



2016 Formulary

(List of covered drugs)

Please read: This document contains information about the drugs we cover in this plan.

Classic Plus Rx (HMO)

2016 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/27/2015. For more recent information or other questions, please contact QualChoice Advantage Customer Service at 1-844-822-7838 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.qualchoiceadvantage.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 QualChoice Advantage. When it refers to “plan” or “our plan,” it means Classic Plus Rx (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of January 01, 2016. 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, 2017, and from time to time during the year.

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What is the Classic Plus Rx Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 01, 2016. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of mid-year non-maintenance formulary changes, we will provide at least 60 days advance notification of changes applicable to the member and a comprehensive list of all changes on the monthly Explanation of Benefits (EOB) mailing, also called the Monthly Prescription Drug Summary. We will also post the changes to our plan website 60 days in advance of the change. Additionally, once the change(s) become effective on the formulary, the updated formulary will be posted on our plan website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 8. 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 I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. 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?

QualChoice Advantage 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:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 60 capsules per prescription for celecoxib (generic Celebrex). This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online 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 us 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 Classic Plus Rx's formulary?" on pages 4-5 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. Our plan pays for certain OTC drugs. We will provide these OTC drugs at no cost to you. The cost to QualChoice Advantage 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).

COVERED OVER-THE-COUNTER (OTC) DRUGS

DRUG		Dosage Form
Generic Name	(Reference Brand Name)	
<i>cetirizine hydrochloride</i>	(Zyrtec)	Chewable Tablets, Solution, Tablets
<i>cetirizine hydrochloride/ pseudoephedrine hydrochloride</i>	(Zyrtec-D)	12 Hour Tablets
<i>loratadine</i>	(Claritin)	Solution, Tablets
<i>loratadine/ pseudoephedrine sulfate</i>	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
<i>ketotifen fumarate</i>	(Zaditor)	Drops

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 Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us 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 Classic Plus Rx's Formulary?

You can ask us 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, we limit 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, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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 a 93-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.

Current members who are outside of their transition period may experience circumstances that involve changing from one treatment setting to another (level of care change). For example, you are moved from a hospital to a skilled nursing facility and are accompanied by a discharge list of medications from the hospital formulary. If you experience a level of care change beyond the first 90 days of membership and need a drug that is not on our formulary or if your ability to get your drugs is limited, we may cover a 31-day emergency supply while you pursue a formulary exception. This policy only applies to Part D covered Drugs covered by a network pharmacy unless you qualify for out-of-network access.

For more information

For more detailed information about your Classic Plus Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Classic Plus Rx, 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>.

Classic Plus Rx's Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Classic Plus Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

Drugs are grouped into one of five tiers – 1, 2, 3, 4 or 5. The Drug Tier column tells you the Tier your drug is in. The Tier determines how much you will pay for your drug. Your cost also depends on how much of a supply you get. For example, here is a list of the five tiers and the copay for a one-month (31 day) supply at a network pharmacy.

Tier 1: Preferred Generic Drugs – \$2

Tier 2: Generic Drugs – \$10

Tier 3: Preferred Brand Drugs – \$38

Tier 4: Non-Preferred Brand Drugs – 35%

Tier 5: Specialty Tier Drugs – 33%

The following Utilization Management abbreviations may be found within the body of this document.

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
	<i>generic</i> (Brand)	The reference brand name in parentheses is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B versus Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member, you (or your physician) are required to get prior authorization from QualChoice Advantage before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before our plan will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call QualChoice Advantage Customer Service at 1-844-822-7838 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.qualchoiceadvantage.com .

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	(Acetaminophen with Codeine)	1 QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	(Tylenol-Codeine No.3)	1 QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	(Tylenol-Codeine No.3)	1 QL (180 per 30 days)
<i>ascomp with codeine</i>	(Fiorinal with Codeine #3)	1 PA-HRM; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	(Buprenorphine HCl)	2
<i>butalbital compound w/codeine</i>	(Fiorinal with Codeine #3)	1 PA-HRM; QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod</i>	(Fioricet with Codeine)	1 PA-HRM; QL (180 per 30 days)
<i>butalbital-acetaminophen</i>	(Tencon)	1 PA-HRM; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic)	1 PA-HRM; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	(Fiorinal)	1 PA-HRM; QL (180 per 30 days)
BUTRANS		3 QL (4 per 28 days)
<i>capacet</i>	(Esgic)	1 PA-HRM; QL (180 per 30 days)
<i>codeine sulfate oral tablet</i>	(Codeine Sulfate)	1 QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Xolox)	1 QL (360 per 30 days)
<i>endodan</i>	(Percodan)	2 QL (360 per 30 days)
<i>fentanyl</i>	(Duragesic)	2 PA; QL (10 per 30 days)
<i>fentanyl citrate</i>	(Actiq)	5 PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml</i>	(Hycet)	1 QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	(Norco)	1 (includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Norco)	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i> (Ibudone)	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i> (Hydromorphone HCl/PF)	2	
<i>hydromorphone (pf) injection solution 4 mg/ml</i> (Dilaudid)	2	
<i>hydromorphone injection solution</i> (Hydromorphone HCl)	2	
<i>hydromorphone injection syringe 2 mg/ml</i> (Hydromorphone HCl)	2	
<i>hydromorphone oral liquid</i> (Dilaudid)	1	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	1	QL (240 per 30 days)
LAZANDA	5	PA; QL (30 per 30 days)
<i>lorcet (hydrocodone)</i> (Norco)	1	QL (360 per 30 days)
<i>lorcet hd</i> (Norco)	1	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i> (Norco)	1	QL (360 per 30 days)
<i>margesic</i> (Esgic)	1	PA-HRM; QL (180 per 30 days)
<i>methadone injection</i> (Methadone HCl)	1	
<i>methadone oral solution</i> (Methadone HCl)	1	QL (1800 per 30 days)
<i>methadone oral tablet</i> (Diskets)	1	QL (360 per 30 days)
<i>methadose oral tablet, soluble</i> (Diskets)	1	QL (90 per 30 days)
<i>morphine concentrate oral solution</i> (Morphine Sulfate)	1	QL (200 per 30 days)
<i>morphine concentrate oral syringe</i> (Morphine Sulfate)	1	
<i>morphine injection solution 10 mg/ml, 15 mg/ml, 8 mg/ml</i> (Morphine Sulfate)	1	
<i>morphine injection syringe 2 mg/ml</i> (Morphine Sulfate)	1	
<i>morphine intramuscular</i> (Morphine Sulfate)	1	
<i>morphine intravenous cartridge</i> (Morphine Sulfate)	1	
<i>morphine intravenous solution 25 mg/ml, 50 mg/ml</i> (Morphine Sulfate)	1	
<i>morphine intravenous syringe</i> (Morphine Sulfate)	1	
<i>morphine oral solution 10 mg/5 ml</i> (Morphine Sulfate)	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml</i> (Morphine Sulfate)	1	QL (300 per 30 days)
MORPHINE ORAL TABLET	4	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i> (MS Contin)	1	QL (120 per 30 days)

Please Note: The reference brand name in parentheses, i.e., generic (Brand), is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage. You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine oral tablet extended release 15 mg, 200 mg</i> (MS Contin)	1	QL (180 per 30 days)
<i>morphine rectal</i> (Morphine Sulfate)	2	
NUCYNTA	3	QL (181 per 30 days)
NUCYNTA ER	3	QL (60 per 30 days)
<i>oxycodone oral concentrate</i> (Oxycodone HCl)	1	QL (180 per 30 days)
<i>oxycodone oral solution</i> (Oxycodone HCl)	1	QL (1300 per 30 days)
<i>oxycodone oral tablet</i> (Roxicodone)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Xolox)	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-650 mg</i> (Xolox)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i> (Xolox)	1	QL (240 per 30 days)
<i>oxycodone-aspirin</i> (Percodan)	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	QL (120 per 30 days)
<i>oxymorphone oral tablet</i> (Opana)	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> (Opana ER)	2	QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i> (Opana ER)	2	QL (120 per 30 days)
<i>reprexain</i> (Ibudone)	1	QL (150 per 30 days)
<i>roxicet oral solution</i> (Oxycodone HCl/Acetaminophen)	1	QL (1800 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (Tencon)	1	PA-HRM; QL (180 per 30 days)
<i>tramadol oral tablet</i> (Ultram)	1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i> (Ultracet)	1	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i> (Norco)	1	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vicodin hp oral tablet 10-300 mg</i> (Norco)	1	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i> (Norco)	1	(includes Vicodin, Vicodin ES and Vicodin HP); QL (390 per 30 days)
<i>xylon 10</i> (Ibudone)	1	QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (Esgic)	1	PA-HRM; QL (180 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML)	4	
<i>celecoxib</i> (Celebrex)	2	QL (60 per 30 days)
<i>choline,magnesium salicylate</i> (Choline Sal/Mag Salicylate)	1	
<i>diclofenac potassium</i> (Diclofenac Potassium)	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i> (Voltaren-XR)	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i> (Diclofenac Sodium)	1	
<i>diclofenac sodium topical gel</i> (Solaraze)	5	
<i>diclofenac-misoprostol</i> (Arthrotec 50)	2	
<i>diflunisal</i> (Diflunisal)	2	
<i>etodolac oral capsule</i> (Etodolac)	1	
<i>etodolac oral tablet</i> (Etodolac)	1	
<i>etodolac oral tablet extended release 24 hr</i> (Etodolac)	2	
<i>fenoprofen oral tablet</i> (Fenoprofen Calcium)	2	
FLECTOR	3	PA
<i>flurbiprofen</i> (Flurbiprofen)	1	
<i>ibuprofen oral suspension</i> (Ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (Ibuprofen)	1	
<i>indomethacin oral capsule 25 mg</i> (Indomethacin)	1	PA-HRM; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i> (Indomethacin)	1	PA-HRM; QL (120 per 30 days)

Please Note: The reference brand name in parentheses, i.e., generic (Brand), is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage. You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages.

Drug Name		Drug Tier	Requirements/Limits
<i>indomethacin oral capsule, extended release</i>	(Indomethacin)	2	PA-HRM; QL (60 per 30 days)
<i>indomethacin sodium</i>	(Indomethacin Sodium)	1	PA-HRM
<i>ketoprofen oral capsule</i>	(Ketoprofen)	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	(Ketoprofen)	2	
<i>ketorolac oral</i>	(Ketorolac Tromethamine)	1	QL (20 per 30 days)
<i>mefenamic acid</i>	(Ponstel)	2	
<i>meloxicam oral suspension</i>	(Mobic)	2	
<i>meloxicam oral tablet</i>	(Mobic)	1	
<i>nabumetone</i>	(Nabumetone)	1	
<i>naproxen oral suspension</i>	(Naprosyn)	1	
<i>naproxen oral tablet</i>	(Naprosyn)	1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	(Ec-Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	(Anaprox)	1	
<i>piroxicam</i>	(Feldene)	2	
<i>salsalate</i>	(Salsalate)	2	
<i>sulindac oral</i>	(Sulindac)	1	
<i>tolmetin</i>	(Tolmetin Sodium)	2	
VOLTAREN TOPICAL		3	
Anesthetics			
Local Anesthetics			
<i>glydo</i>	(Lidocaine HCl)	1	
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	(Xylocaine-MPF)	1	PA BvD; (PA for ESRD Only)
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	(Xylocaine)	1	PA BvD; (PA for ESRD Only)
<i>lidocaine hcl laryngotracheal</i>	(Xylocaine)	1	
<i>lidocaine hcl mucous membrane gel</i>	(Lidocaine HCl)	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	(Lidocaine HCl)	1	
<i>lidocaine hcl mucous membrane solution</i>	(Xylocaine)	1	
<i>lidocaine hcl urethral</i>	(Lidocaine HCl)	1	
<i>lidocaine topical adhesive patch,medicated</i>	(Lidoderm)	2	PA

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Drug Name		Drug Tier	Requirements/Limits
<i>lidocaine topical ointment</i>	(Lidocaine)	2	PA BvD; (PA for ESRD Only)
<i>lidocaine viscous</i>	(Xylocaine)	1	
<i>lidocaine-prilocaine topical cream</i>	(EMLA)	1	PA BvD; (PA for ESRD Only)
<i>lidocaine-prilocaine topical kit</i>	(Lidocaine/Prilocaine)	1	PA BvD
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
<i>acamprosate</i>	(Acamprosate Calcium)	2	
<i>buprenorphine hcl sublingual</i>	(Subutex)	2	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone</i>	(Buprenorphine HCl/Naloxone HCl)	2	PA; QL (90 per 30 days)
<i>bupropion hcl sr 150 mg tablet f/c</i>	(Zyban)	2	
CHANTIX		3	QL (168 per 84 days)
CHANTIX CONTINUING MONTH BOX		3	QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK		3	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX		3	QL (53 per 28 days)
<i>depade</i>	(Revia)	2	
<i>disulfiram</i>	(Antabuse)	2	
<i>naloxone</i>	(Naloxone HCl)	1	
<i>naltrexone oral</i>	(Revia)	2	
NICOTROL		4	QL (1008 per 90 days)
ZUBSOLV		3	PA; QL (90 per 30 days)
Antianxiety Agents			
Benzodiazepines			
<i>alprazolam oral tablet</i>	(Xanax)	1	QL (120 per 30 days)
<i>chlordiazepoxide hcl</i>	(Chlordiazepoxide HCl)	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	(Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	(Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	(Clonazepam)	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	(Clonazepam)	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	(Tranxene T-Tab)	1	QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	(Tranxene T-Tab)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam injection solution</i> (Diazepam)	1	QL (10 per 28 days)
<i>diazepam intensol</i> (Diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml</i> (Diazepam)	1	QL (1200 per 30 days)
<i>diazepam oral tablet</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal</i> (Diastat)	2	
<i>lorazepam oral tablet</i> (Ativan)	1	QL (90 per 30 days)
Antibacterials		
Aminoglycosides		
BETHKIS	5	PA BvD
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i> (Gentamicin In Nacl, Iso-Osm)	1	
<i>gentamicin injection solution 40 mg/ml</i> (Gentamicin Sulfate)	1	
<i>gentamicin sulfate (ped) (pf)</i> (Gentamicin Sulfate/PF)	1	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i> (Gentamicin Sulfate/PF)	1	
<i>neomycin</i> (Neomycin Sulfate)	1	
<i>streptomycin intramuscular</i> (Streptomycin Sulfate)	2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i> (Tobi)	5	PA BvD
<i>tobramycin in 0.9 % nacl</i> (Tobramycin/Sodium Chloride)	1	
<i>tobramycin sulfate injection solution 10 mg/ml</i> (Tobramycin Sulfate)	1	
<i>tobramycin sulfate injection solution 40 mg/ml</i> (Tobramycin Sulfate)	2	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular</i> (Bacitracin)	2	
<i>chloramphenicol sod succinate</i> (Chloramphenicol Sod Succ)	1	
<i>clindamycin hcl</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose</i> (Cleocin Phosphate In D5w)	1	
<i>clindamycin palmitate hcl</i> (Cleocin Palmitate)	2	
<i>clindamycin pediatric</i> (Cleocin Palmitate)	2	
<i>clindamycin phosphate injection</i> (Cleocin Phosphate)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin Phosphate)	1	
<i>colistin (colistimethate na)</i> (Coly-Mycin M Parenteral)	5	
CUBICIN	5	
<i>linezolid</i> (Zyvox)	5	
<i>methenamine hippurate</i> (Hiprex)	2	
<i>methenamine mandelate</i> (Methenamine Mandelate)	2	
<i>metronidazole in nacl (iso-os)</i> (Metronidazole/Sodium Chloride)	1	
<i>metronidazole oral capsule</i> (Flagyl)	2	
<i>metronidazole oral tablet</i> (Flagyl)	1	
<i>nitrofurantoin macrocrystal</i> (Macrochantin/Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst</i> (Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days)
<i>polymyxin b sulfate</i> (Polymyxin B Sulfate)	1	
SYNERCID	5	
<i>trimethoprim</i> (Trimethoprim)	1	
<i>vancomycin in d5w intravenous piggyback 1 gram/200 ml</i> (Vancomycin HCl/D5W)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg</i> (Vancomycin HCl)	2	
<i>vancomycin intravenous recon soln 500 mg</i> (Vancomycin HCl/D5W)	2	
<i>vancomycin oral capsule</i> (Vancocin HCl)	5	

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	5	PA; QL (9 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	5	
Cephalosporins		
<i>cefaclor oral capsule</i> (Cefaclor)	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> (Cefaclor)	1	
<i>cefadroxil oral capsule</i> (Cefadroxil)	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> (Cefadroxil)	1	
<i>cefadroxil oral tablet</i> (Cefadroxil)	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Cefazolin Sodium/Dextrose, Iso)	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i> (Cefazolin Sodium)	2	
<i>cefdinir</i> (Cefdinir)	2	
<i>cefditoren pivoxil</i> (Spectracef)	2	
<i>cefepime</i> (Maxipime)	2	
CEFEPIME IN DEXTROSE 5 %	4	
CEFEPIME IN DEXTROSE,ISO-OSM INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	4	
<i>cefotaxime</i> (Claforan)	1	
<i>cefoxitin</i> (Cefoxitin Sodium)	2	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 2 gram/50 ml</i> (Cefoxitin Sodium/Dextrose, Iso)	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml</i> (Cefpodoxime Proxetil)	2	
<i>cefpodoxime oral suspension for reconstitution 50 mg/5 ml</i> (Cefpodoxime Proxetil)	1	
<i>cefpodoxime oral tablet</i> (Cefpodoxime Proxetil)	2	
<i>cefprozil</i> (Cefprozil)	2	
<i>ceftazidime</i> (Fortaz)	2	
<i>ceftibuten</i> (Cedax)	2	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml</i> (Ceftriaxone Na/Dextrose, Iso)	2	

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Drug Name	Drug Tier	Requirements/Limits
CEFTRIAZONE IN DEXTROSE,ISO-OS INTRAVENOUS PIGGYBACK 2 GRAM/50 ML	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i> (Rocephin)	2	
<i>ceftriaxone intravenous recon soln 1 gram</i> (Ceftriaxone Na/Dextrose, Iso)	2	
CEFTRIAZONE INTRAVENOUS RECON SOLN 2 GRAM	2	
<i>cefuroxime axetil oral tablet</i> (Ceftin)	1	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i> (Zinacef)	2	
<i>cefuroxime sodium intravenous</i> (Zinacef)	1	
<i>cefuroxime-dextrose (iso-osm)</i> (Cefuroxime Sodium/Dextrose, Iso)	1	
<i>cephalexin oral capsule</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution</i> (Cephalexin)	1	
<i>cephalexin oral tablet</i> (Cephalexin)	1	
MEFOXIN IN DEXTROSE (ISO-OSM)	4	
SUPRAX ORAL TABLET,CHEWABLE	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	
<i>tazicef intravenous</i> (Ceftazidime)	2	
TEFLARO	4	
Macrolides		
<i>azithromycin</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution</i> (Biaxin)	2	
<i>clarithromycin oral tablet</i> (Biaxin)	2	
<i>clarithromycin oral tablet extended release 24 hr</i> (Clarithromycin)	2	
DIFICID	5	QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i> (Erythromycin Ethylsuccinate)	2	
<i>e.e.s. granules</i> (Eryped 200)	1	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg</i> (Erythromycin Base)	1	

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Drug Name	Drug Tier	Requirements/Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	4	
ERYTHROCIN	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (Erythromycin Stearate)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i> (Eryped 200)	1	
<i>erythromycin ethylsuccinate oral tablet</i> (Erythromycin Ethylsuccinate)	2	
<i>erythromycin oral capsule, delayed release(dr/ec)</i> (Erythromycin Base)	1	
<i>erythromycin oral tablet</i> (Erythromycin Base)	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	
CAYSTON	5	LA
<i>imipenem-cilastatin</i> (Primaxin)	2	
INVANZ	4	
<i>meropenem</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule</i> (Amoxicillin)	1	
<i>amoxicillin oral suspension for reconstitution</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> (Amoxicillin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i> (Amoxicillin/Potassium Clav)	1	
<i>ampicillin</i> (Ampicillin Trihydrate)	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram</i> (Ampicillin Sodium)	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i> (Ampicillin Sodium)	2	
<i>ampicillin-sulbactam injection recon soln 15 gram</i> (Unasyn)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection recon soln 3 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam intravenous</i> (Unasyn)	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin</i> (Dicloxacillin Sodium)	1	
<i>nafcillin injection</i> (Nafcillin Sodium)	2	
<i>nafcillin intravenous recon soln 2 gram</i> (Nafcillin Sodium)	2	
<i>oxacillin in dextrose(iso-osm)</i> (Oxacillin Sodium/Dextrose, Iso)	2	
<i>oxacillin injection recon soln 10 gram</i> (Oxacillin Sodium)	2	
<i>oxacillin intravenous</i> (Oxacillin Sodium)	2	
<i>penicillin g pot in dextrose</i> (Pen G Pot/Dextrose-Water)	2	
<i>penicillin g potassium</i> (Penicillin G Potassium)	2	
<i>penicillin g procaine</i> (Penicillin G Procaine)	2	
<i>penicillin v potassium</i> (Penicillin V Potassium)	1	
<i>pfizerpen-g injection recon soln 20 million unit</i> (Penicillin G Potassium)	2	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	2	
Quinolones		
<i>ciprofloxacin</i> (Cipro)	2	
<i>ciprofloxacin hcl oral</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose</i> (Cipro I.V.)	1	
<i>ciprofloxacin lactate</i> (Ciprofloxacin Lactate)	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> (Levaquin)	1	
<i>levofloxacin intravenous</i> (Levofloxacin)	1	
<i>levofloxacin oral solution</i> (Levaquin)	2	
<i>levofloxacin oral tablet</i> (Levaquin)	1	
<i>moxifloxacin</i> (Avelox)	2	
<i>ofloxacin oral tablet 400 mg</i> (Ofloxacin)	2	
Sulfonamides		
<i>sulfadiazine oral</i> (Sulfadiazine)	2	
<i>sulfamethoxazole-trimethoprim intravenous</i> (Sulfamethoxazole/Trimethoprim)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	(Sulfamethoxazole/Trimethoprim)	1
<i>sulfamethoxazole-trimethoprim oral tablet</i>	(Bactrim)	1
<i>sulfasalazine</i>	(Azulfidine)	1
<i>sulfatrim</i>	(Sulfamethoxazole/Trimethoprim)	1
<i>sulfazine</i>	(Azulfidine)	1
<i>sulfazine ec</i>	(Azulfidine)	1
Tetracyclines		
<i>doxy-100</i>	(Doxycycline Hyclate)	2
<i>doxycycline hyclate 100 mg cap</i>	(Morgidox)	1
<i>doxycycline hyclate 100 mg tab f/c</i>	(Doryx)	1
<i>doxycycline hyclate intravenous</i>	(Doxycycline Hyclate)	2
<i>doxycycline hyclate oral capsule 100 mg</i>	(Adoxa)	1
<i>doxycycline hyclate oral capsule 50 mg</i>	(Morgidox)	1
<i>doxycycline hyclate oral tablet 100 mg, 50 mg</i>	(Avidoxy)	1
<i>doxycycline hyclate oral tablet 20 mg</i>	(Doryx)	2
<i>doxycycline mono 100 mg cap</i>	(Adoxa)	1
<i>doxycycline mono 100 mg tablet</i>	(Avidoxy)	1
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	(Adoxa)	2
<i>doxycycline monohydrate oral capsule 50 mg</i>	(Adoxa)	1
<i>doxycycline monohydrate oral suspension for reconstitution</i>	(Vibramycin)	2
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	(Avidoxy)	2
<i>doxycycline monohydrate oral tablet 50 mg</i>	(Avidoxy)	1
<i>minocycline oral capsule</i>	(Minocin)	1
<i>minocycline oral tablet</i>	(Minocycline HCl)	2
<i>tetracycline</i>	(Tetracycline HCl)	1
TYGACIL		5
Anticancer Agents		
Anticancer Agents		
ABRAXANE		5

