

CareSource Advantage® Zero Premium (HMO)

CareSource Advantage® (HMO)

CareSource Advantage Plus® (HMO)

# Formulary *for 2019*

*(List of Covered Drugs)*

**PLEASE READ:**

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated 11/2019.

For more recent information or other questions, please contact CareSource Member Services at **1-844-607-2827** or, for TTY users, **711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours 7 days a week, or visit **CareSource.com/Medicare**.

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CareSource is an HMO with a Medicare contract. Enrollment in CareSource Advantage® Zero Premium (HMO), CareSource Advantage® (HMO) and CareSource Advantage Plus® (HMO) depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Advantage Zero Premium, CareSource Advantage or CareSource Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2019. 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, 2020, and from time to time during the year.

## What is the CareSource Advantage Zero Premium / CareSource Advantage / CareSource Advantage Plus Formulary?

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

### Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) 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. Below are changes to the drug list that will also affect members currently taking a drug:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CareSource Advantage Zero Premium / CareSource Advantage / CareSource Advantage Plus Formulary?”
- **Drugs removed from the market.** 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.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 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 30-day supply of the drug.

The enclosed formulary is current as of 11/01/2019. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 1. 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." If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 111. 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?**

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online document 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 our plan 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 CareSource Advantage Zero Premium / CareSource Advantage / CareSource Advantage Plus 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 CareSource Advantage Zero Premium / CareSource Advantage / CareSource Advantage Plus Formulary?

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 while you pursue a formulary exception.

In the event that an unplanned transition occurs in which a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 34-day supply. This usually involves level of care changes in which a member is changing from one treatment setting to another. If this occurs you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

## **For more information**

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

If you have questions about our plan, 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>.

## CareSource Advantage Zero Premium / CareSource Advantage / CareSource Advantage Plus's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 111.

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

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

### 2019 Formulary Abbreviations

B/D indicates that the prescription can be covered through the Part B or D benefit depending on the situation. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA indicates a prescription will be available only at certain pharmacies.

NDS indicates that the drug is limited to 30 days' supply at retail or mail-order

NM indicates that the drug is not available at mail-order.

PA indicates that prior authorization will apply.

QL indicates that quantities dispensed will be limited.

ST indicates that step therapy will apply.



## CareSource Advantage Zero Premium Copayments

Drug Tiers	30-day retail	90-day retail	90-day mail order
Tier 1 (Preferred Generic)	\$6	\$18	\$0
Tier 2 (Generic)	\$15	\$45	\$37.50
Tier 3 (Preferred Brand)	\$47	\$141	\$117.50
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	28%	Not covered	28%, 30-day supply only is covered

## CareSource Advantage Copayments

Drug Tiers	30-day retail	90-day retail	90-day mail order
Tier 1 (Preferred Generic)	\$4	\$12	\$10
Tier 2 (Generic)	\$10	\$30	\$25
Tier 3 (Preferred Brand)	\$47	\$141	\$117.50
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	33%	Not Covered	33%, 30-day supply only is covered

## CareSource Advantage Plus Copayments

Drug Tiers	30-day retail	90-day retail	90-day mail order
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$10	\$30	\$25
Tier 3 (Preferred Brand)	\$47	\$141	\$117.50
Tier 4 (Non-Preferred Brand)	\$100	\$300	\$250
Tier 5 (Specialty)	33%	Not covered	33%, 30-day supply only is covered

## Effective 11/01/2019

Drug Name	Drug Tier	Requirements/Limits
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### ANALGESICS

#### GOUT

<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
<i>febuxostat tab 40 mg</i>	2	ST
<i>febuxostat tab 80 mg</i>	2	ST
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	2	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST

#### NSAIDS

<i>celecoxib cap 50 mg</i>	2	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	2	
<i>etodolac tab er 24hr 500 mg</i>	2	
<i>etodolac tab er 24hr 600 mg</i>	2	
<i>flurbiprofen tab 50 mg</i>	2	
<i>flurbiprofen tab 100 mg</i>	2	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    NDS - Non-Extended Days Supply

1

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen tab 800 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	1	
<i>naproxen dr tab 500mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

**OPIOID ANALGESICS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

**OPIOID ANALGESICS, CII**

<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	5	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    2

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	NDS, QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	NDS, QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	2	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	2	QL (180 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    3

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER TAB 20 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	2	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	2	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	2	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	2	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 150/30ML	4	B/D
<i>morphine sulfate inj 8 mg/ml</i>	4	B/D
<i>morphine sulfate inj 10 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	4	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (90 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    4

B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate tab er 15 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	2	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	3	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	3	QL (60 tabs / 30 days), PA
<i>oxycodone hcl cap 5 mg</i>	2	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D

## **ANTI-INFECTIVES**

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	2	
<i>streptomycin sulfate for inj 1 gm</i>	5	NDS
SULFADIAZINE TAB 500MG	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	2	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	2	

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	5	NDS
ALINIA SUS 100/5ML	5	NDS
ALINIA TAB 500MG	5	NDS
<i>atovaquone susp 750 mg/5ml</i>	5	NDS
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	2	
<i>aztreonam for inj 2 gm</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAYSTON INH 75MG	5	NDS, NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	2	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	
<i>daptomycin for iv soln 350 mg</i>	5	NDS
<i>daptomycin for iv soln 500 mg</i>	5	NDS
DAPTOMYCIN SOL 350MG	5	NDS
EMVERM CHW 100MG	5	NDS
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
<i>linezolid for susp 100 mg/5ml</i>	5	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	2	
<i>linezolid tab 600 mg</i>	5	NDS
<i>meropenem iv for soln 1 gm</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meropenem iv for soln 500 mg</i>	2	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate for soln 300 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TAB 200MG	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	NDS
<i>tigecycline for iv soln 50 mg</i>	5	NDS
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	2	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	5	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	2	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

### **ANTIFUNGALS**

ABELCET INJ 5MG/ML	5	NDS, B/D
AMBISOME INJ 50MG	5	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	2	B/D
<i>casprofungin acetate for iv soln 50 mg</i>	5	NDS
<i>casprofungin acetate for iv soln 70 mg</i>	5	NDS
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	NDS
<i>flucytosine cap 500 mg</i>	5	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	2	
<i>griseofulvin ultramicrosize tab 125 mg</i>	2	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	2	PA
<i>ketoconazole tab 200 mg</i>	2	PA
MYCAMINE INJ 50MG	5	NDS
MYCAMINE INJ 100MG	5	NDS
NOXAFIL SUS 40MG/ML	5	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	1	QL (90 tabs / year)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole for inj 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	5	NDS
<i>voriconazole tab 50 mg</i>	5	NDS
<i>voriconazole tab 200 mg</i>	5	NDS

### **ANTIMALARIALS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate tab 250 mg</i>	2	
<i>chloroquine phosphate tab 500 mg</i>	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	2	PA

### **ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	NM
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	NM
APTIVUS CAP 250MG	5	NDS, NM
APTIVUS SOL	5	NDS, NM
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	5	NDS, NM
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	5	NDS, NM
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	5	NDS, NM
CRIXIVAN CAP 200MG	4	NM
CRIXIVAN CAP 400MG	4	NM
<i>didanosine delayed release capsule 200 mg</i>	2	NM
<i>didanosine delayed release capsule 250 mg</i>	2	NM
<i>didanosine delayed release capsule 400 mg</i>	2	NM
EDURANT TAB 25MG	5	NDS, NM
<i>efavirenz cap 50 mg</i>	2	NM
<i>efavirenz cap 200 mg</i>	5	NDS, NM
<i>efavirenz tab 600 mg</i>	5	NDS, NM
EMTRIVA CAP 200MG	3	NM
EMTRIVA SOL 10MG/ML	3	NM
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	NDS, NM
FUZEON INJ 90MG	5	NDS, NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NDS, NM
INTELENCE TAB 200MG	5	NDS, NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVIRASE TAB 500MG	5	NDS, NM
ISENTRESS CHW 25MG	3	NM
ISENTRESS CHW 100MG	5	NDS, NM
ISENTRESS HD TAB 600MG	5	NDS, NM
ISENTRESS POW 100MG	3	NM
ISENTRESS TAB 400MG	5	NDS, NM
<i>lamivudine oral soln 10 mg/ml</i>	2	NM
<i>lamivudine tab 150 mg</i>	2	NM
<i>lamivudine tab 300 mg</i>	2	NM
LEXIVA SUS 50MG/ML	4	NM
<i>nevirapine susp 50 mg/5ml</i>	2	NM
<i>nevirapine tab 200 mg</i>	2	NM
<i>nevirapine tab er 24hr 100 mg</i>	2	NM
<i>nevirapine tab er 24hr 400 mg</i>	2	NM
NORVIR POW 100MG	4	NM
NORVIR SOL 80MG/ML	4	NM
PIFELTRO TAB 100MG	5	NDS, NM
PREZISTA SUS 100MG/ML	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TAB 75MG	3	QL (480 tabs / 30 days), NM
PREZISTA TAB 150MG	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TAB 600MG	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TAB 800MG	5	NDS, QL (30 tabs / 30 days), NM
RESCRIPTOR TAB 200MG	4	NM
REYATAZ POW 50MG	5	NDS, NM
<i>ritonavir tab 100 mg</i>	2	NM
SELZENTRY SOL 20MG/ML	5	NDS, NM
SELZENTRY TAB 25MG	4	NM
SELZENTRY TAB 75MG	5	NDS, NM
SELZENTRY TAB 150MG	5	NDS, NM
SELZENTRY TAB 300MG	5	NDS, NM
<i>stavudine cap 15 mg</i>	2	NM
<i>stavudine cap 20 mg</i>	2	NM
<i>stavudine cap 30 mg</i>	2	NM
<i>stavudine cap 40 mg</i>	2	NM
<i>tenofovir disoproxil fumarate tab 300 mg</i>	5	NDS, NM
TIVICAY TAB 10MG	3	NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY TAB 25MG	5	NDS, NM
TIVICAY TAB 50MG	5	NDS, NM
TROGARZO INJ 150MG/ML	5	NDS, NM, LA
TYBOST TAB 150MG	4	NM
VIDEX EC CAP 125MG	4	NM
VIDEX SOL 2GM	4	NM
VIDEX SOL 4GM	4	NM
VIRACEPT TAB 250MG	5	NDS, NM
VIRACEPT TAB 625MG	5	NDS, NM
VIRAMUNE SUS 50MG/5ML	4	NM
VIREAD POW 40MG/GM	5	NDS, NM
VIREAD TAB 150MG	5	NDS, NM
VIREAD TAB 200MG	5	NDS, NM
VIREAD TAB 250MG	5	NDS, NM
<i>zidovudine cap 100 mg</i>	2	NM
<i>zidovudine syrup 10 mg/ml</i>	2	NM
<i>zidovudine tab 300 mg</i>	2	NM

### **ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	NDS, NM
ATRIPLA TAB	5	NDS, NM
BIKTARVY TAB	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
COMPLERA TAB	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 200/25	5	NDS, NM
DOVATO TAB 50-300MG	5	NDS, NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
KALETRA TAB 100-25MG	4	NM
KALETRA TAB 200-50MG	5	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMFI LO TAB	5	NDS, NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMFI TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ TAB	5	NDS, NM
TRUVADA TAB 100-150	5	NDS, QL (60 tabs / 30 days), NM
TRUVADA TAB 133-200	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	5	NDS, QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	5	NDS, QL (30 tabs / 30 days), NM

### **ANTITUBERCULAR AGENTS**

<i>cycloserine cap 250 mg</i>	5	NDS
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	2	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	NDS, LA, PA
TRECTOR TAB 250MG	4	

### **ANTIVIRALS**

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	2	B/D
<i>acyclovir susp 200 mg/5ml</i>	2	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	NDS, NM
BARACLUDE SOL .05MG/ML	5	NDS, NM
<i>entecavir tab 0.5 mg</i>	5	NDS, NM
<i>entecavir tab 1 mg</i>	5	NDS, NM
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	4	NM
<i>famciclovir tab 125 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir tab 250 mg</i>	2	
<i>famciclovir tab 500 mg</i>	2	
<i>ganciclovir sodium for inj 500 mg</i>	2	B/D
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	2	NM
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (1080 mL / year)
PEGASYS INJ	5	NDS, NM, PA
PEGASYS INJ 180MCG/M	5	NDS, NM, PA
PEGASYS INJ PROCLICK	5	NDS, NM, PA
REBETOL SOL 40MG/ML	5	NDS, NM
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	2	NM
<i>ribavirin tab 200 mg</i>	2	NM
<i>ribavirin tab 600 mg</i>	5	NDS, NM
<i>rimantadine hydrochloride tab 100 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	NDS
VEMLIDY TAB 25MG	5	NDS, NM
VOSEVI TAB	5	NDS, NM, PA
ZEPATIER TAB 50-100MG	5	NDS, NM, PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	2	
<i>cefaclor for susp 250 mg/5ml</i>	2	
<i>cefaclor for susp 375 mg/5ml</i>	2	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
<i>cefazolin sodium for inj 20 gm</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for iv soln 1 gm</i>	2	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
<i>cefixime cap 400 mg</i>	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotaxime sodium for inj 500 mg</i>	2	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 2 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	2	
<i>ceftriaxone sodium for inj 2 gm</i>	2	
<i>ceftriaxone sodium for inj 10 gm</i>	2	
<i>ceftriaxone sodium for inj 250 mg</i>	2	
<i>ceftriaxone sodium for inj 500 mg</i>	2	
<i>ceftriaxone sodium for iv soln 1 gm</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftriaxone sodium for iv soln 2 gm</i>	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 7.5 gm</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
SUPRAX SUS 500/5ML	3	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
TEFLARO INJ 400MG	5	NDS
TEFLARO INJ 600MG	5	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	2	
<i>azithromycin for susp 200 mg/5ml</i>	2	
<i>azithromycin iv for soln 500 mg</i>	2	
<i>azithromycin powd pack for susp 1 gm</i>	2	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
<i>clarithromycin for susp 125 mg/5ml</i>	2	
<i>clarithromycin for susp 250 mg/5ml</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
DIFICID TAB 200MG	5	NDS
<i>ery-tab tab 250mg ec</i>	2	
<i>ery-tab tab 333mg ec</i>	2	
<i>ery-tab tab 500mg ec</i>	2	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	2	
<i>erythromycin ethylsuccinate tab 400 mg</i>	2	
<i>erythromycin tab 250 mg</i>	2	
<i>erythromycin tab 500 mg</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin tab delayed release 333 mg</i>	2	
<i>erythromycin tab delayed release 500 mg</i>	2	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	2	

### **FLUOROQUINOLONES**

<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	2	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	

### **PENICILLINS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin cap 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 125 mg</i>	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for iv soln 1 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
NAFCILLIN INJ 10GM	4	
<i>nafcillin sodium for inj 1 gm</i>	2	
<i>nafcillin sodium for inj 2 gm</i>	2	
<i>nafcillin sodium for iv soln 1 gm</i>	2	
<i>nafcillin sodium for iv soln 2 gm</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	5	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	2	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	NDS
PEN G PROC INJ 600000	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	2	
<i>penicillin g potassium for inj 20000000 unit</i>	2	
<i>penicillin g sodium for inj 5000000 unit</i>	2	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	

### **TETRACYCLINES**

<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	2	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDEKA INJ 100/4ML	5	NDS, B/D, NM
<i>cyclophosphamide cap 25 mg</i>	2	B/D
<i>cyclophosphamide cap 50 mg</i>	2	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	NDS, B/D
<i>cyclophosphamide for inj 2 gm</i>	5	NDS, B/D
<i>cyclophosphamide for inj 500 mg</i>	5	NDS, B/D
<i>dacarbazine for inj 100 mg</i>	2	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
IFEX INJ 3GM	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	2	B/D
LEUKERAN TAB 2MG	5	NDS
<b>ANTHRACYCLINES</b>		
<i>adriamycin inj 20mg</i>	2	B/D
<i>doxorubicin hcl for inj 50 mg</i>	2	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	2	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	2	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	2	B/D
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate for inj 15 unit</i>	2	B/D
<i>bleomycin sulfate for inj 30 unit</i>	2	B/D
<i>mitomycin for iv soln 5 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	5	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	5	NDS, B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj 2.5g/50m</i>	2	B/D
<i>adrucil inj 5gm/100m</i>	2	B/D
<i>adrucil inj 500/10ml</i>	2	B/D
ALIMTA INJ 100MG	5	NDS, B/D
ALIMTA INJ 500MG	5	NDS, B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azacitidine for inj 100 mg</i>	5	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	2	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	2	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	2	B/D
<i>gemcitabine hcl for inj 1 gm</i>	2	B/D
<i>gemcitabine hcl for inj 2 gm</i>	2	B/D
<i>gemcitabine hcl for inj 200 mg</i>	2	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	2	B/D
<i>mercaptopurine tab 50 mg</i>	2	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
PURIXAN SUS 20MG/ML	5	NDS, NM
TABLOID TAB 40MG	4	

### **ANTIMITOTIC, TAXOIDS**

ABRAXANE INJ 100MG	5	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	5	NDS, B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	NDS, B/D
DOCETAXEL INJ 20MG/2ML	5	NDS, B/D
DOCETAXEL INJ 80MG/4ML	5	NDS, B/D
DOCETAXEL INJ 80MG/8ML	5	NDS, B/D
DOCETAXEL INJ 160/8ML	5	NDS, B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOCETAXEL INJ 160/16ML	5	NDS, B/D
DOCETAXEL INJ 200/10	5	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	NDS, B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	NDS, B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	NDS, B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	2	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	2	B/D
TAXOTERE INJ 80MG/4ML	5	NDS, B/D

### **ANTIMITOTIC, VINCA ALKALOIDS**

<i>vinblastine sulfate inj 1 mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	2	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	2	B/D

### **BIOLOGIC RESPONSE MODIFIERS**

AVASTIN INJ	5	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	5	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	5	NDS, NM, PA
DAURISMO TAB 25MG	5	NDS, NM, LA, PA
DAURISMO TAB 100MG	5	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	5	NDS, NM, LA, PA
FARYDAK CAP 10MG	5	NDS, NM, LA, PA
FARYDAK CAP 15MG	5	NDS, NM, LA, PA
FARYDAK CAP 20MG	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN INJ 150MG	5	NDS, NM, PA
HERCEPTIN INJ 440MG	5	NDS, NM, PA
IBRANCE CAP 75MG	5	NDS, NM, LA, PA
IBRANCE CAP 100MG	5	NDS, NM, LA, PA
IBRANCE CAP 125MG	5	NDS, NM, LA, PA
IDHIFA TAB 50MG	5	NDS, NM, LA, PA
IDHIFA TAB 100MG	5	NDS, NM, LA, PA
KADCYLA INJ 100MG	5	NDS, B/D, NM
KADCYLA INJ 160MG	5	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	5	NDS, NM, PA
KEYTRUDA SOL 50MG	5	NDS, PA
KISQALI 200 PAK FEMARA	5	NDS, NM, PA

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KISQALI 400 PAK FEMARA	5	NDS, NM, PA
KISQALI 600 PAK FEMARA	5	NDS, NM, PA
KISQALI TAB 200DOSE	5	NDS, NM, PA
KISQALI TAB 400DOSE	5	NDS, NM, PA
KISQALI TAB 600DOSE	5	NDS, NM, PA
LYNPARZA TAB 100MG	5	NDS, NM, LA, PA
LYNPARZA TAB 150MG	5	NDS, NM, LA, PA
MYLOTARG INJ 4.5MG	5	NDS, NM, LA, PA
NINLARO CAP 2.3MG	5	NDS, NM, PA
NINLARO CAP 3MG	5	NDS, NM, PA
NINLARO CAP 4MG	5	NDS, NM, PA
ODOMZO CAP 200MG	5	NDS, NM, LA, PA
RITUXAN INJ 100MG	5	NDS, NM, LA, PA
RITUXAN INJ 500MG	5	NDS, NM, LA, PA
RITUXAN INJ HYCELA	5	NDS, NM, LA, PA
RUBRACA TAB 200MG	5	NDS, NM, LA, PA
RUBRACA TAB 250MG	5	NDS, NM, LA, PA
RUBRACA TAB 300MG	5	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	5	NDS, NM, LA, PA
TALZENNA CAP 1MG	5	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	5	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	5	NDS, NM, LA, PA
TIBSOVO TAB 250MG	5	NDS, NM, LA, PA
VELCADE INJ 3.5MG	5	NDS, NM, PA
VENCLEXTA TAB 10MG	4	NM, LA, PA
VENCLEXTA TAB 50MG	4	NM, LA, PA
VENCLEXTA TAB 100MG	5	NDS, NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, NM, LA, PA
VERZENIO TAB 50MG	5	NDS, NM, LA, PA
VERZENIO TAB 100MG	5	NDS, NM, LA, PA
VERZENIO TAB 150MG	5	NDS, NM, LA, PA
VERZENIO TAB 200MG	5	NDS, NM, LA, PA
ZEJULA CAP 100MG	5	NDS, NM, LA, PA
ZOLINZA CAP 100MG	5	NDS, NM, PA

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tab 250 mg</i>	5	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	2	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	2	

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FASLODEX INJ 250/5ML	5	NDS, B/D
<i>flutamide cap 125 mg</i>	2	
<i>fulvestrant inj 250 mg/5ml</i>	5	NDS, B/D
<i>letrozole tab 2.5 mg</i>	2	
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	5	NDS, NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>megestrol acetate tab 20 mg</i>	3	
<i>megestrol acetate tab 40 mg</i>	3	
<i>nilutamide tab 150 mg</i>	5	NDS
NUBEQA TAB 300MG	5	NDS, NM, LA, PA
SOLTAMOX SOL 10MG/5ML	5	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	NDS
TRELSTAR MIX INJ 3.75MG	5	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	5	NDS, NM, PA
XTANDI CAP 40MG	5	NDS, NM, LA, PA
ZYTIGA TAB 500MG	5	NDS, NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	5	NDS, NM, LA, PA
POMALYST CAP 2MG	5	NDS, NM, LA, PA
POMALYST CAP 3MG	5	NDS, NM, LA, PA
POMALYST CAP 4MG	5	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAP 50MG	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	5	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	5	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	5	NDS, QL (60 caps / 30 days), NM, PA

### ***KINASE INHIBITORS***

AFINITOR DIS TAB 2MG	5	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	5	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	5	NDS, NM, LA, PA
BALVERSA TAB 3MG	5	NDS, NM, LA, PA
BALVERSA TAB 4MG	5	NDS, NM, LA, PA
BALVERSA TAB 5MG	5	NDS, NM, LA, PA
BOSULIF TAB 100MG	5	NDS, NM, PA
BOSULIF TAB 400MG	5	NDS, NM, PA
BOSULIF TAB 500MG	5	NDS, NM, PA
BRAFTOVI CAP 75MG	5	NDS, NM, LA, PA
CABOMETYX TAB 20MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	5	NDS, NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPRELSA TAB 100MG	5	NDS, NM, LA, PA
CAPRELSA TAB 300MG	5	NDS, NM, LA, PA
COMETRIQ KIT 60MG	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COPIKTRA CAP 15MG	5	NDS, NM, LA, PA
COPIKTRA CAP 25MG	5	NDS, NM, LA, PA
COTELLIC TAB 20MG	5	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	5	NDS, NM, LA, PA
GILOTRIF TAB 30MG	5	NDS, NM, LA, PA
GILOTRIF TAB 40MG	5	NDS, NM, LA, PA
ICLUSIG TAB 15MG	5	NDS, NM, LA, PA
ICLUSIG TAB 45MG	5	NDS, NM, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	NDS, NM, LA, PA
IMBRUVICA CAP 140MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 140MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 280MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 420MG	5	NDS, NM, LA, PA
IMBRUVICA TAB 560MG	5	NDS, NM, LA, PA
INLYTA TAB 1MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	5	NDS, NM, LA, PA
IRESSA TAB 250MG	5	NDS, NM, LA, PA
JAKAFI TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 20MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	NDS, NM, LA, PA
LENVIMA CAP 8 MG	5	NDS, NM, LA, PA
LENVIMA CAP 10 MG	5	NDS, NM, LA, PA
LENVIMA CAP 12MG	5	NDS, NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, NM, LA, PA
LENVIMA CAP 20 MG	5	NDS, NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, NM, LA, PA
LORBRENA TAB 25MG	5	NDS, NM, LA, PA
LORBRENA TAB 100MG	5	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	5	NDS, NM, LA, PA
MEKINIST TAB 2MG	5	NDS, NM, LA, PA
MEKTOVI TAB 15MG	5	NDS, NM, LA, PA
NERLYNX TAB 40MG	5	NDS, NM, LA, PA
NEXAVAR TAB 200MG	5	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG TAB DOSE	5	NDS, NM, PA
RYDAPT CAP 25MG	5	NDS, NM, PA
SPRYCEL TAB 20MG	5	NDS, NM, PA
SPRYCEL TAB 50MG	5	NDS, NM, PA
SPRYCEL TAB 70MG	5	NDS, NM, PA
SPRYCEL TAB 80MG	5	NDS, NM, PA
SPRYCEL TAB 100MG	5	NDS, NM, PA
SPRYCEL TAB 140MG	5	NDS, NM, PA
STIVARGA TAB 40MG	5	NDS, NM, LA, PA
SUTENT CAP 12.5MG	5	NDS, NM, PA
SUTENT CAP 25MG	5	NDS, NM, PA
SUTENT CAP 37.5MG	5	NDS, NM, PA
SUTENT CAP 50MG	5	NDS, NM, PA
TAFINLAR CAP 50MG	5	NDS, NM, LA, PA
TAFINLAR CAP 75MG	5	NDS, NM, LA, PA
TAGRISO TAB 40MG	5	NDS, NM, LA, PA
TAGRISO TAB 80MG	5	NDS, NM, LA, PA
TARCEVA TAB 25MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA TAB 100MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	NDS, NM, PA
TASIGNA CAP 150MG	5	NDS, NM, PA
TASIGNA CAP 200MG	5	NDS, NM, PA
TURALIO CAP 200MG	5	NDS, NM, LA, PA
TYKERB TAB 250MG	5	NDS, NM, LA, PA
VITRAKVI CAP 25MG	5	NDS, NM, LA, PA
VITRAKVI CAP 100MG	5	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	5	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	5	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	5	NDS, NM, LA, PA
VOTRIENT TAB 200MG	5	NDS, NM, LA, PA
XALKORI CAP 200MG	5	NDS, NM, LA, PA
XALKORI CAP 250MG	5	NDS, NM, LA, PA
XOSPATA TAB 40MG	5	NDS, NM, LA, PA
ZELBORAF TAB 240MG	5	NDS, NM, LA, PA
ZYDELIG TAB 100MG	5	NDS, NM, LA, PA
ZYDELIG TAB 150MG	5	NDS, NM, LA, PA
ZYKADIA CAP 150MG	5	NDS, NM, LA, PA
ZYKADIA TAB 150MG	5	NDS, NM, LA, PA

### **MISCELLANEOUS**

<i>bexarotene cap 75 mg</i>	5	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	2	
LONSURF TAB 15-6.14	5	NDS, NM, PA
LONSURF TAB 20-8.19	5	NDS, NM, PA
MATULANE CAP 50MG	5	NDS, LA
SYLATRON KIT 200MCG	5	NDS, NM, PA
SYLATRON KIT 300MCG	5	NDS, NM, PA
SYLATRON KIT 600MCG	5	NDS, NM, PA
SYNRIBO INJ 3.5MG	5	NDS, NM, PA
<i>tretinoin cap 10 mg</i>	5	NDS
XPOVIO PAK 60MG	5	NDS, NM, LA, PA
XPOVIO PAK 80MG	5	NDS, NM, LA, PA
XPOVIO PAK 100MG	5	NDS, NM, LA, PA

### **PLATINUM-BASED AGENTS**

<i>carboplatin iv soln 50 mg/5ml</i>	2	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	2	B/D

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<i>carboplatin iv soln 450 mg/45ml</i>	2	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	2	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	2	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	2	B/D
<i>oxaliplatin for iv inj 50 mg</i>	5	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	2	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	2	B/D

### **PROTECTIVE AGENTS**

<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	5	NDS, B/D
<i>leucovorin calcium for inj 50 mg</i>	2	B/D
<i>leucovorin calcium for inj 100 mg</i>	2	B/D
<i>leucovorin calcium for inj 200 mg</i>	2	B/D
<i>leucovorin calcium for inj 350 mg</i>	2	B/D
<i>leucovorin calcium for inj 500 mg</i>	2	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	2	B/D
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	2	
<i>leucovorin calcium tab 15 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
MESNEX TAB 400MG	5	NDS

