) MO	
NESTABS DHA	\$0 (2) MO	
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	\$0 (2) MO	
NIVA-PLUS	\$0 (2) MO	
O-CAL PRENATAL	\$0 (2) MO	
OB COMPLETE GOLD	\$0 (2)	
OB COMPLETE ONE	\$0 (2) MO	
OB COMPLETE PETITE	\$0 (2) MO	
OB COMPLETE PREMIER	\$0 (2) MO	
OB COMPLETE/DHA	\$0 (2) MO	
PAIRE OB	\$0 (2) MO	
PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	\$0 (2) MO	
PNV FOLIC ACID + IRON MULTIVITAMIN	\$0 (2) MO	
PNV OB+DHA	\$0 (2)	
<i>pnv prenatal plus multivitamin</i>	\$0 (1) MO	
<i>pnv tabs 29-1</i>	\$0 (1) MO	
<i>pnv-dha</i>	\$0 (1) MO	
<i>pnv-select</i>	\$0 (1) MO	
PNV-VP-U	\$0 (2) MO	
<i>poly-vitamin/fluoride chew</i>	\$0 (1)	
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	\$0 (1)	
<i>pr natal 400</i>	\$0 (1) MO	
<i>pr natal 400 ec</i>	\$0 (1) MO	
<i>pr natal 430</i>	\$0 (1) MO	
<i>pr natal 430 ec</i>	\$0 (1) MO	
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	\$0 (2) MO	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	\$0 (2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 6MG; 17MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	\$0 (2) MO	
PREFERAOB +DHA	\$0 (2) MO	
PREFERAOB ONE	\$0 (2) MO	
PRENAISSANCE	\$0 (2) MO	
PRENAISSANCE PLUS	\$0 (2) MO	
PRENATA	\$0 (2) MO	
<i>prenatabs fa</i>	\$0 (1) MO	
<i>prenatabs obn</i>	\$0 (1)	
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	\$0 (1) MO	
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	\$0 (1) MO	
<i>prenatal plus iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 1mg; 29mg; 20mg; 10mg; 3mg; 1.84mg; 22unit; 4000unit; 25mg</i>	\$0 (1) MO	
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	\$0 (2) MO	
<i>prenatal plus tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	\$0 (1)	
PRENATE AM	\$0 (2) MO	
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	\$0 (2)	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	\$0 (2)	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	\$0 (2)	
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	\$0 (2) MO	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	\$0 (2)	
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	\$0 (2) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRENATE PIXIE	\$0 (2) MO	
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	\$0 (2) MO	
PREQUE 10	\$0 (2) MO	
PRETAB	\$0 (2)	
PROVIDA DHA	\$0 (2)	
PUREFE OB PLUS	\$0 (2)	
QUFLORA PEDIATRIC SOLN 45MG/ML; 400UNIT/ML; 1MG/ML; 3MCG/ML; 81MCG/ML; 150MCG/ML; 12MG/ML; 2MG/ML; 1MG/ML; 1MG/ML; 0.5MG/ML; 1MG/ML; 1100UNIT/ML; 12UNIT/ML	\$0 (2)	
QUFLORA PEDIATRIC SOLN 35MG/ML; 400UNIT/ML; 1MG/ML; 2MCG/ML; 35MCG/ML; 65MCG/ML; 10MG/ML; 0.8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 1000UNIT/ML; 5UNIT/ML	\$0 (2) MO	
RELNATE DHA	\$0 (2) MO	
<i>se-natal 19</i>	\$0 (1) MO	
<i>se-tan dha</i>	\$0 (1) MO	
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	\$0 (2) MO	
TARON-PREX	\$0 (2) MO	
<i>thrivite rx</i>	\$0 (1) MO	
TL FOLATE	\$0 (2)	
TL-CARE DHA	\$0 (2) MO	
TL-SELECT	\$0 (2) MO	
<i>tri-vit/fluoride</i>	\$0 (1) MO	
<i>tri-vit/fluoride/iron</i>	\$0 (1) MO	
<i>tri-vitamin/fluoride</i>	\$0 (1) MO	
<i>triadvance</i>	\$0 (1)	
<i>tricare</i>	\$0 (1) MO	
TRICARE PRENATAL COMPLEAT	\$0 (2) MO	
TRICARE PRENATAL DHA ONE	\$0 (2) MO	
TRINATAL GT	\$0 (2) MO	
<i>trinatal rx 1</i>	\$0 (1) MO	
<i>triple-vitamin/fluoride</i>	\$0 (1) MO	
TRISTART DHA	\$0 (2)	
TRIVEEN-DUO DHA	\$0 (2) MO	
TRIVEEN-PRX RNF	\$0 (2) MO	
<i>ultimatecare one nf</i>	\$0 (1) MO	
VEMAVITE-PRX 2	\$0 (2) MO	

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VENA-BAL DHA	\$0 (2) MO	
VIRT-ADVANCE	\$0 (2) MO	
VIRT-C DHA	\$0 (2) MO	
VIRT-CARE ONE	\$0 (2) MO	
VIRT-PN	\$0 (2) MO	
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	\$0 (2) MO	
VIRT-PN PLUS	\$0 (2) MO	
VIRT-SELECT	\$0 (2) MO	
VITAFOL FE+	\$0 (2)	
VITAFOL-ONE	\$0 (2) MO	
VITAMEDMD ONE RX/QUATREFOLIC	\$0 (2) MO	
VITAMEDMD PLUS RX/QUATRE FOLIC	\$0 (2) MO	
<i>vitamins a/c/d/fluoride</i>	\$0 (1) MO	
VOL-NATE	\$0 (2) MO	
VOL-PLUS	\$0 (2) MO	
VP CH ULTRA	\$0 (2) MO	
VP-CH-PNV	\$0 (2) MO	
VP-HEME OB	\$0 (2) MO	
VP-PNV-DHA	\$0 (2) MO	
ZATEAN-CH	\$0 (2) MO	
ZATEAN-PN	\$0 (2) MO	
ZATEAN-PN DHA	\$0 (2) MO	
ZATEAN-PN PLUS	\$0 (2) MO	

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Index

Drug Name	Page #
8 hour pain relief	1
8-MOP	34
abacavir	24
abacavir sulfate/lamivudine/zidovudine	24
ABELCET	13
ABILIFY	21
ABILIFY DISCMELT	21
ABILIFY MAINTENA	21
ABRAXANE	16
acamprosate calcium dr	4
acarbose	26
acebutolol hcl	30
acetaminophen	1
acetaminophen/codeine	2
acetaminophen/codeine #3	2
acetasol hc	52
acetazolamide	31
acetazolamide er	31
acetic acid	52
acetic acid/aluminum acetate	52
acetylcysteine	55
acid reducer	36
acitretin	34
ACTHIB	48
ACTIMMUNE	47
ACUVAIL	51
acyclovir	25
acyclovir sodium	25
ADACEL	48
ADAGEN	35
ADASUVE	21
adefovir dipivoxil	23
ADEMPAS	55
adrucil	16
ADVAIR DISKUS	52
ADVAIR HFA	52
AFINITOR	18
AFINITOR DISPERZ	18
AGGRENOLX	28
a-hydrocort	39
ak-poly-bac	50
ala cort	39
ALBENZA	19
albuterol sulfate	54

Drug Name	Page #
albuterol sulfate er	54
alclometasone dipropionate	39
ALCOHOL PREP PADS	50
ALDURAZYME	35
alendronate sodium	49
ALIMTA	16
ALINIA	19
ALKERAN	15
all day allergy	53
all day pain relief	1
allergy	53
allergy relief	53
allerhist-1	53
allopurinol	13
aloseptron hydrochloride	37
ALPHAGAN P	52
alprazolam	25
ALTABAX	34
altavera	41
alyacen 1/35	41
alyacen 7/7/7	41
amantadine hcl	20
AMBISOME	13
amcinonide	39
amethia	41
amethia lo	41
amethyst	41
amifostine	16
amikacin sulfate	5
amiloride hcl	31
amiloride/hydrochlorothiazide	31
aminophylline	55
AMINOSYN	57
AMINOSYN 7%/ELECTROLYTES	56
aminosyn 8.5%/electrolytes	56
AMINOSYN II	56
aminosyn ii 8.5%/electrolytes	56
AMINOSYN M	56
AMINOSYN-HBC	56
AMINOSYN-PF	56
AMINOSYN-PF 7%	56
AMINOSYN-RF	56
amiodarone hcl	29
AMITIZA	37
amitriptyline hcl	12
amlodipine besylate	30
amlodipine besylate/atorvastatin calcium	30

Drug Name	Page #
<i>amlodipine besylate/benazepril hydrochloride</i>	30
<i>amlodipine besylate/valsartan</i>	30
<i>amlodipine/valsartan/hctz</i>	30
<i>ammonium lactate</i>	34
<i>amnesteem</i>	34
<i>amoxapine</i>	12
<i>amoxicillin</i>	7
<i>amoxicillin/clavulanate potassium</i>	7
<i>amoxicillin/clavulanate potassium er</i>	7
<i>amphetamine/dextroamphetamine</i>	33
<i>amphotericin b</i>	13
<i>ampicillin</i>	7
<i>ampicillin sodium</i>	7
<i>ampicillin-sulbactam</i>	7
AMPYRA	33
ANADROL-50	41
<i>anagrelide hydrochloride</i>	27
<i>anastrozole</i>	18
ANDROGEL	41
ANDROGEL PUMP	41
ANORO ELLIPTA	54
<i>antibiotic ear</i>	52
<i>anti-diarrheal</i>	36
APOKYN	20
<i>apraclonidine</i>	52
<i>apri</i>	41
APRISO	49
APTIOM	9
APTIVUS	24
<i>aranelle</i>	41
ARANESP ALBUMIN FREE	27
ARCALYST	48
ARCAPTA NEOHALER	54
<i>aripiprazole</i>	21
<i>aripiprazole odt</i>	21
ARISTADA	21
ARRANON	16
<i>arthritis pain relief</i>	1
ARZERRA	19
ASACOL HD	49
<i>ashlyna</i>	41
ASMANEX HFA	53
ASMANEX TWISTHALER 120 METERED DOSES	53
ASMANEX TWISTHALER 14 METERED DOSES	53