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Drug Name	Drug Tier	Requirements/Limits
ADCETRIS	5	PA NSO; QL (4 per 21 days)
<i>adriamycin intravenous recon soln 10 mg</i> (Doxorubicin HCl)	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
AFINITOR DISPERZ	5	PA NSO; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; QL (28 per 28 days)
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	
<i>anastrozole</i> (Arimidex)	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO
<i>azacitidine</i> (Vidaza)	5	
BELEODAQ	5	PA NSO
<i>bicalutamide</i> (Casodex)	2	
<i>bleomycin</i> (Bleomycin Sulfate)	1	PA BvD
BLINCYTO	5	PA NSO; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PA NSO; QL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 per 30 days)
COMETRIQ	5	PA NSO; QL (112 per 28 days)
<i>cyclophosphamide intravenous recon soln 2 gram</i> (Cyclophosphamide)	2	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE	4	PA BvD; ST
<i>cyclophosphamide oral tablet</i> (Cyclophosphamide)	2	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i> (Dactinomycin)	1	
<i>decitabine</i> (Dacogen)	5	
<i>doxorubicin, peg-liposomal</i> (Doxil)	5	PA BvD
DROXIA	3	
ELIGARD SUBCUTANEOUS SYRINGE 22.5 MG (3 MONTH)	4	QL (1 per 84 days)
ELIGARD SUBCUTANEOUS SYRINGE 30 MG (4 MONTH)	4	QL (1 per 112 days)
ELIGARD SUBCUTANEOUS SYRINGE 45 MG (6 MONTH)	4	QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT	3	
ERIVEDGE	5	PA NSO; QL (30 per 30 days)
ETOPOPHOS	4	
<i>etoposide intravenous</i> (Etoposide)	2	
<i>exemestane</i> (Aromasin)	2	
FARESTON	5	
FARYDAK	5	PA NSO
FASLODEX	5	
<i>floxuridine</i> (Floxuridine)	1	PA BvD
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i> (Fluorouracil)	2	PA BvD
<i>flutamide</i> (Flutamide)	2	
GAZYVA	5	PA NSO
GILOTRIF	5	PA NSO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	5	PA NSO; QL (90 per 30 days)
GLEEVEC ORAL TABLET 400 MG	5	PA NSO; QL (60 per 30 days)
HERCEPTIN	5	PA NSO
HEXALEN	5	
<i>hydroxyurea</i> (Hydrea)	1	
IBRANCE	5	PA NSO; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml</i> (Ifex)	2	PA BvD
<i>ifosfamide-mesna</i> (Ifosfamide/Mesna)	5	PA BvD
IMBRUVICA	5	PA NSO
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (60 per 30 days)
IXEMPRA	5	
JAKAFI	5	PA NSO; QL (60 per 30 days)
KEYTRUDA	5	PA NSO
KYPROLIS	5	PA NSO; QL (6 per 28 days)
LENVIMA	5	PA NSO
<i>letrozole</i> (Femara)	1	
LEUKERAN	4	
<i>leuprolide</i> (Leuprolide Acetate)	2	
<i>lipodox</i> (Doxil)	5	PA BvD
<i>lomustine</i> (Gleostine)	2	
LUPRON DEPOT	5	
LUPRON DEPOT (3 MONTH)	5	QL (1 per 84 days)
LUPRON DEPOT (4 MONTH)	5	QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	5	QL (1 per 168 days)
LYNPARZA	5	PA NSO; QL (480 per 30 days)
LYSODREN	3	
MATULANE	5	
<i>megestrol oral tablet</i> (Megestrol Acetate)	1	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine</i> (Mercaptopurine)	2	
<i>methotrexate sodium (pf) injection recon soln</i> (Methotrexate Sodium/PF)	1	PA BvD
<i>methotrexate sodium (pf) injection solution</i> (Methotrexate Sodium)	1	PA BvD
<i>methotrexate sodium injection</i> (Methotrexate Sodium)	1	PA BvD
<i>methotrexate sodium oral</i> (Methotrexate Sodium)	1	PA BvD; ST
<i>mitoxantrone</i> (Mitoxantrone HCl)	1	
NEXAVAR	5	PA NSO; QL (120 per 30 days)
NILANDRON	3	
ONCASPAR	5	PA NSO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	5	PA NSO
POMALYST	5	PA NSO; QL (21 per 28 days)
PROLEUKIN	5	
PURIXAN	5	
REVLIMID	5	PA NSO; LA
RITUXAN	5	PA NSO
SOLTAMOX	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; QL (60 per 30 days)
STIVARGA	5	PA NSO; QL (84 per 28 days)
SUTENT	5	PA NSO; QL (30 per 30 days)
SYLVANT	5	PA NSO
SYNRIBO	5	PA NSO; QL (28 per 28 days)
TABLOID	3	
TAFINLAR	5	PA NSO; QL (120 per 30 days)
<i>tamoxifen</i> (Tamoxifen Citrate)	1	
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 150 MG	5	PA NSO; QL (90 per 30 days)
TARGRETIN ORAL	5	PA NSO; QL (420 per 30 days)
TARGRETIN TOPICAL	5	PA NSO; QL (60 per 28 days)
TASIGNA	5	PA NSO; QL (112 per 28 days)
TEMODAR INTRAVENOUS	5	PA NSO; (vial only)
<i>toposar</i> (Etoposide)	2	
TREANDA	5	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	
<i>tretinoin (chemotherapy)</i> (Tretinoin)	5	(capsule: 10mg)
TREXALL	4	PA BvD; ST
TYKERB	5	
VALSTAR	5	
VELCADE	5	PA NSO
<i>vinorelbine intravenous solution 50 mg/5 ml</i> (Navelbine)	1	
VOTRIENT	5	PA NSO; QL (120 per 30 days)
XALKORI	5	PA NSO; QL (60 per 30 days)
XTANDI	5	PA NSO; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	5	PA NSO
ZELBORAF	5	PA NSO; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA	5	
ZYDELIG	5	PA NSO; QL (60 per 30 days)
ZYKADIA	5	PA NSO; QL (140 per 28 days)
ZYTIGA	5	PA NSO; QL (120 per 30 days)

Anticholinergic Agents

Antimuscarinics/Antispasmodics

<i>atropine injection solution 0.4 mg/ml</i>	(Atropine Sulfate)	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	(Atropine Sulfate)	1	
<i>propantheline</i>	(Propantheline Bromide)	1	

Anticonvulsants

Anticonvulsants

APTIOM		4	ST
BANZEL		4	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	(Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	2	
<i>carbamazepine oral tablet</i>	(Tegretol)	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	(Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable</i>	(Carbamazepine)	1	
CELONTIN ORAL CAPSULE 300 MG		3	
DILANTIN		3	
<i>divalproex oral capsule, sprinkle</i>	(Depakote Sprinkle)	2	
<i>divalproex oral tablet extended release 24 hr</i>	(Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	(Depakote)	1	
<i>epitol</i>	(Tegretol)	1	
<i>ethosuximide oral capsule</i>	(Zarontin)	2	
<i>ethosuximide oral solution</i>	(Zarontin)	1	
<i>felbamate</i>	(Felbatol)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin</i> (Cerebyx)	1	
FYCOMPA	4	ST
<i>gabapentin oral capsule</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 2 MG	4	
<i>lamotrigine oral tablet</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr</i> (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible</i> (Lamictal)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal (Blue))	2	
<i>levetiracetam intravenous</i> (Keppra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr</i> (Keppra XR)	2	
LYRICA ORAL CAPSULE	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet</i> (Trileptal)	1	
OXTELLAR XR	4	ST
PEGANONE	3	
<i>phenobarbital oral elixir</i> (Phenobarbital)	1	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> (Phenobarbital)	1	QL (90 per 30 days)
<i>phenobarbital oral tablet 30 mg</i> (Phenobarbital)	1	QL (200 per 30 days)
<i>phenobarbital sodium injection solution</i> (Phenobarbital Sodium)	1	QL (2 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable</i> (Dilantin)	1	
<i>phenytoin sodium</i> (Phenytoin Sodium)	1	
<i>phenytoin sodium extended</i> (Dilantin)	1	

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Drug Name	Drug Tier	Requirements/Limits
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	4	ST ; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	4	ST ; QL (270 per 30 days)
<i>primidone</i> (Mysoline)	1	
SABRIL	5	
<i>tiagabine</i> (Gabitril)	2	
<i>topiragen</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR)	2	
<i>topiramate oral tablet</i> (Topamax)	1	
TROKENDI XR	4	ST
<i>valproate sodium</i> (Depacon)	1	
<i>valproic acid</i> (Depakene)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	1	
VIMPAT INTRAVENOUS	4	ST ; QL (200 per 5 days)
VIMPAT ORAL SOLUTION	4	ST ; QL (1200 per 30 days)
VIMPAT ORAL TABLET	4	ST ; QL (60 per 30 days)
<i>zonisamide</i> (Zonegran)	1	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i> (Donepezil HCl)	1	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution</i> (Galantamine Hbr)	2	QL (200 per 30 days)
<i>galantamine oral tablet</i> (Razadyne)	2	QL (60 per 30 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	QL (30 per 30 days)
NAMZARIC	3	
<i>rivastigmine tartrate</i> (Exelon)	2	QL (60 per 30 days)
Antidepressants		

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Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>amitriptyline</i> (Amitriptyline HCl)	1	PA NSO-HRM
<i>amoxapine</i> (Amoxapine)	2	
BRINTELLIX	4	ST
<i>buproban</i> (Wellbutrin SR)	2	
<i>bupropion hcl oral tablet</i> (Wellbutrin)	1	
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin SR)	2	
<i>bupropion hcl oral tablet extended release 24 hr</i> (Wellbutrin XL)	2	
<i>citalopram oral solution</i> (Citalopram Hydrobromide)	2	
<i>citalopram oral tablet</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine</i> (Anafranil)	2	PA NSO-HRM
<i>desipramine oral</i> (Norpramin)	2	
<i>doxepin oral</i> (Doxepin HCl)	1	PA NSO-HRM
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i> (Irenka)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg, 40 mg</i> (Irenka)	2	QL (30 per 30 days)
EMSAM	4	QL (30 per 30 days)
<i>escitalopram oxalate</i> (Lexapro)	2	
FETZIMA	4	ST
<i>fluoxetine oral capsule</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i> (Prozac Weekly)	2	
<i>fluoxetine oral solution</i> (Fluoxetine HCl)	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Fluoxetine HCl)	1	
<i>fluvoxamine oral capsule, extended release 24hr</i> (Fluvoxamine Maleate)	2	
<i>fluvoxamine oral tablet</i> (Fluvoxamine Maleate)	1	
<i>imipramine hcl</i> (Tofranil)	1	PA NSO-HRM
<i>imipramine pamoate</i> (Tofranil-Pm)	2	PA NSO-HRM
<i>maprotiline</i> (Maprotiline HCl)	2	
MARPLAN	4	
<i>mirtazapine</i> (Remeron)	1	
<i>nefazodone</i> (Nefazodone HCl)	2	
<i>nortriptyline oral capsule</i> (Pamelor)	1	
<i>nortriptyline oral solution</i> (Nortriptyline HCl)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine</i> (Symbyax)	2	
<i>paroxetine hcl oral tablet</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION	4	
<i>perphenazine-amitriptyline</i> (Perphenazine/Amitriptyline HCl)	1	PA NSO-HRM
<i>phenelzine</i> (Nardil)	2	
PRISTIQ	4	ST ; QL (30 per 30 days)
<i>protriptyline</i> (Protriptyline HCl)	2	
<i>sertraline oral concentrate</i> (Zoloft)	2	
<i>sertraline oral tablet</i> (Zoloft)	1	
SILENOR	3	QL (30 per 30 days)
SURMONTIL	4	PA NSO-HRM
<i>tranlycypromine</i> (Parnate)	2	
<i>trazodone</i> (Trazodone HCl)	1	
<i>venlafaxine oral capsule, extended release 24hr</i> (Effexor XR)	1	
<i>venlafaxine oral tablet</i> (Venlafaxine HCl)	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Venlafaxine HCl)	2	
VIIBRYD	4	
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose</i> (Precose)	2	QL (90 per 30 days)
CYCLOSET	4	QL (180 per 30 days)
GLYXAMBI	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	3	QL (60 per 30 days)
JANUVIA	3	QL (30 per 30 days)
JARDIANCE	3	ST; QL (30 per 30 days)
JENTADUETO	3	QL (60 per 30 days)
KORLYM	5	PA; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (60 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	1	QL (60 per 30 days)
<i>nateglinide</i> (Starlix)	2	QL (90 per 30 days)
<i>pioglitazone</i> (Actos)	2	QL (30 per 30 days)
<i>pioglitazone-glimepiride</i> (Duetact)	2	QL (30 per 30 days)
<i>pioglitazone-metformin</i> (Actoplus Met)	2	QL (90 per 30 days)
PRANDIMET	3	QL (150 per 30 days)
<i>repaglinide</i> (Prandin)	2	QL (240 per 30 days)
SYMLINPEN 120	4	PA; QL (10.8 per 28 days)
SYMLINPEN 60	4	PA; QL (6 per 28 days)
TRADJENTA	3	QL (30 per 30 days)
TRULICITY	3	ST; QL (4 per 28 days)
VICTOZA 3-PAK	3	ST; QL (9 per 28 days)
Insulins		
HUMULIN R U-500 "CONCENTRATED"	3	QL (40 per 28 days)
LANTUS	3	QL (40 per 28 days)
LANTUS SOLOSTAR	3	QL (30 per 28 days)
NOVOLIN 70/30	3	QL (40 per 28 days)
NOVOLIN N	3	QL (40 per 28 days)
NOVOLIN R	3	QL (40 per 28 days)
NOVOLOG	3	QL (40 per 28 days)
NOVOLOG FLEXPEN	3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70-30	3	QL (40 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (30 per 28 days)
NOVOLOG PENFILL	3	QL (30 per 28 days)
TOUJEO SOLOSTAR	3	
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i> (Glipizide/Metformin HCl)	2	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glipizide/Metformin HCl)	2	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i> (Glynase)	1	PA-HRM; QL (400 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i> (Glynase)	1	PA-HRM; QL (180 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i> (Glynase)	1	PA-HRM; QL (120 per 30 days)
<i>glyburide oral tablet 1.25 mg</i> (Glyburide)	1	PA-HRM; QL (280 per 30 days)
<i>glyburide oral tablet 2.5 mg</i> (Glyburide)	1	PA-HRM; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i> (Glyburide)	1	PA-HRM; QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i> (Glucovance)	1	PA-HRM; QL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance)	1	PA-HRM; QL (120 per 30 days)
<i>tolazamide oral tablet 250 mg</i> (Tolazamide)	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i> (Tolazamide)	1	QL (60 per 30 days)
<i>tolbutamide</i> (Tolbutamide)	1	QL (180 per 30 days)
Antifungals		
Antifungals		

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Drug Name	Drug Tier	Requirements/Limits
ABELCET	5	PA BvD
AMBISOME	5	PA BvD
<i>amphotericin b</i> (Amphotericin B)	2	PA BvD
CANCIDAS	5	
<i>ciclopirox topical cream</i> (Ciclodan)	2	
<i>ciclopirox topical gel</i> (Loprox)	2	
<i>ciclopirox topical shampoo</i> (Loprox)	2	
<i>ciclopirox topical solution</i> (Penlac)	2	
<i>ciclopirox topical suspension</i> (Ciclopirox Olamine)	1	
<i>ciclopirox-ure-camph-menth-euc</i> (Ciclodan)	2	
<i>clotrimazole mucous membrane</i> (Clotrimazole)	1	
<i>clotrimazole topical cream</i> (Clotrimazole)	1	
<i>clotrimazole topical solution</i> (Lotrimin)	1	
<i>clotrimazole-betamethasone topical cream</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion</i> (Clotrimazole/Betamethasone Dip)	2	
<i>econazole topical</i> (Econazole Nitrate)	1	
<i>fluconazole</i> (Diflucan)	1	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 400 mg/200 ml</i> (Fluconazole In Nacl,Iso-Osm)	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> (Fluconazole In Nacl,Iso-Osm)	1	
<i>flucytosine</i> (Ancobon)	5	
<i>griseofulvin microsize oral tablet</i> (Grifulvin V)	2	
<i>itraconazole</i> (Sporanox)	2	
<i>ketoconazole oral</i> (Ketoconazole)	1	
<i>ketoconazole topical cream</i> (Ketoconazole)	1	
<i>ketoconazole topical shampoo</i> (Nizoral)	1	
<i>miconazole-3 vaginal suppository</i> (Monistat 3)	1	
NOXAFIL ORAL	5	
<i>nyamyc</i> (Nystatin)	1	
NYSTATIN (BULK) POWDER 1 BILLION UNIT, 10 BILLION UNIT	1	
<i>nystatin oral suspension</i> (Nystatin)	1	
<i>nystatin oral tablet</i> (Nystatin)	1	
<i>nystatin topical</i> (Nystatin)	1	
<i>nystatin-triamcinolone</i> (Nystatin/Triamcin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystop</i> (Nystatin)	1	
<i>terbinafine hcl oral</i> (Lamisil)	1	
<i>voriconazole intravenous</i> (Vfend IV)	2	
<i>voriconazole oral</i> (Vfend)	5	
Antihistamines		
Antihistamines		
<i>ciproheptadine</i> (Ciproheptadine HCl)	2	PA-HRM
<i>diphenhydramine hcl injection solution 50 mg/ml</i> (Diphenhydramine HCl)	1	
<i>levocetirizine oral solution</i> (Xyzal)	2	
<i>levocetirizine oral tablet</i> (Xyzal)	1	
<i>promethazine oral syrup</i> (Promethazine HCl)	1	PA-HRM
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL	3	
<i>clindamycin phosphate vaginal</i> (Cleocin)	1	
<i>metronidazole vaginal</i> (Metrogel-Vaginal)	1	
<i>terconazole vaginal cream</i> (Terazol 7)	1	
<i>terconazole vaginal suppository</i> (Terconazole)	1	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection</i> (D.H.E.45)	2	QL (30 per 28 days)
<i>dihydroergotamine nasal</i> (Migranal)	2	QL (8 per 28 days)
ERGOMAR	4	QL (40 per 28 days)
<i>naratriptan</i> (Amerge)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet</i> (Maxalt)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i> (Maxalt Mlt)	2	QL (18 per 28 days)
<i>sumatriptan</i> (Imitrex)	2	QL (12 per 28 days)
<i>sumatriptan succinate oral</i> (Imitrex)	1	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Sumatriptan Succinate)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i> (Imitrex)	2	QL (4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>zolmitriptan oral tablet</i>	(Zomig)	2	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	(Zomig Zmt)	2	QL (12 per 28 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT		4	
<i>dapsone</i>	(Dapsone)	1	
<i>ethambutol</i>	(Myambutol)	2	
<i>isoniazid oral</i>	(Isoniazid)	1	
PASER		4	
PRIFTIN		4	
<i>pyrazinamide</i>	(Pyrazinamide)	2	
<i>rifabutin</i>	(Mycobutin)	2	
<i>rifampin intravenous</i>	(Rifadin)	2	
<i>rifampin oral</i>	(Rifadin)	2	
RIFATER		4	
SIRTURO		5	PA; QL (188 per 168 days)
TRECATOR		4	
Antinausea Agents			
Antinausea Agents			
<i>compro</i>	(Compazine)	1	
<i>dimenhydrinate injection solution</i>	(Dimenhydrinate)	1	
<i>dronabinol</i>	(Marinol)	2	
EMEND INTRAVENOUS		4	QL (2 per 28 days)
EMEND ORAL		4	PA BvD
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	(Granisetron HCl/PF)	1	
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	(Granisetron HCl)	2	
<i>granisetron hcl oral</i>	(Granisetron HCl)	2	PA BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	(Antivert)	1	
<i>ondansetron</i>	(Zofran Odt)	1	PA BvD
<i>ondansetron hcl (pf) injection solution</i>	(Ondansetron HCl/PF)	1	
<i>ondansetron hcl oral solution</i>	(Zofran)	2	PA BvD
<i>ondansetron hcl oral tablet</i>	(Zofran)	1	PA BvD
<i>phenadoz</i>	(Phenergan)	2	PA-HRM
<i>prochlorperazine</i>	(Compazine)	1	

