



QualityHealthPlans

of New York

where quality healthcare begins
www.qhpny.com

2017 Formulary

Advantage Silver NY
Advantage Health LI



Advantage Silver NY City
Advantage Health NYC
QHPNY 2017 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00017034, Version Number 17

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact us, Quality Health Plans of New York Member Services at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from February 15 to September 30, or visit <http://qhpnyc.com>.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Quality Health Plans of New York. When it refers to “plan” or “our plan,” it means Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual.

This document includes *a* list of the drugs (formulary) for our plan which is current as of 11/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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

What is the Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual Formulary?

A formulary is a list of covered drugs selected by Quality Health Plans of New York in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Quality Health plans of New York will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Quality Health plans of New York network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 11/01/2017. To get updated information about the drugs covered by Quality /Health Plans of New York, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, the changes are posted on our website, www.qualityhealthplansny.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 13 below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Quality Health Plans of New York covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Quality Health Plans of New York requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Quality Health Plans of New York before you fill your prescriptions. If you don't get approval, Quality Health Plans of New York may not cover the drug.
- **Quantity Limits:** For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 62 tabs per prescription for Celebrex. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Quality Health Plans of New York requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Quality Health Plans of New York may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Quality Health Plans of New York will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Quality Health Plans of New York to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Quality Health Plans of New York formulary?" on page 7 for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Quality Health Plans of New York pays for certain OTC drugs.

Item #	Product Description	Size	Price	NDC
First Aid and Medical Supplies				
1	Alcohol Prep Pads	100	\$3.39	49348-0896-10
2	Fabric Bandage Strips 3/4"	30	\$3.29	10939-0294-44
3	Calamine Lotion	180	\$3.59	62011-0114-01
4	Curity Gauze Pads Sterile 2" x 2"	200	\$3.99	08080-2146-00
5	Curity Gauze 4" x 4"	200	\$7.99	08080-2556-00
6	Hydrocortisone Cream 1%	28	\$3.89	00603-0535-50
7	Muscle Rub Cream	85	\$4.79	45802-0174-53
8	Salicylic Acid Liq. 12.24% (Corn/Callus Remover)	9	\$6.49	75137-0183-05
9	Fluoride Toothpaste/Brush	6.4 oz	\$3.99	48155-9081-92
10	Adult Diapers ATTENDS UNDRW SUP+ LGE	14	\$12.99	86679-0250-33
11	POLI-GRIP ULT FRESH ZNC/F	1.4 oz	\$5.99	31015-8054-60
12	Triple Antibiotic Ointment	28.4	\$4.69	62011-0098-01
Laxatives				
13	Bisacodyl Tab 5mg EC	100	\$4.29	00904-7927-60
14	Bisacodyl 10mg Suppositories	12	\$3.29	00713-0109-12
15	Docqlace Cap 100mg (Docusate Sodium)	100	\$4.49	00603-0150-21
16	Dok Plus Tab 8.6-50mg (Sennosides-Docusate Sodium)	100	\$4.99	00536-0355-01
17	Glycerin Suppositories 2gm	12	\$3.89	00132-0079-12
Anti-Fungals				
18	Clotrimazole Cream 1%	30	\$3.99	00904-7822-31
19	Tolnaftate Cream 1%	12	\$3.29	00904-0722-36
Digestive Aids				
20	Gas Free Cap 125mg (Simethicone)	30	\$3.95	00904-6460-46
21	Loperamide Cap 2mg	24	\$4.79	49348-0752-04
22	Pink Bismuth Chewable Tab 262mg (Bismuth Subsalicylate)	30	\$4.09	00904-1315-46
Eye Care				
23	Artificial Tears Solution 1.4% (Polyvinyl Alcohol)	15	\$4.49	00536-1084-94

Item #	Product Description	Size	Price	NDC
24	Eye Drops Extra Solution (Tetrahydrozoline with Polyethylene Glycol 0.05-1%)	15	\$3.29	62011-0102-01
Cough/Cold/Allergy				
25	Allergy Relief Tab 10mg (Loratadine)	30	\$4.69	49348-0818-44
26	Cetirizine Tab 10mg	30	\$9.99	00904-5852-46
27	DIAB/TUSS DM MAX/STR	118	\$7.99	61787-0064-04
28	Halls Cough Drops Menthol Sugar Free Lozenge 5.8mg	25	\$3.49	12546-0625-44
29	Halls Cough Drops Menthol Black Cherry Sugar Free Lozenge 5.8mg	25	\$3.49	12546-0625-42
30	Digital Thermometer	1	\$5.59	38703-0000-70
31	Mucinex DM Tab 30-600mg ER (Dextromethorphan-Guaifenesin)	20	\$12.99	63824-0056-32
32	Nasal Decongestant Spray 0.05% (Oxymetazone)	30	\$2.99	00904-5711-30
33	Phenol Liquid 1.4% (Sore Throat Spray)	177	\$3.69	00904-6305-21
34	Q-Dryl Cap 25mg (Diphenhydramine)	24	\$3.09	00603-0241-18
35	Saline Nasal Spray 0.65%	45	\$3.09	00536-2506-76
36	Tussin DM Syrup 10-100mg/5ml (Dextromethorphan-Guaifenesin)	237	\$4.49	62011-0091-02
37	Medicated Chest Rub Ointment	100	\$3.89	62011-0075-01
Anti-Hemorrhoidal				
38	Preparation H Ointment 1%	28	\$7.69	00573-2871-10
39	Hemorrhoidal Suppository 0.25%	12	\$4.99	00536-1389-12
Vitamins				
40	B-Complex Cap (100% RDA)	100	\$5.99	00536-4787-01
41	Cerovite Senior Multivitamin Tab	60	\$5.09	00536-3445-08
42	Tab-A-Vite Daily Multivitamin Tab	100	\$4.69	00904-0530-60
43	Echinacea Cap 400mg	100	\$6.09	30768-0003-39
44	Ferrous Sulfate Tab 325mg (Iron)	100	\$4.19	00904-7590-60
45	Fish Oil Cap 1,000mg (Omega 3)	100	\$6.79	00904-4043-60
46	Folic Acid Tab 800mcg	100	\$3.59	00536-3843-01
47	S/D GARLIC ODORL SFTGEL	100	\$6.99	30768-0004-08

Item #	Product Description	Size	Price	NDC
48	Glucosamine/Chondroitin/MSM Cap 500-400mg	60	\$12.99	00536-3111-08
49	Multivitamin with Iron Chewable Tab 15mg	100	\$4.89	00536-3449-01
50	Niacin Tab 500mg	100	\$4.69	00904-2272-60
51	Oyster Shell Tab 500mg (calcium Carbonate)	60	\$3.29	00904-1883-52
52	Oyster Shell + D Tab 250mg-125unit (Calcium Carbonate with Cholecalciferol)	100	\$3.89	00904-1882-60
53	Vitamin A Cap 10,000 unit	100	\$3.99	00904-2085-60
54	Vitamin B-12 Tab 100mcg	100	\$4.69	00536-3542-01
55	Vitamin C Tab 500mg (Ascorbic Acid)	100	\$4.49	00904-0523-60
56	Vitamin D 1000 IU Tab	100	\$4.89	00904-5824-60
57	Vitamin E Cap 400 unit	100	\$8.09	00904-0274-60
Pain Relievers				
58	Aspirin Tab 325mg	100	\$2.69	57896-0901-01
59	Aspirin Tab 325mg EC	100	\$3.09	00536-3313-01
60	Aspirin Tab 81mg EC	120	\$3.59	00603-0026-22
61	Aspirin Chewable Tab 81mg	36	\$2.89	00904-4040-73
62	Ibuprofen Tab 200mg	100	\$3.79	00904-7914-59
63	Icy Hot Patch 5%	5	\$5.39	41167-0008-41
64	MAPAP Tab 325mg (Acetaminophen)	100	\$3.19	00904-1982-60
65	MAPAP Tab 500mg (Acetaminophen)	100	\$3.89	00904-1988-60
66	Naproxen Sodium 220mg Tab	100	\$7.49	62011-0017-02
Antacids				
67	Calcium Antacid Chewable Tablet 500mg (Calcium Carbonate)	150	\$3.69	57896-0763-15
68	Famotidine 10mg Tab	30	\$4.59	00904-5529-87
69	Lansoprazole Cap 15mg DR	14	\$9.99	62011-0168-01
70	Omeprazole Tab 20mg	14	\$10.99	62011-0157-01
71	Ranitidine Tab 75mg	60	\$7.99	00904-6349-52
Motion Sickness				
72	Meclizine Chewable Tab 25mg	100	\$5.29	00536-1018-01

Item #	Product Description	Size	Price	NDC
Ear Care				
73	Carbamide Peroxide Otic Solution 6.5% (Ear Wax Drops)	15	\$3.19	00904-3220-35

Quality Health Plans of New York will provide these OTC drugs at no cost to you. The cost to Quality Health Plans of New York of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Quality Health Plans of New York does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Quality Health Plans of New York. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Quality Health Plans of New York.
- You can ask Quality Health Plans of New York to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Advantage Premium LI, Advantage Silver NY City, Advantage Health NY City or Advantage Value One NY -Dual Formulary?

You can ask Quality Health Plans of New York to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Quality Health Plans of New York will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with up to a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

A current member may have a change in his/her treatment setting due to the level of care required.

Such transitions include:

1. Members who are discharged from a hospital to a home;
2. Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to now use their Part D plan;
3. Members who give up Hospice Status and revert back to standard Medicare Part A and B coverage;
4. Members discharged from chronic psychiatric hospitals with highly individualized drug regimens;

For these unplanned transitions, members may need to request an exception or an appeal for continued coverage of their drug. In addition, Quality Health Plans of New York shall review requests for continuation of therapy on a case by case basis for members who have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks.

Quality Health Plans of New York may provide a transition fill up to a one-time thirty-one (31) day supply to allow the member time to transition to formulary alternative or to complete the coverage determination and exceptions process.

For more information

For more detailed information about your Quality Health Plans of New York prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Quality Health Plans of New York, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Quality Health Plans of New York's Formulary

The formulary below provides coverage information about the drugs covered by Quality Health Plans of New York. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

The information in the Requirements/Limits column tells you if Quality Health Plans of New York has any special requirements for coverage of your drug.

Abbreviations:

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CB: This prescription drug has a capped benefit limit.

EA: Each.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count 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 this drug.

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at 877-233-7058 7-days a week, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30. TTY users should call 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services 877-233-7058 7-days a week, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern Standard Time from February 15 to September 30. TTY users should call 711.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

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

QL: Quantity Limit. For certain drugs, Quality Health Plans of New York limits the amount of the drug that Quality Health Plans of New York will cover. For example, Quality Health Plans of New York provides 60 per prescription for Amitiza. This may be in addition to a standard one month or three-month supply.

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

Advantage Silver NY

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Generic	\$15	\$45	\$15	\$15	\$30	\$15
Tier 3 Preferred Brand	\$35	\$105	\$35	\$35	\$105	\$35
Tier 4 Non- Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 5 Specialty Tier	33%	Not Available	33%	33%	Not Available	33%

Advantage Health LI

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 Generic	\$10	\$30	\$10	\$10	\$20	\$10
Tier 3 Preferred Brand	\$30	\$90	\$30	\$30	\$90	\$30

Drug Tier	Retail 31-day	Retail 90-day	Long Term Care 31-day	Mail Order 31-day	Mail Order 90-day	Out of Network 31-day
Tier 4 Non-Preferred Brand	25%	25%	25%	25%	25%	25%
Tier 5 Specialty Tier	33%	Not Available	33%	33%	Not Available	33%

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
<i>butalbital/acetaminophen tabs 300mg; 50mg</i>	4	PA
GRALISE STARTER	4	QL (156 EA per 365 days)
GRALISE TABS 300MG	4	QL (180 EA per 30 days)
GRALISE TABS 600MG	4	QL (90 EA per 30 days)
<i>phrenilin forte caps 300mg; 50mg; 40mg</i>	4	PA
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium</i>	4	
<i>diclofenac sodium dr</i>	4	
<i>diclofenac sodium er</i>	4	
<i>diclofenac sodium xr</i>	4	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
<i>fenopropfen calcium tabs</i>	4	
<i>flurbiprofen tabs</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	PA
<i>indomethacin sr</i>	4	PA
INDOMETHACIN INJ	4	PA
<i>indomethacin caps</i>	4	PA
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 50mg, 75mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml, 300mg/10ml, 30mg/ml</i>	4	PA
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days) PA
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam susp</i>	2	
<i>nabumetone</i>	2	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr</i>	4	
<i>naproxen sodium er tb24 375mg</i>	4	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tabs</i>	1	
<i>naproxen susp</i>	2	
<i>oxaprozin</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam caps</i>	2	
<i>profeno</i>	4	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs</i>	4	
ZIPSOR	4	
Opioid Analgesics, Long-acting		
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	
EMBEDA	3	
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 450mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	
<i>fentanyl pt72 87.5mcg/hr</i>	5	
<i>hydromorphone hcl er t24a 12mg, 8mg</i>	4	
<i>hydromorphone hcl er t24a 16mg, 32mg</i>	5	
<i>hydromorphone hydrochloride er</i>	5	
INFUMORPH 200	4	
INFUMORPH 500	4	
<i>levorphanol tartrate tabs</i>	4	
<i>methadone hcl intensol</i>	2	
<i>methadone hcl conc, oral soln, tabs</i>	2	
<i>methadone hcl inj</i>	4	
<i>methadose sugar-free</i>	2	
<i>methadose conc 10mg/ml</i>	2	
<i>morphine sulfate cr tbcr 60mg</i>	2	
<i>morphine sulfate er cp24 10mg, 120mg, 20mg, 30mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg</i>	4	
<i>morphine sulfate er cp24 100mg</i>	5	
<i>morphine sulfate er tbcr</i>	2	
OPANA ER (CRUSH RESISTANT) T12A 10MG, 15MG, 20MG, 5MG, 7.5MG	3	
OPANA ER (CRUSH RESISTANT) T12A 30MG, 40MG	5	
<i>oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg</i>	4	
<i>oxycodone hcl er t12a 80mg</i>	5	
<i>oxymorphone hydrochloride er</i>	4	
<i>tramadol hcl er tb24</i>	2	
Opioid Analgesics, Short-acting		
ABSTRAL	5	PA
<i>acetaminophen/codeine soln</i>	1	
<i>acetaminophen/codeine tabs</i>	2	
<i>ascomp/codeine</i>	4	PA
<i>aspirin-caffeine-dihydrocodeine</i>	2	
<i>butalbital compound/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital/aspirin/caffeine/codeine</i>	4	PA
<i>butorphanol tartrate nasal soln</i>	2	
<i>butorphanol tartrate inj</i>	4	
<i>codeine sulfate tabs</i>	2	
<i>codeine/acetaminophen</i>	2	
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>endodan tabs 325mg; 4.835mg</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg, 400mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 600mcg, 800mcg</i>	5	PA
<i>fentanyl citrate inj 100mcg/2ml</i>	4	
<i>fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml</i>	4	B/D
FENTORA TABS 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 2.5mg</i>	2	
<i>hydrocodone/acetaminophen soln</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>hydrocodone/ibuprofen</i>	2	
<i>hydromorphone hcl dosette</i>	2	
<i>hydromorphone hcl liqd, tabs</i>	2	
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	2	
<i>ibudone tabs 5mg; 200mg</i>	2	
LAZANDA	5	PA
<i>lorcet</i>	2	
<i>lorcet hd</i>	2	
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	
<i>lortab tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>morphine sulfate oral soln, tabs</i>	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 15mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 150mg/30ml, 1mg/ml</i>	2	B/D
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	4	
<i>opium</i>	4	
<i>opium tincture tinc 1%</i>	4	
<i>oxycodone hcl caps, soln, tabs</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc</i>	4	
<i>oxycodone/acetaminophen soln</i>	2	
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	
<i>oxycodone/ibuprofen</i>	2	
<i>oxymorphone hydrochloride</i>	2	
<i>pentazocine/naloxone hcl</i>	4	PA
PRIMLEV	4	
<i>reprexain tabs 10mg; 200mg</i>	2	
<i>roxicet soln</i>	2	
SUBSYS	5	PA
<i>tramadol hcl tabs</i>	1	
<i>tramadol hydrochloride/acetaminophen</i>	2	
<i>vicodin es tabs 300mg; 7.5mg</i>	2	
<i>vicodin hp tabs 300mg; 10mg</i>	2	
<i>vicodin tabs 300mg; 5mg</i>	2	
<i>xylon</i>	2	

Anesthetics

Local Anesthetics

<i>chloroprocaine hydrochloride</i>	4	
<i>dermacinrx empricaine</i>	2	QL (30 EA per 30 days)
<i>glydo</i>	2	
<i>lidocaine and tetracaine cream</i>	4	
<i>lidocaine hcl jelly</i>	2	
<i>lidocaine hcl/dextrose ie soln 7.5%; 5%</i>	4	
<i>lidocaine hcl gel 2%</i>	2	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hcl external soln 4%</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine/epinephrine</i>	1	
<i>lidocaine/prilocaine kit</i>	2	QL (30 EA per 30 days)
<i>lidocaine/prilocaine crea</i>	2	QL (30 GM per 30 days)
<i>lidocaine oint</i>	4	
<i>lidocaine ptch</i>	4	PA
<i>lidopril</i>	2	QL (30 EA per 30 days)
<i>medolor pak</i>	2	QL (30 EA per 30 days)
PLIAGLIS	4	
<i>relador pak</i>	2	QL (30 EA per 30 days)
<i>relador pak plus</i>	2	QL (30 EA per 30 days)
<i>xylocaine dental inj</i>	1	

Anti-Addiction/Substance Abuse Treatment Agents

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	PA
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	4	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	
<i>naltrexone hcl tabs</i>	2	
SUBOXONE FILM 4MG; 1MG	4	QL (180 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	4	QL (360 EA per 30 days)
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	4	QL (180 EA per 30 days)
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBL 1.4MG; 0.36MG	4	QL (360 EA per 30 days)
ZUBSOLV SUBL 8.6MG; 2.1MG	4	QL (60 EA per 30 days)
ZUBSOLV SUBL 0.7MG; 0.18MG, 5.7MG; 1.4MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
NARCAN LIQD	3	
Smoking Cessation Agents		
<i>buproban</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl sr tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	4	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG, 1MG	4	QL (504 EA per 365 days)
NICOTROL INHALER	4	QL (2688 EA per 365 days)
NICOTROL NS	3	QL (360 ML per 365 days)
Anti-inflammatory Agents		
Nonsteroidal Anti-inflammatory Drugs		
<i>diclofenac sodium gel 3%</i>	5	
<i>sulindac tabs</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride</i>	2	
<i>gentamicin sulfate ophthalmic soln</i>	1	
<i>gentamicin sulfate crea, external oint, ophthalmic oint</i>	2	
<i>gentamicin sulfate inj 10mg/ml, 40mg/ml</i>	2	
<i>isotonic gentamicin</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate ophthalmic soln</i>	1	
<i>tobramycin sulfate inj</i>	2	
TOBREX OINT	4	
Antibacterials, Other		
ALCOHOL PREP PADS	3	
ALTABAX	4	
<i>baciim</i>	2	
<i>bacitracin inj, oint</i>	2	
BACTROBAN NASAL	4	
CENTANY AT	4	
<i>chloramphenicol sodium succinate</i>	4	
CLEOCIN SUPP	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin</i>	2	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate add-vantage</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
<i>clindamycin phosphate pharmacy bulk package</i>	2	
<i>clindamycin phosphate crea, gel, inj, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate foam</i>	4	
CLINDESSE	4	
<i>colistimethate sodium</i>	4	
CUBICIN	5	
DALVANCE	5	
<i>daptomycin</i>	5	
FLAGYL ER	4	
<i>lincomycin hcl inj</i>	2	
<i>linezolid susr</i>	4	QL (1800 ML per 30 days)
<i>linezolid tabs</i>	4	QL (56 EA per 28 days)
<i>linezolid inj 600mg/300ml</i>	4	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
METRO IV	4	
<i>metronidazole in nacl 0.79%</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps, crea, gel, lotn, tabs</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
MONUROL	4	
<i>mupirocin calcium</i>	2	
<i>mupirocin crea, oint</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 100mg</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 50mg</i>	4	QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate</i>	4	QL (180 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	QL (180 EA per 365 days)
<i>nitrofurantoin caps</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin susp</i>	4	QL (7200 ML per 365 days)
NORITATE	5	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
PRIMSOL	4	
<i>rosadan</i>	2	
ROSADAN KIT	4	
<i>silver sulfadiazine crea</i>	2	
SIVEXTRO	5	QL (6 EA per 30 days)
<i>ssd</i>	2	
SULFAMYLON CREA	4	
SYNERCID INJ 350MG; 150MG	5	
TIGECYCLINE	5	
<i>trimethoprim tabs</i>	1	
TRIMPEX SOLN	4	
TYGACIL	5	
<i>vancomycin hcl in dextrose</i>	2	
<i>vancomycin hcl caps</i>	4	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 500mg, 750mg</i>	2	
<i>vandazole</i>	2	
VIBATIV	4	
XIFAXAN	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	4	
<i>cefaclor caps</i>	4	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium inj 100gm, 10gm, 1gm, 1gm; 5%, 20gm, 300gm, 500mg</i>	2	
<i>cefazolin inj 2gm/100ml; 4%</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	4	
<i>cefotaxime sodium</i>	2	
<i>cefotetan/dextrose</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftibuten caps</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium</i>	2	
<i>ceftriaxone/dextrose</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	2	
SUPRAX CAPS, CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	5	
<i>zinacef inj 1.5gm; 0, 750mg</i>	2	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	4	
<i>azactam in iso-osmotic dextrose inj 1gm; 0</i>	4	
<i>aztreonam</i>	4	
<i>cefotetan</i>	2	
DORIBAX	4	
DORIPENEM	4	
<i>imipenem/cilastatin</i>	4	
INVANZ	4	
<i>meropenem</i>	2	
<i>meropenem/sodium chloride</i>	2	
VABOMERE	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcilin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium inj 1gm, 2gm</i>	4	
<i>oxacillin sodium inj 10gm</i>	5	
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g inj 5000000unit</i>	2	
<i>piperacillin sodium/ tazobactam sodium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
<i>piperacillin/tazobactam inj 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	2	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
Macrolides		
AZASITE	4	
<i>azithromycin tabs</i>	1	
<i>azithromycin pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
E.E.S. GRANULES	4	
<i>ery</i>	2	
ERY-TAB	3	
ERYPED 200	4	
ERYPED 400	4	
<i>erythrocin lactobionate inj 500mg</i>	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base</i>	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin stearate tabs 250mg</i>	4	
<i>erythromycin oint</i>	1	
<i>erythromycin gel, pads</i>	2	
<i>erythromycin cpep</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>ilotycin oint</i>	1	
KETEK	4	
PCE	4	
ZMAX	4	
Quinolones		
BAXDELA TABS	5	
BESIVANCE	3	
CILOXAN OINT	4	
<i>ciprofloxacin er</i>	2	
<i>ciprofloxacin hcl soln, tabs</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin inj, otic soln, susr</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin ophthalmic soln, tabs</i>	2	
<i>levofloxacin inj, oral soln</i>	4	
MOXEZA	3	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
MOXIFLOXACIN HCL INJ	4	
<i>moxifloxacin hcl ophthalmic soln, tabs</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	2	
<i>ofloxacin tabs 300mg, 400mg</i>	2	
VIGAMOX	3	
Sulfonamides		
<i>sodium sulfacetamide soln</i>	2	
<i>sodium sulfacetamide lotn</i>	4	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>sulfacetamide sodium susp</i>	4	
<i>sulfadiazine tabs</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<i>sulfamethoxazole/trimethoprim inj</i>	4	
<i>sulfatrim pediatric</i>	2	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
DORYX MPC	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
DORYX TBEC 200MG, 50MG	4	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 75mg</i>	2	
<i>doxycycline hyclate dr tbec 200mg, 50mg</i>	4	
<i>doxycycline hyclate caps, inj, tabs</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg, 75mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	4	
<i>doxycycline monohydrate tabs</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>minocycline hcl er</i>	2	
<i>minocycline hcl caps, tabs</i>	2	
<i>mondoxyne nl</i>	2	
MORGIDOX 1X100MG KIT	4	
<i>morgidox 1x100mg caps</i>	2	
<i>morgidox 1x50mg</i>	2	
MORGIDOX 2X100MG KIT	4	
<i>morgidox 2x100mg caps</i>	2	
OCUDOX	4	
TETRACYCLINE HCL CAPS 250MG, 500MG	4	
TETRACYCLINE HYDROCHLORIDE CAPS 500MG	4	
VIBRAMYCIN SYRP	4	