### **TOPOISOMERASE INHIBITORS**

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	2	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	2	B/D
<i>toposar inj 1gm/50ml</i>	2	B/D
<i>toposar inj 100/5ml</i>	2	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	NDS, B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	5	NDS, B/D
TOPOTECAN INJ 4MG/4ML	5	NDS, B/D

### **CARDIOVASCULAR**

#### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>disopyramide phosphate cap 100 mg</i>	4	
<i>disopyramide phosphate cap 150 mg</i>	4	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	NM
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>mexiletine hcl cap 150 mg</i>	2	
<i>mexiletine hcl cap 200 mg</i>	2	
<i>mexiletine hcl cap 250 mg</i>	2	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	
NORPACE CAP 150MG CR	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pacerone tab 100mg</i>	2	
<i>pacerone tab 200mg</i>	1	
<i>pacerone tab 400mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	2	
<i>propafenone hcl cap er 12hr 325 mg</i>	2	
<i>propafenone hcl cap er 12hr 425 mg</i>	2	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	2	
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	2	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	

**ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	
<i>lovastatin tab 10 mg</i>	1	
<i>lovastatin tab 20 mg</i>	1	
<i>lovastatin tab 40 mg</i>	1	
<i>pravastatin sodium tab 10 mg</i>	1	
<i>pravastatin sodium tab 20 mg</i>	1	
<i>pravastatin sodium tab 40 mg</i>	1	
<i>pravastatin sodium tab 80 mg</i>	1	
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	
<i>simvastatin tab 10 mg</i>	1	
<i>simvastatin tab 20 mg</i>	1	
<i>simvastatin tab 40 mg</i>	1	
<i>simvastatin tab 80 mg</i>	1	QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
<i>ezetimibe tab 10 mg</i>	2	
<i>fenofibrate micronized cap 67 mg</i>	2	
<i>fenofibrate micronized cap 134 mg</i>	2	
<i>fenofibrate micronized cap 200 mg</i>	2	
<i>fenofibrate tab 48 mg</i>	2	
<i>fenofibrate tab 54 mg</i>	2	
<i>fenofibrate tab 145 mg</i>	2	
<i>fenofibrate tab 160 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	1	
JUXTAPID CAP 5MG	5	NDS, NM, LA, PA
JUXTAPID CAP 10MG	5	NDS, NM, LA, PA
JUXTAPID CAP 20MG	5	NDS, NM, LA, PA
JUXTAPID CAP 30MG	5	NDS, NM, LA, PA
JUXTAPID CAP 40MG	5	NDS, NM, LA, PA
JUXTAPID CAP 60MG	5	NDS, NM, LA, PA
KYNAMRO INJ 200MG/ML	5	NDS, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	2	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	2	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	2	
<i>niacor tab 500mg</i>	2	
PRALUENT INJ 75MG/ML	5	NDS, PA; Lower cost version - Tier 4
PRALUENT INJ 150MG/ML	5	NDS, PA; Lower cost version - Tier 4

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prevalite pow 4gm</i>	2	
<i>prevalite pow 4gm pk</i>	2	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	2	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	2	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	2	

### **BETA-BLOCKERS**

<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol hcl tab 300 mg</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	2	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl oral soln 20 mg/5ml</i>	2	
<i>propranolol hcl oral soln 40 mg/5ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	2	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	2	
<i>isradipine cap 5 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	5	NDS
NYMALIZE SOL 30/10ML	5	NDS
<i>taztia xt cap 120mg/24</i>	2	
<i>taztia xt cap 180mg/24</i>	2	
<i>taztia xt cap 240mg/24</i>	2	
<i>taztia xt cap 300mg er</i>	2	
<i>taztia xt cap 360mg/24</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	2	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek tab 0.25mg</i>	2	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	2	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	2	
<i>digoxin oral soln 0.05 mg/ml</i>	2	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	2	QL (30 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>digoxin tab 250 mcg (0.25 mg)</i>	2	PA; PA if 70 years and older

### **DIRECT RENIN INHIBITORS/COMBINATIONS**

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	2	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	2	
TEKTURNA HCT TAB 150-12.5	4	
TEKTURNA HCT TAB 150-25MG	4	
TEKTURNA HCT TAB 300-12.5	4	
TEKTURNA HCT TAB 300-25MG	4	
TEKTURNA TAB 150MG	4	
TEKTURNA TAB 300MG	4	

### **DIURETICS**

<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	2	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>chlorothiazide tab 250 mg</i>	2	
<i>chlorothiazide tab 500 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>methazolamide tab 25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide tab 50 mg</i>	2	
<i>methyclothiazide tab 5 mg</i>	2	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	
<i>metolazone tab 10 mg</i>	2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	NDS, NM, LA, PA
NORTHERA CAP 200MG	5	NDS, NM, LA, PA
NORTHERA CAP 300MG	5	NDS, NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ranolazine tab er 12hr 1000 mg</i>	2	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide dinitrate tab er 40 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>minitran dis 0.1mg/hr</i>	2	
<i>minitran dis 0.2mg/hr</i>	2	
<i>minitran dis 0.4mg/hr</i>	2	
<i>minitran dis 0.6mg/hr</i>	2	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.3MG/HR	4	
NITRO-DUR DIS 0.8MG/HR	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS TAB 0.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	5	NDS, QL (30 tabs / 30 days), NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bosentan tab 62.5 mg</i>	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	5	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	5	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	5	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	5	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	5	NDS, NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<i>alprazolam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>fluvoxamine maleate tab 25 mg</i>	2	
<i>fluvoxamine maleate tab 50 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	2	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<b>ANTICONVULSANTS</b>		
APTIOM TAB 200MG	5	NDS, QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	NDS, PA
BANZEL TAB 200MG	5	NDS, PA
BANZEL TAB 400MG	5	NDS, PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	NDS, PA
BRIVIACT TAB 10MG	5	NDS, PA
BRIVIACT TAB 25MG	5	NDS, PA
BRIVIACT TAB 50MG	5	NDS, PA
BRIVIACT TAB 75MG	5	NDS, PA
BRIVIACT TAB 100MG	5	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	2	
CELONTIN CAP 300MG	4	
<i>clobazam suspension 2.5 mg/ml</i>	2	PA
<i>clobazam tab 10 mg</i>	2	PA
<i>clobazam tab 20 mg</i>	2	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	2	QL (90 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	2	
<i>diazepam rectal gel delivery system 10 mg</i>	2	
<i>diazepam rectal gel delivery system 20 mg</i>	2	
<i>diazepam tab 2 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX SOL 100MG/ML	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	2	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	NDS
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA SUS 0.5MG/ML	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	1	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	1	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	2	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg</i>	2	
<i>lamotrigine tab er 24hr 50 mg</i>	2	
<i>lamotrigine tab er 24hr 100 mg</i>	2	
<i>lamotrigine tab er 24hr 200 mg</i>	2	
<i>lamotrigine tab er 24hr 250 mg</i>	2	
<i>lamotrigine tab er 24hr 300 mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	2	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 70 years and older

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	3	PA; PA if 70 years and older
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin sodium inj 50 mg/ml</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 50 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 75 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	2	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	2	QL (946 mL / 30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	2	
<i>roweepra tab 750mg</i>	2	
<i>roweepra tab 1000mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>roweepra xr tab 500mg xr</i>	2	
<i>roweepra xr tab 750mg xr</i>	2	
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
SYMPAZAN MIS 5MG	4	PA
SYMPAZAN MIS 10MG	5	NDS, PA
SYMPAZAN MIS 20MG	5	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	2	
<i>tiagabine hcl tab 16 mg</i>	2	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
<i>vigabatrin powd pack 500 mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	5	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	NDS
VIMPAT SOL 10MG/ML	5	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	2	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	2	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	2	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	2	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	2	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	2	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	2	QL (30 patches / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	2	QL (30 patches / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl tab 10 mg</i>	3	
<i>amitriptyline hcl tab 25 mg</i>	3	
<i>amitriptyline hcl tab 50 mg</i>	3	
<i>amitriptyline hcl tab 75 mg</i>	3	
<i>amitriptyline hcl tab 100 mg</i>	3	
<i>amitriptyline hcl tab 150 mg</i>	3	
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	2	
<i>bupropion hcl tab 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	2	
<i>bupropion hcl tab er 24hr 300 mg</i>	2	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	2	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<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>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>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	3	
<i>doxepin hcl cap 25 mg</i>	3	
<i>doxepin hcl cap 50 mg</i>	3	
<i>doxepin hcl cap 75 mg</i>	3	
<i>doxepin hcl cap 100 mg</i>	3	
<i>doxepin hcl cap 150 mg</i>	3	
<i>doxepin hcl conc 10 mg/ml</i>	3	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	2	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	2	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	2	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
FETZIMA CAP 20MG	4	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	4	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipramine hcl tab 10 mg</i>	3	
<i>imipramine hcl tab 25 mg</i>	3	
<i>imipramine hcl tab 50 mg</i>	3	
<i>maprotiline hcl tab 25 mg</i>	2	
<i>maprotiline hcl tab 50 mg</i>	2	
<i>maprotiline hcl tab 75 mg</i>	2	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>nefazodone hcl tab 50 mg</i>	2	
<i>nefazodone hcl tab 100 mg</i>	2	
<i>nefazodone hcl tab 150 mg</i>	2	
<i>nefazodone hcl tab 200 mg</i>	2	
<i>nefazodone hcl tab 250 mg</i>	2	
<i>nortriptyline hcl cap 10 mg</i>	2	
<i>nortriptyline hcl cap 25 mg</i>	2	
<i>nortriptyline hcl cap 50 mg</i>	2	
<i>nortriptyline hcl cap 75 mg</i>	2	
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl tab 10 mg</i>	2	
<i>paroxetine hcl tab 20 mg</i>	2	
<i>paroxetine hcl tab 30 mg</i>	2	
<i>paroxetine hcl tab 40 mg</i>	2	
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	2	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	2	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	2	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN INJ 10MG/ML	5	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	2	
<i>benztropine mesylate tab 0.5 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	2	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY MAIN INJ 300MG	5	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	NDS
CHLORPROMAZ INJ 25MG/ML	4	
CHLORPROMAZ INJ 50MG/2ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>clozapine orally disintegrating tab 12.5 mg</i>	2	PA
<i>clozapine orally disintegrating tab 25 mg</i>	2	PA
<i>clozapine orally disintegrating tab 100 mg</i>	2	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	2	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	5	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	2	
<i>clozapine tab 50 mg</i>	2	
<i>clozapine tab 100 mg</i>	2	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	2	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	4	QL (60 tabs / 30 days)
FANAPT TAB 8MG	4	QL (60 tabs / 30 days)
FANAPT TAB 10MG	4	QL (60 tabs / 30 days)
FANAPT TAB 12MG	4	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	2	
<i>haloperidol tab 1 mg</i>	2	
<i>haloperidol tab 2 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol tab 5 mg</i>	2	
<i>haloperidol tab 10 mg</i>	2	
<i>haloperidol tab 20 mg</i>	2	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (60 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	2	
<i>loxapine succinate cap 10 mg</i>	2	
<i>loxapine succinate cap 25 mg</i>	2	
<i>loxapine succinate cap 50 mg</i>	2	
<i>molindone hcl tab 5 mg</i>	2	
<i>molindone hcl tab 10 mg</i>	2	
<i>molindone hcl tab 25 mg</i>	2	
NUPLAZID CAP 34MG	5	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	2	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (60 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	NDS, QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	2	
<i>perphenazine tab 4 mg</i>	2	
<i>perphenazine tab 8 mg</i>	2	
<i>perphenazine tab 16 mg</i>	2	
PERSERIS INJ 90MG	5	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	5	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	2	
<i>pimozide tab 2 mg</i>	2	
<i>quetiapine fumarate tab 25 mg</i>	2	
<i>quetiapine fumarate tab 50 mg</i>	2	
<i>quetiapine fumarate tab 100 mg</i>	2	
<i>quetiapine fumarate tab 200 mg</i>	2	
<i>quetiapine fumarate tab 300 mg</i>	2	
<i>quetiapine fumarate tab 400 mg</i>	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	2	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	2	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	NDS, QL (360 tabs / 30 days)

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REXULTI TAB 1MG	5	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	
<i>risperidone tab 0.25 mg</i>	2	
<i>risperidone tab 1 mg</i>	2	
<i>risperidone tab 2 mg</i>	2	
<i>risperidone tab 3 mg</i>	2	
<i>risperidone tab 4 mg</i>	2	
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	2	
<i>thioridazine hcl tab 25 mg</i>	2	
<i>thioridazine hcl tab 50 mg</i>	2	
<i>thioridazine hcl tab 100 mg</i>	2	
<i>thiothixene cap 1 mg</i>	2	
<i>thiothixene cap 2 mg</i>	2	
<i>thiothixene cap 5 mg</i>	2	
<i>thiothixene cap 10 mg</i>	2	

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B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	2	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	2	
VERSACLOZ SUS 50MG/ML	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	2	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	2	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	NDS, QL (1 vial / 28 days), PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	3	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	2	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	QL (90 tabs / 30 days)

### **HYPNOTICS**

HETLIOZ CAP 20MG	5	NDS, NM, LA, PA
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

AIMOVIG INJ 70MG/ML	3	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	2	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	3	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	2	QL (18 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	2	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	2	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	2	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	2	QL (12 tabs / 30 days)

### **MISCELLANEOUS**

AUSTEDO TAB 6MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CR TAB 82.5MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	2	
<i>riluzole tab 50 mg</i>	2	
<i>tetrabenazine tab 12.5 mg</i>	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BETASERON INJ 0.3MG	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	NDS, NM, PA
GILENYA CAP 0.5MG	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	NDS, QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>cyclobenzaprine hcl tab 5 mg</i>	3	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	3	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tab 50 mg</i>	2	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	2	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	2	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	NDS, QL (540 mL / 30 days), NM, LA, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
VIVITROL INJ 380MG	5	NDS

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

ANADROL-50 TAB 50MG	5	NDS, PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	2	PA
<i>oxandrolone tab 10 mg</i>	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	QL (300 grams / 30 days), PA

### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
BASAGLAR INJ 100UNIT	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON BC INJ 2/0.85ML	3	QL (4 pens / 28 days)
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMULIN R INJ U-500	5	NDS
HUMULIN R INJ U-500	5	NDS, B/D
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTOUC	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	
TRESIBA INJ 100UNIT	3	
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tabs / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	3	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tabs / 30 days)

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Non-Extended Days Supply

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB	3	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

### **BISPHOSPHONATES**

<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 40 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	2	B/D
<i>pamidronate disodium for inj 30 mg</i>	2	B/D
<i>pamidronate disodium for inj 90 mg</i>	2	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	2	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	2	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	2	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	2	B/D, NM

### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	5	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 30MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	5	NDS, B/D, QL (60 tabs / 30 days), NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SENSIPAR TAB 90MG	5	NDS, B/D, QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	NDS
JADENU SPRKL GRA 90MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	5	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	5	NDS, NM, LA, PA
JADENU TAB 90MG	5	NDS, NM, LA, PA
JADENU TAB 180MG	5	NDS, NM, LA, PA
JADENU TAB 360MG	5	NDS, NM, LA, PA
LOKELMA PAK 5GM	3	
LOKELMA PAK 10GM	3	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>trientine hcl cap 250 mg</i>	5	NDS, PA
<b>CONTRACEPTIVES</b>		
<i>alyacen tab 1/35</i>	2	
<i>apri tab</i>	2	
<i>aranelle tab</i>	2	
<i>aubra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	
<i>balziva tab</i>	2	
<i>bekyree tab</i>	2	
<i>blisovi fe tab 1.5/30</i>	2	
<i>briellyn tab</i>	2	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>ELLA TAB 30MG</i>	4	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>enskyce tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>heather tab 0.35mg</i>	2	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	2	
<i>isibloom tab</i>	2	
<i>jasmiel tab 3-0.02mg</i>	2	
<i>jolivette tab 0.35mg</i>	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	2	
<i>kelnor 1/50 tab</i>	2	
<i>kelnor tab 1/35</i>	2	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	2	
<i>lutra tab</i>	2	
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	2	
<i>necon tab 7/7/7</i>	2	
<i>nikki tab 3-0.02mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel tab 0.5/35</i>	2	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
NUVARING MIS	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	2	
<i>pimtrea tab</i>	2	
<i>pirmella tab 1/35</i>	2	
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	2	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-estaryll tab</i>	2	
<i>tri-legest tab fe</i>	2	
<i>tri-lo- tab sprintec</i>	2	
<i>tri-mili tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>tri-vylibra tab lo</i>	2	
<i>trinessa lo tab</i>	2	
<i>trinessa tab</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>velivet pak</i>	2	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	2	
<i>vyfemla tab 0.4-35</i>	2	
<i>vylibra tab 0.25-35</i>	2	
<i>zarah tab 3-0.03mg</i>	2	
<i>zovia 1/35e tab</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	2	
<i>danazol cap 100 mg</i>	2	
<i>danazol cap 200 mg</i>	2	
SYNAREL SOL 2MG/ML	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ENZYME REPLACEMENTS</b>		
ALDURAZYME INJ 2.9MG/5M	5	NDS, NM, LA, PA
CARBAGLU TAB 200MG	5	NDS, NM, LA, PA
CERDELGA CAP 84MG	5	NDS, NM, PA
CEREZYME INJ 400UNIT	5	NDS, NM, LA, PA
CYSTADANE POW	5	NDS, NM, LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NDS, NM, LA, PA
FABRAZYME INJ 35MG	5	NDS, NM, LA, PA
KUVAN POW 100MG	5	NDS, NM, LA, PA
KUVAN POW 500MG	5	NDS, NM, LA, PA
KUVAN TAB 100MG	5	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	2	B/D
<i>levocarnitine tab 330 mg</i>	2	B/D
LUMIZYME INJ 50MG	5	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	5	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	5	NDS, NM, LA, PA
NITYR TAB 2MG	5	NDS, NM, LA, PA
NITYR TAB 5MG	5	NDS, NM, LA, PA
NITYR TAB 10MG	5	NDS, NM, LA, PA
ORFADIN CAP 2MG	5	NDS, NM, LA, PA
ORFADIN CAP 5MG	5	NDS, NM, LA, PA
ORFADIN CAP 10MG	5	NDS, NM, LA, PA
ORFADIN CAP 20MG	5	NDS, NM, LA, PA
ORFADIN SUS 4MG/ML	5	NDS, NM, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NDS, NM, PA
<b>ESTROGENS</b>		
DELESTROGEN INJ 10MG/ML	4	
<i>estradiol tab 0.5 mg</i>	2	
<i>estradiol tab 1 mg</i>	2	
<i>estradiol tab 2 mg</i>	2	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
<i>fyavolv tab 0.5-2.5</i>	3	
<i>jinteli tab 1mg-5mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	

### **GLUCOCORTICOIDS**

<i>cortisone acetate tab 25 mg</i>	2	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	2	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	2	B/D
<i>methylprednisolone tab 4 mg</i>	2	B/D
<i>methylprednisolone tab 8 mg</i>	2	B/D
<i>methylprednisolone tab 16 mg</i>	2	B/D
<i>methylprednisolone tab 32 mg</i>	2	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	2	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	2	B/D
<i>prednisone tab 1 mg</i>	1	B/D
<i>prednisone tab 2.5 mg</i>	1	B/D
<i>prednisone tab 5 mg</i>	1	B/D
<i>prednisone tab 10 mg</i>	1	B/D
<i>prednisone tab 20 mg</i>	1	B/D
<i>prednisone tab 50 mg</i>	1	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-CORTEF INJ 1000MG	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	2	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	B/D
FORTEO SOL 600/2.4	5	NDS, NM, PA
GENOTROPIN INJ 0.2MG	3	NM, PA
GENOTROPIN INJ 0.4MG	5	NDS, NM, PA
GENOTROPIN INJ 0.6MG	5	NDS, NM, PA
GENOTROPIN INJ 0.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1.2MG	5	NDS, NM, PA
GENOTROPIN INJ 1.4MG	5	NDS, NM, PA
GENOTROPIN INJ 1.6MG	5	NDS, NM, PA
GENOTROPIN INJ 1.8MG	5	NDS, NM, PA
GENOTROPIN INJ 1MG	5	NDS, NM, PA
GENOTROPIN INJ 2MG	5	NDS, NM, PA
GENOTROPIN INJ 5MG	5	NDS, NM, PA
GENOTROPIN INJ 12MG	5	NDS, NM, PA
INCRELEX INJ 40MG/4ML	5	NDS, NM, LA, PA
KORLYM TAB 300MG	5	NDS, NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	5	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	5	NDS, NM, PA
LUPR DEP-PED INJ 15MG	5	NDS, NM, PA
NATPARA INJ 25MCG	5	NDS, NM, PA
NATPARA INJ 50MCG	5	NDS, NM, PA
NATPARA INJ 75MCG	5	NDS, NM, PA
NATPARA INJ 100MCG	5	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	2	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NDS, NM, PA
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	2	
SIGNIFOR INJ 0.3MG/ML	5	NDS, NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	5	NDS, NM, LA, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIGNIFOR INJ 0.9MG/ML	5	NDS, NM, LA, PA
SOMATULINE INJ 60/0.2ML	5	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	5	NDS, NM, PA
SOMATULINE INJ 120/.5ML	5	NDS, NM, PA
SOMAVERT INJ 10MG	5	NDS, NM, LA, PA
SOMAVERT INJ 15MG	5	NDS, NM, LA, PA
SOMAVERT INJ 20MG	5	NDS, NM, LA, PA
SOMAVERT INJ 25MG	5	NDS, NM, LA, PA
SOMAVERT INJ 30MG	5	NDS, NM, LA, PA
TYMLOS INJ	5	NDS, NM, PA
XGEVA INJ	5	NDS, NM, PA

### **PHOSPHATE BINDER AGENTS**

AURYXIA TAB 210MG	5	NDS, QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	5	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	NDS, QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (540 tabs / 30 days)

### **PROGESTINS**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>norethindrone acetate tab 5 mg</i>	2	

### **THYROID AGENTS**

<i>levo-t tab 25mcg</i>	2	
<i>levo-t tab 50mcg</i>	2	
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 137mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	

### **VASOPRESSINS**

<i>desmopressin acetate inj 4 mcg/ml</i>	2	
<i>desmopressin acetate nasal spray soln 0.01%</i>	2	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	2	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
STIMATE SOL 1.5MG/ML	5	NDS, NM

### **GASTROINTESTINAL**

#### **ANTIEMETICS**

<i>aprepitant capsule 40 mg</i>	2	B/D
<i>aprepitant capsule 80 mg</i>	2	B/D
<i>aprepitant capsule 125 mg</i>	2	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	2	B/D
<i>compro sup 25mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	2	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	2	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 1 mg/ml</i>	2	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	2	
<i>granisetron hcl tab 1 mg</i>	2	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	2	B/D
<i>ondansetron hcl tab 4 mg</i>	2	B/D
<i>ondansetron hcl tab 8 mg</i>	2	B/D
<i>ondansetron hcl tab 24 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	2	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 70 years and older

### **ANTISPASMODICS**

<i>dicyclomine hcl cap 10 mg</i>	3	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	3	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	

### **H2-RECEPTOR ANTAGONISTS**

<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	

### **INFLAMMATORY BOWEL DISEASE**

<i>APRISO CAP 0.375GM</i>	3	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	NDS
<i>DELZICOL CAP 400MG</i>	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	

### **LAXATIVES**

<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
<i>GOLYTELY SOL</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
SUPREP BOWEL SOL PREP KIT	4	
<i>trilyte sol</i>	2	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	NDS, PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	NDS, PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NDS, NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (30 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	NDS, PA
RELISTOR INJ 12/0.6ML	5	NDS, PA
<i>sucral fate tab 1 gm</i>	2	
SYMPROIC TAB 0.2MG	3	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
XIFAXAN TAB 550MG	5	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	

### **PROTON PUMP INHIBITORS**

DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	2	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	2	

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	1	

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<i>tamsulosin hcl cap 0.4 mg</i>	2	
<b>MISCELLANEOUS</b>		
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>potassium citrate tab er 5 meq (540 mg)</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	2	
<b>URINARY ANTISPASMODICS</b>		
MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride tab 5 mg</i>	2	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	2	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	2	ST
<i>tolterodine tartrate tab 2 mg</i>	2	ST
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	2	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>vandazole gel 0.75%</i>	2	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
COUMADIN TAB 1MG	3	
COUMADIN TAB 2.5MG	3	
COUMADIN TAB 2MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COUMADIN TAB 3MG	3	
COUMADIN TAB 4MG	3	
COUMADIN TAB 5MG	3	
COUMADIN TAB 6MG	3	
COUMADIN TAB 7.5MG	3	
COUMADIN TAB 10MG	3	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	2	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 100 mg/ml</i>	2	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150 mg/ml</i>	2	
<i>enoxaparin sodium inj 300 mg/3ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	2	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	3	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven tab 1mg</i>	1	
<i>jantoven tab 2.5mg</i>	1	
<i>jantoven tab 2mg</i>	1	
<i>jantoven tab 3mg</i>	1	

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<i>jantoven tab 4mg</i>	1	
<i>jantoven tab 5mg</i>	1	
<i>jantoven tab 6mg</i>	1	
<i>jantoven tab 7.5mg</i>	1	
<i>jantoven tab 10mg</i>	1	
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 2.5MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX INJ 300/0.5	5	NDS, NM, PA
GRANIX INJ 300/1ML	5	NDS, NM, PA
GRANIX INJ 480/0.8	5	NDS, NM, PA
GRANIX INJ 480/1.6	5	NDS, NM, PA
NEUPOGEN INJ 300/0.5	5	NDS, NM, PA
NEUPOGEN INJ 300MCG	5	NDS, NM, PA
NEUPOGEN INJ 480/0.8	5	NDS, NM, PA
NEUPOGEN INJ 480MCG	5	NDS, NM, PA
PROCRIT INJ 2000/ML	3	NM, PA
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NDS, NM, PA
PROCRIT INJ 40000/ML	5	NDS, NM, PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BERINERT INJ 500UNIT	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	NDS, NM, LA, PA
FIRAZYR INJ 30MG/3ML	5	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA POW 12.5MG	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	5	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	2	
<i>tranexamic acid tab 650 mg</i>	2	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	2	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	2	
ZONTIVITY TAB 2.08MG	4	

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Drug Name	Drug Tier	Requirements/Limits
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**IMMUNOLOGIC AGENTS**

***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)***

HUMIRA INJ 10/0.1ML	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	5	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	5	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NDS, NM, PA
HUMIRA PEN INJ PS/UV	5	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	5	NDS, NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>leflunomide tab 10 mg</i>	2	
<i>leflunomide tab 20 mg</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	2	
REMICADE INJ 100MG	5	NDS, NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	5	NDS, QL (30 tabs / 30 days), NM, PA

***IMMUNOGLOBULINS***

BIVIGAM INJ 10%	5	NDS, NM, PA
CARIMUNE NF INJ 12GM	5	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	5	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	5	NDS, NM, PA

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FLEBOGAMMA INJ 20/200ML	5	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	5	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	5	NDS, NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	5	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	5	NDS, NM, PA
GAMMAGARD INJ 10GM/100	5	NDS, NM, PA
GAMMAGARD INJ 20GM/200	5	NDS, NM, PA
GAMMAGARD INJ 30GM/300	5	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	5	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	5	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	5	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	5	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	5	NDS, NM, PA
GAMMAKED INJ 10GM/100	5	NDS, NM, PA
GAMMAKED INJ 20GM/200	5	NDS, NM, PA
GAMMAPLEX INJ 5%	5	NDS, NM, PA
GAMMAPLEX INJ 10%	5	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	5	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	5	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	5	NDS, NM, PA
OCTAGAM INJ 1GM	5	NDS, NM, PA
OCTAGAM INJ 2.5GM	5	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	5	NDS, NM, PA
OCTAGAM INJ 5GM	5	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	5	NDS, NM, PA
OCTAGAM INJ 10/100ML	5	NDS, NM, PA
OCTAGAM INJ 10GM	5	NDS, NM, PA
OCTAGAM INJ 20/200ML	5	NDS, NM, PA
OCTAGAM INJ 25GM	5	NDS, NM, PA
OCTAGAM INJ 30/300ML	5	NDS, NM, PA
PANZYGA SOL 1GM/10ML	5	NDS, NM, PA
PANZYGA SOL 2.5/25ML	5	NDS, NM, PA
PANZYGA SOL 5GM/50ML	5	NDS, NM, PA
PANZYGA SOL 10/100ML	5	NDS, NM, PA
PANZYGA SOL 20/200ML	5	NDS, NM, PA
PANZYGA SOL 30/300ML	5	NDS, NM, PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIVIGEN INJ 5 GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	5	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	5	NDS, NM, PA

### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	5	NDS, NM, LA, PA
ARCALYST INJ 220MG	5	NDS, NM, PA
INTRON A INJ 10MU	5	NDS, B/D, NM
INTRON A INJ 18MU	5	NDS, B/D, NM
INTRON A INJ 25MU	5	NDS, B/D, NM
INTRON A INJ 50MU	5	NDS, B/D, NM

### **IMMUNOSUPPRESSANTS**

<i>azathioprine tab 50 mg</i>	2	B/D
BENLYSTA INJ 120MG	5	NDS, NM, PA
BENLYSTA INJ 200MG/ML	5	NDS, NM, PA
BENLYSTA INJ 400MG	5	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	2	B/D, NM
<i>cyclosporine cap 100 mg</i>	2	B/D, NM
<i>cyclosporine iv soln 50 mg/ml</i>	2	B/D, NM
<i>cyclosporine modified cap 25 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 50 mg</i>	2	B/D, NM
<i>cyclosporine modified cap 100 mg</i>	2	B/D, NM
<i>cyclosporine modified oral soln 100 mg/ml</i>	2	B/D, NM
<i>engraf cap 25mg</i>	2	B/D, NM
<i>engraf cap 100mg</i>	2	B/D, NM
<i>engraf sol 100mg/ml</i>	2	B/D, NM
<i>mycophenolate mofetil cap 250 mg</i>	2	B/D, NM
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	NDS, B/D, NM
<i>mycophenolate mofetil tab 500 mg</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	2	B/D, NM
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	2	B/D, NM
NULOJIX INJ 250MG	5	NDS, B/D, NM
PROGRAF GRA 0.2MG	4	B/D, NM
PROGRAF GRA 1MG	4	B/D, NM
RAPAMUNE SOL 1MG/ML	5	NDS, B/D, NM
SANDIMMUNE SOL 100MG/ML	3	B/D, NM
<i>sirolimus oral soln 1 mg/ml</i>	5	NDS, B/D, NM
<i>sirolimus tab 0.5 mg</i>	2	B/D, NM

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sirolimus tab 1 mg</i>	2	B/D, NM
<i>sirolimus tab 2 mg</i>	5	NDS, B/D, NM
<i>tacrolimus cap 0.5 mg</i>	2	B/D, NM
<i>tacrolimus cap 1 mg</i>	2	B/D, NM
<i>tacrolimus cap 5 mg</i>	2	B/D, NM
ZORTRESS TAB 0.5MG	5	NDS, B/D, NM
ZORTRESS TAB 0.25MG	5	NDS, B/D, NM
ZORTRESS TAB 0.75MG	5	NDS, B/D, NM
ZORTRESS TAB 1MG	5	NDS, B/D, NM

## **VACCINES**

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROTATEQ SOL	3	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	2	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride powder packet 20 meq</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrol inj</i>	4	B/D

#### **IV NUTRITION**

<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
CLINOLIPID EMU 20%	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 20%	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
NUTRILIPID EMU 20%	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

D5W/LYTES INJ #48	3	
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D5W/NAACL INJ 0.3%	4	
D10W/NAACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB INJ D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NAACL INJ 0.3/0.9%	4	
KCL/D5W/NAACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLASMA-LYTE INJ -A	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride inj 10 meq/50ml</i>	2	
<i>potassium chloride inj 10 meq/100ml</i>	2	
<i>potassium chloride inj 20 meq/50ml</i>	2	
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	

### **VITAMINS**

<i>calcitriol cap 0.5 mcg</i>	2	B/D
<i>calcitriol cap 0.25 mcg</i>	2	B/D
<i>calcitriol inj 1 mcg/ml</i>	2	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	2	B/D
M-NATAL PLUS TAB	3	
<i>paricalcitol cap 1 mcg</i>	2	B/D
<i>paricalcitol cap 2 mcg</i>	2	B/D
<i>paricalcitol cap 4 mcg</i>	2	B/D
PNV FOLIC AC TAB + IRON	3	
PRENATAL PLUS	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
RAYALDEE CAP 30MCG	5	NDS
TRICARE TAB PRENATAL	3	

### **OPHTHALMIC**

#### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium ophth oint 10%</i>	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>trifluridine ophth soln 1%</i>	2	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
BROMSITE DRO 0.075%	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	2	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	2	
PROLENSA SOL 0.07%	3	

### **ANTIALLERGICS**

<i>azelastine hcl ophth soln 0.05%</i>	2	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	2	
PAZEO DRO 0.7%	3	

### **ANTIGLAUCOMA**

ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
RHOPRESSA SOL 0.02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
TRAVATAN Z DRO 0.004%	3	

### **MISCELLANEOUS**

ATROPINE SUL SOL 1% OP	3	
CYSTARAN SOL 0.44%	5	NDS, NM, LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	2	
RESTASIS EMU 0.05%	3	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)

### **RESPIRATORY**

#### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)

#### **ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	2	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	3	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	2	
<i>albuterol sulfate tab 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	2	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	2	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	2	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	2	
<i>terbutaline sulfate tab 5 mg</i>	2	
VENTOLIN HFA AER	3	QL (2 inhalers / 30 days)

#### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	2	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	2	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	2	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	

#### **MAST CELL STABILIZERS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	B/D
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#### **MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	2	B/D
<i>acetylcysteine inhal soln 20%</i>	2	B/D
ARALAST NP INJ 500MG	5	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	5	NDS, NM, LA, PA
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of Adrenaclick)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	2	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	2	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	NDS, NM, PA
ESBRIET TAB 267MG	5	NDS, NM, PA
ESBRIET TAB 801MG	5	NDS, NM, PA
KALYDECO PAK 25MG	5	NDS, NM, PA
KALYDECO PAK 50MG	5	NDS, NM, PA
KALYDECO PAK 75MG	5	NDS, NM, PA
KALYDECO TAB 150MG	5	NDS, NM, PA
OFEV CAP 100MG	5	NDS, NM, PA
OFEV CAP 150MG	5	NDS, NM, PA
ORKAMBI GRA 100-125	5	NDS, NM, PA
ORKAMBI GRA 150-188	5	NDS, NM, PA
ORKAMBI TAB 100-125	5	NDS, NM, PA
ORKAMBI TAB 200-125	5	NDS, NM, PA
PROLASTIN-C INJ 1000MG	5	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NDS, NM, PA
SYMDEKO TAB 50-75MG	5	NDS, NM, LA, PA
SYMDEKO TAB 100-150	5	NDS, NM, LA, PA
SYMJEPI INJ 0.3MG	4	
SYMJEPI INJ 0.15MG	4	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
XOLAIR INJ 75/0.5	5	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	5	NDS, NM, LA, PA
XOLAIR SOL 150MG	5	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	5	NDS, NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUIITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUIITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUIITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	2	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	2	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	4	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	4	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)

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SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

## TOPICAL

### DERMATOLOGY, ACNE

<i>amneesteem cap 10mg</i>	2	PA
<i>amneesteem cap 20mg</i>	2	PA
<i>amneesteem cap 40mg</i>	2	PA
<i>avita cre 0.025%</i>	2	PA
<i>avita gel 0.025%</i>	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>claravis cap 10mg</i>	2	PA
<i>claravis cap 20mg</i>	2	PA
<i>claravis cap 30mg</i>	2	PA
<i>claravis cap 40mg</i>	2	PA
<i>clindacin-p pad 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>isotretinoin cap 10 mg</i>	2	PA
<i>isotretinoin cap 20 mg</i>	2	PA
<i>isotretinoin cap 30 mg</i>	2	PA
<i>isotretinoin cap 40 mg</i>	2	PA
<i>myorisan cap 10mg</i>	2	PA
<i>myorisan cap 20mg</i>	2	PA
<i>myorisan cap 30mg</i>	2	PA
<i>myorisan cap 40mg</i>	2	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tretinoin cream 0.1%</i>	2	PA
<i>tretinoin cream 0.05%</i>	2	PA
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin gel 0.01%</i>	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>zenatane cap 10mg</i>	2	PA
<i>zenatane cap 20mg</i>	2	PA
<i>zenatane cap 30mg</i>	2	PA
<i>zenatane cap 40mg</i>	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>mupirocin oint 2%</i>	1	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	2	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	2	
<i>ciclopirox shampoo 1%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>ketoconazole cream 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>nystop pow 100000</i>	2	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	5	NDS, PA
<i>acitretin cap 17.5 mg</i>	5	NDS, PA
<i>acitretin cap 25 mg</i>	5	NDS, PA
<i>calcipotriene cream 0.005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	2	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC CRE 0.05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	1	
<i>selenium sulfide lotion 2.5%</i>	1	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	1	

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<i>ala-cort cre 2.5%</i>	1	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	2	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	2	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	2	
ENSTILAR AER	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide emulsified base cream 0.05%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate cream 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate cream 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
TEXACORT SOL 2.5%	4	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	2	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	2	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	QL (30 grams / 30 days), PA

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>diclofenac sodium gel 1%</i>	2	PA
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>hydrocortisone rectal cream 2.5%</i>	2	
<i>imiquimod cream 5%</i>	2	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
PANRETIN GEL 0.1%	5	NDS
PICATO GEL 0.05%	3	QL (2 tubes / 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PICATO GEL 0.015%	3	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	
<i>rosadan cre 0.75%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>tacrolimus oint 0.03%</i>	2	
TARGETIN GEL 1%	5	NDS, NM, PA
VALCHLOR GEL 0.016%	5	NDS, NM, LA, PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	2	

### **DERMATOLOGY, WOUND CARE AGENTS**

<i>acetic acid irrigation soln 0.25%</i>	2	
REGANEX GEL 0.01%	5	NDS, PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>periogard sol 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	

### **OTIC**

<i>acetic acid otic soln 2%</i>	2	
CIPRODEX SUS 0.3-0.1%	3	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	

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ARALAST NP INJ 500MG .....	103	<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	10
<i>aranelle tab</i> .....	72	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	10
ARCALYST INJ 220MG .....	93	ATRIPLA TAB .....	12
<i>aripiprazole oral solution 1 mg/ml</i> .....	57	ATROPINE SUL SOL 1% OP .....	101
<i>aripiprazole orally disintegrating tab 10 mg</i> .....	57	ATROVENT HFA AER 17MCG .....	101
<i>aripiprazole orally disintegrating tab 15 mg</i> .....	57		
<i>aripiprazole tab 10 mg</i> .....	57		
<i>aripiprazole tab 15 mg</i> .....	57		
<i>aripiprazole tab 2 mg</i> .....	57		
<i>aripiprazole tab 20 mg</i> .....	57		
<i>aripiprazole tab 30 mg</i> .....	57		
<i>aripiprazole tab 5 mg</i> .....	57		
ARISTADA INJ 1064MG.....	57		
ARISTADA INJ 441MG/1. ....	57		
ARISTADA INJ 662MG/2 .....	57		
ARISTADA INJ 882MG/3 .....	57		
ARISTADA INJ INITIO.....	57		
<i>armodafinil tab 150 mg</i> .....	67		
<i>armodafinil tab 200 mg</i> .....	67		
<i>armodafinil tab 250 mg</i> .....	67		
<i>armodafinil tab 50 mg</i> .....	67		

<i>aubra tab 0.1-0.02</i> .....	72	BD ULTRAFINE INSULIN SYRINGE .....	68
AURYXIA TAB 210MG .....	80	BD ULTRAFINE/NANO PEN NEEDLES ...	68
AUSTEDO TAB 12MG .....	65	<i>bekyree tab</i> .....	72
AUSTEDO TAB 6MG.....	65	<i>benazepril &amp; hydrochlorothiazide tab</i>	
AUSTEDO TAB 9MG.....	65	10-12.5 mg .....	30
AVASTIN INJ .....	22	<i>benazepril &amp; hydrochlorothiazide tab</i>	
AVASTIN INJ 400/16ML .....	22	20-12.5 mg .....	30
<i>aviane tab</i> .....	72	<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>avita cre 0.025%</i> .....	106	20-25 mg.....	30
<i>avita gel 0.025%</i> .....	106	<i>benazepril &amp; hydrochlorothiazide tab</i>	
<i>azacitidine for inj 100 mg</i> .....	21	5-6.25 mg .....	30
AZACTAM INJ 1GM.....	6	<i>benazepril hcl tab 10 mg</i> .....	31
AZACTAM INJ 2GM.....	6	<i>benazepril hcl tab 20 mg</i> .....	31
AZASITE SOL 1%.....	99	<i>benazepril hcl tab 40 mg</i> .....	31
<i>azathioprine tab 50 mg</i> .....	93	<i>benazepril hcl tab 5 mg</i> .....	31
<i>azelastine hcl nasal spray 0.1% (137</i>		BENDEKA INJ 100/4ML .....	20
<i>mcg/spray)</i> .....	102	BENLYSTA INJ 120MG.....	93
<i>azelastine hcl nasal spray 0.15% (205.5</i>		BENLYSTA INJ 200MG/ML.....	93
<i>mcg/spray)</i> .....	102	BENLYSTA INJ 400MG.....	93
<i>azelastine hcl ophth soln 0.05%</i> .....	100	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	
<i>azithromycin for susp 100 mg/5ml</i> .....	16	.....	106
<i>azithromycin for susp 200 mg/5ml</i> .....	16	<i>benztropine mesylate inj 1 mg/ml</i> .....	55
<i>azithromycin iv for soln 500 mg</i> .....	16	<i>benztropine mesylate tab 0.5 mg</i> .....	55
<i>azithromycin powd pack for susp 1 gm</i>	16	<i>benztropine mesylate tab 1 mg</i> .....	55
<i>azithromycin tab 250 mg</i> .....	16	<i>benztropine mesylate tab 2 mg</i> .....	55
<i>azithromycin tab 500 mg</i> .....	16	BEPREVE DRO 1.5% .....	100
<i>azithromycin tab 600 mg</i> .....	16	BERINERT INJ 500UNIT.....	90
AZOPT SUS 1% OP .....	100	BESIVANCE SUS 0.6%.....	99
<i>aztreonam for inj 1 gm</i> .....	6	<i>betamethasone dipropionate augmented</i>	
<i>aztreonam for inj 2 gm</i> .....	6	<i>cream 0.05%</i> .....	108
<b>B</b>		<i>betamethasone dipropionate augmented</i>	
<i>bacitracin ophth oint 500 unit/gm</i> .....	99	<i>gel 0.05%</i> .....	108
<i>bacitracin-polymyxin b ophth oint</i> .....	99	<i>betamethasone dipropionate augmented</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth</i>		<i>lotion 0.05%</i> .....	108
<i>ointment 1%</i> .....	98	<i>betamethasone dipropionate augmented</i>	
<i>baclofen tab 10 mg</i> .....	66	<i>ointment 0.05%</i> .....	108
<i>baclofen tab 20 mg</i> .....	66	<i>betamethasone dipropionate cream</i>	
<i>balsalazide disodium cap 750 mg</i> .....	84	0.05% .....	108
BALVERSA TAB 3MG.....	25	<i>betamethasone dipropionate lotion</i>	
BALVERSA TAB 4MG.....	25	0.05% .....	108
BALVERSA TAB 5MG.....	25	<i>betamethasone dipropionate oint 0.05%</i>	
<i>balziva tab</i> .....	72	.....	108
BANZEL SUS 40MG/ML .....	45	<i>betamethasone valerate cream 0.1%</i>	
BANZEL TAB 200MG.....	45	(base equivalent) .....	108
BANZEL TAB 400MG.....	45	<i>betamethasone valerate lotion 0.1%</i>	
BARACLUDGE SOL .05MG/ML .....	13	(base equivalent) .....	108
BASAGLAR INJ 100UNIT .....	68	<i>betamethasone valerate oint 0.1% (base</i>	
BCG VACCINE INJ .....	94	<i>equivalent)</i> .....	108

BETASERON INJ 0.3MG.....	66	BRIVIACT TAB 25MG .....	45
<i>betaxolol hcl ophth soln 0.5%</i> .....	100	BRIVIACT TAB 50MG .....	45
<i>bethanechol chloride tab 10 mg</i> .....	87	BRIVIACT TAB 75MG .....	45
<i>bethanechol chloride tab 25 mg</i> .....	87	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>bethanechol chloride tab 5 mg</i> .....	87	<i>(base equiv) (once-daily)</i> .....	99
<i>bethanechol chloride tab 50 mg</i> .....	87	<i>bromocriptine mesylate cap 5 mg (base</i>	
BETOPTIC-S SUS 0.25% OP .....	100	<i>equivalent)</i> .....	55
BEVESPI AER 9-4.8MCG.....	101	<i>bromocriptine mesylate tab 2.5 mg (base</i>	
<i>bexarotene cap 75 mg</i> .....	28	<i>equivalent)</i> .....	56
BEXSERO INJ .....	94	BROMSITE DRO 0.075% .....	99
<i>bicalutamide tab 50 mg</i> .....	23	<i>budesonide delayed release particles cap</i>	
BICILLIN L-A INJ 1200000 .....	18	<i>3 mg</i> .....	84
BICILLIN L-A INJ 2400000 .....	18	<i>budesonide inhalation susp 0.25 mg/2ml</i>	
BICILLIN L-A INJ 600000 .....	18	.....	105
BIKTARVY TAB.....	12	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		.....	105
<i>10-6.25 mg</i> .....	37	<i>bumetanide inj 0.25 mg/ml</i> .....	41
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>bumetanide tab 0.5 mg</i> .....	41
<i>2.5-6.25 mg</i> .....	37	<i>bumetanide tab 1 mg</i> .....	41
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>bumetanide tab 2 mg</i> .....	41
<i>5-6.25 mg</i> .....	37	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>bisoprolol fumarate tab 10 mg</i> .....	37	<i>equiv)</i> .....	67
<i>bisoprolol fumarate tab 5 mg</i> .....	37	<i>buprenorphine hcl sl tab 8 mg (base</i>	
BIVIGAM INJ 10%.....	91	<i>equiv)</i> .....	67
<i>bleomycin sulfate for inj 15 unit</i> .....	20	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bleomycin sulfate for inj 30 unit</i> .....	20	<i>12-3 mg (base equiv)</i> .....	67
BLEPHAMIDE OIN S.O.P.....	98	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>blisovi fe tab 1.5/30</i> .....	72	<i>2-0.5 mg (base equiv)</i> .....	67
BOOSTRIX INJ.....	94	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BORTEZOMIB INJ 3.5MG.....	22	<i>4-1 mg (base equiv)</i> .....	67
<i>bosentan tab 125 mg</i> .....	44	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bosentan tab 62.5 mg</i> .....	44	<i>8-2 mg (base equiv)</i> .....	67
BOSULIF TAB 100MG.....	25	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BOSULIF TAB 400MG.....	25	<i>2-0.5 mg (base equiv)</i> .....	67
BOSULIF TAB 500MG.....	25	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRAFTOVI CAP 75MG .....	25	<i>8-2 mg (base equiv)</i> .....	67
BREO ELLIPTA INH 100-25.....	105	<i>bupropion hcl (smoking deterrent) tab er</i>	
BREO ELLIPTA INH 200-25.....	105	<i>12hr 150 mg</i> .....	67
<i>briellyn tab</i> .....	72	<i>bupropion hcl tab 100 mg</i> .....	52
BRILINTA TAB 60MG .....	90	<i>bupropion hcl tab 75 mg</i> .....	52
BRILINTA TAB 90MG .....	90	<i>bupropion hcl tab er 12hr 100 mg</i> .....	52
<i>brimonidine tartrate ophth soln 0.15%</i>		<i>bupropion hcl tab er 12hr 150 mg</i> .....	52
.....	100	<i>bupropion hcl tab er 12hr 200 mg</i> .....	52
<i>brimonidine tartrate ophth soln 0.2%</i>	100	<i>bupropion hcl tab er 24hr 150 mg</i> .....	52
BRIVIACT INJ 50MG/5ML .....	45	<i>bupropion hcl tab er 24hr 300 mg</i> .....	52
BRIVIACT SOL 10MG/ML.....	45	<i>buspirone hcl tab 10 mg</i> .....	44
BRIVIACT TAB 100MG .....	45	<i>buspirone hcl tab 15 mg</i> .....	44
BRIVIACT TAB 10MG .....	45	<i>buspirone hcl tab 30 mg</i> .....	44

<i>bupirone hcl tab 5 mg</i> .....	44
<i>bupirone hcl tab 7.5 mg</i> .....	44
<i>butorphanol tartrate inj 1 mg/ml</i> .....	2
<i>butorphanol tartrate inj 2 mg/ml</i> .....	2
BYDUREON BC INJ 2/0.85ML .....	68
BYDUREON INJ 2MG .....	68
BYDUREON PEN INJ 2MG .....	68
BYETTA INJ 10MCG .....	68
BYETTA INJ 5MCG .....	68
BYSTOLIC TAB 10MG .....	37
BYSTOLIC TAB 2.5MG .....	37
BYSTOLIC TAB 20MG .....	37
BYSTOLIC TAB 5MG .....	37

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<i>cabergoline tab 0.5 mg</i> .....	79
CABOMETYX TAB 20MG .....	25
CABOMETYX TAB 40MG .....	25
CABOMETYX TAB 60MG .....	25
<i>calcipotriene cream 0.005%</i> .....	107
<i>calcipotriene oint 0.005%</i> .....	107
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	107
<i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i> .....	79
<i>calcitriol cap 0.25 mcg</i> .....	98
<i>calcitriol cap 0.5 mcg</i> .....	98
<i>calcitriol inj 1 mcg/ml</i> .....	98
<i>calcitriol oral soln 1 mcg/ml</i> .....	98
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i> .....	80
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i> .....	80
CALQUENCE CAP 100MG .....	25
<i>camila tab 0.35mg</i> .....	72
CAPRELSA TAB 100MG .....	26
CAPRELSA TAB 300MG .....	26
<i>captopril &amp; hydrochlorothiazide tab 25-15</i> <i>mg</i> .....	30
<i>captopril &amp; hydrochlorothiazide tab 25-25</i> <i>mg</i> .....	30
<i>captopril &amp; hydrochlorothiazide tab 50-15</i> <i>mg</i> .....	30
<i>captopril &amp; hydrochlorothiazide tab 50-25</i> <i>mg</i> .....	30
<i>captopril tab 100 mg</i> .....	31
<i>captopril tab 12.5 mg</i> .....	31
<i>captopril tab 25 mg</i> .....	31
<i>captopril tab 50 mg</i> .....	31

CARBAGLU TAB 200MG .....	76
<i>carbamazepine cap er 12hr 100 mg</i> ....	45
<i>carbamazepine cap er 12hr 200 mg</i> ....	45
<i>carbamazepine cap er 12hr 300 mg</i> ....	45
<i>carbamazepine chew tab 100 mg</i> .....	45
<i>carbamazepine susp 100 mg/5ml</i> .....	45
<i>carbamazepine tab 200 mg</i> .....	45
<i>carbamazepine tab er 12hr 100 mg</i> ....	45
<i>carbamazepine tab er 12hr 200 mg</i> ....	45
<i>carbamazepine tab er 12hr 400 mg</i> ....	45
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 10-100 mg</i> .....	56
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-100 mg</i> .....	56
<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 25-250 mg</i> .....	56
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .	56
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .	56
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .	56
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	56
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i> .....	56
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i> .....	56
<i>carboplatin iv soln 150 mg/15ml</i> .....	28
<i>carboplatin iv soln 450 mg/45ml</i> .....	29
<i>carboplatin iv soln 50 mg/5ml</i> .....	28
<i>carboplatin iv soln 600 mg/60ml</i> .....	29
CARIMUNE NF INJ 12GM .....	91
<i>carteolol hcl ophth soln 1%</i> .....	100
<i>carvedilol tab 12.5 mg</i> .....	37
<i>carvedilol tab 25 mg</i> .....	37
<i>carvedilol tab 3.125 mg</i> .....	37
<i>carvedilol tab 6.25 mg</i> .....	37
<i>caspofungin acetate for iv soln 50 mg</i> ...	9
<i>caspofungin acetate for iv soln 70 mg</i> ...	9
CAYSTON INH 75MG .....	7

<i>cefaclor cap 250 mg</i> .....	14	<i>ceftriaxone sodium for inj 250 mg</i> .....	15
<i>cefaclor cap 500 mg</i> .....	14	<i>ceftriaxone sodium for inj 500 mg</i> .....	15
CEFACLOR ER TAB 500MG .....	14	<i>ceftriaxone sodium for iv soln 1 gm</i> ....	15
<i>cefaclor for susp 125 mg/5ml</i> .....	14	<i>ceftriaxone sodium for iv soln 2 gm</i> ....	16
<i>cefaclor for susp 250 mg/5ml</i> .....	14	<i>cefuroxime axetil tab 250 mg</i> .....	16
<i>cefaclor for susp 375 mg/5ml</i> .....	14	<i>cefuroxime axetil tab 500 mg</i> .....	16
<i>cefadroxil cap 500 mg</i> .....	14	<i>cefuroxime sodium for inj 7.5 gm</i> .....	16
<i>cefadroxil for susp 250 mg/5ml</i> .....	14	<i>cefuroxime sodium for inj 750 mg</i> .....	16
<i>cefadroxil for susp 500 mg/5ml</i> .....	15	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	16
<i>cefazolin sodium for inj 1 gm</i> .....	15	<i>celecoxib cap 100 mg</i> .....	1
<i>cefazolin sodium for inj 10 gm</i> .....	15	<i>celecoxib cap 200 mg</i> .....	1
<i>cefazolin sodium for inj 20 gm</i> .....	15	<i>celecoxib cap 400 mg</i> .....	1
<i>cefazolin sodium for inj 500 mg</i> .....	15	<i>celecoxib cap 50 mg</i> .....	1
<i>cefazolin sodium for iv soln 1 gm</i> .....	15	CELONTIN CAP 300MG.....	45
CEFAZOLIN SOL .....	15	<i>cephalexin cap 250 mg</i> .....	16
<i>cefdinir cap 300 mg</i> .....	15	<i>cephalexin cap 500 mg</i> .....	16
<i>cefdinir for susp 125 mg/5ml</i> .....	15	<i>cephalexin for susp 125 mg/5ml</i> .....	16
<i>cefdinir for susp 250 mg/5ml</i> .....	15	<i>cephalexin for susp 250 mg/5ml</i> .....	16
<i>cefepime hcl for inj 1 gm</i> .....	15	CERDELGA CAP 84MG.....	76
<i>cefepime hcl for inj 2 gm</i> .....	15	CEREZYME INJ 400UNIT.....	76
<i>cefixime cap 400 mg</i> .....	15	<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i> .....	102
<i>cefixime for susp 100 mg/5ml</i> .....	15	<i>cevimeline hcl cap 30 mg</i> .....	110
<i>cefixime for susp 200 mg/5ml</i> .....	15	CHANTIX PAK 0.5& 1MG .....	67
<i>cefotaxime sodium for inj 1 gm</i> .....	15	CHANTIX PAK 1MG.....	67
<i>cefotaxime sodium for inj 500 mg</i> .....	15	CHANTIX TAB 0.5MG .....	67
<i>cefoxitin sodium for inj 10 gm</i> .....	15	CHANTIX TAB 1MG.....	67
<i>cefoxitin sodium for iv soln 1 gm</i> .....	15	CHEMET CAP 100MG.....	72
<i>cefoxitin sodium for iv soln 2 gm</i> .....	15	<i>chlorhexidine gluconate soln 0.12%..</i>	110
<i>cefpodoxime proxetil for susp 100</i> <i>mg/5ml</i> .....	15	<i>chloroquine phosphate tab 250 mg</i> .....	10
<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	15	<i>chloroquine phosphate tab 500 mg</i> .....	10
<i>cefpodoxime proxetil tab 100 mg</i> .....	15	<i>chlorothiazide tab 250 mg</i> .....	41
<i>cefpodoxime proxetil tab 200 mg</i> .....	15	<i>chlorothiazide tab 500 mg</i> .....	41
<i>cefprozil for susp 125 mg/5ml</i> .....	15	CHLORPROMAZ INJ 25MG/ML .....	57
<i>cefprozil for susp 250 mg/5ml</i> .....	15	CHLORPROMAZ INJ 50MG/2ML .....	57
<i>cefprozil tab 250 mg</i> .....	15	<i>chlorpromazine hcl tab 10 mg</i> .....	58
<i>cefprozil tab 500 mg</i> .....	15	<i>chlorpromazine hcl tab 100 mg</i> .....	58
<i>ceftazidime for inj 1 gm</i> .....	15	<i>chlorpromazine hcl tab 200 mg</i> .....	58
<i>ceftazidime for inj 2 gm</i> .....	15	<i>chlorpromazine hcl tab 25 mg</i> .....	58
<i>ceftazidime for inj 6 gm</i> .....	15	<i>chlorpromazine hcl tab 50 mg</i> .....	58
CEFTAZIDIME/ SOL D5W 1GM .....	15	<i>chlorthalidone tab 25 mg</i> .....	41
CEFTAZIDIME/ SOL D5W 2GM .....	15	<i>chlorthalidone tab 50 mg</i> .....	41
<i>ceftriaxone sodium for inj 1 gm</i> .....	15	<i>cholestyramine light powder 4 gm/dose</i> .....	36
<i>ceftriaxone sodium for inj 10 gm</i> .....	15	<i>cholestyramine light powder packets 4</i> <i>gm</i> .....	36
<i>ceftriaxone sodium for inj 2 gm</i> .....	15	<i>cholestyramine powder 4 gm/dose</i> .....	36
		<i>cholestyramine powder packets 4 gm</i> .	36