Drug Name	Page #
ASMANEX TWISTHALER 30 METERED DOSES	53
ASMANEX TWISTHALER 60 METERED DOSES	53
ASMANEX TWISTHALER 7 METERED DOSES	53
<i>aspirin/dipyridamole</i>	28
<i>atenolol</i>	30
<i>atenolol/chlorthalidone</i>	30
ATGAM	47
<i>atorvastatin calcium</i>	32
<i>atovaquone</i>	19
<i>atovaquone/proguanil hcl</i>	20
ATRIPLA	23
<i>atropine sulfate</i>	50
<i>aubra</i>	41
<i>augmented betamethasone dipropionate</i>	39
AURYXIA	38
AVASTIN	16
<i>aviane</i>	41
<i>avita</i>	34
<i>azacitidine</i>	16
AZASITE	50
<i>azathioprine</i>	47
<i>azelastine hcl</i>	51
<i>azelastine hcl</i>	53
AZILECT	20
<i>azithromycin</i>	8
AZOPT	52
<i>aztreonam</i>	7
<i>azurette</i>	41
<i>baciim</i>	5
<i>bacitracin</i>	5
<i>bacitracin</i>	50
<i>bacitracin/neomycin/polymyxin</i>	50
<i>bacitracin/polymyxin b</i>	50
<i>baclofen</i>	22
BAL-CARE DHA	59
<i>balsalazide disodium</i>	49
<i>balziva</i>	41
BANZEL	10
BARACLUDE	23
<i>baycadron</i>	39
<i>bcg vaccine</i>	48
BELEODAQ	16
<i>benazepril hcl</i>	29
<i>benazepril hcl/hydrochlorothiazide</i>	29

Drug Name	Page #
BENLYSTA	48
<i>benztropine mesylate</i>	20
BESIVANCE	50
<i>betamethasone dipropionate</i>	39
<i>betamethasone valerate</i>	39
<i>betaxolol hcl</i>	30
<i>betaxolol hcl</i>	52
<i>bethanechol chloride</i>	38
BETIMOL	52
BETOPTIC-S	52
<i>bexarotene</i>	19
BEXSERO	48
<i>bicalutamide</i>	15
BICILLIN L-A	7
BICNU	16
<i>bisoprolol fumarate</i>	30
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30
<i>bleomycin sulfate</i>	16
BLINCYTO	19
<i>blisovi 24 fe</i>	41
<i>blisovi fe 1.5/30</i>	41
<i>blisovi fe 1/20</i>	41
BOOSTRIX	48
BOSULIF	18
BREO ELLIPTA	53
<i>briellyn</i>	41
BRILINTA	28
<i>brimonidine tartrate</i>	52
BRINTELLIX	11
<i>bromocriptine mesylate</i>	20
<i>budesonide</i>	39
<i>budesonide</i>	53
<i>bumetanide</i>	31
BUPHENYL	35
<i>buprenorphine hcl</i>	4
<i>buprenorphine hcl/naloxone hcl</i>	4
<i>buproban</i>	4
<i>bupropion hcl</i>	11
<i>bupropion hcl er</i>	11
<i>bupropion hcl sr</i>	4
<i>bupropion hcl sr</i>	11
<i>bupropion hcl xl</i>	11
<i>buspironone hcl</i>	25
BUSULFEX	15
<i>butalbital compound/codeine</i>	2
<i>butalbital/acetaminophen/caffeine</i>	1
<i>butalbital/acetaminophen/caffeine/codeine</i>	1

Drug Name	Page #
<i>butalbital/aspirin/caffeine</i>	1
<i>butalbital/aspirin/caffeine/codeine</i>	1
<i>cabergoline</i>	46
<i>calcipotriene</i>	34
<i>calcitonin-salmon</i>	49
<i>calcitrene</i>	34
<i>calcitriol</i>	49
<i>calcium acetate</i>	38
<i>calcium chloride</i>	57
<i>calcium gluconate</i>	57
CALCIUM PNV	59
<i>camila</i>	45
<i>camrese</i>	42
<i>camrese lo</i>	42
CANCIDAS	13
<i>candesartan cilexetil</i>	28
<i>candesartan cilexetil/hydrochlorothiazide</i>	28
<i>capacet</i>	1
CAPASTAT SULFATE	14
CAPRELSA	18
<i>captopril</i>	29
<i>captopril/hydrochlorothiazide</i>	29
CARBAGLU	35
<i>carbamazepine</i>	10
<i>carbamazepine er</i>	10
<i>carbidopa</i>	20
<i>carbidopa/levodopa</i>	20
<i>carbidopa/levodopa er</i>	20
<i>carbidopa/levodopa odt</i>	20
<i>carbidopa/levodopa/entacapone</i>	20
<i>carboplatin</i>	16
<i>carteolol hcl</i>	52
<i>cartia xt</i>	30
<i>carvedilol</i>	30
CAYSTON	55
<i>caziant</i>	42
<i>cefaclor</i>	6
<i>cefaclor er</i>	6
<i>cefadroxil</i>	6
<i>cefazolin</i>	6
<i>cefazolin sodium</i>	6
<i>cefazolin sodium/dextrose</i>	6
<i>cefdinir</i>	6
<i>cefditoren pivoxil</i>	6
<i>cefepime</i>	6
<i>cefixime</i>	6
<i>cefotaxime sodium</i>	6

Drug Name	Page #
<i>cefotetan</i>	6
<i>cefotetan/dextrose</i>	6
<i>cefoxitin sodium</i>	6
<i>cefpodoxime proxetil</i>	7
<i>cefprozil</i>	7
<i>ceftazidime</i>	7
<i>ceftazidime/dextrose</i>	7
<i>ceftriaxone in iso-osmotic dextrose</i>	7
<i>ceftriaxone sodium</i>	DisplayT
<i>ceftriaxone/dextrose</i>	7
<i>cefuroxime axetil</i>	7
<i>cefuroxime sodium</i>	7
<i>cefuroxime/dextrose</i>	7
<i>celecoxib</i>	1
CELLCEPT	47
CELLCEPT INTRAVENOUS	47
CELONTIN	9
<i>cephalexin</i>	7
CEREZYME	35
CERVARIX	48
<i>cetirizine hcl</i>	53
CHANTIX	4
CHANTIX CONTINUING MONTH PAK	4
CHANTIX STARTING MONTH PAK	4
<i>chateal</i>	42
<i>childrens loratadine</i>	53
<i>chloramphenicol sodium succinate</i>	5
<i>chlorhexidine gluconate oral rinse</i>	33
<i>chloroquine phosphate</i>	20
<i>chlorothiazide</i>	31
<i>chlorpheniramine maleate</i>	53
<i>chlorpromazine hcl</i>	21
<i>chlorthalidone</i>	31
<i>chlorzoxazone</i>	55
<i>cholestyramine</i>	32
<i>cholestyramine light</i>	32
<i>ciclodan</i>	13
<i>ciclopirox</i>	13
<i>ciclopirox nail lacquer</i>	13
<i>ciclopirox olamine</i>	13
<i>cilostazol</i>	28
<i>cimetidine</i>	37
<i>cimetidine hcl</i>	36
CIMZIA	47
CIMZIA STARTER KIT	47
CINRYZE	47
<i>ciprofloxacin</i>	8

Drug Name	Page #
<i>ciprofloxacin er</i>	8
<i>ciprofloxacin hcl</i>	8
<i>ciprofloxacin hcl</i>	50
<i>ciprofloxacin i.v.-in d5w</i>	8
<i>cisplatin</i>	16
<i>citalopram hydrobromide</i>	11
CITRANATAL 90 DHA	59
CITRANATAL ASSURE	59
CITRANATAL B-CALM	59
CITRANATAL DHA	59
CITRANATAL RX	59
<i>cladribine</i>	16
<i>claravis</i>	34
<i>clarithromycin</i>	8
<i>clearlax</i>	36
<i>clemastine fumarate</i>	53
<i>clindamax</i>	5
<i>clindamycin hcl</i>	5
<i>clindamycin palmitate hcl</i>	5
<i>clindamycin phosphate</i>	5
<i>clindamycin phosphate</i>	34
<i>clindamycin phosphate add-vantage</i>	5
<i>clindamycin phosphate in d5w</i>	5
<i>clindamycin/benzoyl peroxide</i>	34
<i>clinisol sf 15%</i>	57
<i>clinpro 5000</i>	33
<i>clobetasol propionate</i>	39
<i>clobetasol propionate e</i>	39
<i>clobetasol propionate emollient</i>	39
CLOLAR	16
<i>clomipramine hcl</i>	12
<i>clonazepam</i>	9
<i>clonazepam odt</i>	9
<i>clonidine hcl</i>	28
<i>clopidogrel</i>	28
<i>clorazepate dipotassium</i>	25
<i>clotrimazole</i>	13
<i>clotrimazole</i>	38
<i>clotrimazole/betamethasone dipropionate</i>	13
<i>clozapine</i>	22
<i>clozapine odt</i>	22
COARTEM	20
<i>codeine sulfate</i>	2
<i>colchicine</i>	14
COLCRYS	14
<i>colestipol hcl</i>	32
<i>colistimethate sodium</i>	5