Anticonvulsants

Anticonvulsants, Other

APTIOM TABS 200MG	4	
APTIOM TABS 400MG, 600MG, 800MG	5	
BRIVIACT INJ	4	
BRIVIACT ORAL SOLN, TABS	5	
FYCOMPA	4	
<i>levetiracetam er</i>	2	
<i>levetiracetam tabs</i>	1	
<i>levetiracetam oral soln</i>	2	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML, 1500MG/100ML; 540MG/100ML, 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
<i>magnesium sulfate in d5w</i>	2	
POTIGA	5	
<i>roweepra</i>	1	
SPRITAM	4	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide</i>	2	
LYRICA SOLN	3	QL (900 ML per 30 days)

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 100MG, 150MG, 200MG, 225MG, 25MG, 300MG, 50MG, 75MG	3	QL (90 EA per 30 days)
zonisamide	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clonazepam odt tbdp 2mg	2	QL (300 EA per 30 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	2	QL (90 EA per 30 days)
clonazepam tabs	1	
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
diazepam rectal gel	4	
diazepam gel 10mg, 2.5mg, 20mg	4	
divalproex sodium dr	2	
divalproex sodium er	2	
divalproex sodium csdr	2	
gabapentin caps	1	
gabapentin soln	2	
gabapentin tabs 600mg, 800mg	2	
GABITRIL TABS 12MG, 16MG	4	
ONFI SUSP	5	
ONFI TABS 10MG	4	
ONFI TABS 20MG	5	
phenobarbital elix	2	PA
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	2	PA
primidone tabs	2	
SABRIL	5	PA
tiagabine hydrochloride	4	
valproate sodium inj	4	
valproic acid caps, soln	2	
vigabatrin	5	PA
Glutamate Reducing Agents		
felbamate tabs	4	
felbamate susp	5	
LAMICTAL STARTER/NOT TAKING	4	
CARBAMAZEPINE		
LAMICTAL STARTER/TAKING	5	
CARBAMAZEPINE/NOT TAKING VALPROATE		
LAMICTAL STARTER/TAKING VALPROATE	4	
lamotrigine er	4	
lamotrigine odt	4	
lamotrigine starter kit/blue	4	
lamotrigine starter kit/green	5	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	2	
<i>topiramate er</i>	4	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	2	
Sodium Channel Agents		
BANZEL	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
CARBATROL	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
DILANTIN CAPS	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	4	
PEGANONE TABS 250MG	4	
PHENYTEK	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	
<i>phenytoin chew, susp</i>	2	
TEGRETOL-XR	4	
TEGRETOL SUSP, TABS	4	
VIMPAT	4	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS	3	PA
NAMZARIC CP24 10MG; 14MG, 10MG; 28MG	3	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 5mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	4	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl</i>	2	
<i>memantine hcl titration pak</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride soln</i>	2	
NAMENDA	4	
NAMENDA TITRATION PAK	4	
NAMENDA XR	3	QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK	3	QL (56 EA per 365 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	5	QL (30 EA per 30 days) ST
<i>bupropion hcl er</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl xl tb24 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl xl tb24 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl tabs</i>	2	
FORFIVO XL	3	QL (30 EA per 30 days)
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>nefazodone hcl</i>	4	
<i>trazodone hcl tabs</i>	2	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
<i>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
TRINTELLIX	4	QL (30 EA per 30 days)
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
BRINTELLIX	4	QL (30 EA per 30 days)
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide soln</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DULOXETINE HCL CPEP 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate</i>	1	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine dr</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl caps</i>	1	
<i>fluoxetine hcl soln, tabs</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days)
KHEDEZLA TB24 100MG	4	QL (120 EA per 30 days) ST
KHEDEZLA TB24 50MG	4	QL (30 EA per 30 days) ST
<i>olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>paroxetine</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	2	
PAXIL SUSP	4	
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) ST
PRISTIQ TB24 100MG	4	QL (120 EA per 30 days)
PRISTIQ TB24 25MG, 50MG	4	QL (30 EA per 30 days)
<i>sertraline hcl tabs</i>	1	
<i>sertraline hcl conc</i>	2	
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
VIIBRYD TABS	4	QL (30 EA per 30 days)
VIIBRYD KIT	4	QL (60 EA per 365 days)
Tricyclics		
<i>amitriptyline hcl tabs</i>	4	PA
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>clomipramine hcl caps</i>	4	PA
<i>desipramine hcl tabs</i>	2	
<i>doxepin hcl caps, conc</i>	4	PA
<i>imipramine hcl tabs</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	4	PA
Antiemetics		
Antiemetics, Other		
AKYNZEO	4	QL (2 EA per 30 days)
<i>droperidol inj</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tabs</i>	1	
<i>phenadoz</i>	4	PA
<i>phenergan supp</i>	4	PA
<i>promethazine hcl inj, supp, syrp, tabs</i>	4	PA
<i>promethegan</i>	4	PA
<i>scopolamine</i>	2	
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl caps 300mg</i>	4	B/D
<i>Emetogenic Therapy Adjuncts</i>		
ALOXI INJ 0.25MG/5ML	4	
ANZEMET INJ	4	
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA
EMEND TRIPACK	4	QL (6 EA per 30 days) B/D
EMEND SUSR	4	QL (6 EA per 30 days) B/D
EMEND CAPS 40MG	4	QL (1 EA per 30 days) B/D
EMEND CAPS 125MG	4	QL (2 EA per 30 days) B/D
EMEND CAPS 80MG	4	QL (8 EA per 30 days) B/D
<i>granisetron hcl inj</i>	2	
<i>granisetron hcl tabs</i>	2	QL (30 EA per 30 days) B/D
<i>ondansetron hcl oral soln</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	2	QL (120 ML per 30 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron odt</i>	1	B/D
SANCUSO	5	QL (2 EA per 30 days)
SYNDROS	5	QL (120 ML per 30 days) PA
Antifungals		
<i>Antifungals</i>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D
CANCIDAS	5	
<i>caspofungin acetate</i>	5	
<i>ciclodan crea</i>	2	
<i>ciclodan soln</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine crea</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole crea</i>	1	
<i>clotrimazole soln, troc</i>	2	
CRESEMBA	5	
<i>econazole nitrate crea</i>	4	
ERAXIS	5	
EXELDERM	4	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in nacl</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
GYNAZOLE-1	4	
<i>itraconazole caps</i>	4	PA
JUBLIA	3	
<i>ketoconazole sham</i>	1	
<i>ketoconazole crea, tabs</i>	2	
<i>ketoconazole foam</i>	4	
<i>ketodan</i>	4	
LAMISIL PACK	4	
MENTAX	4	
<i>miconazole 3 supp</i>	2	
MYCAMINE INJ 50MG	4	
MYCAMINE INJ 100MG	5	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride</i>	4	
NAFTIN GEL	4	
NATACYN	4	
NOXAFIL INJ	4	
NOXAFIL SUSP, TBEC	5	
<i>nyamyc</i>	2	
<i>nyata powd</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin susp</i>	1	
<i>nystatin crea, oint, powd, tabs</i>	2	
<i>nystop</i>	2	
ONMEL	5	PA
<i>oxiconazole nitrate</i>	2	
OXISTAT LOTN	4	
SPORANOX SOLN	5	PA
<i>terbinafine hcl tabs</i>	1	QL (84 EA per 180 days)

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole</i>	2	
<i>voriconazole inj, tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>zazole</i>	2	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	
COLCHICINE TABS 0.6MG	3	
COLCRYS	3	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
ULORIC	3	ST
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
CAFERGOT TABS	4	
<i>dihydroergotamine mesylate inj</i>	5	
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days)
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	2	
MIGERGOT	4	
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>almotriptan malate</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>frovatriptan succinate</i>	4	QL (9 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (8 ML per 30 days)
<i>sumatriptan succinate tabs</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (8 ML per 30 days)
SUMATRIPTAN SOLN	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
MESTINON SYRP	5	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
REGONOL INJ 10MG/2ML	4	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	2	
<i>rifabutin</i>	2	
<i>Antituberculars</i>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>ethambutol hcl tabs</i>	2	
<i>isoniazid tabs</i>	1	
<i>isoniazid inj, syrp</i>	4	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	2	
<i>rifampin caps</i>	2	
<i>rifampin inj</i>	4	
RIFATER	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastic		
<i>Antineoplastics other</i>		
<i>hydroxyprogesterone caproate</i>	5	PA
Antineoplastics		
<i>Alkylating Agents</i>		
BENDEKA	5	
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
CYCLOPHOSPHAMIDE CAPS	4	B/D
<i>cyclophosphamide inj</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	2	
EVOMELA	5	
GLEOSTINE	4	
HEXALEN	5	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
KISQALI FEMARA 200 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE	5	QL (91 EA per 28 days) PA
LEUKERAN	4	
<i>lomustine</i>	4	
MATULANE	5	
<i>melphalan hydrochloride</i>	5	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
MUSTARGEN	5	
TEMODAR INJ	4	PA
TEPADINA	5	
<i>thiotepa inj 15mg</i>	5	
TREANDA	5	
VALCHLOR	5	PA
YONDELIS	5	
ZANOSAR	5	
Antiandrogens		
<i>bicalutamide</i>	2	
<i>flutamide</i>	2	
NILANDRON TABS 150MG	5	
<i>nilutamide</i>	5	
XTANDI	5	PA
ZYTIGA	5	PA
Antiangiogenic Agents		
POMALYST	5	PA
REVLIMID	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FARESTON	5	
FASLODEX INJ 250MG/5ML	5	
SOLTAMOX	4	
<i>tamoxifen citrate tabs</i>	2	
Antimetabolites		
<i>adrucil inj 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
ALIMTA	5	
ARRANON	4	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
CLOLAR	5	
<i>cytarabine aqueous</i>	2	B/D
DEPOCYT	5	B/D
DROXIA	4	
ELITEK	5	
<i>floxuridine</i>	4	B/D
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	PA
<i>gemcitabine</i>	4	
<i>gemcitabine hcl</i>	4	
<i>hydroxyurea caps</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	2	
NIPENT	5	
PURIXAN	5	
TABLOID	4	
VYXEOS	5	PA
<i>Antineoplastics, Other</i>		
ABRAXANE	5	
<i>adriamycin inj 2mg/ml</i>	2	B/D
<i>amifostine</i>	5	
<i>azacitidine</i>	5	
BELEODAQ	5	PA
<i>bleomycin sulfate</i>	2	B/D
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	2	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	2	
COSMEGEN	5	
COTELLIC	5	QL (90 EA per 30 days) PA
<i>daunorubicin hcl inj 5mg/ml</i>	4	
DAUNOXOME	5	
<i>decitabine</i>	5	PA
<i>dexrazoxane</i>	5	
DOCEFREZ INJ 20MG	5	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/0.5ml, 20mg/2ml, 20mg/ml, 80mg/2ml, 80mg/4ml, 80mg/8ml</i>	5	
<i>doxorubicin hcl liposome</i>	5	B/D
<i>doxorubicin hcl inj 10mg, 2mg/ml, 50mg</i>	2	B/D
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	2	
ERWINAZE	5	
FARYDAK	5	QL (6 EA per 21 days) PA
FLUDARABINE PHOSPHATE INJ 50MG/2ML	4	
<i>fludarabine phosphate inj 50mg</i>	4	
FUSILEV	5	
GILOTRIF	5	QL (30 EA per 30 days) PA
HALAVEN	5	PA
IBRANCE	5	PA
<i>idarubicin hcl</i>	5	
<i>irinotecan</i>	2	B/D
<i>irinotecan hydrochloride</i>	2	B/D
ISTODAX	5	PA
ISTODAX (OVERFILL)	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT	5	
JEVTANA	5	PA
KISQALI	5	QL (63 EA per 28 days) PA
LARTRUVO INJ 190MG/19ML	5	PA
<i>leucovorin calcium tabs</i>	2	
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	4	
<i>levoleucovorin calcium</i>	5	
LEVOLEUCOVORIN INJ 175MG	5	
<i>levoleucovorin inj 175mg/17.5ml, 250mg/25ml, 50mg</i>	5	
<i>lipodox</i>	5	B/D
<i>lipodox 50</i>	5	B/D
LYNPARZA	5	PA
<i>mesna</i>	2	
MESNEX TABS	5	
<i>mitomycin inj</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
NERLYNX	5	QL (180 EA per 30 days) PA
NINLARO	5	PA
ODOMZO	5	PA
ONCASPAR	5	
ONIVYDE	5	
<i>oxaliplatin inj 100mg/20ml, 50mg/10ml</i>	4	B/D
<i>oxaliplatin inj 100mg, 50mg</i>	5	B/D
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
PORTRAZZA	5	QL (100 ML per 21 days) PA
PROLEUKIN	5	
RUBRACA TABS 250MG	5	QL (120 EA per 30 days) PA
RYDAPT	5	QL (240 EA per 30 days) PA
SYLATRON	5	PA
SYNRIBO	5	PA
TAGRISSE	5	QL (30 EA per 30 days) PA
THERACYS INJ 81MG/VIAL	5	
TICE BCG	4	
TRIPTODUR	5	QL (1 EA per 168 days) PA
TRISENOX	4	
VALSTAR	5	
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG, 50MG	4	PA
VENCLEXTA TABS 100MG	5	PA
VERZENIO	5	QL (60 EA per 30 days) PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	
ZALTRAP	5	PA
ZEJULA	5	QL (90 EA per 30 days) PA
ZOLINZA	5	PA
ZYKADIA	5	PA
Antineoplastics		
DOCETAXEL INJ 200MG/10ML	4	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
KYPROLIS	5	PA
RUBRACA TABS 200MG, 300MG	5	QL (120 EA per 30 days) PA
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	
<i>topotecan hcl</i>	5	
ZYDELIG	5	PA
Molecular Target Inhibitors		
AFINITOR	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	5	PA
ALECENSA	5	QL (240 EA per 30 days) PA
ALIQOPA	5	PA
ALUNBRIG	5	QL (180 EA per 30 days) PA
BOSULIF	5	PA
CABOMETYX	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
ICLUSIG TABS 45MG	5	PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
IDHIFA	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
IRESSA	5	PA
JAKAFI	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
MEKINIST	5	PA
NEXAVAR	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA
TASIGNA	5	PA
TYKERB	5	PA
VOTRIENT	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
<i>Monoclonal Antibodies</i>		
ARZERRA	5	PA
AVASTIN	5	
BAVENCIO	5	PA
BESPONSA	5	PA
BLINCYTO	5	PA
CYRAMZA	5	PA
DARZALEX	5	PA
EMPLICITI	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN	5	PA
IMFINZI	5	PA
KADCYLA	5	PA
KEYTRUDA	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
MYLOTARG	5	PA
OPDIVO	5	PA
PERJETA	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
SYLVANT	5	PA
TECENTRIQ	5	PA
UNITUXIN	5	
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	B/D

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
YERVOY	5	PA
ZEVALIN Y-90	5	
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	
Antiparasitics		
Anthelmintics		
ALBENZA	5	
BILTRICIDE	3	
<i>ivermectin tabs</i>	2	
Antiprotozoals		
ALINIA	4	
<i>atovaquone</i>	5	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate tabs</i>	2	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	B/D
PENTAM 300	4	
<i>primaquine phosphate tabs</i>	2	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Pediculicides/Scabicides		
EURAX	4	
<i>lindane lotn, sham</i>	4	
<i>malathion</i>	4	
<i>permethrin crea</i>	2	
SKLICE	4	
ULESFIA	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj</i>	2	
<i>benztropine mesylate tabs</i>	4	PA
<i>trihexyphenidyl hcl</i>	4	PA
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
GOCOVRI	5	PA
<i>tolcapone</i>	5	
Dopamine Agonists		

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps, tabs</i>	4	
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl</i>	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	5	
RYTARY	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
<i>Ist Generation/Typical</i>		
<i>chlorpromazine hcl inj</i>	2	
<i>chlorpromazine hcl tabs</i>	4	
<i>compro</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl tabs</i>	1	
<i>fluphenazine hcl conc, elix, inj</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc</i>	1	
<i>haloperidol tabs</i>	2	
<i>loxapine succinate caps</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate inj</i>	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	4	PA
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tabs</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ABILIFY INJ	4	
<i>aripiprazole odt</i>	5	QL (60 EA per 30 days)
<i>aripiprazole soln</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg, 5mg</i>	4	QL (60 EA per 30 days)
ARISTADA	5	
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
FANAPT TABS 1MG, 2MG, 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	QL (60 EA per 30 days) ST
GEODON INJ	4	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 39MG/0.25ML, 78MG/0.5ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	5	
INVEGA TRINZA	5	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID	5	QL (60 EA per 30 days) PA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days)
<i>olanzapine tabs</i>	1	QL (30 EA per 30 days)
<i>olanzapine inj</i>	2	
<i>paliperidone er tb24 1.5mg, 3mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 150mg, 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	
<i>risperidone odt</i>	2	QL (60 EA per 30 days)
<i>risperidone tabs</i>	1	QL (60 EA per 30 days)
<i>risperidone soln</i>	2	QL (240 ML per 30 days)
SAPHRIS	4	QL (60 EA per 30 days) ST
VRAYLAR CPPK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPS	5	QL (30 EA per 30 days) ST

