



AETNA BETTER HEALTHSM PREMIER PLAN

2015 List of Covered Drugs/Formulary



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

Personal information

My member ID number

My PCP (primary care practitioner)

My PCP's phone number

My care manager's name and phone number



AETNA BETTER HEALTHSM PREMIER PLAN

2015 Formulary (List of Covered Drugs)

This is a list of drugs that members can get in AETNA BETTER HEALTH PREMIER PLAN (Medicare-Medicaid Plan).

- AETNA BETTER HEALTH PREMIER PLAN is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Benefits, List of Covered Drugs, and pharmacy and provider networks and copayments may change from time to time throughout the year and on January 1 of each year.
- You can always check AETNA BETTER HEALTH PREMIER PLAN's up-to-date List of Covered Drugs online at www.aetnabetterhealth.com/illinois.
- You can ask for this information in other formats, such as Braille or large print. Call 1-866-600-2139 (TTY/TDD 7-1-1). The call is free.
- Limitations and restrictions may apply. For more information, call AETNA BETTER HEALTH PREMIER PLAN Member Services at 1-866-600-2139 (TTY/TDD 7-1-1), 24 hours a day, 7 days a week or read the AETNA BETTER HEALTH PREMIER PLAN Member Handbook.
- You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-866-600-2139 (TTY/TDD 7-1-1), 24 hours a day, 7 days a week. The call is free.
- Usted puede obtener este documento en Español, o puede hablar con alguien gratuitamente sobre esta información en otros idiomas. Llame al 1-866-600-2139 (TTY/TDD 7-1-1). La llamada es gratis.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY/TDD IL Relay 7-1-1), 24 hours a day, 7 days a week. The call is free. For more information, visit **www.aetnabetterhealth.com/illinois**. CMS ACCEPTED.

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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 a AETNA BETTER HEALTH PREMIER PLAN network pharmacy.
- ➔ AETNA BETTER HEALTH PREMIER PLAN may have additional steps to access certain drugs (see question #5 below).

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

2. Does the Drug List ever change?

Yes. AETNA BETTER HEALTH PREMIER PLAN may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

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

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

- Decide to require or not require prior approval for a drug. (Prior approval is permission from AETNA BETTER HEALTH PREMIER PLAN before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)
(For more information on these drug rules, see page IV.)

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

You can always check AETNA BETTER HEALTH PREMIER PLAN’s up to date Drug List online at www.aetnabetterhealth.com/illinois.

You can also call Member Services to check the current Drug List at **1-866-600-2139** (TTY/TDD **7-1-1**), 24 hours a day, 7 days a week.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY/TDD IL Relay 7-1-1), 24 hours a day, 7 days a week. The call is free. For more information, visit www.aetnabetterhealth.com/illinois. CMS ACCEPTED.

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

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

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

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor 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 means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1–82. You can also get more information by visiting our web site at www.aetnabetterhealth.com/illinois. We have posted online documents that explain prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy.

You can 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.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139**

(TTY/TDD IL Relay 7-1-1), 24 hours a day, 7 days a week. The call is free. For more information, visit

www.aetnabetterhealth.com/illinois. CMS ACCEPTED.

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

To search by **medical condition**, find the section labeled “List of drugs by medical condition” on page 1. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at **1-866-600-2139** (TTY/TDD **7-1-1**), 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 91 and may be up to 98 days. You may refill the drug multiple times during the 91 to 98 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

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 Member Services at **1-866-600-2139** (TTY/TDD **7-1-1**), 24 hours a day, 7 days a week. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

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

AETNA BETTER HEALTH PREMIER PLAN covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter". 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.

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?

You can read the AETNA BETTER HEALTH PREMIER PLAN Drug List to learn about the copay for each drug.

AETNA BETTER HEALTH PREMIER PLAN members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

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

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are Non-Medicare Prescription drugs and Over-the-Counter (OTC) Drugs

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 62.

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

The information in the necessary actions, restrictions, or limits on use column tells you if AETNA BETTER HEALTH PREMIER PLAN has any rules for covering your drug.

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

(*) = Non Medicare Part D drugs, or OTC items that are covered by Medicaid		
B/D = Covered under Medicare B or D_		
PA= Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at mailorder	LA = Limited Access	

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139** (TTY **7-1-1**), 24 hours a day, 7 days a week. You can also read the Member Handbook to learn how to appeal a decision.

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab</i>	\$0 (1)	
<i>colchicine w/ probenecid</i>	\$0 (1)	
COLCRYS	\$0 (2)	QL (120 tabs / 30 days)
<i>probenecid</i>	\$0 (1)	
ULORIC	\$0 (2)	ST

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

CELEBREX CAP 50MG	\$0 (2)	QL (60 caps / 30 days)
CELEBREX CAP 100MG	\$0 (2)	QL (60 caps / 30 days)
CELEBREX CAP 200MG	\$0 (2)	QL (60 caps / 30 days)
CELEBREX CAP 400MG	\$0 (2)	QL (60 caps / 30 days)
<i>celecoxib CAPS</i>	\$0 (1)	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	\$0 (1)	
<i>diclofenac sodium TB24; TBEC</i>	\$0 (1)	
<i>diflunisal</i>	\$0 (1)	
<i>etodolac</i>	\$0 (1)	
<i>etodolac er</i>	\$0 (1)	
<i>flurbiprofen TABS</i>	\$0 (1)	
<i>ibuprofen SUSP</i>	\$0 (1)	
<i>ibuprofen TABS 400mg, 600mg</i>	\$0 (1)	
<i>ibuprofen tab 800 mg</i>	\$0 (1)	
<i>ketoprofen CAPS</i>	\$0 (1)	
MELOXICAM SUSP	\$0 (1)	
<i>meloxicam TABS</i>	\$0 (1)	
<i>nabumetone TABS</i>	\$0 (1)	
<i>naproxen SUSP; TABS; TBEC</i>	\$0 (1)	
<i>naproxen sodium TABS 275mg, 550mg</i>	\$0 (1)	
<i>piroxicam CAPS</i>	\$0 (1)	
<i>sulindac TABS</i>	\$0 (1)	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine SOLN</i>	\$0 (1)	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	\$0 (1)	
<i>hydroco/apap tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydroco/apap tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	\$0 (1)	QL (5400 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>lorcet hd tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>lortab tab 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>lortab tab 7.5-325</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>lortab tab 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>tramadol hcl TABS</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
DURAMORPH	\$0 (1)	B/D
<i>endocet</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	\$0 (1)	QL (10 patches / 30 days), PA
<i>fentanyl citrate LPOP</i>	\$0 (2)	QL (120 lozenges / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	\$0 (1)	B/D
<i>hydromorphone hcl LIQD</i>	\$0 (1)	
<i>hydromorphone hcl TABS</i>	\$0 (1)	QL (270 tabs / 30 days)
LAZANDA SPR 100MCG	\$0 (2)	QL (30 bottles / 30 days), PA
LAZANDA SPR 400MCG	\$0 (2)	QL (30 bottles / 30 days), PA
<i>methadone hcl CONC</i>	\$0 (1)	QL (120 mL / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>methadone hcl TABS</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	\$0 (1)	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	\$0 (1)	B/D
<i>morphine sul inj .5mg/ml, 1mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate CP24 80mg</i>	\$0 (2)	QL (60 caps / 30 days)

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MORPHINE SULFATE SOLN 2mg/ml, 8mg/ml	\$0 (1)	B/D
MORPHINE SULFATE TABS	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate beads</i>	\$0 (1)	QL (60 caps / 30 days)
<i>morphine sulfate cap 100mg er</i>	\$0 (2)	QL (60 caps / 30 days)
MORPHINE SULFATE ORAL SOL	\$0 (1)	
<i>oxycodone hcl</i> CAPS	\$0 (1)	QL (180 caps / 30 days)
OXYCODONE HCL CONC	\$0 (1)	
<i>oxycodone hcl</i> SOLN	\$0 (1)	
<i>oxycodone hcl</i> TABS	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>roxicet</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>roxicet soln</i>	\$0 (2)	QL (1800 mL / 30 days soln)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	\$0 (1)	B/D
<i>lidocaine inj 0.5%</i>	\$0 (1)	B/D
<i>lidocaine inj 1%</i>	\$0 (1)	B/D
<i>lidocaine inj 1.5%</i>	\$0 (1)	B/D
<i>lidocaine inj 2%</i>	\$0 (1)	B/D

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN	\$0 (1)	
<i>gentamicin in saline</i>	\$0 (1)	
<i>gentamicin sulfate</i> SOLN	\$0 (1)	
<i>neomycin sulfate</i> TABS	\$0 (1)	
<i>paromomycin sulfate</i> CAPS	\$0 (1)	
<i>streptomycin sulfate</i> SOLR	\$0 (1)	
<i>sulfadiazine</i> TABS	\$0 (2)	
<i>tobramycin</i> NEBU	\$0 (2)	B/D, NM
<i>tobramycin sulfate</i> SOLN; SOLR	\$0 (1)	
<i>tobramycin sulfate in saline</i>	\$0 (2)	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	\$0 (2)	
ALINIA	\$0 (2)	

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>atovaquone</i> SUSP	\$0 (2)	
AZACTAM	\$0 (2)	
AZACTAM/DEX INJ 1GM	\$0 (2)	
AZACTAM/DEX INJ 2GM	\$0 (2)	
<i>aztreonam</i>	\$0 (1)	
BILTRICIDE	\$0 (2)	
CAYSTON	\$0 (2)	NM, LA, PA
<i>clindamycin cap 75mg</i>	\$0 (1)	
<i>clindamycin cap 300mg</i>	\$0 (1)	
<i>clindamycin hcl cap 150 mg</i>	\$0 (1)	
<i>clindamycin phosphate inj</i>	\$0 (1)	
<i>clindamycin sol 75mg/5ml</i>	\$0 (1)	
<i>colistimethate sodium</i> SOLR	\$0 (1)	
CUBICIN	\$0 (2)	B/D
<i>dapsone</i> TABS	\$0 (1)	
DARAPRIM	\$0 (2)	
<i>imipenem-cilastatin</i>	\$0 (1)	
INVANZ	\$0 (2)	
<i>ivermectin</i> TABS	\$0 (1)	
<i>linezolid</i>	\$0 (2)	
<i>meropenem</i>	\$0 (1)	
<i>methenamine hippurate</i>	\$0 (1)	
<i>metronidazole</i> TABS	\$0 (1)	
<i>metronidazole in nacl</i>	\$0 (1)	
NEBUPENT	\$0 (2)	B/D
<i>nitrofurantoin macrocrystal</i>	\$0 (2)	PA; 90 day limit if >64 yr
<i>nitrofurantoin monohyd macro</i>	\$0 (2)	PA; 90 day limit if >64 yr
PENTAM 300	\$0 (2)	
SIVEXTRO	\$0 (2)	
<i>sulfamethoxazole-trimethoprim</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim inj</i>	\$0 (1)	
SYNERCID	\$0 (2)	
<i>trimethoprim</i> TABS	\$0 (1)	
TYGACIL	\$0 (2)	
<i>vancomycin hcl</i> CAPS	\$0 (2)	
<i>vancomycin hcl</i> SOLR	\$0 (1)	B/D
ZYVOX	\$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET	\$0 (2)	B/D
AMBISOME	\$0 (2)	B/D

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amphotericin b</i> SOLR	\$0 (1)	B/D
CANCIDAS	\$0 (2)	
ERAXIS	\$0 (2)	
<i>fluconazole</i> SUSR; TABS	\$0 (1)	
<i>fluconazole in dextrose</i>	\$0 (1)	
<i>fluconazole in nacl</i>	\$0 (1)	
<i>flucytosine</i> CAPS	\$0 (2)	
<i>griseofulvin microsize</i>	\$0 (1)	
<i>griseofulvin ultramicrosize</i>	\$0 (1)	
<i>itraconazole</i> CAPS	\$0 (1)	PA
<i>ketoconazole</i> TABS	\$0 (1)	PA
MYCAMINE	\$0 (2)	
NOXAFIL SUSP; TBEC	\$0 (2)	
<i>nystatin</i> TABS	\$0 (1)	
<i>terbinafine hcl</i> TABS	\$0 (1)	QL (90 tabs / 365 days)
<i>voriconazole</i> SOLR	\$0 (1)	
<i>voriconazole</i> SUSR; TABS	\$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl</i>	\$0 (1)	
<i>chloroquine phosphate</i> TABS	\$0 (1)	
COARTEM	\$0 (2)	
<i>mefloquine hcl</i>	\$0 (1)	
PRIMAQUINE PHOSPHATE	\$0 (2)	
<i>quinine sulfate</i> CAPS	\$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i>	\$0 (1)	
APTIVUS	\$0 (2)	
CRIXIVAN	\$0 (2)	
<i>didanosine</i>	\$0 (1)	
EDURANT	\$0 (2)	
EMTRIVA	\$0 (2)	
EPIVIR SOLN	\$0 (2)	
FUZEON	\$0 (2)	NM
INTELENCE	\$0 (2)	
INVIRASE	\$0 (2)	
ISENTRESS CHEW; TABS	\$0 (2)	
ISENTRESS PACK	\$0 (1)	
<i>lamivudine</i> SOLN	\$0 (1)	
<i>lamivudine</i> TABS 150mg, 300mg	\$0 (1)	

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LEXIVA	\$0 (2)	
NEVIRAPINE SUSP	\$0 (1)	
<i>nevirapine</i> TABS; TB24	\$0 (1)	
NORVIR	\$0 (2)	
PREZISTA	\$0 (2)	
RESCRIPTOR	\$0 (2)	
RETROVIR IV INFUSION	\$0 (2)	
REYATAZ	\$0 (2)	
SELZENTRY	\$0 (2)	
<i>stavudine</i>	\$0 (1)	
SUSTIVA	\$0 (2)	
TIVICAY	\$0 (2)	
TYBOST	\$0 (2)	
VIDEX PEDIATRIC	\$0 (2)	
VIRACEPT	\$0 (2)	
VIRAMUNE XR 100mg	\$0 (2)	
VIREAD	\$0 (2)	
VITEKTA	\$0 (2)	
ZIAGEN SOLN	\$0 (2)	
<i>zidovudine</i>	\$0 (1)	

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate-lamivudine-zidovudine</i>	\$0 (2)	
ATRIPLA	\$0 (2)	
COMPLERA	\$0 (2)	
EPZICOM	\$0 (2)	
EVOTAZ	\$0 (2)	
KALETRA SOL	\$0 (2)	
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	
<i>lamivudine-zidovudine</i>	\$0 (2)	
PREZCOBIX	\$0 (2)	
STRIBILD	\$0 (2)	
TRIUMEQ	\$0 (2)	
TRUVADA	\$0 (2)	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

CAPASTAT SULFATE	\$0 (2)	
<i>cycloserine</i> CAPS	\$0 (1)	
<i>ethambutol hcl</i> TABS	\$0 (1)	
<i>isoniazid</i> TABS	\$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>isoniazid inj 100 mg/ml</i>	\$0 (1)	
<i>isoniazid syp 50mg/5ml</i>	\$0 (1)	
<i>paser d/r</i>	\$0 (2)	
<i>pyrazinamide</i>	\$0 (1)	
<i>rifabutin</i>	\$0 (1)	
<i>rifampin CAPS; SOLR</i>	\$0 (1)	
RIFATER	\$0 (2)	
SIRTURO	\$0 (2)	LA, PA
TRECATOR	\$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir CAPS; SUSP; TABS</i>	\$0 (1)	
<i>acyclovir sodium</i>	\$0 (1)	B/D
<i>adefovir dipivoxil</i>	\$0 (2)	
BARACLUDE	\$0 (2)	
<i>entecavir</i>	\$0 (2)	
EPIVIR HBV SOLN	\$0 (2)	
<i>famciclovir TABS</i>	\$0 (1)	
<i>foscarnet sodium</i>	\$0 (1)	
<i>ganciclovir inj 500mg</i>	\$0 (1)	B/D
HARVONI	\$0 (2)	NM, PA
<i>lamivudine TABS 100mg</i>	\$0 (1)	
<i>moderiba 800 dose pack</i>	\$0 (2)	NM, PA
<i>moderiba pak 600/day</i>	\$0 (2)	NM, PA
<i>moderiba pak 1000/day</i>	\$0 (2)	NM, PA
<i>moderiba pak 1200/day</i>	\$0 (2)	NM, PA
<i>moderiba tab 200mg</i>	\$0 (1)	NM, PA
OLYSIO	\$0 (2)	NM, PA
REBETOL SOLN	\$0 (2)	NM, PA
RELENZA DISKHALER	\$0 (2)	
<i>ribapak mis 600/day</i>	\$0 (2)	NM, PA
<i>ribasphere CAPS</i>	\$0 (1)	NM, PA
<i>ribasphere TABS 200mg, 400mg</i>	\$0 (1)	NM, PA
<i>ribasphere TABS 600mg</i>	\$0 (2)	NM, PA
<i>ribasphere ribapak 800</i>	\$0 (2)	NM, PA
<i>ribasphere ribapak 1000</i>	\$0 (2)	NM, PA
<i>ribasphere ribapak 1200</i>	\$0 (2)	NM, PA
<i>ribavirin 200mg</i>	\$0 (1)	NM, PA
<i>rimantadine hydrochloride</i>	\$0 (1)	
SOVALDI	\$0 (2)	NM, PA
TAMIFLU	\$0 (2)	

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TYZEKA	\$0 (2)	
<i>valacyclovir hcl</i> TABS	\$0 (1)	
VALCYTE	\$0 (2)	
<i>valganciclovir hcl</i>	\$0 (2)	
VICTRELIS	\$0 (2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i>	\$0 (1)	
<i>cefaclor monohydrate er</i>	\$0 (2)	
<i>cefadroxil</i>	\$0 (1)	
<i>cefazolin in d5w</i>	\$0 (2)	
<i>cefazolin inj</i>	\$0 (1)	
<i>cefazolin sodium</i> 1gm, 20gm	\$0 (1)	
<i>cefdinir</i>	\$0 (1)	
<i>cefepime hcl</i>	\$0 (1)	
<i>cefotaxime sodium</i> 1gm, 2gm, 500mg	\$0 (1)	
<i>cefoxitin sodium</i>	\$0 (1)	
<i>cefpodoxime proxetil</i>	\$0 (1)	
<i>cefprozil</i>	\$0 (1)	
<i>ceftazidime</i> 1gm, 2gm, 6gm	\$0 (1)	
CEFTAZIDIME/DEXTROSE	\$0 (2)	
<i>ceftriaxone sodium</i> SOLR	\$0 (1)	
<i>cefuroxime axetil</i>	\$0 (1)	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	\$0 (1)	
<i>cephalexin</i> CAPS 250mg, 500mg	\$0 (1)	
<i>cephalexin</i> SUSR	\$0 (1)	
SUPRAX CAPS	\$0 (2)	
<i>suprax</i> CHEW	\$0 (2)	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	\$0 (2)	
SUPRAX SUSR 500mg/5ml	\$0 (2)	
<i>suprax</i> TABS	\$0 (2)	
<i>tazicef</i> SOLR	\$0 (1)	
<i>tazicef vial</i>	\$0 (1)	
TEFLARO	\$0 (2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN PACK	\$0 (1)	
<i>azithromycin</i> SOLR 500mg	\$0 (1)	
<i>azithromycin</i> SUSR	\$0 (1)	
<i>azithromycin</i> TABS	\$0 (1)	
<i>clarithromycin</i> TABS	\$0 (1)	

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<i>clarithromycin er</i>	\$0 (1)	
<i>clarithromycin for susp</i>	\$0 (1)	
DIFICID	\$0 (2)	
<i>e.e.s.</i>	\$0 (1)	
<i>e.e.s. 400</i>	\$0 (1)	
E.E.S. GRANULES	\$0 (2)	
<i>ery-tab</i>	\$0 (2)	
ERYPED 200	\$0 (2)	
ERYPED 400	\$0 (2)	
<i>erythrocin lactobionate 500mg</i>	\$0 (2)	
<i>erythrocin stearate</i>	\$0 (1)	
<i>erythromycin base</i>	\$0 (1)	
<i>erythromycin cap 250mg ec</i>	\$0 (1)	
ZMAX	\$0 (2)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin SUSR</i>	\$0 (1)	
<i>ciprofloxacin er</i>	\$0 (1)	
<i>ciprofloxacin hcl tab</i>	\$0 (1)	
<i>ciprofloxacin in d5w</i>	\$0 (1)	
<i>ciprofloxacin inj</i>	\$0 (1)	
<i>levofloxacin TABS</i>	\$0 (1)	
<i>levofloxacin in d5w</i>	\$0 (1)	
<i>levofloxacin inj 25mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i>	\$0 (1)	
<i>amoxicillin & pot clavulanate</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium</i>	\$0 (1)	
<i>ampicillin cap 250 mg</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin for susp 125 mg/5ml</i>	\$0 (1)	
<i>ampicillin for susp 250 mg/5ml</i>	\$0 (1)	
<i>ampicillin inj</i>	\$0 (1)	
<i>ampicillin sodium</i>	\$0 (1)	
BICILLIN L-A	\$0 (2)	
<i>dicloxacillin sodium</i>	\$0 (1)	
<i>nafcillin sodium 1gm</i>	\$0 (1)	
<i>nafcillin sodium 2gm, 10gm</i>	\$0 (2)	
<i>oxacillin sodium 1gm, 2gm</i>	\$0 (1)	
<i>oxacillin sodium 10gm</i>	\$0 (2)	