Drug Name	Page #
<i>colocort</i>	39
COMBIGAN	50
COMBIVENT RESPIMAT	54
COMETRIQ	18
<i>compazine</i>	21
COMPLERA	23
<i>complete natal dha</i>	59
<i>completenate</i>	59
<i>compro</i>	21
COMVAX	48
CONCEPT DHA	59
CONCEPT OB	59
<i>constulose</i>	37
COPAXONE	33
CORLANOR	31
<i>cormax scalp application</i>	39
<i>cortisone acetate</i>	39
COSMEGEN	16
COTELLIC	16
CREON	35
CRESTOR	32
CRIXIVAN	24
<i>cromolyn sodium</i>	36
<i>cromolyn sodium</i>	51
<i>cromolyn sodium</i>	55
<i>cromolyn sodium</i>	55
<i>cryselle-28</i>	42
CUBICIN	5
CUPRIMINE	56
<i>cyclafem 1/35</i>	42
<i>cyclafem 7/7/7</i>	42
<i>cyclobenzaprine hcl</i>	55
<i>cyclophosphamide</i>	15
<i>cycloserine</i>	14
<i>cyclosporine</i>	47
<i>cyclosporine modified</i>	47
CYRAMZA	19
<i>cyred</i>	42
CYSTADANE	35
CYSTAGON	35
CYSTARAN	50
<i>cytarabine aqueous</i>	16
<i>dacarbazine</i>	16
DALIRESP	55
DALVANCE	5
<i>danazol</i>	41
<i>dantrolene sodium</i>	22

Drug Name	Page #
<i>dapsone</i>	14
DAPTACEL	48
DARAPRIM	20
DARZALEX	19
<i>dasetta 1/35</i>	42
<i>dasetta 7/7/7</i>	42
<i>daunorubicin hcl</i>	16
DAUNOXOME	16
<i>dayhist allergy 12 hour relief</i>	53
<i>daysee</i>	42
<i>deblitane</i>	45
<i>decitabine</i>	16
<i>deltasone</i>	39
<i>delyla</i>	42
DELZICOL	49
DENAVIR	25
<i>dentagel</i>	33
DEPEN TITRATABS	56
DEPOCYT	15
DEPO-ESTRADIOL	42
DEPO-PROVERA	45
<i>desipramine hcl</i>	12
<i>desmopressin acetate</i>	40
<i>desogestrel/ethinyl estradiol</i>	42
<i>desonide</i>	39
<i>desoximetasone</i>	39
<i>desvenlafaxine er</i>	11
<i>dexamethasone</i>	39
DEXAMETHASONE INTENSOL	39
<i>dexamethasone sodium phosphate</i>	39
<i>dexamethasone sodium phosphate</i>	51
<i>dextrazoxane</i>	16
<i>dextroamphetamine sulfate</i>	33
<i>dextrose 10%/nacl 0.45%</i>	57
<i>dextrose 5% /electrolyte #48 viaflex</i>	57
<i>dextrose 10% flex container</i>	57
<i>dextrose 10%/nacl 0.2%</i>	57
<i>dextrose 2.5%/sodium chloride 0.45%</i>	57
<i>dextrose 20%</i>	57
<i>dextrose 25%</i>	57
<i>dextrose 30%</i>	57
<i>dextrose 40%</i>	57
<i>dextrose 5%</i>	57
<i>dextrose 5%/lactated ringers</i>	57
<i>dextrose 5%/nacl 0.2%</i>	57
<i>dextrose 5%/nacl 0.225%</i>	57
<i>dextrose 5%/nacl 0.3%</i>	57

Drug Name	Page #
<i>dextrose 5%/nacl 0.33%</i>	57
<i>dextrose 5%/nacl 0.45%</i>	57
<i>dextrose 5%/nacl 0.9%</i>	57
<i>dextrose 5%/potassium chloride 0.15%</i>	57
<i>dextrose 50%</i>	57
<i>dextrose 70%</i>	57
<i>diazepam</i>	9
<i>diazepam</i>	25
<i>diazepam intensol</i>	25
<i>diclofenac potassium</i>	1
<i>diclofenac sodium dr</i>	1
<i>diclofenac sodium er</i>	1
<i>dicloxacillin sodium</i>	7
<i>dicyclomine hcl</i>	36
<i>didanosine</i>	24
DIFICID	8
<i>diflorasone diacetate</i>	39
<i>diflunisal</i>	1
<i>digitek</i>	31
<i>digox</i>	31
<i>digoxin</i>	31
<i>dihydroergotamine mesylate</i>	14
DILANTIN	10
<i>diltiazem cd</i>	30
<i>diltiazem hcl</i>	30
<i>diltiazem hcl cd</i>	30
<i>diltiazem hcl er</i>	30
<i>dilt-xr</i>	30
<i>diphenatol</i>	36
<i>diphenhydramine hcl</i>	53
<i>diphenoxylate/atropine</i>	36
<i>diphtheria/tetanus toxoids adsorbed</i>	48
<i>pediatric</i>	
<i>disopyramide phosphate</i>	29
<i>disulfiram</i>	4
<i>divalproex sodium</i>	9
<i>divalproex sodium dr</i>	9
<i>divalproex sodium er</i>	9
DOCEFREZ	16
<i>docetaxel</i>	16
<i>donepezil hcl</i>	10
<i>dorzolamide hcl</i>	52
<i>dorzolamide hcl/timolol maleate</i>	52
<i>doxazosin mesylate</i>	28
<i>doxepin hcl</i>	12
<i>doxercalciferol</i>	49
<i>doxorubicin hcl</i>	16

Drug Name	Page #
<i>doxorubicin hcl liposome</i>	16
<i>doxy 100</i>	8
<i>doxycycline</i>	8
<i>doxycycline hyclate</i>	8
<i>doxycycline hyclate dr</i>	8
<i>doxycycline monohydrate</i>	8
<i>dronabinol</i>	12
<i>drospirenone/ethinyl estradiol</i>	42
DROXIA	15
<i>dual action complete</i>	37
<i>dual action complete</i>	38
<i>duloxetine hcl</i>	11
<i>duloxetine hcl</i>	25
<i>duramorph</i>	2
DUREZOL	51
<i>dutasteride</i>	38
<i>dutasteride/tamsulosin hydrochloride</i>	38
<i>econazole nitrate</i>	13
<i>econtra ez</i>	45
EDURANT	23
EFFIENT	28
EGRIFTA	40
ELIDEL	34
<i>elinest</i>	42
ELIQUIS	27
ELITEK	16
ELLA	45
EMCYT	15
EMEND	12
<i>emoquette</i>	42
EMPLICITI	19
EMSAM	11
EMTRIVA	24
<i>enalapril maleate</i>	29
<i>enalapril maleate/hydrochlorothiazide</i>	29
ENBRACE HR	60
<i>endocet</i>	3
ENGERIX-B	48
<i>enoxaparin sodium</i>	27
<i>enpresse-28</i>	42
<i>enskyce</i>	42
<i>entacapone</i>	20
<i>entecavir</i>	23
<i>enulose</i>	37
<i>epinastine hcl</i>	51
EPIPEN 2-PAK	54
EPIPEN-JR 2-PAK	54

Drug Name	Page #
<i>epirubicin hcl</i>	16
<i>epitol</i>	10
EPIVIR	24
EPIVIR HBV	23
<i>eplerenone</i>	31
<i>epoprostenol sodium</i>	55
<i>eprosartan mesylate</i>	29
EPZICOM	24
EQUETRO	25
ERAXIS	13
ERBITUX	16
<i>ergoloid mesylates</i>	10
ERIVEDGE	18
<i>errin</i>	45
ERWINAZE	16
<i>ery</i>	34
ERYTHROCIN LACTOBIONATE	8
<i>erythromycin</i>	8
<i>erythromycin</i>	34
<i>erythromycin</i>	50
<i>erythromycin base</i>	8
<i>erythromycin ethylsuccinate</i>	8
<i>erythromycin stearate</i>	8
<i>erythromycin/benzoyl peroxide</i>	34
ESBRIET	55
ESCAVITE	60
ESCAVITE D	60
ESCAVITE LQ	60
<i>escitalopram oxalate</i>	11
<i>esgic</i>	1
<i>esomeprazole magnesium</i>	38
<i>esomeprazole sodium</i>	38
<i>estarylla</i>	42
ESTRACE	42
<i>estradiol</i>	42
<i>estradiol/norethindrone acetate</i>	42
<i>ethambutol hcl</i>	14
<i>ethosuximide</i>	9
<i>etidronate disodium</i>	49
<i>etodolac</i>	1
<i>etodolac er</i>	1
<i>etoposide</i>	18
EVOTAZ	24
EVZIO	4
EXELON	10
<i>exemestane</i>	18
EXJADE	56

Drug Name	Page #
EXTAVIA	33
EXTRA-VIRT PLUS DHA	60
FABRAZYME	35
<i>falmina</i>	42
<i>famciclovir</i>	25
<i>famotidine</i>	37
<i>famotidine premixed</i>	37
FANAPT	21
FANAPT TITRATION PACK	21
FARESTON	15
FARYDAK	16
FASLODEX	16
FAZACLO	22
<i>felbamate</i>	10
<i>fenofibrate</i>	32
<i>fenofibrate micronized</i>	32
<i>fenofibric acid</i>	32
<i>fenofibric acid dr</i>	32
<i>fentanyl</i>	2
<i>fentanyl citrate oral transmucosal</i>	3
FERRIPROX	56
FETZIMA	11
FETZIMA TITRATION PACK	11
<i>finasteride</i>	38
FIRAZYR	47
FIRMAGON	46
<i>flecainide acetate</i>	29
FLORIVA	57
<i>floriva</i>	60
<i>floxuridine</i>	16
<i>fluconazole</i>	13
<i>fluconazole in dextrose</i>	13
<i>fluconazole in nacl</i>	13
<i>flucytosine</i>	13
<i>fludarabine phosphate</i>	16
<i>fludrocortisone acetate</i>	39
<i>flunisolide</i>	53
<i>fluocinolone acetonide</i>	39
<i>fluocinolone acetonide</i>	52
<i>fluocinolone acetonide body</i>	39
<i>fluocinolone acetonide scalp</i>	39
<i>fluocinonide</i>	40
<i>fluocinonide-e</i>	39
<i>fluoride</i>	57
<i>fluoridex daily defense</i>	33
<i>fluoritab</i>	57
<i>fluorometholone</i>	51