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
<i>clozapine tabs 100mg, 25mg</i>	2	QL (270 EA per 30 days)
VERSACLOZ	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>dantrolene sodium caps</i>	2	
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML, 40MG/20ML	5	B/D
<i>tizanidine hcl caps, tabs</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
VALCYTE SOLR	5	
<i>valganciclovir</i>	5	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	4	QL (600 ML per 30 days)
<i>entecavir</i>	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN	4	
INTRON A	5	PA
INTRON A W/DILUENT INJ 10MU	5	PA
<i>lamivudine tabs 100mg</i>	2	
TYZEKA	5	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET	5	QL (336 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents		
DAKLINZA TABS 60MG, 90MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 30MG	5	QL (504 EA per 365 days) PA
EPCLUSA	5	QL (84 EA per 365 days) PA
HARVONI	5	QL (168 EA per 365 days) PA
MODERIBA 1200 DOSE PACK	4	
MODERIBA 800 DOSE PACK	4	
<i>moderiba tabs</i>	4	
MODERIBA TBPK 0	4	
MODERIBA TBPK 0	5	
OLYSIO	5	QL (168 EA per 365 days) PA
PEG-INTRON REDIPEN	5	PA
PEG-INTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
PEGINTRON	5	PA
REBETOL SOLN	4	
RIBASPHERE RIBAPAK TABS 400MG	4	
<i>ribasphere ribapak tabs 600mg</i>	4	
RIBASPHERE RIBAPAK TBPK 0	4	
<i>ribasphere ribapak tbpk 0</i>	5	
<i>ribasphere caps</i>	2	
RIBASPHERE TABS 400MG	4	
<i>ribasphere tabs 200mg, 600mg</i>	4	
RIBATAB TBPK	4	
<i>ribatab tabs 400mg</i>	4	
<i>ribavirin caps 200mg</i>	2	
<i>ribavirin tabs 200mg</i>	4	
SOVALDI	5	QL (336 EA per 365 days) PA
TECHNIVIE	5	QL (168 EA per 365 days) PA
VIEKIRA PAK	5	QL (672 EA per 365 days) PA
VIEKIRA XR	5	QL (504 EA per 365 days) PA
VOSEVI	5	QL (84 EA per 365 days) PA
ZEPATIER	5	QL (112 EA per 365 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
ATRIPLA	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS CHEW 100MG	5	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VITEKTA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	2	
<i>nevirapine susp</i>	4	
ODEFSEY	5	QL (30 EA per 30 days)
RESCRIPTOR	4	
STRIBILD	5	QL (30 EA per 30 days)
SUSTIVA TABS	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA CAPS 200MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL (60 EA per 30 days)
<i>abacavir/lamivudine</i>	5	QL (30 EA per 30 days)
<i>abacavir soln</i>	2	
<i>abacavir tabs</i>	4	
DESCOVY	5	QL (30 EA per 30 days)
<i>didanosine</i>	2	
EMTRIVA	4	
EPZICOM	5	QL (30 EA per 30 days)
<i>lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	4	
RETROVIR IV INFUSION	4	
<i>stavudine</i>	2	
TRIUMEQ	5	QL (30 EA per 30 days)
TRUVADA	5	QL (30 EA per 30 days)
VIDEX PEDIATRIC	4	
VIREAD POWD	5	
VIREAD TABS 150MG	4	
VIREAD TABS 200MG, 250MG, 300MG	5	
ZERIT SOLR	4	
ZIAGEN SOLN	4	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
FUZEON	5	QL (60 EA per 30 days)
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG, 75MG	4	
SELZENTRY TABS 150MG, 300MG	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	5	
CRIXIVAN CAPS 200MG, 400MG	3	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE	5	
KALETRA SOLN	4	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
LEXIVA TABS	5	
<i>lopinavir/ritonavir</i>	2	
NORVIR	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	4	
REYATAZ CAPS	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl caps, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL (112 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (60 EA per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hcl</i>	2	
TAMIFLU CAPS 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPS 30MG	4	QL (112 EA per 365 days)
TAMIFLU CAPS 45MG	4	QL (60 EA per 365 days)
TAMIFLU SUSR 6MG/ML	4	QL (720 ML per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 1000mg, 500mg, 50mg/ml</i>	4	B/D
<i>acyclovir caps, tabs</i>	1	
<i>acyclovir oint, susp</i>	4	
DENAVIR	5	
<i>famciclovir tabs</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine soln</i>	2	
<i>valacyclovir hcl</i>	2	QL (120 EA per 30 days)
ZOVIRAX CREA	4	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs</i>	1	
Benzodiazepines		
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam intensol</i>	2	PA
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 25mg</i>	1	QL (360 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam oral soln 1mg/ml</i>	2	
<i>diazepam tabs 10mg, 2mg, 5mg</i>	1	
<i>estazolam</i>	2	QL (30 EA per 30 days) PA
<i>lorazepam intensol</i>	2	PA
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	1	PA
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>lorazepam tabs 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) PA
<i>midazolam hcl syrp</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	2	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose</i>	2	
BYDUREON	3	QL (4 EA per 28 days) ST
BYDUREON PEN	3	QL (4 EA per 28 days) ST
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 28 days) ST
BYETTA INJ 5MCG/0.02ML	4	QL (4.8 ML per 28 days) ST
CYCLOSET	4	
<i>glimepiride tabs 2mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride tabs 1mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide er tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide xl tb24 5mg</i>	1	QL (120 EA per 30 days)
<i>glipizide xl tb24 2.5mg</i>	1	QL (240 EA per 30 days)
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days)
<i>glipizide/metformin hcl tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days)
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized tabs 3mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide micronized tabs 1.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide micronized tabs 6mg</i>	2	QL (60 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide/metformin hcl tabs 1.25mg; 250mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 5mg</i>	2	QL (120 EA per 30 days) PA
<i>glyburide tabs 2.5mg</i>	2	QL (240 EA per 30 days) PA
<i>glyburide tabs 1.25mg</i>	2	QL (480 EA per 30 days) PA
GLYSET	4	ST
INVOKAMET XR	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 3 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) ST
JANUMET	3	QL (60 EA per 30 days) ST
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST
JANUVIA	3	ST
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) ST
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) ST
JENTADUETO	4	QL (60 EA per 30 days) ST

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TB24 5MG; 1000MG	4	QL (30 EA per 30 days) ST
JENTADUETO XR TB24 2.5MG; 1000MG	4	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST
<i>metformin hcl er tb24 500mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er tb24 750mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 500mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl tabs 1000mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl tabs 850mg</i>	1	QL (90 EA per 30 days)
<i>miglitol</i>	4	
<i>nateglinide</i>	1	
ONGLYZA	3	ST
<i>pioglitazone hcl-glimepiride</i>	2	QL (45 EA per 30 days)
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days)
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl tabs 30mg</i>	1	QL (45 EA per 30 days)
<i>pioglitazone hcl tabs 15mg</i>	1	QL (60 EA per 30 days)
<i>repaglinide</i>	1	
<i>repaglinide/metformin hydrochloride</i>	2	QL (150 EA per 30 days)
RIOMET	4	QL (765 ML per 30 days)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY XR TB24 10MG; 1000MG, 25MG; 1000MG	3	QL (30 EA per 30 days) ST
SYNJARDY XR TB24 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 500MG, 5MG; 500MG	3	QL (120 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST
<i>tolazamide tabs 500mg</i>	1	QL (120 EA per 30 days)
<i>tolazamide tabs 250mg</i>	1	QL (240 EA per 30 days)
<i>tolbutamide</i>	1	QL (180 EA per 30 days)
TRADJENTA	4	ST
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
<i>Glycemic Agents</i>		
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM	5	
<i>Insulins</i>		
AFREZZA	4	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO SOLOSTAR	3	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

ARGATROBAN INJ 250MG/2.5ML	4	
<i>argatroban inj 125mg/125ml; 0.9%, 250mg/250ml; 0.9%, 50mg/50ml</i>	4	
COUMADIN TABS	4	
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 100mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium inj 150mg/ml</i>	5	QL (35 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium/nacl 0.45%</i>	2	
<i>heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 2000unit/ml, 2500unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
PRADAXA	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
<i>warfarin sodium tabs</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 300MCG/ML, 500MCG/ML, 60MCG/ML	5	PA
GRANIX	5	PA
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	QL (38.4 ML per 365 days) PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	PA
NPLATE	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ZARXIO	5	PA
Coagulants		
<i>aminocaproic acid</i>	4	
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	4	
Platelet Modifying Agents		
AGGRENOX	4	
<i>aspirin/dipyridamole</i>	2	
BRILINTA	3	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dipyridamole tabs</i>	4	PA
EFFIENT	3	
<i>prasugrel</i>	2	
<i>ticlopidine hcl</i>	4	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl tabs</i>	1	
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hcl inj</i>	4	
CLORPRES	4	
<i>guanfacine hcl</i>	4	PA
<i>methyldopa/hydrochlorothiazide</i>	4	PA
<i>methyldopa tabs 250mg, 500mg</i>	4	PA
<i>methyldopate hcl</i>	4	
<i>midodrine hcl</i>	2	
<i>phenylephrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>prazosin hcl caps</i>	2	
Angiotensin II Receptor Antagonists		
BENICAR	3	
BENICAR HCT	3	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
EDARBI	4	
EDARBYCLOR	4	
ENTRESTO	3	QL (60 EA per 30 days)
<i>eprosartan mesylate</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	1	
<i>telmisartan/amlodipine</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>enalaprilat</i>	2	
EPANED	4	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>moexipril hcl</i>	1	
<i>moexipril/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
Antiarrhythmics		
<i>amiodarone hcl tabs</i>	1	
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>disopyramide phosphate caps</i>	4	PA
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	PA
<i>pacerone tabs 200mg</i>	1	
<i>procainamide hcl inj</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine gluconate er</i>	4	
<i>quinidine gluconate inj</i>	2	
<i>quinidine sulfate er</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hydrochloride</i>	5	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML, 2500MG/250ML; 5.9MG/ML	4	
BYSTOLIC	3	
<i>carvedilol</i>	1	
DUTOPROL	4	
<i>esmolol hcl inj 100mg/10ml</i>	4	
INNOPRAN XL	4	
<i>labetalol hcl inj</i>	1	
<i>labetalol hcl tabs</i>	2	
<i>metoprolol succinate er</i>	2	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5MG; 25MG	4	
<i>metoprolol tartrate inj</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol/bendroflumethiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl inj, oral soln, tabs</i>	2	
<i>propranolol/hydrochlorothiazide</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/valsartan/hctz</i>	2	
CARDIZEM LA TB24 120MG	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem cd</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er</i>	2	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 25mg/5ml, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps, inj</i>	4	
<i>nifedical xl</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	4	PA
<i>nimodipine caps</i>	5	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 60MG/20ML	5	
<i>taztia xt</i>	2	
<i>verapamil hcl cr</i>	1	
<i>verapamil hcl er tbc</i>	1	
<i>verapamil hcl er cp24</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl sr tbc 240mg</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl inj</i>	2	
Cardiovascular Agents, Other		
DEMSER	5	
<i>digitek tabs 0.125mg</i>	2	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	4	PA
<i>digoxin oral soln</i>	2	PA
<i>digoxin inj 0.25mg/ml</i>	4	PA
<i>digoxin tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	4	PA
<i>digox tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	4	PA
<i>dobutamine hcl</i>	2	B/D

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine hcl/d5w</i>	2	B/D
<i>dobutamine hydrochloride/dextrose</i>	2	B/D
<i>dobutamine/dextrose 5%</i>	2	B/D
<i>dopamine hcl</i>	2	B/D
<i>dopamine hydrochloride/dextrose</i>	2	B/D
<i>dopamine/d5w</i>	2	B/D
LANOXIN TABS 250MCG	4	PA
LANOXIN TABS 125MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	4	QL (30 EA per 30 days) PA
LANOXIN TABS 62.5MCG	4	QL (60 EA per 30 days)
<i>mannitol</i>	2	
<i>milrinone in dextrose inj 5%; 20mg/100ml, 5%; 40mg/200ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	4	B/D
<i>norepinephrine bitartrate</i>	2	
NORTHERA	5	PA
<i>osmitrol viaflex</i>	2	
<i>pentoxifylline cr</i>	4	
<i>pentoxifylline er</i>	4	
PRALUENT	5	QL (2 ML per 28 days) PA
RANEXA	3	
REPATHA	5	QL (3 ML per 28 days) PA
REPATHA SURECLICK	5	QL (3 ML per 28 days) PA
<i>Diuretics, Carbonic Anhydrase Inhibitors</i>		
<i>acetazolamide sodium</i>	2	
<i>acetazolamide tabs</i>	2	
<i>Diuretics, Loop</i>		
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	2	
EDECRIN TABS 25MG	5	
<i>ethacrynic acid tabs</i>	5	
<i>furosemide tabs</i>	1	
<i>furosemide inj, oral soln</i>	2	
<i>torsemide tabs</i>	1	
<i>torsemide inj</i>	2	
<i>Diuretics, Potassium-sparing</i>		
ALDACTAZIDE TABS 50MG; 50MG	4	
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
DYRENIUM	4	
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>triamterene/hydrochlorothiazide caps</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide tabs</i>	1	
<i>methyclothiazide tabs</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20MG, 40MG, 60MG	4	ST
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	2	
LIVALO	3	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	PA
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	3	
<i>ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	2	PA
JUXTAPID	5	QL (30 EA per 30 days) PA
KYNAMRO	5	QL (4 ML per 28 days) PA
<i>niacin er</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	4	
<i>prevalite</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM	5	QL (3.5 ML per 28 days) PA
<i>triklo</i>	4	
VASCEPA	4	
WELCHOL	3	
ZETIA	3	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	3	
DILATRATE SR	4	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	2	
NITRO-BID	4	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in 5% dextrose</i>	2	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin lingual</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
NITROMIST	4	
NITROSTAT SUBL	3	
RECTIV	4	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tabs</i>	1	
<i>hydralazine hcl inj</i>	4	
<i>minoxidil tabs</i>	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs</i>	2	QL (90 EA per 30 days)
DEXEDRINE TABS 5MG	4	QL (90 EA per 30 days) PA
<i>dexedrine tabs 10mg</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days) PA
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA
ZENZEDI TABS 15MG, 2.5MG, 20MG, 5MG, 7.5MG	4	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>clonidine hcl er</i>	4	
<i>dexmethylphenidate hcl</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 10mg, 15mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 20mg</i>	4	QL (60 EA per 30 days) PA
FOCALIN XR CP24 25MG, 35MG	4	QL (30 EA per 30 days) PA
<i>guanfacine er</i>	4	
<i>metadate er tbc 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl cd</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er (1a)</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er cpcr 20mg, 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er cp24</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tb24 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbc 10mg</i>	4	QL (180 EA per 30 days) PA
<i>methylphenidate hcl er tbc 18mg, 27mg, 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hcl er tbc 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hcl er tbc 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl sr</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl chew 10mg</i>	2	QL (180 EA per 30 days) PA
<i>methylphenidate hcl chew 2.5mg, 5mg</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hcl tabs</i>	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride</i>	4	PA
RITALIN LA CP24 10MG, 60MG	4	QL (30 EA per 30 days) PA
STRATTERA CAPS 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	4	QL (30 EA per 30 days) ST
STRATTERA CAPS 10MG	4	QL (60 EA per 30 days) ST
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine</i>	4	PA
<i>butalbital/acetaminophen/caffeine/codeine</i>	4	PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	PA
<i>butalbital/aspirin/caffeine caps</i>	4	PA
<i>caffeine citrate</i>	4	
<i>capacet</i>	4	PA
<i>cephadyn</i>	4	PA
HETLIOZ	5	QL (30 EA per 30 days) PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
<i>margesic</i>	4	PA
<i>marten-tab</i>	4	PA
NAMZARIC C4PK 10MG; 0	3	QL (56 EA per 365 days)
NAMZARIC CP24 10MG; 21MG, 10MG; 7MG	3	QL (30 EA per 30 days)
NUEDEXTA	4	
RADICAVA	5	PA
<i>riluzole</i>	2	PA
<i>tencon</i>	4	PA
<i>tetrabenazine</i>	5	PA
<i>vanatol lq</i>	4	PA
<i>zebotal caps 325mg; 50mg; 40mg</i>	4	PA
Fibromyalgia Agents		
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AMPYRA	5	QL (60 EA per 30 days) PA
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (15 EA per 30 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
EXTAVIA	5	QL (15 EA per 30 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa</i>	5	QL (30 ML per 30 days) PA
OCREVUS	5	PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK	5	QL (2 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TECFIDERA	5	QL (60 EA per 30 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA
TYSABRI	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN	5	
<i>cevimeline hcl</i>	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate soln</i>	1	
KEPIVANCE	5	
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl tabs 7.5mg</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Dermatological Agents</i>		
<i>acitretin caps 10mg, 25mg</i>	4	
<i>acitretin caps 17.5mg</i>	5	
<i>adapalene</i>	2	PA
<i>adapalene and benzoyl peroxide</i>	2	PA
<i>adapalene pump</i>	2	PA
<i>ammonium lactate crea, lotn</i>	2	
<i>amnesteem</i>	4	PA
<i>avita</i>	4	PA
<i>calcipotriene/betamethasone dipropionate</i>	4	QL (400 GM per 28 days)
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
CALCITRIOL OINT 3MCG/GM	4	
CARAC	4	
<i>claravis</i>	4	PA
<i>clindamycin phosphate/tretinoin</i>	4	PA
<i>clindamycin/benzoyl peroxide</i>	4	
CLODAN KIT	4	
<i>clotrimazole/betamethasone dipropionate</i>	2	
CONDYLOX GEL	4	
CORTISPORIN	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
CURITY GAUZE PADS 2"X2"	3	
<i>desonate</i>	2	
<i>diclofenac sodium gel 1%</i>	4	QL (1000 GM per 30 days)
<i>diclofenac sodium transdermal soln 1.5%</i>	4	PA
<i>doxepin hydrochloride</i>	4	
<i>doxycycline cpdr 40mg</i>	4	
DUPIXENT	5	QL (8 ML per 28 days) PA
ELIDEL	4	
EPIDUO	4	PA
EPIDUO FORTE	4	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin/benzoyl peroxide</i>	2	
FINACEA	3	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
FLUOROURACIL CREA 0.5%	4	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln 2%, 5%</i>	2	
<i>flurandrenolide oint 0.05%</i>	4	
<i>imiquimod crea</i>	2	
<i>methoxsalen caps</i>	5	
<i>myorisan</i>	4	PA
<i>neuac</i>	4	
NEUAC KIT	4	
ORACEA	4	
OXSORALEN	5	
PENNSAID SOLN 2%	4	PA
PICATO	5	
<i>podofilox soln</i>	2	
REGRANEX	5	PA
SANTYL	4	
<i>selenium sulfide shampoo</i>	1	
<i>selenium sulfide lotn</i>	1	
SILIQ	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYNALAR CREAM KIT	4	
SYNALAR OINTMENT KIT	4	
SYNALAR CREA	4	
TACLONEX SUSP	5	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	
TALTZ	5	PA
<i>tazarotene crea</i>	2	QL (100 GM per 30 days) PA
TAZORAC	4	QL (100 GM per 30 days) PA
TREMFYA	5	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
UVADEX	4	
VELTIN	4	PA
VEREGEN	5	
VOLTAREN	4	QL (1000 GM per 30 days)
<i>zenatane</i>	4	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA	5	
ZYCLARA PUMP	5	
Enzyme Replacement/Modifiers		
<i>Enzyme Replacement/Modifiers</i>		
ADAGEN	5	PA
ALDURAZYME	5	PA
BUPHENYL TABS	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON	3	
CYSTADANE	5	
CYSTAGON	4	
ELAPRASE	5	PA
FABRAZYME	5	PA
KANUMA	5	PA
KUVAN	5	PA
LUMIZYME	5	PA
MYOZYME	5	PA
NAGLAZYME	5	PA
NITYR	5	
ORFADIN SUSP 4MG/ML	5	
RAVICTI	5	PA
<i>sodium phenylbutyrate powd, tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
ZAVESCA	5	PA
ZENPEP	3	
Gastrointestinal Agents		
<i>Antispasmodics, Gastrointestinal</i>		
CUVPOSA	4	
<i>dicyclomine hcl caps, tabs</i>	1	
<i>dicyclomine hcl inj, oral soln</i>	2	
ENTYVIO	5	PA
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>glycopyrrolate tabs 1.5mg</i>	5	
<i>methscopolamine bromide</i>	4	
<i>propantheline bromide</i>	4	
<i>Gastrointestinal Agents, Other</i>		