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Drug Name	Drug Tier	Requirements/Limits	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	(Prochlorperazine Edisylate)	1	
<i>prochlorperazine maleate oral</i>	(Compazine)	1	
<i>promethazine oral tablet</i>	(Promethazine HCl)	1	PA-HRM
<i>promethazine rectal</i>	(Phenergan)	2	PA-HRM
<i>promethegan</i>	(Phenergan)	2	PA-HRM
TRANSDERM-SCOP		4	QL (10 per 30 days)
Antiparasite Agents			
Antiparasite Agents			
ALBENZA		4	
ALINIA		4	
<i>atovaquone</i>	(Mepron)	5	
<i>atovaquone-proguanil</i>	(Malarone)	2	
<i>chloroquine phosphate oral</i>	(Chloroquine Phosphate)	2	
COARTEM		4	
DARAPRIM		4	
<i>hydroxychloroquine oral</i>	(Plaquenil)	1	
<i>ivermectin oral</i>	(Stromectol)	2	
<i>mefloquine</i>	(Mefloquine HCl)	2	
NEBUPENT		4	PA BvD
<i>paromomycin</i>	(Paromomycin Sulfate)	2	
PENTAM		4	
PRIMAQUINE		4	QL (90 per 30 days)
<i>quinine sulfate</i>	(Qualaquin)	2	PA; QL (42 per 7 days)
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl oral</i>	(Amantadine HCl)	2	
APOKYN		5	QL (60 per 30 days)
AZILECT		3	
<i>benztropine oral</i>	(Benztropine Mesylate)	1	PA-HRM
<i>bromocriptine</i>	(Parlodel)	2	
<i>cabergoline</i>	(Cabergoline)	2	
<i>carbidopa</i>	(Lodosyn)	2	
<i>carbidopa-levodopa oral tablet</i>	(Sinemet CR)	1	
<i>carbidopa-levodopa oral tablet extended release</i>	(Sinemet CR)	2	
<i>carbidopa-levodopa-entacapone</i>	(Stalevo 50)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i> (Comtan)	2	
NEUPRO	3	ST; QL (30 per 30 days)
<i>pramipexole oral tablet</i> (Mirapex)	2	
<i>ropinirole oral tablet</i> (Requip)	1	
<i>ropinirole oral tablet extended release 24 hr</i> (Requip XL)	2	
<i>selegiline hcl oral capsule</i> (Eldepryl)	2	
<i>selegiline hcl oral tablet</i> (Selegiline HCl)	2	
<i>trihexyphenidyl</i> (Trihexyphenidyl HCl)	1	PA-HRM
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY DISCMELT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (90 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	QL (1 per 28 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>chlorpromazine injection</i> (Chlorpromazine HCl)	1	
<i>chlorpromazine oral</i> (Chlorpromazine HCl)	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> (Fazaclo)	2	ST
FANAPT ORAL TABLET	4	ST ; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST ; QL (8 per 28 days)
<i>fluphenazine decanoate</i> (Fluphenazine Decanoate)	2	
<i>fluphenazine hcl</i> (Fluphenazine HCl)	1	
GEODON INTRAMUSCULAR	4	QL (6 per 28 days)
<i>haloperidol</i> (Haloperidol)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haloperidol Decanoate)	1	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate 50)	1	
<i>haloperidol lactate</i> (Haloperidol Lactate)	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	4	ST ; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	4	ST ; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	3	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	ST ; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	ST ; QL (60 per 30 days)
<i>loxapine succinate</i> (Loxapine Succinate)	1	
<i>olanzapine intramuscular</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet</i> (Zyprexa)	2	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 20 mg</i> (Zyprexa Zydis)	2	QL (31 per 30 days)
ORAP	4	
<i>perphenazine</i> (Perphenazine)	2	
<i>quetiapine</i> (Seroquel)	1	QL (90 per 30 days)
RISPERDAL CONSTA	4	QL (4 per 28 days)
<i>risperidone oral solution</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Risperdal M-Tab)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i> (Risperdal M-Tab)	2	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY)	4	ST ; QL (60 per 30 days)
<i>thioridazine</i> (Thioridazine HCl)	1	PA NSO-HRM
<i>thiothixene</i> (Thiothixene)	1	
<i>trifluoperazine</i> (Trifluoperazine HCl)	1	
VERSACLOZ	5	ST ; QL (540 per 30 days)
<i>ziprasidone hcl</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 405 MG	5	
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir</i> (Ziagen)	2	
<i>abacavir-lamivudine-zidovudine</i> (Trizivir)	5	
APTIVUS ORAL CAPSULE	5	
APTIVUS ORAL SOLUTION	4	
ATRIPLA	5	
COMPLERA	5	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
<i>didanosine</i> (Videx EC)	2	
EDURANT	5	
EMTRIVA	3	
EPIVIR HBV ORAL SOLUTION	4	

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Drug Name	Drug Tier	Requirements/Limits
EPZICOM	5	
EVOTAZ	5	
FUZEON SUBCUTANEOUS RECON SOLN	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE	5	
ISENTRESS ORAL POWDER IN PACKET	3	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET,CHEWABLE	3	
KALETRA ORAL SOLUTION	5	
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	
<i>lamivudine</i> (Epivir)	2	
<i>lamivudine-zidovudine</i> (Combivir)	5	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	5	
<i>nevirapine oral suspension</i> (Viramune)	2	
<i>nevirapine oral tablet</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr</i> (Viramune XR)	2	
NORVIR	3	
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 400 MG, 600 MG, 800 MG	5	
RESCRIPTOR	4	
RETROVIR INTRAVENOUS	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL POWDER IN PACKET	5	
SELZENTRY	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine</i> (Zerit)	2	
STRIBILD	5	
SUSTIVA	4	
TIVICAY	5	
TRIUMEQ	5	
TRUVADA	5	
VIDEX 2 GRAM PEDIATRIC	3	
VIDEX 4 GRAM PEDIATRIC	3	
VIRACEPT ORAL TABLET	4	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	
VIREAD	5	
VITEKTA	5	
ZIAGEN ORAL SOLUTION	4	
<i>zidovudine oral capsule</i> (Retrovir)	2	
<i>zidovudine oral syrup</i> (Retrovir)	1	
<i>zidovudine oral tablet</i> (Zidovudine)	1	
Antivirals, Miscellaneous		
<i>foscarnet</i> (Foscavir)	1	PA BvD
RELENZA DISKHALER	4	
<i>rimantadine</i> (Flumadine)	1	
SYNAGIS	5	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	QL (540 per 180 days)
Hcv Antivirals		
HARVONI	5	PA; QL (30 per 30 days)
OLYSIO	5	PA; QL (28 per 28 days)
SOVALDI	5	PA; QL (28 per 28 days)
Interferons		
INTRON A INJECTION	4	PA NSO
PEGASYS	5	PA
PEGASYS PROCLICK	5	PA
PEGINTRON	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON	5	PA NSO; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet</i> (Zovirax)	1	
<i>acyclovir sodium intravenous solution</i> (Acyclovir Sodium)	1	PA BvD
<i>adefovir</i> (Hepsera)	5	
<i>entecavir</i> (Baraclude)	5	
<i>famciclovir</i> (Famvir)	2	
<i>ganciclovir sodium</i> (Cytovene)	1	PA BvD
<i>ribasphere oral capsule</i> (Rebetol)	2	
<i>ribasphere oral tablet</i> (Copegus)	2	
TYZEKA	5	
<i>valacyclovir</i> (Valtrex)	2	
<i>valganciclovir</i> (Valcyte)	5	
VIRAZOLE	5	PA BvD
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
CEPROTIN (BLUE BAR)	5	
ELIQUIS	3	
<i>enoxaparin subcutaneous solution</i> (Lovenox)	2	QL (36 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i> (Lovenox)	5	QL (36 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml</i> (Lovenox)	5	QL (27.2 per 30 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i> (Lovenox)	5	QL (34 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (13.6 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (20.4 per 30 days)
<i>enoxaparin subcutaneous syringe 80 mg/0.8 ml</i> (Lovenox)	2	QL (27.2 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> (Heparin Sodium, Porcine/D5W)	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml)</i> (Heparin Sod, Pork In 0.45% NaCl)	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i> (Heparin Sodium, Porcine/Ns/PF)	1	
<i>heparin (porcine) injection solution 1,000 unit/ml</i> (Heparin Sodium, Porcine)	1	PA BvD; (PA for ESRD Only)
<i>heparin (porcine) injection solution 10,000 unit/ml</i> (Heparin Sodium, Porcine)	2	PA BvD
<i>heparin (porcine) injection solution 20,000 unit/ml, 5,000 unit/ml</i> (Heparin Sodium, Porcine)	2	PA BvD; (PA for ESRD Only)
<i>heparin lockflush (porcine) (pf) intravenous syringe 10 unit/ml</i> (Monoject Prefill Advanced)	1	
<i>heparin, porcine (pf) injection syringe</i> (Monoject Prefill Advanced)	1	PA BvD; (PA for ESRD Only)
<i>heparin, porcine (pf) intravenous syringe</i> (Monoject Prefill Advanced)	1	
<i>heparin-0.45% nacl 25,000 units/250 ml (100 units/ml) bag latex-free, inner</i> (Heparin Sod, Pork In 0.45% NaCl)	1	
<i>heparin-d5w 25,000 units/250 ml (100 units/ml) bag excel container</i> (Heparin Sodium, Porcine/D5W)	1	
IPRIVASK	5	PA; QL (24 per 28 days)
<i>jantoven</i> (Coumadin)	1	
PRADAXA	4	ST; QL (60 per 30 days)
<i>warfarin</i> (Coumadin)	1	
XARELTO	3	
Blood Formation Modifiers		
CINRYZE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
GRANIX	5	
LEUKINE INJECTION RECON SOLN	5	
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; QL (0.6 per 28 days)
MOZOBIL	5	
NEULASTA SUBCUTANEOUS SYRINGE	5	
NEUMEGA	5	
NEUPOGEN	5	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; QL (6 per 28 days)
PROMACTA	5	PA; QL (30 per 30 days)
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid oral solution</i> (Aminocaproic Acid)	2	
<i>aminocaproic acid oral tablet</i> (Amicar)	2	
<i>anagrelide</i> (Agrylin)	2	
<i>protamine</i> (Protamine Sulfate)	1	PA BvD; (PA for ESRD Only)
<i>tranexamic acid intravenous</i> (Tranexamic Acid)	2	
<i>tranexamic acid oral</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
AGGRENOX	4	QL (60 per 30 days)
BRILINTA	3	
<i>cilostazol</i> (Pletal)	1	
<i>clopidogrel</i> (Plavix)	1	
EFFIENT	3	QL (30 per 30 days)
<i>pentoxifylline</i> (Pentoxifylline)	2	

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Drug Name	Drug Tier	Requirements/Limits
Volume Expanders		
ALBUKED-25	4	
ALBUKED-5	4	
ALBUMIN, HUMAN 25 %	4	
ALBUMIN, HUMAN 5 %	4	
ALBUMINAR 25 %	4	
ALBUMINAR 5 %	4	
ALBURX (HUMAN) 5 %	4	
ALBUTEIN 25 %	4	
ALBUTEIN 5 %	4	
BUMINATE 25 %	4	
BUMINATE 5 %	4	
FLEXBUMIN 25 %	4	
FLEXBUMIN 5 %	4	
KEDBUMIN	4	
PLASBUMIN 25 %	4	
PLASBUMIN 5 %	4	
Caloric Agents		
Caloric Agents		
AMINO ACIDS 15 %	4	PA BvD
AMINOSYN 10 %	4	PA BvD
AMINOSYN 3.5 %	4	PA BvD
AMINOSYN 7 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES	4	PA BvD
AMINOSYN 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES	4	PA BvD
AMINOSYN II 10 %	4	PA BvD
AMINOSYN II 15 %	4	PA BvD
AMINOSYN II 7 %	4	PA BvD
AMINOSYN II 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES	4	PA BvD
AMINOSYN M 3.5 %	4	PA BvD
AMINOSYN-HBC 7%	4	PA BvD
AMINOSYN-PF 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE)	4	PA BvD
AMINOSYN-RF 5.2 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE	4	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE)	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE	4	PA BvD
CLINISOL SF 15 %	4	PA BvD
<i>cysteine (l-cysteine) intravenous solution</i> (Cysteine HCl)	1	PA BvD
<i>d10 %-0.9 % sodium chloride</i> (Dextrose 10 % and 0.9 % NaCl)	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i> (Dextrose 10 % in Water)	1	PA BvD
<i>dextrose 2.5 % in water(d2.5w)</i> (Dextrose 2.5 % in Water)	1	PA BvD
<i>dextrose 20 % in water (d20w)</i> (Dextrose 20 % in Water)	1	PA BvD
<i>dextrose 25 % in water (d25w)</i> (Dextrose 25 % in Water)	1	PA BvD
<i>dextrose 40 % in water (d40w)</i> (Dextrose 40 % in Water)	1	PA BvD
<i>dextrose 5 % in ringers</i> (Dextrose 5% In Ringers)	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> (Dextrose 5 % in Water)	1	
<i>dextrose 50 % in water (d50w)</i> (Dextrose 50 % in Water)	1	PA BvD
<i>dextrose 70 % in water (d70w)</i> (Dextrose 70 % in Water)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE HBC 6.9 %	4	PA BvD
FREAMINE III 10 %	4	PA BvD
HEPATAMINE 8%	4	PA BvD
HEPATASOL 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN	4	PA BvD
LIPOSYN II	4	PA BvD
LIPOSYN III	4	PA BvD
NEPHRAMINE 5.4 %	4	PA BvD
NUTRILIPID	4	PA BvD
PERIKABIVEN	4	PA BvD
PREMASOL 10 %	4	PA BvD
PREMASOL 6 %	4	PA BvD
PROCALAMINE 3%	4	PA BvD
PROSOL 20 %	4	PA BvD
TRAVASOL 10 %	4	PA BvD
TROPHAMINE 10 %	4	PA BvD
TROPHAMINE 6%	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i> (Catapres-Tts 1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-Tts 1)	2	QL (8 per 28 days)
<i>clorpres</i> (Clonidine HCl/Chlorthalidone)	2	
<i>doxazosin</i> (Cardura)	1	
<i>guanfacine oral tablet</i> (Tenex)	1	PA-HRM
<i>midodrine</i> (Midodrine HCl)	2	
NORTHERA	5	PA; QL (180 per 30 days)
<i>phenylephrine hcl injection</i> (Vazculep)	1	
<i>prazosin oral</i> (Minipress)	1	
Angiotensin II Receptor Antagonists		
BENICAR	3	ST

