

AvMed Medicare Choice

2016 Comprehensive Formulary

(List of Covered Drugs)

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

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

This formulary was updated on 09/01/2015. For more recent information or other questions, please contact AvMed Medicare Choice Member Engagement Center, at 1-800-782-8633 October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., TTY users, 711 or 1-800-955-8771 or visit www.avmed.org.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2016. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

This information is available for free in other languages. Please call our Member Engagement Center number listed above.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro Departamento de Servicios para Afiliados al número que aparece arriba.

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AvMed Medicare is an HMO plan with a Medicare contract.
Enrollment in AvMed Medicare depends on contract renewal

What is the AvMed Medicare Choice Formulary?

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

Can the Formulary (drug list) change?

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2016. To get updated information about the drugs covered by AvMed Medicare Choice, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins 2. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 69. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

AvMed Medicare Choice covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** AvMed Medicare Choice requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from AvMed Medicare Choice before you fill your prescriptions. If you don't get approval, AvMed Medicare Choice may not cover the drug.
- **Quantity Limits:** For certain drugs, AvMed Medicare Choice limits the amount of the drug that AvMed Medicare Choice will cover. For example, AvMed Medicare Choice provides 30 per prescription for Zetia. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, AvMed Medicare Choice requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AvMed Medicare Choice may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AvMed Medicare Choice will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that AvMed Medicare Choice does not cover your drug, you have two options:

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

How do I request an exception to the AvMed Medicare Choice Formulary?

You can ask AvMed Medicare Choice to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information

For more detailed information about your AvMed Medicare Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about AvMed Medicare Choice, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

AvMed Medicare Choice Formulary

The formulary below provides coverage information about the drugs covered by AvMed Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

- B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- EX:** Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- GC:** Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
- LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call the Member Engagement Center.
- NM:** Not Mail-Order Drug. This prescription drug is NOT available through our mail-order service, but is available through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
- PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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Drug Name	Drug Requirements/	
	Tier	Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INJ 5MG/ML	4	B/D
AMBISOME INJ 50MG	4	B/D
<i>amphotericin b for inj 50 mg</i>	2	GC B/D
CANCIDAS INJ 50MG	4	
CANCIDAS INJ 70MG	4	
<i>clotrimazole troche 10 mg</i>	2	GC
ERAXIS INJ 100MG	4	
<i>fluconazole for susp 10 mg/ml</i>	2	GC
<i>fluconazole for susp 40 mg/ml</i>	2	GC
<i>fluconazole in dextrose inj 400 mg/200ml</i>	2	GC
<i>fluconazole tab 50 mg</i>	2	GC
<i>fluconazole tab 100 mg</i>	2	GC
<i>fluconazole tab 150 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fluconazole tab 200 mg</i>	2	GC
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	4	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i> QL (120 caps / 30 days)	4	QL PA
<i>ketoconazole tab 200 mg</i>	2	GC
NOXAFIL SUS 40MG/ML	3	PA
NOXAFIL TAB 100MG	3	PA
<i>nystatin susp 100000 unit/ml</i>	2	GC
<i>nystatin tab 500000 unit</i>	2	GC
<i>terbinafine hcl tab 250 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>voriconazole for inj 200 mg</i>	2	GC
<i>voriconazole for susp 40 mg/ml</i> QL (4 bottles / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>voriconazole tab 50 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>voriconazole tab 200 mg</i> QL (60 tabs / 30 days)	2	GC QL
ANTIVIRALS		
<i>abacavir sulfate tab 300 mg</i> (base equiv) QL (60 tabs / 30 days)	4	QL
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> QL (60 tabs / 30 days)	5	QL
<i>acyclovir cap 200 mg</i>	2	GC
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	GC B/D
<i>acyclovir susp 200 mg/5ml</i>	2	GC
<i>acyclovir tab 400 mg</i>	2	GC
<i>acyclovir tab 800 mg</i>	2	GC
<i>adefovir dipivoxil tab 10 mg</i> QL (30 tabs / 30 days)	5	QL
<i>amantadine hcl cap 100 mg</i>	2	GC
<i>amantadine hcl syrup 50 mg/5ml</i>	2	GC
<i>amantadine hcl tab 100 mg</i>	2	GC
APTIVUS CAP 250MG QL (120 caps / 30 days)	5	QL
APTIVUS SOL QL (300ml / 30 days)	5	QL
ATRIPLA TAB QL (30 tabs / 30 days)	5	QL
BARACLUDGE SOL .05MG/ML QL (600ml /30 days)	3	QL
BARACLUDGE TAB 0.5MG QL (30 tabs / 30 days)	5	QL
BARACLUDGE TAB 1MG QL (30 tabs / 30 days)	5	QL
<i>cidofovir iv inj 75 mg/ml</i>	5	
COMPLERA TAB QL (30 tabs / 30 days)	5	QL
CRIXIVAN CAP 200MG	3	
CRIXIVAN CAP 400MG	3	
<i>didanosine delayed release capsule 125 mg</i> QL (30 caps / 30 days)	3	QL
<i>didanosine delayed release capsule 200 mg</i> QL (30 caps / 30 days)	3	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>didanosine delayed release capsule 250 mg</i> QL (30 caps / 30 days)	3	QL
<i>didanosine delayed release capsule 400 mg</i> QL (30 caps / 30 days)	3	QL
EDURANT TAB 25MG QL (30 tabs / 30 days)	5	QL
EMTRIVA CAP 200MG QL (30 caps / 30 days)	4	QL
EMTRIVA SOL 10MG/ML QL (850ml / 30 days)	4	QL
<i>entecavir tab 0.5 mg</i> QL (30 tabs / 30 days)	5	QL
<i>entecavir tab 1 mg</i> QL (30 tabs / 30 days)	5	QL
EPIVIR SOL 10MG/ML QL (960ml / 30 days)	3	QL
EPZICOM TAB 600-300 QL (30 tabs / 30 days)	5	QL
EVOTAZ TAB 300-150 QL (30 tabs / 30 days)	5	QL
<i>famciclovir tab 125 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>famciclovir tab 250 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>famciclovir tab 500 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>foscarnet sodium inj 24 mg/ml</i>	2	GC B/D
FUZEON INJ 90MG QL (60 vials / 30 days)	5	QL
<i>ganciclovir sodium for inj 500 mg</i>	2	GC
HARVONI TAB 90-400MG QL (28 tabs / 28 days)	5	QL PA
INTELENCE TAB 25MG	4	
INTELENCE TAB 100MG QL (120 tabs / 30 days)	5	QL
INTELENCE TAB 200MG QL (60 tabs / 30 days)	5	QL
INVIRASE CAP 200MG QL (300 caps / 30 days)	4	QL
INVIRASE TAB 500MG QL (120 tabs / 30 days)	5	QL
ISENTRESS CHW 25MG QL (180 tabs / 30 days)	3	QL
ISENTRESS CHW 100MG QL (180 tabs / 30 days)	5	QL
ISENTRESS POW 100MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
ISENTRESS TAB 400MG QL (60 tabs / 30 days)	5	QL
KALETRA SOL QL (480ml / 30 days)	5	QL
KALETRA TAB 100-25MG QL (300 tabs / 30 days)	4	QL
KALETRA TAB 200-50MG QL (120 tabs / 30 days)	5	QL
<i>lamivudine tab 100 mg (hbv)</i>	4	
<i>lamivudine tab 150 mg</i> QL (60 tabs / 30 days)	3	QL
<i>lamivudine tab 300 mg</i> QL (30 tabs / 30 days)	3	QL
<i>lamivudine-zidovudine tab 150-300 mg</i> QL (60 tabs / 30 days)	4	QL
LEXIVA SUS 50MG/ML QL (1800ml / 30 days)	4	QL
LEXIVA TAB 700MG QL (120 tabs / 30 days)	5	QL
<i>nevirapine susp 50 mg/5ml</i> QL (1200ml / 30 days)	4	QL
<i>nevirapine tab 200 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nevirapine tab sr 24hr 400 mg</i> QL (30 tabs / 30 days)	4	QL
NORVIR CAP 100MG QL (360 caps / 30 days)	4	QL
NORVIR SOL 80MG/ML QL (480ml / 30 days)	4	QL
NORVIR TAB 100MG QL (360 tabs / 30 days)	4	QL
OLYSIO CAP 150MG QL (28 caps / 28 days)	5	QL PA
PREZCOBIX TAB 800-150 QL (30 tabs / 30 days)	5	QL
PREZISTA SUS 100MG/ML	5	
PREZISTA TAB 75MG QL (300 tabs / 30 days)	4	QL
PREZISTA TAB 150MG QL (180 tabs / 30 days)	4	QL
PREZISTA TAB 600MG QL (60 tabs / 30 days)	5	QL
PREZISTA TAB 800MG QL (30 tabs / 30 days)	5	QL
REBETOL SOL 40MG/ML	4	PA
RELENZA MIS DISKHALE QL (3 boxes / 180 days)	4	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
RESCRIPTOR TAB 100 MG QL (360 tabs / 30 days)	4	QL
RESCRIPTOR TAB 200MG QL (180 tabs / 30 days)	4	QL
RETROVIR INJ 10MG/ML	4	
REYATAZ CAP 150MG QL (60 caps / 30 days)	5	QL
REYATAZ CAP 200MG QL (60 caps / 30 days)	5	QL
REYATAZ CAP 300MG QL (30 caps / 30 days)	5	QL
REYATAZ POW 50MG QL (150 packets / 30 days)	5	QL
<i>ribasphere cap 200mg</i>	3	PA
<i>ribasphere tab 200mg</i>	3	PA
<i>ribavirin cap 200 mg</i>	3	PA
<i>ribavirin tab 200 mg</i>	3	PA
<i>rimantadine hydrochloride tab 100 mg</i>	2	GC
SELZENTRY TAB 150MG QL (60 tabs / 30 days)	3	QL
SELZENTRY TAB 300MG QL (120 tabs / 30 days)	3	QL
SOVALDI TAB 400MG QL (28 tabs / 28 days)	5	QL PA
<i>stavudine cap 15 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 20 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine cap 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>stavudine for oral soln 1 mg/ml</i> QL (2400ml / 30 days)	2	GC QL
STRIBILD TAB	5	
SUSTIVA CAP 50MG QL (210 caps / 30 days)	3	QL
SUSTIVA CAP 200MG QL (120 caps / 30 days)	3	QL
SUSTIVA TAB 600MG QL (30 tabs / 30 days)	3	QL
SYNAGIS INJ 50MG	5	
TAMIFLU CAP 30MG QL (84 caps / 180 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
TAMIFLU CAP 45MG QL (42 caps / 180 days)	3	QL
TAMIFLU CAP 75MG QL (42 caps / 180 days)	3	QL
TAMIFLU SUS 6MG/ML QL (600ml / 180 days)	3	QL
TIVICAY TAB 50MG	5	
TRIUMEQ TAB QL (30 tabs / 30 days)	5	QL
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	5	QL
TYBOST TAB 150MG QL (30 tabs / 30 days)	4	QL
TYZEKA TAB 600MG QL (30 tabs / 30 days)	5	QL
<i>valacyclovir hcl tab 1 gm</i> QL (60 tabs / 30 days)	3	QL
<i>valacyclovir hcl tab 500 mg</i> QL (60 tabs / 30 days)	3	QL
VALCYTE SOL 50MG/ML	5	
VALCYTE TAB 450MG	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	
VIDEX SOL 2GM QL (1200ml / 30 days)	4	QL
VIRACEPT TAB 250MG QL (300 tabs / 30 days)	5	QL
VIRACEPT TAB 625MG QL (120 tabs / 30 days)	5	QL
VIRAMUNE XR TAB 100MG QL (120 tabs / 30 days)	4	QL
VIRAZOLE INH 6GM	5	
VIREAD POW 40MG/GM QL (4 bottles / 30 days)	5	QL
VIREAD TAB 150MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 200MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 250MG QL (30 tabs / 30 days)	5	QL
VIREAD TAB 300MG QL (30 tabs / 30 days)	5	QL
VISTIDE INJ 75MG/ML	4	
VITEKTA TAB 85MG QL (30 tabs / 30 days)	5	QL
VITEKTA TAB 150MG QL (30 tabs / 30 days)	5	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
ZIAGEN SOL 20MG/ML QL (960ml / 30 days)	3	QL
zidovudine cap 100 mg QL (180 caps / 30 days)	2	GC QL
zidovudine syrup 10 mg/ml QL (1840ml /30 days)	2	GC QL
zidovudine tab 300 mg QL (60 tabs / 30 days)	2	GC QL
CEPHALOSPORINS		
CEDAX CAP 400MG	4	
cefaclor cap 250 mg	2	GC
cefaclor cap 500 mg	2	GC
CEFACTOR ER TAB 500MG	2	GC
cefadroxil cap 500 mg	2	GC
cefadroxil for susp 250 mg/5ml	2	GC
cefadroxil for susp 500 mg/5ml	2	GC
cefadroxil tab 1 gm	2	GC
CEFAZOLIN INJ 1GM/50ML	2	GC
cefazolin sodium for inj 1 gm	2	GC
cefazolin sodium for inj 10 gm	2	GC
cefazolin sodium for inj 500 mg	2	GC
cefdinir cap 300 mg	2	GC
cefdinir for susp 125 mg/5ml	2	GC
cefdinir for susp 250 mg/5ml	2	GC
cefditoren pivoxil tab 200 mg (base equivalent)	2	GC
cefepime hcl for inj 1 gm	2	GC
cefepime hcl for inj 2 gm	2	GC
cefixime for susp 100 mg/5ml	4	
cefixime for susp 200 mg/5ml	4	
cefotaxime sodium for inj 1 gm	2	GC
cefotaxime sodium for inj 2 gm	2	GC
cefotaxime sodium for inj 500 mg	2	GC
CEFOTETAN INJ 1GM/10ML	2	GC
CEFOTETAN INJ 2GM/20ML	2	GC
CEFOTETAN INJ 10G	2	GC
CEFOXITIN INJ 1GM	2	GC
CEFOXITIN INJ 2GM	2	GC
cefoxitin sodium for inj 10 gm	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
cefoxitin sodium for iv soln 1 gm	2	GC
cefoxitin sodium for iv soln 2 gm	2	GC
cefpodoxime proxetil for susp 50 mg/5ml	3	
cefpodoxime proxetil for susp 100 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml	2	GC
cefprozil for susp 250 mg/5ml	2	GC
cefprozil tab 250 mg	2	GC
cefprozil tab 500 mg	2	GC
ceftazidime for inj 1 gm	2	GC
ceftazidime for inj 2 gm	2	GC
ceftazidime for inj 6 gm	2	GC
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
ceftriaxone sodium for inj 250 mg	2	GC
ceftriaxone sodium for inj 500 mg	2	GC
ceftriaxone sodium for iv soln 1 gm	2	GC
ceftriaxone sodium for iv soln 2 gm	2	GC
cefuroxime axetil tab 250 mg	2	GC
cefuroxime axetil tab 500 mg	2	GC
cefuroxime sodium for inj 1.5 gm	2	GC
cefuroxime sodium for inj 7.5 gm	2	GC
cefuroxime sodium for inj 750 mg	2	GC
cephalexin cap 250 mg	2	GC
cephalexin cap 500 mg	2	GC
cephalexin for susp 125 mg/5ml	2	GC
cephalexin for susp 250 mg/5ml	2	GC
cephalexin tab 250 mg	2	GC
cephalexin tab 500 mg	2	GC

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
SUPRAX CAP 400MG	4	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
TEFLARO INJ 400MG	4	
TEFLARO INJ 600MG	4	
ZERBAXA INJ 1-0.5 GM	4	
ERYTHROMYCINS / OTHER		
MACROLIDES		
azithromycin for susp 100 mg/5ml	2	GC
azithromycin for susp 200 mg/5ml	2	GC
azithromycin iv for soln 500 mg	2	GC
azithromycin powd pack for susp 1 gm	2	GC
azithromycin tab 250 mg QL (12 tabs / 30 days)	2	GC QL
azithromycin tab 500 mg QL (12 tabs / 30 days)	2	GC QL
azithromycin tab 600 mg QL (30 tabs / 30 days)	2	GC QL
clarithromycin for susp 125 mg/5ml	2	GC
clarithromycin for susp 250 mg/5ml	2	GC
clarithromycin tab 250 mg	2	GC
clarithromycin tab 500 mg	2	GC
clarithromycin tab sr 24hr 500 mg	2	GC
DIFICID TAB 200MG QL (20 tabs / 30 days)	4	QL PA
e.e.s. 400 tab 400mg	4	
ERY-TAB TAB 250MG EC	4	
ERY-TAB TAB 333MG EC	4	
ERY-TAB TAB 500MG EC	4	
ERYTHROCIN INJ 500MG	4	
erythromycin ethylsuccinate tab 400 mg	2	GC
erythromycin tab 250 mg	2	GC
erythromycin tab 500 mg	2	GC
ZMAX SUS 2GM	3	
MISCELLANEOUS ANTIINFECTIVES		
ALBENZA TAB 200MG	4	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
ALINIA SUS 100/5ML QL (60ml / 7 days)	4	QL
ALINIA TAB 500MG QL (60 tabs / 30 days)	4	QL
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	2	GC
atovaquone susp 750 mg/5ml	2	GC
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
aztreonam for inj 1 gm	2	GC
bacim inj 50000unt	2	GC
BACITRACIN INJ 50000UNT	2	GC
BILTRICIDE TAB 600MG	4	
CAPASTAT SUL INJ 1GM	4	
CAYSTON INH 75MG QL (1 vial / 28 days)	5	QL LA
chloramphenicol sodium succinate for iv inj 1 gm	2	GC
chloroquine phosphate tab 250 mg	2	GC
chloroquine phosphate tab 500 mg	2	GC
CLEOCIN/D5W INJ 900MG	4	
clindamycin hcl cap 75 mg	2	GC
clindamycin hcl cap 150 mg	2	GC
clindamycin hcl cap 300 mg	2	GC
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	GC
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	GC
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	GC
clindamycin phosphate iv soln 600 mg/4ml	2	GC
COARTEM TAB 20-120MG QL (24 tabs / 30 days)	3	QL
colistimethate sodium for inj 150 mg	2	GC
CUBICIN SOL 500MG	4	
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	

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Drug Name	Drug Requirements/	
	Tier	Limits
DARAPRIM TAB 25MG	3	
<i>ethambutol hcl tab 100 mg</i>	2	GC
<i>ethambutol hcl tab 400 mg</i>	2	GC
GENTAM/NACL INJ 0.9MG/ML	2	GC
GENTAM/NACL INJ 1.4MG/ML	2	GC
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	GC
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	GC
<i>gentamicin sulfate inj 40 mg/ml</i>	2	GC
<i>gentamicin sulfate iv soln 10 mg/ml</i>	2	GC
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	GC
INVANZ INJ 1GM	4	
<i>isoniazid inj 100 mg/ml</i>	2	GC
<i>isoniazid syrup 50 mg/5ml</i>	2	GC
<i>isoniazid tab 100 mg</i>	2	GC
<i>isoniazid tab 300 mg</i>	2	GC
<i>ivermectin tab 3 mg</i>	2	GC
KETEK TAB 300MG QL (20 tabs / 30 days)	4	QL
KETEK TAB 400MG QL (20 tabs / 30 days)	4	QL
LINCOCIN INJ 300MG/ML	4	
<i>linezolid iv soln 2 mg/ml</i>	3	
<i>linezolid tab 600 mg</i> QL (56 tabs / 28 days)	3	QL
<i>mefloquine hcl tab 250 mg</i>	3	
<i>meropenem iv for soln 500 mg</i>	2	GC
<i>metronidazole cap 375 mg</i>	2	GC
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	GC
<i>metronidazole tab 250 mg</i>	2	GC
<i>metronidazole tab 500 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
MYCOBUTIN CAP 150MG	4	
NEBUPENT INH 300MG	4	B/D
<i>neomycin sulfate tab 500 mg</i>	2	GC
<i>paromomycin sulfate cap 250 mg</i>	2	GC
PASER GRA 4GM	3	
PENTAM 300 INJ 300MG	4	B/D
<i>polymyxin b sulfate for inj 500000 unit</i>	2	GC
PRIMAQUINE TAB 26.3MG	3	
<i>pyrazinamide tab 500 mg</i>	2	GC
<i>quinine sulfate cap 324 mg</i>	4	PA
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	2	GC
<i>rifampin cap 300 mg</i>	2	GC
<i>rifampin for inj 600 mg</i>	2	GC
RIFATER TAB	4	
SIRTURO TAB 100MG	5	LA PA
SIVEXTRO TAB 200MG QL (6 tabs / 6 days)	3	QL
<i>streptomycin sulfate for inj 1 gm</i>	4	
STROMEKTOL TAB 3MG	3	
SYNERCID INJ 500MG	5	
<i>tinidazole tab 250 mg</i>	3	
<i>tinidazole tab 500 mg</i>	3	
TOBI PODHALR CAP 28MG QL (224 caps / 28 days)	5	QL
TOBRA/NACL INJ 80/0.9	2	GC
<i>tobramycin nebu soln 300 mg/5ml</i> QL (56 ampules / 28 days)	5	B/D QL
<i>tobramycin sulfate inj 10 mg/ml</i>	2	GC
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	2	GC
TRECTOR TAB 250MG	3	
TYGACIL INJ 50MG	4	
XIFAXAN TAB 200MG QL (9 tabs / 30 days)	4	QL PA
XIFAXAN TAB 550MG QL (60 tabs / 30 days)	5	QL PA
ZYVOX SUS 100MG/5M QL (1800ml / 28 days)	3	QL

PENICILLINS

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	GC
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	GC
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab sr 12hr 1000-62.5 mg</i>	3	
<i>amoxicillin (trihydrate) cap 250 mg</i>	2	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	2	GC
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	GC
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	GC
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	2	GC
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	GC
<i>amoxicillin (trihydrate) tab 875 mg</i>	2	GC
<i>ampicillin & sulbactam sodium for inj 2-1 gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 10-5 gm</i>	2	GC
<i>ampicillin cap 250 mg</i>	2	GC
<i>ampicillin cap 500 mg</i>	2	GC
<i>ampicillin for susp 125 mg/5ml</i>	2	GC
<i>ampicillin for susp 250 mg/5ml</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ampicillin sodium for inj 1 gm</i>	2	GC
<i>ampicillin sodium for inj 125 mg</i>	2	GC
<i>ampicillin sodium for iv soln 10 gm</i>	2	GC
BACTOCILL INJ DEX 1GM	2	GC
BACTOCILL INJ DEX 2GM	2	GC
BICILLIN C-R INJ 900/300	4	
BICILLIN C-R INJ 1200000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	GC
<i>dicloxacillin sodium cap 500 mg</i>	2	GC
<i>naftillin sodium for inj 1 gm</i>	2	GC
<i>naftillin sodium for inj 10 gm</i>	2	GC
<i>oxacillin sodium for inj 2 gm</i>	2	GC
<i>oxacillin sodium for inj 10 gm</i>	2	GC
PEN G PROC INJ 600000	2	GC
PENICILL GK/ INJ DEX 2MU	2	GC
PENICILL GK/ INJ DEX 3MU	2	GC
<i>penicillin g potassium for inj 5000000 unit</i>	2	GC
<i>penicillin g sodium for inj 5000000 unit</i>	2	GC
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	GC
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	GC
<i>penicillin v potassium tab 250 mg</i>	2	GC
<i>penicillin v potassium tab 500 mg</i>	2	GC
<i>piperacillin sodium-tazobactam sodium for inj 3-0.375 gm</i>	3	
<i>piperacillin sodium-tazobactam sodium for inj 4-0.5 gm</i>	3	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
QUINOLONES		
AVELOX ABC TAB 400MG	4	
AVELOX INJ	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	GC
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	GC
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	2	GC
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	2	GC
<i>ciprofloxacin iv soln 400 mg/40ml (1%)</i>	2	GC
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)</i>	3	
<i>ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)</i>	3	
FACTIVE TAB 320MG	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	GC
<i>levofloxacin iv soln 25 mg/ml</i>	2	GC
<i>levofloxacin oral soln 25 mg/ml</i>	2	GC
<i>levofloxacin tab 250 mg</i>	2	GC
<i>levofloxacin tab 500 mg</i>	2	GC
<i>levofloxacin tab 750 mg</i>	2	GC
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	2	GC
<i>ofloxacin tab 400 mg</i>	2	GC
SULFA'S / RELATED AGENTS		
SULFADIAZINE TAB 500MG	2	GC
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	GC
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	4	
<i>demeclocycline hcl tab 300 mg</i>	4	
<i>doxy 100 inj 100mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>doxycycline hyclate cap 50 mg</i>	2	GC
<i>doxycycline hyclate cap 100 mg</i>	2	GC
<i>doxycycline hyclate for inj 100 mg</i>	2	GC
<i>doxycycline hyclate tab 20 mg</i>	2	GC
<i>doxycycline hyclate tab 100 mg</i>	2	GC
<i>doxycycline monohydrate cap 50 mg</i>	2	GC
<i>doxycycline monohydrate cap 75 mg</i>	2	GC
<i>doxycycline monohydrate cap 100 mg</i>	2	GC
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	GC
<i>doxycycline monohydrate tab 50 mg</i>	2	GC
<i>doxycycline monohydrate tab 50 mg</i>	2	GC
<i>doxycycline monohydrate tab 75 mg</i>	2	GC
<i>doxycycline monohydrate tab 100 mg</i>	2	GC
<i>doxycycline monohydrate tab 150 mg</i>	2	GC
<i>minocycline hcl cap 50 mg</i>	2	GC
<i>minocycline hcl cap 75 mg</i>	2	GC
<i>minocycline hcl cap 100 mg</i>	2	GC
<i>minocycline hcl tab 50 mg</i>	2	GC
<i>minocycline hcl tab 75 mg</i>	2	GC
<i>minocycline hcl tab 100 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 45 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 90 mg</i>	2	GC
<i>minocycline hcl tab sr 24hr 135 mg</i>	2	GC
URINARY TRACT AGENTS		
<i>methenamine hippurate tab 1 gm</i>	3	
MONUROL PAK GRANULES	3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	2	GC

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	Tier	Limits
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	2	GC
<i>nitrofurantoin susp 25 mg/5ml</i>	4	
PRIMSOL SOL 50MG/5ML	3	
<i>trimethoprim tab 100 mg</i>	2	GC
VANCOMYCIN		
<i>vancomycin hcl cap 125 mg</i>	4	
<i>vancomycin hcl cap 250 mg</i>	4	
<i>vancomycin hcl for inj 10 gm</i>	2	GC
<i>vancomycin hcl for inj 500 mg</i>	2	GC
<i>vancomycin hcl for inj 1000 mg</i>	2	GC
ANTI-INFECTIVES		
ANTI-INFECTIVE AGENTS		
CRESEMBA CAP 186 MG	5	PA
CRESEMBA INJ 372MG	5	PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>amifostine crystalline for inj 500 mg</i>	5	
<i>dexrazoxane for inj 250 mg</i>	5	
ELITEK INJ 1.5MG	5	
KEPIVANCE INJ 6.25MG	5	
<i>leucovorin calcium for inj 100 mg</i>	2	GC
<i>leucovorin calcium for inj 350 mg</i>	2	GC
<i>leucovorin calcium tab 5 mg</i>	2	GC
<i>leucovorin calcium tab 10 mg</i>	2	GC
<i>leucovorin calcium tab 15 mg</i>	2	GC
<i>leucovorin calcium tab 25 mg</i>	2	GC
LEVOLEUCOVOR INJ 50MG	4	
<i>mesna inj 100 mg/ml</i>	2	GC
MESNEX TAB 400MG	5	
XGEVA INJ QL (4 vials / 28 days)	5	QL
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ABRAXANE INJ 100MG	5	
<i>adrucil inj 500/10ml</i>	4	B/D
AFINITOR DIS TAB 2MG QL (120 tabs / 30 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
AFINITOR DIS TAB 3MG QL (120 tabs / 30 days)	5	QL PA
AFINITOR DIS TAB 5MG QL (120 tabs / 30 days)	5	QL PA
AFINITOR TAB 2.5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 7.5MG QL (30 tabs / 30 days)	5	QL PA
AFINITOR TAB 10MG QL (30 tabs / 30 days)	5	QL PA
ALIMTA INJ 500MG	5	
<i>anastrozole tab 1 mg</i>	2	GC
ARRANON INJ 5MG/ML	5	
ARZERRA CON 100/5ML	5	
AVASTIN INJ	3	
<i>azacitidine for inj 100 mg</i>	5	
<i>azathioprine tab 50 mg</i>	2	GC B/D
BELEODAQ INJ 500MG	5	PA
<i>bicalutamide tab 50 mg</i>	2	GC
BICNU INJ 100MG	4	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	GC B/D
BOSULIF TAB 100MG QL (120 tabs / 30 days)	5	QL PA
BOSULIF TAB 500MG QL (30 tabs / 30 days)	5	QL PA
BUSULFEX INJ 6MG/ML	5	
CAPRELSA TAB 100MG QL (60 tabs / 30 days)	5	QL LA PA
CAPRELSA TAB 300MG QL (30 tabs / 30 days)	5	QL LA PA
<i>carboplatin iv soln 150 mg/15ml</i>	2	GC
CELLCEPT IV INJ 500MG	3	B/D
CELLCEPT SUS 200MG/ML	5	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	GC
<i>cladribine inj 1 mg/ml</i>	5	B/D
CLOLAR INJ 1MG/ML	5	B/D
COMETRIQ KIT 60MG	5	PA
COMETRIQ KIT 100MG	5	PA
COMETRIQ KIT 140MG	5	PA
CYCLOPHOSPH CAP 25MG	3	B/D
CYCLOPHOSPH CAP 50MG	3	B/D

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	Tier	Limits
<i>cyclosporine cap 25 mg</i>	2	GC B/D
<i>cyclosporine cap 100 mg</i>	2	GC B/D
<i>cyclosporine iv soln 50 mg/ml</i>	2	GC B/D
<i>cyclosporine modified cap 25 mg</i>	2	GC B/D
<i>cyclosporine modified cap 50 mg</i>	2	GC B/D
<i>cyclosporine modified cap 100 mg</i>	2	GC B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	GC B/D
<i>cytarabine inj pf 100 mg/ml</i>	2	GC B/D
<i>dacarbazine for inj 200 mg</i>	2	GC
DACOGEN INJ 50MG	5	
<i>daunorubicin hcl inj 5 mg/ml (base equiv)</i>	2	GC B/D
DAUNOXOME INJ 2MG/ML	5	B/D
<i>decitabine for inj 50 mg</i>	5	
DOCEFREZ INJ 20MG	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
DOCETAXEL INJ 80MG/8ML	5	
<i>doxorubicin hcl inj 2 mg/ml</i>	2	GC B/D
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ELIGARD INJ 7.5MG	4	
ELIGARD INJ 22.5MG	4	
ELIGARD INJ 30MG	4	
ELIGARD INJ 45MG	4	
EMCYT CAP 140MG	4	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	GC
ERBITUX INJ 100MG	5	
ERIVEDGE CAP 150MG QL (30 caps / 30 days)	5	QL PA
ERWINAZE INJ 10000UNT	5	
ETOPOPHOS INJ 100MG	3	
<i>etoposide inj 500mg/25ml (20 mg/ml)</i>	2	GC
<i>exemestane tab 25 mg</i>	3	
FARESTON TAB 60MG	4	
FARYDAK CAP 10MG QL (6 caps / 21 days)	5	QL LA PA

Drug Name	Drug Requirements/	
	Tier	Limits
FARYDAK CAP 15MG QL (6 caps / 21 days)	5	QL LA PA
FARYDAK CAP 20MG QL (6 caps / 21 days)	5	QL LA PA
FASLODEX INJ 250MG	5	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG	5	
<i>fludarabine phosphate for inj 50 mg</i>	2	GC
<i>fluorouracil inj 2.5 gm/50ml (50 mg/ml)</i>	3	B/D
<i>flutamide cap 125 mg</i>	3	
FOLOTYN INJ 40MG/2ML	5	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gengraf cap 25mg</i>	2	GC B/D
<i>gengraf cap 100mg</i>	2	GC B/D
<i>gengraf sol 100mg/ml</i>	2	GC B/D
GILOTRIF TAB 20MG QL (60 tabs / 30 days)	5	QL PA
GILOTRIF TAB 30MG QL (40 tabs / 30 days)	5	QL PA
GILOTRIF TAB 40MG QL (30 tabs / 30 days)	5	QL PA
GLEEVEC TAB 100MG	5	PA
GLEEVEC TAB 400MG QL (60 tabs / 30 days)	5	QL PA
HALAVEN INJ 1MG/2ML	5	
HERCEPTIN INJ 440MG	5	
HEXALEN CAP 50MG	5	
<i>hydroxyurea cap 500 mg</i>	2	GC
IBRANCE CAP 75MG QL (21 caps / 28 days)	5	QL PA
IBRANCE CAP 100MG QL (21 caps / 28 days)	5	QL PA
IBRANCE CAP 125MG QL (21 caps / 28 days)	5	QL PA
ICLUSIG TAB 15MG QL (90 tabs / 30 days)	5	QL PA
ICLUSIG TAB 45MG QL (30 tabs / 30 days)	5	QL LA PA
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	2	GC B/D
<i>ifosfamide for inj 1 gm</i>	2	GC
IMBRUVICA CAP 140MG	5	PA
INLYTA TAB 1MG	5	PA

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Drug Name	Drug Requirements/	
	Tier	Limits
INLYTA TAB 5MG QL (120 tabs / 30 days)	5	QL PA
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
ISTODAX INJ 10MG	5	
IXEMPRA KIT INJ 45MG	5	
JAKAFI TAB 5MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 10MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 15MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 20MG QL (60 tabs / 30 days)	5	QL PA
JAKAFI TAB 25MG QL (60 tabs / 30 days)	5	QL PA
JEVTANA INJ 60/1.5ML	5	PA
KADCYLA INJ 100MG	5	PA
KEYTRUDA SOL 50MG	5	PA
LENVIMA CAP 10MG QL (30 caps / 30 days)	5	QL LA PA
LENVIMA CAP 14MG QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 20MG QL (60 caps / 30 days)	5	QL LA PA
LENVIMA CAP 24MG QL (60 caps / 30 days)	5	QL LA PA
<i>letrozole tab 2.5 mg</i>	2	GC
LEUKERAN TAB 2MG	3	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	GC
<i>lomustine cap 10 mg</i>	4	
<i>lomustine cap 40 mg</i>	4	
<i>lomustine cap 100 mg</i>	4	
LUPR DEP-PED INJ 11.25MG	5	PA
LUPR DEP-PED INJ 15MG	5	PA
LUPRON DEPOT INJ 3.75MG	5	PA
LUPRON DEPOT INJ 7.5MG	5	PA
LUPRON DEPOT INJ 11.25MG	5	PA
LUPRON DEPOT INJ 22.5MG	5	PA
LUPRON DEPOT INJ 30MG	5	PA
LUPRON DEPOT INJ 45MG	5	PA
LYNPARZA CAP 50MG QL (480 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
LYSODREN TAB 500MG	3	
MATULANE CAP 50MG	5	
<i>megestrol acetate susp 40 mg/ml</i>	3	PA
<i>megestrol acetate tab 20 mg</i>	3	PA
<i>megestrol acetate tab 40 mg</i>	3	PA
MEKINIST TAB 0.5MG QL (120 tabs / 30 days)	5	QL LA PA
MEKINIST TAB 2MG QL (30 tabs / 30 days)	5	QL LA PA
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	
<i>mercaptopurine tab 50 mg</i>	3	
<i>methotrexate sodium for inj 1 gm</i>	2	GC B/D
<i>methotrexate sodium inj pf 25 mg/ml</i>	2	GC B/D
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	GC B/D
<i>mitomycin for iv soln 20 mg</i>	2	GC
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	2	GC
MUSTARGEN INJ 10MG	3	
<i>mycophenolate mofetil cap 250 mg</i>	3	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	3	B/D
<i>mycophenolate mofetil tab 500 mg</i>	2	GC B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	B/D
NEXAVAR TAB 200MG QL (120 tabs / 30 days)	5	QL LA PA
NILANDRON TAB 150MG QL (40 tabs / 30 days)	3	QL
NULOJIX INJ 250MG	5	B/D
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	GC
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	GC
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	GC
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	
ONCASPAR INJ 750/ML	5	
OPDIVO INJ 40MG/4ML	5	PA
<i>oxaliplatin iv soln 100 mg/20ml</i>	5	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	GC
PERJETA INJ 420/14ML	5	PA
POMALYST CAP 1MG	5	LA PA
POMALYST CAP 2MG	5	LA PA
POMALYST CAP 3MG	5	LA PA
POMALYST CAP 4MG	5	LA PA
PROGRAF INJ 5MG/ML	3	B/D
PURIXAN SUS 20MG/ML	5	
RAPAMUNE SOL 1MG/ML	3	B/D
RAPAMUNE TAB 1MG	3	B/D
RAPAMUNE TAB 2MG	5	B/D
REVLIMID CAP 2.5MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 5MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 10MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 15MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 20MG QL (28 caps / 28 days)	5	QL LA PA
REVLIMID CAP 25MG QL (28 caps / 28 days)	5	QL LA PA
RITUXAN INJ 500MG	5	LA PA
SANDIMMUNE SOL 100MG/ML	4	B/D
SIGNIFOR INJ 0.3MG/ML	5	PA
SIGNIFOR INJ 0.6MG/ML	5	PA
SIGNIFOR INJ 0.9MG/ML	5	PA
SIMULECT INJ 20MG	5	B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	4	B/D
SOLTAMOX SOL 10MG/5ML	4	
SOMATULINE INJ 60/0.2ML	5	
SOMATULINE INJ 90/0.3ML	5	
SOMATULINE INJ 120/.5ML	5	

Drug Name	Drug Requirements/	
	Tier	Limits
SPRYCEL TAB 20MG QL (60 tabs / 30 days)	5	QL PA
SPRYCEL TAB 50MG QL (120 tabs / 30 days)	5	QL PA
SPRYCEL TAB 70MG QL (60 tabs / 30 days)	5	QL PA
SPRYCEL TAB 80MG QL (30 tabs / 30 days)	5	QL PA
SPRYCEL TAB 100MG QL (30 tabs / 30 days)	5	QL PA
SPRYCEL TAB 140MG QL (30 tabs / 30 days)	5	QL PA
STIVARGA TAB 40MG QL (84 tabs / 28 days)	5	QL PA
SUTENT CAP 12.5MG QL (90 caps / 30 days)	5	QL PA
SUTENT CAP 25MG QL (60 caps / 30 days)	5	QL PA
SUTENT CAP 37.5MG QL (60 caps / 30 days)	5	QL PA
SUTENT CAP 50MG QL (30 caps / 30 days)	5	QL PA
SYLVANT SOL 100MG	5	PA
SYNRIBO INJ 3.5MG	5	PA
TABLOID TAB 40MG	4	
<i>tacrolimus cap 0.5 mg</i>	3	B/D
<i>tacrolimus cap 1 mg</i>	3	B/D
<i>tacrolimus cap 5 mg</i>	3	B/D
TAFINLAR CAP 50MG QL (180 caps / 30 days)	5	QL LA PA
TAFINLAR CAP 75MG QL (120 caps / 30 days)	5	QL LA PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	2	GC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	2	GC
TARCEVA TAB 25MG QL (60 tabs / 30 days)	5	QL PA
TARCEVA TAB 100MG QL (30 tabs / 30 days)	5	QL PA
TARCEVA TAB 150MG QL (30 tabs / 30 days)	5	QL PA
TARGRETIN CAP 75MG	5	PA
TASIGNA CAP 150MG QL (112 caps / 28 days)	5	QL PA
TASIGNA CAP 200MG QL (112 caps / 28 days)	5	QL PA
THALOMID CAP 50MG	5	PA

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Drug Name	Drug Requirements/	
	Tier	Limits
THALOMID CAP 100MG	5	PA
THALOMID CAP 150MG	5	PA
THALOMID CAP 200MG	5	PA
<i>topotecan hcl for inj 4 mg</i>	5	
TORISEL SOL 25MG/ML	5	PA
TREANDA INJ 45/0.5ML	5	
TREANDA INJ 100MG	5	
TRELSTAR MIX INJ 3.75MG	5	
TRELSTAR MIX INJ 11.25MG	5	
TRELSTAR MIX INJ 22.5MG	5	
<i>tretinoin cap 10 mg</i>	5	
TRISENOX SOL 10MG/10M	5	
TYKERB TAB 250MG QL (150 tabs / 30 days)	5	QL LA PA
VALCHLOR GEL 0.016%	5	PA
VECTIBIX INJ 100MG	5	
VELCADE INJ 3.5MG	5	
VIDAZA INJ 100MG	5	
VINBLASTINE INJ 1MG/ML	2	GC B/D
<i>vincasar pfs inj 1mg/ml</i>	2	GC
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	GC
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	GC
VOTRIENT TAB 200MG QL (120 tabs / 30 days)	5	QL PA
XALKORI CAP 200MG QL (60 caps / 30 days)	5	QL PA
XALKORI CAP 250MG QL (60 caps / 30 days)	5	QL PA
XTANDI CAP 40MG QL (120 caps / 30 days)	5	QL PA
YERVOY INJ 50MG	5	PA
ZALTRAP INJ 100/4ML	5	PA
ZANOSAR INJ 1GM	3	
ZELBORAF TAB 240MG QL (240 tabs / 30 days)	5	QL PA
ZOLINZA CAP 100MG QL (120 caps / 30 days)	5	QL
ZORTRESS TAB 0.5MG QL (60 tabs / 30 days)	5	B/D QL
ZORTRESS TAB 0.25MG QL (60 tabs / 30 days)	3	B/D QL
ZORTRESS TAB 0.75MG QL (60 tabs / 30 days)	5	B/D QL

