



Blue Cross MedicareRx (PDP)<sup>SM</sup>

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## 2014 Formulary List of Covered Drugs

**PLEASE READ:**

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

This formulary was updated on 08/14/2013. For more recent information or other questions, please contact Blue Cross MedicareRx Customer Service at 1-877-838-3833 or, for TTY/TDD users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit [myprime.com](http://myprime.com).

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

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## 2014 Formulary (List of Covered Drugs)

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**HPMS Approved Formulary File Submission ID 00014129, Version Number 6**

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When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross and Blue Shield of Illinois, New Mexico, Oklahoma, Montana and Texas. When it refers to “plan” or “our plan,” it means Blue Cross MedicareRx<sup>SM</sup>.

This document includes a list of the drugs (formulary) for our plan which is current as of August 2013. 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, premium and/or copayments/coinsurance may change on January 1, 2015.

This information is available for free in other languages. Please call our Customer Service number at 1-877-838-3833. (TTY/TDD users should call 711). We are open between 8 a.m. and 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays. TTY/TDD: 711.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese a nuestro número de Servicio al cliente al 1-877-838-3833 (los usuarios de TTY/TDD deben llamar al 711). Nuestro horario es de 8 a.m. a 8 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

Y0096\_MRK\_TMP\_PDFRMLR14aGRP



## What is the Blue Cross MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue Cross MedicareRx 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. Blue Cross MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross MedicareRx 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 change?

Generally, if you are taking a drug on our 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2014. To get updated information about the drugs covered by Blue Cross MedicareRx, please contact us. Our contact information appears on the front and back cover pages.

If the Blue Cross MedicareRx formulary changes for any reason, an errata sheet explaining the changes will be mailed to affected members monthly. Errata sheets will include a statement explaining that Blue Cross MedicareRx will continue to cover the drugs in question for enrollees taking the drug at the time of change for the remainder of the plan year as long as the drug continues to be medically necessary and prescribed by the member's physician and was not removed for safety reasons.

Formularies will also be updated on a monthly basis. To find an updated formulary visit [www.myprime.com](http://www.myprime.com) or call customer service at 1-888-285-2249.



## 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 Agents. 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 34. 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?

Blue Cross MedicareRx 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:** Blue Cross MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Cross MedicareRx before you fill your prescriptions. If you don't get approval, Blue Cross MedicareRx may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Cross MedicareRx limits the amount of the drug that Blue Cross MedicareRx will cover. For example, Blue Cross MedicareRx provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Cross MedicareRx 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, Blue Cross MedicareRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Cross MedicareRx 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 Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.



You can ask Blue Cross MedicareRx 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 Blue Cross MedicareRx’s 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 Customer Services and ask if your drug is covered.

If you learn that Blue Cross MedicareRx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Cross MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Cross MedicareRx.
- You can ask Blue Cross MedicareRx 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 Blue Cross MedicareRx’s Formulary?

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

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



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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91 to 98-day transition supply, consistent with the dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another. For these unplanned transitions, you must use our exceptions and appeals process. Coverage determinations and redeterminations will be processed as expeditiously as your health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, he or she does not have access to the remainder of the previously dispensed prescription. We will ensure you have a refill upon admission or discharge. A one-time override of the “refill too soon” edits, are provided, for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member’s Part D benefit, and such members are allowed to access a refill upon admission or discharge.

## For more information

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

If you have questions about Blue Cross MedicareRx, 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 [www.medicare.gov](http://www.medicare.gov).

## Blue Cross MedicareRx's Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Blue Cross MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 34.

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

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

### KEY

Uppercase = BRAND NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic Drugs

2 = Tier 2: Non-Preferred Generic Drugs

3 = Tier 3: Preferred Brand Drugs

4 = Tier 4: Non-Preferred Brand Drugs

5 = Tier 5: Specialty Tier Drugs

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance.

• = Utilization Management: Prior Authorization, Quantity Limits, Step Therapy

\* Limited distribution drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-877-838-3833, 8 a.m.- 8 p.m., local time, 7 days a week. TTY users should call 711.

† Quantity limit restrictions apply. Restriction amounts are listed beginning on page 23.

The last three columns, Prior Authorization, Quantity Limit and Step Therapy, indicate if Blue Cross MedicareRx has any special requirements for coverage of that drug.



You must continue to pay your Medicare Part B premium. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

Below is the key for abbreviations used within the drug list.

<b>2014 DOSAGE FORM ABBREVIATIONS KEY</b>			
<b>caps</b>	capsules	<b>lotn</b>	lotion
<b>chew tabs</b>	chewable tablets	<b>mcg</b>	microgram
<b>conc</b>	concentrate	<b>mEq</b>	milliequivalent
<b>crm</b>	cream	<b>mg</b>	milligram
<b>DR</b>	delayed-release	<b>mL</b>	milliliter
<b>ER</b>	extended-release	<b>NF</b>	non-formulary
<b>g</b>	gram	<b>ODT</b>	orally disintegrating tablets
<b>hr</b>	hour	<b>oint</b>	ointment
<b>IM</b>	intramuscular	<b>SL</b>	sublingual
<b>inhal</b>	inhalation	<b>soln</b>	solution
<b>inj</b>	injection	<b>supp</b>	suppositories
<b>IR</b>	immediate-release	<b>susp</b>	suspension
<b>IV</b>	intravenous	<b>tabs</b>	tablets
<b>liq</b>	liquid		

**Drug List**





Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<b>Analgesics</b>					
<i>acetaminophen/codeine</i>	2			●	
<i>butalbital/acetaminophen/caffeine/codeine</i>	4		●	●	
<i>butalbital/aspirin/caffeine/codeine</i>	4		●	●	
<i>butorphanol</i>	2				
CELEBREX	3			●	
CODEINE SULFATE tabs	4			●	
<i>etodolac</i>	2				
<i>fentanyl transdermal</i>	2			●	
<i>fentanyl citrate oral lozenges</i>	5		●	●	
<i>hydrocodone/acetaminophen oral soln, 7.5-325 mg/15 mL; tabs, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg, 10-300 mg, 10-325 mg</i>	2			●	
<i>hydrocodone/ibuprofen</i>	2			●	
<i>hydromorphone inj, 10 mg/mL</i>	2	X			
<i>hydromorphone liq, tabs</i>	2			●	
<i>ibuprofen</i>	2				
KADIAN caps, 10 mg, 40 mg, 70 mg, 130 mg, 150 mg, 200 mg	4			●	
<i>ketoprofen</i>	2				
<i>ketorolac tabs</i>	4		●		
LAZANDA	5		●	●	
LEVORPHANOL	4			●	
<i>methadone tabs, 5 mg, 10 mg</i>	2			●	
<i>morphine sulfate ER caps, 10 mg; ER tabs</i>	2			●	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>morphine sulfate inj, 0.5 mg/mL, 1 mg/mL</i>	2	X			
<i>morphine sulfate oral soln</i>	2			●	
MORPHINE SULFATE tabs	4			●	
<i>naproxen</i>	2				
<i>naproxen DR</i>	2				
<i>naproxen sodium tabs</i>	2				
NUCYNTA ER	3			●	
OPANA ER crush resistant tabs	3			●	
<i>oxycodone tabs, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	2			●	
<i>oxycodone/acetaminophen tabs, 2.5-325 mg, 5-325 mg, 7.5-325 mg, 10-325 mg</i>	2			●	
<i>oxycodone/aspirin</i>	2			●	
OXYCONTIN	3			●	
SUBSYS	5		●	●	
<i>tramadol</i>	2			●	
<i>tramadol ER (Generic for Ultram ER)</i>	2			●	
<i>tramadol/acetaminophen</i>	2			●	
VOLTAREN gel	3			●	●
<b>Anesthetics</b>					
<i>lidocaine local inj, 1%; topical soln, 4%</i>	2				
<i>lidocaine viscous</i>	2				
<i>lidocaine/prilocaine</i>	2				
LIDODERM	3				
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>					
<i>buprenorphine SL tabs</i>	2		●	●	

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5 = Specialty Drugs

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For Blue Cross MedicareRx Plus Plan only: We provide coverage of generic drugs and some brand drugs in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/ Limits			Step Therapy
		B or D	Prior Authorization	Quantity Limits †	
<i>buprenorphine/naloxone</i>	2		•	•	
<i>bupropion hcl ER, 12 hr (smoking deterrent)</i>	2				
CHANTIX	3			•	
<i>disulfiram</i>	2				
NALOXONE inj, 0.4 mg/mL	4				
<i>naloxone inj, 1 mg/mL</i>	2				
<i>naltrexone</i>	2				
NICOTROL INHALER	4				
NICOTROL NS nasal spray	4				
SUBOXONE SL films	4		•	•	
VIVITROL	5				
<b>Antibacterials</b>					
AMIKACIN inj, 100 mg/2 mL	4				
<i>amikacin inj, 500 mg/2 mL, 1 g/4 mL</i>	2				
<i>amoxicillin caps, for susp, tabs</i>	2				
<i>amoxicillin/potassium clavulanate chew tabs; for susp, 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL; tabs</i>	2				
<i>ampicillin caps</i>	2				
AMPICILLIN for susp	4				
<i>ampicillin sodium for inj, 250 mg, 500 mg, 1 g, 2 g; for IV, 10 g</i>	2				
AMPICILLIN SODIUM for IV, 1 g, 2 g	4				
AVELOX	3				
AZACTAM inj in dextrose	4				
<i>azithromycin for IV, for susp, tabs</i>	2				

Drug Name	Drug Tier	Requirements/ Limits			Step Therapy
		B or D	Prior Authorization	Quantity Limits †	
AZITHROMYCIN powder pack for susp	3				
<i>aztreonam for inj</i>	2				
<i>cefaclor caps</i>	2				
<i>cefadroxil</i>	2				
<i>cefazolin for inj, 500 mg, 1 g, 10 g, 20 g</i>	2				
<i>cefdinir</i>	2				
<i>cefepime for inj</i>	2				
<i>cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g</i>	2				
<i>cefoxitin for inj</i>	2				
<i>cefpodoxime</i>	2				
<i>cefprozil</i>	2				
<i>ceftazidime for inj, 1 g, 2 g, 6 g; for IV, 1 g, 2 g</i>	2				
<i>ceftriaxone for inj, for IV</i>	2				
CEFTRIAZONE for IV in dextrose, inj in dextrose	4				
<i>cefuroxime axetil</i>	2				
<i>cefuroxime sodium for inj, 750 mg, 1.5 g, 7.5 g; for IV, 1.5 g</i>	2				
<i>cephalexin caps, for susp</i>	2				
CHLORAMPHENICOL	4				
CIPRO for susp	4				
<i>ciprofloxacin for IV, 200 mg, 400 mg; for IV in dextrose; tabs</i>	2				
<i>ciprofloxacin ER</i>	2				
CLAFORAN IV in dextrose	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>clarithromycin</i>	2				
<i>clarithromycin ER</i>	2				
<i>clindamycin caps; inj; IV in dextrose; IV soln, 600 mg/4 mL, 900 mg/6 mL; vaginal crm</i>	2				
<i>colistimethate sodium</i>	2				
CUBICIN	5				
<i>demeclocycline</i>	2				
<i>dicloxacillin</i>	2				
DIFICID	5				
<i>doxycycline hyclate caps, for inj, tabs</i>	2				
<i>doxycycline monohydrate</i>	2				
E.E.S. GRANULES	4				
ERY-TAB	4				
ERYPED	4				
ERYTHROCIN	4				
FORTAZ for inj, 500 mg; inj in dextrose	4				
GENTAMICIN inj in saline, 0.9 mg/mL, 1.4 mg/mL	4				
<i>gentamicin inj; inj in saline, 0.8 mg/mL, 1 mg/mL, 1.2 mg/mL, 1.6 mg/mL; IV soln</i>	2				
<i>imipenem/cilastatin</i>	2				
INVANZ	4				
KANAMYCIN	4				
<i>levofloxacin</i>	2				
MEFOXIN	4				
<i>meropenem</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>methenamine hippurate</i>	2				
METRO IV	4				
<i>metronidazole caps, IV soln, tabs, vaginal gel</i>	2				
<i>minocycline</i>	2				
<i>nafcillin for inj</i>	2				
NAFCILLIN for IV	4				
<i>neomycin sulfate tabs</i>	2				
<i>nitrofurantoin susp</i>	4			●	
<i>nitrofurantoin macrocrystalline caps</i>	4			●	
<i>nitrofurantoin monohydrate/ macrocrystalline caps</i>	4			●	
<i>ofloxacin</i>	2				
<i>penicillin g potassium for inj</i>	2				
PENICILLIN G POTASSIUM inj in dextrose	4				
PENICILLIN G SODIUM for inj	4				
<i>penicillin v potassium</i>	2				
<i>piperacillin/tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g</i>	2				
STREPTOMYCIN	4				
SULFADIAZINE	4				
SULFAMETHOXAZOLE/ TRIMETHOPRIM inj	4				
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2				
SUPRAX caps, chew tabs, tabs	4				
SYNERCID	5				
TEFLARO	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TETRACYCLINE	4				
TIMENTIN	4				
TOBI inhal soln	5	X			
<i>tobramycin for inj, inj</i>	2				
TOBRAMYCIN inj in saline	4				
<i>trimethoprim tabs</i>	2				
TYGACIL	4				
<i>vancomycin caps</i>	5				
<i>vancomycin for inj, 500 mg, 1 g, 5 g</i>	2				
VANCOMYCIN inj in dextrose	4				
XIFAXAN tabs, 550 mg	3				
ZINACEF inj in sterile water	4				
ZOSYN IV in dextrose	4				
ZYVOX for susp, tabs	5		•		
ZYVOX IV soln	5				
<b>Anticonvulsants</b>					
BANZEL susp; tabs, 400 mg	5				
BANZEL tabs, 200 mg	4				
<i>carbamazepine</i>	2				
<i>carbamazepine ER</i>	2				
CELONTIN	4				
<i>clonazepam ODT, tabs</i>	2		•	•	
<i>clorazepate</i>	2		•	•	
DIAZEPAM oral conc, oral soln	4		•	•	
DIAZEPAM rectal gel	4			•	
<i>diazepam tabs</i>	2		•	•	
DILANTIN caps, 30 mg	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs</i>	2				
<i>divalproex ER</i>	2				
<i>ethosuximide caps, oral soln</i>	2				
<i>felbamate</i>	2				
<i>fosphenytoin</i>	2				
<i>gabapentin</i>	2				
GABITRIL tabs, 12 mg, 16 mg	4				
LAMICTAL ODT	4				
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	2				
<i>levetiracetam inj, oral soln, tabs</i>	2				
LEVETIRACETAM IV in saline	4				
LYRICA	3				
ONFI	4		•	•	
<i>oxcarbazepine</i>	2				
PEGANONE	4				
<i>phenobarbital elixir; inj, 130 mg/mL; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg</i>	4		•		
PHENOBARBITAL inj, 65 mg/mL; tabs, 64.8 mg, 97.2 mg	4		•		
<i>phenytoin chew tabs, susp</i>	2				
<i>phenytoin sodium ER caps, 100 mg, 200 mg, 300 mg</i>	2				
POTIGA	4				
<i>primidone</i>	2				
SABRIL	4				
TEGRETOL-XR 100 mg	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>tiagabine</i>	2				
<i>topiramate sprinkle caps</i>	2				
<i>topiramate tabs</i>	2				
<i>valproate inj</i>	2				
<i>valproic acid</i>	2				
VIMPAT	4				
<i>zonisamide</i>	2				
<b>Antidementia Agents</b>					
<i>donepezil</i>	2			●	
EXELON oral soln, transdermal	3			●	
<i>galantamine</i>	2			●	
<i>galantamine ER</i>	2			●	
NAMENDA	3			●	
<i>rivastigmine caps</i>	2			●	
<b>Antidepressants</b>					
ABILIFY	3			●	
ABILIFY DISCMELT	3			●	
<i>amitriptyline</i>	4		●		
AMOXAPINE	4				
<i>bupropion hcl</i>	2			●	
<i>bupropion hcl ER, 12 hr, 24 hr</i>	2			●	
<i>citalopram oral soln, tabs</i>	1			●	
<i>clomipramine</i>	4		●		
CYMBALTA	4			●	●
<i>desipramine</i>	2				
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	2		●		
DOXEPIN caps, 75 mg	4		●		

