



AETNA BETTER HEALTHSM PREMIER PLAN

2016 List of Covered Drugs/Formulary



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

Personal information

My member ID number

My PCP (primary care practitioner)

My PCP's phone number

My care manager's name and phone number

Helpful information

Aetna Better Health Premier Plan

333 West Wacker Drive, Suite 2100
Chicago, IL 60606

Member Services

1-866-600-2139 (TTY: 711)
Representatives available 24 hours a day,
7 days a week

Services for the Hearing Impaired

711

Enrollment and Application Services

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

Transportation Services

Medical Transportation Management, Inc.
Non-Emergency Transportation
1-888-513-1612

Dental Services

DentaQuest
1-800-416-9185

Behavioral Health Services

1-866-600-2139 (TTY: 711)

Vision Services

March Vision
1-888-493-4070

Pharmacy Services

1-866-600-2139 (TTY: 711)

Language Interpretation Services

Including Sign Language Interpretation and
CART Reporting
1-866-600-2139 (TTY: 711)
Representatives available 24 hours a day,
7 days a week

To make a request for a fair hearing:

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

Fraud and Abuse Hotline

1-877-436-8154



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

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

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year. You can always check Aetna Better Health Premier Plan's up-to-date List of Covered Drugs online at www.aetnabetterhealth.com/illinois.
- ❖ You can get this information for free in other formats, such as large print, braille or audio. Call **1-866-600-2139**. The call is free.
- ❖ Limitations and restrictions may apply. For more information, call Aetna Better Health Premier Plan Member Services or read the Aetna Better Health Premier Plan Member Handbook.
- ❖ You can get this information in Spanish, or speak with someone about this information in other languages for free. Call **1-866-600-2139** (TTY: 711). The call is free.
- ❖ Uste puede obtener este document en espanol, o hablar gratuitamente con una persona en otros idiomas sobre esta informacion. Llame a Servicios al Miembro at **1-866-600-2139**, (TTY: 711). La llamada es gratis.





If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit **www.aetnabetterhealth.com/illinois**.

Frequently Asked Questions (FAQ)

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

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

The drugs on the List of Covered Drugs that starts on page 1 are the drugs covered by Aetna Better Health Premier Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- ➔ Aetna Better Health Premier Plan will cover all medically necessary drugs on the Drug List if:
 - Your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - You fill the prescription at an Aetna Better Health Premier Plan network pharmacy.
- ➔ Aetna Better Health Premier Plan may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.aetnabetterhealth.com/illinois or call Member Services at **1-866-600-2139** (TTY: 711).

2. Does the Drug List ever change?

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

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

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

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

(For more information on these drug rules, see page V.)

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

- ➔ You can always check Aetna Better Health Premier Plan’s up to date Drug List online at www.aetnabetterhealth.com/illinois. You can also call Member Services to check the current Drug List at **1-866-600-2139** (TTY: 711).

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.aetnabetterhealth.com/illinois.



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

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

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

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

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

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

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

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

You can ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

- ➔ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna Better Health Premier Plan member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see question 11 for more information about exceptions.



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

The List of Covered Drugs on page 1 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. You can find it on page , \$. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at **1-866-600-2139** (TTY: 711) and ask about it. If you learn that Aetna Better Health Premier Plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.



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

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior approval by Aetna Better Health Premier Plan, **or**
- You are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 days and may be up to 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

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

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

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

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

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

- For example, Aetna Better Health Premier Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

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

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

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



If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.aetnabetterhealth.com/illinois.

13. How can you ask for an exception?

To ask for an exception, call Member Services at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

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

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

15. What are OTC drugs?

OTC stands for "over-the-counter". Aetna Better Health Premier Plan covers some OTC drugs when they are written as prescriptions by your provider.

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

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

Aetna Better Health Premier Plan covers some OTC non-drug products when they are written as prescriptions by your provider.

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

17. What is your copay?

You can read the Aetna Better Health Premier Plan Drug List to learn about the copay for each drug.

Aetna Better Health Premier Plan members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.



List of Covered Drugs

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

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

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

| Here are the meanings of the codes used in the “Necessary actions, Restrictions, or limits on use” column: | | |
|--|----------------------|---------------------|
| (*) = Non Medicare Part D drugs, or OTC items that are covered by Medicaid | | |
| B/D = Covered under Medicare B or D | | |
| PA = Prior Authorization | QL = Quantity Limits | ST = Step Therapy |
| MO = Available by mail order | | LA = Limited Access |

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139** (TTY: 711). You can also read the Member Handbook to learn how to appeal a decision.



If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.aetnabetterhealth.com/illinois.

List of Drugs by Medical Condition

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ANALGESICS-DRUGS USED TO TREAT PAIN AND INFLAMMATION | | |
| <i>Analgesics</i> | | |
| <i>acephen supp 120mg, 325mg</i> | \$0 (3) | * |
| <i>acetaminophen tabs 325mg</i> | \$0 (3) | * |
| <i>apap extra strength</i> | \$0 (3) | * |
| <i>butalbital/acetaminophen/caffeine/codeine</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>butalbital/acetaminophen/caffeine caps</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>butalbital/aspirin/caffeine</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>butalbital/aspirin/caffeine/codeine</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>capacet</i> | \$0 (1) | QL (180 EA per 30 days) PA |
| <i>childrens silapap</i> | \$0 (3) | * |
| <i>esgic caps</i> | \$0 (1) | QL (180 EA per 30 days) PA |
| FEVERALL INFANTS | \$0 (3) | * |
| <i>goodsense pain & fever childrens</i> | \$0 (3) | * |
| <i>infants pain relief susp 80mg/0.8ml</i> | \$0 (3) | * |
| <i>mapap caps</i> | \$0 (3) | * |
| <i>margesic</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| <i>pain & fever childrens chew, soln</i> | \$0 (3) | * |
| <i>q-pap infants</i> | \$0 (3) | * |
| <i>zebutal caps 325mg; 50mg; 40mg</i> | \$0 (1) | QL (180 EA per 30 days) PA MO |
| Nonsteroidal Anti-inflammatory Drugs | | |
| <i>advil junior strength tabs</i> | \$0 (3) | * |
| ADVIL TABS | \$0 (3) | * |
| <i>all day pain relief</i> | \$0 (3) | * |
| <i>aspir-81</i> | \$0 (3) | * |
| <i>aspir-low</i> | \$0 (3) | * |
| <i>aspirin childrens</i> | \$0 (3) | * |
| <i>aspirin ec low dose</i> | \$0 (3) | * |
| <i>aspirin ec tbec 325mg</i> | \$0 (3) | * |
| <i>aspirin low dose chew</i> | \$0 (3) | * |
| <i>aspirin chew</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>aspirin tabs 325mg</i> | \$0 (3) * | |
| <i>aspirin tbec 325mg</i> | \$0 (3) * | |
| <i>celecoxib caps 400mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>celecoxib caps 100mg, 200mg, 50mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>childrens aspirin</i> | \$0 (3) * | |
| <i>childrens aspirin low strength</i> | \$0 (3) * | |
| <i>diclofenac potassium</i> | \$0 (1) | MO |
| <i>diclofenac sodium dr</i> | \$0 (1) | MO |
| <i>diclofenac sodium er</i> | \$0 (1) | MO |
| <i>diflunisal tabs</i> | \$0 (1) | MO |
| <i>ecpirin</i> | \$0 (3) * | |
| <i>etodolac er</i> | \$0 (1) | MO |
| <i>etodolac caps, tabs</i> | \$0 (1) | MO |
| EXCEDRIN EXTRA STRENGTH | \$0 (3) * | |
| <i>flurbiprofen tabs</i> | \$0 (1) | MO |
| <i>gnp adult aspirin low strength chew</i> | \$0 (3) * | |
| <i>gnp aspirin</i> | \$0 (3) * | |
| <i>hm aspirin</i> | \$0 (3) * | |
| <i>ibuprofen susp</i> | \$0 (1) | MO |
| <i>ibuprofen tabs 400mg, 600mg, 800mg</i> | \$0 (1) | MO |
| <i>ketoprofen er</i> | \$0 (1) | MO |
| <i>ketoprofen caps</i> | \$0 (1) | MO |
| <i>meclofenamate sodium caps</i> | \$0 (1) | MO |
| <i>meloxicam susp, tabs</i> | \$0 (1) | MO |
| <i>miniprin low dose</i> | \$0 (3) * | |
| <i>nabumetone</i> | \$0 (1) | MO |
| <i>naproxen dr</i> | \$0 (1) | MO |
| <i>naproxen sodium tabs 275mg, 550mg</i> | \$0 (1) | MO |
| <i>naproxen susp, tabs</i> | \$0 (1) | MO |
| <i>oxaprozin</i> | \$0 (1) | MO |
| <i>piroxicam caps</i> | \$0 (1) | MO |
| <i>qc aspirin tabs</i> | \$0 (3) * | |
| <i>sb aspirin</i> | \$0 (3) * | |
| <i>sb childrens aspirin</i> | \$0 (3) * | |
| <i>sm aspirin</i> | \$0 (3) * | |
| <i>sm aspirin adult low strength</i> | \$0 (3) * | |
| <i>sm aspirin enteric coated</i> | \$0 (3) * | |
| <i>sm childrens aspirin</i> | \$0 (3) * | |
| <i>sulindac tabs</i> | \$0 (1) | MO |
| <i>tolmetin sodium</i> | \$0 (1) | MO |
| <i>tri-buffered aspirin tabs 325mg; 158mg; 34mg; 63mg</i> | \$0 (3) * | |
| VOLTAREN | \$0 (2) | QL (1020 GM per 30 days) MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Opioid Analgesics, Long-acting | | |
| <i>fentanyl</i> | \$0 (1) | QL (15 EA per 30 days) MO |
| <i>methadone hcl inj</i> | \$0 (1) | |
| <i>methadone hcl tabs</i> | \$0 (1) | QL (240 EA per 30 days) MO |
| <i>methadone hcl oral soln</i> | \$0 (1) | QL (3000 ML per 30 days) MO |
| <i>methadone hcl conc</i> | \$0 (1) | QL (360 ML per 30 days) MO |
| <i>methadone hcl tbso</i> | \$0 (1) | QL (90 EA per 30 days) |
| <i>methadose sugar-free</i> | \$0 (1) | QL (360 ML per 30 days) MO |
| <i>methadose conc</i> | \$0 (1) | QL (360 ML per 30 days) MO |
| <i>methadose tbso</i> | \$0 (1) | QL (90 EA per 30 days) |
| <i>morphine sulfate er cp24 120mg</i> | \$0 (1) | QL (180 EA per 30 days) MO |
| <i>morphine sulfate er cp24 45mg, 75mg, 90mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>morphine sulfate er tbcr</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| Opioid Analgesics, Short-acting | | |
| <i>acetaminophen/codeine #3</i> | \$0 (1) | QL (390 EA per 30 days) MO |
| <i>acetaminophen/codeine soln</i> | \$0 (1) | QL (4500 ML per 30 days) MO |
| <i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg</i> | \$0 (1) | QL (390 EA per 30 days) MO |
| <i>butalbital compound/codeine</i> | \$0 (1) | QL (180 EA per 30 days) PA |
| <i>codeine sulfate tabs</i> | \$0 (1) | QL (180 EA per 30 days) MO |
| <i>duramorph</i> | \$0 (1) | B/D |
| <i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | \$0 (1) | QL (360 EA per 30 days) |
| <i>fentanyl citrate oral transmucosal</i> | \$0 (1) | QL (120 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate/acetaminophen soln</i> | \$0 (1) | QL (5550 ML per 30 days) MO |
| <i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i> | \$0 (1) | QL (360 EA per 30 days) MO |
| <i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg</i> | \$0 (1) | QL (390 EA per 30 days) MO |
| <i>hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i> | \$0 (1) | QL (360 EA per 30 days) MO |
| <i>hydrocodone/ibuprofen</i> | \$0 (1) | QL (150 EA per 30 days) MO |
| <i>hydromorphone hcl liqd</i> | \$0 (1) | QL (2400 ML per 30 days) MO |
| <i>hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml</i> | \$0 (1) | B/D MO |
| <i>hydromorphone hcl tabs 4mg, 8mg</i> | \$0 (1) | QL (240 EA per 30 days) MO |
| <i>hydromorphone hcl tabs 2mg</i> | \$0 (1) | QL (480 EA per 30 days) MO |
| <i>ibudone tabs 5mg; 200mg</i> | \$0 (1) | QL (150 EA per 30 days) |
| <i>lorcet</i> | \$0 (1) | QL (360 EA per 30 days) |
| <i>lorcet hd</i> | \$0 (1) | QL (360 EA per 30 days) |
| <i>lorcet plus tabs 325mg; 7.5mg</i> | \$0 (1) | QL (360 EA per 30 days) |
| <i>morphine sulfate tabs</i> | \$0 (1) | QL (180 EA per 30 days) MO |

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

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

ANESTHETICS-DRUGS USED FOR NUMBING

Local Anesthetics

| | | |
|---|---------|------------------------------|
| <i>glydo</i> | \$0 (1) | |
| <i>lidocaine hcl jelly</i> | \$0 (1) | MO |
| <i>lidocaine hcl gel 2%</i> | \$0 (1) | MO |
| <i>lidocaine hcl inj 0.5%, 1.5%</i> | \$0 (1) | |
| <i>lidocaine hcl inj 1%, 2%, 4%</i> | \$0 (1) | MO |
| <i>lidocaine hcl external soln 4%</i> | \$0 (1) | MO |
| <i>lidocaine hcl mouth/throat soln 4%</i> | \$0 (1) | |
| <i>lidocaine viscous</i> | \$0 (1) | MO |
| <i>lidocaine/prilocaine kit</i> | \$0 (1) | |
| <i>lidocaine/prilocaine crea</i> | \$0 (1) | MO |
| <i>lidocaine oint</i> | \$0 (1) | MO |
| <i>lidocaine ptch</i> | \$0 (1) | QL (90 EA per 30 days) PA MO |
| <i>relador pak plus</i> | \$0 (1) | |

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-craving

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>acamprosate calcium dr</i> | \$0 (1) | MO |
| <i>disulfiram tabs</i> | \$0 (1) | MO |
| <i>naltrexone hcl tabs</i> | \$0 (1) | MO |
| Opioid Dependence Treatments | | |
| <i>buprenorphine hcl/naloxone hcl</i> | \$0 (1) | QL (90 EA per 30 days) PA MO |
| <i>buprenorphine hcl subl</i> | \$0 (1) | QL (90 EA per 30 days) PA MO |
| SUBOXONE FILM 12MG; 3MG | \$0 (2) | QL (60 EA per 30 days) PA MO |
| SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG | \$0 (2) | QL (90 EA per 30 days) PA MO |
| Opioid Reversal Agents | | |
| EVZIO | \$0 (2) | PA MO |
| <i>naloxone hcl inj</i> | \$0 (1) | MO |
| Smoking Cessation Agents | | |
| <i>buproban</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>bupropion hcl sr tb12 150mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| CHANTIX CONTINUING MONTH PAK | \$0 (2) | QL (336 EA per 365 days) MO |
| CHANTIX STARTING MONTH PAK | \$0 (2) | QL (106 EA per 365 days) MO |
| CHANTIX TABS 0.5MG, 1MG | \$0 (2) | QL (336 EA per 365 days) MO |
| <i>gnp nicotine polacrilex</i> | \$0 (3) | * |
| <i>nicorelief</i> | \$0 (3) | * |
| <i>nicotine polacrilex gum</i> | \$0 (3) | * |
| <i>nicotine transdermal system kit</i> | \$0 (3) | * |
| <i>nicotine transdermal system pt24 21mg/24hr, 7mg/24hr</i> | \$0 (3) | * |
| <i>nicotine pt24</i> | \$0 (3) | * |
| NICOTROL NS | \$0 (2) | QL (40 ML per 30 days) MO |
| <i>sm nicotine polacrilex</i> | \$0 (3) | * |
| <i>sm nicotine gum, pt24</i> | \$0 (3) | * |

ANTIBACTERIALS-DRUGS USED TO TREAT INFECTIONS

Aminoglycosides

| | | |
|---|---------|----|
| <i>amikacin sulfate inj</i> | \$0 (1) | MO |
| <i>gentamicin sulfate pediatric</i> | \$0 (1) | MO |
| <i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i> | \$0 (1) | |
| <i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i> | \$0 (1) | MO |
| <i>gentamicin sulfate inj 10mg/ml</i> | \$0 (1) | |
| <i>gentamicin sulfate inj 40mg/ml</i> | \$0 (1) | MO |
| <i>isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i> | \$0 (1) | |
| <i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i> | \$0 (1) | MO |
| <i>neomycin sulfate</i> | \$0 (1) | MO |
| <i>paromomycin sulfate</i> | \$0 (1) | MO |
| <i>streptomycin sulfate inj</i> | \$0 (1) | MO |
| <i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i> | \$0 (1) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i> | \$0 (1) | |
| <i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml, 80mg/2ml</i> | \$0 (1) | MO |
| Antibacterials, Other | | |
| <i>baciim</i> | \$0 (1) | |
| <i>bacitracin inj 50000unit</i> | \$0 (1) | MO |
| <i>chloramphenicol sodium succinate</i> | \$0 (1) | |
| <i>clindamax</i> | \$0 (1) | |
| <i>clindamycin hcl caps</i> | \$0 (1) | MO |
| <i>clindamycin palmitate hcl</i> | \$0 (1) | MO |
| <i>clindamycin phosphate add-vantage inj 900mg/6ml</i> | \$0 (1) | |
| <i>clindamycin phosphate in d5w</i> | \$0 (1) | |
| <i>clindamycin phosphate crea 2%</i> | \$0 (1) | MO |
| <i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml</i> | \$0 (1) | |
| <i>clindamycin phosphate inj 900mg/6ml</i> | \$0 (1) | MO |
| <i>colistimethate sodium</i> | \$0 (1) | PA MO |
| CUBICIN | \$0 (2) | |
| CVS ISOPROPYL ALCOHOL SOLN 91% | \$0 (3) | * |
| DALVANCE | \$0 (2) | |
| ISOPROPYL ALCOHOL WIPES | \$0 (2) | |
| <i>linezolid inj</i> | \$0 (1) | PA |
| <i>linezolid susr</i> | \$0 (1) | QL (1800 ML per 28 days) PA |
| <i>linezolid tabs</i> | \$0 (1) | QL (56 EA per 28 days) PA MO |
| <i>methenamine hippurate</i> | \$0 (1) | MO |
| METRO IV | \$0 (2) | |
| <i>metronidazole in nacl 0.79%</i> | \$0 (1) | |
| <i>metronidazole vaginal</i> | \$0 (1) | MO |
| <i>metronidazole caps 375mg</i> | \$0 (1) | MO |
| <i>metronidazole tabs 250mg, 500mg</i> | \$0 (1) | MO |
| <i>nitrofurantoin macrocrystals</i> | \$0 (1) | MO |
| <i>nitrofurantoin monohydrate</i> | \$0 (1) | MO |
| <i>nitrofurantoin susp</i> | \$0 (1) | MO |
| SIVEXTRO INJ | \$0 (2) | |
| SIVEXTRO TABS | \$0 (2) | MO |
| SYNERCID | \$0 (2) | |
| <i>tinidazole</i> | \$0 (1) | MO |
| <i>trimethoprim tabs</i> | \$0 (1) | MO |
| TYGACIL | \$0 (2) | |
| <i>vancomycin hcl in dextrose</i> | \$0 (1) | |
| <i>vancomycin hcl caps</i> | \$0 (1) | PA MO |
| <i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i> | \$0 (1) | |
| <i>vancomycin hcl inj 500mg</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>vandazole</i> | \$0 (1) | MO |
| ZYVOX INJ | \$0 (2) | PA |
| ZYVOX SUSR | \$0 (2) | QL (1800 ML per 28 days) PA MO |
| <i>Beta-lactam, Cephalosporins</i> | | |
| <i>cefaclor</i> | \$0 (1) | MO |
| <i>cefaclor er</i> | \$0 (1) | MO |
| <i>cefadroxil</i> | \$0 (1) | MO |
| <i>cefazolin</i> | \$0 (1) | |
| <i>cefazolin sodium/dextrose</i> | \$0 (1) | |
| <i>cefazolin sodium inj 100gm, 1gm; 5%, 1gm, 20gm, 300gm</i> | \$0 (1) | |
| <i>cefazolin sodium inj 10gm, 1gm, 500mg</i> | \$0 (1) | MO |
| <i>cefdinir</i> | \$0 (1) | MO |
| <i>cefditoren pivoxil tabs 400mg</i> | \$0 (1) | |
| <i>cefditoren pivoxil tabs 200mg</i> | \$0 (1) | MO |
| <i>cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%</i> | \$0 (1) | |
| <i>cefepime inj 1gm, 2gm</i> | \$0 (1) | MO |
| <i>cefixime</i> | \$0 (1) | MO |
| <i>cefotaxime sodium inj 10gm, 2gm, 500mg</i> | \$0 (1) | |
| <i>cefotaxime sodium inj 1gm</i> | \$0 (1) | MO |
| <i>cefotetan</i> | \$0 (1) | |
| <i>cefotetan/dextrose</i> | \$0 (1) | |
| <i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%, 2gm</i> | \$0 (1) | |
| <i>cefoxitin sodium inj 1gm</i> | \$0 (1) | MO |
| <i>cefpodoxime proxetil</i> | \$0 (1) | MO |
| <i>cefprozil</i> | \$0 (1) | MO |
| <i>ceftazidime/dextrose</i> | \$0 (1) | |
| <i>ceftazidime inj 6gm</i> | \$0 (1) | |
| <i>ceftazidime inj 1gm, 2gm</i> | \$0 (1) | MO |
| <i>ceftriaxone in iso-osmotic dextrose</i> | \$0 (1) | |
| <i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> | \$0 (1) | MO |
| <i>ceftriaxone/dextrose</i> | \$0 (1) | |
| <i>cefuroxime axetil</i> | \$0 (1) | MO |
| <i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i> | \$0 (1) | |
| <i>cefuroxime sodium inj 750mg</i> | \$0 (1) | MO |
| <i>cefuroxime/dextrose inj 750mg; 4.1%</i> | \$0 (1) | |
| <i>cephalexin</i> | \$0 (1) | MO |
| SUPRAX CAPS | \$0 (2) | MO |
| SUPRAX CHEW 100MG | \$0 (2) | |
| SUPRAX CHEW 200MG | \$0 (2) | MO |
| SUPRAX SUSR 500MG/5ML | \$0 (2) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| SUPRAX SUSR 100MG/5ML, 200MG/5ML | \$0 (2) | MO |
| <i>tazicef inj 1gm, 2gm, 6gm</i> | \$0 (1) | |
| TEFLARO | \$0 (2) | |
| Beta-lactam, Other | | |
| <i>aztreonam</i> | \$0 (1) | MO |
| <i>imipenem/cilastatin</i> | \$0 (1) | MO |
| INVANZ INJ 1GM | \$0 (2) | |
| INVANZ INJ 1GM | \$0 (2) | MO |
| <i>meropenem</i> | \$0 (1) | MO |
| <i>meropenem/sodium chloride</i> | \$0 (1) | |
| Beta-lactam, Penicillins | | |
| <i>amoxicillin</i> | \$0 (1) | MO |
| <i>amoxicillin/clavulanate potassium</i> | \$0 (1) | MO |
| <i>amoxicillin/clavulanate potassium er</i> | \$0 (1) | MO |
| <i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i> | \$0 (1) | |
| <i>ampicillin sodium inj 1gm, 2gm, 500mg</i> | \$0 (1) | MO |
| <i>ampicillin-sulbactam</i> | \$0 (1) | |
| <i>ampicillin caps</i> | \$0 (1) | MO |
| <i>ampicillin susr 125mg/5ml</i> | \$0 (1) | |
| <i>ampicillin susr 250mg/5ml</i> | \$0 (1) | MO |
| BICILLIN L-A | \$0 (2) | MO |
| <i>dicloxacillin sodium</i> | \$0 (1) | MO |
| NALLPEN ISO-OSMOTIC IN DEXTROSE | \$0 (2) | |
| NALLPEN/DEXTROSE INJ 0; 1GM/50ML | \$0 (2) | |
| <i>oxacillin sodium inj 10gm, 1gm</i> | \$0 (1) | |
| <i>oxacillin sodium inj 2gm</i> | \$0 (1) | MO |
| <i>penicillin g potassium inj 20000000unit, 5000000unit</i> | \$0 (1) | MO |
| <i>penicillin g procaine</i> | \$0 (1) | MO |
| <i>penicillin g sodium</i> | \$0 (1) | |
| <i>penicillin v potassium</i> | \$0 (1) | MO |
| <i>piperacillin sodium/ tazobactam sodium</i> | \$0 (1) | |
| <i>piperacillin sodium/tazobactam sodium</i> | \$0 (1) | |
| Macrolides | | |
| <i>azithromycin pack, susr, tabs</i> | \$0 (1) | MO |
| <i>azithromycin inj 500mg</i> | \$0 (1) | MO |
| <i>clarithromycin susr, tabs</i> | \$0 (1) | MO |
| DIFICID | \$0 (2) | MO |
| ERYTHROCIN LACTOBIONATE INJ 500MG | \$0 (2) | |
| <i>erythromycin base</i> | \$0 (1) | MO |
| <i>erythromycin ethylsuccinate tabs</i> | \$0 (1) | MO |
| <i>erythromycin stearate tabs</i> | \$0 (1) | MO |
| <i>erythromycin cpep 250mg</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Quinolones | | |
| <i>ciprofloxacin er</i> | \$0 (1) MO | |
| <i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i> | \$0 (1) MO | |
| <i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i> | \$0 (1) | |
| <i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i> | \$0 (1) MO | |
| <i>ciprofloxacin inj, otic soln, susr</i> | \$0 (1) MO | |
| <i>levofloxacin in d5w</i> | \$0 (1) | |
| <i>levofloxacin inj 25mg/ml</i> | \$0 (1) | |
| <i>levofloxacin oral soln 25mg/ml</i> | \$0 (1) MO | |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i> | \$0 (1) MO | |
| <i>ofloxacin tabs 400mg</i> | \$0 (1) MO | |
| Sulfonamides | | |
| <i>sulfadiazine tabs</i> | \$0 (1) MO | |
| <i>sulfamethoxazole/trimethoprim</i> | \$0 (1) MO | |
| <i>sulfamethoxazole/trimethoprim ds</i> | \$0 (1) MO | |
| <i>sulfatrim pediatric</i> | \$0 (1) | |
| Tetracyclines | | |
| <i>doxy 100</i> | \$0 (1) MO | |
| <i>doxycycline hyclate dr</i> | \$0 (1) MO | |
| <i>doxycycline hyclate caps, inj, tabs</i> | \$0 (1) MO | |
| <i>doxycycline monohydrate</i> | \$0 (1) MO | |
| <i>doxycycline caps, susr</i> | \$0 (1) MO | |
| <i>minocycline hcl caps</i> | \$0 (1) MO | |
| <i>morgidox 1x100mg caps</i> | \$0 (1) | |
| <i>morgidox 2x100mg caps</i> | \$0 (1) | |
| <i>tetracycline hcl caps</i> | \$0 (1) MO | |
| ANTICONVULSANTS-DRUGS USED TO TREAT SEIZURES | | |
| Anticonvulsants, Other | | |
| APTIOM TABS 200MG, 400MG, 800MG | \$0 (2) | QL (30 EA per 30 days) PA MO |
| APTIOM TABS 600MG | \$0 (2) | QL (60 EA per 30 days) PA MO |
| FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG | \$0 (2) | QL (30 EA per 30 days) PA MO |
| FYCOMPA TABS 2MG | \$0 (2) | QL (60 EA per 30 days) PA MO |
| <i>levetiracetam oral soln, tabs</i> | \$0 (1) MO | |
| <i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i> | \$0 (1) | |
| <i>levetiracetam inj 500mg/5ml</i> | \$0 (1) MO | |
| POTIGA TABS 50MG | \$0 (2) | QL (270 EA per 30 days) MO |
| POTIGA TABS 200MG, 300MG, 400MG | \$0 (2) | QL (90 EA per 30 days) MO |
| Calcium Channel Modifying Agents | | |
| CELONTIN | \$0 (2) | MO |
| <i>ethosuximide</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| LYRICA SOLN | \$0 (2) | QL (900 ML per 30 days) PA MO |
| LYRICA CAPS 225MG, 300MG | \$0 (2) | QL (60 EA per 30 days) PA MO |
| LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG | \$0 (2) | QL (90 EA per 30 days) PA MO |
| <i>zonisamide</i> | \$0 (1) | MO |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| <i>clonazepam odt tbdp 1mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>clonazepam odt tbdp 2mg</i> | \$0 (1) | QL (300 EA per 30 days) MO |
| <i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>clonazepam tabs 1mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>clonazepam tabs 2mg</i> | \$0 (1) | QL (300 EA per 30 days) MO |
| <i>clonazepam tabs 0.5mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>diazepam gel 10mg, 2.5mg, 20mg</i> | \$0 (1) | MO |
| <i>divalproex sodium</i> | \$0 (1) | MO |
| <i>divalproex sodium dr</i> | \$0 (1) | MO |
| <i>divalproex sodium er</i> | \$0 (1) | MO |
| <i>gabapentin caps, soln, tabs</i> | \$0 (1) | MO |
| GABITRIL TABS 12MG, 16MG | \$0 (2) | MO |
| ONFI SUSP | \$0 (2) | MO |
| ONFI TABS 10MG, 20MG | \$0 (2) | MO |
| <i>phenobarbital tabs</i> | \$0 (1) | QL (120 EA per 30 days) PA MO |
| <i>phenobarbital elix</i> | \$0 (1) | QL (1500 ML per 30 days) PA MO |
| <i>primidone tabs</i> | \$0 (1) | MO |
| SABRIL | \$0 (2) | PA LA |
| <i>tiagabine hydrochloride</i> | \$0 (1) | MO |
| <i>valproate sodium inj</i> | \$0 (1) | |
| <i>valproic acid caps, syrp</i> | \$0 (1) | MO |
| Glutamate Reducing Agents | | |
| <i>felbamate</i> | \$0 (1) | MO |
| <i>lamotrigine chew, tabs</i> | \$0 (1) | MO |
| <i>topiramate csp, tabs</i> | \$0 (1) | MO |
| Sodium Channel Agents | | |
| BANZEL | \$0 (2) | PA MO |
| <i>carbamazepine er</i> | \$0 (1) | MO |
| <i>carbamazepine chew, susp, tabs</i> | \$0 (1) | MO |
| DILANTIN CAPS 30MG | \$0 (2) | MO |
| <i>epitol</i> | \$0 (1) | |
| <i>fosphenytoin sodium inj 100mg pe/2ml</i> | \$0 (1) | |
| <i>fosphenytoin sodium inj 500mg pe/10ml</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| <i>oxcarbazepine</i> | \$0 (1) | MO |
| PEGANONE | \$0 (2) | MO |
| <i>phenytoin sodium extended</i> | \$0 (1) | MO |
| <i>phenytoin sodium inj</i> | \$0 (1) | |
| <i>phenytoin chew, susp</i> | \$0 (1) | MO |
| TEGRETOL-XR TB12 100MG | \$0 (2) | MO |
| VIMPAT INJ | \$0 (2) | |
| VIMPAT ORAL SOLN | \$0 (2) | MO |
| VIMPAT TABS 50MG | \$0 (2) | QL (180 EA per 30 days) MO |
| VIMPAT TABS 100MG, 150MG, 200MG | \$0 (2) | QL (60 EA per 30 days) MO |

ANTIDEMENTIA AGENTS-DRUGS USED TO TREAT DEMENTIA AND MEMORY LOSS

Antidementia Agents, Other

| | | |
|--------------------------------|---------|-------|
| <i>ergoloid mesylates tabs</i> | \$0 (1) | PA MO |
|--------------------------------|---------|-------|

Cholinesterase Inhibitors

| | | |
|---------------------------|---------|---------------------------|
| <i>donepezil hcl tbdp</i> | \$0 (1) | QL (30 EA per 30 days) MO |
|---------------------------|---------|---------------------------|

| | | |
|-------------------------------------|---------|---------------------------|
| <i>donepezil hcl tabs 23mg, 5mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
|-------------------------------------|---------|---------------------------|

| | | |
|--------------------------------|---------|---------------------------|
| <i>donepezil hcl tabs 10mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
|--------------------------------|---------|---------------------------|

| | | |
|-------------|---------|---------------------------|
| EXELON PT24 | \$0 (2) | QL (30 EA per 30 days) MO |
|-------------|---------|---------------------------|

| | | |
|--------------------------------------|---------|----------------------------|
| <i>galantamine hydrobromide soln</i> | \$0 (1) | QL (200 ML per 30 days) MO |
|--------------------------------------|---------|----------------------------|

| | | |
|--------------------------------------|---------|---------------------------|
| <i>galantamine hydrobromide cp24</i> | \$0 (1) | QL (30 EA per 30 days) MO |
|--------------------------------------|---------|---------------------------|

| | | |
|--------------------------------------|---------|---------------------------|
| <i>galantamine hydrobromide tabs</i> | \$0 (1) | QL (60 EA per 30 days) MO |
|--------------------------------------|---------|---------------------------|

| | | |
|----------|---------|------------------------------|
| NAMZARIC | \$0 (2) | QL (30 EA per 30 days) PA MO |
|----------|---------|------------------------------|

| | | |
|------------------------------|---------|---------------------------|
| <i>rivastigmine tartrate</i> | \$0 (1) | QL (60 EA per 30 days) MO |
|------------------------------|---------|---------------------------|

| | | |
|--|---------|---------------------------|
| <i>rivastigmine transdermal system</i> | \$0 (1) | QL (30 EA per 30 days) MO |
|--|---------|---------------------------|

N-methyl-D-aspartate (NMDA) Receptor Antagonist

| | | |
|----------------------|---------|------------------------------|
| <i>memantine hcl</i> | \$0 (1) | QL (60 EA per 30 days) PA MO |
|----------------------|---------|------------------------------|

| | | |
|------------------------------------|---------|------------------------------|
| <i>memantine hcl titration pak</i> | \$0 (1) | QL (49 EA per 28 days) PA MO |
|------------------------------------|---------|------------------------------|

| | | |
|-------------------------------------|---------|-------------------------------|
| <i>memantine hydrochloride soln</i> | \$0 (1) | QL (360 ML per 30 days) PA MO |
|-------------------------------------|---------|-------------------------------|

| | | |
|-----------------------|---------|------------------------------|
| NAMENDA TITRATION PAK | \$0 (2) | QL (49 EA per 28 days) PA MO |
|-----------------------|---------|------------------------------|

| | | |
|------------|---------|------------------------------|
| NAMENDA XR | \$0 (2) | QL (30 EA per 30 days) PA MO |
|------------|---------|------------------------------|

| | | |
|---------------------------|---------|------------------------------|
| NAMENDA XR TITRATION PACK | \$0 (2) | QL (30 EA per 30 days) PA MO |
|---------------------------|---------|------------------------------|

| | | |
|--------------|---------|-------------------------------|
| NAMENDA SOLN | \$0 (2) | QL (360 ML per 30 days) PA MO |
|--------------|---------|-------------------------------|

| | | |
|--------------|---------|------------------------------|
| NAMENDA TABS | \$0 (2) | QL (60 EA per 30 days) PA MO |
|--------------|---------|------------------------------|

ANTIDEPRESSANTS-DRUGS USED TO TREAT DEPRESSION

Antidepressants, Other

| | | |
|-------------------------|---------|---------------------------|
| <i>bupropion hcl er</i> | \$0 (1) | QL (60 EA per 30 days) MO |
|-------------------------|---------|---------------------------|

| | | |
|--|---------|---------------------------|
| <i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
|--|---------|---------------------------|

| | | |
|-------------------------|---------|---------------------------|
| <i>bupropion hcl xl</i> | \$0 (1) | QL (30 EA per 30 days) MO |
|-------------------------|---------|---------------------------|

| | | |
|---------------------------|---------|----------------------------|
| <i>bupropion hcl tabs</i> | \$0 (1) | QL (180 EA per 30 days) MO |
|---------------------------|---------|----------------------------|

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>mirtazapine</i> | \$0 (1) | MO |
| <i>mirtazapine odt</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| Monoamine Oxidase Inhibitors | | |
| EMSAM | \$0 (2) | QL (30 EA per 30 days) ST MO |
| MARPLAN | \$0 (2) | MO |
| <i>phenelzine sulfate</i> | \$0 (1) | MO |
| <i>tranylcypromine sulfate</i> | \$0 (1) | MO |
| SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) | | |
| BRINTELLIX | \$0 (2) | QL (30 EA per 30 days) ST MO |
| <i>citalopram hydrobromide soln</i> | \$0 (1) | QL (600 ML per 30 days) MO |
| <i>citalopram hydrobromide tabs 10mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>citalopram hydrobromide tabs 40mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>citalopram hydrobromide tabs 20mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>desvenlafaxine er tb24 100mg, 50mg</i> | \$0 (1) | QL (30 EA per 30 days) ST |
| <i>desvenlafaxine er tb24 100mg, 50mg</i> | \$0 (1) | QL (30 EA per 30 days) ST MO |
| <i>duloxetine hcl cpep 20mg, 60mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>duloxetine hcl cpep 30mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>escitalopram oxalate soln</i> | \$0 (1) | QL (600 ML per 30 days) MO |
| <i>escitalopram oxalate tabs 20mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>escitalopram oxalate tabs 10mg, 5mg</i> | \$0 (1) | QL (45 EA per 30 days) MO |
| FETZIMA | \$0 (2) | QL (30 EA per 30 days) ST MO |
| FETZIMA TITRATION PACK | \$0 (2) | QL (30 EA per 30 days) ST MO |
| <i>fluoxetine</i> | \$0 (1) | MO |
| <i>fluoxetine dr</i> | \$0 (1) | QL (4 EA per 28 days) MO |
| <i>fluoxetine hcl caps, soln, tabs</i> | \$0 (1) | MO |
| <i>fluvoxamine maleate</i> | \$0 (1) | MO |
| <i>maprotiline hcl</i> | \$0 (1) | MO |
| <i>nefazodone hcl</i> | \$0 (1) | MO |
| <i>olanzapine/fluoxetine</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>paroxetine hcl</i> | \$0 (1) | MO |
| PAXIL SUSP | \$0 (2) | MO |
| PRISTIQ TB24 25MG | \$0 (2) | QL (120 EA per 30 days) ST MO |
| <i>sertraline hcl conc, tabs</i> | \$0 (1) | MO |
| <i>trazodone hcl</i> | \$0 (1) | MO |
| <i>venlafaxine hcl</i> | \$0 (1) | MO |
| <i>venlafaxine hcl er cp24 37.5mg, 75mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>venlafaxine hcl er cp24 150mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>venlafaxine hcl er tb24 150mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| VIIBRYD STARTER PACK | \$0 (2) | QL (60 EA per 365 days) |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| VIIBRYD TABS | \$0 (2) | QL (30 EA per 30 days) MO |
| VIIBRYD KIT | \$0 (2) | QL (60 EA per 365 days) MO |
| Tricyclics | | |
| <i>amitriptyline hcl tabs</i> | \$0 (1) | PA MO |
| <i>amoxapine</i> | \$0 (1) | MO |
| <i>clomipramine hcl caps</i> | \$0 (1) | PA MO |
| <i>desipramine hcl tabs</i> | \$0 (1) | MO |
| <i>doxepin hcl caps, conc</i> | \$0 (1) | PA MO |
| <i>imipramine hcl tabs</i> | \$0 (1) | PA MO |
| <i>nortriptyline hcl caps, soln</i> | \$0 (1) | MO |
| <i>perphenazine/amitriptyline</i> | \$0 (1) | MO |
| <i>protriptyline hcl</i> | \$0 (1) | MO |
| SURMONTIL | \$0 (2) | PA MO |
| <i>trimipramine maleate caps</i> | \$0 (1) | PA MO |