Drug Name	Drug Requirements/	
	Tier	Limits
ZYDELIG TAB 100MG QL (60 tabs / 30 days)	5	QL PA
ZYDELIG TAB 150MG QL (60 tabs / 30 days)	5	QL PA
ZYKADIA CAP 150MG QL (150 caps / 30 days)	5	QL PA
ZYTIGA TAB 250MG QL (120 tabs / 30 days)	5	QL LA PA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH ANTICONVULSANTS		
APTIOM TAB 200MG	4	
APTIOM TAB 400MG	4	
APTIOM TAB 600MG	4	
APTIOM TAB 800MG	4	
BANZEL SUS 40MG/ML QL (2400ml / 30 days)	4	QL
BANZEL TAB 200MG QL (480 tabs / 30 days)	4	QL
BANZEL TAB 400MG QL (240 tabs / 30 days)	4	QL
<i>carbamazepine cap sr 12hr 100 mg</i>	4	
<i>carbamazepine cap sr 12hr 200 mg</i>	4	
<i>carbamazepine cap sr 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	2	GC
<i>carbamazepine susp 100 mg/5ml</i>	2	GC
<i>carbamazepine tab 200 mg</i>	2	GC
<i>carbamazepine tab sr 12hr 200 mg</i>	4	
<i>carbamazepine tab sr 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	3	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	4	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	4	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	4	
<i>clonazepam orally disintegrating tab 1 mg</i>	4	
<i>clonazepam orally disintegrating tab 2 mg</i>	4	

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>clonazepam tab 0.5 mg</i>	3	
<i>clonazepam tab 1 mg</i>	3	
<i>clonazepam tab 2 mg</i>	3	
<i>diazepam rectal gel delivery system 2.5 mg</i>	4	
<i>diazepam rectal gel delivery system 10 mg</i>	4	
<i>diazepam rectal gel delivery system 20 mg</i>	4	
DILANTIN CAP 30MG	4	
DILANTIN CAP 100MG	4	
DILANTIN CHW 50MG	4	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap sprinkle 125 mg</i>	3	
<i>divalproex sodium tab delayed release 125 mg</i>	3	
<i>divalproex sodium tab delayed release 250 mg</i>	3	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab sr 24 hr 250 mg</i>	3	
<i>divalproex sodium tab sr 24 hr 500 mg</i>	3	
<i>epitol tab 200mg</i>	2	GC
<i>ethosuximide cap 250 mg</i>	2	GC
<i>ethosuximide soln 250 mg/5ml</i>	2	GC
<i>felbamate susp 600 mg/5ml</i>	2	GC
<i>felbamate tab 400 mg</i>	2	GC
<i>felbamate tab 600 mg</i>	2	GC
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	2	GC
FYCOMPA TAB 2MG	4	
FYCOMPA TAB 4MG	4	
FYCOMPA TAB 6MG	4	
FYCOMPA TAB 8MG	4	
FYCOMPA TAB 10MG	4	
FYCOMPA TAB 12MG	4	
<i>gabapentin cap 100 mg</i>	2	GC
<i>gabapentin cap 300 mg</i>	2	GC
<i>gabapentin cap 400 mg</i>	2	GC
<i>gabapentin oral soln 250 mg/5ml</i>	2	GC QL
QL (2160ml / 30 days)		

Drug Name	Drug Requirements/	
	Tier	Limits
<i>gabapentin tab 600 mg</i>	2	GC
<i>gabapentin tab 800 mg</i>	2	GC
<i>lamotrigine tab 25 mg</i>	2	GC
<i>lamotrigine tab 100 mg</i>	2	GC
<i>lamotrigine tab 150 mg</i>	2	GC
<i>lamotrigine tab 200 mg</i>	2	GC
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	GC
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	GC
<i>lamotrigine tab sr 24hr 25 mg</i>	4	
<i>lamotrigine tab sr 24hr 100 mg</i>	4	
<i>lamotrigine tab sr 24hr 200 mg</i>	4	
<i>lamotrigine tab sr 24hr 250 mg</i>	4	
<i>lamotrigine tab sr 24hr 300 mg</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	GC
<i>levetiracetam oral soln 100 mg/ml</i>	2	GC
<i>levetiracetam tab 250 mg</i>	2	GC
<i>levetiracetam tab 500 mg</i>	2	GC
<i>levetiracetam tab 750 mg</i>	2	GC
<i>levetiracetam tab 1000 mg</i>	2	GC
<i>levetiracetam tab sr 24hr 500 mg</i>	2	GC QL
QL (180 tabs / 30 days)		
<i>levetiracetam tab sr 24hr 750 mg</i>	2	GC QL
QL (120 tabs / 30 days)		
LYRICA CAP 25MG	3	QL PA
QL (150 caps / 30 days)		
LYRICA CAP 50MG	3	QL PA
QL (150 caps / 30 days)		
LYRICA CAP 75MG	3	QL PA
QL (150 caps / 30 days)		
LYRICA CAP 100MG	3	QL PA
QL (150 caps / 30 days)		
LYRICA CAP 150MG	3	QL PA
QL (120 caps / 30 days)		
LYRICA CAP 200MG	3	QL PA
QL (90 caps / 30 days)		
LYRICA CAP 225MG	3	QL PA
QL (60 caps / 30 days)		

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Drug Name	Drug Requirements/	
	Tier	Limits
LYRICA CAP 300MG QL (60 caps / 30 days)	3	QL PA
LYRICA SOL 20MG/ML	3	PA
ONFI SUS 2.5MG/ML	3	
ONFI TAB 10MG	3	
ONFI TAB 20MG	3	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	GC
<i>oxcarbazepine tab 150 mg</i>	2	GC
<i>oxcarbazepine tab 300 mg</i>	2	GC
<i>oxcarbazepine tab 600 mg</i>	2	GC
PEGANONE TAB 250MG	3	
<i>phenobarbital elixir 20 mg/5ml</i>	3	PA
<i>phenobarbital tab 15 mg</i>	3	PA
<i>phenobarbital tab 16.2 mg</i>	3	PA
<i>phenobarbital tab 30 mg</i>	3	PA
<i>phenobarbital tab 32.4 mg</i>	3	PA
<i>phenobarbital tab 60 mg</i>	3	PA
<i>phenobarbital tab 64.8 mg</i>	3	PA
<i>phenobarbital tab 97.2 mg</i>	3	PA
<i>phenobarbital tab 100 mg</i>	3	PA
PHENYTEK CAP 200MG	4	
PHENYTEK CAP 300MG	4	
<i>phenytoin chew tab 50 mg</i>	2	GC
<i>phenytoin sodium extended cap 100 mg</i>	2	GC
<i>phenytoin sodium extended cap 200 mg</i>	2	GC
<i>phenytoin sodium extended cap 300 mg</i>	2	GC
<i>phenytoin sodium inj 50 mg/ml</i>	2	GC
<i>phenytoin susp 125 mg/5ml</i>	2	GC
POTIGA TAB 50MG	4	
POTIGA TAB 200MG	4	
POTIGA TAB 300MG	4	
POTIGA TAB 400MG	4	
<i>primidone tab 50 mg</i>	2	GC
<i>primidone tab 250 mg</i>	2	GC
SABRIL POW 500MG QL (180 packets / 30 days)	5	QL LA
SABRIL TAB 500MG QL (180 tabs / 30 days)	5	QL LA
TEGRETOL-XR TAB 100MG	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>tiagabine hcl tab 2 mg</i>	2	GC
<i>tiagabine hcl tab 4 mg</i>	2	GC
<i>topiramate sprinkle cap 15 mg</i>	2	GC
<i>topiramate sprinkle cap 25 mg</i>	2	GC
<i>topiramate tab 25 mg</i>	2	GC
<i>topiramate tab 50 mg</i>	2	GC
<i>topiramate tab 100 mg</i>	2	GC
<i>topiramate tab 200 mg</i>	2	GC
<i>valproate sodium inj 100 mg/ml</i>	2	GC
<i>valproate sodium syrup 250 mg/5ml (base equiv)</i>	2	GC
<i>valproic acid cap 250 mg</i>	2	GC
VIMPAT INJ 200MG/20 QL (60 vials / 30 days)	4	QL
VIMPAT SOL 10MG/ML QL (1800ml / 30 days)	4	QL
VIMPAT TAB 50MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 100MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 150MG QL (60 tabs / 30 days)	4	QL
VIMPAT TAB 200MG QL (60 tabs / 30 days)	4	QL
<i>zonisamide cap 25 mg</i>	2	GC
<i>zonisamide cap 50 mg</i>	2	GC
<i>zonisamide cap 100 mg</i>	2	GC
ANTIPARKINSONISM AGENTS		
APOKYN INJ 10MG/ML QL (20 cartridges / 30 days)	5	QL LA
AZILECT TAB 0.5MG QL (30 tabs / 30 days)	3	QL
AZILECT TAB 1MG QL (30 tabs / 30 days)	3	QL
<i>benztropine mesylate tab 0.5 mg</i>	2	GC PA
<i>benztropine mesylate tab 1 mg</i>	2	GC PA
<i>benztropine mesylate tab 2 mg</i>	2	GC PA
<i>bromocriptine mesylate cap 5 mg</i>	3	
<i>bromocriptine mesylate tab 2.5 mg</i>	3	

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	Tier	Limits
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab cr 25-100 mg</i>	3	
<i>carbidopa & levodopa tab cr 50-200 mg</i>	3	
<i>carbidopa tab 25 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
NEUPRO DIS 1MG/24HR	3	
NEUPRO DIS 2MG/24HR	3	
NEUPRO DIS 3MG/24HR	3	
NEUPRO DIS 4MG/24HR	3	
NEUPRO DIS 6MG/24HR	3	
NEUPRO DIS 8MG/24HR	3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 1 mg</i>	2	GC
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	GC
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	GC
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	GC
<i>ropinirole hydrochloride tab 1 mg</i>	2	GC
<i>ropinirole hydrochloride tab 2 mg</i>	2	GC
<i>ropinirole hydrochloride tab 3 mg</i>	2	GC
<i>ropinirole hydrochloride tab 4 mg</i>	2	GC
<i>ropinirole hydrochloride tab 5 mg</i>	2	GC
<i>ropinirole hydrochloride tab sr 24hr 2 mg (base equivalent) QL (90 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 4 mg (base equivalent) QL (90 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 6 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 8 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>ropinirole hydrochloride tab sr 24hr 12 mg (base equivalent) QL (60 tabs / 30 days)</i>	2	GC QL
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	2	GC PA
<i>trihexyphenidyl hcl tab 2 mg</i>	2	GC PA
<i>trihexyphenidyl hcl tab 5 mg</i>	2	GC PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine mesylate inj 1 mg/ml QL (30ml / 30 days)</i>	2	GC QL

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	Tier	Limits
FROVA TAB 2.5MG QL (12 tabs / 30 days)	4	QL
<i>migergot sup 2/100</i>	2	GC
<i>naratriptan hcl tab 1 mg (base equiv)</i> QL (9 tabs / 30 days)	3	QL
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> QL (9 tabs / 30 days)	3	QL
RELPAZ TAB 20MG QL (12 tabs / 30 days)	3	QL
RELPAZ TAB 40MG QL (12 tabs / 30 days)	3	QL
<i>rizatriptan benzoate orally disintegrating tab 5 mg</i> QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate orally disintegrating tab 10 mg</i> QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate tab 5 mg</i> QL (18 tabs / 30 days)	3	QL
<i>rizatriptan benzoate tab 10 mg</i> QL (18 tabs / 30 days)	3	QL
<i>sumatriptan nasal spray 5 mg/act</i> QL (24 sprays / 30 days)	4	QL
<i>sumatriptan nasal spray 20 mg/act</i> QL (12 sprays / 30 days)	4	QL
<i>sumatriptan succinate inj 6 mg/0.5ml</i> QL (6 injections / 30 days)	4	QL
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> QL (6 cartridges / 30 days)	4	QL
<i>sumatriptan succinate tab 25 mg</i> QL (18 tabs / 30 days)	2	GC QL
<i>sumatriptan succinate tab 50 mg</i> QL (18 tabs / 30 days)	2	GC QL
<i>sumatriptan succinate tab 100 mg</i> QL (9 tabs / 30 days)	2	GC QL
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> QL (12 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>zolmitriptan orally disintegrating tab 5 mg</i> QL (9 tabs / 30 days)	3	QL
<i>zolmitriptan tab 2.5 mg</i> QL (12 tabs / 30 days)	3	QL
<i>zolmitriptan tab 5 mg</i> QL (9 tabs / 30 days)	3	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA TAB 10MG QL (60 tabs / 30 days)	5	QL LA PA
AUBAGIO TAB 7MG QL (28 tabs / 28 days)	5	QL PA
AUBAGIO TAB 14MG QL (28 tabs / 28 days)	5	QL PA
COPAXONE INJ 20MG/ML QL (30 syringes / 30 days)	5	QL
COPAXONE INJ 40MG/ML QL (12 syringes / 28 days)	5	QL
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>donepezil hydrochloride tab 23 mg</i> QL (30 tabs / 30 days)	3	QL
EXELON DIS 4.6MG/24 QL (30 patches / 30 days)	3	QL
EXELON DIS 9.5MG/24 QL (30 patches / 30 days)	3	QL
EXELON DIS 13.3/24 QL (30 patches / 30 days)	3	QL
<i>galantamine hydrobromide cap sr 24hr 8 mg</i> QL (30 caps / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>galantamine hydrobromide cap sr 24hr 16 mg</i> QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide cap sr 24hr 24 mg</i> QL (30 caps / 30 days)	3	QL
<i>galantamine hydrobromide oral soln 4 mg/ml</i> QL (600ml / 30 days)	3	QL
<i>galantamine hydrobromide tab 4 mg</i> QL (60 tabs / 30 days)	3	QL
<i>galantamine hydrobromide tab 8 mg</i> QL (60 tabs / 30 days)	3	QL
<i>galantamine hydrobromide tab 12 mg</i> QL (60 tabs / 30 days)	3	QL
GILENYA CAP 0.5MG QL (30 caps / 30 days)	5	QL PA
NAMENDA SOL 10MG/5ML QL (300ml / 30 days)	3	QL
NAMENDA TAB 5-10MG QL (49 tabs / 28 days)	3	QL
NAMENDA TAB 5MG QL (60 tabs / 30 days)	3	QL
NAMENDA TAB 10MG QL (60 tabs / 30 days)	3	QL
NAMENDA XR CAP 7MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 14MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 21MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP 28MG QL (30 caps / 30 days)	3	QL PA
NAMENDA XR CAP TITRATIO	3	PA
NUEDEXTA CAP 20-10MG QL (60 caps / 30 days)	3	QL PA
<i>rivastigmine tartrate cap 1.5 mg</i> QL (60 caps / 30 days)	3	QL
<i>rivastigmine tartrate cap 3 mg</i> QL (60 caps / 30 days)	3	QL
<i>rivastigmine tartrate cap 4.5 mg</i> QL (60 caps / 30 days)	3	QL
<i>rivastigmine tartrate cap 6 mg</i> QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
TECFIDERA CAP 120MG	5	PA
TECFIDERA CAP 240MG	5	PA
TECFIDERA MIS STARTER	5	PA
TYSABRI INJ 300/15ML	5	LA PA
XENAZINE TAB 12.5MG	5	LA PA
XENAZINE TAB 25MG	5	LA PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen tab 10 mg</i>	1	GC
<i>baclofen tab 20 mg</i>	1	GC
<i>carisoprodol tab 350 mg</i>	2	GC PA
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA
<i>dantrolene sodium cap 25 mg</i>	3	
<i>dantrolene sodium cap 50 mg</i>	3	
<i>dantrolene sodium cap 100 mg</i>	3	
<i>methocarbamol tab 500 mg</i>	2	GC PA
<i>methocarbamol tab 750 mg</i>	2	GC PA
<i>orphenadrine citrate tab sr 12hr 100 mg</i>	3	PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	3	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	3	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	3	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	GC
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	GC
NARCOTIC ANALGESICS		
ABSTRAL SUB 100MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 200MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 300MCG QL (120 tabs / 30 days)	5	QL PA
ABSTRAL SUB 400MCG QL (116 tabs / 30 days)	5	QL PA
ABSTRAL SUB 600MCG QL (77 tabs / 30 days)	5	QL PA

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
ABSTRAL SUB 800MCG QL (58 tabs / 30 days)	5	QL PA
acetaminophen w/ codeine soln 120-12 mg/5ml QL (4500ml / 30 days)	3	QL
acetaminophen w/ codeine tab 300-15 mg QL (360 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	3	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	3	QL
buprenorphine hcl sl tab 2 mg (base equiv) QL (300 tabs / 30 days)	4	QL
buprenorphine hcl sl tab 8 mg (base equiv) QL (75 tabs / 30 days)	4	QL
codeine sulfate tab 15 mg QL (180 tabs / 30 days)	3	QL
codeine sulfate tab 30 mg QL (180 tabs / 30 days)	3	QL
codeine sulfate tab 60 mg QL (180 tabs / 30 days)	3	QL
duramorph inj 0.5mg/ml QL (400 vials / 30 days)	2	GC QL
duramorph inj 1mg/ml QL (200 vials / 30 days)	2	GC QL
endocet tab 5-325mg QL (360 tabs / 30 days)	3	QL
endocet tab 7.5-325 QL (360 tabs / 30 days)	3	QL
endocet tab 10-325mg QL (360 tabs / 30 days)	3	QL
fentanyl citrate lozenge on a handle 200 mcg QL (120 lpop / 30 days)	2	GC QL PA
fentanyl citrate lozenge on a handle 400 mcg QL (116 lozenges / 30 days)	5	QL PA
fentanyl citrate lozenge on a handle 600 mcg QL (77 lozenges / 30 days)	5	QL PA
fentanyl citrate lozenge on a handle 800 mcg QL (58 lpop / 30 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
fentanyl citrate lozenge on a handle 1200 mcg QL (39 lpop / 30 days)	5	QL PA
fentanyl citrate lozenge on a handle 1600 mcg QL (29 lpop / 30 days)	5	QL PA
fentanyl td patch 72hr 12 mcg/hr QL (10 patches / 30 days)	3	QL
fentanyl td patch 72hr 25 mcg/hr QL (10 patches / 30 days)	3	QL
fentanyl td patch 72hr 50 mcg/hr QL (10 patches / 30 days)	3	QL
fentanyl td patch 72hr 75 mcg/hr QL (10 patches / 30 days)	3	QL
fentanyl td patch 72hr 100 mcg/hr QL (9 patches / 30 days)	3	QL
FENTORA TAB 100MCG QL (120 tabs / 30 days)	5	QL PA
FENTORA TAB 200MCG QL (120 tabs / 30 days)	5	QL PA
FENTORA TAB 400MCG QL (116 tabs / 30 days)	5	QL PA
FENTORA TAB 600MCG QL (77 tabs / 30 days)	5	QL PA
FENTORA TAB 800MCG QL (58 tabs / 30 days)	5	QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (5550ml / 30 days)	3	QL
hydrocodone-acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	2	GC QL
hydrocodone-acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (360 tabs / 30 days)	3	QL
hydrocodone-acetaminophen tab 10-325 mg QL (360 tabs / 30 days)	3	QL

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Prior Authorization, Part D vs. Part B only **LA** - Limited Availability **ED** - Enhancement Drug **GC** - Gap Coverage

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (50 tabs / 30 days)	3	QL
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i> QL (120ml / 30 days)	4	QL
<i>hydromorphone hcl tab 2 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydromorphone hcl tab 4 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydromorphone hcl tab 8 mg</i> QL (180 tabs / 30 days)	3	QL
<i>hydromorphone hcl tab er 24hr deter 32 mg</i> QL (60 tabs / 30 days)	2	GC QL
LAZANDA SPR 100MCG QL (23 sprays / 30 days)	5	QL PA
LAZANDA SPR 400MCG QL (23 sprays / 30 days)	5	QL PA
<i>methadone hcl soln 5 mg/5ml</i> QL (1200ml / 30 days)	3	QL
<i>methadone hcl soln 10 mg/5ml</i> QL (600ml / 30 days)	3	QL
<i>methadone hcl tab 5 mg</i> QL (240 tabs / 30 days)	3	QL
<i>methadone hcl tab 10 mg</i> QL (120 tabs / 30 days)	3	QL
METHADONE INJ 10MG/ML QL (400ml / 30 days)	2	GC QL
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 8MG/ML	2	GC
<i>morphine sulfate (concentrate) oral soln 20 mg/ml</i> QL (300ml / 30 days)	3	QL
<i>morphine sulfate beads cap sr 24hr 30 mg</i> QL (60 caps / 30 days)	3	QL
<i>morphine sulfate beads cap sr 24hr 45 mg</i> QL (60 caps / 30 days)	3	QL
<i>morphine sulfate beads cap sr 24hr 60 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate beads cap sr 24hr 75 mg</i> QL (60 caps / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>morphine sulfate beads cap sr 24hr 90 mg</i> QL (60 caps / 30 days)	3	QL
<i>morphine sulfate beads cap sr 24hr 120 mg</i> QL (50 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 10 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 20 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 30 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 50 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 60 mg</i> QL (90 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 80 mg</i> QL (75 caps / 30 days)	3	QL
<i>morphine sulfate cap sr 24hr 100 mg</i> QL (60 caps / 30 days)	3	QL
<i>morphine sulfate iv soln pf 10 mg/ml</i>	2	GC
<i>morphine sulfate oral soln 10 mg/5ml</i> QL (900ml / 30 days)	3	QL
<i>morphine sulfate oral soln 20 mg/5ml</i> QL (900ml / 30 days)	3	QL
<i>morphine sulfate tab 15 mg</i> QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate tab 30 mg</i> QL (180 tabs / 30 days)	3	QL
<i>morphine sulfate tab cr 15 mg</i> QL (120 tabs / 30 days)	3	QL
<i>morphine sulfate tab cr 30 mg</i> QL (120 tabs / 30 days)	3	QL
<i>morphine sulfate tab cr 60 mg</i> QL (100 tabs / 30 days)	3	QL
<i>morphine sulfate tab cr 100 mg</i> QL (60 tabs / 30 days)	3	QL
<i>morphine sulfate tab cr 200 mg</i> QL (30 tabs / 30 days)	3	QL

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
OPANA ER TAB 5MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 7.5MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 10MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 15MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 20MG QL (90 tabs / 30 days)	4	QL ST
OPANA ER TAB 30MG QL (67 tabs / 30 days)	4	QL ST
OPANA ER TAB 40MG QL (50 tabs / 30 days)	4	QL ST
oxycodone hcl cap 5 mg QL (360 caps / 30 days)	3	QL
oxycodone hcl conc 100 mg/5ml (20 mg/ml) QL (180ml / 30 days)	3	QL
oxycodone hcl soln 5 mg/5ml QL (1200ml / 30 days)	3	QL
oxycodone hcl tab 5 mg QL (360 tabs / 30 days)	3	QL
oxycodone hcl tab 10 mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl tab 15 mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl tab 20 mg QL (180 tabs / 30 days)	3	QL
oxycodone hcl tab 30 mg QL (134 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 7.5-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone w/ acetaminophen tab 10-325 mg QL (360 tabs / 30 days)	3	QL
oxycodone-aspirin tab 4.8355- 325 mg QL (360 tabs / 30 days)	3	QL
oxycodone-ibuprofen tab 5- 400 mg QL (28 tabs / 30 days)	3	QL

NON-NARCOTIC ANALGESICS

Drug Name	Drug Requirements/	
	Tier	Limits
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (360 tabs / 30 days)	4	QL PA
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	4	QL PA
CAMBIA POW 50MG QL (1 box / 30 days)	4	QL
celecoxib cap 50 mg QL (60 caps / 30 days)	3	QL
celecoxib cap 100 mg QL (60 caps / 30 days)	3	QL
celecoxib cap 200 mg QL (60 caps / 30 days)	3	QL
celecoxib cap 400 mg QL (60 caps / 30 days)	3	QL
diclofenac potassium tab 50 mg	2	GC
diclofenac sodium soln 1.5%	2	GC
diclofenac sodium tab delayed release 25 mg	2	GC
diclofenac sodium tab delayed release 50 mg	2	GC
diclofenac sodium tab delayed release 75 mg	2	GC
diclofenac sodium tab sr 24hr 100 mg	2	GC
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	
diflunisal tab 500 mg	2	GC
etodolac cap 200 mg	3	
etodolac cap 300 mg	3	
etodolac tab 400 mg	3	
etodolac tab 500 mg	3	
etodolac tab sr 24hr 400 mg	3	
etodolac tab sr 24hr 500 mg	3	
etodolac tab sr 24hr 600 mg	3	
fenoprofen calcium tab 600 mg	2	GC
FLECTOR DIS 1.3% QL (60 patches / 30 days)	4	QL PA
flurbiprofen tab 50 mg	2	GC
flurbiprofen tab 100 mg	2	GC
ibuprofen tab 400 mg	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>ibuprofen tab 600 mg</i>	2	GC
<i>ibuprofen tab 800 mg</i>	2	GC
<i>ketoprofen cap 50 mg</i>	2	GC
<i>ketoprofen cap 75 mg</i>	2	GC
<i>ketoprofen cap sr 24hr 200 mg</i>	3	
<i>meclofenamate sodium cap 50 mg</i>	2	GC
<i>meclofenamate sodium cap 100 mg</i>	2	GC
<i>mefenamic acid cap 250 mg</i>	4	
<i>meloxicam susp 7.5 mg/5ml</i> QL (300ml / 30 days)	2	GC QL
<i>meloxicam tab 7.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>meloxicam tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>nabumetone tab 500 mg</i>	2	GC
<i>nabumetone tab 750 mg</i>	2	GC
<i>naloxone hcl inj 1 mg/ml</i>	2	GC
<i>naltrexone hcl tab 50 mg</i>	2	GC
<i>naproxen dr tab 375mg</i>	2	GC
<i>naproxen dr tab 500mg</i>	2	GC
<i>naproxen sodium tab 275 mg</i>	2	GC
<i>naproxen sodium tab 550 mg</i>	2	GC
<i>naproxen susp 125 mg/5ml</i>	2	GC
<i>naproxen tab 250 mg</i>	2	GC
<i>naproxen tab 375 mg</i>	2	GC
<i>naproxen tab 500 mg</i>	2	GC
<i>piroxicam cap 10 mg</i>	3	
<i>piroxicam cap 20 mg</i>	3	
SUBOXONE MIS 2-0.5MG QL (12 boxes / 30 days)	4	QL PA
SUBOXONE MIS 4-1MG QL (6 boxes / 30 days)	4	QL PA
SUBOXONE MIS 8-2MG QL (3 boxes / 30 days)	4	QL PA
SUBOXONE MIS 12-3MG QL (2 boxes / 30 days)	4	QL PA
<i>sulindac tab 150 mg</i>	2	GC
<i>sulindac tab 200 mg</i>	2	GC
<i>tolmetin sodium cap 400 mg</i>	2	GC
<i>tolmetin sodium tab 600 mg</i>	2	GC
<i>tramadol hcl tab 50 mg</i> QL (240 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	2	GC QL
VOLTAREN GEL 1%	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY DISC TAB 10MG QL (90 tabs / 30 days)	4	QL PA
ABILIFY MAIN INJ 300MG	5	PA
ABILIFY MAIN INJ 400MG	5	PA
<i>alprazolam tab 0.5 mg</i> QL (90 tabs / 30 days)	3	QL
<i>alprazolam tab 0.25 mg</i> QL (90 tabs / 30 days)	3	QL
<i>alprazolam tab 1 mg</i> QL (90 tabs / 30 days)	3	QL
<i>alprazolam tab 2 mg</i> QL (150 tabs / 30 days)	3	QL
<i>amitriptyline hcl tab 10 mg</i>	2	GC PA
<i>amitriptyline hcl tab 25 mg</i>	2	GC PA
<i>amitriptyline hcl tab 50 mg</i>	2	GC PA
<i>amitriptyline hcl tab 75 mg</i>	2	GC PA
<i>amitriptyline hcl tab 100 mg</i>	2	GC PA
<i>amitriptyline hcl tab 150 mg</i>	2	GC PA
<i>amoxapine tab 25 mg</i>	2	GC
<i>amoxapine tab 50 mg</i>	2	GC
<i>amoxapine tab 100 mg</i>	2	GC
<i>amoxapine tab 150 mg</i>	2	GC
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> QL (60 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> QL (60 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> QL (60 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> QL (60 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> QL (60 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> QL (60 caps / 30 days)	4	QL
<i>amphetamine-dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (60 tabs / 30 days)	3	QL
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	3	QL
BRINTELLIX TAB 5MG	4	
BRINTELLIX TAB 10MG	4	
BRINTELLIX TAB 20MG	4	
<i>bupropion hcl tab 75 mg</i>	2	GC
<i>bupropion hcl tab 100 mg</i>	2	GC
<i>bupropion hcl tab sr 12hr 100 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 12hr 150 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 12hr 200 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 24hr 150 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>bupropion hcl tab sr 24hr 300 mg</i> QL (30 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>bupirone hcl tab 5 mg</i>	2	GC
<i>bupirone hcl tab 7.5 mg</i>	2	GC
<i>bupirone hcl tab 10 mg</i>	2	GC
<i>bupirone hcl tab 15 mg</i>	2	GC
<i>bupirone hcl tab 30 mg</i>	2	GC
CHLORPROMAZ INJ 50MG/2ML	3	
<i>chlorpromazine hcl tab 10 mg</i>	3	
<i>chlorpromazine hcl tab 25 mg</i>	3	
<i>chlorpromazine hcl tab 50 mg</i>	3	
<i>chlorpromazine hcl tab 100 mg</i>	3	
<i>chlorpromazine hcl tab 200 mg</i>	3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	GC
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> QL (60 tabs / 30 days)	1	GC QL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> QL (90 tabs / 30 days)	1	GC QL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL
<i>clomipramine hcl cap 25 mg</i>	4	PA
<i>clomipramine hcl cap 50 mg</i>	4	PA
<i>clomipramine hcl cap 75 mg</i>	4	PA
<i>clonidine hcl tab sr 12hr 0.1 mg</i>	4	
<i>clorazepate dipotassium tab 3.75 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>clorazepate dipotassium tab 7.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>clorazepate dipotassium tab 15 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	
<i>clozapine orally disintegrating tab 25 mg</i>	3	
<i>clozapine orally disintegrating tab 100 mg</i>	3	
<i>clozapine orally disintegrating tab 150 mg</i>	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>clozapine orally disintegrating tab 200 mg</i>	2	GC
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	3	
<i>clozapine tab 200 mg</i>	3	
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>dexedrine tab 5mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>dexedrine tab 10mg</i> QL (180 tabs / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 5 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>dexmethylphenidate hcl cap sr 24 hr 10 mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl cap sr 24 hr 15 mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl cap sr 24 hr 20 mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl cap sr 24 hr 30 mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl cap sr 24 hr 40 mg</i> QL (30 caps / 30 days)	4	QL
<i>dexmethylphenidate hcl tab 2.5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>dexmethylphenidate hcl tab 5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>dexmethylphenidate hcl tab 10 mg</i> QL (60 tabs / 30 days)	3	QL
<i>dextroamphetamine sulfate cap sr 24hr 5 mg</i> QL (180 caps / 30 days)	4	QL
<i>dextroamphetamine sulfate cap sr 24hr 10 mg</i> QL (180 caps / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dextroamphetamine sulfate cap sr 24hr 15 mg</i> QL (120 caps / 30 days)	4	QL
<i>dextroamphetamine sulfate tab 5 mg</i> QL (180 tabs / 30 days)	4	QL
<i>dextroamphetamine sulfate tab 10 mg</i> QL (180 tabs / 30 days)	4	QL
DIAZEPAM CON 5MG/ML	3	
<i>diazepam soln 1 mg/ml</i>	3	
<i>diazepam tab 2 mg</i> QL (120 tabs / 30 days)	3	QL
<i>diazepam tab 5 mg</i> QL (120 tabs / 30 days)	3	QL
<i>diazepam tab 10 mg</i> QL (120 tabs / 30 days)	3	QL
<i>doxepin hcl cap 10 mg</i>	3	PA
<i>doxepin hcl cap 25 mg</i>	3	PA
<i>doxepin hcl cap 50 mg</i>	3	PA
<i>doxepin hcl cap 75 mg</i>	3	PA
<i>doxepin hcl cap 100 mg</i>	3	PA
<i>doxepin hcl cap 150 mg</i>	2	GC PA
<i>doxepin hcl conc 10 mg/ml</i>	3	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg</i> QL (180 caps / 30 days)	3	QL
<i>duloxetine hcl enteric coated pellets cap 30 mg</i> QL (120 caps / 30 days)	3	QL
<i>duloxetine hcl enteric coated pellets cap 60 mg</i> QL (60 caps / 30 days)	3	QL
EMSAM DIS 6MG/24HR QL (30 patches / 30 days)	4	QL
EMSAM DIS 9MG/24HR QL (30 patches / 30 days)	4	QL
EMSAM DIS 12MG/24H QL (30 patches / 30 days)	4	QL
<i>ergoloid mesylates tab 1 mg</i>	3	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> QL (600ml / 30 days)	1	GC QL
<i>escitalopram oxalate tab 5 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>escitalopram oxalate tab 10 mg (base equiv)</i> QL (45 tabs / 30 days)	1	GC QL
<i>escitalopram oxalate tab 20 mg (base equiv)</i> QL (30 tabs / 30 days)	1	GC QL
<i>eszopiclone tab 1 mg</i> QL (90 tabs / 30 days)	4	QL ST
<i>eszopiclone tab 2 mg</i> QL (30 tabs / 30 days)	4	QL ST
<i>eszopiclone tab 3 mg</i> QL (30 tabs / 30 days)	4	QL ST
FANAPT PAK	4	
FANAPT TAB 1MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 2MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 4MG QL (30 tabs / 30 days)	4	QL
FANAPT TAB 6MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 8MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 10MG QL (60 tabs / 30 days)	4	QL
FANAPT TAB 12MG QL (60 tabs / 30 days)	4	QL
FAZACLO TAB 150MG	3	
FAZACLO TAB 200MG	3	
FETZIMA CAP 20MG	4	
FETZIMA CAP 40MG	4	
FETZIMA CAP 80MG	4	
FETZIMA CAP 120MG	4	
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i> QL (240 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap 20 mg</i> QL (120 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>fluoxetine hcl cap delayed release 90 mg</i> QL (4 caps / 28 days)	2	GC QL
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	GC
<i>fluoxetine hcl tab 10 mg</i> QL (240 tabs / 30 days)	2	GC QL
<i>fluoxetine hcl tab 20 mg</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>fluphenazine decanoate inj 25 mg/ml</i>	3	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	GC
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	GC
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	GC
<i>fluphenazine hcl tab 1 mg</i>	2	GC
<i>fluphenazine hcl tab 2.5 mg</i>	2	GC
<i>fluphenazine hcl tab 5 mg</i>	2	GC
<i>fluphenazine hcl tab 10 mg</i>	2	GC
<i>fluvoxamine maleate cap sr 24hr 100 mg</i> QL (90 caps / 30 days)	4	QL
<i>fluvoxamine maleate cap sr 24hr 150 mg</i> QL (60 caps / 30 days)	4	QL
<i>fluvoxamine maleate tab 25 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>fluvoxamine maleate tab 50 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>fluvoxamine maleate tab 100 mg</i> QL (90 tabs / 30 days)	2	GC QL
GEODON INJ 20MG	4	
<i>guanfacine hcl tab sr 24hr 1 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 2 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 3 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>guanfacine hcl tab sr 24hr 4 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
GUANIDINE TAB 125MG	2	GC
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	GC
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	GC
<i>haloperidol lactate inj 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	GC
<i>haloperidol tab 0.5 mg</i>	2	GC
<i>haloperidol tab 1 mg</i>	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>haloperidol tab 2 mg</i>	2	GC
<i>haloperidol tab 5 mg</i>	2	GC
<i>haloperidol tab 10 mg</i>	2	GC
<i>haloperidol tab 20 mg</i>	2	GC
HETLIOZ CAP 20MG QL (30 caps / 30 days)	5	QL PA
<i>imipramine hcl tab 10 mg</i>	2	GC PA
<i>imipramine hcl tab 25 mg</i>	2	GC PA
<i>imipramine hcl tab 50 mg</i>	2	GC PA
<i>imipramine pamoate cap 75 mg</i>	4	PA
<i>imipramine pamoate cap 100 mg</i>	4	PA
<i>imipramine pamoate cap 125 mg</i>	2	GC PA
<i>imipramine pamoate cap 150 mg</i>	4	PA
INVEGA SUST INJ 39/0.25 QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 78/0.5ML QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 117/0.75 QL (2 syringes / 30 days)	4	QL
INVEGA SUST INJ 156MG/ML QL (1 syringe / 30 days)	4	QL
INVEGA SUST INJ 234/1.5 QL (1 syringe / 30 days)	4	QL
INVEGA TAB 1.5MG QL (60 tabs / 30 days)	4	QL PA
INVEGA TAB 3MG QL (30 tabs / 30 days)	4	QL PA
INVEGA TAB 6MG QL (60 tabs / 30 days)	4	QL PA
INVEGA TAB 9MG QL (30 tabs / 30 days)	4	QL PA
LATUDA TAB 20MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 40MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 60MG QL (30 tabs / 30 days)	4	QL
LATUDA TAB 80MG QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
LATUDA TAB 120MG QL (30 tabs / 30 days)	4	QL
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
<i>lithium carbonate cap 150 mg</i>	2	GC
<i>lithium carbonate cap 300 mg</i>	2	GC
<i>lithium carbonate cap 600 mg</i>	2	GC
<i>lithium carbonate tab 300 mg</i>	2	GC
<i>lithium carbonate tab cr 300 mg</i>	2	GC
<i>lithium carbonate tab cr 450 mg</i>	2	GC
LITHIUM SOL 8MEQ/5ML	2	GC
<i>lorazepam con 2mg/ml</i>	3	
<i>lorazepam tab 0.5 mg</i> QL (90 tabs / 30 days)	3	QL
<i>lorazepam tab 1 mg</i> QL (90 tabs / 30 days)	3	QL
<i>lorazepam tab 2 mg</i> QL (90 tabs / 30 days)	3	QL
<i>loxapine succinate cap 5 mg</i>	3	
<i>loxapine succinate cap 10 mg</i>	3	
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
<i>maprotiline hcl tab 25 mg</i>	2	GC
<i>maprotiline hcl tab 50 mg</i>	2	GC
<i>maprotiline hcl tab 75 mg</i>	2	GC
MARPLAN TAB 10MG	4	
<i>methylphenidate hcl cap sr 24hr 20 mg (la)</i> QL (60 caps / 30 days)	4	QL
<i>methylphenidate hcl cap sr 24hr 30 mg (la)</i> QL (60 caps / 30 days)	4	QL
<i>methylphenidate hcl cap sr 24hr 40 mg (la)</i> QL (60 caps / 30 days)	4	QL
<i>methylphenidate hcl soln 5 mg/5ml</i> QL (2160ml / 30 days)	4	QL
<i>methylphenidate hcl soln 10 mg/5ml</i> QL (1080ml / 30 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>methylphenidate hcl tab 5 mg</i> QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl tab 10 mg</i> QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl tab 20 mg</i> QL (90 tabs / 30 days)	3	QL
<i>methylphenidate hcl tab cr 20 mg</i> QL (90 tabs / 30 days)	4	QL
<i>methylphenidate hcl tab sa osm 18 mg</i> QL (30 tabs / 30 days)	4	QL
<i>methylphenidate hcl tab sa osm 27 mg</i> QL (30 tabs / 30 days)	4	QL
<i>methylphenidate hcl tab sa osm 36 mg</i> QL (60 tabs / 30 days)	4	QL
<i>methylphenidate hcl tab sa osm 54 mg</i> QL (30 tabs / 30 days)	4	QL
<i>mirtazapine orally disintegrating tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine orally disintegrating tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine orally disintegrating tab 45 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 7.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>mirtazapine tab 45 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>modafinil tab 100 mg</i> QL (150 tabs / 30 days)	2	GC QL PA
<i>modafinil tab 200 mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>nefazodone hcl tab 50 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nefazodone hcl tab 100 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nefazodone hcl tab 150 mg</i> QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nefazodone hcl tab 200 mg</i> QL (90 tabs / 30 days)	3	QL
<i>nefazodone hcl tab 250 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nortriptyline hcl cap 10 mg</i>	2	GC
<i>nortriptyline hcl cap 25 mg</i>	2	GC
<i>nortriptyline hcl cap 50 mg</i>	2	GC
<i>nortriptyline hcl cap 75 mg</i>	2	GC
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	GC
NUVIGIL TAB 50MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 150MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 200MG QL (30 tabs / 30 days)	4	QL PA
NUVIGIL TAB 250MG QL (30 tabs / 30 days)	4	QL PA
<i>olanzapine for im inj 10 mg</i>	2	GC
<i>olanzapine orally disintegrating tab 5 mg</i> QL (30 tabs / 30 days)	3	QL
<i>olanzapine orally disintegrating tab 10 mg</i> QL (30 tabs / 30 days)	3	QL
<i>olanzapine orally disintegrating tab 15 mg</i> QL (30 tabs / 30 days)	3	QL
<i>olanzapine orally disintegrating tab 20 mg</i> QL (30 tabs / 30 days)	3	QL
<i>olanzapine tab 2.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 7.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 15 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> QL (30 caps / 30 days)	4	QL
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> QL (30 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>olanzapine-fluoxetine hcl cap</i> 6-50 mg QL (30 caps / 30 days)	4	QL
<i>olanzapine-fluoxetine hcl cap</i> 12-25 mg QL (30 caps / 30 days)	4	QL
<i>olanzapine-fluoxetine hcl cap</i> 12-50 mg QL (30 caps / 30 days)	4	QL
ORAP TAB 1MG	3	
ORAP TAB 2MG	3	
<i>oxazepam cap 10 mg</i> QL (120 caps / 30 days)	4	QL PA
<i>oxazepam cap 15 mg</i> QL (120 caps / 30 days)	4	QL PA
<i>oxazepam cap 30 mg</i> QL (120 caps / 30 days)	4	QL PA
<i>paroxetine hcl tab 10 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>paroxetine hcl tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>paroxetine hcl tab 30 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>paroxetine hcl tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>paroxetine hcl tab sr 24hr</i> 12.5 mg QL (60 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab sr 24hr</i> 25 mg QL (90 tabs / 30 days)	2	GC QL
<i>paroxetine hcl tab sr 24hr</i> 37.5 mg QL (60 tabs / 30 days)	2	GC QL
PAXIL SUS 10MG/5ML	4	
<i>perphenazine tab 2 mg</i>	2	GC
<i>perphenazine tab 4 mg</i>	2	GC
<i>perphenazine tab 8 mg</i>	2	GC
<i>perphenazine tab 16 mg</i>	2	GC
<i>perphenazine-amitriptyline tab</i> 2-10 mg	3	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg	3	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg	3	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg	3	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg	3	PA