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
EMSAM	5				
<i>escitalopram</i>	2			●	
<i>fluoxetine caps; oral soln; tabs, 10 mg, 20 mg</i>	2			●	
<i>fluoxetine DR</i>	2			●	
<i>fluvoxamine</i>	2			●	
<i>imipramine hcl</i>	4		●		
MAPROTILINE	4			●	●
MARPLAN	4				
<i>mirtazapine ODT, tabs</i>	2			●	
NEFAZODONE	4				
<i>nortriptyline caps</i>	2				
OLEPTRO	4			●	●
<i>paroxetine hcl tabs</i>	2			●	
<i>paroxetine hcl ER</i>	2			●	
PAXIL susp	4			●	●
<i>phenelzine</i>	2				
PRISTIQ	4			●	●
<i>protriptyline</i>	2				
<i>quetiapine</i>	2			●	
SEROQUEL XR	3			●	
<i>sertraline oral conc</i>	2			●	
<i>sertraline tabs</i>	1			●	
<i>tranylcypromine</i>	2				
<i>trazodone</i>	2				
<i>trimipramine</i>	4		●		
<i>venlafaxine</i>	2			●	
<i>venlafaxine ER caps; ER tabs, 37.5 mg, 75 mg, 150 mg</i>	2			●	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
VIIBRYD	4			•	•
<b>Antiemetics</b>					
ALOXI	4				
CHLORPROMAZINE inj	4				
<i>chlorpromazine tabs</i>	2				
<i>diphenhydramine inj</i>	2				
<i>dronabinol</i>	2	X			
EMEND caps	3	X			
EMEND for IV	4				
<i>granisetron tabs</i>	2	X			
<i>hydroxyzine hcl syrup, tabs</i>	4		•		
<i>meclizine tabs, 12.5 mg, 25 mg</i>	2				
<i>metoclopramide oral soln, tabs</i>	2				
<i>ondansetron inj</i>	2				
<i>ondansetron ODT, oral soln, tabs</i>	2	X			
<i>perphenazine</i>	2				
PROCHLORPERAZINE inj	4				
<i>prochlorperazine supp, tabs</i>	2				
<i>promethazine supp, 12.5 mg, 25 mg; syrup; tabs</i>	4		•		
SANCUSO	4			•	
<b>Antifungals</b>					
AMBISOME	5	X			
AMPHOTERICIN B	4	X			
CANCIDAS	5				
<i>clotrimazole troche</i>	2				
<i>fluconazole for susp; inj in dextrose; inj in normal</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>saline, 200 mg/100 mL, 400 mg/200 mL; tabs</i>					
FLUCONAZOLE inj in normal saline, 100 mg/50 mL	4				
<i>flucytosine</i>	2				
<i>griseofulvin</i>	2				
<i>itraconazole caps</i>	2				
<i>ketoconazole tabs</i>	2				
MYCAMINE for IV, 100 mg	5				
MYCAMINE for IV, 50 mg	4				
NOXAFIL	5		•		
<i>nystatin susp, tabs</i>	2				
<i>terbinafine</i>	2				
<i>terconazole</i>	2				
VFEND susp	5		•		
<i>voriconazole for inj</i>	2		•		
<i>voriconazole tabs</i>	5		•		
<b>Antigout Agents</b>					
<i>allopurinol</i>	2				
COLCRYS	3				
<i>probenecid</i>	2				
<i>probenecid/colchicine</i>	2				
ULORIC	3				
<b>Anti-Inflammatory Agents</b>					
CELEBREX	3			•	
<i>diclofenac potassium</i>	2				
<i>diclofenac sodium DR</i>	2				
<i>diclofenac sodium ER</i>	2				
<i>diclofenac/misoprostol</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>etodolac</i>	2				
<i>etodolac ER</i>	2				
<i>flurbiprofen</i>	2				
<i>ibuprofen</i>	2				
<i>ketoprofen</i>	2				
<i>meloxicam tabs</i>	2				
<i>nabumetone</i>	2				
<i>naproxen</i>	2				
<i>naproxen DR</i>	2				
<i>naproxen sodium tabs</i>	2				
<i>oxaprozin</i>	2				
<i>piroxicam</i>	2				
<i>sulindac</i>	2				
<i>tolmetin sodium caps, 400 mg</i>	2				
VIMOVO	3			•	
VOLTAREN gel	3			•	•
<b>Antimigraine Agents</b>					
<i>butalbital/acetaminophen/ caffeine/codeine</i>	4		•	•	
<i>butalbital/aspirin/caffeine/codeine</i>	4		•	•	
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs</i>	2				
<i>divalproex ER</i>	2				
MIGERGOT	4				
MIGRANAL	3				
<i>naratriptan</i>	2			•	
<i>propranolol tabs</i>	2				
<i>propranolol ER caps</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>rizatriptan</i>	2			•	
<i>sumatriptan inj</i>	2				
SUMATRIPTAN nasal spray	4			•	
<i>sumatriptan tabs</i>	2			•	
TIMOLOL tabs	4				
<i>topiramate sprinkle caps</i>	2				
<i>topiramate tabs</i>	2				
<b>Antimyasthenic Agents</b>					
GUANIDINE	4				
MESTINON syrup	4				
MESTINON TIMESPAN	3				
<i>pyridostigmine</i>	2				
<b>Antimycobacterials</b>					
CAPASTAT	4				
CYCLOSERINE	4				
DAPSONE	3				
<i>ethambutol</i>	2				
ISONIAZID inj	4				
<i>isoniazid tabs</i>	2				
<i>isoniazid/rifampin</i>	2				
MYCOBUTIN	4				
PASER	4				
PRIFTIN	4				
<i>pyrazinamide</i>	2				
<i>rifampin</i>	2				
RIFATER	4				
SEROMYCIN	4				
TRECTOR	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<b>Antineoplastics</b>					
ABRAXANE	5				
ADRIAMYCIN for inj, 20 mg	4	X			
AFINITOR	5		•	•	
AFINITOR DISPERZ	5		•	•	
ALIMTA	5				
<i>amifostine</i>	5				
<i>anastrozole</i>	2				
ARRANON	5				
ARZERRA*	5				
AVASTIN*	5				
BICNU	4				
<i>bleomycin</i>	2	X			
BOSULIF	5		•	•	
BUSULFEX	5				
CAMPATH	5				
CAPRELSA*	5		•	•	
<i>carboplatin IV soln</i>	2				
CEENU	4				
CISPLATIN inj, 200 mg/200 mL	2				
<i>cisplatin inj, 50 mg/50 mL, 100 mg/100 mL</i>	2				
<i>cladribine</i>	5	X			
CLOLAR	5				
COMETRIQ*	5		•	•	
COSMEGEN	5				
CYCLOPHOSPHAMIDE for inj	4				
CYCLOPHOSPHAMIDE tabs	4	X			

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CYTARABINE for inj, 100 mg, 1 g	4	X			
<i>cytarabine for inj, 500 mg; inj</i>	2	X			
DACARBAZINE for inj, 100 mg	4				
<i>dacarbazine for inj, 200 mg</i>	2				
DACOGEN	5				
<i>daunorubicin</i>	2				
<i>decitabine</i>	5				
<i>dexrazoxane</i>	5				
DOCEFREZ	5				
DOCETAXEL for inj, 20 mg/0.5 mL, 20 mg/mL, 80 mg/2 mL, 80 mg/4 mL, 140 mg/7 mL; for IV	5				
DOXIL	4	X			
<i>doxorubicin</i>	2	X			
ELITEK	5				
ELSPAR	4				
EMCYT	4				
<i>epirubicin inj</i>	2				
ERBITUX	5				
ERIVEDGE*	5		•	•	
ETOPOPHOS	4				
<i>etoposide inj</i>	2				
<i>exemestane</i>	2				
FARESTON	5				
FASLODEX	5				
<i>fludarabine</i>	2				
<i>fluorouracil inj</i>	2	X			
<i>gemcitabine for inj</i>	5				

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GEMCITABINE inj	5				
GLEEVEC	5		•	•	
HALAVEN	5				
HERCEPTIN	5				
HEXALEN	5		•		
<i>hydroxyurea</i>	2				
ICLUSIG*	5		•	•	
<i>idarubicin</i>	5				
IFEX for inj, 3 g	4				
<i>ifosfamide for inj, 1 g</i>	5				
IFOSFAMIDE for inj, 3 g	4				
IFOSFAMIDE/MESNA	4				
INLYTA*	5		•	•	
INTRON-A	5				
IRESSA*	5				
<i>irinotecan</i>	2				
ISTODAX	5				
IXEMPRA	5				
JAKAFI*	5		•	•	
JEVTANA	5				
KADCYLA	5				
<i>letrozole</i>	2				
<i>leucovorin calcium for inj, 50 mg, 100 mg, 200 mg, 350 mg; tabs, 5 mg, 25 mg</i>	2				
LEUCOVORIN CALCIUM for inj, 500 mg; inj, 10 mg/mL; tabs, 10 mg, 15 mg	4				
LEUKERAN	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
MATULANE*	5		•		
MEKINIST	5		•	•	
<i>melfalan</i>	5				
<i>mercaptopurine</i>	2				
<i>mesna</i>	2				
MESNEX tabs	4				
<i>methotrexate for inj, inj</i>	2				
<i>methotrexate tabs</i>	2	X			
<i>mitomycin</i>	2				
<i>mitoxantrone</i>	2				
MUSTARGEN	4				
NEXAVAR*	5		•	•	
ONCASPAR	5				
ONTAK	5				
<i>oxaliplatin</i>	5				
<i>paclitaxel IV, 30 mg/5 mL, 100 mg/16.7 mL, 300 mg/50 mL</i>	2				
PANRETIN	5				
<i>pentostatin</i>	5				
PERJETA*	5				
POMALYST*	5		•	•	
PROLEUKIN	5				
REVLIMID*	5		•	•	
RITUXAN*	5		•		
SOLTAMOX	4				
SPRYCEL	5		•	•	
STIVARGA*	5		•	•	
SUTENT	5		•	•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
SYLATRON	5		•		
SYNRIBO	5				
TABLOID	4				
TAFINLAR	5		•	•	
<i>tamoxifen</i>	2				
TARCEVA	5		•	•	
TARGRETIN caps	5		•		
TARGRETIN gel	5				
TASIGNA	5		•	•	
TAXOTERE	5				
TEMODAR for IV	5				
THALOMID	5		•	•	
THIOTEPA	4				
<i>topotecan for inj</i>	5				
TOPOTECAN inj	5				
TORISEL	5				
TREANDA	5				
<i>tretinoin caps</i>	5		•		
TRISENOX	4				
TYKERB*	5		•	•	
UVADEX	4				
VANDETANIB*	5		•	•	
VECTIBIX	5				
VELCADE	5				
VIDAZA	5				
VINBLASTINE	4	X			
<i>vincristine</i>	2				
<i>vinorelbine</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
VOTRIENT*	5		•	•	
XALKORI*	5		•	•	
YERVOY*	5				
ZALTRAP	5				
ZANOSAR	4				
ZELBORAF*	5		•	•	
ZOLINZA	5		•	•	
ZYTIGA*	5		•	•	
<b>Antiparasitics</b>					
ALBENZA	4				
ALINIA	4				
<i>atovaquone/proguanil tabs, 250-100 mg</i>	2				
BILTRICIDE	4				
<i>chloroquine phosphate</i>	2				
COARTEM	4				
DARAPRIM	4				
<i>hydroxychloroquine</i>	2				
<i>lindane lotn, shampoo</i>	2				
MALARONE tabs, 62.5-25 mg	4				
<i>malathion</i>	2				
<i>mefloquine</i>	2				
MEPRON	5				
NEBUPENT	4	X			
<i>paromomycin</i>	2				
PENTAM 300	4	X			
<i>permethrin</i>	2				
PRIMAQUINE	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
STROMECTOL	3				
ULESFIA	4				
<b>Antiparkinson Agents</b>					
<i>amantadine caps, syrup</i>	2				
AMANTADINE tabs	4				
APOKYN*	5				
AZILECT	3				
<i>benztropine tabs</i>	4		•		
<i>bromocriptine</i>	2				
<i>carbidopa/levodopa</i>	2				
<i>carbidopa/levodopa ER</i>	2				
<i>diphenhydramine inj</i>	2				
<i>entacapone</i>	2				
NEUPRO	3				
<i>pramipexole</i>	2				
<i>ropinirole</i>	2				
<i>selegiline</i>	2				
STALEVO	4				
TASMAR	5				
<b>Antipsychotics</b>					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
ABILIFY MAINTENA	5			•	
CHLORPROMAZINE inj	4				
<i>chlorpromazine tabs</i>	2				
<i>clozapine</i>	2			•	
FANAPT	4			•	
FAZACLO	4			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
FLUPHENAZINE DECANOATE	4				
FLUPHENAZINE HCL elixir, inj, oral conc	4				
<i>fluphenazine hcl tabs</i>	2				
GEODON inj	4			•	
<i>haloperidol inj, oral conc, tabs</i>	2				
<i>haloperidol decanoate</i>	2				
INVEGA tabs, 1.5 mg, 3 mg, 6 mg	4			•	
INVEGA tabs, 9 mg	5			•	
INVEGA SUSTENNA inj, 117 mg, 156 mg, 234 mg	5			•	
INVEGA SUSTENNA inj, 39 mg, 78 mg	4			•	
LATUDA	4			•	
<i>loxapine</i>	2				
<i>olanzapine</i>	2			•	
ORAP	4				
<i>perphenazine</i>	2				
PROCHLORPERAZINE inj	4				
<i>prochlorperazine supp, tabs</i>	2				
<i>quetiapine</i>	2			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	4			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	5			•	
<i>risperidone</i>	2			•	
SAPHRIS	4			•	
SEROQUEL XR	3			•	
<i>thioridazine</i>	4		•		