ANTIEMETICS-DRUGS FOR NAUSEA AND VOMITING

| | | |
|---|---------|-------------------------------|
| Antiemetics, Other | | |
| <i>meclizine hcl tabs 12.5mg, 25mg</i> | \$0 (1) | MO |
| <i>phenadoz supp 25mg</i> | \$0 (1) | PA |
| <i>phenadoz supp 12.5mg</i> | \$0 (1) | PA MO |
| <i>phenergan supp</i> | \$0 (1) | PA |
| <i>promethazine hcl supp 12.5mg, 25mg, 50mg</i> | \$0 (1) | PA MO |
| <i>promethegan supp 12.5mg, 25mg</i> | \$0 (1) | PA |
| <i>promethegan supp 50mg</i> | \$0 (1) | PA MO |
| TRANSDERM-SCOP | \$0 (2) | MO |
| Emetogenic Therapy Adjuncts | | |
| <i>dronabinol</i> | \$0 (1) | QL (60 EA per 30 days) PA MO |
| EMEND CAPS 40MG | \$0 (2) | QL (1 EA per 30 days) B/D MO |
| EMEND CAPS 0, 125MG, 80MG | \$0 (2) | QL (6 EA per 30 days) B/D MO |
| <i>granisetron hcl tabs</i> | \$0 (1) | QL (60 EA per 30 days) B/D MO |
| <i>ondansetron hcl tabs</i> | \$0 (1) | MO |
| <i>ondansetron hcl oral soln</i> | \$0 (1) | QL (900 ML per 30 days) MO |
| <i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i> | \$0 (1) | MO |
| <i>ondansetron odt</i> | \$0 (1) | MO |

ANTIFUNGALS-DRUGS USED TO TREAT FUNGAL INFECTIONS

| | | |
|-----------------------|---------|--------|
| Antifungals | | |
| ABELCET | \$0 (2) | B/D |
| AMBISOME | \$0 (2) | B/D |
| <i>amphotericin b</i> | \$0 (1) | B/D MO |
| CANCIDAS INJ 50MG | \$0 (2) | |
| CANCIDAS INJ 70MG | \$0 (2) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ciclodan</i> | \$0 (1) | |
| <i>ciclopirox</i> | \$0 (1) | MO |
| <i>ciclopirox nail lacquer</i> | \$0 (1) | MO |
| <i>ciclopirox olamine crea</i> | \$0 (1) | MO |
| <i>clotrimazole/betamethasone dipropionate</i> | \$0 (1) | MO |
| <i>clotrimazole external crea 1%</i> | \$0 (1) | MO |
| <i>clotrimazole soln 1%</i> | \$0 (1) | MO |
| <i>clotrimazole troc 10mg</i> | \$0 (1) | MO |
| <i>econazole nitrate crea</i> | \$0 (1) | MO |
| ERAXIS | \$0 (2) | PA |
| <i>fluconazole in dextrose</i> | \$0 (1) | |
| <i>fluconazole in nacl</i> | \$0 (1) | |
| <i>fluconazole susr, tabs</i> | \$0 (1) | MO |
| <i>flucytosine</i> | \$0 (1) | MO |
| <i>griseofulvin microsize</i> | \$0 (1) | MO |
| <i>griseofulvin ultramicrosize</i> | \$0 (1) | MO |
| <i>itraconazole caps</i> | \$0 (1) | PA MO |
| <i>ketoconazole crea, sham, tabs</i> | \$0 (1) | MO |
| NOXAFIL INJ | \$0 (2) | PA |
| NOXAFIL SUSP, TBEC | \$0 (2) | PA MO |
| <i>nyamyc</i> | \$0 (1) | |
| <i>nystatin crea, oint, powd, susp, tabs</i> | \$0 (1) | MO |
| <i>nystop</i> | \$0 (1) | MO |
| SPORANOX SOLN | \$0 (2) | PA MO |
| <i>terbinafine hcl tabs</i> | \$0 (1) | MO |
| <i>terconazole</i> | \$0 (1) | MO |
| <i>voriconazole inj</i> | \$0 (1) | |
| <i>voriconazole susr, tabs</i> | \$0 (1) | MO |
| <i>zazole supp</i> | \$0 (1) | |

ANTIGOUT AGENTS- DRUGS USED TO TREAT GOUT

| <i>Antigout Agents</i> | | |
|------------------------------|---------|-------|
| <i>allopurinol tabs</i> | \$0 (1) | MO |
| <i>colchicine caps, tabs</i> | \$0 (1) | MO |
| COLCRYS | \$0 (2) | MO |
| <i>probenecid/colchicine</i> | \$0 (1) | MO |
| <i>probenecid tabs</i> | \$0 (1) | MO |
| ULORIC | \$0 (2) | ST MO |

ANTIMIGRAINE AGENTS- DRUGS USED TO TREAT SEVERE HEADACHES

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Serotonin (5-HT) 1b/1d Receptor Agonists | | |
| <i>naratriptan hcl</i> | \$0 (1) | QL (9 EA per 30 days) MO |
| <i>rizatriptan benzoate</i> | \$0 (1) | QL (12 EA per 30 days) MO |
| <i>rizatriptan benzoate odt</i> | \$0 (1) | QL (12 EA per 30 days) MO |
| <i>sumatriptan succinate refill inj 6mg/0.5ml</i> | \$0 (1) | QL (4 ML per 30 days) |
| <i>sumatriptan succinate refill inj 4mg/0.5ml</i> | \$0 (1) | QL (4 ML per 30 days) MO |
| <i>sumatriptan succinate tabs</i> | \$0 (1) | QL (9 EA per 30 days) MO |
| <i>sumatriptan succinate inj 6mg/0.5ml</i> | \$0 (1) | QL (4 ML per 30 days) |
| <i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i> | \$0 (1) | QL (4 ML per 30 days) MO |
| <i>sumatriptan soln</i> | \$0 (1) | QL (6 EA per 30 days) MO |

ANTIMYASTHENIC AGENTS- DRUGS USED TO TREAT MYASTHENIA GRAVIS

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

ANTIMYCOBACTERIALS- DRUGS USED TO TREAT TUBERCULOSIS

| | | |
|----------------------------------|---------|-----------------------------|
| Antimycobacterials, Other | | |
| <i>dapsone tabs</i> | \$0 (1) | MO |
| <i>rifabutin</i> | \$0 (1) | MO |
| Antituberculars | | |
| CAPASTAT SULFATE | \$0 (2) | |
| <i>cycloserine</i> | \$0 (1) | MO |
| <i>ethambutol hcl</i> | \$0 (1) | MO |
| <i>isoniazid inj</i> | \$0 (1) | |
| <i>isoniazid syrp, tabs</i> | \$0 (1) | MO |
| PASER | \$0 (2) | MO |
| PRIFTIN | \$0 (2) | MO |
| <i>pyrazinamide tabs</i> | \$0 (1) | MO |
| <i>rifampin caps, inj</i> | \$0 (1) | MO |
| RIFATER | \$0 (2) | MO |
| SIRTURO | \$0 (2) | QL (188 EA per 365 days) PA |
| TRECTOR | \$0 (2) | MO |

ANTINEOPLASTICS- DRUGS USED TO TREAT CANCER

| | | |
|------------------------------|---------|--------|
| Alkylating Agents | | |
| ALKERAN TABS | \$0 (2) | B/D MO |
| BUSULFEX | \$0 (2) | |
| <i>cyclophosphamide inj</i> | \$0 (1) | |
| <i>cyclophosphamide caps</i> | \$0 (1) | B/D MO |
| GLEOSTINE CAPS 5MG | \$0 (2) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------------------|--|---|
| HEXALEN | \$0 (2) | MO |
| LEUKERAN | \$0 (2) | MO |
| <i>lomustine</i> | \$0 (1) | |
| MATULANE | \$0 (2) | |
| <i>melfhalan hydrochloride</i> | \$0 (1) | |
| MUSTARGEN | \$0 (2) | |
| TEMODAR INJ | \$0 (2) | B/D |
| <i>thiotepa</i> | \$0 (1) | |
| TREANDA | \$0 (2) | |
| VALCHLOR | \$0 (2) | PA |
| YONDELIS | \$0 (2) | PA |
| Antiandrogens | | |
| <i>bicalutamide</i> | \$0 (1) | MO |
| <i>flutamide</i> | \$0 (1) | MO |
| NILANDRON | \$0 (2) | MO |
| XTANDI | \$0 (2) | QL (120 EA per 30 days) PA LA |
| ZYTIGA | \$0 (2) | QL (120 EA per 30 days) PA |
| Antiangiogenic Agents | | |
| POMALYST | \$0 (2) | QL (21 EA per 28 days) PA LA |
| REVLIMID | \$0 (2) | QL (30 EA per 30 days) PA LA |
| THALOMID CAPS 100MG, 150MG, 50MG | \$0 (2) | QL (28 EA per 28 days) PA |
| THALOMID CAPS 200MG | \$0 (2) | QL (56 EA per 28 days) PA |
| Antiestrogens/Modifiers | | |
| EMCYT | \$0 (2) | MO |
| FARESTON | \$0 (2) | MO |
| SOLTAMOX | \$0 (2) | PA MO |
| <i>tamoxifen citrate tabs</i> | \$0 (1) | MO |
| Antimetabolites | | |
| DEPOCYT | \$0 (2) | |
| DROXIA | \$0 (2) | MO |
| <i>hydroxyurea caps</i> | \$0 (1) | |
| LONSURF TABS 6.14MG; 15MG | \$0 (2) | QL (100 EA per 28 days) PA |
| LONSURF TABS 8.19MG; 20MG | \$0 (2) | QL (80 EA per 28 days) PA |
| <i>mercaptopurine tabs</i> | \$0 (1) | MO |
| PURIXAN | \$0 (2) | PA |
| TABLOID | \$0 (2) | MO |
| Antineoplastics, Other | | |
| ABRAXANE | \$0 (2) | |
| <i>adrucil</i> | \$0 (1) | B/D |
| ALIMTA | \$0 (2) | PA |
| <i>amifostine</i> | \$0 (1) | |
| ARRANON | \$0 (2) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| AVASTIN | \$0 (2) | PA |
| <i>azacitidine</i> | \$0 (1) | PA |
| BELEODAQ | \$0 (2) | PA LA |
| BICNU | \$0 (2) | |
| <i>bleomycin sulfate</i> | \$0 (1) | B/D |
| <i>carboplatin</i> | \$0 (1) | |
| <i>cisplatin</i> | \$0 (1) | |
| <i>cladribine</i> | \$0 (1) | B/D |
| CLOLAR | \$0 (2) | |
| COSMEGEN | \$0 (2) | |
| COTELLIC | \$0 (2) | QL (63 EA per 28 days) PA |
| <i>cytarabine aqueous</i> | \$0 (1) | B/D |
| <i>dacarbazine</i> | \$0 (1) | |
| <i>daunorubicin hcl inj 5mg/ml</i> | \$0 (1) | |
| DAUNOXOME | \$0 (2) | |
| <i>decitabine</i> | \$0 (1) | |
| <i>dexrazoxane</i> | \$0 (1) | |
| DOCEFREZ | \$0 (2) | |
| <i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i> | \$0 (1) | |
| <i>doxorubicin hcl</i> | \$0 (1) | B/D |
| <i>doxorubicin hcl liposome</i> | \$0 (1) | |
| ELITEK | \$0 (2) | PA |
| <i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i> | \$0 (1) | |
| ERBITUX | \$0 (2) | PA |
| ERWINAZE | \$0 (2) | PA |
| FARYDAK | \$0 (2) | QL (6 EA per 21 days) PA LA |
| FASLODEX | \$0 (2) | PA |
| <i>floxuridine</i> | \$0 (1) | B/D |
| <i>fludarabine phosphate</i> | \$0 (1) | |
| <i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i> | \$0 (1) | B/D |
| FOLOTYN | \$0 (2) | |
| FUSILEV | \$0 (2) | |
| <i>gemcitabine</i> | \$0 (1) | |
| <i>gemcitabine hcl</i> | \$0 (1) | |
| HALAVEN | \$0 (2) | PA |
| HERCEPTIN | \$0 (2) | PA |
| IBRANCE | \$0 (2) | QL (21 EA per 28 days) PA LA |
| <i>idarubicin hcl</i> | \$0 (1) | |
| <i>ifosfamide</i> | \$0 (1) | |
| INTRON A W/DILUENT | \$0 (2) | PA |
| INTRON A INJ 10MU/ML, 6000000UNIT/ML | \$0 (2) | PA |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>irinotecan</i> | \$0 (1) | |
| ISTODAX | \$0 (2) | PA |
| IXEMPRA KIT | \$0 (2) | PA |
| JEVTANA | \$0 (2) | PA |
| KADCYLA | \$0 (2) | PA |
| <i>leucovorin calcium tabs</i> | \$0 (1) | MO |
| <i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i> | \$0 (1) | |
| <i>levoleucovorin calcium</i> | \$0 (1) | |
| <i>levoleucovorin inj 250mg/25ml</i> | \$0 (1) | |
| LYNPARZA | \$0 (2) | QL (448 EA per 28 days) PA |
| <i>mesna</i> | \$0 (1) | |
| MESNEX TABS | \$0 (2) | MO |
| <i>mitomycin</i> | \$0 (1) | |
| <i>mitoxantrone hcl</i> | \$0 (1) | |
| NINLARO | \$0 (2) | QL (3 EA per 28 days) PA |
| NIPENT | \$0 (2) | |
| ODOMZO | \$0 (2) | QL (30 EA per 30 days) PA |
| ONCASPAR | \$0 (2) | |
| <i>oxaliplatin</i> | \$0 (1) | |
| <i>paclitaxel</i> | \$0 (1) | |
| PERJETA | \$0 (2) | PA LA |
| PROLEUKIN | \$0 (2) | |
| SYLATRON INJ 200MCG, 300MCG, 600MCG | \$0 (2) | PA |
| SYLATRON INJ 200MCG, 300MCG | \$0 (2) | PA LA |
| SYNRIBO | \$0 (2) | PA |
| TAGRISSE | \$0 (2) | QL (30 EA per 30 days) PA |
| THERACYS | \$0 (2) | |
| TICE BCG | \$0 (2) | |
| TRISENOX | \$0 (2) | PA |
| UVADEX | \$0 (2) | |
| VALSTAR | \$0 (2) | |
| VECTIBIX | \$0 (2) | PA |
| VELCADE | \$0 (2) | PA |
| <i>vinblastine sulfate inj 1mg/ml</i> | \$0 (1) | B/D |
| <i>vincasar pfs</i> | \$0 (1) | B/D |
| <i>vincristine sulfate</i> | \$0 (1) | B/D |
| <i>vinorelbine tartrate</i> | \$0 (1) | |
| YERVOY | \$0 (2) | PA |
| ZALTRAP INJ 100MG/4ML | \$0 (2) | PA |
| ZALTRAP INJ 200MG/8ML | \$0 (2) | PA LA |
| ZANOSAR | \$0 (2) | |
| ZOLINZA | \$0 (2) | QL (120 EA per 30 days) PA |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>Aromatase Inhibitors, 3rd Generation</i> | | |
| <i>anastrozole tabs</i> | \$0 (1) | MO |
| <i>exemestane</i> | \$0 (1) | MO |
| <i>letrozole</i> | \$0 (1) | MO |
| <i>Enzyme Inhibitors</i> | | |
| <i>etoposide inj</i> | \$0 (1) | |
| <i>toposar</i> | \$0 (1) | |
| <i>topotecan hcl</i> | \$0 (1) | |
| ZYDELIG | \$0 (2) | QL (60 EA per 30 days) PA |
| <i>Molecular Target Inhibitors</i> | | |
| AFINITOR | \$0 (2) | QL (30 EA per 30 days) PA |
| AFINITOR DISPERZ | \$0 (2) | QL (60 EA per 30 days) PA |
| BOSULIF | \$0 (2) | PA |
| CAPRELSA TABS 300MG | \$0 (2) | QL (30 EA per 30 days) PA |
| CAPRELSA TABS 100MG | \$0 (2) | QL (60 EA per 30 days) PA |
| COMETRIQ | \$0 (2) | PA |
| ERIVEDGE | \$0 (2) | QL (30 EA per 30 days) PA LA |
| GILOTRIF | \$0 (2) | QL (30 EA per 30 days) PA |
| GLEEVEC TABS 400MG | \$0 (2) | QL (60 EA per 30 days) PA |
| GLEEVEC TABS 100MG | \$0 (2) | QL (90 EA per 30 days) PA |
| ICLUSIG TABS 45MG | \$0 (2) | QL (30 EA per 30 days) PA |
| ICLUSIG TABS 15MG | \$0 (2) | QL (60 EA per 30 days) PA |
| IMBRUVICA | \$0 (2) | QL (120 EA per 30 days) PA |
| INLYTA TABS 5MG | \$0 (2) | QL (120 EA per 30 days) PA LA |
| INLYTA TABS 1MG | \$0 (2) | QL (240 EA per 30 days) PA LA |
| JAKAFI | \$0 (2) | QL (60 EA per 30 days) PA LA |
| LENVIMA 10MG DAILY DOSE | \$0 (2) | PA |
| LENVIMA 14MG DAILY DOSE | \$0 (2) | PA |
| LENVIMA 20MG DAILY DOSE | \$0 (2) | PA |
| LENVIMA 24MG DAILY DOSE | \$0 (2) | PA |
| MEKINIST TABS 0.5MG | \$0 (2) | QL (120 EA per 30 days) PA LA |
| MEKINIST TABS 2MG | \$0 (2) | QL (30 EA per 30 days) PA LA |
| NEXAVAR | \$0 (2) | QL (120 EA per 30 days) PA LA |
| SPRYCEL TABS 100MG, 140MG | \$0 (2) | QL (30 EA per 30 days) PA |
| SPRYCEL TABS 20MG, 50MG, 70MG, 80MG | \$0 (2) | QL (60 EA per 30 days) PA |
| STIVARGA | \$0 (2) | QL (120 EA per 30 days) PA LA |
| SUTENT CAPS 25MG, 37.5MG, 50MG | \$0 (2) | QL (30 EA per 30 days) PA |
| SUTENT CAPS 12.5MG | \$0 (2) | QL (90 EA per 30 days) PA |
| TAFINLAR CAPS 75MG | \$0 (2) | QL (120 EA per 30 days) PA LA |
| TAFINLAR CAPS 50MG | \$0 (2) | QL (180 EA per 30 days) PA LA |
| TARCEVA TABS 25MG | \$0 (2) | QL (60 EA per 30 days) PA LA |
| TARCEVA TABS 100MG, 150MG | \$0 (2) | QL (90 EA per 30 days) PA LA |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TASIGNA | \$0 (2) | QL (120 EA per 30 days) PA |
| TORISEL | \$0 (2) | |
| TYKERB | \$0 (2) | QL (180 EA per 30 days) PA LA |
| VOTRIENT | \$0 (2) | QL (120 EA per 30 days) PA LA |
| XALKORI | \$0 (2) | QL (60 EA per 30 days) PA LA |
| ZELBORAF | \$0 (2) | QL (240 EA per 30 days) PA LA |
| ZYKADIA | \$0 (2) | QL (150 EA per 30 days) PA LA |
| Monoclonal Antibodies | | |
| ARZERRA | \$0 (2) | PA LA |
| BLINCYTO | \$0 (2) | PA LA |
| CYRAMZA | \$0 (2) | PA |
| DARZALEX | \$0 (2) | PA |
| EMPLICITI | \$0 (2) | PA |
| GAZYVA | \$0 (2) | PA LA |
| KEYTRUDA | \$0 (2) | PA LA |
| OPDIVO | \$0 (2) | PA LA |
| RITUXAN | \$0 (2) | PA |
| SYLVANT | \$0 (2) | PA |
| Retinoids | | |
| <i>bexarotene</i> | \$0 (1) | PA |
| PANRETIN | \$0 (2) | MO |
| TARGRETIN | \$0 (2) | PA |
| <i>tretinoin caps 10mg</i> | \$0 (1) | MO |
| ANTIPARASITICS-DRUGS USED TO TREAT MALARIA AND LICE | | |
| Anthelmintics | | |
| ALBENZA | \$0 (2) | MO |
| <i>ivermectin tabs</i> | \$0 (1) | MO |
| <i>lice treatment creme rinse</i> | \$0 (3) | * |
| <i>pin-x susp</i> | \$0 (3) | * |
| STROMECTOL | \$0 (2) | MO |
| Antiprotozoals | | |
| ALINIA | \$0 (2) | MO |
| <i>atovaquone</i> | \$0 (1) | PA MO |
| <i>atovaquone/proguanil hcl</i> | \$0 (1) | MO |
| <i>chloroquine phosphate tabs</i> | \$0 (1) | MO |
| COARTEM | \$0 (2) | MO |
| DARAPRIM | \$0 (2) | MO |
| <i>hydroxychloroquine sulfate tabs</i> | \$0 (1) | MO |
| <i>mefloquine hcl</i> | \$0 (1) | MO |
| MEPRON | \$0 (2) | PA MO |
| NEBUPENT | \$0 (2) | B/D MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| PENTAM 300 | \$0 (2) | MO |
| <i>primaquine phosphate tabs</i> | \$0 (1) | MO |
| <i>quinine sulfate</i> | \$0 (1) | PA MO |
| <i>Pediculicides/Scabicides</i> | | |
| <i>bedding spray lice treatment step 3</i> | \$0 (3) | * |
| LICIDE LIQD | \$0 (3) | * |
| <i>lindane lotn, sham</i> | \$0 (1) | MO |
| <i>malathion</i> | \$0 (1) | MO |
| <i>permethrin crea</i> | \$0 (1) | MO |
| <i>permethrin lotn</i> | \$0 (3) | * |

ANTIPARKINSON AGENTS- DRUGS USED TO TREAT PARKINSONS DISEASE

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

ANTIPSYCHOTICS- DRUGS USED TO TREAT PSYCHOSES AND SCHIZOPHRENIA

| | | |
|---|---------|----|
| <i>1st Generation/Typical</i> | | |
| ADASUVE | \$0 (2) | |
| <i>chlorpromazine hcl inj, tabs</i> | \$0 (1) | MO |
| <i>compazine supp</i> | \$0 (1) | |
| <i>compro</i> | \$0 (1) | MO |
| <i>fluphenazine decanoate inj</i> | \$0 (1) | MO |
| <i>fluphenazine hcl conc, elix, inj, tabs</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>haloperidol decanoate</i> | \$0 (1) | MO |
| <i>haloperidol lactate</i> | \$0 (1) | MO |
| <i>haloperidol conc, tabs</i> | \$0 (1) | MO |
| <i>loxapine succinate</i> | \$0 (1) | MO |
| ORAP | \$0 (2) | MO |
| <i>perphenazine tabs</i> | \$0 (1) | MO |
| <i>pimozide</i> | \$0 (1) | MO |
| <i>prochlorperazine</i> | \$0 (1) | MO |
| <i>prochlorperazine edisylate inj</i> | \$0 (1) | MO |
| <i>prochlorperazine maleate tabs</i> | \$0 (1) | MO |
| <i>thioridazine hcl tabs</i> | \$0 (1) | PA MO |
| <i>thiothixene</i> | \$0 (1) | MO |
| <i>trifluoperazine hcl tabs</i> | \$0 (1) | MO |
| 2nd Generation/Atypical | | |
| ABILIFY DISCMELT TBDP 15MG | \$0 (2) | QL (60 EA per 30 days) |
| ABILIFY DISCMELT TBDP 10MG | \$0 (2) | QL (60 EA per 30 days) MO |
| ABILIFY MAINTENA | \$0 (2) | MO |
| ABILIFY INJ | \$0 (2) | MO |
| ABILIFY ORAL SOLN | \$0 (2) | QL (900 ML per 30 days) MO |
| <i>aripiprazole odt</i> | \$0 (1) | QL (60 EA per 30 days) |
| <i>aripiprazole tabs</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>aripiprazole soln</i> | \$0 (1) | QL (900 ML per 30 days) MO |
| ARISTADA | \$0 (2) | PA |
| FANAPT | \$0 (2) | QL (60 EA per 30 days) ST MO |
| FANAPT TITRATION PACK | \$0 (2) | QL (16 EA per 365 days) ST |
| GEODON INJ | \$0 (2) | MO |
| INVEGA SUSTENNA INJ 39MG/0.25ML | \$0 (2) | QL (0.25 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 78MG/0.5ML | \$0 (2) | QL (0.5 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 117MG/0.75ML | \$0 (2) | QL (0.75 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 156MG/ML | \$0 (2) | QL (1 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 234MG/1.5ML | \$0 (2) | QL (1.5 ML per 28 days) MO |
| INVEGA TRINZA | \$0 (2) | |
| INVEGA TB24 1.5MG, 3MG, 9MG | \$0 (2) | QL (30 EA per 30 days) ST MO |
| INVEGA TB24 6MG | \$0 (2) | QL (60 EA per 30 days) ST MO |
| LATUDA | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>olanzapine odt</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>olanzapine inj</i> | \$0 (1) | MO |
| <i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>olanzapine tabs 2.5mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>paliperidone er tb24 1.5mg, 3mg, 9mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>paliperidone er tb24 6mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 200mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>quetiapine fumarate tabs 25mg</i> | \$0 (1) | QL (180 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 300mg, 400mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 100mg, 50mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| REXULTI | \$0 (2) | QL (30 EA per 30 days) ST MO |
| RISPERDAL CONSTA | \$0 (2) | MO |
| <i>risperidone odt tbdp 4mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>risperidone odt tbdp 1mg, 2mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>risperidone soln</i> | \$0 (1) | MO |
| <i>risperidone tabs 4mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>risperidone tabs 1mg, 2mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>risperidone tabs 0.25mg, 0.5mg, 3mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| SAPHRIS | \$0 (2) | QL (60 EA per 30 days) MO |
| <i>ziprasidone hcl</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| ZYPREXA RELPREVV INJ 405MG | \$0 (2) | QL (1 EA per 28 days) |
| ZYPREXA RELPREVV INJ 210MG, 300MG | \$0 (2) | QL (2 EA per 28 days) |
| Antipsychotics | | |
| <i>molindone hydrochloride tabs 25mg</i> | \$0 (1) | QL (270 EA per 30 days) |
| <i>molindone hydrochloride tabs 10mg</i> | \$0 (1) | QL (60 EA per 30 days) |
| <i>molindone hydrochloride tabs 5mg</i> | \$0 (1) | QL (90 EA per 30 days) |
| Treatment-Resistant | | |
| <i>clozapine</i> | \$0 (1) | |
| <i>clozapine odt</i> | \$0 (1) | |
| FAZACLO | \$0 (2) | ST |
| VERSACLOZ | \$0 (2) | ST |
| ANTISPASTICITY AGENTS - DRUGS USED TO TREAT MUSCLE SPASMS | | |
| Antispasticity Agents | | |
| <i>baclofen tabs</i> | \$0 (1) | MO |
| <i>dantrolene sodium caps</i> | \$0 (1) | MO |
| <i>tizanidine hcl tabs</i> | \$0 (1) | MO |
| ANTIVIRALS- DRUGS USED TO TREAT VIRAL INFECTIONS, HEPATITIS AND HIV/AIDS INFECTIONS | | |
| Anti-cytomegalovirus (CMV) Agents | | |
| <i>ganciclovir inj</i> | \$0 (1) | B/D |
| VALCYTE | \$0 (2) | MO |
| <i>valganciclovir</i> | \$0 (1) | MO |
| Anti-hepatitis B (HBV) Agents | | |
| <i>adefovir dipivoxil</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| BARACLUDE TABS | \$0 (2) | QL (30 EA per 30 days) MO |
| BARACLUDE SOLN | \$0 (2) | QL (630 ML per 30 days) MO |
| <i>entecavir</i> | \$0 (1) | QL (30 EA per 30 days) MO |

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

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>lamivudine/zidovudine</i> | \$0 (1) | MO |
| <i>lamivudine soln 10mg/ml</i> | \$0 (1) | MO |
| <i>lamivudine tabs 150mg, 300mg</i> | \$0 (1) | MO |
| RETROVIR IV INFUSION | \$0 (2) | |
| <i>stavudine</i> | \$0 (1) | MO |
| TRIUMEQ | \$0 (2) | QL (30 EA per 30 days) MO |
| TRUVADA | \$0 (2) | QL (30 EA per 30 days) MO |
| VIDEX PEDIATRIC | \$0 (2) | MO |
| VIREAD POWD | \$0 (2) | MO |
| VIREAD TABS 250MG | \$0 (2) | |
| VIREAD TABS 150MG, 200MG, 300MG | \$0 (2) | MO |
| ZIAGEN SOLN | \$0 (2) | MO |
| <i>zidovudine</i> | \$0 (1) | MO |
| Anti-HIV Agents, Other | | |
| FUZEON | \$0 (2) | QL (60 EA per 30 days) |
| SELZENTRY TABS 300MG | \$0 (2) | QL (120 EA per 30 days) MO |
| SELZENTRY TABS 150MG | \$0 (2) | QL (60 EA per 30 days) MO |
| TYBOST | \$0 (2) | QL (30 EA per 30 days) MO |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS SOLN | \$0 (2) | |
| APTIVUS CAPS | \$0 (2) | MO |
| CRIXIVAN | \$0 (2) | MO |
| EVOTAZ | \$0 (2) | QL (30 EA per 30 days) MO |
| INVIRASE | \$0 (2) | MO |
| KALETRA SOLN | \$0 (2) | QL (390 ML per 30 days) MO |
| KALETRA TABS 200MG; 50MG | \$0 (2) | QL (120 EA per 30 days) MO |
| KALETRA TABS 100MG; 25MG | \$0 (2) | QL (240 EA per 30 days) MO |
| LEXIVA | \$0 (2) | MO |
| NORVIR | \$0 (2) | MO |
| PREZCOBIX | \$0 (2) | QL (30 EA per 30 days) MO |
| PREZISTA SUSP | \$0 (2) | MO |
| PREZISTA TABS 75MG | \$0 (2) | |
| PREZISTA TABS 150MG, 600MG, 800MG | \$0 (2) | MO |
| REYATAZ PACK | \$0 (2) | |
| REYATAZ CAPS | \$0 (2) | MO |
| VIRACEPT | \$0 (2) | MO |
| Anti-influenza Agents | | |
| RELENZA DISKHALER | \$0 (2) | QL (120 EA per 365 days) MO |
| <i>rimantadine hcl</i> | \$0 (1) | MO |
| TAMIFLU SUSP | \$0 (2) | QL (1080 ML per 365 days) MO |
| TAMIFLU CAPS 30MG | \$0 (2) | QL (168 EA per 365 days) MO |
| TAMIFLU CAPS 45MG, 75MG | \$0 (2) | QL (84 EA per 365 days) MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antiherpetic Agents | | |
| <i>acyclovir sodium inj 1000mg, 50mg/ml</i> | \$0 (1) | B/D |
| <i>acyclovir sodium inj 500mg</i> | \$0 (1) | B/D MO |
| <i>acyclovir caps, oint, susp, tabs</i> | \$0 (1) | MO |
| DENAVIR | \$0 (2) | MO |
| <i>famciclovir tabs 125mg, 250mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>famciclovir tabs 500mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>valacyclovir hcl</i> | \$0 (1) | MO |
| Antivirals | | |
| VIRAZOLE | \$0 (2) | |
| ANXIOLYTICS- DRUGS USED TO TREAT ANXIETY | | |
| Anxiolytics, Other | | |
| <i>bupirone hcl tabs</i> | \$0 (1) | MO |
| Benzodiazepines | | |
| <i>alprazolam tabs 0.25mg, 0.5mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>alprazolam tabs 1mg, 2mg</i> | \$0 (1) | QL (150 EA per 30 days) MO |
| <i>clorazepate dipotassium tabs 15mg</i> | \$0 (1) | QL (180 EA per 30 days) MO |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>diazepam intensol</i> | \$0 (1) | MO |
| <i>diazepam inj 5mg/ml</i> | \$0 (1) | QL (240 ML per 30 days) MO |
| <i>diazepam oral soln 1mg/ml</i> | \$0 (1) | QL (1200 ML per 30 days) MO |
| <i>diazepam tabs 10mg, 2mg, 5mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>lorazepam intensol</i> | \$0 (1) | QL (150 ML per 30 days) MO |
| <i>lorazepam tabs</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>lorazepam inj 4mg/ml</i> | \$0 (1) | QL (120 ML per 30 days) |
| <i>lorazepam inj 2mg/ml</i> | \$0 (1) | QL (120 ML per 30 days) MO |
| SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) | | |
| <i>duloxetine hcl cpep 40mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| BIPOLAR AGENTS- DRUGS USED TO TREAT BIPOLAR DISORDER | | |
| Mood Stabilizers | | |
| EQUETRO | \$0 (2) | MO |
| <i>lithium</i> | \$0 (1) | MO |
| <i>lithium carbonate er</i> | \$0 (1) | MO |
| <i>lithium carbonate caps, tabs</i> | \$0 (1) | MO |
| BLOOD GLUCOSE REGULATORS- DRUGS USED TO TREAT DIABETES | | |
| Antidiabetic Agents | | |
| <i>acarbose</i> | \$0 (1) | MO |
| <i>glimepiride</i> | \$0 (1) | MO |
| <i>glipizide er</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>glipizide xl</i> | \$0 (1) | MO |
| <i>glipizide/metformin hcl</i> | \$0 (1) | MO |
| <i>glipizide tabs</i> | \$0 (1) | MO |
| <i>glyburide micronized</i> | \$0 (1) | PA MO |
| <i>glyburide/metformin hcl</i> | \$0 (1) | PA MO |
| <i>glyburide tabs</i> | \$0 (1) | PA MO |
| INVOKAMET | \$0 (2) | QL (60 EA per 30 days) MO |
| INVOKANA TABS 300MG | \$0 (2) | QL (30 EA per 30 days) MO |
| INVOKANA TABS 100MG | \$0 (2) | QL (60 EA per 30 days) MO |
| JANUMET | \$0 (2) | QL (60 EA per 30 days) MO |
| JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG | \$0 (2) | QL (30 EA per 30 days) MO |
| JANUMET XR TB24 1000MG; 50MG | \$0 (2) | QL (60 EA per 30 days) MO |
| JANUVIA | \$0 (2) | QL (30 EA per 30 days) MO |
| JENTADUETO | \$0 (2) | MO |
| KORLYM | \$0 (2) | QL (120 EA per 30 days) PA |
| <i>metformin hcl er</i> | \$0 (1) | MO |
| <i>metformin hcl tabs</i> | \$0 (1) | MO |
| <i>nateglinide</i> | \$0 (1) | MO |
| <i>pioglitazone hcl</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl-glimepiride</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl/metformin hcl</i> | \$0 (1) | QL (90 EA per 30 days) MO |
| <i>repaglinide/metformin hydrochloride</i> | \$0 (1) | QL (150 EA per 30 days) |
| <i>repaglinide tabs 0.5mg, 1mg</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>repaglinide tabs 2mg</i> | \$0 (1) | QL (240 EA per 30 days) MO |
| SYMLINPEN 120 | \$0 (2) | QL (10.8 ML per 30 days) MO |
| SYMLINPEN 60 | \$0 (2) | QL (6 ML per 30 days) MO |
| <i>tolazamide</i> | \$0 (1) | MO |
| <i>tolbutamide</i> | \$0 (1) | MO |
| TRADJENTA | \$0 (2) | MO |
| TRULICITY | \$0 (2) | QL (2 ML per 28 days) MO |
| VICTOZA | \$0 (2) | QL (9 ML per 30 days) MO |
| <i>Glycemic Agents</i> | | |
| GLUCAGEN DIAGNOSTIC | \$0 (2) | QL (4 EA per 30 days) MO |
| GLUCAGEN HYPOKIT | \$0 (2) | QL (4 EA per 30 days) MO |
| GLUCAGON EMERGENCY KIT | \$0 (2) | QL (4 EA per 30 days) MO |
| <i>glucose chew 4gm</i> | \$0 (3) | * |
| <i>glucose 15</i> | \$0 (3) | * |
| HM GLUCOSE | \$0 (3) | * |
| INSTA-GLUCOSE | \$0 (3) | * |
| PROGLYCEM | \$0 (2) | MO |
| SM GLUCOSE | \$0 (3) | * |
| <i>Insulins</i> | | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| LEVEMIR | \$0 (2) MO | |
| LEVEMIR FLEXTOUCH | \$0 (2) MO | |
| NOVOLIN 70/30 | \$0 (2) MO | |
| NOVOLIN 70/30 RELION | \$0 (2) MO | |
| NOVOLIN N | \$0 (2) MO | |
| NOVOLIN N RELION | \$0 (2) MO | |
| NOVOLIN R | \$0 (2) MO | |
| NOVOLIN R RELION | \$0 (2) MO | |
| NOVOLOG | \$0 (2) MO | |
| NOVOLOG FLEXPEN | \$0 (2) MO | |
| NOVOLOG MIX 70/30 | \$0 (2) MO | |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN | \$0 (2) MO | |
| NOVOLOG PENFILL | \$0 (2) MO | |