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
CHENODAL	5	
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenatol</i>	4	
<i>diphenoxylate/atropine</i>	4	
ENDARI	5	PA
GATTEX	5	PA
<i>gavilyte-h</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl oral soln, tabs</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>metoclopramide odt</i>	4	
OICALIVA	5	QL (30 EA per 30 days) PA
PYLERA	4	
RELISTOR TABS	5	QL (90 EA per 30 days) PA
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
<i>ursodiol tabs</i>	4	
XERMELO	5	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	1	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml, 500mg/50ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>nizatidine caps</i>	1	
<i>nizatidine soln</i>	4	
<i>ranitidine hcl syrup</i>	1	
<i>ranitidine hcl caps</i>	2	
<i>ranitidine hcl inj 150mg/6ml, 50mg/2ml</i>	2	
<i>ranitidine hcl tabs 150mg, 300mg</i>	1	
Irritable Bowel Syndrome Agents		
<i>alosetron hydrochloride</i>	5	PA
AMITIZA	3	QL (60 EA per 30 days)
LINZESS	3	QL (30 EA per 30 days)
Laxatives		
<i>constulose</i>	2	
<i>enulose</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	1	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	
KRISTALOSE	4	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	2	
MOVIPREP	3	
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 pack, powd</i>	2	
PREPOPIK	4	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
Protectants		
CARAFATE SUSP	4	
<i>misoprostol</i>	2	
SUCRALFATE SUSP	4	
<i>sucralfate tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 EA per 30 days)
<i>esomeprazole sodium</i>	4	
<i>lansoprazole cpdr</i>	2	QL (30 EA per 30 days)
NEXIUM PACK	3	QL (30 EA per 30 days)
<i>omeppi</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack</i>	4	QL (60 EA per 30 days)
<i>omeprazole cpdr</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj</i>	2	
PRILOSEC PACK	4	
<i>rabeprazole sodium</i>	2	QL (30 EA per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	
<i>flavoxate hcl</i>	2	
GELNIQUE GEL 10%	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrp</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
VESICARE	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	4	
<i>doxazosin</i>	2	
<i>doxazosin mesylate tabs 1mg, 2mg, 8mg</i>	2	
<i>dutasteride</i>	4	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>finasteride tabs 5mg</i>	1	
RAPAFLO	3	
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl caps</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride</i>	2	
CIALIS TABS 2.5MG, 5MG	4	QL (30 EA per 30 days) PA
ELMIRON	4	
LEVITRA TAB 2.5MG, 5MG, 10MG, 20MG	4	QL (6 EA per 30 days) ED
VIAGRA TAB 25MG, 50MG, 100MG	4	QL (6 EA per 30 days) ED
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>eliphos</i>	2	
FOSRENOL PACK	5	
FOSRENOL CHEW 1000MG, 500MG, 750MG	5	
<i>lanthanum carbonate</i>	5	
RENAGEL TABS 400MG	3	
RENAGEL TABS 800MG	5	
RENVELA	3	
<i>sevelamer carbonate</i>	3	
VELPHORO	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-HYDROCORT INJ 100MG	4	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate crea, oint</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>alphatrex gel</i>	2	
<i>amcinonide</i>	4	
<i>apexicon e</i>	4	
ARISTOSPAN INTRA-ARTICULAR	4	
<i>augmented betamethasone dipropionate</i>	2	
<i>baycadron</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	2	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>budesonide cpep 3mg</i>	4	
CAPEX	4	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham,</i> <i>soln</i>	4	
<i>clocortolone pivalate</i>	4	
<i>clocortolone pivalate pump</i>	4	
<i>clodan</i>	4	
<i>colocort</i>	2	
CORDRAN TAPE	4	
CORDRAN TAPE	4	
<i>cormax scalp application</i>	4	
CORTIFOAM FOAM 10%	4	
<i>cortisone acetate tabs 25mg</i>	2	
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide crea, lotn, oint</i>	2	
<i>desoximetasone crea, gel</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml,</i> <i>10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone soln</i>	1	
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg,</i> <i>4mg, 6mg</i>	1	
<i>diflorasone diacetate</i>	4	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluocinonide crea, gel, oint, soln</i>	2	
<i>flurandrenolide crea 0.05%</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
<i>hydrocortisone butyrate crea, oint, soln</i>	2	
<i>hydrocortisone valerate crea, oint</i>	2	
<i>hydrocortisone external crea 2.5%</i>	1	
<i>hydrocortisone rectal crea, enem, tabs</i>	2	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
KENALOG-10	4	
KENALOG-40	4	
<i>lokara</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED	4	
MILLIPRED DP	4	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
PANDEL	4	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp 15mg/5ml</i>	1	
<i>prednisone intensol</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
PSORCON CREA	4	
RAYOS	5	
SOLU-CORTEF	4	
SOLU-MEDROL INJ 2GM	4	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
<i>tridesilon crea</i>	2	
UCERIS FOAM	4	
UCERIS TB24	5	
VERIPRED 20	4	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
<i>desmopressin acetate nasal soln, tabs</i>	2	
<i>desmopressin acetate inj</i>	4	
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
H.P. ACTHAR	5	PA
HUMATROPE COMBO PACK	5	PA
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	5	PA
NOVAREL	4	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
NUTROPIN AQ PEN	5	PA
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA
STIMATE SOLN	4	
ZORBTIVE	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	3	PA
<i>oxandrolone tabs 2.5mg</i>	4	QL (240 EA per 30 days) PA
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	3	PA
ANDROXY	4	PA
<i>danazol caps</i>	2	
<i>methitest</i>	4	PA
<i>methyltestosterone caps</i>	5	PA
STRIANT	4	PA
<i>testosterone cypionate inj</i>	2	PA
<i>testosterone enanthate inj</i>	2	PA
<i>testosterone topical solution</i>	4	PA
<i>testosterone soln</i>	4	PA
<i>Estrogens</i>		
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amabelz</i>	4	PA
<i>amethia</i>	2	QL (91 EA per 91 days)
<i>amethia lo</i>	2	QL (91 EA per 91 days)
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	2	
<i>camrese</i>	2	QL (91 EA per 91 days)
<i>camrese lo</i>	2	QL (91 EA per 91 days)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	PA
COMBIPATCH	4	PA
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	QL (91 EA per 91 days)
<i>delyla</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs</i> <i>3mg; 0.02mg; 0.451mg</i>	2	
<i>elinest</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
ESTRACE CREA	4	
<i>estradiol valerate inj</i>	2	
<i>estradiol/norethindrone acetate</i>	4	PA
<i>estradiol vaginal tabs</i>	4	
<i>estradiol pttw, ptwk, oral tabs</i>	4	PA
ESTRING	4	QL (1 EA per 90 days)
<i>estropipate tabs</i>	4	PA
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	2	
FYAVOLV	4	PA
<i>gianvi</i>	2	
<i>gildagia</i>	2	
<i>gildess 1.5/30</i>	2	
<i>gildess 1/20</i>	2	
<i>gildess 24 fe</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>gildess fe 1.5/30</i>	2	
<i>gildess fe 1/20</i>	2	
<i>introvale</i>	2	QL (91 EA per 91 days)
<i>isibloom</i>	2	
JEVANTIQUE LO	4	PA
<i>jinteli</i>	4	PA
<i>jolessa</i>	2	QL (91 EA per 91 days)
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kimidess</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>layolis fe</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0</i>	2	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>lomedica 24 fe</i>	2	
<i>lopreeza</i>	4	PA
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>melodetta 24 fe</i>	2	
MENEST	4	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>mimvey</i>	4	PA
<i>mimvey lo</i>	4	PA
MINASTRIN 24 FE	4	
<i>mono-linyah</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>necon 1/35</i>	2	
<i>necon 1/50-28</i>	2	
<i>necon 10/11-28</i>	2	
<i>necon 7/7/7</i>	2	
<i>nikki</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	PA
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
NUVARING	4	
<i>ocella</i>	2	
<i>ogestrel</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>pirmella 7/7/7</i>	2	
<i>portia-28</i>	2	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	PA
PREMPHASE	4	PA
PREMPRO	4	PA
<i>previfem</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>quasense</i>	2	QL (91 EA per 91 days)
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL (91 EA per 91 days)
<i>setlakin</i>	2	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>trinessa</i>	2	
<i>trinessa lo</i>	2	
<i>trivora-28</i>	2	
VAGIFEM TABS 10MCG	4	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zarah</i>	2	
<i>zenchent</i>	2	
<i>zenchent fe</i>	2	
<i>zovia 1/35e</i>	2	
<i>zovia 1/50e</i>	2	
Progesterone Agonists/Antagonists		
ELLA	3	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>errin</i>	2	
<i>heather</i>	2	
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>levonorgestrel</i>	2	
<i>lyza</i>	2	
MAKENA	5	PA
<i>medroxyprogesterone acetate tabs</i>	1	
<i>medroxyprogesterone acetate inj</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate susp, tabs</i>	4	PA
<i>my way</i>	2	
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	2	
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>liothyronine sodium inj</i>	4	
SYNTHROID TABS	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
TIROSINT	4	
TYMLOS	5	PA
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR TABS 30MG	3	
SENSIPAR TABS 60MG, 90MG	5	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
ELIGARD INJ 45MG	5	QL (1 EA per 168 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (4 EA per 365 days) PA
<i>leuprolide acetate inj</i>	4	PA
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
<i>octreotide acetate</i>	4	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	5	QL (1 EA per 84 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
ZOLADEX INJ 10.8MG	4	QL (1 EA per 84 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>propylthiouracil tabs</i>	2	
Immunological Agents		
<i>Angioedema (HAE) Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
FIRAZYR	5	PA
RUCONEST	5	PA
<i>Immune Suppressants</i>		

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN	4	B/D
<i>azathioprine inj, tabs</i>	2	B/D
BENLYSTA	5	PA
CELLCEPT INTRAVENOUS	4	B/D
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps, inj</i>	2	B/D
ENBREL	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR	4	B/D
<i>engraf</i>	2	B/D
<i>hecoria</i>	2	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER	5	PA
HUMIRA PEN-PSORIASIS STARTER	5	PA
INFLECTRA	5	PA
KINERET	5	PA
<i>methotrexate sodium inj 100mg/4ml, 1gm/40ml, 1gm, 200mg/8ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tabs</i>	2	
<i>mycophenolate mofetil caps, inj, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
NULOJIX	5	PA
ORENCIA	5	PA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
PROGRAF INJ	4	B/D
RAPAMUNE SOLN	5	B/D
RASUVO	3	PA
REMICADE	5	PA
RENFLEXIS	5	PA
RHEUMATREX	4	
SANDIMMUNE SOLN	4	B/D
SIMPONI	5	PA
SIMPONI ARIA	5	PA
SIROLIMUS TABS 2MG	5	B/D
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 130MG/26ML	5	PA
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
TORISEL	5	
TREXALL	4	
XATMEP	4	
ZORTRESS TABS 0.25MG	4	PA
ZORTRESS TABS 0.5MG, 0.75MG	5	PA
<i>Immunizing Agents, Passive</i>		
ATGAM	5	B/D
BIVIGAM	5	PA
CARIMUNE NANOFILTERED INJ 12GM, 6GM	5	PA
CUVITRU	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN S/D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	B/D
HIZENTRA	5	PA
HYPERHEP B S/D	5	B/D
HYPERRAB S/D	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
IMOGAM RABIES-HT	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	B/D
OCTAGAM	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
THYMOGLOBULIN	5	B/D
<i>Immunomodulators</i>		
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTIMMUNE	5	
ARCALYST	5	PA
ILARIS INJ 180MG	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
KEVZARA	5	PA
<i>leflunomide</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
SIMULECT	5	B/D
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
Vaccines		
ACTHIB INJ 0	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	3	
BOOSTRIX	3	
CERVARIX	3	
COMVAX	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
ENGERIX-B	3	B/D
GARDASIL	3	
GARDASIL 9	3	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
HYQVIA	5	PA
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENHIBRIX	3	
MENOMUNE-A/C/Y/W-135	3	
MENVEO	3	
PEDIARIX	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	4	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLN	3	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
STAMARIL	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	3	
TRUMENBA	3	
TWINRIX	3	B/D
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	PA
YF-VAX	3	
ZOSTAVAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO	3	
<i>balsalazide disodium</i>	2	
CANASA SUPP 1000MG	5	
DIPENTUM	5	
LIALDA	3	
<i>mesalamine dr tbec 1.2gm</i>	3	
<i>mesalamine enem, kit</i>	4	
PENTASA	4	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs, tbec</i>	2	
<i>sulfazine</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 40mg, 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO	4	QL (4 EA per 28 days)
<i>calcitonin-salmon soln</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	4	
<i>etidronate disodium</i>	2	
FORTEO INJ 600MCG/2.4ML	5	PA
FORTICAL	4	QL (3.7 ML per 30 days)
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium inj</i>	2	
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ	5	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium</i>	2	
PARICALCITOL INJ	4	
<i>paricalcitol caps</i>	2	
PROLIA	4	QL (2 ML per 365 days)
<i>risedronate sodium dr</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 30mg, 5mg</i>	4	
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
XGEVA	5	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
<i>zoledronic acid inj 4mg</i>	5	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

AMMONUL	5	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/U-500/0.5ML/31G X 15/64"	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM	3	QL (200 EA per 30 days)
BOTOX	4	PA
<i>deferoxamine mesylate</i>	2	B/D
EXONDYS 51	5	PA
HAEGARDA	5	PA
INTRALIPID INJ 20GM/100ML	4	B/D
KALBITOR	5	PA
KEVEYIS	5	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation</i>	2	
<i>levocarnitine inj, oral soln, tabs</i>	2	
<i>methergine tabs</i>	5	
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NATPARA	5	QL (2 EA per 28 days) PA
NUTRILIPID	4	B/D
ORFADIN CAPS 10MG, 20MG, 2MG, 5MG	5	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>ringers irrigation</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	5	
SOLIRIS	5	PA
SPINRAZA	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>sterile water irrigation</i>	1	
<i>tis-u-sol</i>	1	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
XEOMIN	4	PA
XURIDEN	5	QL (120 EA per 30 days) PA
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>bimatoprost</i>	2	QL (5 ML per 30 days)
COMBIGAN	3	
<i>latanoprost</i>	1	QL (2.5 ML per 25 days)
LUMIGAN	3	QL (2.5 ML per 25 days)
TRAVATAN Z	3	QL (2.5 ML per 25 days)
<i>travoprost</i>	2	QL (2.5 ML per 25 days)
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	2	
<i>atropine sulfate soln</i>	2	
<i>bacitracin/neomycin/polymyxin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>cyclopentolate hcl</i>	2	
<i>cyclopentolate hydrochloride</i>	2	
CYSTARAN	5	QL (60 ML per 28 days) PA
EYLEA	5	PA
LACRISERT	4	
<i>naphazoline hcl</i>	1	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
PROCYSBI	5	PA
<i>proparacaine hcl</i>	1	
RESTASIS	3	
<i>trimethoprim/polymyxin b</i>	1	
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
XIIDRA	4	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
BEPREVE	4	
<i>cromolyn sodium soln 4%</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
EMADINE	4	
<i>epinastine hcl</i>	2	
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	
<i>olopatadine hydrochloride</i>	2	
PATADAY	3	
PATANOL	4	
PAZEO	3	
Ophthalmic Anti-inflammatories		
ALOMIDE	4	
ALREX	3	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
<i>bromfenac</i>	4	
BROMSITE	4	QL (20 ML per 365 days) ST
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
DUREZOL	3	
FLAREX	3	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (6 ML per 30 days)
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	
LOTEMAX SUSP	4	
LOTEMAX OINT	4	QL (14 GM per 365 days)
LOTEMAX GEL	4	QL (20 GM per 365 days)
MAXIDEX SUSP	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEVANAC	3	QL (6 ML per 30 days)
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINT	4	
<i>tobramycin/dexamethasone</i>	2	
VEXOL	3	
ZYLET	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine</i>	2	
AZOPT	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	4	
BETOPTIC-S	4	
<i>brimonidine tartrate</i>	1	
<i>carteolol hcl</i>	1	
COSOPT PF	4	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
IOPIDINE SOLN 1%	4	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>methazolamide tabs</i>	2	
<i>metipranolol</i>	2	
MIRVASO	4	PA
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>acetic acid/aluminum acetate soln 2%; 0</i>	2	
<i>antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
CIPRO HC	4	
CIPRODEX	3	
COLY-MYCIN S	4	
CORTISPORIN-TC	4	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
AEROSPAN	4	QL (17.8 GM per 30 days)
ASMANEX HFA	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BECONASE AQ	4	QL (50 GM per 25 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
<i>budesonide nasal spray</i>	2	QL (17.2 GM per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
DULERA	4	QL (17.6 GM per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NASONEX	4	QL (34 GM per 30 days) ST
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
Antihistamines		
<i>azelastine hcl nasal soln 0.1%, 0.15%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hcl syrpf 1mg/ml</i>	1	
<i>cyproheptadine hcl syrpf, tabs</i>	4	PA
<i>desloratadine</i>	2	
<i>dexchlorpheniramine maleate syrpf</i>	4	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
DYMISTA	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl syrpf</i>	2	PA
<i>hydroxyzine hcl inj, tabs</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride soln, tabs</i>	2	
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days)
SEMPREX-D	4	
Antileukotrienes		
<i>montelukast sodium chew, tabs</i>	1	
<i>montelukast sodium pack</i>	4	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	ST
ZYFLO	5	ST

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
ZYFLO CR	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
<i>ipratropium bromide inhalation soln</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide nasal soln</i>	2	
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR	4	QL (60 EA per 30 days) ST
Bronchodilators, Sympathomimetic		
ADRENACLICK	4	ST
ADRENALIN INJ	4	
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate syrp, tabs</i>	4	
<i>albuterol sulfate nebu 0.5%</i>	2	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
ARCAPTA NEOHALER	4	QL (30 EA per 30 days)
BROVANA	4	QL (120 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPINEPHRINE INJ 0.15MG/0.15ML, 0.3MG/0.3ML	4	ST
EPIPEN 2-PAK	3	
EPIPEN-JR 2-PAK	3	
FORADIL AEROLIZER	4	QL (60 EA per 30 days)
<i>isoproterenol hydrochloride</i>	4	
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (90 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	2	QL (30 GM per 30 days)
<i>levalbuterol nebu</i>	2	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrp, tabs</i>	4	
PERFOROMIST	4	QL (120 ML per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate tabs</i>	4	
<i>terbutaline sulfate inj</i>	5	
XOPENEX HFA	4	QL (30 GM per 30 days)
Cystic Fibrosis Agents		
BETHKIS	5	B/D
CAYSTON	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
KALYDECO	5	PA
ORKAMBI TABS 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	2	
DALIRESP	4	PA
LUFYLLIN TABS 200MG	4	
<i>theophylline anhydrous cr tb12 300mg</i>	2	
<i>theophylline cr tb12 100mg, 200mg</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<i>theophylline soln</i>	2	
Pulmonary Antihypertensives		
ADCIRCA	5	QL (60 EA per 30 days) PA
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>epoprostenol sodium</i>	5	PA
LETAIRIS	5	QL (30 EA per 30 days) PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
REVATIO SUSR	5	PA
<i>sildenafil tabs</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	PA
TYVASO	5	QL (87 ML per 30 days) PA
TYVASO REFILL	5	QL (87 ML per 30 days) PA
TYVASO STARTER	5	QL (87 ML per 30 days) PA
UPTRAVI TBP	5	QL (400 EA per 365 days) PA
UPTRAVI TABS	5	QL (60 EA per 30 days) PA
VELETRI	5	PA
VENTAVIS	5	QL (270 ML per 30 days) PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln</i>	2	B/D
ARALAST NP	5	PA
ESBRIET	5	PA
GLASSIA	5	PA
OFEV	5	PA
ORKAMBI TABS 125MG; 100MG	5	QL (112 EA per 28 days) PA
PROLASTIN-C	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine vc</i>	4	PA
<i>promethazine vc plain</i>	4	PA
<i>promethazine/phenylephrine</i>	4	PA
<i>ribavirin solr 6gm</i>	5	
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS	3	
VIRAZOLE	5	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tabs</i>	4	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>chlorzoxazone tabs 250mg</i>	5	PA
<i>cyclobenzaprine hcl tabs</i>	4	PA
<i>methocarbamol tabs</i>	4	PA
<i>orphenadrine citrate er</i>	2	PA
Sleep Disorder Agents		
<i>GABA Receptor Modulators</i>		
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA
<i>temazepam</i>	2	QL (30 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>zolpidem tartrate</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er</i>	4	QL (30 EA per 30 days) PA
<i>Sleep Disorders, Other</i>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA
BELSOMRA	3	QL (30 EA per 30 days)
<i>modafinil</i>	4	QL (30 EA per 30 days) PA
<i>pentobarbital sodium inj</i>	2	PA
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	PA
ROZEREM	4	QL (30 EA per 30 days)
SILENOR	3	QL (30 EA per 30 days)
XYREM	5	QL (540 ML per 30 days) PA
Therapeutic Nutrients/Minerals/Electrolytes		
<i>Electrolyte/Mineral Modifiers</i>		
CARBAGLU	5	
CUPRIMINE CAPS 250MG	5	
DEPEN TITRATABS	5	
EXJADE	5	PA
FERRIPROX	5	PA
JADENU	5	PA

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE	5	PA
<i>kionex</i>	2	
SAMSCA TABS 15MG	5	QL (30 EA per 60 days)
SAMSCA TABS 30MG	5	QL (60 EA per 30 days)
<i>sodium acetate</i>	2	
<i>sodium lactate inj 5meq/ml</i>	2	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps</i>	2	
SYPRINE	5	
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolytes</i>	2	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	2	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 45.3MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-RF	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D
<i>calcium gluconate inj</i>	2	
CLINIMIX 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 20%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 5%/DEXTROSE 25%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
<i>dextrose 10%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 20%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 40%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 5%/lactated ringers</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE	4	B/D
IONOSOL-B/DEXTROSE 5%	4	
IONOSOL-MB/DEXTROSE 5%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
<i>k-sol soln</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>lactated ringers viaflex</i>	2	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml, 50%</i>	2	
NEPHRAMINE	4	B/D
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
<i>normosol-r in d5w</i>	1	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
PLASMA-LYTE-56/D5W	4	
<i>plenamine</i>	4	B/D
<i>potassium acetate inj 2meq/ml</i>	2	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	2	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cr tbc</i> 10meq, 20meq	2	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbc</i> 10meq, 20meq, 8meq	2	
<i>potassium chloride sr tbc</i> 8meq	2	
<i>potassium chloride/dextrose</i>	2	
<i>potassium chloride/dextrose/lactated ringers</i>	2	
<i>potassium chloride/dextrose/sodium chloride</i>	2	
<i>potassium chloride/sodium chloride inj</i> 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	2	
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj</i> 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	
<i>potassium citrate er</i>	2	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>ringers injection</i>	2	
<i>sodium chloride 0.45% inj</i>	1	
<i>sodium chloride 0.9% soln</i>	1	
<i>sodium chloride inj</i> 0.9%, 2.5meq/ml, 3%, 5%	1	
<i>sodium fluoride tabs</i> 1mg	2	
<i>sodium phosphate</i>	1	
<i>tpn electrolytes</i>	2	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<i>Vitamins</i>		
RAYALDEE	5	ST
<i>vp-pnv-dha</i>	2	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page 10.