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<i>thiothixene</i>	2				
<i>trifluoperazine</i>	2				
<i>ziprasidone</i>	2			•	
ZYPREXA RELPREVV*	5			•	
<b>Antispasticity Agents</b>					
<i>baclofen tabs</i>	2				
<i>dantrolene caps</i>	2				
<i>tizanidine</i>	2				
<b>Antivirals</b>					
<i>abacavir</i>	2			•	
<i>acyclovir</i>	2				
ACYCLOVIR SODIUM for inj, 1000 mg; IV soln	4	X			
<i>acyclovir sodium for inj, 500 mg</i>	2	X			
<i>amantadine caps, syrup</i>	2				
AMANTADINE tabs	4				
APTIVUS	5			•	
ATRIPLA	5			•	
BARACLUDE oral soln	4				
BARACLUDE tabs	5				
<i>cidofovir</i>	2				
COMPLERA	5			•	
CRIXIVAN	3			•	
<i>didanosine DR</i>	2			•	
EDURANT	5			•	
EMTRIVA	4			•	
EPIVIR oral soln	3			•	
EPIVIR-HBV	3				
EPZICOM	5			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>famciclovir</i>	2				
FOSCARNET	4	X			
FUZEON	5			•	
<i>ganciclovir for inj</i>	2	X			
HEPSERA	5				
INCIVEK	5		•		
INTELENCE	5			•	
INTRON-A	5				
INVIRASE	5			•	
ISENTRESS	5			•	
KALETRA oral soln; tabs, 200-50 mg	5			•	
KALETRA tabs, 100-25 mg	4			•	
<i>lamivudine</i>	2			•	
<i>lamivudine/zidovudine</i>	5			•	
LEXIVA oral susp	4			•	
LEXIVA tabs	5			•	
<i>nevirapine tabs</i>	2			•	
NORVIR	4			•	
PREZISTA susp; tabs, 400 mg, 600 mg, 800 mg	5			•	
PREZISTA tabs, 75 mg, 150 mg	4			•	
REBETOL oral soln	4				
RESCRIPTOR	4			•	
RETROVIR IV	4				
REYATAZ caps, 100 mg	4			•	
REYATAZ caps, 150 mg, 200 mg, 300 mg	5			•	
RIBAPAK 800, 1200	5				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
RIBASPHERE tabs, 400 mg	4				
RIBASPHERE tabs, 600 mg	5				
<i>ribavirin caps; tabs, 200 mg</i>	2				
<i>rimantadine</i>	2				
SELZENTRY	5			•	
<i>stavudine</i>	2			•	
STRIBILD	5			•	
SUSTIVA	3			•	
TAMIFLU	4				
TRIZIVIR	5			•	
TRUVADA	5			•	
TYZEKA	4				
<i>valacyclovir</i>	2				
VALCYTE	5				
VICTRELIS	5		•		
VIDEX	4			•	
VIRACEPT	5			•	
VIRAMUNE susp	4			•	
VIRAMUNE XR	4			•	
VIREAD	5			•	
ZIAGEN oral soln	4			•	
<i>zidovudine</i>	2			•	
<b>Anxiolytics</b>					
<i>buspirone tabs, 5 mg, 10 mg, 15 mg, 30 mg</i>	2				
BUSPIRONE tabs, 7.5 mg	4				
<i>clorazepate</i>	2		•	•	
CYMBALTA	4			•	•

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
DIAZEPAM oral conc, oral soln	4		•	•	
<i>diazepam tabs</i>	2		•	•	
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	2		•		
DOXEPIN caps, 75 mg	4		•		
<i>escitalopram</i>	2			•	
<i>hydroxyzine hcl syrup, tabs</i>	4		•		
<i>lorazepam tabs</i>	2		•	•	
<i>paroxetine hcl tabs</i>	2			•	
<i>paroxetine hcl ER</i>	2			•	
PAXIL susp	4			•	•
<i>sertraline oral conc</i>	2			•	
<i>sertraline tabs</i>	1			•	
<i>venlafaxine ER caps; ER tabs, 37.5 mg, 75 mg, 150 mg</i>	2			•	
<b>Bipolar Agents</b>					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs</i>	2				
<i>divalproex ER</i>	2				
EQUETRO	4				
GEODON inj	4			•	
LAMICTAL ODT	4				
<i>lamotrigine chew tabs, 5 mg, 25 mg; tabs</i>	2				
<i>lithium carbonate caps, tabs</i>	2				
<i>lithium carbonate ER</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
LITHIUM CITRATE	4				
<i>olanzapine</i>	2			•	
<i>quetiapine</i>	2			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	4			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	5			•	
<i>risperidone</i>	2			•	
SEROQUEL XR	3			•	
<i>valproic acid</i>	2				
<i>ziprasidone</i>	2			•	
<b>Blood Glucose Regulators</b>					
<i>acarbose</i>	2			•	
ALCOHOL SWABS	3				
BYDUREON	3			•	
CYCLOSET	4			•	
GAUZE PADS 2" X 2"	3				
<i>glimepiride</i>	1			•	
<i>glipizide</i>	1			•	
<i>glipizide ER</i>	1			•	
<i>glipizide/metformin</i>	2			•	
GLUCAGEN KIT	3				
GLUCAGON EMERGENCY KIT	3				
<i>glyburide</i>	4		•	•	
GLYBURIDE (distributor of Diabeta)	4		•	•	
<i>glyburide micronized</i>	4		•	•	
<i>glyburide/metformin</i>	4		•	•	
HUMALOG	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
HUMALOG MIX	3				
HUMULIN N pens	3				
HUMULIN N vials	2				
HUMULIN R	2				
HUMULIN 70/30 pens	3				
HUMULIN 70/30 vials	2				
INSULIN INJECTION DEVICE	3				
INSULIN SYRINGE/NEEDLE	3				
JANUMET	3			•	
JANUMET XR	3			•	
JANUVIA	3			•	
JENTADUETO	4			•	
JUVISYNC	3			•	
KOMBIGLYZE XR	3			•	
LANTUS	3				
LEVEMIR	3				
<i>metformin</i>	1			•	
<i>metformin ER (Generic for Glucophage XR)</i>	1			•	
<i>nateglinide</i>	2			•	
ONGLYZA	3			•	
<i>pioglitazone</i>	2			•	
PRANDIN	4			•	
PROGLYCEM	4				
<i>repaglinide tabs, 1 mg, 2 mg</i>	2			•	
SYMLINPEN	3				
TRADJENTA	4			•	
VICTOZA	3			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
WELCHOL	3				
<b>Blood Products/Modifiers/Volume Expanders</b>					
AGGRENOX	4				
<i>anagrelide</i>	2				
ARANESP inj, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 500 mcg	5		•		
ARANESP inj, 25 mcg, 40 mcg, 60 mcg	3		•		
BRILINTA	3				
<i>cilostazol</i>	2				
<i>clopidogrel tabs, 75 mg</i>	2				
<i>dipyridamole tabs</i>	4				
EFFIENT	3				
<i>enoxaparin</i>	2			•	
EPOGEN	4		•		
<i>fondaparinux inj, 2.5 mg/0.5 mL</i>	2			•	
<i>fondaparinux inj, 5 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	5			•	
<i>heparin inj in dextrose, 20,000 units/500 mL</i>	2				
<i>heparin inj, 1000 units/mL, 5000 units/mL, 10,000 units/mL, 20,000 units/mL</i>	2				
LEUKINE	5				
NEULASTA	5				
NEUMEGA	5				
NEUPOGEN	5				
<i>pentoxifylline ER tabs</i>	2				
PRADAXA	3			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PROCRIT inj, 20,000 units/mL, 40,000 units/mL	5		•		
PROCRIT inj, 2000 units/mL, 3000 units/mL, 4000 units/mL, 10,000 units/mL	4		•		
PROMACTA*	5		•		
<i>tranexamic acid inj</i>	2				
<i>warfarin tabs</i>	2				
XARELTO	3			•	
<b>Cardiovascular Agents</b>					
<i>acebutolol</i>	2				
ACETAZOLAMIDE tabs, 125 mg	4				
<i>acetazolamide tabs, 250 mg</i>	2				
<i>acetazolamide ER caps</i>	2				
ADCIRCA	5		•	•	
<i>amiloride</i>	2				
<i>amiloride/hydrochlorothiazide</i>	2				
<i>amiodarone tabs, 200 mg, 400 mg</i>	2				
<i>amlodipine</i>	2				
<i>amlodipine/benazepril</i>	2				
AMTURNIDE	3			•	
<i>atenolol</i>	1				
<i>atenolol/chlorthalidone</i>	2				
<i>atorvastatin</i>	2			•	
AZOR	3			•	
<i>benazepril</i>	1				
<i>benazepril/hydrochlorothiazide</i>	1				
BENICAR	3			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
BENICAR HCT	3			•	
<i>betaxolol tabs</i>	2				
<i>bisoprolol</i>	2				
<i>bisoprolol/hydrochlorothiazide</i>	2				
<i>bumetanide</i>	2				
BYSTOLIC	3				
<i>candesartan</i>	2			•	
<i>candesartan/hydrochlorothiazide</i>	2			•	
<i>captopril</i>	1				
<i>carvedilol</i>	2				
<i>chlorothiazide tabs</i>	2				
CHLORTHALIDONE tabs, 25 mg, 50 mg	4				
<i>cholestyramine</i>	2				
<i>cholestyramine light</i>	2				
<i>clonidine tabs</i>	2				
<i>clonidine transdermal</i>	2				
<i>colestipol</i>	2				
CRESTOR	3			•	
DIBENZYLINE	4				
DIGOXIN oral soln	4			•	
<i>digoxin tabs, 0.125 mg</i>	2			•	
<i>digoxin tabs, 0.25 mg</i>	4		•	•	
<i>diltiazem tabs</i>	2				
<i>diltiazem ER</i>	2				
<i>doxazosin</i>	2			•	
DYNACIRC CR	4				
<i>enalapril</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>enalapril/hydrochlorothiazide</i>	1				
<i>eplerenone</i>	2				
<i>eprosartan</i>	2			•	
EXFORGE	3			•	
EXFORGE HCT	3			•	
<i>felodipine ER</i>	2				
<i>fenofibrate tabs</i>	2			•	
<i>fenofibrate micronized caps, 67 mg, 134 mg, 200 mg</i>	2			•	
FIRAZYR	5			•	
<i>flecainide</i>	2				
<i>fosinopril</i>	2				
<i>fosinopril/hydrochlorothiazide</i>	2				
<i>furosemide inj; oral soln, 10 mg/mL; tabs</i>	2				
<i>gemfibrozil</i>	2			•	
<i>hydralazine tabs</i>	2				
<i>hydrochlorothiazide</i>	2				
<i>indapamide</i>	2				
<i>irbesartan</i>	1			•	
<i>irbesartan/hydrochlorothiazide</i>	1			•	
ISOSORBIDE DINITRATE SL tabs	4				
<i>isosorbide dinitrate tabs</i>	2				
<i>isosorbide dinitrate ER tabs</i>	2				
<i>isosorbide mononitrate</i>	2				
<i>isosorbide mononitrate ER tabs</i>	2				
ISRADIPINE	4				
<i>labetalol tabs</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
LETAIRIS*	5		•	•	
LIDOCAINE IV, 10 mg/mL	4				
<i>lisinopril</i>	1				
<i>lisinopril/hydrochlorothiazide</i>	1				
LIVALO	4			•	
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1			•	
LOVAZA	3				
<i>methazolamide</i>	2				
<i>metolazone</i>	2				
<i>metoprolol succinate ER</i>	2				
<i>metoprolol tartrate tabs</i>	1				
<i>metoprolol/hydrochlorothiazide tabs, 50-25 mg, 100-25 mg</i>	2				
MEXILETINE	4				
MICARDIS	4			•	
MICARDIS HCT	4			•	
<i>midodrine</i>	2				
<i>minoxidil</i>	2				
<i>moexipril</i>	2				
<i>moexipril/hydrochlorothiazide</i>	2				
MULTAQ	3				
<i>nadolol</i>	2				
NIASPAN	3			•	
<i>nicardipine caps</i>	2				
<i>nifedipine ER tabs</i>	2				
NISOLDIPINE ER tabs, 25.5 mg	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>nisoldipine ER tabs, 8.5 mg, 17 mg, 34 mg</i>	2				
NITRO-BID	4				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2				
NITROLINGUAL PUMPSPRAY	4				
NITROSTAT	3				
<i>perindopril</i>	2				
PINDOLOL	4				
<i>pravastatin</i>	1			•	
<i>prazosin</i>	2				
<i>propafenone</i>	2				
<i>propafenone ER</i>	2				
<i>propranolol tabs</i>	2				
<i>propranolol ER caps</i>	2				
<i>quinapril</i>	2				
<i>quinapril/hydrochlorothiazide</i>	2				
<i>quinidine gluconate ER</i>	2				
<i>quinidine sulfate</i>	2				
<i>ramipril</i>	2				
RANEXA	3				
REMODULIN*	5	X			
<i>sildenafil (Generic for Revatio)</i>	2		•	•	
SIMCOR	3			•	
<i>simvastatin</i>	1			•	
<i>sotalol tabs</i>	2				
<i>sotalol AF tabs</i>	2				
<i>spironolactone</i>	2				

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<i>spironolactone/hydrochlorothiazide</i>	2				
TEKAMLO	3			•	
TEKTURNA	3			•	
TEKTURNA HCT	3			•	
<i>terazosin</i>	2			•	
TIKOSYN	4				
TIMOLOL tabs	4				
<i>toremide tabs</i>	2				
TRACLEER*	5		•	•	
<i>trandolapril</i>	2				
<i>triamterene/hydrochlorothiazide</i>	2				
TRIBENZOR	3			•	
<i>valsartan/hydrochlorothiazide</i>	2			•	
VERAPAMIL tabs, 40 mg	4				
<i>verapamil tabs, 80 mg, 120 mg</i>	2				
<i>verapamil ER</i>	2				
VYTORIN	3			•	
WELCHOL	3				
ZETIA	3			•	
<b>Central Nervous System Agents</b>					
<i>amphetamine/dextroamphetamine ER caps</i>	2			•	
AMPYRA*	5		•		
AVONEX	5		•	•	
BETASERON	5		•	•	
<i>caffeine citrate oral soln</i>	2				
COPAXONE	5		•	•	
CYMBALTA	4			•	•

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>dexmethylphenidate tabs</i>	2			•	
<i>dextroamphetamine tabs</i>	2			•	
<i>dextroamphetamine ER caps</i>	2			•	
INTUNIV	4		•	•	
LYRICA	3				
<i>methylphenidate tabs</i>	2			•	
<i>methylphenidate ER tabs, 20 mg</i>	2			•	
<i>mitoxantrone</i>	2				
NUDEXTA	3				
<i>riluzole</i>	5				
STRATTERA	4			•	
TYSABRI*	5		•	•	
XENAZINE*	5		•	•	
<b>Dental and Oral Agents</b>					
<i>chlorhexidine gluconate oral rinse, 0.12%</i>	2				
<i>doxycycline hyclate tabs, 20 mg</i>	2				
KEPIVANCE	5				
<i>pilocarpine tabs</i>	2				
<i>triamcinolone acetonide paste</i>	2				
<b>Dermatological Agents</b>					
<i>acitretin</i>	5				
<i>acyclovir oint</i>	2				
<i>alclometasone</i>	2				
<i>amcinonide crm</i>	2				
<i>ammonium lactate crm; lotn, 12%</i>	2				
AZELEX crm	4				
<i>betamethasone dipropionate crm, lotn, oint</i>	2				