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Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT	3	ST
<i>candesartan</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid</i> (Atacand HCT)	2	
<i>irbesartan</i> (Avapro)	2	
<i>irbesartan-hydrochlorothiazide</i> (Avalide)	2	
<i>losartan</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide</i> (Hyzaar)	1	
<i>telmisartan</i> (Micardis)	2	
<i>telmisartan-hydrochlorothiazid</i> (Micardis HCT)	2	
TRIBENZOR	3	ST
<i>valsartan</i> (Diovan)	2	
<i>valsartan-hydrochlorothiazide</i> (Diovan HCT)	2	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril</i> (Lotensin)	1	
<i>benazepril-hydrochlorothiazide</i> (Lotensin HCT)	1	
<i>captopril</i> (Captopril)	2	
<i>captopril-hydrochlorothiazide</i> (Captopril/Hydrochlorothiazide)	2	
<i>enalapril maleate</i> (Vasotec)	1	
<i>enalaprilat intravenous injectable</i> (Enalaprilat Dihydrate)	2	
<i>enalapril-hydrochlorothiazide</i> (Vaseretic)	1	
<i>fosinopril</i> (Fosinopril Sodium)	1	
<i>fosinopril-hydrochlorothiazide</i> (Fosinopril/Hydrochlorothiazide)	2	
<i>lisinopril</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide</i> (Zestoretic)	1	
<i>moexipril</i> (Moexipril HCl)	1	
<i>moexipril-hydrochlorothiazide</i> (Moexipril/Hydrochlorothiazide)	1	
<i>perindopril erbumine</i> (Aceon)	1	
<i>quinapril</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide</i> (Accuretic)	1	
<i>ramipril</i> (Altace)	1	
<i>trandolapril</i> (Mavik)	1	
Antiarrhythmic Agents		
<i>amiodarone oral</i> (Cordarone)	1	
<i>disopyramide phosphate oral capsule</i> (Norpace)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide</i> (Tambocor)	1	
<i>lidocaine (pf) intravenous syringe 50 mg/5 ml (1 %)</i> (Lidocaine HCl/PF)	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)</i> (Lidocaine HCl/D5w/PF)	1	
<i>mexiletine</i> (Mexiletine HCl)	1	
MULTAQ	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Cordarone)	1	
<i>procainamide injection</i> (Procainamide HCl)	1	
<i>propafenone oral capsule, extended release 12 hr</i> (Rythmol SR)	2	
<i>propafenone oral tablet</i> (Rythmol)	2	
<i>quinidine gluconate oral</i> (Quinidine Gluconate)	2	
<i>quinidine sulfate</i> (Quinidine Sulfate)	1	
TIKOSYN	3	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral</i> (Sectral)	1	
<i>atenolol</i> (Tenormin)	1	
<i>atenolol-chlorthalidone</i> (Tenoretic 50)	1	
<i>betaxolol oral</i> (Kerlone)	2	
<i>bisoprolol fumarate</i> (Zebeta)	1	
<i>bisoprolol-hydrochlorothiazide</i> (Ziac)	1	
BYSTOLIC	3	
<i>carvedilol</i> (Coreg)	1	
<i>esmolol intravenous solution</i> (Esmolol HCl)	1	PA BvD
<i>labetalol intravenous solution</i> (Labetalol HCl)	1	
<i>labetalol oral</i> (Trandate)	1	
<i>metoprolol succinate</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution</i> (Lopressor)	1	
<i>metoprolol tartrate oral</i> (Lopressor)	1	
<i>nadolol</i> (Corgard)	1	
<i>pindolol</i> (Pindolol)	2	
<i>propranolol intravenous</i> (Propranolol HCl)	1	
<i>propranolol oral capsule, extended release 24 hr</i> (Inderal LA)	1	
<i>propranolol oral solution</i> (Propranolol HCl)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral tablet</i> (Propranolol HCl)	1	
<i>propranolol-hydrochlorothiazid</i> (Propranolol/Hydrochlorothiazid)	1	
<i>sorine</i> (Betapace)	1	
<i>sotalol af oral tablet 120 mg</i> (Betapace)	1	
<i>sotalol oral</i> (Betapace)	1	
<i>timolol maleate oral</i> (Timolol Maleate)	1	
Calcium-Channel Blocking Agents		
<i>cartia xt</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous</i> (Cardizem CD)	1	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 24hr</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i> (Cardizem LA)	2	
<i>dilt-xr</i> (Cardizem CD)	2	
<i>matzim la</i> (Cardizem CD)	2	
<i>taztia xt</i> (Cardizem CD)	2	
<i>verapamil intravenous syringe</i> (Verapamil HCl)	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan Pm)	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i> (Verelan)	1	
<i>verapamil oral tablet</i> (Calan)	1	
<i>verapamil oral tablet extended release</i> (Calan SR)	1	
Cardiovascular Agents, Miscellaneous		
DEMSER	5	
<i>digitek oral tablet 125 mcg</i> (Lanoxin)	1	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
<i>digitek oral tablet 250 mcg</i> (Lanoxin)	1	PA-HRM; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digox</i> (Lanoxin)	1	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
<i>digoxin injection</i> (Digoxin)	1	PA-HRM
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	PA-HRM; QL (300 per 30 days)
<i>digoxin oral tablet</i> (Lanoxin)	1	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> (Dobutamine HCl/D5W)	1	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i> (Dobutamine HCl)	2	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i> (Dopamine HCl/D5W)	1	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i> (Dopamine HCl)	1	PA BvD
<i>ephedrine sulfate injection solution</i> (Ephedrine Sulfate)	1	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml (1:1,000)</i> (Adrenaclick)	2	
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml (1:1,000)</i> (Adrenaclick)	1	
<i>epinephrine injection solution 1 mg/ml (1:1,000) (1ml)</i> (Epinephrine)	1	
<i>epinephrine injection syringe 0.1 mg/ml (1:10,000)</i> (Epinephrine)	1	
EPIPEN 2-PAK	3	
EPIPEN JR 2-PAK	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethamolin</i> (Ethanolamine Oleate)	1	
FIRAZYR	5	
<i>hydralazine</i> (Hydralazine HCl)	1	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	4	PA-HRM; (High Risk Med for Ages 65 and Older and Dose is Greater Than 125mcg Per Day); QL (30 per 30 days)
<i>milrinone</i> (Milrinone Lactate)	5	PA BvD
<i>milrinone in 5 % dextrose intravenous piggyback 40 mg/200 ml (200 mcg/ml)</i> (Milrinone Lactate/D5W)	5	PA BvD
<i>norepinephrine bitartrate</i> (Levophed Bitartrate)	1	PA BvD
<i>papaverine injection solution</i> (Papaverine HCl)	1	PA
<i>papaverine oral</i> (Papaverine HCl)	1	PA
RANEXA	3	
Dihydropyridines		
<i>afeditab cr</i> (Adalat CC)	1	
<i>amlodipine</i> (Norvasc)	1	
<i>amlodipine-benazepril</i> (Lotrel)	2	
<i>amlodipine-valsartan</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiazyd</i> (Exforge HCT)	2	
AZOR	3	ST
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100 ML	4	
<i>felodipine</i> (Felodipine)	2	
<i>isradipine</i> (Isradipine)	2	
<i>nicardipine oral</i> (Nicardipine HCl)	2	
<i>nifedical xl</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 24hr 30 mg</i> (Adalat CC)	1	
<i>nifedipine oral tablet extended release 24hr 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg</i> (Adalat CC)	1	
Diuretics		
<i>amiloride oral</i> (Midamor)	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>amiloride-hydrochlorothiazide</i>	(Amiloride/Hydrochlorothiazide)	1	
<i>bumetanide</i>	(Bumetanide)	1	
<i>chlorothiazide</i>	(Chlorothiazide)	1	
<i>chlorothiazide sodium</i>	(Sodium Diuril)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	(Chlorthalidone)	1	
DYRENIUM		4	
<i>furosemide injection</i>	(Furosemide)	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml</i>	(Furosemide)	1	
<i>furosemide oral tablet</i>	(Lasix)	1	
<i>hydrochlorothiazide oral capsule</i>	(Microzide)	1	
<i>hydrochlorothiazide oral tablet</i>	(Hydrochlorothiazide)	1	
<i>indapamide</i>	(Indapamide)	1	
<i>methyclothiazide</i>	(Methyclothiazide)	2	
<i>metolazone</i>	(Zaroxolyn)	1	
<i>toremide oral</i>	(Demadex)	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	(Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	(Maxzide)	1	
Dyslipidemics			
<i>amlodipine-atorvastatin</i>	(Caduet)	2	
<i>atorvastatin</i>	(Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	(Questran)	2	
<i>cholestyramine light oral powder in packet</i>	(Questran)	2	
<i>colestipol</i>	(Colestid)	2	
CRESTOR		3	
<i>fenofibrate micronized</i>	(Lofibra)	2	
<i>fenofibrate nanocrystallized</i>	(Tricor)	2	
<i>fenofibrate oral tablet</i>	(Lofibra)	2	
<i>fenofibric acid</i>	(Fibricor)	2	
<i>fenofibric acid (choline)</i>	(Trilipix)	2	
<i>gemfibrozil oral</i>	(Lopid)	1	
JUXTAPID		5	PA
KYNAMRO		5	PA; QL (4 per 28 days)
<i>lovastatin</i>	(Mevacor)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin oral tablet extended release 24 hr</i> (Niaspan)	2	
<i>niacor</i> (Niacin)	1	
<i>omega-3 acid ethyl esters</i> (Lovaza)	2	
<i>pravastatin</i> (Pravachol)	1	
<i>prevalite</i> (Cholestyramine/Aspartame)	2	
<i>simvastatin</i> (Zocor)	1	QL (30 per 30 days)
VASCEPA	3	
ZETIA	4	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone</i> (Inspra)	2	
<i>spironolactone</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz</i> (Aldactazide)	1	
Vasodilators		
<i>isosorbide dinitrate oral</i> (Isochron)	2	
<i>isosorbide dinitrate sublingual</i> (Isosorbide Dinitrate)	1	
<i>isosorbide mononitrate oral tablet</i> (Isosorbide Mononitrate)	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i> (Imdur)	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/hr</i> (Nitro-Dur)	1	QL (60 per 30 days)
<i>minoxidil oral</i> (Minoxidil)	1	
NITRO-BID	3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> (Nitroglycerin/D5W)	1	
<i>nitroglycerin intravenous</i> (Nitroglycerin)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Nitro-Dur)	1	QL (60 per 30 days)
NITROSTAT	3	
PROGLYCEM	4	
Central Nervous System Agents		
Central Nervous System Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine salt combo</i> (Adderall)	1	QL (60 per 30 days)
AMPYRA	5	PA; QL (60 per 30 days)
<i>caffeine citrated intravenous</i> (Cafcit)	1	
<i>caffeine citrated oral</i> (Cafcit)	1	
<i>caffeine-sodium benzoate</i> (Caffeine/Sodium Benzoate)	1	
<i>clonidine hcl oral tablet extended release 12 hr</i> (Kapvay)	2	
<i>dexmethylphenidate oral tablet</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release</i> (Dexedrine)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet</i> (Dexedrine)	1	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>flumazenil</i> (Romazicon)	1	
<i>guanfacine oral tablet extended release 24 hr</i> (Intuniv)	2	
<i>lithium carbonate oral capsule</i> (Lithium Carbonate)	1	
<i>lithium carbonate oral tablet</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release</i> (Lithobid)	1	
<i>lithium citrate oral solution 8 meq/5 ml</i> (Lithium Citrate)	1	
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 30 mg</i> (Metadate Cd)	2	QL (60 per 30 days)
<i>methylphenidate oral capsule, er biphasic 50-50 20 mg, 40 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 50-50 30 mg</i> (Metadate Cd)	2	QL (60 per 30 days)
<i>methylphenidate oral solution</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate oral tablet</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate oral tablet extended release</i> (Methylphenidate HCl)	1	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
NUEDEXTA	3	QL (60 per 30 days)
QUILLIVANT XR	3	
<i>riluzole</i> (Rilutek)	2	
SAVELLA	3	QL (60 per 30 days)
STRATTERA	3	
XENAZINE	5	PA; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28)</i> (Amethyst)	1	
<i>alyacen 1/35 (28)</i> (Modicon)	1	
<i>alyacen 7/7/7 (28)</i> (Modicon)	1	
<i>amethia</i> (Seasonique)	2	QL (91 per 84 days)
<i>amethia lo</i> (Seasonique)	2	QL (91 per 84 days)
<i>apri</i> (Desogen)	1	
<i>aranelle (28)</i> (Modicon)	1	
<i>ashlyna</i> (Seasonique)	2	
<i>aubra</i> (Amethyst)	1	
<i>aviane</i> (Amethyst)	1	
<i>azurette (28)</i> (Mircette)	1	
<i>balziva (28)</i> (Modicon)	1	
<i>briellyn</i> (Modicon)	1	
<i>camila</i> (Nor-Q-D)	1	
<i>camrese</i> (Seasonique)	2	QL (91 per 84 days)
<i>camrese lo</i> (Seasonique)	2	QL (91 per 84 days)
<i>caziant (28)</i> (Desogen)	1	
<i>cryselle (28)</i> (Norgestrel-Ethinyl Estradiol)	1	
<i>cyclafem 1/35 (28)</i> (Modicon)	1	
<i>cyclafem 7/7/7 (28)</i> (Modicon)	1	
<i>dasetta 1/35 (28)</i> (Modicon)	1	
<i>dasetta 7/7/7 (28)</i> (Modicon)	1	
<i>daysee</i> (Seasonique)	2	QL (91 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i> (Nor-Q-D)	1	
<i>delyla</i> (28) (Amethyst)	1	
<i>desog-e.estradiol/e.estradiol</i> (Mircette)	1	
<i>desogestrel-ethinyl estradiol</i> (Desogen)	1	
<i>drospirenone-ethinyl estradiol</i> (Yaz)	2	
<i>elinest</i> (Norgestrel-Ethinyl Estradiol)	1	
ELLA	4	QL (6 per 365 days)
<i>emoquette</i> (Desogen)	1	
<i>enpresse</i> (Amethyst)	1	
<i>enskyce</i> (Desogen)	1	
<i>errin</i> (Nor-Q-D)	1	
<i>estarylla</i> (Ortho-Cyclen)	1	
<i>falmina</i> (28) (Amethyst)	1	
<i>gianvi</i> (28) (Yaz)	2	
<i>gildagia</i> (Modicon)	1	
<i>gildess</i> (Loestrin)	1	
<i>gildess 24 fe</i> (Loestrin Fe)	1	
<i>gildess fe</i> (Loestrin Fe)	1	
<i>heather</i> (Nor-Q-D)	1	
<i>introvale</i> (Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
<i>jencycla</i> (Nor-Q-D)	1	
<i>jolessa</i> (Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
<i>jolivette</i> (Nor-Q-D)	1	
<i>junel 1.5/30</i> (21) (Loestrin)	1	
<i>junel 1/20</i> (21) (Loestrin)	1	
<i>junel fe 1.5/30</i> (28) (Loestrin Fe)	1	
<i>junel fe 1/20</i> (28) (Loestrin Fe)	1	
<i>junel fe 24</i> (Loestrin Fe)	1	
<i>kariva</i> (28) (Mircette)	1	
<i>kelnor 1/35</i> (28) (Ethinodiol D-Ethinyl Estradiol)	1	
<i>kurvelo</i> (Amethyst)	1	
<i>l norgest/e.estradiol-e.estradiol</i> (Seasonique)	2	QL (91 per 84 days)
<i>larin 1.5/30</i> (21) (Loestrin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin 1/20 (21)</i> (Loestrin)	1	
<i>larin 24 fe</i> (Loestrin Fe)	1	
<i>larin fe</i> (Loestrin Fe)	1	
<i>leena 28</i> (Modicon)	1	
<i>lessina</i> (Amethyst)	1	
<i>levonest (28)</i> (Amethyst)	1	
<i>levonorgestrel oral tablet 0.75 mg</i> (Plan B One-Step)	1	QL (12 per 365 days)
<i>levonorgestrel oral tablet 1.5 mg</i> (Plan B One-Step)	1	QL (6 per 365 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Amethyst)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Amethyst)	1	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> (Amethyst)	1	QL (91 per 84 days)
<i>levora-28</i> (Amethyst)	1	
<i>lomedica 24 fe</i> (Loestrin Fe)	1	
<i>loryna (28)</i> (Yaz)	2	
<i>low-ogestrel (28)</i> (Norgestrel-Ethinyl Estradiol)	1	
<i>luteria (28)</i> (Amethyst)	1	
<i>lyza</i> (Nor-Q-D)	1	
<i>marlissa</i> (Amethyst)	1	
<i>microgestin 1.5/30 (21)</i> (Loestrin)	1	
<i>microgestin 1/20 (21)</i> (Loestrin)	1	
<i>microgestin fe 1.5/30 (28)</i> (Loestrin Fe)	1	
<i>microgestin fe 1/20 (28)</i> (Loestrin Fe)	1	
<i>mono-lynah</i> (Ortho-Cyclen)	1	
<i>mononessa (28)</i> (Ortho-Cyclen)	1	
<i>myzilra</i> (Amethyst)	1	
<i>necon 0.5/35 (28)</i> (Modicon)	1	
<i>necon 1/35 (28)</i> (Modicon)	1	
<i>necon 1/50 (28)</i> (Norinyl 1+50)	1	
<i>necon 10/11 (28)</i> (Modicon)	1	
<i>necon 7/7/7 (28)</i> (Modicon)	1	
<i>next choice one dose</i> (Plan B One-Step)	1	QL (6 per 365 days)
<i>nikki (28)</i> (Yaz)	2	
<i>nora-be</i> (Nor-Q-D)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive)</i> (Nor-Q-D)	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Loestrin)	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	1	
<i>norgestimate-ethinyl estradiol</i> (Ortho-Cyclen)	1	
<i>norlyroc</i> (Nor-Q-D)	1	
<i>nortrel 0.5/35 (28)</i> (Modicon)	1	
<i>nortrel 1/35 (21)</i> (Modicon)	1	
<i>nortrel 1/35 (28)</i> (Modicon)	1	
<i>nortrel 7/7/7 (28)</i> (Modicon)	1	
NUVARING	3	ST; QL (1 per 28 days)
<i>ocella</i> (Yaz)	2	
<i>ogestrel (28)</i> (Norgestrel-Ethinyl Estradiol)	1	
<i>orsythia</i> (Amethyst)	1	
<i>philith</i> (Modicon)	1	
<i>pimtrea (28)</i> (Mircette)	1	
<i>pirmella</i> (Modicon)	1	
<i>portia</i> (Amethyst)	1	
<i>previfem</i> (Ortho-Cyclen)	1	
<i>quasense</i> (Levonorgestrel-Ethin Estradiol)	1	QL (91 per 84 days)
<i>reclipsen (28)</i> (Desogen)	1	
<i>sharobel</i> (Nor-Q-D)	1	
<i>sprintec (28)</i> (Ortho-Cyclen)	1	
<i>sronyx</i> (Amethyst)	1	
<i>syeda</i> (Yaz)	2	
<i>tarina fe</i> (Loestrin Fe)	1	
<i>tilia fe</i> (Loestrin Fe)	2	
<i>tri-estarylla</i> (Ortho-Cyclen)	1	
<i>tri-legest fe</i> (Loestrin Fe)	2	
<i>tri-linyah</i> (Ortho-Cyclen)	1	
<i>trinessa (28)</i> (Ortho-Cyclen)	1	
<i>tri-previfem (28)</i> (Ortho-Cyclen)	1	
<i>tri-sprintec (28)</i> (Ortho-Cyclen)	1	
<i>trivora (28)</i> (Amethyst)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>velivet triphasic regimen (28)</i>	(Desogen)	1
<i>vestura (28)</i>	(Yaz)	2
<i>viorele (28)</i>	(Mircette)	1
<i>vyfemla (28)</i>	(Modicon)	1
<i>wera (28)</i>	(Modicon)	1
<i>xulane</i>	(Ortho Evra)	2
<i>zarah</i>	(Yaz)	2
<i>zenchent (28)</i>	(Modicon)	1
<i>zovia 1/35e (28)</i>	(Ethinodiol D-Ethinyl Estradiol)	1
<i>zovia 1/50e (28)</i>	(Ethinodiol D-Ethinyl Estradiol)	1

Dental And Oral Agents

Dental And Oral Agents		
<i>cevimeline</i>	(Evoxac)	2
<i>chlorhexidine gluconate mucous membrane</i>	(Peridex)	1
<i>oralone</i>	(Triamcinolone Acetonide)	1
<i>periogard</i>	(Peridex)	1
<i>pilocarpine hcl oral</i>	(Salagen)	2
<i>sodium fluoride oral tablet, chewable 0.25 mg fluorid (0.55 mg)</i>	(Sodium Fluoride)	1
<i>triamcinolone acetonide dental</i>	(Triamcinolone Acetonide)	1

Dermatological Agents

Dermatological Agents, Other		
8-MOP		4
<i>acitretin</i>	(Soriatane)	5
<i>acyclovir topical</i>	(Zovirax)	2
ALCOHOL PADS		1
ALCOHOL PREP PADS		1
<i>ammonium lactate topical</i>	(Lac-Hydrin)	1
ANACAINE		4
<i>calcipotriene topical cream</i>	(Dovonex)	2
<i>calcipotriene topical ointment</i>	(Calcipotriene)	2
<i>calcipotriene topical solution</i>	(Calcipotriene)	2

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitrene</i> (Calcipotriene)	2	
<i>calcitriol topical</i> (Vectical)	2	
CONDYLOX TOPICAL GEL	4	
COSENTYX (2 SYRINGES)	5	PA
COSENTYX PEN	5	PA
COSENTYX PEN (2 PENS)	5	PA
FLUOROPLEX	4	
<i>fluorouracil topical cream</i> (Carac)	2	
<i>fluorouracil topical solution</i> (Fluorouracil)	2	
<i>imiquimod</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen rapid</i> (Oxsoralen-Ultra)	5	
PANRETIN	5	
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podocon</i> (Podophyllum Resin)	2	
<i>podofilox</i> (Condylox)	2	
<i>potassium hydroxide</i> (Potassium Hydroxide)	1	
SANTYL	4	
VALCHLOR	5	
<i>zenatane</i> (Isotretinoin)	2	
ZOVIRAX TOPICAL CREAM	3	QL (15 per 30 days)
Dermatological Antibacterials		
<i>clindamycin phosphate topical gel</i> (Cleocin T)	1	
<i>clindamycin phosphate topical lotion</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution</i> (Cleocin T)	1	
<i>clindamycin phosphate topical swab</i> (Cleocin T)	1	
<i>ery pads</i> (Erythromycin Base/Ethanol)	1	
<i>erythromycin with ethanol topical gel</i> (Emgel)	1	
<i>erythromycin with ethanol topical solution</i> (Erythromycin Base/Ethanol)	1	
<i>erythromycin with ethanol topical swab</i> (Erythromycin Base/Ethanol)	1	
<i>gentamicin topical</i> (Gentamicin Sulfate)	1	
<i>metronidazole topical cream</i> (Metrocream)	2	
<i>metronidazole topical gel</i> (Rosadan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical lotion</i>	(Metro lotion)	2
<i>mupirocin</i>	(Centany)	1
<i>mupirocin calcium</i>	(Bactroban)	1
<i>neomycin-polymyxin b gu</i>	(Neosporin G.U. Irrigant)	1
<i>rosadan topical cream</i>	(Metrocream)	2
<i>selenium sulfide</i>	(Selenium Sulfide)	1
<i>silver nitrate applicators</i>	(Silver Nitrate Applicator)	1
<i>silver nitrate topical</i>	(Silver Nitrate)	1
<i>silver sulfadiazine</i>	(Silvadene)	1
<i>ssd</i>	(Silvadene)	1
<i>sulfacetamide sodium (acne)</i>	(Klaron)	2
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream</i>	(Anusol-HC)	1
<i>ala-scalp</i>	(Scalacort)	1
<i>alclometasone</i>	(Alclometasone Dipropionate)	1
<i>betamethasone dipropionate</i>	(Betamethasone Dipropionate)	2
<i>betamethasone valerate topical cream</i>	(Betamethasone Valerate)	1
<i>betamethasone valerate topical foam</i>	(Luxiq)	2
<i>betamethasone valerate topical lotion</i>	(Betamethasone Valerate)	1
<i>betamethasone valerate topical ointment</i>	(Betamethasone Valerate)	1
<i>betamethasone, augmented topical cream</i>	(Diprolene AF)	2
<i>betamethasone, augmented topical gel</i>	(Betamethasone Dipropionate)	2
<i>betamethasone, augmented topical lotion</i>	(Diprolene)	2
<i>betamethasone, augmented topical ointment</i>	(Diprolene)	2
<i>clobetasol topical cream</i>	(Temovate)	1
<i>clobetasol topical foam</i>	(Olux)	2
<i>clobetasol topical gel</i>	(Clobetasol Propionate)	1
<i>clobetasol topical lotion</i>	(Clobex)	2
<i>clobetasol topical ointment</i>	(Temovate)	1