Drug Name	Page #
<i>fluorouracil</i>	16
<i>fluorouracil</i>	34
<i>fluoxetine</i>	11
<i>fluoxetine dr</i>	11
<i>fluoxetine hcl</i>	11
<i>fluphenazine decanoate</i>	21
<i>fluphenazine hcl</i>	21
FLURA-DROPS	57
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	51
<i>flutamide</i>	15
<i>fluticasone propionate</i>	40
<i>fluticasone propionate</i>	53
<i>fluvastatin</i>	32
<i>fluvastatin sodium er</i>	32
<i>fluvoxamine maleate</i>	11
FOCALGIN 90 DHA	60
FOCALGIN CA	60
FOCALGIN-B	60
FOLCAL DHA	60
FOLCAPS OMEGA 3	60
FOLET DHA	60
FOLET ONE	60
FOLIVANE-OB	60
FOLIVANE-PRX DHA NF	60
FOLOTYN	16
<i>fomepizole</i>	56
<i>fondaparinux sodium</i>	27
FORADIL AEROLIZER	54
FORTEO	49
<i>fosinopril sodium</i>	29
<i>fosinopril sodium/hydrochlorothiazide</i>	29
<i>fosphenytoin sodium</i>	10
FOSRENOL	39
<i>furosemide</i>	31
FUSILEV	17
FUZEON	24
FYCOMPA	9
<i>gabapentin</i>	9
GABITRIL	9
<i>galantamine hydrobromide</i>	10
GAMASTAN S/D	47
GAMMAPLEX	47
<i>ganciclovir</i>	22
GARDASIL	48
GARDASIL 9	48
GATTEX	36

Drug Name	Page #
GAUZE PADS 2"X2"	50
<i>gavilax</i>	36
<i>gavilyte-c</i>	37
<i>gavilyte-g</i>	37
<i>gavilyte-h</i>	36
<i>gavilyte-n/flavor pack</i>	37
GAZYVA	19
<i>gemcitabine</i>	17
<i>gemcitabine hcl</i>	17
<i>gemfibrozil</i>	32
<i>generlac</i>	37
<i>gengraf</i>	47
<i>gentak</i>	50
<i>gentamicin sulfate</i>	5
<i>gentamicin sulfate</i>	34
<i>gentamicin sulfate</i>	50
<i>gentamicin sulfate pediatric</i>	5
<i>gentamicin sulfate/0.9% sodium chloride</i>	5
GENVOYA	23
GEODON	21
<i>gianvi</i>	42
<i>gildagia</i>	42
<i>gildess 1.5/30</i>	42
<i>gildess 1/20</i>	42
<i>gildess 24 fe</i>	42
<i>gildess fe 1.5/30</i>	42
<i>gildess fe 1/20</i>	42
GILENYA	33
GILOTRIF	18
<i>glatopa</i>	33
GLEEVEC	18
GLEOSTINE	15
<i>glimepiride</i>	26
<i>glipizide</i>	26
<i>glipizide er</i>	26
<i>glipizide xl</i>	26
<i>glipizide/metformin hcl</i>	26
GLUCAGEN DIAGNOSTIC	26
GLUCAGEN HYPOKIT	26
GLUCAGON EMERGENCY KIT	26
<i>glyburide</i>	26
<i>glyburide micronized</i>	26
<i>glyburide/metformin hcl</i>	26
<i>glycopyrrolate</i>	36
<i>glydo</i>	4
<i>gnp 8 hour pain reliever</i>	1
<i>gnp acid reducer</i>	37

Drug Name	Page #
<i>gnp all day pain relief</i>	1
<i>gnp allergy relief</i>	53
<i>gnp allergy relief for kids</i>	53
<i>gnp arthritis pain relief</i>	1
<i>gnp clearlax</i>	36
<i>gnp dayhist allergy</i>	53
<i>gnp ibuprofen</i>	1
<i>gnp lice treatment</i>	34
<i>gnp loperamide hcl</i>	36
<i>gnp loratadine</i>	53
<i>gnp loratadine childrens</i>	53
<i>gnp miconazole 3</i>	38
<i>gnp nicotine polacrilex</i>	4
<i>gnp terbinafine hydrochloride</i>	34
<i>goodsense all day allergy</i>	53
<i>granisetron hcl</i>	12
<i>griseofulvin microsize</i>	13
<i>griseofulvin ultramicrosize</i>	13
<i>guanfacine er</i>	33
<i>guanidine hcl</i>	14
HALAVEN	17
<i>halobetasol propionate</i>	40
<i>haloperidol</i>	21
<i>haloperidol decanoate</i>	21
<i>haloperidol lactate</i>	21
HARVONI	23
HAVRIX	48
<i>healthylax</i>	36
<i>heartburn relief</i>	37
<i>heather</i>	45
<i>hecoria</i>	47
HEMENATAL OB	60
HEMENATAL OB + DHA	60
<i>heparin sodium</i>	27
<i>heparin sodium/d5w</i>	27
<i>heparin sodium/nacl 0.45%</i>	27
<i>heparin sodium/nacl 0.9%</i>	27
<i>heparin sodium/sodium chloride 0.9%</i>	27
<i>heparin sodium/sodium chloride 0.9% premix</i>	27
<i>hepatamine</i>	57
HERCEPTIN	17
HETLIOZ	56
HEXALEN	15
HIBERIX	48
<i>hm all day allergy</i>	53
<i>hm allergy relief</i>	53

Drug Name	Page #
<i>hm arthritis pain relief</i>	1
<i>hm complete dual action</i>	38
<i>hm ibuprofen infants</i>	1
<i>hm lice treatment</i>	34
<i>hm nicotine polacrilex</i>	4
HUMIRA	47
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	47
HUMIRA PEN	47
HUMIRA PEN-CROHNS DISEASESTARTER	47
HUMIRA PEN-PSORIASIS STARTER	47
<i>hydralazine hcl</i>	32
<i>hydrochlorothiazide</i>	31
<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>hydrocodone/acetaminophen</i>	3
<i>hydrocodone/ibuprofen</i>	3
<i>hydrocortisone</i>	40
<i>hydrocortisone butyrate</i>	40
<i>hydrocortisone butyrate (lipophilic)</i>	40
<i>hydrocortisone in absorbase</i>	40
<i>hydrocortisone valerate</i>	40
<i>hydrocortisone/acetic acid</i>	52
<i>hydromorphone hcl</i>	3
<i>hydroxychloroquine sulfate</i>	20
<i>hydroxyurea</i>	15
<i>hydroxyzine hcl</i>	53
IBRANCE	17
<i>ibudone</i>	3
<i>ibuprofen</i>	1
<i>ibuprofen junior strength</i>	1
ICLUSIG	18
<i>idarubicin hcl</i>	17
<i>ifosfamide</i>	17
ILARIS	48
ILEVRO	51
IMBRUVICA	18
<i>imipenem/cilastatin</i>	7
<i>imipramine hcl</i>	12
<i>imiquimod</i>	34
IMOVAX RABIES (H.D.C.V.)	48
<i>inatal advance</i>	60
<i>inatal ultra</i>	60
INCRELEX	41
INCRUSE ELLIPTA	54
<i>indapamide</i>	31
INFANRIX	48

Drug Name	Page #
<i>infants ibuprofen</i>	2
INLYTA	18
INSULIN SYRINGE	50
SAFETYGLIDE/1ML/29G X 1/2"	
INSULIN SYRINGE	50
ULTRAFINE/0.3ML/31G X 5/16"	
INSULIN SYRINGE	50
ULTRAFINE/0.5ML/30G X 1/2"	
INSULIN SYRINGE	50
ULTRAFINE/1ML/31G X 5/16"	
INSUPEN 33GX4MM	50
INTELENCE	23
INTRALIPID	57
INTRON A	17
INTRON A	23
INTRON A W/DILUENT	17
<i>introvale</i>	42
INTUNIV	33
INVANZ	7
INVEGA	21
INVEGA SUSTENNA	21
INVEGA TRINZA	21
INVIRASE	24
INVOKAMET	26
INVOKANA	26
IPOL INACTIVATED IPV	48
<i>ipratropium bromide</i>	54
<i>ipratropium bromide/albuterol sulfate</i>	54
<i>irbesartan</i>	29
<i>irbesartan/hydrochlorothiazide</i>	29
<i>irinotecan</i>	17
ISENTRESS	23
<i>isoniazid</i>	14
ISOPROPYL ALCOHOL WIPES	5
ISOPTO CARPINE	52
<i>isosorbide dinitrate</i>	32
<i>isosorbide dinitrate er</i>	32
<i>isosorbide mononitrate</i>	32
<i>isosorbide mononitrate er</i>	32
<i>isotonic gentamicin</i>	5
<i>isradipine</i>	31
ISTODAX	17
<i>itraconazole</i>	13
<i>ivermectin</i>	19
IXEMPRA KIT	17
IXIARO	48
JAKAFI	18