<i>ciclopirox gel 0.77%</i> .....	107	<i>clindacin-p pad 1%</i> .....	106
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	107	<i>clindamycin hcl cap 150 mg</i> .....	7
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	107	<i>clindamycin hcl cap 300 mg</i> .....	7
<i>ciclopirox shampoo 1%</i> .....	107	<i>clindamycin hcl cap 75 mg</i> .....	7
<i>cilostazol tab 100 mg</i> .....	90	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	7
<i>cilostazol tab 50 mg</i> .....	90	<i>clindamycin phosphate gel 1%</i> .....	106
<i>CILOXAN OIN 0.3% OP</i> .....	99	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	7
<i>CIMDUO TAB 300-300</i> .....	12	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	7
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..	71	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	7
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..	71	<i>clindamycin phosphate inj 300 mg/2ml</i> ..	7
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..	71	<i>clindamycin phosphate inj 600 mg/4ml</i> ..	7
<i>CIPRODEX SUS 0.3-0.1%</i> .....	110	<i>clindamycin phosphate inj 9 gm/60ml</i> ...	7
<i>ciprofloxacin 200 mg/100ml in d5w</i> .....	17	<i>clindamycin phosphate inj 900 mg/6ml</i> ..	7
<i>ciprofloxacin 400 mg/200ml in d5w</i> .....	17	<i>clindamycin phosphate iv soln 300 mg/2ml</i> .....	7
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> .....	17	<i>clindamycin phosphate iv soln 900 mg/6ml</i> .....	7
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	99	<i>clindamycin phosphate lotion 1%</i> .....	106
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	17	<i>clindamycin phosphate soln 1%</i> .....	106
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	17	<i>clindamycin phosphate swab 1%</i> .....	106
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	17	<i>clindamycin phosphate vaginal cream 2%</i> .....	87
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	17	<i>CLINDMYC/NAC INJ 300/50ML</i> .....	7
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .	29	<i>CLINDMYC/NAC INJ 600/50ML</i> .....	7
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> .	29	<i>CLINDMYC/NAC INJ 900/50ML</i> .....	7
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .....	29	<i>CLINIMIX INJ 4.25/D10</i> .....	96
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	52	<i>CLINIMIX INJ 4.25/D25</i> .....	96
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	52	<i>CLINIMIX INJ 4.25/D5W</i> .....	96
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	52	<i>CLINIMIX INJ 5%/D15W</i> .....	96
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	52	<i>CLINIMIX INJ 5%/D20W</i> .....	96
<i>claravis cap 10mg</i> .....	106	<i>CLINIMIX INJ 5%/D25W</i> .....	96
<i>claravis cap 20mg</i> .....	106	<i>CLINOLIPID EMU 20%</i> .....	96
<i>claravis cap 30mg</i> .....	106	<i>clobazam suspension 2.5 mg/ml</i> .....	45
<i>claravis cap 40mg</i> .....	106	<i>clobazam tab 10 mg</i> .....	45
<i>clarithromycin for susp 125 mg/5ml</i> ....	16	<i>clobazam tab 20 mg</i> .....	45
<i>clarithromycin for susp 250 mg/5ml</i> ....	16	<i>clomipramine hcl cap 25 mg</i> .....	52
<i>clarithromycin tab 250 mg</i> .....	16	<i>clomipramine hcl cap 50 mg</i> .....	52
<i>clarithromycin tab 500 mg</i> .....	16	<i>clomipramine hcl cap 75 mg</i> .....	52
<i>clarithromycin tab er 24hr 500 mg</i> .....	16	<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	46
		<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	45
		<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	45



<i>clonazepam orally disintegrating tab 1 mg</i> .....	46	<i>(colistin base activity)</i> .....	7
<i>clonazepam orally disintegrating tab 2 mg</i> .....	46	COMBIGAN SOL 0.2/0.5% .....	100
<i>clonazepam tab 0.5 mg</i> .....	46	COMBIVENT AER 20-100.....	101
<i>clonazepam tab 1 mg</i> .....	46	COMETRIQ KIT 100MG.....	26
<i>clonazepam tab 2 mg</i> .....	46	COMETRIQ KIT 140MG.....	26
<i>clonidine hcl tab 0.1 mg</i> .....	42	COMETRIQ KIT 60MG .....	26
<i>clonidine hcl tab 0.2 mg</i> .....	42	COMPLERA TAB.....	12
<i>clonidine hcl tab 0.3 mg</i> .....	42	<i>compro sup 25mg</i> .....	82
<i>clonidine td patch weekly 0.1 mg/24hr</i>	42	<i>constulose sol 10gm/15</i> .....	84
<i>clonidine td patch weekly 0.2 mg/24hr</i>	42	COPIKTRA CAP 15MG.....	26
<i>clonidine td patch weekly 0.3 mg/24hr</i>	42	COPIKTRA CAP 25MG.....	26
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	90	CORLANOR TAB 5MG .....	42
<i>clorazepate dipotassium tab 15 mg</i> ....	46	CORLANOR TAB 7.5MG .....	42
<i>clorazepate dipotassium tab 3.75 mg</i> ..	46	<i>cortisone acetate tab 25 mg</i> .....	77
<i>clorazepate dipotassium tab 7.5 mg</i> ...	46	COTELLIC TAB 20MG .....	26
<i>clotrimazole cream 1%</i> .....	107	COUMADIN TAB 10MG .....	88
<i>clotrimazole soln 1%</i> .....	107	COUMADIN TAB 1MG .....	87
<i>clotrimazole troche 10 mg</i> .....	110	COUMADIN TAB 2.5MG .....	87
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	107	COUMADIN TAB 2MG .....	87
<i>clozapine orally disintegrating tab 100 mg</i> .....	58	COUMADIN TAB 3MG .....	88
<i>clozapine orally disintegrating tab 12.5 mg</i> .....	58	COUMADIN TAB 4MG .....	88
<i>clozapine orally disintegrating tab 150 mg</i> .....	58	COUMADIN TAB 5MG .....	88
<i>clozapine orally disintegrating tab 200 mg</i> .....	58	COUMADIN TAB 6MG .....	88
<i>clozapine orally disintegrating tab 25 mg</i> .....	58	COUMADIN TAB 7.5MG .....	88
<i>clozapine tab 100 mg</i> .....	58	CREON CAP 12000UNT.....	86
<i>clozapine tab 200 mg</i> .....	58	CREON CAP 24000UNT.....	86
<i>clozapine tab 25 mg</i> .....	58	CREON CAP 3000UNIT .....	86
<i>clozapine tab 50 mg</i> .....	58	CREON CAP 36000UNT.....	86
COARTEM TAB 20-120MG .....	10	CREON CAP 6000UNIT .....	86
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	1	CRIXIVAN CAP 200MG .....	10
COLCRYS TAB 0.6MG.....	1	CRIXIVAN CAP 400MG .....	10
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	36	<i>cromolyn sodium ophth soln 4%</i> .....	100
<i>colesevelam hcl tab 625 mg</i> .....	36	<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	85
<i>colestipol hcl granule packets 5 gm</i> .....	36	<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	103
<i>colestipol hcl granules 5 gm</i> .....	36	<i>cryselle-28 tab 28 tabs</i> .....	72
<i>colestipol hcl tab 1 gm</i> .....	36	<i>cyclafem tab 1/35</i> .....	72
<i>colistimethate sod for inj 150 mg</i> .....	7	<i>cyclafem tab 7/7/7</i> .....	72
		<i>cyclobenzaprine hcl tab 10 mg</i> .....	66
		<i>cyclobenzaprine hcl tab 5 mg</i> .....	66
		<i>cyclophosphamide cap 25 mg</i> .....	20
		<i>cyclophosphamide cap 50 mg</i> .....	20
		<i>cyclophosphamide for inj 1 gm</i> .....	20
		<i>cyclophosphamide for inj 2 gm</i> .....	20
		<i>cyclophosphamide for inj 500 mg</i> .....	20
		<i>cycloserine cap 250 mg</i> .....	13
		<i>cyclosporine cap 100 mg</i> .....	93

<i>cyclosporine cap 25 mg</i> .....	93
<i>cyclosporine iv soln 50 mg/ml</i> .....	93
<i>cyclosporine modified cap 100 mg</i> .....	93
<i>cyclosporine modified cap 25 mg</i> .....	93
<i>cyclosporine modified cap 50 mg</i> .....	93
<i>cyclosporine modified oral soln 100 mg/ml</i> .....	93
<i>cyproheptadine hcl syrup 2 mg/5ml</i> ..	102
<i>cyproheptadine hcl tab 4 mg</i> .....	102
CYSTADANE POW.....	76
CYSTAGON CAP 150MG .....	76
CYSTAGON CAP 50MG .....	76
CYSTARAN SOL 0.44% .....	101
<i>cytarabine inj 20 mg/ml</i> .....	21
<b>D</b>	
D10W/NAACL INJ 0.2% .....	97
D5W/LYTES INJ #48 .....	96
D5W/NAACL INJ 0.3%.....	97
<i>dacarbazine for inj 100 mg</i> .....	20
<i>dalfampridine tab er 12hr 10 mg</i> .....	66
DALIRESP TAB 250MCG .....	103
DALIRESP TAB 500MCG .....	103
<i>danazol cap 100 mg</i> .....	75
<i>danazol cap 200 mg</i> .....	75
<i>danazol cap 50 mg</i> .....	75
<i>dantrolene sodium cap 100 mg</i> .....	66
<i>dantrolene sodium cap 25 mg</i> .....	66
<i>dantrolene sodium cap 50 mg</i> .....	66
<i>dapsone tab 100 mg</i> .....	7
<i>dapsone tab 25 mg</i> .....	7
DAPTACEL INJ .....	94
<i>daptomycin for iv soln 350 mg</i> .....	7
<i>daptomycin for iv soln 500 mg</i> .....	7
DAPTOMYCIN SOL 350MG .....	7
<i>dasetta tab 1/35</i> .....	72
<i>dasetta tab 7/7/7</i> .....	72
DAURISMO TAB 100MG .....	22
DAURISMO TAB 25MG .....	22
<i>deblitane tab 0.35mg</i> .....	72
DELESTROGEN INJ 10MG/ML.....	76
DELSTRIGO TAB .....	12
<i>delyla tab 0.1-0.02</i> .....	72
DELZICOL CAP 400MG.....	84
DEMSER CAP 250MG .....	42
DEPEN TITRA TAB 250MG .....	72
DEPO-PROVERA INJ 400/ML.....	23
DESCOVY TAB 200/25 .....	12
<i>desipramine hcl tab 10 mg</i> .....	52

<i>desipramine hcl tab 100 mg</i> .....	52
<i>desipramine hcl tab 150 mg</i> .....	52
<i>desipramine hcl tab 25 mg</i> .....	52
<i>desipramine hcl tab 50 mg</i> .....	52
<i>desipramine hcl tab 75 mg</i> .....	52
<i>desmopressin acetate inj 4 mcg/ml</i> ....	82
<i>desmopressin acetate nasal spray soln 0.01%</i> .....	82
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> .....	82
<i>desmopressin acetate tab 0.1 mg</i> .....	82
<i>desmopressin acetate tab 0.2 mg</i> .....	82
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> .....	72
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> .....	72
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	72
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> .....	53
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> .....	52
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> .....	52
DEXAMETHASON CON 1MG/ML .....	77
<i>dexamethasone elixir 0.5 mg/5ml</i> .....	77
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i> .....	77
<i>dexamethasone sodium phosphate inj 10 mg/ml</i> .....	77
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i> .....	77
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i> .....	77
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i> .....	77
<i>dexamethasone sodium phosphate inj 4 mg/ml</i> .....	77
<i>dexamethasone sodium phosphate ophth soln 0.1%</i> .....	100
<i>dexamethasone soln 0.5 mg/5ml</i> .....	77
<i>dexamethasone tab 0.5 mg</i> .....	77
<i>dexamethasone tab 0.75 mg</i> .....	77
<i>dexamethasone tab 1 mg</i> .....	77
<i>dexamethasone tab 1.5 mg</i> .....	77
<i>dexamethasone tab 2 mg</i> .....	77
<i>dexamethasone tab 4 mg</i> .....	77

<i>dexamethasone tab 6 mg</i> .....	77	<i>mg</i> .....	1
DEXILANT CAP 30MG DR .....	86	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
DEXILANT CAP 60MG DR .....	86	<i>dicloxacillin sodium cap 250 mg</i> .....	18
<i>dexmethylphenidate hcl tab 10 mg</i> .....	63	<i>dicloxacillin sodium cap 500 mg</i> .....	18
<i>dexmethylphenidate hcl tab 2.5 mg</i> ....	63	<i>dicyclomine hcl cap 10 mg</i> .....	83
<i>dexmethylphenidate hcl tab 5 mg</i> .....	63	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	84
<i>dexrazoxane hcl for inj 500 mg (base</i>		<i>dicyclomine hcl tab 20 mg</i> .....	84
<i>equivalent)</i> .....	29	<i>didanosine delayed release capsule 200</i>	
<i>dextrose 10% w/ sodium chloride 0.45%</i>		<i>mg</i> .....	10
.....	97	<i>didanosine delayed release capsule 250</i>	
<i>dextrose 2.5% w/ sodium chloride</i>		<i>mg</i> .....	10
<i>0.45%</i> .....	97	<i>didanosine delayed release capsule 400</i>	
<i>dextrose 5% in lactated ringers</i> .....	97	<i>mg</i> .....	10
<i>dextrose 5% w/ sodium chloride 0.2%</i>	97	DIFICID TAB 200MG .....	16
<i>dextrose 5% w/ sodium chloride 0.225%</i>		<i>diflunisal tab 500 mg</i> .....	1
.....	97	<i>digitek tab 0.125mg</i> .....	40
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>digitek tab 0.25mg</i> .....	40
.....	97	<i>digoxin inj 0.25 mg/ml</i> .....	40
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>digoxin oral soln 0.05 mg/ml</i> .....	40
.....	97	<i>digoxin tab 125 mcg (0.125 mg)</i> .....	40
<i>dextrose 5% w/ sodium chloride 0.9%</i>	97	<i>digoxin tab 250 mcg (0.25 mg)</i> .....	41
<i>dextrose inj 10%</i> .....	97	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<i>dextrose inj 5%</i> .....	97	.....	64
<i>dextrose inj 50%</i> .....	97	<i>dihydroergotamine mesylate nasal spray</i>	
<i>dextrose inj 70%</i> .....	97	<i>4 mg/ml</i> .....	64
DIASTAT ACDL GEL 12.5-20.....	46	DILANTIN CAP 100MG .....	46
DIASTAT ACDL GEL 5-10MG.....	46	DILANTIN CAP 30MG .....	46
DIASTAT PED GEL 2.5M GEL .....	46	DILANTIN CHW 50MG .....	46
<i>diazepam con 5mg/ml</i> .....	46	DILANTIN-125 SUS 125/5ML .....	47
<i>diazepam inj 5 mg/ml</i> .....	46	<i>diltiazem hcl cap er 12hr 120 mg</i> .....	39
<i>diazepam oral soln 1 mg/ml</i> .....	46	<i>diltiazem hcl cap er 12hr 60 mg</i> .....	39
<i>diazepam rectal gel delivery system 10</i>		<i>diltiazem hcl cap er 12hr 90 mg</i> .....	39
<i>mg</i> .....	46	<i>diltiazem hcl cap er 24hr 120 mg</i> .....	39
<i>diazepam rectal gel delivery system 2.5</i>		<i>diltiazem hcl cap er 24hr 180 mg</i> .....	39
<i>mg</i> .....	46	<i>diltiazem hcl cap er 24hr 240 mg</i> .....	39
<i>diazepam rectal gel delivery system 20</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>mg</i> .....	46	<i>120 mg</i> .....	39
<i>diazepam tab 10 mg</i> .....	46	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diazepam tab 2 mg</i> .....	46	<i>180 mg</i> .....	39
<i>diazepam tab 5 mg</i> .....	46	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac potassium tab 50 mg</i> .....	1	<i>240 mg</i> .....	39
<i>diclofenac sodium gel 1%</i> .....	109	<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>diclofenac sodium ophth soln 0.1%</i> ...	100	<i>300 mg</i> .....	39
<i>diclofenac sodium tab delayed release 25</i>		<i>diltiazem hcl coated beads cap er 24hr</i>	
<i>mg</i> .....	1	<i>360 mg</i> .....	39
<i>diclofenac sodium tab delayed release 50</i>		<i>diltiazem hcl extended release beads cap</i>	
<i>mg</i> .....	1	<i>er 24hr 120 mg</i> .....	39
<i>diclofenac sodium tab delayed release 75</i>		<i>diltiazem hcl extended release beads cap</i>	

<i>er 24hr 180 mg</i> .....	39	DOCETAXEL INJ 200/10 .....	22
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL INJ 20MG/2ML .....	21
<i>er 24hr 240 mg</i> .....	39	DOCETAXEL INJ 80MG/4ML .....	21
<i>diltiazem hcl extended release beads cap</i>		DOCETAXEL INJ 80MG/8ML .....	21
<i>er 24hr 300 mg</i> .....	39	<i>docetaxel soln for iv infusion 160</i>	
<i>diltiazem hcl extended release beads cap</i>		<i>mg/16ml</i> .....	22
<i>er 24hr 360 mg</i> .....	39	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	
<i>diltiazem hcl extended release beads cap</i>		.....	22
<i>er 24hr 420 mg</i> .....	39	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	
<i>diltiazem hcl iv soln 125 mg/25ml (5</i>		.....	22
<i>mg/ml)</i> .....	39	<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	34
<i>diltiazem hcl iv soln 25 mg/5ml (5</i>		<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	34
<i>mg/ml)</i> .....	39	<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	34
<i>diltiazem hcl iv soln 50 mg/10ml (5</i>		<i>donepezil hydrochloride orally</i>	
<i>mg/ml)</i> .....	39	<i>disintegrating tab 10 mg</i> .....	51
<i>diltiazem hcl tab 120 mg</i> .....	39	<i>donepezil hydrochloride orally</i>	
<i>diltiazem hcl tab 30 mg</i> .....	39	<i>disintegrating tab 5 mg</i> .....	51
<i>diltiazem hcl tab 60 mg</i> .....	39	<i>donepezil hydrochloride tab 10 mg</i> .....	51
<i>diltiazem hcl tab 90 mg</i> .....	39	<i>donepezil hydrochloride tab 5 mg</i> .....	51
DIP/TET PED INJ 25-5LFU .....	94	<i>dorzolamide hcl ophth soln 2%</i> .....	100
<i>diphenhydramine hcl inj 50 mg/ml</i> ....	102	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>soln 22.3-6.8 mg/ml</i> .....	100
<i>mg/5ml</i> .....	85	DOVATO TAB 50-300MG .....	12
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		<i>doxazosin mesylate tab 1 mg</i> .....	32
<i>mg</i> .....	85	<i>doxazosin mesylate tab 2 mg</i> .....	32
<i>disopyramide phosphate cap 100 mg</i> ..	34	<i>doxazosin mesylate tab 4 mg</i> .....	32
<i>disopyramide phosphate cap 150 mg</i> ..	34	<i>doxazosin mesylate tab 8 mg</i> .....	32
<i>disulfiram tab 250 mg</i> .....	67	<i>doxepin hcl cap 10 mg</i> .....	53
<i>disulfiram tab 500 mg</i> .....	67	<i>doxepin hcl cap 100 mg</i> .....	53
<i>divalproex sodium cap delayed release</i>		<i>doxepin hcl cap 150 mg</i> .....	53
<i>sprinkle 125 mg</i> .....	47	<i>doxepin hcl cap 25 mg</i> .....	53
<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl cap 50 mg</i> .....	53
<i>125 mg</i> .....	47	<i>doxepin hcl cap 75 mg</i> .....	53
<i>divalproex sodium tab delayed release</i>		<i>doxepin hcl conc 10 mg/ml</i> .....	53
<i>250 mg</i> .....	47	<i>doxorubicin hcl for inj 50 mg</i> .....	20
<i>divalproex sodium tab delayed release</i>		<i>doxorubicin hcl inj 2 mg/ml</i> .....	20
<i>500 mg</i> .....	47	<i>doxorubicin hcl liposomal inj (for iv</i>	
<i>divalproex sodium tab er 24 hr 250 mg</i>		<i>infusion) 2 mg/ml</i> .....	20
.....	47	<i>doxy 100 inj 100mg</i> .....	19
<i>divalproex sodium tab er 24 hr 500 mg</i>		<i>doxycycline hyclate cap 100 mg</i> .....	19
.....	47	<i>doxycycline hyclate cap 50 mg</i> .....	19
<i>docetaxel for inj conc 160 mg/8ml (20</i>		<i>doxycycline hyclate for inj 100 mg</i> .....	19
<i>mg/ml)</i> .....	21	<i>doxycycline hyclate tab 100 mg</i> .....	19
<i>docetaxel for inj conc 20 mg/ml</i> .....	21	<i>doxycycline hyclate tab 20 mg</i> .....	19
<i>docetaxel for inj conc 80 mg/4ml (20</i>		<i>doxycycline monohydrate cap 100 mg</i> ..	19
<i>mg/ml)</i> .....	21	<i>doxycycline monohydrate cap 50 mg</i> ..	19
DOCETAXEL INJ 160/16ML .....	22	<i>doxycycline monohydrate tab 100 mg</i> ..	19
DOCETAXEL INJ 160/8ML .....	21	<i>doxycycline monohydrate tab 150 mg</i> ..	19

<i>doxycycline monohydrate tab 50 mg</i> ...	19
<i>doxycycline monohydrate tab 75 mg</i> ...	19
<i>dronabinol cap 10 mg</i> .....	82
<i>dronabinol cap 2.5 mg</i> .....	82
<i>dronabinol cap 5 mg</i> .....	82
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	73
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	73
DROXIA CAP 200MG .....	90
DROXIA CAP 300MG .....	90
DROXIA CAP 400MG .....	90
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> .....	53
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	53
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> .....	53
DUREZOL EMU 0.05% .....	100
<i>dutasteride cap 0.5 mg</i> .....	86
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	86
<b>E</b>	
EDURANT TAB 25MG .....	10
<i>efavirenz cap 200 mg</i> .....	10
<i>efavirenz cap 50 mg</i> .....	10
<i>efavirenz tab 600 mg</i> .....	10
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> .....	64
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> .....	64
ELIQUIS ST P TAB 5MG .....	88
ELIQUIS TAB 2.5MG .....	88
ELIQUIS TAB 5MG .....	88
ELLA TAB 30MG .....	73
EMCYT CAP 140MG .....	20
EMEND SUS 125MG .....	82
EMGALITY INJ 120MG/ML .....	64
<i>emoquette tab</i> .....	73
EMSAM DIS 12MG/24H .....	53
EMSAM DIS 6MG/24HR .....	53
EMSAM DIS 9MG/24HR .....	53
EMTRIVA CAP 200MG .....	10
EMTRIVA SOL 10MG/ML .....	10
EMVERM CHW 100MG .....	7
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	30
<i>enalapril maleate &amp; hydrochlorothiazide</i>	

<i>tab 5-12.5 mg</i> .....	30
<i>enalapril maleate tab 10 mg</i> .....	31
<i>enalapril maleate tab 2.5 mg</i> .....	31
<i>enalapril maleate tab 20 mg</i> .....	31
<i>enalapril maleate tab 5 mg</i> .....	31
ENDARI POW 5GM .....	90
ENGERIX-B INJ 10/0.5ML .....	94
ENGERIX-B INJ 20MCG/ML .....	94
<i>enoxaparin sodium inj 100 mg/ml</i> .....	88
<i>enoxaparin sodium inj 120 mg/0.8ml</i> ..	88
<i>enoxaparin sodium inj 150 mg/ml</i> .....	88
<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	88
<i>enoxaparin sodium inj 300 mg/3ml</i> ....	88
<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	88
<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	88
<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	88
enpresse-28 tab .....	73
<i>enskyce tab</i> .....	73
ENSTILAR AER .....	108
<i>entacapone tab 200 mg</i> .....	56
<i>entecavir tab 0.5 mg</i> .....	13
<i>entecavir tab 1 mg</i> .....	13
ENTRESTO TAB 24-26MG .....	33
ENTRESTO TAB 49-51MG .....	33
ENTRESTO TAB 97-103MG .....	33
<i>enulose sol 10gm/15</i> .....	84
EPCLUSA TAB 400-100 .....	13
EPIDIOLEX SOL 100MG/ML .....	47
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	104
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	104
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	103, 104
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i> .....	20
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i> .....	20
<i>epitol tab 200mg</i> .....	47
EPIVIR HBV SOL 5MG/ML .....	13
<i>eplerenone tab 25 mg</i> .....	32
<i>eplerenone tab 50 mg</i> .....	32
<i>ergotamine w/ caffeine tab 1-100 mg</i> .	64
ERIVEDGE CAP 150MG .....	22
ERLEADA TAB 60MG .....	23
<i>erlotinib hcl tab 100 mg (base equivalent)</i> .....	26
<i>erlotinib hcl tab 150 mg (base</i>	

equivalent) .....	26	estradiol tab 2 mg .....	76
erlotinib hcl tab 25 mg (base equivalent)		estradiol td patch weekly 0.025 mg/24hr	
.....	26	.....	76
errin tab 0.35mg .....	73	estradiol td patch weekly 0.0375	
ertapenem sodium for inj 1 gm (base		mg/24hr (37.5 mcg/24hr) .....	76
equivalent) .....	7	estradiol td patch weekly 0.05 mg/24hr	
ery-tab tab 250mg ec.....	16	.....	76
ery-tab tab 333mg ec.....	16	estradiol td patch weekly 0.06 mg/24hr	
ery-tab tab 500mg ec.....	16	.....	76
ERYTHROCIN INJ 500MG .....	16	estradiol td patch weekly 0.075 mg/24hr	
erythrocine tab 250mg .....	16	.....	76
erythromycin ethylsuccinate tab 400 mg		estradiol td patch weekly 0.1 mg/24hr	76
.....	16	estradiol vaginal cream 0.1 mg/gm ....	77
erythromycin gel 2%.....	106	estradiol vaginal tab 10 mcg.....	77
erythromycin ophth oint 5 mg/gm.....	99	estradiol valerate im in oil 20 mg/ml ..	77
erythromycin pads 2% .....	106	estradiol valerate im in oil 40 mg/ml ..	77
erythromycin soln 2% .....	106	ethambutol hcl tab 100 mg.....	13
erythromycin tab 250 mg.....	16	ethambutol hcl tab 400 mg.....	13
erythromycin tab 500 mg.....	16	ethosuximide cap 250 mg .....	47
erythromycin tab delayed release 250		ethosuximide soln 250 mg/5ml .....	47
mg.....	16	ethynodiol diacetate & ethinyl estradiol	
erythromycin tab delayed release 333		tab 1 mg-35 mcg .....	73
mg.....	17	ethynodiol diacetate & ethinyl estradiol	
erythromycin tab delayed release 500		tab 1 mg-50 mcg .....	73
mg.....	17	etodolac cap 200 mg .....	1
erythromycin w/ delayed release		etodolac cap 300 mg .....	1
particles cap 250 mg .....	17	etodolac tab 400 mg.....	1
ESBRIET CAP 267MG.....	104	etodolac tab 500 mg.....	1
ESBRIET TAB 267MG.....	104	etodolac tab er 24hr 400 mg .....	1
ESBRIET TAB 801MG.....	104	etodolac tab er 24hr 500 mg .....	1
escitalopram oxalate soln 5 mg/5ml		etodolac tab er 24hr 600 mg .....	1
(base equiv).....	53	etoposide inj 100 mg/5ml (20 mg/ml)	29
escitalopram oxalate tab 10 mg (base		etoposide inj 500 mg/25ml (20 mg/ml)	
equiv) .....	53	.....	29
escitalopram oxalate tab 20 mg (base		EVOTAZ TAB 300-150.....	12
equiv) .....	53	exemestane tab 25 mg .....	23
escitalopram oxalate tab 5 mg (base		ezetimibe tab 10 mg.....	36
equiv) .....	53	<b>F</b>	
esomeprazole magnesium cap delayed		FABRAZYME INJ 35MG .....	76
release 20 mg (base eq).....	86	FABRAZYME INJ 5MG.....	76
esomeprazole magnesium cap delayed		falmina tab.....	73
release 40 mg (base eq).....	86	famciclovir tab 125 mg .....	13
esomeprazole sodium for intravenous		famciclovir tab 250 mg .....	14
soln 20 mg (base equiv) .....	86	famciclovir tab 500 mg .....	14
esomeprazole sodium for intravenous		famotidine for susp 40 mg/5ml .....	84
soln 40 mg (base equiv) .....	86	famotidine in nacl 0.9% iv soln 20	
estradiol tab 0.5 mg.....	76	mg/50ml.....	84
estradiol tab 1 mg.....	76	famotidine inj 20 mg/2ml.....	84