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<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	2				
<i>betamethasone valerate crm, lotn, oint</i>	2				
<i>calcipotriene crm, soln</i>	2				
CALCIPOTRIENE oint	4				
CALCITRENE oint	4				
CARAC crm	4				
<i>ciclopirox crm, gel, shampoo, soln (nail lacquer), susp</i>	2				
CLARAVIS caps, 30 mg	4				
<i>clindamycin gel, lotn, soln, swabs</i>	2				
<i>clindamycin/benzoyl peroxide gel</i>	2				
<i>clobetasol crm, crm (emollient), gel, oint, soln</i>	2				
<i>clotrimazole crm</i>	2				
<i>clotrimazole/betamethasone crm, lotn</i>	2				
CORTIFOAM rectal foam	4				
DENAVIR crm	4				
<i>desonide crm, lotn, oint</i>	2				
DESOXIMETASONE crm, 0.05%	4				
<i>desoximetasone crm, 0.25%; gel; oint, 0.25 %</i>	2				
<i>diflorasone oint</i>	2				
<i>econazole crm</i>	2				
ELIDEL	4				•
<i>erythromycin pads, soln</i>	2				
<i>erythromycin/benzoyl peroxide gel</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
FINACEA gel	4				
<i>fluocinolone crm, 0.01%</i>	2				
<i>fluocinonide crm, crm (emollient), gel, oint, soln</i>	2				
FLUOROPLEX crm	4				
<i>fluorouracil crm, soln</i>	2				
<i>fluticasone crm, oint</i>	2				
GENTAMICIN crm, oint	4				
<i>halobetasol crm, oint</i>	2				
<i>hydrocortisone crm; lotn, 2.5%; oint; rectal crm</i>	2				
<i>hydrocortisone butyrate crm, oint, soln</i>	2				
<i>hydrocortisone valerate crm, oint</i>	2				
<i>isotretinoin caps, 10 mg, 20 mg, 40 mg</i>	2				
<i>ketoconazole crm, shampoo</i>	2				
<i>lactic acid crm; lotn, 12%</i>	2				
<i>lidocaine gel, 2%; oint, 5%</i>	2				
METROGEL 1%	4				
<i>metronidazole crm, gel, lotn</i>	2				
<i>mometasone crm, lotn, oint</i>	2				
<i>mupirocin oint</i>	2				
<i>nystatin crm, oint, topical powder</i>	2				
<i>nystatin/triamcinolone crm</i>	2				
NYSTATIN/TRIAMCINOLONE oint	4				
ORACEA caps	4				
OXSORALEN ULTRA caps	5				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PANRETIN	5				
PICATO	3			•	
<i>podofilox soln</i>	2				
<i>prednicarbate</i>	2				
PROTOPIC	4				•
SANTYL	3				
<i>selenium sulfide lotn, shampoo</i>	2				
<i>silver sulfadiazine crm</i>	2				
<i>sodium chloride irrigation, 0.9%</i>	2				
SORIATANE caps	5				
<i>sulfacetamide sodium lotn</i>	2				
TARGRETIN gel	5				
TAZORAC crm, gel	4				
<i>tretinoin crm, gel</i>	2				
<i>triamcinolone crm; lotn; oint, 0.025%, 0.1%</i>	2				
TRIAMCINOLONE oint, 0.5%	4				
<i>urea/hydrocortisone acetate crm</i>	2				
VECTICAL oint	3				
VOLTAREN gel	3			•	•
<i>water for irrigation</i>	2				
<b>Enzyme Replacements/Modifiers</b>					
ADAGEN*	5				
ALDURAZYME*	5				
BUPHENYL tabs	5				
CEREZYME*	5				
CREON	3				
CYSTADANE	5				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CYSTAGON*	4				
ELAPRASE	5				
ELELYSO*	5				
FABRAZYME*	5				
KUVAN*	5		•		
MYOZYME	5				
NAGLAZYME*	5				
ORFADIN*	5				
<i>sodium phenylbutyrate oral powder</i>	5				
VIOKACE	4				
VPRIV	5				
ZAVESCA*	5				
ZENPEP	3				
<b>Gastrointestinal Agents</b>					
AMITIZA	3		•		
CHENODAL*	5				
<i>cimetidine inj, oral soln, tabs</i>	2				
<i>cromolyn sodium oral conc</i>	5				
DEXILANT	4			•	
<i>famotidine for susp, inj, tabs</i>	2				
<i>glycopyrrolate tabs</i>	2				
<i>lactulose</i>	2				
<i>loperamide</i>	2				
LOTRONEX	5				
<i>methscopolamine</i>	2				
<i>metoclopramide oral soln, tabs</i>	2				
<i>misoprostol</i>	2				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
MOVIPREP	4				
NEXIUM	3			•	
NEXIUM I.V.	3				
<i>nizatidine caps</i>	2				
<i>omeprazole DR caps</i>	2			•	
<i>pantoprazole DR tabs</i>	2			•	
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	2				
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	2				
<i>polyethylene glycol 3350 oral powder</i>	2				
PYLERA	3				
<i>ranitidine caps, syrup, tabs</i>	2				
RELISTOR	4		•		
<i>sucrafate tabs</i>	2				
SUPREP	4				
<i>ursodiol caps</i>	2				
<b>Genitourinary Agents</b>					
<i>alfuzosin ER tabs</i>	2			•	
AVODART	3			•	
<i>bethanechol</i>	2				
<i>calcium acetate</i>	2				
CUPRIMINE	3				
DEPEN TITRATABS	4				
DETROL LA	3			•	
<i>doxazosin</i>	2			•	
<i>finasteride tabs, 5 mg</i>	2			•	
FOSRENOL	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
JALYN	3			•	
<i>methylergonovine tabs</i>	2				
<i>neomycin/polymyxin B GU irrigation soln</i>	2				
<i>oxybutynin syrup, tabs</i>	2			•	
<i>oxybutynin ER</i>	2			•	
PHOSLYRA	3				
POTASSIUM CITRATE tabs	4				
<i>prazosin</i>	2				
RAPAFLO	3			•	
RENVELA	3				
<i>tamsulosin</i>	2			•	
<i>terazosin</i>	2			•	
<i>tolterodine</i>	2			•	
TOVIAZ	3			•	
<i>trospium</i>	2			•	
<i>trospium ER</i>	2			•	
VESICARE	3			•	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>					
ACTHAR HP*	5		•		
CORTISONE	4				
<i>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	2				
DEXAMETHASONE tabs, 1 mg, 2 mg	4				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	2				
<i>fludrocortisone</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>hydrocortisone tabs</i>	2				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	2	X			
<i>methylprednisolone sodium succinate for inj</i>	2				
<i>prednisolone syrup</i>	2	X			
<i>prednisolone sodium phosphate oral soln, 5 mg/5 mL, 15 mg/5 mL</i>	2	X			
<b>PREDNISON</b> oral soln, 5 mg/5 mL; tabs, 50 mg	4	X			
<i>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</i>	2	X			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>					
<i>chorionic gonadotropin</i>	2				
<i>desmopressin nasal soln, nasal spray, tabs</i>	2				
<b>INCRELEX*</b>	5				
<b>OMNITROPE</b> for inj, 5.8 mg	3		•		
<b>OMNITROPE</b> inj	5		•		
<b>STIMATE</b>	4				
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>					
<b>ANADROL-50</b>	5		•		
<b>ANDRODERM</b>	3		•	•	
<b>ANDROGEL</b>	3		•	•	
<b>ANDROID</b>	4		•		
<b>ANDROXY</b>	4		•		
<i>danazol</i>	2		•		
<b>DEPO-PROVERA</b> 400 mg/mL	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<b>DIVIGEL</b>	4		•		
<b>ELLA</b>	4				
<b>ESTRACE</b> vaginal crm	4				
<i>estradiol tabs</i>	4		•		
<i>estradiol transdermal</i>	4		•		
<i>estradiol/norethindrone acetate</i>	4		•		
<i>estropipate tabs, 0.75 mg, 1.5 mg</i>	4		•		
<b>ESTROPIPATE</b> tabs, 3 mg	4		•		
<b>EVISTA</b>	3				
<i>medroxyprogesterone inj, 150 mg/mL; tabs</i>	2				
<i>megestrol</i>	4		•		
<b>MENEST</b>	4		•		
<i>norethindrone acetate</i>	2				
<i>oral contraceptives – all generics</i>	2				
<i>oxandrolone tabs, 10 mg</i>	5		•		
<i>oxandrolone tabs, 2.5 mg</i>	2		•		
<b>PREMARIN</b> tabs	4		•		
<b>PREMARIN</b> vaginal crm	3				
<b>PREMPHASE</b>	4		•		
<b>PREMPRO</b>	4		•		
<i>testosterone cypionate</i>	2		•		
<i>testosterone enanthate</i>	2		•		
<b>VAGIFEM</b>	3				
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>					
<i>levothyroxine tabs</i>	2				
<i>liothyronine tabs</i>	2				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<b>Hormonal Agents, Suppressant (Adrenal)</b>					
LYSODREN	3				
<b>Hormonal Agents, Suppressant (Parathyroid)</b>					
SENSIPAR	3		•		
<b>Hormonal Agents, Suppressant (Pituitary)</b>					
<i>bromocriptine</i>	2				
<i>cabergoline</i>	2				
ELIGARD 45 mg	5				
ELIGARD 7.5 mg, 22.5 mg, 30 mg	4				
FIRMAGON 120 mg	5				
FIRMAGON 80 mg	4				
<i>leuprolide acetate</i>	2				
LUPRON DEPOT	5				
LUPRON DEPOT-PED	5				
<i>octreotide inj, 50 mcg/mL, 100 mcg/mL, 200 mcg/mL</i>	2		•		
<i>octreotide inj, 500 mcg/mL, 1000 mcg/mL</i>	5		•		
SOMATULINE DEPOT	5		•		
SOMAVERT*	5		•		
SYNAREL	5				
TRELSTAR DEPOT	5				
TRELSTAR LA	5				
TRELSTAR LA MIXJECT	5				
TRELSTAR MIXJECT	5				
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>					
AVODART	3			•	
<i>bicalutamide</i>	2				

Drug Name	Requirements/Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>finasteride tabs, 5 mg</i>	2			•	
<i>flutamide</i>	2				
NILANDRON	4				
XTANDI*	5		•	•	
ZYTIGA*	5		•	•	
<b>Hormonal Agents, Suppressant (Thyroid)</b>					
<i>methimazole</i>	2				
<i>propylthiouracil</i>	2				
<b>Immunological Agents</b>					
ACTHIB	4				
ACTIMMUNE*	5				
ADACEL	4				
ARCALYST*	5		•		
ATGAM	5	X			
AVONEX	5		•	•	
AZASAN	4	X			
AZATHIOPRINE for inj	4	X			
<i>azathioprine tabs, 50 mg</i>	2	X			
BETASERON	5		•	•	
BOOSTRIX	4				
CELLCEPT for IV	4	X			
CELLCEPT for susp	5	X			
CERVARIX	4				
COMVAX	4				
CUPRIMINE	3				
<i>cyclosporine</i>	2	X			
<i>cyclosporine modified caps, 25 mg, 100 mg; oral soln</i>	2	X			

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CYCLOSPORINE modified caps, 50 mg	4	X			
DAPTACEL	4				
DECAVAC	3				
DEPEN TITRATABS	4				
DIPHThERIA/TETANUS ADSORBED pediatric	4				
ELIDEL	4				•
ENBREL	5		•		
ENGERIX-B	4	X			
GAMMAGARD	3	X	•		
GAMMAGARD S/D	5	X	•		
GARDASIL	4				
HAVRIX	4				
HIBERIX	4				
HUMIRA	5		•		
<i>imiquimod</i>	2		•		
IMOVAX	3	X			
INFANRIX	4				
INFERGEN	5				
IPOL	4				
IXIARO	4				
KINRIX	4				
<i>leflunomide</i>	2				
M-M-R II W/DILUENT	4				
MENACTRA	4				
MENOMUNE	4				
MENVEO	4				
<i>methotrexate for inj, inj</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>methotrexate tabs</i>	2	X			
<i>mycophenolate mofetil</i>	2	X			
MYFORTIC	3	X			
NULOJIX	5	X			
PEDVAX HIB	4				
PEG-INTRON	5		•		
PEGASYS	5		•		
PENTACEL	4				
PROGRAF inj	4	X			
PROQUAD	4				
PROTOPIC	4				•
RABAVERT	4	X			
RAPAMUNE oral soln	5	X			
RAPAMUNE tabs	4	X			
RECOMBIVAX HB	4	X			
REMICADE	5		•		
RIDAURA	4				
ROTARIX	4				
ROTATEQ	4				
SANDIMMUNE oral soln	4	X			
SIMULECT	5	X			
SYNAGIS	5				
<i>tacrolimus</i>	2	X			
TENIVAC	3				
TETANUS ADSORBED	3	X			
TETANUS/DIPHThERIA ADSORBED adult	3				
THALOMID	5		•	•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
THYMOGLOBULIN	5	X			
TRIPEDIA	4				
TWINRIX	4				
TYPHIM VI	4				
TYSABRI*	5		•	•	
VAQTA	4				
VARIVAX	4				
XOLAIR*	5		•		
YF-VAX	4				
ZORTRESS tabs, 0.25 mg	4	X			
ZORTRESS tabs, 0.5 mg, 0.75 mg	5	X			
ZOSTAVAX	4			•	
<b>Inflammatory Bowel Disease Agents</b>					
APRISO	4				
ASACOL HD	3				
<i>balsalazide</i>	2				
<i>budesonide ER</i>	5				
CANASA	3				
DELZICOL	3				
DIPENTUM	4				
<i>hydrocortisone enema</i>	2				
LIALDA	3				
<i>mesalamine enema</i>	2				
PENTASA	3				
<i>sulfasalazine</i>	2				
<i>sulfasalazine DR</i>	2				
<b>Metabolic Bone Disease Agents</b>					
ACTONEL	3			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>alendronate tabs, 5 mg, 10 mg, 35 mg, 70 mg</i>	1			•	
ATELVIA	3			•	
BONIVA inj	4				
<i>calcitonin nasal spray</i>	2				
<i>calcitriol caps, inj, oral soln</i>	2				
ETIDRONATE	4				
FORTEO	5		•		
FORTICAL	4				
<i>ibandronate tabs</i>	2			•	
PROLIA	4		•		
RECLAST	4				
XGEVA	5				
ZEMPLAR	3				
<i>zoledronic acid conc for IV, 4 mg/5 mL; IV soln, 5 mg/100 mL</i>	2				
ZOMETA	5				
<b>Ophthalmic Agents</b>					
ALPHAGAN P soln, 0.1%	4				
<i>azelastine</i>	2				
AZOPT	4				
BACITRACIN oint	4				
<i>bacitracin/polymyxin B</i>	2				
BESIVANCE	4				
<i>betaxolol soln, 0.5%</i>	2				
BETOPTIC-S	4				
<i>brimonidine</i>	2				
BROMDAY	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
carteolol	2				
ciprofloxacin	2				
COMBIGAN	3				
cromolyn sodium	2				
dexamethasone sodium phosphate	2				
diclofenac sodium	2				
dorzolamide	2				
dorzolamide/timolol	2				
DUREZOL	3				
epinastine	2				
erythromycin	2				
fluorometholone	2				
flurbiprofen soln	2				
gentamicin oint, soln	2				
ILEVRO	3				
ISTALOL	4				
ketorolac	2				
LACRISERT	4				
latanoprost	2				
LEVOBUNOLOL soln, 0.25%	4				
levobunolol soln, 0.5%	2				
LOTEMAX	3				
LUMIGAN	3				
metipranolol	2				
MOXEZA	4				
NAPHAZOLINE	4				
NATACYN	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
neomycin/polymyxin B/bacitracin oint	2				
neomycin/polymyxin B/bacitracin/hydrocortisone oint	2				
neomycin/polymyxin B/dexamethasone oint, susp	2				
neomycin/polymyxin B/gramicidin soln	2				
NEVANAC	3				
ofloxacin	2				
PATADAY	3				
PATANOL	4				
PHOSPHOLINE IODIDE	4				
pilocarpine	2				
PILOPINE HS	4				
polymyxin B/trimethoprim	2				
prednisolone acetate	2				
RESTASIS	3				
sulfacetamide sodium soln	2				
sulfacetamide sodium/prednisolone soln	2				
timolol maleate gel-forming soln	2				
timolol maleate soln	2				
TOBRADEX oint	4				
tobramycin	2				
tobramycin/dexamethasone	2				
TRAVATAN Z	3				
trifluridine	2				
VIGAMOX	3				