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PENICILLIN G POT IN DEXTROSE	\$0 (2)	
<i>penicillin g potassium</i>	\$0 (1)	
<i>penicillin g procaine</i>	\$0 (2)	
<i>penicillin g sodium</i>	\$0 (1)	
<i>penicillin v potassium</i>	\$0 (1)	
<i>penicillin gk inj 5mu</i>	\$0 (1)	
<i>piperacillin sodium-tazobactam sodium</i>	\$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy inj</i>	\$0 (1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	\$0 (1)	
<i>doxycycline (monohydrate) TABS</i>	\$0 (1)	
<i>doxycycline hyclate CAPS; SOLR; TABS</i>	\$0 (1)	
<i>minocycline hcl CAPS</i>	\$0 (1)	
VIBRAMYCIN SYRP	\$0 (2)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BICNU	\$0 (2)	B/D
BUSULFEX	\$0 (2)	B/D
CYCLOPHOSPHAMIDE CAPS	\$0 (2)	B/D
<i>cyclophosphamide SOLR</i>	\$0 (1)	B/D
<i>dacarbazine 200mg</i>	\$0 (1)	B/D
EMCYT	\$0 (2)	
HEXALEN	\$0 (2)	
IFEX 3gm	\$0 (2)	B/D
<i>ifosfamide inj 1gm</i>	\$0 (1)	B/D
<i>ifosfamide inj 1gm/20ml</i>	\$0 (1)	B/D
IFOSFAMIDE INJ 3GM	\$0 (2)	B/D
<i>ifosfamide inj 3gm/60ml</i>	\$0 (1)	B/D
LEUKERAN	\$0 (2)	
LOMUSTINE	\$0 (1)	
<i>melphalan hcl</i>	\$0 (2)	B/D
MUSTARGEN	\$0 (2)	B/D
TREANDA	\$0 (2)	B/D, NM
ANTHRACYCLINES		
<i>adriamycin</i>	\$0 (1)	B/D
<i>daunorubicin hcl</i>	\$0 (1)	B/D
<i>doxorubicin hcl for inj 50 mg</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposomal inj 2mg/ml</i>	\$0 (2)	B/D
<i>doxorubicin inj 50mg</i>	\$0 (1)	B/D

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<i>epirubicin hcl</i>	\$0 (1)	B/D
<i>idarubicin hcl</i>	\$0 (2)	B/D
ANTIBIOTICS		
<i>bleomycin sulfate</i>	\$0 (1)	B/D
<i>mitomycin SOLR</i>	\$0 (1)	B/D
ANTIMETABOLITES		
<i>adrucil</i>	\$0 (1)	B/D
ALIMTA	\$0 (2)	B/D
<i>azacitidine</i>	\$0 (2)	B/D, NM
<i>cladribine</i>	\$0 (2)	B/D
<i>cytarabine SOLN 20mg/ml</i>	\$0 (1)	B/D
<i>fludarabine phosphate</i>	\$0 (1)	B/D
<i>fluorouracil SOLN</i>	\$0 (1)	B/D
GEMCITABINE HCL SOLN	\$0 (2)	B/D
<i>gemcitabine hcl SOLR</i>	\$0 (2)	B/D
<i>mercaptopurine TABS</i>	\$0 (1)	
<i>methotrexate sodium inj</i>	\$0 (1)	B/D
NIPENT	\$0 (2)	B/D
PURIXAN	\$0 (2)	
TABLOID	\$0 (2)	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20mg/ml, 80mg/4ml	\$0 (2)	B/D
<i>docetaxel</i> CONC 140mg/7ml	\$0 (2)	B/D
DOCETAXEL SOLN 80mg/8ml, 200mg/20ml	\$0 (2)	B/D
<i>paclitaxel</i>	\$0 (1)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i>	\$0 (2)	B/D
<i>vincasar</i>	\$0 (1)	B/D
<i>vincristine sulfate</i>	\$0 (1)	B/D
<i>vinorelbine tartrate</i>	\$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	\$0 (2)	B/D, NM
ERIVEDGE	\$0 (2)	NM, LA, PA
HERCEPTIN	\$0 (2)	B/D, NM
IBRANCE	\$0 (2)	NM, LA, PA
ISTODAX	\$0 (2)	B/D, NM
KADCYLA	\$0 (2)	B/D, NM
LYNPARZA	\$0 (2)	NM, PA

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PROLEUKIN	\$0 (2)	B/D, NM
RITUXAN	\$0 (2)	NM, PA
VELCADE	\$0 (2)	B/D, NM
ZOLINZA	\$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	\$0 (1)	
<i>bicalutamide</i>	\$0 (1)	
DEPO-PROVERA INJ 400/ML	\$0 (2)	B/D
<i>exemestane</i>	\$0 (1)	
FARESTON	\$0 (2)	
FASLODEX	\$0 (2)	B/D
<i>flutamide</i>	\$0 (1)	
<i>letrozole</i> TABS	\$0 (1)	
<i>leuprolide acetate</i> KIT	\$0 (1)	NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	\$0 (2)	NM, PA
LUPRON DEPOT 3.75mg	\$0 (2)	NM, PA
LUPRON DEPOT INJ 11.25 MG	\$0 (2)	NM, PA
LUPRON DEPOT-PED	\$0 (2)	NM, PA
LYSODREN	\$0 (2)	
MEGACE ES	\$0 (2)	PA
<i>megestrol acetate</i> SUSP; TABS	\$0 (2)	PA
NILANDRON	\$0 (2)	
SOLTAMOX	\$0 (2)	
<i>tamoxifen citrate</i> TABS	\$0 (1)	
TRELSTAR DEP INJ 3.75MG	\$0 (2)	NM, PA
TRELSTAR LA INJ 11.25MG	\$0 (2)	NM, PA
XTANDI	\$0 (2)	NM, LA, PA
ZYTIGA	\$0 (2)	NM, PA
KINASE INHIBITORS		
AFINITOR	\$0 (2)	NM, PA
AFINITOR DISPERZ	\$0 (2)	NM, PA
BOSULIF	\$0 (2)	NM, PA
CAPRELSA	\$0 (2)	NM, LA, PA
COMETRIQ	\$0 (2)	NM, PA
GILOTRIF TAB 20MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NM, LA, PA
GLEEVEC	\$0 (2)	NM, PA
ICLUSIG	\$0 (2)	NM, LA, PA
IMBRUVICA CAP 140MG	\$0 (2)	NM, LA, PA

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INLYTA	\$0 (2)	NM, LA, PA
JAKAFI	\$0 (2)	NM, LA, PA
MEKINIST	\$0 (2)	NM, PA
NEXAVAR	\$0 (2)	NM, LA, PA
SPRYCEL	\$0 (2)	NM, PA
STIVARGA	\$0 (2)	NM, LA, PA
SUTENT	\$0 (2)	NM, PA
TAFINLAR	\$0 (2)	NM, PA
TARCEVA	\$0 (2)	NM, PA
TASIGNA	\$0 (2)	NM, PA
TYKERB	\$0 (2)	NM, LA, PA
VOTRIENT	\$0 (2)	NM, PA
XALKORI	\$0 (2)	NM, LA, PA
ZELBORAF	\$0 (2)	NM, LA, PA
ZYDELIG	\$0 (2)	NM, LA, PA
ZYKADIA	\$0 (1)	NM, LA, PA
MISCELLANEOUS		
DROXIA	\$0 (2)	
<i>hydroxyurea</i> CAPS	\$0 (1)	
MATULANE	\$0 (2)	
<i>mitoxantrone hcl</i>	\$0 (1)	B/D, NM
POMALYST CAP 1MG	\$0 (2)	NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NM, LA, PA
SYLATRON KIT 296MCG	\$0 (2)	NM, PA
SYLATRON KIT 444MCG	\$0 (2)	NM, PA
SYLATRON KIT 888MCG	\$0 (2)	NM, PA
TARGETIN CAPS	\$0 (2)	NM, PA
<i>tretinoin (chemotherapy)</i>	\$0 (2)	
TRISENOX	\$0 (2)	B/D
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	\$0 (1)	B/D
<i>cisplatin</i>	\$0 (1)	B/D
<i>oxaliplatin</i>	\$0 (2)	B/D
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	\$0 (2)	B/D
<i>dexrazoxane</i> 250mg	\$0 (2)	B/D
ELITEK	\$0 (2)	B/D
<i>leucovorin calcium</i> SOLR	\$0 (1)	B/D

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<i>leucovorin calcium</i> TABS	\$0 (1)	
<i>leucovorin calcium for inj</i> 500 mg	\$0 (1)	B/D
<i>mesna</i>	\$0 (1)	B/D
MESNEX TABS	\$0 (2)	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> SOLN 500mg/25ml	\$0 (1)	B/D
<i>irinotecan hcl</i>	\$0 (2)	B/D
<i>toposar</i> 1gm/50ml	\$0 (1)	B/D
<i>topotecan hcl</i> SOLR	\$0 (2)	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine--benazepril hcl cap</i> 10-20 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap</i> 2.5-10 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap</i> 5-10 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap</i> 5-20 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap</i> 5-40 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap</i> 10-40mg	\$0 (1)	
<i>benazepril & hydrochlorothiazide</i>	\$0 (1)	
<i>captopril & hydrochlorothiazide</i>	\$0 (1)	
<i>enalapril maleate & hydrochlorothiazide</i>	\$0 (1)	
<i>fosinopril sodium & hydrochlorothiazide</i>	\$0 (1)	
<i>lisinopril & hydrochlorothiazide</i>	\$0 (1)	
<i>moexipril-hydrochlorothiazide</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide</i>	\$0 (1)	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl</i> TABS	\$0 (1)	
<i>captopril</i> TABS	\$0 (1)	
<i>enalapril maleate</i> TABS	\$0 (1)	
<i>fosinopril sodium</i>	\$0 (1)	
<i>lisinopril</i> TABS	\$0 (1)	
<i>moexipril hcl</i>	\$0 (1)	
<i>perindopril erbumine</i>	\$0 (1)	
<i>quinapril hcl</i>	\$0 (1)	
<i>ramipril</i>	\$0 (1)	
<i>trandolapril</i>	\$0 (1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>eplerenone</i>	\$0 (1)	
<i>spironolactone</i> TABS	\$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> 1mg, 2mg, 4mg	\$0 (1)	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> 8mg	\$0 (1)	
<i>prazosin hcl</i>	\$0 (1)	
<i>terazosin hcl</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0 (1)	
<i>amlodipine-valsartan-hydrochlorothiazid e 5-160-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazid e 5-160-25mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazid e 10-160-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazid e 10-160-25mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazid e 10-320-25mg</i>	\$0 (1)	
AZOR 10-40MG	\$0 (2)	
AZOR TAB 5-20MG	\$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	\$0 (2)	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	\$0 (2)	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	\$0 (2)	
BENICAR HCT TAB 20-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE HCT/5- TAB 160-12.5	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE HCT/5- TAB 160-25	\$0 (2)	QL (60 tabs / 30 days)
EXFORGE HCT/10- TAB 160-12.5	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE HCT/10- TAB 160-25	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE HCT/10- TAB 320-25	\$0 (2)	
EXFORGE TAB 5-160MG	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	\$0 (2)	QL (30 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D 15
 Drugs, or OTC items that are covered by Medicaid

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EXFORGE TAB 10-160MG	\$0 (2)	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	\$0 (2)	
<i>losartan-hctz 50-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25mg</i>	\$0 (1)	
TRIBENZOR40- TAB 10-25MG	\$0 (2)	
TRIBENZOR TAB 20-5-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	\$0 (2)	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5	\$0 (2)	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 80-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 160-12.5mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 160-25mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>valsartan & hctz tab 320-12.5mg</i>	\$0 (1)	
<i>valsartan & hctz tab 320-25mg</i>	\$0 (1)	

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

BENICAR 5mg	\$0 (2)	QL (60 tabs / 30 days)
BENICAR 20mg	\$0 (2)	QL (30 tabs / 30 days)
BENICAR 40mg	\$0 (2)	
DIOVAN 40mg, 80mg, 160mg	\$0 (2)	QL (60 tabs / 30 days)
DIOVAN 320mg	\$0 (2)	
<i>losartan potassium 25mg, 50mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>losartan potassium 100mg</i>	\$0 (1)	
<i>valsartan 40mg, 80mg, 160mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>valsartan 320mg</i>	\$0 (1)	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl</i>	\$0 (1)	
<i>disopyramide phosphate</i>	\$0 (2)	PA
<i>flecainide acetate</i>	\$0 (1)	
<i>mexiletine hcl</i>	\$0 (1)	
MULTAQ	\$0 (2)	
NORPACE CR	\$0 (2)	PA
<i>pacerone</i>	\$0 (1)	
<i>propafenone hcl</i>	\$0 (1)	
<i>quinidine gluconate TBCR</i>	\$0 (1)	
<i>quinidine sulfate TABS</i>	\$0 (1)	
<i>sorine</i>	\$0 (1)	
<i>sotalol hcl</i>	\$0 (1)	
<i>sotalol hcl (afib/af)</i>	\$0 (1)	

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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TIKOSYN

\$0 (2)

NM

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>atorvastatin calcium</i> TABS	\$0 (1)	QL (30 tabs / 30 days)
CRESTOR	\$0 (2)	QL (30 tabs / 30 days)
<i>lovastatin</i> 10mg	\$0 (1)	QL (30 tabs / 30 days)
<i>lovastatin</i> 20mg	\$0 (1)	QL (120 tabs / 30 days)
<i>lovastatin</i> 40mg	\$0 (1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS	\$0 (1)	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine</i>	\$0 (1)	
<i>cholestyramine light</i>	\$0 (1)	
<i>choline fenofibrate</i>	\$0 (1)	
<i>colestipol hcl</i>	\$0 (1)	
<i>fenofibrate</i> TABS	\$0 (1)	
<i>fenofibrate micronized</i>	\$0 (1)	
<i>fenofibrate micronized cap</i>	\$0 (1)	
<i>gemfibrozil</i> TABS	\$0 (1)	
<i>niacin (antihyperlipidemic)</i> 500mg	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> 750mg, 1000mg	\$0 (1)	
<i>niacor</i>	\$0 (1)	
<i>omega-3-acid ethyl esters</i>	\$0 (1)	
<i>prevalite</i>	\$0 (1)	
VASCEPA	\$0 (2)	
WELCHOL	\$0 (2)	
ZETIA TAB 10MG	\$0 (2)	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>atenolol & chlorthalidone</i>	\$0 (1)	
<i>bisoprolol & hydrochlorothiazide</i>	\$0 (1)	
<i>metoprolol & hctz tab 50-25mg</i>	\$0 (1)	
<i>metoprolol & hctz tab 100-25mg</i>	\$0 (1)	
<i>metoprolol & hctz tab 100-50mg</i>	\$0 (1)	
<i>propranolol & hydrochlorothiazide</i>	\$0 (1)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acebutolol hcl</i> CAPS	\$0 (1)	
<i>atenolol</i> TABS	\$0 (1)	
<i>bisoprolol fumarate</i>	\$0 (1)	
BYSTOLIC	\$0 (2)	
<i>carvedilol</i>	\$0 (1)	
<i>labetalol hcl</i> TABS	\$0 (1)	
<i>metoprolol succinate</i> 25mg, 50mg	\$0 (1)	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	\$0 (1)	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	\$0 (1)	
<i>metoprolol tartrate</i> SOLN; TABS	\$0 (1)	
<i>nadolol</i> TABS	\$0 (1)	
<i>pindolol</i>	\$0 (1)	
<i>propranolol cap er</i>	\$0 (1)	
<i>propranolol hcl</i> SOLN; TABS	\$0 (1)	
<i>timolol maleate</i> TABS	\$0 (1)	

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

<i>afeditab cr</i> 30mg	\$0 (1)	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	\$0 (1)	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	\$0 (1)	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	\$0 (1)	
<i>cartia xt cap</i> 120/24hr	\$0 (1)	
<i>cartia xt cap</i> 180/24hr	\$0 (1)	
<i>cartia xt cap</i> 240/24hr	\$0 (1)	
<i>cartia xt cap</i> 300/24hr	\$0 (1)	
<i>dilt-cd cap</i>	\$0 (1)	
<i>dilt-xr cap</i>	\$0 (1)	
<i>diltiazem cap</i>	\$0 (1)	
<i>diltiazem cap</i> 120mg/24hr	\$0 (1)	
<i>diltiazem cap er</i> /12hr	\$0 (1)	
<i>diltiazem hcl</i> SOLN; TABS	\$0 (1)	
<i>diltiazem hcl coated beads</i> CP24	\$0 (1)	
<i>diltzac</i>	\$0 (1)	
<i>felodipine</i> 2.5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>felodipine</i> 5mg	\$0 (1)	QL (60 tabs / 30 days)
<i>felodipine</i> 10mg	\$0 (1)	
<i>isradipine</i>	\$0 (1)	
<i>nicardipine hcl</i> CAPS	\$0 (1)	
<i>nifedical</i> 30mg	\$0 (1)	QL (30 tabs / 30 days)
<i>nifedical</i> 60mg	\$0 (1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 18

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nifedipine</i> TB24 30mg	\$0 (1)	QL (60 tabs / 30 days)
<i>nifedipine</i> TB24 60mg, 90mg	\$0 (1)	
<i>nifedipine er</i> 30mg	\$0 (1)	QL (30 tabs / 30 days)
<i>nifedipine er</i> 60mg, 90mg	\$0 (1)	
<i>nimodipine</i> CAPS	\$0 (1)	
NYMALIZE	\$0 (2)	
<i>taztia</i>	\$0 (1)	
<i>verapamil cap er</i> 100mg, 120mg, 180mg, 200mg, 240mg, 300mg	\$0 (1)	
VERAPAMIL CAP ER 360mg	\$0 (1)	
<i>verapamil hcl</i> SOLN; TABS	\$0 (1)	
<i>verapamil tab er</i>	\$0 (1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digitek</i> .25mg	\$0 (1)	PA
<i>digitek</i> .125mg	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj</i> 0.25 mg/ml SOLN	\$0 (1)	
<i>digoxin</i> TABS 125mcg	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin</i> TABS 250mcg	\$0 (1)	PA
DIGOXIN SOL 50MCG/ML	\$0 (1)	PA
LANOXIN TABS 125mcg	\$0 (2)	QL (30 tabs / 30 days)
LANOXIN TABS 250mcg	\$0 (2)	PA
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
AMTURNIDE TAB 150-5-12.5	\$0 (2)	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-12.5	\$0 (2)	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-5-25MG	\$0 (2)	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-10-12.5	\$0 (2)	QL (30 tabs / 30 days)
AMTURNIDE TAB 300-10-25 MG	\$0 (2)	
TEKAMLO 300-10MG	\$0 (2)	
TEKAMLO TAB 150-5MG	\$0 (2)	QL (30 tabs / 30 days)
TEKAMLO TAB 150-10MG	\$0 (2)	QL (30 tabs / 30 days)
TEKAMLO TAB 300-5MG	\$0 (2)	QL (30 tabs / 30 days)
TEKTURNA 150mg	\$0 (2)	QL (30 tabs / 30 days)
TEKTURNA 300mg	\$0 (2)	
TEKTURNA HCT TAB 150-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	\$0 (2)	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	\$0 (2)	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	\$0 (2)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12; TABS	\$0 (1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid 19

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amiloride & hydrochlorothiazide</i>	\$0 (1)	
<i>amiloride hcl</i>	\$0 (1)	
<i>bumetanide</i>	\$0 (1)	
<i>chlorothiazide</i>	\$0 (1)	
<i>chlorthalidone</i> 25mg, 50mg	\$0 (1)	
DIURIL SUS 250/5ML	\$0 (2)	
DYRENIUM	\$0 (2)	
EDECIN	\$0 (2)	
<i>furosemide</i> SOLN; TABS	\$0 (1)	
<i>furosemide inj</i>	\$0 (1)	
<i>hydrochlorothiazide</i> CAPS; TABS	\$0 (1)	
<i>indapamide</i>	\$0 (1)	
<i>methazolamide</i> TABS	\$0 (1)	
<i>methyclothiazide</i>	\$0 (1)	
<i>metolazone</i>	\$0 (1)	
<i>spironolactone & hydrochlorothiazide</i>	\$0 (1)	
<i>torsemide inj</i>	\$0 (1)	
<i>torsemide tabs</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide</i> TABS	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	\$0 (1)	
MISCELLANEOUS		
<i>clonidine hcl</i> PTWK; TABS	\$0 (1)	
DEMSER	\$0 (2)	
<i>hydralazine hcl</i>	\$0 (1)	
<i>midodrine hcl</i>	\$0 (1)	
<i>minoxidil</i> TABS	\$0 (1)	
RANEXA	\$0 (2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorb mononitrate tab</i>	\$0 (1)	
<i>isosorbide dinitrate</i>	\$0 (1)	
<i>isosorbide mononitrate er tab</i>	\$0 (1)	
<i>minitran</i>	\$0 (1)	
<i>nitro-bid</i>	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin</i> PT24	\$0 (1)	
NITROLINGUAL PUMPSPRAY	\$0 (2)	
NITROSTAT	\$0 (2)	