Index

Drug Name	Page #
<i>abacavir</i>	42
<i>abacavir sulfate/lamivudine/zidovudine</i>	42
<i>abacavir/lamivudine</i>	42
ABELCET	28
ABILIFY	39
ABILIFY MAINTENA	39
ABRAXANE	33
ABSTRAL	14
<i>acamprosate calcium dr</i>	17
<i>acarbose</i>	45
<i>acebutolol hcl</i>	51
<i>acetaminophen/codeine</i>	14
<i>acetazolamide</i>	53
<i>acetazolamide er</i>	81
<i>acetazolamide sodium</i>	53
<i>acetic acid</i>	81
<i>acetic acid 0.25%</i>	63
<i>acetic acid/aluminum acetate</i>	81
<i>acetylcysteine</i>	84
<i>acitretin</i>	58
ACTEMRA	75
ACTHIB	76
ACTIMMUNE	75
<i>acyclovir</i>	43
<i>acyclovir sodium</i>	43
ADACEL	76
ADAGEN	60
<i>adapalene</i>	58
<i>adapalene and benzoyl peroxide</i>	58
<i>adapalene pump</i>	58
ADCIRCA	84
<i>adefovir dipivoxil</i>	40
ADEMPAS	84
ADRENACLICK	83
ADRENALIN	83
<i>adriamycin</i>	33
<i>adrucil</i>	32
ADVAIR DISKUS	81
ADVAIR HFA	81
AEROSPAN	81
<i>afeditab cr</i>	51
AFINITOR	35
AFINITOR DISPERZ	35
AFREZZA	46

Drug Name	Page #
AGGRENOX	49
A-HYDROCORT	63
<i>ak-poly-bac</i>	79
AKYNZEO	27
<i>ala-cort</i>	63
ALBENZA	37
<i>albuterol sulfate</i>	83
<i>albuterol sulfate er</i>	83
<i>alclometasone dipropionate</i>	63
ALCOHOL PREP PADS	18
ALDACTAZIDE	53
ALDURAZYME	60
ALECENSA	35
<i>alendronate sodium</i>	77
<i>alfuzosin hcl er</i>	63
ALIMTA	32
ALINIA	37
ALIQOPA	35
<i>allopurinol</i>	30
<i>almotriptan malate</i>	30
ALOCRIAL	79
ALOMIDE	80
<i>alose tron hydrochloride</i>	61
ALOXI	28
ALPHAGAN P	81
<i>alphatrex</i>	64
<i>alprazolam</i>	44
<i>alprazolam er</i>	44
<i>alprazolam intensol</i>	44
<i>alprazolam odt</i>	44
<i>alprazolam xr</i>	44
ALREX	80
ALTABAX	18
<i>altavera</i>	67
ALTOPREV	54
ALUNBRIG	35
<i>alyacen 1/35</i>	67
<i>alyacen 7/7/7</i>	67
<i>amabelz</i>	67
<i>amantadine hcl</i>	43
AMBISOME	28
<i>amcinonide</i>	64
<i>amethia</i>	67
<i>amethia lo</i>	67
<i>amethyst</i>	67
<i>amifostine</i>	33
<i>amikacin sulfate</i>	17

Drug Name	Page #	Drug Name	Page #
<i>amiloride hcl</i>	53	APLENZIN	26
<i>amiloride/hydrochlorothiazide</i>	53	APOKYN	38
<i>aminocaproic acid</i>	49	<i>apraclonidine</i>	81
<i>aminophylline</i>	84	<i>aprepitant</i>	28
AMINOSYN	87	<i>apri</i>	67
AMINOSYN 7%/ELECTROLYTES	86	APRISO	77
<i>aminosyn 8.5%/electrolytes</i>	86	APTIOM	23
AMINOSYN II	86	APTIVUS	43
<i>aminosyn ii 8.5%/electrolytes</i>	86	ARALAST NP	84
AMINOSYN M	86	<i>aranelle</i>	67
AMINOSYN-HBC	86	ARANESP ALBUMIN FREE	48
AMINOSYN-PF	86	ARCALYST	75
AMINOSYN-PF 7%	86	ARCAPTA NEOHALER	83
AMINOSYN-RF	87	ARESTIN	57
<i>amiodarone hcl</i>	50	ARGATROBAN	47
AMITIZA	61	<i>aripiprazole</i>	39
<i>amitriptyline hcl</i>	27	<i>aripiprazole odt</i>	39
<i>amlodipine besylate</i>	52	ARISTADA	39
<i>amlodipine besylate/atorvastatin calcium</i>	52	ARISTOSPAN INTRA-ARTICULAR	64
<i>amlodipine besylate/benazepril hydrochloride</i>	52	<i>armodafinil</i>	85
<i>amlodipine besylate/valsartan</i>	52	ARRANON	32
<i>amlodipine/valsartan/hctz</i>	52	ARZERRA	36
<i>ammonium lactate</i>	58	<i>ascomp/codeine</i>	14
AMMONUL	78	<i>ashlyna</i>	67
<i>amnesteem</i>	58	ASMANEX HFA	81
<i>amoxapine</i>	27	ASMANEX TWISTHALER 120	81
<i>amoxicillin</i>	20	METERED DOSES	
<i>amoxicillin/clavulanate potassium</i>	20	ASMANEX TWISTHALER 14	82
<i>amoxicillin/clavulanate potassium er</i>	20	METERED DOSES	
<i>amphetamine/dextroamphetamine</i>	55	ASMANEX TWISTHALER 30	82
<i>amphotericin b</i>	28	METERED DOSES	
<i>ampicillin</i>	21	ASMANEX TWISTHALER 60	82
<i>ampicillin sodium</i>	21	METERED DOSES	
<i>ampicillin-sulbactam</i>	21	ASMANEX TWISTHALER 7	82
AMPYRA	57	METERED DOSES	
ANADROL-50	67	<i>aspirin/dipyridamole</i>	49
<i>anagrelide hydrochloride</i>	48	<i>aspirin-caffeine-dihydrocodeine</i>	14
<i>anastrozole</i>	35	ASTAGRAF XL	74
ANDRODERM	67	<i>atenolol</i>	51
ANDROGEL	67	<i>atenolol/chlorthalidone</i>	51
ANDROGEL PUMP	67	ATGAM	75
ANDROXY	67	<i>atomoxetine</i>	56
ANORO ELLIPTA	83	<i>atorvastatin calcium</i>	54
<i>antibiotic ear</i>	81	<i>atovaquone</i>	37
ANZEMET	28	<i>atovaquone/proguanil hcl</i>	37
<i>apexicon e</i>	64	ATRIPLA	41
		<i>atropine sulfate</i>	79

Drug Name	Page #	Drug Name	Page #
ATROVENT HFA	83	BD INSULIN SYRINGE	78
AUBAGIO	57	ULTRAFINE/1ML/31G X 5/16"	
<i>aubra</i>	67	BD INSULIN SYRINGE/U-	78
<i>augmented betamethasone dipropionate</i>	64	500/0.5ML/31G X 15/64"	
AUGMENTIN	21	BD PEN NEEDLE/ULTRAFINE/29G X	78
AUSTEDO	56	12.7MM	
AVASTIN	36	BECONASE AQ	82
<i>aviane</i>	67	<i>bekyree</i>	67
<i>avita</i>	58	BELEODAQ	33
AVONEX	57	BELSOMRA	85
AVONEX PEN	57	<i>benazepril hcl</i>	50
AVYCAZ	19	<i>benazepril hcl/hydrochlorothiazide</i>	50
<i>azacitidine</i>	33	BENDEKA	31
AZACTAM IN ISO-OSMOTIC	20	BENICAR	49
DEXTROSE		BENICAR HCT	49
AZASAN	74	BENLYSTA	74
AZASITE	21	<i>benztropine mesylate</i>	37
<i>azathioprine</i>	74	BEPREVE	79
<i>azelastine hcl</i>	79	BERINERT	73
<i>azelastine hcl</i>	82	BESIVANCE	22
AZILECT	38	BESPONSA	36
<i>azithromycin</i>	21	<i>betamethasone dipropionate</i>	64
AZOPT	81	<i>betamethasone sodium</i>	64
<i>aztreonam</i>	20	<i>phosphate/betamethasone acetate</i>	
<i>azurette</i>	67	<i>betamethasone valerate</i>	64
<i>baciim</i>	18	BETASERON	57
<i>bacitracin</i>	18	<i>betaxolol hcl</i>	51
<i>bacitracin/neomycin/polymyxin</i>	79	<i>betaxolol hcl</i>	81
<i>bacitracin/polymyxin b</i>	79	<i>bethanechol chloride</i>	63
<i>baclofen</i>	40	BETHKIS	83
BACTOCILL IN DEXTROSE	21	BETIMOL	81
BACTROBAN NASAL	18	BETOPTIC-S	81
<i>balsalazide disodium</i>	77	<i>bexarotene</i>	37
<i>balziva</i>	67	BEXSERO	76
BANZEL	25	<i>bicalutamide</i>	32
BARACLUDGE	40	BICILLIN C-R	21
BAVENCIO	36	BICILLIN L-A	21
BAXDELA	22	BICNU	31
<i>baycadron</i>	64	BIDIL	55
BCG VACCINE	76	BILTRICIDE	37
BD INSULIN SYRINGE	78	<i>bimatoprost</i>	79
SAFETYGLIDE/1ML/29G X 1/2"		BINOSTO	77
BD INSULIN SYRINGE	78	<i>bisoprolol fumarate</i>	51
ULTRAFINE/0.3ML/31G X 5/16"		<i>bisoprolol fumarate/hydrochlorothiazide</i>	51
BD INSULIN SYRINGE	78	BIVIGAM	75
ULTRAFINE/0.5ML/30G X 1/2"		<i>bleomycin sulfate</i>	33
		BLEPHAMIDE	80

Drug Name	Page #	Drug Name	Page #
BLEPHAMIDE S.O.P.	80	BYETTA	45
BLINCYTO	36	BYSTOLIC	51
<i>blisovi 24 fe</i>	67	<i>cabergoline</i>	73
<i>blisovi fe 1.5/30</i>	67	CABOMETYX	35
<i>blisovi fe 1/20</i>	67	CAFERGOT	30
BOOSTRIX	76	<i>caffeine citrate</i>	56
BOSULIF	35	<i>calcipotriene</i>	58
BOTOX	78	<i>calcipotriene/betamethasone</i>	58
BREO ELLIPTA	82	<i>dipropionate</i>	
BREVIBLOC	51	<i>calcitonin-salmon</i>	77
<i>briellyn</i>	68	CALCITRIOL	58
BRILINTA	49	<i>calcitriol</i>	77
<i>brimonidine tartrate</i>	81	<i>calcium acetate</i>	63
BRINTELLIX	26	<i>calcium gluconate</i>	87
BRIVIACT	23	<i>camila</i>	71
<i>bromfenac</i>	80	<i>camrese</i>	68
<i>bromocriptine mesylate</i>	38	<i>camrese lo</i>	68
BROMSITE	80	CANASA	77
BROVANA	83	CANCIDAS	28
<i>budesonide</i>	64	<i>candesartan cilexetil</i>	49
<i>budesonide</i>	82	<i>candesartan</i>	49
<i>budesonide nasal spray</i>	82	<i>cilexetil/hydrochlorothiazide</i>	
<i>bumetanide</i>	53	<i>capacet</i>	56
BUPHENYL	60	CAPASTAT SULFATE	31
<i>buprenorphine hcl</i>	14	CAPEX	64
<i>buprenorphine hcl</i>	17	CAPRELSA	35
<i>buprenorphine hcl/naloxone hcl</i>	17	<i>captopril</i>	50
<i>buproban</i>	17	<i>captopril/hydrochlorothiazide</i>	50
<i>bupropion hcl</i>	26	CARAC	58
<i>bupropion hcl er</i>	26	CARAFATE	62
<i>bupropion hcl sr</i>	17	CARBAGLU	85
<i>bupropion hcl sr</i>	26	<i>carbamazepine</i>	25
<i>bupropion hcl xl</i>	26	<i>carbamazepine er</i>	25
<i>bupirone hcl</i>	44	CARBATROL	25
<i>busulfan</i>	31	<i>carbidopa</i>	38
BUSULFEX	31	<i>carbidopa/levodopa</i>	38
<i>butalbital compound/codeine</i>	14	<i>carbidopa/levodopa er</i>	38
<i>butalbital/acetaminophen</i>	13	<i>carbidopa/levodopa odt</i>	38
<i>butalbital/acetaminophen</i>	56	<i>carbidopa/levodopa/entacapone</i>	38
<i>butalbital/acetaminophen/caffeine</i>	56	<i>carboplatin</i>	33
<i>butalbital/acetaminophen/caffeine/codei</i>	56	CARDIZEM LA	52
<i>ne</i>		CARDURA XL	63
<i>butalbital/aspirin/caffeine</i>	56	CARIMUNE NANOFILTERED	75
<i>butalbital/aspirin/caffeine/codeine</i>	15	<i>carisoprodol</i>	85
<i>butorphanol tartrate</i>	15	<i>carteolol hcl</i>	81
BYDUREON	45	<i>cartia xt</i>	52
BYDUREON PEN	45	<i>carvedilol</i>	51

Drug Name	Page #	Drug Name	Page #
<i>caspofungin acetate</i>	28	<i>chlorhexidine gluconate</i>	58
CAYSTON	83	<i>chlorhexidine gluconate oral rinse</i>	58
<i>caziant</i>	68	<i>chlorprocaine hydrochloride</i>	16
<i>cefaclor</i>	19	<i>chloroquine phosphate</i>	37
<i>cefaclor er</i>	19	<i>chlorothiazide</i>	54
<i>cefadroxil</i>	19	<i>chlorothiazide sodium</i>	54
<i>cefazolin</i>	20	<i>chlorpromazine hcl</i>	38
<i>cefazolin sodium</i>	20	<i>chlorthalidone</i>	54
<i>cefazolin sodium/dextrose</i>	19	<i>chlorzoxazone</i>	85
<i>cefdinir</i>	20	CHOLBAM	61
<i>cefepime</i>	20	<i>cholestyramine</i>	54
<i>cefepime/dextrose</i>	20	<i>cholestyramine light</i>	54
<i>cefixime</i>	20	CHORIONIC GONADOTROPIN	66
<i>cefotaxime sodium</i>	20	CIALIS	63
<i>cefotetan</i>	20	<i>ciclodan</i>	28
<i>cefotetan/dextrose</i>	20	<i>ciclopirox</i>	29
<i>cefoxitin sodium</i>	20	<i>ciclopirox nail lacquer</i>	28
<i>cefpodoxime proxetil</i>	20	<i>ciclopirox olamine</i>	28
<i>cefprozil</i>	20	<i>cidofovir</i>	40
<i>ceftazidime</i>	20	<i>cilostazol</i>	49
<i>ceftazidime/dextrose</i>	20	CILOXAN	22
<i>ceftibuten</i>	20	<i>cimetidine</i>	61
<i>ceftriaxone in iso-osmotic dextrose</i>	20	<i>cimetidine hcl</i>	61
<i>ceftriaxone sodium</i>	20	CIMZIA	74
<i>ceftriaxone/dextrose</i>	20	CIMZIA STARTER KIT	74
<i>cefuroxime axetil</i>	20	CINRYZE	73
<i>cefuroxime sodium</i>	20	CIPRO HC	81
<i>celecoxib</i>	13	CIPRODEX	81
CELLCEPT INTRAVENOUS	74	<i>ciprofloxacin</i>	22
CELONTIN	23	<i>ciprofloxacin er</i>	22
CENTANY AT	18	<i>ciprofloxacin hcl</i>	22
<i>cephadyn</i>	56	<i>ciprofloxacin i.v.-in d5w</i>	22
<i>cephalexin</i>	20	<i>cisplatin</i>	33
CERDELGA	60	<i>citalopram hydrobromide</i>	26
CEREZYME	60	<i>cladribine</i>	32
CERVARIX	76	<i>claravis</i>	58
<i>cetirizine hcl</i>	82	<i>clarithromycin</i>	21
<i>cevimeline hcl</i>	57	<i>clarithromycin er</i>	21
CHANTIX	17	CLEOCIN	18
CHANTIX CONTINUING MONTH	17	CLIMARA PRO	68
PAK		<i>clindacin etz pledgets</i>	18
CHANTIX STARTING MONTH PAK	17	<i>clindacin-p</i>	18
<i>chateal</i>	68	<i>clindamycin</i>	18
CHENODAL	61	<i>clindamycin hcl</i>	18
<i>chloramphenicol sodium succinate</i>	18	<i>clindamycin palmitate hcl</i>	18
<i>chlordiazepoxide hcl</i>	44	<i>clindamycin phosphate</i>	18
<i>chlordiazepoxide/amitriptyline</i>	27	<i>clindamycin phosphate add-vantage</i>	18

Drug Name	Page #	Drug Name	Page #
<i>clindamycin phosphate in d5w</i>	18	COLCHICINE	30
<i>clindamycin phosphate pharmacy bulk package</i>	18	COLCRYS	30
<i>clindamycin phosphate/tretinoin</i>	58	<i>colestipol hcl</i>	54
<i>clindamycin/benzoyl peroxide</i>	58	<i>colistimethate sodium</i>	18
CLINDESSE	18	<i>colocort</i>	64
CLINIMIX 2.75%/DEXTROSE 5%	87	COLY-MYCIN S	81
CLINIMIX 4.25%/DEXTROSE 10%	87	COMBIGAN	79
CLINIMIX 4.25%/DEXTROSE 20%	87	COMBIPATCH	68
CLINIMIX 4.25%/DEXTROSE 25%	87	COMBIVENT RESPIMAT	83
CLINIMIX 4.25%/DEXTROSE 5%	87	COMETRIQ	35
CLINIMIX 5%/DEXTROSE 15%	87	COMPLERA	42
CLINIMIX 5%/DEXTROSE 20%	87	<i>compro</i>	38
CLINIMIX 5%/DEXTROSE 25%	87	COMVAX	76
CLINIMIX E 2.75%/DEXTROSE 10%	87	CONDYLOX	58
CLINIMIX E 2.75%/DEXTROSE 5%	87	<i>constulose</i>	61
CLINIMIX E 4.25%/DEXTROSE 10%	87	COPAXONE	57
CLINIMIX E 4.25%/DEXTROSE 25%	87	CORDRAN	64
CLINIMIX E 4.25%/DEXTROSE 5%	87	CORDRAN TAPE	64
CLINIMIX E 5%/DEXTROSE 15%	87	<i>cormax scalp application</i>	64
CLINIMIX E 5%/DEXTROSE 20%	87	CORTIFOAM	64
CLINIMIX E 5%/DEXTROSE 25%	87	<i>cortisone acetate</i>	64
<i>clobetasol propionate</i>	64	CORTISPORIN	58
<i>clobetasol propionate e</i>	64	CORTISPORIN-TC	81
<i>clobetasol propionate emollient</i>	64	COSENTYX	58
<i>clocortolone pivalate</i>	64	COSENTYX SENSOREADY PEN	58
<i>clocortolone pivalate pump</i>	64	COSMEGEN	33
<i>clodan</i>	64	COSOPT PF	81
CLODAN KIT	58	COTELIC	33
<i>clofarabine</i>	32	COUMADIN	47
CLOLAR	32	CREON	60
<i>clomipramine hcl</i>	27	CRESEMBA	29
<i>clonazepam</i>	24	CRINONE	71
<i>clonazepam odt</i>	24	CRIXIVAN	43
<i>clonidine hcl</i>	49	<i>cromolyn sodium</i>	61
<i>clonidine hcl er</i>	56	<i>cromolyn sodium</i>	79
<i>clopidogrel</i>	49	<i>cromolyn sodium</i>	84
<i>clorazepate dipotassium</i>	44	<i>cryselle-28</i>	68
CLORPRES	49	CUBICIN	18
<i>clotrimazole</i>	29	CUPRIMINE	85
<i>clotrimazole/betamethasone dipropionate</i>	58	CURITY GAUZE PADS 2"X2"	58
<i>clozapine</i>	40	CUVITRU	75
<i>clozapine odt</i>	40	CUVPOSA	60
COARTEM	37	<i>cyclafem 1/35</i>	68
<i>codeine sulfate</i>	15	<i>cyclafem 7/7/7</i>	68
<i>codeine/acetaminophen</i>	15	<i>cyclobenzaprine hcl</i>	85
		<i>cyclopentolate hcl</i>	79
		<i>cyclopentolate hydrochloride</i>	79

Drug Name	Page #
CYCLOPHOSPHAMIDE	31
<i>cycloserine</i>	31
CYCLOSET	45
<i>cyclosporine</i>	74
<i>cyclosporine modified</i>	74
<i>cyproheptadine hcl</i>	82
CYRAMZA	36
<i>cyred</i>	68
CYSTADANE	60
CYSTAGON	60
CYSTARAN	79
<i>cytarabine aqueous</i>	32
<i>dacarbazine</i>	31
DAKLINZA	41
DALIRESP	84
DALVANCE	18
<i>danazol</i>	67
<i>dantrolene sodium</i>	40
<i>dapsone</i>	31
DAPTACEL	76
<i>daptomycin</i>	18
DARAPRIM	37
<i>darifenacin hydrobromide er</i>	62
DARZALEX	36
<i>dasetta 1/35</i>	68
<i>dasetta 7/7/7</i>	68
<i>daunorubicin hcl</i>	33
DAUNOXOME	33
<i>daysee</i>	68
<i>deblitane</i>	71
<i>decitabine</i>	33
<i>deferoxamine mesylate</i>	78
<i>deltasona</i>	64
<i>delyla</i>	68
<i>demeclocycline hcl</i>	22
DEMSER	52
DENAVIR	43
DEPEN TITRATABS	85
DEPOCYT	32
DEPO-ESTRADIOL	68
DEPO-MEDROL	64
DEPO-PROVERA	71
DEPO-SUBQ PROVERA 104	71
<i>dermacinrx empricaine</i>	16
DESCOVY	42
<i>desipramine hcl</i>	27
<i>desloratadine</i>	82

Drug Name	Page #
<i>desmopressin acetate</i>	66
<i>desogestrel/ethinyl estradiol</i>	68
<i>desonate</i>	58
<i>desonide</i>	64
<i>desoximetasone</i>	64
DESVENLAFAXINE ER	26
<i>dexamethasone</i>	64
<i>dexamethasone intensol</i>	64
<i>dexamethasone sodium phosphate</i>	64
<i>dexamethasone sodium phosphate</i>	80
<i>dexchlorpheniramine maleate</i>	82
DEXEDRINE	55
DEXILANT	62
<i>dexmethylphenidate hcl</i>	56
<i>dexmethylphenidate hcl er</i>	56
<i>dexrazoxane</i>	33
<i>dextroamphetamine sulfate</i>	55
<i>dextroamphetamine sulfate er</i>	55
<i>dextrose 10%/nacl 0.45%</i>	87
DEXTROSE 5% /ELECTROLYTE #48	87
VIAFLEX	
<i>dextrose 10%</i>	87
<i>dextrose 10%/nacl 0.2%</i>	87
<i>dextrose 2.5%/nacl 0.45%</i>	87
<i>dextrose 20%</i>	87
<i>dextrose 25%</i>	87
<i>dextrose 30%</i>	87
<i>dextrose 40%</i>	87
<i>dextrose 5%</i>	87
<i>dextrose 5%/lactated ringers</i>	87
<i>dextrose 5%/nacl 0.2%</i>	87
<i>dextrose 5%/nacl 0.225%</i>	87
<i>dextrose 5%/nacl 0.3%</i>	87
<i>dextrose 5%/nacl 0.33%</i>	87
<i>dextrose 5%/nacl 0.45%</i>	87
<i>dextrose 5%/nacl 0.9%</i>	87
<i>dextrose 50%</i>	87
<i>dextrose 70%</i>	87
DIASTAT ACUDIAL	24
DIASTAT PEDIATRIC	24
<i>diazepam</i>	24
<i>diazepam</i>	44
<i>diazepam intensol</i>	44
<i>diazepam rectal gel</i>	24
<i>diclofenac potassium</i>	13
<i>diclofenac sodium</i>	17
<i>diclofenac sodium</i>	58