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

Anticoagulants

| | | |
|--|-----------------------------------|--|
| ELIQUIS | \$0 (2) QL (60 EA per 30 days) MO | |
| <i>enoxaparin sodium</i> | \$0 (1) MO | |
| <i>fondaparinux sodium</i> | \$0 (1) MO | |
| <i>heparin sodium/d5w</i> | \$0 (1) | |
| <i>heparin sodium/nacl 0.45%</i> | \$0 (1) | |
| <i>heparin sodium/nacl 0.9%</i> | \$0 (1) | |
| <i>heparin sodium/sodium chloride 0.9%</i> | \$0 (1) | |
| <i>heparin sodium/sodium chloride 0.9% premix</i> | \$0 (1) | |
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i> | \$0 (1) MO | |
| <i>jantoven</i> | \$0 (1) MO | |
| PRADAXA CAPS 150MG, 75MG | \$0 (2) QL (60 EA per 30 days) MO | |
| SAVAYSA | \$0 (2) QL (30 EA per 30 days) MO | |
| <i>warfarin sodium tabs</i> | \$0 (1) MO | |
| XARELTO STARTER PACK | \$0 (2) QL (51 EA per 30 days) MO | |
| XARELTO TABS 10MG, 20MG | \$0 (2) QL (30 EA per 30 days) MO | |
| XARELTO TABS 15MG | \$0 (2) QL (60 EA per 30 days) MO | |

Blood Formation Modifiers

| | | |
|--|-------------------------------------|--|
| <i>anagrelide hydrochloride</i> | \$0 (1) MO | |
| ARANESP ALBUMIN FREE INJ 500MCG/ML | \$0 (2) QL (1 ML per 21 days) PA | |
| ARANESP ALBUMIN FREE INJ 150MCG/0.3ML, 60MCG/0.3ML | \$0 (2) QL (1.2 ML per 28 days) PA | |
| ARANESP ALBUMIN FREE INJ 200MCG/0.4ML, 40MCG/0.4ML | \$0 (2) QL (1.6 ML per 28 days) PA | |
| ARANESP ALBUMIN FREE INJ 25MCG/0.42ML | \$0 (2) QL (1.68 ML per 28 days) PA | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ARANESP ALBUMIN FREE INJ 100MCG/0.5ML | \$0 (2) | QL (2 ML per 28 days) PA |
| ARANESP ALBUMIN FREE INJ 300MCG/0.6ML | \$0 (2) | QL (2.4 ML per 28 days) PA |
| ARANESP ALBUMIN FREE INJ 150MCG/0.75ML | \$0 (2) | QL (3 ML per 28 days) PA |
| ARANESP ALBUMIN FREE INJ 10MCG/0.4ML | \$0 (2) | QL (3.2 ML per 28 days) PA |
| ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 25MCG/ML, 300MCG/ML, 40MCG/ML, 60MCG/ML | \$0 (2) | QL (4 ML per 28 days) PA |
| LEUKINE INJ 250MCG | \$0 (2) | PA |
| NEUMEGA | \$0 (2) | PA |
| NEUPOGEN | \$0 (2) | PA |
| PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | \$0 (2) | QL (12 ML per 28 days) PA |
| PROCRIT INJ 40000UNIT/ML | \$0 (2) | QL (8 ML per 28 days) PA |
| PROMACTA | \$0 (2) | QL (30 EA per 30 days) PA LA |
| Coagulants | | |
| <i>tranexamic acid inj</i> | \$0 (1) | |
| <i>tranexamic acid tabs</i> | \$0 (1) | QL (30 EA per 5 days) MO |
| Platelet Modifying Agents | | |
| AGGRENOX | \$0 (2) | QL (60 EA per 30 days) MO |
| <i>aspirin/dipyridamole</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| BRILINTA | \$0 (2) | QL (60 EA per 30 days) MO |
| <i>cilostazol</i> | \$0 (1) | MO |
| <i>clopidogrel tabs 300mg</i> | \$0 (1) | QL (2 EA per 365 days) |
| <i>clopidogrel tabs 75mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| EFFIENT | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>ticlopidine hcl</i> | \$0 (1) | PA |
| CARDIOVASCULAR AGENTS - DRUGS USED TO TREAT HEART AND CIRCULATION CONDITIONS, HIGH BLOOD PRESSURE, HEART RHYTHM, HIGH CHOLESTEROL | | |
| Alpha-adrenergic Agonists | | |
| <i>clonidine hcl tabs</i> | \$0 (1) | MO |
| <i>clonidine hcl ptwk</i> | \$0 (1) | QL (8 EA per 28 days) MO |
| <i>midodrine hcl</i> | \$0 (1) | MO |
| Alpha-adrenergic Blocking Agents | | |
| <i>doxazosin mesylate</i> | \$0 (1) | MO |
| <i>prazosin hcl</i> | \$0 (1) | MO |
| <i>terazosin hcl</i> | \$0 (1) | MO |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |

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

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

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

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>matzim la</i> | \$0 (1) | MO |
| <i>nicardipine hcl caps</i> | \$0 (1) | MO |
| <i>nisoldipine</i> | \$0 (1) | MO |
| <i>nisoldipine er</i> | \$0 (1) | MO |
| <i>taztia xt</i> | \$0 (1) | |
| <i>verapamil hcl er</i> | \$0 (1) | MO |
| <i>verapamil hcl sr cp24</i> | \$0 (1) | MO |
| <i>verapamil hcl sr tbc 240mg</i> | \$0 (1) | MO |
| <i>verapamil hcl inj, tabs</i> | \$0 (1) | MO |
| Cardiovascular Agents, Other | | |
| CORLANOR | \$0 (2) | PA MO |
| <i>digitek</i> | \$0 (1) | |
| <i>digox</i> | \$0 (1) | |
| <i>digoxin inj, oral soln, tabs</i> | \$0 (1) | MO |
| NORTHERA | \$0 (2) | PA LA |
| <i>pentoxifylline cr</i> | \$0 (1) | MO |
| <i>pentoxifylline er</i> | \$0 (1) | MO |
| RANEXA | \$0 (2) | QL (60 EA per 30 days) MO |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide er</i> | \$0 (1) | MO |
| <i>acetazolamide tabs</i> | \$0 (1) | MO |
| <i>methazolamide</i> | \$0 (1) | MO |
| Diuretics, Loop | | |
| <i>bumetanide</i> | \$0 (1) | MO |
| <i>furosemide inj, oral soln, tabs</i> | \$0 (1) | MO |
| <i>torsemide tabs</i> | \$0 (1) | MO |
| Diuretics, Potassium-sparing | | |
| <i>amiloride hcl tabs</i> | \$0 (1) | MO |
| <i>amiloride/hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>eplerenone</i> | \$0 (1) | MO |
| <i>spironolactone/hydrochlorothiazide</i> | \$0 (1) | MO |
| <i>spironolactone tabs</i> | \$0 (1) | MO |
| <i>triamterene/hydrochlorothiazide</i> | \$0 (1) | MO |
| Diuretics, Thiazide | | |
| <i>chlorothiazide</i> | \$0 (1) | MO |
| <i>chlorthalidone tabs 25mg, 50mg</i> | \$0 (1) | MO |
| <i>hydrochlorothiazide caps, tabs</i> | \$0 (1) | MO |
| <i>indapamide</i> | \$0 (1) | MO |
| <i>methyclothiazide tabs</i> | \$0 (1) | MO |
| <i>metolazone</i> | \$0 (1) | MO |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate micronized</i> | \$0 (1) | MO |

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

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

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

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>oralone</i> | \$0 (1) | |
| <i>paroex</i> | \$0 (1) | |
| <i>perio gard</i> | \$0 (1) | |
| <i>phos-flur</i> | \$0 (1) | |
| <i>pilocarpine hcl tabs 7.5mg</i> | \$0 (1) | MO |
| <i>pilocarpine hydrochloride</i> | \$0 (1) | MO |
| <i>sf</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide pste 0.1%</i> | \$0 (1) | MO |
| <i>triamcinolone in orabase</i> | \$0 (1) | MO |

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

Dermatological Agents

| | | |
|--|---------|-------|
| 8-MOP | \$0 (2) | |
| <i>acitretin</i> | \$0 (1) | PA MO |
| ACNE MEDICATION 10 LOTN | \$0 (3) | * |
| <i>acne medication 10 gel</i> | \$0 (3) | * |
| ACNE MEDICATION 5 LOTN | \$0 (3) | * |
| <i>acne medication 5 gel</i> | \$0 (3) | * |
| ALOE VESTA SKIN CONDITIONER | \$0 (3) | * |
| ALTABAX | \$0 (2) | MO |
| <i>ammonium lactate crea, lotn</i> | \$0 (1) | MO |
| <i>amnesteem</i> | \$0 (1) | |
| <i>antifungal</i> | \$0 (3) | * |
| <i>avita crea</i> | \$0 (1) | PA |
| <i>avita gel</i> | \$0 (1) | PA MO |
| <i>bacitracin zinc</i> | \$0 (3) | * |
| <i>bacitracin/neomycin/polymyxin external oint 400unit/gm; 5mg/gm; 5000unit/gm</i> | \$0 (3) | * |
| <i>bacitracin external oint 500unit/gm</i> | \$0 (3) | * |
| <i>baza antifungal</i> | \$0 (3) | * |
| <i>baza protect</i> | \$0 (3) | * |
| BENZOYL PEROXIDE GEL 2.5% | \$0 (3) | * |
| BETADINE SKIN CLEANSER | \$0 (3) | * |
| BETADINE SWAB AID | \$0 (3) | * |
| BETADINE SWABSTICKS | \$0 (3) | * |
| <i>betasept surgical scrub</i> | \$0 (3) | * |
| <i>calcipotriene</i> | \$0 (1) | MO |
| <i>calcitrene</i> | \$0 (1) | MO |
| <i>capsaicin crea 0.025%</i> | \$0 (3) | * |
| <i>claravis</i> | \$0 (1) | |
| <i>clindamycin phosphate foam 1%</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clindamycin phosphate gel 1%</i> | \$0 (1) | MO |
| <i>clindamycin phosphate lotn 1%</i> | \$0 (1) | MO |
| <i>clindamycin phosphate external soln 1%</i> | \$0 (1) | MO |
| <i>clindamycin phosphate swab 1%</i> | \$0 (1) | MO |
| <i>clindamycin/benzoyl peroxide</i> | \$0 (1) | MO |
| COMPOUND W LIQD | \$0 (3) | * |
| <i>critic-aid clear af</i> | \$0 (3) | * |
| <i>desenex shake powder</i> | \$0 (3) | * |
| <i>dibucaine</i> | \$0 (3) | * |
| <i>double antibiotic</i> | \$0 (3) | * |
| <i>duofilm</i> | \$0 (3) | * |
| ELIDEL | \$0 (2) | QL (60 GM per 30 days) ST MO |
| <i>ery</i> | \$0 (1) | MO |
| <i>erythromycin/benzoyl peroxide</i> | \$0 (1) | MO |
| <i>erythromycin gel 2%</i> | \$0 (1) | MO |
| <i>erythromycin pads 2%</i> | \$0 (1) | MO |
| <i>erythromycin soln 2%</i> | \$0 (1) | MO |
| <i>fluorouracil crea 0.5%, 5%</i> | \$0 (1) | MO |
| <i>fluorouracil external soln 2%, 5%</i> | \$0 (1) | MO |
| FUNGOID TINCTURE | \$0 (3) | * |
| <i>gentamicin sulfate crea 0.1%</i> | \$0 (1) | MO |
| <i>gentamicin sulfate external oint 0.1%</i> | \$0 (1) | MO |
| <i>glycerin external liqd 0, 99.5%</i> | \$0 (3) | * |
| GLYCERIN DOES NOT APPLY LIQD 0, 99%, 99.5% | \$0 (3) | * |
| <i>gnp acne treatment maximum strength</i> | \$0 (3) | * |
| <i>gnp antibiotic plus pramoxine</i> | \$0 (3) | * |
| <i>gnp capsaicin crea</i> | \$0 (3) | * |
| GNP GLYCERIN DOES NOT APPLY LIQD | \$0 (3) | * |
| <i>gnp glycerin external liqd</i> | \$0 (3) | * |
| <i>gnp hydrocortisone crea 0.5%</i> | \$0 (3) | * |
| <i>gnp lice solution kit</i> | \$0 (3) | * |
| <i>gnp lice treatment</i> | \$0 (3) | * |
| <i>gnp miconazorb af</i> | \$0 (3) | * |
| <i>gnp terbinafine hydrochloride</i> | \$0 (3) | * |
| <i>gnp triple antibiotic</i> | \$0 (3) | * |
| HEMORRHOIDAL OINT 14%; 71.9%; 0.25%; 3% | \$0 (3) | * |
| <i>hemorrhoidal supp 88.7%; 0.25%</i> | \$0 (3) | * |
| <i>hm double antibiotic</i> | \$0 (3) | * |
| <i>hm povidone-iodine</i> | \$0 (3) | * |
| <i>hm triple antibiotic</i> | \$0 (3) | * |
| <i>hm triple antibiotic plus maximum strength</i> | \$0 (3) | * |
| <i>hydro skin maximum strength</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HYDROCORTISONE/ALOE CREA 0; 1% | \$0 (3) | * |
| <i>hydrocortisone/aloe crea 0; 0.5%</i> | \$0 (3) | * |
| <i>hydrocortisone crea 0.5%</i> | \$0 (3) | * |
| <i>hydrocortisone oint 1%</i> | \$0 (3) | * |
| <i>imiquimod crea</i> | \$0 (1) | MO |
| <i>kp hydrocortisone</i> | \$0 (3) | * |
| <i>lidocream</i> | \$0 (3) | * |
| <i>methoxsalen caps</i> | \$0 (1) | MO |
| <i>metronidazole crea 0.75%</i> | \$0 (1) | MO |
| <i>metronidazole gel 0.75%, 1%</i> | \$0 (1) | MO |
| <i>metronidazole lotn 0.75%</i> | \$0 (1) | MO |
| <i>miconazole nitrate external crea 2%</i> | \$0 (3) | * |
| <i>micro guard</i> | \$0 (3) | * |
| <i>mupirocin</i> | \$0 (1) | MO |
| <i>mupirocin calcium</i> | \$0 (1) | MO |
| <i>myorisan</i> | \$0 (1) | |
| <i>operand scrub</i> | \$0 (3) | * |
| OXSORALEN | \$0 (2) | MO |
| <i>pedi-boro soak paks</i> | \$0 (3) | * |
| <i>periguard</i> | \$0 (3) | * |
| <i>podofilox soln</i> | \$0 (1) | MO |
| <i>povidone-iodine</i> | \$0 (3) | * |
| <i>povidone-iodine scrub sponge stick</i> | \$0 (3) | * |
| <i>preparation h hydrocortisone</i> | \$0 (3) | * |
| PROSHIELD PLUS SKIN PROTECTANT CREA 0 | \$0 (3) | * |
| PROSHIELD PROTECTIVE HANDCREAM | \$0 (3) | * |
| QC CALAMINE | \$0 (3) | * |
| <i>ra advanced healing</i> | \$0 (3) | * |
| REGRANEX | \$0 (2) | QL (15 GM per 30 days) PA MO |
| <i>remedy antifungal</i> | \$0 (3) | * |
| <i>rosadan</i> | \$0 (1) | |
| SANTYL | \$0 (2) | MO |
| <i>sb triple antibiotic</i> | \$0 (3) | * |
| <i>selenium sulfide lotn</i> | \$0 (1) | MO |
| <i>silver sulfadiazine</i> | \$0 (1) | MO |
| <i>sm antifungal miconazole</i> | \$0 (3) | * |
| <i>sm athletes foot</i> | \$0 (3) | * |
| SM CALAMINE | \$0 (3) | * |
| <i>sm double antibiotic</i> | \$0 (3) | * |
| <i>sm first aid antibiotic</i> | \$0 (3) | * |
| <i>sm povidone-iodine</i> | \$0 (3) | * |
| <i>sm triple antibiotic</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sodium sulfacetamide lotn 10%</i> | \$0 (1) | MO |
| <i>ssd</i> | \$0 (1) | |
| <i>sulfacetamide sodium susp 10%</i> | \$0 (1) | MO |
| SULFAMYLON | \$0 (2) | MO |
| <i>surgilube</i> | \$0 (3) | * |
| SWEEN 24 | \$0 (3) | * |
| TAZORAC | \$0 (2) | MO |
| THERASEAL HAND PROTECTION | \$0 (3) | * |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i> | \$0 (1) | PA MO |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i> | \$0 (1) | PA MO |
| <i>triple antibiotic plus</i> | \$0 (3) | * |
| <i>triple antibiotic external oint 400unit/gm; 3.5mg/gm; 5000unit/gm, 400unit/gm; 5mg/gm; 5000unit/gm</i> | \$0 (3) | * |
| TRIXAICIN | \$0 (3) | * |
| <i>trixaicin hp</i> | \$0 (3) | * |
| <i>vitamin a & d oint 0; 0, 93.5%; 0; 0</i> | \$0 (3) | * |
| <i>zeasorb-af</i> | \$0 (3) | * |
| <i>zenatane</i> | \$0 (1) | |
| <i>zinc oxide oint 20%</i> | \$0 (3) | * |
| ZONALON | \$0 (2) | MO |

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

| <i>Enzyme Replacement/Modifiers</i> | | |
|-------------------------------------|---------|-------|
| ADAGEN | \$0 (2) | PA |
| ALDURAZYME | \$0 (2) | PA LA |
| BUPHENYL TABS | \$0 (2) | PA |
| CARBAGLU | \$0 (2) | |
| CEREZYME | \$0 (2) | PA LA |
| CREON | \$0 (2) | MO |
| CYSTADANE | \$0 (2) | |
| CYSTAGON | \$0 (2) | PA LA |
| FABRAZYME | \$0 (2) | PA LA |
| KUVAN TBSO | \$0 (2) | PA LA |
| KUVAN PACK 500MG | \$0 (2) | PA |
| KUVAN PACK 100MG | \$0 (2) | PA LA |
| LUMIZYME | \$0 (2) | LA |
| NAGLAZYME | \$0 (2) | PA LA |
| ORFADIN | \$0 (2) | PA |
| <i>pancrelipase</i> | \$0 (1) | MO |
| RAVICTI | \$0 (2) | PA LA |
| <i>sodium phenylbutyrate powd</i> | \$0 (1) | PA |
| VPRIV | \$0 (2) | PA |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ZAVESCA | \$0 (2) PA | |
| ZENPEP | \$0 (2) MO | |
| GASTROINTESTINAL- DRUGS USED TO TREAT STOMACH AND INTESTINAL DISORDERS, ANTI-DIARRHEAL, LAXATIVES, ULCERS AND STOMACH ACID | | |
| <i>Antispasmodics, Gastrointestinal</i> | | |
| <i>dicyclomine hcl</i> | \$0 (1) PA MO | |
| <i>glycopyrrolate inj, tabs</i> | \$0 (1) MO | |
| <i>methscopolamine bromide</i> | \$0 (1) MO | |
| <i>Gastrointestinal Agents, Other</i> | | |
| <i>acid gone chew 160mg; 105mg</i> | \$0 (3) * | |
| <i>acid gone susp</i> | \$0 (3) * | |
| <i>almacone double strength</i> | \$0 (3) * | |
| <i>almacone susp</i> | \$0 (3) * | |
| <i>aluminum hydroxide</i> | \$0 (3) * | |
| <i>antacid fast acting</i> | \$0 (3) * | |
| <i>antacid maximum strength</i> | \$0 (3) * | |
| <i>antacid plus anti-gas relief</i> | \$0 (3) * | |
| <i>antacid plus anti-gas relief maximum strength</i> | \$0 (3) * | |
| <i>antacid regular strength</i> | \$0 (3) * | |
| <i>antacid chew 500mg</i> | \$0 (3) * | |
| <i>antacid susp 200mg/5ml; 200mg/5ml; 20mg/5ml</i> | \$0 (3) * | |
| <i>anti-diarrheal tabs</i> | \$0 (3) * | |
| <i>anti-nausea</i> | \$0 (3) * | |
| <i>bismatrol</i> | \$0 (3) * | |
| <i>bismatrol maximum strength</i> | \$0 (3) * | |
| <i>calcium antacid</i> | \$0 (3) * | |
| <i>calcium antacid extra strength</i> | \$0 (3) * | |
| <i>calcium carbonate tabs 648mg</i> | \$0 (3) * | |
| <i>cromolyn sodium conc 100mg/5ml</i> | \$0 (1) MO | |
| <i>cvs antacid ultra strength</i> | \$0 (3) * | |
| <i>dimenhydrinate</i> | \$0 (3) * | |
| <i>diphenatol</i> | \$0 (1) | |
| <i>diphenoxylate/atropine</i> | \$0 (1) MO | |
| <i>driminate</i> | \$0 (3) * | |
| <i>formula em</i> | \$0 (3) * | |
| GATTEX | \$0 (2) PA LA | |
| <i>gavilyte-h</i> | \$0 (1) MO | |
| GAVISCON EXTRA STRENGTH RELIEF FORMULA | \$0 (3) * | |
| GAVISCON CHEW | \$0 (3) * | |
| <i>gnp antacid anti-gas</i> | \$0 (3) * | |
| <i>gnp antacid extra strength</i> | \$0 (3) * | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>gnp antacid maximum strength</i> | \$0 (3) | * |
| <i>gnp antacid ultra strength</i> | \$0 (3) | * |
| <i>gnp k-pec</i> | \$0 (3) | * |
| <i>gnp masanti maximum strength</i> | \$0 (3) | * |
| <i>gnp masanti regular strength</i> | \$0 (3) | * |
| <i>hm antacid/antigas</i> | \$0 (3) | * |
| <i>hm anti-nausea</i> | \$0 (3) | * |
| <i>hm stomach relief chew</i> | \$0 (3) | * |
| <i>kao-tin susp 262mg/15ml</i> | \$0 (3) | * |
| <i>loperamide hcl caps</i> | \$0 (1) | MO |
| <i>loperamide hcl liqd, susp</i> | \$0 (3) | * |
| <i>maalox advanced maximum strength susp</i> | \$0 (3) | * |
| <i>magnesium oxide tabs 241.3mg, 400mg</i> | \$0 (3) | * |
| <i>meclizine hcl chew 25mg</i> | \$0 (3) | * |
| <i>metoclopramide hcl inj, oral soln, tabs</i> | \$0 (1) | MO |
| <i>mi-acid</i> | \$0 (3) | * |
| <i>mi-acid maximum strength</i> | \$0 (3) | * |
| <i>mintox</i> | \$0 (3) | * |
| <i>mintox maximum strength</i> | \$0 (3) | * |
| <i>mintox plus</i> | \$0 (3) | * |
| <i>peptic relief chew 262mg</i> | \$0 (3) | * |
| PEPTO-BISMOL INSTACOOOL | \$0 (3) | * |
| PEPTO-BISMOL TO-GO | \$0 (3) | * |
| PEPTO-BISMOL CHEW | \$0 (3) | * |
| <i>pink bismuth chew</i> | \$0 (3) | * |
| RELISTOR INJ 12MG/0.6ML | \$0 (2) | PA |
| RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML | \$0 (2) | PA MO |
| <i>rulox</i> | \$0 (3) | * |
| <i>sb antacid susp</i> | \$0 (3) | * |
| <i>sm antacid anti-gas</i> | \$0 (3) | * |
| <i>sm antacid/antigas</i> | \$0 (3) | * |
| <i>sm anti-diarrheal tabs</i> | \$0 (3) | * |
| <i>sm stomach relief chew</i> | \$0 (3) | * |
| <i>sm stomach relief susp 262mg/15ml</i> | \$0 (3) | * |
| SODIUM BICARBONATE ORAL POWD 0 | \$0 (3) | * |
| <i>sodium bicarbonate tabs 325mg, 650mg</i> | \$0 (3) | * |
| <i>stomach relief maximum strength</i> | \$0 (3) | * |
| <i>stomach relief susp 262mg/15ml</i> | \$0 (3) | * |
| <i>ursodiol caps, tabs</i> | \$0 (1) | MO |
| <i>Histamine2 (H2) receptor Antagonists</i> | | |
| <i>cimetidine hcl</i> | \$0 (1) | MO |
| <i>cimetidine tabs</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>famotidine premixed</i> | \$0 (1) | |
| <i>famotidine inj 200mg/20ml</i> | \$0 (1) | |
| <i>famotidine inj 20mg/2ml, 40mg/4ml</i> | \$0 (1) | MO |
| <i>famotidine susr 40mg/5ml</i> | \$0 (1) | MO |
| <i>famotidine tabs 20mg, 40mg</i> | \$0 (1) | MO |
| <i>famotidine tabs 10mg</i> | \$0 (3) | * |
| <i>gnp acid control 75</i> | \$0 (3) | * |
| <i>heartburn relief tabs 10mg</i> | \$0 (3) | * |
| <i>hm acid reducer tabs 75mg</i> | \$0 (3) | * |
| <i>ranitidine hcl caps 150mg, 300mg</i> | \$0 (1) | MO |
| <i>ranitidine hcl inj 150mg/6ml</i> | \$0 (1) | |
| <i>ranitidine hcl inj 50mg/2ml</i> | \$0 (1) | MO |
| <i>ranitidine hcl syrp 15mg/ml</i> | \$0 (1) | MO |
| <i>ranitidine hcl tabs 150mg, 300mg</i> | \$0 (1) | MO |
| <i>sm acid reducer tabs 10mg</i> | \$0 (3) | * |
| <i>Irritable Bowel Syndrome Agents</i> | | |
| <i>alosetron hydrochloride</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| AMITIZA | \$0 (2) | QL (60 EA per 30 days) MO |
| LINZESS | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>Laxatives</i> | | |
| <i>bisac-evac</i> | \$0 (3) | * |
| <i>bisacodyl</i> | \$0 (3) | * |
| <i>bisacodyl ec</i> | \$0 (3) | * |
| <i>biscolax</i> | \$0 (3) | * |
| CITRUCEL FIBER LAXATIVE | \$0 (3) | * |
| COLACE CLEAR | \$0 (3) | * |
| COLACE CAPS 50MG | \$0 (3) | * |
| <i>constulose</i> | \$0 (1) | |
| <i>cvs fiber laxative</i> | \$0 (3) | * |
| <i>diocto</i> | \$0 (3) | * |
| <i>doc-q-lax</i> | \$0 (3) | * |
| <i>docqlace</i> | \$0 (3) | * |
| <i>docu</i> | \$0 (3) | * |
| <i>docusate sodium & senna stimulant laxative/stool softener</i> | \$0 (3) | * |
| <i>docusil</i> | \$0 (3) | * |
| <i>dok</i> | \$0 (3) | * |
| <i>ducodyl</i> | \$0 (3) | * |
| <i>enema ready-to-use</i> | \$0 (3) | * |
| <i>enulose</i> | \$0 (1) | |
| EX-LAX | \$0 (3) | * |
| <i>fiber laxative</i> | \$0 (3) | * |
| <i>fiber tabs</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fiber-lax</i> | \$0 (3) * | |
| FLEET PEDIATRIC | \$0 (3) * | |
| <i>gavilyte-c</i> | \$0 (1) MO | |
| <i>gavilyte-g</i> | \$0 (1) MO | |
| <i>gavilyte-n/ flavor pack</i> | \$0 (1) MO | |
| <i>generlac</i> | \$0 (1) MO | |
| <i>glycerin adult supp 2gm</i> | \$0 (3) * | |
| GLYCERIN DOES NOT APPLY LIQD 99.5% | \$0 (3) * | |
| <i>glycerin does not apply liqd 99.5%</i> | \$0 (3) * | |
| <i>gnp fiber therapy</i> | \$0 (3) * | |
| <i>gnp fiber-caps</i> | \$0 (3) * | |
| <i>gnp glycerin infant</i> | \$0 (3) * | |
| <i>gnp milk of magnesia</i> | \$0 (3) * | |
| <i>gnp natural fiber caps</i> | \$0 (3) * | |
| <i>gnp natural fiber powd 28%, 28.3%, 48.57%</i> | \$0 (3) * | |
| <i>gnp natural vegetable</i> | \$0 (3) * | |
| <i>gnp senna plus</i> | \$0 (3) * | |
| <i>gnp senna-lax</i> | \$0 (3) * | |
| <i>hm fiber caps</i> | \$0 (3) * | |
| <i>hm fiber powd 48.57%</i> | \$0 (3) * | |
| <i>kao-tin caps 240mg</i> | \$0 (3) * | |
| KONSYL-D | \$0 (3) * | |
| <i>konsyl caps</i> | \$0 (3) * | |
| KONSYL POWD 100%, 60.3%, 71.67% | \$0 (3) * | |
| <i>konsyl powd 28.3%, 30.9%</i> | \$0 (3) * | |
| <i>lactulose soln</i> | \$0 (1) MO | |
| <i>laxative supp</i> | \$0 (3) * | |
| <i>metamucil multihealth fiber powd 58.6%</i> | \$0 (3) * | |
| <i>metamucil smooth texture powd</i> | \$0 (3) * | |
| <i>metamucil powd 28.3%</i> | \$0 (3) * | |
| METHYLCELLULOSE GEL 2% | \$0 (3) * | |
| <i>milk of magnesia susp 1200mg/15ml, 400mg/5ml, 7.75%</i> | \$0 (3) * | |
| MOVIPREP | \$0 (2) MO | |
| <i>natural fiber therapy powd 30.9%, 48.57%</i> | \$0 (3) * | |
| NUTRISOURCE FIBER POWD | \$0 (3) * | |
| PEDIA-LAX | \$0 (3) * | |
| <i>peg 3350/electrolytes</i> | \$0 (1) MO | |
| <i>peg-3350/electrolytes</i> | \$0 (1) MO | |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | \$0 (1) MO | |
| <i>peri-colace</i> | \$0 (3) * | |
| <i>polyethylene glycol 3350 pack, powd</i> | \$0 (1) MO | |
| PREPOPIK | \$0 (2) MO | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>px fiber caps</i> | \$0 (3) * | |
| <i>qc natural vegetable</i> | \$0 (3) * | |
| <i>reguloid</i> | \$0 (3) * | |
| <i>sani-supp pediatric</i> | \$0 (3) * | |
| <i>sb docusate sodium</i> | \$0 (3) * | |
| <i>sb milk of magnesia</i> | \$0 (3) * | |
| <i>sb senna-lax</i> | \$0 (3) * | |
| <i>senexon tabs</i> | \$0 (3) * | |
| <i>senna lax</i> | \$0 (3) * | |
| <i>senna laxative</i> | \$0 (3) * | |
| <i>senna-tabs</i> | \$0 (3) * | |
| <i>senna-time</i> | \$0 (3) * | |
| <i>senna syrup</i> | \$0 (3) * | |
| <i>sennalax-s</i> | \$0 (3) * | |
| <i>senna tabs 8.6mg</i> | \$0 (3) * | |
| <i>senno</i> | \$0 (3) * | |
| SENOKOT | \$0 (3) * | |
| <i>silace</i> | \$0 (3) * | |
| <i>sm fiber</i> | \$0 (3) * | |
| <i>sm fiber laxative caps</i> | \$0 (3) * | |
| <i>sm fiber laxative tabs 500mg</i> | \$0 (3) * | |
| <i>sm gentle laxative</i> | \$0 (3) * | |
| <i>sm milk of magnesia susp 1200mg/15ml</i> | \$0 (3) * | |
| <i>sm natural laxative plus stool softener</i> | \$0 (3) * | |
| <i>sm senna laxative</i> | \$0 (3) * | |
| <i>soluble fiber</i> | \$0 (3) * | |
| SORBITOL ORAL SOLN 70% | \$0 (3) * | |
| <i>stimulant laxative</i> | \$0 (3) * | |
| <i>stool softener extra strength</i> | \$0 (3) * | |
| <i>stool softener laxative dc</i> | \$0 (3) * | |
| <i>stool softener caps 100mg</i> | \$0 (3) * | |
| SUPREP BOWEL PREP | \$0 (2) MO | |
| <i>total fiber</i> | \$0 (3) * | |
| <i>trilyte</i> | \$0 (1) MO | |
| Protectants | | |
| <i>misoprostol</i> | \$0 (1) MO | |
| <i>sucrafate susp, tabs</i> | \$0 (1) MO | |
| Proton Pump Inhibitors | | |
| <i>esomeprazole magnesium</i> | \$0 (1) QL (30 EA per 30 days) MO | |
| <i>esomeprazole sodium</i> | \$0 (1) | |
| <i>omeprazole cpdr 20mg</i> | \$0 (1) MO | |
| <i>omeprazole cpdr 10mg</i> | \$0 (1) QL (30 EA per 30 days) MO | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>omeprazole cpdr 40mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>pantoprazole sodium inj</i> | \$0 (1) | |
| <i>pantoprazole sodium tbec 20mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium tbec 40mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| GENITOURINARY- VAGINAL ANTI-INFECTIVES | | |
| <i>Antispasmodics, Urinary</i> | | |
| MYRBETRIQ | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>oxybutynin chloride er tb24 5mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>oxybutynin chloride er tb24 10mg, 15mg</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| <i>oxybutynin chloride tabs</i> | \$0 (1) | QL (120 EA per 30 days) MO |
| <i>oxybutynin chloride syrup</i> | \$0 (1) | QL (600 ML per 30 days) MO |
| <i>tolterodine tartrate</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| VESICARE | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>Benign Prostatic Hypertrophy Agents</i> | | |
| <i>dutasteride</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>dutasteride/tamsulosin hydrochloride</i> | \$0 (1) | QL (30 EA per 30 days) |
| <i>finasteride tabs 5mg</i> | \$0 (1) | MO |
| <i>tamsulosin hcl</i> | \$0 (1) | MO |
| <i>Genitourinary Agents, Other</i> | | |
| <i>bethanechol chloride</i> | \$0 (1) | MO |
| <i>clotrimazole vaginal crea 1%</i> | \$0 (3) | * |
| <i>gnp clotrimazole 3</i> | \$0 (3) | * |
| <i>gnp miconazole 3 combination pack</i> | \$0 (3) | * |
| <i>methylergonovine maleate</i> | \$0 (1) | MO |
| <i>miconazole 3 combination pack</i> | \$0 (3) | * |
| <i>miconazole 3 combo pack</i> | \$0 (3) | * |
| <i>miconazole 7</i> | \$0 (3) | * |
| <i>miconazole nitrate vaginal crea 2%</i> | \$0 (3) | * |
| <i>miconazole nitrate supp 100mg</i> | \$0 (3) | * |
| <i>qc 3 day vaginal cream</i> | \$0 (3) | * |
| <i>sm 3-day vaginal</i> | \$0 (3) | * |
| <i>sm clotrimazole vaginal</i> | \$0 (3) | * |
| <i>sm miconazole 3</i> | \$0 (3) | * |
| <i>sm miconazole 7</i> | \$0 (3) | * |
| <i>sodium chloride 0.9%</i> | \$0 (1) | MO |
| THIOLA | \$0 (2) | |
| <i>tioconazole-1</i> | \$0 (3) | * |
| <i>Phosphate Binders</i> | | |
| AURYXIA | \$0 (2) | MO |
| <i>calcium acetate caps</i> | \$0 (1) | MO |
| <i>calcium acetate tabs 667mg</i> | \$0 (1) | MO |
| CALPHRON | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------------|--|---|
| FOSRENOL CHEW | \$0 (2) MO | |
| FOSRENOL PACK 750MG | \$0 (2) | |
| FOSRENOL PACK 1000MG | \$0 (2) MO | |
| MAGNEBIND 300 | \$0 (3) * | |
| REVELA | \$0 (2) MO | |
| VELPHORO | \$0 (2) MO | |

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

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fluocinonide-e</i> | \$0 (1) | MO |
| <i>fluocinonide crea, gel, oint, soln</i> | \$0 (1) | MO |
| <i>fluticasone propionate crea 0.05%</i> | \$0 (1) | MO |
| <i>fluticasone propionate lotn 0.05%</i> | \$0 (1) | MO |
| <i>fluticasone propionate oint 0.005%</i> | \$0 (1) | MO |
| <i>halobetasol propionate</i> | \$0 (1) | MO |
| <i>hydrocortisone butyrate (lipophilic)</i> | \$0 (1) | MO |
| <i>hydrocortisone butyrate crea, oint, soln</i> | \$0 (1) | MO |
| <i>hydrocortisone in absorbase</i> | \$0 (1) | MO |
| <i>hydrocortisone valerate</i> | \$0 (1) | MO |
| <i>hydrocortisone crea 1%, 2.5%</i> | \$0 (1) | MO |
| <i>hydrocortisone enem 100mg/60ml</i> | \$0 (1) | MO |
| <i>hydrocortisone lotn 2.5%</i> | \$0 (1) | MO |
| <i>hydrocortisone oint 1%, 2.5%</i> | \$0 (1) | MO |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i> | \$0 (1) | MO |
| <i>methylprednisolone acetate inj</i> | \$0 (1) | MO |
| <i>methylprednisolone dose pack</i> | \$0 (1) | MO |
| <i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i> | \$0 (1) | MO |
| <i>methylprednisolone tabs</i> | \$0 (1) | MO |
| MILLIPRED | \$0 (2) | MO |
| MILLIPRED DP | \$0 (2) | MO |
| <i>mometasone furoate crea, oint, soln</i> | \$0 (1) | MO |
| <i>prednicarbate</i> | \$0 (1) | MO |
| <i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i> | \$0 (1) | MO |
| <i>prednisolone soln, syrp</i> | \$0 (1) | MO |
| PREDNISON INTENSOL | \$0 (2) | MO |
| <i>prednisone soln, tabs</i> | \$0 (1) | MO |
| <i>procto-pak</i> | \$0 (1) | MO |
| <i>proctosol hc</i> | \$0 (1) | MO |
| <i>proctozone-hc</i> | \$0 (1) | MO |
| <i>scalpicin maximum strength</i> | \$0 (3) | * |
| <i>triamcinolone acetonide aers 0.147mg/gm</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide lotn 0.025%, 0.1%</i> | \$0 (1) | MO |
| <i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i> | \$0 (1) | MO |
| <i>triderm</i> | \$0 (1) | |

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i> | | |
| <i>desmopressin acetate inj, nasal soln, tabs</i> | \$0 (1) | MO |
| EGRIFTA INJ 2MG | \$0 (2) | QL (30 EA per 30 days) PA LA |
| EGRIFTA INJ 1MG | \$0 (2) | QL (60 EA per 30 days) PA LA |
| INCRELEX | \$0 (2) | PA LA |
| NORDITROPIN FLEXPRO | \$0 (2) | PA |
| VASOSTRICT | \$0 (2) | |