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<b>Otic Agents</b>					
<i>acetic acid soln</i>	2				
ACETIC ACID/ALUMINUM ACETATE soln	4				
CIPRODEX	4				
<i>fluocinolone acetonide oil</i>	2				
<i>hydrocortisone/acetic acid soln</i>	2				
<i>neomycin/polymyxin B/hydrocortisone soln, susp</i>	2				
<i>ofloxacin soln</i>	2				
<b>Respiratory Tract Agents</b>					
<i>acetylcysteine inhal soln</i>	2	X			
ADVAIR DISKUS	3			●	
ADVAIR HFA	3			●	
<i>albuterol sulfate inhal soln</i>	2	X			
<i>albuterol sulfate syrup, tabs</i>	2				
<i>albuterol sulfate ER</i>	2				
ASMANEX	3			●	
ASTEPRO	3			●	
ATROVENT HFA	4			●	
<i>azelastine nasal spray, 137 mcg/spray</i>	2			●	
<i>caffeine citrate oral soln</i>	2				
COMBIVENT	4			●	
COMBIVENT RESPIMAT	4			●	
<i>cromolyn sodium inhal soln</i>	2	X			
<i>cyproheptadine tabs</i>	4		●		
DALIRESP	4			●	
<i>diphenhydramine inj</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
DULERA	4			●	
EPIPEN	3				
EPIPEN-JR	3				
FLOVENT DISKUS	3			●	
FLOVENT HFA	3			●	
<i>fluticasone nasal spray</i>	2			●	
FORADIL AEROLIZER	3			●	
<i>hydroxyzine hcl syrup, tabs</i>	4		●		
<i>ipratropium nasal soln</i>	2			●	
KALYDECO	5		●	●	
<i>levocetirizine tabs</i>	2				
LUFYLLIN	4				
<i>montelukast</i>	2				
NASONEX	3			●	
PATANASE	4			●	
PROAIR HFA	3			●	
PROLASTIN-C*	5				
<i>promethazine syrup, tabs</i>	4		●		
PULMOZYME	5	X			
QVAR	3			●	
SEREVENT DISKUS	3			●	
SPIRIVA HANDIHALER	3			●	
SYMBICORT	3			●	
<i>terbutaline tabs</i>	2				
<i>theophylline ER tabs</i>	2				
<i>triamcinolone nasal spray</i>	2			●	
TYZINE	4				
TYZINE PEDIATRIC	4				

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VENTOLIN HFA	3			•	
XOPENEX HFA	4			•	
<i>zafirlukast</i>	2				
<b>Sleep Disorder Agents</b>					
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	2		•		
DOXEPIN caps, 75 mg	4		•		
<i>modafinil tabs, 100 mg</i>	2		•	•	
<i>modafinil tabs, 200 mg</i>	5		•	•	
NUVIGIL	4		•	•	
XYREM*	5			•	
<i>zaleplon</i>	3			•	
<i>zolpidem</i>	4			•	
<b>Skeletal Muscle Relaxants</b>					
<i>cyclobenzaprine tabs</i>	4				•
<i>methocarbamol</i>	4				•
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>					
<i>amino acid IV - generics</i>	2	X			
CHEMET	4				
CUPRIMINE	3				
DEPEN TITRATABS	4				
EXJADE*	5				
<i>fat emulsion IV, 20%, 30%</i>	2	X			
<i>fomepizole</i>	5				
FREAMINE, 8.5 %	4	X			
<i>iv fluids - generics</i>	2				
IV FLUIDS - KCL/D5W/ LACTATED RINGERS inj	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>levocarnitine oral soln, tabs</i>	2				
<i>potassium chloride ER caps; ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	2				
POTASSIUM CITRATE tabs	4				
<i>sodium polystyrene sulfonate</i>	2				
SYPRINE	5				

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## 2014 Quantity Limits

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>abacavir 300 mg</i>	60 tablets
ABILIFY DISCMELT - all strengths	60 tablets
ABILIFY injection	90 vials
ABILIFY MAINTENA	1 vial
ABILIFY oral solution	750 mL
ABILIFY tablets - all strengths	30 tablets
<i>acarbose 100 mg</i>	90 tablets
<i>acarbose 25 mg</i>	360 tablets
<i>acarbose 50 mg</i>	180 tablets
<i>acetaminophen w/codeine solution 120 mg/12 mg/5 mL</i>	2700 mL
<i>acetaminophen w/codeine 300-15 mg, 300-30 mg</i>	360 tablets
<i>acetaminophen w/codeine 300-60 mg</i>	180 tablets
ACTONEL 150 mg	1 tablet
ACTONEL 35 mg	4 tablets per 28 days
ACTONEL 5 mg, 30 mg	30 tablets
ADCIRCA 20 mg	60 tablets
ADVAIR DISKUS - all strengths	1 package of 60
ADVAIR HFA - all strengths	1 canister
AFINITOR DISPERZ 2 mg, 5 mg	60 tablets
AFINITOR DISPERZ 3 mg	90 tablets
AFINITOR 2.5 mg, 5 mg, 7.5 mg, 10 mg	30 tablets
<i>alendronate 10 mg</i>	120 tablets
<i>alendronate 35 mg, 70 mg</i>	4 tablets per 28 days
<i>alendronate 5 mg</i>	30 tablets
<i>alfuzosin ER 10 mg</i>	30 tablets
<i>amphetamine/dextroamphetamine ER 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	30 capsules
AMTURNIDE 150-5-12.5 mg, 300-5-12.5 mg, 300-5-25 mg, 300-10-12.5 mg, 300-10-25 mg	30 tablets
ANDRODERM 24 hr patch 2 mg, 4 mg	30 patches
ANDROGEL PUMP 1%	4 pumps
ANDROGEL 1.62%	2 pumps
ANDROGEL 1% 25 mg/2.5 gm, 50 mg/5 gm	60 packets
APTIVUS 100 mg/mL	4 bottles
APTIVUS 250 mg	120 capsules
<i>ascomp/codeine</i>	180 capsules
ASMANEX 14 AER 220 mcg	1 canister
ASMANEX 30 AER 110 mcg	1 canister

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
ASMANEX 30, 60, 120 AER 220 mcg	1 canister
ASTEPRO	2 bottles
ATELVIA 35 mg	4 tablets per 28 days
<i>atorvastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>atorvastatin 80 mg</i>	30 tablets
ATRIPLA 600-200-300 mg	30 tablets
ATROVENT HFA INHALER	2 canisters
AVODART 0.5 mg	30 capsules
AVONEX PEN KIT 30 mcg	1 kit per 28 days
AVONEX 30 mcg, 30 mcg/0.5 mL	4 syringes (1 box/kit) per 28 days
<i>azelastine hcl 0.1%</i>	2 bottles
AZOR 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	30 tablets
BENICAR HCT 20-12.5 mg, 40-12.5 mg, 40-25 mg	30 tablets
BENICAR 20 mg, 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BETASERON 0.3 mg	15 vials/syringes
BOSULIF 100mg	120 tablets
BOSULIF 500mg	30 tablets
<i>budeprion SR (12 hr) 100 mg, 150 mg</i>	60 tablets
<i>buprenorphine hcl 2 mg</i>	90 sublingual tablets
<i>buprenorphine hcl 8 mg</i>	90 sublingual tablets
<i>buprenorphine hcl/naloxone 2-0.5 mg, 8-2 mg</i>	90 sublingual tablets
<i>bupropion hcl ER (12 hr) 100 mg, 150 mg, 200 mg</i>	60 tablets
<i>bupropion hcl XL (24 hr) 150 mg, 300 mg</i>	30 tablets
<i>bupropion hcl 100 mg</i>	120 tablets
<i>bupropion hcl 75 mg</i>	60 tablets
<i>butalbital/acetaminophen/caffeine w/codeine 50-325-40-30 mg</i>	180 capsules
<i>butalbital/aspirin/caffeine/codeine 50-325-40-30 mg</i>	180 capsules
BYDUREON 2 mg	4 vials per 28 days
<i>candesartan 32 mg</i>	30 tablets
<i>candesartan 4 mg, 8 mg, 16 mg</i>	60 tablets
<i>candesartan/hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	30 tablets
CAPRELSA 100 mg	60 tablets
CAPRELSA 300 mg	30 tablets
CELEBREX 400 mg	30 capsules
CELEBREX 50 mg, 100 mg, 200 mg	60 capsules
CHANTIX - all strengths	168 days of therapy
<i>citalopram 10 mg/5 mL</i>	600 mL
<i>citalopram 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>clonazepam ODT 0.125 mg, 0.25 mg</i>	90 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>clonazepam/clonazepam ODT 0.5 mg, 1 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 2 mg</i>	300 tablets
<i>clorazepate 15 mg</i>	180 tablets
<i>clorazepate 3.75 mg, 7.5 mg</i>	90 tablets
<i>clozapine 100 mg</i>	270 tablets
<i>clozapine 200 mg</i>	120 tablets
<i>clozapine 25 mg, 50 mg</i>	90 tablets
CODEINE SULFATE 15 mg, 30 mg, 60 mg	180 tablets
COMBIVENT	2 canisters
COMBIVENT RESPIMAT	2 canisters
COMETRIQ 100 mg	56 capsules per 28 days
COMETRIQ 140 mg	112 capsules per 28 days
COMETRIQ 60 mg	84 capsules per 28 days
COMPLERA 200-25-300 mg	30 tablets
COPAXONE KIT 20 mg/mL	1 kit
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg, 10 mg, 20 mg	45 tablets
CRIXIVAN 200 mg	270 capsules
CRIXIVAN 400 mg	180 capsules
CYCLOSET 0.8 mg	180 tablets
CYMBALTA 20 mg, 30 mg, 60 mg	60 capsules
DALIRESP 500 mcg	30 tablets
DETROL LA - all strengths	30 capsules
DEXILANT - all strengths	30 capsules
<i>dexmethylphenidate 2.5 mg, 5 mg, 10 mg</i>	60 tablets
<i>dextroamphetamine ER 10 mg, 15 mg</i>	120 capsules
<i>dextroamphetamine ER 5 mg</i>	90 capsules
<i>dextroamphetamine 10 mg</i>	180 tablets
<i>dextroamphetamine 5 mg</i>	60 tablets
<i>diazepam gel 2.5 mg, 10 mg, 20 mg</i>	5 twin packs
DIAZEPAM 1 mg/mL	1200 mL
<i>diazepam 10 mg</i>	120 tablets
<i>diazepam 2 mg</i>	120 tablets
<i>diazepam 5 mg</i>	120 tablets
DIAZEPAM 5 mg/mL	240 mL
<i>didanosine 125 mg, 200 mg, 250 mg, 400 mg</i>	30 capsules
<i>digoxin 0.125 mg, 0.25 mg</i>	30 tablets
<i>digoxin 50 mcg/mL</i>	75 mL
<i>donepezil ODT 5 mg, 10 mg</i>	30 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>donepezil 5 mg, 10 mg</i>	30 tablets
<i>doxazosin 1 mg, 2 mg, 4 mg</i>	30 tablets
<i>doxazosin 8 mg</i>	60 tablets
DULERA - all strengths	1 canister
EDURANT 25 mg	30 tablets
EMTRIVA 10 mg/mL	5 bottles
EMTRIVA 200 mg	30 capsules
<i>endocet 10-325 mg</i>	180 tablets
<i>endocet 5-325 mg</i>	360 tablets
<i>endocet 7.5-325 mg</i>	240 tablets
<i>endodan 4.88-325 mg</i>	360 tablets
<i>enoxaparin syringes</i>	30 syringes per 90 days
<i>enoxaparin 300 mg/3 mL vials</i>	10 vials per 90 days
EPIVIR 10 mg/mL	960 mL
<i>eprosartan 600 mg</i>	30 tablets
EPZICOM 600-300 mg	30 tablets
ERIVEDGE 150 mg	30 capsules
<i>escitalopram 5 mg/5 mL</i>	600 mL
<i>escitalopram 5 mg, 10 mg, 20 mg</i>	30 tablets
EXELON 4.6 mg/24 hr, 9.5 mg/24 hr, 13.3 mg/24 hr	30 patches
EXELON 2 mg/mL	240 mL
EXFORGE HCT 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	30 tablets
EXFORGE 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	30 tablets
FANAPT TITRATION PAK	1 pak per 4 days
FANAPT 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tablets
FAZACLO ODT 12.5 mg, 100 mg	90 tablets
FAZACLO ODT 25 mg	270 tablets
FAZACLO 150 mg	180 tablets
FAZACLO 200 mg	120 tablets
<i>fenofibrate micronized 67 mg, 134 mg, 200 mg</i>	30 capsules
<i>fenofibrate 145 mg, 160 mg</i>	30 tablets
<i>fenofibrate 48 mg, 54 mg</i>	60 tablets
<i>fentanyl citrate oral lozenges 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	120 lozenges
<i>fentanyl transdermal - all strengths</i>	15 patches
<i>finasteride 5 mg</i>	30 tablets
FIRAZYR	3 syringes
FLOVENT DISKUS 250 mcg	4 inhalers
FLOVENT DISKUS 50 mcg, 100 mcg	1 inhaler