Drug Name	Page #
<i>diclofenac sodium</i>	80
<i>diclofenac sodium dr</i>	13
<i>diclofenac sodium er</i>	13
<i>diclofenac sodium xr</i>	13
<i>diclofenac sodium/misoprostol</i>	13
<i>dicloxacillin sodium</i>	21
<i>dicyclomine hcl</i>	60
<i>didanosine</i>	42
DIFICID	21
<i>diflorasone diacetate</i>	64
<i>diflunisal</i>	13
<i>digitek</i>	52
<i>digox</i>	52
<i>digoxin</i>	52
<i>dihydroergotamine mesylate</i>	30
DILANTIN	25
DILANTIN INFATABS	25
DILANTIN-125	25
DILATRATE SR	55
<i>diltiazem cd</i>	52
<i>diltiazem hcl</i>	52
<i>diltiazem hcl cd</i>	52
<i>diltiazem hcl er</i>	52
<i>dilt-xr</i>	52
DIPENTUM	77
<i>diphenatol</i>	61
<i>diphenhydramine hcl</i>	82
<i>diphenoxylate/atropine</i>	61
<i>diphtheria/tetanus toxoids adsorbed</i>	76
<i>pediatric</i>	
<i>dipyridamole</i>	49
<i>disopyramide phosphate</i>	50
<i>disulfiram</i>	17
DIURIL	54
<i>divalproex sodium</i>	24
<i>divalproex sodium dr</i>	24
<i>divalproex sodium er</i>	24
<i>dobutamine hcl</i>	52
<i>dobutamine hcl/d5w</i>	53
<i>dobutamine hydrochloride/dextrose</i>	53
<i>dobutamine/dextrose 5%</i>	53
DOCEFREZ	33
<i>docetaxel</i>	33
DOCETAXEL	35
<i>dofetilide</i>	50
<i>donepezil hcl</i>	25
<i>dopamine hcl</i>	53

Drug Name	Page #
<i>dopamine hydrochloride/dextrose</i>	53
<i>dopamine/d5w</i>	53
DORIBAX	20
DORIPENEM	20
DORYX	23
DORYX MPC	22
<i>dorzolamide hcl</i>	81
<i>dorzolamide hcl/timolol maleate</i>	81
<i>doxazosin</i>	63
<i>doxazosin mesylate</i>	63
<i>doxepin hcl</i>	27
<i>doxepin hydrochloride</i>	58
<i>doxercalciferol</i>	77
<i>doxorubicin hcl</i>	33
<i>doxorubicin hcl liposome</i>	33
<i>doxy 100</i>	23
<i>doxycycline</i>	23
<i>doxycycline</i>	58
<i>doxycycline hyclate</i>	23
<i>doxycycline hyclate dr</i>	23
<i>doxycycline monohydrate</i>	23
<i>dronabinol</i>	28
<i>droperidol</i>	27
<i>drospirenone/ethinyl estradiol</i>	68
<i>drospirenone/ethinyl</i>	68
<i>estradiol/levomefolate calcium</i>	
DROXIA	32
DULERA	82
DULOXETINE HCL	26
DUPIXENT	58
<i>duramorph</i>	15
DUREZOL	80
<i>dutasteride</i>	63
<i>dutasteride/tamsulosin hydrochloride</i>	63
DUTOPROL	51
DYMISTA	82
DYRENIUM	53
E.E.S. GRANULES	21
<i>econazole nitrate</i>	29
EDARBI	49
EDARBYCLOR	49
EDECLIN	53
EDURANT	42
EFFIENT	49
EGRIFTA	66
ELAPRASE	60
<i>eletriptan hydrobromide</i>	30

Drug Name	Page #
ELIDEL	58
ELIGARD	73
<i>elinst</i>	68
<i>eliphos</i>	63
ELIQUIS	47
ELITEK	32
ELLA	71
ELMIRON	63
EMADINE	80
EMBEDA	14
EMCYT	32
EMEND	28
EMEND TRIPACK	28
EMFLAZA	64
<i>emoquette</i>	68
EMPLICITI	36
EMSAM	26
EMTRIVA	42
<i>enalapril maleate</i>	50
<i>enalapril maleate/hydrochlorothiazide</i>	50
<i>enalaprilat</i>	50
ENBREL	74
ENBREL SURECLICK	74
ENDARI	61
<i>endocet</i>	15
<i>endodan</i>	15
ENGERIX-B	76
<i>enoxaparin sodium</i>	47
<i>enpresse-28</i>	68
<i>enskyce</i>	68
<i>entacapone</i>	37
<i>entecavir</i>	40
ENTRESTO	49
ENTYVIO	60
<i>enulose</i>	61
ENVARUSUS XR	74
EPANED	50
EPCLUSA	41
EPIDUO	58
EPIDUO FORTE	58
<i>epinastine hcl</i>	80
EPINEPHRINE	83
EPIPEN 2-PAK	83
EPIPEN-JR 2-PAK	83
<i>epirubicin hcl</i>	33
<i>epitol</i>	25
EPIVIR HBV	40

Drug Name	Page #
<i>eplerenone</i>	53
<i>epoprostenol sodium</i>	84
<i>eprosartan mesylate</i>	49
EPZICOM	42
EQUETRO	44
ERAXIS	29
ERBITUX	36
ERGOLOID MESYLATES	25
ERGOMAR	30
<i>ergotamine tartrate/caffeine</i>	30
ERIVEDGE	35
<i>errin</i>	72
ERWINAZE	33
<i>ery</i>	21
ERYPED 200	21
ERYPED 400	21
ERY-TAB	21
<i>erythrocine lactobionate</i>	21
ERYTHROCIN STEARATE	21
<i>erythromycin</i>	22
<i>erythromycin base</i>	21
<i>erythromycin ethylsuccinate</i>	22
<i>erythromycin stearate</i>	22
<i>erythromycin/benzoyl peroxide</i>	59
ESBRIET	84
<i>escitalopram oxalate</i>	26
<i>esmolol hcl</i>	51
<i>esomeprazole magnesium</i>	62
<i>esomeprazole sodium</i>	62
<i>estarylla</i>	68
<i>estazolam</i>	44
ESTRACE	68
<i>estradiol</i>	68
<i>estradiol valerate</i>	68
<i>estradiol/norethindrone acetate</i>	68
ESTRING	68
<i>estropipate</i>	68
<i>eszopiclone</i>	85
<i>ethacrynic acid</i>	53
<i>ethambutol hcl</i>	31
<i>ethosuximide</i>	23
<i>ethynodiol diacetate/ethinyl estradiol</i>	68
<i>etidronate disodium</i>	77
<i>etodolac</i>	13
<i>etodolac er</i>	13
ETOPOPHOS	35
<i>etoposide</i>	35

Drug Name	Page #
EURAX	37
EVOMELA	31
EVOTAZ	43
EXELDERM	29
<i>exemestane</i>	35
EXJADE	85
EXONDYS 51	78
EXTAVIA	57
EYLEA	79
<i>ezetimibe</i>	54
<i>ezetimibe/simvastatin</i>	54
FABRAZYME	60
<i>falmina</i>	68
<i>famciclovir</i>	43
<i>famotidine</i>	61
<i>famotidine premixed</i>	61
FANAPT	39
FANAPT TITRATION PACK	39
FARESTON	32
FARYDAK	33
FASLODEX	32
<i>fayosim</i>	68
<i>felbamate</i>	24
<i>felodipine er</i>	52
FEMRING	68
<i>femynor</i>	68
<i>fenofibrate</i>	54
<i>fenofibrate micronized</i>	54
<i>fenofibric acid</i>	54
<i>fenofibric acid dr</i>	54
FENOPROFEN CALCIUM	13
<i>fentanyl</i>	14
<i>fentanyl citrate</i>	15
<i>fentanyl citrate oral transmucosal</i>	15
FENTORA	15
FERRIPROX	85
FETZIMA	26
FETZIMA TITRATION PACK	26
FINACEA	59
<i>finasteride</i>	63
FIRAZYR	73
FIRMAGON	73
FLAGYL ER	18
FLAREX	80
<i>flavoxate hcl</i>	62
FLEBOGAMMA DIF	75
<i>flecainide acetate</i>	50

Drug Name	Page #
FLOVENT DISKUS	82
FLOVENT HFA	82
<i>floxuridine</i>	32
<i>fluconazole</i>	29
<i>fluconazole in dextrose</i>	29
<i>fluconazole in nacl</i>	29
<i>flucytosine</i>	29
FLUDARABINE PHOSPHATE	33
<i>fludrocortisone acetate</i>	64
<i>flunisolide</i>	82
<i>fluocinolone acetonide</i>	59
<i>fluocinolone acetonide</i>	64
<i>fluocinolone acetonide body</i>	59
<i>fluocinolone acetonide ear drops</i>	64
<i>fluocinolone acetonide scalp</i>	59
<i>fluocinonide</i>	65
<i>fluocinonide emulsified base</i>	65
<i>fluorometholone</i>	80
<i>fluorouracil</i>	32
FLUOROURACIL	59
<i>fluoxetine</i>	26
<i>fluoxetine dr</i>	27
<i>fluoxetine hcl</i>	27
<i>fluphenazine decanoate</i>	38
<i>fluphenazine hcl</i>	38
<i>flurandrenolide</i>	59
<i>flurandrenolide</i>	65
<i>flurbiprofen</i>	13
<i>flurbiprofen sodium</i>	80
<i>flutamide</i>	32
<i>fluticasone propionate</i>	65
<i>fluticasone propionate</i>	82
<i>fluvastatin</i>	54
<i>fluvastatin sodium er</i>	54
<i>fluvoxamine maleate</i>	27
<i>fluvoxamine maleate er</i>	27
FML	80
FML FORTE	80
FOCALIN XR	56
FOLOTYN	32
<i>fondaparinux sodium</i>	47
FORADIL AEROLIZER	83
FORFIVO XL	26
FORTEO	77
FORTICAL	77
FOSAMAX PLUS D	77
<i>fosamprenavir calcium</i>	43

Drug Name	Page #	Drug Name	Page #
<i>fosinopril sodium</i>	50	GENVOYA	41
<i>fosinopril sodium/hydrochlorothiazide</i>	50	GEODON	39
<i>fosphenytoin sodium</i>	25	<i>gianvi</i>	68
FOSRENOL	63	<i>gildagia</i>	68
FRAGMIN	48	<i>gildess 1.5/30</i>	68
FREAMINE HBC 6.9%	88	<i>gildess 1/20</i>	68
FREAMINE III	88	<i>gildess 24 fe</i>	68
<i>frovatriptan succinate</i>	30	<i>gildess fe 1.5/30</i>	69
<i>furosemide</i>	53	<i>gildess fe 1/20</i>	69
FUSILEV	33	GILENYA	57
FUZEON	43	GILOTRIF	33
FYAVOLV	68	GLASSIA	84
FYCOMPA	23	<i>glatiramer acetate</i>	57
<i>gabapentin</i>	24	<i>glatopa</i>	57
GABITRIL	24	GLEOSTINE	31
GABLOFEN	40	<i>glimepiride</i>	45
<i>galantamine hydrobromide</i>	25	<i>glipizide</i>	45
<i>galantamine hydrobromide er</i>	25	<i>glipizide er</i>	45
GAMASTAN S/D	75	<i>glipizide xl</i>	45
GAMMAGARD LIQUID	75	<i>glipizide/metformin hcl</i>	45
GAMMAGARD S/D IGA LESS THAN	75	GLUCAGEN HYPOKIT	46
1MCG/ML		GLUCAGON EMERGENCY KIT	46
GAMMAKED	75	<i>glyburide</i>	45
GAMMAPLEX	75	<i>glyburide micronized</i>	45
GAMUNEX-C	75	<i>glyburide/metformin hcl</i>	45
<i>ganciclovir</i>	40	<i>glycopyrrolate</i>	60
GARDASIL	76	<i>glydo</i>	16
GARDASIL 9	76	GLYSET	45
<i>gatifloxacin</i>	22	GOCOVRI	37
GATTEX	61	GOLYTELY	62
<i>gavilyte-c</i>	61	GRALISE	13
<i>gavilyte-g</i>	61	GRALISE STARTER	13
<i>gavilyte-h</i>	61	<i>granisetron hcl</i>	28
<i>gavilyte-n/flavor pack</i>	62	GRANIX	48
GAZYVA	36	<i>griseofulvin microsize</i>	29
GELNIQUE	62	<i>griseofulvin ultramicrosize</i>	29
<i>gemcitabine</i>	32	<i>guanfacine er</i>	56
<i>gemcitabine hcl</i>	32	<i>guanfacine hcl</i>	49
<i>gemfibrozil</i>	54	GUANIDINE HCL	30
<i>generlac</i>	62	GYNAZOLE-1	29
<i>gengraf</i>	74	H.P. ACTHAR	66
GENOTROPIN	66	HAEGARDA	78
GENOTROPIN MINIQUICK	66	HALAVEN	33
<i>gentak</i>	17	<i>halobetasol propionate</i>	65
<i>gentamicin sulfate</i>	17	<i>haloperidol</i>	38
<i>gentamicin sulfate pediatric</i>	17	<i>haloperidol decanoate</i>	38
<i>gentamicin sulfate/0.9% sodium chloride</i>	17	<i>haloperidol lactate</i>	38

Drug Name	Page #	Drug Name	Page #
HARVONI	41	<i>hydrocortisone</i>	65
HAVRIX	76	<i>hydrocortisone butyrate</i>	65
<i>heather</i>	72	<i>hydrocortisone butyrate (lipophilic)</i>	65
<i>hecoria</i>	74	<i>hydrocortisone valerate</i>	65
HEPAGAM B	75	<i>hydrocortisone/acetic acid</i>	81
<i>heparin sodium</i>	48	<i>hydromorphone hcl</i>	15
<i>heparin sodium/d5w</i>	48	<i>hydromorphone hcl dosette</i>	15
<i>heparin sodium/nacl 0.45%</i>	48	<i>hydromorphone hcl er</i>	14
<i>heparin sodium/nacl 0.9%</i>	48	<i>hydromorphone hydrochloride er</i>	14
<i>heparin sodium/sodium chloride 0.9%</i>	48	<i>hydroxychloroquine sulfate</i>	37
<i>heparin sodium/sodium chloride 0.9% premix</i>	48	<i>hydroxyprogesterone caproate</i>	31
HEPATAMINE	88	<i>hydroxyurea</i>	32
HERCEPTIN	36	<i>hydroxyzine hcl</i>	82
HETLIOZ	56	<i>hydroxyzine pamoate</i>	82
HEXALEN	31	HYPERHEP B S/D	75
HIBERIX	76	HYPERRAB S/D	75
HIZENTRA	75	HYPERRHO S/D	75
HUMALOG	46	HYPERRHO S/D MINI-DOSE	75
HUMALOG JUNIOR KWIKPEN	46	HYQVIA	76
HUMALOG KWIKPEN	46	<i>ibandronate sodium</i>	77
HUMALOG MIX 50/50	46	IBRANCE	33
HUMALOG MIX 50/50 KWIKPEN	46	<i>ibudone</i>	15
HUMALOG MIX 75/25	47	<i>ibuprofen</i>	13
HUMALOG MIX 75/25 KWIKPEN	47	<i>ibutilide fumarate</i>	50
HUMATROPE	66	ICLUSIG	35
HUMATROPE COMBO PACK	66	<i>idarubicin hcl</i>	33
HUMIRA	74	IDHIFA	35
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	74	IFOSFAMIDE	31
HUMIRA PEN	74	ILARIS	75
HUMIRA PEN-CROHNS DISEASESTARTER	74	ILEVRO	80
HUMIRA PEN-PSORIASIS STARTER	74	<i>ilotycin</i>	22
HUMULIN 70/30	47	<i>imatinib mesylate</i>	35
HUMULIN 70/30 KWIKPEN	47	IMBRUVICA	35
HUMULIN N	47	IMFINZI	36
HUMULIN N KWIKPEN	47	<i>imipenem/cilastatin</i>	20
HUMULIN R	47	<i>imipramine hcl</i>	27
HUMULIN R U-500 (CONCENTRATED)	47	<i>imipramine pamoate</i>	27
HUMULIN R U-500 KWIKPEN	47	<i>imiquimod</i>	59
<i>hydralazine hcl</i>	55	IMOGAM RABIES-HT	75
<i>hydrochlorothiazide</i>	54	IMOVAX RABIES (H.D.C.V.)	76
<i>hydrocodone bitartrate/acetaminophen</i>	15	INCRELEX	66
<i>hydrocodone/acetaminophen</i>	15	<i>indapamide</i>	54
<i>hydrocodone/ibuprofen</i>	15	INDOMETHACIN	13
		<i>indomethacin er</i>	13
		<i>indomethacin sr</i>	13
		INFANRIX	76
		INFLECTRA	74

Drug Name	Page #
INFUMORPH 200	14
INFUMORPH 500	14
INGREZZA	57
INLYTA	35
INNOPRAN XL	51
INTELENCE	42
INTRALIPID	78
INTRON A	40
INTRON A W/DILUENT	40
<i>introvale</i>	69
INVANZ	20
INVEGA SUSTENNA	39
INVEGA TRINZA	39
INVIRASE	43
INVOKAMET	45
INVOKAMET XR	45
INVOKANA	45
IONOSOL-B/DEXTROSE 5%	88
IONOSOL-MB/DEXTROSE 5%	88
IOPIDINE	81
IPOL INACTIVATED IPV	76
<i>ipratropium bromide</i>	83
<i>ipratropium bromide/albuterol sulfate</i>	83
<i>irbesartan</i>	49
<i>irbesartan/hydrochlorothiazide</i>	49
IRESSA	35
<i>irinotecan</i>	33
<i>irinotecan hydrochloride</i>	33
ISENTRESS	41
ISENTRESS HD	41
<i>isibloom</i>	69
ISOLYTE-P/DEXTROSE 5%	88
ISOLYTE-S	88
ISOLYTE-S PH 7.4	88
<i>isoniazid</i>	31
<i>isoproterenol hydrochloride</i>	83
ISORDIL TITRADOSE	55
<i>isosorbide dinitrate</i>	55
<i>isosorbide dinitrate er</i>	55
<i>isosorbide mononitrate</i>	55
<i>isosorbide mononitrate er</i>	55
<i>isotonic gentamicin</i>	17
<i>isradipine</i>	52
ISTODAX	33
ISTODAX (OVERFILL)	33
<i>itraconazole</i>	29
<i>ivermectin</i>	37

Drug Name	Page #
IXEMPRA KIT	34
IXIARO	76
JADENU	85
JADENU SPRINKLE	86
JAKAFI	35
<i>jantoven</i>	48
JANUMET	45
JANUMET XR	45
JANUVIA	45
JARDIANCE	45
<i>jencycla</i>	72
JENTADUETO	45
JENTADUETO XR	46
JEVANTIQUE LO	69
JEVTANA	34
<i>jinteli</i>	69
<i>jolessa</i>	69
<i>jolivette</i>	72
JUBLIA	29
<i>juleber</i>	69
<i>junel 1.5/30</i>	69
<i>junel 1/20</i>	69
<i>junel fe 1.5/30</i>	69
<i>junel fe 1/20</i>	69
<i>junel fe 24</i>	69
JUXTAPID	54
KADCYLA	36
<i>kaitlib fe</i>	69
KALBITOR	78
KALETRA	43
KALYDECO	84
KANUMA	60
<i>kariva</i>	69
<i>kcl 0.075%/d5w/nacl 0.45%</i>	88
<i>kcl 0.15%/d5w/nacl 0.2%</i>	88
<i>kcl 0.15%/d5w/nacl 0.225%</i>	88
<i>kcl 0.15%/d5w/nacl 0.45%</i>	88
<i>kcl 0.15%/d5w/nacl 0.9%</i>	88
<i>kcl 0.3%/d5w/nacl 0.45%</i>	88
<i>kcl 0.3%/d5w/nacl 0.9%</i>	88
<i>kelnor 1/35</i>	69
KENALOG-10	65
KENALOG-40	65
KEPIVANCE	58
KETEK	22
<i>ketoconazole</i>	29
<i>ketodan</i>	29

Drug Name	Page #	Drug Name	Page #
<i>ketoprofen</i>	13	<i>lamotrigine</i>	25
<i>ketoprofen er</i>	13	<i>lamotrigine er</i>	24
<i>ketorolac tromethamine</i>	13	<i>lamotrigine odt</i>	24
<i>ketorolac tromethamine</i>	80	<i>lamotrigine starter kit/blue</i>	24
KEVEYIS	78	<i>lamotrigine starter kit/green</i>	24
KEVZARA	75	<i>lamotrigine starter kit/orange</i>	25
KEYTRUDA	36	<i>lamotrigine titration</i>	25
KHEDEZLA	27	LANOXIN	53
<i>kimidess</i>	69	<i>lansoprazole</i>	62
KINERET	74	<i>lansoprazole/amoxicillin/clarithromycin</i>	61
KINRIX	76	<i>lanthanum carbonate</i>	63
<i>kionex</i>	86	LANTUS	47
KISQALI	34	LANTUS SOLOSTAR	47
KISQALI FEMARA 200 DOSE	31	<i>larin 1.5/30</i>	69
KISQALI FEMARA 400 DOSE	31	<i>larin 1/20</i>	69
KISQALI FEMARA 600 DOSE	31	<i>larin 24 fe</i>	69
<i>klor-con 10</i>	88	<i>larin fe 1.5/30</i>	69
<i>klor-con 8</i>	88	<i>larin fe 1/20</i>	69
<i>klor-con m10</i>	88	<i>larissia</i>	69
<i>klor-con m15</i>	88	LARTRUVO	34
<i>klor-con m20</i>	88	LARTRUVO	36
<i>klor-con sprinkle</i>	88	LASTACFT	80
KOMBIGLYZE XR	46	<i>latanoprost</i>	79
KORLYM	67	LATUDA	39
KRISTALOSE	62	<i>layolis fe</i>	69
KRYSTEXXA	30	LAZANDA	15
<i>k-sol</i>	88	<i>leena</i>	69
<i>kurvelo</i>	69	<i>leflunomide</i>	75
KUVAN	60	LEMTRADA	76
KYNAMRO	54	LENVIMA 10 MG DAILY DOSE	35
KYPROLIS	35	LENVIMA 14 MG DAILY DOSE	36
<i>labetalol hcl</i>	51	LENVIMA 18 MG DAILY DOSE	36
LACRISERT	79	LENVIMA 20 MG DAILY DOSE	36
<i>lactated ringers irrigation</i>	78	LENVIMA 24 MG DAILY DOSE	36
<i>lactated ringers viaflex</i>	88	LENVIMA 8 MG DAILY DOSE	36
<i>lactulose</i>	62	<i>lessina</i>	69
LAMICTAL STARTER/NOT TAKING	24	LETAIRIS	84
CARBAMAZEPINE		<i>letrozole</i>	35
LAMICTAL STARTER/TAKING	24	<i>leucovorin calcium</i>	34
CARBAMAZEPINE/NOT TAKING		LEUKERAN	31
VALPROATE		LEUKINE	48
LAMICTAL STARTER/TAKING	24	<i>leuprolide acetate</i>	73
VALPROATE		<i>levalbuterol</i>	83
LAMISIL	29	<i>levalbuterol hcl</i>	83
<i>lamivudine</i>	40	<i>levalbuterol tartrate hfa</i>	83
<i>lamivudine</i>	42	LEVEMIR	47
<i>lamivudine/zidovudine</i>	42	LEVEMIR FLEXTOUCH	47