Drug Name	Drug Requirements/	
	Tier	Limits
<i>phenelzine sulfate tab 15 mg</i>	2	GC
PRISTIQ TAB 25MG QL (30 tabs / 30 days)	4	QL
PRISTIQ TAB 50MG QL (30 tabs / 30 days)	4	QL
PRISTIQ TAB 100MG QL (30 tabs / 30 days)	4	QL
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>quetiapine fumarate tab 25</i> mg QL (60 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 50</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 100</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 200</i> mg QL (90 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 300</i> mg QL (60 tabs / 30 days)	2	GC QL
<i>quetiapine fumarate tab 400</i> mg QL (60 tabs / 30 days)	2	GC QL
RISPERDAL INJ 12.5MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 25MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 37.5MG QL (4 injections / 28 days)	3	QL
RISPERDAL INJ 50MG QL (4 injections / 28 days)	3	QL
<i>risperidone orally</i> <i>disintegrating tab 0.5 mg</i> QL (60 tabs / 30 days)	4	QL
<i>risperidone orally</i> <i>disintegrating tab 0.25 mg</i> QL (60 tabs / 30 days)	4	QL
<i>risperidone orally</i> <i>disintegrating tab 1 mg</i> QL (60 tabs / 30 days)	4	QL
<i>risperidone orally</i> <i>disintegrating tab 2 mg</i> QL (60 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>risperidone orally disintegrating tab 3 mg</i> QL (60 tabs / 30 days)	4	QL
<i>risperidone orally disintegrating tab 4 mg</i> QL (60 tabs / 30 days)	4	QL
<i>risperidone soln 1 mg/ml</i> QL (480ml / 30 days)	2	GC QL
<i>risperidone tab 0.5 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 0.25 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 1 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 2 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 3 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>risperidone tab 4 mg</i> QL (60 tabs / 30 days)	2	GC QL
ROZEREM TAB 8MG QL (30 tabs / 30 days)	2	GC QL
SAPHRIS SUB 2.5MG QL (60 tabs / 30 days)	4	QL
SAPHRIS SUB 5MG QL (60 tabs / 30 days)	4	QL
SAPHRIS SUB 10MG QL (60 tabs / 30 days)	4	QL
SEROQUEL XR TAB 50MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 150MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 200MG QL (90 tabs / 30 days)	3	QL
SEROQUEL XR TAB 300MG QL (60 tabs / 30 days)	3	QL
SEROQUEL XR TAB 400MG QL (60 tabs / 30 days)	3	QL
<i>sertraline hcl oral conc 20 mg/ml</i> QL (300ml / 30 days)	1	GC QL
<i>sertraline hcl tab 25 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>sertraline hcl tab 50 mg</i> QL (90 tabs / 30 days)	1	GC QL
<i>sertraline hcl tab 100 mg</i> QL (60 tabs / 30 days)	1	GC QL
STRATTERA CAP 10MG QL (30 caps / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
STRATTERA CAP 18MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 25MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 40MG QL (60 caps / 30 days)	3	QL
STRATTERA CAP 60MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 80MG QL (30 caps / 30 days)	3	QL
STRATTERA CAP 100MG QL (30 caps / 30 days)	3	QL
SURMONTIL CAP 25MG	4	PA
SURMONTIL CAP 50MG	4	PA
SURMONTIL CAP 100MG	4	PA
<i>temazepam cap 15 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>temazepam cap 30 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>thioridazine hcl tab 10 mg</i>	2	GC PA
<i>thioridazine hcl tab 25 mg</i>	2	GC PA
<i>thioridazine hcl tab 50 mg</i>	2	GC PA
<i>thioridazine hcl tab 100 mg</i>	2	GC PA
<i>thiothixene cap 1 mg</i>	2	GC
<i>thiothixene cap 2 mg</i>	2	GC
<i>thiothixene cap 5 mg</i>	2	GC
<i>thiothixene cap 10 mg</i>	2	GC
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	GC
<i>trazodone hcl tab 100 mg</i>	1	GC
<i>trazodone hcl tab 150 mg</i>	1	GC
<i>trazodone hcl tab 300 mg</i>	1	GC
<i>trifluoperazine hcl tab 1 mg</i>	3	
<i>trifluoperazine hcl tab 2 mg</i>	3	
<i>trifluoperazine hcl tab 5 mg</i>	3	
<i>trifluoperazine hcl tab 10 mg</i>	3	
<i>venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent)</i> QL (30 caps / 30 days)	2	GC QL
<i>venlafaxine hcl cap sr 24hr 75 mg (base equivalent)</i> QL (90 caps / 30 days)	2	GC QL
<i>venlafaxine hcl cap sr 24hr 150 mg (base equivalent)</i> QL (30 caps / 30 days)	2	GC QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>venlafaxine hcl tab 25 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 37.5 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 50 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 75 mg</i> QL (150 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab 100 mg</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr</i> <i>37.5 mg (base equivalent)</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr</i> <i>75 mg (base equivalent)</i> QL (90 tabs / 30 days)	2	GC QL
<i>venlafaxine hcl tab sr 24hr</i> <i>150 mg (base equivalent)</i> QL (30 tabs / 30 days)	2	GC QL
VENLAFAXINE TAB 225MG ER QL (30 tabs / 30 days)	4	QL
VERSACLOZ SUS 50MG/ML	4	
VIIBRYD KIT	4	
VIIBRYD TAB 10MG QL (30 tabs / 30 days)	4	QL
VIIBRYD TAB 20MG QL (30 tabs / 30 days)	4	QL
VIIBRYD TAB 40MG QL (30 tabs / 30 days)	4	QL
XYREM SOL 500MG/ML	5	LA PA
<i>zaleplon cap 5 mg</i>	2	GC ST
<i>zaleplon cap 10 mg</i>	2	GC ST
<i>ziprasidone hcl cap 20 mg</i> QL (60 caps / 30 days)	3	QL
<i>ziprasidone hcl cap 40 mg</i> QL (60 caps / 30 days)	3	QL
<i>ziprasidone hcl cap 60 mg</i> QL (60 caps / 30 days)	3	QL
<i>ziprasidone hcl cap 80 mg</i> QL (60 caps / 30 days)	3	QL
<i>zolpidem tartrate tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL ST
<i>zolpidem tartrate tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL ST
<i>zolpidem tartrate tab cr 6.25</i> <i>mg</i> QL (30 tabs / 30 days)	4	QL ST

Drug Name	Drug Requirements/	
	Tier	Limits
<i>zolpidem tartrate tab cr 12.5</i> <i>mg</i> QL (30 tabs / 30 days)	4	QL ST
ZYPREXA RELP INJ 210MG QL (3 vials / 28 days)	4	QL
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone hcl tab 200 mg</i>	2	GC
<i>amiodarone hcl tab 400 mg</i>	2	GC
<i>disopyramide phosphate cap</i> <i>100 mg</i>	4	PA
<i>disopyramide phosphate cap</i> <i>150 mg</i>	4	PA
<i>flecainide acetate tab 50 mg</i>	2	GC
<i>flecainide acetate tab 100 mg</i>	2	GC
<i>flecainide acetate tab 150 mg</i>	2	GC
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	3	
<i>mexiletine hcl cap 250 mg</i>	3	
MULTAQ TAB 400MG QL (60 tabs / 30 days)	3	QL
<i>pacerone tab 100mg</i>	3	
<i>pacerone tab 200mg</i>	3	
<i>pacerone tab 400mg</i>	3	
<i>propafenone hcl cap sr 12hr</i> <i>225 mg</i>	4	
<i>propafenone hcl cap sr 12hr</i> <i>325 mg</i>	4	
<i>propafenone hcl cap sr 12hr</i> <i>425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	GC
<i>propafenone hcl tab 225 mg</i>	2	GC
<i>propafenone hcl tab 300 mg</i>	2	GC
<i>quinidine gluconate tab cr 324</i> <i>mg</i>	2	GC
<i>quinidine sulfate tab 200 mg</i>	2	GC
<i>quinidine sulfate tab 300 mg</i>	2	GC
<i>sorine tab 80mg</i>	2	GC
<i>sorine tab 120mg</i>	2	GC
<i>sorine tab 160mg</i>	2	GC
<i>sorine tab 240mg</i>	2	GC
<i>sotalol hcl (afib/af) tab 120</i> <i>mg</i>	2	GC
<i>sotalol hcl tab 80 mg</i>	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>sotalol hcl tab 160 mg</i>	2	GC
<i>sotalol hcl tab 240 mg</i>	2	GC
TIKOSYN CAP 125MCG	4	
TIKOSYN CAP 250MCG	4	
TIKOSYN CAP 500MCG	4	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl cap 200 mg</i>	2	GC
<i>acebutolol hcl cap 400 mg</i>	2	GC
<i>afeditab tab 30mg cr</i> QL (60 tabs / 30 days)	3	QL
<i>afeditab tab 60mg cr</i> QL (60 tabs / 30 days)	3	QL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	3	
<i>amiloride hcl tab 5 mg</i>	3	
<i>amlodipine besylate tab 2.5 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>amlodipine besylate tab 5 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>amlodipine besylate tab 10 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	GC
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	GC
<i>atenolol tab 25 mg</i>	1	GC
<i>atenolol tab 50 mg</i>	1	GC
<i>atenolol tab 100 mg</i>	1	GC
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>benazepril hcl tab 5 mg</i>	1	GC
<i>benazepril hcl tab 10 mg</i>	1	GC
<i>benazepril hcl tab 20 mg</i>	1	GC
<i>benazepril hcl tab 40 mg</i>	1	GC
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL
BENICAR TAB 5MG QL (60 tabs / 30 days)	3	QL
BENICAR TAB 20MG QL (30 tabs / 30 days)	3	QL
BENICAR TAB 40MG QL (30 tabs / 30 days)	3	QL
<i>betaxolol hcl tab 10 mg</i>	3	
<i>betaxolol hcl tab 20 mg</i>	3	
BIDIL TAB	4	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	GC
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	GC
<i>bisoprolol fumarate tab 5 mg</i>	2	GC
<i>bisoprolol fumarate tab 10 mg</i>	2	GC
<i>bumetanide tab 0.5 mg</i>	2	GC
<i>bumetanide tab 1 mg</i>	2	GC
<i>bumetanide tab 2 mg</i>	2	GC
BYSTOLIC TAB 2.5MG	3	
BYSTOLIC TAB 5MG	3	
BYSTOLIC TAB 10MG QL (120 tabs / 30 days)	3	QL
BYSTOLIC TAB 20MG QL (60 tabs / 30 days)	3	QL
<i>candesartan cilexetil tab 4 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil tab 8 mg</i> QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>candesartan cilexetil tab 16 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil tab 32 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>captopril tab 12.5 mg</i>	1	GC
<i>captopril tab 25 mg</i>	1	GC
<i>captopril tab 50 mg</i>	1	GC
<i>captopril tab 100 mg</i>	1	GC
CARDIZEM LA TAB 120MG	4	
<i>cartia xt cap 120/24hr</i>	2	GC
<i>cartia xt cap 180/24hr</i>	2	GC
<i>cartia xt cap 240/24hr</i>	2	GC
<i>cartia xt cap 300/24hr</i>	2	GC
<i>carvedilol tab 3.125 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>carvedilol tab 6.25 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>carvedilol tab 12.5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>carvedilol tab 25 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>chlorothiazide sodium for inj 500 mg</i>	2	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>chlorothiazide tab 250 mg</i>	2	GC
<i>chlorothiazide tab 500 mg</i>	2	GC
<i>chlorthalidone tab 25 mg</i>	2	GC
<i>chlorthalidone tab 50 mg</i>	2	GC
<i>clonidine hcl tab 0.1 mg</i>	2	GC
<i>clonidine hcl tab 0.2 mg</i>	2	GC
<i>clonidine hcl tab 0.3 mg</i>	2	GC
<i>clonidine hcl td patch weekly 0.1 mg/24hr</i> QL (4 patches / 28 days)	3	QL
<i>clonidine hcl td patch weekly 0.2 mg/24hr</i> QL (4 patches / 28 days)	3	QL
<i>clonidine hcl td patch weekly 0.3 mg/24hr</i> QL (8 patches / 28 days)	3	QL
COREG CR CAP 10MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 20MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 40MG QL (30 caps / 30 days)	3	QL
COREG CR CAP 80MG QL (30 caps / 30 days)	3	QL
DEMSER CAP 250MG	4	
<i>dilt-xr cap 120mg</i>	2	GC
<i>dilt-xr cap 180mg</i>	2	GC
<i>dilt-xr cap 240mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 60 mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 90 mg</i>	2	GC
<i>diltiazem hcl cap sr 12hr 120 mg</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	2	GC
<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	2	GC
<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	2	GC
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>diltiazem hcl tab 30 mg</i>	2	GC
<i>diltiazem hcl tab 60 mg</i>	2	GC
<i>diltiazem hcl tab 90 mg</i>	2	GC
<i>diltiazem hcl tab 120 mg</i>	2	GC
DILTIAZEM INJ 100MG	2	GC
<i>doxazosin mesylate tab 1 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>doxazosin mesylate tab 2 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>doxazosin mesylate tab 4 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>doxazosin mesylate tab 8 mg</i> QL (60 tabs / 30 days)	2	GC QL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	GC
<i>enalapril maleate tab 2.5 mg</i>	1	GC
<i>enalapril maleate tab 5 mg</i>	1	GC
<i>enalapril maleate tab 10 mg</i>	1	GC
<i>enalapril maleate tab 20 mg</i>	1	GC
<i>eplerenone tab 25 mg</i>	3	
<i>eplerenone tab 50 mg</i>	3	
<i>eprosartan mesylate tab 600 mg</i>	1	GC
<i>felodipine tab sr 24hr 2.5 mg</i>	2	GC
<i>felodipine tab sr 24hr 5 mg</i>	2	GC
<i>felodipine tab sr 24hr 10 mg</i>	2	GC
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>fosinopril sodium tab 10 mg</i>	1	GC
<i>fosinopril sodium tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 40 mg</i>	1	GC
<i>furosemide inj 10 mg/ml</i>	2	GC
<i>furosemide oral soln 10 mg/ml</i>	2	GC
FUROSEMIDE SOL 8MG/ML	2	GC
<i>furosemide tab 20 mg</i>	1	GC
<i>furosemide tab 40 mg</i>	1	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>furosemide tab 80 mg</i>	1	GC
<i>hydralazine hcl inj 20 mg/ml</i>	2	GC
<i>hydralazine hcl tab 10 mg</i>	2	GC
<i>hydralazine hcl tab 25 mg</i>	2	GC
<i>hydralazine hcl tab 50 mg</i>	2	GC
<i>hydralazine hcl tab 100 mg</i>	2	GC
<i>hydrochlorothiazide cap 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 25 mg</i>	1	GC
<i>hydrochlorothiazide tab 50 mg</i>	1	GC
<i>indapamide tab 1.25 mg</i>	2	GC
<i>indapamide tab 2.5 mg</i>	2	GC
<i>irbesartan tab 75 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan tab 150 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan tab 300 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>isradipine cap 2.5 mg</i>	3	
<i>isradipine cap 5 mg</i>	3	
<i>labetalol hcl iv soln 5 mg/ml</i>	2	GC
<i>labetalol hcl tab 100 mg</i>	2	GC
<i>labetalol hcl tab 200 mg</i>	2	GC
<i>labetalol hcl tab 300 mg</i>	2	GC
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>lisinopril tab 2.5 mg</i>	1	GC
<i>lisinopril tab 5 mg</i>	1	GC
<i>lisinopril tab 10 mg</i>	1	GC
<i>lisinopril tab 20 mg</i>	1	GC
<i>lisinopril tab 30 mg</i>	1	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>lisinopril tab 40 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 25 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 50 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>losartan potassium tab 100 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>matzim la tab 180mg/24</i>	3	
<i>matzim la tab 240mg/24</i>	3	
<i>matzim la tab 300mg/24</i>	3	
<i>matzim la tab 360mg/24</i> QL (30 tabs / 30 days)	3	QL
<i>matzim la tab 420mg/24</i> QL (30 tabs / 30 days)	3	QL
<i>methyclothiazide tab 5 mg</i>	2	GC
<i>metolazone tab 2.5 mg</i>	2	GC
<i>metolazone tab 5 mg</i>	2	GC
<i>metolazone tab 10 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	GC
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	GC
<i>metoprolol succinate tab sr 24hr 25 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 50 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 100 mg</i>	1	GC
<i>metoprolol succinate tab sr 24hr 200 mg</i>	1	GC
<i>metoprolol tartrate inj 1 mg/ml</i>	2	GC

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	Tier	Limits
<i>metoprolol tartrate tab 25 mg</i>	1	GC
<i>metoprolol tartrate tab 50 mg</i>	1	GC
<i>metoprolol tartrate tab 100 mg</i>	1	GC
MICROZIDE CAP 12.5MG	4	
<i>minoxidil tab 2.5 mg</i>	2	GC
<i>minoxidil tab 10 mg</i>	2	GC
<i>moexipril hcl tab 7.5 mg</i>	1	GC
<i>moexipril hcl tab 15 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	GC
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	
<i>nadolol tab 80 mg</i>	3	
<i>nicardipine hcl cap 20 mg</i>	2	GC
<i>nicardipine hcl cap 30 mg</i>	2	GC
<i>nifedical xl tab 30mg</i> QL (60 tabs / 30 days)	3	QL
<i>nifedical xl tab 60mg</i> QL (60 tabs / 30 days)	3	QL
<i>nifedipine tab sr 24hr osmotic 30 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nifedipine tab sr 24hr osmotic 60 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nifedipine tab sr 24hr osmotic 90 mg</i> QL (60 tabs / 30 days)	3	QL
<i>nimodipine cap 30 mg</i>	4	
<i>nisoldipine tab sr 24hr 8.5 mg</i> QL (120 tabs / 30 days)	4	QL
<i>nisoldipine tab sr 24hr 17 mg</i> QL (60 tabs / 30 days)	4	QL
<i>nisoldipine tab sr 24hr 20 mg</i>	4	
<i>nisoldipine tab sr 24hr 25.5 mg</i> QL (30 tabs / 30 days)	4	QL
<i>nisoldipine tab sr 24hr 30 mg</i>	4	
<i>nisoldipine tab sr 24hr 34 mg</i> QL (30 tabs / 30 days)	4	QL
<i>nisoldipine tab sr 24hr 40 mg</i>	4	
<i>perindopril erbumine tab 2 mg</i> QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>perindopril erbumine tab 4 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>perindopril erbumine tab 8 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>prazosin hcl cap 1 mg</i>	2	GC
<i>prazosin hcl cap 2 mg</i>	2	GC
<i>prazosin hcl cap 5 mg</i>	2	GC
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	2	GC
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 60 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 80 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 120 mg</i>	2	GC
<i>propranolol hcl cap sr 24hr 160 mg</i>	2	GC
<i>propranolol hcl inj 1 mg/ml</i>	2	GC
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	GC
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	GC
<i>propranolol hcl tab 10 mg</i>	2	GC
<i>propranolol hcl tab 20 mg</i>	2	GC
<i>propranolol hcl tab 40 mg</i>	2	GC
<i>propranolol hcl tab 60 mg</i>	2	GC
<i>propranolol hcl tab 80 mg</i>	2	GC
<i>quinapril hcl tab 5 mg</i>	1	GC
<i>quinapril hcl tab 10 mg</i>	1	GC
<i>quinapril hcl tab 20 mg</i>	1	GC
<i>quinapril hcl tab 40 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>ramipril cap 1.25 mg</i>	1	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>ramipril cap 2.5 mg</i>	1	GC
<i>ramipril cap 5 mg</i>	1	GC
<i>ramipril cap 10 mg</i>	1	GC
<i>reserpine tab 0.1 mg</i>	2	GC PA
<i>reserpine tab 0.25 mg</i>	2	GC PA
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	GC
<i>spironolactone tab 25 mg</i>	2	GC
<i>spironolactone tab 50 mg</i>	2	GC
<i>spironolactone tab 100 mg</i>	2	GC
<i>taztia xt cap 120mg/24</i>	2	GC
<i>taztia xt cap 180mg/24</i>	2	GC
<i>taztia xt cap 240mg/24</i>	2	GC
<i>taztia xt cap 300mg/24</i>	2	GC
<i>taztia xt cap 360mg/24</i>	2	GC
TEKTURNA HCT TAB 150-12.5 QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 150-25MG QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-12.5 QL (30 tabs / 30 days)	3	QL
TEKTURNA HCT TAB 300-25MG QL (30 tabs / 30 days)	3	QL
TEKTURNA TAB 150MG QL (30 tabs / 30 days)	3	QL
TEKTURNA TAB 300MG QL (30 tabs / 30 days)	3	QL
<i>telmisartan tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan tab 80 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	GC
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>terazosin hcl cap 1 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 2 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 5 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>terazosin hcl cap 10 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>timolol maleate tab 5 mg</i>	2	GC
<i>timolol maleate tab 10 mg</i>	2	GC
<i>timolol maleate tab 20 mg</i>	2	GC
TOPROL XL TAB 25MG	4	
TOPROL XL TAB 50MG	4	
TOPROL XL TAB 100MG	4	
TOPROL XL TAB 200MG	4	
<i>toremide tab 5 mg</i>	2	GC
<i>toremide tab 10 mg</i>	2	GC
<i>toremide tab 20 mg</i>	2	GC
<i>toremide tab 100 mg</i>	2	GC
<i>trandolapril tab 1 mg</i>	1	GC
<i>trandolapril tab 2 mg</i>	1	GC
<i>trandolapril tab 4 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide cap 50-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC

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Drug Name	Drug Requirements/	
	Tier	Limits
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	3	QL
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	3	QL
valsartan tab 40 mg QL (30 tabs / 30 days)	1	GC QL
valsartan tab 80 mg QL (30 tabs / 30 days)	1	GC QL
valsartan tab 160 mg QL (30 tabs / 30 days)	1	GC QL
valsartan tab 320 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	GC QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	GC QL
verapamil hcl cap sr 24hr 100 mg	3	
verapamil hcl cap sr 24hr 120 mg	2	GC
verapamil hcl cap sr 24hr 180 mg	2	GC
verapamil hcl cap sr 24hr 200 mg	3	
verapamil hcl cap sr 24hr 240 mg	2	GC
verapamil hcl cap sr 24hr 300 mg	3	
verapamil hcl cap sr 24hr 360 mg	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
verapamil hcl iv soln 2.5 mg/ml	2	GC
verapamil hcl tab 40 mg	2	GC
verapamil hcl tab 80 mg	2	GC
verapamil hcl tab 120 mg	2	GC
verapamil hcl tab cr 120 mg	2	GC
verapamil hcl tab cr 180 mg	2	GC
verapamil hcl tab cr 240 mg	2	GC
CARDIAC GLYCOSIDES		
digitek tab 0.25mg	2	GC PA
digoxin inj 0.25 mg/ml	2	GC PA
digoxin oral soln 0.05 mg/ml	2	GC PA
digoxin tab 125 mcg (0.125 mg)	2	GC
digoxin tab 250 mcg (0.25 mg)	2	GC PA
COAGULATION THERAPY		
AGGRENOX CAP 25-200MG QL (60 caps / 30 days)	4	QL
BRILINTA TAB 90MG	3	
cilostazol tab 50 mg	2	GC
cilostazol tab 100 mg	2	GC
clopidogrel bisulfate tab 75 mg (base equiv) QL (33 tabs / 30 days)	2	GC QL
clopidogrel bisulfate tab 300 mg (base equiv)	2	GC
COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
EFFIENT TAB 5MG QL (35 tabs / 30 days)	3	QL
EFFIENT TAB 10MG QL (35 tabs / 30 days)	3	QL
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>enoxaparin sodium inj 30 mg/0.3ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 40 mg/0.4ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 60 mg/0.6ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 80 mg/0.8ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 100 mg/ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 120 mg/0.8ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 150 mg/ml</i> QL (42 syringes / 60 days)	3	QL
<i>enoxaparin sodium inj 300 mg/3ml</i> QL (7 vials / 60 days)	3	QL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> QL (21 syringes / 60 days)	4	QL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> QL (21 syringes / 60 days)	4	QL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> QL (21 syringes / 60 days)	4	QL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> QL (21 syringes / 60 days)	4	QL
FRAGMIN INJ 2500/0.2 QL (21 syringes / 60 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
FRAGMIN INJ 5000/0.2 QL (21 syringes / 60 days)	4	QL
FRAGMIN INJ 7500/0.3 QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 10000/ML QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 12500UNT QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 15000UNT QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 18000UNT QL (21 syringes / 60 days)	5	QL
FRAGMIN INJ 95000UNT QL (21 syringes / 60 days)	5	QL
HEP SOD/D5W INJ 25000UNT	2	GC
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	2	GC
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	GC
<i>jantoven tab 1mg</i>	2	GC
<i>jantoven tab 2.5mg</i>	2	GC
<i>jantoven tab 2mg</i>	2	GC
<i>jantoven tab 3mg</i>	2	GC
<i>jantoven tab 4mg</i>	2	GC
<i>jantoven tab 5mg</i>	2	GC
<i>jantoven tab 6mg</i>	2	GC
<i>jantoven tab 7.5mg</i>	2	GC
<i>jantoven tab 10mg</i>	2	GC
<i>pentoxifylline tab cr 400 mg</i>	2	GC
PRADAXA CAP 75MG QL (60 caps / 30 days)	3	QL
PRADAXA CAP 150MG QL (60 caps / 30 days)	3	QL

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
PROMACTA TAB 12.5MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 25MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 50MG QL (30 tabs / 30 days)	5	QL LA PA
PROMACTA TAB 75MG QL (30 tabs / 30 days)	5	QL LA PA
tranexamic acid inj 100 mg/ml	2	GC
warfarin sodium tab 1 mg	1	GC
warfarin sodium tab 2 mg	1	GC
warfarin sodium tab 2.5 mg	1	GC
warfarin sodium tab 3 mg	1	GC
warfarin sodium tab 4 mg	1	GC
warfarin sodium tab 5 mg	1	GC
warfarin sodium tab 6 mg	1	GC
warfarin sodium tab 7.5 mg	1	GC
warfarin sodium tab 10 mg	1	GC
XARELTO STAR TAB 15/20MG QL (1 kit / 30 days)	3	QL
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
ZONTIVITY TAB 2.08MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine besylate- atorvastatin calcium tab 2.5- 10 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 2.5- 20 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 2.5- 40 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 5-10 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 5-20 mg QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
amlodipine besylate- atorvastatin calcium tab 5-40 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 5-80 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 10-10 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 10-20 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 10-40 mg QL (30 tabs / 30 days)	1	GC QL
amlodipine besylate- atorvastatin calcium tab 10-80 mg QL (30 tabs / 30 days)	1	GC QL
atorvastatin calcium tab 10 mg (base equivalent) QL (30 tabs / 30 days)	1	GC QL
atorvastatin calcium tab 20 mg (base equivalent) QL (45 tabs / 30 days)	1	GC QL
atorvastatin calcium tab 40 mg (base equivalent) QL (30 tabs / 30 days)	1	GC QL
atorvastatin calcium tab 80 mg (base equivalent) QL (30 tabs / 30 days)	1	GC QL
cholestyramine light powder packets 4 gm	2	GC
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) QL (30 caps / 30 days)	4	QL
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) QL (30 caps / 30 days)	4	QL
colestipol hcl granules 5 gm	3	
colestipol hcl tab 1 gm	3	
CRESTOR TAB 5MG QL (30 tabs / 30 days)	3	QL
CRESTOR TAB 10MG QL (30 tabs / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
CRESTOR TAB 20MG QL (30 tabs / 30 days)	3	QL
CRESTOR TAB 40MG QL (30 tabs / 30 days)	3	QL
<i>fenofibrate micronized cap 43 mg</i> QL (30 caps / 30 days)	4	QL
<i>fenofibrate micronized cap 67 mg</i> QL (30 caps / 30 days)	3	QL
<i>fenofibrate micronized cap 130 mg</i> QL (30 caps / 30 days)	4	QL
<i>fenofibrate micronized cap 134 mg</i> QL (30 caps / 30 days)	3	QL
<i>fenofibrate micronized cap 200 mg</i> QL (30 caps / 30 days)	3	QL
<i>fenofibrate tab 48 mg</i> QL (30 tabs / 30 days)	3	QL
<i>fenofibrate tab 54 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fenofibrate tab 145 mg</i> QL (30 tabs / 30 days)	3	QL
<i>fenofibrate tab 160 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>fluvastatin sodium cap 20 mg</i> QL (30 caps / 30 days)	1	GC QL
<i>fluvastatin sodium cap 40 mg</i> QL (60 caps / 30 days)	1	GC QL
<i>gemfibrozil tab 600 mg</i> QL (60 tabs / 30 days)	2	GC QL
JUXTAPID CAP 5MG	5	LA PA
JUXTAPID CAP 10MG	5	LA PA
JUXTAPID CAP 20MG	5	LA PA
JUXTAPID CAP 30MG	5	LA PA
JUXTAPID CAP 40MG	5	LA PA
JUXTAPID CAP 60MG	5	LA PA
KYNAMRO INJ 200MG/ML	5	LA PA
LIPTRUZET TAB 10-10MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-20MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-40MG QL (30 tabs / 30 days)	4	QL
LIPTRUZET TAB 10-80MG QL (30 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
LIVALO TAB 1MG QL (30 tabs / 30 days)	4	QL
LIVALO TAB 2MG QL (30 tabs / 30 days)	4	QL
LIVALO TAB 4MG QL (30 tabs / 30 days)	4	QL
<i>lovastatin tab 10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>lovastatin tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>lovastatin tab 40 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>niacin tab cr 500 mg (antihyperlipidemic)</i> QL (60 tabs / 30 days)	4	QL
<i>niacin tab cr 750 mg (antihyperlipidemic)</i> QL (60 tabs / 30 days)	4	QL
<i>niacin tab cr 1000 mg (antihyperlipidemic)</i> QL (60 tabs / 30 days)	4	QL
<i>omega-3-acid ethyl esters cap 1 gm</i> QL (120 caps / 30 days)	3	QL
<i>pravastatin sodium tab 10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>pravastatin sodium tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>pravastatin sodium tab 40 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>pravastatin sodium tab 80 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>prevalite pow 4gm</i>	2	GC
QUESTRAN POW 4GM	2	GC
<i>simvastatin tab 5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin tab 10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin tab 20 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>simvastatin tab 80 mg</i> QL (30 tabs / 30 days)	1	GC QL
VASCEPA CAP 1GM	3	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	4	QL

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	Tier	Limits
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	4	QL
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
ZETIA TAB 10MG QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
NORTHERA CAP 100MG QL (252 caps / 14 days)	5	QL
NORTHERA CAP 200MG QL (180 caps / 14 days)	5	QL
NORTHERA CAP 300MG QL (42 caps / 14 days)	5	QL
RANEXA TAB 500MG QL (120 tabs / 30 days)	3	QL
RANEXA TAB 1000MG QL (60 tabs / 30 days)	3	QL
VECAMYL TAB 2.5MG	5	PA
NITRATES		
ISORDIL TAB 40MG	4	
<i>isosorbide dinitrate tab 5 mg</i>	2	GC
<i>isosorbide dinitrate tab 10 mg</i>	2	GC
<i>isosorbide dinitrate tab 20 mg</i>	2	GC
<i>isosorbide dinitrate tab 30 mg</i>	2	GC
<i>isosorbide dinitrate tab cr 40 mg</i>	3	
<i>isosorbide mononitrate tab 10 mg</i>	2	GC
<i>isosorbide mononitrate tab 20 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 30 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 60 mg</i>	2	GC
<i>isosorbide mononitrate tab sr 24hr 120 mg</i>	2	GC
NITRO-BID OIN 2%	2	GC
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	GC
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	GC
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	GC
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	4	
NITROSTAT SUB 0.3MG	2	GC
NITROSTAT SUB 0.4MG	2	GC
NITROSTAT SUB 0.6MG	2	GC
CENTRAL NERVOUS SYSTEM ANTIPSYCHOTICS		
ABILIFY TAB 2MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 5MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 10MG QL (90 tabs / 30 days)	4	QL PA
ABILIFY TAB 15MG QL (60 tabs / 30 days)	4	QL PA
ABILIFY TAB 20MG QL (30 tabs / 30 days)	4	QL PA
ABILIFY TAB 30MG QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 2 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 5 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 10 mg</i> QL (90 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 15 mg</i> QL (60 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 20 mg</i> QL (30 tabs / 30 days)	4	QL PA
<i>aripiprazole tab 30 mg</i> QL (30 tabs / 30 days)	4	QL PA
DERMATOLOGICALS/TOPICAL THERAPY ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin cap 10 mg</i>	5	
<i>acitretin cap 17.5 mg</i>	5	
<i>acitretin cap 25 mg</i>	5	
<i>calcipotriene cream 0.005%</i> QL (120 gm / 30 days)	4	QL
<i>calcipotriene oint 0.005%</i> QL (120 gm / 30 days)	4	QL
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> QL (1 bottle / 30 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>calcitriol oint 3 mcg/gm</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	GC
TACLONEX SUS QL (480ml / 30 days)	4	QL
BURN THERAPY		
<i>silver sulfadiazine cream 1%</i>	2	GC
<i>ssd cre 1%</i>	2	GC
MISCELLANEOUS DERMATOLOGICALS		
CARAC CRE 0.5%	3	
CONDYLOX GEL 0.5%	3	
ELIDEL CRE 1%	3	PA
<i>fluorouracil cream 0.5%</i>	2	GC
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 2%</i>	4	
<i>fluorouracil soln 5%</i>	4	
<i>imiquimod cream 5%</i> QL (12 packets / 30 days)	4	QL
<i>lactic acid (ammonium lactate) cream 12%</i>	2	GC
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	GC
<i>methoxsalen rapid cap 10 mg</i>	2	GC
OXSORALEN-UL CAP 10MG	5	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	4	
PICATO GEL 0.015%	4	
<i>podofilox soln 0.5%</i>	3	
<i>pradoxin cre 5%</i>	3	
REGRANEX GEL 0.01% QL (15 gm / 30 days)	4	QL
<i>tacrolimus oint 0.1%</i>	2	GC PA
<i>tacrolimus oint 0.03%</i>	4	PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OIN 15% QL (15 gm / 30 days)	4	QL
THERAPY FOR ACNE		
<i>adapalene cream 0.1%</i>	2	GC PA
<i>adapalene gel 0.1%</i>	2	GC PA
<i>adapalene gel 0.3%</i>	4	PA
<i>amnesteem cap 10mg</i>	4	
<i>amnesteem cap 20mg</i>	4	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>amnesteem cap 40mg</i>	4	
AZELEX CRE 20%	4	
<i>claravis cap 10mg</i>	4	
<i>claravis cap 20mg</i>	4	
<i>claravis cap 30mg</i>	5	
<i>claravis cap 40mg</i>	4	
<i>clindamycin phosphate foam 1%</i>	3	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	3	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>ery pad 2%</i>	2	GC
<i>erythromycin gel 2%</i>	2	GC
<i>erythromycin soln 2%</i>	2	GC
FINACEA GEL 15%	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	3	
MIRVASO GEL 0.33%	4	PA
<i>myorisan cap 10mg</i>	2	GC
<i>myorisan cap 20mg</i>	2	GC
<i>myorisan cap 40mg</i>	2	GC
<i>neuac gel 1.2-5%</i>	2	GC
TAZORAC CRE 0.1%	4	PA
TAZORAC CRE 0.05%	4	PA
TAZORAC GEL 0.1%	4	PA
TAZORAC GEL 0.05%	4	PA
<i>tretinoin cream 0.1%</i>	3	PA
<i>tretinoin cream 0.05%</i>	3	PA
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin gel 0.01%</i>	3	PA
<i>tretinoin gel 0.025%</i>	3	PA
TOPICAL ANESTHETICS		
<i>lidocaine hcl gel 2%</i>	2	GC
<i>lidocaine hcl local inj 2%</i>	2	GC
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	GC
<i>lidocaine hcl soln 4%</i>	2	GC

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	Tier	Limits
<i>lidocaine hcl viscous soln 2%</i>	2	GC
<i>lidocaine patch 5%</i> QL (90 patches / 30 days)	4	QL PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	
TOPICAL ANTIBACTERIALS		
ALTABAX OIN 1%	4	
GARAMYCIN SOL 0.3% OP	2	GC
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate oint 0.1%</i>	2	GC
<i>mupirocin calcium cream 2%</i>	4	
<i>mupirocin oint 2%</i>	2	GC
TOPICAL ANTIFUNGALS		
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%</i>	3	
<i>clotrimazole cream 1%</i>	2	GC
<i>clotrimazole soln 1%</i>	2	GC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>econazole nitrate cream 1%</i>	3	
EXELDERM CRE 1%	4	
EXELDERM SOL 1%	4	
<i>ketconazole cream 2%</i>	2	GC
<i>ketconazole shampoo 2%</i>	2	GC
<i>naftifine hcl cream 1%</i>	3	
NAFTIN CRE 2%	4	
NAFTIN GEL 1%	4	
NAFTIN GEL 2%	4	
<i>nystatin cream 100000 unit/gm</i>	2	GC
<i>nystatin oint 100000 unit/gm</i>	2	GC
<i>nystatin topical powder</i>	2	GC
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>nystop pow 100000</i>	2	GC
OXISTAT CRE 1%	4	
OXISTAT LOT 1%	4	
TOPICAL ANTIVIRALS		
DENAVIR CRE 1%	4	
ZOVIRAX CRE 5%	3	QL
QL (15 gm / 30 days)		
TOPICAL CORTICOSTEROIDS		
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>amcinonide cream 0.1%</i>	2	GC
<i>amcinonide lotion 0.1%</i>	2	GC
AMCINONIDE OIN 0.1%	2	GC
APEXICON E CRE 0.05%	2	GC
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	GC
<i>betamethasone dipropionate cream 0.05%</i>	2	GC
<i>betamethasone dipropionate lotion 0.05%</i>	2	GC
<i>betamethasone dipropionate oint 0.05%</i>	2	GC
<i>betamethasone valerate aerosol foam 0.12%</i>	3	
<i>betamethasone valerate cream 0.1%</i>	2	GC
<i>betamethasone valerate lotion 0.1%</i>	2	GC
<i>betamethasone valerate oint 0.1%</i>	2	GC
CAPEX SHA 0.01%	3	
<i>clobetasol e cre 0.05%</i>	3	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	4	

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	Tier	Limits
<i>clobetasol propionate lotion 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	4	
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate soln 0.05%</i>	4	
<i>clodan sha 0.05%</i>	2	GC
CORDRAN 80X3 TAP 4MCG/CM	4	
<i>desonide cream 0.05%</i>	4	
<i>desonide lotion 0.05%</i>	4	
<i>desonide oint 0.05%</i>	4	
<i>desoximetasone cream 0.05%</i>	3	
<i>desoximetasone cream 0.25%</i>	3	
<i>desoximetasone gel 0.05%</i>	3	
<i>desoximetasone oint 0.05%</i>	3	
<i>desoximetasone oint 0.25%</i>	3	
<i>diflorasone diacetate cream 0.05%</i>	4	
<i>diflorasone diacetate oint 0.05%</i>	4	
<i>fluocin acet oil body</i>	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide cream 0.1%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	3	
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide oint 0.05%</i>	3	
<i>fluocinonide soln 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	GC
<i>fluticasone propionate lotion 0.05%</i>	2	GC
<i>fluticasone propionate oint 0.005%</i>	2	GC

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate oint 0.05%</i>	3	
HALOG CRE 0.1%	3	
HALOG OIN 0.1%	3	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	3	
<i>hydrocortisone butyrate oint 0.1%</i>	3	
<i>hydrocortisone butyrate soln 0.1%</i>	3	
<i>hydrocortisone cream 1%</i>	2	GC
<i>hydrocortisone cream 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC
<i>hydrocortisone oint 1%</i>	2	GC
<i>hydrocortisone oint 2.5%</i>	2	GC
<i>lokara lot 0.05%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate oint 0.1%</i>	2	GC
<i>prednicarbate cream 0.1%</i>	2	GC
<i>prednicarbate oint 0.1%</i>	2	GC
<i>triamcinolone acetonide cream 0.1%</i>	2	GC
<i>triamcinolone acetonide cream 0.5%</i>	2	GC
<i>triamcinolone acetonide cream 0.025%</i>	2	GC
<i>triamcinolone acetonide lotion 0.1%</i>	2	GC
<i>triamcinolone acetonide lotion 0.025%</i>	2	GC
<i>triamcinolone acetonide oint 0.1%</i>	2	GC
<i>triamcinolone acetonide oint 0.5%</i>	2	GC
<i>triamcinolone acetonide oint 0.025%</i>	2	GC
<i>triderm cre 0.1%</i>	2	GC
TOPICAL ENZYMES		
SANTYL OIN 250/GM	3	
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX CRE 10%	4	