<i>famotidine inj 200 mg/20ml</i> .....	84	<i>fentanyl citrate lozenge on a handle 400 mcg</i> .....	2
<i>famotidine inj 40 mg/4ml</i> .....	84	<i>fentanyl citrate lozenge on a handle 600 mcg</i> .....	3
<i>famotidine tab 20 mg</i> .....	84	<i>fentanyl citrate lozenge on a handle 800 mcg</i> .....	3
<i>famotidine tab 40 mg</i> .....	84	<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	3
FANAPT PAK .....	58	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	3
FANAPT TAB 10MG .....	58	<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	3
FANAPT TAB 12MG .....	58	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	3
FANAPT TAB 1MG .....	58	<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	3
FANAPT TAB 2MG .....	58	FENTORA TAB 100MCG .....	3
FANAPT TAB 4MG .....	58	FENTORA TAB 200MCG .....	3
FANAPT TAB 6MG .....	58	FENTORA TAB 400MCG .....	3
FANAPT TAB 8MG .....	58	FENTORA TAB 600MCG .....	3
FARXIGA TAB 10MG .....	69	FENTORA TAB 800MCG .....	3
FARXIGA TAB 5MG .....	69	FETZIMA CAP 120MG .....	53
FARYDAK CAP 10MG .....	22	FETZIMA CAP 20MG .....	53
FARYDAK CAP 15MG .....	22	FETZIMA CAP 40MG .....	53
FARYDAK CAP 20MG .....	22	FETZIMA CAP 80MG .....	53
FASLODEX INJ 250/5ML .....	24	FETZIMA CAP TITRATIO .....	53
<i>febuxostat tab 40 mg</i> .....	1	FIASP FLEX INJ TOUCH .....	68
<i>febuxostat tab 80 mg</i> .....	1	FIASP INJ 100/ML .....	68
<i>felbamate susp 600 mg/5ml</i> .....	47	<i>finasteride tab 5 mg</i> .....	86
<i>felbamate tab 400 mg</i> .....	47	FIRAZYR INJ 30MG/3ML .....	90
<i>felbamate tab 600 mg</i> .....	47	<i>flac oil 0.01%</i> .....	110
<i>felodipine tab er 24hr 10 mg</i> .....	39	FLEBOGAMMA INJ 10/100ML .....	91
<i>felodipine tab er 24hr 2.5 mg</i> .....	39	FLEBOGAMMA INJ 10/200ML .....	91
<i>felodipine tab er 24hr 5 mg</i> .....	39	FLEBOGAMMA INJ 20/200ML .....	92
<i>femynor tab 0.25-35</i> .....	73	FLEBOGAMMA INJ 20/400ML .....	92
<i>fenofibrate micronized cap 134 mg</i> .....	36	FLEBOGAMMA INJ 5GM/50ML .....	91
<i>fenofibrate micronized cap 200 mg</i> .....	36	FLEBOGAMMA INJ DIF 5% .....	92
<i>fenofibrate micronized cap 67 mg</i> .....	36	<i>flecainide acetate tab 100 mg</i> .....	34
<i>fenofibrate tab 145 mg</i> .....	36	<i>flecainide acetate tab 150 mg</i> .....	34
<i>fenofibrate tab 160 mg</i> .....	36	<i>flecainide acetate tab 50 mg</i> .....	34
<i>fenofibrate tab 48 mg</i> .....	36	FLOVENT DISK AER 100MCG .....	105
<i>fenofibrate tab 54 mg</i> .....	36	FLOVENT DISK AER 250MCG .....	105
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i> .....	2	FLOVENT DISK AER 50MCG .....	105
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i> .....	2	FLOVENT HFA AER 110MCG .....	105
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i> .....	2	FLOVENT HFA AER 220MCG .....	105
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i> .....	2	FLOVENT HFA AER 44MCG .....	105
<i>fentanyl citrate lozenge on a handle 1200 mcg</i> .....	3	<i>fluconazole for susp 10 mg/ml</i> .....	9
<i>fentanyl citrate lozenge on a handle 1600 mcg</i> .....	3	<i>fluconazole for susp 40 mg/ml</i> .....	9
<i>fentanyl citrate lozenge on a handle 200 mcg</i> .....	2	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	9
		<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	9
		<i>fluconazole tab 100 mg</i> .....	9

<i>fluconazole tab 150 mg</i> .....	9	.....	100
<i>fluconazole tab 200 mg</i> .....	9	<i>flurbiprofen tab 100 mg</i> .....	1
<i>fluconazole tab 50 mg</i> .....	9	<i>flurbiprofen tab 50 mg</i> .....	1
<i>flucytosine cap 250 mg</i> .....	9	<i>flutamide cap 125 mg</i> .....	24
<i>flucytosine cap 500 mg</i> .....	9	<i>fluticasone propionate cream 0.05%</i> ..	108
<i>fludrocortisone acetate tab 0.1 mg</i> .....	77	<i>fluticasone propionate nasal susp 50</i>	
<i>flunisolide nasal soln 25 mcg/act</i>		<i>mcg/act</i> .....	105
<i>(0.025%)</i> .....	104	<i>fluticasone propionate oint 0.005%</i> ..	108
<i>fluocinolone acetonide (otic) oil 0.01%</i>		<i>fluvoxamine maleate tab 100 mg</i> .....	44
.....	110	<i>fluvoxamine maleate tab 25 mg</i> .....	44
<i>fluocinolone acetonide cream 0.01%</i> .	108	<i>fluvoxamine maleate tab 50 mg</i> .....	44
<i>fluocinolone acetonide cream 0.025%</i>	108	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide oil 0.01% (body</i>		<i>10 mg/0.8ml</i> .....	88
<i>oil)</i> .....	108	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinolone acetonide oil 0.01% (scalp</i>		<i>2.5 mg/0.5ml</i> .....	88
<i>oil)</i> .....	108	<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>fluocinolone acetonide oint 0.025%</i> ...	108	<i>mg/0.4ml</i> .....	88
<i>fluocinolone acetonide soln 0.01%</i> ....	108	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluocinonide cream 0.05%</i> .....	108	<i>7.5 mg/0.6ml</i> .....	88
<i>fluocinonide emulsified base cream</i>		FORTEO SOL 600/2.4 .....	79
<i>0.05%</i> .....	108	<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>fluocinonide gel 0.05%</i> .....	108	<i>equiv)</i> .....	10
<i>fluocinonide soln 0.05%</i> .....	108	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluorometholone ophth susp 0.1%</i> .....	100	<i>tab 10-12.5 mg</i> .....	30
<i>fluorouracil cream 5%</i> .....	109	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluorouracil iv soln 1 gm/20ml (50</i>		<i>tab 20-12.5 mg</i> .....	30
<i>mg/ml)</i> .....	21	<i>fosinopril sodium tab 10 mg</i> .....	31
<i>fluorouracil iv soln 2.5 gm/50ml (50</i>		<i>fosinopril sodium tab 20 mg</i> .....	31
<i>mg/ml)</i> .....	21	<i>fosinopril sodium tab 40 mg</i> .....	31
<i>fluorouracil iv soln 5 gm/100ml (50</i>		FREAMINE HBC INJ 6.9% .....	96
<i>mg/ml)</i> .....	21	FREAMINE III INJ 10%.....	96
<i>fluorouracil iv soln 500 mg/10ml (50</i>		<i>fulvestrant inj 250 mg/5ml</i> .....	24
<i>mg/ml)</i> .....	21	<i>furosemide inj 10 mg/ml</i> .....	41
<i>fluorouracil soln 2%</i> .....	109	<i>furosemide oral soln 10 mg/ml</i> .....	41
<i>fluorouracil soln 5%</i> .....	109	<i>furosemide oral soln 8 mg/ml</i> .....	41
<i>fluoxetine hcl cap 10 mg</i> .....	53	<i>furosemide tab 20 mg</i> .....	41
<i>fluoxetine hcl cap 20 mg</i> .....	53	<i>furosemide tab 40 mg</i> .....	41
<i>fluoxetine hcl cap 40 mg</i> .....	53	<i>furosemide tab 80 mg</i> .....	41
<i>fluoxetine hcl solution 20 mg/5ml</i> .....	53	FUZEON INJ 90MG .....	10
<i>fluphenazine decanoate inj 25 mg/ml</i> ..	58	<i>fyavolv tab 0.5-2.5</i> .....	77
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> .....	58	FYCOMPA SUS 0.5MG/ML .....	47
<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	58	FYCOMPA TAB 10MG.....	47
<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	58	FYCOMPA TAB 12MG.....	47
<i>fluphenazine hcl tab 1 mg</i> .....	58	FYCOMPA TAB 2MG .....	47
<i>fluphenazine hcl tab 10 mg</i> .....	58	FYCOMPA TAB 4MG .....	47
<i>fluphenazine hcl tab 2.5 mg</i> .....	58	FYCOMPA TAB 6MG .....	47
<i>fluphenazine hcl tab 5 mg</i> .....	58	FYCOMPA TAB 8MG .....	47
<i>flurbiprofen sodium ophth soln 0.03%</i>			



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<i>gabapentin cap 100 mg</i> .....	47	<i>gemcitabine hcl for inj 1 gm</i> .....	21
<i>gabapentin cap 300 mg</i> .....	47	<i>gemcitabine hcl for inj 2 gm</i> .....	21
<i>gabapentin cap 400 mg</i> .....	47	<i>gemcitabine hcl for inj 200 mg</i> .....	21
<i>gabapentin oral soln 250 mg/5ml</i> .....	47	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
<i>gabapentin tab 600 mg</i> .....	47	<i>mg/ml) (base equiv)</i> .....	21
<i>gabapentin tab 800 mg</i> .....	47	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i> .....	21
<i>16 mg</i> .....	51	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i> .....	21
<i>24 mg</i> .....	51	<i>gemfibrozil tab 600 mg</i> .....	36
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>generlac sol 10gm/15</i> .....	84
<i>mg</i> .....	51	<i>gengraf cap 100mg</i> .....	93
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf cap 25mg</i> .....	93
<i>mg/ml</i> .....	51	<i>gengraf sol 100mg/ml</i> .....	93
<i>galantamine hydrobromide tab 12 mg</i> .51		GENOTROPIN INJ 0.2MG .....	79
<i>galantamine hydrobromide tab 4 mg</i> ...51		GENOTROPIN INJ 0.4MG .....	79
<i>galantamine hydrobromide tab 8 mg</i> ...51		GENOTROPIN INJ 0.6MG .....	79
GAMASTAN S/D INJ.....	92	GENOTROPIN INJ 0.8MG .....	79
GAMMAGARD INJ 10GM/100 .....	92	GENOTROPIN INJ 1.2MG .....	79
GAMMAGARD INJ 1GM/10ML .....	92	GENOTROPIN INJ 1.4MG .....	79
GAMMAGARD INJ 2.5GM/25 .....	92	GENOTROPIN INJ 1.6MG .....	79
GAMMAGARD INJ 20GM/200 .....	92	GENOTROPIN INJ 1.8MG .....	79
GAMMAGARD INJ 30GM/300 .....	92	GENOTROPIN INJ 12MG .....	79
GAMMAGARD INJ 5GM/50ML .....	92	GENOTROPIN INJ 1MG.....	79
GAMMAGARD SD INJ 10GM HU .....	92	GENOTROPIN INJ 2MG.....	79
GAMMAGARD SD INJ 5GM HU.....	92	GENOTROPIN INJ 5MG.....	79
GAMMAKED INJ 10GM/100.....	92	<i>gentak oin 0.3% op</i> .....	99
GAMMAKED INJ 1GM/10ML .....	92	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	6
GAMMAKED INJ 2.5GM/25 .....	92	<i>gentamicin in saline inj 1 mg/ml</i> .....	6
GAMMAKED INJ 20GM/200.....	92	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	6
GAMMAKED INJ 5GM/50ML .....	92	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	6
GAMMAPLEX INJ 10%.....	92	<i>gentamicin in saline inj 2 mg/ml</i> .....	6
GAMMAPLEX INJ 5% .....	92	<i>gentamicin sulfate cream 0.1%</i> .....	107
GAMUNEX-C INJ 10GM/100 .....	92	<i>gentamicin sulfate inj 10 mg/ml</i> .....	6
GAMUNEX-C INJ 1GM/10ML .....	92	<i>gentamicin sulfate inj 40 mg/ml</i> .....	6
GAMUNEX-C INJ 2.5GM/25.....	92	<i>gentamicin sulfate oint 0.1%</i> .....	107
GAMUNEX-C INJ 20GM/200.....	92	<i>gentamicin sulfate ophth soln 0.3%</i> ....	99
GAMUNEX-C INJ 40/400ML .....	92	GENVOYA TAB .....	12
GAMUNEX-C INJ 5GM/50ML .....	92	GEODON INJ 20MG.....	58
<i>ganciclovir sodium for inj 500 mg</i> .....	14	GILENYA CAP 0.5MG.....	66
GARDASIL 9 INJ .....	94	GILOTRIF TAB 20MG.....	26
<i>gatifloxacin ophth soln 0.5%</i> .....	99	GILOTRIF TAB 30MG.....	26
GATTEX KIT 5MG .....	85	GILOTRIF TAB 40MG.....	26
GAUZE PADS 2 .....	68	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gavilyte-c sol</i> .....	84	<i>20 mg/ml</i> .....	66
<i>gavilyte-g sol</i> .....	84	<i>glatiramer acetate soln prefilled syringe</i>	
<i>gavilyte-n sol flav pk</i> .....	84	<i>40 mg/ml</i> .....	66
		<i>glatopa inj 20mg/ml</i> .....	66

<i>glatopa inj 40mg/ml</i> .....	66	HAEGARDA INJ 3000UNIT .....	90
GLEOSTINE CAP 100MG.....	20	<i>halobetasol propionate cream 0.05%</i>	108
GLEOSTINE CAP 10MG .....	20	<i>halobetasol propionate oint 0.05%</i> ...	108
GLEOSTINE CAP 40MG .....	20	<i>haloperidol decanoate im soln 100 mg/ml</i>	58
<i>glimepiride tab 1 mg</i> .....	69	.....	58
<i>glimepiride tab 2 mg</i> .....	69	<i>haloperidol decanoate im soln 50 mg/ml</i>	58
<i>glimepiride tab 4 mg</i> .....	69	.....	58
<i>glipizide tab 10 mg</i> .....	69	<i>haloperidol lactate inj 5 mg/ml</i> .....	58
<i>glipizide tab 5 mg</i> .....	69	<i>haloperidol lactate oral conc 2 mg/ml</i> .	58
<i>glipizide tab er 24hr 10 mg</i> .....	70	<i>haloperidol tab 0.5 mg</i> .....	58
<i>glipizide tab er 24hr 2.5 mg</i> .....	70	<i>haloperidol tab 1 mg</i> .....	58
<i>glipizide tab er 24hr 5 mg</i> .....	70	<i>haloperidol tab 10 mg</i> .....	59
<i>glipizide xl tab 10mg</i> .....	70	<i>haloperidol tab 2 mg</i> .....	58
<i>glipizide xl tab 2.5mg</i> .....	70	<i>haloperidol tab 20 mg</i> .....	59
<i>glipizide xl tab 5mg</i> .....	70	<i>haloperidol tab 5 mg</i> .....	59
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	70	HARVONI TAB 90-400MG .....	14
.....	70	HAVRIX INJ 1440UNIT .....	94
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	70	HAVRIX INJ 720UNIT .....	94
.....	70	<i>heather tab 0.35mg</i> .....	73
<i>glipizide-metformin hcl tab 5-500 mg</i> ..	70	HEP SOD/NAACL INJ 25000UNT .....	88
GLUCAGEN INJ HYPOKIT.....	78	<i>heparin sodium (porcine) 100 unit/ml in</i>	88
GLUCAGON KIT 1MG .....	78	<i>d5w</i> .....	88
<i>glycopyrrolate tab 1 mg</i> .....	84	<i>heparin sodium (porcine) inj 1000</i>	88
<i>glycopyrrolate tab 2 mg</i> .....	84	<i>unit/ml</i> .....	88
<i>glydo gel 2%</i> .....	109	<i>heparin sodium (porcine) inj 10000</i>	88
GOLYTELY SOL .....	84	<i>unit/ml</i> .....	88
<i>granisetron hcl inj 1 mg/ml</i> .....	82	<i>heparin sodium (porcine) inj 20000</i>	88
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	82	<i>unit/ml</i> .....	88
.....	82	<i>heparin sodium (porcine) inj 5000</i>	88
<i>granisetron hcl tab 1 mg</i> .....	82	<i>unit/ml</i> .....	88
GRANIX INJ 300/0.5 .....	89	<i>heparin sodium (porcine)-dextrose iv sol</i>	88
GRANIX INJ 300/1ML .....	89	<i>20000 unit/500ml-5%</i> .....	88
GRANIX INJ 480/0.8 .....	89	<i>heparin sodium (porcine)-dextrose iv sol</i>	88
GRANIX INJ 480/1.6 .....	89	<i>25000 unit/500ml-5%</i> .....	88
<i>griseofulvin microsize susp 125 mg/5ml</i>	9	HEPARIN/NAACL INJ 25000UNT .....	88
<i>griseofulvin microsize tab 500 mg</i> .....	9	<i>hepatamine sol 8%</i> .....	96
<i>griseofulvin ultramicrosize tab 125 mg</i> .	9	HERCEP HYLEC SOL 60-10000 .....	22
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<i>guanfacine hcl tab er 24hr 1 mg (base</i>	63	HERCEPTIN INJ 440MG .....	22
<i>equiv)</i> .....	63	HETLIOZ CAP 20MG.....	63
<i>guanfacine hcl tab er 24hr 2 mg (base</i>	63	HIBERIX SOL 10MCG .....	94
<i>equiv)</i> .....	63	HUMIRA INJ 10/0.1ML .....	91
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<i>equiv)</i> .....	63	HUMIRA INJ 20/0.2ML .....	91
<i>guanfacine hcl tab er 24hr 4 mg (base</i>	63	HUMIRA INJ 40/0.4ML .....	91
<i>equiv)</i> .....	63	HUMIRA KIT 20MG/0.4 .....	91
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icatibant acetate inj 30 mg/3ml (base equivalent).....	90
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<i>jantoven tab 2.5mg</i> .....	88	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i> .....	97
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<i>jantoven tab 4mg</i> .....	89	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	97
<i>jantoven tab 5mg</i> .....	89	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	97
<i>jantoven tab 6mg</i> .....	89	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	97
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levo-t tab 112mcg .....	80	lidocaine hcl local inj 2% .....	5
levo-t tab 125mcg .....	80	lidocaine hcl local preservative free (pf) inj 0.5%.....	6
levo-t tab 137mcg .....	80	lidocaine hcl local preservative free (pf) inj 1% .....	6
levo-t tab 150mcg .....	80	lidocaine hcl local preservative free (pf) inj 1.5%.....	6
levo-t tab 175mcg .....	80	lidocaine hcl soln 4% .....	109
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levo-t tab 25mcg .....	80	lidocaine hcl viscous soln 2%.....	110
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		lidocaine patch 5% .....	109
		lidocaine-prilocaine cream 2.5-2.5%. .....	109
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		linezolid in sodium chloride iv soln 600 mg/300ml-0.9% .....	7
		linezolid iv soln 600 mg/300ml (2 mg/ml) .....	7
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LINZESS CAP 72MCG.....	85	LOTEMAX GEL 0.5%.....	100
<i>liothyronine sodium tab 25 mcg.....</i>	81	LOTEMAX OIN 0.5%.....	100
<i>liothyronine sodium tab 5 mcg.....</i>	81	LOTEMAX SUS 0.5%.....	100
<i>liothyronine sodium tab 50 mcg.....</i>	81	<i>loteprednol etabonate ophth susp 0.5%</i>	
<i>lisinopril &amp; hydrochlorothiazide tab</i>		.....	100
<i>10-12.5 mg.....</i>	30	<i>lovastatin tab 10 mg.....</i>	35
<i>lisinopril &amp; hydrochlorothiazide tab</i>		<i>lovastatin tab 20 mg.....</i>	35
<i>20-12.5 mg.....</i>	30	<i>lovastatin tab 40 mg.....</i>	35
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i>		<i>loxapine succinate cap 10 mg.....</i>	59
<i>mg.....</i>	30	<i>loxapine succinate cap 25 mg.....</i>	59
<i>lisinopril tab 10 mg.....</i>	31	<i>loxapine succinate cap 5 mg.....</i>	59
<i>lisinopril tab 2.5 mg.....</i>	31	<i>loxapine succinate cap 50 mg.....</i>	59
<i>lisinopril tab 20 mg.....</i>	31	LUMIGAN SOL 0.01%.....	100
<i>lisinopril tab 30 mg.....</i>	31	LUMIZYME INJ 50MG.....	76
<i>lisinopril tab 40 mg.....</i>	31	LUPR DEP-PED INJ 11.25MG.....	79
<i>lisinopril tab 5 mg.....</i>	31	LUPR DEP-PED INJ 15MG.....	79
<i>lithium carbonate cap 150 mg.....</i>	65	LUPR DEP-PED INJ 3M 30MG.....	79
<i>lithium carbonate cap 300 mg.....</i>	65	LUPR DEP-PED INJ 7.5MG.....	79
<i>lithium carbonate cap 600 mg.....</i>	65	LUPRON DEPOT INJ 11.25MG.....	24
<i>lithium carbonate tab 300 mg.....</i>	65	LUPRON DEPOT INJ 3.75MG.....	24
<i>lithium carbonate tab er 300 mg.....</i>	65	<i>lutera tab.....</i>	74
<i>lithium carbonate tab er 450 mg.....</i>	65	LYNPARZA TAB 100MG.....	23
LITHIUM SOL 8MEQ/5ML.....	65	LYNPARZA TAB 150MG.....	23
LOKELMA PAK 10GM.....	72	LYRICA CAP 100MG.....	48
LOKELMA PAK 5GM.....	72	LYRICA CAP 150MG.....	48
LONSURF TAB 15-6.14.....	28	LYRICA CAP 200MG.....	48
LONSURF TAB 20-8.19.....	28	LYRICA CAP 225MG.....	48
<i>loperamide hcl cap 2 mg.....</i>	85	LYRICA CAP 25MG.....	48
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>		LYRICA CAP 25MG.....	48
<i>(80-20 mg/ml).....</i>	12	LYRICA CAP 300MG.....	48
<i>lorazepam conc 2 mg/ml.....</i>	44	LYRICA CAP 50MG.....	48
<i>lorazepam inj 2 mg/ml.....</i>	44	LYRICA CAP 75MG.....	48
<i>lorazepam inj 4 mg/ml.....</i>	45	LYRICA CR TAB 165MG.....	66
<i>lorazepam tab 0.5 mg.....</i>	45	LYRICA CR TAB 330MG.....	66
<i>lorazepam tab 1 mg.....</i>	45	LYRICA CR TAB 82.5MG.....	66
<i>lorazepam tab 2 mg.....</i>	45	LYRICA SOL 20MG/ML.....	48
LORBRENA TAB 100MG.....	27	LYSODREN TAB 500MG.....	24
LORBRENA TAB 25MG.....	27	<i>lyza tab 0.35mg.....</i>	74
<i>loryna tab 3-0.02mg.....</i>	74	<b>M</b>	
<i>losartan potassium &amp; hydrochlorothiazide</i>		MAGNESIUM SU INJ 20/500ML.....	95
<i>tab 100-12.5 mg.....</i>	33	MAGNESIUM SU INJ 2GM/50ML.....	95
<i>losartan potassium &amp; hydrochlorothiazide</i>		MAGNESIUM SU INJ 40G/1000.....	95
<i>tab 100-25 mg.....</i>	33	MAGNESIUM SU INJ 4G/100ML.....	95
<i>losartan potassium &amp; hydrochlorothiazide</i>		MAGNESIUM SU INJ 80MG/ML.....	95
<i>tab 50-12.5 mg.....</i>	33	<i>magnesium sulfate in dextrose 5% iv</i>	
<i>losartan potassium tab 100 mg.....</i>	34	<i>soln 1 gm/100ml.....</i>	95
		<i>magnesium sulfate inj 50%.....</i>	95



<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i> .....	95	MENVEO INJ .....	94
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i> .....	95	<i>mercaptapurine tab 50 mg</i> .....	21
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i> .....	95	<i>meropenem iv for soln 1 gm</i> .....	7
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i> .....	95	<i>meropenem iv for soln 500 mg</i> .....	8
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i> .....	95	<i>mesalamine cap dr 400 mg</i> .....	84
<i>malathion lotion 0.5%</i> .....	110	<i>mesalamine enema 4 gm</i> .....	84
<i>maprotiline hcl tab 25 mg</i> .....	54	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	84
<i>maprotiline hcl tab 50 mg</i> .....	54	<i>mesalamine suppos 1000 mg</i> .....	84
<i>maprotiline hcl tab 75 mg</i> .....	54	<i>mesalamine tab delayed release 800 mg</i> .....	84
<i>marlissa tab 0.15/30</i> .....	74	MESNEX TAB 400MG.....	29
MARPLAN TAB 10MG .....	54	<i>metformin hcl tab 1000 mg</i> .....	70
MATULANE CAP 50MG .....	28	<i>metformin hcl tab 500 mg</i> .....	70
MAVYRET TAB 100-40MG .....	14	<i>metformin hcl tab 850 mg</i> .....	70
<i>meclizine hcl tab 12.5 mg</i> .....	82	<i>metformin hcl tab er 24hr 500 mg</i> .....	70
<i>meclizine hcl tab 25 mg</i> .....	82	<i>metformin hcl tab er 24hr 750 mg</i> .....	70
<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	74	<i>methadone con 10mg/ml</i> .....	4
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> .....	74	<i>methadone hcl soln 10 mg/5ml</i> .....	4
<i>medroxyprogesterone acetate tab 10 mg</i> .....	80	<i>methadone hcl soln 5 mg/5ml</i> .....	4
<i>medroxyprogesterone acetate tab 2.5 mg</i> .....	80	<i>methadone hcl tab 10 mg</i> .....	4
<i>medroxyprogesterone acetate tab 5 mg</i> .....	80	<i>methadone hcl tab 5 mg</i> .....	4
<i>mefloquine hcl tab 250 mg</i> .....	10	<i>methazolamide tab 25 mg</i> .....	41
<i>megestrol acetate susp 40 mg/ml</i> .....	24	<i>methazolamide tab 50 mg</i> .....	42
<i>megestrol acetate susp 625 mg/5ml</i> ...	24	<i>methenamine hippurate tab 1 gm</i> .....	8
<i>megestrol acetate tab 20 mg</i> .....	24	<i>methimazole tab 10 mg</i> .....	81
<i>megestrol acetate tab 40 mg</i> .....	24	<i>methimazole tab 5 mg</i> .....	81
MEKINIST TAB 0.5MG.....	27	<i>methotrexate sodium for inj 1 gm</i> .....	21
MEKINIST TAB 2MG .....	27	<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	21
MEKTOVI TAB 15MG.....	27	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	21
<i>meloxicam tab 15 mg</i> .....	2	<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	21
<i>meloxicam tab 7.5 mg</i> .....	2	<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	21
<i>memantine hcl cap er 24hr 14 mg</i> .....	51	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	21
<i>memantine hcl cap er 24hr 21 mg</i> .....	51	<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	91
<i>memantine hcl cap er 24hr 28 mg</i> .....	51	<i>methyclothiazide tab 5 mg</i> .....	42
<i>memantine hcl cap er 24hr 7 mg</i> .....	51	<i>methylphenidate hcl soln 10 mg/5ml</i> ..	63
<i>memantine hcl oral solution 2 mg/ml</i> ..	51	<i>methylphenidate hcl soln 5 mg/5ml</i> ....	63
<i>memantine hcl tab 10 mg</i> .....	51	<i>methylphenidate hcl tab 10 mg</i> .....	63
<i>memantine hcl tab 5 mg</i> .....	51	<i>methylphenidate hcl tab 20 mg</i> .....	63
MENACTRA INJ .....	94	<i>methylphenidate hcl tab 5 mg</i> .....	63
		<i>methylphenidate hcl tab er 10 mg</i> .....	63
		<i>methylphenidate hcl tab er 20 mg</i> .....	63