Drug Name	Page #
<i>levetiracetam</i>	23
<i>levetiracetam er</i>	23
<i>levobunolol hcl</i>	81
LEVITRA	63
<i>levocarnitine</i>	78
<i>levocetirizine dihydrochloride</i>	82
<i>levofloxacin</i>	22
<i>levofloxacin in d5w</i>	22
LEVOLEUCOVORIN	34
<i>levoleucovorin calcium</i>	34
<i>levonest</i>	69
<i>levonorgestrel</i>	72
<i>levonorgestrel and ethinyl estradiol</i>	69
<i>levonorgestrel/ethinyl estradiol</i>	69
<i>levora 0.15/30-28</i>	69
<i>levorphanol tartrate</i>	14
<i>levothyroxine sodium</i>	72
<i>levoxyl</i>	72
LEXIVA	43
LIALDA	77
<i>lidocaine</i>	16
<i>lidocaine and tetracaine cream</i>	16
<i>lidocaine hcl</i>	16
<i>lidocaine hcl</i>	50
<i>lidocaine hcl in d5w</i>	50
<i>lidocaine hcl jelly</i>	16
<i>lidocaine hcl/dextrose</i>	16
<i>lidocaine hcl/dextrose</i>	50
<i>lidocaine viscous</i>	16
<i>lidocaine/epinephrine</i>	16
<i>lidocaine/prilocaine</i>	16
<i>lidopril</i>	16
<i>lincomycin hcl</i>	18
<i>lindane</i>	37
<i>linezolid</i>	18
LINZESS	61
LIORESAL INTRATHECAL	40
<i>liothyronine sodium</i>	72
<i>lipodox</i>	34
<i>lipodox 50</i>	34
<i>lisinopril</i>	50
<i>lisinopril/hydrochlorothiazide</i>	50
<i>lithium</i>	44
<i>lithium carbonate</i>	44
<i>lithium carbonate er</i>	44
LIVALO	54
LO LOESTRIN FE	69

Drug Name	Page #
<i>lokara</i>	65
<i>lomedia 24 fe</i>	69
<i>lomustine</i>	31
LONSURF	33
<i>loperamide hcl</i>	61
<i>lopinavir/ritonavir</i>	43
<i>lopreeza</i>	69
<i>lorazepam</i>	44
<i>lorazepam intensol</i>	44
<i>lorcet</i>	15
<i>lorcet hd</i>	15
<i>lorcet plus</i>	15
<i>lortab</i>	15
<i>loryna</i>	69
<i>losartan potassium</i>	49
<i>losartan potassium/hydrochlorothiazide</i>	49
LOTEMAX	80
<i>lovastatin</i>	54
<i>low-ogestrel</i>	69
<i>loxapine succinate</i>	38
LUFYLLIN	84
LUMIGAN	79
LUMIZYME	60
LUPANETA PACK	73
LUPRON DEPOT (1-MONTH)	73
LUPRON DEPOT (3-MONTH)	73
LUPRON DEPOT (4-MONTH)	73
LUPRON DEPOT (6-MONTH)	73
LUPRON DEPOT-PED (1-MONTH)	73
LUPRON DEPOT-PED (3-MONTH)	73
<i>lutura</i>	69
LYNPARZA	34
LYRICA	23
LYSODREN	72
<i>lyza</i>	72
<i>mafenide acetate</i>	18
<i>magnesium sulfate</i>	88
<i>magnesium sulfate in d5w</i>	23
MAKENA	72
<i>malathion</i>	37
<i>mannitol</i>	53
<i>maprotiline hcl</i>	26
<i>margesic</i>	57
<i>marlissa</i>	69
MARPLAN	26
<i>marten-tab</i>	57
MATULANE	31

Drug Name	Page #
<i>matzim la</i>	52
MAVYRET	41
MAXIDEX	80
<i>meclizine hcl</i>	28
<i>meclofenamate sodium</i>	13
<i>medolor pak</i>	16
MEDROL	65
<i>medroxyprogesterone acetate</i>	72
<i>mefenamic acid</i>	13
<i>mefloquine hcl</i>	37
<i>megestrol acetate</i>	72
MEKINIST	36
<i>melodetta 24 fe</i>	69
<i>meloxicam</i>	13
<i>melphalan hydrochloride</i>	31
<i>memantine hcl</i>	25
<i>memantine hcl titration pak</i>	25
<i>memantine hydrochloride</i>	26
MENACTRA	76
MENEST	69
MENHIBRIX	76
MENOMUNE-A/C/Y/W-135	76
MENTAX	29
MENVEO	76
<i>mercaptapurine</i>	33
<i>meropenem</i>	20
<i>meropenem/sodium chloride</i>	20
<i>mesalamine</i>	77
<i>mesalamine dr</i>	77
<i>mesna</i>	34
MESNEX	34
MESTINON	30
<i>metadate er</i>	56
<i>metaproterenol sulfate</i>	83
<i>metformin hcl</i>	46
<i>metformin hcl er</i>	46
<i>methadone hcl</i>	14
<i>methadone hcl intensol</i>	14
<i>methadose</i>	14
<i>methadose sugar-free</i>	14
<i>methazolamide</i>	81
<i>methenamine hippurate</i>	18
<i>methergine</i>	78
<i>methimazole</i>	73
<i>methitest</i>	67
<i>methocarbamol</i>	85
<i>methotrexate</i>	74

Drug Name	Page #
<i>methotrexate sodium</i>	74
<i>methoxsalen</i>	59
<i>methscopolamine bromide</i>	60
<i>methyclothiazide</i>	54
<i>methyl dopa</i>	49
<i>methyl dopa/hydrochlorothiazide</i>	49
<i>methyl dopate hcl</i>	49
<i>methyl ergonovine maleate</i>	78
<i>methylphenidate hcl</i>	56
<i>methylphenidate hcl cd</i>	56
<i>methylphenidate hcl er</i>	56
<i>methylphenidate hcl er (la)</i>	56
<i>methylphenidate hcl sr</i>	56
<i>methylphenidate hydrochloride</i>	56
<i>methylprednisolone</i>	65
<i>methylprednisolone acetate</i>	65
<i>methylprednisolone dose pack</i>	65
<i>methylprednisolone sodiumsuccinate</i>	65
<i>methyltestosterone</i>	67
<i>metipranolol</i>	81
<i>metoclopramide hcl</i>	61
<i>metoclopramide odt</i>	61
<i>metolazone</i>	54
<i>metoprolol succinate er</i>	51
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	51
<i>metoprolol tartrate</i>	51
<i>metoprolol/hydrochlorothiazide</i>	51
METRO IV	18
<i>metronidazole</i>	18
<i>metronidazole in nacl 0.79%</i>	18
<i>metronidazole vaginal</i>	18
<i>mexiletine hcl</i>	50
MIACALCIN	77
<i>mibelas 24 fe</i>	70
<i>miconazole 3</i>	29
MICRHOGAM ULTRA-FILTERED PLUS	75
<i>microgestin 1.5/30</i>	70
<i>microgestin 1/20</i>	70
<i>microgestin 24 fe</i>	70
<i>microgestin fe</i>	70
<i>microgestin fe 1.5/30</i>	70
<i>midazolam hcl</i>	44
<i>midodrine hcl</i>	49
MIGERGOT	30
<i>miglitol</i>	46

Drug Name	Page #
MILLIPRED	65
MILLIPRED DP	65
<i>milrinone in dextrose</i>	53
<i>milrinone lactate</i>	53
<i>mimvey</i>	70
<i>mimvey lo</i>	70
MINASTRIN 24 FE	70
<i>minitran</i>	55
<i>minocycline hcl</i>	23
<i>minocycline hcl er</i>	23
<i>minoxidil</i>	55
<i>mirtazapine</i>	26
<i>mirtazapine odt</i>	26
MIRVASO	81
<i>misoprostol</i>	62
<i>mitomycin</i>	34
<i>mitoxantrone hcl</i>	34
M-M-R II	76
<i>modafinil</i>	85
<i>moderiba</i>	41
MODERIBA 1200 DOSE PACK	41
MODERIBA 800 DOSE PACK	41
<i>moexipril hcl</i>	50
<i>moexipril/hydrochlorothiazide</i>	50
<i>molindone hydrochloride</i>	38
<i>mometasone furoate</i>	65
<i>mometasone furoate</i>	82
<i>mondoxylene nl</i>	23
<i>mono-linyah</i>	70
<i>mononessa</i>	70
<i>montelukast sodium</i>	82
MONUROL	19
MORGIDOX 1X100MG	23
<i>morgidox 1x50mg</i>	23
MORGIDOX 2X100MG	23
<i>morphine sulfate</i>	15
<i>morphine sulfate cr</i>	14
<i>morphine sulfate er</i>	14
MOVIPREP	62
MOXEZA	22
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	22
MOXIFLOXACIN HCL	22
MOZOBIL	48
MULTAQ	50
<i>mupirocin</i>	19
<i>mupirocin calcium</i>	19

Drug Name	Page #
MUSTARGEN	32
<i>my way</i>	72
MYALEPT	78
MYCAMINE	29
<i>mycophenolate mofetil</i>	74
<i>mycophenolic acid dr</i>	74
MYLOTARG	36
<i>myorisan</i>	59
MYOZYME	60
MYRBETRIQ	62
<i>myzilra</i>	70
NABI-HB	75
<i>nabumetone</i>	13
<i>nadolol</i>	51
<i>nadolol/bendroflumethiazide</i>	51
NAFCILLIN	21
<i>nafcillin sodium</i>	21
NAFTIFINE HCL	29
<i>naftifine hydrochloride</i>	29
NAFTIN	29
NAGLAZYME	60
<i>nalbuphine hcl</i>	15
<i>naloxone hcl</i>	17
<i>naltrexone hcl</i>	17
NAMENDA	26
NAMENDA TITRATION PAK	26
NAMENDA XR	26
NAMENDA XR TITRATION PACK	26
NAMZARIC	25
NAMZARIC	57
<i>naphazoline hcl</i>	79
<i>naproxen</i>	13
<i>naproxen dr</i>	13
<i>naproxen sodium</i>	13
<i>naproxen sodium cr</i>	13
<i>naproxen sodium er</i>	13
<i>naratriptan hcl</i>	30
NARCAN	17
NASONEX	82
NATACYN	29
<i>nateglinide</i>	46
NATPARA	78
NEBUPENT	37
<i>necon 0.5/35-28</i>	70
<i>necon 1/35</i>	70
<i>necon 1/50-28</i>	70
<i>necon 10/11-28</i>	70

Drug Name	Page #
<i>necon 7/7/7</i>	70
<i>nefazodone hcl</i>	26
<i>neomycin sulfate</i>	18
<i>neomycin/bacitracin/polymyxin</i>	79
<i>neomycin/polymyxin b sulfates</i>	18
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	19
<i>neomycin/polymyxin/dexamethasone</i>	80
<i>neomycin/polymyxin/gramicidin</i>	79
<i>neomycin/polymyxin/hc</i>	81
<i>neomycin/polymyxin/hydrocortisone</i>	19
<i>neomycin/polymyxin/hydrocortisone</i>	81
<i>neo-polycin</i>	79
<i>neo-polycin hc</i>	19
NEPHRAMINE	88
NERLYNX	34
<i>neuac</i>	59
NEUAC KIT	59
NEULASTA	48
NEULASTA ONPRO KIT	48
NEUPOGEN	48
NEUPRO	38
NEVANAC	80
<i>nevirapine</i>	42
<i>nevirapine er</i>	42
NEXAVAR	36
NEXIUM	62
<i>niacin er</i>	54
<i>niacor</i>	54
<i>nicardipine hcl</i>	52
NICOTROL INHALER	17
NICOTROL NS	17
<i>nifedical xl</i>	52
<i>nifedipine</i>	52
<i>nifedipine er</i>	52
<i>nikki</i>	70
NILANDRON	32
<i>nilutamide</i>	32
<i>nimodipine</i>	52
NINLARO	34
NIPENT	33
<i>nisoldipine er</i>	52
NITRO-BID	55
NITRO-DUR	55
<i>nitrofurantoin</i>	19
<i>nitrofurantoin macrocrystals</i>	19
<i>nitrofurantoin monohydrate</i>	19

Drug Name	Page #
<i>nitrofurantoin</i>	19
<i>monohydrate/macrocrystals</i>	
<i>nitroglycerin</i>	55
<i>nitroglycerin in 5% dextrose</i>	55
<i>nitroglycerin in dextrose 5%</i>	55
<i>nitroglycerin lingual</i>	55
<i>nitroglycerin transdermal</i>	55
NITROMIST	55
NITROSTAT	55
NITYR	60
<i>nizatidine</i>	61
<i>nora-be</i>	72
NORDITROPIN FLEXPPO	66
NORDITROPIN NORDIFLEX PEN	66
<i>norepinephrine bitartrate</i>	53
<i>norethindrone</i>	72
<i>norethindrone & ethinyl estradiol</i>	70
<i>ferrous fumarate</i>	
<i>norethindrone acetate</i>	72
<i>norethindrone acetate/ethinyl estradiol</i>	70
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	70
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	70
<i>norgestimate/ethinyl estradiol</i>	70
NORITATE	19
<i>norlyroc</i>	72
NORMOSOL -R	88
NORMOSOL-M IN D5W	88
NORMOSOL-R	88
<i>normosol-r in d5w</i>	88
NORPACE CR	50
NORTHERA	53
<i>nortrel 0.5/35 (28)</i>	70
<i>nortrel 1/35</i>	70
<i>nortrel 7/7/7</i>	70
<i>nortriptyline hcl</i>	27
NORVIR	43
NOVAREL	66
NOVOLIN 70/30	47
NOVOLIN 70/30 RELION	47
NOVOLIN N	47
NOVOLIN N RELION	47
NOVOLIN R	47
NOVOLIN R RELION	47
NOVOLOG	47
NOVOLOG FLEXPEN	47

Drug Name	Page #
NOVOLOG MIX 70/30	47
NOVOLOG MIX 70/30 PREFILLED	47
FLEXPEN	
NOVOLOG PENFILL	47
NOXAFIL	29
NPLATE	48
NUEDEXTA	57
NULOJIX	74
NUPLAZID	39
NUTRILIPID	78
NUTROPIN AQ NUSPIN 10	66
NUTROPIN AQ NUSPIN 20	66
NUTROPIN AQ NUSPIN 5	66
NUTROPIN AQ PEN	66
NUVARING	70
<i>nyamyc</i>	29
<i>nyata</i>	29
NYMALIZE	52
<i>nystatin</i>	29
<i>nystatin/triamcinolone</i>	29
<i>nystop</i>	29
OCALIVA	61
<i>ocella</i>	70
OCREVUS	57
OCTAGAM	75
<i>octreotide acetate</i>	73
OCUDOX	23
ODEFSEY	42
ODOMZO	34
OFEV	84
<i>ofloxacin</i>	22
<i>ogestrel</i>	70
<i>olanzapine</i>	39
<i>olanzapine odt</i>	39
<i>olanzapine/fluoxetine</i>	27
<i>olmesartan medoxomil</i>	50
<i>olmesartan</i>	50
<i>medoxomil/hydrochlorothiazide</i>	
<i>olopatadine hcl</i>	80
<i>olopatadine hcl</i>	82
<i>olopatadine hydrochloride</i>	80
OLYSIO	41
<i>omega-3-acid ethyl esters</i>	54
<i>omeppi</i>	62
<i>omeprazole</i>	62
<i>omeprazole/sodium bicarbonate</i>	62
OMNITROPE	66

Drug Name	Page #
ONCASPAS	34
<i>ondansetron hcl</i>	28
<i>ondansetron odt</i>	28
ONFI	24
ONGLYZA	46
ONIVYDE	34
ONMEL	29
OPANA ER (CRUSH RESISTANT)	14
OPDIVO	36
<i>opium</i>	15
<i>opium tincture</i>	15
OPSUMIT	84
ORACEA	59
<i>oralone dental paste</i>	58
ORBACTIV	19
ORENCIA	74
ORENCIA CLICKJECT	74
ORENITRAM	84
ORFADIN	60
ORFADIN	78
ORKAMBI	84
ORKAMBI	84
<i>orphenadrine citrate er</i>	85
<i>orsythia</i>	70
<i>oseltamivir phosphate</i>	43
<i>osmitrol viaflex</i>	53
OTEZLA	76
<i>oxacillin sodium</i>	21
<i>oxaliplatin</i>	34
<i>oxandrolone</i>	67
<i>oxaprozin</i>	13
<i>oxazepam</i>	44
<i>oxcarbazepine</i>	25
<i>oxiconazole nitrate</i>	29
OXISTAT	29
OXSORALEN	59
<i>oxybutynin chloride</i>	62
<i>oxybutynin chloride er</i>	62
<i>oxycodone hcl</i>	15
<i>oxycodone hcl er</i>	14
<i>oxycodone/acetaminophen</i>	16
<i>oxycodone/aspirin</i>	16
<i>oxycodone/ibuprofen</i>	16
<i>oxymorphone hydrochloride</i>	16
<i>oxymorphone hydrochloride er</i>	14
<i>pacerone</i>	50
<i>paclitaxel</i>	34

Drug Name	Page #
<i>paliperidone er</i>	39
<i>pamidronate disodium</i>	78
PANDEL	65
PANRETIN	37
<i>pantoprazole sodium</i>	62
PARICALCITOL	78
<i>paroex</i>	58
<i>paromomycin sulfate</i>	18
<i>paroxetine</i>	27
<i>paroxetine hcl</i>	27
<i>paroxetine hcl er</i>	27
PASER	31
PATADAY	80
PATANOL	80
PAXIL	27
PAZEO	80
PCE	22
PEDIARIX	76
PEDVAX HIB	76
<i>peg 3350/electrolytes</i>	62
<i>peg-3350/electrolytes</i>	62
<i>peg-3350/nacl/na bicarbonate/kcl</i>	62
PEGANONE	25
PEGASYS	41
PEGASYS PROCLICK	41
PEGINTRON	41
PEG-INTRON	41
PEG-INTRON REDIPEN	41
<i>pegylax</i>	62
<i>penicillin g potassium</i>	21
<i>penicillin g potassium in iso-osmotic dextrose</i>	21
<i>penicillin g sodium</i>	21
<i>penicillin v potassium</i>	21
PENNSAID	59
PENTACEL	76
PENTAM 300	37
PENTASA	77
<i>pentazocine/naloxone hcl</i>	16
<i>pentobarbital sodium</i>	85
<i>pentoxifylline cr</i>	53
<i>pentoxifylline er</i>	53
PERFOROMIST	83
<i>perindopril erbumine</i>	50
<i>periogard</i>	58
PERJETA	36
<i>permethrin</i>	37

Drug Name	Page #
<i>perphenazine</i>	38
<i>perphenazine/amitriptyline</i>	27
PEXEVA	27
<i>pfizerpen-g</i>	21
<i>phenadoz</i>	28
<i>phenelzine sulfate</i>	26
<i>phenergan</i>	28
<i>phenobarbital</i>	24
<i>phenobarbital sodium</i>	85
<i>phenoxybenzamine hydrochloride</i>	49
<i>phenylephrine hcl</i>	49
PHENYTEK	25
<i>phenytoin</i>	25
<i>phenytoin sodium</i>	25
<i>phenytoin sodium extended</i>	25
<i>philith</i>	70
PHOSPHOLINE IODIDE	81
<i>phrenilin forte</i>	13
PHYSIOLYTE	78
PHYSIOSOL IRRIGATION	78
PICATO	59
<i>pilocarpine hcl</i>	58
<i>pilocarpine hcl</i>	81
<i>pilocarpine hydrochloride</i>	58
<i>pimozide</i>	38
<i>pimtreea</i>	70
<i>pindolol</i>	51
<i>pioglitazone hcl</i>	46
<i>pioglitazone hcl/metformin hcl</i>	46
<i>pioglitazone hcl-glimepiride</i>	46
<i>piperacillin sodium/ tazobactam sodium</i>	21
<i>piperacillin sodium/tazobactam sodium</i>	21
<i>piperacillin/tazobactam</i>	21
<i>pirmella 1/35</i>	70
<i>pirmella 7/7/7</i>	70
<i>piroxicam</i>	14
PLASMA-LYTE A	88
PLASMA-LYTE-148	88
PLASMA-LYTE-56/D5W	88
PLEGRIDY	57
PLEGRIDY STARTER PACK	57
<i>plenamine</i>	88
PLIAGLIS	16
<i>podofilox</i>	59
<i>polycin</i>	79
<i>polyethylene glycol 3350</i>	62
<i>polymyxin b sulfate</i>	19

Drug Name	Page #
<i>polymyxin b sulfate/trimethoprim sulfate</i>	79
POMALYST	32
<i>portia-28</i>	70
PORTRAZZA	34
<i>potassium acetate</i>	88
<i>potassium chloride</i>	89
<i>potassium chloride 0.15% d5w/nacl</i>	88
0.45%	
<i>potassium chloride 0.22% d5w/nacl</i>	88
0.45%	
<i>potassium chloride cr</i>	89
<i>potassium chloride er</i>	89
<i>potassium chloride sr</i>	89
<i>potassium chloride/dextrose</i>	89
<i>potassium chloride/dextrose/lactated</i>	89
<i>ringers</i>	
<i>potassium chloride/dextrose/sodium</i>	89
<i>chloride</i>	
<i>potassium chloride/sodium chloride</i>	89
<i>potassium citrate er</i>	89
POTIGA	23
PRADAXA	48
PRALUENT	53
<i>pramipexole dihydrochloride</i>	38
<i>pramipexole dihydrochloride er</i>	38
<i>prasugrel</i>	49
<i>pravastatin sodium</i>	54
<i>prazosin hcl</i>	49
PRED MILD	80
PRED-G	80
PRED-G S.O.P.	80
<i>prednicarbate</i>	65
<i>prednisolone</i>	65
<i>prednisolone acetate</i>	80
<i>prednisolone sodium phosphate</i>	65
<i>prednisolone sodium phosphate</i>	80
<i>prednisone</i>	65
<i>prednisone intensol</i>	65
PREGNYL W/DILUENT BENZYL	66
ALCOHOL/NACL	
PREMARIN	70
PREMASOL	89
PREMPHASE	70
PREMPRO	70
PREPOPIK	62
<i>prevalite</i>	54
<i>previfem</i>	70