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	Tier	Limits
EURAX LOT 10%	4	
<i>lindane lotion 1%</i>	2	GC
<i>lindane shampoo 1%</i>	2	GC
<i>permethrin cream 5%</i>	3	
DIAGNOSTICS / MISCELLANEOUS		
AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringer's for irrigation</i>	2	GC
<i>neomycin-polymyxin b gu irrigation soln</i>	2	GC
<i>ringer's solution for irrigation</i>	2	GC
MISCELLANEOUS AGENTS		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
ACTONEL TAB 30MG QL (30 tabs / 30 days)	4	QL
ADAGEN INJ 250/ML	5	LA
<i>alendronate sodium tab 40 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
ARALAST NP INJ 400MG	5	LA PA
CARBAGLU TAB 200MG	5	LA
<i>cevimeline hcl cap 30 mg</i>	4	
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 2.75/D10	3	
CLINIMIX INJ 4.25/D5W	3	B/D
D10W/NACL INJ 0.2%	2	GC
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% in lactated ringers</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	GC
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	GC
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>dextrose inj 5%</i>	2	GC
<i>dextrose inj 10%</i>	2	GC
<i>disulfiram tab 250 mg</i>	4	
<i>disulfiram tab 500 mg</i>	4	
<i>etidronate disodium tab 200 mg</i>	2	GC
<i>etidronate disodium tab 400 mg</i>	2	GC
EXJADE TAB 125MG	3	LA
EXJADE TAB 250MG	5	LA
EXJADE TAB 500MG	5	LA
FERRIPROX TAB 500MG	5	
FOSRENOL CHW 500MG	5	
FOSRENOL CHW 750MG	5	
FOSRENOL CHW 1000MG	5	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
GLASSIA INJ	5	LA PA
INCRELEX INJ 40MG/4ML	5	LA PA
<i>kionex pow</i>	3	
<i>levocarnitine tab 330 mg</i>	2	GC
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
ORFADIN CAP 2MG	5	
ORFADIN CAP 5MG	5	
ORFADIN CAP 10MG	5	
<i>pilocarpine hcl tab 5 mg</i>	3	
<i>pilocarpine hcl tab 7.5 mg</i>	3	
PROLASTIN-C INJ 1000MG	5	LA PA
RAVICTI LIQ 1.1GM/ML	5	PA
RENAGEL TAB 400MG	4	
RENAGEL TAB 800MG	4	
REVELA PAK 0.8GM QL (525 packets / 30 days)	4	QL
REVELA PAK 2.4GM QL (175 packets / 30 days)	4	QL
REVELA TAB 800MG QL (525 tabs / 30 days)	4	QL
<i>riluzole tab 50 mg</i>	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	GC

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	Tier	Limits
<i>sodium chloride iv soln 0.9%</i>	2	GC
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	2	GC
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
SYPRINE CAP 250MG	5	
<i>water for irrigation, sterile irrigation soln</i>	2	GC
ZEMAIRA INJ 1000MG	5	LA PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	PA
SMOKING DETERRENTS		
<i>buproban tab 150mg QL (60 tabs / 30 days)</i>	2	GC QL
CHANTIX PAK 0.5& 1MG	4	PA
<i>CHANTIX TAB 0.5MG QL (56 tabs / 28 days)</i>	4	QL PA
<i>CHANTIX TAB 1MG QL (56 tabs / 28 days)</i>	4	QL PA
<i>NICOTROL INH QL (3 inhalers / 30 days)</i>	3	QL
<i>NICOTROL NS SPR 10MG/ML QL (4 bottles / 30 days)</i>	3	QL
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) QL (2 inhalers / 30 days)</i>	3	QL
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray) QL (2 inhalers / 30 days)</i>	3	QL
BACTROBAN OIN NASAL 2%	4	
<i>chlorhexidine gluconate soln 0.12%</i>	2	GC
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray) QL (1 inhaler / 30 days)</i>	2	GC QL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray) QL (2 inhalers / 30 days)</i>	2	GC QL
<i>olopatadine hcl nasal soln 0.6% QL (1 bottle / 30 days)</i>	2	GC QL
<i>PATANASE SPR 0.6% QL (1 bottle / 30 days)</i>	4	QL
<i>periogard sol 0.12%</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
TYZINE PED DRO 0.05%	4	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetazol hc sol otic</i>	2	GC
<i>acetic acid otic soln 2%</i>	2	GC
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	2	GC
OTIC STEROID / ANTIBIOTIC		
CIPRO HC SUS OTIC	4	
CIPRODEX SUS 0.3-0.1%	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	GC
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>a-hydrocort inj 100mg</i>	2	GC
<i>cortisone acetate tab 25 mg</i>	3	
DEPO-MEDROL INJ 20MG/ML	4	
DEPO-MEDROL INJ 40MG/ML	4	
DEPO-MEDROL INJ 80MG/ML	4	
DEXAMETHASON CON 1MG/ML	2	GC
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	GC
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	GC
<i>dexamethasone tab 0.5 mg</i>	2	GC
<i>dexamethasone tab 0.75 mg</i>	2	GC
<i>dexamethasone tab 1 mg</i>	2	GC
<i>dexamethasone tab 1.5 mg</i>	2	GC
<i>dexamethasone tab 2 mg</i>	2	GC
<i>dexamethasone tab 4 mg</i>	2	GC
<i>dexamethasone tab 6 mg</i>	2	GC
DEXPAK PAK 13 DAY	4	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	GC
H.P. ACTHAR INJ 80UNIT	5	PA

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	Tier	Limits
hydrocortisone tab 5 mg	2	GC
hydrocortisone tab 10 mg	2	GC
hydrocortisone tab 20 mg	2	GC
methylprednisolone acetate inj susp 40 mg/ml	2	GC
methylprednisolone acetate inj susp 80 mg/ml	2	GC
methylprednisolone sodium succinate for inj 40 mg	2	GC
methylprednisolone sodium succinate for inj 125 mg	2	GC
methylprednisolone tab 4 mg	2	GC B/D
methylprednisolone tab 4 mg dose pack	2	GC
methylprednisolone tab 8 mg	2	GC B/D
methylprednisolone tab 16 mg	2	GC B/D
methylprednisolone tab 32 mg	2	GC B/D
prednisolone sod phos orally disintegr tab 10 mg (base eq)	2	GC
prednisolone sod phos orally disintegr tab 15 mg (base eq)	2	GC
prednisolone sod phos orally disintegr tab 30 mg (base eq)	2	GC
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	GC
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	2	GC
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	GC
PREDNISONE CON 5MG/ML	2	GC B/D
prednisone oral soln 5 mg/5ml	2	GC B/D
prednisone tab 1 mg	2	GC B/D
prednisone tab 2.5 mg	2	GC B/D
prednisone tab 5 mg	2	GC B/D
prednisone tab 10 mg	2	GC B/D
prednisone tab 20 mg	2	GC B/D
prednisone tab 50 mg	2	GC B/D
SOLU-MEDROL INJ 2GM	4	
SOLU-MEDROL INJ 40MG	4	
SOLU-MEDROL INJ 125MG	4	
SOLU-MEDROL INJ 500MG	4	
ANTITHYROID AGENTS		
methimazole tab 5 mg	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
methimazole tab 10 mg	2	GC
propylthiouracil tab 50 mg	3	
DIABETES THERAPY		
acarbose tab 25 mg QL (90 tabs / 30 days)	3	QL
acarbose tab 50 mg QL (90 tabs / 30 days)	3	QL
acarbose tab 100 mg QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET TAB XR QL (30 tabs / 30 days)	4	QL
ACTOPLUS MET TAB XR QL (60 tabs / 30 days)	4	QL
ALCOHOL SWABS	3	
AVANDIA TAB 2MG QL (90 tabs / 30 days)	4	QL LA
AVANDIA TAB 4MG QL (60 tabs / 30 days)	4	QL LA
AVANDIA TAB 8MG QL (30 tabs / 30 days)	4	QL LA
BYDUREON INJ QL (4 pens / 28 days)	3	QL
BYDUREON INJ QL (4 vials / 30 days)	3	QL
BYETTA INJ 5MCG QL (2 pens / 30 days)	4	QL
BYETTA INJ 10MCG QL (1 pen / 30 days)	4	QL
CYCLOSET TAB 0.8MG QL (180 tabs / 30 days)	4	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	4	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	4	QL
FARXIGA TAB 5MG QL (30 tabs / 30 days)	3	QL
FARXIGA TAB 10MG QL (30 tabs / 30 days)	3	QL
GAUZE PADS 2" X 2"	3	
glimepiride tab 1 mg QL (240 tabs / 30 days)	1	GC QL
glimepiride tab 2 mg QL (120 tabs / 30 days)	1	GC QL
glimepiride tab 4 mg QL (60 tabs / 30 days)	1	GC QL
glipizide tab 5 mg QL (240 tabs / 30 days)	1	GC QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>glipizide tab 10 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 2.5 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 5 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide tab sr 24hr 10 mg</i> QL (60 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	1	GC QL
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG QL (2 boxes / 30 days)	3	QL
GLUMETZA TAB 500MG QL (120 tabs / 30 days)	4	QL
GLUMETZA TAB 1000MG QL (120 tabs / 30 days)	4	QL
<i>glyburide micronized tab 1.5 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide micronized tab 3 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide micronized tab 6 mg</i> QL (60 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 1.25 mg</i> QL (480 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 2.5 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide tab 5 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 1.25-250 mg</i> QL (240 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 2.5-500 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
<i>glyburide-metformin tab 5-500 mg</i> QL (120 tabs / 30 days)	2	GC QL ST
GLYSET TAB 25MG QL (90 tabs / 30 days)	3	QL
GLYSET TAB 50MG QL (90 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/	
	Tier	Limits
GLYSET TAB 100MG QL (90 tabs / 30 days)	3	QL
HUMULIN R INJ U-500 QL (3 vials / 30 days)	4	QL
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE	3	
INVOKAMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-500 QL (60 tabs / 30 days)	3	QL
INVOKAMET TAB 150-1000 QL (60 tabs / 30 days)	3	QL
INVOKANA TAB 100MG QL (30 tabs / 30 days)	3	QL
INVOKANA TAB 300MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TAB 25MG QL (30 tabs / 30 days)	3	QL
JANUVIA TAB 50MG QL (30 tabs / 30 days)	3	QL
JANUVIA TAB 100MG QL (30 tabs / 30 days)	3	QL
JARDIANCE TAB 10MG QL (30 tabs / 30 days)	4	QL
JARDIANCE TAB 25MG QL (30 tabs / 30 days)	4	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
LANTUS INJ 100/ML QL (3 vials / 30 days)	3	QL
LANTUS INJ SOLOSTAR QL (10 pens / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
LEVEMIR INJ QL (3 vials / 30 days)	3	QL
LEVEMIR INJ FLEXTOUC QL (10 pens / 30 days)	3	QL
metformin hcl tab 500 mg QL (150 tabs / 30 days)	1	GC QL
metformin hcl tab 850 mg QL (90 tabs / 30 days)	1	GC QL
metformin hcl tab 1000 mg QL (60 tabs / 30 days)	1	GC QL
metformin hcl tab sr 24hr 500 mg QL (120 tabs / 30 days)	1	GC QL
metformin hcl tab sr 24hr 750 mg QL (60 tabs / 30 days)	1	GC QL
metformin hcl tab sr 24hr osmotic 1000 mg QL (60 tabs / 30 days)	1	GC QL
nateglinide tab 60 mg QL (90 tabs / 30 days)	1	GC QL
nateglinide tab 120 mg QL (90 tabs / 30 days)	1	GC QL
NESINA TAB 6.25MG QL (120 tabs / 30 days)	4	QL
NOVOLIN INJ 70/30 QL (6 vials / 30 days)	3	QL
NOVOLIN N INJ U-100 QL (6 vials / 30 days)	3	QL
NOVOLIN R INJ U-100 QL (6 vials / 30 days)	3	QL
NOVOLOG INJ 100/ML QL (6 vials / 30 days)	3	QL
NOVOLOG INJ FLEXPEN QL (20 pens / 30 days)	3	QL
NOVOLOG INJ PENFILL QL (20 pens / 30 days)	3	QL
NOVOLOG MIX INJ 70/30 QL (6 vials / 30 days)	3	QL
NOVOLOG MIX INJ FLEXPEN QL (20 pens / 30 days)	3	QL
pioglitazone hcl tab 15 mg (base equiv) QL (30 tabs / 30 days)	1	GC QL
pioglitazone hcl tab 30 mg (base equiv) QL (30 tabs / 30 days)	1	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
pioglitazone hcl tab 45 mg (base equiv) QL (30 tabs / 30 days)	1	GC QL
pioglitazone hcl-glimepiride tab 30-2 mg QL (30 tabs / 30 days)	4	QL
pioglitazone hcl-glimepiride tab 30-4 mg QL (30 tabs / 30 days)	4	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	4	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	4	QL
PRANDIN TAB 0.5MG QL (120 tabs / 30 days)	4	QL
PRANDIN TAB 1MG QL (120 tabs / 30 days)	4	QL
PRANDIN TAB 2MG QL (240 tabs / 30 days)	4	QL
PROGLYCEM SUS 50MG/ML	3	
repaglinide tab 0.5 mg QL (120 tabs / 30 days)	1	GC QL
repaglinide tab 1 mg QL (120 tabs / 30 days)	1	GC QL
repaglinide tab 2 mg QL (240 tabs / 30 days)	1	GC QL
SYMLINPEN 60 INJ 1000MCG QL (8 pens / 30 days)	3	QL
SYMLINPEN 120 INJ 1000MCG QL (4 pens / 30 days)	3	QL
TANZEUM INJ 30MG	4	
TANZEUM INJ 50MG	4	
tolazamide tab 250 mg QL (120 tabs / 30 days)	1	GC QL
tolazamide tab 500 mg QL (60 tabs / 30 days)	1	GC QL
tolbutamide tab 500 mg QL (180 tabs / 30 days)	1	GC QL
TRADJENTA TAB 5MG QL (30 tabs / 30 days)	3	QL
TRULICITY INJ 0.75/0.5 QL (4 pens / 28 days)	4	QL
TRULICITY INJ 1.5/0.5 QL (4 pens / 28 days)	4	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
VICTOZA INJ 18MG/3ML QL (3 pens / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
MISCELLANEOUS HORMONES		
ALDURAZYME INJ 2.9MG/5M	5	
ANDRODERM DIS 2MG/24HR	3	PA
ANDRODERM DIS 4MG/24HR	3	PA
ANDROGEL GEL 1%(25MG) QL (300 gm / 30 days)	3	QL PA
ANDROGEL GEL 1.62% QL (150 gm / 30 days)	3	QL PA
ANDROGEL GEL 1.62% QL (300 gm / 30 days)	3	QL PA
ANDROGEL GEL PUMP 1% QL (300 gm / 30 days)	3	QL PA
<i>cabergoline tab 0.5 mg</i> QL (16 tabs / 28 days)	4	QL
<i>calcitonin (salmon) nasal soln</i> <i>200 unit/act</i> QL (1 bottle / 28 days)	3	QL
<i>calcitriol cap 0.5 mcg</i>	2	GC
<i>calcitriol cap 0.25 mcg</i>	2	GC
<i>calcitriol inj 1 mcg/ml</i>	2	GC
<i>calcitriol oral soln 1 mcg/ml</i>	2	GC
CERDELGA CAP 84MG QL (112 caps / 28 days)	5	QL PA
CEREZYME INJ 400UNIT	5	LA
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
DEPO-TESTOST INJ 100MG/ML	4	PA
<i>desmopressin acetate inj 4</i> <i>mcg/ml</i>	2	GC
<i>desmopressin acetate nasal</i> <i>spray soln 0.01%</i> <i>(refrigerated)</i>	3	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>desmopressin acetate tab 0.1</i> <i>mg</i>	3	
<i>desmopressin acetate tab 0.2</i> <i>mg</i>	3	
<i>doxercalciferol cap 0.5 mcg</i>	3	
<i>doxercalciferol cap 1 mcg</i>	2	GC
<i>doxercalciferol cap 2.5 mcg</i>	2	GC
<i>doxercalciferol inj 4 mcg/2ml</i> <i>(2 mcg/ml)</i>	2	GC
ELAPRASE INJ 6MG/3ML	5	
ELELYSO INJ 200UNIT	5	
FABRAZYME INJ 35MG	5	LA
FORTICAL SPR 200/ACT QL (1 bottle / 28 days)	2	GC QL
KORLYM TAB 300MG	5	PA
KUVAN POW 500MG	5	PA
KUVAN TAB 100MG	5	LA PA
LUMIZYME INJ 50MG	5	LA
MIACALCIN INJ 200/ML	4	
MYOZYME INJ 50MG	5	
NAGLAZYME INJ 1MG/ML	5	LA
<i>oxandrolone tab 2.5 mg</i> QL (120 tabs / 30 days)	3	QL PA
<i>oxandrolone tab 10 mg</i> QL (60 tabs / 30 days)	3	QL PA
<i>pamidronate disodium iv soln</i> <i>3 mg/ml</i>	2	GC
<i>pamidronate disodium iv soln</i> <i>9 mg/ml</i>	2	GC
PAMIDRONATE INJ 6MG/ML	2	GC
<i>paricalcitol cap 1 mcg</i>	3	
<i>paricalcitol cap 2 mcg</i>	3	
<i>paricalcitol cap 4 mcg</i>	4	
PARICALCITOL INJ 2MCG/ML	2	GC
SAMSCA TAB 15MG QL (30 tabs / 30 days)	5	QL PA
SAMSCA TAB 30MG QL (60 tabs / 30 days)	5	QL PA
SENSIPAR TAB 30MG QL (120 tabs / 30 days)	3	QL
SENSIPAR TAB 60MG QL (150 tabs / 30 days)	5	QL
SENSIPAR TAB 90MG QL (120 tabs / 30 days)	5	QL
SOMAVERT INJ 10MG	5	LA PA

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Drug Name	Drug Requirements/	
	Tier	Limits
SOMAVERT INJ 15MG	5	LA PA
SOMAVERT INJ 20MG	5	LA PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SYNAREL SOL 2MG/ML	5	PA
VPRIV INJ 400UNIT	5	
ZAVESCA CAP 100MG	5	LA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
ZOMETA INJ 4MG/5ML	5	
ZOMETA INJ 4MG/100	5	
THYROID HORMONES		
CYTOMEL TAB 5MCG	4	
CYTOMEL TAB 25MCG	4	
CYTOMEL TAB 50MCG	4	
<i>levothyroxine sodium tab 25 mcg</i>	1	GC
<i>levothyroxine sodium tab 50 mcg</i>	1	GC
<i>levothyroxine sodium tab 75 mcg</i>	1	GC
<i>levothyroxine sodium tab 88 mcg</i>	1	GC
<i>levothyroxine sodium tab 100 mcg</i>	1	GC
<i>levothyroxine sodium tab 112 mcg</i>	1	GC
<i>levothyroxine sodium tab 125 mcg</i>	1	GC
<i>levothyroxine sodium tab 137 mcg</i>	1	GC
<i>levothyroxine sodium tab 150 mcg</i>	1	GC
<i>levothyroxine sodium tab 175 mcg</i>	1	GC
<i>levothyroxine sodium tab 200 mcg</i>	1	GC
<i>levothyroxine sodium tab 300 mcg</i>	1	GC
<i>levoxyl tab 25mcg</i>	1	GC
<i>levoxyl tab 50mcg</i>	1	GC
<i>levoxyl tab 75mcg</i>	1	GC
<i>levoxyl tab 88mcg</i>	1	GC
<i>levoxyl tab 100mcg</i>	1	GC
<i>levoxyl tab 112mcg</i>	1	GC
<i>levoxyl tab 125mcg</i>	1	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>levoxyl tab 137mcg</i>	1	GC
<i>levoxyl tab 150mcg</i>	1	GC
<i>levoxyl tab 175mcg</i>	1	GC
<i>levoxyl tab 200mcg</i>	1	GC
<i>liothyronine sodium tab 5 mcg</i>	2	GC
<i>liothyronine sodium tab 25 mcg</i>	2	GC
<i>liothyronine sodium tab 50 mcg</i>	2	GC
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	
THYROLAR-1 TAB 60MG	4	
THYROLAR-1/2 TAB 30MG	4	
THYROLAR-1/4 TAB 15MG	4	
THYROLAR-2 TAB 120MG	4	
THYROLAR-3 TAB 180MG	4	
<i>unithroid tab 25mcg</i>	2	GC
<i>unithroid tab 50mcg</i>	2	GC
<i>unithroid tab 75mcg</i>	2	GC
<i>unithroid tab 88mcg</i>	2	GC
<i>unithroid tab 100mcg</i>	2	GC
<i>unithroid tab 112mcg</i>	2	GC
<i>unithroid tab 125mcg</i>	2	GC
<i>unithroid tab 150mcg</i>	2	GC
<i>unithroid tab 175mcg</i>	2	GC
<i>unithroid tab 200mcg</i>	2	GC
<i>unithroid tab 300mcg</i>	2	GC
Endocrine/Diabetes		
Miscellaneous Hormones		
NATPARA INJ 25MCG	5	
NATPARA INJ 50MCG	5	
NATPARA INJ 75MCG	5	
NATPARA INJ 100MCG	5	

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Drug Name	Drug Requirements/		Drug Name	Drug Requirements/	
	Tier	Limits		Tier	Limits
GASTROENTEROLOGY					
ANTIDIARRHEALS / ANTISPASMODICS					
<i>atropine sulfate inj 0.1 mg/ml</i>	2	GC	CIMZIA PREFL KIT 200MG/ML QL (6 boxes / 28 days)	5	QL PA
<i>atropine sulfate inj 0.05 mg/ml</i>	2	GC	COLYTE/FLAVR SOL PACKS	4	
<i>dicyclomine hcl cap 10 mg</i>	2	GC	<i>compro sup 25mg</i>	2	GC
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	2	GC	<i>constulose sol 10gm/15</i>	2	GC
<i>dicyclomine hcl tab 20 mg</i>	2	GC	CREON CAP 3000UNIT	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	2	GC	CREON CAP 6000UNIT	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	GC	CREON CAP 12000UNT	3	
FULYZAQ TAB 125MG	4	PA	CREON CAP 24000UNT	3	
<i>glycopyrrolate tab 1 mg</i>	3		CREON CAP 36000UNT	3	
<i>glycopyrrolate tab 2 mg</i>	3		<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	GC
<i>loperamide hcl cap 2 mg</i>	2	GC	DELZICOL CAP 400MG QL (360 caps / 30 days)	3	QL
<i>methscopolamine bromide tab 2.5 mg</i>	3		DIPENTUM CAP 250MG	5	
<i>methscopolamine bromide tab 5 mg</i>	3		<i>dronabinol cap 2.5 mg</i>	4	B/D
<i>propantheline bromide tab 15 mg</i>	2	GC	<i>dronabinol cap 5 mg</i>	4	B/D
MISCELLANEOUS GASTROINTESTINAL AGENTS			<i>dronabinol cap 10 mg</i>	5	B/D
AKYNZEO CAP QL (4 caps / 28 days)	4	B/D QL	EMEND CAP 40MG QL (1 cap / 30 days)	3	B/D QL
<i>alosetron hcl tab 0.5 mg (base equiv)</i> QL (60 tabs / 30 days)	5	QL	EMEND CAP 80MG QL (8 caps / 30 days)	3	B/D QL
<i>alosetron hcl tab 1 mg (base equiv)</i> QL (60 tabs / 30 days)	5	QL	EMEND CAP 125MG QL (2 caps / 30 days)	3	B/D QL
AMITIZA CAP 8MCG QL (60 caps / 30 days)	3	QL	EMEND PAK 80 & 125 QL (6 caps / 30 days)	3	B/D QL
AMITIZA CAP 24MCG QL (60 caps / 30 days)	3	QL	<i>enulose sol 10gm/15</i>	2	GC
APRISO CAP 0.375GM QL (120 caps / 30 days)	4	QL	GATTEX KIT 5MG	5	PA
ASACOL HD TAB 800MG	3		<i>gavilyte-c sol</i>	2	GC
<i>balsalazide disodium cap 750 mg</i>	3		<i>gavilyte-g sol</i>	2	GC
CANASA SUP 1000MG QL (60 supp / 30 days)	3	QL	<i>gavilyte-n sol flav pk</i>	2	GC
CIMZIA KIT QL (6 boxes / 28 days)	5	QL PA	<i>generlac sol 10gm/15</i>	2	GC
			GOLYTELY SOL	4	
			<i>granisetron hcl tab 1 mg</i> QL (60 tabs / 30 days)	2	GC B/D QL
			<i>hydrocortisone enema 100 mg/60ml</i>	3	
			KRISTALOSE PAK 10GM	4	
			KRISTALOSE PAK 20GM	4	
			<i>lactulose solution 10 gm/15ml</i>	2	GC
			LIALDA TAB 1.2GM QL (120 tabs / 30 days)	3	QL
			LINZESS CAP 145MCG	3	
			LINZESS CAP 290MCG	3	

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>meclizine hcl tab 12.5 mg</i>	2	GC
<i>meclizine hcl tab 25 mg</i>	2	GC
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>metoclopramide hcl inj 5 mg/ml</i>	2	GC
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	GC
<i>metoclopramide hcl tab 5 mg</i>	2	GC
<i>metoclopramide hcl tab 10 mg</i>	2	GC
MOVIPREP SOL	4	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	GC
<i>ondansetron hcl oral soln 4 mg/5ml</i> QL (450ml / 30 days)	2	GC B/D QL
<i>ondansetron hcl tab 4 mg</i> QL (45 tabs / 30 days)	2	GC B/D QL
<i>ondansetron hcl tab 8 mg</i> QL (45 tabs / 30 days)	2	GC B/D QL
<i>ondansetron hcl tab 24 mg</i> QL (15 tabs / 30 days)	2	GC B/D QL
<i>ondansetron orally disintegrating tab 4 mg</i> QL (45 tabs / 30 days)	2	GC B/D QL
<i>ondansetron orally disintegrating tab 8 mg</i> QL (45 tabs / 30 days)	2	GC B/D QL
OSMOPREP TAB 1.5GM	4	
PENTASA CAP 250MG CR QL (240 caps / 30 days)	3	QL
PENTASA CAP 500MG CR QL (240 caps / 30 days)	3	QL
<i>polyethylene glycol 3350 oral powder</i>	2	GC
PREPOPIK PAK	3	
<i>prochlorperazine edisylate inj 5 mg/ml</i>	2	GC
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	GC
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	GC
<i>prochlorperazine suppos 25 mg</i>	2	GC
<i>procto-pak cre 1%</i>	2	GC
<i>proctosol hc cre 2.5%</i>	2	GC
<i>proctozone cre -hc 2.5%</i>	3	

Drug Name	Drug Requirements/	
	Tier	Limits
RELISTOR INJ 12/0.6ML QL (18 vials / 30 days)	4	QL
REMICADE INJ 100MG	5	PA
SANCUSO DIS 3.1MG QL (2 patches / 28 days)	4	QL
SUCLEAR KIT	3	
<i>sulfasalazine tab 500 mg</i>	2	GC
<i>sulfazine ec tab 500mg</i>	2	GC
SUPREP BOWEL SOL PREP	4	
TRANSDERM-SC DIS 1MG	4	
<i>trilyte sol</i>	2	GC
<i>trimethobenzamide hcl cap 300 mg</i>	4	PA
UCERIS TAB 9MG	5	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ULCER THERAPY		
CARAFATE SUS 1GM/10ML	2	GC
DEXILANT CAP 30MG DR QL (30 caps / 30 days)	4	QL
DEXILANT CAP 60MG DR QL (30 caps / 30 days)	4	QL
ESOMEPRRA MAG CAP 40MG DR QL (60 caps / 30 days)	2	GC QL
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> QL (60 caps / 30 days)	2	GC QL
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	2	GC
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	GC
<i>famotidine for susp 40 mg/5ml</i>	2	GC
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	GC
<i>famotidine inj 20 mg/2ml</i>	2	GC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability ED - Enhancement Drug GC - Gap Coverage

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>famotidine tab 20 mg</i>	2	GC
<i>famotidine tab 40 mg</i>	2	GC
<i>lansoprazole cap delayed release 15 mg</i> QL (30 caps / 30 days)	2	GC QL
<i>lansoprazole cap delayed release 30 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>misoprostol tab 100 mcg</i>	2	GC
<i>misoprostol tab 200 mcg</i>	2	GC
NEXIUM GRA 2.5MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 5MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 10MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 20MG DR QL (1 box / 30 days)	3	QL
NEXIUM GRA 40MG DR QL (1 box / 30 days)	3	QL
<i>nizatidine cap 150 mg</i>	2	GC
<i>nizatidine cap 300 mg</i>	2	GC
<i>nizatidine oral soln 15 mg/ml</i>	2	GC
<i>omeprazole cap delayed release 10 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>omeprazole cap delayed release 20 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>omeprazole cap delayed release 40 mg</i> QL (60 caps / 30 days)	2	GC QL
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> QL (60 tabs / 30 days)	2	GC QL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> QL (60 tabs / 30 days)	2	GC QL
PYLERA CAP QL (120 caps / 30 days)	3	QL
<i>rabeprazole sodium ec tab 20 mg</i> QL (30 tabs / 30 days)	4	QL
<i>ranitidine hcl cap 150 mg</i>	2	GC
<i>ranitidine hcl cap 300 mg</i>	2	GC
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	GC
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	GC

Drug Name	Drug Requirements/	
	Tier	Limits
<i>ranitidine hcl tab 150 mg</i>	2	GC
<i>ranitidine hcl tab 300 mg</i>	2	GC
<i>sucralfate tab 1 gm</i>	2	GC
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE INJ 2MU/0.5	5	LA PA
ARANESP INJ 25MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 40MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 60MCG QL (8 syringes / 30 days)	4	QL PA
ARANESP INJ 100MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 100MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 150MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 200MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 300MCG QL (4 syringes / 30 days)	5	QL PA
ARANESP INJ 500MCG QL (1 syringe / 30 days)	5	QL PA
ARCALYST INJ 220MG	5	LA PA
AVONEX KIT 30MCG QL (4 boxes / 30 days)	5	QL PA
AVONEX PREFL KIT 30MCG QL (4 boxes / 30 days)	5	QL PA
BETASERON INJ 0.3MG QL (15 syringes / 30 days)	5	QL PA
EPOGEN INJ 2000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 3000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 4000/ML QL (12 vials / 30 days)	4	QL PA
EPOGEN INJ 10000/ML QL (24 vials / 30 days)	4	QL PA

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Drug Name	Drug Requirements/	
	Tier	Limits
EPOGEN INJ 20000/ML QL (12 vials / 30 days)	4	QL PA
ILARIS INJ 180MG	5	LA PA
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	4	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 50MU	5	PA
LEUKINE INJ 250MCG	5	PA
MOZOBIL INJ	5	PA
NEULASTA INJ 6MG/0.6M QL (2 syringes / 30 days)	5	QL PA
NEUMEGA INJ 5MG QL (21 vials / 30 days)	5	QL PA
NEUPOGEN INJ 300/0.5 QL (14 syringes / 30 days)	5	QL PA
NEUPOGEN INJ 480/0.8 QL (14 syringes / 30 days)	5	QL PA
NEUPOGEN INJ 480MCG QL (14 vials / 30 days)	5	QL PA
OMNITROPE INJ 5.8MG	5	LA PA
PEG-INTRON KIT 50MCG QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 50MCG RP QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 80MCG RP QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 120 RP QL (4 boxes / 28 days)	5	QL PA
PEG-INTRON KIT 150 RP QL (4 boxes / 28 days)	5	QL PA
PEGASYS INJ QL (4 syringes / 28 days)	5	QL PA
PEGASYS INJ 180MCG/M QL (4 vials / 28 days)	5	QL PA
PEGASYS INJ PROCLICK QL (4 syringes / 28 days)	5	QL PA
PEGINTRON KIT 80MCG QL (4 boxes / 28 days)	5	QL PA
PEGINTRON KIT 120MCG QL (4 boxes / 28 days)	5	QL PA
PEGINTRON KIT 150MCG QL (4 boxes / 28 days)	5	QL PA

Drug Name	Drug Requirements/	
	Tier	Limits
PLEGRIDY INJ QL (2 pens / 28 days)	5	QL PA
PLEGRIDY PEN INJ STARTER QL (1 pen / 28 days)	5	QL PA
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	5	PA
PROCRIT INJ 40000/ML QL (6 vials / 30 days)	5	QL PA
PROLEUKIN INJ 22MU	5	
REBIF INJ 22/0.5 QL (12 syringes / 28 Days)	5	QL
REBIF INJ 44/0.5 QL (12 syringes / 28 Days)	5	QL
REBIF TITRTN SOL PACK QL (12 syringes / 28 days)	5	QL
SYLATRON KIT 200MCG	5	PA
SYLATRON KIT 300MCG	5	PA
SYLATRON KIT 600MCG	5	PA
VACCINES / MISCELLANEOUS		
IMMUNOLOGICALS		
ACTHIB INJ	3	
ADACEL INJ	3	
ATGAM INJ 250MG	3	B/D
BCG VACCINE INJ	4	
BEXSERO INJ	3	
BIVIGAM INJ 10%	5	PA
BOOSTRIX INJ	3	
BOTOX INJ 100UNIT	4	PA
CERVARIX INJ	3	
COMVAX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	
DYSPORT INJ 300UNIT	4	PA
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	2	GC
GAMMAGARD INJ 2.5GM/25	5	PA

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Drug Name	Drug Requirements/	
	Tier	Limits
GAMMAPLEX INJ 10GM	5	PA
GAMUNEX-C INJ 1GM/10ML	3	PA
GARDASIL 9 INJ	3	
GARDASIL INJ	3	
GRASTEK SUB 2800BAU	4	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENOMUNE INJ A/C/Y/W	3	
MENVEO INJ	3	
PEDVAX HIB INJ	3	
PRIVIGEN INJ 20GRAMS	5	PA
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RAGWITEK SUB	4	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
TENIVAC INJ 5-2LF	3	
TET/DIP TOX INJ 2-2 LF	3	
THYMOGLOBULN INJ 25MG	5	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
XEOMIN INJ 50 UNIT	4	PA
YF-VAX INJ	3	
ZOSTAVAX INJ	3	

MUSCULOSKELETAL / RHEUMATOLOGY
GOUT THERAPY

Drug Name	Drug Requirements/	
	Tier	Limits
<i>allopurinol tab 100 mg</i>	2	GC
<i>allopurinol tab 300 mg</i>	2	GC
ALOPRIM INJ 500MG	2	GC
<i>colchicine tab 0.6 mg</i> QL (120 tabs / 30 days)	3	QL
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
COLCRYS TAB 0.6MG QL (120 tabs / 30 days)	4	QL
<i>probenecid tab 500 mg</i>	3	
ULORIC TAB 40MG QL (30 tabs / 30 days)	3	QL
ULORIC TAB 80MG QL (30 tabs / 30 days)	3	QL
OSTEOPOROSIS THERAPY		
ACTONEL TAB 150MG QL (1 tab / 30 days)	4	QL
<i>alendronate sodium oral soln 70 mg/75ml</i> QL (1286ml / 30 days)	4	QL
<i>alendronate sodium tab 5 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>alendronate sodium tab 10 mg</i> QL (30 tabs / 30 days)	1	GC QL
<i>alendronate sodium tab 35 mg</i> QL (4 tabs / 28 days)	1	GC QL
<i>alendronate sodium tab 70 mg</i> QL (4 tabs / 28 days)	1	GC QL
FORTEO SOL 600/2.4 QL (1 pen / 30 days)	5	QL
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i> QL (1 vial / 90 days)	3	QL
<i>ibandronate sodium tab 150 mg (base equivalent)</i> QL (1 tab / 30 days)	3	QL
PROLIA SOL 60MG/ML QL (1 syringe / 180 days)	3	QL
<i>raloxifene hcl tab 60 mg</i> QL (30 tabs / 30 days)	3	QL
<i>risedronate sodium tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>risedronate sodium tab 30 mg</i> QL (30 tabs / 30 days)	2	GC QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>risedronate sodium tab 35 mg</i> QL (12 tabs / 84 days)	2	GC QL
<i>risedronate sodium tab 35 mg</i> QL (4 tabs / 28 days)	2	GC QL
<i>risedronate sodium tab 150 mg</i> QL (1 tab / 30 days)	3	QL
<i>risedronate sodium tab delayed release 35 mg</i> QL (4 tabs / 28 days)	2	GC QL
OTHER RHEUMATOLOGICALS		
ACTEMRA INJ 162/0.9	5	PA
ACTEMRA INJ 200/10ML	5	PA
BENLYSTA INJ 120MG	5	PA
DEPEN TITRA TAB 250MG	4	
ENBREL INJ 25/0.5ML QL (200 / 30 days)	5	QL PA
ENBREL INJ 25MG QL (200 / 30 days)	5	QL PA
ENBREL INJ 50MG/ML QL (200 / 30 days)	5	QL PA
HUMIRA INJ 10MG/0.2 QL (2 boxes / 28 days)	5	QL PA
HUMIRA INJ 40MG/0.8 QL (10 syringes / 28 days)	5	QL PA
HUMIRA KIT 20MG/0.4 QL (2 syringes / 30 days)	5	QL PA
HUMIRA PEN INJ CROHNS	5	PA
KINERET INJ	5	PA
<i>leflunomide tab 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>leflunomide tab 20 mg</i> QL (30 tabs / 30 days)	2	GC QL
ORENCIA INJ 125MG/ML QL (4 syringes / 28 days)	5	QL PA
ORENCIA INJ 250MG	5	PA
OTEZLA TAB 10/20/30 QL (27 tabs / 14 days)	5	QL PA
OTEZLA TAB 30MG QL (60 tabs / 30 days)	5	QL PA
RIDAURA CAP 3MG	3	
SAVELLA MIS TITR PAK QL (1 kit / 28 days)	4	QL
SAVELLA TAB 12.5MG QL (60 tabs / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
SAVELLA TAB 25MG QL (60 tabs / 30 days)	4	QL
SAVELLA TAB 50MG QL (60 tabs / 30 days)	4	QL
SAVELLA TAB 100MG QL (60 tabs / 30 days)	4	QL
SIMPONI ARIA SOL 50MG/4ML	5	PA
SIMPONI INJ 50/0.5ML QL (1 syringe / 30 days)	5	QL PA
SIMPONI INJ 100MG/ML QL (4 syringes / 30 days)	5	QL PA
STELARA INJ 45MG/0.5	5	PA
STELARA INJ 90MG/ML	5	PA
XELJANZ TAB 5MG	5	PA
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ALORA DIS 0.1MG QL (8 patches / 28 days)	4	QL PA
ALORA DIS 0.05MG QL (8 patches / 28 days)	4	QL PA
ALORA DIS 0.025MG QL (8 patches / 28 days)	4	QL PA
ALORA DIS 0.075MG QL (8 patches / 28 days)	4	QL PA
<i>camila tab 0.35mg</i>	2	GC
DEPO-PROVERA INJ 400/ML	3	
<i>errin tab 0.35mg</i>	2	GC
ESTRACE VAG CRE 0.1MG/GM	3	
<i>estradiol tab 0.5 mg</i>	2	GC PA
<i>estradiol tab 1 mg</i>	2	GC PA
<i>estradiol tab 2 mg</i>	2	GC PA
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA

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Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.1 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.05 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.06 mg/24hr</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.025 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.075 mg/24hr</i> QL (8 patches / 28 days)	2	GC QL PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> QL (4 patches / 28 days)	2	GC QL PA
<i>estradiol valerate im in oil 20 mg/ml</i>	4	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	GC
ESTRING MIS 2MG QL (1 ring / 84 days)	4	QL
FEMRING MIS 0.1MG/24 QL (1 ring / 84 days)	4	QL
FEMRING MIS 0.05/24H QL (1 ring / 84 days)	4	QL
<i>jolivettab 0.35mg</i>	4	
<i>lyza tab 0.35mg</i>	2	GC
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	GC
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	GC
<i>medroxyprogesterone acetate tab 5 mg</i>	2	GC
<i>medroxyprogesterone acetate tab 10 mg</i>	2	GC
MENEST TAB 0.3MG	4	PA
MENEST TAB 0.625MG	4	PA
MENEST TAB 1.25MG	4	PA
MENEST TAB 2.5MG	4	PA
<i>nora-be tab 0.35mg</i>	2	GC
<i>norethindrone acetate tab 5 mg</i>	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>norethindrone tab 0.35 mg</i>	2	GC
PREMARIN INJ 25MG	4	PA
PREMARIN VAG CRE 0.625MG	3	
<i>progesterone micronized cap 100 mg</i>	3	
<i>progesterone micronized cap 200 mg</i>	3	
VAGIFEM TAB 10MCG	3	
VIVELLE-DOT DIS 0.1MG QL (8 patches / 28 days)	4	QL PA
VIVELLE-DOT DIS 0.05MG QL (8 patches / 28 days)	4	QL PA
VIVELLE-DOT DIS 0.025MG QL (8 patches / 28 days)	4	QL PA
VIVELLE-DOT DIS 0.075MG QL (8 patches / 28 days)	4	QL PA
VIVELLE-DOT DIS 0.0375MG QL (8 patches / 28 days)	4	QL PA
MISCELLANEOUS OB/GYN		
CLEOCIN SUP 100MG	3	
<i>clindamycin phosphate vaginal cream 2%</i>	2	GC
LYSTEDA TAB 650MG	4	
<i>metronidazole vaginal gel 0.75%</i>	2	GC
<i>miconazole 3 sup 200mg</i>	2	GC
NUVARING MIS QL (1 ring / 28 days)	3	QL
NUVESSA GEL 1.3%	4	
<i>terconazole vaginal cream 0.4%</i>	2	GC
<i>terconazole vaginal cream 0.8%</i>	2	GC
<i>terconazole vaginal suppos 80 mg</i> QL (30 supp / 30 days)	2	GC QL
<i>tranexamic acid tab 650 mg</i>	2	GC
<i>vandazole gel 0.75%</i>	2	GC
<i>zazole cre 0.4%</i>	2	GC
<i>zazole cre 0.8%</i>	2	GC
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>amethia tab</i> QL (91 tabs / 91 days)	4	QL
<i>amethyst tab 90-20mcg</i>	2	GC