<i>methylprednisolone acetate inj susp 40 mg/ml</i> .....	77	<i>metronidazole gel 0.75%</i> .....	109
<i>methylprednisolone acetate inj susp 80 mg/ml</i> .....	77	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> .....	8
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	78	<i>metronidazole lotion 0.75%</i> .....	109
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> .....	78	<i>metronidazole tab 250 mg</i> .....	8
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> .....	78	<i>metronidazole tab 500 mg</i> .....	8
<i>methylprednisolone tab 16 mg</i> .....	78	<i>metronidazole vaginal gel 0.75%</i> .....	87
<i>methylprednisolone tab 32 mg</i> .....	78	<i>mexiletine hcl cap 150 mg</i> .....	34
<i>methylprednisolone tab 4 mg</i> .....	78	<i>mexiletine hcl cap 200 mg</i> .....	34
<i>methylprednisolone tab 8 mg</i> .....	78	<i>mexiletine hcl cap 250 mg</i> .....	34
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	78	<i>MG SO4/D5W INJ 10MG/ML</i> .....	95
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	83	<i>midodrine hcl tab 10 mg</i> .....	42
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	83	<i>midodrine hcl tab 2.5 mg</i> .....	42
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	83	<i>midodrine hcl tab 5 mg</i> .....	42
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	83	<i>miglustat cap 100 mg</i> .....	76
<i>metolazone tab 10 mg</i> .....	42	<i>mili tab 0.25/35</i> .....	74
<i>metolazone tab 2.5 mg</i> .....	42	<i>minitran dis 0.1mg/hr</i> .....	43
<i>metolazone tab 5 mg</i> .....	42	<i>minitran dis 0.2mg/hr</i> .....	43
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	37	<i>minitran dis 0.4mg/hr</i> .....	43
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	37	<i>minitran dis 0.6mg/hr</i> .....	43
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	37	<i>minocycline hcl cap 100 mg</i> .....	19
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	38	<i>minocycline hcl cap 50 mg</i> .....	19
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	38	<i>minocycline hcl cap 75 mg</i> .....	19
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	38	<i>minoxidil tab 10 mg</i> .....	42
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	38	<i>minoxidil tab 2.5 mg</i> .....	42
<i>metoprolol tartrate iv soln 5 mg/5ml</i> ...	38	<i>mirtazapine orally disintegrating tab 15 mg</i> .....	54
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i> .....	38	<i>mirtazapine orally disintegrating tab 30 mg</i> .....	54
<i>metoprolol tartrate tab 100 mg</i> .....	38	<i>mirtazapine orally disintegrating tab 45 mg</i> .....	54
<i>metoprolol tartrate tab 25 mg</i> .....	38	<i>mirtazapine tab 15 mg</i> .....	54
<i>metoprolol tartrate tab 50 mg</i> .....	38	<i>mirtazapine tab 30 mg</i> .....	54
<i>metronidazole cream 0.75%</i> .....	109	<i>mirtazapine tab 45 mg</i> .....	54
		<i>mirtazapine tab 7.5 mg</i> .....	54
		<i>misoprostol tab 100 mcg</i> .....	85
		<i>misoprostol tab 200 mcg</i> .....	85
		<i>MITIGARE CAP 0.6MG</i> .....	1
		<i>mitomycin for iv soln 20 mg</i> .....	20
		<i>mitomycin for iv soln 40 mg</i> .....	20
		<i>mitomycin for iv soln 5 mg</i> .....	20
		<i>M-M-R II INJ</i> .....	94
		<i>M-NATAL PLUS TAB</i> .....	98
		<i>moexipril hcl tab 15 mg</i> .....	31
		<i>moexipril hcl tab 7.5 mg</i> .....	31
		<i>molindone hcl tab 10 mg</i> .....	59
		<i>molindone hcl tab 25 mg</i> .....	59
		<i>molindone hcl tab 5 mg</i> .....	59

<i>mometasone furoate cream 0.1%</i> .....	109
<i>mometasone furoate oint 0.1%</i> .....	109
<i>mometasone furoate solution 0.1% (lotion)</i> .....	109
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	103
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	103
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	103
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	103
MORPHINE SUL INJ 10MG/ML .....	4
MORPHINE SUL INJ 150/30ML .....	4
MORPHINE SUL INJ 2MG/ML .....	4
MORPHINE SUL INJ 4MG/ML .....	4
MORPHINE SUL INJ 5MG/ML .....	4
MORPHINE SUL INJ 8MG/ML .....	4
<i>morphine sulfate inj 10 mg/ml</i> .....	4
<i>morphine sulfate inj 8 mg/ml</i> .....	4
<i>morphine sulfate iv soln 1 mg/ml</i> .....	4
<i>morphine sulfate iv soln pf 10 mg/ml</i> ...	4
<i>morphine sulfate iv soln pf 4 mg/ml</i> .....	4
<i>morphine sulfate iv soln pf 8 mg/ml</i> .....	4
<i>morphine sulfate oral soln 10 mg/5ml</i> ..	4
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	4
<i>morphine sulfate oral soln 20 mg/5ml</i> ..	4
<i>morphine sulfate tab 15 mg</i> .....	4
<i>morphine sulfate tab 30 mg</i> .....	4
<i>morphine sulfate tab er 100 mg</i> .....	5
<i>morphine sulfate tab er 15 mg</i> .....	5
<i>morphine sulfate tab er 200 mg</i> .....	5
<i>morphine sulfate tab er 30 mg</i> .....	5
<i>morphine sulfate tab er 60 mg</i> .....	5
MOVANTIK TAB 12.5MG .....	85
MOVANTIK TAB 25MG .....	85
MOVIPREP SOL .....	85
MOXEZA SOL 0.5% .....	99
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	99
MULTAQ TAB 400MG .....	34
<i>mupirocin oint 2%</i> .....	107
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<i>mycophenolate mofetil cap 250 mg</i> .....	93
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	93

<i>mycophenolate mofetil tab 500 mg</i> .....	93
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> .....	93
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> .....	93
MYLOTARG INJ 4.5MG .....	23
<i>myorisan cap 10mg</i> .....	106
<i>myorisan cap 20mg</i> .....	106
<i>myorisan cap 30mg</i> .....	106
<i>myorisan cap 40mg</i> .....	106
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## **N**

<i>nabumetone tab 500 mg</i> .....	2
<i>nabumetone tab 750 mg</i> .....	2
<i>nadolol tab 20 mg</i> .....	38
<i>nadolol tab 40 mg</i> .....	38
<i>nadolol tab 80 mg</i> .....	38
NAFCILLIN INJ 10GM .....	18
<i>nafcillin sodium for inj 1 gm</i> .....	18
<i>nafcillin sodium for inj 2 gm</i> .....	18
<i>nafcillin sodium for iv soln 1 gm</i> .....	18
<i>nafcillin sodium for iv soln 10 gm</i> .....	18
<i>nafcillin sodium for iv soln 2 gm</i> .....	18
NAGLAZYME INJ 1MG/ML .....	76
<i>nalbuphine hcl inj 10 mg/ml</i> .....	2
<i>nalbuphine hcl inj 20 mg/ml</i> .....	2
<i>naloxone hcl inj 0.4 mg/ml</i> .....	67
<i>naloxone hcl inj 4 mg/10ml</i> .....	67
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> ..	67
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	68
<i>naltrexone hcl tab 50 mg</i> .....	68
NAMZARIC CAP .....	51
NAMZARIC CAP 14-10MG .....	51
NAMZARIC CAP 21-10MG .....	51
NAMZARIC CAP 28-10MG .....	51
NAMZARIC CAP 7-10MG .....	51
<i>naproxen dr tab 375mg</i> .....	2
<i>naproxen dr tab 500mg</i> .....	2
<i>naproxen sodium tab 275 mg</i> .....	2
<i>naproxen sodium tab 550 mg</i> .....	2
<i>naproxen tab 250 mg</i> .....	2
<i>naproxen tab 375 mg</i> .....	2
<i>naproxen tab 500 mg</i> .....	2
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	64
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	

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nateglinide tab 60 mg .....	70	.....	36
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NATPARA INJ 25MCG.....	79	nicardipine hcl cap 20 mg.....	40
NATPARA INJ 50MCG.....	79	nicardipine hcl cap 30 mg.....	40
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necon tab 0.5/35 .....	74	nifedipine tab er 24hr 30 mg .....	40
necon tab 7/7/7.....	74	nifedipine tab er 24hr 60 mg .....	40
nefazodone hcl tab 100 mg .....	54	nifedipine tab er 24hr 90 mg .....	40
nefazodone hcl tab 150 mg .....	54	nifedipine tab er 24hr osmotic release 30	40
nefazodone hcl tab 200 mg .....	54	mg .....	40
nefazodone hcl tab 250 mg .....	54	nifedipine tab er 24hr osmotic release 60	40
nefazodone hcl tab 50 mg .....	54	mg .....	40
neomycin sulfate tab 500 mg .....	6	nifedipine tab er 24hr osmotic release 90	40
neomycin-bacitrac zn-polymyx		mg .....	40
5(3.5)mg-400unt-10000unt op oin .....	99	nikki tab 3-0.02mg.....	74
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1.75-10000-0.025mg-unt-mg/ml.....	99	nimodipine cap 30 mg .....	40
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ophth oint 0.1% .....	98	NINLARO CAP 3MG.....	23
neomycin-polymyxin-dexamethasone		NINLARO CAP 4MG.....	23
ophth susp 0.1% .....	98	NITRO-BID OIN 2%.....	43
neomycin-polymyxin-hc ophth susp .....	98	NITRO-DUR DIS 0.3MG/HR.....	43
neomycin-polymyxin-hc otic soln 1% .....	110	NITRO-DUR DIS 0.8MG/HR.....	43
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mg/ml-10000 unit/ml-1% .....	110	mg .....	8
NEPHRAMINE INJ 5.4% .....	96	nitrofurantoin macrocrystalline cap 50	8
NERLYNX TAB 40MG.....	27	mg .....	8
NEUPOGEN INJ 300/0.5 .....	89	nitrofurantoin monohydrate	
NEUPOGEN INJ 300MCG .....	89	macrocrystalline cap 100 mg .....	8
NEUPOGEN INJ 480/0.8 .....	89	nitroglycerin sl tab 0.3 mg.....	43
NEUPOGEN INJ 480MCG .....	89	nitroglycerin sl tab 0.4 mg.....	43
NEUPRO DIS 1MG/24HR .....	56	nitroglycerin sl tab 0.6 mg.....	43
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NEUPRO DIS 3MG/24HR .....	56	nitroglycerin td patch 24hr 0.2 mg/hr .	43
NEUPRO DIS 4MG/24HR .....	56	nitroglycerin td patch 24hr 0.4 mg/hr .	43
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nevirapine tab 200 mg .....	11	NITYR TAB 5MG .....	76
nevirapine tab er 24hr 100 mg .....	11	norelgestromin-ethinyl estradiol td ptwk	
nevirapine tab er 24hr 400 mg .....	11	150-35 mcg/24hr.....	74
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niacin tab er 1000 mg		1 mg-20 mcg.....	74

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<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	74
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	74
<i>norethindrone acetate tab 5 mg</i> .....	80
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	77
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	77
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	74
<i>norethindrone tab 0.35 mg</i> .....	74
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> .....	74
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	74
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> ....	74
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> ....	74
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	74
<i>norlyroc tab 0.35mg</i> .....	74
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NORTHERA CAP 200MG.....	42
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<i>nortrel tab 0.5/35</i> .....	75
<i>nortrel tab 1/35</i> .....	75
<i>nortrel tab 7/7/7</i> .....	75
<i>nortriptyline hcl cap 10 mg</i> .....	54
<i>nortriptyline hcl cap 25 mg</i> .....	54
<i>nortriptyline hcl cap 50 mg</i> .....	54
<i>nortriptyline hcl cap 75 mg</i> .....	54
<i>nortriptyline hcl soln 10 mg/5ml</i> .....	54
NORVIR POW 100MG.....	11
NORVIR SOL 80MG/ML.....	11
NOVOLIN INJ 70/30.....	69
NOVOLIN INJ FLEXPEN.....	69
NOVOLIN N INJ U-100.....	69
NOVOLIN R INJ U-100.....	69
NOVOLOG INJ 100/ML.....	69

NOVOLOG INJ FLEXPEN.....	69
NOVOLOG INJ PENFILL.....	69
NOVOLOG MIX INJ 70/30.....	69
NOVOLOG MIX INJ FLEXPEN.....	69
NOXAFIL SUS 40MG/ML.....	9
NOXAFIL TAB 100MG.....	9
NUBEQA TAB 300MG.....	24
NUCYNTA ER TAB 100MG.....	5
NUCYNTA ER TAB 150MG.....	5
NUCYNTA ER TAB 200MG.....	5
NUCYNTA ER TAB 250MG.....	5
NUCYNTA ER TAB 50MG.....	5
NUEDEXTA CAP 20-10MG.....	66
NULOJIX INJ 250MG.....	93
NULYTELY SOL FLAV PKS.....	85
NUPLAZID CAP 34MG.....	59
NUPLAZID TAB 10MG.....	59
NUPLAZID TAB 17MG.....	59
NUTRILIPID EMU 20%.....	96
NUVARING MIS.....	75
<i>nyamyc pow 100000</i> .....	107
NYMALIZE SOL 30/10ML.....	40
<i>nystatin cream 100000 unit/gm</i> .....	107
<i>nystatin oint 100000 unit/gm</i> .....	107
<i>nystatin susp 100000 unit/ml</i> .....	110
<i>nystatin tab 500000 unit</i> .....	9
<i>nystatin topical powder 100000 unit/gm</i> .....	107
.....	107
<i>nystop pow 100000</i> .....	107
<b>○</b>	
OCTAGAM INJ 10/100ML.....	92
OCTAGAM INJ 10GM.....	92
OCTAGAM INJ 1GM.....	92
OCTAGAM INJ 2.5GM.....	92
OCTAGAM INJ 20/200ML.....	92
OCTAGAM INJ 25GM.....	92
OCTAGAM INJ 2GM/20ML.....	92
OCTAGAM INJ 30/300ML.....	92
OCTAGAM INJ 5GM.....	92
OCTAGAM INJ 5GM/50ML.....	92
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> .....	79
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .....	79
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> .....	79
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> .....	79

<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> .....	79	<i>omeprazole cap delayed release 20 mg</i>	86
<i>ODEFSEY TAB</i> .....	12	<i>omeprazole cap delayed release 40 mg</i>	86
<i>ODOMZO CAP 200MG</i> .....	23	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	83
<i>OFEV CAP 100MG</i> .....	104	.....	83
<i>OFEV CAP 150MG</i> .....	104	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> .....	83
<i>ofloxacin ophth soln 0.3%</i> .....	99	<i>ondansetron hcl oral soln 4 mg/5ml</i> ....	83
<i>ofloxacin otic soln 0.3%</i> .....	110	<i>ondansetron hcl tab 24 mg</i> .....	83
<i>olanzapine for im inj 10 mg</i> .....	59	<i>ondansetron hcl tab 4 mg</i> .....	83
<i>olanzapine orally disintegrating tab 10 mg</i> .....	59	<i>ondansetron hcl tab 8 mg</i> .....	83
<i>olanzapine orally disintegrating tab 15 mg</i> .....	60	<i>ondansetron orally disintegrating tab 4 mg</i> .....	83
<i>olanzapine orally disintegrating tab 20 mg</i> .....	60	<i>ondansetron orally disintegrating tab 8 mg</i> .....	83
<i>olanzapine orally disintegrating tab 5 mg</i> .....	59	<i>OPSUMIT TAB 10MG</i> .....	44
<i>olanzapine tab 10 mg</i> .....	60	<i>ORFADIN CAP 10MG</i> .....	76
<i>olanzapine tab 15 mg</i> .....	60	<i>ORFADIN CAP 20MG</i> .....	76
<i>olanzapine tab 2.5 mg</i> .....	60	<i>ORFADIN CAP 2MG</i> .....	76
<i>olanzapine tab 20 mg</i> .....	60	<i>ORFADIN CAP 5MG</i> .....	76
<i>olanzapine tab 5 mg</i> .....	60	<i>ORFADIN SUS 4MG/ML</i> .....	76
<i>olanzapine tab 7.5 mg</i> .....	60	<i>ORKAMBI GRA 100-125</i> .....	104
<i>olmesartan medoxomil tab 20 mg</i> .....	34	<i>ORKAMBI GRA 150-188</i> .....	104
<i>olmesartan medoxomil tab 40 mg</i> .....	34	<i>ORKAMBI TAB 100-125</i> .....	104
<i>olmesartan medoxomil tab 5 mg</i> .....	34	<i>ORKAMBI TAB 200-125</i> .....	104
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	33	<i>orsythia tab</i> .....	75
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....	33	<i>oseltamivir phosphate cap 30 mg (base equiv)</i> .....	14
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	33	<i>oseltamivir phosphate cap 45 mg (base equiv)</i> .....	14
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .....	33	<i>oseltamivir phosphate cap 75 mg (base equiv)</i> .....	14
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .....	33	<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	14
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> .....	33	<i>oxacillin sodium for inj 1 gm (base equivalent)</i> .....	18
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> .....	33	<i>oxacillin sodium for inj 10 gm (base equivalent)</i> .....	19
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....	33	<i>oxacillin sodium for inj 2 gm (base equivalent)</i> .....	18
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> .....	100	<i>oxaliplatin for iv inj 100 mg</i> .....	29
<i>omeprazole cap delayed release 10 mg</i>	86	<i>oxaliplatin for iv inj 50 mg</i> .....	29
		<i>oxaliplatin iv soln 100 mg/20ml</i> .....	29
		<i>oxaliplatin iv soln 50 mg/10ml</i> .....	29
		<i>oxandrolone tab 10 mg</i> .....	68
		<i>oxandrolone tab 2.5 mg</i> .....	68
		<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	48
		<i>oxcarbazepine tab 150 mg</i> .....	48

<i>oxcarbazepine tab 300 mg</i> .....	48	<i>equiv)</i> .....	86
<i>oxcarbazepine tab 600 mg</i> .....	48	<i>pantoprazole sodium ec tab 40 mg (base</i>	
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	87	<i>equiv)</i> .....	86
<i>oxybutynin chloride tab 5 mg</i> .....	87	<i>pantoprazole sodium for iv soln 40 mg</i>	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	87	<i>(base equiv)</i> .....	86
<i>oxybutynin chloride tab er 24hr 15 mg</i>	87	PANZYGA SOL 10/100ML.....	92
<i>oxybutynin chloride tab er 24hr 5 mg</i> ..	87	PANZYGA SOL 1GM/10ML.....	92
<i>oxycodone hcl cap 5 mg</i> .....	5	PANZYGA SOL 2.5/25ML .....	92
<i>oxycodone hcl conc 100 mg/5ml (20</i>		PANZYGA SOL 20/200ML.....	92
<i>mg/ml)</i> .....	5	PANZYGA SOL 30/300ML.....	92
<i>oxycodone hcl soln 5 mg/5ml</i> .....	5	PANZYGA SOL 5GM/50ML.....	92
<i>oxycodone hcl tab 10 mg</i> .....	5	<i>paricalcitol cap 1 mcg</i> .....	98
<i>oxycodone hcl tab 15 mg</i> .....	5	<i>paricalcitol cap 2 mcg</i> .....	98
<i>oxycodone hcl tab 20 mg</i> .....	5	<i>paricalcitol cap 4 mcg</i> .....	98
<i>oxycodone hcl tab 30 mg</i> .....	5	<i>paromomycin sulfate cap 250 mg</i> .....	6
<i>oxycodone hcl tab 5 mg</i> .....	5	<i>paroxetine hcl tab 10 mg</i> .....	54
<i>oxycodone w/ acetaminophen tab 10-325</i>		<i>paroxetine hcl tab 20 mg</i> .....	54
<i>mg</i> .....	5	<i>paroxetine hcl tab 30 mg</i> .....	54
<i>oxycodone w/ acetaminophen tab</i>		<i>paroxetine hcl tab 40 mg</i> .....	54
<i>2.5-325 mg</i> .....	5	PASER GRA 4GM .....	13
<i>oxycodone w/ acetaminophen tab 5-325</i>		PAXIL SUS 10MG/5ML.....	54
<i>mg</i> .....	5	PAZEO DRO 0.7% .....	100
<i>oxycodone w/ acetaminophen tab</i>		PEDIARIX INJ 0.5ML.....	94
<i>7.5-325 mg</i> .....	5	PEDVAX HIB INJ.....	94
OZEMPIC INJ 2/1.5ML .....	69	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<b>P</b>		<i>for soln 236 gm</i> .....	85
<i>pacerone tab 100mg</i> .....	35	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>pacerone tab 200mg</i> .....	35	<i>for soln 240 gm</i> .....	85
<i>pacerone tab 400mg</i> .....	35	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>paclitaxel iv conc 100 mg/16.7ml (6</i>		<i>420 gm</i> .....	85
<i>mg/ml)</i> .....	22	PEGANONE TAB 250MG.....	48
<i>paclitaxel iv conc 150 mg/25ml (6</i>		PEGASYS INJ .....	14
<i>mg/ml)</i> .....	22	PEGASYS INJ 180MCG/M.....	14
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>		PEGASYS INJ PROCLICK.....	14
.....	22	PEN G PROC INJ 600000 .....	19
<i>paclitaxel iv conc 300 mg/50ml (6</i>		PENICILL GK/ INJ DEX 2MU .....	19
<i>mg/ml)</i> .....	22	PENICILL GK/ INJ DEX 3MU .....	19
<i>paliperidone tab er 24hr 1.5 mg</i> .....	60	<i>penicillin g potassium for inj 20000000</i>	
<i>paliperidone tab er 24hr 3 mg</i> .....	60	<i>unit</i> .....	19
<i>paliperidone tab er 24hr 6 mg</i> .....	60	<i>penicillin g potassium for inj 5000000</i>	
<i>paliperidone tab er 24hr 9 mg</i> .....	60	<i>unit</i> .....	19
<i>pamidronate disodium for inj 30 mg</i> ....	71	<i>penicillin g sodium for inj 5000000 unit</i>	
<i>pamidronate disodium for inj 90 mg</i> ....	71	.....	19
<i>pamidronate disodium iv soln 3 mg/ml</i>	71	<i>penicillin v potassium for soln 125</i>	
<i>pamidronate disodium iv soln 9 mg/ml</i>	71	<i>mg/5ml</i> .....	19
PAMIDRONATE INJ 6MG/ML.....	71	<i>penicillin v potassium for soln 250</i>	
PANRETIN GEL 0.1% .....	109	<i>mg/5ml</i> .....	19
<i>pantoprazole sodium ec tab 20 mg (base</i>		<i>penicillin v potassium tab 250 mg</i> .....	19

<i>penicillin v potassium tab 500 mg</i> .....	19	<i>pilocarpine hcl tab 5 mg</i> .....	110
PENTACEL INJ .....	94	<i>pilocarpine hcl tab 7.5 mg</i> .....	110
PENTAM 300 INJ 300MG .....	8	<i>pimozide tab 1 mg</i> .....	60
<i>pentamidine isethionate for soln 300 mg</i> .....	8	<i>pimozide tab 2 mg</i> .....	60
<i>pentoxifylline tab er 400 mg</i> .....	90	<i>pimtrea tab</i> .....	75
<i>perindopril erbumine tab 2 mg</i> .....	31	<i>pindolol tab 10 mg</i> .....	38
<i>perindopril erbumine tab 4 mg</i> .....	31	<i>pindolol tab 5 mg</i> .....	38
<i>perindopril erbumine tab 8 mg</i> .....	31	<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	70
<i>periogard sol 0.12%</i> .....	110	<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	70
<i>permethrin cream 5%</i> .....	110	<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	70
<i>perphenazine tab 16 mg</i> .....	60	<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i> .....	19
<i>perphenazine tab 2 mg</i> .....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i> .....	19
<i>perphenazine tab 4 mg</i> .....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i> .....	19
<i>perphenazine tab 8 mg</i> .....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i> .....	19
PERSERIS INJ 120MG.....	60	<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i> .....	19
PERSERIS INJ 90MG.....	60	PIQRAY 200MG TAB DOSE.....	27
<i>phenelzine sulfate tab 15 mg</i> .....	54	PIQRAY 250MG TAB DOSE.....	27
PHENOBARB INJ 65MG/ML .....	48	PIQRAY 300MG TAB DOSE.....	27
<i>phenobarbital elixir 20 mg/5ml</i> .....	49	<i>pirmella tab 1/35</i> .....	75
<i>phenobarbital sodium inj 130 mg/ml</i> ...	49	<i>piroxicam cap 10 mg</i> .....	2
<i>phenobarbital tab 100 mg</i> .....	49	<i>piroxicam cap 20 mg</i> .....	2
<i>phenobarbital tab 15 mg</i> .....	49	PLASMA-LYTE INJ -148 .....	97
<i>phenobarbital tab 16.2 mg</i> .....	49	PLASMA-LYTE INJ -A.....	98
<i>phenobarbital tab 30 mg</i> .....	49	PNV FOLIC AC TAB + IRON.....	98
<i>phenobarbital tab 32.4 mg</i> .....	49	<i>podofilox soln 0.5%</i> .....	110
<i>phenobarbital tab 60 mg</i> .....	49	<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i> .....	99
<i>phenobarbital tab 64.8 mg</i> .....	49	POMALYST CAP 1MG.....	24
<i>phenobarbital tab 97.2 mg</i> .....	49	POMALYST CAP 2MG.....	24
PHENYTEK CAP 200MG .....	49	POMALYST CAP 3MG.....	24
PHENYTEK CAP 300MG .....	49	POMALYST CAP 4MG.....	24
<i>phenytoin chew tab 50 mg</i> .....	49	<i>portia-28 tab</i> .....	75
<i>phenytoin sodium extended cap 100 mg</i> .....	49	<i>posaconazole tab delayed release 100</i> <i>mg</i> .....	9
<i>phenytoin sodium extended cap 200 mg</i> .....	49	<i>potassium chloride 20 meq/l (0.15%) in</i> <i>dextrose 5% inj</i> .....	98
<i>phenytoin sodium extended cap 300 mg</i> .....	49	<i>potassium chloride 40 meq/l (0.3%) in</i> <i>dextrose 5% inj</i> .....	98
<i>phenytoin sodium inj 50 mg/ml</i> .....	49	<i>potassium chloride cap er 10 meq</i> .....	95
<i>phenytoin susp 125 mg/5ml</i> .....	49	<i>potassium chloride cap er 8 meq</i> .....	95
<i>philith tab 0.4-35</i> .....	75		
PHOSPHOLINE SOL 0.125%OP .....	100		
PICATO GEL 0.015% .....	110		
PICATO GEL 0.05% .....	109		
PIFELTRO TAB 100MG .....	11		
<i>pilocarpine hcl ophth soln 1%</i> .....	100		
<i>pilocarpine hcl ophth soln 2%</i> .....	101		
<i>pilocarpine hcl ophth soln 4%</i> .....	101		