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

| | | |
|---|---------|-------------------------------|
| <i>Anabolic Steroids</i> | | |
| ANADROL-50 | \$0 (2) | MO |
| <i>oxandrolone tabs 2.5mg</i> | \$0 (1) | QL (120 EA per 30 days) PA MO |
| <i>oxandrolone tabs 10mg</i> | \$0 (1) | QL (60 EA per 30 days) PA MO |
| <i>Androgens</i> | | |
| ANDROGEL PUMP GEL 1.62% | \$0 (2) | PA MO |
| ANDROGEL PUMP GEL 1% | \$0 (2) | QL (300 GM per 30 days) PA MO |
| ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM | \$0 (2) | PA MO |
| ANDROGEL GEL 25MG/2.5GM | \$0 (2) | QL (300 GM per 30 days) PA MO |
| <i>danazol caps</i> | \$0 (1) | MO |
| <i>testosterone cypionate inj</i> | \$0 (1) | PA MO |
| <i>testosterone enanthate inj</i> | \$0 (1) | PA MO |
| <i>testosterone gel 1%, 25mg/2.5gm</i> | \$0 (1) | QL (300 GM per 30 days) PA MO |
| <i>Estrogens</i> | | |
| <i>altavera</i> | \$0 (1) | |
| <i>alyacen 1/35</i> | \$0 (1) | |
| <i>alyacen 7/7/7</i> | \$0 (1) | |
| <i>amethia</i> | \$0 (1) | |
| <i>amethia lo</i> | \$0 (1) | |
| <i>amethyst</i> | \$0 (1) | |
| <i>apri</i> | \$0 (1) | |
| <i>aranelle</i> | \$0 (1) | |
| <i>ashlyna</i> | \$0 (1) | |
| <i>aubra</i> | \$0 (1) | |
| <i>aviane</i> | \$0 (1) | |
| <i>azurette</i> | \$0 (1) | |
| <i>balziva</i> | \$0 (1) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>blisovi 24 fe</i> | \$0 (1) | |
| <i>blisovi fe 1.5/30</i> | \$0 (1) | |
| <i>blisovi fe 1/20</i> | \$0 (1) | |
| <i>briellyn</i> | \$0 (1) | |
| <i>camrese</i> | \$0 (1) | |
| <i>camrese lo</i> | \$0 (1) | |
| <i>caziant</i> | \$0 (1) | |
| <i>chateal</i> | \$0 (1) | |
| <i>cryselle-28</i> | \$0 (1) | MO |
| <i>cyclafem 1/35</i> | \$0 (1) | MO |
| <i>cyclafem 7/7/7</i> | \$0 (1) | MO |
| <i>cyred</i> | \$0 (1) | |
| <i>dasetta 1/35</i> | \$0 (1) | |
| <i>dasetta 7/7/7</i> | \$0 (1) | |
| <i>daysee</i> | \$0 (1) | MO |
| <i>delyla</i> | \$0 (1) | |
| DEPO-ESTRADIOL | \$0 (2) | MO |
| <i>desogestrel/ethinyl estradiol</i> | \$0 (1) | MO |
| <i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i> | \$0 (1) | |
| <i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i> | \$0 (1) | MO |
| <i>elinest</i> | \$0 (1) | |
| <i>emoquette</i> | \$0 (1) | |
| <i>enpresse-28</i> | \$0 (1) | |
| <i>enskyce</i> | \$0 (1) | MO |
| <i>estarylla</i> | \$0 (1) | |
| ESTRACE CREA | \$0 (2) | MO |
| <i>estradiol/norethindrone acetate</i> | \$0 (1) | PA MO |
| <i>estradiol tabs</i> | \$0 (1) | PA MO |
| <i>estradiol ptwk</i> | \$0 (1) | QL (4 EA per 28 days) PA MO |
| <i>estradiol pttw</i> | \$0 (1) | QL (8 EA per 28 days) PA MO |
| <i>falmina</i> | \$0 (1) | |
| <i>gianvi</i> | \$0 (1) | |
| <i>gildagia</i> | \$0 (1) | |
| <i>gildess 1.5/30</i> | \$0 (1) | MO |
| <i>gildess 1/20</i> | \$0 (1) | MO |
| <i>gildess 24 fe</i> | \$0 (1) | |
| <i>gildess fe 1.5/30</i> | \$0 (1) | |
| <i>gildess fe 1/20</i> | \$0 (1) | |
| <i>introvale</i> | \$0 (1) | |
| <i>jinteli</i> | \$0 (1) | PA MO |
| <i>jolessa</i> | \$0 (1) | |
| <i>juleber</i> | \$0 (1) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>junel 1.5/30</i> | \$0 (1) | |
| <i>junel 1/20</i> | \$0 (1) | |
| <i>junel fe 1.5/30</i> | \$0 (1) | MO |
| <i>junel fe 1/20</i> | \$0 (1) | MO |
| <i>junel fe 24</i> | \$0 (1) | |
| <i>kariva</i> | \$0 (1) | |
| <i>kelnor 1/35</i> | \$0 (1) | MO |
| <i>kimidess</i> | \$0 (1) | |
| <i>kurvelo</i> | \$0 (1) | |
| <i>larin 1.5/30</i> | \$0 (1) | |
| <i>larin 1/20</i> | \$0 (1) | |
| <i>larin 24 fe</i> | \$0 (1) | |
| <i>larin fe 1.5/30</i> | \$0 (1) | |
| <i>larin fe 1/20</i> | \$0 (1) | |
| <i>layolis fe</i> | \$0 (1) | |
| <i>leena</i> | \$0 (1) | MO |
| <i>lessina</i> | \$0 (1) | |
| <i>levonest</i> | \$0 (1) | |
| <i>levonorgestrel and ethinyl estradiol</i> | \$0 (1) | MO |
| <i>levonorgestrel/ethinyl estradiol tabs 0; 0</i> | \$0 (1) | |
| <i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i> | \$0 (1) | MO |
| <i>levora 0.15/30-28</i> | \$0 (1) | |
| <i>lomedica 24 fe</i> | \$0 (1) | MO |
| <i>lopreeza</i> | \$0 (1) | PA |
| <i>loryna</i> | \$0 (1) | MO |
| <i>low-ogestrel</i> | \$0 (1) | |
| <i>lutera</i> | \$0 (1) | |
| <i>marlissa</i> | \$0 (1) | MO |
| MENEST | \$0 (2) | PA MO |
| <i>microgestin 1.5/30</i> | \$0 (1) | |
| <i>microgestin 1/20</i> | \$0 (1) | |
| <i>microgestin 24 fe</i> | \$0 (1) | |
| <i>microgestin fe</i> | \$0 (1) | |
| <i>microgestin fe 1.5/30</i> | \$0 (1) | |
| <i>mimvey</i> | \$0 (1) | PA MO |
| <i>mimvey lo</i> | \$0 (1) | PA MO |
| <i>mono-linyah</i> | \$0 (1) | |
| <i>mononessa</i> | \$0 (1) | |
| <i>myzilra</i> | \$0 (1) | MO |
| <i>necon 0.5/35-28</i> | \$0 (1) | |
| <i>necon 1/35</i> | \$0 (1) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| NECON 1/50-28 | \$0 (2) | MO |
| NECON 10/11-28 | \$0 (2) | MO |
| <i>necon 7/7/7</i> | \$0 (1) | |
| <i>nikki</i> | \$0 (1) | |
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | \$0 (1) | MO |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> | \$0 (1) | MO |
| <i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i> | \$0 (1) | MO |
| <i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i> | \$0 (1) | PA MO |
| <i>norgestimate/ethinyl estradiol tabs 0; 0</i> | \$0 (1) | |
| <i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i> | \$0 (1) | MO |
| NORINYL 1+50 | \$0 (2) | MO |
| <i>nortrel 0.5/35 (28)</i> | \$0 (1) | MO |
| <i>nortrel 1/35</i> | \$0 (1) | |
| <i>nortrel 7/7/7</i> | \$0 (1) | |
| <i>ocella</i> | \$0 (1) | |
| OGESTREL | \$0 (2) | MO |
| <i>orsythia</i> | \$0 (1) | |
| <i>philith</i> | \$0 (1) | |
| <i>pimtreea</i> | \$0 (1) | |
| <i>pirmella 1/35</i> | \$0 (1) | |
| <i>pirmella 7/7/7</i> | \$0 (1) | |
| <i>portia-28</i> | \$0 (1) | |
| <i>previfem</i> | \$0 (1) | MO |
| <i>quasense</i> | \$0 (1) | |
| <i>reclipsen</i> | \$0 (1) | |
| <i>setlakin</i> | \$0 (1) | |
| <i>sprintec 28</i> | \$0 (1) | |
| <i>sronyx</i> | \$0 (1) | MO |
| <i>syeda</i> | \$0 (1) | |
| <i>tarina fe 1/20</i> | \$0 (1) | |
| <i>tilia fe</i> | \$0 (1) | |
| <i>tri-estarylla</i> | \$0 (1) | |
| <i>tri-legest fe</i> | \$0 (1) | MO |
| <i>tri-linyah</i> | \$0 (1) | |
| <i>tri-lo-estarylla</i> | \$0 (1) | |
| <i>tri-lo-sprintec</i> | \$0 (1) | |
| <i>tri-previfem</i> | \$0 (1) | |
| <i>tri-sprintec</i> | \$0 (1) | MO |
| <i>trinessa</i> | \$0 (1) | |
| <i>trinessa lo</i> | \$0 (1) | |
| <i>trivora-28</i> | \$0 (1) | |
| VAGIFEM | \$0 (2) | MO |

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

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|------------------|--|---|
| SYNTHROID | \$0 (2) | MO |
| THYROLAR-1 | \$0 (2) | MO |
| THYROLAR-1/2 | \$0 (2) | MO |
| THYROLAR-1/4 | \$0 (2) | MO |
| THYROLAR-2 | \$0 (2) | MO |
| THYROLAR-3 | \$0 (2) | MO |
| <i>unithroid</i> | \$0 (1) | |

**HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUG(S)
USED TO TREAT ADRENAL CORTICAL CANCER**

Hormonal Agents, Suppressant (Adrenal)

| | | |
|----------|---------|----|
| LYSODREN | \$0 (2) | MO |
|----------|---------|----|

**HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) -
DRUGS USED TO TREAT HIGH CALCIUM LEVELS IN
PEOPLE WITH CHRONIC KIDNEY DISEASE**

Hormonal Agents, Suppressant (Parathyroid)

| | | |
|--------------------------|---------|-------------------------|
| SENSIPAR TABS 90MG | \$0 (2) | QL (120 EA per 30 days) |
| SENSIPAR TABS 30MG, 60MG | \$0 (2) | QL (60 EA per 30 days) |

**HORMONAL AGENTS, SUPPRESSANT (PITUITARY)- DRUGS
USED TO TREAT PROSTATE CANCER AND OTHER
CONDITIONS ASSOCIATED WITH AN OVERACTIVE
PITUITARY GLAND**

Hormonal Agents, Suppressant (Pituitary)

| | | |
|----------------------------------|---------|----------------------------|
| <i>cabergoline</i> | \$0 (1) | MO |
| CETROTIDE | \$0 (3) | * |
| FIRMAGON | \$0 (2) | PA |
| GANIRELIX ACETATE | \$0 (3) | * |
| <i>leuprolide acetate inj</i> | \$0 (1) | PA |
| LUPRON DEPOT | \$0 (2) | PA |
| LUPRON DEPOT-PED | \$0 (2) | PA |
| <i>octreotide acetate</i> | \$0 (1) | PA |
| SIGNIFOR | \$0 (2) | QL (60 ML per 30 days) PA |
| SOMATULINE DEPOT INJ 60MG/0.2ML | \$0 (2) | QL (0.2 ML per 28 days) PA |
| SOMATULINE DEPOT INJ 90MG/0.3ML | \$0 (2) | QL (0.3 ML per 28 days) PA |
| SOMATULINE DEPOT INJ 120MG/0.5ML | \$0 (2) | QL (0.5 ML per 28 days) PA |
| SOMAVERT | \$0 (2) | PA LA |
| SYNAREL | \$0 (2) | MO |
| TRELSTAR MIXJECT | \$0 (2) | PA |
| VANTAS | \$0 (2) | |
| ZOLADEX | \$0 (2) | |

**HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS
USED TO LOWER THYROID LEVELS**

Antithyroid Agents

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>methimazole tabs</i> | \$0 (1) | MO |
| <i>propylthiouracil tabs</i> | \$0 (1) | MO |
| IMMUNOLOGICAL AGENTS- VACCINES, RHEUMATOID ARTHRITIS , IMMUNOGLOBULINS, IMMUNOMODULATORS, IMMUNOSUPPRESSANTS | | |
| <i>Angioedema (HAE) Agents</i> | | |
| CINRYZE | \$0 (2) | PA LA |
| FIRAZYR | \$0 (2) | QL (270 ML per 30 days) PA LA |
| <i>Immune Suppressants</i> | | |
| <i>azathioprine tabs</i> | \$0 (1) | B/D MO |
| CELLCEPT INTRAVENOUS | \$0 (2) | PA |
| CELLCEPT SUSR | \$0 (2) | PA MO |
| CIMZIA | \$0 (2) | QL (6 EA per 28 days) PA |
| CIMZIA STARTER KIT | \$0 (2) | QL (6 EA per 28 days) PA |
| <i>cyclosporine modified</i> | \$0 (1) | PA MO |
| <i>cyclosporine inj</i> | \$0 (1) | PA |
| <i>cyclosporine caps</i> | \$0 (1) | PA MO |
| <i>gengraf caps</i> | \$0 (1) | PA |
| <i>gengraf soln</i> | \$0 (1) | PA MO |
| <i>hecoria</i> | \$0 (1) | PA |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | \$0 (2) | QL (6 EA per 28 days) PA |
| HUMIRA PEN | \$0 (2) | QL (6 EA per 28 days) PA |
| HUMIRA PEN-CROHNS DISEASESTARTER | \$0 (2) | QL (6 EA per 28 days) PA |
| HUMIRA PEN-PSORIASIS STARTER | \$0 (2) | QL (6 EA per 28 days) PA |
| HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML | \$0 (2) | QL (2 EA per 28 days) PA |
| HUMIRA INJ 40MG/0.8ML | \$0 (2) | QL (6 EA per 28 days) PA |
| <i>methotrexate sodium</i> | \$0 (1) | |
| <i>methotrexate tabs</i> | \$0 (1) | MO |
| <i>mycophenolate mofetil</i> | \$0 (1) | PA MO |
| NULOJIX | \$0 (2) | PA |
| PROGRAF INJ | \$0 (2) | PA |
| RAPAMUNE SOLN | \$0 (2) | PA MO |
| REMICADE | \$0 (2) | PA |
| SANDIMMUNE SOLN | \$0 (2) | PA MO |
| SIMULECT | \$0 (2) | B/D |
| <i>sirolimus tabs</i> | \$0 (1) | PA MO |
| <i>tacrolimus caps</i> | \$0 (1) | PA MO |
| ZORTRESS | \$0 (2) | PA MO |
| <i>Immunizing Agents, Passive</i> | | |
| ATGAM | \$0 (2) | PA |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| GAMASTAN S/D | \$0 (2) | PA |
| GAMMAPLEX INJ 10GM/200ML | \$0 (2) | PA |
| GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML | \$0 (2) | PA LA |
| THYMOGLOBULIN | \$0 (2) | B/D |
| <i>Immunomodulators</i> | | |
| ACTIMMUNE | \$0 (2) | PA LA |
| ARCALYST | \$0 (2) | PA LA |
| BENLYSTA | \$0 (2) | PA |
| ILARIS | \$0 (2) | QL (2 EA per 28 days) PA LA |
| <i>leflunomide</i> | \$0 (1) | MO |
| SYNAGIS | \$0 (2) | PA |
| <i>Vaccines</i> | | |
| ACTHIB | \$0 (2) | |
| ADACEL | \$0 (2) | |
| <i>bcg vaccine</i> | \$0 (1) | |
| BEXSERO | \$0 (2) | |
| BOOSTRIX | \$0 (2) | |
| CERVARIX | \$0 (2) | |
| COMVAX | \$0 (2) | |
| DAPTACEL | \$0 (2) | |
| <i>diphtheria/tetanus toxoids adsorbed pediatric</i> | \$0 (1) | |
| ENGERIX-B | \$0 (2) | B/D |
| GARDASIL | \$0 (2) | |
| GARDASIL 9 | \$0 (2) | |
| HAVRIX | \$0 (2) | |
| HIBERIX | \$0 (2) | |
| IMOVAX RABIES (H.D.C.V.) | \$0 (2) | B/D |
| INFANRIX | \$0 (2) | |
| IPOL INACTIVATED IPV | \$0 (2) | |
| IXIARO | \$0 (2) | |
| KINRIX | \$0 (2) | |
| M-M-R II | \$0 (2) | |
| MENACTRA | \$0 (2) | |
| MENOMUNE-A/C/Y/W-135 | \$0 (2) | |
| MENVEO | \$0 (2) | |
| PEDIARIX | \$0 (2) | |
| PEDVAX HIB | \$0 (2) | |
| PENTACEL | \$0 (2) | |
| PROQUAD | \$0 (2) | |
| QUADRACEL | \$0 (2) | |
| RABAVERT | \$0 (2) | B/D |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| RECOMBIVAX HB | \$0 (2) | B/D |
| ROTARIX | \$0 (2) | |
| ROTATEQ | \$0 (2) | |
| TENIVAC | \$0 (2) | |
| <i>tetanus/diphtheria toxoids-adsorbed adult</i> | \$0 (1) | |
| TRUMENBA | \$0 (2) | |
| TWINRIX | \$0 (2) | |
| TYPHIM VI | \$0 (2) | |
| VAQTA | \$0 (2) | |
| VARIVAX | \$0 (2) | |
| YF-VAX | \$0 (2) | |
| ZOSTAVAX | \$0 (2) | QL (1 EA per 365 days) |

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

Aminosalicylates

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

Sulfonamides

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

METABOLIC BONE DISEASE AGENTS- DRUGS USED TO TREAT BONE LOSS

Metabolic Bone Disease Agents

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

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>paricalcitol caps</i> | \$0 (1) | MO |
| PROLIA | \$0 (2) | QL (1 ML per 180 days) |
| <i>risedronate sodium dr</i> | \$0 (1) | QL (4 EA per 28 days) MO |
| <i>risedronate sodium tabs 150mg</i> | \$0 (1) | QL (1 EA per 28 days) MO |
| <i>risedronate sodium tabs 35mg</i> | \$0 (1) | QL (12 EA per 84 days) MO |
| <i>risedronate sodium tabs 30mg, 5mg</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| XGEVA | \$0 (2) | PA |
| <i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i> | \$0 (1) | |

MISCELLANEOUS THERAPEUTIC AGENTS

Miscellaneous Therapeutic Agents

| | | |
|---|---------|--------------------------|
| ALCOHOL PREP PADS | \$0 (2) | MO |
| CHERRY SYRUP | \$0 (3) | * |
| <i>condoms</i> | \$0 (3) | * |
| GAUZE PADS 2"X2" | \$0 (2) | MO |
| INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | \$0 (2) | MO |
| INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" | \$0 (2) | MO |
| INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" | \$0 (2) | MO |
| INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" | \$0 (2) | MO |
| INSUPEN 33GX4MM | \$0 (2) | MO |
| KARAYA GUM | \$0 (3) | * |
| KIMONO MICRO THIN | \$0 (3) | * |
| NATPARA | \$0 (2) | QL (2 EA per 28 days) PA |
| ORA-PLUS | \$0 (3) | * |
| ORA-SWEET | \$0 (3) | * |
| ORA-SWEET SF | \$0 (3) | * |
| PEN NEEDLE/ULTRAFINE/29G X 12.7MM | \$0 (2) | MO |
| POTASSIUM SORBATE | \$0 (3) | * |
| PREMIUM CONDOMS LUBRICATED | \$0 (3) | * |
| SIMPLE SYRUP SYRP 0 | \$0 (3) | * |
| SORBIC ACID | \$0 (3) | * |
| SORBITOL DOES NOT APPLY SOLN 70% | \$0 (3) | * |
| <i>sterile water for injection inj 0</i> | \$0 (3) | * |
| V-GO 20 | \$0 (2) | MO |
| V-GO 30 | \$0 (2) | MO |
| V-GO 40 | \$0 (2) | MO |

OPHTHALMIC AGENTS- DRUGS USED TO TREAT EYE ALLERGIES, INFECTIONS, INFLAMMATION, AND GLAUCOMA

Ophthalmic Prostaglandin and Prostanoid Analogs

| | | |
|--------------------|---------|----|
| COMBIGAN | \$0 (2) | MO |
| <i>latanoprost</i> | \$0 (1) | MO |
| LUMIGAN | \$0 (2) | MO |

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

| Name of drug | What the drug will cost you (tier level) | | Necessary actions, restrictions, or limits on use |
|---|--|------------------------|---|
| TRAVATAN Z | \$0 (2) | MO | |
| <i>travoprost</i> | \$0 (1) | MO | |
| Ophthalmic Agents, Other | | | |
| <i>ak-poly-bac</i> | \$0 (1) | | |
| <i>akwa tears</i> | \$0 (3) | * | |
| <i>artificial tears oint 15%; 83%</i> | \$0 (3) | * | |
| <i>artificial tears soln 1.4%</i> | \$0 (3) | * | |
| <i>atropine sulfate soln</i> | \$0 (1) | MO | |
| AZASITE | \$0 (2) | MO | |
| <i>bacitracin/neomycin/polymyxin ophthalmic oint 400unit/gm; 5mg/gm; 10000unit/gm</i> | \$0 (1) | MO | |
| <i>bacitracin/polymyxin b</i> | \$0 (1) | MO | |
| <i>bacitracin ophthalmic oint 500unit/gm</i> | \$0 (1) | MO | |
| BESIVANCE | \$0 (2) | MO | |
| <i>ciprofloxacin hcl soln 0.3%</i> | \$0 (1) | MO | |
| CYSTARAN | \$0 (2) | QL (60 ML per 28 days) | |
| <i>erythromycin oint 5mg/gm</i> | \$0 (1) | MO | |
| <i>gentak</i> | \$0 (1) | MO | |
| <i>gentamicin sulfate ophthalmic oint 0.3%</i> | \$0 (1) | MO | |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i> | \$0 (1) | MO | |
| <i>gnp artificial tears soln 0.5%; 0.6%</i> | \$0 (3) | * | |
| <i>levofloxacin ophthalmic soln 0.5%</i> | \$0 (1) | MO | |
| <i>liquitears</i> | \$0 (3) | * | |
| <i>lubrifresh p.m.</i> | \$0 (3) | * | |
| MOXEZA | \$0 (2) | MO | |
| MURO 128 SOLN | \$0 (3) | * | |
| <i>naphazoline hcl</i> | \$0 (1) | MO | |
| <i>natural balance tears soln 0.4%</i> | \$0 (3) | * | |
| <i>natures tears soln 0.4%</i> | \$0 (3) | * | |
| <i>neo-polycin</i> | \$0 (1) | | |
| <i>neomycin/bacitracin/polymyxin</i> | \$0 (1) | MO | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | \$0 (1) | MO | |
| <i>neomycin/polymyxin/dexamethasone</i> | \$0 (1) | MO | |
| <i>neomycin/polymyxin/gramicidin</i> | \$0 (1) | MO | |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i> | \$0 (1) | MO | |
| <i>ofloxacin ophthalmic soln 0.3%</i> | \$0 (1) | MO | |
| <i>polycin</i> | \$0 (1) | | |
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | \$0 (1) | MO | |
| <i>proparacaine hcl</i> | \$0 (1) | MO | |
| <i>refresh lacri-lube</i> | \$0 (3) | * | |
| RESTASIS | \$0 (2) | MO | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sm artificial tears</i> | \$0 (3) | * |
| <i>sodium chloride oint 5%</i> | \$0 (3) | * |
| <i>sodium sulfacetamide soln 10%</i> | \$0 (1) | MO |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | \$0 (1) | MO |
| <i>sulfacetamide sodium oint 10%</i> | \$0 (1) | MO |
| <i>sulfacetamide sodium soln 10%</i> | \$0 (1) | MO |
| <i>tears naturale ii</i> | \$0 (3) | * |
| <i>tears pure</i> | \$0 (3) | * |
| TOBRADEX | \$0 (2) | MO |
| TOBRADEX ST | \$0 (2) | MO |
| <i>tobramycin sulfate ophthalmic soln 0.3%</i> | \$0 (1) | MO |
| <i>tobramycin/dexamethasone</i> | \$0 (1) | MO |
| TOBREX | \$0 (2) | MO |
| <i>trifluridine</i> | \$0 (1) | MO |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | \$0 (1) | MO |
| <i>triple antibiotic ophthalmic oint 400unit/gm; 5mg/gm; 10000unit/gm</i> | \$0 (1) | |
| VIGAMOX | \$0 (2) | MO |
| ZIRGAN | \$0 (2) | MO |
| Ophthalmic Anti-allergy Agents | | |
| <i>azelastine hcl ophthalmic soln 0.05%</i> | \$0 (1) | MO |
| <i>cromolyn sodium soln 4%</i> | \$0 (1) | MO |
| <i>epinastine hcl</i> | \$0 (1) | MO |
| <i>olopatadine hcl ophthalmic soln 0.1%</i> | \$0 (1) | |
| PATADAY | \$0 (2) | MO |
| PATANOL | \$0 (2) | MO |
| PAZEO | \$0 (2) | MO |
| Ophthalmic Anti-inflammatory | | |
| ACUVAIL | \$0 (2) | MO |
| <i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i> | \$0 (1) | MO |
| DUREZOL | \$0 (2) | MO |
| <i>fluorometholone</i> | \$0 (1) | MO |
| <i>flurbiprofen sodium</i> | \$0 (1) | MO |
| ILEVRO | \$0 (2) | MO |
| <i>ketorolac tromethamine</i> | \$0 (1) | MO |
| NEVANAC | \$0 (2) | MO |
| <i>prednisolone acetate</i> | \$0 (1) | MO |
| <i>prednisolone sodium phosphate ophthalmic soln 1%</i> | \$0 (1) | MO |
| PROLENSA | \$0 (2) | MO |
| Ophthalmic Antiglaucoma Agents | | |
| ALPHAGAN P SOLN 0.1% | \$0 (2) | MO |
| <i>apraclonidine</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| AZOPT | \$0 (2) | MO |
| <i>betaxolol hcl soln 0.5%</i> | \$0 (1) | MO |
| BETIMOL | \$0 (2) | MO |
| BETOPTIC-S | \$0 (2) | MO |
| <i>brimonidine tartrate</i> | \$0 (1) | MO |
| <i>carteolol hcl</i> | \$0 (1) | MO |
| <i>dorzolamide hcl</i> | \$0 (1) | MO |
| <i>dorzolamide hcl/timolol maleate</i> | \$0 (1) | MO |
| ISOPTO CARPINE | \$0 (2) | MO |
| <i>levobunolol hcl</i> | \$0 (1) | MO |
| <i>metipranolol</i> | \$0 (1) | MO |
| PHOSPHOLINE IODIDE | \$0 (2) | |
| <i>pilocarpine hcl soln 1%, 2%, 4%</i> | \$0 (1) | MO |
| SIMBRINZA | \$0 (2) | MO |
| <i>timolol maleate ophthalmic gel forming</i> | \$0 (1) | MO |
| <i>timolol maleate soln 0.25%, 0.5%</i> | \$0 (1) | MO |

OTIC AGENTS- DRUGS USED TO TREAT CONDITIONS OF THE EAR

Otic Agents

| | | |
|---|---------|----|
| <i>acetasol hc</i> | \$0 (1) | |
| <i>acetic acid</i> | \$0 (1) | MO |
| <i>acetic acid/aluminum acetate</i> | \$0 (1) | MO |
| <i>antibiotic ear</i> | \$0 (1) | |
| <i>fluocinolone acetonide oil 0.01%</i> | \$0 (1) | MO |
| <i>gnp ear drops</i> | \$0 (3) | * |
| <i>gnp ear systems</i> | \$0 (3) | * |
| <i>hm earwax removal aid</i> | \$0 (3) | * |
| <i>hydrocortisone/acetic acid</i> | \$0 (1) | MO |
| <i>neomycin/polymyxin/hc</i> | \$0 (1) | MO |
| <i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i> | \$0 (1) | MO |
| <i>ofloxacin otic soln 0.3%</i> | \$0 (1) | MO |
| <i>sb ear wax remover</i> | \$0 (3) | * |

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

Anti-inflammatories, Inhaled Corticosteroids

| | | |
|--------------------------------------|---------|---------------------------|
| ADVAIR DISKUS | \$0 (2) | QL (60 EA per 30 days) MO |
| ADVAIR HFA | \$0 (2) | QL (12 GM per 30 days) MO |
| ASMANEX HFA | \$0 (2) | QL (13 GM per 30 days) MO |
| ASMANEX TWISTHALER 120 METERED DOSES | \$0 (2) | QL (1 EA per 30 days) MO |
| ASMANEX TWISTHALER 14 METERED DOSES | \$0 (2) | QL (2 EA per 28 days) MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ASMANEX TWISTHALER 30 METERED DOSES | \$0 (2) | QL (1 EA per 30 days) MO |
| ASMANEX TWISTHALER 60 METERED DOSES | \$0 (2) | QL (1 EA per 30 days) MO |
| ASMANEX TWISTHALER 7 METERED DOSES | \$0 (2) | QL (4 EA per 28 days) MO |
| BREO ELLIPTA | \$0 (2) | QL (60 EA per 30 days) MO |
| <i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i> | \$0 (1) | B/D MO |
| <i>budesonide nasal susp 32mcg/act</i> | \$0 (1) | MO |
| <i>flunisolide</i> | \$0 (1) | MO |
| <i>fluticasone propionate susp 50mcg/act</i> | \$0 (1) | MO |
| NASONEX | \$0 (2) | QL (34 GM per 30 days) MO |
| QVAR | \$0 (2) | QL (17.4 GM per 30 days) MO |
| <i>triamcinolone acetonide aero 55mcg/act</i> | \$0 (1) | MO |
| Antihistamines | | |
| <i>alavert tbdp</i> | \$0 (3) | * |
| <i>all day allergy childrens chew 10mg</i> | \$0 (3) | * |
| <i>all day allergy childrens soln</i> | \$0 (3) | * |
| <i>allergy tabs 10mg</i> | \$0 (3) | * |
| <i>azelastine hcl nasal soln 0.15%</i> | \$0 (1) | MO |
| <i>azelastine hcl nasal soln 0.1%</i> | \$0 (1) | QL (30 ML per 25 days) MO |
| <i>banophen caps 50mg</i> | \$0 (3) | * |
| <i>banophen liqd</i> | \$0 (3) | * |
| <i>cetirizine hcl allergy childrens</i> | \$0 (3) | * |
| <i>cetirizine hcl childrens allergy syrps 1mg/ml</i> | \$0 (3) | * |
| <i>cetirizine hcl childrens soln 5mg/5ml</i> | \$0 (3) | * |
| <i>cetirizine hcl hives relief childrens</i> | \$0 (3) | * |
| <i>cetirizine hcl chew 5mg</i> | \$0 (3) | * |
| <i>cetirizine hcl tabs 5mg</i> | \$0 (3) | * |
| <i>clemastine fumarate syrps</i> | \$0 (1) | PA |
| <i>clemastine fumarate tabs 2.68mg</i> | \$0 (1) | PA MO |
| <i>diphenhydramine hcl inj</i> | \$0 (1) | PA MO |
| <i>diphenhydramine hcl tabs 25mg</i> | \$0 (3) | * |
| <i>gnp all day allergy childrens</i> | \$0 (3) | * |
| <i>gnp allergy caps</i> | \$0 (3) | * |
| <i>gnp loratadine syrps</i> | \$0 (3) | * |
| <i>goodsense all day allergy</i> | \$0 (3) | * |
| <i>hm allergy complete childrens</i> | \$0 (3) | * |
| <i>hm cetirizine hcl childrens</i> | \$0 (3) | * |
| <i>hydroxyzine hcl inj</i> | \$0 (1) | PA MO |
| <i>levocetirizine dihydrochloride tabs</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>levocetirizine dihydrochloride soln</i> | \$0 (1) | QL (300 ML per 30 days) MO |
| <i>olopatadine hcl nasal soln 0.6%</i> | \$0 (1) | QL (30.5 GM per 30 days) MO |
| <i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i> | \$0 (1) | PA MO |
| <i>quenalin</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>silphen cough</i> | \$0 (3) | * |
| <i>sm all day allergy childrens soln 5mg/5ml</i> | \$0 (3) | * |
| Antileukotrienes | | |
| <i>montelukast sodium</i> | \$0 (1) | QL (30 EA per 30 days) MO |
| <i>zafirlukast</i> | \$0 (1) | QL (60 EA per 30 days) MO |
| Bronchodilators, Anticholinergic | | |
| ANORO ELLIPTA | \$0 (2) | QL (60 EA per 30 days) MO |
| COMBIVENT RESPIMAT | \$0 (2) | QL (8 GM per 30 days) MO |
| INCRUSE ELLIPTA | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>ipratropium bromide/albuterol sulfate</i> | \$0 (1) | B/D MO |
| <i>ipratropium bromide inhalation soln</i> | \$0 (1) | B/D MO |
| <i>ipratropium bromide nasal soln</i> | \$0 (1) | MO |
| SPIRIVA HANDIHALER | \$0 (2) | QL (30 EA per 30 days) MO |
| SPIRIVA RESPIMAT | \$0 (2) | QL (4 GM per 30 days) MO |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate er</i> | \$0 (1) | MO |
| <i>albuterol sulfate nebu</i> | \$0 (1) | B/D MO |
| <i>albuterol sulfate syrp, tabs</i> | \$0 (1) | MO |
| ARCAPTA NEOHALER | \$0 (2) | QL (30 EA per 30 days) MO |
| EPIPEN 2-PAK | \$0 (2) | QL (2 EA per 30 days) MO |
| EPIPEN-JR 2-PAK | \$0 (2) | QL (2 EA per 30 days) MO |
| FORADIL AEROLIZER | \$0 (2) | QL (60 EA per 30 days) MO |
| <i>levalbuterol hcl nebu</i> | \$0 (1) | B/D MO |
| <i>levalbuterol nebu</i> | \$0 (1) | B/D MO |
| <i>metaproterenol sulfate syrp, tabs</i> | \$0 (1) | MO |
| PROAIR HFA | \$0 (2) | QL (17 GM per 30 days) MO |
| PROAIR RESPICLICK | \$0 (2) | QL (2 EA per 30 days) MO |
| STRIVERDI RESPIMAT | \$0 (2) | QL (4 GM per 30 days) MO |
| <i>terbutaline sulfate tabs</i> | \$0 (1) | MO |
| VENTOLIN HFA | \$0 (2) | QL (36 GM per 30 days) MO |
| Cystic Fibrosis Agents | | |
| CAYSTON | \$0 (2) | QL (84 ML per 56 days) |
| KALYDECO PACK | \$0 (2) | QL (56 EA per 28 days) PA |
| KALYDECO TABS | \$0 (2) | QL (60 EA per 30 days) PA |
| ORKAMBI | \$0 (2) | QL (112 EA per 28 days) PA |
| PULMOZYME | \$0 (2) | B/D |
| TOBI PODHALER | \$0 (2) | QL (224 EA per 56 days) |
| <i>tobramycin</i> | \$0 (1) | QL (280 ML per 56 days) B/D |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium aers 5.2mg/act</i> | \$0 (3) | * |
| <i>cromolyn sodium nebu 20mg/2ml</i> | \$0 (1) | B/D MO |
| Phosphodiesterase Inhibitors, Airways Disease | | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>aminophylline</i> | \$0 (1) | MO |
| DALIRESP | \$0 (2) | QL (30 EA per 30 days) MO |
| <i>theophylline</i> | \$0 (1) | MO |
| <i>theophylline cr tb12 100mg, 200mg</i> | \$0 (1) | MO |
| <i>theophylline er</i> | \$0 (1) | MO |
| <i>Pulmonary Antihypertensives</i> | | |
| ADEMPAS | \$0 (2) | QL (90 EA per 30 days) PA LA |
| <i>epoprostenol sodium</i> | \$0 (1) | PA LA |
| OPSUMIT | \$0 (2) | QL (30 EA per 30 days) PA LA |
| REMODULIN | \$0 (2) | PA LA |
| <i>sildenafil tabs</i> | \$0 (1) | QL (90 EA per 30 days) PA |
| TRACLEER | \$0 (2) | QL (60 EA per 30 days) PA LA |
| <i>Respiratory Tract Agents, Other</i> | | |
| <i>acetylcysteine inj</i> | \$0 (1) | |
| <i>acetylcysteine inhalation soln</i> | \$0 (1) | B/D MO |
| <i>altamist</i> | \$0 (3) | * |
| <i>ayr soln</i> | \$0 (3) | * |
| <i>cough syrup</i> | \$0 (3) | * |
| <i>cvs saline nasal spray</i> | \$0 (3) | * |
| <i>cvs saline nose spray</i> | \$0 (3) | * |
| <i>deep sea nasal spray</i> | \$0 (3) | * |
| <i>eq saline nasal spray</i> | \$0 (3) | * |
| <i>eql saline nasal spray</i> | \$0 (3) | * |
| ESBRIET | \$0 (2) | QL (270 EA per 30 days) PA LA |
| <i>extra action cough</i> | \$0 (3) | * |
| <i>gnp nasal moisturizing</i> | \$0 (3) | * |
| <i>gnp tussin dm</i> | \$0 (3) | * |
| <i>gnp tussin dm cough</i> | \$0 (3) | * |
| <i>guaifenesin-dm</i> | \$0 (3) | * |
| <i>hm nasal decongestant</i> | \$0 (3) | * |
| <i>hm saline nasal spray</i> | \$0 (3) | * |
| <i>hm tussin adult cough & chest congestion dm</i> | \$0 (3) | * |
| <i>humist</i> | \$0 (3) | * |
| <i>little noses saline</i> | \$0 (3) | * |
| <i>mucus relief childrens</i> | \$0 (3) | * |
| <i>nasal moisturizing spray</i> | \$0 (3) | * |
| <i>ocean for kids</i> | \$0 (3) | * |
| OCEAN NASAL SPRAY | \$0 (3) | * |
| PROLASTIN-C | \$0 (2) | PA MO |
| <i>px saline nasal spray</i> | \$0 (3) | * |
| <i>q-tussin dm</i> | \$0 (3) | * |
| <i>ra saline nasal spray</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>robafen dm</i> | \$0 (3) * | |
| <i>robatussin peak cold cough+ chest congestion dm</i> | \$0 (3) * | |
| ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH | \$0 (3) * | |
| ROBITUSSIN PEAK COLD DM | \$0 (3) * | |
| <i>saline mist</i> | \$0 (3) * | |
| <i>saline nasal mist</i> | \$0 (3) * | |
| <i>saline nasal spray</i> | \$0 (3) * | |
| <i>sb saline nose</i> | \$0 (3) * | |
| <i>sea soft nasal mist</i> | \$0 (3) * | |
| <i>siltussin-dm</i> | \$0 (3) * | |
| <i>sm nasal spray saline</i> | \$0 (3) * | |
| <i>sm tussin dm</i> | \$0 (3) * | |
| <i>sm tussin dm cough/chest congestion</i> | \$0 (3) * | |
| <i>sodium chloride nebu 0.9%</i> | \$0 (3) * | |
| <i>sodium chloride nasal soln 0.65%</i> | \$0 (3) * | |
| STIOLTO RESPIMAT | \$0 (2) | QL (4 GM per 30 days) MO |
| <i>tgt nasal spray soln 0.65%</i> | \$0 (3) * | |
| <i>tgt saline nasal spray</i> | \$0 (3) * | |
| <i>tussin dm</i> | \$0 (3) * | |
| TYZINE PEDIATRIC NASAL DROPS | \$0 (2) | |
| XOLAIR | \$0 (2) | QL (6 EA per 28 days) PA LA |