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	Tier	Limits
apri tab	2	GC
aubra tab 0.1-0.02	2	GC
aviane tab	2	GC
BEYAZ TAB	4	
briellyn tab	2	GC
cryselle-28 tab 28 tabs	2	GC
cyclafem tab 1/35	4	
cyclafem tab 7/7/7	4	
deblitane tab 0.35mg	2	GC
delyla tab 0.1-0.02	2	GC
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	GC
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	GC
emoquette tab	2	GC
enpresse-28 tab	2	GC
falmina tab	2	GC
GENERESS FE CHW	4	
gianvi tab 3-0.02mg	2	GC
gildagia tab 0.4-35	2	GC
gildess 24 tab fe 1/20	2	GC
gildess tab 1.5/30	2	GC
introvale tab QL (91 tabs / 91 days)	2	GC QL
jinteli tab 1mg-5mcg	4	PA
junel 1.5/30 tab	2	GC
junel 1/20 tab	2	GC
junel fe tab 1.5/30	2	GC
junel fe tab 1/20	2	GC
kariva tab 28 day	2	GC
kelnor tab 1/35	2	GC
larin fe tab 1.5/30	2	GC
larin fe tab 1/20	2	GC
larin tab 1.5/30	2	GC
larin tab 1/20	2	GC
leena tab	2	GC
lessina tab	2	GC
levonest tab	2	GC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg QL (91 tabs / 91 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	GC
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	GC
levora-28 tab 0.15/30	2	GC
LO LOESTRIN TAB	4	
lomedica 24 tab fe	4	
loryna tab 3-0.02mg	2	GC
lutera tab	4	
marlissa tab 0.15/30	2	GC
microgestin tab 1.5/30	2	GC
microgestin tab 1/20	2	GC
microgestin tab fe1.5/30	2	GC
microgestin tab fe 1/20	2	GC
mimvey tab 1-0.5mg	4	PA
MINASTRIN 24 CHW FE	4	
mononessa tab	2	GC
NATAZIA TAB	4	
necon tab 0.5/35	2	GC
necon tab 1/35	2	GC
necon tab 7/7/7	2	GC
NECON TAB 10/11-28	2	GC
nikki tab 3-0.02mg	2	GC
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	2	GC
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	GC
norlyroc tab 0.35mg	2	GC
nortrel tab 0.5/35	2	GC
nortrel tab 1/35	2	GC
nortrel tab 7/7/7	2	GC
ocella tab 3-0.03mg	2	GC
ogestrel tab	2	GC
orsythia tab	2	GC
pimtrea tab	2	GC
pirmella tab 1/35	2	GC
portia-28 tab	2	GC
previfem tab	2	GC
QUARTETTE TAB QL (91 tabs / 91 days)	4	QL
quasense tab QL (91 tabs / 91 days)	2	GC QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>reclipsen tab</i>	2	GC
SAFYRAL TAB	4	
<i>sharobel tab 0.35mg</i>	2	GC
<i>sprintec 28 tab 28 day</i>	2	GC
<i>tarina fe tab 1/20</i>	2	GC
<i>tri-legest tab fe</i>	2	GC
<i>tri-previfem tab</i>	2	GC
<i>tri-sprintec tab</i>	2	GC
<i>trinessa tab</i>	2	GC
<i>trivora-28 tab</i>	2	GC
<i>velivet pak</i>	2	GC
<i>vestura tab 3-0.02mg</i>	2	GC
<i>vyfemla tab 0.4-35</i>	2	GC
<i>wymzya fe chw 0.4mg-35</i>	2	GC
<i>zenchent fe chw 0.4mg-35</i>	2	GC
<i>zenchent tab</i>	2	GC
<i>zovia 1/35e tab</i>	2	GC
<i>zovia 1/50e tab</i>	2	GC
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	2	GC
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	3	
BESIVANCE SUS 0.6%	4	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	GC
<i>erythromycin ophth oint 5 mg/gm</i>	2	GC
<i>gatifloxacin ophth soln 0.5%</i>	2	GC
<i>gentak oin 0.3% op</i>	2	GC
<i>gentamicin sulfate ophth oint 0.3%</i>	2	GC
<i>gentamicin sulfate ophth soln 0.3%</i>	2	GC
<i>levofloxacin ophth soln 0.5%</i>	2	GC
MOXEZA SOL 0.5%	3	
NATACYN SUS 5% OP	4	

Drug Name	Drug Requirements/	
	Tier	Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
<i>ofloxacin ophth soln 0.3%</i>	2	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	GC
<i>tobramycin ophth soln 0.3%</i>	2	GC
TOBREX OIN 0.3% OP	3	
VIGAMOX DRO 0.5%	3	
ANTIVIRALS		
<i>trifluridine ophth soln 1%</i>	2	GC
ZIRGAN GEL 0.15%	4	
BETA-BLOCKERS		
<i>betaxolol hcl ophth soln 0.5%</i>	4	
BETIMOL SOL 0.5%	3	
BETOPTIC-S SUS 0.25% OP	4	
<i>carteolol hcl ophth soln 1%</i>	2	GC
<i>hydrocortisone valerate cream 0.2%</i>	4	
<i>hydrocortisone valerate oint 0.2%</i>	4	
ISTALOL SOL 0.5% OP	3	
<i>levobunolol hcl ophth soln 0.5%</i>	2	GC
<i>metipranolol ophth soln 0.3%</i>	2	GC
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	GC
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	GC
<i>timolol maleate ophth soln 0.5%</i>	2	GC
<i>timolol maleate ophth soln 0.25%</i>	2	GC
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE SOL 0.125%OP	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	2	GC
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	

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Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRI SOL 2%	4	
azelastine hcl ophth soln 0.05%	3	
BEPREVE DRO 1.5%	3	
cromolyn sodium ophth soln 4%	2	GC
CYSTARAN SOL 0.44%	4	
EMADINE SOL 0.05% OP	4	
epinastine hcl ophth soln 0.05%	3	
LACRISERT MIS 5MG OP	4	
LASTACFT SOL 0.25%	4	
PATADAY SOL 0.2%	3	
PATANOL SOL 0.1% OP QL (2 bottles / 30 days)	3	QL
proparacaine hcl ophth soln 0.5%	2	GC
RESTASIS EMU 0.05% QL (64 vials / 30 days)	3	QL
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac sodium ophth soln 0.09% (base equivalent)	3	
diclofenac sodium ophth soln 0.1%	2	GC
flurbiprofen sodium ophth soln 0.03%	2	GC
ILEVRO DRO 0.3% OP	4	
ketorolac tromethamine ophth soln 0.4% QL (2 bottles / 30 days)	2	GC QL
ketorolac tromethamine ophth soln 0.5% QL (1 bottle / 30 days)	2	GC QL
NEVANAC SUS 0.1%	4	
PROLENSA SOL 0.07%	4	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide cap sr 12hr 500 mg	3	
acetazolamide tab 125 mg	2	GC
acetazolamide tab 250 mg	2	GC
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Requirements/ Tier Limits	
	Tier	Limits
AZOPT SUS 1% OP QL (10ml / 30 days)	3	QL
bimatoprost ophth soln 0.03% QL (1 bottle / 30 days)	3	QL
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl ophth soln 2% QL (1 bottle / 30 days)	2	GC QL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml QL (1 bottle / 30 days)	2	GC QL
latanoprost ophth soln 0.005% QL (2 bottles / 30 days)	2	GC QL
LUMIGAN SOL 0.01% QL (1 bottle / 30 days)	3	QL
SIMBRINZA SUS 1-0.2%	3	
TRAVATAN Z DRO 0.004% QL (2 bottles / 30 days)	3	QL
travoprost ophth soln 0.004%	3	
STEROID-ANTIBIOTIC COMBINATIONS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	GC
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	GC
neomycin-polymyxin-hc ophth susp	3	
PRED-G S.O.P OIN OP	4	
PRED-G SUS OP	4	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUS 0.3-0.05	4	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	GC
ZYLET SUS 0.5-0.3%	4	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	GC
STERIODS		

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Drug Name	Drug Requirements/	
	Tier	Limits
ALREX SUS 0.2%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	GC
DUREZOL EMU 0.05%	4	
FLAREX SUS 0.1% OP	4	
<i>fluorometholone ophth susp 0.1%</i>	2	GC
FML FORTE SUS 0.25% OP	3	
FML OIN 0.1% OP	3	
LOTEMAX GEL 0.5%	4	
LOTEMAX OIN 0.5%	4	
LOTEMAX SUS 0.5%	4	
PRED MILD SUS 0.12% OP	3	
PRED SOD PHO SOL 1% OP	2	GC
VEXOL SUS 1% OP	4	
SULFONAMIDES		
BLEPH-10 SOL 10% OP	4	
<i>sulfacetamide sodium ophth oint 10%</i>	2	GC
<i>sulfacetamide sodium ophth soln 10%</i>	2	GC
SYMPATHOMIMETICS		
ALPHAGAN P SOL 0.1%	3	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	2	GC
<i>brimonidine tartrate ophth soln 0.2%</i>	2	GC
<i>brimonidine tartrate ophth soln 0.15%</i>	2	GC
IOPIDINE SOL 1% OP	4	
VASOCONSTRICTOR DECONGESTANTS		
<i>naphazoline hcl ophth soln 0.1%</i>	2	GC
RESPIRATORY AND ALLERGY ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q INJ 0.3MG QL (1 pen / 30 days)	3	QL
AUVI-Q INJ 0.15MG QL (1 pen / 30 days)	3	QL
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	GC
<i>cyproheptadine hcl tab 4 mg</i>	4	PA
<i>desloratadine tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
<i>desloratadine tab orally disintegrating 2.5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>desloratadine tab orally disintegrating 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	GC
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	GC
EPIPEN 2-PAK INJ 0.3MG QL (1 pen / 30 days)	3	QL
EPIPEN-JR INJ 2-PAK QL (1 pen / 30 days)	3	QL
<i>hydroxyzine hcl im soln 25 mg/ml</i>	2	GC PA
<i>hydroxyzine hcl im soln 50 mg/ml</i>	2	GC PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	GC
<i>levocetirizine dihydrochloride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
<i>phenergan sup 12.5mg</i>	2	GC PA
<i>phenergan sup 25mg</i>	2	GC PA
<i>phenergan sup 50mg</i>	2	GC PA
<i>promethazine hcl tab 25 mg</i>	4	PA
PULMONARY AGENTS		
<i>acetylcysteine inhal soln 10%</i>	2	GC B/D
<i>acetylcysteine inhal soln 20%</i>	2	GC B/D
ADCIRCA TAB 20MG QL (60 tabs / 30 days)	5	QL PA
ADEMPAS TAB 0.5MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 1.5MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 1MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 2.5MG QL (90 tabs / 30 days)	5	QL LA PA
ADEMPAS TAB 2MG QL (90 tabs / 30 days)	5	QL LA PA
ADVAIR DISKU AER 100/50 QL (1 kit / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (1 kit / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
ADVAIR DISKU AER 500/50 QL (1 kit / 30 days)	3	QL
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AEROSPAN AER 80MCG	4	
<i>albuterol sulfate soln nebu</i> 0.5% (5 mg/ml) QL (3 bottles / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 0.63 mg/3ml (base equiv) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 0.083% (2.5 mg/3ml) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate soln nebu</i> 1.25 mg/3ml (base equiv) QL (125 vials / 30 days)	2	GC B/D QL
<i>albuterol sulfate syrup 2</i> mg/5ml	2	GC
<i>albuterol sulfate tab 2 mg</i>	2	GC
<i>albuterol sulfate tab 4 mg</i>	2	GC
<i>albuterol sulfate tab sr 12hr 4</i> mg	2	GC
<i>albuterol sulfate tab sr 12hr 8</i> mg	2	GC
ALVESCO AER 80MCG QL (1 inhaler / 30 days)	4	QL
ALVESCO AER 160MCG QL (2 inhalers / 30 days)	4	QL
ANORO ELLIPT AER 62.5-25 QL (1 kit / 30 days)	3	QL
ARCAPTA CAP 75MCG QL (30 caps / 30 days)	4	QL
ARNUITY ELPT INH 100MCG QL (1 inhaler / 30 days)	3	QL
ARNUITY ELPT INH 200MCG QL (1 inhaler / 30 days)	3	QL
ASMANEX 30 AER 110MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX 30 AER 220MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX 60 AER 220MCG QL (1 inhaler / 30 days)	4	QL

Drug Name	Drug Requirements/	
	Tier	Limits
ASMANEX 120 AER 220MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX HFA AER 100 MCG QL (1 inhaler / 30 days)	4	QL
ASMANEX HFA AER 200 MCG QL (1 inhaler / 30 days)	4	QL
ATROVENT HFA AER 17MCG QL (2 inhalers / 30 days)	4	QL
BECONASE AQ SUS 0.042% QL (2 inhalers / 30 days)	4	QL
BROVANA NEB 15MCG	4	B/D
<i>budesonide inhalation susp</i> 0.5 mg/2ml	4	B/D
<i>budesonide inhalation susp</i> 0.25 mg/2ml	4	B/D
<i>budesonide nasal susp 32</i> mcg/act QL (2 inhalers / 30 days)	3	QL
CINRYZE SOL 500 UNIT	5	PA
COMBIVENT AER RESPIMAT QL (2 inhalers / 30 days)	3	QL
<i>cromolyn sodium soln nebu</i> 20 mg/2ml	2	GC B/D
DALIRESP TAB 500MCG QL (30 tabs / 30 days)	4	QL PA
DULERA AER 100-5MCG QL (1 inhaler / 30 days)	3	QL
DULERA AER 200-5MCG QL (1 inhaler / 30 days)	3	QL
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	4	QL
ELIXOPHYLLIN ELX 80/15ML	4	
ESBRIET CAP 267MG QL (270 caps / 30 days)	5	QL PA
FIRAZYR INJ 30MG/3ML	5	PA
FLOVENT DISK AER 50MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT DISK AER 100MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT DISK AER 250MCG QL (2 inhalers / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
FLOVENT HFA AER 44MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA AER 110MCG QL (2 inhalers / 30 days)	3	QL
FLOVENT HFA AER 220MCG QL (2 inhalers / 30 days)	3	QL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> QL (2 inhalers / 30 days)	2	GC QL
<i>fluticasone propionate nasal susp 50 mcg/act</i> QL (1 bottle / 30 days)	2	GC QL
FORADIL CAP AEROLIZE QL (60 caps / 30 days)	3	QL
<i>ipratropium bromide inhal soln 0.02%</i>	2	GC B/D
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> QL (180 vials / 30 days)	2	GC B/D QL
KALYDECO PAK 50MG QL (1 packet / 28 days)	5	QL PA
KALYDECO PAK 75MG QL (1 packet / 28 days)	5	QL PA
KALYDECO TAB 150MG QL (60 tabs / 30 days)	5	QL PA
LETAIRIS TAB 5MG QL (30 tabs / 30 days)	5	QL LA PA
LETAIRIS TAB 10MG QL (30 tabs / 30 days)	5	QL LA PA
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	3	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	3	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	3	B/D
<i>montelukast sodium chew tab 4 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>montelukast sodium chew tab 5 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> QL (1 box / 30 days)	2	GC QL
<i>montelukast sodium tab 10 mg (base equiv)</i> QL (30 tabs / 30 days)	2	GC QL

Drug Name	Drug Requirements/	
	Tier	Limits
NASONEX SPR 50MCG/AC QL (2 inhalers / 30 days)	3	QL
OFEV CAP 100MG QL (60 caps / 30 days)	5	QL PA
OFEV CAP 150MG QL (60 caps / 30 days)	5	QL PA
OMNARIS SPR QL (1 inhaler / 30 days)	4	QL
OPSUMIT TAB 10MG QL (30 tabs / 30 days)	5	QL LA PA
PERFOROMIST NEB 20MCG	4	B/D
PROAIR HFA AER QL (4 inhalers / 30 days)	3	QL
PROAIR RESPI AER QL (4 boxes / 30 days)	3	QL
PROVENTIL AER HFA QL (4 inhalers / 30 days)	4	QL
PULMICORT INH 90MCG QL (2 inhalers / 30 days)	4	QL
PULMICORT INH 180MCG QL (2 inhalers / 30 days)	4	QL
PULMOZYME SOL 1MG/ML	5	B/D
QNASL AER 80MCG QL (1 inhaler / 30 days)	4	QL
QNASL CHILD SPR 40MCG QL (1 inhaler / 30 days)	4	QL
QVAR AER 40MCG QL (29.2 gm / 30 days)	4	QL
QVAR AER 80MCG QL (2 inhalers / 30 days)	4	QL
REVATIO INJ QL (90 vials / 30 days)	5	QL PA
RUCONEST INJ 2100UNIT	5	PA
SEREVENT DIS AER 50MCG QL (1 inhaler / 30 days)	3	QL
<i>sildenafil citrate tab 20 mg</i> QL (90 tabs / 30 days)	3	QL PA
SPIRIVA CAP HANDIHLR QL (30 caps / 30 days)	3	QL
SPIRIVA SPR RESPIMAT QL (60 doses / 30 days)	3	QL
STRIVERDI AER RESPIMAT QL (1 inhaler / 30 days)	4	QL
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	3	QL
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	3	QL

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Drug Name	Drug Requirements/	
	Tier	Limits
<i>terbutaline sulfate tab 2.5 mg</i>	3	
<i>terbutaline sulfate tab 5 mg</i>	3	
<i>theophylline soln 80 mg/15ml</i>	2	GC
<i>theophylline tab sr 12hr 100 mg</i>	2	GC
<i>theophylline tab sr 12hr 200 mg</i>	2	GC
<i>theophylline tab sr 12hr 300 mg</i>	2	GC
<i>theophylline tab sr 12hr 450 mg</i>	2	GC
<i>theophylline tab sr 24hr 400 mg</i>	2	GC
<i>theophylline tab sr 24hr 600 mg</i>	2	GC
TRACLEER TAB 62.5MG QL (120 tabs / 30 days)	5	QL LA PA
TRACLEER TAB 125MG QL (60 tabs / 30 days)	5	QL LA PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> QL (1 bottle / 30 days)	4	QL
TUDORZA PRES AER 400/ACT QL (1 kit / 30 days)	3	QL
TUDORZA PRES AER 400/ACT QL (1 kit / 15 days)	3	QL
TYVASO SOL 0.6MG/ML	5	PA
VENTAVIS SOL 10MCG/ML	5	PA
VENTAVIS SOL 20MCG/ML	5	PA
VENTOLIN HFA AER QL (2 inhalers / 30 days)	3	QL
VERAMYST SPR 27.5MCG QL (1 bottle / 30 days)	4	QL
XOLAIR SOL 150MG	5	LA PA
XOPENEX HFA AER QL (2 inhalers / 30 days)	4	QL
<i>zafirlukast tab 10 mg</i> QL (60 tabs / 30 days)	4	QL
<i>zafirlukast tab 20 mg</i> QL (60 tabs / 30 days)	4	QL
ZETONNA AER 37MCG QL (1 inhaler / 30 days)	4	QL

TOPICAL

DERMATOLOGY, ANTIPSORIATICS

Drug Name	Drug Requirements/	
	Tier	Limits
COSENTYX PEN INJ 150MG/ML	5	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>diclofenac sodium (actinic keratoses) gel 3%</i> QL (100 gm / 30 days)	2	GC QL
TARGRETIN GEL 1%	5	PA
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
ENABLEX TAB 7.5MG QL (30 tabs / 30 days)	4	QL
ENABLEX TAB 15MG QL (30 tabs / 30 days)	4	QL
<i>flavoxate hcl tab 100 mg</i>	3	
GELNIQUE GEL 3% QL (184 gm / 30 days)	4	QL
GELNIQUE GEL 10% QL (30 gm / 30 days)	4	QL
MYRBETRIQ TAB 25MG QL (30 tabs / 30 days)	3	QL
MYRBETRIQ TAB 50MG QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	GC
<i>oxybutynin chloride tab 5 mg</i> QL (120 tabs / 30 days)	2	GC QL
<i>oxybutynin chloride tab sr 24hr 5 mg</i> QL (60 tabs / 30 days)	3	QL
<i>oxybutynin chloride tab sr 24hr 10 mg</i> QL (30 tabs / 30 days)	3	QL
<i>oxybutynin chloride tab sr 24hr 15 mg</i> QL (60 tabs / 30 days)	3	QL
<i>tolterodine tartrate cap sr 24hr 2 mg</i> QL (30 caps / 30 days)	3	QL
<i>tolterodine tartrate cap sr 24hr 4 mg</i> QL (30 caps / 30 days)	3	QL
<i>tolterodine tartrate tab 1 mg</i> QL (60 tabs / 30 days)	3	QL
<i>tolterodine tartrate tab 2 mg</i> QL (60 tabs / 30 days)	3	QL
TOVIAZ TAB 4MG QL (30 tabs / 30 days)	3	QL

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	Tier	Limits
TOVIAZ TAB 8MG QL (30 tabs / 30 days)	3	QL
<i>trosipium chloride cap sr 24hr 60 mg</i> QL (60 caps / 30 days)	3	QL
<i>trosipium chloride tab 20 mg</i> QL (60 tabs / 30 days)	3	QL
VESICARE TAB 5MG QL (30 tabs / 30 days)	3	QL
VESICARE TAB 10MG QL (30 tabs / 30 days)	3	QL
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl tab sr 24hr 10 mg</i> QL (30 tabs / 30 days)	2	GC QL
AVODART CAP 0.5MG QL (30 caps / 30 days)	3	QL
<i>finasteride tab 5 mg</i> QL (30 tabs / 30 days)	2	GC QL
JALYN CAP QL (30 caps / 30 days)	3	QL
RAPAFLO CAP 4MG	4	
RAPAFLO CAP 8MG	4	
<i>tamsulosin hcl cap 0.4 mg</i> QL (60 caps / 30 days)	2	GC QL
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
MISCELLANEOUS UROLOGICALS		
CIALIS TAB 2.5MG QL (30 tabs / 30 days)	3	QL PA
CIALIS TAB 5MG QL (30 tabs / 30 days)	3	QL PA
CYSTAGON CAP 50MG	3	LA
CYSTAGON CAP 150MG	3	LA
ELMIRON CAP 100MG	4	
<i>potassium citrate tab cr 5 meq (540 mg)</i>	3	
<i>potassium citrate tab cr 10 meq (1080 mg)</i>	3	

Drug Name	Drug Requirements/ Limits	
	Tier	Limits
<i>potassium citrate tab cr 15 meq (1620 mg)</i>	2	GC
PROCYSBI CAP 25MG	5	PA
PROCYSBI CAP 75MG	5	PA
VITAMINS, HEMATINICS / ELECTROLYTES ELECTROLYTES		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	3	
K-TAB TAB 10MEQ CR	4	
K-TAB TAB 20MEQ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	GC
KCL/D5W/LR INJ 0.15%	2	GC
KCL/D5W/NACL INJ 0.3/0.9%	2	GC
KCL/D5W/NACL INJ 0.15/0.2	2	GC
<i>klor-con 8 tab 8meq er</i>	2	GC
<i>klor-con 10 tab 10meq er</i>	2	GC
KLOR-CON M15 TAB 15MEQ ER	2	GC
<i>klor-con m20 tab 20meq er</i>	2	GC
<i>lactated ringer's solution</i>	2	GC
<i>magnesium sulfate inj 50%</i>	2	GC
NORMOSOL -R INJ /D5W	2	GC
PHOSLYRA SOL	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Prior Authorization, Part D vs. Part B only LA - Limited Availability ED - Enhancement Drug GC - Gap Coverage

All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

Drug Name	Drug Requirements/	
	Tier	Limits
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	GC
<i>potassium chloride cap cr 8 meq</i>	2	GC
<i>potassium chloride cap cr 10 meq</i>	3	
<i>potassium chloride inj 2 meq/ml</i>	2	GC
<i>potassium chloride inj 10 meq/100 ml</i>	2	GC
<i>potassium chloride inj 20 meq/100 ml</i>	2	GC
<i>potassium chloride inj 40 meq/100 ml</i>	2	GC
<i>potassium chloride microencapsulated crys cr tab 10 meq</i>	2	GC
<i>potassium chloride microencapsulated crys cr tab 20 meq</i>	2	GC
<i>potassium chloride oral liq 10% (20 meq/15ml)</i>	3	
<i>potassium chloride oral liq 20% (40 meq/15ml)</i>	3	
<i>potassium chloride tab cr 8 meq (600 mg)</i>	2	GC
<i>ringer's solution</i>	2	GC
<i>sodium chloride inj 0.45%</i>	2	GC
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	GC
<i>sodium chloride inj 3%</i>	2	GC
<i>sodium chloride inj 5%</i>	2	GC
<i>tpn electrol inj</i>	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN 7% INJ /LYTES	3	B/D
AMINOSYN II INJ 7%	3	B/D
AMINOSYN II INJ 8.5%	3	B/D
<i>aminosyn ii inj 8.5/lyte</i>	3	B/D
AMINOSYN II INJ 10%	3	B/D
AMINOSYN II INJ 15%	3	B/D
<i>aminosyn inj 8.5/lyte</i>	3	B/D
AMINOSYN M INJ 3.5%	3	B/D
AMINOSYN-HBC INJ 7%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D

Drug Name	Drug Requirements/	
	Tier	Limits
AMINOSYN-RF INJ 5.2%	3	B/D
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 4.25/D25	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	
CLINIMIX E INJ 5%/D25W	3	
CLINIMIX INJ 2.75/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 4.25/D20	3	B/D
CLINIMIX INJ 4.25/D25	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 5%/D25W	3	B/D
<i>clinisol sf inj 15%</i>	3	B/D
FREAMINE HBC INJ 6.9%	3	B/D
<i>hepatamine sol 8%</i>	3	B/D
<i>intralipid inj 20%</i>	2	GC B/D
INTRALIPID INJ 30%	4	B/D
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
NEPHRAMINE INJ 5.4%	3	B/D
<i>normosol -m inj /d5w</i>	3	
NORMOSOL-R INJ PH 7.4	3	
<i>nutrilipid emu 20%</i>	2	GC B/D
PLASMA-LYTE INJ 56/D5W	3	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>premasol sol 6%</i>	3	B/D
PREMASOL SOL 10%	2	GC B/D
PROCALAMINE INJ 3%	3	B/D
PROSOL INJ 20%	3	B/D
TRAVASOL INJ 10%	2	GC B/D
TROPHAMINE INJ 6%	4	B/D
TROPHAMINE INJ 10%	4	B/D
VITAMINS / HEMATINICS		
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC)	2	GC
SOD FLUORIDE 2.2MG TAB	2	GC

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All Tier 1 and Tier 2 generics are covered in the Gap Coverage.

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AMINOSYN II INJ 7%	68	amlodipine besylate-benazepril hcl cap 5-10 mg	32	amoxicillin (trihydrate) cap 500 mg	8
AMINOSYN II INJ 8.5%	68	amlodipine besylate-benazepril hcl cap 5-20 mg	32	amoxicillin (trihydrate) chew tab 125 mg	8
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AMINOSYN M INJ 3.5%	68	amlodipine besylate-valsartan tab 10-320 mg	32	amoxicillin (trihydrate) for susp 200 mg/5ml	8
AMINOSYN-HBC INJ 7%	68	amlodipine besylate-valsartan tab 10-320 mg	32	amoxicillin (trihydrate) for susp 250 mg/5ml	8
AMINOSYN-PF INJ 10%	68	amlodipine besylate-valsartan tab 5-160 mg	32	amoxicillin (trihydrate) for susp 400 mg/5ml	8
AMINOSYN-PF INJ 7%	68	amlodipine besylate-valsartan tab 5-160 mg	32	amoxicillin (trihydrate) tab 500 mg	8
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mg	24	aripiprazole tab 15 mg	42	AVANDIA TAB 4MG	48
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mg/5ml	8	220MCG	64	AZASITE SOL 1%	61
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mg	8	220MCG	64	mcg/spray)	47
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ANDROGEL GEL 1.62%	51	atorvastatin calcium tab 10		susp 1 gm	6
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<i>benazepril hcl tab 20 mg.....</i>	33	BEXSERO INJ.....	56	<i>buprenorphine hcl sl tab 2 mg (base equiv).....</i>	20
<i>benazepril hcl tab 40 mg.....</i>	33	BEYAZ TAB.....	60	<i>buprenorphine hcl sl tab 8 mg (base equiv).....</i>	20
<i>benazepril hcl tab 5 mg.....</i>	33	<i>bicalutamide tab 50 mg.....</i>	10	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....</i>	22
BENICAR HCT TAB 20- 12.5.....	33	BICILLIN C-R INJ 1200000.....	8	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....</i>	22
BENICAR HCT TAB 40- 12.5.....	33	BICILLIN C-R INJ 900/300.....	8	<i>bupropion hcl tab 100 mg.....</i>	24
BENICAR HCT TAB 40- 25MG.....	33	BICNU INJ 100MG.....	10	<i>bupropion hcl tab sr 12hr 100 mg.....</i>	24
BENICAR TAB 20MG.....	33	BIDIL TAB.....	33	<i>bupropion hcl tab sr 12hr 150 mg.....</i>	24
BENICAR TAB 40MG.....	33	BILTRICIDE TAB 600MG.....	6	<i>bupropion hcl tab sr 12hr 200 mg.....</i>	24
BENICAR TAB 5MG.....	33	<i>bimatoprost ophth soln 0.03%.....</i>	62	<i>bupropion hcl tab sr 24hr 150 mg.....</i>	24
BENLYSTA INJ 120MG.....	58	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....</i>	33	<i>bupropion hcl tab sr 24hr 300 mg.....</i>	24
<i>benztropine mesylate tab 0.5 mg.....</i>	16	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....</i>	33	<i>buspirone hcl tab 10 mg.....</i>	24
<i>benztropine mesylate tab 1 mg.....</i>	16	<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg.....</i>	33	<i>buspirone hcl tab 15 mg.....</i>	24
<i>benztropine mesylate tab 2 mg.....</i>	16	<i>bisoprolol fumarate tab 10 mg.....</i>	33	<i>buspirone hcl tab 30 mg.....</i>	24
BEPREVE DRO 1.5%.....	62	<i>bisoprolol fumarate tab 5 mg.....</i>	33	<i>buspirone hcl tab 5 mg.....</i>	24
BESIVANCE SUS 0.6%.....	61	BISOPROLOL INJ 10%.....	56	<i>buspirone hcl tab 7.5 mg.....</i>	24
<i>betamethasone dipropionate augmented cream 0.05%.....</i>	44	<i>bleomycin sulfate for inj 30 unit.....</i>	10	BUSULFEX INJ 6MG/ML.....	10
<i>betamethasone dipropionate augmented gel 0.05%.....</i>	44	BLEPH-10 SOL 10% OP.....	63	BYETTA INJ.....	48
<i>betamethasone dipropionate augmented lotion 0.05%.....</i>	44	BLEPHAMIDE OIN S.O.P.....	62	BYETTA INJ 5MCG.....	48
<i>betamethasone dipropionate augmented oint 0.05%.....</i>	44	BLEPHAMIDE SUS OP.....	62	BYSTOLIC TAB 10MG.....	33
<i>betamethasone dipropionate cream 0.05%.....</i>	44	BOOSTRIX INJ.....	56	BYSTOLIC TAB 2.5MG.....	33
<i>betamethasone dipropionate</i>		BOSULIF TAB 100MG.....	10	BYSTOLIC TAB 20MG.....	33
		BOSULIF TAB 500MG.....	10	BYSTOLIC TAB 5MG.....	33
		BOTOX INJ 100UNIT.....	56		
		<i>brillyln tab.....</i>	60		

50 mg/5ml	5	chloramphenicol sodium succinate for iv inj 1 gm	6	0.3%	61
cefepodoxime proxetil tab 100 mg	5	chlorhexidine gluconate soln 0.12%	47	ciprofloxacin hcl tab 100 mg (base equiv)	9
cefepodoxime proxetil tab 200 mg	5	chloroquine phosphate tab 250 mg	6	ciprofloxacin hcl tab 250 mg (base equiv)	9
cefprozil for susp 125 mg/5ml	5	chloroquine phosphate tab 500 mg	6	ciprofloxacin hcl tab 500 mg (base equiv)	9
cefprozil for susp 250 mg/5ml	5	chlorothiazide sodium for inj 500 mg	33	ciprofloxacin hcl tab 750 mg (base equiv)	9
cefprozil tab 250 mg	5	chlorothiazide tab 250 mg	34	ciprofloxacin iv soln 400 mg/40ml (1%)	9
cefprozil tab 500 mg	5	chlorothiazide tab 500 mg	34	ciprofloxacin-ciprofloxacin hcl tab sr 24hr 1000 mg(base eq)	9
ceftazidime for inj 1 gm	5	CHLORPROMAZ INJ 50MG/2ML	24	ciprofloxacin-ciprofloxacin hcl tab sr 24hr 500 mg (base eq)	9
ceftazidime for inj 2 gm	5	chlorpromazine hcl tab 10 mg	24	cisplatin inj 100 mg/100ml (1 mg/ml)	10
ceftazidime for inj 6 gm	5	chlorpromazine hcl tab 100 mg	24	citalopram hydrobromide oral soln 10 mg/5ml	24
CEFTAZIDIME/ SOL D5W 1GM	5	chlorpromazine hcl tab 200 mg	24	citalopram hydrobromide tab 10 mg (base equiv)	24
CEFTAZIDIME/ SOL D5W 2GM	5	chlorpromazine hcl tab 25 mg	24	citalopram hydrobromide tab 20 mg (base equiv)	24
ceftriaxone sodium for inj 250 mg	5	chlorpromazine hcl tab 50 mg	24	citalopram hydrobromide tab 40 mg (base equiv)	24
ceftriaxone sodium for inj 500 mg	5	chlorthalidone tab 25 mg	34	cladribine inj 1 mg/ml	10
ceftriaxone sodium for iv soln 1 gm	5	chlorthalidone tab 50 mg	34	claravis cap 10mg	43
ceftriaxone sodium for iv soln 2 gm	5	cholestyramine light powder packets 4 gm	40	claravis cap 20mg	43
cefuroxime axetil tab 250 mg	5	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	40	claravis cap 30mg	43
cefuroxime axetil tab 500 mg	5	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	40	claravis cap 40mg	43
cefuroxime sodium for inj 1.5 gm	5	CIALIS TAB 2.5MG	67	clarithromycin for susp 125 mg/5ml	6
cefuroxime sodium for inj 7.5 gm	5	CIALIS TAB 5MG	67	clarithromycin for susp 250 mg/5ml	6
cefuroxime sodium for inj 750 mg	5	ciclopirox gel 0.77%	44	clarithromycin tab 250 mg	6
celecoxib cap 100 mg	22	ciclopirox olamine cream 0.77% (base equiv)	44	clarithromycin tab 500 mg	6
celecoxib cap 200 mg	22	ciclopirox olamine susp 0.77% (base equiv)	44	clarithromycin tab sr 24hr 500 mg	6
celecoxib cap 400 mg	22	ciclopirox shampoo 1%	44	CLEOCIN SUP 100MG	59
celecoxib cap 50 mg	22	ciclopirox solution 8%	44	CLEOCIN/D5W INJ 900MG	6
CELLCEPT IV INJ 500MG	10	cidofovir iv inj 75 mg/ml	2	clindamycin hcl cap 150 mg	6
CELLCEPT SUS 200MG/ML	10	cilostazol tab 100 mg	38	clindamycin hcl cap 300 mg	6
CELONTIN CAP 300MG	14	cilostazol tab 50 mg	38	clindamycin hcl cap 75 mg	6
cephalexin cap 250 mg	5	CILOXAN OIN 0.3% OP	61	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	6
cephalexin cap 500 mg	5	CIMZIA KIT	53	clindamycin phosphate foam 1%	43
cephalexin for susp 125 mg/5ml	5	CIMZIA PREFL KIT 200MG/ML	53	clindamycin phosphate gel 1%	43
cephalexin for susp 250 mg/5ml	5	CINRYZE SOL 500 UNIT	64	clindamycin phosphate in d5w iv soln 300 mg/50ml	6
cephalexin tab 250 mg	5	CIPRO HC SUS OTIC	47	clindamycin phosphate in d5w iv soln 600 mg/50ml	6
cephalexin tab 500 mg	5	CIPRODEX SUS 0.3-0.1%	47	clindamycin phosphate in d5w iv soln 900 mg/50ml	6
CERDELGA CAP 84MG	51	ciprofloxacin 200 mg/100ml in d5w	8	clindamycin phosphate iv soln 600 mg/4ml	6
CEREZYME INJ 400UNIT	51	ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	9	clindamycin phosphate lotion 1%	43
CERVARIX INJ	56	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	9		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	63	ciprofloxacin hcl ophth soln			
cevimeline hcl cap 30 mg	46				
CHANTIX PAK 0.5& 1MG	47				
CHANTIX TAB 0.5MG	47				
CHANTIX TAB 1MG	47				