Drug Name	Page #
PREZCOBIX	43
PREZISTA	43
PRIFTIN	31
PRILOSEC	62
<i>primaquine phosphate</i>	37
<i>primidone</i>	24
PRIMLEV	16
PRIMSOL	19
PRISTIQ	27
PRIVIGEN	75
PROAIR HFA	83
PROAIR RESPICLICK	83
<i>probenecid</i>	30
<i>probenecid/colchicine</i>	30
<i>procainamide hcl</i>	50
PROCALAMINE	89
<i>prochlorperazine</i>	39
<i>prochlorperazine edisylate</i>	38
<i>prochlorperazine maleate</i>	39
PROCRIT	48
<i>procto-med hc</i>	65
<i>procto-pak</i>	65
<i>proctosol hc</i>	65
<i>proctozone-hc</i>	65
PROCYSBI	79
<i>profeno</i>	14
<i>progesterone</i>	72
PROGLYCEM	46
PROGRAF	74
PROLASTIN-C	84
PROLENSA	80
PROLEUKIN	34
PROLIA	78
PROMACTA	48
<i>promethazine hcl</i>	28
<i>promethazine vc</i>	85
<i>promethazine vc plain</i>	85
<i>promethazine/phenylephrine</i>	85
<i>promethegan</i>	28
<i>propafenone hcl</i>	51
<i>propafenone hcl er</i>	51
<i>propantheline bromide</i>	60
<i>proparacaine hcl</i>	79
<i>propranolol hcl</i>	51
<i>propranolol hcl er</i>	51
<i>propranolol/hydrochlorothiazide</i>	51
<i>propylthiouracil</i>	73

Drug Name	Page #	Drug Name	Page #
PROQUAD	76	<i>relador pak</i>	16
PROSOL	89	<i>relador pak plus</i>	16
<i>protriptyline hcl</i>	27	RELENZA DISKHALER	43
PSORCON	66	RELISTOR	61
PULMOZYME	84	REMICADE	74
PURIXAN	33	REMODULIN	84
PYLERA	61	RENAGEL	63
<i>pyrazinamide</i>	31	RENFLEXIS	74
<i>pyridostigmine bromide</i>	30	REVELA	63
<i>pyridostigmine bromide er</i>	30	<i>repaglinide</i>	46
QUADRACEL	76	<i>repaglinide/metformin hydrochloride</i>	46
<i>quasense</i>	71	REPATHA	53
<i>quetiapine fumarate</i>	39	REPATHA PUSHTRONEX SYSTEM	55
<i>quetiapine fumarate er</i>	39	REPATHA SURECLICK	53
<i>quinapril hcl</i>	50	<i>reprexain</i>	16
<i>quinapril/hydrochlorothiazide</i>	50	RESCRIPTOR	42
<i>quinidine gluconate</i>	51	RESTASIS	79
<i>quinidine gluconate cr</i>	51	RETROVIR IV INFUSION	42
<i>quinidine gluconate er</i>	51	REVATIO	84
<i>quinidine sulfate</i>	51	REVLIMID	32
<i>quinidine sulfate er</i>	51	REXULTI	39
<i>quinine sulfate</i>	37	REYATAZ	43
QVAR	82	RHEUMATREX	74
RABAVERT	76	RHOGAM ULTRA-FILTERED PLUS	75
<i>rabeprazole sodium</i>	62	RHOPHYLAC	75
RADICAVA	57	<i>ribasphere</i>	41
<i>raloxifene hydrochloride</i>	72	RIBASPHERE RIBAPAK	41
<i>ramipril</i>	50	RIBATAB	41
RANEXA	53	<i>ribavirin</i>	41
<i>ranitidine hcl</i>	61	<i>ribavirin</i>	85
RAPAFLO	63	RIDAURA	76
RAPAMUNE	74	<i>rifabutin</i>	31
<i>rasagiline mesylate</i>	38	<i>rifampin</i>	31
RASUVO	74	RIFATER	31
RAVICTI	60	<i>riluzole</i>	57
RAYALDEE	90	<i>rimantadine hcl</i>	43
RAYOS	66	<i>ringers injection</i>	89
REBETOL	41	<i>ringers irrigation</i>	78
REBIF	57	RIOMET	46
REBIF REBIDOSE	57	<i>risedronate sodium</i>	78
REBIF REBIDOSE TITRATION PACK	57	<i>risedronate sodium dr</i>	78
REBIF TITRATION PACK	57	RISPERDAL CONSTA	39
<i>reclipsen</i>	71	<i>risperidone</i>	39
RECOMBIVAX HB	76	<i>risperidone odt</i>	39
RECTIV	55	RITALIN LA	56
REGONOL	31	RITUXAN	36
REGRANEX	59	RITUXAN HYCELA	36

Drug Name	Page #
<i>rivastigmine tartrate</i>	25
<i>rivastigmine transdermal system</i>	25
<i>rivelsa</i>	71
<i>rizatriptan benzoate</i>	30
<i>rizatriptan benzoate odt</i>	30
<i>ropinirole er</i>	38
<i>ropinirole hcl</i>	38
<i>rosadan</i>	19
ROSADAN KIT	19
<i>rosuvastatin calcium</i>	54
ROTARIX	76
ROTATEQ	76
<i>roweepra</i>	23
<i>roxicet</i>	16
ROZEREM	85
RUBRACA	34
RUBRACA	35
RUCONEST	73
RYDAPT	34
RYTARY	38
SABRIL	24
SAIZEN	66
SAIZEN CLICK.EASY	66
SAMSCA	86
SANCUSO	28
SANDIMMUNE	74
SANDOSTATIN LAR DEPOT	73
SANTYL	59
SAPHRIS	39
SAVAYSA	48
SAVELLA	57
SAVELLA TITRATION PACK	57
<i>scopolamine</i>	28
<i>selegiline hcl</i>	38
<i>selenium sulfide</i>	59
<i>selenium sulfide shampoo</i>	59
SELZENTRY	43
SEMPREX-D	82
SENSIPAR	72
SEREVENT DISKUS	83
SEROSTIM	66
<i>sertraline hcl</i>	27
<i>setlakin</i>	71
<i>sevelamer carbonate</i>	63
<i>sharobel</i>	72
SIGNIFOR	73
SIGNIFOR LAR	73

Drug Name	Page #
<i>sildenafil</i>	84
SILENOR	85
SILIQ	59
<i>silver sulfadiazine</i>	19
SIMBRINZA	81
SIMPONI	74
SIMPONI ARIA	74
SIMULECT	76
<i>simvastatin</i>	54
SIROLIMUS	74
SIRTURO	31
SIVEXTRO	19
SKLICE	37
<i>sodium acetate</i>	86
<i>sodium chloride</i>	89
<i>sodium chloride 0.45%</i>	89
<i>sodium chloride 0.9%</i>	89
<i>sodium fluoride</i>	89
<i>sodium lactate</i>	86
<i>sodium phenylacetate/sodium benzoate</i>	78
<i>sodium phenylbutyrate</i>	60
<i>sodium phosphate</i>	89
<i>sodium polystyrene sulfonate</i>	86
<i>sodium sulfacetamide</i>	22
SOLIRIS	78
SOLTAMOX	32
SOLU-CORTEF	66
SOLU-MEDROL	66
SOMATULINE DEPOT	73
SOMAVERT	73
<i>sorine</i>	51
<i>sotalol hcl</i>	51
<i>sotalol hcl (af)</i>	51
<i>sotalol hydrochloride</i>	51
SOVALDI	41
SPINRAZA	78
SPIRIVA HANDIHALER	83
SPIRIVA RESPIMAT	83
<i>spironolactone</i>	53
<i>spironolactone/hydrochlorothiazide</i>	53
SPORANOX	29
<i>sprintec 28</i>	71
SPRITAM	23
SPRYCEL	36
<i>sps</i>	86
<i>sronyx</i>	71
<i>ssd</i>	19

Drug Name	Page #	Drug Name	Page #
STALEVO 100	38	SYMLINPEN 120	46
STALEVO 125	38	SYMLINPEN 60	46
STALEVO 150	38	SYNAGIS	76
STALEVO 200	38	SYNALAR	59
STALEVO 50	38	SYNALAR CREAM KIT	59
STALEVO 75	38	SYNALAR OINTMENT KIT	59
STAMARIL	77	SYNAREL	73
<i>stavudine</i>	42	SYNDROS	28
STELARA	59	SYNERCID	19
STELARA	75	SYNJARDY	46
<i>sterile water irrigation</i>	79	SYNJARDY XR	46
STIMATE	66	SYNRIBO	34
STIOLTO RESPIMAT	85	SYNTHROID	72
STIVARGA	36	SYPRINE	86
STRATTERA	56	TABLOID	33
STRENSIQ	60	TACLONEX	59
<i>streptomycin sulfate</i>	18	<i>tacrolimus</i>	59
STRIANT	67	<i>tacrolimus</i>	75
STRIBILD	42	TAFINLAR	36
STRIVERDI RESPIMAT	83	TAGRISSO	34
SUBOXONE	17	TALTZ	59
SUBSYS	16	TAMIFLU	43
SUCRAID	60	<i>tamoxifen citrate</i>	32
SUCRALFATE	62	<i>tamsulosin hcl</i>	63
<i>sulfacetamide sodium</i>	22	TARCEVA	36
<i>sulfacetamide sodium/prednisolone</i>	80	TARGRETIN	37
<i>sodium phosphate</i>		<i>tarina fe 1/20</i>	71
<i>sulfadiazine</i>	22	TASIGNA	36
<i>sulfamethoxazole/trimethoprim</i>	22	<i>tazarotene</i>	59
<i>sulfamethoxazole/trimethoprim ds</i>	22	<i>tazicef</i>	20
SULFAMYLON	19	TAZORAC	59
<i>sulfasalazine</i>	77	<i>taztia xt</i>	52
<i>sulfatrim pediatric</i>	22	TECENTRIQ	36
<i>sulfazine</i>	77	TECFIDERA	57
<i>sulindac</i>	17	TECFIDERA STARTER PACK	57
SUMATRIPTAN	30	TECHNIVIE	41
<i>sumatriptan succinate</i>	30	TEFLARO	20
SUMATRIPTAN SUCCINATE	30	TEGRETOL	25
REFILL		TEGRETOL-XR	25
SUPRAX	20	<i>telmisartan</i>	50
SUPREP BOWEL PREP KIT	62	<i>telmisartan/amlodipine</i>	50
SUSTIVA	42	<i>telmisartan/hydrochlorothiazide</i>	50
SUTENT	36	<i>temazepam</i>	85
<i>syeda</i>	71	TEMODAR	32
SYLATRON	34	<i>tencon</i>	57
SYLVANT	36	TENIVAC	77
SYMBICORT	82	TEPADINA	32

Drug Name	Page #	Drug Name	Page #
<i>terazosin hcl</i>	63	<i>tobramycin sulfate</i>	18
<i>terbinafine hcl</i>	29	<i>tobramycin/dexamethasone</i>	80
<i>terbutaline sulfate</i>	83	TOBREX	18
<i>terconazole</i>	30	<i>tolazamide</i>	46
<i>testosterone</i>	67	<i>tolbutamide</i>	46
<i>testosterone cypionate</i>	67	<i>tolcapone</i>	37
<i>testosterone enanthate</i>	67	<i>tolmetin sodium</i>	14
<i>testosterone topical solution</i>	67	<i>tolterodine tartrate</i>	63
TETANUS/DIPHThERIA TOXOIDS- ADSORBED	77	<i>tolterodine tartrate er</i>	63
<i>tetrabenazine</i>	57	<i>topiramate</i>	25
TETRACYCLINE HCL	23	<i>topiramate er</i>	25
TETRACYCLINE HYDROCHLORIDE	23	<i>toposar</i>	35
THALOMID	32	<i>topotecan hcl</i>	35
<i>theophylline</i>	84	TORISEL	75
<i>theophylline anhydrous cr</i>	84	<i>torseamide</i>	53
<i>theophylline cr</i>	84	TOUJEO SOLOSTAR	47
<i>theophylline er</i>	84	TOVIAZ	63
<i>theophylline/d5w</i>	84	<i>tpn electrolytes</i>	89
THERACYS	34	TRADJENTA	46
<i>thioridazine hcl</i>	39	<i>tramadol hcl</i>	16
<i>thiotepa</i>	32	<i>tramadol hcl er</i>	14
<i>thiothixene</i>	39	<i>tramadol hydrochloride/acetaminophen</i>	16
THYMOGLOBULIN	75	<i>trandolapril</i>	50
THYROLAR-1	72	<i>trandolapril/verapamil hcl er</i>	50
THYROLAR-1/2	72	<i>tranexamic acid</i>	49
THYROLAR-1/4	72	TRANSDERM-SCOP	28
THYROLAR-2	72	<i>translucypromine sulfate</i>	26
THYROLAR-3	72	TRAVASOL	89
<i>tiagabine hydrochloride</i>	24	TRAVATAN Z	79
TICE BCG	34	<i>travoprost</i>	79
<i>ticlopidine hcl</i>	49	<i>trazodone hcl</i>	26
TIGECYCLINE	19	TREANDA	32
TIKOSYN	51	TRECTOR	31
<i>tilia fe</i>	71	TRELSTAR	73
<i>timolol maleate</i>	51	TRELSTAR MIXJECT	73
<i>timolol maleate</i>	81	TREMFYA	59
<i>timolol maleate ophthalmic gel forming</i>	81	<i>tretinoin</i>	37
<i>tinidazole</i>	37	<i>tretinoin</i>	59
TIROSINT	72	<i>tretinoin microsphere</i>	59
<i>tis-u-sol</i>	79	<i>tretinoin microsphere pump</i>	59
TIVICAY	42	TREXALL	75
<i>tizanidine hcl</i>	40	<i>triamcinolone acetonide</i>	66
TOBI PODHALER	84	<i>triamcinolone acetonide</i>	82
TOBRADEX	80	<i>triamcinolone acetonide dental paste</i>	58
TOBRADEX ST	80	<i>triamterene/hydrochlorothiazide</i>	54
<i>tobramycin</i>	84	<i>triderm</i>	66
		<i>tridesilon</i>	66

Drug Name	Page #	Drug Name	Page #
<i>tri-estarylla</i>	71	ULORIC	30
<i>trifluoperazine hcl</i>	39	<i>unithroid</i>	72
<i>trifluridine</i>	44	UNITUXIN	36
<i>trihexyphenidyl hcl</i>	37	UPTRAVI	84
<i>triklo</i>	55	<i>ursodiol</i>	61
<i>tri-legest fe</i>	71	UVADEX	59
<i>tri-linyah</i>	71	VABOMERE	20
<i>tri-lo-estarylla</i>	71	VAGIFEM	71
<i>tri-lo-marzia</i>	71	<i>valacyclovir hcl</i>	44
<i>tri-lo-sprintec</i>	71	VALCHLOR	32
<i>trilyte</i>	62	VALCYTE	40
<i>trimethobenzamide hcl</i>	28	<i>valganciclovir</i>	40
<i>trimethoprim</i>	19	<i>valganciclovir hydrochloride</i>	40
<i>trimethoprim/polymyxin b</i>	79	<i>valproate sodium</i>	24
<i>trimipramine maleate</i>	27	<i>valproic acid</i>	24
TRIMPEX	19	<i>valsartan</i>	50
<i>trinessa</i>	71	<i>valsartan/hydrochlorothiazide</i>	50
<i>trinessa lo</i>	71	VALSTAR	34
TRINTELLIX	26	<i>vanatol lq</i>	57
<i>triple antibiotic</i>	79	<i>vancomycin hcl</i>	19
<i>tri-previfem</i>	71	<i>vancomycin hcl in dextrose</i>	19
TRIPTODUR	34	<i>vandazole</i>	19
TRISENOX	34	VAQTA	77
<i>tri-sprintec</i>	71	VARIVAX	77
TRIUMEQ	42	VARIZIG	77
<i>trivora-28</i>	71	VASCEPA	55
TROPHAMINE	90	VECTIBIX	36
<i>tropium chloride</i>	63	VELCADE	34
<i>tropium chloride er</i>	63	VELETRI	84
TRULICITY	46	<i>velivet</i>	71
TRUMENBA	77	VELPHORO	63
TRUVADA	42	VELTIN	59
TUDORZA PRESSAIR	83	VEMLIDY	40
TWINRIX	77	VENCLEXTA	34
TYBOST	43	VENCLEXTA STARTING PACK	34
TYGACIL	19	<i>venlafaxine hcl</i>	27
TYKERB	36	<i>venlafaxine hcl er</i>	27
TYMLOS	72	VENTAVIS	84
TYPHIM VI	77	<i>verapamil hcl</i>	52
TYSABRI	57	<i>verapamil hcl cr</i>	52
TYVASO	84	<i>verapamil hcl er</i>	52
TYVASO REFILL	84	<i>verapamil hcl sr</i>	52
TYVASO STARTER	84	VEREGEN	59
TYZEKA	40	VERIPRED 20	66
TYZINE PEDIATRIC NASAL DROPS	85	VERSACLOZ	40
UCERIS	66	VERZENIO	34
ULESFIA	37	VESICARE	63

Drug Name	Page #	Drug Name	Page #
<i>vestura</i>	71	XARELTO	48
VEXOL	80	XARELTO STARTER PACK	48
V-GO 20	79	XATMEP	75
V-GO 30	79	XELJANZ	76
V-GO 40	79	XELJANZ XR	76
VIAGRA	63	XEOMIN	79
VIBATIV	19	XERMELO	61
VIBRAMYCIN	23	XGEVA	78
<i>vicodin</i>	16	XIAFLEX	60
<i>vicodin es</i>	16	XIFAXAN	19
<i>vicodin hp</i>	16	XIIDRA	79
VICTOZA	46	XOLAIR	85
VIDEX PEDIATRIC	42	XOPENEX HFA	83
VIEKIRA PAK	41	XTANDI	32
VIEKIRA XR	41	<i>xulane</i>	71
<i>vienva</i>	71	XURIDEN	79
<i>vigabatrin</i>	24	<i>xylocaine dental</i>	16
VIGAMOX	22	<i>xylon</i>	16
VIIBRYD	27	XYREM	85
VIIBRYD STARTER PACK	27	YERVOY	37
VIMIZIM	60	YF-VAX	77
VIMPAT	25	YONDELIS	32
<i>vinblastine sulfate</i>	35	<i>yuvafem</i>	71
<i>vincasar pfs</i>	35	<i>zafirlukast</i>	82
<i>vincristine sulfate</i>	35	<i>zaleplon</i>	85
<i>vinorelbine tartrate</i>	35	ZALTRAP	35
<i>viorele</i>	71	ZANOSAR	32
VIRACEPT	43	<i>zarah</i>	71
VIRAZOLE	85	ZARXIO	49
VIREAD	42	ZAVESCA	60
VISTOGARD	79	<i>zazole</i>	30
VITEKTA	42	<i>zebutal</i>	57
VIVITROL	17	ZEJULA	35
VOLTAREN	59	ZELAPAR	38
<i>voriconazole</i>	30	ZELBORAF	36
VOSEVI	41	ZEMAIRA	85
VOTRIENT	36	<i>zenatane</i>	59
<i>vp-pnv-dha</i>	90	<i>zenchent</i>	71
VPRIV	60	<i>zenchent fe</i>	71
VRAYLAR	39	ZENPEP	60
<i>vyfemla</i>	71	ZENZEDI	55
VYXEOS	33	ZEPATIER	41
<i>warfarin sodium</i>	48	ZERIT	42
WELCHOL	55	ZETIA	55
<i>wera</i>	71	ZEVALIN Y-90	37
<i>wymzya fe</i>	71	ZIAGEN	42
XALKORI	36	<i>zidovudine</i>	42

Drug Name	Page #
<i>zileuton er</i>	82
<i>zinacef</i>	20
<i>ziprasidone hcl</i>	40
ZIPSOR	14
ZIRGAN	40
ZMAX	22
ZOLADEX	73
<i>zoledronic acid</i>	78
ZOLINZA	35
<i>zolmitriptan</i>	30
<i>zolmitriptan odt</i>	30
<i>zolpidem tartrate</i>	85
<i>zolpidem tartrate er</i>	85
<i>zonisamide</i>	24
ZORBTIVE	66
ZORTRESS	75
ZOSTAVAX	77
ZOSYN	21
<i>zovia 1/35e</i>	71
<i>zovia 1/50e</i>	71
ZOVIRAX	44

Drug Name	Page #
ZUBSOLV	17
ZYCLARA	60
ZYCLARA PUMP	60
ZYDELIG	35
ZYFLO	82
ZYFLO CR	83
ZYKADIA	35
ZYLET	80
ZYPREXA RELPREVV	40
ZYTIGA	32

Advantage Silver NY City
Advantage Health NYC
QHPNY 2017 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00017034, Version Number 17

This formulary was updated on 11/01/2017. For more recent information or other questions, please contact us, Quality Health Plans of New York Member Services at 877-233-7058 or, for TTY users, 711, Sunday through Saturday, 8:00 am - 8:00 pm Eastern from October 1 to February 14, and Monday through Friday, 8:00 a.m. - 8:00 p.m. Eastern from February 15 to September 30, or visit <http://qhpny.com>.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Quality Health Plans of New York. When it refers to “plan” or “our plan,” it means Advantage Premium LI, Advantage Silver NY City, Advantage Health NYC or Advantage Value One NY -Dual.

This document includes *a* list of the drugs (formulary) for our plan which is current as of 11/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

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