SKELETAL MUSCLE RELAXANTS- DRUGS USED TO TREAT MUSCLE SPASMS

Skeletal Muscle Relaxants

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

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

GABA Receptor Modulators

| | | |
|---------------------------|---------|------------------------------|
| <i>zaleplon caps 5mg</i> | \$0 (1) | QL (30 EA per 30 days) PA MO |
| <i>zaleplon caps 10mg</i> | \$0 (1) | QL (60 EA per 30 days) PA MO |
| <i>zolpidem tartrate</i> | \$0 (1) | QL (30 EA per 30 days) PA MO |

Sleep Disorders, Other

| | | |
|-----------------------------|---------|------------------------------|
| HETLIOZ | \$0 (2) | QL (30 EA per 30 days) PA |
| <i>modafinil tabs 100mg</i> | \$0 (1) | QL (30 EA per 30 days) PA MO |
| <i>modafinil tabs 200mg</i> | \$0 (1) | QL (60 EA per 30 days) PA MO |
| ROZEREM | \$0 (2) | QL (30 EA per 30 days) MO |
| XYREM | \$0 (2) | QL (540 ML per 30 days) PA |

THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES, VITAMINS AND IV NUTRITION

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>Electrolyte/Mineral Modifiers</i> | | |
| CUPRIMINE | \$0 (2) MO | |
| <i>cvs iron</i> | \$0 (3) * | |
| DEPEN TITRATABS | \$0 (2) MO | |
| <i>eql iron supplement therapy</i> | \$0 (3) * | |
| EXJADE | \$0 (2) PA LA | |
| <i>ferosul</i> | \$0 (3) * | |
| FERRIPROX TABS 500MG | \$0 (2) PA | |
| <i>ferrous sulfate elix 220mg/5ml</i> | \$0 (3) * | |
| <i>ferrous sulfate liqd 220mg/5ml</i> | \$0 (3) * | |
| <i>ferrous sulfate tabs 325mg</i> | \$0 (3) * | |
| <i>ferrous sulfate tbec 324mg, 325mg</i> | \$0 (3) * | |
| <i>fomepizole</i> | \$0 (1) | |
| <i>gnp iron</i> | \$0 (3) * | |
| <i>kionex powd</i> | \$0 (1) | |
| <i>kionex susp</i> | \$0 (1) MO | |
| <i>levocarnitine</i> | \$0 (1) MO | |
| <i>px iron</i> | \$0 (3) * | |
| SAMSCA TABS 15MG | \$0 (2) QL (30 EA per 30 days) PA | |
| SAMSCA TABS 30MG | \$0 (2) QL (60 EA per 30 days) PA | |
| <i>sodium bicarbonate partial fill</i> | \$0 (1) MO | |
| <i>sodium bicarbonate inj 8.4%</i> | \$0 (1) MO | |
| SODIUM BICARBONATE DOES NOT APPLY POWD 0 | \$0 (3) * | |
| <i>sodium polystyrene sulfonate rectal susp</i> | \$0 (1) | |
| <i>sodium polystyrene sulfonate powd, oral susp</i> | \$0 (1) MO | |
| <i>sps</i> | \$0 (1) | |
| SYPRINE | \$0 (2) MO | |
| ZINC TRACE METAL | \$0 (3) * | |
| <i>Electrolyte/Mineral Replacement</i> | | |
| AMINOSYN 7%/ELECTROLYTES | \$0 (2) B/D | |
| <i>aminosyn 8.5%/electrolytes</i> | \$0 (1) B/D | |
| AMINOSYN II | \$0 (2) B/D | |
| <i>aminosyn ii 8.5%/electrolytes</i> | \$0 (1) B/D | |
| AMINOSYN M | \$0 (2) B/D | |
| AMINOSYN-HBC | \$0 (2) B/D | |
| AMINOSYN-PF | \$0 (2) B/D | |
| AMINOSYN-PF 7% | \$0 (2) B/D | |
| AMINOSYN-RF | \$0 (2) B/D | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML | \$0 (2) B/D | |
| BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL | \$0 (3) | * |
| CALCI-CHEW | \$0 (3) | * |
| CALCI-MIX | \$0 (3) | * |
| CALCIONATE | \$0 (3) | * |
| <i>calcitrate</i> | \$0 (3) | * |
| <i>calcium & magnesium + zinc</i> | \$0 (3) | * |
| <i>calcium + d3</i> | \$0 (3) | * |
| <i>calcium 250+d</i> | \$0 (3) | * |
| <i>calcium 500/d chew</i> | \$0 (3) | * |
| <i>calcium 500/d tabs 200unit; 500mg</i> | \$0 (3) | * |
| <i>calcium 600</i> | \$0 (3) | * |
| <i>calcium 600+d tabs 600mg; 800unit</i> | \$0 (3) | * |
| <i>calcium carbonate susp 1250mg/5ml</i> | \$0 (3) | * |
| <i>calcium chloride</i> | \$0 (1) | |
| <i>calcium citrate + d3 tabs 250mg; 200unit</i> | \$0 (3) | * |
| <i>calcium citrate/vitamin d tabs 315mg; 200unit</i> | \$0 (3) | * |
| <i>calcium gluconate inj</i> | \$0 (1) | |
| CALCIUM GLUCONATE TABS 500MG | \$0 (3) | * |
| <i>calcium high potency + vitamin d</i> | \$0 (3) | * |
| CALCIUM LACTATE TABS 648MG | \$0 (3) | * |
| <i>calcium oyster shell tabs 1250mg</i> | \$0 (3) | * |
| CALCIUM/MAGNESIUM/VITAMIND | \$0 (3) | * |
| <i>calcium/vitamin d tabs 500mg; 400unit, 600mg; 400unit</i> | \$0 (3) | * |
| <i>calcium chew 500mg; 0; 100unit; 0, 500mg; 100unit</i> | \$0 (3) | * |
| <i>calcium tabs 500mg</i> | \$0 (3) | * |
| CALTRATE 600+D PLUS MINERALS | \$0 (3) | * |
| CALTRATE 600+D SOFT CHEWS | \$0 (3) | * |
| <i>caltrate 600+d chew</i> | \$0 (3) | * |
| CHROMIUM CHLORIDE | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>citrus calcium/vitamin d</i> | \$0 (3) * | |
| <i>clinisol sf 15%</i> | \$0 (1) B/D | |
| COPPER TRACE METAL | \$0 (3) * | |
| <i>cvs calcium 600 + d/minerals</i> | \$0 (3) * | |
| <i>cvs electrolyte solution soln 35meq/l; 30meq/l; 20gm/l; 5gm/l; 20meq/l; 45meq/l</i> | \$0 (3) * | |
| <i>dexferrum</i> | \$0 (3) * | |
| <i>dextrose 10%/nacl 0.45%</i> | \$0 (1) | |
| <i>dextrose 5% /electrolyte #48 viaflex</i> | \$0 (1) | |
| <i>dextrose 10% flex container</i> | \$0 (1) B/D | |
| <i>dextrose 10%/nacl 0.2%</i> | \$0 (1) | |
| <i>dextrose 2.5%/sodium chloride 0.45%</i> | \$0 (1) | |
| <i>dextrose 20%</i> | \$0 (1) B/D | |
| <i>dextrose 25%</i> | \$0 (1) B/D | |
| <i>dextrose 30%</i> | \$0 (1) B/D | |
| <i>dextrose 40%</i> | \$0 (1) B/D | |
| <i>dextrose 5%</i> | \$0 (1) MO | |
| <i>dextrose 5%/lactated ringers</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.2%</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.225%</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.3%</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.33%</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.45%</i> | \$0 (1) | |
| <i>dextrose 5%/nacl 0.9%</i> | \$0 (1) MO | |
| <i>dextrose 5%/potassium chloride 0.15%</i> | \$0 (1) | |
| <i>dextrose 50%</i> | \$0 (1) B/D | |
| <i>dextrose 70%</i> | \$0 (1) B/D | |
| <i>eql oyster shell calcium/vitamin d</i> | \$0 (3) * | |
| FERAHEME | \$0 (3) * | |
| FERRLECIT | \$0 (3) * | |
| <i>ferrous sulfate soln 15mg/ml</i> | \$0 (3) * | |
| FLORIVA LIQD 0.25MG/ML; 400UNIT/ML | \$0 (2) MO | |
| <i>fluoride chew 1.1mg, 2.2mg</i> | \$0 (1) MO | |
| <i>fluoritab chew 0.5mg, 1mg</i> | \$0 (1) | |
| FLURA-DROPS SOLN 0.25MG/DROP | \$0 (2) MO | |
| FULLERS EARTH | \$0 (3) * | |
| <i>gnp calcium 500 +d3</i> | \$0 (3) * | |
| <i>gnp calcium 600 +d plus minerals</i> | \$0 (3) * | |
| <i>gnp calcium 600 +d/minerals</i> | \$0 (3) * | |
| <i>gnp calcium plus 600 +d</i> | \$0 (3) * | |
| <i>gnp pediatric electrolyte soln 35meq/l; 20gm/l; 5gm/l; 20meq/l; 45meq/l</i> | \$0 (3) * | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| GNP VITAMIN D-400 | \$0 (3) | * |
| <i>hepatamine</i> | \$0 (1) | B/D |
| INFED | \$0 (3) | * |
| INTRALIPID INJ 30GM/100ML | \$0 (2) | B/D |
| <i>intralipid inj 20gm/100ml</i> | \$0 (1) | B/D |
| <i>k-sol</i> | \$0 (1) | MO |
| KABIVEN | \$0 (2) | B/D |
| <i>kcl 0.075%/d5w/nacl 0.45%</i> | \$0 (1) | |
| <i>kcl 0.15%/d5w/lr</i> | \$0 (1) | |
| <i>kcl 0.15%/d5w/nacl 0.2%</i> | \$0 (1) | |
| <i>kcl 0.15%/d5w/nacl 0.225%</i> | \$0 (1) | |
| <i>kcl 0.15%/d5w/nacl 0.45%</i> | \$0 (1) | |
| <i>kcl 0.15%/d5w/nacl 0.9%</i> | \$0 (1) | |
| <i>kcl 0.3%/d5w/lr iv lac ring</i> | \$0 (1) | |
| <i>kcl 0.3%/d5w/nacl 0.45%</i> | \$0 (1) | |
| <i>kcl 0.3%/d5w/nacl 0.9%</i> | \$0 (1) | |
| <i>klor-con</i> | \$0 (1) | MO |
| <i>klor-con 10</i> | \$0 (1) | MO |
| <i>klor-con 8</i> | \$0 (1) | MO |
| <i>klor-con m10</i> | \$0 (1) | |
| <i>klor-con m20</i> | \$0 (1) | MO |
| <i>klor-con sprinkle</i> | \$0 (1) | |
| <i>klor-con/ef</i> | \$0 (1) | MO |
| <i>kp calcium 600+d tabs</i> | \$0 (3) | * |
| <i>lactated ringers dextrose 5% viaflex</i> | \$0 (1) | |
| <i>lactated ringers viaflex</i> | \$0 (1) | |
| LIPOSYN III | \$0 (2) | B/D |
| <i>ludent chew 0.5mg, 1mg</i> | \$0 (1) | MO |
| <i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i> | \$0 (1) | |
| <i>magnesium sulfate inj 50%</i> | \$0 (1) | MO |
| MANGANESE TRACE METAL | \$0 (3) | * |
| NEPHRAMINE | \$0 (2) | B/D |
| <i>oralyte</i> | \$0 (3) | * |
| <i>oysco 500+d chew</i> | \$0 (3) | * |
| <i>oyster shell calcium 500</i> | \$0 (3) | * |
| <i>oyster shell calcium/vitamin d tabs 200unit; 500mg</i> | \$0 (3) | * |
| <i>oyster shell/vitamin d</i> | \$0 (3) | * |
| <i>pediatric electrolyte soln 35meq/l; 30meq/l; 25gm/l; 20meq/l; 45meq/l</i> | \$0 (3) | * |
| PERIKABIVEN | \$0 (2) | B/D |
| <i>plenamine</i> | \$0 (1) | B/D |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>potassium chloride 0.15% /nacl 0.45% viaflex</i> | \$0 (1) | |
| <i>potassium chloride 0.15% d5w/nacl 0.33%</i> | \$0 (1) | |
| <i>potassium chloride 0.15% d5w/nacl 0.45%</i> | \$0 (1) | |
| <i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i> | \$0 (1) | |
| <i>potassium chloride 0.15% nacl 0.9%</i> | \$0 (1) | MO |
| <i>potassium chloride 0.15%/nacl 0.9%</i> | \$0 (1) | MO |
| <i>potassium chloride 0.22% d5w/nacl 0.45%</i> | \$0 (1) | |
| <i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i> | \$0 (1) | |
| <i>potassium chloride 0.3%/ nacl 0.9%</i> | \$0 (1) | |
| <i>potassium chloride 0.3%/d5w</i> | \$0 (1) | |
| <i>potassium chloride cr tbcr 10meq, 20meq</i> | \$0 (1) | MO |
| <i>potassium chloride er</i> | \$0 (1) | MO |
| <i>potassium chloride sr</i> | \$0 (1) | MO |
| <i>potassium chloride oral soln</i> | \$0 (1) | MO |
| <i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i> | \$0 (1) | |
| <i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i> | \$0 (1) | MO |
| <i>potassium citrate er</i> | \$0 (1) | MO |
| PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML | \$0 (2) | B/D |
| <i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i> | \$0 (1) | B/D |
| <i>ringers injection</i> | \$0 (1) | |
| <i>risacal-d</i> | \$0 (3) | * |
| <i>sm pediatric electrolyte</i> | \$0 (3) | * |
| <i>sodium chloride 0.45% viaflex</i> | \$0 (1) | |
| <i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i> | \$0 (1) | MO |
| <i>sodium fluoride chew 0.5mg, 1.1mg, 1mg</i> | \$0 (1) | MO |
| <i>sterile water for injection inj 0</i> | \$0 (3) | * |
| <i>sterile water irrigation</i> | \$0 (1) | MO |
| <i>tpn electrolytes</i> | \$0 (1) | |
| VENOFER | \$0 (3) | * |
| <i>vitamins a/d/c/fluoride</i> | \$0 (1) | |

Vitamins

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>a thru z select advanced tabs</i> 60mg; 0; 30mcg; 220mg; 10mg; 20mg; 72mg; 500unit; 45mcg; 0.5mg; 25mcg; 400mcg; 250mcg; 300mcg; 50mg; 2.3mg; 20mg; 5mcg; 30mcg; 80mg; 150mcg; 3mg; 1.7mg; 2mg; 150mcg; 10mcg; 45mcg; 55mcg; 1.5mg; 50unit; 2500unit; 11mg | \$0 (3) | * |
| <i>animal chews chew</i> 60mg; 0; 400unit; 4.5mcg; 300mcg; 10mg; 1.05mg; 1.2mg; 0; 1.05mg; 15unit; 1998unit | \$0 (3) | * |
| <i>antioxidant formula tabs</i> | \$0 (3) | * |
| AQUADEKS CAPS, CHEW | \$0 (3) | * |
| <i>aquadeks liqd</i> | \$0 (3) | * |
| AQUASOL A PARENTERAL | \$0 (3) | * |
| <i>b complex caps</i> 5mg; 1mcg; 60mg; 20mg; 0.5mg; 3mg; 3mg; 60mg | \$0 (3) | * |
| <i>b complex tabs</i> | \$0 (3) | * |
| BAL-CARE DHA | \$0 (2) | MO |
| <i>balance b-50</i> | \$0 (3) | * |
| <i>balanced b-100 tabs</i> 100mcg; 100mg; 100mcg; 100mcg; 100mg; 100mg; 100mg; 100mg; 100mg; 100mg; 100mg | \$0 (3) | * |
| <i>bee zee</i> | \$0 (3) | * |
| <i>brewers yeast tabs</i> 680mg; 240mcg; 70mcg; 150mcg | \$0 (3) | * |
| CALCIUM PNV | \$0 (2) | MO |
| CENTRUM ADULTS | \$0 (3) | * |
| <i>centrum kids complete</i> | \$0 (3) | * |
| CENTRUM SILVER ULTRA MENS | \$0 (3) | * |
| CENTRUM SILVER ULTRA WOMENS | \$0 (3) | * |
| CENTRUM SILVER CHEW | \$0 (3) | * |
| CENTRUM SPECIALIST ENERGY | \$0 (3) | * |
| CENTRUM SPECIALIST HEART | \$0 (3) | * |
| CENTRUM SPECIALIST PRENATAL | \$0 (3) | * |
| CENTRUM SPECIALIST VISION | \$0 (3) | * |
| CENTRUM ULTRA MENS | \$0 (3) | * |
| CENTRUM ULTRA WOMENS | \$0 (3) | * |
| CENTRUM CHEW | \$0 (3) | * |
| CENTRUM LIQD 60MG/15ML; 300MCG/15ML; 25MCG/15ML; 6MCG/15ML; 150MCG/15ML; 9MG/15ML; 2.5MG/15ML; 25MCG/15ML; 20MG/15ML; 10MG/15ML; 2MG/15ML; 1.7MG/15ML; 1.5MG/15ML; 2500UNIT/15ML; 400UNIT/15ML; 30UNIT/15ML; 3MG/15ML | \$0 (3) | * |
| <i>century mature</i> | \$0 (3) | * |
| <i>cerovite advanced formula tabs</i> | \$0 (3) | * |
| <i>cerovite jr</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>cerovite senior</i> | \$0 (3) | * |
| <i>certavite/antioxidants tabs</i> | \$0 (3) | * |
| <i>chewable vite childrens</i> | \$0 (3) | * |
| <i>chewable vite with iron/childrens</i> | \$0 (3) | * |
| CITRANATAL 90 DHA MISC 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 90MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG | \$0 (2) | MO |
| CITRANATAL ASSURE MISC 120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG | \$0 (2) | MO |
| CITRANATAL B-CALM | \$0 (2) | MO |
| CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG | \$0 (2) | MO |
| CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG | \$0 (2) | MO |
| <i>cod liver oil caps 0; 1250unit; 130unit</i> | \$0 (3) | * |
| <i>compete</i> | \$0 (3) | * |
| <i>complete</i> | \$0 (3) | * |
| <i>complete natal dha</i> | \$0 (1) | MO |
| <i>completenate</i> | \$0 (1) | MO |
| CONCEPT DHA | \$0 (2) | MO |
| CONCEPT OB | \$0 (2) | MO |
| <i>cvs daily multiple plus iron</i> | \$0 (3) | * |
| <i>cvs daily multiple tabs 60mg; 0; 10mg; 6mcg; 400unit; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg; 30unit; 5000unit</i> | \$0 (3) | * |
| <i>cvs spectravite advanced formula</i> | \$0 (3) | * |
| <i>cvs stress formula/zinc</i> | \$0 (3) | * |
| <i>cyanocobalamin inj</i> | \$0 (3) | * |
| <i>daily vitamin formula+ir on</i> | \$0 (3) | * |
| <i>dialyvite 800</i> | \$0 (3) | * |
| DIALYVITE 800/ZINC | \$0 (3) | * |
| DIALYVITE 800/ZINC 15 | \$0 (3) | * |
| DRISDOL CAPS | \$0 (3) | * |
| ELDERTONIC | \$0 (3) | * |
| ENBRACE HR | \$0 (2) | |
| ENFAMIL EXPECTA | \$0 (3) | * |
| <i>eq calcium 600+d+minerals</i> | \$0 (3) | * |
| <i>eql folic acid</i> | \$0 (3) | * |
| <i>eql one daily womens</i> | \$0 (3) | * |
| <i>eql ultimate womens century</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ESCAVITE | \$0 (2) | |
| ESCAVITE D | \$0 (2) | |
| ESCAVITE LQ | \$0 (2) | |
| EXTRA-VIRT PLUS DHA | \$0 (2) | MO |
| EZFE FORTE | \$0 (3) | * |
| <i>flintstones plus iron</i> | \$0 (3) | * |
| <i>floriva chew 75mg; 0; 40mcg; 600unit; 1mg; 6mcg; 262mcg; 0; 15mg; 1.8mg; 1.5mg; 0.25mg; 1.3mg; 20unit; 2000unit; 5mg</i> | \$0 (1) | |
| FOCALGIN 90 DHA | \$0 (2) | MO |
| FOCALGIN CA | \$0 (2) | MO |
| FOCALGIN-B | \$0 (2) | |
| FOLCAL DHA | \$0 (2) | MO |
| FOLCAPS OMEGA 3 | \$0 (2) | MO |
| FOLET DHA | \$0 (2) | |
| FOLET ONE | \$0 (2) | |
| FOLIC ACID INJ | \$0 (3) | * |
| <i>folic acid tabs 1mg, 800mcg</i> | \$0 (3) | * |
| FOLIVANE-OB | \$0 (2) | MO |
| FOLIVANE-PRX DHA NF | \$0 (2) | MO |
| <i>geravim</i> | \$0 (3) | * |
| GERITOL COMPLETE TABS 57MG; 6100UNIT; 44MCG; 13MG; 148MG; 20MG; 400UNIT; 12MCG; 1.8MG; 6.7MCG; 0.38MG; 16MG; 86MG; 2.4MG; 20MG; 118MG; 24MCG; 36MG; 120MCG; 2MG; 1.7MG; 1MCG; 1MCG; 1.5MG; 30UNIT; 13.5MG | \$0 (3) | * |
| GERITOL TONIC | \$0 (3) | * |
| <i>gnp b-100 complex prolonged release</i> | \$0 (3) | * |
| <i>gnp century cardio healthformula</i> | \$0 (3) | * |
| <i>gnp century ultimate mens complete</i> | \$0 (3) | * |
| <i>gnp century ultimate mens senior formula</i> | \$0 (3) | * |
| <i>gnp century ultimate womens complete</i> | \$0 (3) | * |
| <i>gnp century ultimate womens senior formula</i> | \$0 (3) | * |
| <i>gnp century tabs 60mg; 0; 30mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.5mg; 6mcg; 18mg; 400mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 75mcg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i> | \$0 (3) | * |
| <i>gnp childrens chewables/extra c</i> | \$0 (3) | * |
| <i>gnp childrens chewables/iron</i> | \$0 (3) | * |
| GNP CHILDRENS COMPLETE CHEWABLES | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>gnp hair/skin/nails tabs</i> 0; 0; 50mg; 0; 10mg; 25mcg; 15mg; 73mg; 50unit; 25mg; 0; 25mcg; 3.5mg; 10mg; 3.3mg; 25mcg; 0; 0; 0; 10mg; 0; 0; 0; 0; 20mg; 0.6mg; 7.5mg; 0; 10mg; 0; 54mg; 150mcg; 897mcg; 6.5mg; 5mg; 10mg; 0; 0; 50mg; 5mg; 0; 25unit; 7.2mg; 0; 2500unit; 0.5mg | \$0 (3) | * |
| <i>gnp healthy eyes</i> | \$0 (3) | * |
| <i>gnp healthy eyes supervision</i> | \$0 (3) | * |
| <i>gnp little ones childrens</i> | \$0 (3) | * |
| <i>gnp mega multi for men</i> | \$0 (3) | * |
| <i>gnp mega multi for women</i> | \$0 (3) | * |
| <i>gnp norwegian cod liver oil</i> | \$0 (3) | * |
| <i>gnp one daily mens health 50+</i> | \$0 (3) | * |
| <i>gnp one daily mens health/lycopene tabs</i> 90mg; 0; 30mcg; 210mg; 5mg; 400unit; 120mcg; 2mg; 18mcg; 400mcg; 600mcg; 120mg; 2mg; 16mg; 20mcg; 100mg; 3mg; 1.7mg; 105mcg; 1.2mg; 45unit; 3500unit; 15mg | \$0 (3) | * |
| <i>gnp one daily womens health</i> | \$0 (3) | * |
| <i>gnp one daily womens health 50+</i> | \$0 (3) | * |
| <i>gnp one daily womens metabolism support tabs</i> 60mg; 0; 30mcg; 120mg; 300mg; 5mg; 800unit; 120mcg; 2mg; 9.5mcg; 18mg; 400mcg; 50mg; 50mg; 2mg; 10mg; 25mcg; 3.2mg; 2.7mg; 20mcg; 2.4mg; 22.5unit; 2500unit; 15mg | \$0 (3) | * |
| GNP PRENATAL | \$0 (3) | * |
| <i>gnp therapeutic-m tabs</i> 90mg; 0; 30mcg; 150mcg; 40mg; 10mg; 7.5mg; 400unit; 50mcg; 2mg; 12mcg; 9mg; 400mcg; 100mg; 2mg; 20mg; 5mcg; 31mg; 28mcg; 7.5mg; 150mcg; 6mg; 3.4mg; 2mg; 10mcg; 75mcg; 70mcg; 10mcg; 3mg; 60unit; 5000unit; 15mg | \$0 (3) | * |
| <i>gnp zoochews gummies</i> | \$0 (3) | * |
| HEMENATAL OB | \$0 (2) | MO |
| HEMENATAL OB + DHA | \$0 (2) | MO |
| <i>hm antioxidant vitamins</i> | \$0 (3) | * |
| HM COMPLETE | \$0 (3) | * |
| HM ONE DAILY WOMENS | \$0 (3) | * |
| <i>hm vitamin b complex/vitamin c</i> | \$0 (3) | * |
| HONEY BEARS | \$0 (3) | * |
| HYDROXOCOBALAMIN | \$0 (3) | * |
| <i>i-vite</i> | \$0 (3) | * |
| <i>i-vite protect</i> | \$0 (3) | * |
| ICAPS AREDS FORMULA | \$0 (3) | * |
| <i>icaps mv</i> | \$0 (3) | * |
| <i>inatal advance</i> | \$0 (1) | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>inatal ultra</i> | \$0 (1) | |
| <i>infuvite adult</i> | \$0 (3) | * |
| <i>infuvite pediatric</i> | \$0 (3) | * |
| <i>kids vitamins complete</i> | \$0 (3) | * |
| <i>kids vitamins plus iron</i> | \$0 (3) | * |
| <i>kp mens daily formula</i> | \$0 (3) | * |
| KP PRENATAL MULTIVITAMINS | \$0 (3) | * |
| <i>lipoflavovit</i> | \$0 (3) | * |
| M.V.I. PEDIATRIC | \$0 (3) | * |
| MEPHYTON | \$0 (3) | * |
| <i>milltrium senior</i> | \$0 (3) | * |
| <i>multi-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i> | \$0 (1) | MO |
| <i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i> | \$0 (1) | MO |
| <i>multi-delyn</i> | \$0 (3) | * |
| MULTI-DELYN/IRON | \$0 (3) | * |
| <i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i> | \$0 (1) | MO |
| <i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i> | \$0 (1) | MO |
| <i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i> | \$0 (1) | MO |
| <i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml</i> | \$0 (1) | MO |
| <i>multilex</i> | \$0 (3) | * |
| <i>multilex-t&m</i> | \$0 (3) | * |
| <i>multiple vitamins/womens tabs 60mg; 0; 450mg; 6mcg; 400mcg; 27mg; 20mg; 10mg; 2mg; 1.7mg; 1.5mg; 5000unit; 400unit; 30unit; 15mg</i> | \$0 (3) | * |
| <i>multivital platinum tabs 60mg; 0; 30mcg; 200mg; 10mg; 72mg; 400unit; 150mcg; 2mg; 25mcg; 18mg; 400mcg; 250mcg; 300mcg; 100mg; 2mg; 20mg; 5mcg; 48mg; 10mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 150mcg; 10mcg; 75mcg; 20mcg; 1.5mg; 45unit; 3500unit; 15mg</i> | \$0 (3) | * |
| <i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mvc-fluoride</i> | \$0 (1) | MO |
| MYKIDZ IRON | \$0 (3) | * |
| NASCOBAL | \$0 (3) | * |
| NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT | \$0 (2) | |
| NATALVIRT 90 DHA | \$0 (2) | MO |
| NATALVIRT CA | \$0 (2) | MO |
| NATELLE ONE | \$0 (2) | MO |
| NEPHRONEX LIQD | \$0 (3) | * |
| NESTABS | \$0 (2) | MO |
| NESTABS DHA | \$0 (2) | MO |
| NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT | \$0 (2) | MO |
| NIVA-PLUS | \$0 (2) | MO |
| <i>novaferrum pediatric multivitamin/iron</i> | \$0 (3) | * |
| O-CAL PRENATAL | \$0 (2) | MO |
| OB COMPLETE GOLD | \$0 (2) | |
| OB COMPLETE ONE | \$0 (2) | MO |
| OB COMPLETE PETITE | \$0 (2) | MO |
| OB COMPLETE PREMIER | \$0 (2) | MO |
| OB COMPLETE/DHA | \$0 (2) | MO |
| <i>ocutabs</i> | \$0 (3) | * |
| <i>ocuvite</i> | \$0 (3) | * |
| OMNICAP | \$0 (3) | * |
| ONCOVITE | \$0 (3) | * |
| <i>one daily adults 50+</i> | \$0 (3) | * |
| <i>one daily complete</i> | \$0 (3) | * |
| <i>one daily for women</i> | \$0 (3) | * |
| ONE-A-DAY CHOLESTEROL PLUS | \$0 (3) | * |
| <i>one-a-day teen advantage for her</i> | \$0 (3) | * |
| ONE-A-DAY TEEN ADVANTAGE FOR HIM | \$0 (3) | * |
| ONE-A-DAY WOMENS FORMULA | \$0 (3) | * |
| PAIRE OB | \$0 (2) | MO |
| PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID | \$0 (2) | MO |
| PNV FOLIC ACID + IRON MULTIVITAMIN | \$0 (2) | MO |
| PNV OB+DHA | \$0 (2) | |
| <i>pnv prenatal plus multivitamin</i> | \$0 (1) | MO |
| <i>pnv tabs 29-1</i> | \$0 (1) | MO |
| <i>pnv-dha</i> | \$0 (1) | MO |
| <i>pnv-select</i> | \$0 (1) | MO |
| PNV-VP-U | \$0 (2) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| POLY-VI-SOL | \$0 (3) | * |
| POLY-VI-SOL/IRON | \$0 (3) | * |
| <i>poly-vita drops</i> | \$0 (3) | * |
| <i>poly-vita/iron drops</i> | \$0 (3) | * |
| <i>poly-vitamin/fluoride chew</i> | \$0 (1) | |
| <i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i> | \$0 (1) | |
| <i>polyvitamin</i> | \$0 (3) | * |
| <i>polyvitamin/iron chew</i> | \$0 (3) | * |
| <i>polyvitamin/iron soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i> | \$0 (3) | * |
| <i>pr natal 400</i> | \$0 (1) | MO |
| <i>pr natal 400 ec</i> | \$0 (1) | MO |
| <i>pr natal 430</i> | \$0 (1) | MO |
| <i>pr natal 430 ec</i> | \$0 (1) | MO |
| PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG | \$0 (2) | MO |
| PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG | \$0 (2) | |
| PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 6MG; 17MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG | \$0 (2) | MO |
| PREFERAOB +DHA | \$0 (2) | MO |
| PREFERAOB ONE | \$0 (2) | MO |
| PRENAISSANCE | \$0 (2) | MO |
| PRENAISSANCE PLUS | \$0 (2) | MO |
| PRENATA | \$0 (2) | MO |
| <i>prenatabs fa</i> | \$0 (1) | MO |
| <i>prenatabs obn</i> | \$0 (1) | |
| <i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i> | \$0 (1) | MO |
| <i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i> | \$0 (1) | MO |
| <i>prenatal plus iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 1mg; 29mg; 20mg; 10mg; 3mg; 1.84mg; 22unit; 4000unit; 25mg</i> | \$0 (1) | MO |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG | \$0 (2) MO | |
| <i>prenatal plus tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i> | \$0 (1) | |
| PRENATAL TABS 100MG; 0; 0; 263MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 11UNIT; 4000UNIT; 25MG | \$0 (3) * | |
| PRENATE AM | \$0 (2) MO | |
| PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT | \$0 (2) | |
| PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG | \$0 (2) | |
| PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT | \$0 (2) | |
| PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT | \$0 (2) MO | |
| PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG | \$0 (2) | |
| PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG | \$0 (2) MO | |
| PRENATE PIXIE | \$0 (2) MO | |
| PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG | \$0 (2) MO | |
| PREQUE 10 | \$0 (2) MO | |
| PRESERVISION AREDS TABS | \$0 (3) * | |
| PRETAB | \$0 (2) | |
| <i>prorenal qd</i> | \$0 (3) * | |
| <i>prorenal vital</i> | \$0 (3) * | |
| <i>prosight</i> | \$0 (3) * | |
| <i>prosight w/lutein</i> | \$0 (3) * | |
| PROVIDA DHA | \$0 (2) | |
| PUREFE OB PLUS | \$0 (2) | |
| PYRIDOXINE HCL INJ | \$0 (3) * | |
| <i>qc therin-m</i> | \$0 (3) * | |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| QUFLORA PEDIATRIC SOLN 45MG/ML; 400UNIT/ML; 1MG/ML; 3MCG/ML; 81MCG/ML; 150MCG/ML; 12MG/ML; 2MG/ML; 1MG/ML; 1MG/ML; 0.5MG/ML; 1MG/ML; 1100UNIT/ML; 12UNIT/ML | \$0 (2) | |
| QUFLORA PEDIATRIC SOLN 35MG/ML; 400UNIT/ML; 1MG/ML; 2MCG/ML; 35MCG/ML; 65MCG/ML; 10MG/ML; 0.8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 1000UNIT/ML; 5UNIT/ML | \$0 (2) | MO |
| <i>ra central-vite</i> | \$0 (3) | * |
| RA CENTRAL-VITE UNDER 50 WOMENS | \$0 (3) | * |
| RELNATE DHA | \$0 (2) | MO |
| <i>risanoid plus</i> | \$0 (3) | * |
| <i>se-natal 19</i> | \$0 (1) | MO |
| <i>se-tan dha</i> | \$0 (1) | MO |
| SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG | \$0 (2) | MO |
| <i>sm complete advanced formula</i> | \$0 (3) | * |
| <i>sm complete tabs 60mg; 0; 30mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.5mg; 6mcg; 18mg; 400mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 75mcg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i> | \$0 (3) | * |
| SM ONE DAILY WOMENS | \$0 (3) | * |
| <i>sm opti-vitamins</i> | \$0 (3) | * |
| <i>stress 500 b-complex/zinc</i> | \$0 (3) | * |
| <i>stress b/zinc</i> | \$0 (3) | * |
| <i>stress formula w/iron</i> | \$0 (3) | * |
| <i>stress formula/zinc tabs 500mg; 45mcg; 20mg; 3mg; 12mcg; 400mcg; 100mg; 5mg; 10mg; 10mg; 30unit; 23.9mg, 500mg; 45mcg; 3mg; 12mcg; 400mcg; 100mg; 20mg; 5mg; 10mg; 15mg; 30unit; 23.9mg, 600mg; 45mg; 3mg; 12mcg; 400mcg; 100mg; 20mg; 5mg; 10mg; 15mg; 30unit; 23.9mg</i> | \$0 (3) | * |
| <i>stress formula tabs 500mg; 45mcg; 12mcg; 400mcg; 100mg; 20mg; 3mg; 10mg; 10mg; 30unit</i> | \$0 (3) | * |
| STUART ONE | \$0 (3) | * |
| <i>superplex-t</i> | \$0 (3) | * |
| TAB-A-VITE WOMENS | \$0 (3) | * |
| TARON-PREX | \$0 (2) | MO |
| <i>th cod liver oil</i> | \$0 (3) | * |
| <i>th premium daily multiple</i> | \$0 (3) | * |
| <i>th theradex-m</i> | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>th vision vitamins/lutein</i> | \$0 (3) | * |
| THERA M PLUS | \$0 (3) | * |
| THERA-M TABS 90MG; 0; 30MCG; 30MG; 10MG; 50MCG; 2MG; 12MCG; 400UNIT; 9MG; 400MCG; 100MG; 2MG; 20MG; 5MCG; 23MG; 28MCG; 7.5MG; 7MG; 150MCG; 6MG; 3.4MG; 6MG; 150MCG; 10MCG; 75MCG; 70MCG; 10MCG; 3MG; 60UNIT; 5000UNIT; 15MG | \$0 (3) | * |
| <i>thera-m tabs 90mg; 0; 30mcg; 150mcg; 40mg; 7.5mg; 26mcg; 2mg; 9mcg; 400mcg; 150mcg; 18mg; 100mg; 3.5mg; 32mcg; 20mg; 5mcg; 10mg; 31mg; 7.5mg; 3mg; 3.4mg; 21mcg; 2mg; 3mg; 10mcg; 10mcg; 5000unit; 400unit; 30unit; 28mcg; 15mg</i> | \$0 (3) | * |
| THERA/BETA-CAROTENE | \$0 (3) | * |
| <i>thera tabs 90mg; 30mcg; 9mcg; 400mcg; 20mg; 10mg; 3mg; 3.4mg; 3mg; 5000unit; 400unit; 30unit</i> | \$0 (3) | * |
| <i>therems</i> | \$0 (3) | * |
| THEREMS-H | \$0 (3) | * |
| THEREMS-M | \$0 (3) | * |
| <i>thiamine hcl inj</i> | \$0 (3) | * |
| <i>thrivite rx</i> | \$0 (1) | MO |
| TL FOLATE | \$0 (2) | |
| TL-CARE DHA | \$0 (2) | MO |
| TL-SELECT | \$0 (2) | MO |
| TRI-VI-SOL | \$0 (3) | * |
| <i>tri-vit/fluoride</i> | \$0 (1) | MO |
| <i>tri-vit/fluoride/iron</i> | \$0 (1) | MO |
| <i>tri-vita</i> | \$0 (3) | * |
| <i>tri-vitamin/fluoride</i> | \$0 (1) | MO |
| <i>triadvance</i> | \$0 (1) | |
| <i>tricare</i> | \$0 (1) | MO |
| TRICARE PRENATAL COMPLEAT | \$0 (2) | MO |
| TRICARE PRENATAL DHA ONE | \$0 (2) | MO |
| TRINATAL GT | \$0 (2) | MO |
| <i>trinatal rx 1</i> | \$0 (1) | MO |
| <i>triple-vitamin/fluoride</i> | \$0 (1) | MO |
| TRISTART DHA | \$0 (2) | |
| TRIVEEN-DUO DHA | \$0 (2) | MO |
| TRIVEEN-PRX RNF | \$0 (2) | MO |
| TROMBONEX | \$0 (3) | * |
| <i>ultimatecare one nf</i> | \$0 (1) | MO |
| ULTRA WOMAN | \$0 (3) | * |
| UNICOMPLEX-M | \$0 (3) | * |