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical shampoo</i> (Clobex)	2	
<i>clobetasol topical solution</i> (Clobetasol Propionate)	1	
<i>clobetasol-emollient topical cream</i> (Temovate)	1	
<i>clocortolone pivalate</i> (Cloderm)	2	
<i>colocort</i> (Cortenema)	2	
<i>cormax topical solution</i> (Clobetasol Propionate)	2	
<i>desonide topical cream</i> (Desowen)	1	
<i>desonide topical ointment</i> (Desonide)	1	
<i>desoximetasone</i> (Topicort)	2	
ELIDEL	3	
<i>fluocinonide topical cream 0.05 %</i> (Vanos)	1	
<i>fluocinonide topical gel</i> (Fluocinonide)	1	
<i>fluocinonide topical ointment</i> (Fluocinonide)	1	
<i>fluocinonide topical solution</i> (Fluocinonide)	1	
<i>fluocinonide-e</i> (Vanos)	1	
<i>fluticasone topical cream</i> (Cutivate)	1	
<i>fluticasone topical ointment</i> (Fluticasone Propionate)	1	
<i>halobetasol propionate</i> (Ultravate)	2	
<i>hydrocortisone 1% ointment carton (otc)</i> (Hydrocortisone)	1	
<i>hydrocortisone acet-aloe vera topical gel</i> (Hydrocortisone Acetate/Aloe V)	1	
<i>hydrocortisone butyrate topical cream</i> (Hydrocortisone Butyrate)	1	
<i>hydrocortisone butyrate topical ointment</i> (Locoid)	1	
<i>hydrocortisone butyrate topical solution</i> (Locoid)	1	
<i>hydrocortisone butyr-emollient</i> (Hydrocortisone Butyrate)	1	
<i>hydrocortisone rectal enema</i> (Cortenema)	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Anusol-HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i> (Scalacort)	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i> (Hydrocortisone)	1	
<i>hydrocortisone valerate topical cream</i> (Hydrocortisone Valerate)	2	
<i>hydrocortisone valerate topical ointment</i> (Westcort)	2	
<i>mometasone</i> (Elocon)	1	
ONFI ORAL SUSPENSION	4	PA NSO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ONFI ORAL TABLET 10 MG, 20 MG	4	PA NSO; QL (60 per 30 days)
<i>prednicarbate</i> (Dermatop)	1	
<i>procto-pak</i> (Anusol-HC)	1	
<i>proctosol hc</i> (Hydrocortisone)	1	
<i>proctozone-hc</i> (Hydrocortisone)	1	
<i>tacrolimus topical</i> (Protopic)	2	
<i>triamcinolone acetonide topical cream</i> (Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical lotion</i> (Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 % (Triamcinolone Acetonide)	1	
<i>trianex</i> (Triamcinolone Acetonide)	1	
<i>u-cort</i> (Hydrocortisone Acetate/Urea)	2	
Dermatological Retinoids		
<i>adapalene topical cream</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
TAZORAC TOPICAL CREAM	4	
<i>tretinoin microspheres</i> (Retin-A Micro)	2	PA
<i>tretinoin topical</i> (Retin-A)	1	PA
Scabicides And Pediculicides		
<i>malathion</i> (Ovide)	2	
<i>permethrin topical cream</i> (Elimite)	2	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 X 1/2"	1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2"	1	
BD INSULIN PEN NEEDLE UF SHORT	1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 31 X 5/16", 1 ML 31 X 5/16", 1/2 ML 31 X 5/16"	1	
INSULIN PEN NEEDLE NEEDLE 29 GAUGE X 1/2 "	1	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29, 1 ML 29 X 1/2", 1/2 ML 28	1	
VGO 40	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN	5	
ALDURAZYME	5	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	
CREON	3	
ELAPRASE	5	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	5	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	
KRYSTEXXA	5	
KUVAN ORAL TABLET,SOLUBLE	5	
MYOZYME	5	
NAGLAZYME	5	
ORFADIN	5	
<i>pancrelipase 5000</i> (Zenpep)	2	
PULMOZYME	5	PA BvD
VIMIZIM	5	PA
VPRIV	5	
ZAVESCA	5	QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000-218,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF)	4	
<i>alcaine</i> (Proparacaine HCl)	1	
<i>altacaine</i> (Tetacaine)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>apraclonidine</i> (Iopidine)	2	
<i>atropine ophthalmic drops</i> (Isopto Atropine)	1	
<i>atropine ophthalmic ointment</i> (Atropine Sulfate)	1	
<i>azelastine nasal aerosol,spray</i> (Astepro)	2	QL (30 per 25 days)
<i>azelastine ophthalmic</i> (Azelastine HCl)	2	
<i>carteolol</i> (Carteolol HCl)	1	
<i>cromolyn ophthalmic</i> (Cromolyn Sodium)	1	
CYCLOGYL OPHTHALMIC DROPS 0.5 %	3	
<i>cyclopentolate</i> (Cyclogyl)	1	
CYSTARAN	5	
<i>epinastine</i> (Elestat)	2	
<i>flucaïne</i> (Proparacaine/Fluorescein Sod)	1	
<i>homatropaire</i> (Isopto Homatropine)	1	
<i>homatropine hbr</i> (Isopto Homatropine)	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i> (Atrovent)	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i> (Atrovent)	1	QL (15 per 10 days)
LACRISERT	3	
<i>naphazoline</i> (Naphazoline HCl)	1	
<i>phenylephrine hcl ophthalmic</i> (Mydrin)	1	
<i>proparacaine</i> (Proparacaine HCl)	1	
<i>tetracaine hcl (pf) ophthalmic</i> (Tetracaine HCl/PF)	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic</i> (Acetic Acid)	1	
<i>bacitracin ophthalmic</i> (Bacitracin)	2	
<i>bacitracin-polymyxin b ophthalmic</i> (Bacitracin/Polymyxin B Sulfate)	1	
<i>bleph-10</i> (Sulfacetamide Sodium)	1	
CIPRODEX	3	
<i>ciprofloxacin hcl ophthalmic</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic</i> (Cetraxal)	2	
COLY-MYCIN S	4	
<i>erythromycin ophthalmic</i> (Ilotycin)	1	
<i>gatifloxacin</i> (Zymaxid)	2	
<i>gentak ophthalmic ointment</i> (Garamycin)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin ophthalmic</i> (Garamycin)	1	
<i>levofloxacin ophthalmic</i> (Levofloxacin)	2	
MOXEZA	3	
NATACYN	3	
<i>neomycin-bacitracin-poly-hc</i> (Neomycin Su/Baci Zn/Poly/HC)	1	
<i>neomycin-bacitracin-polymyxin</i> (Neomycin Su/Bacitra/Polymyxin)	1	
<i>neomycin-polymyxin b-dexameth</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin</i> (Neosporin)	1	
<i>neomycin-polymyxin-hc ophthalmic</i> (Neomycin/Polymyxin B Sulf/HC)	1	
<i>neomycin-polymyxin-hc otic drops,suspension</i> (Neomycin/Polymyxin B Sulf/HC)	1	
<i>neomycin-polymyxin-hc otic solution</i> (Cortisporin)	1	
<i>neo-polycin</i> (Neomycin Su/Bacitra/Polymyxin)	1	
<i>neo-polycin hc</i> (Neomycin Su/Baci Zn/Poly/HC)	1	
<i>ofloxacin ophthalmic</i> (Ocuflax)	1	
<i>ofloxacin otic</i> (Ocuflax)	1	
<i>polymyxin b sulf-trimethoprim</i> (Polytrim)	1	
<i>sulfacetamide sodium ophthalmic</i> (Sulfacetamide Sodium)	1	
<i>sulfacetamide-prednisolone</i> (Sulfacetamide/Prednisolone Sp)	1	
TOBRADEX ST	3	
<i>tobramycin</i> (Tobrex)	1	
<i>trifluridine</i> (Viroptic)	2	
VIGAMOX	3	
ZIRGAN	4	
ZYLET	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX	3	ST
<i>bromfenac</i> (Bromfenac Sodium)	2	
<i>dexamethasone sodium phosphate ophthalmic</i> (Dexasol)	1	
<i>diclofenac sodium ophthalmic</i> (Diclofenac Sodium)	1	
DUREZOL	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> (Flunisolide)	2	QL (50 per 25 days)
<i>fluorometholone</i> (FML)	1	
<i>flurbiprofen sodium</i> (Ocufen)	1	
<i>fluticasone nasal</i> (Fluticasone Propionate)	1	QL (16 per 30 days)
ILEVRO	3	
<i>ketorolac ophthalmic</i> (Acular)	1	
LOTEMAX	3	
NEVANAC	3	
<i>prednisolone acetate</i> (Omnipred)	2	
<i>prednisolone sodium phosphate ophthalmic</i> (Prednisolone Sod Phosphate)	1	
PROLENSA	3	
RESTASIS	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz</i> (Prevpac)	2	
CARAFATE ORAL SUSPENSION	3	
<i>cimetidine</i> (Cimetidine)	1	(Rx Product Only)
<i>cimetidine hcl oral</i> (Cimetidine HCl)	1	
<i>esomeprazole sodium</i> (Nexium I.V.)	1	
<i>famotidine (pf)</i> (Famotidine)	1	
<i>famotidine (pf)-nacl (iso-os)</i> (Famotidine In Nacl,Iso-Osm/PF)	1	
<i>famotidine intravenous</i> (Famotidine)	1	
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	1	(Rx Product Only)
<i>lansoprazole oral capsule,delayed release(dr/ec)</i> (Prevacid)	2	(Rx Product Only)
<i>misoprostol</i> (Cytotec)	2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i> (Prilosec)	1	
<i>pantoprazole oral</i> (Protonix)	1	
<i>ranitidine hcl injection</i> (Zantac)	1	(Rx Product Only)
<i>ranitidine hcl oral syrup</i> (Ranitidine HCl)	1	(Rx Product Only)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i> (Zantac)	1	(Rx Product Only)
<i>sucralfate oral suspension</i> (Sucralfate)	2	
<i>sucralfate oral tablet</i> (Carafate)	1	

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Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
AMITIZA	3	QL (60 per 30 days)
BUPHENYL ORAL TABLET	5	
CARBAGLU	5	
<i>constulose</i> (Lactulose)	1	
<i>cromolyn oral</i> (Gastrocrom)	5	
<i>dicyclomine oral capsule</i> (Bentyl)	1	
<i>dicyclomine oral solution</i> (Dicyclomine HCl)	1	
<i>dicyclomine oral tablet</i> (Bentyl)	1	
<i>diphenoxylate-atropine oral liquid</i> (Diphenoxylate HCl/Atropine)	1	
<i>diphenoxylate-atropine oral tablet</i> (Lomotil)	1	
<i>enulose</i> (Lactulose)	1	
GATTEX 30-VIAL	5	PA
GATTEX ONE-VIAL	5	PA
<i>generlac</i> (Lactulose)	1	
<i>glycopyrrolate injection</i> (Robinul)	1	
<i>glycopyrrolate oral</i> (Robinul)	2	
<i>kionex</i> (Sodium Polystyrene Sulfonate)	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Lactulose)	1	
LINZESS	3	QL (30 per 30 days)
<i>loperamide oral capsule</i> (Loperamide HCl)	1	
LOTRONEX	5	
<i>methscopolamine oral</i> (Methscopolamine Bromide)	1	
<i>metoclopramide hcl injection solution</i> (Metoclopramide HCl)	1	
<i>metoclopramide hcl oral solution</i> (Metoclopramide HCl)	1	
<i>metoclopramide hcl oral tablet</i> (Reglan)	1	
MOVANTIK	3	QL (30 per 30 days)
NUTRESTORE	4	
RAVICTI	5	PA
RELISTOR SUBCUTANEOUS SOLUTION	4	PA; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (28 per 28 days)
<i>sodium polystyrene (sorb free)</i> (Sodium Polystyrene Sulfonate)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i> (Sodium Polystyrene Sulfonate)	1	
<i>sps oral</i> (Sodium Polystyrene Sulfonate)	1	
<i>ursodiol oral capsule</i> (Actigall)	2	
<i>ursodiol oral tablet</i> (Urso)	2	
Laxatives		
<i>gavilyte-c</i> (Golytely)	1	
<i>gavilyte-g</i> (Golytely)	1	
<i>gavilyte-n</i> (Nulytely with Flavor Packs)	1	
MOVIPREP	3	
<i>peg 3350-electrolytes</i> (Golytely)	1	
PEG 3350-GRX	1	
<i>peg-electrolyte soln</i> (Nulytely with Flavor Packs)	1	
<i>polyethylene glycol 3350 oral</i> (Gavilyte-N)	1	
<i>trilyte with flavor packets</i> (Nulytely with Flavor Packs)	1	
Phosphate Binders		
<i>calcium acetate oral capsule</i> (Phoslo)	2	
<i>calcium acetate oral tablet 667 mg</i> (Calcium Acetate)	2	
<i>eliphos</i> (Calcium Acetate)	2	
<i>magnebind 400</i> (Calcium Carbonate/Mag Carb/Fa)	1	
PHOSLYRA	4	
RENAGEL	3	
RENVELA	3	
Genitourinary Agents		
Antispasmodics, Urinary		
MYRBETRIQ	3	
<i>oxybutynin chloride oral tablet</i> (Oxybutynin Chloride)	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i> (Ditropan XL)	2	
<i>tolterodine oral capsule, extended release 24hr</i> (Detrol LA)	2	
<i>tolterodine oral tablet</i> (Detrol)	2	
TOVIAZ	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium</i> (Trospium Chloride)	2	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin</i> (Uroxatral)	2	
<i>tamsulosin</i> (Flomax)	1	
<i>terazosin</i> (Terazosin HCl)	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferoxamine injection recon soln 2 gram</i> (Desferal)	1	PA BvD
DEPEN TITRATABS	5	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG	4	
EXJADE ORAL TABLET, DISPERSIBLE 250 MG, 500 MG	5	
FERRIPROX	5	
<i>sodium thiosulfate intravenous solution 1 gram/10 ml (100 mg/ml), 12.5 gram/50 ml (250 mg/ml)</i> (Sodium Thiosulfate)	2	
SYPRINE	5	
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANDRODERM	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
<i>androxy</i> (Fluoxymesterone)	2	
<i>danazol oral</i> (Danazol)	2	
<i>oxandrolone</i> (Oxandrin)	2	
<i>testosterone cypionate</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate</i> (Delatestryl)	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> (Androgel)	2	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
COMBIPATCH	3	PA-HRM; QL (8 per 28 days)
DUAVEE	3	PA-HRM

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Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAGINAL	3	
<i>estradiol oral</i> (Estrace)	1	PA-HRM
<i>estradiol transdermal patch semiweekly</i> (Vivelle-Dot)	2	PA-HRM; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i> (Climara)	2	PA-HRM; QL (4 per 28 days)
<i>estradiol valerate</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet</i> (Activella)	2	PA-HRM
<i>estropipate</i> (Estropipate)	1	PA-HRM
FEMRING	4	QL (1 per 84 days)
MENEST	4	PA-HRM
<i>mimvey</i> (Activella)	2	PA-HRM
<i>mimvey lo</i> (Activella)	2	PA-HRM
PREMARIN INJECTION	3	
PREMARIN ORAL	3	PA-HRM
PREMARIN VAGINAL	3	
PREMPHASE	3	PA-HRM
PREMPRO	3	PA-HRM
<i>raloxifene</i> (Evista)	2	
VAGIFEM	3	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort</i> (Hydrocortisone Sod Succinate)	1	PA BvD
<i>betamethasone acet,sod phos</i> (Celestone)	1	PA BvD
<i>cortisone</i> (Cortisone Acetate)	1	PA BvD
<i>dexamethasone oral elixir</i> (Dexamethasone)	1	PA BvD
<i>dexamethasone oral tablet</i> (Dexamethasone)	1	PA BvD
<i>dexamethasone sodium phosphate injection</i> (Dexamethasone Sod Phosphate)	1	PA BvD
<i>fludrocortisone</i> (Fludrocortisone Acetate)	1	
<i>hydrocortisone oral</i> (Cortef)	1	PA BvD
<i>methylprednisolone</i> (Medrol)	1	PA BvD
<i>methylprednisolone acetate</i> (Depo-Medrol)	1	PA BvD
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i> (A-Methapred)	1	PA BvD
<i>methylprednisolone sodium succ intravenous</i> (A-Methapred)	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	PA BvD
<i>prednisone oral</i> (Prednisone)	1	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML	4	PA BvD
<i>triamcinolone acetonide injection</i> (Triamcinolone Acetonide)	1	
Pituitary		
<i>desmopressin injection</i> (Desmopressin Acetate)	2	
<i>desmopressin nasal solution</i> (DDAVP)	2	QL (15 per 30 days)
<i>desmopressin nasal spray, non-aerosol</i> (Desmopressin Acetate)	2	QL (15 per 30 days)
<i>desmopressin oral</i> (DDAVP)	2	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA
INCRELEX	5	
LUPRON DEPOT-PED	5	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	QL (1 per 84 days)
NORDITROPIN FLEXPRO	5	PA
NORDITROPIN NORDIFLEX	5	PA
<i>octreotide acetate injection solution 1,000 mcg/ml</i> (Sandostatin)	5	
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i> (Sandostatin)	2	
<i>octreotide acetate injection solution 50 mcg/ml</i> (Octreotide Acetate)	2	
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i> (Octreotide Acetate)	2	

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Drug Name	Drug Tier	Requirements/Limits
SAIZEN	5	PA
SAIZEN CLICK.EASY	5	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA
SOMATULINE DEPOT	5	QL (1 per 28 days)
SOMAVERT	5	
SUPPRELIN LA	5	QL (1 per 360 days)
Progestins		
DEPO-PROVERA INTRAMUSCULAR SOLUTION	4	QL (10 per 28 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone oral</i> (Provera)	1	
MEGACE ES	5	
<i>megestrol oral suspension 400 mg/10 ml</i> (Megace Es) (40 mg/ml)	1	
<i>norethindrone acetate</i> (Aygestin)	1	
<i>progesterone in oil</i> (Progesterone)	1	
<i>progesterone micronized</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous</i> (Levothyroxine Sodium)	2	
<i>levothyroxine oral</i> (Levoxyl)	1	
<i>liothyronine oral</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil</i> (Propylthiouracil)	1	
Immunological Agents		
Immunological Agents		
ARCALYST	5	
ASTAGRAF XL	4	PA BvD
AUBAGIO	5	PA; QL (28 per 28 days)
<i>azathioprine</i> (Imuran)	1	PA BvD
<i>azathioprine sodium</i> (Azathioprine Sodium)	1	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	5	PA BvD
CELLCEPT INTRAVENOUS	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA	5	PA
CIMZIA POWDER FOR RECONST	5	PA
<i>cyclosporine intravenous</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified</i> (Neoral)	2	PA BvD
<i>cyclosporine oral capsule</i> (Sandimmune)	2	PA BvD
ENBREL	5	PA
ENBREL SURECLICK	5	PA
FLEBOGAMMA DIF	5	PA BvD
GAMASTAN S/D	3	PA BvD
GAMMAGARD LIQUID	5	PA BvD
GAMMAPLEX	5	PA BvD
<i>gengraf</i> (Neoral)	2	PA BvD
HUMIRA	5	PA
HUMIRA CROHN'S DIS START PCK	5	PA
HUMIRA PEN	5	PA
HYQVIA	5	PA BvD
ILARIS (PF)	5	PA
IMOGAM RABIES-HT (PF)	4	
KINERET	5	PA; QL (18.76 per 28 days)
<i>leflunomide</i> (Arava)	1	
<i>mycophenolate mofetil oral capsule</i> (Cellcept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution</i> (Cellcept)	5	PA BvD
<i>mycophenolate mofetil oral tablet</i> (Cellcept)	2	PA BvD
<i>mycophenolate sodium</i> (Myfortic)	2	PA BvD
NULOJIX	5	PA BvD
OCTAGAM	5	PA BvD
ORENCIA	5	PA
ORENCIA (WITH MALTOSE)	5	PA
PRIVIGEN	5	PA BvD
PROGRAF INTRAVENOUS	4	PA BvD
RAPAMUNE ORAL SOLUTION	5	PA BvD
RIDAURA	5	
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD
<i>tacrolimus oral</i> (Hecoria)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI	5	PA; LA; QL (15 per 28 days)
ZORTRESS ORAL TABLET 0.25 MG	4	PA BvD; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	5	PA BvD; QL (120 per 30 days)
Vaccines		
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	
BCG VACCINE, LIVE (PF)	3	PA BvD
BEXSERO (PF)	3	
BOOSTRIX TDAP	3	
CERVARIX VACCINE (PF)	3	
COMVAX (PF)	3	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	3	PA BvD; QL (3 per 365 days)
ENGERIX-B PEDIATRIC (PF)	3	PA BvD; QL (3 per 365 days)
GARDASIL (PF)	3	QL (1.5 per 365 days)
GARDASIL 9 (PF)	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
IMOVAX RABIES VACCINE (PF)	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
IPOL	3	
IXIARO (PF)	3	
KINRIX (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENHIBRIX (PF)	3	
MENOMUNE - A/C/Y/W-135 (PF)	3	
MENVEO A-C-Y-W-135-DIP (PF)	3	
MENVEO MENA COMPONENT (PF)	3	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO MENCYW-135 COMPNT (PF)	3	
M-M-R II (PF)	3	QL (2 per 365 days)
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PENTACEL ACTHIB COMPONENT (PF)	3	
PENTACEL DTAP-IPV COMPNT (PF)	3	
PROQUAD (PF)	3	QL (2 per 365 days)
QUADRACEL (PF)	3	
RABAVERT (PF)	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	3	PA BvD; QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	PA BvD; QL (3 per 365 days)
ROTARIX	3	
ROTATEQ VACCINE	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS TOXOID, ADSORBED (PF)	3	PA BvD
TETANUS, DIPHTHERIA TOX PED (PF)	3	
TETANUS-DIPHTHERIA TOXOIDS-TD	3	
TICE BCG	3	PA BvD
TRUMENBA	3	
TWINRIX (PF)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
VAQTA (PF)	3	
VARIVAX (PF)	3	QL (2 per 365 days)
YF-VAX (PF)	3	
ZOSTAVAX (PF)	3	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
APRISO	3	
ASACOL HD	3	
<i>balsalazide</i> (Colazal)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral</i> (Entocort EC)	5	
DELZICOL	3	
DIPENTUM	4	ST
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation</i> (Acetic Acid)	1	
LACTATED RINGERS IRRIGATION	3	
<i>ringers irrigation</i> (Ringers Solution)	1	
<i>sodium chloride irrigation</i> (Sodium Chloride Irrig Solution)	1	
<i>sorbitol irrigation</i> (Sorbitol Solution)	1	
<i>sorbitol-mannitol</i> (Mannitol/Sorbitol Solution)	1	
<i>water for irrigation, sterile</i> (Water For Irrigation, Sterile)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution</i> (Alendronate Sodium)	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i> (Fosamax)	1	
<i>alendronate oral tablet 35 mg, 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon)</i> (Miacalcin)	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i> (Calcitriol)	1	PA BvD; (PA for ESRD Only)
<i>calcitriol oral capsule</i> (Rocaltrol)	1	PA BvD; (PA for ESRD Only)
<i>calcitriol oral solution</i> (Rocaltrol)	2	PA BvD; (PA for ESRD Only)
<i>doxercalciferol intravenous</i> (Doxercalciferol)	1	PA BvD; (PA for ESRD Only)
<i>doxercalciferol oral</i> (Hectorol)	2	PA BvD; (PA for ESRD Only)
FORTEO	4	PA; QL (2.4 per 28 days)
FORTICAL	4	QL (3.7 per 28 days)
<i>ibandronate intravenous solution</i> (Ibandronate Sodium)	2	PA BvD; (PA for ESRD Only); QL (3 per 84 days)
<i>ibandronate oral</i> (Boniva)	2	QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION	3	PA BvD; (PA for ESRD Only)
NATPARA	5	PA; QL (2 per 28 days)
<i>paricalcitol oral</i> (Zemlar)	2	PA BvD; (PA for ESRD Only)
PROLIA	3	QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i> (Actonel)	2	QL (30 per 28 days)
ZEMPLAR INTRAVENOUS	3	PA BvD; (PA for ESRD Only)
<i>zoledronic acid intravenous solution</i> (Zometa)	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> (Zoledronic Acid/Mannitol and Water)	2	
<i>zoledronic acid-mannitol-water intravenous solution</i> (Reclast)	2	QL (100 per 300 days)
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	PA BvD
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML)	5	PA
ACTEMRA SUBCUTANEOUS	5	PA
ACTIMMUNE	5	
<i>allopurinol</i> (Zyloprim)	1	
<i>amifostine crystalline</i> (Ethyol)	1	
<i>anticoag citrate phos dextrose</i> (Citrate Phosphate Dextros Soln)	1	
AVONEX (WITH ALBUMIN)	5	ST
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	ST
AVONEX INTRAMUSCULAR SYRINGE KIT	5	ST
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	5	PA
BETASERON SUBCUTANEOUS KIT	5	ST
<i>bethanechol chloride</i> (Urecholine)	2	
<i>bupirone</i> (Bupirone HCl)	1	