Drug Name	Page #
<i>jantoven</i>	27
JANUMET	26
JANUMET XR	26
JANUVIA	26
<i>jencycla</i>	45
JENTADUETO	26
JEVTANA	17
<i>jinteli</i>	42
<i>jolessa</i>	42
<i>jolivette</i>	45
<i>juleber</i>	42
<i>junel 1.5/30</i>	42
<i>junel 1/20</i>	42
<i>junel fe 1.5/30</i>	42
<i>junel fe 1/20</i>	42
<i>junel fe 24</i>	43
KABIVEN	58
KADCYLA	17
KALETRA	24
KALYDECO	55
<i>kariva</i>	43
<i>kcl 0.075%/d5w/nacl 0.45%</i>	58
<i>kcl 0.15%/d5w/lr</i>	58
<i>kcl 0.15%/d5w/nacl 0.2%</i>	58
<i>kcl 0.15%/d5w/nacl 0.225%</i>	58
<i>kcl 0.15%/d5w/nacl 0.45%</i>	58
<i>kcl 0.15%/d5w/nacl 0.9%</i>	58
<i>kcl 0.3%/d5w/lr iv lac ring</i>	58
<i>kcl 0.3%/d5w/nacl 0.45%</i>	58
<i>kcl 0.3%/d5w/nacl 0.9%</i>	58
<i>kelnor 1/35</i>	43
<i>ketoconazole</i>	13
<i>ketoprofen</i>	2
<i>ketoprofen er</i>	2
<i>ketorolac tromethamine</i>	51
KEYTRUDA	19
<i>kimidess</i>	43
KINRIX	48
<i>kionex</i>	56
<i>klor-con</i>	58
<i>klor-con 10</i>	58
<i>klor-con 8</i>	58
<i>klor-con m10</i>	58
<i>klor-con m20</i>	58
<i>klor-con sprinkle</i>	58
<i>klor-con/ef</i>	58
KORLYM	26

Drug Name	Page #
<i>k-sol</i>	58
<i>kurvelo</i>	43
KUVAN	35
KYNAMRO	32
<i>labetalol hcl</i>	30
<i>lactated ringers dextrose 5% viaflex</i>	58
<i>lactated ringers viaflex</i>	58
<i>lactulose</i>	37
LAMISIL AT	35
<i>lamivudine</i>	23
<i>lamivudine</i>	24
<i>lamivudine/zidovudine</i>	24
<i>lamotrigine</i>	10
<i>larin 1.5/30</i>	43
<i>larin 1/20</i>	43
<i>larin 24 fe</i>	43
<i>larin fe 1.5/30</i>	43
<i>larin fe 1/20</i>	43
<i>latanoprost</i>	50
LATUDA	21
<i>layolis fe</i>	43
<i>leena</i>	43
<i>leflunomide</i>	48
LENVIMA 10MG DAILY DOSE	18
LENVIMA 14MG DAILY DOSE	18
LENVIMA 20MG DAILY DOSE	18
LENVIMA 24MG DAILY DOSE	18
<i>lessina</i>	43
<i>letrozole</i>	18
<i>leucovorin calcium</i>	17
LEUKERAN	15
LEUKINE	28
<i>leuprolide acetate</i>	46
<i>levalbuterol</i>	54
<i>levalbuterol hcl</i>	54
LEVEMIR	27
LEVEMIR FLEXTOUCH	27
<i>levetiracetam</i>	9
<i>levobunolol hcl</i>	52
<i>levocarnitine</i>	56
<i>levocetirizine dihydrochloride</i>	53
<i>levofloxacin</i>	8
<i>levofloxacin</i>	50
<i>levofloxacin in d5w</i>	8
<i>levoleucovorin</i>	17
<i>levoleucovorin calcium</i>	17
<i>levonest</i>	43

Drug Name	Page #
<i>levonorgestrel</i>	45
<i>levonorgestrel and ethinyl estradiol</i>	43
<i>levonorgestrel/ethinyl estradiol</i>	43
<i>levora 0.15/30-28</i>	43
<i>levothyroxine sodium</i>	45
<i>levoxyl</i>	45
LEXIVA	24
LIALDA	49
<i>lidocaine</i>	4
<i>lidocaine hcl</i>	4
<i>lidocaine hcl</i>	29
<i>lidocaine hcl jelly</i>	4
<i>lidocaine viscous</i>	4
<i>lidocaine/prilocaine</i>	4
<i>lindane</i>	20
<i>linezolid</i>	5
LINZESS	37
<i>liothyronine sodium</i>	45
LIPOSYN III	58
<i>lisinopril</i>	29
<i>lisinopril/hydrochlorothiazide</i>	29
<i>lithium</i>	25
<i>lithium carbonate</i>	25
<i>lithium carbonate er</i>	25
<i>lomedina 24 fe</i>	43
<i>lomustine</i>	15
LONSURF	15
<i>loperamide a-d</i>	36
<i>loperamide hcl</i>	36
<i>lopreeza</i>	43
<i>loratadine</i>	54
<i>loratadine childrens</i>	53
<i>loratadine hives relief</i>	54
<i>lorazepam</i>	25
<i>lorazepam intensol</i>	25
<i>lorcet</i>	3
<i>lorcet hd</i>	3
<i>lorcet plus</i>	3
<i>loryna</i>	43
<i>losartan potassium</i>	29
<i>losartan potassium/hydrochlorothiazide</i>	29
<i>lovastatin</i>	32
LOVAZA	32
<i>low-ogestrel</i>	43
<i>loxapine succinate</i>	21
<i>ludent</i>	58
LUMIGAN	50

Drug Name	Page #
LUMIZYME	36
LUPRON DEPOT	46
LUPRON DEPOT-PED	46
<i>lutra</i>	43
LYNPARZA	17
LYRICA	9
LYSODREN	46
<i>lyza</i>	45
<i>magnesium sulfate</i>	58
<i>malathion</i>	20
<i>maprotiline hcl</i>	11
<i>margesic</i>	1
<i>marlissa</i>	43
MARPLAN	11
MATULANE	15
<i>matzim la</i>	31
<i>meclizine hcl</i>	12
<i>meclofenamate sodium</i>	2
<i>medroxyprogesterone acetate</i>	45
<i>mefloquine hcl</i>	20
<i>megestrol acetate</i>	45
MEKINIST	18
<i>meloxicam</i>	2
<i>melphalan hydrochloride</i>	15
<i>memantine hcl</i>	10
<i>memantine hcl titration pak</i>	10
<i>memantine hydrochloride</i>	11
MENACTRA	48
MENEST	43
MENOMUNE-A/C/Y/W-135	48
MENVEO	48
MEPRON	20
<i>mercaptopurine</i>	16
<i>meropenem</i>	7
<i>meropenem/sodium chloride</i>	7
<i>mesalamine</i>	49
<i>mesna</i>	17
MESNEX	17
MESTINON	14
MESTINON TIMESPAN	14
<i>metadate er</i>	33
<i>metaproterenol sulfate</i>	54
<i>metformin hcl</i>	26
<i>metformin hcl er</i>	26
<i>methadone hcl</i>	2
<i>methadose</i>	2
<i>methadose sugar-free</i>	2

Drug Name	Page #
<i>methazolamide</i>	31
<i>methenamine hippurate</i>	5
<i>methimazole</i>	46
<i>methotrexate</i>	47
<i>methotrexate sodium</i>	47
<i>methoxsalen</i>	35
<i>methscopolamine bromide</i>	36
<i>methyclothiazide</i>	31
<i>methylergonovine maleate</i>	38
<i>methylphenidate hcl</i>	33
<i>methylphenidate hcl er</i>	33
<i>methylphenidate hcl sr</i>	33
<i>methylprednisolone</i>	40
<i>methylprednisolone acetate</i>	40
<i>methylprednisolone dose pack</i>	40
<i>methylprednisolone sodiumsuccinate</i>	40
<i>metipranolol</i>	52
<i>metoclopramide hcl</i>	36
<i>metolazone</i>	31
<i>metoprolol succinate er</i>	30
<i>metoprolol tartrate</i>	30
<i>metoprolol/hydrochlorothiazide</i>	30
METRO IV	5
<i>metronidazole</i>	6
<i>metronidazole</i>	35
<i>metronidazole in nacl 0.79%</i>	6
<i>metronidazole vaginal</i>	6
<i>mexiletine hcl</i>	29
MIACALCIN	49
<i>miconazole 3 combo pack</i>	38
<i>miconazole 7</i>	38
<i>microgestin 1.5/30</i>	43
<i>microgestin 1/20</i>	43
<i>microgestin 24 fe</i>	43
<i>microgestin fe</i>	43
<i>microgestin fe 1.5/30</i>	43
<i>micronized colestipol hcl</i>	32
<i>midodrine hcl</i>	28
MIGERGOT	14
MILLIPRED	40
MILLIPRED DP	40
<i>mimvey</i>	43
<i>mimvey lo</i>	43
<i>minitran</i>	32
<i>minocycline hcl</i>	8
<i>minoxidil</i>	32
<i>mirtazapine</i>	11

Drug Name	Page #
<i>mirtazapine odt</i>	11
<i>misoprostol</i>	37
<i>mitomycin</i>	17
<i>mitoxantrone hcl</i>	17
M-M-R II	48
<i>modafinil</i>	56
<i>moderiba</i>	23
<i>moexipril hcl</i>	29
<i>moexipril/hydrochlorothiazide</i>	29
<i>molindone hydrochloride</i>	22
<i>mometasone furoate</i>	40
<i>mono-lynyah</i>	43
<i>mononessa</i>	43
<i>montelukast sodium</i>	54
<i>morgidox 1x100mg</i>	8
<i>morgidox 2x100mg</i>	8
<i>morphine sulfate</i>	3
<i>morphine sulfate er</i>	2
MOVIPREP	37
MOXEZA	50
MULTAQ	29
<i>multi vitamin/fluoride</i>	60
<i>multi-vit/fluoride</i>	60
<i>multi-vit/iron/fluoride</i>	60
<i>multivitamin with fluoride</i>	60
<i>multi-vitamin/fluoride</i>	60
<i>multi-vitamin/fluoride/iron</i>	60
<i>mult-vitamin/fluoride</i>	60
<i>mupirocin</i>	35
<i>mupirocin calcium</i>	35
MUSTARGEN	15
<i>mvc-fluoride</i>	60
<i>mycophenolate mofetil</i>	47
<i>myorisan</i>	35
MYRBETRIQ	38
<i>myzilra</i>	43
<i>nabumetone</i>	2
<i>nadolol</i>	30
<i>nadolol/bendroflumethiazide</i>	30
NAGLAZYME	36
<i>nalbuphine hcl</i>	3
NALLPEN ISO-OSMOTIC IN	7
DEXTROSE	
NALLPEN/DEXTROSE	7
<i>naloxone hcl</i>	4
<i>naltrexone hcl</i>	4
NAMENDA	11