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PUMONARY HYPERTENSION

ADCIRCA	\$0 (2)	QL (60 tabs / 30 days), NM, PA
ADEMPAS	\$0 (2)	QL (90 tabs / 30 days), NM, PA
LETAIRIS	\$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	\$0 (2)	B/D, NM, LA
REVATIO SUSR	\$0 (2)	QL (2 bottles / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i>	\$0 (2)	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam</i> CONC	\$0 (1)	QL (300 mL / 30 days)
<i>alprazolam tab 0.5mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	\$0 (1)	QL (480 tabs / 30 days)
<i>alprazolam tab 1mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>alprazolam tab 2mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS	\$0 (1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	\$0 (1)	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	\$0 (1)	
<i>lorazepam</i> CONC	\$0 (1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	\$0 (1)	
<i>lorazepam</i> TABS	\$0 (1)	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM 200mg	\$0 (2)	QL (180 tabs / 30 days)
APTIOM 400mg	\$0 (2)	QL (90 tabs / 30 days)
APTIOM 600mg	\$0 (2)	QL (60 tabs / 30 days)
APTIOM 800mg	\$0 (2)	QL (30 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	PA
BANZEL TAB 200MG	\$0 (2)	PA
BANZEL TAB 400MG	\$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
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	\$0 (1)	
CELONTIN	\$0 (2)	
<i>clonazepam</i> TABS 1mg	\$0 (1)	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	\$0 (1)	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	\$0 (1)	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	\$0 (1)	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	\$0 (1)	QL (2400 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg	\$0 (1)	QL (4800 tabs / 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	\$0 (1)	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	\$0 (1)	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	\$0 (1)	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	\$0 (1)	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	\$0 (1)	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	\$0 (1)	
<i>diazepam inj</i>	\$0 (1)	
<i>dilantin</i>	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium</i>	\$0 (1)	
<i>epitol</i>	\$0 (1)	
<i>ethosuximide</i> CAPS; SOLN	\$0 (1)	
<i>felbamate</i> SUSP	\$0 (2)	
<i>felbamate</i> TABS 400mg	\$0 (1)	
<i>felbamate</i> TABS 600mg	\$0 (2)	
FYCOMPA 2mg	\$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA 4mg	\$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA 6mg	\$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA 8mg, 10mg, 12mg	\$0 (2)	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0 (1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0 (1)	QL (360 caps / 30 days)

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 Drugs, or OTC items that are covered by Medicaid

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gabapentin</i> CAPS 400mg	\$0 (1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	\$0 (1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0 (1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0 (1)	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	\$0 (2)	
<i>lamotrigine</i> CHEW; TABS; TB24	\$0 (1)	
<i>levetiracetam</i> SOLN; TABS; TB24	\$0 (1)	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAPS 200mg	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOLN	\$0 (2)	QL (946 mL / 30 days)
ONFI	\$0 (2)	PA
<i>oxcarbazepine</i>	\$0 (1)	
PEGANONE	\$0 (2)	
<i>phenobarbital</i> ELIX; TABS	\$0 (2)	PA
PHENOBARBITAL SODIUM 65mg/ml	\$0 (2)	PA
<i>phenobarbital sodium</i> 130mg/ml	\$0 (2)	PA
<i>phenytek</i>	\$0 (2)	
<i>phenytoin</i> CHEW; SUSP	\$0 (1)	
<i>phenytoin sodium</i> SOLN	\$0 (1)	
<i>phenytoin sodium extended</i>	\$0 (1)	
POTIGA 50mg	\$0 (2)	
POTIGA 200mg	\$0 (2)	QL (180 tabs / 30 days)
POTIGA 300mg, 400mg	\$0 (2)	QL (90 tabs / 30 days)
<i>primidone</i> TABS	\$0 (1)	
SABRIL PACK	\$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	\$0 (2)	
TEGRETOL-XR	\$0 (2)	
<i>tiagabine hcl</i>	\$0 (1)	
<i>topiramate</i> CPSP; TABS	\$0 (1)	
<i>valproate sodium</i> SOLN; SYRP	\$0 (1)	
<i>valproic acid</i> CAPS	\$0 (1)	
VIMPAT SOLN 10mg/ml	\$0 (2)	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0 (2)	
VIMPAT TABS 50mg	\$0 (2)	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0 (2)	QL (60 tabs / 30 days)

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zonisamide</i> CAPS	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	\$0 (1)	
<i>donepezil hydrochloride</i> TBDP 5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	\$0 (1)	
EXELON PATCHES	\$0 (2)	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	\$0 (1)	
<i>galantamine hydrobromide</i> SOLN	\$0 (1)	
<i>galantamine hydrobromide</i> TABS 4mg	\$0 (1)	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	\$0 (1)	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	\$0 (1)	
NAMENDA SOL 10MG/5ML	\$0 (2)	PA; PA if <30 yr
NAMENDA TAB	\$0 (2)	PA; PA if <30 yr
NAMENDA XR	\$0 (2)	PA; PA if <30 yr
NAMENDA XR TITRATION PACK	\$0 (2)	PA; PA if <30 yr
<i>rivastigmine tartrate</i>	\$0 (1)	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS	\$0 (2)	PA
<i>amoxapine tab</i> 25mg	\$0 (1)	
<i>amoxapine tab</i> 50mg	\$0 (1)	
<i>amoxapine tab</i> 100mg	\$0 (1)	
<i>amoxapine tab</i> 150mg	\$0 (1)	
BRINTELLIX 5mg	\$0 (2)	QL (120 tabs / 30 days)
BRINTELLIX 10mg	\$0 (2)	QL (60 tabs / 30 days)
BRINTELLIX 20mg	\$0 (2)	QL (30 tabs / 30 days)
<i>bupropion hcl</i> TABS	\$0 (1)	
<i>bupropion hcl</i> TB12	\$0 (1)	
<i>bupropion hcl</i> TB24 150mg	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	\$0 (1)	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN	\$0 (1)	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	\$0 (1)	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	\$0 (1)	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	\$0 (2)	PA
<i>desipramine hcl</i> TABS	\$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>doxepin hcl</i> CAPS; CONC	\$0 (2)	PA
<i>duloxetine hcl</i> CPEP	\$0 (1)	QL (60 caps / 30 days)
EMSAM	\$0 (2)	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	\$0 (1)	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	\$0 (1)	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	\$0 (1)	QL (60 tabs / 30 days)
FETZIMA 20mg	\$0 (2)	QL (180 caps / 30 days)
FETZIMA 40mg	\$0 (2)	QL (90 caps / 30 days)
FETZIMA 80mg, 120mg	\$0 (2)	QL (30 caps / 30 days)
FETZIMA TITRATION PACK	\$0 (2)	
<i>fluoxetine hcl</i> CAPS 10mg	\$0 (1)	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	\$0 (1)	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	\$0 (1)	
<i>fluoxetine hcl</i> SOLN	\$0 (1)	
<i>fluoxetine hcl</i> TABS 10mg	\$0 (1)	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	\$0 (1)	
<i>imipramine hcl</i> TABS	\$0 (2)	PA
<i>maprotiline hcl</i>	\$0 (1)	
MARPLAN TAB 10MG	\$0 (2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg	\$0 (1)	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	\$0 (1)	
<i>mirtazapine</i> TBDP 15mg	\$0 (1)	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	\$0 (1)	
<i>nefazodone hcl</i>	\$0 (1)	
<i>nortriptyline hcl</i> CAPS; SOLN	\$0 (1)	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 40mg	\$0 (1)	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> TABS 30mg	\$0 (1)	QL (60 tabs / 30 days)
PAXIL SUSP	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	\$0 (1)	
PRISTIQ 50mg, 100mg	\$0 (2)	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	\$0 (1)	
<i>sertraline hcl</i> CONC	\$0 (1)	
<i>sertraline hcl</i> TABS 25mg, 50mg	\$0 (1)	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	\$0 (1)	
SURMONTIL CAP 25MG	\$0 (2)	QL (240 caps / 30 days), PA
SURMONTIL CAP 50MG	\$0 (2)	QL (120 caps / 30 days), PA

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SURMONTIL CAP 100MG	\$0 (2)	QL (60 caps / 30 days), PA
<i>tranylcypromine sulfate</i>	\$0 (1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0 (1)	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	\$0 (1)	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	\$0 (1)	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	\$0 (1)	
VIIBRYD KIT	\$0 (2)	
VIIBRYD TABS	\$0 (2)	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS; SYRP; TABS	\$0 (1)	
APOKYN	\$0 (2)	NM, LA, PA
AZILECT	\$0 (2)	
<i>benztropine mesylate</i> SOLN	\$0 (1)	
<i>benztropine mesylate</i> TABS	\$0 (2)	PA
<i>bromocriptine mesylate</i> CAPS; TABS	\$0 (1)	
<i>carbidopa-levodopa</i>	\$0 (1)	
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (1)	
<i>entacapone</i>	\$0 (1)	
NEUPRO	\$0 (2)	
<i>pramipexole dihydrochloride</i>	\$0 (1)	
<i>ropinirole hydrochloride</i> TABS	\$0 (1)	
<i>selegiline hcl</i> CAPS; TABS	\$0 (1)	
<i>trihexyphenidyl hcl</i>	\$0 (2)	PA

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY SOLN 1mg/ml	\$0 (2)	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	\$0 (2)	QL (4 mL / 1 day)
ABILIFY TABS	\$0 (2)	QL (30 tabs / 30 days)
ABILIFY DISCMELT	\$0 (2)	QL (60 tabs / 30 days)
ABILIFY MAIN INJ 300MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	QL (1 vial / 28 days)
ABILIFY MAINTENA	\$0 (2)	QL (1 syringe / 28 days)
<i>chlorpromazine hcl</i> SOLN	\$0 (2)	
<i>chlorpromazine hcl</i> TABS	\$0 (1)	
<i>clozapine</i> TABS 25mg, 50mg	\$0 (1)	
<i>clozapine</i> TABS 100mg	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0 (1)	QL (135 tabs / 30 days)
CLOZAPINE TBDP 12.5mg, 25mg	\$0 (1)	PA

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 Drugs, or OTC items that are covered by Medicaid

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CLOZAPINE TBDP 100mg	\$0 (1)	QL (270 tabs / 30 days), PA
FANAPT	\$0 (2)	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	\$0 (2)	ST
FAZACLO TAB 12.5/ODT	\$0 (2)	PA
FAZACLO TAB 25MG ODT	\$0 (2)	PA
FAZACLO TAB 100/ODT	\$0 (2)	QL (270 tabs / 30 days), PA
FAZACLO TAB 150MG	\$0 (2)	QL (180 tabs / 30 days), PA
FAZACLO TAB 200MG	\$0 (2)	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	\$0 (1)	
<i>fluphenazine hcl</i>	\$0 (1)	
GEODON SOLR	\$0 (2)	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	\$0 (1)	
<i>haloperidol decanoate</i> SOLN	\$0 (1)	
<i>haloperidol lactate</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
INVEGA 1.5mg, 3mg, 9mg	\$0 (2)	QL (30 tabs / 30 days)
INVEGA 6mg	\$0 (2)	QL (60 tabs / 30 days)
INVEGA SUST INJ 39 MG/0.25 ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	\$0 (2)	QL (1 injection / 28 days)
LATUDA 20mg	\$0 (2)	QL (240 tabs / 30 days)
LATUDA 40mg, 120mg	\$0 (2)	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	\$0 (2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	\$0 (1)	
<i>olanzapine</i> SOLR	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	\$0 (2)	QL (60 tabs / 30 days)
ORAP	\$0 (2)	
<i>perphenazine</i> TABS	\$0 (1)	
<i>quetiapine fumarate</i>	\$0 (1)	QL (90 tabs / 30 days)

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RISPERDAL INJ 12.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	QL (2 injections / 28 days)
<i>risperidone</i> SOLN	\$0 (1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	\$0 (1)	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	\$0 (1)	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0 (1)	QL (90 tabs / 30 days)
SAPHRIS 5mg	\$0 (2)	QL (120 tabs / 30 days)
SAPHRIS 10mg	\$0 (2)	QL (60 tabs / 30 days)
SEROQUEL XR 50mg	\$0 (2)	QL (120 tabs / 30 days)
SEROQUEL XR 150mg, 200mg	\$0 (2)	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	\$0 (2)	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	\$0 (2)	PA
<i>thiothixene</i>	\$0 (1)	
<i>trifluoperazine hcl</i>	\$0 (1)	
VERSACLOZ	\$0 (2)	QL (600 mL / 30 days), PA
<i>ziprasidone hcl</i> 20mg, 40mg	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	\$0 (1)	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	\$0 (1)	QL (30 caps / 30 days)

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (1)	QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>guanfacine hcl (adhd)</i>	\$0 (2)	
INTUNIV	\$0 (2)	
<i>metadate tab 20mg er</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	\$0 (2)	QL (120 caps / 30 days)
STRATTERA 40mg	\$0 (2)	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	\$0 (2)	QL (30 caps / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
ROZEREM	\$0 (2)	QL (30 tabs / 30 days)
SILENOR 3mg	\$0 (2)	QL (60 tabs / 30 days)
SILENOR 6mg	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; 90 day limit if >64 yr
<i>temazepam 15mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; 90 day limit if >64 yr
<i>zolpidem tartrate TABS</i>	\$0 (2)	QL (30 tabs / 30 days), PA; 90 day limit if >64 yr
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
<i>cafergot</i>	\$0 (2)	
<i>dihydroergotamine mesylate</i>	\$0 (1)	
<i>naratriptan hcl</i>	\$0 (1)	QL (9 tabs / 30 days)
RELPAK	\$0 (2)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	\$0 (1)	QL (18 tabs / 30 days)

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUMATRIPTAN SOLN 5mg/act	\$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN SOLN 20mg/act	\$0 (1)	QL (12 inhalers / 30 days)
SUMATRIPTAN SUCCINATE SOCT	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate</i> SOSY	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate</i> TABS	\$0 (1)	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ SOAJ 4mg/0.5ml	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate inj</i> SOAJ 6mg/0.5ml	\$0 (1)	QL (6 mL / 30 days)
SUMATRIPTAN SUCCINATE INJ SOCT	\$0 (1)	QL (6 mL / 30 days)
<i>sumatriptan succinate inj</i> SOLN	\$0 (1)	QL (6 mL / 30 days)
<i>zolmitriptan</i> TABS	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	\$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
LITHIUM	\$0 (2)	
<i>lithium carbonate</i> CAPS; TABS	\$0 (1)	
<i>lithium carbonate er</i>	\$0 (1)	
NUDEXTA	\$0 (2)	PA
<i>pyridostigmine bromide</i> TABS	\$0 (1)	
<i>riluzole</i>	\$0 (1)	
XENAZINE 12.5mg	\$0 (2)	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	\$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON	\$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 syringes / 28 days), NM, PA
COPAXONE KIT 20MG/ML	\$0 (2)	QL (30 syringes / 30 days), NM, PA
GILENYA CAP 0.5MG	\$0 (2)	QL (28 caps / 28 days), NM, PA
TYSABRI	\$0 (2)	NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS	\$0 (1)	

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0 (1)	PA
<i>dantrolene sodium</i> CAPS	\$0 (1)	
<i>tizanidine hcl</i> TABS	\$0 (1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
NUVIGIL 50mg	\$0 (2)	QL (150 tabs / 30 days), PA
NUVIGIL 150mg	\$0 (2)	QL (60 tabs / 30 days), PA
NUVIGIL 200mg, 250mg	\$0 (2)	QL (30 tabs / 30 days), PA
XYREM	\$0 (2)	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	\$0 (1)	
<i>buprenorphine hcl</i> SUBL	\$0 (1)	PA
<i>buprenorphine hcl-naloxone hcl sl</i>	\$0 (1)	QL (120 tabs / 30 days), PA
<i>buproban</i>	\$0 (1)	
CHANTIX	\$0 (2)	PA
CHANTIX STARTER PACK	\$0 (2)	PA
<i>disulfiram</i> TABS	\$0 (1)	
<i>naloxone hcl</i> SOLN	\$0 (1)	
<i>naltrexone hcl</i> TABS	\$0 (1)	
<i>nicotine</i> 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0 (3)	NM; *
NICOTINE 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0 (3)	NM; *
<i>nicotine polacrilex</i> GUM; LOZG	\$0 (3)	NM; *
NICOTROL INHALER	\$0 (2)	
NICOTROL NS	\$0 (2)	
SUBOXONE MIS 2-0.5MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 4-1MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 8-2MG	\$0 (2)	QL (4 boxes / 30 days), PA
SUBOXONE MIS 12-3MG	\$0 (2)	QL (2 boxes / 30 days), PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ANDRODERM	\$0 (2)	QL (30 patches / 30 days), PA
<i>androxy</i>	\$0 (2)	PA
<i>oxandrolone</i> TABS	\$0 (1)	PA
TESTIM	\$0 (2)	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN	\$0 (1)	
<i>testosterone enanthate</i> SOLN	\$0 (1)	

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	B/D
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LANTUS	\$0 (2)	
LANTUS SOLOSTAR	\$0 (2)	
LEVEMIR	\$0 (2)	
LEVEMIR FLEXTOUCH	\$0 (2)	
NOVOLIN 70/30	\$0 (2)	RELION not covered
NOVOLIN N	\$0 (2)	RELION not covered
NOVOLIN R	\$0 (2)	RELION not covered
NOVOLOG	\$0 (2)	
NOVOLOG FLEXPEN	\$0 (2)	
NOVOLOG MIX 70/30	\$0 (2)	
NOVOLOG MIX 70/30 PREFILL	\$0 (2)	
NOVOLOG PENFILL	\$0 (2)	
SYMLINPEN 60	\$0 (2)	QL (8 pens / 30 days), PA
SYMLINPEN 120	\$0 (2)	QL (4 pens / 30 days), PA
VICTOZA	\$0 (2)	QL (3 pens / 30 days)

ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES

<i>acarbose</i>	\$0 (1)	
<i>glimepiride</i> 1mg	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	\$0 (1)	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	\$0 (1)	QL (120 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access * - Non-Part D 32
 Drugs, or OTC items that are covered by Medicaid

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide</i> TB24 10mg	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-500MG	\$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	\$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	\$0 (2)	QL (60 tabs / 30 days)
INVOKANA 100mg	\$0 (2)	QL (90 tabs / 30 days)
INVOKANA 300mg	\$0 (2)	QL (30 tabs / 30 days)
JANUMET	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0 (1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0 (1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0 (1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0 (1)	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	\$0 (1)	QL (60 tabs / 30 days)
<i>nateglinide</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide</i> 2mg	\$0 (1)	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	\$0 (1)	QL (120 tabs / 30 days)
RIOMET	\$0 (2)	QL (946 mL / 30 days)
TRADJENTA	\$0 (2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	\$0 (1)	
<i>alendronate sodium</i> TABS 35mg, 70mg	\$0 (1)	QL (4 tabs / 28 days)
<i>ibandronate sodium</i> TABS	\$0 (1)	B/D, QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	\$0 (1)	B/D
<i>zoledronic inj 4mg/5ml</i>	\$0 (2)	B/D, NM
ZOMETA SOLN	\$0 (2)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR 30mg, 90mg	\$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	\$0 (2)	QL (60 tabs / 30 days), NM
CHELATING AGENTS		