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Drug Name	Drug Tier	Requirements/Limits
CERDELGA	5	PA
<i>colchicine oral tablet</i> (Colcrys)	2	
<i>colchicine-probenecid</i> (Colchicine/Probenecid)	1	
COPAXONE SUBCUTANEOUS SYRINGE	5	
CYSTADANE	5	
<i>droperidol injection solution</i> (Droperidol)	1	
ELMIRON	4	
<i>ergoloid</i> (Ergoloid Mesylates)	2	
EXTAVIA SUBCUTANEOUS KIT	5	ST
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>fomepizole</i> (Fomepizole)	5	
FUSILEV	5	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
GILENYA	5	PA; QL (28 per 28 days)
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT (HUMAN)	4	
<i>guanidine</i> (Guanidine HCl)	1	
<i>hydroxyzine hcl intramuscular</i> (Hydroxyzine HCl)	1	PA-HRM
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i> (Hydroxyzine HCl)	1	PA-HRM
<i>hydroxyzine hcl oral tablet</i> (Hydroxyzine HCl)	1	PA-HRM
<i>hydroxyzine pamoate</i> (Vistaril)	1	PA-HRM
JALYN	3	QL (30 per 30 days)
LEMTRADA	5	PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg</i> (Leucovorin Calcium)	1	
<i>leucovorin calcium oral</i> (Leucovorin Calcium)	1	
<i>levocarnitine (with sugar)</i> (Levocarnitine (With Sugar))	2	PA BvD; (PA for ESRD Only)
<i>levocarnitine oral tablet</i> (Carnitor)	2	PA BvD; (PA for ESRD Only)
<i>mesna</i> (Mesnex)	1	
MESNEX ORAL	5	
MESTINON ORAL SYRUP	4	
MESTINON TIMESPAN	4	
<i>morrhuate sodium</i> (Sodium Morrhuate)	1	

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA	5	PA; QL (60 per 30 days)
OTEZLA STARTER	5	PA; QL (60 per 30 days)
OTREXUP (PF)	3	
PLEGRIDY	5	ST
<i>probenecid</i> (Probenecid)	1	
PROCYSBI	5	
<i>pyridostigmine bromide oral tablet</i> (Mestinon)	2	
RASUVO (PF)	3	
REBIF (WITH ALBUMIN)	5	
REBIF REBIDOSE	5	
REBIF TITRATION PACK	5	
REMICADE	5	PA
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	
SIGNIFOR	5	QL (60 per 30 days)
SIMPONIA ARIA	5	PA
SIMPONIA SUBCUTANEOUS SYRINGE	5	PA
STELARA SUBCUTANEOUS SYRINGE	5	PA
STERILE PADS TOPICAL BANDAGE 2 X 2 "	1	
SYNAREL	5	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG	5	PA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; QL (60 per 30 days)
THALOMID	5	PA NSO; QL (60 per 30 days)
TYBOST	4	QL (30 per 30 days)
ULORIC	3	ST; QL (30 per 30 days)
XELJANZ	5	PA; QL (60 per 30 days)

Ophthalmic Agents

Antiglaucoma Agents

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Drug Name		Drug Tier	Requirements/Limits
<i>acetazolamide oral capsule, extended release</i>	(Diamox Sequels)	2	
<i>acetazolamide oral tablet</i>	(Acetazolamide)	1	
<i>acetazolamide sodium</i>	(Acetazolamide Sodium)	1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %		3	
AZOPT		3	
<i>betaxolol ophthalmic</i>	(Betaxolol HCl)	2	
<i>brimonidine</i>	(Alphagan P)	2	(drops: 0.15%, 0.20%)
COMBIGAN		3	
<i>dorzolamide</i>	(Trusopt)	1	
<i>dorzolamide-timolol</i>	(Cosopt)	1	
<i>latanoprost</i>	(Xalatan)	1	
<i>levobunolol</i>	(Betagan)	1	
LUMIGAN OPHTHALMIC DROPS 0.01 %		3	QL (2.5 per 25 days)
<i>methazolamide oral</i>	(Neptazane)	2	
<i>metipranolol</i>	(Metipranolol)	1	
PHOSPHOLINE IODIDE		3	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	(Isopto Carpine)	1	
SIMBRINZA		3	
<i>timolol maleate ophthalmic drops</i>	(Timolol Maleate)	1	
<i>timolol maleate ophthalmic gel forming solution</i>	(Timoptic-Xe)	1	
TRAVATAN Z		3	QL (2.5 per 25 days)
<i>travoprost (benzalkonium)</i>	(Travoprost (Benzalkonium))	2	QL (2.5 per 25 days)
Replacement Preparations			
Replacement Preparations			
<i>calcium chloride intravenous</i>	(Calcium Chloride)	1	
<i>calcium gluconate intravenous</i>	(Calcium Gluconate)	1	PA BvD; (PA for ESRD Only)
<i>cytra-2</i>	(Citric Acid/Sodium Citrate)	1	
<i>cytra-3</i>	(Sod/Pot/K Cit/Sod Cit/Cit Acid)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>d10 % & 0.45 % sodium chloride</i>	(Dextrose 10 % and 0.45 % NaCl)	1
<i>d2.5 %-0.45 % sodium chloride</i>	(Dextrose 2.5 % and 0.45 % NaCl)	1
<i>d5 % and 0.9 % sodium chloride</i>	(Dextrose 5 % and 0.9 % NaCl)	1
<i>d5 %-0.45 % sodium chloride</i>	(Dextrose 5 %-0.45 % NaCl)	1
<i>dextrose 10 % and 0.2 % nacl</i>	(Dextrose 10 % and 0.2 % NaCl)	1
<i>dextrose 5 %-lactated ringers</i>	(Dextrose 5%-Lactated Ringers)	1
<i>dextrose 5%-0.2 % sod chloride</i>	(Dextrose 5 %-0.2 % NaCl)	1
<i>dextrose 5%-0.3 % sod.chloride</i>	(Dextrose 5 % and 0.3 % NaCl)	1
<i>dextrose with sodium chloride</i>	(Dextrose 5 %-0.2 % NaCl)	1
<i>effe-r-k oral tablet, effervescent 25 meq</i>	(Klor-Con-Ef)	1
<i>electrolyte-48 in d5w</i>	(Electrolyte-48 Solution/D5W)	1
HYPERLYTE CR		4
IONOSOL-B IN D5W		4
IONOSOL-MB IN D5W		4
ISOLYTE M IN 5 % DEXTROSE		4
ISOLYTE-H IN 5 % DEXTROSE		4
ISOLYTE-P IN 5 % DEXTROSE		4
ISOLYTE-S		4
<i>k-effervescent</i>	(Klor-Con-Ef)	1
<i>klor-con 10</i>	(Potassium Chloride)	1
<i>klor-con m10</i>	(Potassium Chloride)	1
<i>klor-con m15</i>	(Potassium Chloride)	1
<i>klor-con m20</i>	(Potassium Chloride)	1
<i>magnesium chloride injection</i>	(Magnesium Chloride)	1
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	(Magnesium Sulfate/D5W)	1

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> (Magnesium Sulfate in Water)	1	
<i>magnesium sulfate injection</i> (Magnesium Sulfate)	1	
NORMOSOL-M IN 5 % DEXTROSE	4	
NORMOSOL-R PH 7.4	4	
NUTRILYTE	4	
NUTRILYTE II	4	
<i>phospha 250 neutral</i> (K-Phos Neutral)	1	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE	4	
<i>potassium acetate intravenous</i> (Potassium Acetate)	1	
<i>potassium bicarb and chloride</i> (Pot Chloride/Pot Bicarb/Cit Ac)	1	
<i>potassium bicarb-citric acid</i> (Klor-Con-Ef)	1	
<i>potassium chlorid-d5-0.45%nacl</i> (Potassium Chloride/D5-0.45nacl)	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> (Potassium Chloride In 0.9%NaCl)	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> (Potassium Chloride In D5w)	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i> (Potassium Chloride In Lr-D5)	1	
<i>potassium chloride intravenous</i> (Potassium Chloride)	1	
<i>potassium chloride oral capsule, extended release</i> (Micro-K)	2	
<i>potassium chloride oral liquid</i> (Potassium Chloride)	1	
<i>potassium chloride oral packet</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i> (K-Tab ER)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (K-Tab ER)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-0.45 % nacl</i>	(Potassium Chloride-0.45% NaCl)	1
<i>potassium chloride-d5-0.2%nacl</i>	(Potassium Chloride/D5-0.2%NaCl)	1
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	(Potassium Chloride/D5-0.3%NaCl)	1
<i>potassium chloride-d5-0.9%nacl</i>	(Potassium Chloride/D5-0.9%NaCl)	1
<i>potassium citrate</i>	(Urocit-K)	2
<i>potassium citrate-citric acid oral packet</i>	(Potassium Citrate/Citric Acid)	1
<i>potassium phosphate dibasic</i>	(Potassium Phos,M-Basic-D-Basic)	1
<i>ringers intravenous</i>	(Ringers Solution)	1
<i>sodium acetate intravenous</i>	(Sodium Acetate)	1
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	(Sodium Bicarbonate)	1
<i>sodium bicarbonate intravenous syringe</i>	(Sodium Bicarbonate)	1
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	(Sodium Chloride 0.45 %)	1
<i>sodium chloride 0.9 % injection solution</i>	(0.9 % Sodium Chloride)	1
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	(0.9 % Sodium Chloride)	1
<i>sodium chloride 3 %</i>	(Sodium Chloride 3 %)	1
<i>sodium chloride 5 %</i>	(Sodium Chloride 5 %)	1
<i>sodium chloride intravenous</i>	(Sodium Chloride)	1
<i>sodium citrate-citric acid</i>	(Citric Acid/Sodium Citrate)	1
<i>sodium lactate intravenous</i>	(Sodium Lactate)	1
<i>sodium phosphate</i>	(Sodium Phos,M-Basic-D-Basic)	1
TPN ELECTROLYTES		4
TPN ELECTROLYTES II		4
<i>tricitrates</i>	(Sod/Pot/K Cit/Sod Cit/Cit Acid)	1
<i>virt-phos 250 neutral</i>	(K-Phos Neutral)	1

Respiratory Tract Agents

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Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS	3	QL (60 per 30 days)
ADVAIR HFA	3	QL (12 per 28 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	3	QL (60 per 30 days)
DULERA	3	QL (13 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
QVAR	3	QL (17.4 per 25 days)
Antileukotrienes		
<i>montelukast</i> (Singulair)	1	
<i>zafirlukast</i> (Accolate)	2	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i> (Albuterol Sulfate)	1	PA BvD
<i>albuterol sulfate oral syrup</i> (Albuterol Sulfate)	1	
<i>albuterol sulfate oral tablet</i> (Albuterol Sulfate)	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i> (Vospire ER)	2	
ATROVENT HFA	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>metaproterenol oral</i> (Metaproterenol Sulfate)	1	
PROAIR HFA	3	QL (17 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK	3	QL (2 per 30 days)
SEREVENT DISKUS	3	QL (60 per 30 days)
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	QL (30 per 30 days)
STRIVERDI RESPIMAT	3	
<i>terbutaline oral</i> (Terbutaline Sulfate)	1	
<i>terbutaline subcutaneous</i> (Terbutaline Sulfate)	1	
<i>theochron</i> (Theophylline Anhydrous)	1	
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i> (Theophylline/D5W)	1	
<i>theophylline oral solution</i> (Theophylline Anhydrous)	1	
<i>theophylline oral tablet extended release</i> (Theophylline Anhydrous)	1	
<i>theophylline oral tablet extended release 12 hr</i> (Theophylline Anhydrous)	1	
TUDORZA PRESSAIR	3	QL (1 per 28 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous</i> (Acetadote)	1	PA BvD
<i>acetylcysteine solution</i> (Acetadote)	1	PA BvD
<i>cromolyn inhalation</i> (Cromolyn Sodium)	1	PA BvD
DALIRESP	3	QL (30 per 30 days)
ESBRIET	5	PA; QL (270 per 30 days)
KALYDECO	5	PA; QL (60 per 30 days)
OFEV	5	PA
PROLASTIN-C	5	
XOLAIR	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen</i> (Baclofen)	1	
<i>carisoprodol</i> (Soma)	1	PA-HRM; QL (120 per 30 days)
<i>chlorzoxazone</i> (Parafon Forte DSC)	1	PA-HRM
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> (Fexmid)	1	PA-HRM

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Drug Name		Drug Tier	Requirements/Limits
<i>dantrolene</i>	(Dantrium)	2	
<i>metaxalone</i>	(Skelaxin)	2	PA-HRM
<i>methocarbamol oral</i>	(Robaxin)	1	PA-HRM
<i>revonto</i>	(Dantrium)	1	
<i>tizanidine oral capsule</i>	(Zanaflex)	2	
<i>tizanidine oral tablet</i>	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
HETLIOZ		5	PA
NUVIGIL		3	PA
ROZEREM		3	
XYREM		5	LA
<i>zaleplon</i>	(Sonata)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days)
<i>zolpidem oral tablet</i>	(Ambien)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	(Ambien CR)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA	5	PA; QL (60 per 30 days)
ADEMPAS	5	PA; QL (90 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA BvD
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA BvD
LETAIRIS	5	PA; QL (30 per 30 days)
OPSUMIT	5	PA; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PA
REMODULIN	5	PA BvD
<i>sildenafil intravenous</i> (Revatio)	5	PA; QL (37.5 per 1 day)
<i>sildenafil oral</i> (Revatio)	2	PA; QL (90 per 30 days)
TRACLEER	5	PA; LA; QL (60 per 30 days)
TYVASO	5	PA BvD
TYVASO REFILL KIT	5	PA BvD
TYVASO STARTER KIT	5	PA BvD
Vitamins And Minerals		
Vitamins And Minerals		
<i>multivitamin with fluoride</i> (Pedi M. Vit No.17 with Fluoride)	1	
<i>prenatal plus (calcium carb)</i> (Pnv with Ca, No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
<i>prenatal vitamins low iron</i> (Pnv with Ca, No.72/Iron/Fa)	3	(All Rx Prenatal Vitamins Covered)
<i>sodium fluoride oral tablet</i> (Pedi M. Vit No.17 with Fluoride)	1	

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INDEX

8		
8-MOP	60	
A		
abacavir	39	
abacavir-lamivudine-zidovudine	39	
ABELCET	32, 33	
ABILIFY DISCMELT	37	
ABILIFY MAINTENA	37	
ABRAXANE.....	20	
acamprosate	13	
acarbose	30	
acebutolol	49	
acetaminophen-codeine	8	
acetazolamide	81, 82	
acetazolamide sodium	82	
acetic acid	66, 78	
acetylcysteine	87	
acitretin	60	
ACTEMRA	79	
ACTHIB (PF).....	76	
ACTIMMUNE	79	
acyclovir	42, 60	
acyclovir sodium	42	
ADACEL(TDAP ADOLESN/ADULT)(PF) ..	76	
ADAGEN	65	
adapalene	64	
ADCETRIS	21	
ADCIRCA	89	
adefovir.....	42	
ADEMPAS.....	89	
adriamycin	21	
adrucil.....	21	
ADVAIR DISKUS	85, 86	
ADVAIR HFA	86	
afeditab cr	52	
AFINITOR	21	
AFINITOR DISPERZ	21	
AGGRENOLX.....	44	
a-hydrocort.....	72	
AKTEN (PF).....	65	
ala-cort	62	
ala-scalp	62	
ALBENZA.....	36	
ALBUKED-25.....	45	
ALBUKED-5.....	45	
ALBUMIN, HUMAN 25 % ..	45	
ALBUMIN, HUMAN 5 %	45	
ALBUMINAR 25 %	45	
ALBUMINAR 5 %	45	
ALBURX (HUMAN) 5 %	45	
ALBUTEIN 25 %	45	
ALBUTEIN 5 %	45	
albuterol sulfate	86	
alcaine	65	
alclometasone	62	
ALCOHOL PADS	60	
ALCOHOL PREP PADS	60	
ALDURAZYME	65	
alendronate.....	78	
alfuzosin.....	71	
ALIMTA.....	21	
ALINIA	36	
allopurinol.....	79	
ALPHAGAN P	82	
alprazolam	13	
ALREX.....	67	
altacaine	65	
altavera (28).....	56	
alyacen 1/35 (28)	56	
alyacen 7/7/7 (28)	56	
amantadine hcl	36	
AMBISOME.....	33	
amethia.....	56	
amethia lo	56	
amifostine crystalline	79	
amiloride	52	
amiloride-hydrochlorothiazide	53	
AMINO ACIDS 15 %	45	
aminocaproic acid	44	
AMINOSYN 10 %	45	
AMINOSYN 3.5 %	45	
AMINOSYN 7 %	45	
AMINOSYN 7 % WITH ELECTROLYTES	45	
AMINOSYN 8.5 %	45	
AMINOSYN 8.5 %- ELECTROLYTES	45	
AMINOSYN II 10 %	45	
AMINOSYN II 15 %	45	
AMINOSYN II 7 %	45	
AMINOSYN II 8.5 %	45	
AMINOSYN II 8.5 %- ELECTROLYTES	45	
AMINOSYN M 3.5 %	45	
AMINOSYN-HBC 7%	45	
AMINOSYN-PF 10 %	45	
AMINOSYN-PF 7 % (SULFITE-FREE).....	45	
AMINOSYN-RF 5.2 %	45	
amiodarone.....	48	
AMITIZA.....	69	
amitriptyline	28, 29	
amlodipine.....	52	
amlodipine-atorvastatin.....	53	
amlodipine-benazepril.....	52	
amlodipine-valsartan.....	52	
amlodipine-valsartan-hcthiazid	52	
ammonium lactate.....	60	
amoxapine	29	

amoxicil-clarithromy-lansopraz	AVASTIN.....	21	betaxolol.....	49, 82
.....	AVC VAGINAL.....	34	bethanechol chloride.....	79
amoxicillin.....	aviane.....	56	BETHKIS.....	14
amoxicillin-pot clavulanate....	AVONEX.....	79	BEXSERO (PF).....	76
amphetamine salt combo..	AVONEX (WITH ALBUMIN)		bicalutamide.....	21
54, 55	.....	79	BICILLIN C-R.....	19
amphotericin b.....	azacitidine.....	21	BICILLIN L-A.....	19
33	azathioprine.....	74	bisoprolol fumarate.....	49
ampicillin.....	azathioprine sodium.....	74	bisoprolol-hydrochlorothiazide	
18	azela.....	66	.....	49
ampicillin sodium.....	AZILECT.....	36	bleomycin.....	21
18	azithromycin.....	17	bleph-10.....	66
ampicillin-sulbactam.....	AZOPT.....	82	BLINCYTO.....	21
18, 19	AZOR.....	52	BOOSTRIX TDAP.....	76
AMPYRA.....	aztreonam.....	18	BOSULIF.....	21
55	azurette (28).....	56	BREO ELLIPTA.....	86
ANACAINE.....	B		brillyn.....	56
60	bacitracin.....	14, 66	BRILINTA.....	44
anagrelide.....	bacitracin-polymyxin b.....	66	brimonidine.....	82
44	baclofen.....	87	BRINTELLIX.....	29
anastrozole.....	balsalazide.....	77	bromfenac.....	67
21	balziva (28).....	56	bromocriptine.....	36
ANDRODERM.....	BANZEL.....	26	budesonide.....	78
71	BCG VACCINE, LIVE (PF).....	76	bumetanide.....	53
ANDROGEL.....	BD ECLIPSE LUER-LOK....	64	BUMINATE 25 %.....	45
71	BD INSULIN PEN NEEDLE		BUMINATE 5 %.....	45
androxyl.....	UF SHORT.....	64	BUPHENYL.....	69
71	BD INSULIN SYRINGE		buprenorphine hcl.....	8, 13
anticoag citrate phos dextrose	ULTRA-FINE.....	64	buprenorphine-naloxone.....	13
79	BELEODAQ.....	21	buproban.....	29
APOKYN.....	benazepril.....	48	bupropion hcl.....	13, 29
36	benazepril-hydrochlorothiazide		bupirone.....	79
apraclonidine.....	.....	48	butalbital compound w/codeine	8
66	BENICAR.....	47	butalbital-acetaminop-caf-cod.	8
apri.....	BENICAR HCT.....	48	butalbital-acetaminophen.....	8
56	BENLYSTA.....	79	butalbital-acetaminophen-caff.	8
APRISO.....	benztropine.....	36	butalbital-aspirin-caffeine.....	8
77	betamethasone acet,sod phos.	72	BUTRANS.....	8
APTIOM.....	betamethasone dipropionate..	62	BYSTOLIC.....	49
26	betamethasone valerate.....	62	C	
APTIVUS.....	betamethasone, augmented....	62	cabergoline.....	36
39	BETASERON.....	79	caffeine citrated.....	55
aranelle (28).....				
56				
ARCALYST.....				
74				
aripiprazole.....				
37				
ASACOL HD.....				
77				
ascomp with codeine.....				
8				
ashlyna.....				
56				
ASSURE ID INSULIN				
SAFETY.....				
64				
ASTAGRAF XL.....				
74				
atenolol.....				
49				
atenolol-chlorthalidone.....				
49				
atorvastatin.....				
53				
atovaquone.....				
36				
atovaquone-proguanil.....				
36				
ATRIPLA.....				
39				
atropine.....				
26, 66				
ATROVENT HFA.....				
86				
AUBAGIO.....				
74				
aubra.....				
56				