Drug Name	Page #
NAMENDA TITRATION PAK	11
NAMENDA XR	11
NAMENDA XR TITRATION PACK	11
NAMZARIC	10
<i>naphazoline hcl</i>	50
<i>naproxen</i>	2
<i>naproxen dr</i>	2
<i>naproxen sodium</i>	2
<i>naratriptan hcl</i>	14
NASONEX	53
NATACHEW	61
NATALVIRT 90 DHA	61
NATALVIRT CA	61
<i>nateglinide</i>	26
NATELLE ONE	61
NATPARA	50
NEBUPENT	20
<i>necon 0.5/35-28</i>	43
<i>necon 1/35</i>	43
NECON 1/50-28	43
NECON 10/11-28	43
<i>necon 7/7/7</i>	43
<i>nefazodone hcl</i>	11
<i>neomycin sulfate</i>	5
<i>neomycin/bacitracin/polymyxin</i>	51
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	51
<i>one</i>	
<i>neomycin/polymyxin/dexamethasone</i>	51
<i>neomycin/polymyxin/gramicidin</i>	51
<i>neomycin/polymyxin/hc</i>	52
<i>neomycin/polymyxin/hydrocortisone</i>	51
<i>neomycin/polymyxin/hydrocortisone</i>	52
<i>neo-polycin</i>	50
NEPHRAMINE	58
NESTABS	61
NESTABS DHA	61
NEUMEGA	28
NEUPOGEN	28
NEUPRO	20
NEVANAC	52
<i>nevirapine</i>	23
<i>nevirapine er</i>	23
NEXA PLUS	61
NEXAVAR	19
<i>niacin er</i>	32
<i>nicardipine hcl</i>	31
<i>nicotine polacrilex</i>	4

Drug Name	Page #
<i>nicotine transdermal system</i>	4
NICOTROL NS	4
<i>nikki</i>	43
NILANDRON	15
NINLARO	17
NIPENT	17
<i>nisoldipine</i>	31
<i>nisoldipine er</i>	31
<i>nitrofurantoin</i>	6
<i>nitrofurantoin macrocrystals</i>	6
<i>nitrofurantoin monohydrate</i>	6
<i>nitroglycerin</i>	32
<i>nitroglycerin lingual</i>	32
<i>nitroglycerin transdermal</i>	32
NITROSTAT	32
NIVA-PLUS	61
<i>nora-be</i>	45
NORDITROPIN FLEXPEN	41
<i>norethindrone</i>	45
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	44
<i>norethindrone acetate</i>	45
<i>norethindrone acetate/ethinyl estradiol</i>	44
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	44
<i>norgestimate/ethinyl estradiol</i>	44
NORINYL 1+50	44
<i>norlyroc</i>	45
NORTHERA	31
<i>nortrel 0.5/35 (28)</i>	44
<i>nortrel 1/35</i>	44
<i>nortrel 7/7/7</i>	44
<i>nortriptyline hcl</i>	12
NORVIR	24
NOVOLIN 70/30	27
NOVOLIN 70/30 RELION	27
NOVOLIN N	27
NOVOLIN N RELION	27
NOVOLIN R	27
NOVOLIN R RELION	27
NOVOLOG	27
NOVOLOG FLEXPEN	27
NOVOLOG MIX 70/30	27
NOVOLOG MIX 70/30 PREFILLED	27
FLEXPEN	
NOVOLOG PENFILL	27
NOXAFIL	13

Drug Name	Page #
NUEDEXTA	33
NULOJIX	47
<i>nyamyc</i>	13
<i>nystatin</i>	13
<i>nystop</i>	13
OB COMPLETE GOLD	61
OB COMPLETE ONE	61
OB COMPLETE PETITE	61
OB COMPLETE PREMIER	61
OB COMPLETE/DHA	61
O-CAL PRENATAL	61
<i>ocella</i>	44
<i>octreotide acetate</i>	46
ODOMZO	17
<i>ofloxacin</i>	8
<i>ofloxacin</i>	51
<i>ofloxacin</i>	52
OGESTREL	44
<i>olanzapine</i>	22
<i>olanzapine odt</i>	21
<i>olanzapine/fluoxetine</i>	11
<i>olopatadine hcl</i>	51
<i>olopatadine hcl</i>	54
<i>omega-3-acid ethyl esters</i>	32
<i>omeprazole</i>	38
ONCASPAN	17
<i>ondansetron hcl</i>	12
<i>ondansetron odt</i>	13
ONFI	9
OPDIVO	19
OPSUMIT	55
<i>oralone</i>	33
ORAP	21
ORFADIN	36
ORKAMBI	55
<i>orsythia</i>	44
<i>oxacillin sodium</i>	7
<i>oxaliplatin</i>	17
<i>oxandrolone</i>	41
<i>oxaprozin</i>	2
<i>oxcarbazepine</i>	10
OXSORALEN	35
<i>oxybutynin chloride</i>	38
<i>oxybutynin chloride er</i>	38
<i>oxycodone hcl</i>	3
<i>oxycodone/acetaminophen</i>	3
<i>oxycodone/aspirin</i>	3

Drug Name	Page #
<i>oxycodone/ibuprofen</i>	3
<i>pacerone</i>	29
<i>paclitaxel</i>	17
<i>pain relief</i>	1
PAIRE OB	61
<i>paliperidone er</i>	22
<i>pamidronate disodium</i>	49
<i>pancrelipase</i>	36
PANRETIN	19
<i>pantoprazole sodium</i>	38
<i>paricalcitol</i>	49
<i>paroex</i>	34
<i>paromomycin sulfate</i>	5
<i>paroxetine hcl</i>	12
PASER	14
PATADAY	51
PATANOL	51
PAXIL	12
PAZEO	51
PEDIARIX	48
PEDVAX HIB	48
<i>peg 3350/electrolytes</i>	37
<i>peg-3350/electrolytes</i>	37
<i>peg-3350/nacl/na bicarbonate/kcl</i>	37
PEGANONE	10
PEGINTRON	23
PEG-INTRON	23
PEG-INTRON REDIPEN	23
PEN NEEDLE/ULTRAFINE/29G X 12.7MM	50
<i>penicillin g potassium</i>	8
<i>penicillin g procaine</i>	8
<i>penicillin g sodium</i>	8
<i>penicillin v potassium</i>	8
PENTACEL	48
PENTAM 300	20
PENTASA	49
<i>pentoxifylline cr</i>	31
<i>pentoxifylline er</i>	31
PERIKABIVEN	58
<i>perindopril erbumine</i>	29
<i>perio gard</i>	34
PERJETA	17
<i>permethrin</i>	20
<i>perphenazine</i>	21
<i>perphenazine/amitriptyline</i>	12
<i>phenadoz</i>	12

Drug Name	Page #
<i>phenelzine sulfate</i>	11
<i>phenergan</i>	12
<i>phenobarbital</i>	9
<i>phenytoin</i>	10
<i>phenytoin sodium</i>	10
<i>phenytoin sodium extended</i>	10
<i>philith</i>	44
<i>phos-flur</i>	34
PHOSPHOLINE IODIDE	52
<i>pilocarpine hcl</i>	34
<i>pilocarpine hcl</i>	52
<i>pilocarpine hydrochloride</i>	34
<i>pimozide</i>	21
<i>pimtrea</i>	44
<i>pindolol</i>	30
<i>pioglitazone hcl</i>	26
<i>pioglitazone hcl/metformin hcl</i>	26
<i>pioglitazone hcl-glimepiride</i>	26
<i>piperacillin sodium/ tazobactam sodium</i>	8
<i>piperacillin sodium/tazobactam sodium</i>	8
<i>pirmella 1/35</i>	44
<i>pirmella 7/7/7</i>	44
<i>piroxicam</i>	2
<i>plenamine</i>	58
PNV FERROUS	61
FUMARATE/DOCUSATE/FOLIC ACID	
PNV FOLIC ACID + IRON	61
MULTIVITAMIN	
PNV OB+DHA	61
<i>pnv prenatal plus multivitamin</i>	61
<i>pnv tabs 29-1</i>	61
<i>pnv-dha</i>	61
<i>pnv-select</i>	61
PNV-VP-U	61
<i>podofilox</i>	35
<i>polycin</i>	51
<i>polyethylene glycol 3350</i>	37
<i>polymyxin b sulfate/trimethoprim sulfate</i>	51
<i>poly-vitamin/fluoride</i>	61
POMALYST	15
<i>portia-28</i>	44
<i>potassium chloride</i>	58
<i>potassium chloride 0.15% /nacl 0.45%</i>	58
<i>viaflex</i>	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	58
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	58