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CHEMET	\$0 (2)	
DEPEN TITRATABS	\$0 (2)	
EXJADE	\$0 (2)	NM, LA, PA
<i>kionex</i>	\$0 (1)	
<i>sodium polystyrene sulfonate</i>	\$0 (1)	
<i>sps susp 15gm/60ml</i>	\$0 (1)	
SYPRINE	\$0 (2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>altavera</i>	\$0 (1)	
<i>apri 28 day</i>	\$0 (1)	
<i>aranelle 28</i>	\$0 (1)	
<i>aubra 28 day</i>	\$0 (1)	
<i>aviane 28</i>	\$0 (1)	
<i>balziva 28 day</i>	\$0 (1)	
<i>briellyn 28 day</i>	\$0 (1)	
<i>camila 28 day</i>	\$0 (1)	
<i>cryselle 28</i>	\$0 (1)	
<i>cyklaferm 1/35 28 day</i>	\$0 (1)	
<i>cyklaferm 7/7/7 28 day</i>	\$0 (1)	
<i>deblitane 28 day</i>	\$0 (1)	
<i>delyla 28 day</i>	\$0 (1)	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol</i>	\$0 (1)	
ELLA	\$0 (2)	
<i>emoquette</i>	\$0 (1)	
<i>enpresse 28 day</i>	\$0 (1)	
<i>errin 28 day</i>	\$0 (1)	
<i>falmina 28 day</i>	\$0 (1)	
GIANVI	\$0 (1)	
<i>gildagia</i>	\$0 (1)	
<i>gildess 1.5/30 21 day</i>	\$0 (1)	
<i>heather</i>	\$0 (1)	
<i>introvale 91 day</i>	\$0 (1)	
JOLESSA TAB 0.15-0.03 MG	\$0 (1)	
JOLIVETTE	\$0 (1)	
<i>junel 1.5/30 21 day</i>	\$0 (1)	
<i>junel 1/20 21 day</i>	\$0 (1)	
<i>junel fe 1.5/30 28 day</i>	\$0 (1)	
<i>junel fe 1/20 28 day</i>	\$0 (1)	
<i>kariva 28 day</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>larin 1.5/30</i>	\$0 (1)	
<i>larin 1/20</i>	\$0 (1)	
<i>larin fe 1.5/30</i>	\$0 (1)	
<i>larin fe 1/20</i>	\$0 (1)	
LEENA	\$0 (1)	
<i>lessina 28 day</i>	\$0 (1)	
<i>levonest 28 day</i>	\$0 (1)	
<i>levonorgestrel (emergency oc)</i>	\$0 (1)	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	\$0 (1)	
<i>levora 0.15/30 28 day</i>	\$0 (1)	
<i>loryna 28 day</i>	\$0 (1)	
<i>low-ogestrel 28 day</i>	\$0 (1)	
<i>lutra 28 day</i>	\$0 (1)	
<i>lyza</i>	\$0 (1)	
<i>marlissa 28 day</i>	\$0 (1)	
<i>medroxyprogesterone acetate 150 mg/ml</i>	\$0 (1)	
<i>microgestin 1.5/30 21 day</i>	\$0 (1)	
<i>microgestin 1/20 21 day</i>	\$0 (1)	
<i>microgestin fe 1.5/30 28 day</i>	\$0 (1)	
<i>microgestin fe 1/20 28 day</i>	\$0 (1)	
MONONESSA	\$0 (1)	
<i>my way</i>	\$0 (1)	
<i>myzilra</i>	\$0 (1)	
<i>necon 0.5/35 28 day</i>	\$0 (1)	
<i>necon 1/35 28 day</i>	\$0 (1)	
NECON 7/7/7	\$0 (1)	
<i>necon 10/11 28 day</i>	\$0 (2)	
NECON TAB 1/50-28	\$0 (1)	
<i>next choice one dose</i>	\$0 (1)	
<i>nikki 28 day</i>	\$0 (1)	
NORA-BE TAB	\$0 (1)	
<i>norethindrone (contraceptive)</i>	\$0 (1)	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	\$0 (1)	
<i>norlyroc 28 day</i>	\$0 (1)	
<i>nortrel 0.5/35 28 day</i>	\$0 (1)	
<i>nortrel 1/35 21 day</i>	\$0 (1)	
<i>nortrel 1/35 28 day</i>	\$0 (1)	
<i>nortrel 7/7/7 28 day</i>	\$0 (1)	
NUVARING	\$0 (2)	
OCELLA TAB 3-0.03MG	\$0 (1)	

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<i>orsythia 28 day</i>	\$0 (1)	
<i>philith</i>	\$0 (1)	
<i>pimtrea pack</i>	\$0 (1)	
<i>pirmella 1/35 28 day</i>	\$0 (1)	
<i>portia 28 day</i>	\$0 (1)	
<i>previfem 28 day</i>	\$0 (1)	
<i>quasense 91 day</i>	\$0 (1)	
<i>reclipsen 28 day</i>	\$0 (1)	
<i>sharobel 28 day</i>	\$0 (1)	
SOLIA	\$0 (1)	
<i>sprintec 28 day</i>	\$0 (1)	
<i>sronyx</i>	\$0 (1)	
<i>tarina fe tab 1/20</i>	\$0 (1)	
<i>tri-legest 28 day</i>	\$0 (1)	
<i>tri-previfem 28 day</i>	\$0 (1)	
<i>tri-sprintec 28 day</i>	\$0 (1)	
TRINESSA	\$0 (1)	
<i>trivora 28 day</i>	\$0 (1)	
<i>velivet 28 day</i>	\$0 (1)	
<i>vestura</i>	\$0 (1)	
<i>viorele</i>	\$0 (1)	
<i>vyfemia 28 day</i>	\$0 (1)	
<i>xulane</i>	\$0 (1)	
<i>zarah</i>	\$0 (1)	
<i>zenchent 28 day</i>	\$0 (1)	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	\$0 (1)	
SYNAREL	\$0 (2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN	\$0 (2)	NM, LA, PA
ALDURAZYME	\$0 (2)	NM, LA, PA
CARBAGLU	\$0 (2)	NM, LA, PA
CERDELGA	\$0 (2)	NM, PA
CEREZYME	\$0 (2)	NM, PA
CYSTADANE	\$0 (2)	NM
CYSTAGON	\$0 (2)	NM, PA
FABRAZYME	\$0 (2)	NM, PA
KUVAN	\$0 (2)	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	\$0 (1)	B/D
LUMIZYME	\$0 (2)	NM, PA

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MYOZYME	\$0 (2)	NM, PA
NAGLAZYME	\$0 (2)	NM, LA, PA
ORFADIN	\$0 (2)	NM, PA
<i>sodium phenylbutyrate</i>	\$0 (2)	NM
ZAVESCA	\$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH	\$0 (2)	PA
<i>estradiol</i> PTWK	\$0 (2)	PA
<i>estradiol</i> TABS	\$0 (2)	PA
ESTRADIOL VALERATE OIL 10mg/ml, 40mg/ml	\$0 (1)	
<i>estradiol valerate</i> OIL 20mg/ml	\$0 (1)	
PREMARIN CREAM	\$0 (2)	
VAGIFEM	\$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>a-hydrocort</i>	\$0 (1)	
<i>cortisone acetate</i> TABS	\$0 (1)	
<i>dexamethasone</i> CONC; ELIX; SOLN; TABS	\$0 (1)	
<i>dexamethasone sodium phosphate</i>	\$0 (1)	
<i>fludrocortisone acetate</i> TABS	\$0 (1)	
<i>hydrocortisone</i> TABS	\$0 (1)	
<i>methylpr ace inj</i> 40mg/ml	\$0 (1)	B/D
<i>methylpr ace inj</i> 80mg/ml	\$0 (1)	B/D
<i>methylpr ss inj</i> 1gm	\$0 (1)	B/D
<i>methylpr ss inj</i> 40mg	\$0 (1)	B/D
<i>methylpr ss inj</i> 125mg	\$0 (1)	B/D
<i>methylpred pak</i> 4mg	\$0 (1)	B/D
<i>methylpred tab</i> 4mg	\$0 (1)	B/D
<i>methylpred tab</i> 8mg	\$0 (1)	B/D
<i>methylpred tab</i> 16mg	\$0 (1)	B/D
<i>methylpred tab</i> 32mg	\$0 (1)	B/D
<i>pred sod pho sol</i> 5mg/5ml	\$0 (1)	B/D
<i>prednisolone sol</i> 15mg/5ml	\$0 (1)	B/D
<i>prednisolone sol</i> 25mg/5ml	\$0 (1)	B/D
<i>prednisolone syp</i> 15mg/5ml	\$0 (1)	B/D
<i>prednisone con</i> 5mg/ml	\$0 (2)	B/D
<i>prednisone pak</i> 5mg	\$0 (1)	B/D
<i>prednisone pak</i> 10mg	\$0 (1)	B/D
<i>prednisone sol</i> 5mg/5ml	\$0 (1)	B/D

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<i>prednisone tab 1mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5mg</i>	\$0 (1)	B/D
<i>prednisone tab 5mg</i>	\$0 (1)	B/D
<i>prednisone tab 10mg</i>	\$0 (1)	B/D
<i>prednisone tab 20mg</i>	\$0 (1)	B/D
<i>prednisone tab 50mg</i>	\$0 (1)	B/D
SOLU-CORTEF 250mg	\$0 (2)	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

<i>dextrose (diabetic use)</i>	\$0 (3)	NM; *
GLUCAGEN HYPOKIT	\$0 (2)	
GLUCAGON EMERGENCY KIT	\$0 (2)	
GLUCOSE CHEW	\$0 (3)	NM; *
HM GLUCOSE	\$0 (3)	NM; *
<i>insta-glucose</i>	\$0 (3)	NM; *
PROGLYCEM	\$0 (2)	
SM GLUCOSE	\$0 (3)	NM; *

HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

NORDITROPIN FLEXPPO	\$0 (2)	NM, PA
NORDITROPIN NORDIFLEX PEN	\$0 (2)	NM, PA
TEV-TROPIN	\$0 (2)	NM, PA

MISCELLANEOUS

<i>cabergoline</i>	\$0 (1)	
<i>calcitonin (salmon)</i>	\$0 (1)	
FORTICAL	\$0 (2)	
INCRELEX	\$0 (2)	NM, LA, PA
<i>methylergonovine maleate TABS</i>	\$0 (1)	
MIACALCIN 200unit/ml	\$0 (2)	B/D
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	\$0 (1)	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	\$0 (2)	NM, PA
PROLIA	\$0 (2)	QL (1 syringe / 180 days), NM
<i>raloxifene hcl</i>	\$0 (1)	
SANDOSTATIN LAR DEPOT	\$0 (2)	NM, PA
SOMATULINE DEPOT	\$0 (2)	NM, PA
SOMAVERT	\$0 (2)	NM, LA, PA
XGEVA	\$0 (2)	NM, PA

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO	\$0 (2)	QL (1 pen / 28 days), NM, PA
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i>	\$0 (1)	
FOSRENOL	\$0 (2)	
PHOSLYRA	\$0 (2)	
RENVELA PAK 0.8GM	\$0 (2)	
RENVELA PAK 2.4GM	\$0 (2)	
RENVELA TAB 800MG	\$0 (2)	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab</i>	\$0 (1)	
<i>norethindrone acetate TABS</i>	\$0 (1)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>levothyroxine sodium TABS</i>	\$0 (1)	
LEVOXYL	\$0 (1)	
<i>liothyronine sodium TABS</i>	\$0 (1)	
<i>methimazole TABS</i>	\$0 (1)	
<i>propylthiouracil TABS</i>	\$0 (1)	
SYNTHROID	\$0 (2)	
UNITHROID	\$0 (1)	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate spray</i>	\$0 (1)	
<i>desmopressin acetate spray refrigerated</i>	\$0 (1)	
<i>desmopressin acetate tabs</i>	\$0 (1)	
<i>desmopressin inj 4mcg/ml</i>	\$0 (1)	
DESMOPRESSIN SOL 0.01%	\$0 (1)	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>alum & mag hydrox-simethicone</i>	\$0 (3)	NM; *
ALUMINUM HYDROXIDE	\$0 (3)	NM; *
<i>aluminum hydroxide-mag carb</i>	\$0 (3)	NM; *
<i>calcium carbonate (antacid)</i>	\$0 (3)	NM; *
<i>calcium carbonate-mag hydrox</i>	\$0 (3)	NM; *
GAVISCON CHEW	\$0 (3)	NM; *
<i>sodium bicarbonate (antacid)</i>	\$0 (3)	NM; *

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

Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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ANTI-DIARRHEAL

<i>bismuth subsalicylate</i> CHEW; SUSP	\$0 (3)	NM; *
<i>loperamide hcl</i> LIQD; SUSP; TABS	\$0 (3)	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>compro</i>	\$0 (1)	
<i>dimenhydrinate</i> TABS	\$0 (3)	NM; *
<i>dronabinol</i> 2.5mg, 5mg	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	\$0 (2)	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	\$0 (1)	B/D
EMEND CAP 80MG	\$0 (2)	B/D
EMEND CAP 125MG	\$0 (2)	B/D
EMEND PAK 80 & 125	\$0 (2)	B/D
<i>granisetron hcl</i> SOLN	\$0 (1)	
<i>granisetron hcl</i> TABS	\$0 (1)	B/D
<i>meclizine hcl</i> CHEW	\$0 (3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0 (1)	
<i>meclizine hcl</i> TABS 25mg	\$0 (3)	NM; *
<i>metoclopramide hcl</i> SOLN; TABS	\$0 (1)	
<i>metoclopramide inj</i>	\$0 (1)	
<i>ondansetron hcl</i> SOLN	\$0 (1)	
<i>ondansetron hcl</i> TABS	\$0 (1)	B/D
<i>ondansetron hcl inj</i>	\$0 (1)	
<i>ondansetron hcl oral soln</i>	\$0 (1)	B/D
<i>ondansetron odt</i>	\$0 (1)	B/D
<i>prochlorperazine inj</i>	\$0 (1)	
<i>prochlorperazine maleate</i> TABS	\$0 (1)	
<i>prochlorperazine supp</i>	\$0 (1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	\$0 (2)	PA
TRANSDERM-SCOP	\$0 (2)	QL (10 patches / 30 days), PA

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA	\$0 (2)	
<i>dicyclomine hcl</i>	\$0 (1)	
<i>glycopyrrolate</i> TABS	\$0 (1)	
<i>glycopyrrolate inj</i>	\$0 (1)	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>famotidine</i> SOLN 40mg/4ml, 200mg/20ml	\$0 (1)	
<i>famotidine</i> SUSR	\$0 (1)	
<i>famotidine</i> TABS 10mg	\$0 (3)	NM; *
<i>famotidine</i> TABS 20mg, 40mg	\$0 (1)	
<i>famotidine inj</i>	\$0 (1)	
<i>ranitidine hcl</i> SOLN	\$0 (1)	
<i>ranitidine hcl</i> TABS 75mg	\$0 (3)	NM; *
<i>ranitidine hcl</i> TABS 150mg, 300mg	\$0 (1)	
<i>ranitidine hcl inj</i>	\$0 (1)	
<i>ranitidine syrup</i>	\$0 (1)	
INFLAMMATORY BOWEL DISEASE		
APRISO	\$0 (2)	
ASACOL HD	\$0 (2)	
<i>balsalazide disodium</i>	\$0 (1)	
<i>budesonide ec</i>	\$0 (2)	
CANASA	\$0 (2)	
<i>colocort enema 100mg</i>	\$0 (1)	
DELZICOL	\$0 (2)	
DIPENTUM	\$0 (2)	
HYDROCORTISONE (INTRARECTAL)	\$0 (1)	
LIALDA	\$0 (2)	
<i>mesalamine enema</i>	\$0 (1)	
<i>mesalamine w/ cleanser</i>	\$0 (1)	
PENTASA	\$0 (2)	
<i>sulfasalazine</i> TABS	\$0 (1)	
<i>sulfasalazine ec</i>	\$0 (1)	
UCERIS TB24	\$0 (2)	
LAXATIVES		
<i>bisacodyl</i> SUPP; TBEC	\$0 (3)	NM; *
<i>calcium polycarbophil</i>	\$0 (3)	NM; *
CITRUCEL FIBER LAXATIVE	\$0 (3)	NM; *
<i>constulose</i>	\$0 (1)	
<i>docusate calcium</i>	\$0 (3)	NM; *
<i>docusate sodium</i> CAPS; LIQD; SYRP; TABS	\$0 (3)	NM; *
<i>enulose</i>	\$0 (1)	
EX-LAX TABS	\$0 (3)	NM; *
<i>gavilyte-g</i>	\$0 (1)	
<i>gavilyte-c</i>	\$0 (1)	

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<i>gavilyte-n</i>	\$0 (1)	
<i>generlac</i>	\$0 (1)	
<i>glycerin (laxative)</i>	\$0 (3)	NM; *
GOLYTELY	\$0 (2)	
KONSYL-D	\$0 (3)	NM; *
<i>lactulose</i>	\$0 (1)	
<i>lactulose (encephalopathy)</i>	\$0 (1)	
<i>magnesium hydroxide SUSP</i>	\$0 (3)	NM; *
<i>methylcellulose (laxative)</i>	\$0 (3)	NM; *
MOVIPREP	\$0 (2)	
NULYTELY/FLAVOR PACKS	\$0 (2)	
NUTRISOURCE FIBER POWD	\$0 (3)	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	\$0 (1)	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	\$0 (1)	
PEG 3350/ELECTROLYTES	\$0 (1)	
<i>polyethylene glycol 3350</i> PACK; POWD	\$0 (1)	
<i>psyllium</i>	\$0 (3)	NM; *
RELISTOR	\$0 (2)	PA
<i>sennosides SYRP</i>	\$0 (3)	NM; *
SENNOSIDES TABS 8.6mg	\$0 (3)	NM; *
<i>sennosides TABS 8.6mg, 15mg</i>	\$0 (3)	NM; *
<i>sennosides-docusate sodium</i>	\$0 (3)	NM; *
<i>sodium phosphates</i>	\$0 (3)	NM; *
SUPREP BOWEL PREP	\$0 (2)	
<i>trilyte</i>	\$0 (1)	
<i>wheat dextrin</i>	\$0 (3)	NM; *
MISCELLANEOUS		
AMITIZA CAP 8MCG	\$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	\$0 (2)	
<i>diphenoxylate w/ atropine</i>	\$0 (1)	
LINZESS CAP 145MCG	\$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	\$0 (2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	\$0 (1)	
LOTRONEX	\$0 (2)	PA
<i>misoprostol TABS</i>	\$0 (1)	
SUCRAID	\$0 (2)	
<i>sucrafate TABS</i>	\$0 (1)	

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<i>ursodiol</i> CAPS; TABS	\$0 (1)	
XIFAXAN 550mg	\$0 (2)	PA
PANCREATIC ENZYMES		
CREON	\$0 (2)	
ZENPEP	\$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT	\$0 (2)	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	\$0 (1)	
NEXIUM CAP 20MG	\$0 (2)	QL (30 caps / 30 days)
NEXIUM CAP 40MG	\$0 (2)	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	\$0 (2)	
NEXIUM GRA 5MG DR	\$0 (2)	
NEXIUM GRA 10MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	\$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	\$0 (2)	QL (30 packets / 30 days)
<i>omeprazole</i> CPDR 10mg, 40mg	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole</i> CPDR 20mg	\$0 (1)	QL (60 caps / 30 days)
<i>pantoprazole sodium tbec</i>	\$0 (1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i>	\$0 (1)	QL (30 tabs / 30 days)
AVODART	\$0 (2)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0 (1)	
JALYN	\$0 (2)	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	\$0 (1)	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	\$0 (1)	
ELMIRON	\$0 (2)	
POTASSIUM CITRATE (ALKALINIZER) 540mg, 1080mg	\$0 (1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ 25mg	\$0 (2)	QL (60 tabs / 30 days)

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MYRBETRIQ 50mg	\$0 (2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	\$0 (1)	
<i>oxybutynin chloride</i> TABS	\$0 (1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0 (1)	QL (60 tabs / 30 days)
TOLTERODINE TARTRATE CAP ER	\$0 (1)	QL (30 caps / 30 days)
<i>tolterodine tartrate tabs</i>	\$0 (1)	
TOVIAZ	\$0 (2)	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	\$0 (1)	QL (60 tabs / 30 days)
VESICARE	\$0 (2)	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i>	\$0 (1)	
<i>clotrimazole vaginal</i> 1%, 2%	\$0 (3)	NM; *
CLOTRIMAZOLE VAGINAL 2%	\$0 (3)	NM; *
<i>metronidazole vaginal</i>	\$0 (1)	
<i>miconazole nitrate vaginal</i> CREA	\$0 (3)	NM; *
<i>miconazole nitrate vaginal</i> KIT	\$0 (3)	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	\$0 (3)	NM; *
<i>terconazole vaginal</i>	\$0 (1)	
<i>tioconazole vaginal</i>	\$0 (3)	NM; *
VANDAZOLE	\$0 (1)	
<i>zazole</i> .4%	\$0 (1)	
ZAZOLE .8%	\$0 (1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN	\$0 (2)	
ELIQUIS	\$0 (2)	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	\$0 (1)	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	\$0 (2)	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	\$0 (1)	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0 (2)	
<i>heparin sod inj</i> 1000/ml	\$0 (1)	B/D
HEPARIN SOD INJ 2000/ML	\$0 (2)	B/D
HEPARIN SOD INJ 2500/ML	\$0 (2)	B/D
<i>heparin sod inj</i> 5000/ml	\$0 (1)	B/D
<i>heparin sod inj</i> 10000/ml	\$0 (1)	B/D