<i>potassium chloride inj 10 meq/100ml</i> ..98	<i>pravastatin sodium tab 20 mg</i> ..... 35
<i>potassium chloride inj 10 meq/50ml</i> ....98	<i>pravastatin sodium tab 40 mg</i> ..... 35
<i>potassium chloride inj 2 meq/ml</i> .....98	<i>pravastatin sodium tab 80 mg</i> ..... 35
<i>potassium chloride inj 20 meq/100ml</i> ..98	<i>praziquantel tab 600 mg</i> ..... 8
<i>potassium chloride inj 20 meq/50ml</i> ....98	<i>prazosin hcl cap 1 mg</i> ..... 32
<i>potassium chloride inj 40 meq/100ml</i> ..98	<i>prazosin hcl cap 2 mg</i> ..... 32
<i>potassium chloride microencapsulated</i>	<i>prazosin hcl cap 5 mg</i> ..... 32
<i>crys er tab 10 meq</i> .....95	PRED SOD PHO SOL 1% OP..... 100
<i>potassium chloride microencapsulated</i>	<i>prednisolone acetate ophth susp 1%</i> 100
<i>crys er tab 15 meq</i> .....95	<i>prednisolone sod phosph oral soln 6.7</i>
<i>potassium chloride microencapsulated</i>	<i>mg/5ml (5 mg/5ml base)</i> ..... 78
<i>crys er tab 20 meq</i> .....96	<i>prednisolone sod phosphate oral soln 15</i>
<i>potassium chloride oral soln 10% (20</i>	<i>mg/5ml (base equiv)</i> ..... 78
<i>meq/15ml)</i> .....96	<i>prednisolone sodium phosphate oral soln</i>
<i>potassium chloride oral soln 20% (40</i>	<i>25 mg/5ml (base eq)</i> ..... 78
<i>meq/15ml)</i> .....96	<i>prednisolone syrup 15 mg/5ml (usp</i>
<i>potassium chloride powder packet 20</i>	<i>solution equivalent)</i> ..... 78
<i>meq</i> .....96	PREDNISONONE CON 5MG/ML ..... 78
<i>potassium chloride tab er 10 meq</i> .....96	<i>prednisone oral soln 5 mg/5ml</i> ..... 78
<i>potassium chloride tab er 20 meq (1500</i>	<i>prednisone tab 1 mg</i> ..... 78
<i>mg)</i> .....96	<i>prednisone tab 10 mg</i> ..... 78
<i>potassium chloride tab er 8 meq (600</i>	<i>prednisone tab 2.5 mg</i> ..... 78
<i>mg)</i> .....96	<i>prednisone tab 20 mg</i> ..... 78
<i>potassium citrate tab er 10 meq (1080</i>	<i>prednisone tab 5 mg</i> ..... 78
<i>mg)</i> .....87	<i>prednisone tab 50 mg</i> ..... 78
<i>potassium citrate tab er 15 meq (1620</i>	<i>prednisone tab therapy pack 10 mg (21)</i>
<i>mg)</i> .....87	..... 78
<i>potassium citrate tab er 5 meq (540 mg)</i>	<i>prednisone tab therapy pack 10 mg (48)</i>
.....87	..... 78
PRADAXA CAP 110MG.....89	<i>prednisone tab therapy pack 5 mg (21)</i>
PRADAXA CAP 150MG.....89	..... 78
PRADAXA CAP 75MG .....89	<i>prednisone tab therapy pack 5 mg (48)</i>
PRALUENT INJ 150MG/ML .....36	..... 78
PRALUENT INJ 75MG/ML.....36	<i>pregabalin cap 100 mg</i> ..... 49
<i>pramipexole dihydrochloride tab 0.125</i>	<i>pregabalin cap 150 mg</i> ..... 49
<i>mg</i> .....56	<i>pregabalin cap 200 mg</i> ..... 49
<i>pramipexole dihydrochloride tab 0.25 mg</i>	<i>pregabalin cap 225 mg</i> ..... 49
.....56	<i>pregabalin cap 25 mg</i> ..... 49
<i>pramipexole dihydrochloride tab 0.5 mg</i>	<i>pregabalin cap 300 mg</i> ..... 49
.....56	<i>pregabalin cap 50 mg</i> ..... 49
<i>pramipexole dihydrochloride tab 0.75 mg</i>	<i>pregabalin cap 75 mg</i> ..... 49
.....56	<i>pregabalin soln 20 mg/ml</i> ..... 49
<i>pramipexole dihydrochloride tab 1 mg</i> .56	PREMASOL SOL 10% ..... 96
<i>pramipexole dihydrochloride tab 1.5 mg</i>	PRENATAL PLUS ..... 98
.....56	PRENATAL TAB 27-1MG..... 98
<i>prasugrel hcl tab 10 mg (base equiv)</i> ..90	PRENATAL TAB PLUS ..... 98
<i>prasugrel hcl tab 5 mg (base equiv)</i> ....90	PRENATAL VIT TAB LOW IRON ..... 98
<i>pravastatin sodium tab 10 mg</i> .....35	<i>prevalite pow 4gm</i> ..... 37

<i>prevalite pow 4gm pk</i> .....	37
<i>previfem tab</i> .....	75
PREZCOBIX TAB 800-150 .....	12
PREZISTA SUS 100MG/ML.....	11
PREZISTA TAB 150MG .....	11
PREZISTA TAB 600MG .....	11
PREZISTA TAB 75MG.....	11
PREZISTA TAB 800MG .....	11
PRIFTIN TAB 150MG.....	13
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	10
PRIMAQUINE TAB 26.3MG.....	10
<i>primidone tab 250 mg</i> .....	49
<i>primidone tab 50 mg</i> .....	49
PRIVIGEN INJ 10GRAMS .....	93
PRIVIGEN INJ 20GRAMS .....	93
PRIVIGEN INJ 40GRAMS .....	93
PRIVIGEN INJ 5 GRAMS .....	93
<i>probenecid tab 500 mg</i> .....	1
PROCALAMINE INJ 3%.....	96
<i>prochlorperazine edisylate inj 10 mg/2ml</i> .....	83
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i> .....	83
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i> .....	83
<i>prochlorperazine suppos 25 mg</i> .....	83
PROCRIT INJ 10000/ML .....	89
PROCRIT INJ 2000/ML .....	89
PROCRIT INJ 20000/ML .....	89
PROCRIT INJ 3000/ML .....	89
PROCRIT INJ 4000/ML .....	89
PROCRIT INJ 40000/ML .....	89
<i>procto-med cre hc 2.5%</i> .....	110
<i>procto-pak cre 1%</i> .....	110
<i>proctozone cre -hc 2.5%</i> .....	110
PROGLYCEM SUS 50MG/ML .....	78
PROGRAF GRA 0.2MG.....	93
PROGRAF GRA 1MG.....	93
PROLASTIN-C INJ 1000MG.....	104
PROLENSA SOL 0.07% .....	100
PROLIA SOL 60MG/ML .....	79
PROMACTA POW 12.5MG .....	90
PROMACTA TAB 12.5MG .....	90
PROMACTA TAB 25MG .....	90
PROMACTA TAB 50MG .....	90
PROMACTA TAB 75MG .....	90
<i>promethazine hcl inj 25 mg/ml</i> .....	83
<i>promethazine hcl inj 50 mg/ml</i> .....	83
<i>promethazine hcl syrup 6.25 mg/5ml.</i>	83
<i>promethazine hcl tab 12.5 mg</i> .....	83
<i>promethazine hcl tab 25 mg</i> .....	83
<i>promethazine hcl tab 50 mg</i> .....	83
<i>propafenone hcl cap er 12hr 225 mg</i> ..	35
<i>propafenone hcl cap er 12hr 325 mg</i> ..	35
<i>propafenone hcl cap er 12hr 425 mg</i> ..	35
<i>propafenone hcl tab 150 mg</i> .....	35
<i>propafenone hcl tab 225 mg</i> .....	35
<i>propafenone hcl tab 300 mg</i> .....	35
<i>proparacaine hcl ophth soln 0.5%</i> ....	101
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i> .....	37
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i> .....	37
<i>propranolol hcl cap er 24hr 120 mg</i> ....	38
<i>propranolol hcl cap er 24hr 160 mg</i> ....	38
<i>propranolol hcl cap er 24hr 60 mg</i> .....	38
<i>propranolol hcl cap er 24hr 80 mg</i> .....	38
<i>propranolol hcl oral soln 20 mg/5ml</i> ...	38
<i>propranolol hcl oral soln 40 mg/5ml</i> ...	38
<i>propranolol hcl tab 10 mg</i> .....	38
<i>propranolol hcl tab 20 mg</i> .....	38
<i>propranolol hcl tab 40 mg</i> .....	38
<i>propranolol hcl tab 60 mg</i> .....	38
<i>propranolol hcl tab 80 mg</i> .....	38
<i>propylthiouracil tab 50 mg</i> .....	81
PROQUAD INJ .....	94
PROSOL INJ 20% .....	96
<i>protriptyline hcl tab 10 mg</i> .....	54
<i>protriptyline hcl tab 5 mg</i> .....	54
PULMICORT INH 180MCG .....	105
PULMICORT INH 90MCG.....	105
PULMOZYME SOL 1MG/ML .....	104
PURIXAN SUS 20MG/ML.....	21
<i>pyrazinamide tab 500 mg</i> .....	13
<i>pyridostigmine bromide tab 60 mg</i> ....	66
<b>Q</b>	
QUADRACEL INJ.....	94
<i>quasense tab</i> .....	75
<i>quetiapine fumarate tab 100 mg</i> .....	60
<i>quetiapine fumarate tab 200 mg</i> .....	60
<i>quetiapine fumarate tab 25 mg</i> .....	60
<i>quetiapine fumarate tab 300 mg</i> .....	60
<i>quetiapine fumarate tab 400 mg</i> .....	60
<i>quetiapine fumarate tab 50 mg</i> .....	60
<i>quetiapine fumarate tab er 24hr 150 mg</i>	

.....	60
<i>quetiapine fumarate tab er 24hr 200 mg</i>	.....60
.....	60
<i>quetiapine fumarate tab er 24hr 300 mg</i>	.....60
.....	60
<i>quetiapine fumarate tab er 24hr 400 mg</i>	.....60
.....	60
<i>quetiapine fumarate tab er 24hr 50 mg</i>	.....60
.....	31
<i>quinapril hcl tab 10 mg</i>	.....31
<i>quinapril hcl tab 20 mg</i>	.....31
<i>quinapril hcl tab 40 mg</i>	.....31
<i>quinapril hcl tab 5 mg</i>	.....31
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	.....30
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	.....31
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	.....31
<i>quinidine gluconate tab er 324 mg</i>	.....35
<i>quinidine sulfate tab 200 mg</i>	.....35
<i>quinidine sulfate tab 300 mg</i>	.....35
<i>quinine sulfate cap 324 mg</i>	.....10
<b>R</b>	
<i>RABAVERT INJ</i>	.....94
<i>raloxifene hcl tab 60 mg</i>	.....79
<i>ramipril cap 1.25 mg</i>	.....31
<i>ramipril cap 10 mg</i>	.....31
<i>ramipril cap 2.5 mg</i>	.....31
<i>ramipril cap 5 mg</i>	.....31
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	.....84
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<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	.....84
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<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	.....84
<i>ranitidine hcl tab 150 mg</i>	.....84
<i>ranitidine hcl tab 300 mg</i>	.....84
<i>ranolazine tab er 12hr 1000 mg</i>	.....43
<i>ranolazine tab er 12hr 500 mg</i>	.....42
<i>RAPAMUNE SOL 1MG/ML</i>	.....93
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	.....56
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	.....56
<i>RAYALDEE CAP 30MCG</i>	.....98
<i>REBETOL SOL 40MG/ML</i>	.....14
<i>reclipsen tab</i>	.....75

<i>RECOMBIVA HB INJ 10MCG/ML</i>	..... 94
<i>RECOMBIVA HB INJ 5MCG/0.5</i>	..... 94
<i>RECOMBIVA-HB INJ 40MCG/ML</i>	..... 94
<i>REGSPANEX GEL 0.01%</i>	..... 110
<i>RELENZA MIS DISKHALE</i>	..... 14
<i>RELISTOR INJ 12/0.6ML</i>	..... 85
<i>RELISTOR INJ 8/0.4ML</i>	..... 85
<i>REMICADE INJ 100MG</i>	..... 91
<i>REMODULIN INJ 10MG/ML</i>	..... 44
<i>REMODULIN INJ 1MG/ML</i>	..... 44
<i>REMODULIN INJ 2.5MG/ML</i>	..... 44
<i>REMODULIN INJ 5MG/ML</i>	..... 44
<i>repaglinide tab 0.5 mg</i>	..... 70
<i>repaglinide tab 1 mg</i>	..... 70
<i>repaglinide tab 2 mg</i>	..... 70
<i>RESCRIPTOR TAB 200MG</i>	..... 11
<i>RESTASIS EMU 0.05%</i>	..... 101
<i>RESTASIS MUL EMU 0.05%</i>	..... 101
<i>REVLIMID CAP 10MG</i>	..... 24
<i>REVLIMID CAP 15MG</i>	..... 24
<i>REVLIMID CAP 2.5MG</i>	..... 24
<i>REVLIMID CAP 20MG</i>	..... 24
<i>REVLIMID CAP 25MG</i>	..... 24
<i>REVLIMID CAP 5MG</i>	..... 24
<i>REXULTI TAB 0.25MG</i>	..... 60
<i>REXULTI TAB 0.5MG</i>	..... 60
<i>REXULTI TAB 1MG</i>	..... 61
<i>REXULTI TAB 2MG</i>	..... 61
<i>REXULTI TAB 3MG</i>	..... 61
<i>REXULTI TAB 4MG</i>	..... 61
<i>REYATAZ POW 50MG</i>	..... 11
<i>RHOPRESSA SOL 0.02%</i>	..... 101
<i>ribavirin cap 200 mg</i>	..... 14
<i>ribavirin tab 200 mg</i>	..... 14
<i>ribavirin tab 600 mg</i>	..... 14
<i>rifabutin cap 150 mg</i>	..... 13
<i>rifampin cap 150 mg</i>	..... 13
<i>rifampin cap 300 mg</i>	..... 13
<i>rifampin for inj 600 mg</i>	..... 13
<i>RIFATER TAB</i>	..... 13
<i>riluzole tab 50 mg</i>	..... 66
<i>rimantadine hydrochloride tab 100 mg</i>	..... 14
<i>RISPERDAL INJ 12.5MG</i>	..... 61
<i>RISPERDAL INJ 25MG</i>	..... 61
<i>RISPERDAL INJ 37.5MG</i>	..... 61
<i>RISPERDAL INJ 50MG</i>	..... 61
<i>risperidone orally disintegrating tab 0.25 mg</i>	..... 61

<i>risperidone orally disintegrating tab 0.5 mg</i> .....	61	<i>ropinirole hydrochloride tab 4 mg</i> .....	57
<i>risperidone orally disintegrating tab 1 mg</i> .....	61	<i>ropinirole hydrochloride tab 5 mg</i> .....	57
<i>risperidone orally disintegrating tab 2 mg</i> .....	61	<i>rosadan cre 0.75%</i> .....	110
<i>risperidone orally disintegrating tab 3 mg</i> .....	61	<i>rosuvastatin calcium tab 10 mg</i> .....	35
<i>risperidone orally disintegrating tab 4 mg</i> .....	61	<i>rosuvastatin calcium tab 20 mg</i> .....	36
<i>risperidone soln 1 mg/ml</i> .....	61	<i>rosuvastatin calcium tab 40 mg</i> .....	36
<i>risperidone tab 0.25 mg</i> .....	61	<i>rosuvastatin calcium tab 5 mg</i> .....	35
<i>risperidone tab 0.5 mg</i> .....	61	ROTARIX SUS.....	94
<i>risperidone tab 1 mg</i> .....	61	ROTATEQ SOL.....	95
<i>risperidone tab 2 mg</i> .....	61	<i>roweepra tab 1000mg</i> .....	49
<i>risperidone tab 3 mg</i> .....	61	<i>roweepra tab 500mg</i> .....	49
<i>risperidone tab 4 mg</i> .....	61	<i>roweepra tab 750mg</i> .....	49
<i>ritonavir tab 100 mg</i> .....	11	<i>roweepra xr tab 500mg xr</i> .....	50
RITUXAN INJ 100MG.....	23	<i>roweepra xr tab 750mg xr</i> .....	50
RITUXAN INJ500MG.....	23	RUBRACA TAB 200MG.....	23
RITUXAN INJ HYCELA.....	23	RUBRACA TAB 250MG.....	23
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> .....	51	RUBRACA TAB 300MG.....	23
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i> .....	51	RYDAPT CAP 25MG.....	27
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....	51	<b>S</b>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....	51	SANDIMMUNE SOL 100MG/ML.....	93
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	52	SANTYL OIN 250/GM.....	110
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	51	SAPHRIS SUB 10MG.....	61
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<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> .....	64	SAPHRIS SUB 5MG.....	61
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<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	65	<i>selegiline hcl tab 5 mg</i> .....	57
<i>ropinirole hydrochloride tab 0.25 mg</i> ...57		<i>selenium sulfide lotion 2.5%</i> .....	107
<i>ropinirole hydrochloride tab 0.5 mg</i> .....56		SELZENTRY SOL 20MG/ML.....	11
<i>ropinirole hydrochloride tab 1 mg</i> .....57		SELZENTRY TAB 150MG.....	11
<i>ropinirole hydrochloride tab 2 mg</i> .....57		SELZENTRY TAB 25MG.....	11
<i>ropinirole hydrochloride tab 3 mg</i> .....57		SELZENTRY TAB 300MG.....	11
		SELZENTRY TAB 75MG.....	11
		SENSIPAR TAB 30MG.....	71
		SENSIPAR TAB 60MG.....	71
		SENSIPAR TAB 90MG.....	72
		SEREVENT DIS AER 50MCG.....	103
		<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	54
		<i>sertraline hcl tab 100 mg</i> .....	54
		<i>sertraline hcl tab 25 mg</i> .....	54
		<i>sertraline hcl tab 50 mg</i> .....	54
		<i>sevelamer carbonate packet 0.8 gm</i> ... 80	
		<i>sevelamer carbonate packet 2.4 gm</i> ... 80	
		<i>sevelamer carbonate tab 800 mg</i> .....	80
		<i>sharobel tab 0.35mg</i> .....	75
		SHINGRIX INJ 50MCG.....	95

SIGNIFOR INJ 0.3MG/ML .....	79	SOMAVERT INJ 20MG .....	80
SIGNIFOR INJ 0.6MG/ML .....	79	SOMAVERT INJ 25MG .....	80
SIGNIFOR INJ 0.9MG/ML .....	80	SOMAVERT INJ 30MG .....	80
<i>sildenafil citrate tab 20 mg</i> .....	44	<i>sorine tab 120mg</i> .....	35
SILENOR TAB 3MG.....	63	<i>sorine tab 160mg</i> .....	35
SILENOR TAB 6MG.....	64	<i>sorine tab 240mg</i> .....	35
<i>silver sulfadiazine cream 1%</i> .....	107	<i>sorine tab 80mg</i> .....	35
SIMBRINZA SUS 1-0.2%.....	101	<i>sotalol hcl (afib/af) tab 120 mg</i> .....	35
<i>simvastatin tab 10 mg</i> .....	36	<i>sotalol hcl (afib/af) tab 160 mg</i> .....	35
<i>simvastatin tab 20 mg</i> .....	36	<i>sotalol hcl (afib/af) tab 80 mg</i> .....	35
<i>simvastatin tab 40 mg</i> .....	36	<i>sotalol hcl tab 120 mg</i> .....	35
<i>simvastatin tab 5 mg</i> .....	36	<i>sotalol hcl tab 160 mg</i> .....	35
<i>simvastatin tab 80 mg</i> .....	36	<i>sotalol hcl tab 240 mg</i> .....	35
<i>sirolimus oral soln 1 mg/ml</i> .....	93	<i>sotalol hcl tab 80 mg</i> .....	35
<i>sirolimus tab 0.5 mg</i> .....	93	<i>spironolactone &amp; hydrochlorothiazide tab</i> <i>25-25 mg</i> .....	42
<i>sirolimus tab 1 mg</i> .....	94	<i>spironolactone tab 100 mg</i> .....	32
<i>sirolimus tab 2 mg</i> .....	94	<i>spironolactone tab 25 mg</i> .....	32
SIRTURO TAB 100MG .....	13	<i>spironolactone tab 50 mg</i> .....	32
SIVEXTRO INJ 200MG .....	8	<i>sprintec 28 tab 28 day</i> .....	75
SIVEXTRO TAB 200MG .....	8	SPRITAM TAB 1000MG.....	50
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .....	96	SPRITAM TAB 250MG.....	50
<i>sodium chloride irrigation soln 0.9%</i> .	110	SPRITAM TAB 500MG.....	50
<i>sodium chloride iv soln 0.45%</i> .....	98	SPRITAM TAB 750MG.....	50
<i>sodium chloride iv soln 0.9%</i> .....	98	SPRYCEL TAB 100MG.....	27
<i>sodium chloride iv soln 3%</i> .....	98	SPRYCEL TAB 140MG.....	27
<i>sodium chloride iv soln 5%</i> .....	98	SPRYCEL TAB 20MG.....	27
<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i> .....	96	SPRYCEL TAB 50MG.....	27
<i>sodium phenylbutyrate oral powder 3</i> <i>gm/teaspoonful</i> .....	76	SPRYCEL TAB 70MG.....	27
<i>sodium phenylbutyrate tab 500 mg</i> ....	76	SPRYCEL TAB 80MG.....	27
<i>sodium polystyrene sulfonate oral susp</i> <i>15 gm/60ml</i> .....	72	<i>ssd cre 1%</i> .....	107
<i>sodium polystyrene sulfonate powder</i> ..	72	<i>stavudine cap 15 mg</i> .....	11
<i>solifenacin succinate tab 10 mg</i> .....	87	<i>stavudine cap 20 mg</i> .....	11
<i>solifenacin succinate tab 5 mg</i> .....	87	<i>stavudine cap 30 mg</i> .....	11
SOLIQUA INJ 100/33.....	69	<i>stavudine cap 40 mg</i> .....	11
SOLTAMOX SOL 10MG/5ML .....	24	STIMATE SOL 1.5MG/ML .....	82
SOLU-CORTEF INJ 1000MG .....	78	STIVARGA TAB 40MG .....	27
SOLU-CORTEF INJ 100MG.....	78	<i>streptomycin sulfate for inj 1 gm</i> .....	6
SOLU-CORTEF INJ 250MG.....	78	STRIBILD TAB.....	12
SOLU-CORTEF INJ 500MG.....	78	<i>sucralfate tab 1 gm</i> .....	85
SOMATULINE INJ 120/.5ML.....	80	<i>sulfacetamide sodium lotion 10% (acne)</i> .....	106
SOMATULINE INJ 60/0.2ML.....	80	<i>sulfacetamide sodium ophth oint 10%</i>	99
SOMATULINE INJ 90/0.3ML.....	80	<i>sulfacetamide sodium ophth soln 10%</i>	99
SOMAVERT INJ 10MG .....	80	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i> .....	99
SOMAVERT INJ 15MG .....	80	SULFADIAZINE TAB 500MG .....	6
		<i>sulfamethoxazole-trimethoprim iv soln</i>	

400-80 mg/5ml .....	8	SYMPAZAN MIS 10MG.....	50
<i>sulfamethoxazole-trimethoprim susp</i>		SYMPAZAN MIS 20MG.....	50
200-40 mg/5ml .....	8	SYMPAZAN MIS 5MG .....	50
<i>sulfamethoxazole-trimethoprim tab</i>		SYMPROIC TAB 0.2MG .....	85
400-80 mg.....	8	SYMTUZA TAB.....	13
<i>sulfamethoxazole-trimethoprim tab</i>		SYNAREL SOL 2MG/ML.....	75
800-160 mg .....	8	SYNERCID INJ 500MG.....	8
SULFAMYLLON CRE 85MG/GM .....	107	SYNJARDY TAB .....	71
<i>sulfasalazine tab 500 mg .....</i>	84	SYNJARDY TAB 12.5-500.....	71
<i>sulfasalazine tab delayed release 500 mg</i>		SYNJARDY TAB 5-1000MG .....	71
.....	84	SYNJARDY TAB 5-500MG.....	71
<i>sulindac tab 150 mg.....</i>	2	SYNJARDY XR TAB.....	71
<i>sulindac tab 200 mg.....</i>	2	SYNJARDY XR TAB 10-1000.....	71
<i>sumatriptan nasal spray 20 mg/act .....</i>	65	SYNJARDY XR TAB 25-1000.....	71
<i>sumatriptan nasal spray 5 mg/act.....</i>	65	SYNJARDY XR TAB 5-1000MG .....	71
<i>sumatriptan succinate inj 6 mg/0.5ml .....</i>	65	SYNRIBO INJ 3.5MG .....	28
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 100MCG .....	81
<i>auto-injector 4 mg/0.5ml.....</i>	65	SYNTHROID TAB 112MCG .....	81
<i>sumatriptan succinate solution</i>		SYNTHROID TAB 125MCG .....	81
<i>auto-injector 6 mg/0.5ml.....</i>	65	SYNTHROID TAB 137MCG .....	81
<i>sumatriptan succinate solution cartridge</i>		SYNTHROID TAB 150MCG .....	81
<i>4 mg/0.5ml.....</i>	65	SYNTHROID TAB 175MCG .....	81
<i>sumatriptan succinate solution cartridge</i>		SYNTHROID TAB 200MCG .....	81
<i>6 mg/0.5ml.....</i>	65	SYNTHROID TAB 25MCG .....	81
<i>sumatriptan succinate solution prefilled</i>		SYNTHROID TAB 300MCG .....	81
<i>syringe 6 mg/0.5ml.....</i>	65	SYNTHROID TAB 50MCG .....	81
<i>sumatriptan succinate tab 100 mg .....</i>	65	SYNTHROID TAB 75MCG .....	81
<i>sumatriptan succinate tab 25 mg .....</i>	65	SYNTHROID TAB 88MCG .....	81
<i>sumatriptan succinate tab 50 mg .....</i>	65	<b>T</b>	
SUPRAX CHW 100MG .....	16	TABLOID TAB 40MG .....	21
SUPRAX CHW 200MG .....	16	<i>tacrolimus cap 0.5 mg .....</i>	94
SUPRAX SUS 500/5ML.....	16	<i>tacrolimus cap 1 mg .....</i>	94
SUPREP BOWEL SOL PREP KIT .....	85	<i>tacrolimus cap 5 mg .....</i>	94
SUTENT CAP 12.5MG.....	27	<i>tacrolimus oint 0.03% .....</i>	110
SUTENT CAP 25MG .....	27	<i>tacrolimus oint 0.1% .....</i>	110
SUTENT CAP 37.5MG.....	27	TAFINLAR CAP 50MG .....	27
SUTENT CAP 50MG .....	27	TAFINLAR CAP 75MG .....	27
SYLATRON KIT 200MCG.....	28	TAGRISO TAB 40MG .....	27
SYLATRON KIT 300MCG.....	28	TAGRISO TAB 80MG .....	27
SYLATRON KIT 600MCG.....	28	TALZENNA CAP 0.25MG .....	23
SYMBICORT AER 160-4.5.....	106	TALZENNA CAP 1MG.....	23
SYMBICORT AER 80-4.5.....	105	<i>tamoxifen citrate tab 10 mg (base</i>	
SYMDEKO TAB 100-150.....	104	<i>equivalent).....</i>	24
SYMDEKO TAB 50-75MG .....	104	<i>tamoxifen citrate tab 20 mg (base</i>	
SYMFI LO TAB .....	12	<i>equivalent).....</i>	24
SYMFI TAB .....	13	<i>tamsulosin hcl cap 0.4 mg.....</i>	87
SYMJEPI INJ 0.15MG .....	104	TARCEVA TAB 100MG .....	28
SYMJEPI INJ 0.3MG .....	104	TARCEVA TAB 150MG .....	28