<i>clindamycin phosphate soln</i>		<i>clonidine hcl tab 0.2 mg</i> . . . 34	COMETRIQ KIT 140MG . . . 10
1% 43		<i>clonidine hcl tab 0.3 mg</i> . . . 34	COMETRIQ KIT 60MG . . . 10
<i>clindamycin phosphate swab</i>		<i>clonidine hcl tab sr 12hr 0.1</i>	COMPLERA TAB 2
1% 43		<i>mg</i> 24	<i>compro sup 25mg</i> 53
<i>clindamycin phosphate</i>		<i>clonidine hcl td patch weekly</i>	COMVAX INJ 56
<i>vaginal cream 2%</i> 59		<i>0.1 mg/24hr</i> 34	CONDYLOX GEL 0.5% . . . 43
CLINIMIX E INJ 2.75/D10 . 46		<i>clonidine hcl td patch weekly</i>	<i>constulose sol 10gm/15</i> . . . 53
CLINIMIX E INJ 2.75/D5W . 46		<i>0.2 mg/24hr</i> 34	COPAXONE INJ 20MG/ML 18
CLINIMIX E INJ 4.25/D10 . 68		<i>clonidine hcl td patch weekly</i>	COPAXONE INJ 40MG/ML 18
CLINIMIX E INJ 4.25/D25 . 68		<i>0.3 mg/24hr</i> 34	CORDRAN 80X3 TAP
CLINIMIX E INJ 4.25/D5W . 68		<i>clopidogrel bisulfate tab 300</i>	4MCG/CM 45
CLINIMIX E INJ 5%/D15W . 68		<i>mg (base equiv)</i> 38	COREG CR CAP 10MG . . . 34
CLINIMIX E INJ 5%/D20W . 68		<i>clopidogrel bisulfate tab 75</i>	COREG CR CAP 20MG . . . 34
CLINIMIX E INJ 5%/D25W . 68		<i>mg (base equiv)</i> 38	COREG CR CAP 40MG . . . 34
CLINIMIX INJ 2.75/D5W . . 68		<i>clorazepate dipotassium tab</i>	COREG CR CAP 80MG . . . 34
CLINIMIX INJ 4.25/D10 . . 68		<i>15 mg</i> 24	<i>cortisone acetate tab 25</i>
CLINIMIX INJ 4.25/D20 . . 68		<i>clorazepate dipotassium tab</i>	<i>mg</i> 47
CLINIMIX INJ 4.25/D25 . . 68		<i>3.75 mg</i> 24	COSENTYX PEN INJ
CLINIMIX INJ 4.25/D5W . . 46		<i>clorazepate dipotassium tab</i>	150MG/ML 66
CLINIMIX INJ 5%/D15W . . 68		<i>7.5 mg</i> 24	COUMADIN TAB 10MG . . . 38
CLINIMIX INJ 5%/D20W . . 68		<i>clotrimazole cream 1%</i> . . . 44	COUMADIN TAB 1MG . . . 38
CLINIMIX INJ 5%/D25W . . 68		<i>clotrimazole soln 1%</i> 44	COUMADIN TAB 2.5MG . . . 38
<i>clinisol sf inj 15%</i> 68		<i>clotrimazole troche 10 mg</i> . . 2	COUMADIN TAB 2MG . . . 38
<i>clobetasol e cre 0.05%</i> . . . 44		<i>clotrimazole w/</i>	COUMADIN TAB 3MG . . . 38
<i>clobetasol propionate foam</i>		<i>betamethasone cream 1-</i>	COUMADIN TAB 4MG . . . 38
<i>0.05%</i> 44		<i>0.05%</i> 44	COUMADIN TAB 5MG . . . 38
<i>clobetasol propionate gel</i>		<i>clotrimazole w/</i>	COUMADIN TAB 6MG . . . 38
<i>0.05%</i> 44		<i>betamethasone lotion 1-</i>	COUMADIN TAB 7.5MG . . 38
<i>clobetasol propionate lotion</i>		<i>0.05%</i> 44	CREON CAP 12000UNT . . 53
<i>0.05%</i> 45		<i>clozapine orally disintegrating</i>	CREON CAP 24000UNT . . 53
<i>clobetasol propionate oint</i>		<i>tab 100 mg</i> 24	CREON CAP 3000UNIT . . 53
<i>0.05%</i> 45		<i>clozapine orally disintegrating</i>	CREON CAP 36000UNT . . 53
<i>clobetasol propionate</i>		<i>tab 12.5 mg</i> 24	CREON CAP 6000UNIT . . 53
<i>shampoo 0.05%</i> 45		<i>clozapine orally disintegrating</i>	CRESEMBA CAP 186 MG . 10
<i>clobetasol propionate soln</i>		<i>tab 150 mg</i> 24	CRESEMBA INJ 372MG . . 10
<i>0.05%</i> 45		<i>clozapine orally disintegrating</i>	CRESTOR TAB 10MG . . . 40
<i>clodan sha 0.05%</i> 45		<i>tab 200 mg</i> 25	CRESTOR TAB 20MG . . . 41
CLOLAR INJ 1MG/ML 10		<i>clozapine orally disintegrating</i>	CRESTOR TAB 40MG . . . 41
<i>clomipramine hcl cap 25</i>		<i>tab 25 mg</i> 24	CRESTOR TAB 5MG . . . 40
<i>mg</i> 24		<i>clozapine tab 100 mg</i> 25	CRIVAN CAP 200MG . . . 2
<i>clomipramine hcl cap 50</i>		<i>clozapine tab 200 mg</i> 25	CRIVAN CAP 400MG . . . 2
<i>mg</i> 24		<i>clozapine tab 25 mg</i> 25	<i>cromolyn sodium ophth soln</i>
<i>clomipramine hcl cap 75</i>		<i>clozapine tab 50 mg</i> 25	4% 62
<i>mg</i> 24		COARTEM TAB 20-120MG . 6	<i>cromolyn sodium oral conc</i>
<i>clonazepam orally</i>		<i>codeine sulfate tab 15 mg</i> . 20	<i>100 mg/5ml</i> 53
<i>disintegrating tab 0.125</i>		<i>codeine sulfate tab 30 mg</i> . 20	<i>cromolyn sodium soln nebu</i>
<i>mg</i> 14		<i>codeine sulfate tab 60 mg</i> . 20	<i>20 mg/2ml</i> 64
<i>clonazepam orally</i>		<i>colchicine tab 0.6 mg</i> 57	<i>cryselle-28 tab 28 tabs</i> . . 60
<i>disintegrating tab 0.25</i>		<i>colchicine w/ probenecid tab</i>	CUBICIN SOL 500MG 6
<i>mg</i> 14		<i>0.5-500 mg</i> 57	<i>cyclafem tab 1/35</i> 60
<i>clonazepam orally</i>		COLCRYS TAB 0.6MG . . . 57	<i>cyclafem tab 7/7/7</i> 60
<i>disintegrating tab 0.5</i>		<i>colestipol hcl granules 5</i>	<i>cyclobenzaprine hcl tab 10</i>
<i>mg</i> 14		<i>gm</i> 40	<i>mg</i> 19
<i>clonazepam orally</i>		<i>colestipol hcl tab 1 gm</i> . . . 40	<i>cyclobenzaprine hcl tab 5</i>
<i>disintegrating tab 1 mg</i> . 14		<i>colistimethate sodium for inj</i>	<i>mg</i> 19
<i>clonazepam orally</i>		<i>150 mg</i> 6	CYCLOPHOSPH CAP
<i>disintegrating tab 2 mg</i> . 14		COLYTE/FLAVR SOL	25MG 10
<i>clonazepam tab 0.5 mg</i> . . 15		PACKS 53	CYCLOPHOSPH CAP
<i>clonazepam tab 1 mg</i> . . . 15		COMBIGAN SOL 0.2/0.5% 62	50MG 10
<i>clonazepam tab 2 mg</i> . . . 15		COMBIVENT AER	CYCLOSET TAB 0.8MG . . 48
<i>clonidine hcl tab 0.1 mg</i> . 34		RESPIMAT 64	<i>cyclosporine cap 100 mg</i> . 11

cyclosporine cap 25 mg . . . 11
cyclosporine iv soln 50 mg/ml . . . 11
cyclosporine modified cap 100 mg . . . 11
cyclosporine modified cap 25 mg . . . 11
cyclosporine modified cap 50 mg . . . 11
cyclosporine modified oral soln 100 mg/ml . . . 11
cyproheptadine hcl tab 4 mg . . . 63
 CYSTAGON CAP 150MG . 67
 CYSTAGON CAP 50MG . 67
 CYSTARAN SOL 0.44% . 62
cytarabine inj pf 100 mg/ml 11
 CYTOMEL TAB 25MCG . 52
 CYTOMEL TAB 50MCG . 52
 CYTOMEL TAB 5MCG . 52

D

D10W/NAACL INJ 0.2% . . . 46
dacarbazine for inj 200 mg . 11
 DACOGEN INJ 50MG . . . 11
 DALIRESP TAB 500MCG . 64
danazol cap 100 mg . . . 51
danazol cap 200 mg . . . 51
danazol cap 50 mg . . . 51
dantrolene sodium cap 100 mg . . . 19
dantrolene sodium cap 25 mg . . . 19
dantrolene sodium cap 50 mg . . . 19
dapsone tab 100 mg . . . 6
dapsone tab 25 mg . . . 6
 DAPTACEL INJ . . . 56
 DARAPRIM TAB 25MG . . . 7
daunorubicin hcl inj 5 mg/ml (base equiv) . . . 11
 DAUNOXOME INJ 2MG/ML . . . 11
deblitane tab 0.35mg . . . 60
decitabine for inj 50 mg . . . 11
delyla tab 0.1-0.02 . . . 60
 DELZICOL CAP 400MG . 53
demeclocycline hcl tab 150 mg . . . 9
demeclocycline hcl tab 300 mg . . . 9
 DEMSER CAP 250MG . . 34
 DENAVIR CRE 1% . . . 44
 DEPEN TITRA TAB 250MG . . . 58
 DEPO-MEDROL INJ 20MG/ML . . . 47
 DEPO-MEDROL INJ 40MG/ML . . . 47
 DEPO-MEDROL INJ 80MG/ML . . . 47

DEPO-PROVERA INJ 400/ML . . . 58
 DEPO-TESTOST INJ 100MG/ML . . . 51
desipramine hcl tab 10 mg . 25
desipramine hcl tab 100 mg . . . 25
desipramine hcl tab 150 mg . . . 25
desipramine hcl tab 25 mg . 25
desipramine hcl tab 50 mg . 25
desipramine hcl tab 75 mg . 25
desloratadine tab 5 mg . . . 63
desloratadine tab orally disintegrating 2.5 mg . . 63
desloratadine tab orally disintegrating 5 mg . . . 63
desmopressin acetate inj 4 mcg/ml . . . 51
desmopressin acetate nasal spray soln 0.01% (refrigerated) . . . 51
desmopressin acetate tab 0.1 mg . . . 51
desmopressin acetate tab 0.2 mg . . . 51
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) . . . 60
desonide cream 0.05% . . . 45
desonide lotion 0.05% . . . 45
desonide oint 0.05% . . . 45
desoximetasone cream 0.05% . . . 45
desoximetasone cream 0.25% . . . 45
desoximetasone gel 0.05% 45
desoximetasone oint 0.05% . . . 45
desoximetasone oint 0.25% . . . 45
 DEXAMETHASON CON 1MG/ML . . . 47
dexamethasone elixir 0.5 mg/5ml . . . 47
dexamethasone sodium phosphate inj 10 mg/ml 47
dexamethasone sodium phosphate inj 120 mg/30ml . . . 47
dexamethasone sodium phosphate ophth soln 0.1% . . . 63
dexamethasone tab 0.5 mg 47
dexamethasone tab 0.75 mg . . . 47
dexamethasone tab 1 mg . 47
dexamethasone tab 1.5 mg 47
dexamethasone tab 2 mg . 47
dexamethasone tab 4 mg . 47
dexamethasone tab 6 mg . 47
dexedrine tab 10mg . . . 25

dexedrine tab 5mg . . . 25
 DEXILANT CAP 30MG DR 54
 DEXILANT CAP 60MG DR 54
dexmethylphenidate hcl cap sr 24 hr 10 mg . . . 25
dexmethylphenidate hcl cap sr 24 hr 15 mg . . . 25
dexmethylphenidate hcl cap sr 24 hr 20 mg . . . 25
dexmethylphenidate hcl cap sr 24 hr 30 mg . . . 25
dexmethylphenidate hcl cap sr 24 hr 40 mg . . . 25
dexmethylphenidate hcl cap sr 24 hr 5 mg . . . 25
dexmethylphenidate hcl tab 10 mg . . . 25
dexmethylphenidate hcl tab 2.5 mg . . . 25
dexmethylphenidate hcl tab 5 mg . . . 25
 DEXPAK PAK 13 DAY . . . 47
dexrazoxane for inj 250 mg 10
dextroamphetamine sulfate cap sr 24hr 10 mg . . . 25
dextroamphetamine sulfate cap sr 24hr 15 mg . . . 25
dextroamphetamine sulfate cap sr 24hr 5 mg . . . 25
dextroamphetamine sulfate tab 10 mg . . . 25
dextroamphetamine sulfate tab 5 mg . . . 25
dextrose 10% w/ sodium chloride 0.45% . . . 46
dextrose 2.5% w/ sodium chloride 0.45% . . . 46
dextrose 5% in lactated ringers . . . 46
dextrose 5% w/ sodium chloride 0.2% . . . 46
dextrose 5% w/ sodium chloride 0.225% . . . 46
dextrose 5% w/ sodium chloride 0.33% . . . 46
dextrose 5% w/ sodium chloride 0.45% . . . 46
dextrose 5% w/ sodium chloride 0.9% . . . 46
dextrose inj 10% . . . 46
dextrose inj 5% . . . 46
 DIAZEPAM CON 5MG/ML . 25
diazepam rectal gel delivery system 10 mg . . . 15
diazepam rectal gel delivery system 2.5 mg . . . 15
diazepam rectal gel delivery system 20 mg . . . 15
diazepam soln 1 mg/ml . . 25
diazepam tab 10 mg . . . 25
diazepam tab 2 mg . . . 25
diazepam tab 5 mg . . . 25

<i>diclofenac potassium tab 50 mg</i>	22	<i>diltiazem hcl cap sr 12hr 120 mg</i>	34	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	18
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	66	<i>diltiazem hcl cap sr 12hr 60 mg</i>	34	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	18
<i>diclofenac sodium ophth soln 0.1%</i>	62	<i>diltiazem hcl cap sr 12hr 90 mg</i>	34	<i>donepezil hydrochloride tab 10 mg</i>	18
<i>diclofenac sodium soln 1.5%</i>	22	<i>diltiazem hcl coated beads cap sr 24hr 120 mg</i>	34	<i>donepezil hydrochloride tab 23 mg</i>	18
<i>diclofenac sodium tab delayed release 25 mg</i>	22	<i>diltiazem hcl coated beads cap sr 24hr 240 mg</i>	34	<i>donepezil hydrochloride tab 5 mg</i>	18
<i>diclofenac sodium tab delayed release 50 mg</i>	22	<i>diltiazem hcl coated beads cap sr 24hr 300 mg</i>	34	<i>dorzolamide hcl ophth soln 2%</i>	62
<i>diclofenac sodium tab delayed release 75 mg</i>	22	<i>diltiazem hcl extended release beads cap sr 24hr 180 mg</i>	34	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	62
<i>diclofenac sodium tab sr 24hr 100 mg</i>	22	<i>diltiazem hcl extended release beads cap sr 24hr 360 mg</i>	34	<i>doxazosin mesylate tab 1 mg</i>	34
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	22	<i>diltiazem hcl extended release beads cap sr 24hr 420 mg</i>	34	<i>doxazosin mesylate tab 2 mg</i>	34
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	22	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	34	<i>doxazosin mesylate tab 4 mg</i>	34
<i>dicloxacillin sodium cap 250 mg</i>	8	<i>diltiazem hcl tab 120 mg</i>	34	<i>doxazosin mesylate tab 8 mg</i>	34
<i>dicloxacillin sodium cap 500 mg</i>	8	<i>diltiazem hcl tab 30 mg</i>	34	<i>doxepin hcl cap 10 mg</i>	25
<i>dicyclomine hcl cap 10 mg</i>	53	<i>diltiazem hcl tab 60 mg</i>	34	<i>doxepin hcl cap 100 mg</i>	25
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	53	<i>diltiazem hcl tab 90 mg</i>	34	<i>doxepin hcl cap 150 mg</i>	25
<i>dicyclomine hcl tab 20 mg</i>	53	<i>DILTIAZEM INJ 100MG</i>	34	<i>doxepin hcl cap 25 mg</i>	25
<i>didanosine delayed release capsule 125 mg</i>	2	<i>DIP/TET PED INJ 25-5LFU56</i>	53	<i>doxepin hcl cap 50 mg</i>	25
<i>didanosine delayed release capsule 200 mg</i>	2	<i>DIPENTUM CAP 250MG</i>	53	<i>doxepin hcl cap 75 mg</i>	25
<i>didanosine delayed release capsule 250 mg</i>	3	<i>diphenhydramine hcl inj 50 mg/ml</i>	63	<i>doxepin hcl conc 10 mg/ml</i>	25
<i>didanosine delayed release capsule 400 mg</i>	3	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	53	<i>doxercalciferol cap 0.5 mcg</i>	51
<i>DIFICID TAB 200MG</i>	6	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	53	<i>doxercalciferol cap 1 mcg</i>	51
<i>diflorasone diacetate cream 0.05%</i>	45	<i>disopyramide phosphate cap 100 mg</i>	31	<i>doxercalciferol cap 2.5 mcg</i>	51
<i>diflorasone diacetate oint 0.05%</i>	45	<i>disopyramide phosphate cap 150 mg</i>	31	<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	51
<i>diflunisal tab 500 mg</i>	22	<i>disulfiram tab 250 mg</i>	46	<i>doxorubicin hcl inj 2 mg/ml</i>	11
<i>digitek tab 0.25mg</i>	38	<i>disulfiram tab 500 mg</i>	46	<i>doxy 100 inj 100mg</i>	9
<i>digoxin inj 0.25 mg/ml</i>	38	<i>divalproex sodium cap sprinkle 125 mg</i>	15	<i>doxycycline hyclate cap 100 mg</i>	9
<i>digoxin oral soln 0.05 mg/ml</i>	38	<i>divalproex sodium tab delayed release 125 mg</i>	15	<i>doxycycline hyclate cap 50 mg</i>	9
<i>digoxin tab 125 mcg (0.125 mg)</i>	38	<i>divalproex sodium tab delayed release 250 mg</i>	15	<i>doxycycline hyclate for inj 100 mg</i>	9
<i>digoxin tab 250 mcg (0.25 mg)</i>	38	<i>divalproex sodium tab delayed release 500 mg</i>	15	<i>doxycycline hyclate tab 100 mg</i>	9
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	17	<i>divalproex sodium tab delayed release 500 mg</i>	15	<i>doxycycline hyclate tab 20 mg</i>	9
<i>DILANTIN CAP 100MG</i>	15	<i>divalproex sodium tab sr 24 hr 250 mg</i>	15	<i>doxycycline monohydrate cap 100 mg</i>	9
<i>DILANTIN CAP 30MG</i>	15	<i>divalproex sodium tab sr 24 hr 500 mg</i>	15	<i>doxycycline monohydrate cap 50 mg</i>	9
<i>DILANTIN CHW 50MG</i>	15	<i>DOCEFREZ INJ 20MG</i>	11	<i>doxycycline monohydrate cap 75 mg</i>	9
<i>DILANTIN-125 SUS 125/5ML</i>	15	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	11	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	9
<i>dilt-xr cap 120mg</i>	34	<i>DOCETAXEL INJ 80MG/8ML</i>	11	<i>doxycycline monohydrate tab 100 mg</i>	9
<i>dilt-xr cap 180mg</i>	34			<i>doxycycline monohydrate tab 150 mg</i>	9
<i>dilt-xr cap 240mg</i>	34				

<i>doxycycline monohydrate tab 50 mg</i>	9	ENABLEX TAB 15MG	66	EPOGEN INJ 3000/ML	55
<i>doxycycline monohydrate tab 75 mg</i>	9	ENABLEX TAB 7.5MG	66	EPOGEN INJ 4000/ML	55
<i>dronabinol cap 10 mg</i>	53	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	34	<i>eprosartan mesylate tab 600 mg</i>	34
<i>dronabinol cap 2.5 mg</i>	53	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	34	EPZICOM TAB 600-300	3
<i>dronabinol cap 5 mg</i>	53	<i>enalapril maleate tab 10 mg</i>	34	ERAXIS INJ 100MG	2
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	60	<i>enalapril maleate tab 2.5 mg</i>	34	ERBITUX INJ 100MG	11
DROXIA CAP 200MG	11	<i>enalapril maleate tab 20 mg</i>	34	<i>ergoloid mesylates tab 1 mg</i>	25
DROXIA CAP 300MG	11	<i>enalapril maleate tab 5 mg</i>	34	ERIVEDGE CAP 150MG	11
DROXIA CAP 400MG	11	<i>enalapril maleate tab 20 mg</i>	34	<i>errin tab 0.35mg</i>	58
DUETACT TAB 30-2MG	48	<i>enalapril maleate tab 5 mg</i>	34	ERWINAZE INJ 10000UNT	11
DUETACT TAB 30-4MG	48	ENBREL INJ 25/0.5ML	58	<i>ery pad 2%</i>	43
DULERA AER 100-5MCG	64	ENBREL INJ 25MG	58	ERY-TAB TAB 250MG EC	6
DULERA AER 200-5MCG	64	ENBREL INJ 50MG/ML	58	ERY-TAB TAB 333MG EC	6
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	25	<i>endocet tab 10-325mg</i>	20	ERY-TAB TAB 500MG EC	6
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	25	<i>endocet tab 5-325mg</i>	20	ERYTHROCIN INJ 500MG	6
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	25	<i>endocet tab 7.5-325</i>	20	<i>erythromycin ethylsuccinate tab 400 mg</i>	6
<i>duramorph inj 0.5mg/ml</i>	20	ENGERIX-B INJ 10/0.5ML	56	<i>erythromycin gel 2%</i>	43
<i>duramorph inj 1mg/ml</i>	20	ENGERIX-B INJ 20MCG/ML	56	<i>erythromycin ophth oint 5 mg/gm</i>	61
DUREZOL EMU 0.05%	63	<i>enoxaparin sodium inj 100 mg/ml</i>	39	<i>erythromycin soln 2%</i>	43
DYMISTA SPR 137-50	64	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	39	<i>erythromycin tab 250 mg</i>	6
DYSPORT INJ 300UNIT	56	<i>enoxaparin sodium inj 150 mg/ml</i>	39	<i>erythromycin tab 500 mg</i>	6
E		<i>enoxaparin sodium inj 30 mg/0.3ml</i>	39	ESBRIET CAP 267MG	64
<i>e.e.s. 400 tab 400mg</i>	6	<i>enoxaparin sodium inj 300 mg/3ml</i>	39	<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	25
<i>econazole nitrate cream 1%</i>	44	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	39	<i>escitalopram oxalate tab 10 mg (base equiv)</i>	26
EDURANT TAB 25MG	3	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	39	<i>escitalopram oxalate tab 20 mg (base equiv)</i>	26
EFFIENT TAB 10MG	38	<i>enoxaparin sodium inj 80 mg/0.8ml</i>	39	<i>escitalopram oxalate tab 5 mg (base equiv)</i>	25
EFFIENT TAB 5MG	38	<i>enpresse-28 tab</i>	60	ESOMEPRA MAG CAP 40MG DR	54
ELAPRASE INJ 6MG/3ML	51	<i>entacapone tab 200 mg</i>	17	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	54
ELELYSO INJ 200UNIT	51	<i>entecavir tab 0.5 mg</i>	3	<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	54
ELIDEL CRE 1%	43	<i>entecavir tab 1 mg</i>	3	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	54
ELIGARD INJ 22.5MG	11	<i>enulose sol 10gm/15</i>	53	ESTRACE VAG CRE 0.1MG/GM	58
ELIGARD INJ 30MG	11	<i>epinastine hcl ophth soln 0.05%</i>	62	<i>estradiol tab 0.5 mg</i>	58
ELIGARD INJ 45MG	11	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	63	<i>estradiol tab 1 mg</i>	58
ELIGARD INJ 7.5MG	11	EPIPEN 2-PAK INJ 0.3MG	63	<i>estradiol tab 2 mg</i>	58
ELIQUIS TAB 2.5MG	38	EPIPEN-JR INJ 2-PAK	63	<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	58
ELIQUIS TAB 5MG	38	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	11	<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	59
ELITEK INJ 1.5MG	10	<i>epitol tab 200mg</i>	15	<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	58
ELIXOPHYLLIN ELX 80/15ML	64	EPIVIR SOL 10MG/ML	3	<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	58
ELMIRON CAP 100MG	67	<i>eplerenone tab 25 mg</i>	34	<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	58
EMADINE SOL 0.05% OP	62	<i>eplerenone tab 50 mg</i>	34	<i>estradiol td patch weekly 0.025 mg/24hr</i>	59
EMCYT CAP 140MG	11	EPOGEN INJ 10000/ML	55		
EMEND CAP 125MG	53	EPOGEN INJ 2000/ML	55		
EMEND CAP 40MG	53	EPOGEN INJ 20000/ML	56		
EMEND CAP 80MG	53				
EMEND PAK 80 & 125	53				
<i>emoquette tab</i>	60				
EMSAM DIS 12MG/24H	25				
EMSAM DIS 6MG/24HR	25				
EMSAM DIS 9MG/24HR	25				
EMTRIVA CAP 200MG	3				
EMTRIVA SOL 10MG/ML	3				

estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	59	famotidine for susp 40 mg/5ml.....	54	fentanyl citrate lozenge on a handle 800 mcg.....	20
estradiol td patch weekly 0.05 mg/24hr.....	59	famotidine in nacl 0.9% iv soln 20 mg/50ml.....	54	fentanyl td patch 72hr 100 mcg/hr.....	20
estradiol td patch weekly 0.06 mg/24hr.....	59	famotidine inj 20 mg/2ml.....	54	fentanyl td patch 72hr 12 mcg/hr.....	20
estradiol td patch weekly 0.075 mg/24hr.....	59	famotidine tab 20 mg.....	55	fentanyl td patch 72hr 25 mcg/hr.....	20
estradiol td patch weekly 0.1 mg/24hr.....	59	famotidine tab 40 mg.....	55	fentanyl td patch 72hr 50 mcg/hr.....	20
estradiol valerate im in oil 20 mg/ml.....	59	FANAPT PAK.....	26	fentanyl td patch 72hr 75 mcg/hr.....	20
estradiol valerate im in oil 40 mg/ml.....	59	FANAPT TAB 10MG.....	26	FENTORA TAB 100MCG.....	20
ESTRING MIS 2MG.....	59	FANAPT TAB 12MG.....	26	FENTORA TAB 200MCG.....	20
eszopiclone tab 1 mg.....	26	FANAPT TAB 1MG.....	26	FENTORA TAB 400MCG.....	20
eszopiclone tab 2 mg.....	26	FANAPT TAB 2MG.....	26	FENTORA TAB 600MCG.....	20
eszopiclone tab 3 mg.....	26	FANAPT TAB 4MG.....	26	FENTORA TAB 800MCG.....	20
ethambutol hcl tab 100 mg.....	7	FANAPT TAB 6MG.....	26	FERRIPROX TAB 500MG.....	46
ethambutol hcl tab 400 mg.....	7	FANAPT TAB 8MG.....	26	FETZIMA CAP 120MG.....	26
ethosuximide cap 250 mg.....	15	FARESTON TAB 60MG.....	11	FETZIMA CAP 20MG.....	26
ethosuximide soln 250 mg/5ml.....	15	FARXIGA TAB 10MG.....	48	FETZIMA CAP 40MG.....	26
etidronate disodium tab 200 mg.....	46	FARXIGA TAB 5MG.....	48	FETZIMA CAP 80MG.....	26
etidronate disodium tab 400 mg.....	46	FARYDAK CAP 10MG.....	11	FETZIMA CAP TITRATIO.....	26
etodolac cap 200 mg.....	22	FARYDAK CAP 15MG.....	11	FINACEA GEL 15%.....	43
etodolac cap 300 mg.....	22	FARYDAK CAP 20MG.....	11	finasteride tab 5 mg.....	67
etodolac tab 400 mg.....	22	FASLODEX INJ 250MG.....	11	FIRAZYR INJ 30MG/3ML.....	64
etodolac tab 500 mg.....	22	FAZACLO TAB 150MG.....	26	FIRMAGON INJ 120MG.....	11
etodolac tab sr 24hr 400 mg.....	22	FAZACLO TAB 200MG.....	26	FIRMAGON INJ 80MG.....	11
etodolac tab sr 24hr 500 mg.....	22	felbamate susp 600 mg/5ml.....	15	FLAREX SUS 0.1% OP.....	63
etodolac tab sr 24hr 600 mg.....	22	felbamate tab 400 mg.....	15	flavoxate hcl tab 100 mg.....	66
ETOPOPHOS INJ 100MG.....	11	felbamate tab 600 mg.....	15	flecainide acetate tab 100 mg.....	31
etoposide inj 500mg/25ml (20 mg/ml).....	11	felodipine tab sr 24hr 10 mg.....	34	flecainide acetate tab 150 mg.....	31
EURAX CRE 10%.....	45	felodipine tab sr 24hr 2.5 mg.....	34	flecainide acetate tab 50 mg.....	31
EURAX LOT 10%.....	46	felodipine tab sr 24hr 5 mg.....	34	FLECTOR DIS 1.3%.....	22
EVOTAZ TAB 300-150.....	3	FEMRING MIS 0.05/24H.....	59	FLOVENT DISK AER 100MCG.....	64
EXELDERM CRE 1%.....	44	FEMRING MIS 0.1MG/24.....	59	FLOVENT DISK AER 250MCG.....	64
EXELDERM SOL 1%.....	44	fenofibrate micronized cap 130 mg.....	41	FLOVENT DISK AER 50MCG.....	64
EXELON DIS 13.3/24.....	18	fenofibrate micronized cap 134 mg.....	41	FLOVENT HFA AER 110MCG.....	65
EXELON DIS 4.6MG/24.....	18	fenofibrate micronized cap 200 mg.....	41	FLOVENT HFA AER 220MCG.....	65
EXELON DIS 9.5MG/24.....	18	fenofibrate micronized cap 43 mg.....	41	FLOVENT HFA AER 44MCG.....	65
exemestane tab 25 mg.....	11	fenofibrate micronized cap 67 mg.....	41	fluconazole for susp 10 mg/ml.....	2
EXJADE TAB 125MG.....	46	fenofibrate tab 145 mg.....	41	fluconazole for susp 40 mg/ml.....	2
EXJADE TAB 250MG.....	46	fenofibrate tab 160 mg.....	41	fluconazole in dextrose inj 400 mg/200ml.....	2
EXJADE TAB 500MG.....	46	fenofibrate tab 48 mg.....	41	fluconazole tab 100 mg.....	2
F		fenofibrate tab 54 mg.....	41	fluconazole tab 150 mg.....	2
FABRAZYME INJ 35MG.....	51	fenopropfen calcium tab 600 mg.....	22	fluconazole tab 200 mg.....	2
FACTIVE TAB 320MG.....	9	fentanyl citrate lozenge on a handle 1200 mcg.....	20	fluconazole tab 50 mg.....	2
falmina tab.....	60	fentanyl citrate lozenge on a handle 1600 mcg.....	20	flucytosine cap 250 mg.....	2
famciclovir tab 125 mg.....	3	fentanyl citrate lozenge on a handle 200 mcg.....	20	flucytosine cap 500 mg.....	2
famciclovir tab 250 mg.....	3	fentanyl citrate lozenge on a handle 400 mcg.....	20		
famciclovir tab 500 mg.....	3	fentanyl citrate lozenge on a handle 600 mcg.....	20		

fludarabine phosphate for inj 50 mg	0.05%	45	1000MG	46
fludrocortisone acetate tab 0.1 mg	fluticasone propionate nasal susp 50 mcg/act	65	FOSRENOL POW 750MG	46
flunisolide nasal soln 25 mcg/act (0.025%)	fluticasone propionate oint 0.005%	45	FRAGMIN INJ 10000/ML	39
fluocin acet oil body	fluvastatin sodium cap 20 mg	41	FRAGMIN INJ 12500UNT	39
fluocinolone acetonide (otic) oil 0.01%	fluvastatin sodium cap 40 mg	41	FRAGMIN INJ 15000UNT	39
fluocinolone acetonide cream 0.01%	fluvoxamine maleate cap sr 24hr 100 mg	26	FRAGMIN INJ 18000UNT	39
fluocinolone acetonide cream 0.025%	fluvoxamine maleate cap sr 24hr 150 mg	26	FRAGMIN INJ 2500/0.2	39
fluocinolone acetonide oint 0.025%	fluvoxamine maleate tab 100 mg	26	FRAGMIN INJ 5000/0.2	39
fluocinolone acetonide soln 0.01%	fluvoxamine maleate tab 25 mg	26	FRAGMIN INJ 7500/0.3	39
fluocinonide cream 0.1%	fluvoxamine maleate tab 50 mg	26	FRAGMIN INJ 95000UNT	39
fluocinonide emulsified base cream 0.05%	FML FORTE SUS 0.25% OP	63	FREAMINE HBC INJ 6.9%	68
fluocinonide gel 0.05%	FML OIN 0.1% OP	63	FROVA TAB 2.5MG	18
fluocinonide oint 0.05%	FOLOTYN INJ 40MG/2ML	11	FULYZAQ TAB 125MG	53
fluocinonide soln 0.05%	fomepizole inj 1 gm/ml (for iv infusion)	56	furosemide inj 10 mg/ml	34
fluorometholone ophth susp 0.1%	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	39	furosemide oral soln 10 mg/ml	34
fluorouracil cream 0.5%	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	39	FUROSEMIDE SOL 8MG/ML	34
fluorouracil cream 5%	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	39	furosemide tab 20 mg	34
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	39	furosemide tab 40 mg	34
fluorouracil soln 2%	FORADIL CAP AEROLIZE	65	furosemide tab 80 mg	35
fluorouracil soln 5%	FORTEO SOL 600/2.4	57	FUZEON INJ 90MG	3
fluoxetine hcl cap 10 mg	FORTICAL SPR 200/ACT	51	FYCOMPA TAB 10MG	15
fluoxetine hcl cap 20 mg	foscarnet sodium inj 24 mg/ml	3	FYCOMPA TAB 12MG	15
fluoxetine hcl cap 40 mg	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	34	FYCOMPA TAB 2MG	15
fluoxetine hcl cap delayed release 90 mg	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	34	FYCOMPA TAB 4MG	15
fluoxetine hcl solution 20 mg/5ml	fosinopril sodium tab 10 mg	34	FYCOMPA TAB 6MG	15
fluoxetine hcl tab 10 mg	fosinopril sodium tab 20 mg	34	FYCOMPA TAB 8MG	15
fluoxetine hcl tab 20 mg	fosinopril sodium tab 40 mg	34		
fluphenazine decanoate inj 25 mg/ml	fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	15		
fluphenazine hcl elixir 2.5 mg/5ml	FOSRENOL CHW 1000MG	46		
fluphenazine hcl inj 2.5 mg/ml	FOSRENOL CHW 500MG	46		
fluphenazine hcl oral conc 5 mg/ml	FOSRENOL CHW 750MG	46		
fluphenazine hcl tab 1 mg	FOSRENOL POW			
fluphenazine hcl tab 10 mg				
fluphenazine hcl tab 2.5 mg				
fluphenazine hcl tab 5 mg				
flurbiprofen sodium ophth soln 0.03%				
flurbiprofen tab 100 mg				
flurbiprofen tab 50 mg				
flutamide cap 125 mg				
fluticasone propionate cream 0.05%				
fluticasone propionate lotion				

G

gabapentin cap 100 mg	15
gabapentin cap 300 mg	15
gabapentin cap 400 mg	15
gabapentin oral soln 250 mg/5ml	15
gabapentin tab 600 mg	15
gabapentin tab 800 mg	15
galantamine hydrobromide cap sr 24hr 16 mg	19
galantamine hydrobromide cap sr 24hr 24 mg	19
galantamine hydrobromide cap sr 24hr 8 mg	18
galantamine hydrobromide oral soln 4 mg/ml	19
galantamine hydrobromide tab 12 mg	19
galantamine hydrobromide tab 4 mg	19
galantamine hydrobromide tab 8 mg	19
GAMMAGARD INJ 2.5GM/25	56
GAMMAPLEX INJ 10GM	57
GAMUNEX-C INJ 1GM/10ML	57
ganciclovir sodium for inj 500 mg	3
GARAMYCIN SOL 0.3% OP	44
GARDASIL 9 INJ	57

tab 5-325 mg	20
hydrocodone-acetaminophen tab 7.5-325 mg	20
hydrocodone-ibuprofen tab 7.5-200 mg	21
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	45
hydrocortisone butyrate oint 0.1%	45
hydrocortisone butyrate soln 0.1%	45
hydrocortisone cream 1%	45
hydrocortisone cream 2.5%	45
hydrocortisone enema 100 mg/60ml	53
hydrocortisone lotion 2.5%	45
hydrocortisone oint 1%	45
hydrocortisone oint 2.5%	45
hydrocortisone tab 10 mg	48
hydrocortisone tab 20 mg	48
hydrocortisone tab 5 mg	48
hydrocortisone valerate cream 0.2%	61
hydrocortisone valerate oint 0.2%	61
hydrocortisone w/ acetic acid otic soln 1-2%	47
hydromorphone hcl preservative free (pf) inj 10 mg/ml	21
hydromorphone hcl tab 2 mg	21
hydromorphone hcl tab 4 mg	21
hydromorphone hcl tab 8 mg	21
hydromorphone hcl tab er 24hr deter 32 mg	21
hydroxychloroquine sulfate tab 200 mg	7
hydroxyurea cap 500 mg	11
hydroxyzine hcl im soln 25 mg/ml	63
hydroxyzine hcl im soln 50 mg/ml	63

I	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	57
ibandronate sodium tab 150 mg (base equivalent)	57
IBRANCE CAP 100MG	11
IBRANCE CAP 125MG	11
IBRANCE CAP 75MG	11
ibuprofen tab 400 mg	22
ibuprofen tab 600 mg	23
ibuprofen tab 800 mg	23
ICLUSIG TAB 15MG	11

ICLUSIG TAB 45MG	11
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	11
ifosfamide for inj 1 gm	11
ILARIS INJ 180MG	56
ILEVRO DRO 0.3% OP	62
IMBRUVICA CAP 140MG	11
imipenem-cilastatin intravenous for soln 250 mg	7
imipenem-cilastatin intravenous for soln 500 mg	7
imipramine hcl tab 10 mg	27
imipramine hcl tab 25 mg	27
imipramine hcl tab 50 mg	27
imipramine pamoate cap 100 mg	27
imipramine pamoate cap 125 mg	27
imipramine pamoate cap 150 mg	27
imipramine pamoate cap 75 mg	27
imiquimod cream 5%	43
IMOVAX RABIE INJ 2.5/ML	57
INCRELEX INJ 40MG/4ML	46
indapamide tab 1.25 mg	35
indapamide tab 2.5 mg	35
INFANRIX INJ	57
INLYTA TAB 1MG	11
INLYTA TAB 5MG	12
INSULIN PEN NEEDLE	49
INSULIN SYRINGE	49
INTELENCE TAB 100MG	3
INTELENCE TAB 200MG	3
INTELENCE TAB 25MG	3
intralipid inj 20%	68
INTRALIPID INJ 30%	68
INTRON A INJ 10MU	56
INTRON A INJ 18MU	56
INTRON A INJ 50MU	56
introvale tab	60
INVANZ INJ 1GM	7
INVEGA SUST INJ 117/0.75	27
INVEGA SUST INJ 156MG/ML	27
INVEGA SUST INJ 234/1.527	27
INVEGA SUST INJ 39/0.2527	27
INVEGA SUST INJ 78/0.5ML	27
INVEGA TAB 1.5MG	27
INVEGA TAB 3MG	27
INVEGA TAB 6MG	27
INVEGA TAB 9MG	27
INVIRASE CAP 200MG	3
INVIRASE TAB 500MG	3
INVOKAMET TAB 150- 1000	49

INVOKAMET TAB 150-500	49
INVOKAMET TAB 50-1000	49
INVOKAMET TAB 50- 500MG	49
INVOKANA TAB 100MG	49
INVOKANA TAB 300MG	49
IOPIDINE SOL 1% OP	63
IPOL INJ INACTIVE	57
ipratropium bromide inhal soln 0.02%	65
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	47
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	47
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	65
irbesartan tab 150 mg	35
irbesartan tab 300 mg	35
irbesartan tab 75 mg	35
irbesartan- hydrochlorothiazide tab 150-12.5 mg	35
irbesartan- hydrochlorothiazide tab 300-12.5 mg	35
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	12
ISENTRESS CHW 100MG	3
ISENTRESS CHW 25MG	3
ISENTRESS POW 100MG	3
ISENTRESS TAB 400MG	3
ISOLYTE-P INJ /D5W	68
ISOLYTE-S INJ	68
isoniazid inj 100 mg/ml	7
isoniazid syrup 50 mg/5ml	7
isoniazid tab 100 mg	7
isoniazid tab 300 mg	7
ISORDIL TAB 40MG	42
isosorbide dinitrate tab 10 mg	42
isosorbide dinitrate tab 20 mg	42
isosorbide dinitrate tab 30 mg	42
isosorbide dinitrate tab 5 mg	42
isosorbide dinitrate tab cr 40 mg	42
isosorbide mononitrate tab 10 mg	42
isosorbide mononitrate tab 20 mg	42
isosorbide mononitrate tab sr 24hr 120 mg	42
isosorbide mononitrate tab sr 24hr 30 mg	42
isosorbide mononitrate tab sr 24hr 60 mg	42
isradipine cap 2.5 mg	35
isradipine cap 5 mg	35

ISTALOL SOL 0.5% OP... 61
 ISTODAX INJ 10MG... 12
itraconazole cap 100 mg... 2
ivermectin tab 3 mg... 7
 IXEMPRA KIT INJ 45MG... 12
 IXIARO INJ... 57

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 JAKAFI TAB 15MG... 12
 JAKAFI TAB 20MG... 12
 JAKAFI TAB 25MG... 12
 JAKAFI TAB 5MG... 12
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jantoven tab 1mg... 39
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jantoven tab 2mg... 39
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 JANUVIA TAB 50MG... 49
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 JENTADUETO TAB 2.5-500... 49
 JENTADUETO TAB 2.5-850... 49
 JEVTANA INJ 60/1.5ML... 12
jinteli tab 1mg-5mcg... 60
jolivette tab 0.35mg... 59
junel 1.5/30 tab... 60
junel 1/20 tab... 60
junel fe tab 1.5/30... 60
junel fe tab 1/20... 60
 JUXTAPID CAP 10MG... 41
 JUXTAPID CAP 20MG... 41
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 JUXTAPID CAP 40MG... 41
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 KADCYLA INJ 100MG... 12