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<i>heparin sod inj 20000/ml</i>	\$0 (1)	B/D
HEPARIN SODIUM/D5W	\$0 (2)	
HEPARIN SODIUM/NAACL 0.45%	\$0 (2)	
<i>jantoven</i>	\$0 (1)	
PRADAXA	\$0 (2)	
<i>warfarin sodium</i>	\$0 (1)	
XARELTO	\$0 (2)	
XARELTO STARTER PACK	\$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX	\$0 (2)	NM, PA
LEUKINE	\$0 (2)	NM, PA
MOZOBIL	\$0 (2)	NM, PA
NEUMEGA	\$0 (2)	NM
NEUPOGEN	\$0 (2)	NM, PA
PROCRIT	\$0 (2)	NM, PA
IRON		
<i>ferrous sulfate ELIX</i>	\$0 (3)	NM; *
FERROUS SULFATE LIQD	\$0 (3)	NM; *
<i>ferrous sulfate TABS 325mg</i>	\$0 (3)	NM; *
FERROUS SULFATE TBEC 324mg	\$0 (3)	NM; *
<i>ferrous sulfate TBEC 325mg</i>	\$0 (3)	NM; *
<i>ferrous sulfate dried</i>	\$0 (3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i>	\$0 (1)	
<i>cilostazol</i>	\$0 (1)	
CINRYZE	\$0 (2)	NM, LA, PA
FIRAZYR	\$0 (2)	NM, PA
<i>pentoxifylline TBCR</i>	\$0 (1)	
PROMACTA 12.5mg	\$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA 25mg	\$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA 50mg	\$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA 75mg	\$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid SOLN; TABS</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
AGGRENOX	\$0 (2)	
BRILINTA	\$0 (2)	

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<i>clopidogrel bisulfate</i> 75mg	\$0 (1)	QL (30 tabs / 30 days)
EFFIENT	\$0 (2)	
ZONTIVITY	\$0 (2)	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

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

CIMZIA	\$0 (2)	NM, PA
CIMZIA STARTER KIT	\$0 (2)	NM, PA
HUMIRA	\$0 (2)	NM, PA
HUMIRA KIT 40MG/0.8	\$0 (1)	NM, PA
HUMIRA PEN	\$0 (2)	NM, PA
HUMIRA PEN-CROHNS DISEASE	\$0 (2)	NM, PA
HUMIRA PEN-PSORIASIS STAR	\$0 (2)	NM, PA
<i>hydroxychloroquine sulfate</i>	\$0 (1)	
<i>leflunomide</i> TABS	\$0 (1)	
<i>methotrexate sodium tabs</i>	\$0 (1)	
REMICADE	\$0 (2)	NM, PA

IMMUNOGLOBULINS

BIVIGAM	\$0 (2)	NM, PA
CARIMUNE NANOFILTERED	\$0 (2)	NM, PA
FLEBOGAMMA	\$0 (2)	NM, PA
FLEBOGAMMA DIF	\$0 (2)	NM, PA
GAMASTAN S/D	\$0 (2)	B/D, NM
GAMMAGARD LIQUID	\$0 (2)	NM, PA
GAMMAGARD S/D	\$0 (2)	NM, PA
GAMMAKED	\$0 (2)	NM, PA
GAMMAPLEX 2.5gm/50ml, 5gm/100ml, 10gm/200ml	\$0 (2)	NM, PA
GAMUNEX-C	\$0 (2)	NM, PA
GAMUNEX-C 1GM/10ML	\$0 (2)	NM, PA
OCTAGAM 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 25gm/500ml	\$0 (2)	NM, PA
PRIVIGEN	\$0 (2)	NM, PA

IMMUNOMODULATORS

ACTIMMUNE	\$0 (2)	NM, LA, PA
ARCALYST	\$0 (2)	NM, PA
INTRON-A INJ 10MU	\$0 (2)	B/D, NM
INTRON-A INJ 18MU	\$0 (2)	B/D, NM

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INTRON-A INJ 25MU	\$0 (2)	B/D, NM
INTRON-A INJ 50MU	\$0 (2)	B/D, NM
PEG-INTRON	\$0 (2)	NM, PA
PEG-INTRON REDIPEN	\$0 (2)	NM, PA
REVLIMID	\$0 (2)	NM, LA, PA
THALOMID	\$0 (2)	NM, PA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	\$0 (1)	B/D
CELLCEPT SUSR	\$0 (2)	B/D
<i>cyclosporine</i> CAPS; SOLN	\$0 (1)	B/D
<i>cyclosporine modified (for microemulsion)</i>	\$0 (1)	B/D
<i>gengraf</i>	\$0 (1)	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	\$0 (1)	B/D
<i>mycophenolate mofetil</i> SUSR	\$0 (2)	B/D
<i>mycophenolate sodium</i> 180mg	\$0 (1)	B/D
<i>mycophenolate sodium</i> 360mg	\$0 (2)	B/D
NEORAL	\$0 (2)	B/D
NULOJIX	\$0 (2)	B/D
PROGRAF CAPS	\$0 (2)	B/D
RAPAMUNE SOLN	\$0 (2)	B/D
RAPAMUNE TABS 1mg, 2mg	\$0 (2)	B/D
SANDIMMUNE CAPS	\$0 (2)	B/D
SANDIMMUNE SOLN 100mg/ml	\$0 (2)	B/D
SIROLIMUS TABS 1mg	\$0 (1)	B/D
SIROLIMUS TABS 2mg	\$0 (2)	B/D
<i>sirolimus</i> TABS .5mg	\$0 (1)	B/D
<i>tacrolimus</i> CAPS 5mg	\$0 (2)	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg	\$0 (1)	B/D
ZORTRESS	\$0 (2)	B/D
ZORTRESS TAB 0.5MG	\$0 (2)	B/D
ZORTRESS TAB 0.75MG	\$0 (2)	B/D
VACCINES		
ACTHIB	\$0 (2)	
ADACEL	\$0 (2)	
BCG VACCINE	\$0 (2)	
BOOSTRIX	\$0 (2)	
CERVARIX	\$0 (2)	
COMVAX	\$0 (2)	
DAPTACEL	\$0 (2)	

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DIPHTHERIA/TETANUS TOXOID	\$0 (2)	B/D
ENGERIX-B SUSP	\$0 (2)	B/D
GARDASIL	\$0 (2)	
HAVRIX	\$0 (2)	
HIBERIX	\$0 (2)	
IMOVAX RABIES (H.D.C.V.)	\$0 (2)	
INFANRIX	\$0 (2)	
IPOL INACTIVATED IPV	\$0 (2)	
IXIARO	\$0 (2)	
M-M-R II W/DILUENT 10 DOS	\$0 (2)	
MENACTRA	\$0 (2)	
MENOMUNE-A/C/Y/W-135	\$0 (2)	
MENVEO	\$0 (2)	
PEDVAX HIB	\$0 (2)	
PROQUAD	\$0 (2)	
RABAVERT	\$0 (2)	
RECOMBIVAX HB	\$0 (2)	B/D
ROTARIX	\$0 (2)	
ROTATEQ	\$0 (2)	
SYNAGIS	\$0 (2)	NM
TENIVAC	\$0 (2)	B/D
TETANUS TOXOID ADSORBED	\$0 (2)	B/D
TETANUS/DIPHTHERIA TOXOID	\$0 (2)	B/D
TRUMENBA	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI	\$0 (2)	
VAQTA	\$0 (2)	
VARIVAX	\$0 (2)	
YF-VAX	\$0 (2)	
ZOSTAVAX	\$0 (2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	\$0 (1)	
KLOR-CON 10	\$0 (1)	
<i>klor-con m15</i>	\$0 (1)	
<i>klor-con m20</i>	\$0 (1)	
<i>klor-con pow 20meq</i>	\$0 (1)	
MAGNESIUM SULFATE SOLN 40mg/ml, 80mg/ml	\$0 (2)	
<i>magnesium sulfate SOLN 50%</i>	\$0 (1)	

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MAGNESIUM SULFATE SOLN 50%	\$0 (1)	
MAGNESIUM SULFATE IN D5W	\$0 (2)	
<i>oral electrolytes</i>	\$0 (3)	NM; *
<i>potassium chloride</i> CPCR	\$0 (1)	
<i>potassium chloride</i> LIQD	\$0 (1)	
<i>potassium chloride</i> TBCR 8meq	\$0 (1)	
POTASSIUM CHLORIDE TBCR 20meq	\$0 (1)	
POTASSIUM CHLORIDE ER	\$0 (1)	
<i>potassium chloride microencapsulated crystals cr</i>	\$0 (1)	
SODIUM CHLORIDE SOLN 2.5meq/ml	\$0 (1)	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5\$0 (1) F) MG/ML SOLN		
TPN ELECTROLYTES	\$0 (2)	B/D
IV NUTRITION		
AMINOSYN	\$0 (2)	B/D
AMINOSYN 7%/ELECTROLYTES	\$0 (2)	B/D
AMINOSYN 8.5%/ELECTROLYTE	\$0 (2)	B/D
AMINOSYN II	\$0 (2)	B/D
AMINOSYN II 8.5%/ELECTROL	\$0 (2)	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
CLINIMIX 2.75%/DEXTROSE 5%	\$0 (2)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (2)	B/D
CLINIMIX 4.25%/DEXTROSE 25%	\$0 (2)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (2)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (2)	B/D
CLINIMIX 5%/DEXTROSE 25%	\$0 (2)	B/D
CLINIMIX INJ 4.25/D10	\$0 (2)	B/D
CLINIMIX INJ 4.25/D20	\$0 (2)	B/D
FREAMINE HBC 6.9%	\$0 (2)	B/D
FREAMINE III	\$0 (2)	B/D
HEPATAMINE	\$0 (2)	B/D
INTRALIPID INJ 20%	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE	\$0 (2)	B/D
NUTRILIPID EMU 20%	\$0 (2)	B/D

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>premasol sol 6%</i>	\$0 (1)	B/D
<i>premasol sol 10%</i>	\$0 (2)	B/D
PROCALAMINE	\$0 (2)	B/D
PROSOL	\$0 (2)	B/D
<i>travasol 10</i>	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D

IV REPLACEMENT SOLUTIONS

DEXTROSE 2.5%/NACL 0.45%	\$0 (1)	
DEXTROSE 5%	\$0 (1)	
DEXTROSE 5% /ELECTROLYTE	\$0 (2)	
DEXTROSE 5%/LACTATED RING	\$0 (1)	
DEXTROSE 5%/NACL 0.2%	\$0 (1)	
DEXTROSE 5%/NACL 0.3%	\$0 (1)	
DEXTROSE 5%/NACL 0.9%	\$0 (1)	
DEXTROSE 5%/NACL 0.33%	\$0 (1)	
DEXTROSE 5%/NACL 0.45%	\$0 (1)	
DEXTROSE 5%/NACL 0.225%	\$0 (1)	
DEXTROSE 5%/POTASSIUM CHL	\$0 (1)	
DEXTROSE 10% FLEX CONTAIN	\$0 (1)	
DEXTROSE 10%/NACL 0.2%	\$0 (2)	
DEXTROSE 10%/NACL 0.45%	\$0 (1)	
DEXTROSE 50%	\$0 (1)	
<i>dextrose inj 70%</i>	\$0 (1)	
IONOSOL-B/DEXTROSE 5%	\$0 (2)	
IONOSOL-MB/DEXTROSE 5%	\$0 (2)	
ISOLYTE P	\$0 (2)	
<i>isolyte s</i>	\$0 (2)	
KCL0.15%/D5W/NACL0.2%	\$0 (1)	
KCL0.15%/D5W/NACL0.225%	\$0 (2)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (1)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (1)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (1)	
KCL 0.075%/D5W/NACL 0.45%	\$0 (1)	
KCL IN NACL INJ .15-0.45	\$0 (1)	
KCL/D5W INJ 0.3%	\$0 (1)	
KCL/D5W/NACL INJ .15/.33%	\$0 (1)	
KCL/D5W/NACL INJ .15/.45%	\$0 (1)	
KCL/NACL INJ 0.3-0.9	\$0 (1)	
LACTATED RINGER'S INJ	\$0 (1)	
<i>normosol-m</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
NORMOSOL-R	\$0 (2)	
NORMOSOL-R IN D5W	\$0 (2)	
PLASMA-LYTE A	\$0 (2)	
PLASMA-LYTE-56/D5W	\$0 (2)	
PLASMA-LYTE-148	\$0 (2)	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml	\$0 (1)	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml	\$0 (1)	
POTASSIUM CHLORIDE 0.15%	\$0 (1)	
POTASSIUM CHLORIDE 0.22%	\$0 (1)	
<i>potassium chloride in nacl</i>	\$0 (1)	
RINGER'S	\$0 (1)	
SODIUM CHLORIDE SOLN 3%, 5%	\$0 (1)	
SODIUM CHLORIDE 0.45% VIA	\$0 (1)	
SODIUM CHLORIDE INJ 0.9%	\$0 (1)	

VITAMINS

<i>calcitriol</i> CAPS	\$0 (1)	B/D
<i>calcitriol inj</i>	\$0 (1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (1)	B/D
<i>paricalcitol</i> CAPS	\$0 (1)	B/D
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	\$0 (1)	

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-poly-neomycin-hc</i>	\$0 (1)	
<i>blephamide</i> OINT	\$0 (2)	
<i>neomycin-polymy-dexameth</i>	\$0 (1)	
<i>neomycin-polymyxin-hc (ophth)</i>	\$0 (1)	
<i>sulfacetamide sod-prednisolone</i>	\$0 (1)	
TOBRADEX OINT	\$0 (2)	
TOBRADEX ST	\$0 (2)	
<i>tobramycin-dexamethasone</i>	\$0 (1)	
ZYLET	\$0 (2)	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic)</i>	\$0 (1)	
<i>bacitracin-polymyxin b (ophth)</i>	\$0 (1)	
BESIVANCE	\$0 (2)	
CILOXAN OINT	\$0 (2)	

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<i>ciprofloxacin hcl (ophth)</i>	\$0 (1)	
<i>erythromycin (ophth)</i>	\$0 (1)	
<i>gatifloxacin (ophth)</i>	\$0 (1)	
<i>gentak</i>	\$0 (1)	
<i>gentamicin sulfate (ophth)</i>	\$0 (1)	
<i>ilotycin</i>	\$0 (1)	
MOXEZA	\$0 (2)	
NATACYN	\$0 (2)	
<i>neomycin-bacitracin zn-polymyxin</i>	\$0 (1)	
<i>neomycin-polymyxin-gramicidin</i>	\$0 (1)	
<i>ofloxacin (ophth)</i>	\$0 (1)	
<i>polymyxin b-trimethoprim</i>	\$0 (1)	
<i>sulfacetamide sodium (ophth)</i>	\$0 (1)	
<i>tobramycin (ophth)</i>	\$0 (1)	
TOBEX OINT	\$0 (2)	
<i>trifluridine SOLN</i>	\$0 (1)	
VIGAMOX	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX	\$0 (2)	
<i>bromfenac sodium (ophth)</i>	\$0 (1)	
BROMFENAC SODIUM (OPHTH)(ONCE-DAILY)	\$0 (1)	
<i>dexamethasone sodium phosphate (ophth)</i>	\$0 (1)	
<i>diclofenac sodium (ophth)</i>	\$0 (1)	
DUREZOL	\$0 (2)	
FLUOROMETHOLONE	\$0 (1)	
<i>flurbiprofen sodium</i>	\$0 (1)	
ILEVRO	\$0 (2)	
<i>ketorolac tromethamine (ophth)</i>	\$0 (1)	
LOTEMAX	\$0 (2)	
MAXIDEX	\$0 (2)	
NEVANAC	\$0 (2)	
PREDNISOLONE ACETATE (OPHTH)	\$0 (1)	
<i>prednisolone sodium phosphate (ophth)</i>	\$0 (2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine drop 0.05%</i>	\$0 (1)	
BEPREVE	\$0 (2)	
<i>cromolyn sodium (ophth)</i>	\$0 (1)	
LASTACFT	\$0 (2)	

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PATADAY	\$0 (2)	
PATANOL	\$0 (2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0 (2)	
AZOPT	\$0 (2)	
<i>betaxolol hcl (ophth)</i>	\$0 (1)	
BETOPTIC-S	\$0 (2)	
<i>brimonidine sol 0.2%</i>	\$0 (1)	
BRIMONIDINE SOL 0.15%	\$0 (1)	
<i>carteolol hcl (ophth)</i>	\$0 (1)	
COMBIGAN	\$0 (2)	
<i>dorzolamide hcl</i>	\$0 (1)	
<i>dorzolamide hcl-timolol maleate</i>	\$0 (1)	
ISTALOL	\$0 (2)	
<i>latanoprost SOLN</i>	\$0 (1)	
<i>levobunolol hcl .5%</i>	\$0 (1)	
LEVOBUNOLOL HCL .25%	\$0 (1)	
LUMIGAN	\$0 (2)	
<i>metipranolol</i>	\$0 (1)	
PHOSPHOLINE IODIDE	\$0 (2)	
PILOCARPINE HCL SOLN	\$0 (1)	
SIMBRINZA	\$0 (2)	
<i>timolol maleate (ophth)</i>	\$0 (1)	
TIMOLOL MALEATE GEL	\$0 (1)	
TRAVATAN Z	\$0 (2)	
MISCELLANEOUS		
<i>artificial tear ointment</i>	\$0 (3)	NM; *
<i>artificial tear solution</i>	\$0 (3)	NM; *
<i>carboxymethylcellulose sodium (ophth)</i>	\$0 (3)	NM; *
GENTEAL SEVERE	\$0 (3)	NM; *
<i>hypromellose (ophth)</i>	\$0 (3)	NM; *
ISOPTO TEARS	\$0 (3)	NM; *
MURO 128 SOLN 2%	\$0 (3)	NM; *
<i>naphazoline 0.1%</i>	\$0 (1)	
<i>polyethylene glycol-propylene glycol (ophth)</i>	\$0 (3)	NM; *
<i>polyvinyl alcohol SOLN</i>	\$0 (3)	NM; *
<i>polyvinyl alcohol-povidone (ophth)</i>	\$0 (3)	NM; *
PROLENSA	\$0 (2)	
<i>proparacaine hcl SOLN</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
REFRESH CELLUVISC	\$0 (3)	NM; *
REFRESH LIQUIGEL	\$0 (3)	NM; *
RESTASIS	\$0 (2)	QL (64 vials / 30 days)
<i>sodium chloride hypertonic</i>	\$0 (3)	NM; *
SYSTANE PRESERVATIVE FREE	\$0 (3)	NM; *
<i>white petrolatum-mineral oil</i>	\$0 (3)	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPTA	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	\$0 (1)	B/D

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium bromide SOLN</i>	\$0 (1)	B/D
<i>ipratropium bromide (nasal)</i>	\$0 (1)	
SPIRIVA HANDIHALER	\$0 (2)	QL (30 caps / 30 days)
SPIRIVA RESPIMAT	\$0 (2)	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR	\$0 (2)	QL (1 inhaler / 30 days)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ASTEPRO	\$0 (2)	
<i>azelastine hcl SOLN</i>	\$0 (1)	
<i>azelastine spr 0.1%</i>	\$0 (1)	
<i>cetirizine syrup</i>	\$0 (1)	
<i>diphenhydramine inj</i>	\$0 (1)	
<i>hydroxyzine hcl SOLN; TABS</i>	\$0 (2)	PA
<i>hydroxyzine pamoate CAPS</i>	\$0 (2)	PA
<i>levocetirizine dihydrochloride</i>	\$0 (1)	
<i>olopatadine hcl (nasal)</i>	\$0 (1)	
PATANASE	\$0 (2)	

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate NEBU</i>	\$0 (1)	B/D
<i>albuterol sulfate SYRP; TABS; TB12</i>	\$0 (1)	
FORADIL AEROLIZER	\$0 (2)	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	\$0 (1)	B/D
PERFOROMIST	\$0 (2)	B/D
PROAIR HFA	\$0 (2)	QL (2 inhalers / 30 days)
SEREVENT DISKUS	\$0 (2)	QL (1 inhaler / 30 days)
<i>terbutaline sulfate SOLN; TABS</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
XOPENEX HFA	\$0 (2)	QL (2 inhalers / 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium</i> CHEW; PACK; TABS	\$0 (1)	
<i>zafirlukast</i>	\$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium nebu</i>	\$0 (1)	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0 (1)	B/D
ARALAST NP	\$0 (2)	NM, LA, PA
AUVI-Q	\$0 (2)	
AYR NASAL DROPS	\$0 (3)	NM; *
DALIRESP	\$0 (2)	
EPIPEN 2-PAK	\$0 (2)	
EPIPEN-JR 2-PAK	\$0 (2)	
PROLASTIN-C	\$0 (2)	NM, LA, PA
PULMOZYME	\$0 (2)	B/D, NM
<i>saline</i> .65%	\$0 (3)	NM; *
XOLAIR	\$0 (2)	NM, LA, PA
ZEMAIRA	\$0 (2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal)</i>	\$0 (1)	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	\$0 (1)	QL (1 bottle / 30 days)
NASONEX	\$0 (2)	QL (2 bottles / 30 days)
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ASMANEX TWISTHALER 14 MET	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET	\$0 (2)	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME	\$0 (2)	QL (2 inhalers / 30 days)
<i>budesonide (inhalation)</i>	\$0 (1)	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	\$0 (2)	QL (4 inhalers / 30 days)
FLOVENT HFA	\$0 (2)	QL (2 inhalers / 30 days)
QVAR 40mcg/act	\$0 (2)	QL (1 inhaler / 30 days)
QVAR 80mcg/act	\$0 (2)	QL (2 inhalers / 30 days)
STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS	\$0 (2)	QL (1 inhaler / 30 days)