<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg, 110 mcg	1 canister
<i>fluoxetine weekly DR 90 mg</i>	4 capsules per 28 days
<i>fluoxetine 10 mg</i>	30 capsules or tablets
<i>fluoxetine 20 mg</i>	120 capsules or tablets
<i>fluoxetine 20 mg/5 mL</i>	600 mL
<i>fluoxetine 40 mg</i>	60 capsules
<i>fluticasone nasal spray</i>	1 bottle
<i>fluvoxamine 100 mg</i>	90 tablets
<i>fluvoxamine 25 mg, 50 mg</i>	30 tablets
<i>fondaparinux solution 2.5 mg/0.5 mL, 5.0 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	30 syringes per 90 days
FORADIL	1 package of 60
FUZEON injection 90 mg	60 vials
<i>galantamine ER 8 mg, 16 mg, 24 mg</i>	30 capsules
<i>galantamine oral solution 4 mg/mL</i>	200 mL
<i>galantamine 4 mg, 8 mg, 12 mg</i>	60 tablets
<i>gemfibrozil 600 mg</i>	60 tablets
GEODON injection	60 vials
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets
<i>glimepiride 1 mg</i>	240 tablets
<i>glimepiride 2 mg</i>	120 tablets
<i>glimepiride 4 mg</i>	60 tablets
<i>glipizide ER 10 mg</i>	60 tablets
<i>glipizide ER 2.5 mg</i>	240 tablets
<i>glipizide ER 5 mg</i>	120 tablets
<i>glipizide XL 10 mg</i>	60 tablets
<i>glipizide XL 2.5 mg</i>	240 tablets
<i>glipizide XL 5 mg</i>	120 tablets
<i>glipizide 10 mg</i>	120 tablets
<i>glipizide 5 mg</i>	240 tablets
<i>glipizide/metformin 2.5-250 mg</i>	240 tablets
<i>glipizide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>glyburide micronized 1.5 mg</i>	240 tablets
<i>glyburide micronized 3 mg</i>	120 tablets
<i>glyburide micronized 6 mg</i>	60 tablets
<i>glyburide 1.25 mg</i>	480 tablets
GLYBURIDE 1.25 mg	480 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>glyburide 2.5 mg</i>	240 tablets
GLYBURIDE 2.5 mg	240 tablets
<i>glyburide 5 mg</i>	120 tablets
GLYBURIDE 5 mg	120 tablets
<i>glyburide/metformin 1.25-250 mg</i>	240 tablets
<i>glyburide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>hydrocodone/acetaminophen 5-300 mg, 5-325 mg</i>	360 tablets
<i>hydrocodone/acetaminophen 7.5-300 mg, 7.5-325 mg, 10-300 mg, 10-325 mg</i>	180 tablets
<i>hydrocodone/acetaminophen 7.5-325 mg/15 mL</i>	3600 mL
<i>hydrocodone/ibuprofen - all strengths</i>	150 tablets
<i>hydromorphone 1 mg/mL</i>	1440 mL
<i>hydromorphone 2 mg, 4 mg, 8 mg</i>	180 tablets
<i>ibandronate 150 mg</i>	1 tablet
<i>ibudone 5-200 mg</i>	150 tablets
ICLUSIG 15 mg	60 tablets
ICLUSIG 45 mg	30 tablets
INLYTA 1 mg	180 tablets
INLYTA 5 mg	120 tablets
INTELENCE 100 mg, 200 mg	60 tablets
INTELENCE 25 mg	120 tablets
INTUNIV 1 mg, 2 mg, 3 mg, 4 mg	30 tablets
INVEGA SUSTENNA	1 kit
INVEGA 1.5 mg, 3 mg, 9 mg	30 tablets
INVEGA 6 mg	60 tablets
INVIRASE 200 mg	300 capsules
INVIRASE 500 mg	120 tablets
<i>ipratropium nasal 0.03%</i>	2 bottles
<i>ipratropium nasal 0.06%</i>	3 bottles
<i>irbesartan 75 mg, 150 mg, 300 mg</i>	30 tablets
<i>irbesartan/HCTZ 150-12.5 mg, 300-12.5 mg</i>	30 tablets
ISENTRESS CHW 25 mg, 100 mg	180 tablets
ISENTRESS 400 mg	60 tablets
JAKAFI - all strengths	60 tablets
JALYN	30 capsules
JANUMET - all strengths	60 tablets
JANUMET XR 100-1000 mg	30 tablets
JANUMET XR 50-500 mg, 50-1000 mg	60 tablets
JANUVIA 100 mg	30 tablets
JANUVIA 25 mg	120 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
JANUVIA 50 mg	60 tablets
JENTADUETO 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	60 tablets
JUVISYNC 50 mg/10 mg, 50 mg/20 mg	60 tablets
JUVISYNC 50 mg/40 mg, 100 mg/10 mg, 100 mg/20 mg, 100 mg/40 mg	30 tablets
KADIAN 10 mg, 40 mg, 70 mg, 130 mg, 150 mg, 200 mg	60 capsules
KALETRA 100-25 mg	300 tablets
KALETRA 200-50 mg	120 tablets
KALETRA 400-100mg/5mL	2 bottles
KALYDECO 150 mg	60 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-500 mg, 5-1000 mg	30 tablets
<i>lamivudine 150 mg</i>	60 tablets
<i>lamivudine 300 mg</i>	30 tablets
<i>lamivudine/zidovudine 150-300 mg</i>	60 tablets
LATUDA 20mg, 40mg, 120mg	30 tablets
LATUDA 80mg	60 tablets
LAZANDA - all strengths	30 bottles
LETAIRIS 5 mg, 10 mg	30 tablets
LEVORPHANOL 2 mg	120 tablets
LEXIVA 50 mg/mL	1800 mL
LEXIVA 700 mg	120 tablets
LIVALO 1 mg, 2 mg,	45 tablets
LIVALO 4 mg	30 tablets
<i>lorazepam 0.5 mg, 1 mg</i>	90 tablets
<i>lorazepam 2 mg</i>	150 tablets
<i>losartan 100 mg</i>	30 tablets
<i>losartan 25 mg, 50 mg</i>	60 tablets
<i>losartan/HCTZ 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	30 tablets
<i>lovastatin - all strengths</i>	60 tablets
MAPROTILINE 25 mg, 50 mg, 75 mg	90 tablets
MEKINIST 0.5 mg	90 tablets
MEKINIST 2.0 mg	30 tablets
<i>metadate ER 20 mg</i>	90 tablets
<i>metformin ER 500 mg</i>	120 tablets
<i>metformin ER 750 mg</i>	60 tablets
<i>metformin 1000 mg</i>	60 tablets
<i>metformin 500 mg</i>	150 tablets
<i>metformin 850 mg</i>	90 tablets
<i>methadone 5 mg, 10 mg</i>	90 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>methadose 10 mg</i>	90 tablets
<i>methylphenidate ER 20 mg</i>	90 tablets
<i>methylphenidate 5 mg, 10 mg, 20 mg</i>	90 tablets
MICARDIS HCT 40-12.5 mg, 80-25 mg	30 tablets
MICARDIS HCT 80-12.5 mg	60 tablets
MICARDIS 20 mg, 40 mg, 80 mg	30 tablets
<i>mirtazapine 7.5 mg</i>	30 tablets
<i>mirtazapine/mirtazapine ODT 15 mg, 30 mg, 45 mg</i>	30 tablets
<i>modafinil - all strengths</i>	30 tablets
<i>morphine sulfate ER 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	90 tablets
<i>morphine sulfate 10 mg/5 mL</i>	2700 mL
MORPHINE SULFATE 15 mg	240 tablets
<i>morphine sulfate 20 mg/mL, 100 mg/5 mL</i>	270 mL
<i>morphine sulfate 20 mg/5 mL</i>	1350 mL
MORPHINE SULFATE 30 mg	180 tablets
NAMENDA TITRATION PACK	49 tablets per 28 days
NAMENDA 10 mg/5 mL	360 mL
NAMENDA 5 mg, 10 mg	60 tablets
<i>naratriptan - all strengths</i>	18 tablets
NASONEX	2 bottles
<i>nateglinide 120 mg</i>	90 tablets
<i>nateglinide 60 mg</i>	180 tablets
<i>nevirapine 200 mg</i>	60 tablets
NEXAVAR 200 mg	120 tablets
NEXIUM - all strengths	30 capsules or packets
NIASPAN ER 500 mg	30 tablets
NIASPAN ER 750 mg, 1000 mg	60 tablets
<i>nitrofurantoin macrocrystalline 100 mg</i>	360 capsules per 365 days
<i>nitrofurantoin macrocrystalline 50 mg</i>	360 capsules per 365 days
<i>nitrofurantoin monohydrate 100 mg</i>	180 capsules per 365 days
<i>nitrofurantoin 25 mg/5 mL</i>	7200 mL per 365 days
NORVIR 100 mg	360 capsules or tablets
NORVIR 80 mg/mL	2 bottles
NUCYNTA ER 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	60 tablets
NUVIGIL - all strengths	30 tablets
<i>olanzapine IM injection, 10 mg</i>	90 vials
<i>olanzapine ODT 5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
<i>olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
OLEPTRO 150 mg	45 tablets
OLEPTRO 300 mg	30 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>omeprazole 10 mg, 20 mg, 40 mg</i>	30 capsules
ONFI 5 mg, 10 mg, 20 mg	60 tablets
ONGLYZA 2.5 mg	60 tablets
ONGLYZA 5 mg	30 tablets
OPANA ER 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
<i>oxybutynin ER 10 mg, 15 mg</i>	60 tablets
<i>oxybutynin ER 5 mg</i>	30 tablets
<i>oxybutynin syrup 5 mg/5 mL</i>	600 mL
<i>oxybutynin 5 mg</i>	120 tablets
<i>oxycodone w/acetaminophen 10-325 mg</i>	180 tablets
<i>oxycodone w/acetaminophen 2.5-325 mg, 5-325 mg</i>	360 tablets
<i>oxycodone w/acetaminophen 7.5-325 mg</i>	240 tablets
<i>oxycodone 10 mg, 15 mg, 20 mg, 30 mg</i>	180 tablets
<i>oxycodone 5 mg</i>	360 tablets
<i>oxycodone/aspirin full strength</i>	360 tablets
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
OXYCONTIN 60 mg, 80 mg	120 tablets
<i>pantoprazole tabs - all strengths</i>	30 tablets
<i>paroxetine hcl ER 12.5 mg</i>	30 tablets
<i>paroxetine hcl ER 25 mg, 37.5 mg</i>	60 tablets
<i>paroxetine hcl 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>paroxetine hcl 30 mg</i>	60 tablets
PATANASE	1 bottle
PAXIL 10 mg/5 mL	900 mL
PICATO 0.015%	3 tubes
PICATO 0.05%	2 tubes
<i>pioglitazone 15 mg</i>	90 tablets
<i>pioglitazone 30 mg, 45 mg</i>	30 tablets
POMALYST 1 mg, 2 mg, 3 mg, 4 mg	21 capsules per 28 days
PRADAXA - all strengths	60 capsules
PRANDIN 0.5 mg	960 tablets
PRANDIN 1 mg	480 tablets
PRANDIN 2 mg	240 tablets
<i>pravastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>pravastatin 80 mg</i>	30 tablets
PREZISTA 100 mg/mL suspension	400 mL
PREZISTA 150 mg	180 tablets
PREZISTA 400 mg, 600 mg	60 tablets
PREZISTA 75 mg	300 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
PREZISTA 800mg	30 tablets
PRISTIQ - all strengths	30 tablets
PROAIR HFA	2 canisters
<i>quetiapine 25 mg, 50 mg, 100 mg, 200 mg</i>	90 tablets
<i>quetiapine 300 mg, 400 mg</i>	60 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
RAPAFLO 4 mg, 8 mg	30 capsules
<i>repaglinide 1 mg</i>	480 tablets
<i>repaglinide 2 mg</i>	240 tablets
REPREXAIN 10-200 mg	150 tablets
RESCRIPTOR 100 mg	360 tablets
RESCRIPTOR 200 mg	180 tablets
REVLIMID 15 mg, 20 mg, 25 mg	21 capsules per 28 days
REVLIMID 2.5 mg, 5 mg, 10 mg	30 capsules
REYATAZ 100 mg, 150 mg, 300 mg	30 capsules
REYATAZ 200 mg	60 capsules
RISPERDAL CONSTA injection - all strengths	2 vials per 28 days
<i>risperidone ODT 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone ODT 4 mg</i>	120 tablets
<i>risperidone oral solution</i>	480 mL
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone 4 mg</i>	120 tablets
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	60 capsules
<i>rizatriptan odt 5 mg, 10 mg</i>	18 tablets
<i>rizatriptan 5 mg, 10 mg</i>	18 tablets
<i>roxicet 5-325 mg</i>	360 tablets
SANCUSO	4 patches per 28 days
SAPHRIS 5 mg, 10 mg	60 tablets
SELZENTRY 150 mg	60 tablets
SELZENTRY 300 mg	120 tablets
SEREVENT DISKUS	1 package of 60
SEROQUEL XR 150 mg, 200 mg	30 tablets
SEROQUEL XR 50 mg, 300 mg, 400 mg	60 tablets
<i>sertraline 100 mg</i>	60 tablets
<i>sertraline 20 mg/mL</i>	300 mL
<i>sertraline 25 mg, 50 mg</i>	30 tablets
<i>sildenafil 20 mg</i>	90 tablets
SIMCOR 500-20 mg, 500-40 mg, 1000-40 mg	30 tablets
SIMCOR 750-20 mg, 1000-20 mg	60 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
<i>simvastatin 20 mg</i>	60 tablets
<i>simvastatin 5 mg, 10 mg, 40 mg</i>	45 tablets
<i>simvastatin 80 mg</i>	30 tablets
SPIRIVA	30 capsules
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tablets
<i>stavudine 1 mg/mL</i>	2400 mL
<i>stavudine 15 mg, 20 mg, 30 mg, 40 mg</i>	60 capsules
STIVARGA 40mg	84 tabs/28 days
STRATTERA 10 mg, 18 mg, 25 mg, 40 mg	60 capsules
STRATTERA 60 mg, 80 mg, 100 mg	30 capsules
STRIBILD	30 tablets
SUBOXONE MIS 12-3mg, 8-2 mg	60 films
SUBOXONE MIS 2-0.5 mg	90 films
SUBOXONE MIS 4-1mg	30 films
SUBSYS 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	120 spray units
SUMATRIPTAN NASAL - all strengths	12 units/2 packages
<i>sumatriptan tablets - all strengths</i>	18 tablets
SUSTIVA 200 mg	60 capsules
SUSTIVA 50 mg	90 capsules
SUSTIVA 600 mg	30 tablets
SUTENT 12.5 mg	90 capsules
SUTENT 25 mg, 50 mg	30 capsules
SYMBICORT - all strengths	1 canister
TAFINLAR 50 mg, 75 mg	120 capsules
<i>tamsulosin 0.4 mg</i>	60 capsules
TARCEVA 100 mg, 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg, 200 mg	120 capsules
TEKAMLO - all strengths	30 tablets
TEKTURNA HCT 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg	30 tablets
TEKTURNA 150 mg, 300 mg	30 tablets
<i>terazosin 1 mg, 2 mg, 5 mg</i>	30 capsules
<i>terazosin 10 mg</i>	60 capsules
THALOMID 150 mg, 200 mg	60 capsules
THALOMID 50 mg, 100 mg	30 capsules
<i>tolterodine 1 mg, 2 mg</i>	60 tablets
TOVIAZ - all strengths	30 tablets

<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
TRACLEER 62.5 mg, 125 mg	60 tablets
TRADJENTA	30 tablets
<i>tramadol hcl ER 100 mg, 200 mg, 300 mg</i>	30 tablets
<i>tramadol hcl 50 mg</i>	240 tablets
<i>tramadol/acetaminophen 37.5-325 mg</i>	240 tablets
<i>triamcinolone nasal inhaler</i>	1 bottle
TRIBENZOR - all strengths	30 tablets
TRIZIVIR 300-150-300 mg	60 tablets
<i>tropium ER 60mg</i>	30 capsules
<i>tropium 20 mg</i>	60 tablets
TRUVADA 200-300 mg	30 tablets
TYKERB 250 mg	180 tablets
TYSABRI 300 mg/15 mL	1 vial per 28 days
<i>valsartan/hctz - all strengths</i>	30 tablets
VANDETANIB 100 mg	60 tablets
VANDETANIB 300 mg	30 tablets
<i>venlafaxine ER capsules 37.5 mg, 150 mg</i>	30 capsules
<i>venlafaxine ER capsules 75 mg</i>	90 capsules
<i>venlafaxine ER tablets 37.5 mg, 150 mg</i>	30 tablets
<i>venlafaxine ER tablets 75 mg</i>	90 tablets
<i>venlafaxine 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	90 tablets
VENTOLIN HFA	2 canisters
VESICARE - all strengths	30 tablets
<i>vicodin ES 7.5-300 mg</i>	180 tablets
<i>vicodin HP 10-300 mg</i>	180 tablets
<i>vicodin 5-300 mg</i>	360 tablets
VICTOZA 18 mg/3 mL 2 Pen Package	1 package of 2 pens
VICTOZA 18 mg/3 mL 3 Pen Package	1 package of 3 pens
VIDEX 2 gm, 4 gm	1200 mL
VIIBRYD - all strengths	30 tablets
VIIBRYD starter kit	1 kit per 30 days
VIMOVO 375-20 mg, 500-20 mg	60 tablets
VIRACEPT 250 mg	270 tablets
VIRACEPT 625 mg	120 tablets
VIRAMUNE XR 100 mg	90 tablets
VIRAMUNE XR 400 mg	30 tablets
VIRAMUNE 50 mg/5 mL	1200 mL
VIREAD 150 mg, 200 mg, 250 mg, 300 mg	30 tablets
VIREAD 40 mg/gm	240 gm
VOLTAREN gel 1%	10 tubes