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 KALETRA TAB 100-25MG... 3
 KALETRA TAB 200-50MG... 3
 KALYDECO PAK 50MG... 65
 KALYDECO PAK 75MG... 65
 KALYDECO TAB 150MG... 65
kariva tab 28 day... 60
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj... 67
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj... 67
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj... 67
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj... 67
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj... 67
kcl 20 meq/l (0.15%) in nacl 0.45% inj... 67
kcl 20 meq/l (0.15%) in nacl 0.9% inj... 67
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj... 67
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj... 67
kcl 40 meq/l (0.3%) in nacl 0.9% inj... 67
 KCL/D5W/LR INJ 0.15%... 67
 KCL/D5W/NACL INJ 0.15/0.2... 67
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 KETEK TAB 400MG... 7
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ketoconazole tab 200 mg... 2
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ketoprofen cap 75 mg... 23
ketoprofen cap sr 24hr 200 mg... 23
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 KUVAN POW 500MG... 51
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labetalol hcl tab 100 mg... 35
labetalol hcl tab 200 mg... 35
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lactic acid (ammonium lactate) cream 12%... 43
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lamivudine tab 150 mg... 3
lamivudine tab 300 mg... 3
lamivudine-zidovudine tab 150-300 mg... 3
lamotrigine tab 100 mg... 15
lamotrigine tab 150 mg... 15
lamotrigine tab 200 mg... 15
lamotrigine tab 25 mg... 15
lamotrigine tab chewable dispersible 25 mg... 15
lamotrigine tab chewable dispersible 5 mg... 15
lamotrigine tab sr 24hr 100 mg... 15
lamotrigine tab sr 24hr 200 mg... 15
lamotrigine tab sr 24hr 25 mg... 15
lamotrigine tab sr 24hr 250 mg... 15
lamotrigine tab sr 24hr 300 mg... 15
lansoprazole cap delayed release 15 mg... 55
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 LANTUS INJ 100/ML... 49
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larin fe tab 1.5/30... 60
larin fe tab 1/20... 60
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 LASTACFT SOL 0.25%... 62
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LATUDA TAB 40MG	27	levobunolol hcl ophth soln		levoxyl tab 200mcg	52
LATUDA TAB 60MG	27	0.5%	61	levoxyl tab 25mcg	52
LATUDA TAB 80MG	27	levocarnitine tab 330 mg	46	levoxyl tab 50mcg	52
LAZANDA SPR 100MCG	21	levocetirizine dihydrochloride		levoxyl tab 75mcg	52
LAZANDA SPR 400MCG	21	soln 2.5 mg/5ml (0.5		levoxyl tab 88mcg	52
leena tab	60	mg/ml)	63	LEXIVA SUS 50MG/ML	3
leflunomide tab 10 mg	58	levocetirizine dihydrochloride		LEXIVA TAB 700MG	3
leflunomide tab 20 mg	58	tab 5 mg	63	LIALDA TAB 1.2GM	53
LENVIMA CAP 10MG	12	levofloxacin in d5w iv soln		lidocaine hcl gel 2%	43
LENVIMA CAP 14MG	12	500 mg/100ml	9	lidocaine hcl local inj 2%	43
LENVIMA CAP 20MG	12	levofloxacin iv soln 25		lidocaine hcl local	
LENVIMA CAP 24MG	12	mg/ml	9	preservative free (pf) inj	
lessina tab	60	levofloxacin ophth soln		0.5%	43
LETAIRIS TAB 10MG	65	0.5%	61	lidocaine hcl soln 4%	43
LETAIRIS TAB 5MG	65	levofloxacin oral soln 25		lidocaine hcl viscous soln	
letrozole tab 2.5 mg	12	mg/ml	9	2%	44
leucovorin calcium for inj 100		levofloxacin tab 250 mg	9	lidocaine patch 5%	44
mg	10	levofloxacin tab 500 mg	9	lidocaine-prilocaine cream	
leucovorin calcium for inj 350		levofloxacin tab 750 mg	9	2.5-2.5%	44
mg	10	LEVOLEUCOVOR INJ		LINCOCIN INJ 300MG/ML	7
leucovorin calcium tab 10		50MG	10	lindane lotion 1%	46
mg	10	levonest tab	60	lindane shampoo 1%	46
leucovorin calcium tab 15		levonorgestrel & ethinyl		linezolid iv soln 2 mg/ml	7
mg	10	estradiol (91-day) tab		linezolid tab 600 mg	7
leucovorin calcium tab 25		0.15-0.03 mg	60	LINZESS CAP 145MCG	53
mg	10	levonorgestrel & ethinyl		LINZESS CAP 290MCG	53
leucovorin calcium tab 5		estradiol tab 0.1 mg-20		liothyronine sodium tab 25	
mg	10	mcg	60	mcg	52
LEUKERAN TAB 2MG	12	levonorgestrel-ethinyl		liothyronine sodium tab 5	
LEUKINE INJ 250MCG	56	estradiol (continuous) tab		mcg	52
leuprolide acetate inj kit 5		90-20 mcg	60	liothyronine sodium tab 50	
mg/ml	12	levora-28 tab 0.15/30	60	mcg	52
levabuterol hcl soln nebu		levothyroxine sodium tab 100		LIPTRUZET TAB 10-10MG41	
0.31 mg/3ml (base		mcg	52	LIPTRUZET TAB 10-20MG41	
equiv)	65	levothyroxine sodium tab 112		LIPTRUZET TAB 10-40MG41	
levabuterol hcl soln nebu		mcg	52	LIPTRUZET TAB 10-80MG41	
0.63 mg/3ml (base		levothyroxine sodium tab 125		lisinopril &	
equiv)	65	mcg	52	hydrochlorothiazide tab	
levabuterol hcl soln nebu		levothyroxine sodium tab 137		10-12.5 mg	35
conc 1.25 mg/0.5ml (base		mcg	52	lisinopril &	
equiv)	65	levothyroxine sodium tab 150		hydrochlorothiazide tab	
LEVEMIR INJ	50	mcg	52	20-12.5 mg	35
LEVEMIR INJ FLEXTOUC	50	levothyroxine sodium tab 175		lisinopril &	
LEVETIRACETA INJ		mcg	52	hydrochlorothiazide tab	
10MG/ML	27	levothyroxine sodium tab 200		20-25 mg	35
LEVETIRACETA INJ		mcg	52	lisinopril tab 10 mg	35
15MG/ML	27	levothyroxine sodium tab 25		lisinopril tab 2.5 mg	35
LEVETIRACETA INJ		mcg	52	lisinopril tab 20 mg	35
5MG/ML	27	levothyroxine sodium tab 300		lisinopril tab 30 mg	35
levetiracetam inj 500 mg/5ml		mcg	52	lisinopril tab 30 mg	35
(100 mg/ml)	15	levothyroxine sodium tab 50		lisinopril tab 40 mg	35
levetiracetam oral soln 100		mcg	52	lisinopril tab 5 mg	35
mg/ml	15	levothyroxine sodium tab 75		lithium carbonate cap 150	
levetiracetam tab 1000 mg	15	mcg	52	mg	27
levetiracetam tab 250 mg	15	levothyroxine sodium tab 88		lithium carbonate cap 300	
levetiracetam tab 500 mg	15	mcg	52	mg	27
levetiracetam tab 750 mg	15	levoxyl tab 100mcg	52	lithium carbonate cap 600	
levetiracetam tab sr 24hr 500		levoxyl tab 112mcg	52	mg	27
mg	15	levoxyl tab 125mcg	52	lithium carbonate tab 300	
levetiracetam tab sr 24hr 750		levoxyl tab 137mcg	52	mg	27
mg	15	levoxyl tab 150mcg	52	lithium carbonate tab cr 300	
		levoxyl tab 175mcg	52	mg	27

<i>lithium carbonate tab cr 450 mg</i>	27	45MG.....	12	<i>meloxicam tab 15 mg</i>	23
LITHIUM SOL 8MEQ/5ML	27	LUPRON DEPOT INJ		<i>meloxicam tab 7.5 mg</i>	23
LIVALO TAB 1MG.....	41	7.5MG.....	12	<i>melphalan hcl for inj 50 mg (base equiv)</i>	12
LIVALO TAB 2MG.....	41	<i>lutea tab</i>	60	MENACTRA INJ.....	57
LIVALO TAB 4MG.....	41	LYNPARZA CAP 50MG.....	12	MENEST TAB 0.3MG.....	59
LO LOESTRIN TAB.....	60	LYRICA CAP 100MG.....	15	MENEST TAB 0.625MG.....	59
<i>lokara lot 0.05%</i>	45	LYRICA CAP 150MG.....	15	MENEST TAB 1.25MG.....	59
<i>lomedina 24 tab fe</i>	60	LYRICA CAP 200MG.....	15	MENEST TAB 2.5MG.....	59
<i>lomustine cap 10 mg</i>	12	LYRICA CAP 225MG.....	15	MENOMUNE INJ A/C/Y/W	57
<i>lomustine cap 100 mg</i>	12	LYRICA CAP 25MG.....	15	MENVEO INJ.....	57
<i>lomustine cap 40 mg</i>	12	LYRICA CAP 300MG.....	16	<i>mercaptopurine tab 50 mg</i>	12
<i>loperamide hcl cap 2 mg</i>	53	LYRICA CAP 50MG.....	15	<i>meropenem iv for soln 500 mg</i>	7
<i>lorazepam con 2mg/ml</i>	27	LYRICA CAP 75MG.....	15	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	54
<i>lorazepam tab 0.5 mg</i>	27	LYRICA SOL 20MG/ML.....	16	<i>mesna inj 100 mg/ml</i>	10
<i>lorazepam tab 1 mg</i>	27	LYSODREN TAB 500MG.....	12	MESNEX TAB 400MG.....	10
<i>lorazepam tab 2 mg</i>	27	LYZEDA TAB 650MG.....	59	<i>metformin hcl tab 1000 mg</i>	50
<i>loryna tab 3-0.02mg</i>	60	<i>lyza tab 0.35mg</i>	59	<i>metformin hcl tab 500 mg</i>	50
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	35	M		<i>metformin hcl tab 850 mg</i>	50
losartan potassium & hydrochlorothiazide tab 100-25 mg	35	M-M-R II INJ.....	57	<i>metformin hcl tab sr 24hr 500 mg</i>	50
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	35	<i>magnesium sulfate inj 50%</i>	67	<i>metformin hcl tab sr 24hr 750 mg</i>	50
losartan potassium tab 100 mg	35	<i>maprotiline hcl tab 25 mg</i>	27	<i>metformin hcl tab sr 24hr 1000 mg osmotic</i>	50
losartan potassium tab 25 mg	35	<i>maprotiline hcl tab 50 mg</i>	27	<i>methadone hcl soln 10 mg/5ml</i>	21
losartan potassium tab 50 mg	35	<i>maprotiline hcl tab 75 mg</i>	27	<i>methadone hcl soln 5 mg/5ml</i>	21
LOTEMAX GEL 0.5%.....	63	<i>marlissa tab 0.15/30</i>	60	<i>methadone hcl tab 10 mg</i>	21
LOTEMAX OIN 0.5%.....	63	MARPLAN TAB 10MG.....	27	<i>methadone hcl tab 5 mg</i>	21
LOTEMAX SUS 0.5%.....	63	MATULANE CAP 50MG.....	12	METHADONE INJ	
<i>lovastatin tab 10 mg</i>	41	<i>matzim la tab 180mg/24</i>	35	10MG/ML.....	21
<i>lovastatin tab 20 mg</i>	41	<i>matzim la tab 240mg/24</i>	35	<i>methazolamide tab 25 mg</i>	62
<i>lovastatin tab 40 mg</i>	41	<i>matzim la tab 300mg/24</i>	35	<i>methazolamide tab 50 mg</i>	62
<i>loxapine succinate cap 10 mg</i>	27	<i>matzim la tab 360mg/24</i>	35	<i>methenamine hippurate tab 1 gm</i>	9
<i>loxapine succinate cap 25 mg</i>	27	<i>matzim la tab 420mg/24</i>	35	<i>methimazole tab 10 mg</i>	48
<i>loxapine succinate cap 5 mg</i>	27	<i>meclizine hcl tab 12.5 mg</i>	54	<i>methimazole tab 5 mg</i>	48
<i>loxapine succinate cap 50 mg</i>	27	<i>meclizine hcl tab 25 mg</i>	54	<i>methocarbamol tab 500 mg</i>	19
LUMIGAN SOL 0.01%.....	62	<i>meclofenamate sodium cap 100 mg</i>	23	<i>methocarbamol tab 750 mg</i>	19
LUMIZYME INJ 50MG.....	51	<i>meclofenamate sodium cap 50 mg</i>	23	<i>methotrexate sodium for inj 1 gm</i>	12
LUPR DEP-PED INJ		<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	59	<i>methotrexate sodium inj pf 25 mg/ml</i>	12
11.25MG.....	12	<i>medroxyprogesterone acetate tab 10 mg</i>	59	<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	12
LUPR DEP-PED INJ 15MG	12	<i>medroxyprogesterone acetate tab 2.5 mg</i>	59	<i>methoxsalen rapid cap 10 mg</i>	43
LUPRON DEPOT INJ		<i>medroxyprogesterone acetate tab 5 mg</i>	59	<i>methscopolamine bromide tab 2.5 mg</i>	53
11.25MG.....	12	<i>mefenamic acid cap 250 mg</i>	23	<i>methscopolamine bromide tab 5 mg</i>	53
LUPRON DEPOT INJ		<i>mefloquine hcl tab 250 mg</i>	7	<i>methylclothiazide tab 5 mg</i>	35
22.5MG.....	12	<i>megestrol acetate susp 40 mg/ml</i>	12	<i>methylergonovine maleate tab 0.2 mg</i>	61
LUPRON DEPOT INJ		<i>megestrol acetate tab 20 mg</i>	12	<i>methylphenidate hcl cap sr</i>	
3.75MG.....	12	<i>megestrol acetate tab 40 mg</i>	12		
LUPRON DEPOT INJ		MEKINIST TAB 0.5MG.....	12		
30MG.....	12	MEKINIST TAB 2MG.....	12		
LUPRON DEPOT INJ		<i>meloxicam susp 7.5 mg/5ml</i>	23		

24hr 20 mg (la).....	27	100-50 mg.....	35	minoxidil tab 2.5 mg.....	36
methylphenidate hcl cap sr		metoprolol &		mirtazapine orally	
24hr 30 mg (la).....	27	hydrochlorothiazide tab		disintegrating tab 15	
methylphenidate hcl cap sr		50-25 mg.....	35	mg.....	28
24hr 40 mg (la).....	27	metoprolol succinate tab sr		mirtazapine orally	
methylphenidate hcl soln 10		24hr 100 mg.....	35	disintegrating tab 30	
mg/5ml.....	27	metoprolol succinate tab sr		mg.....	28
methylphenidate hcl soln 5		24hr 200 mg.....	35	mirtazapine orally	
mg/5ml.....	27	metoprolol succinate tab sr		disintegrating tab 45	
methylphenidate hcl tab 10		24hr 25 mg.....	35	mg.....	28
mg.....	28	metoprolol succinate tab sr		mirtazapine tab 15 mg.....	28
methylphenidate hcl tab 20		24hr 50 mg.....	35	mirtazapine tab 30 mg.....	28
mg.....	28	metoprolol tartrate inj 1		mirtazapine tab 45 mg.....	28
methylphenidate hcl tab 5		mg/ml.....	35	mirtazapine tab 7.5 mg.....	28
mg.....	28	metoprolol tartrate tab 100		MIRVASO GEL 0.33%.....	43
methylphenidate hcl tab cr 20		mg.....	36	misoprostol tab 100 mcg.....	55
mg.....	28	metoprolol tartrate tab 25		misoprostol tab 200 mcg.....	55
methylphenidate hcl tab sa		mg.....	36	mitomycin for iv soln 20 mg12	
osm 18 mg.....	28	metoprolol tartrate tab 50		mitoxantrone hcl inj conc 25	
methylphenidate hcl tab sa		mg.....	36	mg/12.5ml (2 mg/ml).....	12
osm 27 mg.....	28	metronidazole cap 375 mg..	7	modafinil tab 100 mg.....	28
methylphenidate hcl tab sa		metronidazole cream		modafinil tab 200 mg.....	28
osm 36 mg.....	28	0.75%.....	43	moexipril hcl tab 15 mg.....	36
methylphenidate hcl tab sa		metronidazole gel 0.75%..	43	moexipril hcl tab 7.5 mg.....	36
osm 54 mg.....	28	metronidazole gel 1%.....	43	moexipril-hydrochlorothiazide	
methylprednisolone acetate		metronidazole in nacl 0.79%		tab 15-12.5 mg.....	36
inj susp 40 mg/ml.....	48	iv soln 500 mg/100ml... 7		moexipril-hydrochlorothiazide	
methylprednisolone acetate		metronidazole lotion 0.75%43		tab 15-25 mg.....	36
inj susp 80 mg/ml.....	48	metronidazole tab 250 mg.. 7		moexipril-hydrochlorothiazide	
methylprednisolone sodium		metronidazole tab 500 mg.. 7		tab 7.5-12.5 mg.....	36
succinate for inj 125		metronidazole vaginal gel		mometasone furoate cream	
mg.....	48	0.75%.....	59	0.1%.....	45
methylprednisolone sodium		mexiletine hcl cap 150 mg. 31		mometasone furoate oint	
succinate for inj 40 mg. 48		mexiletine hcl cap 200 mg. 31		0.1%.....	45
methylprednisolone tab 16		mexiletine hcl cap 250 mg. 31		mononessa tab.....	60
mg.....	48	MIACALCIN INJ 200/ML... 51		montelukast sodium chew tab	
methylprednisolone tab 32		miconazole 3 sup 200mg.. 59		4 mg (base equiv).....	65
mg.....	48	microgestin tab 1.5/30..... 60		montelukast sodium chew tab	
methylprednisolone tab 4		microgestin tab 1/20..... 60		5 mg (base equiv).....	65
mg.....	48	microgestin tab fe 1/20... 60		montelukast sodium oral	
methylprednisolone tab 4 mg		microgestin tab fe1.5/30... 60		granules packet 4 mg	
dose pack.....	48	MICROZIDE CAP 12.5MG. 36		(base equiv).....	65
methylprednisolone tab 8		midodrine hcl tab 10 mg... 46		montelukast sodium tab 10	
mg.....	48	midodrine hcl tab 2.5 mg... 46		mg (base equiv).....	65
metipranolol ophth soln		midodrine hcl tab 5 mg... 46		MONUROL PAK	
0.3%.....	61	migergot sup 2/100..... 18		GRANULES.....	9
metoclopramide hcl inj 5		mimvey tab 1-0.5mg..... 60		MORPHINE SUL INJ	
mg/ml.....	54	MINASTRIN 24 CHW FE.. 60		2MG/ML.....	21
metoclopramide hcl soln 5		minocycline hcl cap 100 mg. 9		MORPHINE SUL INJ	
mg/5ml (10 mg/10ml).. 54		minocycline hcl cap 50 mg.. 9		4MG/ML.....	21
metoclopramide hcl tab 10		minocycline hcl cap 75 mg.. 9		MORPHINE SUL INJ	
mg.....	54	minocycline hcl tab 100 mg. 9		8MG/ML.....	21
metoclopramide hcl tab 5		minocycline hcl tab 50 mg.. 9		morphine sulfate	
mg.....	54	minocycline hcl tab 75 mg.. 9		(concentrate) oral soln 20	
metolazone tab 10 mg..... 35		minocycline hcl tab sr 24hr		mg/ml.....	21
metolazone tab 2.5 mg... 35		135 mg.....	9	morphine sulfate beads cap	
metolazone tab 5 mg..... 35		minocycline hcl tab sr 24hr 45		sr 24hr 120 mg.....	21
metoprolol &		mg.....	9	morphine sulfate beads cap	
hydrochlorothiazide tab		minocycline hcl tab sr 24hr 90		sr 24hr 30 mg.....	21
100-25 mg.....	35	mg.....	9	morphine sulfate beads cap	
metoprolol &		minoxidil tab 10 mg.....	36	sr 24hr 45 mg.....	21
hydrochlorothiazide tab				morphine sulfate beads cap	

sr 24hr 60 mg 21
 morphine sulfate beads cap
 sr 24hr 75 mg 21
 morphine sulfate beads cap
 sr 24hr 90 mg 21
 morphine sulfate cap sr 24hr
 10 mg 21
 morphine sulfate cap sr 24hr
 100 mg 21
 morphine sulfate cap sr 24hr
 20 mg 21
 morphine sulfate cap sr 24hr
 30 mg 21
 morphine sulfate cap sr 24hr
 50 mg 21
 morphine sulfate cap sr 24hr
 60 mg 21
 morphine sulfate cap sr 24hr
 80 mg 21
 morphine sulfate iv soln pf 10
 mg/ml 21
 morphine sulfate oral soln 10
 mg/5ml 21
 morphine sulfate oral soln 20
 mg/5ml 21
 morphine sulfate tab 15 mg 21
 morphine sulfate tab 30 mg 21
 morphine sulfate tab cr 100
 mg 21
 morphine sulfate tab cr 15
 mg 21
 morphine sulfate tab cr 200
 mg 21
 morphine sulfate tab cr 30
 mg 21
 morphine sulfate tab cr 60
 mg 21
 MOVIPREP SOL 54
 MOXEZA SOL 0.5% 61
 moxifloxacin hcl tab 400 mg
 (base equiv) 9
 MOZOBIL INJ 56
 MULTAQ TAB 400MG 31
 mupirocin calcium cream
 2% 44
 mupirocin oint 2% 44
 MUSTARGEN INJ 10MG 12
 MYCOBUTIN CAP 150MG 7
 mycophenolate mofetil cap
 250 mg 12
 mycophenolate mofetil for
 oral susp 200 mg/ml 12
 mycophenolate mofetil tab
 500 mg 12
 mycophenolate sodium tab dr
 180 mg (mycophenolic
 acid equiv) 12
 mycophenolate sodium tab dr
 360 mg (mycophenolic
 acid equiv) 12
 myorisan cap 10mg 43
 myorisan cap 20mg 43

myorisan cap 40mg 43
 MYOZYME INJ 50MG 51
 MYRBETRIQ TAB 25MG 66
 MYRBETRIQ TAB 50MG 66

N
 nabumetone tab 500 mg 23
 nabumetone tab 750 mg 23
 nadolol tab 20 mg 36
 nadolol tab 40 mg 36
 nadolol tab 80 mg 36
 nafcillin sodium for inj 1 gm. 8
 nafcillin sodium for inj 10 gm 8
 naftifine hcl cream 1% 44
 NAFTIN CRE 2% 44
 NAFTIN GEL 1% 44
 NAFTIN GEL 2% 44
 NAGLAZYME INJ 1MG/ML 51
 naloxone hcl inj 1 mg/ml 23
 naltrexone hcl tab 50 mg 23
 NAMENDA SOL
 10MG/5ML 19
 NAMENDA TAB 10MG 19
 NAMENDA TAB 5-10MG 19
 NAMENDA TAB 5MG 19
 NAMENDA XR CAP 14MG 19
 NAMENDA XR CAP 21MG 19
 NAMENDA XR CAP 28MG 19
 NAMENDA XR CAP 7MG 19
 NAMENDA XR CAP
 TITRATIO 19
 naphazoline hcl ophth soln
 0.1% 63
 naproxen dr tab 375mg 23
 naproxen dr tab 500mg 23
 naproxen sodium tab 275
 mg 23
 naproxen sodium tab 550
 mg 23
 naproxen susp 125 mg/5ml 23
 naproxen tab 250 mg 23
 naproxen tab 375 mg 23
 naproxen tab 500 mg 23
 naratriptan hcl tab 1 mg
 (base equiv) 18
 naratriptan hcl tab 2.5 mg
 (base equiv) 18
 NASONEX SPR
 50MCG/AC 65
 NATACYN SUS 5% OP 61
 NATAZIA TAB 60
 nateglinide tab 120 mg 50
 nateglinide tab 60 mg 50
 NATPARA INJ 100MCG 52
 NATPARA INJ 25MCG 52
 NATPARA INJ 50MCG 52
 NATPARA INJ 75MCG 52
 NEBUPENT INH 300MG 7
 necon tab 0.5/35 60
 necon tab 1/35 60

NECON TAB 10/11-28 60
 necon tab 7/7/7 60
 nefazodone hcl tab 100 mg 28
 nefazodone hcl tab 150 mg 28
 nefazodone hcl tab 200 mg 28
 nefazodone hcl tab 250 mg 28
 nefazodone hcl tab 50 mg. 28
 neomycin sulfate tab 500
 mg 7
 neomycin-bacitrac zn-
 polymyx 5(3.5)mg-
 400unt-10000unt op
 oin 61
 neomycin-polymyx-gramicid
 op sol 1.75-10000-
 0.025mg-unt-mg/ml 61
 neomycin-polymyxin b gu
 irrigation soln 46
 neomycin-polymyxin-
 dexamethasone ophth
 oint 0.1% 62
 neomycin-polymyxin-
 dexamethasone ophth
 susp 0.1% 62
 neomycin-polymyxin-hc ophth
 susp 62
 neomycin-polymyxin-hc otic
 soln 1% 47
 neomycin-polymyxin-hc otic
 susp 3.5 mg/ml-10000
 unit/ml-1% 47
 NEPHRAMINE INJ 5.4% 68
 NESINA TAB 6.25MG 50
 neuac gel 1.2-5% 43
 NEULASTA INJ 6MG/0.6M 56
 NEUMEGA INJ 5MG 56
 NEUPOGEN INJ 300/0.5 56
 NEUPOGEN INJ 480/0.8 56
 NEUPOGEN INJ 480MCG 56
 NEUPRO DIS 1MG/24HR. 17
 NEUPRO DIS 2MG/24HR. 17
 NEUPRO DIS 3MG/24HR. 17
 NEUPRO DIS 4MG/24HR. 17
 NEUPRO DIS 6MG/24HR. 17
 NEUPRO DIS 8MG/24HR. 17
 NEVANAC SUS 0.1% 62
 nevirapine susp 50 mg/5ml 3
 nevirapine tab 200 mg 3
 nevirapine tab sr 24hr 400
 mg 3
 NEXAVAR TAB 200MG 12
 NEXIUM GRA 10MG DR. 55
 NEXIUM GRA 2.5MG DR. 55
 NEXIUM GRA 20MG DR. 55
 NEXIUM GRA 40MG DR. 55
 NEXIUM GRA 5MG DR. 55
 niacin tab cr 1000 mg
 (antihyperlipidemic) 41
 niacin tab cr 500 mg
 (antihyperlipidemic) 41
 niacin tab cr 750 mg

(antihyperlipidemic) . . . 41
 nicardipine hcl cap 20 mg . 36
 nicardipine hcl cap 30 mg . 36
 NICOTROL INH . . . 47
 NICOTROL NS SPR
 10MG/ML . . . 47
 nifedical xl tab 30mg . . . 36
 nifedical xl tab 60mg . . . 36
 nifedipine tab sr 24hr osmotic
 30 mg . . . 36
 nifedipine tab sr 24hr osmotic
 60 mg . . . 36
 nifedipine tab sr 24hr osmotic
 90 mg . . . 36
 nikki tab 3-0.02mg . . . 60
 NILANDRON TAB 150MG . 12
 nimodipine cap 30 mg . . . 36
 nisoldipine tab sr 24hr 17
 mg . . . 36
 nisoldipine tab sr 24hr 20
 mg . . . 36
 nisoldipine tab sr 24hr 25.5
 mg . . . 36
 nisoldipine tab sr 24hr 30
 mg . . . 36
 nisoldipine tab sr 24hr 34
 mg . . . 36
 nisoldipine tab sr 24hr 40
 mg . . . 36
 nisoldipine tab sr 24hr 8.5
 mg . . . 36
 NITRO-BID OIN 2% . . . 42
 nitrofurantoin
 macrocrystalline cap 100
 mg . . . 9
 nitrofurantoin
 macrocrystalline cap 50
 mg . . . 9
 nitrofurantoin monohydrate
 macrocrystalline cap 100
 mg . . . 10
 nitrofurantoin susp 25
 mg/5ml . . . 10
 nitroglycerin td patch 24hr 0.1
 mg/hr . . . 42
 nitroglycerin td patch 24hr 0.2
 mg/hr . . . 42
 nitroglycerin td patch 24hr 0.4
 mg/hr . . . 42
 nitroglycerin td patch 24hr 0.6
 mg/hr . . . 42
 nitroglycerin tl soln 0.4
 mg/spray (400
 mcg/spray) . . . 42
 NITROSTAT SUB 0.3MG . 42
 NITROSTAT SUB 0.4MG . 42
 NITROSTAT SUB 0.6MG . 42
 nizatidine cap 150 mg . . . 55
 nizatidine cap 300 mg . . . 55
 nizatidine oral soln 15
 mg/ml . . . 55
 nora-be tab 0.35mg . . . 59

norethindrone & ethinyl
 estradiol-fe chew tab 0.8
 mg-25 mcg . . . 60
 norethindrone ace-ethinyl
 estradiol-fe tab 1 mg-20
 mcg (24) . . . 60
 norethindrone acetate tab 5
 mg . . . 59
 norethindrone tab 0.35 mg . 59
 norlyroc tab 0.35mg . . . 60
 normosol -m inj /d5w . . . 68
 NORMOSOL -R INJ /D5W . 67
 NORMOSOL-R INJ PH 7.4 . 68
 NORTHERA CAP 100MG . 42
 NORTHERA CAP 200MG . 42
 NORTHERA CAP 300MG . 42
 nortrel tab 0.5/35 . . . 60
 nortrel tab 1/35 . . . 60
 nortrel tab 7/7/7 . . . 60
 nortriptyline hcl cap 10 mg . 28
 nortriptyline hcl cap 25 mg . 28
 nortriptyline hcl cap 50 mg . 28
 nortriptyline hcl cap 75 mg . 28
 nortriptyline hcl soln 10
 mg/5ml . . . 28
 NORVIR CAP 100MG . . . 3
 NORVIR SOL 80MG/ML . . . 3
 NORVIR TAB 100MG . . . 3
 NOVOLIN INJ 70/30 . . . 50
 NOVOLIN N INJ U-100 . . . 50
 NOVOLIN R INJ U-100 . . . 50
 NOVOLOG INJ 100/ML . . . 50
 NOVOLOG INJ FLEXPEN . 50
 NOVOLOG INJ PENFILL . 50
 NOVOLOG MIX INJ 70/30 . 50
 NOVOLOG MIX INJ
 FLEXPEN . . . 50
 NOXAFIL SUS 40MG/ML . . . 2
 NOXAFIL TAB 100MG . . . 2
 NUEDEXTA CAP 20-
 10MG . . . 19
 NULOJIX INJ 250MG . . . 12
 nutrilipid emu 20% . . . 68
 NUVARING MIS . . . 59
 NUVESSA GEL 1.3% . . . 59
 NUVIGIL TAB 150MG . . . 28
 NUVIGIL TAB 200MG . . . 28
 NUVIGIL TAB 250MG . . . 28
 NUVIGIL TAB 50MG . . . 28
 nystatin cream 100000
 unit/gm . . . 44
 nystatin oint 100000
 unit/gm . . . 44
 nystatin susp 100000 unit/ml2
 nystatin tab 500000 unit . . . 2
 nystatin topical powder . . . 44
 nystatin-triamcinolone cream
 100000-0.1 unit/gm-% . 44
 nystatin-triamcinolone oint
 100000-0.1 unit/gm-% . 44
 nystop pow 100000 . . . 44

O
 ocella tab 3-0.03mg . . . 60
 octreotide acetate inj 100
 mcg/ml (0.1 mg/ml) . . . 12
 octreotide acetate inj 1000
 mcg/ml (1 mg/ml) . . . 13
 octreotide acetate inj 200
 mcg/ml (0.2 mg/ml) . . . 12
 octreotide acetate inj 50
 mcg/ml (0.05 mg/ml) . . . 12
 octreotide acetate inj 500
 mcg/ml (0.5 mg/ml) . . . 12
 OFEV CAP 100MG . . . 65
 OFEV CAP 150MG . . . 65
 ofloxacin ophth soln 0.3% . 61
 ofloxacin otic soln 0.3% . . 47
 ofloxacin tab 400 mg . . . 9
 ogestrel tab . . . 60
 olanzapine for im inj 10 mg 28
 olanzapine orally
 disintegrating tab 10
 mg . . . 28
 olanzapine orally
 disintegrating tab 15
 mg . . . 28
 olanzapine orally
 disintegrating tab 20
 mg . . . 28
 olanzapine orally
 disintegrating tab 5 mg . 28
 olanzapine tab 10 mg . . . 28
 olanzapine tab 15 mg . . . 28
 olanzapine tab 2.5 mg . . . 28
 olanzapine tab 20 mg . . . 28
 olanzapine tab 5 mg . . . 28
 olanzapine tab 7.5 mg . . . 28
 olanzapine-fluoxetine hcl cap
 12-25 mg . . . 29
 olanzapine-fluoxetine hcl cap
 12-50 mg . . . 29
 olanzapine-fluoxetine hcl cap
 3-25 mg . . . 28
 olanzapine-fluoxetine hcl cap
 6-25 mg . . . 28
 olanzapine-fluoxetine hcl cap
 6-50 mg . . . 29
 olopatadine hcl nasal soln
 0.6% . . . 47
 OLYSIO CAP 150MG . . . 3
 omega-3-acid ethyl esters
 cap 1 gm . . . 41
 omeprazole cap delayed
 release 10 mg . . . 55
 omeprazole cap delayed
 release 20 mg . . . 55
 omeprazole cap delayed
 release 40 mg . . . 55
 OMNARIS SPR . . . 65
 OMNITROPE INJ 5.8MG . . 56
 ONCASPAR INJ 750/ML . . 13
 ondansetron hcl inj 4 mg/2ml

(2 mg/ml).....	54	24hr 15 mg.....	66	PATADAY SOL 0.2%.....	62
ondansetron hcl oral soln 4		oxybutynin chloride tab sr		PATANASE SPR 0.6%.....	47
mg/5ml.....	54	24hr 5 mg.....	66	PATANOL SOL 0.1% OP.....	62
ondansetron hcl tab 24 mg	54	oxycodone hcl cap 5 mg.....	22	PAXIL SUS 10MG/5ML.....	29
ondansetron hcl tab 4 mg.....	54	oxycodone hcl conc 100		PEDVAX HIB INJ.....	57
ondansetron hcl tab 8 mg.....	54	mg/5ml (20 mg/ml).....	22	PEG-INTRON KIT 120 RP.....	56
ondansetron orally		oxycodone hcl soln 5		PEG-INTRON KIT 150 RP.....	56
disintegrating tab 4 mg.....	54	mg/5ml.....	22	PEG-INTRON KIT 50MCG.....	56
ondansetron orally		oxycodone hcl tab 10 mg.....	22	PEG-INTRON KIT 50MCG	
disintegrating tab 8 mg.....	54	oxycodone hcl tab 15 mg.....	22	RP.....	56
ONFI SUS 2.5MG/ML.....	16	oxycodone hcl tab 20 mg.....	22	PEG-INTRON KIT 80MCG	
ONFI TAB 10MG.....	16	oxycodone hcl tab 30 mg.....	22	RP.....	56
ONFI TAB 20MG.....	16	oxycodone hcl tab 5 mg.....	22	PEGANONE TAB 250MG.....	16
OPANA ER TAB 10MG.....	22	oxycodone w/ acetaminophen		PEGASYS INJ.....	56
OPANA ER TAB 15MG.....	22	tab 10-325 mg.....	22	PEGASYS INJ 180MCG/M.....	56
OPANA ER TAB 20MG.....	22	oxycodone w/ acetaminophen		PEGASYS INJ PROCLICK.....	56
OPANA ER TAB 30MG.....	22	tab 2.5-325 mg.....	22	PEGINTRON KIT 120MCG.....	56
OPANA ER TAB 40MG.....	22	oxycodone w/ acetaminophen		PEGINTRON KIT 150MCG.....	56
OPANA ER TAB 5MG.....	22	tab 5-325 mg.....	22	PEGINTRON KIT 80MCG.....	56
OPANA ER TAB 7.5MG.....	22	oxycodone w/ acetaminophen		PEN G PROC INJ 600000.....	8
OPDIVO INJ 40MG/4ML.....	13	tab 7.5-325 mg.....	22	PENICILL GK/ INJ DEX	
OPSUMIT TAB 10MG.....	65	oxycodone-aspirin tab		2MU.....	8
ORAP TAB 1MG.....	29	4.8355-325 mg.....	22	PENICILL GK/ INJ DEX	
ORAP TAB 2MG.....	29	oxycodone-ibuprofen tab 5-		3MU.....	8
ORENCIA INJ 125MG/ML.....	58	400 mg.....	22	penicillin g potassium for inj	
ORENCIA INJ 250MG.....	58			5000000 unit.....	8
ORFADIN CAP 10MG.....	46	P		penicillin g sodium for inj	
ORFADIN CAP 2MG.....	46	pacerone tab 100mg.....	31	5000000 unit.....	8
ORFADIN CAP 5MG.....	46	pacerone tab 200mg.....	31	penicillin v potassium for soln	
orphenadrine citrate tab sr		pacerone tab 400mg.....	31	125 mg/5ml.....	8
12hr 100 mg.....	19	paclitaxel iv conc 300		penicillin v potassium for soln	
orsythia tab.....	60	mg/50ml (6 mg/ml).....	13	250 mg/5ml.....	8
OSMOPREP TAB 1.5GM.....	54	pamidronate disodium iv soln		penicillin v potassium tab 250	
OTEZLA TAB 10/20/30.....	58	3 mg/ml.....	51	mg.....	8
OTEZLA TAB 30MG.....	58	pamidronate disodium iv soln		penicillin v potassium tab 500	
oxacillin sodium for inj 10		9 mg/ml.....	51	mg.....	8
gm.....	8	PAMIDRONATE INJ		PENTAM 300 INJ 300MG.....	7
oxacillin sodium for inj 2 gm.....	8	6MG/ML.....	51	PENTASA CAP 250MG	
oxaliplatin iv soln 100		PANRETIN GEL 0.1%.....	43	CR.....	54
mg/20ml.....	13	pantoprazole sodium ec tab		PENTASA CAP 500MG	
oxandrolone tab 10 mg.....	51	20 mg (base equiv).....	55	CR.....	54
oxandrolone tab 2.5 mg.....	51	pantoprazole sodium ec tab		pentoxifylline tab cr 400	
oxazepam cap 10 mg.....	29	40 mg (base equiv).....	55	mg.....	39
oxazepam cap 15 mg.....	29	paricalcitol cap 1 mcg.....	51	PERFORMIST NEB	
oxazepam cap 30 mg.....	29	paricalcitol cap 2 mcg.....	51	20MCG.....	65
oxcarbazepine susp 300		paricalcitol cap 4 mcg.....	51	perindopril erbumine tab 2	
mg/5ml (60 mg/ml).....	16	PARICALCITOL INJ		mg.....	36
oxcarbazepine tab 150 mg.....	16	2MCG/ML.....	51	perindopril erbumine tab 4	
oxcarbazepine tab 300 mg.....	16	paromomycin sulfate cap 250		mg.....	36
oxcarbazepine tab 600 mg.....	16	mg.....	7	perindopril erbumine tab 8	
OXISTAT CRE 1%.....	44	paroxetine hcl tab 10 mg.....	29	mg.....	36
OXISTAT LOT 1%.....	44	paroxetine hcl tab 20 mg.....	29	periogard sol 0.12%.....	47
OXSORALEN-UL CAP		paroxetine hcl tab 30 mg.....	29	PERJETA INJ 420/14ML.....	13
10MG.....	43	paroxetine hcl tab 40 mg.....	29	permethrin cream 5%.....	46
oxybutynin chloride syrup 5		paroxetine hcl tab sr 24hr		perphenazine tab 16 mg.....	29
mg/5ml.....	66	12.5 mg.....	29	perphenazine tab 2 mg.....	29
oxybutynin chloride tab 5		paroxetine hcl tab sr 24hr 25		perphenazine tab 4 mg.....	29
mg.....	66	mg.....	29	perphenazine tab 8 mg.....	29
oxybutynin chloride tab sr		paroxetine hcl tab sr 24hr		perphenazine-amitriptyline	
24hr 10 mg.....	66	37.5 mg.....	29	tab 2-10 mg.....	29
oxybutynin chloride tab sr		PASER GRA 4GM.....	7	perphenazine-amitriptyline	

tab 2-25 mg	29				
perphenazine-amitriptyline					
tab 4-10 mg	29				
perphenazine-amitriptyline					
tab 4-25 mg	29				
perphenazine-amitriptyline					
tab 4-50 mg	29				
phenelzine sulfate tab 15					
mg	29				
phenergan sup 12.5mg	63				
phenergan sup 25mg	63				
phenergan sup 50mg	63				
phenobarbital elixir 20					
mg/5ml	16				
phenobarbital tab 100 mg	16				
phenobarbital tab 15 mg	16				
phenobarbital tab 16.2 mg	16				
phenobarbital tab 30 mg	16				
phenobarbital tab 32.4 mg	16				
phenobarbital tab 60 mg	16				
phenobarbital tab 64.8 mg	16				
phenobarbital tab 97.2 mg	16				
PHENYTEK CAP 200MG	16				
PHENYTEK CAP 300MG	16				
phenytoin chew tab 50 mg	16				
phenytoin sodium extended					
cap 100 mg	16				
phenytoin sodium extended					
cap 200 mg	16				
phenytoin sodium extended					
cap 300 mg	16				
phenytoin sodium inj 50					
mg/ml	16				
phenytoin susp 125					
mg/5ml	16				
PHOSLYRA SOL	67				
PHOSPHOLINE SOL					
0.125%OP	61				
PICATO GEL 0.015%	43				
PICATO GEL 0.05%	43				
pilocarpine hcl ophth soln					
1%	61				
pilocarpine hcl ophth soln					
2%	61				
pilocarpine hcl ophth soln					
4%	61				
pilocarpine hcl tab 5 mg	46				
pilocarpine hcl tab 7.5 mg	46				
pimtreea tab	60				
pindolol tab 10 mg	36				
pindolol tab 5 mg	36				
pioglitazone hcl tab 15 mg					
(base equiv)	50				
pioglitazone hcl tab 30 mg					
(base equiv)	50				
pioglitazone hcl tab 45 mg					
(base equiv)	50				
pioglitazone hcl-glimepiride					
tab 30-2 mg	50				
pioglitazone hcl-glimepiride					
tab 30-4 mg	50				
pioglitazone hcl-metformin hcl					
tab 15-500 mg	50				
pioglitazone hcl-metformin hcl					
tab 15-850 mg	50				
piperacillin sodium-					
tazobactam sodium for inj					
3-0.375 gm	8				
piperacillin sodium-					
tazobactam sodium for inj					
4-0.5 gm	8				
pirmella tab 1/35	60				
piroxicam cap 10 mg	23				
piroxicam cap 20 mg	23				
PLASMA-LYTE INJ -148	68				
PLASMA-LYTE INJ -A	68				
PLASMA-LYTE INJ					
56/D5W	68				
PLEGRIDY INJ	56				
PLEGRIDY PEN INJ					
STARTER	56				
podofilox soln 0.5%	43				
polyethylene glycol 3350 oral					
powder	54				
polymyxin b sulfate for inj					
500000 unit	7				
polymyxin b-trimethoprim					
ophth soln 10000 unit/ml-					
0.1%	61				
POMALYST CAP 1MG	13				
POMALYST CAP 2MG	13				
POMALYST CAP 3MG	13				
POMALYST CAP 4MG	13				
portia-28 tab	60				
potassium chloride 20 meq/l					
(0.15%) in dextrose 5%					
inj	67				
potassium chloride 40 meq/l					
(0.3%) in dextrose 5%					
inj	68				
potassium chloride cap cr 10					
meq	68				
potassium chloride cap cr 8					
meq	68				
potassium chloride inj 10					
meq/100 ml	68				
potassium chloride inj 2					
meq/ml	68				
potassium chloride inj 20					
meq/100 ml	68				
potassium chloride inj 40					
meq/100 ml	68				
potassium chloride					
microencapsulated crys cr					
tab 10 meq	68				
potassium chloride					
microencapsulated crys cr					
tab 20 meq	68				
potassium chloride oral liq					
10% (20 meq/15ml)	68				
potassium chloride oral liq					
20% (40 meq/15ml)	68				
potassium chloride tab cr 8					
meq (600 mg)	68				
potassium citrate tab cr 10					
meq (1080 mg)	67				
potassium citrate tab cr 15					
meq (1620 mg)	67				
potassium citrate tab cr 5					
meq (540 mg)	67				
POTIGA TAB 200MG	16				
POTIGA TAB 300MG	16				
POTIGA TAB 400MG	16				
POTIGA TAB 50MG	16				
PRADAXA CAP 150MG	39				
PRADAXA CAP 75MG	39				
pramipexole dihydrochloride					
tab 0.125 mg	17				
pramipexole dihydrochloride					
tab 0.25 mg	17				
pramipexole dihydrochloride					
tab 0.5 mg	17				
pramipexole dihydrochloride					
tab 0.75 mg	17				
pramipexole dihydrochloride					
tab 1 mg	17				
pramipexole dihydrochloride					
tab 1.5 mg	17				
PRANDIN TAB 0.5MG	50				
PRANDIN TAB 1MG	50				
PRANDIN TAB 2MG	50				
pravastatin sodium tab 10					
mg	41				
pravastatin sodium tab 20					
mg	41				
pravastatin sodium tab 40					
mg	41				
pravastatin sodium tab 80					
mg	41				
prazosin hcl cap 1 mg	36				
prazosin hcl cap 2 mg	36				
prazosin hcl cap 5 mg	36				
PRED MILD SUS 0.12%					
OP	63				
PRED SOD PHO SOL 1%					
OP	63				
PRED-G S.O.P OIN OP	62				
PRED-G SUS OP	62				
prednicarbate cream 0.1%	45				
prednicarbate oint 0.1%	45				
prednisolone sod phos orally					
disintegr tab 10 mg (base					
eq)	48				
prednisolone sod phos orally					
disintegr tab 15 mg (base					
eq)	48				
prednisolone sod phos orally					
disintegr tab 30 mg (base					
eq)	48				
prednisolone sod phosph oral					
soln 6.7 mg/5ml (5					
mg/5ml base)	48				
prednisolone sod phosphate					
oral soln 15 mg/5ml (base					
equiv)	48				