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| VEMAVITE-PRX 2 | \$0 (2) | MO |
| VENA-BAL DHA | \$0 (2) | MO |
| VIACTIV | \$0 (3) | * |
| VIRT-ADVANCE | \$0 (2) | MO |
| VIRT-C DHA | \$0 (2) | MO |
| VIRT-CARE ONE | \$0 (2) | MO |
| VIRT-PN | \$0 (2) | MO |
| VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT | \$0 (2) | MO |
| VIRT-PN PLUS | \$0 (2) | MO |
| VIRT-SELECT | \$0 (2) | MO |
| VITAFOL FE+ | \$0 (2) | |
| VITAFOL-ONE | \$0 (2) | MO |
| <i>vitalee</i> | \$0 (3) | * |
| VITALETS CHILDRENS CHEW 40MG; 0; 150MCG; 80MG; 0; 5MG; 3MCG; 200UNIT; 10MG; 200MCG; 20MG; 0.1MG; 10MG; 60MG; 1MG; 0.85MG; 0.75MG; 2500UNIT; 15UNIT; 0.8MG | \$0 (3) | * |
| VITALETS CHEW 40MG; 0; 150MCG; 80MG; 3MCG; 200UNIT; 10MG; 200MCG; 20MG; 0.1MG; 10MG; 5MG; 60MG; 1MG; 0.85MG; 0.75MG; 2500UNIT; 15UNIT; 0.8MG | \$0 (3) | * |
| VITAMEDMD ONE RX/QUATREFOLIC | \$0 (2) | MO |
| VITAMEDMD PLUS RX/QUATRE FOLIC | \$0 (2) | MO |
| <i>vitamin b complex tabs 2mcg; 15mg; 5mg; 2mg; 2mg; 2mg</i> | \$0 (3) | * |
| <i>vitamin d3 tabs 400unit</i> | \$0 (3) | * |
| VITAMIN K1 INJ 10MG/ML | \$0 (3) | * |
| <i>vitamin k1 inj 1mg/0.5ml</i> | \$0 (3) | * |
| <i>vitamins & minerals</i> | \$0 (3) | * |
| <i>vitamins a/c/d/fluoride</i> | \$0 (1) | MO |
| VOL-NATE | \$0 (2) | MO |
| VOL-PLUS | \$0 (2) | MO |
| VP CH ULTRA | \$0 (2) | MO |
| VP-CH-PNV | \$0 (2) | MO |
| VP-HEME OB | \$0 (2) | MO |
| VP-PNV-DHA | \$0 (2) | MO |
| <i>womens one daily</i> | \$0 (3) | * |
| ZATEAN-CH | \$0 (2) | MO |
| ZATEAN-PN | \$0 (2) | MO |
| ZATEAN-PN DHA | \$0 (2) | MO |
| ZATEAN-PN PLUS | \$0 (2) | MO |
| ZINC LOZG 100MG; 10MG; 50MG; 500UNIT; 15MG | \$0 (3) | * |

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

Index

| Drug Name | Page # |
|---|--------|
| 8-MOP | 35 |
| <i>a thru z select advanced</i> | 69 |
| <i>abacavir</i> | 24 |
| <i>abacavir sulfate/lamivudine/zidovudine</i> | 24 |
| ABELCET | 13 |
| ABILIFY | 22 |
| ABILIFY DISCMELT | 22 |
| ABILIFY MAINTENA | 22 |
| ABRAXANE | 16 |
| <i>acamprosate calcium dr</i> | 5 |
| <i>acarbose</i> | 26 |
| <i>acebutolol hcl</i> | 31 |
| <i>acephen</i> | 1 |
| <i>acetaminophen</i> | 1 |
| <i>acetaminophen/codeine</i> | 3 |
| <i>acetaminophen/codeine #3</i> | 3 |
| <i>acetazol hc</i> | 59 |
| <i>acetazolamide</i> | 32 |
| <i>acetazolamide er</i> | 32 |
| <i>acetic acid</i> | 59 |
| <i>acetic acid/aluminum acetate</i> | 59 |
| <i>acetylcysteine</i> | 62 |
| <i>acid gone</i> | 39 |
| <i>acitretin</i> | 35 |
| ACNE MEDICATION 10 | 35 |
| ACNE MEDICATION 5 | 35 |
| ACTHIB | 54 |
| ACTIMMUNE | 54 |
| ACUVAIL | 58 |
| <i>acyclovir</i> | 26 |
| <i>acyclovir sodium</i> | 26 |
| ADACEL | 54 |
| ADAGEN | 38 |
| ADASUVE | 21 |
| <i>adefovir dipivoxil</i> | 23 |
| ADEMPAS | 62 |
| <i>adrucil</i> | 16 |
| ADVAIR DISKUS | 59 |
| ADVAIR HFA | 59 |
| ADVIL | 1 |
| <i>advil junior strength</i> | 1 |
| AFINITOR | 19 |
| AFINITOR DISPERZ | 19 |
| AGGRENOX | 29 |

| Drug Name | Page # |
|--------------------------------------|--------|
| <i>a-hydrocort</i> | 45 |
| <i>ak-poly-bac</i> | 57 |
| <i>akwa tears</i> | 57 |
| <i>ala cort</i> | 45 |
| <i>alavert</i> | 60 |
| ALBENZA | 20 |
| <i>albuterol sulfate</i> | 61 |
| <i>albuterol sulfate er</i> | 61 |
| <i>alclometasone dipropionate</i> | 45 |
| ALCOHOL PREP PADS | 56 |
| ALDURAZYME | 38 |
| <i>alendronate sodium</i> | 55 |
| ALIMTA | 16 |
| ALINIA | 20 |
| ALKERAN | 15 |
| <i>all day allergy childrens</i> | 60 |
| <i>all day pain relief</i> | 1 |
| <i>allergy</i> | 60 |
| <i>allopurinol</i> | 14 |
| <i>almacone</i> | 39 |
| <i>almacone double strength</i> | 39 |
| ALOE VESTA SKIN CONDITIONER | 35 |
| <i>alosetron hydrochloride</i> | 41 |
| ALPHAGAN P | 58 |
| <i>alprazolam</i> | 26 |
| ALTABAX | 35 |
| <i>altamist</i> | 62 |
| <i>altavera</i> | 47 |
| <i>aluminum hydroxide</i> | 39 |
| <i>alyacen 1/35</i> | 47 |
| <i>alyacen 7/7/7</i> | 47 |
| <i>amantadine hcl</i> | 21 |
| AMBISOME | 13 |
| <i>amcinonide</i> | 45 |
| <i>amethia</i> | 47 |
| <i>amethia lo</i> | 47 |
| <i>amethyst</i> | 47 |
| <i>amifostine</i> | 16 |
| <i>amikacin sulfate</i> | 5 |
| <i>amiloride hcl</i> | 32 |
| <i>amiloride/hydrochlorothiazide</i> | 32 |
| <i>aminophylline</i> | 62 |
| AMINOSYN | 65 |
| AMINOSYN 7%/ELECTROLYTES | 64 |
| <i>aminosyn 8.5%/electrolytes</i> | 64 |
| AMINOSYN II | 64 |
| <i>aminosyn ii 8.5%/electrolytes</i> | 64 |

| Drug Name | Page # |
|--|--------|
| AMINOSYN M | 64 |
| AMINOSYN-HBC | 64 |
| AMINOSYN-PF | 64 |
| AMINOSYN-PF 7% | 64 |
| AMINOSYN-RF | 64 |
| <i>amiodarone hcl</i> | 30 |
| AMITIZA | 41 |
| <i>amitriptyline hcl</i> | 13 |
| <i>amlodipine besylate</i> | 31 |
| <i>amlodipine besylate/atorvastatin calcium</i> | 31 |
| <i>amlodipine besylate/benazepril hydrochloride</i> | 31 |
| <i>amlodipine besylate/valsartan</i> | 31 |
| <i>amlodipine/valsartan/hctz</i> | 31 |
| <i>ammonium lactate</i> | 35 |
| <i>amnesteem</i> | 35 |
| <i>amoxapine</i> | 13 |
| <i>amoxicillin</i> | 8 |
| <i>amoxicillin/clavulanate potassium</i> | 8 |
| <i>amoxicillin/clavulanate potassium er</i> | 8 |
| <i>amphetamine/dextroamphetamine</i> | 34 |
| <i>amphotericin b</i> | 13 |
| <i>ampicillin</i> | 8 |
| <i>ampicillin sodium</i> | 8 |
| <i>ampicillin-sulbactam</i> | 8 |
| AMPYRA | 34 |
| ANADROL-50 | 47 |
| <i>anagrelide hydrochloride</i> | 28 |
| <i>anastrozole</i> | 19 |
| ANDROGEL | 47 |
| ANDROGEL PUMP | 47 |
| <i>animal chews</i> | 69 |
| ANORO ELLIPTA | 61 |
| <i>antacid</i> | 39 |
| <i>antacid fast acting</i> | 39 |
| <i>antacid maximum strength</i> | 39 |
| <i>antacid plus anti-gas relief</i> | 39 |
| <i>antacid plus anti-gas relief maximum strength</i> | 39 |
| <i>antacid regular strength</i> | 39 |
| <i>antibiotic ear</i> | 59 |
| <i>anti-diarrheal</i> | 39 |
| <i>antifungal</i> | 35 |
| <i>anti-nausea</i> | 39 |
| <i>antioxidant formula</i> | 69 |
| <i>apap extra strength</i> | 1 |
| APOKYN | 21 |

| Drug Name | Page # |
|--------------------------------------|--------|
| <i>apraclonidine</i> | 58 |
| <i>apri</i> | 47 |
| APRISO | 55 |
| APTIOM | 9 |
| APTIVUS | 25 |
| AQUADEKS | 69 |
| AQUASOL A PARENTERAL | 69 |
| <i>aranelle</i> | 47 |
| ARANESP ALBUMIN FREE | 28 |
| ARCALYST | 54 |
| ARCAPTA NEOHALER | 61 |
| <i>aripiprazole</i> | 22 |
| <i>aripiprazole odt</i> | 22 |
| ARISTADA | 22 |
| ARRANON | 16 |
| <i>artificial tears</i> | 57 |
| ARZERRA | 20 |
| ASACOL HD | 55 |
| <i>ashlyna</i> | 47 |
| ASMANEX HFA | 59 |
| ASMANEX TWISTHALER 120 METERED DOSES | 59 |
| ASMANEX TWISTHALER 14 METERED DOSES | 59 |
| ASMANEX TWISTHALER 30 METERED DOSES | 60 |
| ASMANEX TWISTHALER 60 METERED DOSES | 60 |
| ASMANEX TWISTHALER 7 METERED DOSES | 60 |
| <i>aspir-81</i> | 1 |
| <i>aspirin</i> | 1 |
| <i>aspirin childrens</i> | 1 |
| <i>aspirin ec</i> | 1 |
| <i>aspirin ec low dose</i> | 1 |
| <i>aspirin low dose</i> | 1 |
| <i>aspirin/dipyridamole</i> | 29 |
| <i>aspir-low</i> | 1 |
| <i>atenolol</i> | 31 |
| <i>atenolol/chlorthalidone</i> | 31 |
| ATGAM | 53 |
| <i>atorvastatin calcium</i> | 33 |
| <i>atovaquone</i> | 20 |
| <i>atovaquone/proguanil hcl</i> | 20 |
| ATRIPLA | 24 |
| <i>atropine sulfate</i> | 57 |
| <i>aubra</i> | 47 |

| Drug Name | Page # |
|---|--------|
| <i>augmented betamethasone dipropionate</i> | 45 |
| AURYXIA | 44 |
| AVASTIN | 17 |
| <i>aviane</i> | 47 |
| <i>avita</i> | 35 |
| <i>ayr</i> | 62 |
| <i>azacitidine</i> | 17 |
| AZASITE | 57 |
| <i>azathioprine</i> | 53 |
| <i>azelastine hcl</i> | 58 |
| <i>azelastine hcl</i> | 60 |
| AZILECT | 21 |
| <i>azithromycin</i> | 8 |
| AZOPT | 59 |
| <i>aztreonam</i> | 8 |
| <i>azurette</i> | 47 |
| <i>b complex</i> | 69 |
| <i>baciim</i> | 6 |
| <i>bacitracin</i> | 6 |
| <i>bacitracin</i> | 35 |
| <i>bacitracin</i> | 57 |
| <i>bacitracin zinc</i> | 35 |
| <i>bacitracin/neomycin/polymyxin</i> | 35 |
| <i>bacitracin/neomycin/polymyxin</i> | 57 |
| <i>bacitracin/polymyxin b</i> | 57 |
| <i>baclofen</i> | 23 |
| BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL | 65 |
| <i>balance b-50</i> | 69 |
| <i>balanced b-100</i> | 69 |
| BAL-CARE DHA | 69 |
| <i>balsalazide disodium</i> | 55 |
| <i>balziva</i> | 47 |
| <i>banophen</i> | 60 |
| BANZEL | 10 |
| BARACLUDE | 23 |
| <i>baycadron</i> | 45 |
| <i>baza antifungal</i> | 35 |
| <i>baza protect</i> | 35 |
| <i>bcg vaccine</i> | 54 |
| <i>bedding spray lice treatment step 3</i> | 21 |
| <i>bee zee</i> | 69 |
| BELEODAQ | 17 |
| <i>benazepril hcl</i> | 30 |
| <i>benazepril hcl/hydrochlorothiazide</i> | 30 |
| BENLYSTA | 54 |
| BENZOYL PEROXIDE | 35 |

| Drug Name | Page # |
|--|--------|
| <i>benztropine mesylate</i> | 21 |
| BESIVANCE | 57 |
| BETADINE SKIN CLEANSER | 35 |
| BETADINE SWAB AID | 35 |
| BETADINE SWABSTICKS | 35 |
| <i>betamethasone dipropionate</i> | 45 |
| <i>betamethasone valerate</i> | 45 |
| <i>betasept surgical scrub</i> | 35 |
| <i>betaxolol hcl</i> | 31 |
| <i>betaxolol hcl</i> | 59 |
| <i>bethanechol chloride</i> | 44 |
| BETIMOL | 59 |
| BETOPTIC-S | 59 |
| <i>bexarotene</i> | 20 |
| BEXSERO | 54 |
| <i>bicalutamide</i> | 16 |
| BICILLIN L-A | 8 |
| BICNU | 17 |
| <i>bisac-evac</i> | 41 |
| <i>bisacodyl</i> | 41 |
| <i>bisacodyl ec</i> | 41 |
| <i>biscolax</i> | 41 |
| <i>bismatrol</i> | 39 |
| <i>bismatrol maximum strength</i> | 39 |
| <i>bisoprolol fumarate</i> | 31 |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | 31 |
| <i>bleomycin sulfate</i> | 17 |
| BLINCYTO | 20 |
| <i>blisovi 24 fe</i> | 48 |
| <i>blisovi fe 1.5/30</i> | 48 |
| <i>blisovi fe 1/20</i> | 48 |
| BOOSTRIX | 54 |
| BOSULIF | 19 |
| BREO ELLIPTA | 60 |
| <i>brewers yeast</i> | 69 |
| <i>briellyn</i> | 48 |
| BRILINTA | 29 |
| <i>brimonidine tartrate</i> | 59 |
| BRINTELLIX | 12 |
| <i>bromocriptine mesylate</i> | 21 |
| <i>budesonide</i> | 45 |
| <i>budesonide</i> | 60 |
| <i>bumetanide</i> | 32 |
| BUPHENYL | 38 |
| <i>buprenorphine hcl</i> | 5 |
| <i>buprenorphine hcl/naloxone hcl</i> | 5 |
| <i>buproban</i> | 5 |

| Drug Name | Page # |
|--|--------|
| <i>cefuroxime axetil</i> | 7 |
| <i>cefuroxime sodium</i> | 7 |
| <i>cefuroxime/dextrose</i> | 7 |
| <i>celecoxib</i> | 2 |
| CELLCEPT | 53 |
| CELLCEPT INTRAVENOUS | 53 |
| CELONTIN | 9 |
| CENTRUM | 69 |
| CENTRUM ADULTS | 69 |
| <i>centrum kids complete</i> | 69 |
| CENTRUM SILVER | 69 |
| CENTRUM SILVER ULTRA MENS | 69 |
| CENTRUM SILVER ULTRA WOMENS | 69 |
| CENTRUM SPECIALIST ENERGY | 69 |
| CENTRUM SPECIALIST HEART | 69 |
| CENTRUM SPECIALIST PRENATAL | 69 |
| CENTRUM SPECIALIST VISION | 69 |
| CENTRUM ULTRA MENS | 69 |
| CENTRUM ULTRA WOMENS | 69 |
| <i>century mature</i> | 69 |
| <i>cephalexin</i> | 7 |
| CEREZYME | 38 |
| <i>cerovite advanced formula</i> | 69 |
| <i>cerovite jr</i> | 69 |
| <i>cerovite senior</i> | 70 |
| <i>certavite/antioxidants</i> | 70 |
| CERVARIX | 54 |
| <i>cetirizine hcl</i> | 60 |
| <i>cetirizine hcl allergy childrens</i> | 60 |
| <i>cetirizine hcl childrens</i> | 60 |
| <i>cetirizine hcl childrens allergy</i> | 60 |
| <i>cetirizine hcl hives relief childrens</i> | 60 |
| CETROTIDE | 52 |
| CHANTIX | 5 |
| CHANTIX CONTINUING MONTH PAK | 5 |
| CHANTIX STARTING MONTH PAK | 5 |
| <i>chateal</i> | 48 |
| CHERRY SYRUP | 56 |
| <i>chewable vite childrens</i> | 70 |
| <i>chewable vite with iron/childrens</i> | 70 |
| <i>childrens aspirin</i> | 2 |
| <i>childrens aspirin low strength</i> | 2 |
| <i>childrens silapap</i> | 1 |
| <i>chloramphenicol sodium succinate</i> | 6 |
| <i>chlorhexidine gluconate oral rinse</i> | 34 |
| <i>chloroquine phosphate</i> | 20 |
| <i>chlorothiazide</i> | 32 |

| Drug Name | Page # |
|--|--------|
| <i>chlorpromazine hcl</i> | 21 |
| <i>chlorthalidone</i> | 32 |
| <i>chlorzoxazone</i> | 63 |
| <i>cholestyramine</i> | 33 |
| <i>cholestyramine light</i> | 33 |
| CHROMIUM CHLORIDE | 65 |
| <i>ciclodan</i> | 14 |
| <i>ciclopirox</i> | 14 |
| <i>ciclopirox nail lacquer</i> | 14 |
| <i>ciclopirox olamine</i> | 14 |
| <i>cilostazol</i> | 29 |
| <i>cimetidine</i> | 40 |
| <i>cimetidine hcl</i> | 40 |
| CIMZIA | 53 |
| CIMZIA STARTER KIT | 53 |
| CINRYZE | 53 |
| <i>ciprofloxacin</i> | 9 |
| <i>ciprofloxacin er</i> | 9 |
| <i>ciprofloxacin hcl</i> | 9 |
| <i>ciprofloxacin hcl</i> | 57 |
| <i>ciprofloxacin i.v.-in d5w</i> | 9 |
| <i>cisplatin</i> | 17 |
| <i>citalopram hydrobromide</i> | 12 |
| CITRANATAL 90 DHA | 70 |
| CITRANATAL ASSURE | 70 |
| CITRANATAL B-CALM | 70 |
| CITRANATAL DHA | 70 |
| CITRANATAL RX | 70 |
| CITRUCEL FIBER LAXATIVE | 41 |
| <i>citrus calcium/vitamin d</i> | 66 |
| <i>cladribine</i> | 17 |
| <i>claravis</i> | 35 |
| <i>clarithromycin</i> | 8 |
| <i>clemastine fumarate</i> | 60 |
| <i>clindamax</i> | 6 |
| <i>clindamycin hcl</i> | 6 |
| <i>clindamycin palmitate hcl</i> | 6 |
| <i>clindamycin phosphate</i> | 6 |
| <i>clindamycin phosphate</i> | 35 |
| <i>clindamycin phosphate add-vantage</i> | 6 |
| <i>clindamycin phosphate in d5w</i> | 6 |
| <i>clindamycin/benzoyl peroxide</i> | 36 |
| <i>clinisol sf 15%</i> | 66 |
| <i>clinpro 5000</i> | 34 |
| <i>clobetasol propionate</i> | 45 |
| <i>clobetasol propionate e</i> | 45 |
| <i>clobetasol propionate emollient</i> | 45 |

| Drug Name | Page # |
|--|--------|
| CLOLAR | 17 |
| <i>clomipramine hcl</i> | 13 |
| <i>clonazepam</i> | 10 |
| <i>clonazepam odt</i> | 10 |
| <i>clonidine hcl</i> | 29 |
| <i>clopidogrel</i> | 29 |
| <i>clorazepate dipotassium</i> | 26 |
| <i>clotrimazole</i> | 14 |
| <i>clotrimazole</i> | 44 |
| <i>clotrimazole/betamethasone dipropionate</i> | 14 |
| <i>clozapine</i> | 23 |
| <i>clozapine odt</i> | 23 |
| COARTEM | 20 |
| <i>cod liver oil</i> | 70 |
| <i>codeine sulfate</i> | 3 |
| COLACE | 41 |
| COLACE CLEAR | 41 |
| <i>colchicine</i> | 14 |
| COLCRYS | 14 |
| <i>colestipol hcl</i> | 33 |
| <i>colistimethate sodium</i> | 6 |
| <i>colocort</i> | 45 |
| COMBIGAN | 56 |
| COMBIVENT RESPIMAT | 61 |
| COMETRIQ | 19 |
| <i>compazine</i> | 21 |
| <i>compete</i> | 70 |
| COMPLERA | 24 |
| <i>complete</i> | 70 |
| <i>complete natal dha</i> | 70 |
| <i>completenate</i> | 70 |
| COMPOUND W | 36 |
| <i>compro</i> | 21 |
| COMVAX | 54 |
| CONCEPT DHA | 70 |
| CONCEPT OB | 70 |
| <i>condoms</i> | 56 |
| <i>constulose</i> | 41 |
| COPAXONE | 34 |
| COPPER TRACE METAL | 66 |
| CORLANOR | 32 |
| <i>cormax scalp application</i> | 45 |
| <i>cortisone acetate</i> | 45 |
| COSMEGEN | 17 |
| COTELLIC | 17 |
| <i>cough syrup</i> | 62 |
| CREON | 38 |

| Drug Name | Page # |
|---|--------|
| CRESTOR | 33 |
| <i>critic-aid clear af</i> | 36 |
| CRIXIVAN | 25 |
| <i>cromolyn sodium</i> | 39 |
| <i>cromolyn sodium</i> | 58 |
| <i>cromolyn sodium</i> | 61 |
| <i>cryselle-28</i> | 48 |
| CUBICIN | 6 |
| CUPRIMINE | 64 |
| <i>cvs antacid ultra strength</i> | 39 |
| <i>cvs calcium 600 + d/minerals</i> | 66 |
| <i>cvs daily multiple</i> | 70 |
| <i>cvs daily multiple plus iron</i> | 70 |
| <i>cvs electrolyte solution</i> | 66 |
| <i>cvs fiber laxative</i> | 41 |
| <i>cvs iron</i> | 64 |
| CVS ISOPROPYL ALCOHOL | 6 |
| <i>cvs saline nasal spray</i> | 62 |
| <i>cvs saline nose spray</i> | 62 |
| <i>cvs spectravite advanced formula</i> | 70 |
| <i>cvs stress formula/zinc</i> | 70 |
| <i>cyanocobalamin</i> | 70 |
| <i>cyclafem 1/35</i> | 48 |
| <i>cyclafem 7/7/7</i> | 48 |
| <i>cyclobenzaprine hcl</i> | 63 |
| <i>cyclophosphamide</i> | 15 |
| <i>cycloserine</i> | 15 |
| <i>cyclosporine</i> | 53 |
| <i>cyclosporine modified</i> | 53 |
| CYRAMZA | 20 |
| <i>cyred</i> | 48 |
| CYSTADANE | 38 |
| CYSTAGON | 38 |
| CYSTARAN | 57 |
| <i>cytarabine aqueous</i> | 17 |
| <i>dacarbazine</i> | 17 |
| <i>daily vitamin formula+ir on</i> | 70 |
| DALIRESP | 62 |
| DALVANCE | 6 |
| <i>danazol</i> | 47 |
| <i>dantrolene sodium</i> | 23 |
| <i>dapsone</i> | 15 |
| DAPTACEL | 54 |
| DARAPRIM | 20 |
| DARZALEX | 20 |
| <i>dasetta 1/35</i> | 48 |
| <i>dasetta 7/7/7</i> | 48 |

| Drug Name | Page # |
|---|--------|
| <i>daunorubicin hcl</i> | 17 |
| DAUNOXOME | 17 |
| <i>daysee</i> | 48 |
| <i>deblitane</i> | 51 |
| <i>decitabine</i> | 17 |
| <i>deep sea nasal spray</i> | 62 |
| <i>deltasone</i> | 45 |
| <i>delyla</i> | 48 |
| DELZICOL | 55 |
| DENAVIR | 26 |
| <i>dentagel</i> | 34 |
| DEPEN TITRATABS | 64 |
| DEPOCYT | 16 |
| DEPO-ESTRADIOL | 48 |
| DEPO-PROVERA | 51 |
| <i>desenex shake powder</i> | 36 |
| <i>desipramine hcl</i> | 13 |
| <i>desmopressin acetate</i> | 47 |
| <i>desogestrel/ethinyl estradiol</i> | 48 |
| <i>desonide</i> | 45 |
| <i>desoximetasone</i> | 45 |
| <i>desvenlafaxine er</i> | 12 |
| <i>dexamethasone</i> | 45 |
| DEXAMETHASONE INTENSOL | 45 |
| <i>dexamethasone sodium phosphate</i> | 45 |
| <i>dexamethasone sodium phosphate</i> | 58 |
| <i>dexferrum</i> | 66 |
| <i>dexrazoxane</i> | 17 |
| <i>dextroamphetamine sulfate</i> | 34 |
| <i>dextrose 10%/nacl 0.45%</i> | 66 |
| <i>dextrose 5%/electrolyte #48 viaflex</i> | 66 |
| <i>dextrose 10% flex container</i> | 66 |
| <i>dextrose 10%/nacl 0.2%</i> | 66 |
| <i>dextrose 2.5%/sodium chloride 0.45%</i> | 66 |
| <i>dextrose 20%</i> | 66 |
| <i>dextrose 25%</i> | 66 |
| <i>dextrose 30%</i> | 66 |
| <i>dextrose 40%</i> | 66 |
| <i>dextrose 5%</i> | 66 |
| <i>dextrose 5%/lactated ringers</i> | 66 |
| <i>dextrose 5%/nacl 0.2%</i> | 66 |
| <i>dextrose 5%/nacl 0.225%</i> | 66 |
| <i>dextrose 5%/nacl 0.3%</i> | 66 |
| <i>dextrose 5%/nacl 0.33%</i> | 66 |
| <i>dextrose 5%/nacl 0.45%</i> | 66 |
| <i>dextrose 5%/nacl 0.9%</i> | 66 |
| <i>dextrose 5%/potassium chloride 0.15%</i> | 66 |

| Drug Name | Page # |
|--|--------|
| <i>dextrose 50%</i> | 66 |
| <i>dextrose 70%</i> | 66 |
| <i>dialyvite 800</i> | 70 |
| DIALYVITE 800/ZINC | 70 |
| DIALYVITE 800/ZINC 15 | 70 |
| <i>diazepam</i> | 10 |
| <i>diazepam</i> | 26 |
| <i>diazepam intensol</i> | 26 |
| <i>dibucaine</i> | 36 |
| <i>diclofenac potassium</i> | 2 |
| <i>diclofenac sodium dr</i> | 2 |
| <i>diclofenac sodium er</i> | 2 |
| <i>dicloxacillin sodium</i> | 8 |
| <i>dicyclomine hcl</i> | 39 |
| <i>didanosine</i> | 24 |
| DIFICID | 8 |
| <i>diflorasone diacetate</i> | 45 |
| <i>diflunisal</i> | 2 |
| <i>digitek</i> | 32 |
| <i>digox</i> | 32 |
| <i>digoxin</i> | 32 |
| <i>dihydroergotamine mesylate</i> | 14 |
| DILANTIN | 10 |
| <i>diltiazem cd</i> | 31 |
| <i>diltiazem hcl</i> | 31 |
| <i>diltiazem hcl cd</i> | 31 |
| <i>diltiazem hcl er</i> | 31 |
| <i>dilt-xr</i> | 31 |
| <i>dimenhydrinate</i> | 39 |
| <i>diocto</i> | 41 |
| <i>diphenatol</i> | 39 |
| <i>diphenhydramine hcl</i> | 60 |
| <i>diphenoxylate/atropine</i> | 39 |
| <i>diphtheria/tetanus toxoids adsorbed</i> | 54 |
| <i>pediatric</i> | |
| <i>disopyramide phosphate</i> | 30 |
| <i>disulfiram</i> | 5 |
| <i>divalproex sodium</i> | 10 |
| <i>divalproex sodium dr</i> | 10 |
| <i>divalproex sodium er</i> | 10 |
| DOCEFREZ | 17 |
| <i>docetaxel</i> | 17 |
| <i>docqlace</i> | 41 |
| <i>doc-q-lax</i> | 41 |
| <i>docu</i> | 41 |
| <i>docusate sodium & senna stimulant</i> | 41 |
| <i>laxative/stool softener</i> | |

| Drug Name | Page # |
|---|--------|
| <i>docusil</i> | 41 |
| <i>dok</i> | 41 |
| <i>donepezil hcl</i> | 11 |
| <i>dorzolamide hcl</i> | 59 |
| <i>dorzolamide hcl/timolol maleate</i> | 59 |
| <i>double antibiotic</i> | 36 |
| <i>doxazosin mesylate</i> | 29 |
| <i>doxepin hcl</i> | 13 |
| <i>doxercalciferol</i> | 55 |
| <i>doxorubicin hcl</i> | 17 |
| <i>doxorubicin hcl liposome</i> | 17 |
| <i>doxy 100</i> | 9 |
| <i>doxycycline</i> | 9 |
| <i>doxycycline hyclate</i> | 9 |
| <i>doxycycline hyclate dr</i> | 9 |
| <i>doxycycline monohydrate</i> | 9 |
| <i>driminate</i> | 39 |
| DRISDOL | 70 |
| <i>dronabinol</i> | 13 |
| <i>drospirenone/ethinyl estradiol</i> | 48 |
| DROXIA | 16 |
| <i>ducodyl</i> | 41 |
| <i>duloxetine hcl</i> | 12 |
| <i>duloxetine hcl</i> | 26 |
| <i>duofilm</i> | 36 |
| <i>duramorph</i> | 3 |
| DUREZOL | 58 |
| <i>dutasteride</i> | 44 |
| <i>dutasteride/tamsulosin hydrochloride</i> | 44 |
| <i>econazole nitrate</i> | 14 |
| <i>econtra ez</i> | 51 |
| <i>ecpirin</i> | 2 |
| EDURANT | 24 |
| EFFIENT | 29 |
| EGRIFTA | 47 |
| ELDERTONIC | 70 |
| ELIDEL | 36 |
| <i>elinest</i> | 48 |
| ELIQUIS | 28 |
| ELITEK | 17 |
| ELLA | 51 |
| EMCYT | 16 |
| EMEND | 13 |
| <i>emoquette</i> | 48 |
| EMPLICITI | 20 |
| EMSAM | 12 |
| EMTRIVA | 24 |

| Drug Name | Page # |
|--|--------|
| <i>enalapril maleate</i> | 30 |
| <i>enalapril maleate/hydrochlorothiazide</i> | 30 |
| ENBRACE HR | 70 |
| <i>endocet</i> | 3 |
| <i>enema ready-to-use</i> | 41 |
| ENFAMIL EXPECTA | 70 |
| ENGERIX-B | 54 |
| <i>enoxaparin sodium</i> | 28 |
| <i>enpresse-28</i> | 48 |
| <i>enskyce</i> | 48 |
| <i>entacapone</i> | 21 |
| <i>entecavir</i> | 23 |
| <i>enulose</i> | 41 |
| <i>epinastine hcl</i> | 58 |
| EPIPEN 2-PAK | 61 |
| EPIPEN-JR 2-PAK | 61 |
| <i>epirubicin hcl</i> | 17 |
| <i>epitol</i> | 10 |
| EPIVIR | 24 |
| EPIVIR HBV | 24 |
| <i>eplerenone</i> | 32 |
| <i>epoprostenol sodium</i> | 62 |
| <i>eprosartan mesylate</i> | 30 |
| EPZICOM | 24 |
| <i>eq calcium 600+d+minerals</i> | 70 |
| <i>eq saline nasal spray</i> | 62 |
| <i>eql folic acid</i> | 70 |
| <i>eql iron supplement therapy</i> | 64 |
| <i>eql one daily womens</i> | 70 |
| <i>eql oyster shell calcium/vitamin d</i> | 66 |
| <i>eql saline nasal spray</i> | 62 |
| <i>eql ultimate womens century</i> | 70 |
| EQUETRO | 26 |
| ERAXIS | 14 |
| ERBITUX | 17 |
| <i>ergoloid mesylates</i> | 11 |
| ERIVEDGE | 19 |
| <i>errin</i> | 51 |
| ERWINAZE | 17 |
| <i>ery</i> | 36 |
| ERYTHROCIN LACTOBIONATE | 8 |
| <i>erythromycin</i> | 8 |
| <i>erythromycin</i> | 36 |
| <i>erythromycin</i> | 57 |
| <i>erythromycin base</i> | 8 |
| <i>erythromycin ethylsuccinate</i> | 8 |
| <i>erythromycin stearate</i> | 8 |

| Drug Name | Page # |
|--|--------|
| <i>erythromycin/benzoyl peroxide</i> | 36 |
| ESBRIET | 62 |
| ESCAVITE | 71 |
| ESCAVITE D | 71 |
| ESCAVITE LQ | 71 |
| <i>escitalopram oxalate</i> | 12 |
| <i>esgic</i> | 1 |
| <i>esomeprazole magnesium</i> | 43 |
| <i>esomeprazole sodium</i> | 43 |
| <i>estarylla</i> | 48 |
| ESTRACE | 48 |
| <i>estradiol</i> | 48 |
| <i>estradiol/norethindrone acetate</i> | 48 |
| <i>ethambutol hcl</i> | 15 |
| <i>ethosuximide</i> | 9 |
| <i>etidronate disodium</i> | 55 |
| <i>etodolac</i> | 2 |
| <i>etodolac er</i> | 2 |
| <i>etoposide</i> | 19 |
| EVOTAZ | 25 |
| EVZIO | 5 |
| EXCEDRIN EXTRA STRENGTH | 2 |
| EXELON | 11 |
| <i>exemestane</i> | 19 |
| EXJADE | 64 |
| EX-LAX | 41 |
| EXTAVIA | 34 |
| <i>extra action cough</i> | 62 |
| EXTRA-VIRT PLUS DHA | 71 |
| EZFE FORTE | 71 |
| FABRAZYME | 38 |
| <i>falmina</i> | 48 |
| <i>famciclovir</i> | 26 |
| <i>famotidine</i> | 41 |
| <i>famotidine premixed</i> | 41 |
| FANAPT | 22 |
| FANAPT TITRATION PACK | 22 |
| FARESTON | 16 |
| FARYDAK | 17 |
| FASLODEX | 17 |
| FAZACLO | 23 |
| <i>felbamate</i> | 10 |
| <i>fenofibrate</i> | 33 |
| <i>fenofibrate micronized</i> | 32 |
| <i>fenofibric acid</i> | 33 |
| <i>fenofibric acid dr</i> | 33 |
| <i>fentanyl</i> | 3 |

| Drug Name | Page # |
|---|--------|
| <i>fentanyl citrate oral transmucosal</i> | 3 |
| FERAHEME | 66 |
| <i>ferosul</i> | 64 |
| FERRIPROX | 64 |
| FERRLECIT | 66 |
| <i>ferrous sulfate</i> | 64 |
| <i>ferrous sulfate</i> | 66 |
| FETZIMA | 12 |
| FETZIMA TITRATION PACK | 12 |
| FEVERALL INFANTS | 1 |
| <i>fiber laxative</i> | 41 |
| <i>fiber tabs</i> | 41 |
| <i>fiber-lax</i> | 42 |
| <i>finasteride</i> | 44 |
| FIRAZYR | 53 |
| FIRMAGON | 52 |
| <i>flecainide acetate</i> | 30 |
| FLEET PEDIATRIC | 42 |
| <i>flintstones plus iron</i> | 71 |
| FLORIVA | 66 |
| <i>floriva</i> | 71 |
| <i>floxuridine</i> | 17 |
| <i>fluconazole</i> | 14 |
| <i>fluconazole in dextrose</i> | 14 |
| <i>fluconazole in nacl</i> | 14 |
| <i>flucytosine</i> | 14 |
| <i>fludarabine phosphate</i> | 17 |
| <i>fludrocortisone acetate</i> | 45 |
| <i>flunisolide</i> | 60 |
| <i>fluocinolone acetonide</i> | 45 |
| <i>fluocinolone acetonide</i> | 59 |
| <i>fluocinolone acetonide body</i> | 45 |
| <i>fluocinolone acetonide scalp</i> | 45 |
| <i>fluocinonide</i> | 46 |
| <i>fluocinonide-e</i> | 46 |
| <i>fluoride</i> | 66 |
| <i>fluoridex daily defense</i> | 34 |
| <i>fluoritab</i> | 66 |
| <i>fluorometholone</i> | 58 |
| <i>fluorouracil</i> | 17 |
| <i>fluorouracil</i> | 36 |
| <i>fluoxetine</i> | 12 |
| <i>fluoxetine dr</i> | 12 |
| <i>fluoxetine hcl</i> | 12 |
| <i>fluphenazine decanoate</i> | 21 |
| <i>fluphenazine hcl</i> | 21 |
| FLURA-DROPS | 66 |