<b>Drug Name</b>	<b>Monthly Limit</b> (unless otherwise noted)
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	30 tablets
XALKORI - all strengths	60 capsules
XARELTO 10 mg	35 tablets per 90 days
XARELTO 15 mg	60 tablets
XARELTO 20 mg	30 tablets
XENAZINE 12.5 mg	240 tablets
XENAZINE 25 mg	120 tablets
XOPENEX HFA	2 canisters
XTANDI 40 mg	120 capsules
XYREM 500 mg/mL	540 mL
<i>zaleplon 5 mg, 10 mg</i>	90 tablets per 365 days
ZELBORAF	240 tablets
ZENZEDI 10 mg	180 tablets
ZENZEDI 5 mg	60 tablets
ZETIA 10 mg	30 tablets
ZIAGEN 20 mg/mL	960 mL
<i>zidovudine syrup 10 mg/mL</i>	1920 mL
<i>zidovudine 100 mg</i>	180 capsules
<i>zidovudine 300 mg</i>	60 tablets
<i>ziprasidone capsules - all strengths</i>	60 capsules
ZOLINZA 100 mg	120 capsules
<i>zolpidem 5 mg, 10 mg</i>	90 tablets per 365 days
ZOSTAVAX	1 vaccine per lifetime
ZYPREXA RELPREVV 210 mg, 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
ZYTIGA	120 tablets

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<i>fluticasone nasal spray</i> .....	27	HALAVEN.....	9
<i>fluvoxamine</i> .....	5	<i>halobetasol crm, oint</i> .....	19
<i>fomepizole</i> .....	28	<i>haloperidol decanoate</i> .....	11
<i>fondaparinux inj</i> .....	15	<i>haloperidol inj, oral conc, tabs</i> .....	11
<i>fondaparinux inj</i> .....	15	HAVRIX.....	24
FORADIL AEROLIZER.....	27	<i>heparin inj</i> .....	15
FORTAZ for inj, inj in dextrose.....	3	<i>heparin inj in dextrose</i> .....	15
FORTEO.....	25	HEPSERA.....	12
FORTICAL.....	25	HERCEPTIN.....	9
FOSCARNET.....	12	HEXALEN.....	9
<i>fosinopril</i> .....	16	HIBERIX.....	24
<i>fosinopril/hydrochlorothiazide</i> .....	16	HUMALOG.....	14
<i>fosphenytoin</i> .....	4	HUMALOG MIX.....	14
FOSRENOL.....	21	HUMIRA.....	24
FREAMINE.....	28	HUMULIN 70/30 pens.....	14
<i>furosemide inj, oral soln, tabs</i> .....	16	HUMULIN 70/30 vials.....	14
FUZEON.....	12	HUMULIN N pens.....	14
<b>G</b>		HUMULIN N vials.....	14
<i>gabapentin</i> .....	4	HUMULIN R.....	14
GABITRIL tabs.....	4	<i>hydralazine tabs</i> .....	16
<i>galantamine</i> .....	5	<i>hydrochlorothiazide</i> .....	16
<i>galantamine ER</i> .....	5	<i>hydrocodone/acetaminophen oral soln, tabs</i> .....	1
GAMMAGARD.....	24	<i>hydrocodone/ibuprofen</i> .....	1
GAMMAGARD S/D.....	24	<i>hydrocortisone/acetic acid ear soln</i> .....	27
<i>ganciclovir for inj</i> .....	12	<i>hydrocortisone butyrate crm, oint, soln</i> .....	19
GARDASIL.....	24	<i>hydrocortisone crm, lotn, oint, rectal crm</i> .....	19
GAUZE PADS 2" X 2".....	14	<i>hydrocortisone enema</i> .....	25
<i>gemcitabine for inj</i> .....	8	<i>hydrocortisone tabs</i> .....	22
GEMCITABINE inj.....	9	<i>hydrocortisone valerate crm, oint</i> .....	19
<i>gemfibrozil</i> .....	16	<i>hydromorphone inj</i> .....	1
GENTAMICIN crm, oint.....	19	<i>hydromorphone liq, tabs</i> .....	1
<i>gentamicin eye oint, soln</i> .....	26	<i>hydroxychloroquine</i> .....	10
<i>gentamicin inj, inj in saline, IV soln</i> .....	3	<i>hydroxyurea</i> .....	9
GENTAMICIN inj in saline.....	3	<i>hydroxyzine hcl syrup, tabs</i> .....	6
GEODON inj.....	11	<i>hydroxyzine hcl syrup, tabs</i> .....	13
GEODON inj.....	13	<i>hydroxyzine hcl syrup, tabs</i> .....	27
GLEEVEC.....	9	<b>I</b>	
<i>glimepiride</i> .....	14	<i>ibandronate tabs</i> .....	25
<i>glipizide</i> .....	14		

<i>ibuprofen</i> .....	1	IV FLUIDS - KCL/D5W/LACTATED RINGERS inj..	28
<i>ibuprofen</i> .....	7	IXEMPRA.....	9
ICLUSIG*.....	9	IXIARO.....	24
<i>idarubicin</i> .....	9	<b>J</b>	
IFEX for inj.....	9	JAKAFI*.....	9
IFOSFAMIDE/MESNA.....	9	JALYN.....	21
<i>ifosfamide for inj</i> .....	9	JANUMET.....	14
IFOSFAMIDE for inj.....	9	JANUMET XR.....	14
ILEVRO.....	26	JANUVIA.....	14
<i>imipenem/cilastatin</i> .....	3	JENTADUETO.....	14
<i>imipramine hcl</i> .....	5	JEVTANA.....	9
<i>imiquimod</i> .....	24	JUVISYNC.....	14
IMOVAX.....	24	<b>K</b>	
INCIVEK.....	12	KADCYLA.....	9
INCRELEX*.....	22	KADIAN caps.....	1
<i>indapamide</i> .....	16	KALETRA oral soln, tabs.....	12
INFANRIX.....	24	KALETRA tabs.....	12
INFERGEN.....	24	KALYDECO.....	27
INLYTA*.....	9	KANAMYCIN.....	3
INSULIN INJECTION DEVICE.....	14	KEPIVANCE.....	18
INSULIN SYRINGE/NEEDLE.....	14	<i>ketoconazole crm, shampoo</i> .....	19
INTELENCE.....	12	<i>ketoconazole tabs</i> .....	6
INTRON-A.....	9	<i>ketoprofen</i> .....	1
INTRON-A.....	12	<i>ketoprofen</i> .....	7
INTUNIV.....	18	<i>ketorolac eye soln</i> .....	26
INVANZ.....	3	<i>ketorolac tabs</i> .....	1
INVEGA SUSTENNA inj.....	11	KINRIX.....	24
INVEGA SUSTENNA inj.....	11	KOMBIGLYZE XR.....	14
INVEGA tabs.....	11	KUVAN*.....	20
INVEGA tabs.....	11	<b>L</b>	
INVIRASE.....	12	<i>labetalol tabs</i> .....	16
IPOL.....	24	LACRISERT eye insert.....	26
<i>ipratropium nasal soln</i> .....	27	<i>lactic acid crm, lotn</i> .....	19
<i>irbesartan</i> .....	16	<i>lactulose</i> .....	20
<i>irbesartan/hydrochlorothiazide</i> .....	16	LAMICTAL ODT.....	4
IRESSA*.....	9	LAMICTAL ODT.....	13
<i>irinotecan</i> .....	9	<i>lamivudine</i> .....	12
ISENTRESS.....	12	<i>lamivudine/zidovudine</i> .....	12
<i>isoniazid/rifampin</i> .....	7	<i>lamotrigine chew tabs, tabs</i> .....	4
ISONIAZID inj.....	7	<i>lamotrigine chew tabs, tabs</i> .....	13
<i>isoniazid tabs</i> .....	7	LANTUS.....	14
<i>isosorbide dinitrate ER tabs</i> .....	16	<i>latanoprost eye soln</i> .....	26
ISOSORBIDE DINITRATE SL tabs.....	16	LATUDA.....	11
<i>isosorbide dinitrate tabs</i> .....	16	LAZANDA.....	1
<i>isosorbide mononitrate</i> .....	16	<i>leflunomide</i> .....	24
<i>isosorbide mononitrate ER tabs</i> .....	16	LETAIRIS*.....	17
<i>isotretinoin caps</i> .....	19	<i>letrozole</i> .....	9
ISRADIPINE.....	16	LEUCOVORIN CALCIUM for inj, inj, tabs.....	9
ISTALOL eye soln.....	26	<i>leucovorin calcium for inj, tabs</i> .....	9
ISTODAX.....	9	LEUKERAN.....	9
<i>itraconazole caps</i> .....	6		
<i>iv fluids - generics</i> .....	28		



LEUKINE.....	15	<i>medroxyprogesterone inj, tabs</i> .....	22
<i>leuprolide acetate</i> .....	23	<i>mefloquine</i> .....	10
LEVEMIR.....	14	MEFOXIN.....	3
<i>levetiracetam inj, oral soln, tabs</i> .....	4	<i>megestrol</i> .....	22
LEVETIRACETAM IV in saline.....	4	MEKINIST.....	9
<i>levobunolol eye soln</i> .....	26	<i>meloxicam tabs</i> .....	7
LEVOBUNOLOL eye soln.....	26	<i>melphalan</i> .....	9
<i>levocarnitine oral soln, tabs</i> .....	28	MENACTRA.....	24
<i>levocetirizine tabs</i> .....	27	MENEST.....	22
<i>levofloxacin</i> .....	3	MENOMUNE.....	24
LEVORPHANOL.....	1	MENVEO.....	24
<i>levothyroxine tabs</i> .....	22	MEPRON.....	10
LEXIVA oral susp.....	12	<i>mercaptopurine</i> .....	9
LEXIVA tabs.....	12	<i>meropenem</i> .....	3
LIALDA.....	25	<i>mesalamine enema</i> .....	25
<i>lidocaine/prilocaine</i> .....	1	<i>mesna</i> .....	9
<i>lidocaine gel, oint</i> .....	19	MESNEX tabs.....	9
LIDOCAINE IV.....	17	MESTINON syrup.....	7
<i>lidocaine local inj, topical soln</i> .....	1	MESTINON TIMESPAN.....	7
<i>lidocaine viscous</i> .....	1	<i>metformin</i> .....	14
LIDODERM.....	1	<i>metformin ER</i> .....	14
<i>lindane lotn, shampoo</i> .....	10	<i>methadone tabs</i> .....	1
<i>liothyronine tabs</i> .....	22	<i>methazolamide</i> .....	17
<i>lisinopril</i> .....	17	<i>methenamine hippurate</i> .....	3
<i>lisinopril/hydrochlorothiazide</i> .....	17	<i>methimazole</i> .....	23
<i>lithium carbonate caps, tabs</i> .....	13	<i>methocarbamol</i> .....	28
<i>lithium carbonate ER</i> .....	13	<i>methotrexate for inj, inj</i> .....	9
LITHIUM CITRATE.....	14	<i>methotrexate for inj, inj</i> .....	24
LIVALO.....	17	<i>methotrexate tabs</i> .....	9
<i>loperamide</i> .....	20	<i>methotrexate tabs</i> .....	24
<i>lorazepam tabs</i> .....	13	<i>methscopolamine</i> .....	20
<i>losartan</i> .....	17	<i>methylergonovine tabs</i> .....	21
<i>losartan/hydrochlorothiazide</i> .....	17	<i>methylphenidate ER tabs</i> .....	18
LOTEMAX eye susp.....	26	<i>methylphenidate tabs</i> .....	18
LOTRONEX.....	20	<i>methylprednisolone sodium succinate for inj</i> .....	22
<i>lovastatin</i> .....	17	<i>methylprednisolone tabs</i> .....	22
LOVAZA.....	17	<i>metipranolol eye soln</i> .....	26
<i>loxapine</i> .....	11	<i>metoclopramide oral soln, tabs</i> .....	6
LUFYLLIN.....	27	<i>metoclopramide oral soln, tabs</i> .....	20
LUMIGAN eye soln.....	26	<i>metolazone</i> .....	17
LUPRON DEPOT.....	23	<i>metoprolol/hydrochlorothiazide tabs</i> .....	17
LUPRON DEPOT-PED.....	23	<i>metoprolol succinate ER</i> .....	17
LYRICA.....	4	<i>metoprolol tartrate tabs</i> .....	17
LYRICA.....	18	METROGEL.....	19
LYSODREN.....	23	METRO IV.....	3
<b>M</b>		<i>metronidazole caps, IV soln, tabs, vaginal gel</i> .....	3
MALARONE tabs.....	10	<i>metronidazole crm, gel, lotn</i> .....	19
<i>malathion</i> .....	10	MEXILETINE.....	17
MAPROTILINE.....	5	MICARDIS.....	17
MARPLAN.....	5	MICARDIS HCT.....	17
MATULANE*.....	9	<i>midodrine</i> .....	17
<i>meclizine tabs</i> .....	6	MIGERGOT.....	7