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ADVAIR HFA	\$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA	\$0 (2)	QL (1 inhaler / 30 days)
DULERA	\$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT	\$0 (2)	QL (1 inhaler / 30 days)

XANTHINES - DRUGS TO TREAT COPD

<i>aminophylline inj</i>	\$0 (1)	
<i>elixophyllin</i>	\$0 (2)	
<i>theo-24</i>	\$0 (2)	
<i>theophylline</i>	\$0 (1)	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>adapalene CREA</i>	\$0 (1)	
<i>adapalene GEL .1%</i>	\$0 (1)	
<i>amnestem</i>	\$0 (1)	
AVITA	\$0 (1)	
<i>benzoyl peroxide-erythromycin</i>	\$0 (1)	
<i>claravis</i>	\$0 (1)	
<i>clindamycin phosphate (topical) GEL; LOTN; SOLN; SWAB</i>	\$0 (1)	
<i>ery pad 2%</i>	\$0 (1)	
<i>erythromycin (acne aid)</i>	\$0 (1)	
<i>myorisan</i>	\$0 (1)	
<i>sulfacetamide sodium (acne)</i>	\$0 (1)	
<i>tretinoin CREA; GEL</i>	\$0 (1)	
<i>zenatane 10mg, 20mg, 40mg</i>	\$0 (1)	

DERMATOLOGY, ANTIBIOTICS

<i>bacitracin (topical)</i>	\$0 (3)	NM; *
<i>bacitracin zinc OINT</i>	\$0 (3)	NM; *
<i>bacitracin-polymyxin b</i>	\$0 (3)	NM; *
<i>gentamicin sulfate (topical)</i>	\$0 (1)	
<i>mafenide acetate PACK</i>	\$0 (1)	
<i>mupirocin OINT</i>	\$0 (1)	
<i>neomycin-bacitracin-polymyxin</i>	\$0 (3)	NM; *
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	\$0 (3)	NM; *
<i>neomycin-polymyxin w/ pramoxine</i>	\$0 (3)	NM; *
SILVER SULFADIAZINE CREA	\$0 (1)	
SSD	\$0 (1)	
SULFAMYLON CREA	\$0 (2)	

DERMATOLOGY, ANTIFUNGALS

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<i>ciclopirox</i> CREA; GEL; SUSP	\$0 (1)	
<i>ciclopirox shampoo</i> 1%	\$0 (1)	
<i>clotrimazole (topical)</i> CREA 1%	\$0 (1)	
<i>clotrimazole (topical)</i> CREA 1%	\$0 (3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0 (1)	
<i>clotrimazole (topical)</i> SOLN 1%	\$0 (3)	NM; *
<i>econazole nitrate</i> CREA	\$0 (1)	
FUNGOID TINCTURE SOLN	\$0 (3)	NM; *
<i>ketoconazole cream</i>	\$0 (1)	
<i>miconazole nitrate (topical)</i>	\$0 (3)	NM; *
<i>nyamyc</i>	\$0 (1)	
<i>nystatin (topical)</i>	\$0 (1)	
<i>nystop</i>	\$0 (1)	
<i>pedi-dri</i>	\$0 (1)	
<i>terbinafine hcl (topical)</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak</i>	\$0 (1)	
<i>proctosol hc cre</i> 2.5%	\$0 (1)	
<i>proctozone hc</i>	\$0 (1)	
PRUDOXIN CRE 5%	\$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (2)	PA
<i>calcipotriene</i> CREA; OINT; SOLN	\$0 (1)	
<i>calcitrene oin</i> 0.005%	\$0 (1)	
8-MOP	\$0 (2)	
TAZORAC CREA	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	\$0 (1)	
<i>selenium sulfide</i> LOTN	\$0 (1)	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir topical</i>	\$0 (1)	
DENAVIR	\$0 (2)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0 (1)	
<i>alclometasone dipropionate</i>	\$0 (1)	
<i>amcinonide</i> CREA; LOTN	\$0 (1)	
<i>amcinonide</i> OINT	\$0 (2)	
<i>apexicon</i>	\$0 (1)	
<i>betamethasone dipropionate (topical)</i>	\$0 (1)	

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<i>betamethasone dipropionate augmented</i>	\$0 (1)	
<i>betamethasone valerate</i> CREA; LOTN; OINT	\$0 (1)	
<i>clobetasol propionate</i> CREA	\$0 (1)	
<i>clobetasol propionate</i> GEL	\$0 (1)	
<i>clobetasol propionate</i> OINT	\$0 (1)	
<i>clobetasol propionate</i> SOLN	\$0 (1)	
DESONIDE CREA	\$0 (1)	
<i>desonide</i> LOTN; OINT	\$0 (1)	
<i>desoximetasone</i> CREA	\$0 (1)	
<i>desoximetasone</i> GEL	\$0 (1)	
DESOXIMETASONE OINT .05%	\$0 (1)	
<i>desoximetasone</i> OINT .25%	\$0 (1)	
<i>diflorasone diacetate</i>	\$0 (1)	
<i>fluocinolone acetonide</i> CREA; OINT; SOLN	\$0 (1)	
<i>fluocinolone acetonide body oil</i>	\$0 (1)	
<i>fluocinonide</i> CREA .05%	\$0 (1)	
<i>fluocinonide</i> GEL	\$0 (1)	
<i>fluocinonide</i> OINT	\$0 (1)	
<i>fluocinonide</i> SOLN	\$0 (1)	
<i>fluocinonide emulsified base</i>	\$0 (1)	
<i>fluticasone propionate</i> CREA	\$0 (1)	
<i>fluticasone propionate</i> OINT	\$0 (1)	
<i>halobetasol propionate</i>	\$0 (1)	
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	\$0 (1)	
<i>hydrocortisone (topical)</i> CREA .5%, 1%	\$0 (3)	NM; *
<i>hydrocortisone (topical)</i> LOTN 1%	\$0 (3)	NM; *
<i>hydrocortisone (topical)</i> LOTN 2.5%	\$0 (1)	
<i>hydrocortisone (topical)</i> OINT 1%	\$0 (3)	NM; *
<i>hydrocortisone (topical)</i> OINT 1%, 2.5%	\$0 (1)	
<i>hydrocortisone acetate (topical)</i>	\$0 (3)	NM; *
<i>hydrocortisone butyrate</i>	\$0 (1)	
<i>hydrocortisone valerate</i>	\$0 (1)	
<i>hydrocortisone-aloe vera</i>	\$0 (3)	NM; *
LOKARA LOTN 0.05%	\$0 (1)	
<i>mometasone furoate</i> CREA; OINT; SOLN	\$0 (1)	
<i>texacort soln 2.5%</i>	\$0 (2)	
<i>triamcinolone acetonide (topical)</i>	\$0 (1)	
<i>triderm</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
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DERMATOLOGY, LOCAL ANESTHETICS

<i>dibucaine</i>	\$0 (3)	NM; *
<i>dibucaine (rectal)</i>	\$0 (3)	NM; *
<i>lidocaine</i> CREA 4%	\$0 (3)	NM; *
<i>lidocaine</i> PTCH	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	\$0 (1)	
<i>lidocaine hcl</i> SOLN 4%	\$0 (1)	
<i>lidocaine oint</i> 5%	\$0 (1)	
<i>lidocaine-prilocaine</i>	\$0 (1)	B/D
NUPERCAINAL	\$0 (3)	NM; *

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALOE VESTA SKIN CONDITION	\$0 (3)	NM; *
<i>aluminum sulfate & calcium acetate</i>	\$0 (3)	NM; *
<i>ammonium lactate</i> CREA; LOTN	\$0 (1)	
BETADINE SKIN CLEANSER	\$0 (3)	NM; *
BETADINE SWAB AID	\$0 (3)	NM; *
BETADINE SWABSTICKS	\$0 (3)	NM; *
<i>capsaicin</i> CREA .025%, .075%	\$0 (3)	NM; *
CHLORHEXIDINE GLUCONATE LIQD 4%	\$0 (3)	NM; *
ELIDEL	\$0 (2)	PA
<i>fluorouracil (topical)</i> CREA 5%	\$0 (1)	
<i>fluorouracil (topical)</i> SOLN	\$0 (1)	
HEMORRHOIDAL OINT	\$0 (3)	NM; *
<i>imiquimod</i> CREA	\$0 (1)	
<i>laclotion lotn</i> 12%	\$0 (1)	
<i>lubricants</i>	\$0 (3)	NM; *
<i>metronidazole (topical)</i> CREA; LOTN	\$0 (1)	
<i>metronidazole gel</i> 0.75%	\$0 (1)	
PANRETIN	\$0 (2)	
<i>phenylephrine in hard fat</i>	\$0 (3)	NM; *
<i>podofilox</i> SOLN	\$0 (1)	
<i>povidone-iodine</i> OINT	\$0 (3)	NM; *
<i>povidone-iodine</i> SOLN	\$0 (3)	NM; *
<i>povidone-iodine</i> SWAB 10%	\$0 (3)	NM; *
PROSHIELD PLUS SKIN PROTE	\$0 (3)	NM; *
PROSHIELD PROTECTIVE HAND	\$0 (3)	NM; *
QC CALAMINE	\$0 (3)	NM; *
<i>rosadan cre</i> 0.75%	\$0 (1)	
<i>skin protectants, misc.</i>	\$0 (3)	NM; *

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Name of Drug	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SM CALAMINE	\$0 (3)	NM; *
TARGETIN GEL	\$0 (2)	NM, PA
TRIXAICIN	\$0 (3)	NM; *
VALCHLOR	\$0 (2)	NM, LA, PA
<i>vitamins a & d (topical)</i>	\$0 (3)	NM; *
VOLTAREN	\$0 (2)	
<i>zinc oxide (topical)</i>	\$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	\$0 (2)	
<i>malathion</i>	\$0 (1)	
<i>permethrin</i> CREA	\$0 (1)	
<i>permethrin</i> LOTN	\$0 (3)	NM; *
<i>pyrethrins-piperonyl butoxide</i>	\$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	\$0 (1)	
REGRANEX	\$0 (2)	PA
SANTYL	\$0 (2)	
SEA-CLENS WOUND CLEANSER	\$0 (3)	NM; *
SODIUM CHLORIDE 0.9%	\$0 (1)	
STERILE WATER IRRIGATION	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	\$0 (1)	
<i>chlorhexidine gluconate (mouth-throat)</i>	\$0 (1)	
<i>clotrimazole</i> TROC	\$0 (1)	
<i>lidocaine hcl (mouth-throat)</i>	\$0 (1)	
<i>nystatin (mouth-throat)</i>	\$0 (1)	
<i>periogard</i>	\$0 (1)	
<i>pilocarpine hcl (oral)</i>	\$0 (1)	
<i>triamcinolone acetonide (mouth)</i>	\$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic)</i>	\$0 (1)	
<i>acetic acid-aluminum acetate</i>	\$0 (1)	
<i>carbamide peroxide (otic)</i>	\$0 (3)	NM; *
CIPRODEX	\$0 (2)	
<i>fluocinolone acetonide (otic)</i>	\$0 (1)	
<i>neomycin-polymyxin-hc (otic)</i>	\$0 (1)	
<i>ofloxacin (otic)</i>	\$0 (1)	

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amlodipine besylate-valsartan tab 10-320
mg 15

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<i>colchicine w/ probenecid</i>	1	<i>delyla 28 day</i>	34
COLCRYS	1	DELZICOL.....	41
<i>colestipol hcl</i>	17	DEMSEER	20
<i>colistimethate sodium</i>	4	DENAVIR.....	57
<i>colocort enema 100mg</i>	41	DEPEN TITRATABS.....	34
COMBIGAN	53	DEPO-PROVERA INJ 400/ML.....	12
COMBIPATCH.....	37	<i>desipramine hcl</i>	24
COMBIVENT RESPIMAT	54	<i>desmopressin acetate spray</i>	39
COMETRIQ	12	<i>desmopressin acetate spray refrigerated</i>	39
COMPLERA	6	39
<i>compro</i>	40	<i>desmopressin acetate tabs</i>	39
COMVAX	47	<i>desmopressin inj 4mcg/ml</i>	39
<i>constulose</i>	41	DESMOPRESSIN SOL 0.01%	39
COPAXONE INJ 40MG/ML.....	30	<i>desogestrel-ethinyl estradiol (biphasic)</i> 34	

<i>desonide</i>	58	<i>diltiazem cap</i>	18
DESONIDE	58	<i>diltiazem cap 120mg/24hr</i>	18
<i>desoximetasone</i>	58	<i>diltiazem cap er/12hr</i>	18
DESOXIMETASONE	58	<i>diltiazem hcl</i>	18
<i>dexamethasone</i>	37	<i>diltiazem hcl coated beads</i>	18
<i>dexamethasone sodium phosphate</i>	37	<i>dilt-xr cap</i>	18
<i>dexamethasone sodium phosphate (ophth)</i>	52	<i>diltzac</i>	18
DEXILANT	43	<i>dimenhydrinate</i>	40
<i>dexrazoxane</i>	13	DIOVAN	16
<i>dextrose (diabetic use)</i>	38	DIPENTUM	41
DEXTROSE 10% FLEX CONTAIN	50	<i>diphenhydramine inj</i>	54
DEXTROSE 10%/NAACL 0.2%	50	<i>diphenoxylate w/ atropine</i>	42
DEXTROSE 10%/NAACL 0.45%	50	DIPHThERIA/TETANUS TOXOID	48
DEXTROSE 2.5%/NAACL 0.45%	50	<i>disopyramide phosphate</i>	16
DEXTROSE 5%	50	<i>disulfiram</i>	31
DEXTROSE 5% /ELECTROLYTE	50	DIURIL SUS 250/5ML	20
DEXTROSE 5%/LACTATED RING	50	<i>divalproex sodium</i>	22
DEXTROSE 5%/NAACL 0.2%	50	<i>docetaxel</i>	11
DEXTROSE 5%/NAACL 0.225%	50	DOCETAXEL	11
DEXTROSE 5%/NAACL 0.3%	50	<i>docusate calcium</i>	41
DEXTROSE 5%/NAACL 0.33%	50	<i>docusate sodium</i>	41
DEXTROSE 5%/NAACL 0.45%	50	<i>donepezil hydrochloride</i>	24
DEXTROSE 5%/NAACL 0.9%	50	<i>dorzolamide hcl</i>	53
DEXTROSE 5%/POTASSIUM CHL	50	<i>dorzolamide hcl-timolol maleate</i>	53
DEXTROSE 50%	50	<i>doxazosin mesylate</i>	15
<i>dextrose inj 70%</i>	50	<i>doxepin hcl</i>	25
<i>diazepam</i>	22	<i>doxorubicin hcl for inj 50 mg</i>	10
DIAZEPAM GEL	22	<i>doxorubicin hcl liposomal inj 2mg/ml</i> ..	10
<i>diazepam inj</i>	22	<i>doxorubicin inj 50mg</i>	10
<i>dibucaine</i>	59	<i>doxy inj</i>	10
<i>dibucaine (rectal)</i>	59	<i>doxycycline (monohydrate)</i>	10
<i>diclofenac potassium</i>	1	<i>doxycycline hyclate</i>	10
<i>diclofenac sodium</i>	1	<i>dronabinol</i>	40
<i>diclofenac sodium (ophth)</i>	52	<i>drospirenone-ethinyl estradiol</i>	34
<i>dicloxacillin sodium</i>	9	DROXIA	13
<i>dicyclomine hcl</i>	40	DULERA	56
<i>didanosine</i>	5	<i>duloxetine hcl</i>	25
DIFICID	9	DURAMORPH	2
<i>diflorasone diacetate</i>	58	DUREZOL	52
<i>diflunisal</i>	1	DYRENIUM	20
<i>digitek</i>	19	E	
<i>digoxin</i>	19	<i>e.e.s.</i>	9
DIGOXIN SOL 50MCG/ML	19	<i>e.e.s. 400</i>	9
<i>dihydroergotamine mesylate</i>	29	E.E.S. GRANULES	9
<i>dilantin</i>	22	<i>econazole nitrate</i>	57
DILANTIN-125 SUS 125/5ML	22	EDECRIIN	20
<i>dilt-cd cap</i>	18	EDURANT	5
		EFFIENT	46

ELIDEL.....	59	<i>estradiol valerate</i>	37
ELIQUIS.....	44	ESTRADIOL VALERATE	37
ELITEK.....	13	<i>ethambutol hcl</i>	6
<i>elixophyllin</i>	56	<i>ethosuximide</i>	22
ELLA.....	34	<i>etodolac</i>	1
ELMIRON	43	<i>etodolac er</i>	1
EMCYT.....	10	<i>etoposide</i>	14
EMEND CAP 125MG	40	EURAX	60
EMEND CAP 40MG	40	EVOTAZ	6
EMEND CAP 80MG	40	EXELON PATCHES.....	24
EMEND PAK 80 & 125	40	<i>exemestane</i>	12
<i>emoquette</i>	34	EXFORGE HCT/10- TAB 160-12.5.....	15
EMSAM	25	EXFORGE HCT/10- TAB 160-25.....	15
EMTRIVA.....	5	EXFORGE HCT/10- TAB 320-25.....	15
<i>enalapril maleate</i>	14	EXFORGE HCT/5- TAB 160-12.5.....	15
<i>enalapril maleate & hydrochlorothiazide</i>	14	EXFORGE HCT/5- TAB 160-25	15
<i>endocet</i>	2	EXFORGE TAB 10-160MG.....	16
ENGERIX-B.....	48	EXFORGE TAB 10-320MG.....	16
<i>enoxaparin sodium</i>	44	EXFORGE TAB 5-160MG	15
<i>enpresse 28 day</i>	34	EXFORGE TAB 5-320MG	15
<i>entacapone</i>	26	EXJADE	34
<i>entecavir</i>	7	EX-LAX	41
<i>enulose</i>	41	F	
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EPIPEN-JR 2-PAK.....	55	<i>falmina 28 day</i>	34
<i>epirubicin hcl</i>	11	<i>famciclovir</i>	7
<i>epitol</i>	22	<i>famotidine</i>	41
EPIVIR.....	5	<i>famotidine inj</i>	41
EPIVIR HBV	7	FANAPT.....	27
<i>eplerenone</i>	15	FANAPT TITRATION PACK	27
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ERIVEDGE	11	FAZACLO TAB 100/ODT.....	27
<i>errin 28 day</i>	34	FAZACLO TAB 12.5/ODT	27
<i>ery pad 2%</i>	56	FAZACLO TAB 150MG.....	27
ERYPED 200	9	FAZACLO TAB 200MG.....	27
ERYPED 400	9	FAZACLO TAB 25MG ODT.....	27
<i>ery-tab</i>	9	<i>felbamate</i>	22
<i>erythrocin lactobionate</i>	9	<i>felodipine</i>	18
<i>erythrocin stearate</i>	9	<i>fenofibrate</i>	17
<i>erythromycin (acne aid)</i>	56	<i>fenofibrate micronized</i>	17
<i>erythromycin (ophth)</i>	52	<i>fenofibrate micronized cap</i>	17
<i>erythromycin base</i>	9	<i>fentanyl</i>	2
<i>erythromycin cap 250mg ec</i>	9	<i>fentanyl citrate</i>	2
<i>escitalopram oxalate</i>	25	<i>ferrous sulfate</i>	45
<i>esomeprazole sodium inj</i>	43	FERROUS SULFATE	45
<i>estradiol</i>	37	<i>ferrous sulfate dried</i>	45
		FETZIMA	25