caffeine-sodium benzoate.....	55	cefepime.....	16	chloroquine phosphate	36
calcipotriene	60	CEFEPIME IN DEXTROSE 5		chlorothiazide.....	53
calcitonin (salmon).....	78	%	16	chlorothiazide sodium.....	53
calcitrene	61	CEFEPIME IN		chlorpromazine	37
calcitriol.....	61, 78	DEXTROSE,ISO-OSM.....	16	chlorthalidone	53
calcium acetate	70	cefotaxime	16	chlorzoxazone	87
calcium chloride	82	cefoxitin	16	cholestyramine (with sugar)...	53
calcium gluconate.....	82	cefoxitin in dextrose, iso-osm	16	cholestyramine light.....	53
CALDOLOR	11	cefpodoxime	16	choline,magnesium salicylate	11
camila	56	cefprozil	16	ciclopirox	33
camrese.....	56	ceftazidime.....	16	ciclopirox-ure-camph-menth-	
camrese lo.....	56	ceftibuten	16	euc	33
CANCIDAS	33	ceftriaxone	17	cilostazol	44
candesartan	48	CEFTRIAZONE	17	cimetidine.....	68
candesartan-hydrochlorothiazid		ceftriaxone in dextrose,iso-os	16	cimetidine hcl.....	68
.....	48	CEFTRIAZONE IN		CIMZIA	75
capacet.....	8	DEXTROSE,ISO-OS	17	CIMZIA POWDER FOR	
CAPASTAT	35	cefuroxime axetil	17	RECONST	75
CAPRELSA	21	cefuroxime sodium	17	CINRYZE	43
captopril.....	48	cefuroxime-dextrose (iso-osm)		CIPRODEX.....	66
captopril-hydrochlorothiazide	48	.....	17	ciprofloxacin	19
CARAFATE.....	68	celecoxib.....	11	ciprofloxacin hcl	19, 66
CARBAGLU.....	69	CELLCEPT INTRAVENOUS		ciprofloxacin in 5 % dextrose	19
carbamazepine	26	.....	74	ciprofloxacin lactate.....	19
carbidopa	36	CELONTIN	26	citalopram	29
carbidopa-levodopa	36	cephalexin.....	17	clarithromycin	17
carbidopa-levodopa-entacapone		CEPROTIN (BLUE BAR)	42	CLEVIPREX.....	52
.....	36	CERDELGA.....	80	clindamycin hcl.....	14
CARIMUNE NF		CEREZYME.....	65	clindamycin in 5 % dextrose..	14
NANOFILTERED	74	CERVARIX VACCINE (PF)	76	clindamycin palmitate hcl	14
carisoprodol.....	87	cevimeline.....	60	clindamycin pediatric.....	14
carteolol.....	66	CHANTIX	13	clindamycin phosphate....	14, 15,
cartia xt.....	50	CHANTIX CONTINUING		34, 61	
carvedilol.....	49	MONTH BOX	13	CLINIMIX 5%/D15W	
CAYSTON.....	18	CHANTIX CONTINUING		SULFITE FREE.....	46
caziant (28).....	56	MONTH PAK.....	13	CLINIMIX 5%/D25W	
cefaclor	16	CHANTIX STARTING		SULFITE-FREE	46
cefadroxil.....	16	MONTH BOX	13	CLINIMIX 2.75%/D5W	
cefazolin	16	chloramphenicol sod succinate		SULFIT FREE	46
cefazolin in dextrose (iso-os)	16	.....	14	CLINIMIX 4.25%/D10W SULF	
cefdinir	16	chlordiazepoxide hcl.....	13	FREE.....	46
cefditoren pivoxil	16	chlorhexidine gluconate.....	60		

CLINIMIX 4.25%/D5W	colestipol.....	53	D
SULFIT FREE.....	colistin (colistimethate na).....	15	d10 % & 0.45 % sodium
CLINIMIX 4.25%-D20W	colocort	63	chloride
SULF-FREE	COLY-MYCIN S	66	d10 %-0.9 % sodium chloride
CLINIMIX 4.25%-D25W	COMBIGAN	82	d2.5 %-0.45 % sodium chloride
SULF-FREE	COMBIPATCH.....	71	.....
CLINIMIX 5%-	COMBIVENT RESPIMAT... ..	86	d5 % and 0.9 % sodium chloride
D20W(SULFITE-FREE) ...	COMETRIQ	21	.....
CLINIMIX E 2.75%/D10W	COMPLERA	39	d5 %-0.45 % sodium chloride
SUL FREE.....	compro	35	dactinomycin.....
CLINIMIX E 2.75%/D5W	COMVAX (PF)	76	DALIRESP
SULF FREE	CONDYLOX.....	61	danazol
CLINIMIX E 4.25%/D10W	constulose	69	dantrolene.....
SUL FREE.....	COPAXONE	80	dapsone
CLINIMIX E 4.25%/D25W	cormax	63	DAPTACEL (DTAP
SUL FREE.....	cortisone.....	72	PEDIATRIC) (PF)
CLINIMIX E 4.25%/D5W	COSENTYX (2 SYRINGES) 61		DARAPRIM
SULF FREE	COSENTYX PEN	61	dasetta 1/35 (28).....
CLINIMIX E 5%/D15W	COSENTYX PEN (2 PENS). 61		dasetta 7/7/7 (28).....
SULFIT FREE.....	CREON.....	65	daysee.....
CLINIMIX E 5%/D20W	CRESTOR	53	deblitane
SULFIT FREE.....	CRIXIVAN.....	39	decitabine
CLINIMIX E 5%/D25W	cromolyn.....	66, 69, 87	deferoxamine.....
SULFIT FREE.....	cryselle (28).....	56	delyla (28).....
CLINISOL SF 15 %	CUBICIN.....	15	DELZICOL.....
clobetasol.....	cyclafem 1/35 (28).....	56	DEMSEER
clobetasol-emollient	cyclafem 7/7/7 (28).....	56	depade
clocortolone pivalate	cyclobenzaprine	87	DEPEN TITRATABS.....
clomipramine.....	CYCLOGYL	66	DEPO-PROVERA
clonazepam.....	cyclopentolate.....	66	desipramine
clonidine	cyclophosphamide	21	desmopressin.....
clonidine hcl	CYCLOPHOSPHAMIDE	21	desog-e.estradiol/e.estradiol... ..
clopidogrel.....	CYCLOSET.....	30	desogestrel-ethinyl estradiol ..
clorazepate dipotassium	cyclosporine.....	75	desonide
clorpres	cyclosporine modified	75	desoximetasone
clotrimazole.....	cyproheptadine.....	34	dexamethasone
clotrimazole-betamethasone... ..	CYRAMZA	21	dexamethasone sodium
clozapine.....	CYSTADANE.....	80	phosphate
COARTEM	CYSTARAN.....	66	.....
codeine sulfate.....	cysteine (l-cysteine).....	46	dexmethylphenidate
colchicine	cytra-2.....	82	dextroamphetamine.....
colchicine-probenecid	cytra-3.....	82	dextroamphetamine-
			amphetamine

dextrose 10 % and 0.2 % nacl	83	DIPENTUM.....	78	ELIQUIS.....	42
dextrose 10 % in water (d10w)		diphenhydramine hcl	34	ELITEK.....	65
.....	46	diphenoxylate-atropine	69	ELLA	57
dextrose 2.5 % in water(d2.5w)		disopyramide phosphate	48	ELMIRON	80
.....	46	disulfiram.....	13	EMCYT.....	22
dextrose 20 % in water (d20w)		divalproex	26	EMEND	35
.....	46	dobutamine	51	emoquette.....	57
dextrose 25 % in water (d25w)		dobutamine in d5w	51	EMSAM.....	29
.....	46	donepezil.....	28	EMTRIVA	39
dextrose 40 % in water (d40w)		dopamine	51	enalapril maleate	48
.....	46	dopamine in 5 % dextrose	51	enalaprilat.....	48
dextrose 5 % in ringers.....	46	dorzolamide	82	enalapril-hydrochlorothiazide	48
dextrose 5 % in water (d5w) ..	46	dorzolamide-timolol	82	ENBREL.....	75
dextrose 5 %-lactated ringers	83	doxazosin.....	47	ENBREL SURECLICK.....	75
dextrose 5%-0.2 % sod chloride		doxepin	29	endocet	8
.....	83	doxercalciferol.....	78	endodan.....	8
dextrose 5%-0.3 % sod.chloride		doxorubicin, peg-liposomal ...	22	ENGERIX-B (PF).....	76
.....	83	doxy-100.....	20	ENGERIX-B PEDIATRIC (PF)	
dextrose 50 % in water (d50w)		doxycycline hyclate	20	.....	76
.....	46	doxycycline monohydrate.....	20	enoxaparin.....	42
dextrose 70 % in water (d70w)		dronabinol.....	35	enpresse.....	57
.....	46	droperidol.....	80	enskyce.....	57
dextrose with sodium chloride	83	drosiprenone-ethinyl estradiol	57	entacapone.....	37
diazepam.....	14	DROXIA.....	22	entecavir	42
diazepam intensol.....	14	DUAVEE.....	71	enulose	69
diclofenac potassium	11	DULERA.....	86	ephedrine sulfate	51
diclofenac sodium	11, 67	duloxetine	29	epinastine	66
diclofenac-misoprostol.....	11	DUREZOL.....	67	epinephrine.....	51
dicloxacillin.....	19	DYRENIUM.....	53	EPIPEN 2-PAK.....	51
dicyclomine	69	E		EPIPEN JR 2-PAK	51
didanosine.....	39	e.e.s. 400	17	epitol	26
DIFICID	17	e.e.s. granules.....	17	EPIVIR HBV	39
diflunisal.....	11	econazole	33	eplerenone	54
digitek.....	50	EDURANT	39	EPOGEN.....	44
digox.....	51	effer-k	83	epoprostenol (glycine)	89
digoxin.....	51	EFFIENT	44	EPZICOM.....	40
DIGOXIN.....	51	ELAPRASE.....	65	ergoloid	80
dihydroergotamine	34	electrolyte-48 in d5w	83	ERGOMAR.....	34
DILANTIN.....	26	ELIDEL	63	ERIVEDGE.....	22
diltiazem hcl	50	ELIGARD.....	22	errin	57
dilt-xr.....	50	elinest.....	57	ery pads	61
dimenhydrinate.....	35	eliphos.....	70	ery-tab	17

ERY-TAB.....	18	fenofibrate nanocrystallized ..	53	FORTICAL.....	78
ERYTHROCIN	18	fenofibric acid.....	53	foscarnet.....	41
erythrocin (as stearate)	18	fenofibric acid (choline)	53	fosinopril.....	48
erythromycin	18, 66	fenopropfen.....	11	fosinopril-hydrochlorothiazide	
erythromycin ethylsuccinate ..	18	fantanyl	8	.....	48
erythromycin with ethanol	61	fantanyl citrate	8	fosphenytoin.....	27
ESBRIET.....	87	FERRIPROX	71	FREAMINE HBC 6.9 %.....	47
escitalopram oxalate.....	29	FETZIMA	29	FREAMINE III 10 %	47
esmolol	49	finasteride	80	furosemide.....	53
esomeprazole sodium	68	FIRAZYR	52	FUSILEV	80
estarylla	57	FLEBOGAMMA DIF	75	FUZEON.....	40
ESTRACE.....	72	flecainide	49	FYCOMPA	27
estradiol	72	FLECTOR	11	G	
estradiol valerate	72	FLEXBUMIN 25 %.....	45	gabapentin.....	27
estradiol-norethindrone acet...72		FLEXBUMIN 5 %.....	45	GABITRIL.....	27
estropipate	72	FLOVENT DISKUS.....	86	galantamine.....	28
ethambutol.....	35	FLOVENT HFA	86	GAMASTAN S/D.....	75
ethamolin.....	52	floxuridine	22	GAMMAGARD LIQUID.....	75
ethosuximide	26	flucaïne	66	GAMMAPLEX.....	75
etodolac	11	fluconazole.....	33	ganciclovir sodium.....	42
ETOPOPHOS.....	22	fluconazole in dextrose(iso-o)33		GARDASIL (PF)	76
etoposide.....	22	fluconazole in nacl (iso-osm) 33		GARDASIL 9 (PF)	76
EVOTAZ.....	40	flucytosine	33	gatifloxacin	66
exemestane	22	fludrocortisone.....	72	GATTEX 30-VIAL.....	69
EXJADE.....	71	flumazenil	55	GATTEX ONE-VIAL	69
EXTAVIA	80	flunisolide	68	GAUZE PAD	80
F		fluocinonide	63	gavilyte-c.....	70
FABRAZYME	65	fluocinonide-e.....	63	gavilyte-g	70
falmina (28).....	57	fluorometholone.....	68	gavilyte-n	70
famciclovir	42	FLUOROPLEX	61	GAZYVA.....	22
famotidine.....	68	fluorouracil	22, 61	gemfibrozil.....	53
famotidine (pf).....	68	fluoxetine	29	generlac	69
famotidine (pf)-nacl (iso-os) .68		fluphenazine decanoate.....	37	gengraf	75
FANAPT	37	fluphenazine hcl.....	37	GENOTROPIN	73
FARESTON	22	flurbiprofen.....	11	GENOTROPIN MINIQUICK73	
FARYDAK.....	22	flurbiprofen sodium	68	gentak.....	66
FASLODEX.....	22	flutamide.....	22	gentamicin.....	14, 61, 67
felbamate	26	fluticasone.....	63, 68	gentamicin in nacl (iso-osm)..	14
felodipine.....	52	fluvoxamine.....	29	gentamicin sulfate (ped) (pf)..	14
FEMRING.....	72	fomepizole	80	gentamicin sulfate (pf)	14
fenofibrate	53	fondaparinux	42, 43	GEODON.....	37
fenofibrate micronized	53	FORTEO.....	78	gianvi (28).....	57

gildagia.....	57	HERCEPTIN	22	IMOGAM RABIES-HT (PF) 75
gildess.....	57	HETLIOZ	88	IMOVAX RABIES VACCINE
gildess 24 fe.....	57	HEXALEN	22	(PF)
gildess fe.....	57	homatropaire.....	66	INCRELEX.....
GILENYA	80	homatropine hbr.....	66	indapamide.....
GILOTRIF.....	22	HUMIRA	75	indomethacin.....
GLEEVEC.....	22	HUMIRA CROHN'S DIS		11, 12
glimepiride	32	START PCK.....	75	indomethacin sodium.....
glipizide.....	32	HUMIRA PEN	75	12
glipizide-metformin.....	32	HUMULIN R U-500	31	INFANRIX (DTAP) (PF)
GLUCAGEN HYPOKIT	80	hydralazine.....	52	76
GLUCAGON EMERGENCY		hydrochlorothiazide	53	INLYTA.....
KIT (HUMAN)	80	hydrocodone-acetaminophen.....	8, 9	23
glyburide.....	32	hydrocodone-ibuprofen	9	INSULIN PEN NEEDLE
glyburide micronized.....	32	hydrocortisone	63, 72	64
glyburide-metformin	32	hydrocortisone acet-aloe vera	63	INSULIN SYRINGE-NEEDLE
glycopyrrolate.....	69	hydrocortisone butyrate	63	U-100
glydo.....	12	hydrocortisone butyr-emollient		65
GLYXAMBI	30	.....	63	INTELENCE.....
granisetron (pf).....	35	hydrocortisone valerate.....	63	40
granisetron hcl	35	hydromorphone.....	9	INTRALIPID
GRANIX	44	hydromorphone (pf).....	9	47
griseofulvin microsize	33	hydroxychloroquine.....	36	INTRON A.....
guanfacine	47, 55	hydroxyurea	22	41
guanidine	80	hydroxyzine hcl	80	introvale
H		hydroxyzine pamoate.....	80	57
halobetasol propionate.....	63	HYPERLYTE CR.....	83	INVANZ
haloperidol.....	37	HYQVIA	75	18
haloperidol decanoate.....	38	I		INVEGA
haloperidol lactate	38	ibandronate	78	38
HARVONI	41	IBRANCE.....	22	INVEGA SUSTENNA
HAVRIX (PF)	76	ibuprofen.....	11	38
heather	57	ICLUSIG	23	INVEGA TRINZA.....
heparin (porcine)	43	ifosfamide	23	38
heparin (porcine) in 5 % dex ..	43	ifosfamide-mesna.....	23	40
heparin (porcine) in nacl (pf) ..	43	ILARIS (PF)	75	INVOKAMET
heparin lockflush(porcine)(pf).....	43	ILEVRO.....	68	30
heparin(porcine) in 0.45% nacl		IMBRUVICA	23	INVOKANA.....
.....	43	imipenem-cilastatin	18	30
heparin, porcine (pf).....	43	imipramine hcl	29	IONOSOL-B IN D5W
HEPATAMINE 8%.....	47	imipramine pamoate	29	83
HEPATASOL 8 %	47	imiquimod.....	61	IONOSOL-MB IN D5W.....
				83
				IPOL.....
				76
				ipratropium bromide
				66
				IPRIVASK
				43
				irbesartan.....
				48
				irbesartan-hydrochlorothiazide
			
				48
				ISENTRESS.....
				40
				ISOLYTE M IN 5 %
				DEXTROSE.....
				83
				ISOLYTE-H IN 5 %
				DEXTROSE.....
				83
				ISOLYTE-P IN 5 %
				DEXTROSE.....
				83
				ISOLYTE-S
				83
				isoniazid
				35
				isosorbide dinitrate.....
				54
				isosorbide mononitrate.....
				54

isradipine	52	KORLYM	31	levocetirizine	34
itraconazole	33	KRYSTEXXA	65	levofloxacin	19, 67
ivermectin	36	kurvelo	57	levofloxacin in d5w	19
IXEMPRA	23	KUVAN	65	levonest (28)	58
IXIARO (PF)	76	KYNAMRO	53	levonorgestrel	58
J		KYPROLIS	23	levonorgestrel-ethinyl estrad..	58
JAKAFI	23	L		levora-28	58
JALYN	80	l norgest/e.estradiol-e.estrad ..	57	levothyroxine	74
jantoven	43	labetalol	49	LEXIVA	40
JANUMET	30	LACRISERT	66	lidocaine	12, 13
JANUMET XR	30, 31	LACTATED RINGERS	78	lidocaine (pf)	12, 49
JANUVIA	31	lactulose	69	lidocaine hcl	12
JARDIANCE	31	LAMICTAL	27	lidocaine in 5 % dextrose (pf)	49
jencycla	57	lamivudine	40	lidocaine viscous	13
JENTADUETO	31	lamivudine-zidovudine	40	lidocaine-prilocaine	13
jolessa	57	lamotrigine	27	linezolid	15
jolivette	57	LANOXIN	52	LINZESS	69
junel 1.5/30 (21)	57	lansoprazole	68	liothyronine	74
junel 1/20 (21)	57	LANTUS	31	lipodox	23
junel fe 1.5/30 (28)	57	LANTUS SOLOSTAR	31	LIPOSYN II	47
junel fe 1/20 (28)	57	larin 1.5/30 (21)	57	LIPOSYN III	47
junel fe 24	57	larin 1/20 (21)	58	lisinopril	48
JUXTAPID	53	larin 24 fe	58	lisinopril-hydrochlorothiazide	48
K		larin fe	58	lithium carbonate	55
KABIVEN	47	latanoprost	82	lithium citrate	55
KALETRA	40	LATUDA	38	lomedina 24 fe	58
KALYDECO	87	LAZANDA	9	lomustine	23
kariva (28)	57	leena 28	58	loperamide	69
KEDBUMIN	45	leflunomide	75	lorazepam	14
k-effervescent	83	LEMTRADA	80	lorcet (hydrocodone)	9
kelnor 1/35 (28)	57	LENVIMA	23	lorcet hd	9
ketoconazole	33	lessina	58	lorcet plus	9
ketoprofen	12	LETAIRIS	89	loryna (28)	58
ketorolac	12, 68	letrozole	23	losartan	48
KEYTRUDA	23	leucovorin calcium	80	losartan-hydrochlorothiazide .	48
KINERET	75	LEUKERAN	23	LOTEMAX	68
KINRIX (PF)	76	LEUKINE	44	LOTRONEX	69
kionex	69	leuprolide	23	lovastatin	53
klor-con 10	83	levetiracetam	27	low-ogestrel (28)	58
klor-con m10	83	levobunolol	82	loxapine succinate	38
klor-con m15	83	levocarnitine	80	LUMIGAN	82
klor-con m20	83	levocarnitine (with sugar)	80	LUPRON DEPOT	23