| Drug Name | Page # |
|--|--------|
| <i>flurbiprofen</i> | 2 |
| <i>flurbiprofen sodium</i> | 58 |
| <i>flutamide</i> | 16 |
| <i>fluticasone propionate</i> | 46 |
| <i>fluticasone propionate</i> | 60 |
| <i>fluvastatin</i> | 33 |
| <i>fluvastatin sodium er</i> | 33 |
| <i>fluvoxamine maleate</i> | 12 |
| FOCALGIN 90 DHA | 71 |
| FOCALGIN CA | 71 |
| FOCALGIN-B | 71 |
| FOLCAL DHA | 71 |
| FOLCAPS OMEGA 3 | 71 |
| FOLET DHA | 71 |
| FOLET ONE | 71 |
| FOLIC ACID | 71 |
| FOLIVANE-OB | 71 |
| FOLIVANE-PRX DHA NF | 71 |
| FOLOTYN | 17 |
| <i>fomepizole</i> | 64 |
| <i>fondaparinux sodium</i> | 28 |
| FORADIL AEROLIZER | 61 |
| <i>formula em</i> | 39 |
| FORTEO | 55 |
| <i>fosinopril sodium</i> | 30 |
| <i>fosinopril sodium/hydrochlorothiazide</i> | 30 |
| <i>fosphenytoin sodium</i> | 10 |
| FOSRENOL | 45 |
| FULLERS EARTH | 66 |
| FUNGOID TINCTURE | 36 |
| <i>furosemide</i> | 32 |
| FUSILEV | 17 |
| FUZEON | 25 |
| FYCOMPA | 9 |
| <i>gabapentin</i> | 10 |
| GABITRIL | 10 |
| <i>galantamine hydrobromide</i> | 11 |
| GAMASTAN S/D | 54 |
| GAMMAPLEX | 54 |
| <i>ganciclovir</i> | 23 |
| GANIRELIX ACETATE | 52 |
| GARDASIL | 54 |
| GARDASIL 9 | 54 |
| GATTEX | 39 |
| GAUZE PADS 2"X2" | 56 |
| <i>gavilyte-c</i> | 42 |
| <i>gavilyte-g</i> | 42 |

| Drug Name | Page # |
|--|--------|
| <i>gavilyte-h</i> | 39 |
| <i>gavilyte-n/flavor pack</i> | 42 |
| GAVISCON | 39 |
| GAVISCON EXTRA STRENGTH RELIEF | 39 |
| FORMULA | |
| GAZYVA | 20 |
| <i>gemcitabine</i> | 17 |
| <i>gemcitabine hcl</i> | 17 |
| <i>gemfibrozil</i> | 33 |
| <i>generlac</i> | 42 |
| <i>gengraf</i> | 53 |
| <i>gentak</i> | 57 |
| <i>gentamicin sulfate</i> | 5 |
| <i>gentamicin sulfate</i> | 36 |
| <i>gentamicin sulfate</i> | 57 |
| <i>gentamicin sulfate pediatric</i> | 5 |
| <i>gentamicin sulfate/0.9% sodium chloride</i> | 5 |
| GENVOYA | 24 |
| GEODON | 22 |
| <i>geravim</i> | 71 |
| GERITOL COMPLETE | 71 |
| GERITOL TONIC | 71 |
| <i>gianvi</i> | 48 |
| <i>gildagia</i> | 48 |
| <i>gildess 1.5/30</i> | 48 |
| <i>gildess 1/20</i> | 48 |
| <i>gildess 24 fe</i> | 48 |
| <i>gildess fe 1.5/30</i> | 48 |
| <i>gildess fe 1/20</i> | 48 |
| GILENYA | 34 |
| GILOTRIF | 19 |
| <i>glatopa</i> | 34 |
| GLEEVEC | 19 |
| GLEOSTINE | 15 |
| <i>glimepiride</i> | 26 |
| <i>glipizide</i> | 27 |
| <i>glipizide er</i> | 26 |
| <i>glipizide xl</i> | 27 |
| <i>glipizide/metformin hcl</i> | 27 |
| GLUCAGEN DIAGNOSTIC | 27 |
| GLUCAGEN HYPOKIT | 27 |
| GLUCAGON EMERGENCY KIT | 27 |
| <i>glucose</i> | 27 |
| <i>glutose 15</i> | 27 |
| <i>glyburide</i> | 27 |
| <i>glyburide micronized</i> | 27 |
| <i>glyburide/metformin hcl</i> | 27 |

| Drug Name | Page # |
|---|--------|
| <i>glycerin</i> | 36 |
| GLYCERIN | 42 |
| <i>glycerin adult</i> | 42 |
| <i>glycopyrrolate</i> | 39 |
| <i>glydo</i> | 4 |
| <i>gnp acid control 75</i> | 41 |
| <i>gnp acne treatment maximum strength</i> | 36 |
| <i>gnp adult aspirin low strength</i> | 2 |
| <i>gnp all day allergy childrens</i> | 60 |
| <i>gnp allergy</i> | 60 |
| <i>gnp antacid anti-gas</i> | 39 |
| <i>gnp antacid extra strength</i> | 39 |
| <i>gnp antacid maximum strength</i> | 40 |
| <i>gnp antacid ultra strength</i> | 40 |
| <i>gnp antibiotic plus pramoxine</i> | 36 |
| <i>gnp artificial tears</i> | 57 |
| <i>gnp aspirin</i> | 2 |
| <i>gnp b-100 complex prolonged release</i> | 71 |
| <i>gnp calcium 500 +d3</i> | 66 |
| <i>gnp calcium 600 +d plus minerals</i> | 66 |
| <i>gnp calcium 600 +d/minerals</i> | 66 |
| <i>gnp calcium plus 600 +d</i> | 66 |
| <i>gnp capsaicin</i> | 36 |
| <i>gnp century</i> | 71 |
| <i>gnp century cardio healthformula</i> | 71 |
| <i>gnp century ultimate mens complete</i> | 71 |
| <i>gnp century ultimate mens senior formula</i> | 71 |
| <i>gnp century ultimate womens complete</i> | 71 |
| <i>gnp century ultimate womens senior formula</i> | 71 |
| <i>gnp childrens chewables/extra c</i> | 71 |
| <i>gnp childrens chewables/iron</i> | 71 |
| GNP CHILDRENS COMPLETE | 71 |
| CHEWABLES | |
| <i>gnp clotrimazole 3</i> | 44 |
| <i>gnp ear drops</i> | 59 |
| <i>gnp ear systems</i> | 59 |
| <i>gnp fiber therapy</i> | 42 |
| <i>gnp fiber-caps</i> | 42 |
| GNP GLYCERIN | 36 |
| <i>gnp glycerin infant</i> | 42 |
| <i>gnp hair/skin/nails</i> | 72 |
| <i>gnp healthy eyes</i> | 72 |
| <i>gnp healthy eyes supervision</i> | 72 |
| <i>gnp hydrocortisone</i> | 36 |
| <i>gnp iron</i> | 64 |
| <i>gnp k-pec</i> | 40 |
| <i>gnp lice solution kit</i> | 36 |

| Drug Name | Page # |
|--|--------|
| <i>gnp lice treatment</i> | 36 |
| <i>gnp little ones childrens</i> | 72 |
| <i>gnp loratadine</i> | 60 |
| <i>gnp masanti maximum strength</i> | 40 |
| <i>gnp masanti regular strength</i> | 40 |
| <i>gnp mega multi for men</i> | 72 |
| <i>gnp mega multi for women</i> | 72 |
| <i>gnp miconazole 3 combination pack</i> | 44 |
| <i>gnp miconazorb af</i> | 36 |
| <i>gnp milk of magnesia</i> | 42 |
| <i>gnp nasal moisturizing</i> | 62 |
| <i>gnp natural fiber</i> | 42 |
| <i>gnp natural vegetable</i> | 42 |
| <i>gnp nicotine polacrilex</i> | 5 |
| <i>gnp norwegian cod liver oil</i> | 72 |
| <i>gnp one daily mens health 50+</i> | 72 |
| <i>gnp one daily mens health/lycopene</i> | 72 |
| <i>gnp one daily womens health</i> | 72 |
| <i>gnp one daily womens health 50+</i> | 72 |
| <i>gnp one daily womens metabolism support</i> | 72 |
| <i>gnp pediatric electrolyte</i> | 66 |
| GNP PRENATAL | 72 |
| <i>gnp senna plus</i> | 42 |
| <i>gnp senna-lax</i> | 42 |
| <i>gnp terbinafine hydrochloride</i> | 36 |
| <i>gnp therapeutic-m</i> | 72 |
| <i>gnp triple antibiotic</i> | 36 |
| <i>gnp tussin dm</i> | 62 |
| <i>gnp tussin dm cough</i> | 62 |
| GNP VITAMIN D-400 | 67 |
| <i>gnp zoochews gummies</i> | 72 |
| <i>goodsense all day allergy</i> | 60 |
| <i>goodsense pain & fever childrens</i> | 1 |
| <i>granisetron hcl</i> | 13 |
| <i>griseofulvin microsize</i> | 14 |
| <i>griseofulvin ultramicrosize</i> | 14 |
| <i>guaifenesin-dm</i> | 62 |
| <i>guanfacine er</i> | 34 |
| <i>guanidine hcl</i> | 15 |
| HALAVEN | 17 |
| <i>halobetasol propionate</i> | 46 |
| <i>haloperidol</i> | 22 |
| <i>haloperidol decanoate</i> | 22 |
| <i>haloperidol lactate</i> | 22 |
| HARVONI | 24 |
| HAVRIX | 54 |
| <i>heartburn relief</i> | 41 |

| Drug Name | Page # |
|--|--------|
| <i>heather</i> | 51 |
| <i>hecoria</i> | 53 |
| HEMENATAL OB | 72 |
| HEMENATAL OB + DHA | 72 |
| HEMORRHOIDAL | 36 |
| <i>heparin sodium</i> | 28 |
| <i>heparin sodium/d5w</i> | 28 |
| <i>heparin sodium/nacl 0.45%</i> | 28 |
| <i>heparin sodium/nacl 0.9%</i> | 28 |
| <i>heparin sodium/sodium chloride 0.9%</i> | 28 |
| <i>heparin sodium/sodium chloride 0.9% premix</i> | 28 |
| <i>hepatamine</i> | 67 |
| HERCEPTIN | 17 |
| HETLIOZ | 63 |
| HEXALEN | 16 |
| HIBERIX | 54 |
| <i>hm acid reducer</i> | 41 |
| <i>hm allergy complete childrens</i> | 60 |
| <i>hm antacid/antigas</i> | 40 |
| <i>hm anti-nausea</i> | 40 |
| <i>hm antioxidant vitamins</i> | 72 |
| <i>hm aspirin</i> | 2 |
| <i>hm cetirizine hcl childrens</i> | 60 |
| HM COMPLETE | 72 |
| <i>hm double antibiotic</i> | 36 |
| <i>hm earwax removal aid</i> | 59 |
| <i>hm fiber</i> | 42 |
| HM GLUCOSE | 27 |
| <i>hm nasal decongestant</i> | 62 |
| HM ONE DAILY WOMENS | 72 |
| <i>hm povidone-iodine</i> | 36 |
| <i>hm saline nasal spray</i> | 62 |
| <i>hm stomach relief</i> | 40 |
| <i>hm triple antibiotic</i> | 36 |
| <i>hm triple antibiotic plus maximum strength</i> | 36 |
| <i>hm tussin adult cough & chest congestion dm</i> | 62 |
| <i>hm vitamin b complex/vitamin c</i> | 72 |
| HONEY BEARS | 72 |
| HUMIRA | 53 |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | 53 |
| HUMIRA PEN | 53 |
| HUMIRA PEN-CROHNS DISEASESTARTER | 53 |
| HUMIRA PEN-PSORIASIS STARTER | 53 |

| Drug Name | Page # |
|---|--------|
| <i>humist</i> | 62 |
| <i>hydralazine hcl</i> | 33 |
| <i>hydro skin maximum strength</i> | 36 |
| <i>hydrochlorothiazide</i> | 32 |
| <i>hydrocodone bitartrate/acetaminophen</i> | 3 |
| <i>hydrocodone/acetaminophen</i> | 3 |
| <i>hydrocodone/ibuprofen</i> | 3 |
| <i>hydrocortisone</i> | 37 |
| <i>hydrocortisone</i> | 46 |
| <i>hydrocortisone butyrate</i> | 46 |
| <i>hydrocortisone butyrate (lipophilic)</i> | 46 |
| <i>hydrocortisone in absorbase</i> | 46 |
| <i>hydrocortisone valerate</i> | 46 |
| <i>hydrocortisone/acetic acid</i> | 59 |
| HYDROCORTISONE/ALOE | 37 |
| <i>hydromorphone hcl</i> | 3 |
| HYDROXOCOBALAMIN | 72 |
| <i>hydroxychloroquine sulfate</i> | 20 |
| <i>hydroxyurea</i> | 16 |
| <i>hydroxyzine hcl</i> | 60 |
| IBRANCE | 17 |
| <i>ibudone</i> | 3 |
| <i>ibuprofen</i> | 2 |
| ICAPS AREDS FORMULA | 72 |
| <i>icaps mv</i> | 72 |
| ICLUSIG | 19 |
| <i>idarubicin hcl</i> | 17 |
| <i>ifosfamide</i> | 17 |
| ILARIS | 54 |
| ILEVRO | 58 |
| IMBRUVICA | 19 |
| <i>imipenem/cilastatin</i> | 8 |
| <i>imipramine hcl</i> | 13 |
| <i>imiquimod</i> | 37 |
| IMOVAX RABIES (H.D.C.V.) | 54 |
| <i>inatal advance</i> | 72 |
| <i>inatal ultra</i> | 73 |
| INCRELEX | 47 |
| INCRUSE ELLIPTA | 61 |
| <i>indapamide</i> | 32 |
| INFANRIX | 54 |
| <i>infants pain relief</i> | 1 |
| INFED | 67 |
| <i>infuvite adult</i> | 73 |
| <i>infuvite pediatric</i> | 73 |
| INLYTA | 19 |
| INSTA-GLUCOSE | 27 |

| Drug Name | Page # |
|--|--------|
| INSULIN SYRINGE | 56 |
| SAFETYGLIDE/1ML/29G X 1/2" | |
| INSULIN SYRINGE | 56 |
| ULTRAFINE/0.3ML/31G X 5/16" | |
| INSULIN SYRINGE | 56 |
| ULTRAFINE/0.5ML/30G X 1/2" | |
| INSULIN SYRINGE | 56 |
| ULTRAFINE/1ML/31G X 5/16" | |
| INSUPEN 33GX4MM | 56 |
| INTELENCE | 24 |
| INTRALIPID | 67 |
| INTRON A | 17 |
| INTRON A | 24 |
| INTRON A W/DILUENT | 17 |
| <i>introvale</i> | 48 |
| INTUNIV | 34 |
| INVANZ | 8 |
| INVEGA | 22 |
| INVEGA SUSTENNA | 22 |
| INVEGA TRINZA | 22 |
| INVIRASE | 25 |
| INVOKAMET | 27 |
| INVOKANA | 27 |
| IPOL INACTIVATED IPV | 54 |
| <i>ipratropium bromide</i> | 61 |
| <i>ipratropium bromide/albuterol sulfate</i> | 61 |
| <i>irbesartan</i> | 30 |
| <i>irbesartan/hydrochlorothiazide</i> | 30 |
| <i>irinotecan</i> | 18 |
| ISENTRESS | 24 |
| <i>isoniazid</i> | 15 |
| ISOPROPYL ALCOHOL WIPES | 6 |
| ISOPTO CARPINE | 59 |
| <i>isosorbide dinitrate</i> | 33 |
| <i>isosorbide dinitrate er</i> | 33 |
| <i>isosorbide mononitrate</i> | 33 |
| <i>isosorbide mononitrate er</i> | 33 |
| <i>isotonic gentamicin</i> | 5 |
| <i>isradipine</i> | 31 |
| ISTODAX | 18 |
| <i>itraconazole</i> | 14 |
| <i>ivermectin</i> | 20 |
| <i>i-vite</i> | 72 |
| <i>i-vite protect</i> | 72 |
| IXEMPRA KIT | 18 |
| IXIARO | 54 |
| JAKAFI | 19 |

| Drug Name | Page # |
|------------------------------------|--------|
| <i>jantoven</i> | 28 |
| JANUMET | 27 |
| JANUMET XR | 27 |
| JANUVIA | 27 |
| <i>jencycla</i> | 51 |
| JENTADUETO | 27 |
| JEVTANA | 18 |
| <i>jinteli</i> | 48 |
| <i>jolessa</i> | 48 |
| <i>jolivette</i> | 51 |
| <i>juleber</i> | 48 |
| <i>junel 1.5/30</i> | 49 |
| <i>junel 1/20</i> | 49 |
| <i>junel fe 1.5/30</i> | 49 |
| <i>junel fe 1/20</i> | 49 |
| <i>junel fe 24</i> | 49 |
| KABIVEN | 67 |
| KADCYLA | 18 |
| KALETRA | 25 |
| KALYDECO | 61 |
| <i>kao-tin</i> | 40 |
| <i>kao-tin</i> | 42 |
| KARAYA GUM | 56 |
| <i>kariva</i> | 49 |
| <i>kcl 0.075%/d5w/nacl 0.45%</i> | 67 |
| <i>kcl 0.15%/d5w/lr</i> | 67 |
| <i>kcl 0.15%/d5w/nacl 0.2%</i> | 67 |
| <i>kcl 0.15%/d5w/nacl 0.225%</i> | 67 |
| <i>kcl 0.15%/d5w/nacl 0.45%</i> | 67 |
| <i>kcl 0.15%/d5w/nacl 0.9%</i> | 67 |
| <i>kcl 0.3%/d5w/lr iv lac ring</i> | 67 |
| <i>kcl 0.3%/d5w/nacl 0.45%</i> | 67 |
| <i>kcl 0.3%/d5w/nacl 0.9%</i> | 67 |
| <i>kelnor 1/35</i> | 49 |
| <i>keconazole</i> | 14 |
| <i>ketoprofen</i> | 2 |
| <i>ketoprofen er</i> | 2 |
| <i>ketorolac tromethamine</i> | 58 |
| KEYTRUDA | 20 |
| <i>kids vitamins complete</i> | 73 |
| <i>kids vitamins plus iron</i> | 73 |
| <i>kimidess</i> | 49 |
| KIMONO MICRO THIN | 56 |
| KINRIX | 54 |
| <i>kionex</i> | 64 |
| <i>klor-con</i> | 67 |
| <i>klor-con 10</i> | 67 |

| Drug Name | Page # |
|---|--------|
| <i>klor-con 8</i> | 67 |
| <i>klor-con m10</i> | 67 |
| <i>klor-con m20</i> | 67 |
| <i>klor-con sprinkle</i> | 67 |
| <i>klor-con/ef</i> | 67 |
| <i>konsyl</i> | 42 |
| KONSYL-D | 42 |
| KORLYM | 27 |
| <i>kp calcium 600+d</i> | 67 |
| <i>kp hydrocortisone</i> | 37 |
| <i>kp mens daily formula</i> | 73 |
| KP PRENATAL MULTIVITAMINS | 73 |
| <i>k-sol</i> | 67 |
| <i>kurvelo</i> | 49 |
| KUVAN | 38 |
| KYNAMRO | 33 |
| <i>labetalol hcl</i> | 31 |
| <i>lactated ringers dextrose 5% viaflex</i> | 67 |
| <i>lactated ringers viaflex</i> | 67 |
| <i>lactulose</i> | 42 |
| <i>lamivudine</i> | 24 |
| <i>lamivudine</i> | 25 |
| <i>lamivudine/zidovudine</i> | 25 |
| <i>lamotrigine</i> | 10 |
| <i>larin 1.5/30</i> | 49 |
| <i>larin 1/20</i> | 49 |
| <i>larin 24 fe</i> | 49 |
| <i>larin fe 1.5/30</i> | 49 |
| <i>larin fe 1/20</i> | 49 |
| <i>latanoprost</i> | 56 |
| LATUDA | 22 |
| <i>laxative</i> | 42 |
| <i>layolis fe</i> | 49 |
| <i>leena</i> | 49 |
| <i>leflunomide</i> | 54 |
| LENVIMA 10MG DAILY DOSE | 19 |
| LENVIMA 14MG DAILY DOSE | 19 |
| LENVIMA 20MG DAILY DOSE | 19 |
| LENVIMA 24MG DAILY DOSE | 19 |
| <i>lessina</i> | 49 |
| <i>letrozole</i> | 19 |
| <i>leucovorin calcium</i> | 18 |
| LEUKERAN | 16 |
| LEUKINE | 29 |
| <i>leuprolide acetate</i> | 52 |
| <i>levalbuterol</i> | 61 |
| <i>levalbuterol hcl</i> | 61 |

| Drug Name | Page # |
|---|--------|
| LEVEMIR | 28 |
| LEVEMIR FLEXTOUCH | 28 |
| <i>levetiracetam</i> | 9 |
| <i>levobunolol hcl</i> | 59 |
| <i>levocarnitine</i> | 64 |
| <i>levocetirizine dihydrochloride</i> | 60 |
| <i>levofloxacin</i> | 9 |
| <i>levofloxacin</i> | 57 |
| <i>levofloxacin in d5w</i> | 9 |
| <i>levoleucovorin</i> | 18 |
| <i>levoleucovorin calcium</i> | 18 |
| <i>levonest</i> | 49 |
| <i>levonorgestrel</i> | 51 |
| <i>levonorgestrel and ethinyl estradiol</i> | 49 |
| <i>levonorgestrel/ethinyl estradiol</i> | 49 |
| <i>levora 0.15/30-28</i> | 49 |
| <i>levothyroxine sodium</i> | 51 |
| <i>levoxyl</i> | 51 |
| LEXIVA | 25 |
| LIALDA | 55 |
| <i>lice treatment creme rinse</i> | 20 |
| LICIDE | 21 |
| <i>lidocaine</i> | 4 |
| <i>lidocaine hcl</i> | 4 |
| <i>lidocaine hcl</i> | 30 |
| <i>lidocaine hcl jelly</i> | 4 |
| <i>lidocaine viscous</i> | 4 |
| <i>lidocaine/prilocaine</i> | 4 |
| <i>lidocream</i> | 37 |
| <i>lindane</i> | 21 |
| <i>linezolid</i> | 6 |
| LINZESS | 41 |
| <i>liothyronine sodium</i> | 51 |
| <i>lipoflavovit</i> | 73 |
| LIPOSYN III | 67 |
| <i>liquitears</i> | 57 |
| <i>lisinopril</i> | 30 |
| <i>lisinopril/hydrochlorothiazide</i> | 30 |
| <i>lithium</i> | 26 |
| <i>lithium carbonate</i> | 26 |
| <i>lithium carbonate er</i> | 26 |
| <i>little noses saline</i> | 62 |
| <i>lomedica 24 fe</i> | 49 |
| <i>lomustine</i> | 16 |
| LONSURF | 16 |
| <i>loperamide hcl</i> | 40 |
| <i>lopreeza</i> | 49 |

| Drug Name | Page # |
|---|--------|
| <i>lorazepam</i> | 26 |
| <i>lorazepam intensol</i> | 26 |
| <i>lorcet</i> | 3 |
| <i>lorcet hd</i> | 3 |
| <i>lorcet plus</i> | 3 |
| <i>loryna</i> | 49 |
| <i>losartan potassium</i> | 30 |
| <i>losartan potassium/hydrochlorothiazide</i> | 30 |
| <i>lovastatin</i> | 33 |
| LOVAZA | 33 |
| <i>low-ogestrel</i> | 49 |
| <i>loxapine succinate</i> | 22 |
| <i>lubrifresh p.m.</i> | 57 |
| <i>ludent</i> | 67 |
| LUMIGAN | 56 |
| LUMIZYME | 38 |
| LUPRON DEPOT | 52 |
| LUPRON DEPOT-PED | 52 |
| <i>lutra</i> | 49 |
| LYNPARZA | 18 |
| LYRICA | 10 |
| LYSODREN | 52 |
| <i>lyza</i> | 51 |
| M.V.I. PEDIATRIC | 73 |
| <i>maalox advanced maximum strength</i> | 40 |
| MAGNEBIND 300 | 45 |
| <i>magnesium oxide</i> | 40 |
| <i>magnesium sulfate</i> | 67 |
| <i>malathion</i> | 21 |
| MANGANESE TRACE METAL | 67 |
| <i>mapap</i> | 1 |
| <i>maprotiline hcl</i> | 12 |
| <i>margesic</i> | 1 |
| <i>marlissa</i> | 49 |
| MARPLAN | 12 |
| MATULANE | 16 |
| <i>matzim la</i> | 32 |
| <i>meclizine hcl</i> | 13 |
| <i>meclizine hcl</i> | 40 |
| <i>meclofenamate sodium</i> | 2 |
| <i>medroxyprogesterone acetate</i> | 51 |
| <i>mefloquine hcl</i> | 20 |
| <i>megestrol acetate</i> | 51 |
| MEKINIST | 19 |
| <i>meloxicam</i> | 2 |
| <i>melphalan hydrochloride</i> | 16 |
| <i>memantine hcl</i> | 11 |

| Drug Name | Page # |
|---|--------|
| <i>memantine hcl titration pak</i> | 11 |
| <i>memantine hydrochloride</i> | 11 |
| MENACTRA | 54 |
| MENEST | 49 |
| MENOMUNE-A/C/Y/W-135 | 54 |
| MENVEO | 54 |
| MEPHYTON | 73 |
| MEPRON | 20 |
| <i>mercaptopurine</i> | 16 |
| <i>meropenem</i> | 8 |
| <i>meropenem/sodium chloride</i> | 8 |
| <i>mesalamine</i> | 55 |
| <i>mesna</i> | 18 |
| MESNEX | 18 |
| MESTINON | 15 |
| MESTINON TIMESPAN | 15 |
| <i>metadate er</i> | 34 |
| <i>metamucil</i> | 42 |
| <i>metamucil multihealth fiber</i> | 42 |
| <i>metamucil smooth texture</i> | 42 |
| <i>metaproterenol sulfate</i> | 61 |
| <i>metformin hcl</i> | 27 |
| <i>metformin hcl er</i> | 27 |
| <i>methadone hcl</i> | 3 |
| <i>methadose</i> | 3 |
| <i>methadose sugar-free</i> | 3 |
| <i>methazolamide</i> | 32 |
| <i>methenamine hippurate</i> | 6 |
| <i>methimazole</i> | 53 |
| <i>methotrexate</i> | 53 |
| <i>methotrexate sodium</i> | 53 |
| <i>methoxsalen</i> | 37 |
| <i>methscopolamine bromide</i> | 39 |
| <i>methylclothiazide</i> | 32 |
| METHYLCELLULOSE | 42 |
| <i>methylergonovine maleate</i> | 44 |
| <i>methylphenidate hcl</i> | 34 |
| <i>methylphenidate hcl er</i> | 34 |
| <i>methylphenidate hcl sr</i> | 34 |
| <i>methylprednisolone</i> | 46 |
| <i>methylprednisolone acetate</i> | 46 |
| <i>methylprednisolone dose pack</i> | 46 |
| <i>methylprednisolone sodiumsuccinate</i> | 46 |
| <i>metipranolol</i> | 59 |
| <i>metoclopramide hcl</i> | 40 |
| <i>metolazone</i> | 32 |
| <i>metoprolol succinate er</i> | 31 |

| Drug Name | Page # |
|---------------------------------------|--------|
| <i>metoprolol tartrate</i> | 31 |
| <i>metoprolol/hydrochlorothiazide</i> | 31 |
| METRO IV | 6 |
| <i>metronidazole</i> | 6 |
| <i>metronidazole</i> | 37 |
| <i>metronidazole in nacl 0.79%</i> | 6 |
| <i>metronidazole vaginal</i> | 6 |
| <i>mexiletine hcl</i> | 30 |
| MIACALCIN | 55 |
| <i>mi-acid</i> | 40 |
| <i>mi-acid maximum strength</i> | 40 |
| <i>miconazole 3 combination pack</i> | 44 |
| <i>miconazole 3 combo pack</i> | 44 |
| <i>miconazole 7</i> | 44 |
| <i>miconazole nitrate</i> | 37 |
| <i>miconazole nitrate</i> | 44 |
| <i>micro guard</i> | 37 |
| <i>microgestin 1.5/30</i> | 49 |
| <i>microgestin 1/20</i> | 49 |
| <i>microgestin 24 fe</i> | 49 |
| <i>microgestin fe</i> | 49 |
| <i>microgestin fe 1.5/30</i> | 49 |
| <i>micronized colestipol hcl</i> | 33 |
| <i>midodrine hcl</i> | 29 |
| MIGERGOT | 14 |
| <i>milk of magnesia</i> | 42 |
| MILLIPRED | 46 |
| MILLIPRED DP | 46 |
| <i>milltrium senior</i> | 73 |
| <i>mimvey</i> | 49 |
| <i>mimvey lo</i> | 49 |
| <i>miniprin low dose</i> | 2 |
| <i>minitran</i> | 33 |
| <i>minocycline hcl</i> | 9 |
| <i>minoxidil</i> | 33 |
| <i>mintox</i> | 40 |
| <i>mintox maximum strength</i> | 40 |
| <i>mintox plus</i> | 40 |
| <i>mirtazapine</i> | 12 |
| <i>mirtazapine odt</i> | 12 |
| <i>misoprostol</i> | 43 |
| <i>mitomycin</i> | 18 |
| <i>mitoxantrone hcl</i> | 18 |
| M-M-R II | 54 |
| <i>modafinil</i> | 63 |
| <i>moderiba</i> | 24 |
| <i>moexipril hcl</i> | 30 |

| Drug Name | Page # |
|--------------------------------------|--------|
| <i>moexipril/hydrochlorothiazide</i> | 30 |
| <i>molindone hydrochloride</i> | 23 |
| <i>mometasone furoate</i> | 46 |
| <i>mono-lynyah</i> | 49 |
| <i>mononessa</i> | 49 |
| <i>montelukast sodium</i> | 61 |
| <i>morgidox 1x100mg</i> | 9 |
| <i>morgidox 2x100mg</i> | 9 |
| <i>morphine sulfate</i> | 3 |
| <i>morphine sulfate er</i> | 3 |
| MOVIPREP | 42 |
| MOXEZA | 57 |
| <i>mucus relief childrens</i> | 62 |
| MULTAQ | 30 |
| <i>multi vitamin/fluoride</i> | 73 |
| <i>multi-delyn</i> | 73 |
| MULTI-DELYN/IRON | 73 |
| <i>multilex</i> | 73 |
| <i>multilex-t&m</i> | 73 |
| <i>multiple vitamins/womens</i> | 73 |
| <i>multi-vit/fluoride</i> | 73 |
| <i>multi-vit/iron/fluoride</i> | 73 |
| <i>multivital platinum</i> | 73 |
| <i>multivitamin with fluoride</i> | 73 |
| <i>multi-vitamin/fluoride</i> | 73 |
| <i>multi-vitamin/fluoride/iron</i> | 73 |
| <i>mult-vitamin/fluoride</i> | 73 |
| <i>mupirocin</i> | 37 |
| <i>mupirocin calcium</i> | 37 |
| MURO 128 | 57 |
| MUSTARGEN | 16 |
| <i>mvc-fluoride</i> | 74 |
| <i>mycophenolate mofetil</i> | 53 |
| MYKIDZ IRON | 74 |
| <i>myorisan</i> | 37 |
| MYRBETRIQ | 44 |
| <i>myzilra</i> | 49 |
| <i>nabumetone</i> | 2 |
| <i>nadolol</i> | 31 |
| <i>nadolol/bendroflumethiazide</i> | 31 |
| NAGLAZYME | 38 |
| <i>nalbuphine hcl</i> | 4 |
| NALLPEN ISO-OSMOTIC IN | 8 |
| DEXTROSE | |
| NALLPEN/DEXTROSE | 8 |
| <i>naloxone hcl</i> | 5 |
| <i>naltrexone hcl</i> | 5 |

| Drug Name | Page # |
|---|--------|
| NAMENDA | 11 |
| NAMENDA TITRATION PAK | 11 |
| NAMENDA XR | 11 |
| NAMENDA XR TITRATION PACK | 11 |
| NAMZARIC | 11 |
| <i>naphazoline hcl</i> | 57 |
| <i>naproxen</i> | 2 |
| <i>naproxen dr</i> | 2 |
| <i>naproxen sodium</i> | 2 |
| <i>naratriptan hcl</i> | 15 |
| <i>nasal moisturizing spray</i> | 62 |
| NASCOBAL | 74 |
| NASONEX | 60 |
| NATACHEW | 74 |
| NATALVIRT 90 DHA | 74 |
| NATALVIRT CA | 74 |
| <i>nateglinide</i> | 27 |
| NATELLE ONE | 74 |
| NATPARA | 56 |
| <i>natural balance tears</i> | 57 |
| <i>natural fiber therapy</i> | 42 |
| <i>natures tears</i> | 57 |
| NEBUPENT | 20 |
| <i>necon 0.5/35-28</i> | 49 |
| <i>necon 1/35</i> | 49 |
| NECON 1/50-28 | 50 |
| NECON 10/11-28 | 50 |
| <i>necon 7/7/7</i> | 50 |
| <i>nefazodone hcl</i> | 12 |
| <i>neomycin sulfate</i> | 5 |
| <i>neomycin/bacitracin/polymyxin</i> | 57 |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | 57 |
| <i>neomycin/polymyxin/dexamethasone</i> | 57 |
| <i>neomycin/polymyxin/gramicidin</i> | 57 |
| <i>neomycin/polymyxin/hc</i> | 59 |
| <i>neomycin/polymyxin/hydrocortisone</i> | 57 |
| <i>neomycin/polymyxin/hydrocortisone</i> | 59 |
| <i>neo-polycin</i> | 57 |
| NEPHRAMINE | 67 |
| NEPHRONEX | 74 |
| NESTABS | 74 |
| NESTABS DHA | 74 |
| NEUMEGA | 29 |
| NEUPOGEN | 29 |
| NEUPRO | 21 |
| NEVANAC | 58 |

| Drug Name | Page # |
|---|--------|
| <i>nevirapine</i> | 24 |
| <i>nevirapine er</i> | 24 |
| NEXA PLUS | 74 |
| NEXAVAR | 19 |
| <i>niacin er</i> | 33 |
| <i>nicardipine hcl</i> | 32 |
| <i>nicorelief</i> | 5 |
| <i>nicotine</i> | 5 |
| <i>nicotine polacrilex</i> | 5 |
| <i>nicotine transdermal system</i> | 5 |
| NICOTROL NS | 5 |
| <i>nikki</i> | 50 |
| NILANDRON | 16 |
| NINLARO | 18 |
| NIPENT | 18 |
| <i>nisoldipine</i> | 32 |
| <i>nisoldipine er</i> | 32 |
| <i>nitrofurantoin</i> | 6 |
| <i>nitrofurantoin macrocrystals</i> | 6 |
| <i>nitrofurantoin monohydrate</i> | 6 |
| <i>nitroglycerin</i> | 33 |
| <i>nitroglycerin lingual</i> | 33 |
| <i>nitroglycerin transdermal</i> | 33 |
| NITROSTAT | 33 |
| NIVA-PLUS | 74 |
| <i>nora-be</i> | 51 |
| NORDITROPIN FLEXPRO | 47 |
| <i>norethindrone</i> | 51 |
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | 50 |
| <i>norethindrone acetate</i> | 51 |
| <i>norethindrone acetate/ethinyl estradiol</i> | 50 |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> | 50 |
| <i>norgestimate/ethinyl estradiol</i> | 50 |
| NORINYL 1+50 | 50 |
| <i>norlyroc</i> | 51 |
| NORTHERA | 32 |
| <i>nortrel 0.5/35 (28)</i> | 50 |
| <i>nortrel 1/35</i> | 50 |
| <i>nortrel 7/7/7</i> | 50 |
| <i>nortriptyline hcl</i> | 13 |
| NORVIR | 25 |
| <i>novaferrum pediatric multivitamin/iron</i> | 74 |
| NOVOLIN 70/30 | 28 |
| NOVOLIN 70/30 RELION | 28 |
| NOVOLIN N | 28 |

| Drug Name | Page # |
|----------------------------------|--------|
| NOVOLIN N RELION | 28 |
| NOVOLIN R | 28 |
| NOVOLIN R RELION | 28 |
| NOVOLOG | 28 |
| NOVOLOG FLEXPEN | 28 |
| NOVOLOG MIX 70/30 | 28 |
| NOVOLOG MIX 70/30 PREFILLED | 28 |
| FLEXPEN | |
| NOVOLOG PENFILL | 28 |
| NOXAFIL | 14 |
| NUEDEXTA | 34 |
| NULOJIX | 53 |
| NUTRISOURCE FIBER | 42 |
| <i>nyamyc</i> | 14 |
| <i>nystatin</i> | 14 |
| <i>nystop</i> | 14 |
| OB COMPLETE GOLD | 74 |
| OB COMPLETE ONE | 74 |
| OB COMPLETE PETITE | 74 |
| OB COMPLETE PREMIER | 74 |
| OB COMPLETE/DHA | 74 |
| O-CAL PRENATAL | 74 |
| <i>ocean for kids</i> | 62 |
| OCEAN NASAL SPRAY | 62 |
| <i>ocella</i> | 50 |
| <i>octreotide acetate</i> | 52 |
| <i>ocutabs</i> | 74 |
| <i>ocuvite</i> | 74 |
| ODOMZO | 18 |
| <i>ofloxacin</i> | 9 |
| <i>ofloxacin</i> | 57 |
| <i>ofloxacin</i> | 59 |
| OGESTREL | 50 |
| <i>olanzapine</i> | 22 |
| <i>olanzapine odt</i> | 22 |
| <i>olanzapine/fluoxetine</i> | 12 |
| <i>olopatadine hcl</i> | 58 |
| <i>olopatadine hcl</i> | 60 |
| <i>omega-3-acid ethyl esters</i> | 33 |
| <i>omeprazole</i> | 43 |
| OMNICAP | 74 |
| ONCASPAR | 18 |
| ONCOVITE | 74 |
| <i>ondansetron hcl</i> | 13 |
| <i>ondansetron odt</i> | 13 |
| <i>one daily adults 50+</i> | 74 |
| <i>one daily complete</i> | 74 |