FETZIMA TITRATION PACK	25
<i>finasteride</i>	43
FIRAZYR	45
FLEBOGAMMA	46
FLEBOGAMMA DIF	46
<i>flecainide acetate</i>	16
FLOVENT DISKUS	55
FLOVENT HFA	55
<i>fluconazole</i>	5
<i>fluconazole in dextrose</i>	5
<i>fluconazole in nacl</i>	5
<i>flucytosine</i>	5
<i>fludarabine phosphate</i>	11
<i>fludrocortisone acetate</i>	37
<i>flunisolide (nasal)</i>	55
<i>fluocinolone acetonide</i>	58
<i>fluocinolone acetonide (otic)</i>	60
<i>fluocinolone acetonide body oil</i>	58
<i>fluocinonide</i>	58
<i>fluocinonide emulsified base</i>	58
FLUOROMETHOLONE	52
<i>fluorouracil</i>	11
<i>fluorouracil (topical)</i>	59
<i>fluoxetine hcl</i>	25
<i>fluphenazine decanoate</i>	27
<i>fluphenazine hcl</i>	27
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	52
<i>flutamide</i>	12
<i>fluticasone propionate</i>	58
<i>fluticasone propionate (nasal)</i>	55
<i>fluvoxamine maleate</i>	21
<i>fondaparinux sodium</i>	44
FORADIL AEROLIZER	54
FORTEO	39
FORTICAL	38
<i>foscarnet sodium</i>	7
<i>fosinopril sodium</i>	14
<i>fosinopril sodium & hydrochlorothiazide</i>	14
FOSRENOL	39
FREAMINE HBC 6.9%	49
FREAMINE III	49
FUNGOID TINCTURE	57
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<i>furosemide inj</i>	20
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<i>galantamine hydrobromide</i>	24
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GAMMAGARD LIQUID	46
GAMMAGARD S/D	46
GAMMAKED	46
GAMMAPLEX	46
GAMUNEX-C	46
GAMUNEX-C 1GM/10ML	46
<i>ganciclovir inj 500mg</i>	7
GARDASIL	48
<i>gatifloxacin (ophth)</i>	52
GAUZE PADS 2" X 2"	32
<i>gavilyte-g</i>	41
<i>gavilyte-c</i>	41
<i>gavilyte-n</i>	42
GAVISCON	39
<i>gemcitabine hcl</i>	11
GEMCITABINE HCL	11
<i>gemfibrozil</i>	17
<i>generlac</i>	42
<i>gengraf</i>	47
<i>gentak</i>	52
<i>gentamicin in saline</i>	3
<i>gentamicin sulfate</i>	3
<i>gentamicin sulfate (ophth)</i>	52
<i>gentamicin sulfate (topical)</i>	56
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GEODON	27
GIANVI	34
<i>gildagia</i>	34
<i>gildess 1.5/30 21 day</i>	34
GILENYA CAP 0.5MG	30
GILOTRIF TAB 20MG	12
GILOTRIF TAB 30MG	12
GILOTRIF TAB 40MG	12
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<i>glimepiride</i>	32
<i>glip/metform tab 5-500mg</i>	32
<i>glipizide</i>	32, 33
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	33
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	33
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<i>glycerin (laxative)</i>	42	<i>hydrocortisone (topical)</i>	58
<i>glycopyrrolate</i>	40	<i>hydrocortisone acetate (topical)</i>	58
<i>glycopyrrolate inj</i>	40	<i>hydrocortisone butyrate</i>	58
GOLYTELY	42	<i>hydrocortisone valerate</i>	58
<i>granisetron hcl</i>	40	<i>hydrocortisone-aloe vera</i>	58
GRANIX	45	<i>hydromorphon inj 10mg/ml</i>	2
<i>griseofulvin microsize</i>	5	<i>hydromorphone hcl</i>	2
<i>griseofulvin ultramicrosize</i>	5	<i>hydroxychloroquine sulfate</i>	46
<i>guanfacine hcl (adhd)</i>	29	<i>hydroxyurea</i>	13
H		<i>hydroxyzine hcl</i>	54
<i>halobetasol propionate</i>	58	<i>hydroxyzine pamoate</i>	54
<i>haloperidol</i>	27	<i>hypromellose (ophth)</i>	53
<i>haloperidol decanoate</i>	27	I	
<i>haloperidol lactate</i>	27	<i>ibandronate sodium</i>	33
<i>haloperidol lactate oral conc 2 mg/ml</i> ..	27	IBRANCE	11
HARVONI	7	<i>ibuprofen</i>	1
HAVRIX.....	48	<i>ibuprofen tab 800 mg</i>	1
<i>heather</i>	34	ICLUSIG	12
HEMORRHOIDAL	59	<i>idarubicin hcl</i>	11
<i>heparin sod inj 1000/ml</i>	44	IFEX	10
<i>heparin sod inj 10000/ml</i>	44	<i>ifosfamide inj 1gm</i>	10
HEPARIN SOD INJ 2000/ML	44	<i>ifosfamide inj 1gm/20ml</i>	10
<i>heparin sod inj 20000/ml</i>	45	IFOSFAMIDE INJ 3GM	10
HEPARIN SOD INJ 2500/ML	44	<i>ifosfamide inj 3gm/60ml</i>	10
<i>heparin sod inj 5000/ml</i>	44	ILEVRO	52
HEPARIN SODIUM/D5W	45	<i>ilotycin</i>	52
HEPARIN SODIUM/NAACL 0.45%.....	45	IMBRUVICA CAP 140MG	12
HEPATAMINE	49	<i>imipenem-cilastatin</i>	4
HERCEPTIN	11	<i>imipramine hcl</i>	25
HEXALEN	10	<i>imiquimod</i>	59
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<i>hydralazine hcl</i>	20	INSULIN SYRINGE	32
<i>hydrochlorothiazide</i>	20	INTELENCE	5
<i>hydroco/apap tab 10-325mg</i>	2	INTRALIPID INJ 20%	49
<i>hydroco/apap tab 5-325mg</i>	1	INTRALIPID INJ 30%	49
<i>hydroco/apap tab 7.5-325</i>	1	INTRON-A INJ 10MU	46
<i>hydrocodone-acetaminophen 7.5-325</i>		INTRON-A INJ 18MU	46
<i>mg/15ml</i>	2	INTRON-A INJ 25MU	47
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 2		INTRON-A INJ 50MU	47
<i>hydrocortisone</i>	37	<i>introvale 91 day</i>	34

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INVIRASE.....	5	KALETRA TAB 100-25MG	6
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INVOKAMET TAB 50-500MG.....	33	KCL 0.15%/D5W/NACL 0.9%	50
INVOKANA	33	KCL 0.3%/D5W/NACL 0.45%	50
IONOSOL-B/DEXTROSE 5%	50	KCL 0.3%/D5W/NACL 0.9%	50
IONOSOL-MB/DEXTROSE 5%	50	KCL IN NACL INJ .15-0.45	50
IPOL INACTIVATED IPV	48	KCL/D5W INJ 0.3%.....	50
<i>ipratropium bromide</i>	54	KCL/D5W/NACL INJ .15/.33%	50
<i>ipratropium bromide (nasal)</i>	54	KCL/D5W/NACL INJ .15/.45%	50
<i>ipratropium-albuterol nebu</i>	54	KCL/NACL INJ 0.3-0.9	50
<i>irinotecan hcl</i>	14	KCL0.15%/D5W/NACL0.2%	50
ISENTRESS	5	KCL0.15%/D5W/NACL0.225%.....	50
ISOLYTE P	50	<i>ketoconazole</i>	5
<i>isolyte s</i>	50	<i>ketoconazole cream</i>	57
<i>isoniazid</i>	6	<i>ketoconazole shampoo</i>	57
<i>isoniazid inj 100 mg/ml</i>	7	<i>ketoprofen</i>	1
<i>isoniazid syz 50mg/5ml</i>	7	<i>ketorolac tromethamine (ophth)</i>	52
ISOPTO TEARS.....	53	<i>kionex</i>	34
<i>isosorb mononitrate tab</i>	20	KLOR-CON 10	48
<i>isosorbide dinitrate</i>	20	KLOR-CON 8	48
<i>isosorbide mononitrate er tab</i>	20	<i>klor-con m15</i>	48
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J		<i>laclotion lotn 12%</i>	59
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JALYN	43	<i>lactulose</i>	42
<i>jantoven</i>	45	<i>lactulose (encephalopathy)</i>	42
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<i>larin 1/20</i>	35	<i>lidocaine-prilocaine</i>	59
<i>larin fe 1.5/30</i>	35	<i>linezolid</i>	4
<i>larin fe 1/20</i>	35	LINZESS CAP 145MCG.....	42
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<i>latanoprost</i>	53	<i>liothyronine sodium</i>	39
LATUDA	27	<i>lisinopril</i>	14
LAZANDA SPR 100MCG	2	<i>lisinopril & hydrochlorothiazide</i>	14
LAZANDA SPR 400MCG	2	LITHIUM.....	30
LEENA	35	<i>lithium carbonate</i>	30
<i>leflunomide</i>	46	<i>lithium carbonate er</i>	30
<i>lessina 28 day</i>	35	LOKARA LOTN 0.05%.....	58
LETAIRIS	21	LOMUSTINE	10
<i>letrozole</i>	12	<i>loperamide hcl</i>	40, 42
<i>leucovorin calcium</i>	13, 14	<i>lorazepam</i>	21
<i>leucovorin calcium for inj 500 mg</i>	14	<i>lorcet hd tab 10-325mg</i>	2
LEUKERAN.....	10	<i>lorcet plus tab 7.5-325</i>	2
LEUKINE	45	<i>lorcet tab 5-325mg</i>	2
<i>leuprolide acetate</i>	12	<i>lortab tab 10-325mg</i>	2
<i>levabuterol conc 1.25mg/0.5ml</i>	54	<i>lortab tab 5-325mg</i>	2
LEVEMIR	32	<i>lortab tab 7.5-325</i>	2
LEVEMIR FLEXTOUCH.....	32	<i>loryna 28 day</i>	35
<i>levetiracetam</i>	23	<i>losartan potassium</i>	16
<i>levobunolol hcl</i>	53	<i>losartan-hctz 100-12.5mg</i>	16
LEVOBUNOLOL HCL	53	<i>losartan-hctz 100-25mg</i>	16
<i>levocarnitine (metabolic modifiers)</i>	36	<i>losartan-hctz 50-12.5mg</i>	16
<i>levocetirizine dihydrochloride</i>	54	LOTEMAX	52
<i>levofloxacin</i>	9	LOTRONEX	42
<i>levofloxacin in d5w</i>	9	<i>lovastatin</i>	17
<i>levofloxacin inj 25mg/ml</i>	9	<i>low-ogestrel 28 day</i>	35
<i>levofloxacin oral soln 25 mg/ml</i>	9	<i>loxapine succinate</i>	27
<i>levonest 28 day</i>	35	<i>lubricants</i>	59
<i>levonorgestrel (emergency oc)</i>	35	LUMIGAN	53
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	35	LUMIZYME	36
<i>levora 0.15/30 28 day</i>	35	LUPR DEP-PED INJ 30MG (3-MONTH) .	12
<i>levothyroxine sodium</i>	39	LUPRON DEPOT.....	12
LEVOXYL.....	39	LUPRON DEPOT INJ 11.25 MG	12
LEXIVA	6	LUPRON DEPOT-PED	12
LIALDA	41	<i>lutera 28 day</i>	35
<i>lidocaine</i>	59	LYNPARZA	11
<i>lidocaine hcl</i>	59	LYRICA	23
<i>lidocaine hcl (local anesth.)</i>	3	LYSODREN	12
<i>lidocaine hcl (mouth-throat)</i>	60	<i>lyza</i>	35
<i>lidocaine inj 0.5%</i>	3	M	
<i>lidocaine inj 1%</i>	3	<i>mafenide acetate</i>	56
<i>lidocaine inj 1.5%</i>	3	<i>magnesium hydroxide</i>	42
<i>lidocaine inj 2%</i>	3	<i>magnesium sulfate</i>	48
<i>lidocaine oint 5%</i>	59	MAGNESIUM SULFATE	48, 49
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<i>malathion</i>	60	<i>methylpred tab 8mg</i>	37
<i>maprotiline hcl</i>	25	<i>metipranolol</i>	53
<i>marlissa 28 day</i>	35	<i>metoclopramide hcl</i>	40
MARPLAN TAB 10MG.....	25	<i>metoclopramide inj</i>	40
MATULANE	13	<i>metolazone</i>	20
MAXIDEX	52	<i>metoprolol & hctz tab 100-25mg</i>	17
<i>meclizine hcl</i>	40	<i>metoprolol & hctz tab 100-50mg</i>	17
<i>medroxyprogesterone acetate 150 mg/ml</i>	35	<i>metoprolol & hctz tab 50-25mg</i>	17
<i>medroxyprogesterone acetate tab</i>	39	<i>metoprolol succinate</i>	18
<i>mefloquine hcl</i>	5	<i>metoprolol tartrate</i>	18
MEGACE ES	12	<i>metronidazole</i>	4
<i>megestrol acetate</i>	12	<i>metronidazole (topical)</i>	59
MEKINIST	13	<i>metronidazole gel 0.75%</i>	59
<i>meloxicam</i>	1	<i>metronidazole in nacl</i>	4
MELOXICAM	1	<i>metronidazole vaginal</i>	44
<i>melphalan hcl</i>	10	<i>mexiletine hcl</i>	16
MENACTRA	48	MIACALCIN.....	38
MENOMUNE-A/C/Y/W-135	48	<i>miconazole nitrate (topical)</i>	57
MENVEO	48	<i>miconazole nitrate vaginal</i>	44
<i>mercaptopurine</i>	11	<i>microgestin 1.5/30 21 day</i>	35
<i>meropenem</i>	4	<i>microgestin 1/20 21 day</i>	35
<i>mesalamine enema</i>	41	<i>microgestin fe 1.5/30 28 day</i>	35
<i>mesalamine w/ cleanser</i>	41	<i>microgestin fe 1/20 28 day</i>	35
<i>mesna</i>	14	<i>midodrine hcl</i>	20
MESNEX.....	14	<i>minitran</i>	20
<i>metadate tab 20mg er</i>	29	<i>minocycline hcl</i>	10
<i>metformin hcl</i>	33	<i>minoxidil</i>	20
<i>methadone hcl</i>	2	<i>mirtazapine</i>	25
<i>methazolamide</i>	20	<i>misoprostol</i>	42
<i>methenamine hippurate</i>	4	<i>mitomycin</i>	11
<i>methimazole</i>	39	<i>mitoxantrone hcl</i>	13
<i>methotrexate sodium inj</i>	11	M-M-R II W/DILUENT 10 DOS.....	48
<i>methotrexate sodium tabs</i>	46	<i>moderiba 800 dose pack</i>	7
<i>methyclothiazide</i>	20	<i>moderiba pak 1000/day</i>	7
<i>methylcellulose (laxative)</i>	42	<i>moderiba pak 1200/day</i>	7
<i>methylergonovine maleate</i>	38	<i>moderiba pak 600/day</i>	7
<i>methylphenidate hcl</i>	29	<i>moderiba tab 200mg</i>	7
<i>methylphenidate hcl oral soln</i>	29	<i>moexipril hcl</i>	14
<i>methylpr ace inj 40mg/ml</i>	37	<i>moexipril-hydrochlorothiazide</i>	14
<i>methylpr ace inj 80mg/ml</i>	37	<i>mometasone furoate</i>	58
<i>methylpr ss inj 125mg</i>	37	MONONESSA	35
<i>methylpr ss inj 1gm</i>	37	<i>montelukast sodium</i>	55
<i>methylpr ss inj 40mg</i>	37	<i>morphine ext-rel tab</i>	2
<i>methylpred pak 4mg</i>	37	<i>morphine sul inj</i>	2
<i>methylpred tab 16mg</i>	37	MORPHINE SUL INJ.....	2
<i>methylpred tab 32mg</i>	37	<i>morphine sulfate</i>	2
<i>methylpred tab 4mg</i>	37	MORPHINE SULFATE	3
		<i>morphine sulfate beads</i>	3

<i>morphine sulfate cap 100mg er</i>	3	<i>neomycin-polymyxin w/ pramoxine</i>	56
MORPHINE SULFATE ORAL SOL.....	3	<i>neomycin-polymyxin-gramicidin</i>	52
MOVIPREP.....	42	<i>neomycin-polymyxin-hc (ophth)</i>	51
MOXEZA	52	<i>neomycin-polymyxin-hc (otic)</i>	60
MOZOBIL	45	NEORAL	47
MULTAQ.....	16	NEPHRAMINE	49
<i>mupirocin</i>	56	NEUMEGA.....	45
MURO 128.....	53	NEUPOGEN	45
MUSTARGEN.....	10	NEUPRO	26
<i>my way</i>	35	NEVANAC	52
MYCAMINE	5	<i>nevirapine</i>	6
<i>mycophenolate mofetil</i>	47	NEVIRAPINE	6
<i>mycophenolate sodium</i>	47	NEXAVAR	13
<i>myorisan</i>	56	NEXIUM CAP 20MG	43
MYOZYME.....	37	NEXIUM CAP 40MG	43
MYRBETRIQ.....	43, 44	NEXIUM GRA 10MG DR.....	43
<i>myzilra</i>	35	NEXIUM GRA 2.5MG DR.....	43
N		NEXIUM GRA 20MG DR.....	43
<i>nabumetone</i>	1	NEXIUM GRA 40MG DR.....	43
<i>nadolol</i>	18	NEXIUM GRA 5MG DR	43
<i>nafcillin sodium</i>	9	<i>next choice one dose</i>	35
NAGLAZYME	37	<i>niacin (antihyperlipidemic)</i>	17
<i>naloxone hcl</i>	31	<i>niacor</i>	17
<i>naltrexone hcl</i>	31	<i>nicardipine hcl</i>	18
NAMENDA SOL 10MG/5ML	24	<i>nicotine</i>	31
NAMENDA TAB.....	24	NICOTINE.....	31
NAMENDA XR.....	24	<i>nicotine polacrilex</i>	31
NAMENDA XR TITRATION PACK.....	24	NICOTROL INHALER.....	31
<i>naphazoline 0.1%</i>	53	NICOTROL NS	31
<i>naproxen</i>	1	<i>nifedical</i>	18
<i>naproxen sodium</i>	1	<i>nifedipine</i>	19
<i>naratriptan hcl</i>	29	<i>nifedipine er</i>	19
NASONEX.....	55	<i>nikki 28 day</i>	35
NATACYN	52	NILANDRON.....	12
<i>nateglinide</i>	33	<i>nimodipine</i>	19
NEBUPENT.....	4	NIPENT	11
<i>necon 0.5/35 28 day</i>	35	<i>nitro-bid</i>	20
<i>necon 1/35 28 day</i>	35	NITRO-DUR DIS 0.3MG/HR	20
<i>necon 10/11 28 day</i>	35	NITRO-DUR DIS 0.8MG/HR	20
NECON 7/7/7	35	<i>nitrofurantoin macrocrystal</i>	4
NECON TAB 1/50-28.....	35	<i>nitrofurantoin monohyd macro</i>	4
<i>nefazodone hcl</i>	25	<i>nitroglycerin</i>	20
<i>neomycin sulfate</i>	3	NITROLINGUAL PUMPSPRAY.....	20
<i>neomycin-bacitracin zn-polymyxin</i>	52	NITROSTAT	20
<i>neomycin-bacitracin-polymyxin</i>	56	NORA-BE TAB	35
<i>neomycin-bacitracin-polymyxin-pramoxin</i>		NORDITROPIN FLEXPRO	38
<i>e</i>	56	NORDITROPIN NORDIFLEX PEN.....	38
<i>neomycin-polymy-dexameth</i>	51	<i>norethindrone (contraceptive)</i>	35

<i>norethindrone acetate</i>	39	<i>ondansetron hcl</i>	40
<i>norgestimate-ethinyl estradiol (triphasic)</i>	35	<i>ondansetron hcl inj</i>	40
<i>norlyroc 28 day</i>	35	<i>ondansetron hcl oral soln</i>	40
<i>normosol-m</i>	50	<i>ondansetron odt</i>	40
NORMOSOL-R.....	51	ONFI.....	23
NORMOSOL-R IN D5W	51	<i>oral electrolytes</i>	49
NORPACE CR	16	ORAP	27
<i>nortrel 0.5/35 28 day</i>	35	ORFADIN.....	37
<i>nortrel 1/35 21 day</i>	35	<i>orsythia 28 day</i>	36
<i>nortrel 1/35 28 day</i>	35	<i>oxacillin sodium</i>	9
<i>nortrel 7/7/7 28 day</i>	35	<i>oxaliplatin</i>	13
<i>nortriptyline hcl</i>	25	<i>oxandrolone</i>	32
NORVIR	6	<i>oxcarbazepine</i>	23
NOVOLIN 70/30	32	<i>oxybutynin chloride</i>	44
NOVOLIN N	32	<i>oxycodone hcl</i>	3
NOVOLIN R	32	OXYCODONE HCL	3
NOVOLOG	32	<i>oxycodone hcl tab 5 mg</i>	3
NOVOLOG FLEXPEN	32	<i>oxycodone w/ acetaminophen 10-325mg</i>	3
NOVOLOG MIX 70/30	32	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3
NOVOLOG MIX 70/30 PREFILL.....	32	<i>oxycodone w/ acetaminophen 5-325mg</i> 3	
NOVOLOG PENFILL	32	<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3
NOXAFIL	5	P	
NUEDEXTA	30	<i>pacerone</i>	16
NULOJIX	47	<i>paclitaxel</i>	11
NULYTELY/FLAVOR PACKS	42	<i>pamidronate disodium</i>	33
NUPERCAINAL.....	59	PANRETIN	59
NUTRILIPID EMU 20%	49	<i>pantoprazole sodium tbec</i>	43
NUTRISOURCE FIBER.....	42	<i>paricalcitol</i>	51
NUVARING	35	<i>paromomycin sulfate</i>	3
NUVIGIL	31	<i>paroxetine hcl</i>	25
<i>nyamyc</i>	57	<i>paser d/r</i>	7
NYMALIZE	19	PATADAY.....	53
<i>nystatin</i>	5	PATANASE.....	54
<i>nystatin (mouth-throat)</i>	60	PATANOL.....	53
<i>nystatin (topical)</i>	57	PAXIL	25
<i>nystop</i>	57	<i>pedi-dri</i>	57
O		PEDVAX HIB	48
OCELLA TAB 3-0.03MG.....	35	PEG 3350/ELECTROLYTES.....	42
OCTAGAM	46	<i>peg 3350-kcl-sod bicarb-sod chloride-sod</i> <i>sulfate</i>	42
<i>octreotide acetate</i>	38	<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i>	42
<i>ofloxacin (ophth)</i>	52	PEGANONE	23
<i>ofloxacin (otic)</i>	60	PEG-INTRON.....	47
<i>olanzapine</i>	27	PEG-INTRON REDIPEN	47
<i>olopatadine hcl (nasal)</i>	54		
OLYSIO.....	7		
<i>omega-3-acid ethyl esters</i>	17		
<i>omeprazole</i>	43		