LUPRON DEPOT (3 MONTH)	23	MENVEO A-C-Y-W-135-DIP (PF)	76	MIACALCIN	79
LUPRON DEPOT (4 MONTH)	23	MENVEO MENA COMPONENT (PF)	76	miconazole-3	33
LUPRON DEPOT (6 MONTH)	23	MENVEO MENCYW-135 COMPNT (PF)	77	microgestin 1.5/30 (21).....	58
LUPRON DEPOT-PED	73	mercaptapurine	24	microgestin 1/20 (21).....	58
LUPRON DEPOT-PED (3 MONTH).....	73	meropenem	18	microgestin fe 1.5/30 (28).....	58
lutra (28)	58	mesna	80	microgestin fe 1/20 (28).....	58
LYNPARZA.....	23	MESNEX.....	80	midodrine	47
LYRICA.....	27	MESTINON.....	80	milrinone	52
LYSODREN.....	23	MESTINON TIMESPAN.....	80	milrinone in 5 % dextrose.....	52
lyza	58	metaproterenol	86	mimvey	72
M		metaxalone.....	88	mimvey lo	72
magnebind 400	70	metformin	31	minitrans	54
magnesium chloride	83	methadone.....	9	minocycline.....	20
magnesium sulfate.....	84	methadose	9	minoxidil	54
magnesium sulfate in d5w.....	83	methazolamide.....	82	MIRCERA	44
magnesium sulfate in water....	84	methenamine hippurate.....	15	mirtazapine.....	29
malathion	64	methenamine mandelate	15	misoprostol.....	68
maprotiline	29	methimazole.....	74	mitoxantrone	24
margesic	9	methocarbamol	88	M-M-R II (PF)	77
marlissa.....	58	methotrexate sodium.....	24	moexipril	48
MARPLAN	29	methotrexate sodium (pf).....	24	moexipril-hydrochlorothiazide	48
MATULANE	23	methoxsalen rapid.....	61	mometasone	63
matzim la.....	50	methscopolamine	69	mono-lynyah	58
meclizine	35	methyclothiazide.....	53	mononessa (28).....	58
medroxyprogesterone	74	methylphenidate.....	55, 56	montelukast.....	86
mefenamic acid	12	methylprednisolone	72	morphine	9, 10
mefloquine.....	36	methylprednisolone acetate ...	72	MORPHINE.....	9
MEFOXIN IN DEXTROSE (ISO-OSM).....	17	methylprednisolone sodium succ	72	morphine concentrate.....	9
MEGACE ES	74	metipranolol.....	82	morrhuate sodium	80
megestrol	23, 74	metoclopramide hcl	69	MOVANTIK.....	69
MEKINIST.....	23	metolazone.....	53	MOVIPREP	70
meloxicam	12	metoprolol succinate.....	49	MOXEZA	67
MENACTRA (PF)	76	metoprolol ta-hydrochlorothiaz	49	moxifloxacin	19
MENEST.....	72	metoprolol tartrate	49	MOZOBIL	44
MENHIBRIX (PF)	76	metronidazole	15, 34, 61, 62	MULTAQ	49
MENOMUNE - A/C/Y/W-135 (PF).....	76	metronidazole in nacl (iso-os)	15	multivitamin with fluoride	89
		mexiletine	49	mupirocin	62
				mupirocin calcium	62
				mycophenolate mofetil.....	75
				mycophenolate sodium	75
				MYOZYME.....	65

MYRBETRIQ	70	NEVANAC.....	68	NOVOLIN R.....	31
myzilra.....	58	nevirapine	40	NOVOLOG.....	31
N		NEXAVAR.....	24	NOVOLOG FLEXPEN	31
nabumetone	12	next choice one dose.....	58	NOVOLOG MIX 70-30.....	32
nadolol.....	49	niacin	54	NOVOLOG MIX 70-30	
nafcillin.....	19	niacor	54	FLEXPEN.....	32
NAGLAZYME.....	65	nicardipine	52	NOVOLOG PENFILL.....	32
naloxone	13	NICOTROL.....	13	NOXAFIL.....	33
naltrexone	13	nifedical xl.....	52	NUCYNTA.....	10
NAMENDA XR.....	28	nifedipine	52	NUCYNTA ER.....	10
NAMZARIC.....	28	nikki (28).....	58	NUEDEXTA.....	56
naphazoline.....	66	NILANDRON	24	NULOJIX.....	75
naproxen.....	12	NITRO-BID.....	54	NUTRESTORE.....	69
naproxen sodium	12	nitrofurantoin macrocrystal ...	15	NUTRILIPID	47
naratriptan.....	34	nitrofurantoin monohyd/m-cryst		NUTRILYTE	84
NATACYN	67	.....	15	NUTRILYTE II	84
nateglinide	31	nitroglycerin.....	54	NUVARING	59
NATPARA.....	79	nitroglycerin in 5 % dextrose.	54	NUVIGIL.....	88
NEBUPENT	36	NITROSTAT.....	54	nyamyc.....	33
necon 0.5/35 (28).....	58	nora-be.....	58	nystatin.....	33
necon 1/35 (28).....	58	NORDITROPIN FLEXPRO .	73	NYSTATIN (BULK).....	33
necon 1/50 (28).....	58	NORDITROPIN NORDIFLEX		nystatin-triamcinolone	33
necon 10/11 (28).....	58	.....	73	nystop.....	34
necon 7/7/7 (28)	58	norepinephrine bitartrate.....	52	O	
nefazodone	29	norethindrone (contraceptive)	59	ocella.....	59
neomycin	14	norethindrone acetate.....	74	OCTAGAM	75
neomycin-bacitracin-poly-hc .	67	norethindrone ac-eth estradiol	59	octreotide acetate	73
neomycin-bacitracin-polymyxin		norethindrone-e.estradiol-iron	59	OFEV	87
.....	67	norgestimate-ethinyl estradiol	59	ofloxacin	19, 67
neomycin-polymyxin b gu	62	norlyroc.....	59	ogestrel (28)	59
neomycin-polymyxin b-		NORMOSOL-M IN 5 %		olanzapine	38, 39
dexameth	67	DEXTROSE	84	olanzapine-fluoxetine.....	30
neomycin-polymyxin-		NORMOSOL-R PH 7.4.....	84	OLYSIO.....	41
gramicidin.....	67	NORTHERA	47	omega-3 acid ethyl esters.....	54
neomycin-polymyxin-hc	67	nortrel 0.5/35 (28).....	59	omeprazole.....	68
neo-polycin.....	67	nortrel 1/35 (21).....	59	ONCASPAR	24
neo-polycin hc	67	nortrel 1/35 (28).....	59	ondansetron	35
NEPHRAMINE 5.4 %	47	nortrel 7/7/7 (28).....	59	ondansetron hcl	35
NEULASTA.....	44	nortriptyline	29	ondansetron hcl (pf)	35
NEUMEGA.....	44	NORVIR.....	40	ONFI.....	63, 64
NEUPOGEN	44	NOVOLIN 70/30.....	31	OPDIVO	24
NEUPRO.....	37	NOVOLIN N.....	31	OPSUMIT	89

oralone.....	60	penicillin g pot in dextrose	19	PLASMA-LYTE 148.....	84
ORAP.....	39	penicillin g potassium.....	19	PLASMA-LYTE A.....	84
ORENCIA.....	75	penicillin g procaine.....	19	PLASMA-LYTE-56 IN 5 %	
ORENCIA (WITH MALTOSE)		penicillin v potassium.....	19	DEXTROSE.....	84
.....	75	PENTACEL (PF).....	77	PLEGRIDY.....	81
ORENITRAM.....	89	PENTACEL ACTHIB		podocon.....	61
ORFADIN.....	65	COMPONENT (PF).....	77	podofilox.....	61
orsythia.....	59	PENTACEL DTAP-IPV		polyethylene glycol 3350.....	70
OTEZLA.....	81	COMPNT (PF).....	77	polymyxin b sulfate.....	15
OTEZLA STARTER.....	81	PENTAM.....	36	polymyxin b sulf-trimethoprim	
OTREXUP (PF).....	81	pentoxifylline.....	44	.....	67
oxacillin.....	19	PERIKABIVEN.....	47	POMALYST.....	24
oxacillin in dextrose(iso-osm)	19	perindopril erbumine.....	48	portia.....	59
oxandrolone.....	71	periogard.....	60	potassium acetate.....	84
oxcarbazepine.....	27	permethrin.....	64	potassium bicarb and chloride	84
OXTELLAR XR.....	27	perphenazine.....	39	potassium bicarb-citric acid ...	84
oxybutynin chloride.....	70	perphenazine-amitriptyline....	30	potassium chlorid-d5-0.45% nacl	
oxycodone.....	10	pfizerpen-g.....	19	.....	84
oxycodone-acetaminophen....	10	phenadoz.....	35	potassium chloride.....	84
oxycodone-aspirin.....	10	phenelzine.....	30	potassium chloride in 0.9% nacl	
OXYCONTIN.....	10	phenobarbital.....	27	.....	84
oxymorphone.....	10	phenobarbital sodium.....	27	potassium chloride in 5 % dex	84
P		phenylephrine hcl.....	47, 66	potassium chloride in lr-d5 ...	84
pacerone.....	49	phenytoin.....	27	potassium chloride-0.45 % nacl	
pancrelipase 5000.....	65	phenytoin sodium.....	27	.....	85
PANRETIN.....	61	phenytoin sodium extended...	27	potassium chloride-d5-0.2% nacl	
pantoprazole.....	68	philith.....	59	.....	85
papaverine.....	52	PHOSLYRA.....	70	potassium chloride-d5-0.3% nacl	
paricalcitol.....	79	phospha 250 neutral.....	84	.....	85
paromomycin.....	36	PHOSPHOLINE IODIDE.....	82	potassium chloride-d5-0.9% nacl	
paroxetine hcl.....	30	PICATO.....	61	.....	85
PASER.....	35	pilocarpine hcl.....	60, 82	potassium citrate.....	85
PAXIL.....	30	pimtrea (28).....	59	potassium citrate-citric acid ...	85
PEDIARIX (PF).....	77	pindolol.....	49	potassium hydroxide.....	61
PEDVAX HIB (PF).....	77	pioglitazone.....	31	potassium phosphate dibasic..	85
peg 3350-electrolytes.....	70	pioglitazone-glimepiride.....	31	POTIGA.....	28
PEG 3350-GRX.....	70	pioglitazone-metformin.....	31	PRADAXA.....	43
PEGANONE.....	27	piperacillin-tazobactam.....	19	pramipexole.....	37
PEGASYS.....	41	pirmella.....	59	PRANDIMET.....	31
PEGASYS PROCLICK.....	41	piroxicam.....	12	pravastatin.....	54
peg-electrolyte soln.....	70	PLASBUMIN 25 %.....	45	prazosin.....	47
PEGINTRON.....	41	PLASBUMIN 5 %.....	45	prednicarbate.....	64

prednisolone acetate	68	promethazine	34, 36	RELENZA DISKHALER.....	41
prednisolone sodium phosphate	68, 73	promethegan	36	RELISTOR	69
prednisone	73	propafenone	49	REMICADE.....	81
PREMARIN	72	propantheline	26	REMODULIN.....	89
PREMASOL 10 %	47	proparacaine.....	66	RENAGEL.....	70
PREMASOL 6 %	47	propranolol.....	49, 50	REVELA	70
PREMPHASE	72	propranolol-hydrochlorothiazid	50	repaglinide.....	31
PREMPRO	72	propylthiouracil	74	reprexain	10
prenatal plus (calcium carb) ...	89	PROQUAD (PF).....	77	RESCRIPTOR	40
prenatal vitamins low iron.....	89	PROSOL 20 %.....	47	RESTASIS	68
prevalite	54	protamine	44	RETROVIR.....	40
previfem	59	protriptyline	30	REVLIMID	24
PREZCOBIX.....	40	PULMOZYME.....	65	revonto	88
PREZISTA	40	PURIXAN	24	REYATAZ.....	40
PRIFTIN.....	35	pyrazinamide	35	ribasphere	42
PRIMAQUINE.....	36	pyridostigmine bromide.....	81	RIDAURA	75
primidone	28	Q		rifabutin.....	35
PRISTIQ.....	30	QUADRACEL (PF)	77	rifampin.....	35
PRIVIGEN	75	quasense.....	59	RIFATER	35
PROAIR HFA	86	quetiapine.....	39	riluzole	56
PROAIR RESPICLICK	87	QUILLIVANT XR	56	rimantadine	41
probenecid	81	quinapril.....	48	ringers	78, 85
procainamide	49	quinapril-hydrochlorothiazide	48	risedronate.....	79
PROCALAMINE 3%.....	47	quinidine gluconate.....	49	RISPERDAL CONSTA.....	39
prochlorperazine.....	35	quinidine sulfate	49	risperidone.....	39
prochlorperazine edisylate.....	36	quinine sulfate.....	36	RITUXAN.....	24
prochlorperazine maleate	36	QVAR.....	86	rivastigmine tartrate	28
PROCRIT	44	R		rizatriptan	34
procto-pak.....	64	RABAVERT (PF).....	77	ropinirole.....	37
proctosol hc	64	raloxifene	72	rosadan	62
proctozone-hc	64	ramipril	48	ROTARIX.....	77
PROCYSBI	81	RANEXA.....	52	ROTATEQ VACCINE	77
progesterone in oil.....	74	ranitidine hcl	68	roxiket	10
progesterone micronized	74	RAPAMUNE.....	75	ROZEREM	88
PROGLYCEM	54	RASUVO (PF).....	81	S	
PROGRAF	75	RAVICTI.....	69	SABRIL	28
PROLASTIN-C.....	87	REBIF (WITH ALBUMIN) ..	81	SAIZEN	74
PROLENSA	68	REBIF REBIDOSE	81	SAIZEN CLICK.EASY	74
PROLEUKIN	24	REBIF TITRATION PACK..	81	salsalate	12
PROLIA	79	reclipsen (28).....	59	SANDOSTATIN LAR DEPOT	74
PROMACTA.....	44	RECOMBIVAX HB (PF).....	77	SANTYL.....	61

SAPHRIS (BLACK CHERRY)	sorbitol	78	SUSTIVA	41
.....39	sorbitol-mannitol	78	SUTENT	24
SAVELLA	sorine	50	syeda	59
.....56	sotalol	50	SYLATRON	42
selegiline hcl	sotalol af	50	SYLVANT	24
.....37	SOVALDI	41	SYMLINPEN 120	31
selenium sulfide	SPIRIVA RESPIMAT	87	SYMLINPEN 60	31
.....62	SPIRIVA WITH		SYNAGIS	41
SELZENTRY	HANDIHALER	87	SYNAREL	81
.....40	spironolactone	54	SYNERCID	15
SENSIPAR	spironolacton-hydrochlorothiaz	54	SYNRIBO	24
.....81	.....54		SYPRINE	71
SEREVENT DISKUS	sprintec (28)	59	T	
.....87	SPRYCEL	24	TABLOID	24
SEROSTIM	sps	70	tacrolimus	64, 75
.....74	sronyx	59	TAFINLAR	24
sertraline	ssd	62	TAMIFLU	41
.....30	stavudine	41	tamoxifen	24
sharobel	STELARA	81	tamsulosin	71
.....59	STERILE PADS	81	TARCEVA	24, 25
SIGNIFOR	STIVARGA	24	TARGRETIN	25
.....81	STRATTERA	56	tarina fe	59
sildenafil	streptomycin	14	TASIGNA	25
.....89	STRIBILD	41	tazicef	17
SILENOR	STRIVERDI RESPIMAT	87	TAZORAC	64
.....30	sucralfate	68	taztia xt	50
silver nitrate	sulfacetamide sodium	67	TECFIDERA	81
.....62	sulfacetamide sodium (acne)	62	TEFLARO	17
silver nitrate applicators	sulfacetamide-prednisolone	67	telmisartan	48
.....62	sulfadiazine	19	telmisartan-hydrochlorothiazid	48
silver sulfadiazine	sulfamethoxazole-trimethoprim	19, 20	TEMODAR	25
.....62	.....19, 20		tencon	10
SIMBRINZA	sulfasalazine	20	TENIVAC (PF)	77
.....82	sulfatrim	20	terazosin	71
SIMPONI	sulfazine	20	terbinafine hcl	34
.....81	sulfazine ec	20	terbutaline	87
SIMPONI ARIA	sulindac	12	terconazole	34
.....81	sumatriptan	34	testosterone	71
simvastatin	sumatriptan succinate	34	testosterone cypionate	71
.....54	SUPPRELIN LA	74	testosterone enanthate	71
sirolimus	SUPRAX	17		
.....75	SURMONTIL	30		
SIRTURO				
.....35				
sodium acetate				
.....85				
sodium bicarbonate				
.....85				
sodium chloride				
.....78, 85				
sodium chloride 0.45 %				
.....85				
sodium chloride 0.9 %				
.....85				
sodium chloride 3 %				
.....85				
sodium chloride 5 %				
.....85				
sodium citrate-citric acid				
.....85				
sodium fluoride				
.....60, 89				
sodium lactate				
.....85				
sodium phosphate				
.....85				
sodium polystyrene (sorb free)				
.....69				
sodium polystyrene sulfonate				
.....70				
sodium thiosulfate				
.....71				
SOLTAMOX				
.....24				
SOLU-CORTEF (PF)				
.....73				
SOMATULINE DEPOT				
.....74				
SOMAVERT				
.....74				

TETANUS	tramadol	10	TRUMENBA	77
TOXOID, ADSORBED (PF)	tramadol-acetaminophen	10	TRUVADA	41
.....	trandolapril	48	TUDORZA PRESSAIR	87
TETANUS, DIPHTHERIA TOX	tranexamic acid	44	TWINRIX (PF)	77
PED (PF)	TRANSDERM-SCOP	36	TYBOST	81
TETANUS-DIPHTHERIA	tranylcypromine	30	TYGACIL	20
TOXOIDS-TD	TRAVASOL 10 %	47	TYKERB	25
tetracaine hcl (pf)	TRAVATAN Z	82	TYPHIM VI	77
tetracycline	travoprost (benzalkonium)	82	TYSABRI	76
THALOMID	trazodone	30	TYVASO	89
theochron	TREANDA	25	TYVASO REFILL KIT	89
theophylline	TRECTOR	35	TYVASO STARTER KIT	89
theophylline in dextrose 5 %	TRELSTAR	25	TYZEKA	42
thioridazine	tretinoin	64	U	
thiothixene	tretinoin (chemotherapy)	25	u-cort	64
tiagabine	tretinoin microspheres	64	ULORIC	81
TICE BCG	TREXALL	25	ursodiol	70
TIKOSYN	triamcinolone acetonide .. 60, 64,		V	
tilia fe	73		VAGIFEM	72
timolol maleate	triamterene-hydrochlorothiazid		valacyclovir	42
TIVICAY .....	.....	53	VALCHLOR	61
tizanidine	trianex	64	valganciclovir	42
TOBI PODHALER	TRIBENZOR	48	valproate sodium	28
TOBRADEX ST	tricitrates	85	valproic acid	28
tobramycin	tri-estarylla	59	valproic acid (as sodium salt)	28
tobramycin in 0.225 % nacl	trifluoperazine	39	valsartan	48
tobramycin in 0.9 % nacl	trifluridine	67	valsartan-hydrochlorothiazide	48
tobramycin sulfate	trihexyphenidyl	37	VALSTAR	25
tolazamide	tri-legest fe	59	vancomycin	15
tolbutamide	tri-linyah	59	vancomycin in d5w	15
tolmetin	trilyte with flavor packets	70	VAQTA (PF)	77
tolterodine	trimethoprim	15	VARIVAX (PF)	77
topiragen	trinessa (28)	59	VASCEPA	54
topiramate	tri-previfem (28)	59	VELCADE	25
toposar	tri-sprintec (28)	59	velivet triphasic regimen (28)	60
torsemide	TRIUMEQ	41	venlafaxine	30
TOUJEO SOLOSTAR	trivora (28)	59	verapamil	50
TOVIAZ	TROKENDI XR	28	VERSACLOZ	39
TPN ELECTROLYTES	TROPHAMINE 10 %	47	vestura (28)	60
TPN ELECTROLYTES II	TROPHAMINE 6%	47	VGO 40	65
TRACLEER	trospium	71	vicodin	11
TRADJENTA	TRULICITY	31	vicodin es	10

vicodin hp.....	11	wera (28).....	60	ZETIA.....	54
VICTOZA 3-PAK.....	31	X		ZIAGEN.....	41
VIDEX 2 GRAM PEDIATRIC		XALKORI.....	25	zidovudine.....	41
.....	41	XARELTO.....	43	ziprasidone hcl.....	39
VIDEX 4 GRAM PEDIATRIC		XELJANZ.....	81	ZIRGAN.....	67
.....	41	XENAZINE.....	56	ZOLADEX.....	25, 26
VIGAMOX.....	67	XIFAXAN.....	16	zoledronic acid.....	79
VIIBRYD.....	30	XOLAIR.....	87	zoledronic acid-mannitol-water	
VIMIZIM.....	65	XTANDI.....	25	.....	79
VIMPAT.....	28	xulane.....	60	ZOLINZA.....	26
vinorelbine.....	25	xylon 10.....	11	zolmitriptan.....	35
viorele (28).....	60	XYREM.....	88	zolpidem.....	88
VIRACEPT.....	41	Y		ZOMETA.....	79
VIRAMUNE XR.....	41	YERVOY.....	25	zonisamide.....	28
VIRAZOLE.....	42	YF-VAX (PF).....	77	ZORTRESS.....	76
VIREAD.....	41	Z		ZOSTAVAX (PF).....	77
virt-phos 250 neutral.....	85	zafirlukast.....	86	zovia 1/35e (28).....	60
VITEKTA.....	41	zaleplon.....	88	zovia 1/50e (28).....	60
VOLTAREN.....	12	zarah.....	60	ZOVIRAX.....	61
voriconazole.....	34	ZAVESCA.....	65	ZUBSOLV.....	13
VOTRIENT.....	25	zebutal.....	11	ZYDELIG.....	26
VPRIV.....	65	ZELBORAF.....	25	ZYKADIA.....	26
vyfemla (28).....	60	ZEMPLAR.....	79	ZYLET.....	67
W		zenatane.....	61	ZYPREXA RELPREVV.....	39
warfarin.....	43	zenchent (28).....	60	ZYTIGA.....	26
water for irrigation, sterile.....	78	ZENPEP.....	65	ZYVOX.....	16

This formulary was updated on 08/27/2015.

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This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

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