Drug Name	Page #
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	58
<i>viaflex</i>	
<i>potassium chloride 0.15% nacl 0.9%</i>	58
<i>potassium chloride 0.15%/nacl 0.9%</i>	58
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	58
<i>potassium chloride 0.224%d5w/nacl 0.45%</i>	58
<i>viaflex</i>	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	58
<i>potassium chloride 0.3%/d5w</i>	58
<i>potassium chloride cr</i>	58
<i>potassium chloride er</i>	58
<i>potassium chloride sr</i>	58
<i>potassium citrate er</i>	59
POTIGA	9
<i>pr natal 400</i>	61
<i>pr natal 400 ec</i>	61
<i>pr natal 430</i>	61
<i>pr natal 430 ec</i>	61
PRADAXA DisplayT	
<i>pramipexole dihydrochloride</i>	20
<i>pravastatin sodium</i>	32
<i>prazosin hcl</i>	28
<i>prednicarbate</i>	40
<i>prednisolone</i>	40
<i>prednisolone acetate</i>	52
<i>prednisolone sodium phosphate</i>	40
<i>prednisolone sodium phosphate</i>	52
<i>prednisone</i>	40
PREDNISONO INTENSOL	40
PREFERA OB	61
PREFERA OB + DHA	61
PREFERAOB +DHA	62
PREFERAOB ONE	62
PREMASOL	59
PRENAISSANCE	62
PRENAISSANCE PLUS	62
PRENATA	62
<i>prenatabs fa</i>	62
<i>prenatabs obn</i>	62
<i>prenatal 19</i>	62
PRENATAL PLUS	62
<i>prenatal plus iron</i>	62
PRENATE AM	62
PRENATE DHA	62
PRENATE ELITE	62
PRENATE ESSENTIAL	62
PRENATE MINI	62

Drug Name	Page #
PRENATE PIXIE	63
PREPLUS	63
PREPOPIK	37
PREQUE 10	63
PRETAB	63
<i>prevalite</i>	32
<i>previfem</i>	44
PREZCOBIX	24
PREZISTA	24
PRIFTIN	14
PRILOSEC OTC	38
<i>primaquine phosphate</i>	20
<i>primidone</i>	9
PRISTIQ	12
PROAIR HFA	54
PROAIR RESPICLICK	54
<i>probenecid</i>	14
<i>probenecid/colchicine</i>	14
<i>prochlorperazine</i>	21
<i>prochlorperazine edisylate</i>	21
<i>prochlorperazine maleate</i>	21
PROCRIT	28
<i>procto-pak</i>	40
<i>proctosol hc</i>	40
<i>proctozone-hc</i>	40
<i>progesterone</i>	45
PROGLYCEM	26
PROGRAF	47
PROLASTIN-C	55
PROLENSA	52
PROLEUKIN	17
PROLIA	49
PROMACTA	28
<i>promethazine hcl</i>	12
<i>promethazine hcl</i>	54
<i>promethegan</i>	12
<i>propafenone hcl</i>	29
<i>propafenone hcl er</i>	29
<i>proparacaine hcl</i>	51
<i>propranolol hcl</i>	30
<i>propranolol hcl er</i>	30
<i>propranolol/hydrochlorothiazide</i>	30
<i>propylthiouracil</i>	46
PROQUAD	48
<i>protriptyline hcl</i>	12
PROVIDA DHA	63
PULMOZYME	55

Drug Name	Page #
PUREFE OB PLUS	63
PURIXAN	16
<i>pyrazinamide</i>	14
<i>pyridostigmine bromide</i>	14
<i>qc 3 day vaginal cream</i>	38
<i>qc acid controller</i>	37
<i>qc all day allergy</i>	54
<i>qc allergy relief</i>	54
<i>qc anti-diarrheal</i>	36
<i>qc arthritis pain relief</i>	1
<i>qc athletes foot</i>	35
<i>qc loratadine allergy relief</i>	54
QUADRACEL	48
<i>quasense</i>	44
<i>quetiapine fumarate</i>	22
QUFLORA PEDIATRIC	63
<i>quinapril hcl</i>	29
<i>quinapril/hydrochlorothiazide</i>	29
<i>quinidine gluconate cr</i>	30
<i>quinidine gluconate er</i>	30
<i>quinidine sulfate</i>	30
<i>quinidine sulfate er</i>	30
<i>quinine sulfate</i>	20
QVAR	53
RABAVERT	48
<i>raloxifene hydrochloride</i>	45
<i>ramipril</i>	29
RANEXA	31
<i>ranitidine 75</i>	37
<i>ranitidine hcl</i>	37
RAPAMUNE	47
RAVICTI	36
<i>reclipsen</i>	44
RECOMBIVAX HB	48
REGRANEX	35
<i>relador pak plus</i>	4
RELENZA DISKHALER	25
RELISTOR	36
RELNATE DHA	63
REMICADE	47
REMODULIN	55
RENVELA	39
<i>repaglinide</i>	26
<i>repaglinide/metformin hydrochloride</i>	26
RESCRIPTOR	23
RESTASIS	51
RETROVIR IV INFUSION	24

Drug Name	Page #
REVLIMID	15
REXULTI	22
REYATAZ	24
<i>ribavirin</i>	23
<i>rifabutin</i>	14
<i>rifampin</i>	14
RIFATER	15
<i>riluzole</i>	33
<i>rimantadine hcl</i>	25
<i>ringers injection</i>	59
<i>risedronate sodium</i>	49
<i>risedronate sodium dr</i>	49
RISPERDAL CONSTA	22
<i>risperidone</i>	22
<i>risperidone odt</i>	22
RITUXAN	19
<i>rivastigmine tartrate</i>	10
<i>rivastigmine transdermal system</i>	10
<i>rizatriptan benzoate</i>	14
<i>rizatriptan benzoate odt</i>	14
<i>ropinirole hcl</i>	20
<i>rosadan</i>	35
ROTARIX	48
ROTATEQ	48
ROXICET	3
ROZEREM	56
SABRIL	9
SAMSCA	56
SANDIMMUNE	47
SANTYL	35
SAPHRIS	22
SAVAYSA	27
<i>sb allergy</i>	54
<i>sb anti-diarrhea</i>	36
<i>sb ibuprofen</i>	2
<i>sb loratadine</i>	54
SELECT-OB	63
<i>selegiline hcl</i>	20
<i>selenium sulfide</i>	35
SELZENTRY	24
<i>se-natal 19</i>	63
SENSIPAR	46
<i>sertraline hcl</i>	12
<i>se-tan dha</i>	63
<i>setlakin</i>	44
<i>sf</i>	34
<i>sharobel</i>	45

Drug Name	Page #
SIGNIFOR	46
<i>sildenafil</i>	55
<i>silver sulfadiazine</i>	35
SIMBRINZA	52
SIMULECT	47
<i>simvastatin</i>	32
<i>sirolimus</i>	47
SIRTURO	15
SIVEXTRO	6
<i>sm 8 hour pain relief</i>	1
<i>sm acid reducer</i>	37
<i>sm all day allergy</i>	54
<i>sm all day pain relief</i>	2
<i>sm allergy relief</i>	54
<i>sm allergy relief loratadine</i>	54
<i>sm anti-diarrheal</i>	36
<i>sm arthritis pain relief</i>	1
<i>sm athletes foot</i>	35
<i>sm clearlax</i>	36
<i>sm ibuprofen</i>	2
<i>sm infants ibuprofen</i>	2
<i>sm loratadine</i>	54
<i>sm loratadine allergy relief</i>	54
<i>sm miconazole 3</i>	38
<i>sm miconazole 7</i>	38
<i>sm naproxen sodium</i>	2
<i>sm nicotine</i>	5
<i>sm nicotine polacrilex</i>	5
<i>sodium bicarbonate</i>	56
<i>sodium bicarbonate partial fill</i>	56
<i>sodium chloride</i>	59
<i>sodium chloride 0.45% viaflex</i>	59
<i>sodium chloride 0.9%</i>	38
<i>sodium fluoride</i>	59
<i>sodium phenylbutyrate</i>	36
<i>sodium polystyrene sulfonate</i>	56
<i>sodium sulfacetamide</i>	35
<i>sodium sulfacetamide</i>	51
SOLTAMOX	15
SOMATULINE DEPOT	46
SOMAVERT	46
<i>sorine</i>	30
<i>sotalol hcl</i>	30
<i>sotalol hcl (af)</i>	30
SOVALDI	23
SPIRIVA HANDIHALER	54
SPIRIVA RESPIMAT	54

Drug Name	Page #
<i>spironolactone</i>	31
<i>spironolactone/hydrochlorothiazide</i>	31
SPORANOX	13
<i>sprintec 28</i>	44
SPRYCEL	19
<i>sps</i>	56
<i>sronyx</i>	44
<i>ssd</i>	35
<i>stavudine</i>	24
<i>sterile water irrigation</i>	59
STIOLTO RESPIMAT	55
STIVARGA	19
<i>streptomycin sulfate</i>	5
STRIBILD	23
STRIVERDI RESPIMAT	54
STROMECTOL	19
SUBOXONE	4
<i>sucrafate</i>	37
<i>sulfacetamide sodium</i>	35
<i>sulfacetamide sodium</i>	51
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	51
<i>sulfadiazine</i>	8
<i>sulfamethoxazole/trimethoprim</i>	8
<i>sulfamethoxazole/trimethoprim ds</i>	8
SULFAMYLON	35
<i>sulfasalazine</i>	49
<i>sulfatrim pediatric</i>	8
<i>sulfazine</i>	49
<i>sulfazine ec</i>	49
<i>sulindac</i>	2
<i>sumatriptan</i>	14
<i>sumatriptan succinate</i>	14
<i>sumatriptan succinate refill</i>	14
SUPRAX	7
SUPREP BOWEL PREP	37
SURMONTIL	12
SUSTIVA	23
SUTENT	19
<i>syeda</i>	44
SYLATRON	17
SYLVANT	19
SYMLINPEN 120	26
SYMLINPEN 60	26
SYNAGIS	48
SYNAREL	46
SYNERCID	6