TARCEVA TAB 25MG.....	27	<i>terconazole vaginal cream 0.8%</i> .....	87
TARGRETIN GEL 1%.....	110	<i>terconazole vaginal suppos 80 mg</i> .....	87
<i>tarina fe tab 1/20</i> .....	75	<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	68
TASIGNA CAP 150MG .....	28	<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	68
TASIGNA CAP 200MG .....	28	<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	68
TASIGNA CAP 50MG.....	28	<i>testosterone td gel 12.5 mg/act (1%)</i> ..	68
TAXOTERE INJ 80MG/4ML.....	22	<i>testosterone td gel 25 mg/2.5gm (1%)</i> ..	68
<i>tazarotene cream 0.1%</i> .....	107	<i>testosterone td gel 50 mg/5gm (1%)</i> ..	68
<i>tazicef inj 1gm</i> .....	16	<i>tetrabenazine tab 12.5 mg</i> .....	66
<i>tazicef inj 2gm</i> .....	16	<i>tetrabenazine tab 25 mg</i> .....	66
<i>tazicef inj 6gm</i> .....	16	<i>tetracycline hcl cap 250 mg</i> .....	19
TAZORAC CRE 0.05%.....	107	<i>tetracycline hcl cap 500 mg</i> .....	19
<i>taztia xt cap 120mg/24</i> .....	40	TEXACORT SOL 2.5% .....	109
<i>taztia xt cap 180mg/24</i> .....	40	THALOMID CAP 100MG .....	25
<i>taztia xt cap 240mg/24</i> .....	40	THALOMID CAP 150MG .....	25
<i>taztia xt cap 300mg er</i> .....	40	THALOMID CAP 200MG .....	25
<i>taztia xt cap 360mg/24</i> .....	40	THALOMID CAP 50MG.....	25
TDVAX INJ 2-2 LF .....	95	THEO-24 CAP 100MG CR.....	104
TECENTRIQ INJ 1200/20.....	23	THEO-24 CAP 200MG CR.....	104
TECENTRIQ INJ 840/14 .....	23	THEO-24 CAP 300MG CR.....	104
TEFLARO INJ 400MG .....	16	THEO-24 CAP 400MG ER.....	104
TEFLARO INJ 600MG .....	16	<i>theophylline soln 80 mg/15ml</i> .....	104
TEKTURNA HCT TAB 150-12.5 .....	41	<i>theophylline tab er 12hr 300 mg</i> .....	104
TEKTURNA HCT TAB 150-25MG .....	41	<i>theophylline tab er 12hr 450 mg</i> .....	104
TEKTURNA HCT TAB 300-12.5 .....	41	<i>theophylline tab er 24hr 400 mg</i> .....	104
TEKTURNA HCT TAB 300-25MG .....	41	<i>theophylline tab er 24hr 600 mg</i> .....	104
TEKTURNA TAB 150MG.....	41	<i>thioridazine hcl tab 10 mg</i> .....	61
TEKTURNA TAB 300MG.....	41	<i>thioridazine hcl tab 100 mg</i> .....	61
<i>telmisartan tab 20 mg</i> .....	34	<i>thioridazine hcl tab 25 mg</i> .....	61
<i>telmisartan tab 40 mg</i> .....	34	<i>thioridazine hcl tab 50 mg</i> .....	61
<i>telmisartan tab 80 mg</i> .....	34	<i>thiothixene cap 1 mg</i> .....	61
<i>temazepam cap 15 mg</i> .....	64	<i>thiothixene cap 10 mg</i> .....	61
<i>temazepam cap 7.5 mg</i> .....	64	<i>thiothixene cap 2 mg</i> .....	61
TENIVAC INJ 5-2LF .....	95	<i>thiothixene cap 5 mg</i> .....	61
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	11	<i>tiagabine hcl tab 12 mg</i> .....	50
<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	32	<i>tiagabine hcl tab 16 mg</i> .....	50
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	32	<i>tiagabine hcl tab 2 mg</i> .....	50
<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	32	<i>tiagabine hcl tab 4 mg</i> .....	50
<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	32	TIBSOVO TAB 250MG .....	23
<i>terbinafine hcl tab 250 mg</i> .....	9	<i>tigecycline for iv soln 50 mg</i> .....	8
<i>terbutaline sulfate tab 2.5 mg</i> .....	103	<i>timolol maleate ophth gel forming soln 0.25%</i> .....	101
<i>terbutaline sulfate tab 5 mg</i> .....	103	<i>timolol maleate ophth gel forming soln 0.5%</i> .....	101
<i>terconazole vaginal cream 0.4%</i> .....	87	<i>timolol maleate ophth soln 0.25%</i> ....	101

<i>timolol maleate ophth soln 0.5%</i> .....	101	<i>torse mide tab 20 mg</i> .....	42
<i>timolol maleate ophth soln 0.5%</i> (once-daily) .....	101	<i>torse mide tab 5 mg</i> .....	42
<i>timolol maleate tab 10 mg</i> .....	38	TOVIAZ TAB 4MG .....	87
<i>timolol maleate tab 20 mg</i> .....	38	TOVIAZ TAB 8MG .....	87
<i>timolol maleate tab 5 mg</i> .....	38	<i>tpn electrol inj</i> .....	96
TIVICAY TAB 10MG .....	11	TRACLEER TAB 125MG .....	44
TIVICAY TAB 25MG .....	12	TRACLEER TAB 62.5MG .....	44
TIVICAY TAB 50MG .....	12	TRADJENTA TAB 5MG .....	71
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	66	<i>tramadol hcl tab 50 mg</i> .....	2
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	66	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i> .....	2
TOBRADEX OIN 0.3-0.1% .....	99	<i>trandolapril tab 1 mg</i> .....	31
TOBRADEX ST SUS 0.3-0.05 .....	99	<i>trandolapril tab 2 mg</i> .....	31
<i>tobramycin nebu soln 300 mg/5ml</i> .....	6	<i>trandolapril tab 4 mg</i> .....	31
<i>tobramycin ophth soln 0.3%</i> .....	99	<i>tranexamic acid iv soln 1000 mg/10ml</i> (100 mg/ml) .....	90
<i>tobramycin sulfate for inj 1.2 gm</i> .....	6	<i>tranexamic acid tab 650 mg</i> .....	90
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i> .....	6	TRANSDERM-SC DIS 1.5MG .....	83
<i>tobramycin sulfate inj 10 mg/ml (base</i> <i>equivalent)</i> .....	6	<i>tranylcypramine sulfate tab 10 mg</i> .....	54
<i>tobramycin sulfate inj 2 gm/50ml (40</i> <i>mg/ml) (base equiv)</i> .....	6	TRAVASOL INJ 10% .....	96
<i>tobramycin sulfate inj 80 mg/2ml (40</i> <i>mg/ml) (base equiv)</i> .....	6	TRAVATAN Z DRO 0.004% .....	101
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> .....	99	<i>trazodone hcl tab 100 mg</i> .....	54
<i>tolterodine tartrate cap er 24hr 2 mg</i> ..	87	<i>trazodone hcl tab 150 mg</i> .....	54
<i>tolterodine tartrate cap er 24hr 4 mg</i> ..	87	<i>trazodone hcl tab 50 mg</i> .....	54
<i>tolterodine tartrate tab 1 mg</i> .....	87	TRECATOR TAB 250MG .....	13
<i>tolterodine tartrate tab 2 mg</i> .....	87	TRELEGY AER ELLIPTA .....	101
<i>topiramate sprinkle cap 15 mg</i> .....	50	TRELSTAR MIX INJ 11.25MG .....	24
<i>topiramate sprinkle cap 25 mg</i> .....	50	TRELSTAR MIX INJ 3.75MG .....	24
<i>topiramate tab 100 mg</i> .....	50	<i>treprostinil inj soln 100 mg/20ml (5</i> <i>mg/ml)</i> .....	44
<i>topiramate tab 200 mg</i> .....	50	<i>treprostinil inj soln 20 mg/20ml (1</i> <i>mg/ml)</i> .....	44
<i>topiramate tab 25 mg</i> .....	50	<i>treprostinil inj soln 200 mg/20ml (10</i> <i>mg/ml)</i> .....	44
<i>topiramate tab 50 mg</i> .....	50	<i>treprostinil inj soln 50 mg/20ml (2.5</i> <i>mg/ml)</i> .....	44
<i>toposar inj 100/5ml</i> .....	29	TRESIBA FLEX INJ 100UNIT .....	69
<i>toposar inj 1gm/50ml</i> .....	29	TRESIBA FLEX INJ 200UNIT .....	69
<i>topotecan hcl for inj 4 mg (base equiv)</i> 29		TRESIBA INJ 100UNIT .....	69
<i>topotecan hcl inj 4 mg/4ml (base equiv)</i> (for infusion) .....	29	<i>tretinoin cap 10 mg</i> .....	28
TOPOTECAN INJ 4MG/4ML .....	29	<i>tretinoin cream 0.025%</i> .....	106
<i>toremifene citrate tab 60 mg (base</i> <i>equivalent)</i> .....	24	<i>tretinoin cream 0.05%</i> .....	106
<i>torse mide tab 10 mg</i> .....	42	<i>tretinoin cream 0.1%</i> .....	106
<i>torse mide tab 100 mg</i> .....	42	<i>tretinoin gel 0.01%</i> .....	106
		<i>tretinoin gel 0.025%</i> .....	106
		<i>triamcinolone acetonide cream 0.025%</i> .....	109
		<i>triamcinolone acetonide cream 0.1%</i>	109



<i>triamcinolone acetonide cream 0.5%</i> .....	109	<i>tri-vylibra tab lo</i> .....	75
<i>triamcinolone acetonide dental paste</i>		TROGARZO INJ 150MG/ML .....	12
<i>0.1%</i> .....	110	TROPHAMINE INJ 10%.....	96
<i>triamcinolone acetonide lotion 0.025%</i>		<i>trospium chloride tab 20 mg</i> .....	87
.....	109	TRULICITY INJ 0.75/0.5 .....	69
<i>triamcinolone acetonide lotion 0.1%</i> ..	109	TRULICITY INJ 1.5/0.5.....	69
<i>triamcinolone acetonide oint 0.025%</i> .....	109	TRUMENBA INJ .....	95
<i>triamcinolone acetonide oint 0.1%</i> ....	109	TRUVADA TAB 100-150.....	13
<i>triamcinolone acetonide oint 0.5%</i> ....	109	TRUVADA TAB 133-200.....	13
<i>triamterene &amp; hydrochlorothiazide cap</i>		TRUVADA TAB 167-250.....	13
<i>37.5-25 mg</i> .....	42	TRUVADA TAB 200-300.....	13
<i>triamterene &amp; hydrochlorothiazide tab</i>		<i>tulana tab 0.35mg</i> .....	75
<i>37.5-25 mg</i> .....	42	TURALIO CAP 200MG.....	28
<i>triamterene &amp; hydrochlorothiazide tab</i>		TWINRIX INJ .....	95
<i>75-50 mg</i> .....	42	TYBOST TAB 150MG .....	12
TRICARE TAB PRENATAL.....	98	TYKERB TAB 250MG .....	28
<i>trientine hcl cap 250 mg</i> .....	72	TYMLOS INJ.....	80
<i>tri-estaryll tab</i> .....	75	TYPHIM VI INJ .....	95
<i>trifluoperazine hcl tab 1 mg (base</i>		<b>U</b>	
<i>equivalent)</i> .....	62	ULORIC TAB 40MG .....	1
<i>trifluoperazine hcl tab 10 mg (base</i>		ULORIC TAB 80MG .....	1
<i>equivalent)</i> .....	62	<i>unithroid tab 100mcg</i> .....	82
<i>trifluoperazine hcl tab 2 mg (base</i>		<i>unithroid tab 112mcg</i> .....	82
<i>equivalent)</i> .....	62	<i>unithroid tab 125mcg</i> .....	82
<i>trifluoperazine hcl tab 5 mg (base</i>		<i>unithroid tab 137mcg</i> .....	82
<i>equivalent)</i> .....	62	<i>unithroid tab 150mcg</i> .....	82
<i>trifluridine ophth soln 1%</i> .....	99	<i>unithroid tab 175mcg</i> .....	82
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ....	57	<i>unithroid tab 200mcg</i> .....	82
<i>trihexyphenidyl hcl tab 2 mg</i> .....	57	<i>unithroid tab 25mcg</i> .....	82
<i>trihexyphenidyl hcl tab 5 mg</i> .....	57	<i>unithroid tab 300mcg</i> .....	82
<i>tri-legest tab fe</i> .....	75	<i>unithroid tab 50mcg</i> .....	82
<i>tri-lo- tab sprintec</i> .....	75	<i>unithroid tab 75mcg</i> .....	82
<i>trilyte sol</i> .....	85	<i>unithroid tab 88mcg</i> .....	82
<i>trimethoprim tab 100 mg</i> .....	8	<i>ursodiol cap 300 mg</i> .....	85
<i>tri-mili tab</i> .....	75	<i>ursodiol tab 250 mg</i> .....	85
<i>trimipramine maleate cap 100 mg</i> .....	55	<i>ursodiol tab 500 mg</i> .....	85
<i>trimipramine maleate cap 25 mg</i> .....	55	<b>V</b>	
<i>trimipramine maleate cap 50 mg</i> .....	55	<i>valacyclovir hcl tab 1 gm</i> .....	14
<i>trinessa lo tab</i> .....	75	<i>valacyclovir hcl tab 500 mg</i> .....	14
<i>trinessa tab</i> .....	75	VALCHLOR GEL 0.016% .....	110
TRINTELLIX TAB 10MG .....	55	<i>valganciclovir hcl for soln 50 mg/ml</i>	
TRINTELLIX TAB 20MG .....	55	<i>(base equiv)</i> .....	14
TRINTELLIX TAB 5MG.....	55	<i>valganciclovir hcl tab 450 mg (base</i>	
<i>tri-previfem tab</i> .....	75	<i>equivalent)</i> .....	14
<i>tri-sprintec tab</i> .....	75	<i>valproate sodium inj 100 mg/ml</i> .....	50
TRIUMEQ TAB.....	13	<i>valproate sodium oral soln 250 mg/5ml</i>	
<i>trivora-28 tab</i> .....	75	<i>(base equiv)</i> .....	50
<i>tri-vylibra tab</i> .....	75	<i>valproic acid cap 250 mg</i> .....	50

<i>valsartan tab 160 mg</i> .....	34	<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> .....	55
<i>valsartan tab 320 mg</i> .....	34	<i>venlafaxine hcl tab 100 mg (base equivalent)</i> .....	55
<i>valsartan tab 40 mg</i> .....	34	<i>venlafaxine hcl tab 25 mg (base equivalent)</i> .....	55
<i>valsartan tab 80 mg</i> .....	34	<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> .....	55
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	33	<i>venlafaxine hcl tab 50 mg (base equivalent)</i> .....	55
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	33	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	55
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	33	VENTAVIS SOL 10MCG/ML .....	44
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	33	VENTAVIS SOL 20MCG/ML .....	44
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	33	VENTOLIN HFA AER .....	103
<i>vancomycin hcl cap 125 mg (base equivalent)</i> .....	8	<i>verapamil hcl cap er 24hr 100 mg</i> .....	40
<i>vancomycin hcl cap 250 mg (base equivalent)</i> .....	8	<i>verapamil hcl cap er 24hr 120 mg</i> .....	40
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> .....	8	<i>verapamil hcl cap er 24hr 180 mg</i> .....	40
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> .....	9	<i>verapamil hcl cap er 24hr 200 mg</i> .....	40
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> .....	8	<i>verapamil hcl cap er 24hr 240 mg</i> .....	40
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> .....	9	<i>verapamil hcl cap er 24hr 300 mg</i> .....	40
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> .....	9	<i>verapamil hcl cap er 24hr 360 mg</i> .....	40
VANCOMYCIN INJ 1 GM .....	9	<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	40
VANCOMYCIN INJ 500MG .....	9	<i>verapamil hcl tab 120 mg</i> .....	40
VANCOMYCIN INJ 750MG .....	9	<i>verapamil hcl tab 40 mg</i> .....	40
<i>vandazole gel 0.75%</i> .....	87	<i>verapamil hcl tab 80 mg</i> .....	40
VAQTA INJ 25/0.5ML .....	95	<i>verapamil hcl tab er 120 mg</i> .....	40
VAQTA INJ 50UNT/ML .....	95	<i>verapamil hcl tab er 180 mg</i> .....	40
VARIVAX INJ .....	95	<i>verapamil hcl tab er 240 mg</i> .....	40
VASCEPA CAP 0.5GM .....	37	VERSACLOZ SUS 50MG/ML .....	62
VASCEPA CAP 1GM .....	37	VERZENIO TAB 100MG .....	23
VELCADE INJ 3.5MG .....	23	VERZENIO TAB 150MG .....	23
<i>velivet pak</i> .....	75	VERZENIO TAB 200MG .....	23
VEMLIDY TAB 25MG .....	14	VERZENIO TAB 50MG .....	23
VENCLEXTA TAB 100MG .....	23	VICTOZA INJ 18MG/3ML .....	69
VENCLEXTA TAB 10MG .....	23	VIDEX EC CAP 125MG .....	12
VENCLEXTA TAB 50MG .....	23	VIDEX SOL 2GM .....	12
VENCLEXTA TAB START PK .....	23	VIDEX SOL 4GM .....	12
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> .....	55	<i>vienva tab 0.1-20</i> .....	75
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> .....	55	<i>vigabatrin powd pack 500 mg</i> .....	50
		<i>vigabatrin tab 500 mg</i> .....	50
		<i>vigadrone pow 500mg</i> .....	50
		VIIBRYD KIT STARTER .....	55
		VIIBRYD TAB 10MG .....	55
		VIIBRYD TAB 20MG .....	55
		VIIBRYD TAB 40MG .....	55
		VIMPAT INJ 200MG/20 .....	50
		VIMPAT SOL 10MG/ML .....	50

VIMPAT TAB 100MG .....	50
VIMPAT TAB 150MG .....	50
VIMPAT TAB 200MG .....	50
VIMPAT TAB 50MG .....	50
<i>vinblastine sulfate inj 1 mg/ml</i> .....	22
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	22
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> .....	22
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> .....	22
<i>violele tab</i> .....	75
VIRACEPT TAB 250MG .....	12
VIRACEPT TAB 625MG .....	12
VIRAMUNE SUS 50MG/5ML .....	12
VIREAD POW 40MG/GM .....	12
VIREAD TAB 150MG .....	12
VIREAD TAB 200MG .....	12
VIREAD TAB 250MG .....	12
VITRAKVI CAP 100MG .....	28
VITRAKVI CAP 25MG .....	28
VITRAKVI SOL 20MG/ML.....	28
VIVITROL INJ 380MG .....	68
VIZIMPRO TAB 15MG .....	28
VIZIMPRO TAB 30MG .....	28
VIZIMPRO TAB 45MG .....	28
<i>voriconazole for inj 200 mg</i> .....	10
<i>voriconazole for susp 40 mg/ml</i> .....	10
<i>voriconazole tab 200 mg</i> .....	10
<i>voriconazole tab 50 mg</i> .....	10
VOSEVI TAB .....	14
VOTRIENT TAB 200MG .....	28
VRAYLAR CAP 1.5-3MG.....	62
VRAYLAR CAP 1.5MG .....	62
VRAYLAR CAP 3MG.....	62
VRAYLAR CAP 4.5MG .....	62
VRAYLAR CAP 6MG.....	62
<i>vyfemla tab 0.4-35</i> .....	75
<i>vylibra tab 0.25-35</i> .....	75

**W**

<i>warfarin sodium tab 1 mg</i> .....	89
<i>warfarin sodium tab 10 mg</i> .....	89
<i>warfarin sodium tab 2 mg</i> .....	89
<i>warfarin sodium tab 2.5 mg</i> .....	89
<i>warfarin sodium tab 3 mg</i> .....	89
<i>warfarin sodium tab 4 mg</i> .....	89
<i>warfarin sodium tab 5 mg</i> .....	89
<i>warfarin sodium tab 6 mg</i> .....	89
<i>warfarin sodium tab 7.5 mg</i> .....	89

<i>water for irrigation, sterile irrigation soln</i> .....	110
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**X**

XALKORI CAP 200MG.....	28
XALKORI CAP 250MG.....	28
XARELTO STAR TAB 15/20MG .....	89
XARELTO TAB 10MG .....	89
XARELTO TAB 15MG .....	89
XARELTO TAB 2.5MG .....	89
XARELTO TAB 20MG .....	89
XATMEP SOL 2.5MG/ML .....	91
XELJANZ TAB 10MG.....	91
XELJANZ TAB 5MG .....	91
XELJANZ XR TAB 11MG .....	91
XGEVA INJ .....	80
XIFAXAN TAB 550MG.....	85
XIGDUO XR TAB 10-1000.....	71
XIGDUO XR TAB 10-500MG .....	71
XIGDUO XR TAB 2.5-1000.....	71
XIGDUO XR TAB 5-1000MG .....	71
XIGDUO XR TAB 5-500MG .....	71
XOLAIR INJ 150MG/ML .....	104
XOLAIR INJ 75/0.5 .....	104
XOLAIR SOL 150MG .....	104
XOSPATA TAB 40MG.....	28
XPOVIO PAK 100MG .....	28
XPOVIO PAK 60MG .....	28
XPOVIO PAK 80MG .....	28
XTANDI CAP 40MG .....	24
XULTOPHY INJ 100/3.6 .....	69
XYREM SOL 500MG/ML .....	67

**Y**

YF-VAX INJ.....	95
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**Z**

<i>zafirlukast tab 10 mg</i> .....	103
<i>zafirlukast tab 20 mg</i> .....	103
<i>zarah tab 3-0.03mg</i> .....	75
ZEJULA CAP 100MG.....	23
ZELBORAF TAB 240MG.....	28
ZEMAIRA INJ 1000MG.....	104
<i>zenatane cap 10mg</i> .....	106
<i>zenatane cap 20mg</i> .....	106
<i>zenatane cap 30mg</i> .....	106
<i>zenatane cap 40mg</i> .....	106
ZENPEP CAP 10000UNT.....	86
ZENPEP CAP 15000UNT .....	86
ZENPEP CAP 20000UNT .....	86
ZENPEP CAP 25000 .....	86

ZENPEP CAP 3000UNIT .....	86	<i>zolpidem tartrate tab 10 mg</i> .....	64
ZENPEP CAP 40000 .....	86	<i>zolpidem tartrate tab 5 mg</i> .....	64
ZENPEP CAP 5000UNIT .....	86	<i>zonisamide cap 100 mg</i> .....	50
ZEPATIER TAB 50-100MG .....	14	<i>zonisamide cap 25 mg</i> .....	50
<i>zidovudine cap 100 mg</i> .....	12	<i>zonisamide cap 50 mg</i> .....	50
<i>zidovudine syrup 10 mg/ml</i> .....	12	ZONTIVITY TAB 2.08MG.....	90
<i>zidovudine tab 300 mg</i> .....	12	ZORTRESS TAB 0.25MG .....	94
<i>ziprasidone hcl cap 20 mg</i> .....	62	ZORTRESS TAB 0.5MG.....	94
<i>ziprasidone hcl cap 40 mg</i> .....	62	ZORTRESS TAB 0.75MG .....	94
<i>ziprasidone hcl cap 60 mg</i> .....	62	ZORTRESS TAB 1MG.....	94
<i>ziprasidone hcl cap 80 mg</i> .....	62	ZOSTAVAX INJ.....	95
ZIRGAN GEL 0.15% .....	99	<i>zovia 1/35e tab</i> .....	75
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i> .....	71	ZYDELIG TAB 100MG .....	28
<i>zoledronic acid iv soln 5 mg/100ml</i> .....	71	ZYDELIG TAB 150MG .....	28
ZOLINZA CAP 100MG .....	23	ZYKADIA CAP 150MG.....	28
<i>zolmitriptan orally disintegrating tab 2.5</i> <i>mg</i> .....	65	ZYKADIA TAB 150MG.....	28
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i> .....	65	ZYLET SUS 0.5-0.3%.....	99
<i>zolmitriptan tab 2.5 mg</i> .....	65	ZYPREXA RELP INJ 210MG.....	62
<i>zolmitriptan tab 5 mg</i> .....	65	ZYPREXA RELP INJ 300MG.....	62
		ZYPREXA RELP INJ 405MG.....	62
		ZYTIGA TAB 500MG.....	24

If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. Please call the member services number on your member ID card.

**ARABIC**

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة ومعلومات مجاناً وباللغة التي تتحدث بها. للتحدث إلى أحد المترجمين الفوريين، رجي الاتصال على رقم خدمة الأعضاء الموجود على بطاقة تعريف العضو الخاصة بك.

**AMHARIC**

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ CareSource ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር እባክዎን በመታወቂያ ካርዱ ላይ ባለው የአገልግሎቶች ቁጥር ይደውሉ።

**BURMESE**

CareSource အကြောင်း သင် သို့မဟုတ် သင်အကူအညီပေးနေသူ တစ်စုံတစ်ယောက်က မေးမြန်းလာပါက သင်ပြောဆိုသော ဘာသာစကားဖြင့် အကူအညီနှင့် အချက်အလက်များအား အခမဲ့ ရယူနိုင်ရန် အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား ရွေးချယ်၍ ပြော သင်္ကြန် အသံဖြင့် ပြောကြားပေးပါရန် အသံဖြင့် ပြော ဝက်စ ငြိမ်မူဝက်စုံပြန်ကိရိယာကို အသုံးပြုပါ။

**CHINESE**

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

**CUSHITE – OROMO**

Isin yookan namni biraa isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, Maaloo lakkoofsa bilbilaa isa waraqaa eenyummaa keessan irra jiruun tajaajila miseensaatii bilbilaa.

**DUTCH**

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk. Bel naar het nummer voor ledendiensten op uw lidkaart

**FRENCH (CANADA)**

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète. Veuillez communiquer avec les services aux membres au numéro indiqué sur votre carte de membre.

**GERMAN**

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, Bitte rufen Sie die Mitglieder-Service Nummer auf Ihrer Mitglieder-ID-Karte an

**GUJARATI**

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તમે થી કોઈને CareSource વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્વની માહિતીનો અધિકાર છે. તે અર્થ વિન તમ થી ભયમ નથી થક ર છે. દ ભ વપરો તિ કરિ મ ટે,કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પર સભ્ય સેવા માટે ના નંબર પર ફોન કરો.

**HINDI**

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बगैर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिए से बात करने के लिए कॉल करें, कृपया अपने सदस्य आईडी कार्ड पर दिये सदस्य सेवा नंबर पर कॉल करें।

**ITALIAN**

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete. Chiamare il numero dei servizi ai soci riportato sulla tessera di iscrizione.

**JAPANESE**

ご本人様、または身の回りの方で、CareSource に関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます (無償)。通訳をご利用の場合は、お持ちの会員IDカードにある、会員サービスの電話番号までお問い合わせ下さい。

**KOREAN**

귀하 본인이나 귀하께서 돕고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 귀하의 회원 ID 카드에 적힌 회원 서비스 팀 번호로 전화하십시오.

**PENNSYLVANIA DUTCH**

Wann du hoscht en Froog, oder ebber, wu du helpscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, Bel alstubleift met het Ledenservice nummer op uw lid ID -kaart.

**RUSSIAN**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком. Пожалуйста, позвоните по телефону отдела обслуживания клиентов, указанному на вашей идентификационной карточке клиента.

**SPANISH**

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete. Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

**UKRAINIAN**

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, Зателефонуйте за номером обслуговування учасників, який вказано на вашому посвідченні учасника

**VIETNAMESE**

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên. Vui lòng gọi số dịch vụ thành viên trên thẻ ID thành viên của bạn.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please call the member services number on your member ID card.

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947, Dayton, Ohio 45401  
1-844-539-1732, TTY: 711  
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F  
HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



This formulary was updated 11/2019. For more recent information or other questions, please contact CareSource Member Services at **1 844 607-2827** or, for TTY users, **711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours 7 days a week, or visit **[CareSource.com/Medicare](https://www.caresource.com/Medicare)**.

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