<i>ramipril cap 1.25 mg</i>	36	REYATAZ CAP 300MG.....	4	<i>mg</i>	19
<i>ramipril cap 10 mg</i>	37	REYATAZ POW 50MG.....	4	<i>rizatriptan benzoate orally</i>	
<i>ramipril cap 2.5 mg</i>	37	<i>ribasphere cap 200mg</i>	4	<i>disintegrating tab 10</i>	
<i>ramipril cap 5 mg</i>	37	<i>ribasphere tab 200mg</i>	4	<i>mg</i>	18
RANEXA TAB 1000MG.....	42	<i>ribavirin cap 200 mg</i>	4	<i>rizatriptan benzoate orally</i>	
RANEXA TAB 500MG.....	42	<i>ribavirin tab 200 mg</i>	4	<i>disintegrating tab 5 mg</i>	18
<i>ranitidine hcl cap 150 mg</i> ..	55	RIDAURA CAP 3MG.....	58	<i>rizatriptan benzoate tab 10</i>	
<i>ranitidine hcl cap 300 mg</i> ..	55	<i>rifabutin cap 150 mg</i>	7	<i>mg</i>	18
<i>ranitidine hcl inj 150 mg/6ml</i>		<i>rifampin cap 150 mg</i>	7	<i>rizatriptan benzoate tab 5</i>	
<i>(25 mg/ml)</i>	55	<i>rifampin cap 300 mg</i>	7	<i>mg</i>	18
<i>ranitidine hcl syrup 15 mg/ml</i>		<i>rifampin for inj 600 mg</i>	7	<i>ropinirole hydrochloride tab</i>	
<i>(75 mg/5ml)</i>	55	RIFATER TAB.....	7	<i>0.25 mg</i>	17
<i>ranitidine hcl tab 150 mg</i> ..	55	<i>riluzole tab 50 mg</i>	46	<i>ropinirole hydrochloride tab</i>	
<i>ranitidine hcl tab 300 mg</i> ..	55	<i>rimantadine hydrochloride tab</i>		<i>0.5 mg</i>	17
RAPAFLO CAP 4MG.....	67	<i>100 mg</i>	4	<i>ropinirole hydrochloride tab 1</i>	
RAPAFLO CAP 8MG.....	67	<i>ringer's solution</i>	68	<i>mg</i>	17
RAPAMUNE SOL 1MG/ML	13	<i>ringer's solution for</i>		<i>ropinirole hydrochloride tab 2</i>	
RAPAMUNE TAB 1MG.....	13	<i>irrigation</i>	46	<i>mg</i>	17
RAPAMUNE TAB 2MG.....	13	<i>risedronate sodium tab 150</i>		<i>ropinirole hydrochloride tab 3</i>	
RAVICTI LIQ 1.1GM/ML.....	46	<i>mg</i>	58	<i>mg</i>	17
REBETOL SOL 40MG/ML.....	3	<i>risedronate sodium tab 30</i>		<i>ropinirole hydrochloride tab 4</i>	
REBIF INJ 22/0.5.....	56	<i>mg</i>	57	<i>mg</i>	17
REBIF INJ 44/0.5.....	56	<i>risedronate sodium tab 35</i>		<i>ropinirole hydrochloride tab 5</i>	
REBIF TITRTN SOL PACK	56	<i>mg</i>	58	<i>mg</i>	17
<i>reclipsen tab</i>	61	<i>risedronate sodium tab 5</i>		<i>ropinirole hydrochloride tab sr</i>	
RECOMBIVA HB INJ		<i>mg</i>	57	<i>24hr 12 mg (base</i>	
<i>10MCG/ML</i>	57	<i>risedronate sodium tab</i>		<i>equivalent)</i>	17
RECOMBIVA HB INJ		<i>delayed release 35 mg</i>	58	<i>ropinirole hydrochloride tab sr</i>	
<i>5MCG/0.5</i>	57	RISPERDAL INJ 12.5MG.....	29	<i>24hr 2 mg (base</i>	
RECOMBIVA-HB INJ		RISPERDAL INJ 25MG.....	29	<i>equivalent)</i>	17
<i>40MCG/ML</i>	57	RISPERDAL INJ 37.5MG.....	29	<i>ropinirole hydrochloride tab sr</i>	
REGRANEX GEL 0.01%.....	43	RISPERDAL INJ 50MG.....	29	<i>24hr 4 mg (base</i>	
RELENZA MIS DISKHALE.....	3	<i>risperidone orally</i>		<i>equivalent)</i>	17
RELISTOR INJ 12/0.6ML.....	54	<i>disintegrating tab 0.25</i>		<i>ropinirole hydrochloride tab sr</i>	
RELPAK TAB 20MG.....	18	<i>mg</i>	29	<i>24hr 6 mg (base</i>	
RELPAK TAB 40MG.....	18	<i>risperidone orally</i>		<i>equivalent)</i>	17
REMICADE INJ 100MG.....	54	<i>disintegrating tab 0.5</i>		<i>ropinirole hydrochloride tab sr</i>	
RENAGEL TAB 400MG.....	46	<i>mg</i>	29	<i>24hr 8 mg (base</i>	
RENAGEL TAB 800MG.....	46	<i>risperidone orally</i>		<i>equivalent)</i>	17
REVELA PAK 0.8GM.....	46	<i>disintegrating tab 1 mg</i>	29	ROTARIX SUS.....	57
REVELA PAK 2.4GM.....	46	<i>risperidone orally</i>		ROTATEQ SOL.....	57
REVELA TAB 800MG.....	46	<i>disintegrating tab 2 mg</i>	29	ROZEREM TAB 8MG.....	30
<i>repaglinide tab 0.5 mg</i>	50	<i>risperidone orally</i>		RUCONEST INJ	
<i>repaglinide tab 1 mg</i>	50	<i>disintegrating tab 3 mg</i>	30	<i>2100UNIT</i>	65
<i>repaglinide tab 2 mg</i>	50	<i>risperidone orally</i>			
RESCRIPTOR TAB 100 MG	4	<i>disintegrating tab 4 mg</i>	30	S	
RESCRIPTOR TAB 200MG	4	<i>risperidone soln 1 mg/ml</i>	30	SABRIL POW 500MG.....	16
<i>reserpine tab 0.1 mg</i>	37	<i>risperidone tab 0.25 mg</i>	30	SABRIL TAB 500MG.....	16
<i>reserpine tab 0.25 mg</i>	37	<i>risperidone tab 0.5 mg</i>	30	SAFYRAL TAB.....	61
RESTASIS EMU 0.05%.....	62	<i>risperidone tab 1 mg</i>	30	SAMSCA TAB 15MG.....	51
RETROVIR INJ 10MG/ML.....	4	<i>risperidone tab 2 mg</i>	30	SAMSCA TAB 30MG.....	51
REVATIO INJ.....	65	<i>risperidone tab 3 mg</i>	30	SANCUSO DIS 3.1MG.....	54
REVLIMID CAP 10MG.....	13	<i>risperidone tab 4 mg</i>	30	SANDIMMUNE SOL	
REVLIMID CAP 15MG.....	13	RITUXAN INJ 500MG.....	13	<i>100MG/ML</i>	13
REVLIMID CAP 2.5MG.....	13	<i>rivastigmine tartrate cap 1.5</i>		SANTYL OIN 250/GM.....	45
REVLIMID CAP 20MG.....	13	<i>mg</i>	19	SAPHRIS SUB 10MG.....	30
REVLIMID CAP 25MG.....	13	<i>rivastigmine tartrate cap 3</i>		SAPHRIS SUB 2.5MG.....	30
REVLIMID CAP 5MG.....	13	<i>mg</i>	19	SAPHRIS SUB 5MG.....	30
REYATAZ CAP 150MG.....	4	<i>rivastigmine tartrate cap 4.5</i>		SAVELLA MIS TITR PAK.....	58
REYATAZ CAP 200MG.....	4	<i>mg</i>	19	SAVELLA TAB 100MG.....	58
		<i>rivastigmine tartrate cap 6</i>		SAVELLA TAB 12.5MG.....	58

SAVELLA TAB 25MG	58	0.9%	47	STRATTERA CAP 10MG	30
SAVELLA TAB 50MG	58	sodium phenylbutyrate oral powder 3 gm/teaspoonful	47	STRATTERA CAP 18MG	30
selegiline hcl cap 5 mg	17	sodium polystyrene sulfonate oral susp 15 gm/60ml	47	STRATTERA CAP 25MG	30
selegiline hcl tab 5 mg	17	SOLTAMOX SOL 10MG/5ML	13	STRATTERA CAP 40MG	30
selenium sulfide lotion 2.5%	43	SOLU-MEDROL INJ 125MG	48	STRATTERA CAP 60MG	30
SELZENTRY TAB 150MG	4	SOLU-MEDROL INJ 2GM	48	STRATTERA CAP 80MG	30
SELZENTRY TAB 300MG	4	SOLU-MEDROL INJ 40MG	48	streptomycin sulfate for inj 1 gm	7
SENSIPAR TAB 30MG	51	SOLU-MEDROL INJ 500MG	48	STRIBILD TAB	4
SENSIPAR TAB 60MG	51	SOMATULINE INJ 120/.5ML	13	STRIVERDI AER RESPIMAT	65
SENSIPAR TAB 90MG	51	SOMATULINE INJ 60/0.2ML	13	STROMECTOL TAB 3MG	7
SEREVENT DIS AER 50MCG	65	SOMATULINE INJ 90/0.3ML	13	SUBOXONE MIS 12-3MG	23
SEROQUEL XR TAB 150MG	30	SOMAVERT INJ 10MG	51	SUBOXONE MIS 2-0.5MG	23
SEROQUEL XR TAB 200MG	30	SOMAVERT INJ 15MG	52	SUBOXONE MIS 4-1MG	23
SEROQUEL XR TAB 300MG	30	SOMAVERT INJ 20MG	52	SUBOXONE MIS 8-2MG	23
SEROQUEL XR TAB 400MG	30	SOMAVERT INJ 25MG	52	SUCLEAR KIT	54
SEROQUEL XR TAB 50MG	30	SOMAVERT INJ 30MG	52	sucralfate tab 1 gm	55
sertraline hcl oral conc 20 mg/ml	30	sorine tab 120mg	31	sulfacetamide sodium ophth oint 10%	63
sertraline hcl tab 100 mg	30	sorine tab 160mg	31	sulfacetamide sodium ophth soln 10%	63
sertraline hcl tab 25 mg	30	sorine tab 240mg	31	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	62
sertraline hcl tab 50 mg	30	sorine tab 80mg	31	SULFADIAZINE TAB 500MG	9
sharobel tab 0.35mg	61	sotalol hcl (afib/afi) tab 120 mg	31	sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	9
SIGNIFOR INJ 0.3MG/ML	13	sotalol hcl tab 160 mg	32	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	9
SIGNIFOR INJ 0.6MG/ML	13	sotalol hcl tab 240 mg	32	sulfamethoxazole-trimethoprim tab 400-80 mg	9
SIGNIFOR INJ 0.9MG/ML	13	sotalol hcl tab 80 mg	31	sulfamethoxazole-trimethoprim tab 800-160 mg	9
sildenafil citrate tab 20 mg	65	SOVALDI TAB 400MG	4	sulfasalazine tab 500 mg	54
silver sulfadiazine cream 1%	43	SPIRIVA CAP HANDIHLR	65	sulfazine ec tab 500mg	54
SIMBRINZA SUS 1-0.2%	62	SPIRIVA SPR RESPIMAT	65	sulindac tab 150 mg	23
SIMPONI ARIA SOL 50MG/4ML	58	spironolactone & hydrochlorothiazide tab 25-25 mg	37	sulindac tab 200 mg	23
SIMPONI INJ 100MG/ML	58	spironolactone tab 100 mg	37	sumatriptan nasal spray 20 mg/act	18
SIMPONI INJ 50/0.5ML	58	spironolactone tab 25 mg	37	sumatriptan nasal spray 5 mg/act	18
SIMULECT INJ 20MG	13	spironolactone tab 50 mg	37	sumatriptan succinate inj 6 mg/0.5ml	18
simvastatin tab 10 mg	41	sprintec 28 tab 28 day	61	sumatriptan succinate solution auto-injector 6 mg/0.5ml	18
simvastatin tab 20 mg	41	SPRYCEL TAB 100MG	13	sumatriptan succinate tab 100 mg	18
simvastatin tab 40 mg	41	SPRYCEL TAB 140MG	13	sumatriptan succinate tab 25 mg	18
simvastatin tab 5 mg	41	SPRYCEL TAB 20MG	13	sumatriptan succinate tab 50 mg	18
simvastatin tab 80 mg	41	SPRYCEL TAB 50MG	13	SUPRAX CAP 400MG	6
sirolimus tab 0.5 mg	13	SPRYCEL TAB 70MG	13	SUPRAX CHW 100MG	6
sirolimus tab 1 mg	13	SPRYCEL TAB 80MG	13	SUPRAX CHW 200MG	6
sirolimus tab 2 mg	13	ssd cre 1%	43	SUPREP BOWEL SOL	
SIRTURO TAB 100MG	7	stavudine cap 15 mg	4		
SIVEXTRO TAB 200MG	7	stavudine cap 20 mg	4		
SOD FLUORIDE 2.2MG TAB	68	stavudine cap 30 mg	4		
sodium chloride inj 0.45%	68	stavudine cap 40 mg	4		
sodium chloride inj 2.5 meq/ml (14.6%)	68	stavudine for oral soln 1 mg/ml	4		
sodium chloride inj 3%	68	STELARA INJ 45MG/0.5	58		
sodium chloride inj 5%	68	STELARA INJ 90MG/ML	58		
sodium chloride irrigation soln 0.9%	46	STIVARGA TAB 40MG	13		
sodium chloride iv soln		STRATTERA CAP 100MG	30		

PREP.....	54	TAMIFLU SUS 6MG/ML.....	4	hydrochlorothiazide tab	
SURMONTIL CAP 100MG	30	tamoxifen citrate tab 10 mg		80-25 mg.....	37
SURMONTIL CAP 25MG	30	(base equivalent).....	13	temazepam cap 15 mg.....	30
SURMONTIL CAP 50MG	30	tamoxifen citrate tab 20 mg		temazepam cap 30 mg.....	30
SUSTIVA CAP 200MG	4	(base equivalent).....	13	TENIVAC INJ 5-2LF.....	57
SUSTIVA CAP 50MG	4	tamsulosin hcl cap 0.4 mg	67	terazosin hcl cap 1 mg.....	37
SUSTIVA TAB 600MG	4	TANZEUM INJ 30MG.....	50	terazosin hcl cap 10 mg.....	37
SUTENT CAP 12.5MG	13	TANZEUM INJ 50MG.....	50	terazosin hcl cap 2 mg.....	37
SUTENT CAP 25MG	13	TARCEVA TAB 100MG.....	13	terazosin hcl cap 5 mg.....	37
SUTENT CAP 37.5MG	13	TARCEVA TAB 150MG.....	13	terbinafine hcl tab 250 mg... 2	
SUTENT CAP 50MG	13	TARCEVA TAB 25MG.....	13	terbutaline sulfate tab 2.5	
SYLATRON KIT 200MCG	56	TARGRETIN CAP 75MG... 13		mg.....	66
SYLATRON KIT 300MCG	56	TARGRETIN GEL 1%.....	66	terbutaline sulfate tab 5 mg	66
SYLATRON KIT 600MCG	56	tarina fe tab 1/20.....	61	terconazole vaginal cream	
SYLVANT SOL 100MG... 13		TASIGNA CAP 150MG.....	13	0.4%.....	59
SYMBICORT AER 160-4.5	65	TASIGNA CAP 200MG.....	13	terconazole vaginal cream	
SYMBICORT AER 80-4.5	65	TAZORAC CRE 0.05%.....	43	0.8%.....	59
SYMLINPEN 60 INJ		TAZORAC CRE 0.1%.....	43	terconazole vaginal suppos	
1000MCG.....	50	TAZORAC GEL 0.05%.....	43	80 mg.....	59
SYMLNPN 120 INJ		TAZORAC GEL 0.1%.....	43	TET/DIP TOX INJ 2-2 LF..	57
1000MCG.....	50	taztia xt cap 120mg/24.....	37	THALOMID CAP 100MG..	14
SYNAGIS INJ 50MG.....	4	taztia xt cap 180mg/24.....	37	THALOMID CAP 150MG..	14
SYNAREL SOL 2MG/ML..	52	taztia xt cap 240mg/24.....	37	THALOMID CAP 200MG..	14
SYNERCID INJ 500MG.....	7	taztia xt cap 300mg/24.....	37	THALOMID CAP 50MG... 13	
SYNRIBO INJ 3.5MG.....	13	taztia xt cap 360mg/24.....	37	theophylline soln 80	
SYNTHROID TAB		TECFIDERA CAP 120MG..	19	mg/15ml.....	66
100MCG.....	52	TECFIDERA CAP 240MG..	19	theophylline tab sr 12hr 100	
SYNTHROID TAB		TECFIDERA MIS		mg.....	66
112MCG.....	52	STARTER.....	19	theophylline tab sr 12hr 200	
SYNTHROID TAB		TEFLARO INJ 400MG.....	6	mg.....	66
125MCG.....	52	TEFLARO INJ 600MG.....	6	theophylline tab sr 12hr 300	
SYNTHROID TAB		TEGRETOL-XR TAB		mg.....	66
137MCG.....	52	100MG.....	16	theophylline tab sr 12hr 450	
SYNTHROID TAB		TEKTURN HCT TAB 150-		mg.....	66
150MCG.....	52	12.5.....	37	theophylline tab sr 24hr 400	
SYNTHROID TAB		TEKTURN HCT TAB 150-		mg.....	66
175MCG.....	52	25MG.....	37	theophylline tab sr 24hr 600	
SYNTHROID TAB		TEKTURN HCT TAB 300-		mg.....	66
200MCG.....	52	12.5.....	37	thioridazine hcl tab 10 mg..	30
SYNTHROID TAB 25MCG	52	TEKTURN HCT TAB 300-		thioridazine hcl tab 100 mg	30
SYNTHROID TAB		25MG.....	37	thioridazine hcl tab 25 mg..	30
300MCG.....	52	TEKTURN TAB 150MG..	37	thioridazine hcl tab 50 mg..	30
SYNTHROID TAB 50MCG	52	TEKTURN TAB 300MG..	37	thiothixene cap 1 mg.....	30
SYNTHROID TAB 75MCG	52	telmisartan tab 20 mg.....	37	thiothixene cap 10 mg.....	30
SYNTHROID TAB 88MCG	52	telmisartan tab 40 mg.....	37	thiothixene cap 2 mg.....	30
SYPRINE CAP 250MG... 47		telmisartan tab 80 mg.....	37	thiothixene cap 5 mg.....	30
		telmisartan-amlodipine tab		THYMOGLOBULN INJ	
T		40-10 mg.....	37	25MG.....	57
TABLOID TAB 40MG.....	13	telmisartan-amlodipine tab		THYROLAR-1 TAB 60MG..	52
TACLONEX SUS.....	43	40-5 mg.....	37	THYROLAR-1/2 TAB	
tacrolimus cap 0.5 mg.....	13	telmisartan-amlodipine tab		30MG.....	52
tacrolimus cap 1 mg.....	13	80-10 mg.....	37	THYROLAR-1/4 TAB	
tacrolimus cap 5 mg.....	13	telmisartan-amlodipine tab		15MG.....	52
tacrolimus oint 0.03%.....	43	80-5 mg.....	37	THYROLAR-2 TAB 120MG	52
tacrolimus oint 0.1%.....	43	telmisartan-		THYROLAR-3 TAB 180MG	52
TAFINLAR CAP 50MG.....	13	hydrochlorothiazide tab		tiagabine hcl tab 2 mg.....	16
TAFINLAR CAP 75MG.....	13	40-12.5 mg.....	37	tiagabine hcl tab 4 mg.....	16
TAMIFLU CAP 30MG.....	4	telmisartan-		TIKOSYN CAP 125MCG..	32
TAMIFLU CAP 45MG.....	4	hydrochlorothiazide tab		TIKOSYN CAP 250MCG..	32
TAMIFLU CAP 75MG.....	4	80-12.5 mg.....	37	TIKOSYN CAP 500MCG..	32
		telmisartan-		timolol maleate ophth gel	

forming soln 0.25%	61	<i>topiramate tab 25 mg</i>	16	<i>triamcinolone acetonide</i>	
<i>timolol maleate ophth gel</i>		<i>topiramate tab 50 mg</i>	16	cream 0.1%	45
forming soln 0.5%	61	<i>topotecan hcl for inj 4 mg</i>	14	<i>triamcinolone acetonide</i>	
<i>timolol maleate ophth soln</i>		TOPROL XL TAB 100MG	37	cream 0.5%	45
0.25%	61	TOPROL XL TAB 200MG	37	<i>triamcinolone acetonide</i>	
<i>timolol maleate ophth soln</i>		TOPROL XL TAB 25MG	37	dental paste 0.1%	47
0.5%	61	TOPROL XL TAB 50MG	37	<i>triamcinolone acetonide lotion</i>	
<i>timolol maleate tab 10 mg</i>	37	TORISEL SOL 25MG/ML	14	0.025%	45
<i>timolol maleate tab 20 mg</i>	37	<i>torseamide tab 10 mg</i>	37	<i>triamcinolone acetonide lotion</i>	
<i>timolol maleate tab 5 mg</i>	37	<i>torseamide tab 100 mg</i>	37	0.1%	45
<i>tinidazole tab 250 mg</i>	7	<i>torseamide tab 20 mg</i>	37	<i>triamcinolone acetonide nasal</i>	
<i>tinidazole tab 500 mg</i>	7	<i>torseamide tab 5 mg</i>	37	aerosol suspension 55	
TIVICAY TAB 50MG	4	TOVIAZ TAB 4MG	66	mcg/act	66
<i>tizanidine hcl cap 2 mg (base</i>		TOVIAZ TAB 8MG	67	<i>triamcinolone acetonide oint</i>	
<i>equivalent)</i>	19	<i>tpn electrol inj</i>	68	0.025%	45
<i>tizanidine hcl cap 4 mg (base</i>		TRACLEER TAB 125MG	66	<i>triamcinolone acetonide oint</i>	
<i>equivalent)</i>	19	TRACLEER TAB 62.5MG	66	0.1%	45
<i>tizanidine hcl cap 6 mg (base</i>		TRADJENTA TAB 5MG	50	<i>triamcinolone acetonide oint</i>	
<i>equivalent)</i>	19	<i>tramadol hcl tab 50 mg</i>	23	0.5%	45
<i>tizanidine hcl tab 2 mg (base</i>		<i>tramadol-acetaminophen tab</i>		<i>triamterene &</i>	
<i>equivalent)</i>	19	37.5-325 mg	23	<i>hydrochlorothiazide cap</i>	
<i>tizanidine hcl tab 4 mg (base</i>		<i>trandolapril tab 1 mg</i>	37	37.5-25 mg	37
<i>equivalent)</i>	19	<i>trandolapril tab 2 mg</i>	37	<i>triamterene &</i>	
TOBI PODHALR CAP		<i>trandolapril tab 4 mg</i>	37	<i>hydrochlorothiazide cap</i>	
28MG	7	<i>tranexamic acid inj 100</i>		50-25 mg	37
TOBRA/NACL INJ 80/0.9	7	mg/ml	40	<i>triamterene &</i>	
TOBRADEX OIN 0.3-0.1%	62	<i>tranexamic acid tab 650</i>		<i>hydrochlorothiazide tab</i>	
TOBRADEX ST SUS 0.3-		mg	59	37.5-25 mg	37
0.05	62	TRANSDERM-SC DIS		<i>triamterene &</i>	
<i>tobramycin nebu soln 300</i>		1MG	54	<i>hydrochlorothiazide tab</i>	
<i>mg/5ml</i>	7	<i>tranylcypromine sulfate tab</i>		75-50 mg	37
<i>tobramycin ophth soln</i>		10 mg	30	TRIBENZOR20- TAB 5-	
0.3%	61	TRAVASOL INJ 10%	68	12.5MG	38
<i>tobramycin sulfate inj 10</i>		TRAVATAN Z DRO		TRIBENZOR40- TAB 10-	
<i>mg/ml</i>	7	0.004%	62	12.5	38
<i>tobramycin sulfate inj 80</i>		<i>travoprost ophth soln</i>		TRIBENZOR40- TAB 10-	
<i>mg/2ml (40 mg/ml)</i>	7	0.004%	62	25MG	38
<i>tobramycin-dexamethasone</i>		<i>trazodone hcl tab 100 mg</i>	30	TRIBENZOR40- TAB 5-	
<i>ophth susp 0.3-0.1%</i>	62	<i>trazodone hcl tab 150 mg</i>	30	12.5MG	38
TOBREX OIN 0.3% OP	61	<i>trazodone hcl tab 300 mg</i>	30	TRIBENZOR40- TAB 5-	
<i>tolazamide tab 250 mg</i>	50	<i>trazodone hcl tab 50 mg</i>	30	25MG	38
<i>tolazamide tab 500 mg</i>	50	TREANDA INJ 100MG	14	<i>triderm cre 0.1%</i>	45
<i>tolbutamide tab 500 mg</i>	50	TREANDA INJ 45/0.5ML	14	<i>trifluoperazine hcl tab 1 mg</i> 30	
<i>tolcapone tab 100 mg</i>	17	TRECTOR TAB 250MG	7	<i>trifluoperazine hcl tab 10</i>	
<i>tolmetin sodium cap 400</i>		TRELSTAR MIX INJ		mg	30
<i>mg</i>	23	11.25MG	14	<i>trifluoperazine hcl tab 2 mg</i> 30	
<i>tolmetin sodium tab 600</i>		TRELSTAR MIX INJ		<i>trifluoperazine hcl tab 5 mg</i> 30	
<i>mg</i>	23	22.5MG	14	<i>trifluridine ophth soln 1%</i>	61
<i>tolterodine tartrate cap sr</i>		TRELSTAR MIX INJ		<i>trihexyphenidyl hcl elixir 0.4</i>	
24hr 2 mg	66	3.75MG	14	mg/ml	17
<i>tolterodine tartrate cap sr</i>		<i>tretinoin cap 10 mg</i>	14	<i>trihexyphenidyl hcl tab 2</i>	
24hr 4 mg	66	<i>tretinoin cream 0.025%</i>	43	mg	17
<i>tolterodine tartrate tab 1</i>		<i>tretinoin cream 0.05%</i>	43	<i>trilyte sol</i>	54
<i>mg</i>	66	<i>tretinoin cream 0.1%</i>	43	<i>trimethobenzamide hcl cap</i>	
<i>tolterodine tartrate tab 2</i>		<i>tretinoin gel 0.01%</i>	43	300 mg	54
<i>mg</i>	66	<i>tretinoin gel 0.025%</i>	43	<i>trimethoprim tab 100 mg</i>	10
<i>topiramate sprinkle cap 15</i>		<i>tri-legest tab fe</i>	61	<i>trinessa tab</i>	61
<i>mg</i>	16	<i>tri-previfem tab</i>	61	TRISENOX SOL	
<i>topiramate sprinkle cap 25</i>		<i>tri-sprintec tab</i>	61	10MG/10M	14
<i>mg</i>	16	<i>triamcinolone acetonide</i>		TRIUMEQ TAB	4
<i>topiramate tab 100 mg</i>	16	cream 0.025%	45		
<i>topiramate tab 200 mg</i>	16				

trivora-28 tab 61
 TROPHAMINE INJ 10% ... 68
 TROPHAMINE INJ 6% ... 68
tropium chloride cap sr 24hr
60 mg 67
tropium chloride tab 20
mg 67
 TRULICITY INJ 0.75/0.5 ... 50
 TRULICITY INJ 1.5/0.5 ... 50
 TRUMENBA INJ 57
 TRUVADA TAB 200-300 ... 4
 TUDORZA PRES AER
 400/ACT 66
 TWINRIX INJ 57
 TYBOST TAB 150MG 4
 TYGACIL INJ 50MG 7
 TYKERB TAB 250MG 14
 TYPHIM VI INJ 57
 TYSABRI INJ 300/15ML ... 19
 TYVASO SOL 0.6MG/ML ... 66
 TYZEKA TAB 600MG 4
 TYZINE PED DRO 0.05% . 47

U

UCERIS TAB 9MG 54
 ULORIC TAB 40MG 57
 ULORIC TAB 80MG 57
unithroid tab 100mcg 52
unithroid tab 112mcg 52
unithroid tab 125mcg 52
unithroid tab 150mcg 52
unithroid tab 175mcg 52
unithroid tab 200mcg 52
unithroid tab 25mcg 52
unithroid tab 300mcg 52
unithroid tab 50mcg 52
unithroid tab 75mcg 52
unithroid tab 88mcg 52
ursodiol cap 300 mg 54
ursodiol tab 250 mg 54
ursodiol tab 500 mg 54
 UVADEX INJ 20MCG/ML ... 43

V

VAGIFEM TAB 10MCG ... 59
valacyclovir hcl tab 1 gm ... 4
valacyclovir hcl tab 500 mg . 4
 VALCHLOR GEL 0.016% ... 14
 VALCYTE SOL 50MG/ML ... 4
 VALCYTE TAB 450MG ... 4
valganciclovir hcl tab 450 mg
(base equivalent) 4
valproate sodium inj 100
mg/ml 16
valproate sodium syrup 250
mg/5ml (base equiv) ... 16
valproic acid cap 250 mg .. 16
valsartan tab 160 mg 38
valsartan tab 320 mg 38
valsartan tab 40 mg 38

valsartan tab 80 mg 38
valsartan-hydrochlorothiazide
tab 160-12.5 mg 38
valsartan-hydrochlorothiazide
tab 160-25 mg 38
valsartan-hydrochlorothiazide
tab 320-12.5 mg 38
valsartan-hydrochlorothiazide
tab 320-25 mg 38
valsartan-hydrochlorothiazide
tab 80-12.5 mg 38
vancomycin hcl cap 125
mg 10
vancomycin hcl cap 250
mg 10
vancomycin hcl for inj 10
gm 10
vancomycin hcl for inj 1000
mg 10
vancomycin hcl for inj 500
mg 10
vandazole gel 0.75% 59
 VAQTA INJ 25/0.5ML ... 57
 VAQTA INJ 50UNT/ML ... 57
 VARIVAX INJ 57
 VASCEPA CAP 1GM 41
 VECAMYL TAB 2.5MG ... 42
 VECTIBIX INJ 100MG ... 14
 VELCADE INJ 3.5MG ... 14
velivet pak 61
venlafaxine hcl cap sr 24hr
150 mg (base
equivalent) 30
venlafaxine hcl cap sr 24hr
37.5 mg (base
equivalent) 30
venlafaxine hcl cap sr 24hr
75 mg (base
equivalent) 30
venlafaxine hcl tab 100 mg . 31
venlafaxine hcl tab 25 mg . 31
venlafaxine hcl tab 37.5
mg 31
venlafaxine hcl tab 50 mg . 31
venlafaxine hcl tab 75 mg . 31
venlafaxine hcl tab sr 24hr
150 mg (base
equivalent) 31
venlafaxine hcl tab sr 24hr
37.5 mg (base
equivalent) 31
venlafaxine hcl tab sr 24hr 75
mg (base equivalent) .. 31
 VENLAFAXINE TAB 225MG
 ER 31
 VENTAVIS SOL
 10MCG/ML 66
 VENTAVIS SOL
 20MCG/ML 66
 VENTOLIN HFA AER 66
 VERAMYST SPR
 27.5MCG 66

verapamil hcl cap sr 24hr 100
mg 38
verapamil hcl cap sr 24hr 120
mg 38
verapamil hcl cap sr 24hr 180
mg 38
verapamil hcl cap sr 24hr 200
mg 38
verapamil hcl cap sr 24hr 240
mg 38
verapamil hcl cap sr 24hr 300
mg 38
verapamil hcl cap sr 24hr 360
mg 38
verapamil hcl iv soln 2.5
mg/ml 38
verapamil hcl tab 120 mg . 38
verapamil hcl tab 40 mg . 38
verapamil hcl tab 80 mg . 38
verapamil hcl tab cr 120
mg 38
verapamil hcl tab cr 180
mg 38
verapamil hcl tab cr 240
mg 38
 VEREGEN OIN 15% 43
 VERSACLOZ SUS
 50MG/ML 31
 VESICARE TAB 10MG ... 67
 VESICARE TAB 5MG ... 67
vestura tab 3-0.02mg 61
 VEXOL SUS 1% OP 63
 VICTOZA INJ 18MG/3ML ... 51
 VIDAZA INJ 100MG 14
 VIDEX SOL 2GM 4
 VIGAMOX DRO 0.5% 61
 VIIBRYD KIT 31
 VIIBRYD TAB 10MG 31
 VIIBRYD TAB 20MG 31
 VIIBRYD TAB 40MG 31
 VIMPAT INJ 200MG/20 ... 16
 VIMPAT SOL 10MG/ML ... 16
 VIMPAT TAB 100MG 16
 VIMPAT TAB 150MG 16
 VIMPAT TAB 200MG 16
 VIMPAT TAB 50MG 16
 VINBLASTINE INJ
 1MG/ML 14
vincasar pfs inj 1mg/ml ... 14
vincristine sulfate iv soln 1
mg/ml 14
vinorelbine tartrate inj 50
mg/5ml (10 mg/ml) (base
equiv) 14
 VIRACEPT TAB 250MG ... 4
 VIRACEPT TAB 625MG ... 4
 VIRAMUNE XR TAB 100MG4
 VIRAZOLE INH 6GM 4
 VIREAD POW 40MG/GM ... 4
 VIREAD TAB 150MG 4
 VIREAD TAB 200MG 4

VIREAD TAB 250MG	4
VIREAD TAB 300MG	4
VISTIDE INJ 75MG/ML	4
VITEKTA TAB 150MG	4
VITEKTA TAB 85MG	4
VIVELLE-DOT DIS 0.025MG	59
VIVELLE-DOT DIS 0.0375MG	59
VIVELLE-DOT DIS 0.05MG	59
VIVELLE-DOT DIS 0.075MG	59
VIVELLE-DOT DIS 0.1MG	59
VOLTAREN GEL 1%	23
<i>voriconazole for inj 200 mg</i>	2
<i>voriconazole for susp 40 mg/ml</i>	2
<i>voriconazole tab 200 mg</i>	2
<i>voriconazole tab 50 mg</i>	2
VOTRIENT TAB 200MG	14
VPRIV INJ 400UNIT	52
<i>vyfemla tab 0.4-35</i>	61
VYTORIN TAB 10-10MG	41
VYTORIN TAB 10-20MG	41
VYTORIN TAB 10-40MG	42
VYTORIN TAB 10-80MG	42

W

<i>warfarin sodium tab 1 mg</i>	40
<i>warfarin sodium tab 10 mg</i>	40
<i>warfarin sodium tab 2 mg</i>	40
<i>warfarin sodium tab 2.5 mg</i>	40
<i>warfarin sodium tab 3 mg</i>	40
<i>warfarin sodium tab 4 mg</i>	40
<i>warfarin sodium tab 5 mg</i>	40
<i>warfarin sodium tab 6 mg</i>	40
<i>warfarin sodium tab 7.5 mg</i>	40
<i>water for irrigation, sterile irrigation soln</i>	47
WELCHOL PAK 3.75GM	42
WELCHOL TAB 625MG	42
<i>wymzya fe chw 0.4mg-35</i>	61

X

XALKORI CAP 200MG	14
XALKORI CAP 250MG	14
XARELTO STAR TAB 15/20MG	40
XARELTO TAB 10MG	40
XARELTO TAB 15MG	40
XARELTO TAB 20MG	40
XELJANZ TAB 5MG	58
XENAZINE TAB 12.5MG	19
XENAZINE TAB 25MG	19
XEOMIN INJ 50 UNIT	57
XGEVA INJ	10
XIFAXAN TAB 200MG	7
XIFAXAN TAB 550MG	7
XIGDUO XR TAB 10-1000	51

XIGDUO XR TAB 10- 500MG	51
XIGDUO XR TAB 5- 1000MG	51
XIGDUO XR TAB 5- 500MG	51
XOLAIR SOL 150MG	66
XOPENEX HFA AER	66
XTANDI CAP 40MG	14
XYREM SOL 500MG/ML	31

Y

YERVOY INJ 50MG	14
YF-VAX INJ	57

Z

<i>zafirlukast tab 10 mg</i>	66
<i>zafirlukast tab 20 mg</i>	66
<i>zaleplon cap 10 mg</i>	31
<i>zaleplon cap 5 mg</i>	31
ZALTRAP INJ 100/4ML	14
ZANOSAR INJ 1GM	14
ZAVESCA CAP 100MG	52
<i>zazole cre 0.4%</i>	59
<i>zazole cre 0.8%</i>	59
ZELBORAF TAB 240MG	14
ZEMAIRA INJ 1000MG	47
<i>zenchent fe chw 0.4mg-35</i>	61
<i>zenchent tab</i>	61
ZENPEP CAP 10000UNT	54
ZENPEP CAP 15000UNT	54
ZENPEP CAP 20000UNT	54
ZENPEP CAP 25000UNT	54
ZENPEP CAP 3000UNIT	54
ZENPEP CAP 40000UNT	54
ZERBAXA INJ 1-0.5 GM	6
ZETIA TAB 10MG	42
ZETONNA AER 37MCG	66
ZIAGEN SOL 20MG/ML	5
<i>zidovudine cap 100 mg</i>	5
<i>zidovudine syrup 10 mg/ml</i>	5
<i>zidovudine tab 300 mg</i>	5
<i>ziprasidone hcl cap 20 mg</i>	31
<i>ziprasidone hcl cap 40 mg</i>	31
<i>ziprasidone hcl cap 60 mg</i>	31
<i>ziprasidone hcl cap 80 mg</i>	31
ZIRGAN GEL 0.15%	61
ZMAX SUS 2GM	6
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	52
<i>zoledronic acid iv soln 5 mg/100ml</i>	47
ZOLINZA CAP 100MG	14
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	18
<i>zolmitriptan orally disintegrating tab 5 mg</i>	18
<i>zolmitriptan tab 2.5 mg</i>	18
<i>zolmitriptan tab 5 mg</i>	18

<i>zolpidem tartrate tab 10 mg</i>	31
<i>zolpidem tartrate tab 5 mg</i>	31
<i>zolpidem tartrate tab cr 12.5 mg</i>	31
<i>zolpidem tartrate tab cr 6.25 mg</i>	31
ZOMETA INJ 4MG/100	52
ZOMETA INJ 4MG/5ML	52
<i>zonisamide cap 100 mg</i>	16
<i>zonisamide cap 25 mg</i>	16
<i>zonisamide cap 50 mg</i>	16
ZONTIVITY TAB 2.08MG	40
ZORTRESS TAB 0.25MG	14
ZORTRESS TAB 0.5MG	14
ZORTRESS TAB 0.75MG	14
ZOSTAVAX INJ	57
ZOSYN SOL 2-0.25GM	8
ZOSYN SOL 3-0.375G	8
<i>zovia 1/35e tab</i>	61
<i>zovia 1/50e tab</i>	61
ZOVIRAX CRE 5%	44
ZYDELIG TAB 100MG	14
ZYDELIG TAB 150MG	14
ZYKADIA CAP 150MG	14
ZYLET SUS 0.5-0.3%	62
ZYPREXA RELP INJ 210MG	31
ZYTIGA TAB 250MG	14
ZYVOX SUS 100MG/5M	7

This formulary was updated on 09/01/2015. For more recent information or other questions, please contact AvMed Medicare Choice Member Engagement Center, at 1-800-782-8633 October 1 – February 14: 8:00 a.m. to 8:00 p.m., 7 days a week. February 15 - September 30: 8:00 a.m. to 8:00 p.m., Monday through Friday and Saturday 9:00 a.m. to 1:00 p.m., TTY users, 711 or 1-800-955-8771 or visit www.avmed.org.