Drug Name	Page #
SYNRIBO	17
SYNTHROID	45
SYPRINE	56
TABLOID	16
<i>tacrolimus</i>	47
TAFINLAR	19
TAGRISSE	17
TAMIFLU	25
<i>tamoxifen citrate</i>	15
<i>tamsulosin hcl</i>	38
TARCEVA	19
TARGRETIN	19
<i>tarina fe 1/20</i>	44
TARON-PREX	63
TASIGNA	19
<i>tazicef</i>	7
TAZORAC	35
<i>taztia xt</i>	31
TEFLARO	7
TEGRETOL-XR	10
<i>telmisartan</i>	29
<i>telmisartan/amlodipine</i>	29
<i>telmisartan/hydrochlorothiazide</i>	29
TEMODAR	15
TENIVAC	48
<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	13
<i>terbinafine hcl</i>	35
<i>terbutaline sulfate</i>	54
<i>terconazole</i>	13
TESTOSTERONE	DisplayT
<i>testosterone cypionate</i>	41
<i>testosterone enanthate</i>	41
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	48
<i>tetrabenazine</i>	33
<i>tetracycline hcl</i>	9
THALOMID	15
<i>theophylline</i>	55
<i>theophylline cr</i>	55
<i>theophylline er</i>	55
THERACYS	17
THIOLA	38
<i>thioridazine hcl</i>	21
<i>thiotepa</i>	15
<i>thiothixene</i>	21
<i>thrivite rx</i>	63
THYMOGLOBULIN	47

Drug Name	Page #
THYROLAR-1	45
THYROLAR-1/2	45
THYROLAR-1/4	45
THYROLAR-2	46
THYROLAR-3	46
<i>tiagabine hydrochloride</i>	9
TICE BCG	17
<i>ticlopidine hcl</i>	28
TIKOSYN	30
<i>tilia fe</i>	44
<i>timolol maleate</i>	30
<i>timolol maleate</i>	52
<i>timolol maleate ophthalmic gel forming</i>	52
<i>tinidazole</i>	6
<i>tioconazole-1</i>	38
TIVICAY	23
<i>tizanidine hcl</i>	22
TL FOLATE	63
TL-CARE DHA	63
TL-SELECT	63
TOBI PODHALER	55
TOBRADEX	51
TOBRADEX ST	51
<i>tobramycin</i>	55
<i>tobramycin sulfate</i>	5
<i>tobramycin sulfate</i>	51
<i>tobramycin sulfate/sodium chloride</i>	5
<i>tobramycin/dexamethasone</i>	51
TOBREX	51
<i>tolazamide</i>	26
<i>tolbutamide</i>	26
<i>tolmetin sodium</i>	2
<i>tolterodine tartrate</i>	38
<i>topiramate</i>	10
<i>toposar</i>	18
<i>topotecan hcl</i>	18
TORISEL	19
<i>torseamide</i>	31
<i>tpn electrolytes</i>	59
TRACLEER	55
TRADJENTA	26
<i>tramadol hcl</i>	3
<i>tramadol hydrochloride/acetaminophen</i>	3
<i>trandolapril</i>	29
<i>trandolapril/verapamil hcl</i>	29
<i>trandolapril/verapamil hcl er</i>	29
<i>tranexamic acid</i>	28

Drug Name	Page #
TRANSDERM-SCOP	12
<i>tranylcyromine sulfate</i>	11
TRAVATAN Z	50
<i>travoprost</i>	50
<i>trazodone hcl</i>	12
TREANDA	15
TRECTOR	15
TRELSTAR MIXJECT	46
<i>tretinoin</i>	19
<i>tretinoin</i>	35
<i>triadvance</i>	63
<i>triamcinolone acetonide</i>	34
<i>triamcinolone acetonide</i>	40
<i>triamcinolone acetonide</i>	53
<i>triamcinolone in orabase</i>	34
<i>triamterene/hydrochlorothiazide</i>	31
<i>tricare</i>	63
TRICARE PRENATAL COMPLEAT	63
TRICARE PRENATAL DHA ONE	63
<i>triderm</i>	40
<i>tri-estarylla</i>	44
<i>trifluoperazine hcl</i>	21
<i>trifluridine</i>	51
<i>trihexyphenidyl hcl</i>	20
<i>tri-legest fe</i>	44
<i>tri-lynyah</i>	44
<i>tri-lo-estarylla</i>	44
<i>tri-lo-sprintec</i>	44
<i>trilyte</i>	37
<i>trimethoprim</i>	6
<i>trimethoprim sulfate/polymyxin b sulfate</i>	51
<i>trimipramine maleate</i>	12
TRINATAL GT	63
<i>trinatal rx 1</i>	63
<i>trinessa</i>	44
<i>trinessa lo</i>	44
<i>triple antibiotic</i>	51
<i>triple-vitamin/fluoride</i>	63
<i>tri-previfem</i>	44
TRISENOX	17
<i>tri-sprintec</i>	44
TRISTART DHA	63
TRIUMEQ	24
TRIVEEN-DUO DHA	63
TRIVEEN-PRX RNF	63
<i>tri-vit/fluoride</i>	63
<i>tri-vit/fluoride/iron</i>	63

Drug Name	Page #
<i>tri-vitamin/fluoride</i>	63
<i>trivora-28</i>	44
TRULICITY	26
TRUMENBA	48
TRUVADA	24
TWINRIX	48
TYBOST	24
TYGACIL	6
TYKERB	19
TYPHIM VI	49
TYZEKA	23
TYZINE PEDIATRIC NASAL DROPS	55
ULORIC	14
<i>ultimatecare one nf</i>	63
<i>unithroid</i>	46
<i>ursodiol</i>	36
UVADEX	17
VAGIFEM	44
<i>valacyclovir hcl</i>	25
VALCHLOR	15
VALCYTE	22
<i>valganciclovir</i>	23
<i>valproate sodium</i>	10
<i>valproic acid</i>	10
<i>valsartan</i>	29
<i>valsartan/hydrochlorothiazide</i>	29
VALSTAR	17
<i>vancomycin hcl</i>	6
<i>vancomycin hcl in dextrose</i>	6
<i>vandazole</i>	6
VANTAS	46
VAQTA	49
VARIVAX	49
VASCEPA	32
VASOSTRICT	41
VECTIBIX	17
VELCADE	18
<i>velivet</i>	44
VELPHORO	39
VEMAVITE-PRX 2	63
VENA-BAL DHA	64
<i>venlafaxine hcl</i>	12
<i>venlafaxine hcl er</i>	12
VENTOLIN HFA	55
<i>verapamil hcl</i>	31
<i>verapamil hcl er</i>	31
<i>verapamil hcl sr</i>	31

Drug Name	Page #
VERSACLOZ	22
VESICARE	38
<i>vestura</i>	44
V-GO 20	50
V-GO 30	50
V-GO 40	50
<i>vicodin</i>	3
<i>vicodin es</i>	3
VICTOZA	26
VIDEX PEDIATRIC	24
VIGAMOX	51
VIIBRYD	12
VIIBRYD STARTER PACK	12
VIMPAT	10
<i>vinblastine sulfate</i>	18
<i>vincasar pfs</i>	18
<i>vincristine sulfate</i>	18
<i>vinorelbine tartrate</i>	18
<i>viorele</i>	44
VIRACEPT	24
VIRAMUNE	23
VIRAMUNE XR	23
VIRAZOLE	25
VIREAD	24
VIRT-ADVANCE	64
VIRT-C DHA	64
VIRT-CARE ONE	64
VIRT-PN	64
VIRT-PN DHA	64
VIRT-PN PLUS	64
VIRT-SELECT	64
VITAFOL FE+	64
VITAFOL-ONE	64
VITAMEDMD ONE RX/QUATREFOLIC	64
VITAMEDMD PLUS RX/QUATRE FOLIC	64
<i>vitamins a/c/d/fluoride</i>	64
<i>vitamins a/d/c/fluoride</i>	59
VITEKTA	23
VOL-NATE	64
VOL-PLUS	64
VOLTAREN	2
<i>voriconazole</i>	13
VOTRIENT	19
VP CH ULTRA	64
VP-CH-PNV	64
VP-HEME OB	64

Drug Name	Page #
VP-PNV-DHA	64
VPRIV	36
<i>vyfemla</i>	44
<i>warfarin sodium</i>	27
<i>wera</i>	45
<i>wymzya fe</i>	45
XALKORI	19
XARELTO	27
XARELTO STARTER PACK	27
XENAZINE	33
XGEVA	49
XOLAIR	55
XTANDI	15
XYREM	56
YERVOY	18
YF-VAX	49
YONDELIS	15
ZADITOR	51
<i>zafirlukast</i>	54
<i>zaleplon</i>	55
ZALTRAP	18
<i>zamicet</i>	4
ZANOSAR	18
<i>zarah</i>	45
ZATEAN-CH	64
ZATEAN-PN	64
ZATEAN-PN DHA	64
ZATEAN-PN PLUS	64
ZAVESCA	36
<i>zazole</i>	13
<i>zebutal</i>	1
ZELBORAF	19
<i>zenatane</i>	35
<i>zenchent</i>	45
<i>zenchent fe</i>	45
ZENPEP	36
ZETIA	32
ZIAGEN	24
<i>zidovudine</i>	24
<i>ziprasidone hcl</i>	22
ZIRGAN	51
ZOLADEX	46
<i>zoledronic acid</i>	50
ZOLINZA	18
<i>zolpidem tartrate</i>	56
ZONALON	35
<i>zonisamide</i>	9

Drug Name	Page #
ZORTRESS	47
ZOSTAVAX	49
<i>zovia 1/35e</i>	45
<i>zovia 1/50e</i>	45
ZYDELIG	18
ZYKADIA	19
ZYPREXA RELPREVV	22
ZYTIGA	15
ZYVOX	6