PENICILLIN G POT IN DEXTROSE.....	10	<i>portia 28 day</i>	36
<i>penicillin g potassium</i>	10	<i>potassium chloride</i>	49, 51
<i>penicillin g procaine</i>	10	POTASSIUM CHLORIDE	49, 51
<i>penicillin g sodium</i>	10	POTASSIUM CHLORIDE 0.15%	51
<i>penicillin v potassium</i>	10	POTASSIUM CHLORIDE 0.22%	51
<i>penicillin gk inj 5mu</i>	10	POTASSIUM CHLORIDE ER.....	49
PENTAM 300.....	4	<i>potassium chloride in nacl</i>	51
PENTASA.....	41	<i>potassium chloride microencapsulated</i>	
<i>pentoxifylline</i>	45	<i>crystals cr</i>	49
PERFOROMIST	54	POTASSIUM CITRATE (ALKALINIZER) .	43
<i>perindopril erbumine</i>	14	POTIGA.....	23
<i>periogard</i>	60	<i>povidone-iodine</i>	59
<i>permethrin</i>	60	PRADAXA	45
<i>perphenazine</i>	27	<i>pramipexole dihydrochloride</i>	26
<i>phenelzine sulfate</i>	25	<i>pravastatin sodium</i>	17
<i>phenobarbital</i>	23	<i>prazosin hcl</i>	15
<i>phenobarbital sodium</i>	23	<i>pred sod pho sol 5mg/5ml</i>	37
PHENOBARBITAL SODIUM	23	PREDNISOLONE ACETATE (OPHTH)	52
<i>phenylephrine in hard fat</i>	59	<i>prednisolone sodium phosphate (ophth)</i>	
<i>phenytek</i>	23	52
<i>phenytoin</i>	23	<i>prednisolone sol 15mg/5ml</i>	37
<i>phenytoin sodium</i>	23	<i>prednisolone sol 25mg/5ml</i>	37
<i>phenytoin sodium extended</i>	23	<i>prednisolone syp 15mg/5ml</i>	37
<i>philith</i>	36	<i>prednisone con 5mg/ml</i>	37
PHOSLYRA.....	39	<i>prednisone pak 10mg</i>	37
PHOSPHOLINE IODIDE.....	53	<i>prednisone pak 5mg</i>	37
PILOCARPINE HCL	53	<i>prednisone sol 5mg/5ml</i>	37
<i>pilocarpine hcl (oral)</i>	60	<i>prednisone tab 10mg</i>	38
<i>pimtrea pack</i>	36	<i>prednisone tab 1mg</i>	38
<i>pindolol</i>	18	<i>prednisone tab 2.5mg</i>	38
<i>pioglitazone hcl</i>	33	<i>prednisone tab 20mg</i>	38
<i>piperacillin sodium-tazobactam sodium</i>	10	<i>prednisone tab 50mg</i>	38
<i>pirmella 1/35 28 day</i>	36	<i>prednisone tab 5mg</i>	38
<i>piroxicam</i>	1	PREMARIN CREAM	37
PLASMA-LYTE A	51	<i>premasol sol 10%</i>	50
PLASMA-LYTE-148.....	51	<i>premasol sol 6%</i>	50
PLASMA-LYTE-56/D5W.....	51	PRENATAL VITAMIN/FOLIC ACID > 0.8	
<i>podofilox</i>	59	MG (GENERIC)	51
<i>polyethylene glycol 3350</i>	42	<i>prevalite</i>	17
<i>polyethylene glycol-propylene glycol</i>		<i>previfem 28 day</i>	36
<i>(ophth)</i>	53	PREZCOBIX	6
<i>polymyxin b-trimethoprim</i>	52	PREZISTA.....	6
<i>polyvinyl alcohol</i>	53	PRIMAQUINE PHOSPHATE	5
<i>polyvinyl alcohol-povidone (ophth)</i>	53	<i>primidone</i>	23
POMALYST CAP 1MG.....	13	PRISTIQ.....	25
POMALYST CAP 2MG.....	13	PRIVIGEN.....	46
POMALYST CAP 3MG.....	13	PROAIR HFA	54
POMALYST CAP 4MG.....	13	<i>probenecid</i>	1

PROCALAMINE	50	RANEXA	20
<i>prochlorperazine inj</i>	40	<i>ranitidine hcl</i>	41
<i>prochlorperazine maleate</i>	40	<i>ranitidine hcl inj</i>	41
<i>prochlorperazine supp</i>	40	<i>ranitidine syrup</i>	41
PROCRIT	45	RAPAMUNE	47
<i>procto-pak</i>	57	REBETOL SOLN	7
<i>proctosol hc cre 2.5%</i>	57	<i>reclipsen 28 day</i>	36
<i>proctozone hc</i>	57	RECOMBIVAX HB	48
PROGLYCEM	38	REFRESH CELLUVISC	54
PROGRAF	47	REFRESH LIQUIGEL	54
PROLASTIN-C	55	REGRANEX	60
PROLENSA.....	53	RELENZA DISKHALER.....	7
PROLEUKIN	12	RELISTOR.....	42
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PROMACTA	45	REMICADE.....	46
<i>promethazine hcl</i>	40	REMODULIN.....	21
<i>propafenone hcl</i>	16	REVELA PAK 0.8GM.....	39
<i>proparacaine hcl</i>	53	REVELA PAK 2.4GM.....	39
<i>propranolol & hydrochlorothiazide</i>	17	REVELA TAB 800MG.....	39
<i>propranolol cap er</i>	18	<i>repaglinide</i>	33
<i>propranolol hcl</i>	18	RESCRIPTOR.....	6
<i>propylthiouracil</i>	39	RESTASIS.....	54
PROQUAD	48	RETROVIR IV INFUSION	6
PROSHIELD PLUS SKIN PROTE	59	REVATIO	21
PROSHIELD PROTECTIVE HAND.....	59	REVLIMID.....	47
PROSOL	50	REYATAZ	6
<i>protriptyline hcl</i>	25	<i>ribapak mis 600/day</i>	7
PRUDOXIN CRE 5%	57	<i>ribasphere</i>	7
<i>psyllium</i>	42	<i>ribasphere ribapak 1000</i>	7
PULMOZYME	55	<i>ribasphere ribapak 1200</i>	7
PURIXAN.....	11	<i>ribasphere ribapak 800</i>	7
<i>pyrazinamide</i>	7	<i>ribavirin 200mg</i>	7
<i>pyrethrins-piperonyl butoxide</i>	60	<i>rifabutin</i>	7
<i>pyridostigmine bromide</i>	30	<i>rifampin</i>	7
Q		RIFATER.....	7
QC CALAMINE.....	59	<i>riluzole</i>	30
<i>quasense 91 day</i>	36	<i>rimantadine hydrochloride</i>	7
<i>quetiapine fumarate</i>	27	RINGER'S	51
<i>quinapril hcl</i>	14	RIOMET.....	33
<i>quinapril-hydrochlorothiazide</i>	14	RISPERDAL INJ 12.5MG.....	28
<i>quinidine gluconate</i>	16	RISPERDAL INJ 25MG	28
<i>quinidine sulfate</i>	16	RISPERDAL INJ 37.5MG.....	28
<i>quinine sulfate</i>	5	RISPERDAL INJ 50MG	28
QVAR	55	<i>risperidone</i>	28
R		RITUXAN	12
RABAVERT	48	<i>rivastigmine tartrate</i>	24
<i>raloxifene hcl</i>	38	<i>rizatriptan benzoate</i>	29
<i>ramipril</i>	14	<i>ropinirole hydrochloride</i>	26

<i>rosadan cre 0.75%</i>	59	<i>sodium polystyrene sulfonate</i>	34
ROTARIX.....	48	SOLIA.....	36
ROTATEQ.....	48	SOLTAMOX.....	12
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<i>roxicet soln</i>	3	SOMATULINE DEPOT.....	38
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S		<i>sorine</i>	16
SABRIL.....	23	<i>sotalol hcl</i>	16
<i>saline</i>	55	<i>sotalol hcl (afib/afI)</i>	16
SANDIMMUNE.....	47	SOVALDI.....	7
SANDOSTATIN LAR DEPOT.....	38	SPIRIVA HANDIHALER.....	54
SANTYL.....	60	SPIRIVA RESPIMAT.....	54
SAPHRIS.....	28	<i>spironolactone</i>	15
SEA-CLENS WOUND CLEANSER.....	60	<i>spironolactone & hydrochlorothiazide</i> ..	20
<i>selegiline hcl</i>	26	<i>sprintec 28 day</i>	36
<i>selenium sulfide</i>	57	SPRYCEL.....	13
SELZENTRY.....	6	<i>sps susp 15gm/60ml</i>	34
<i>sennosides</i>	42	<i>sronyx</i>	36
SENNOSIDES.....	42	SSD.....	56
<i>sennosides-docusate sodium</i>	42	<i>stavudine</i>	6
SENSIPAR.....	33	STERILE WATER IRRIGATION.....	60
SEREVENT DISKUS.....	54	STIVARGA.....	13
SEROQUEL XR.....	28	STRATTERA.....	29
<i>sertraline hcl</i>	25	<i>streptomycin sulfate</i>	3
<i>sharobel 28 day</i>	36	STRIBILD.....	6
<i>sildenafil citrate (pulmonary hypertension)</i>	21	SUBOXONE MIS 12-3MG.....	31
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SILVER SULFADIAZINE.....	56	SUBOXONE MIS 4-1MG.....	31
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<i>simvastatin</i>	17	SUCRAID.....	42
<i>sirolimus</i>	47	<i>sucrafate</i>	42
SIROLIMUS.....	47	<i>sulfacetamide sodium (acne)</i>	56
SIRTURO.....	7	<i>sulfacetamide sodium (ophth)</i>	52
SIVEXTRO.....	4	<i>sulfacetamide sod-prednisolone</i>	51
<i>skin protectants, misc</i>	59	<i>sulfadiazine</i>	3
SM CALAMINE.....	60	<i>sulfamethoxazole-trimethoprim</i>	4
SM GLUCOSE.....	38	<i>sulfamethoxazole-trimethoprim inj</i>	4
<i>sodium bicarbonate (antacid)</i>	39	SULFAMYLON.....	56
SODIUM CHLORIDE.....	49, 51	<i>sulfasalazine</i>	41
SODIUM CHLORIDE 0.45% VIA.....	51	<i>sulfasalazine ec</i>	41
SODIUM CHLORIDE 0.9%.....	60	<i>sulindac</i>	1
<i>sodium chloride hypertonic</i>	54	SUMATRIPTAN.....	30
SODIUM CHLORIDE INJ 0.9%.....	51	<i>sumatriptan succinate</i>	30
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN.....	49	SUMATRIPTAN SUCCINATE.....	30
<i>sodium phenylbutyrate</i>	37	<i>sumatriptan succinate inj</i>	30
<i>sodium phosphates</i>	42	SUMATRIPTAN SUCCINATE INJ.....	30
		<i>suprax</i>	8
		SUPRAX.....	8

SUPREP BOWEL PREP.....	42	<i>terbinafine hcl</i>	5
SURMONTIL CAP 100MG.....	26	<i>terbinafine hcl (topical)</i>	57
SURMONTIL CAP 25MG.....	25	<i>terbutaline sulfate</i>	54
SURMONTIL CAP 50MG.....	25	<i>terconazole vaginal</i>	44
SUSTIVA.....	6	TESTIM.....	32
SUTENT.....	13	<i>testosterone cypionate</i>	32
SYLATRON KIT 296MCG.....	13	<i>testosterone enanthate</i>	32
SYLATRON KIT 444MCG.....	13	TETANUS TOXOID ADSORBED.....	48
SYLATRON KIT 888MCG.....	13	TETANUS/DIPHThERIA TOXOID.....	48
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SYMLINPEN 120.....	32	<i>texacort soln 2.5%</i>	58
SYMLINPEN 60.....	32	THALOMID.....	47
SYNAGIS.....	48	<i>theo-24</i>	56
SYNAREL.....	36	<i>theophylline</i>	56
SYNERCID.....	4	<i>thioridazine hcl</i>	28
SYNTHROID.....	39	<i>thiothixene</i>	28
SYPRINE.....	34	<i>tiagabine hcl</i>	23
SYSTANE PRESERVATIVE FREE.....	54	TIKOSYN.....	17
T		<i>timolol maleate</i>	18
TABLOID.....	11	<i>timolol maleate (ophth)</i>	53
<i>tacrolimus</i>	47	TIMOLOL MALEATE GEL.....	53
TAFINLAR.....	13	<i>tioconazole vaginal</i>	44
TAMIFLU.....	7	TIVICAY.....	6
<i>tamoxifen citrate</i>	12	<i>tizanidine hcl</i>	31
<i>tamsulosin hcl</i>	43	TOBRADEX.....	51
TARCEVA.....	13	TOBRADEX ST.....	51
TARGRETIN.....	13, 60	<i>tobramycin</i>	3
<i>tarina fe tab 1/20</i>	36	<i>tobramycin (ophth)</i>	52
TASIGNA.....	13	<i>tobramycin sulfate</i>	3
<i>tazicef</i>	8	<i>tobramycin sulfate in saline</i>	3
<i>tazicef vial</i>	8	<i>tobramycin-dexamethasone</i>	51
TAZORAC.....	57	TOBREX.....	52
<i>taztia</i>	19	TOLTERODINE TARTRATE CAP ER.....	44
TEFLARO.....	8	<i>tolterodine tartrate tabs</i>	44
TEGRETOL.....	23	<i>topiramate</i>	23
TEGRETOL-XR.....	23	<i>toposar</i>	14
TEKAMLO 300-10MG.....	19	<i>topotecan hcl</i>	14
TEKAMLO TAB 150-10MG.....	19	<i>torseamide inj</i>	20
TEKAMLO TAB 150-5MG.....	19	<i>torseamide tabs</i>	20
TEKAMLO TAB 300-5MG.....	19	TOVIAZ.....	44
TEKURNA.....	19	TPN ELECTROLYTES.....	49
TEKURNA HCT TAB 150-12.5MG.....	19	TRACLEER.....	21
TEKURNA HCT TAB 150-25MG.....	19	TRADJENTA.....	33
TEKURNA HCT TAB 300-12.5MG.....	19	<i>tramadol hcl</i>	2
TEKURNA HCT TAB 300-25MG.....	19	<i>tramadol-acetaminophen</i>	2
<i>temazepam</i>	29	<i>trandolapril</i>	14
TENIVAC.....	48	<i>tranexamic acid</i>	45
<i>terazosin hcl</i>	15	TRANSDERM-SCOP.....	40

<i>tranylcypromine sulfate</i>	26	ULORIC.....	1
<i>travasol 10</i>	50	UNITHROID	39
TRAVATAN Z.....	53	<i>ursodiol</i>	43
<i>trazodone hcl</i>	26	V	
TREANDA.....	10	VAGIFEM.....	37
TRECATOR	7	<i>valacyclovir hcl</i>	8
TRELSTAR DEP INJ 3.75MG.....	12	VALCHLOR.....	60
TRELSTAR LA INJ 11.25MG	12	VALCYTE	8
<i>tretinoin</i>	56	<i>valganciclovir hcl</i>	8
<i>tretinoin (chemotherapy)</i>	13	<i>valproate sodium</i>	23
<i>triamcinolone acetonide (mouth)</i>	60	<i>valproic acid</i>	23
<i>triamcinolone acetonide (topical)</i>	58	<i>valsartan</i>	16
<i>triamterene & hydrochlorothiazide</i>	20	<i>valsartan & hctz tab 160-12.5mg</i>	16
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	20	<i>valsartan & hctz tab 160-25mg</i>	16
TRIBENZOR TAB 20-5-12.5MG	16	<i>valsartan & hctz tab 320-12.5mg</i>	16
TRIBENZOR TAB 40-10-12.5.....	16	<i>valsartan & hctz tab 320-25mg</i>	16
TRIBENZOR TAB 40-5-12.5MG	16	<i>valsartan & hctz tab 80-12.5mg</i>	16
TRIBENZOR TAB 40-5-25MG.....	16	<i>vancomycin hcl</i>	4
TRIBENZOR40- TAB 10-25MG	16	VANDAZOLE	44
<i>triderm</i>	58	VAQTA	48
<i>trifluoperazine hcl</i>	28	VARIVAX	48
<i>trifluridine</i>	52	VASCEPA.....	17
<i>trihexyphenidyl hcl</i>	26	VELCADE.....	12
<i>tri-legest 28 day</i>	36	<i>velivet 28 day</i>	36
<i>trilyte</i>	42	<i>venlafaxine hcl</i>	26
<i>trimethoprim</i>	4	<i>verapamil cap er</i>	19
TRINESSA	36	VERAPAMIL CAP ER.....	19
<i>tri-previfem 28 day</i>	36	<i>verapamil hcl</i>	19
TRISENOX	13	<i>verapamil tab er</i>	19
<i>tri-sprintec 28 day</i>	36	VERSACLOZ.....	28
TRIUMEO	6	VESICARE	44
<i>trivora 28 day</i>	36	<i>vestura</i>	36
TRIXAICIN.....	60	VIBRAMYCIN.....	10
TROPHAMINE INJ 10%.....	50	VICTOZA	32
<i>tropium chloride</i>	44	VICTRELIS.....	8
TRUMENBA.....	48	VIDEX PEDIATRIC.....	6
TRUVADA.....	6	VIGAMOX	52
TUDORZA PRESSAIR.....	54	VIIIBRYD.....	26
TWINRIX INJ	48	VIMPAT	23
TYBOST	6	<i>vinblastine sulfate</i>	11
TYGACIL	4	<i>vincasar</i>	11
TYKERB.....	13	<i>vincristine sulfate</i>	11
TYPHIM VI	48	<i>vinorelbine tartrate</i>	11
TYSABRI	30	<i>viorele</i>	36
TYZEKA.....	8	VIRACEPT.....	6
U		VIRAMUNE XR	6
UCERIS.....	41	VIREAD.....	6
		<i>vitamins a & d (topical)</i>	60

VITEKTA	6	ZAZOLE	44
VOLTAREN	60	ZELBORAF	13
<i>voriconazole</i>	5	ZEMAIRA	55
VOTRIENT	13	<i>zenatane</i>	56
<i>vyfemia 28 day</i>	36	<i>zenchent 28 day</i>	36
W		ZENPEP	43
<i>warfarin sodium</i>	45	ZETIA TAB 10MG	17
WELCHOL	17	ZIAGEN	6
<i>wheat dextrin</i>	42	<i>zidovudine</i>	6
<i>white petrolatum-mineral oil</i>	54	<i>zinc oxide (topical)</i>	60
X		<i>ziprasidone hcl</i>	28
XALKORI	13	ZMAX	9
XARELTO	45	<i>zoledronic inj 4mg/5ml</i>	33
XARELTO STARTER PACK	45	ZOLINZA	12
XENAZINE	30	<i>zolmitriptan</i>	30
XGEVA	38	<i>zolmitriptan odt</i>	30
XIFAXAN	43	<i>zolpidem tartrate</i>	29
XOLAIR	55	ZOMETA	33
XOPENEX HFA	55	<i>zonisamide</i>	24
XTANDI	12	ZONTIVITY	46
<i>xulane</i>	36	ZORTRESS	47
XYREM	31	ZORTRESS TAB 0.5MG	47
Y		ZORTRESS TAB 0.75MG	47
YF-VAX	48	ZOSTAVAX	48
Z		ZYDELIG	13
<i>zafirlukast</i>	55	ZYKADIA	13
<i>zarah</i>	36	ZYLET	51
ZAVESCA	37	ZYTIGA	12
<i>zazole</i>	44	ZYVOX	4

Helpful information

Aetna Better Health Premier Plan

One South Wacker Drive
Suite 1200, Mail Stop F646
Chicago, IL 60606

Member Services

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

Services for the Hearing Impaired

Illinois Relay 7-1-1

Enrollment and Application Services

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

Transportation Services

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

Dental Services

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

Behavioral Health Services

1-866-600-2139 (toll free)

Vision Services

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

Pharmacy Services

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

Prescriptions by Mail

CVS Caremark
PO Box 2110
Pittsburgh, PA 15230-2110
1-855-271-6603 (toll free)
TTY: 1-800-863-5488
Monday through Friday
8 a.m. to 8 p.m. EST

Language Interpretation Services

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

Appeals and Grievances

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

To make a request for a fair hearing:

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

Fraud and Abuse Hotline

1-877-436-8154 (toll free)