| Drug Name | Page # |
|---|--------|
| <i>one daily for women</i> | 74 |
| ONE-A-DAY CHOLESTEROL PLUS | 74 |
| <i>one-a-day teen advantage for her</i> | 74 |
| ONE-A-DAY TEEN ADVANTAGE FOR | 74 |
| HIM | |
| ONE-A-DAY WOMENS FORMULA | 74 |
| ONFI | 10 |
| OPDIVO | 20 |
| <i>operand scrub</i> | 37 |
| OPSUMIT | 62 |
| <i>oralone</i> | 35 |
| <i>oralyte</i> | 67 |
| ORAP | 22 |
| ORA-PLUS | 56 |
| ORA-SWEET | 56 |
| ORA-SWEET SF | 56 |
| ORFADIN | 38 |
| ORKAMBI | 61 |
| <i>orsythia</i> | 50 |
| <i>oxacillin sodium</i> | 8 |
| <i>oxaliplatin</i> | 18 |
| <i>oxandrolone</i> | 47 |
| <i>oxaprozin</i> | 2 |
| <i>oxcarbazepine</i> | 11 |
| OXSORALEN | 37 |
| <i>oxybutynin chloride</i> | 44 |
| <i>oxybutynin chloride er</i> | 44 |
| <i>oxycodone hcl</i> | 4 |
| <i>oxycodone/acetaminophen</i> | 4 |
| <i>oxycodone/aspirin</i> | 4 |
| <i>oxycodone/ibuprofen</i> | 4 |
| <i>oysco 500+d</i> | 67 |
| <i>oyster shell calcium 500</i> | 67 |
| <i>oyster shell calcium/vitamin d</i> | 67 |
| <i>oyster shell/vitamin d</i> | 67 |
| <i>pacerone</i> | 30 |
| <i>paclitaxel</i> | 18 |
| <i>pain & fever childrens</i> | 1 |
| PAIRE OB | 74 |
| <i>paliperidone er</i> | 22 |
| <i>pamidronate disodium</i> | 55 |
| <i>pancrelipase</i> | 38 |
| PANRETIN | 20 |
| <i>pantoprazole sodium</i> | 44 |
| <i>paricalcitol</i> | 55 |
| <i>paroex</i> | 35 |
| <i>paromomycin sulfate</i> | 5 |

| Drug Name | Page # |
|---|--------|
| <i>paroxetine hcl</i> | 12 |
| PASER | 15 |
| PATADAY | 58 |
| PATANOL | 58 |
| PAXIL | 12 |
| PAZEO | 58 |
| PEDIA-LAX | 42 |
| PEDIARIX | 54 |
| <i>pediatric electrolyte</i> | 67 |
| <i>pedi-boro soak paks</i> | 37 |
| PEDVAX HIB | 54 |
| <i>peg 3350/electrolytes</i> | 42 |
| <i>peg-3350/electrolytes</i> | 42 |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | 42 |
| PEGANONE | 11 |
| PEGINTRON | 24 |
| PEG-INTRON | 24 |
| PEG-INTRON REDIPEN | 24 |
| PEN NEEDLE/ULTRAFINE/29G X 12.7MM | 56 |
| <i>penicillin g potassium</i> | 8 |
| <i>penicillin g procaine</i> | 8 |
| <i>penicillin g sodium</i> | 8 |
| <i>penicillin v potassium</i> | 8 |
| PENTACEL | 54 |
| PENTAM 300 | 21 |
| PENTASA | 55 |
| <i>pentoxifylline cr</i> | 32 |
| <i>pentoxifylline er</i> | 32 |
| <i>peptic relief</i> | 40 |
| PEPTO-BISMOL | 40 |
| PEPTO-BISMOL INSTACOOOL | 40 |
| PEPTO-BISMOL TO-GO | 40 |
| <i>peri-colace</i> | 42 |
| <i>periguard</i> | 37 |
| PERIKABIVEN | 67 |
| <i>perindopril erbumine</i> | 30 |
| <i>periogard</i> | 35 |
| PERJETA | 18 |
| <i>permethrin</i> | 21 |
| <i>perphenazine</i> | 22 |
| <i>perphenazine/amitriptyline</i> | 13 |
| <i>phenadoz</i> | 13 |
| <i>phenelzine sulfate</i> | 12 |
| <i>phenergan</i> | 13 |
| <i>phenobarbital</i> | 10 |
| <i>phenytoin</i> | 11 |

| Drug Name | Page # |
|---|--------|
| <i>phenytoin sodium</i> | 11 |
| <i>phenytoin sodium extended</i> | 11 |
| <i>philith</i> | 50 |
| <i>phos-flur</i> | 35 |
| PHOSPHOLINE IODIDE | 59 |
| <i>pilocarpine hcl</i> | 35 |
| <i>pilocarpine hcl</i> | 59 |
| <i>pilocarpine hydrochloride</i> | 35 |
| <i>pimozide</i> | 22 |
| <i>pimtrea</i> | 50 |
| <i>pindolol</i> | 31 |
| <i>pink bismuth</i> | 40 |
| <i>pin-x</i> | 20 |
| <i>pioglitazone hcl</i> | 27 |
| <i>pioglitazone hcl/metformin hcl</i> | 27 |
| <i>pioglitazone hcl-glimepiride</i> | 27 |
| <i>piperacillin sodium/ tazobactam sodium</i> | 8 |
| <i>piperacillin sodium/tazobactam sodium</i> | 8 |
| <i>pirmella 1/35</i> | 50 |
| <i>pirmella 7/7/7</i> | 50 |
| <i>piroxicam</i> | 2 |
| <i>plenamine</i> | 67 |
| PNV FERROUS | 74 |
| FUMARATE/DOCUSATE/FOLIC ACID | |
| PNV FOLIC ACID + IRON | 74 |
| MULTIVITAMIN | |
| PNV OB+DHA | 74 |
| <i>pnv prenatal plus multivitamin</i> | 74 |
| <i>pnv tabs 29-1</i> | 74 |
| <i>pnv-dha</i> | 74 |
| <i>pnv-select</i> | 74 |
| PNV-VP-U | 74 |
| <i>podofilox</i> | 37 |
| <i>polycin</i> | 57 |
| <i>polyethylene glycol 3350</i> | 42 |
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | 57 |
| POLY-VI-SOL | 75 |
| POLY-VI-SOL/IRON | 75 |
| <i>poly-vita drops</i> | 75 |
| <i>poly-vita/iron drops</i> | 75 |
| <i>polyvitamin</i> | 75 |
| <i>poly-vitamin/fluoride</i> | 75 |
| <i>polyvitamin/iron</i> | 75 |
| POMALYST | 16 |
| <i>portia-28</i> | 50 |
| <i>potassium chloride</i> | 68 |

| Drug Name | Page # |
|--|-----------------|
| <i>potassium chloride 0.15% /nacl 0.45%</i> | 68 |
| <i>viaflex</i> | |
| <i>potassium chloride 0.15% d5w/nacl 0.33%</i> | 68 |
| <i>potassium chloride 0.15% d5w/nacl 0.45%</i> | 68 |
| <i>potassium chloride 0.15% d5w/nacl 0.45%</i> | 68 |
| <i>viaflex</i> | |
| <i>potassium chloride 0.15% nacl 0.9%</i> | 68 |
| <i>potassium chloride 0.15%/nacl 0.9%</i> | 68 |
| <i>potassium chloride 0.22% d5w/nacl 0.45%</i> | 68 |
| <i>potassium chloride 0.224%d5w/nacl 0.45%</i> | 68 |
| <i>viaflex</i> | |
| <i>potassium chloride 0.3%/ nacl 0.9%</i> | 68 |
| <i>potassium chloride 0.3%/d5w</i> | 68 |
| <i>potassium chloride cr</i> | 68 |
| <i>potassium chloride er</i> | 68 |
| <i>potassium chloride sr</i> | 68 |
| <i>potassium citrate er</i> | 68 |
| POTASSIUM SORBATE | 56 |
| POTIGA | 9 |
| <i>povidone-iodine</i> | 37 |
| <i>povidone-iodine scrub sponge stick</i> | 37 |
| <i>pr natal 400</i> | 75 |
| <i>pr natal 400 ec</i> | 75 |
| <i>pr natal 430</i> | 75 |
| <i>pr natal 430 ec</i> | 75 |
| PRADAXA | DisplayT |
| <i>pramipexole dihydrochloride</i> | 21 |
| <i>pravastatin sodium</i> | 33 |
| <i>prazosin hcl</i> | 29 |
| <i>prednicarbate</i> | 46 |
| <i>prednisolone</i> | 46 |
| <i>prednisolone acetate</i> | 58 |
| <i>prednisolone sodium phosphate</i> | 46 |
| <i>prednisolone sodium phosphate</i> | 58 |
| <i>prednisone</i> | 46 |
| PREDNISON INTENSOL | 46 |
| PREFERA OB | 75 |
| PREFERA OB + DHA | 75 |
| PREFERAOB +DHA | 75 |
| PREFERAOB ONE | 75 |
| PREMASOL | 68 |
| PREMIUM CONDOMS LUBRICATED | 56 |
| PRENAISSANCE | 75 |
| PRENAISSANCE PLUS | 75 |
| PRENATA | 75 |
| <i>prenatabs fa</i> | 75 |
| <i>prenatabs obn</i> | 75 |

| Drug Name | Page # |
|-------------------------------------|--------|
| PRENATAL | 76 |
| <i>prenatal 19</i> | 75 |
| PRENATAL PLUS | 76 |
| <i>prenatal plus iron</i> | 75 |
| PRENATE AM | 76 |
| PRENATE DHA | 76 |
| PRENATE ELITE | 76 |
| PRENATE ESSENTIAL | 76 |
| PRENATE MINI | 76 |
| PRENATE PIXIE | 76 |
| <i>preparation h hydrocortisone</i> | 37 |
| PREPLUS | 76 |
| PREPOPIK | 42 |
| PREQUE 10 | 76 |
| PRESERVISION AREDS | 76 |
| PRETAB | 76 |
| <i>prevalite</i> | 33 |
| <i>previfem</i> | 50 |
| PREZCOBIX | 25 |
| PREZISTA | 25 |
| PRIFTIN | 15 |
| <i>primaquine phosphate</i> | 21 |
| <i>primidone</i> | 10 |
| PRISTIQ | 12 |
| PROAIR HFA | 61 |
| PROAIR RESPICLICK | 61 |
| <i>probenecid</i> | 14 |
| <i>probenecid/colchicine</i> | 14 |
| <i>prochlorperazine</i> | 22 |
| <i>prochlorperazine edisylate</i> | 22 |
| <i>prochlorperazine maleate</i> | 22 |
| PROCROT | 29 |
| <i>procto-pak</i> | 46 |
| <i>proctosol hc</i> | 46 |
| <i>proctozone-hc</i> | 46 |
| <i>progesterone</i> | 51 |
| PROGLYCEM | 27 |
| PROGRAF | 53 |
| PROLASTIN-C | 62 |
| PROLENSA | 58 |
| PROLEUKIN | 18 |
| PROLIA | 56 |
| PROMACTA | 29 |
| <i>promethazine hcl</i> | 13 |
| <i>promethazine hcl</i> | 60 |
| <i>promethegan</i> | 13 |
| <i>propafenone hcl</i> | 30 |

| Drug Name | Page # |
|--|--------|
| <i>propafenone hcl er</i> | 30 |
| <i>proparacaine hcl</i> | 57 |
| <i>propranolol hcl</i> | 31 |
| <i>propranolol hcl er</i> | 31 |
| <i>propranolol/hydrochlorothiazide</i> | 31 |
| <i>propylthiouracil</i> | 53 |
| PROQUAD | 54 |
| <i>prorenal qd</i> | 76 |
| <i>prorenal vital</i> | 76 |
| PROSHIELD PLUS SKIN PROTECTANT | 37 |
| PROSHIELD PROTECTIVE HANDCREAM | 37 |
| <i>prosight</i> | 76 |
| <i>prosight w/lutein</i> | 76 |
| <i>protriptyline hcl</i> | 13 |
| PROVIDA DHA | 76 |
| PULMOZYME | 61 |
| PUREFE OB PLUS | 76 |
| PURIXAN | 16 |
| <i>px fiber</i> | 43 |
| <i>px iron</i> | 64 |
| <i>px saline nasal spray</i> | 62 |
| <i>pyrazinamide</i> | 15 |
| <i>pyridostigmine bromide</i> | 15 |
| PYRIDOXINE HCL | 76 |
| <i>qc 3 day vaginal cream</i> | 44 |
| <i>qc aspirin</i> | 2 |
| QC CALAMINE | 37 |
| <i>qc natural vegetable</i> | 43 |
| <i>qc therin-m</i> | 76 |
| <i>q-pap infants</i> | 1 |
| <i>q-tussin dm</i> | 62 |
| QUADRACEL | 54 |
| <i>quasense</i> | 50 |
| <i>quenalin</i> | 60 |
| <i>quetiapine fumarate</i> | 22 |
| QUFLORA PEDIATRIC | 77 |
| <i>quinapril hcl</i> | 30 |
| <i>quinapril/hydrochlorothiazide</i> | 30 |
| <i>quinidine gluconate cr</i> | 30 |
| <i>quinidine gluconate er</i> | 31 |
| <i>quinidine sulfate</i> | 31 |
| <i>quinidine sulfate er</i> | 31 |
| <i>quinine sulfate</i> | 21 |
| QVAR | 60 |
| <i>ra advanced healing</i> | 37 |
| <i>ra central-vite</i> | 77 |

| Drug Name | Page # |
|--|--------|
| RA CENTRAL-VITE UNDER 50 | 77 |
| WOMENS <i>ra saline nasal spray</i> | 62 |
| RABAVERT | 54 |
| <i>raloxifene hydrochloride</i> | 51 |
| <i>ramipril</i> | 30 |
| RANEXA | 32 |
| <i>ranitidine hcl</i> | 41 |
| RAPAMUNE | 53 |
| RAVICTI | 38 |
| <i>reclipsen</i> | 50 |
| RECOMBIVAX HB | 55 |
| <i>refresh lacri-lube</i> | 57 |
| REGANEX | 37 |
| <i>reguloid</i> | 43 |
| <i>relador pak plus</i> | 4 |
| RELENZA DISKHALER | 25 |
| RELISTOR | 40 |
| RELNATE DHA | 77 |
| <i>remedy antifungal</i> | 37 |
| REMICADE | 53 |
| REMODULIN | 62 |
| REVELA | 45 |
| <i>repaglinide</i> | 27 |
| <i>repaglinide/metformin hydrochloride</i> | 27 |
| RESCRIPTOR | 24 |
| RESTASIS | 57 |
| RETROVIR IV INFUSION | 25 |
| REVLIMID | 16 |
| REXULTI | 23 |
| REYATAZ | 25 |
| <i>ribavirin</i> | 24 |
| <i>rifabutin</i> | 15 |
| <i>rifampin</i> | 15 |
| RIFATER | 15 |
| <i>riluzole</i> | 34 |
| <i>rimantadine hcl</i> | 25 |
| <i>ringers injection</i> | 68 |
| <i>risacal-d</i> | 68 |
| <i>risanoid plus</i> | 77 |
| <i>risedronate sodium</i> | 56 |
| <i>risedronate sodium dr</i> | 56 |
| RISPERDAL CONSTA | 23 |
| <i>risperidone</i> | 23 |
| <i>risperidone odt</i> | 23 |
| RITUXAN | 20 |
| <i>rivastigmine tartrate</i> | 11 |

| Drug Name | Page # |
|--|--------|
| <i>rivastigmine transdermal system</i> | 11 |
| <i>rizatriptan benzoate</i> | 15 |
| <i>rizatriptan benzoate odt</i> | 15 |
| <i>robafen dm</i> | 63 |
| <i>robitussin peak cold cough+ chest congestion dm</i> | 63 |
| ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH | 63 |
| ROBITUSSIN PEAK COLD DM | 63 |
| <i>ropinirole hcl</i> | 21 |
| <i>rosadan</i> | 37 |
| ROTARIX | 55 |
| ROTATEQ | 55 |
| ROXICET | 4 |
| ROZEREM | 63 |
| <i>rulox</i> | 40 |
| SABRIL | 10 |
| <i>saline mist</i> | 63 |
| <i>saline nasal mist</i> | 63 |
| <i>saline nasal spray</i> | 63 |
| SAMSCA | 64 |
| SANDIMMUNE | 53 |
| <i>sani-supp pediatric</i> | 43 |
| SANTYL | 37 |
| SAPHRIS | 23 |
| SAVAYSA | 28 |
| <i>sb antacid</i> | 40 |
| <i>sb aspirin</i> | 2 |
| <i>sb childrens aspirin</i> | 2 |
| <i>sb docusate sodium</i> | 43 |
| <i>sb ear wax remover</i> | 59 |
| <i>sb milk of magnesia</i> | 43 |
| <i>sb saline nose</i> | 63 |
| <i>sb senna-lax</i> | 43 |
| <i>sb triple antibiotic</i> | 37 |
| <i>scalpicin maximum strength</i> | 46 |
| <i>sea soft nasal mist</i> | 63 |
| SELECT-OB | 77 |
| <i>selegiline hcl</i> | 21 |
| <i>selenium sulfide</i> | 37 |
| SELZENTRY | 25 |
| <i>se-natal 19</i> | 77 |
| <i>senexon</i> | 43 |
| <i>senna</i> | 43 |
| <i>senna lax</i> | 43 |
| <i>senna laxative</i> | 43 |

| Drug Name | Page # |
|--------------------------------------|--------|
| <i>sennalax-s</i> | 43 |
| <i>senna-tabs</i> | 43 |
| <i>senna-time</i> | 43 |
| <i>senno</i> | 43 |
| SENOKOT | 43 |
| SENSIPAR | 52 |
| <i>sertraline hcl</i> | 12 |
| <i>se-tan dha</i> | 77 |
| <i>setlakin</i> | 50 |
| <i>sf</i> | 35 |
| <i>sharobel</i> | 51 |
| SIGNIFOR | 52 |
| <i>silace</i> | 43 |
| <i>sildenafil</i> | 62 |
| <i>silphen cough</i> | 61 |
| <i>siltussin-dm</i> | 63 |
| <i>silver sulfadiazine</i> | 37 |
| SIMBRINZA | 59 |
| SIMPLE SYRUP | 56 |
| SIMULECT | 53 |
| <i>simvastatin</i> | 33 |
| <i>sirolimus</i> | 53 |
| SIRTURO | 15 |
| SIVEXTRO | 6 |
| <i>sm 3-day vaginal</i> | 44 |
| <i>sm acid reducer</i> | 41 |
| <i>sm all day allergy childrens</i> | 61 |
| <i>sm antacid anti-gas</i> | 40 |
| <i>sm antacid/antigas</i> | 40 |
| <i>sm anti-diarrheal</i> | 40 |
| <i>sm antifungal miconazole</i> | 37 |
| <i>sm artificial tears</i> | 58 |
| <i>sm aspirin</i> | 2 |
| <i>sm aspirin adult low strength</i> | 2 |
| <i>sm aspirin enteric coated</i> | 2 |
| <i>sm athletes foot</i> | 37 |
| SM CALAMINE | 37 |
| <i>sm childrens aspirin</i> | 2 |
| <i>sm clotrimazole vaginal</i> | 44 |
| <i>sm complete</i> | 77 |
| <i>sm complete advanced formula</i> | 77 |
| <i>sm double antibiotic</i> | 37 |
| <i>sm fiber</i> | 43 |
| <i>sm fiber laxative</i> | 43 |
| <i>sm first aid antibiotic</i> | 37 |
| <i>sm gentle laxative</i> | 43 |
| SM GLUCOSE | 27 |

| Drug Name | Page # |
|--|--------|
| <i>sm miconazole 3</i> | 44 |
| <i>sm miconazole 7</i> | 44 |
| <i>sm milk of magnesia</i> | 43 |
| <i>sm nasal spray saline</i> | 63 |
| <i>sm natural laxative plus stool softener</i> | 43 |
| <i>sm nicotine</i> | 5 |
| <i>sm nicotine polacrilex</i> | 5 |
| SM ONE DAILY WOMENS | 77 |
| <i>sm opti-vitamins</i> | 77 |
| <i>sm pediatric electrolyte</i> | 68 |
| <i>sm povidone-iodine</i> | 37 |
| <i>sm senna laxative</i> | 43 |
| <i>sm stomach relief</i> | 40 |
| <i>sm triple antibiotic</i> | 37 |
| <i>sm tussin dm</i> | 63 |
| <i>sm tussin dm cough/chest congestion</i> | 63 |
| SODIUM BICARBONATE | 40 |
| <i>sodium bicarbonate</i> | 64 |
| <i>sodium bicarbonate partial fill</i> | 64 |
| <i>sodium chloride</i> | 58 |
| <i>sodium chloride</i> | 63 |
| <i>sodium chloride</i> | 68 |
| <i>sodium chloride 0.45% viaflex</i> | 68 |
| <i>sodium chloride 0.9%</i> | 44 |
| <i>sodium fluoride</i> | 68 |
| <i>sodium phenylbutyrate</i> | 38 |
| <i>sodium polystyrene sulfonate</i> | 64 |
| <i>sodium sulfacetamide</i> | 38 |
| <i>sodium sulfacetamide</i> | 58 |
| SOLTAMOX | 16 |
| <i>soluble fiber</i> | 43 |
| SOMATULINE DEPOT | 52 |
| SOMAVERT | 52 |
| SORBIC ACID | 56 |
| SORBITOL | 43 |
| SORBITOL | 56 |
| <i>sorine</i> | 31 |
| <i>sotalol hcl</i> | 31 |
| <i>sotalol hcl (af)</i> | 31 |
| SOVALDI | 24 |
| SPIRIVA HANDIHALER | 61 |
| SPIRIVA RESPIMAT | 61 |
| <i>spironolactone</i> | 32 |
| <i>spironolactone/hydrochlorothiazide</i> | 32 |
| SPORANOX | 14 |
| <i>sprintec 28</i> | 50 |
| SPRYCEL | 19 |

| Drug Name | Page # |
|---|--------|
| <i>sps</i> | 64 |
| <i>sronyx</i> | 50 |
| <i>ssd</i> | 38 |
| <i>stavudine</i> | 25 |
| <i>sterile water for injection</i> | 56 |
| <i>sterile water for injection</i> | 68 |
| <i>sterile water irrigation</i> | 68 |
| <i>stimulant laxative</i> | 43 |
| STIOLTO RESPIMAT | 63 |
| STIVARGA | 19 |
| <i>stomach relief</i> | 40 |
| <i>stomach relief maximum strength</i> | 40 |
| <i>stool softener</i> | 43 |
| <i>stool softener extra strength</i> | 43 |
| <i>stool softener laxative dc</i> | 43 |
| <i>streptomycin sulfate</i> | 5 |
| <i>stress 500 b-complex/zinc</i> | 77 |
| <i>stress b/zinc</i> | 77 |
| <i>stress formula</i> | 77 |
| <i>stress formula w/iron</i> | 77 |
| <i>stress formula/zinc</i> | 77 |
| STRIBILD | 24 |
| STRIVERDI RESPIMAT | 61 |
| STROMECTOL | 20 |
| STUART ONE | 77 |
| SUBOXONE | 5 |
| <i>sucralfate</i> | 43 |
| <i>sulfacetamide sodium</i> | 38 |
| <i>sulfacetamide sodium</i> | 58 |
| <i>sulfacetamide sodium/prednisolone sodium</i> | 58 |
| <i>phosphate</i> | |
| <i>sulfadiazine</i> | 9 |
| <i>sulfamethoxazole/trimethoprim</i> | 9 |
| <i>sulfamethoxazole/trimethoprim ds</i> | 9 |
| SULFAMYLON | 38 |
| <i>sulfasalazine</i> | 55 |
| <i>sulfatrim pediatric</i> | 9 |
| <i>sulfazine</i> | 55 |
| <i>sulfazine ec</i> | 55 |
| <i>sulindac</i> | 2 |
| <i>sumatriptan</i> | 15 |
| <i>sumatriptan succinate</i> | 15 |
| <i>sumatriptan succinate refill</i> | 15 |
| <i>superplex-t</i> | 77 |
| SUPRAX | 7 |
| SUPREP BOWEL PREP | 43 |
| <i>surgilube</i> | 38 |

| Drug Name | Page # |
|--|--------|
| SURMONTIL | 13 |
| SUSTIVA | 24 |
| SUTENT | 19 |
| SWEEN 24 | 38 |
| <i>syeda</i> | 50 |
| SYLATRON | 18 |
| SYLVANT | 20 |
| SYMLINPEN 120 | 27 |
| SYMLINPEN 60 | 27 |
| SYNAGIS | 54 |
| SYNAREL | 52 |
| SYNERCID | 6 |
| SYNRIBO | 18 |
| SYNTHROID | 52 |
| SYPRINE | 64 |
| TAB-A-VITE WOMENS | 77 |
| TABLOID | 16 |
| <i>tacrolimus</i> | 53 |
| TAFINLAR | 19 |
| TAGRISSE | 18 |
| TAMIFLU | 25 |
| <i>tamoxifen citrate</i> | 16 |
| <i>tamsulosin hcl</i> | 44 |
| TARCEVA | 19 |
| TARGRETIN | 20 |
| <i>tarina fe 1/20</i> | 50 |
| TARON-PREX | 77 |
| TASIGNA | 20 |
| <i>tazicef</i> | 8 |
| TAZORAC | 38 |
| <i>taztia xt</i> | 32 |
| <i>tears naturale ii</i> | 58 |
| <i>tears pure</i> | 58 |
| TEFLARO | 8 |
| TEGRETOL-XR | 11 |
| <i>telmisartan</i> | 30 |
| <i>telmisartan/amlodipine</i> | 30 |
| <i>telmisartan/hydrochlorothiazide</i> | 30 |
| TEMODAR | 16 |
| TENIVAC | 55 |
| <i>terazosin hcl</i> | 29 |
| <i>terbinafine hcl</i> | 14 |
| <i>terbutaline sulfate</i> | 61 |
| <i>terconazole</i> | 14 |
| <i>testosterone cypionate</i> | 47 |
| <i>testosterone enanthate</i> | 47 |
| <i>tetanus/diphtheria toxoids-adsorbed adult</i> | 55 |

| Drug Name | Page # |
|---|--------|
| <i>tetrabenazine</i> | 34 |
| <i>tetracycline hcl</i> | 9 |
| <i>tgt nasal spray</i> | 63 |
| <i>tgt saline nasal spray</i> | 63 |
| <i>th cod liver oil</i> | 77 |
| <i>th premium daily multiple</i> | 77 |
| <i>th theradex-m</i> | 77 |
| <i>th vision vitamins/lutein</i> | 78 |
| THALOMID | 16 |
| <i>theophylline</i> | 62 |
| <i>theophylline cr</i> | 62 |
| <i>theophylline er</i> | 62 |
| <i>thera</i> | 78 |
| THERA M PLUS | 78 |
| THERA/BETA-CAROTENE | 78 |
| THERACYS | 18 |
| THERA-M | 78 |
| THERASEAL HAND PROTECTION | 38 |
| <i>therems</i> | 78 |
| THEREMS-H | 78 |
| THEREMS-M | 78 |
| <i>thiamine hcl</i> | 78 |
| THIOLA | 44 |
| <i>thioridazine hcl</i> | 22 |
| <i>thiotepa</i> | 16 |
| <i>thiothixene</i> | 22 |
| <i>thrivite rx</i> | 78 |
| THYMOGLOBULIN | 54 |
| THYROLAR-1 | 52 |
| THYROLAR-1/2 | 52 |
| THYROLAR-1/4 | 52 |
| THYROLAR-2 | 52 |
| THYROLAR-3 | 52 |
| <i>tiagabine hydrochloride</i> | 10 |
| TICE BCG | 18 |
| <i>ticlopidine hcl</i> | 29 |
| TIKOSYN | 31 |
| <i>tilia fe</i> | 50 |
| <i>timolol maleate</i> | 31 |
| <i>timolol maleate</i> | 59 |
| <i>timolol maleate ophthalmic gel forming</i> | 59 |
| <i>tinidazole</i> | 6 |
| <i>tioconazole-1</i> | 44 |
| TIVICAY | 24 |
| <i>tizanidine hcl</i> | 23 |
| TL FOLATE | 78 |
| TL-CARE DHA | 78 |

| Drug Name | Page # |
|---|--------|
| TL-SELECT | 78 |
| TOBI PODHALER | 61 |
| TOBRADEX | 58 |
| TOBRADEX ST | 58 |
| <i>tobramycin</i> | 61 |
| <i>tobramycin sulfate</i> | 6 |
| <i>tobramycin sulfate</i> | 58 |
| <i>tobramycin sulfate/sodium chloride</i> | 5 |
| <i>tobramycin/dexamethasone</i> | 58 |
| TOBREX | 58 |
| <i>tolazamide</i> | 27 |
| <i>tolbutamide</i> | 27 |
| <i>tolmetin sodium</i> | 2 |
| <i>tolterodine tartrate</i> | 44 |
| <i>topiramate</i> | 10 |
| <i>toposar</i> | 19 |
| <i>topotecan hcl</i> | 19 |
| TORISEL | 20 |
| <i>torseamide</i> | 32 |
| <i>total fiber</i> | 43 |
| <i>tpn electrolytes</i> | 68 |
| TRACLEER | 62 |
| TRADJENTA | 27 |
| <i>tramadol hcl</i> | 4 |
| <i>tramadol hydrochloride/acetaminophen</i> | 4 |
| <i>trandolapril</i> | 30 |
| <i>trandolapril/verapamil hcl</i> | 30 |
| <i>trandolapril/verapamil hcl er</i> | 30 |
| <i>tranexamic acid</i> | 29 |
| TRANSDERM-SCOP | 13 |
| <i>tranylcypramine sulfate</i> | 12 |
| TRAVATAN Z | 57 |
| <i>travoprost</i> | 57 |
| <i>trazodone hcl</i> | 12 |
| TREANDA | 16 |
| TRECTOR | 15 |
| TRELSTAR MIXJECT | 52 |
| <i>tretinoin</i> | 20 |
| <i>tretinoin</i> | 38 |
| <i>triadvance</i> | 78 |
| <i>triamcinolone acetonide</i> | 35 |
| <i>triamcinolone acetonide</i> | 46 |
| <i>triamcinolone acetonide</i> | 60 |
| <i>triamcinolone in orabase</i> | 35 |
| <i>triamterene/hydrochlorothiazide</i> | 32 |
| <i>tri-buffered aspirin</i> | 2 |
| <i>tricare</i> | 78 |

| Drug Name | Page # |
|---|--------|
| TRICARE PRENATAL COMPLEAT | 78 |
| TRICARE PRENATAL DHA ONE | 78 |
| <i>triderm</i> | 46 |
| <i>tri-estarylla</i> | 50 |
| <i>trifluoperazine hcl</i> | 22 |
| <i>trifluridine</i> | 58 |
| <i>trihexyphenidyl hcl</i> | 21 |
| <i>tri-legest fe</i> | 50 |
| <i>tri-linyah</i> | 50 |
| <i>tri-lo-estarylla</i> | 50 |
| <i>tri-lo-sprintec</i> | 50 |
| <i>trilyte</i> | 43 |
| <i>trimethoprim</i> | 6 |
| <i>trimethoprim sulfate/polymyxin b sulfate</i> | 58 |
| <i>trimipramine maleate</i> | 13 |
| TRINATAL GT | 78 |
| <i>trinatal rx 1</i> | 78 |
| <i>trinessa</i> | 50 |
| <i>trinessa lo</i> | 50 |
| <i>triple antibiotic</i> | 38 |
| <i>triple antibiotic</i> | 58 |
| <i>triple antibiotic plus</i> | 38 |
| <i>triple-vitamin/fluoride</i> | 78 |
| <i>tri-previfem</i> | 50 |
| TRISENOX | 18 |
| <i>tri-sprintec</i> | 50 |
| TRISTART DHA | 78 |
| TRIUMEQ | 25 |
| TRIVEEN-DUO DHA | 78 |
| TRIVEEN-PRX RNF | 78 |
| TRI-VI-SOL | 78 |
| <i>tri-vit/fluoride</i> | 78 |
| <i>tri-vit/fluoride/iron</i> | 78 |
| <i>tri-vita</i> | 78 |
| <i>tri-vitamin/fluoride</i> | 78 |
| <i>trivora-28</i> | 50 |
| TRIXAICIN | 38 |
| <i>trixaicin hp</i> | 38 |
| TROMBONEX | 78 |
| TRULICITY | 27 |
| TRUMENBA | 55 |
| TRUVADA | 25 |
| <i>tussin dm</i> | 63 |
| TWINRIX | 55 |
| TYBOST | 25 |
| TYGACIL | 6 |
| TYKERB | 20 |

| Drug Name | Page # |
|--------------------------------------|--------|
| TYPHIM VI | 55 |
| TYZEKA | 24 |
| TYZINE PEDIATRIC NASAL DROPS | 63 |
| ULORIC | 14 |
| <i>ultimatecare one nf</i> | 78 |
| ULTRA WOMAN | 78 |
| UNICOMPLEX-M | 78 |
| <i>unithroid</i> | 52 |
| <i>ursodiol</i> | 40 |
| UVADEX | 18 |
| VAGIFEM | 50 |
| <i>valacyclovir hcl</i> | 26 |
| VALCHLOR | 16 |
| VALCYTE | 23 |
| <i>valganciclovir</i> | 23 |
| <i>valproate sodium</i> | 10 |
| <i>valproic acid</i> | 10 |
| <i>valsartan</i> | 30 |
| <i>valsartan/hydrochlorothiazide</i> | 30 |
| VALSTAR | 18 |
| <i>vancomycin hcl</i> | 6 |
| <i>vancomycin hcl in dextrose</i> | 6 |
| <i>vandazole</i> | 7 |
| VANTAS | 52 |
| VAQTA | 55 |
| VARIVAX | 55 |
| VASCEPA | 33 |
| VASOSTRICT | 47 |
| VECTIBIX | 18 |
| VELCADE | 18 |
| <i>velivet</i> | 51 |
| VELPHORO | 45 |
| VEMAVITE-PRX 2 | 79 |
| VENA-BAL DHA | 79 |
| <i>venlafaxine hcl</i> | 12 |
| <i>venlafaxine hcl er</i> | 12 |
| VENOFER | 68 |
| VENTOLIN HFA | 61 |
| <i>verapamil hcl</i> | 32 |
| <i>verapamil hcl er</i> | 32 |
| <i>verapamil hcl sr</i> | 32 |
| VERSACLOZ | 23 |
| VESICARE | 44 |
| <i>vestura</i> | 51 |
| V-GO 20 | 56 |
| V-GO 30 | 56 |
| V-GO 40 | 56 |

| Drug Name | Page # |
|--------------------------------|--------|
| VIACTIV | 79 |
| <i>vicodin</i> | 4 |
| <i>vicodin es</i> | 4 |
| VICTOZA | 27 |
| VIDEX PEDIATRIC | 25 |
| VIGAMOX | 58 |
| VIIBRYD | 13 |
| VIIBRYD STARTER PACK | 12 |
| VIMPAT | 11 |
| <i>vinblastine sulfate</i> | 18 |
| <i>vincasar pfs</i> | 18 |
| <i>vincristine sulfate</i> | 18 |
| <i>vinorelbine tartrate</i> | 18 |
| <i>viorele</i> | 51 |
| VIRACEPT | 25 |
| VIRAMUNE | 24 |
| VIRAMUNE XR | 24 |
| VIRAZOLE | 26 |
| VIREAD | 25 |
| VIRT-ADVANCE | 79 |
| VIRT-C DHA | 79 |
| VIRT-CARE ONE | 79 |
| VIRT-PN | 79 |
| VIRT-PN DHA | 79 |
| VIRT-PN PLUS | 79 |
| VIRT-SELECT | 79 |
| VITAFOL FE+ | 79 |
| VITAFOL-ONE | 79 |
| <i>vitalee</i> | 79 |
| VITALETS | 79 |
| VITALETS CHILDRENS | 79 |
| VITAMEDMD ONE RX/QUATREFOLIC | 79 |
| VITAMEDMD PLUS RX/QUATRE FOLIC | 79 |
| <i>vitamin a & d</i> | 38 |
| <i>vitamin b complex</i> | 79 |
| <i>vitamin d3</i> | 79 |
| VITAMIN K1 | 79 |
| <i>vitamins & minerals</i> | 79 |
| <i>vitamins a/c/d/fluoride</i> | 79 |
| <i>vitamins a/d/c/fluoride</i> | 68 |
| VITEKTA | 24 |
| VOL-NATE | 79 |
| VOL-PLUS | 79 |
| VOLTAREN | 2 |
| <i>voriconazole</i> | 14 |
| VOTRIENT | 20 |

| Drug Name | Page # |
|-------------------------|--------|
| VP CH ULTRA | 79 |
| VP-CH-PNV | 79 |
| VP-HEME OB | 79 |
| VP-PNV-DHA | 79 |
| VPRIV | 38 |
| <i>vyfemla</i> | 51 |
| <i>warfarin sodium</i> | 28 |
| <i>wera</i> | 51 |
| <i>womens one daily</i> | 79 |
| <i>wymzya fe</i> | 51 |
| XALKORI | 20 |
| XARELTO | 28 |
| XARELTO STARTER PACK | 28 |
| XENAZINE | 34 |
| XGEVA | 56 |
| XOLAIR | 63 |
| XTANDI | 16 |
| XYREM | 63 |
| YERVOY | 18 |
| YF-VAX | 55 |
| YONDELIS | 16 |
| <i>zafirlukast</i> | 61 |
| <i>zaleplon</i> | 63 |
| ZALTRAP | 18 |
| <i>zamicet</i> | 4 |
| ZANOSAR | 18 |
| <i>zarah</i> | 51 |
| ZATEAN-CH | 79 |
| ZATEAN-PN | 79 |
| ZATEAN-PN DHA | 79 |
| ZATEAN-PN PLUS | 79 |
| ZAVESCA | 39 |
| <i>zazole</i> | 14 |
| <i>zeasorb-af</i> | 38 |
| <i>zebutal</i> | 1 |
| ZELBORAF | 20 |
| <i>zenatane</i> | 38 |
| <i>zenchent</i> | 51 |
| <i>zenchent fe</i> | 51 |
| ZENPEP | 39 |
| ZETIA | 33 |
| ZIAGEN | 25 |
| <i>zidovudine</i> | 25 |
| ZINC | 79 |
| <i>zinc oxide</i> | 38 |
| ZINC TRACE METAL | 64 |
| <i>ziprasidone hcl</i> | 23 |

| Drug Name | Page # |
|--------------------------|--------|
| ZIRGAN | 58 |
| ZOLADEX | 52 |
| <i>zoledronic acid</i> | 56 |
| ZOLINZA | 18 |
| <i>zolpidem tartrate</i> | 63 |
| ZONALON | 38 |
| <i>zonisamide</i> | 10 |
| ZORTRESS | 53 |
| ZOSTAVAX | 55 |
| <i>zovia 1/35e</i> | 51 |
| <i>zovia 1/50e</i> | 51 |
| ZYDELIG | 19 |
| ZYKADIA | 20 |
| ZYPREXA RELPREVV | 23 |
| ZYTIGA | 16 |
| ZYVOX | 7 |