MIGRANAL.....	7	NEFAZODONE.....	5
<i>minocycline</i> .....	3	<i>neomycin/polymyxin B/bacitracin/hydrocortisone eye oint</i> .....	26
<i>minoxidil</i> .....	17	<i>neomycin/polymyxin B/bacitracin eye oint</i> .....	26
<i>mirtazapine ODT, tabs</i> .....	5	<i>neomycin/polymyxin B/dexamethasone eye oint, susp</i> .....	26
<i>misoprostol</i> .....	20	<i>neomycin/polymyxin B/gramicidin eye soln</i> .....	26
<i>mitomycin</i> .....	9	<i>neomycin/polymyxin B/hydrocortisone ear soln, susp</i> .....	27
<i>mitoxantrone</i> .....	9	<i>neomycin/polymyxin B GU irrigation soln</i> .....	21
<i>mitoxantrone</i> .....	18	<i>neomycin sulfate tabs</i> .....	3
M-M-R II W/DILUENT.....	24	NEULASTA.....	15
<i>modafinil tabs</i> .....	28	NEUMEGA.....	15
<i>modafinil tabs</i> .....	28	NEUPOGEN.....	15
<i>moexipril</i> .....	17	NEUPRO.....	11
<i>moexipril/hydrochlorothiazide</i> .....	17	NEVANAC eye susp.....	26
<i>mometasone crm, lotn, oint</i> .....	19	<i>nevirapine tabs</i> .....	12
<i>montelukast</i> .....	27	NEXAVAR*.....	9
<i>morphine sulfate ER caps, ER tabs</i> .....	1	NEXIUM.....	21
<i>morphine sulfate inj</i> .....	1	NEXIUM I.V.....	21
<i>morphine sulfate oral soln</i> .....	1	NIASPAN.....	17
MORPHINE SULFATE tabs.....	1	<i>nicardipine caps</i> .....	17
MOVIPREP.....	21	NICOTROL INHALER.....	2
MOXEZA eye soln.....	26	NICOTROL NS nasal spray.....	2
MULTAQ.....	17	<i>nifedipine ER tabs</i> .....	17
<i>mupirocin oint</i> .....	19	NILANDRON.....	23
MUSTARGEN.....	9	<i>nisoldipine ER tabs</i> .....	17
MYCAMINE for IV.....	6	NISOLDIPINE ER tabs.....	17
MYCAMINE for IV.....	6	NITRO-BID.....	17
MYCOBUTIN.....	7	<i>nitrofurantoin macrocrystalline caps</i> .....	3
<i>mycophenolate mofetil</i> .....	24	<i>nitrofurantoin monohydrate/macrocrystalline caps</i> .....	3
MYFORTIC.....	24	<i>nitrofurantoin susp</i> .....	3
MYOZYME.....	20	<i>nitroglycerin transdermal</i> .....	17
<b>N</b>		NITROLINGUAL PUMPSPRAY.....	17
<i>nabumetone</i> .....	7	NITROSTAT.....	17
<i>nadolol</i> .....	17	<i>nizatidine caps</i> .....	21
<i>nafcillin for inj</i> .....	3	<i>norethindrone acetate</i> .....	22
NAFCILLIN for IV.....	3	<i>nortriptyline caps</i> .....	5
NAGLAZYME*.....	20	NORVIR.....	12
<i>naloxone inj</i> .....	2	NOXAFIL.....	6
NALOXONE inj.....	2	NUCYNTA ER.....	1
<i>naltrexone</i> .....	2	NUEDEXTA.....	18
NAMENDA.....	5	NULOJIX.....	24
NAPHAZOLINE eye soln.....	26	NUVIGIL.....	28
<i>naproxen</i> .....	1	<i>nystatin/triamcinolone crm</i> .....	19
<i>naproxen</i> .....	7	NYSTATIN/TRIAMCINOLONE oint.....	19
<i>naproxen DR</i> .....	1	<i>nystatin crm, oint, topical powder</i> .....	19
<i>naproxen DR</i> .....	7	<i>nystatin susp, tabs</i> .....	6
<i>naproxen sodium tabs</i> .....	1	<b>O</b>	
<i>naproxen sodium tabs</i> .....	7	<i>octreotide inj</i> .....	23
<i>naratriptan</i> .....	7	<i>octreotide inj</i> .....	23
NASONEX.....	27	<i>ofloxacin</i> .....	3
NATACYN eye susp.....	26		
<i>nateglinide</i> .....	14		
NEBUPENT.....	10		

<i>ofloxacin ear soln</i> .....	27	PEG-INTRON.....	24
<i>ofloxacin eye soln</i> .....	26	<i>penicillin g potassium for inj</i> .....	3
<i>olanzapine</i> .....	11	PENICILLIN G POTASSIUM inj in dextrose.....	3
<i>olanzapine</i> .....	14	PENICILLIN G SODIUM for inj.....	3
OLEPTRO.....	5	<i>penicillin v potassium</i> .....	3
<i>omeprazole DR caps</i> .....	21	PENTACEL.....	24
OMNITROPE for inj.....	22	PENTAM 300.....	10
OMNITROPE inj.....	22	PENTASA.....	25
ONCASPAR.....	9	<i>pentostatin</i> .....	9
<i>ondansetron inj</i> .....	6	<i>pentoxifylline ER tabs</i> .....	15
<i>ondansetron ODT, oral soln, tabs</i> .....	6	<i>perindopril</i> .....	17
ONFI.....	4	PERJETA*.....	9
ONGLYZA.....	14	<i>permethrin</i> .....	10
ONTAK.....	9	<i>perphenazine</i> .....	6
OPANA ER crush resistant tabs.....	1	<i>perphenazine</i> .....	11
ORACEA caps.....	19	<i>phenelzine</i> .....	5
<i>oral contraceptives – all generics</i> .....	22	<i>phenobarbital elixir, inj, tabs</i> .....	4
ORAP.....	11	PHENOBARBITAL inj, tabs.....	4
ORFADIN*.....	20	<i>phenytoin chew tabs, susp</i> .....	4
<i>oxaliplatin</i> .....	9	<i>phenytoin sodium ER caps</i> .....	4
<i>oxandrolone tabs</i> .....	22	PHOSLYRA.....	21
<i>oxandrolone tabs</i> .....	22	PHOSPHOLINE IODIDE eye soln.....	26
<i>oxaprozin</i> .....	7	PICATO.....	20
<i>oxcarbazepine</i> .....	4	<i>pilocarpine eye soln, gel</i> .....	26
OXSORALEN ULTRA caps.....	19	<i>pilocarpine tabs</i> .....	18
<i>oxybutynin ER</i> .....	21	PILOPINE HS eye gel.....	26
<i>oxybutynin syrup, tabs</i> .....	21	PINDOLOL.....	17
<i>oxycodone/acetaminophen tabs</i> .....	1	<i>pioglitazone</i> .....	14
<i>oxycodone/aspirin</i> .....	1	<i>piperacillin/tazobactam for inj</i> .....	3
<i>oxycodone tabs</i> .....	1	<i>piroxicam</i> .....	7
OXYCONTIN.....	1	<i>podofilox soln</i> .....	20
<b>P</b>		<i>polyethylene glycol 3350 oral powder</i> .....	21
<i>paclitaxel IV</i> .....	9	<i>polymyxin B/trimethoprim eye soln</i> .....	26
PANRETIN.....	9	POMALYST*.....	9
PANRETIN.....	20	<i>potassium chloride ER caps, ER tabs</i> .....	28
<i>pantoprazole DR tabs</i> .....	21	POTASSIUM CITRATE tabs.....	21
<i>paromomycin</i> .....	10	POTASSIUM CITRATE tabs.....	28
<i>paroxetine hcl ER</i> .....	5	POTIGA.....	4
<i>paroxetine hcl ER</i> .....	13	PRADAXA.....	15
<i>paroxetine hcl tabs</i> .....	5	<i>pramipexole</i> .....	11
<i>paroxetine hcl tabs</i> .....	13	PRANDIN.....	14
PASER.....	7	<i>pravastatin</i> .....	17
PATADAY eye soln.....	26	<i>prazosin</i> .....	17
PATANASE.....	27	<i>prazosin</i> .....	21
PATANOL eye soln.....	26	<i>prednicarbate</i> .....	20
PAXIL susp.....	5	<i>prednisolone acetate eye susp</i> .....	26
PAXIL susp.....	13	<i>prednisolone sodium phosphate oral soln</i> .....	22
PEDVAX HIB.....	24	<i>prednisolone syrup</i> .....	22
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i> .....	21	PREDNISON oral soln, tabs.....	22
<i>peg 3350/kcl/sod bicarb/nacl for soln</i> .....	21	<i>prednisone tabs</i> .....	22
PEGANONE.....	4	PREMARIN tabs.....	22
PEGASYS.....	24	PREMARIN vaginal crm.....	22

PREMPHASE.....	22	<i>ramipril</i> .....	17
PREMPRO.....	22	RANEXA.....	17
PREZISTA susp, tabs.....	12	<i>ranitidine caps, syrup, tabs</i> .....	21
PREZISTA tabs.....	12	RAPAFLO.....	21
PRIFTIN.....	7	RAPAMUNE oral soln.....	24
PRIMAQUINE.....	10	RAPAMUNE tabs.....	24
<i>primidone</i> .....	4	REBETOL oral soln.....	12
PRISTIQ.....	5	RECLAST.....	25
PROAIR HFA.....	27	RECOMBIVAX HB.....	24
<i>probenecid</i> .....	6	RELISTOR.....	21
<i>probenecid/colchicine</i> .....	6	REMICADE.....	24
PROCHLORPERAZINE inj.....	6	REMODULIN*.....	17
PROCHLORPERAZINE inj.....	11	REVELA.....	21
<i>prochlorperazine supp, tabs</i> .....	6	<i>repaglinide tabs</i> .....	14
<i>prochlorperazine supp, tabs</i> .....	11	RESCRIPTOR.....	12
PROCRIT inj.....	15	RESTASIS eye emulsion.....	26
PROCRIT inj.....	15	RETROVIR IV.....	12
PROGLYCEM.....	14	REVLIMID*.....	9
PROGRAF inj.....	24	REYATAZ caps.....	12
PROLASTIN-C*.....	27	REYATAZ caps.....	12
PROLEUKIN.....	9	RIBAPAK.....	12
PROLIA.....	25	RIBASPHERE tabs.....	13
PROMACTA*.....	15	RIBASPHERE tabs.....	13
<i>promethazine supp, syrup, tabs</i> .....	6	<i>ribavirin caps, tabs</i> .....	13
<i>promethazine syrup, tabs</i> .....	27	RIDAURA.....	24
<i>propafenone</i> .....	17	<i>rifampin</i> .....	7
<i>propafenone ER</i> .....	17	RIFATER.....	7
<i>propranolol ER caps</i> .....	7	<i>riluzole</i> .....	18
<i>propranolol ER caps</i> .....	17	<i>rimantadine</i> .....	13
<i>propranolol tabs</i> .....	7	RISPERDAL CONSTA for inj.....	11
<i>propranolol tabs</i> .....	17	RISPERDAL CONSTA for inj.....	11
<i>propylthiouracil</i> .....	23	RISPERDAL CONSTA for inj.....	14
PROQUAD.....	24	RISPERDAL CONSTA for inj.....	14
PROTOPIC.....	20	<i>risperidone</i> .....	11
PROTOPIC.....	24	<i>risperidone</i> .....	14
<i>protriptyline</i> .....	5	RITUXAN*.....	9
PULMOZYME.....	27	<i>rivastigmine caps</i> .....	5
PYLERA.....	21	<i>rizatriptan</i> .....	7
<i>pyrazinamide</i> .....	7	<i>ropinirole</i> .....	11
<i>pyridostigmine</i> .....	7	ROTARIX.....	24
<b>Q</b>		ROTATEQ.....	24
<i>quetiapine</i> .....	5	<b>S</b>	
<i>quetiapine</i> .....	11	SABRIL.....	4
<i>quetiapine</i> .....	14	SANCUSO.....	6
<i>quinapril</i> .....	17	SANDIMMUNE oral soln.....	24
<i>quinapril/hydrochlorothiazide</i> .....	17	SANTYL.....	20
<i>quinidine gluconate ER</i> .....	17	SAPHRIS.....	11
<i>quinidine sulfate</i> .....	17	<i>selegiline</i> .....	11
QVAR.....	27	<i>selenium sulfide lotn, shampoo</i> .....	20
<b>R</b>		SELZENTRY.....	13
RABAVERT.....	24	SENSIPAR.....	23
		SEREVENT DISKUS.....	27

SEROMYCIN.....	7	SUTENT.....	9
SEROQUEL XR.....	5	SYLATRON.....	10
SEROQUEL XR.....	11	SYMBICORT.....	27
SEROQUEL XR.....	14	SYMLINPEN.....	14
<i>sertraline oral conc</i> .....	5	SYNAGIS.....	24
<i>sertraline oral conc</i> .....	13	SYNAREL.....	23
<i>sertraline tabs</i> .....	5	SYNERCID.....	3
<i>sertraline tabs</i> .....	13	SYNRIBO.....	10
<i>sildenafil</i> .....	17	SYPRINE.....	28
<i>silver sulfadiazine crm</i> .....	20	<b>T</b>	
SIMCOR.....	17	TABLOID.....	10
SIMULECT.....	24	<i>tacrolimus</i> .....	24
<i>simvastatin</i> .....	17	TAFINLAR.....	10
<i>sodium chloride irrigation</i> .....	20	TAMIFLU.....	13
<i>sodium phenylbutyrate oral powder</i> .....	20	<i>tamoxifen</i> .....	10
<i>sodium polystyrene sulfonate</i> .....	28	<i>tamsulosin</i> .....	21
SOLTAMOX.....	9	TARCEVA.....	10
SOMATULINE DEPOT.....	23	TARGRETIN caps.....	10
SOMAVERT*.....	23	TARGRETIN gel.....	10
SORIATANE caps.....	20	TARGRETIN gel.....	20
<i>sotalol AF tabs</i> .....	17	TASIGNA.....	10
<i>sotalol tabs</i> .....	17	TASMAR.....	11
SPIRIVA HANDIHALER.....	27	TAXOTERE.....	10
<i>spironolactone</i> .....	17	TAZORAC crm, gel.....	20
<i>spironolactone/hydrochlorothiazide</i> .....	18	TEFLARO.....	3
SPRYCEL.....	9	TEGRETOL-XR.....	4
STALEVO.....	11	TEKAMLO.....	18
<i>stavudine</i> .....	13	TEKURNA.....	18
STIMATE.....	22	TEKURNA HCT.....	18
STIVARGA*.....	9	TEMODAR for IV.....	10
STRATTERA.....	18	TENIVAC.....	24
STREPTOMYCIN.....	3	<i>terazosin</i> .....	18
STRIBILD.....	13	<i>terazosin</i> .....	21
STROMECTOL.....	11	<i>terbinafine</i> .....	6
SUBOXONE SL films.....	2	<i>terbutaline tabs</i> .....	27
SUBSYS.....	1	<i>terconazole</i> .....	6
<i>sucalfate tabs</i> .....	21	<i>testosterone cypionate</i> .....	22
<i>sulfacetamide sodium/prednisolone eye soln</i> .....	26	<i>testosterone enanthate</i> .....	22
<i>sulfacetamide sodium eye soln</i> .....	26	TETANUS/DIPHThERIA ADSORBED adult.....	24
<i>sulfacetamide sodium lotn</i> .....	20	TETANUS ADSORBED.....	24
SULFADIAZINE.....	3	TETRACYCLINE.....	4
SULFAMETHOXAZOLE/TRIMETHOPRIM inj.....	3	THALOMID.....	10
<i>sulfamethoxazole/trimethoprim susp, tabs</i> .....	3	THALOMID.....	24
<i>sulfasalazine</i> .....	25	<i>theophylline ER tabs</i> .....	27
<i>sulfasalazine DR</i> .....	25	<i>thioridazine</i> .....	11
<i>sulindac</i> .....	7	THIOTEPA.....	10
<i>sumatriptan inj</i> .....	7	<i>thiothixene</i> .....	12
SUMATRIPTAN nasal spray.....	7	THYMOGLOBULIN.....	25
<i>sumatriptan tabs</i> .....	7	<i>tiagabine</i> .....	5
SUPRAX caps, chew tabs, tabs.....	3	TIKOSYN.....	18
SUPREP.....	21	TIMENTIN.....	4
SUSTIVA.....	13	<i>timolol maleate eye soln</i> .....	26

<i>timolol maleate gel-forming eye soln</i> .....	26	<i>trospium</i> .....	21
TIMOLOL tabs.....	7	<i>trospium ER</i> .....	21
TIMOLOL tabs.....	18	TRUVADA.....	13
<i>tizanidine</i> .....	12	TWINRIX.....	25
TOBI inhal soln.....	4	TYGACIL.....	4
TOBRADEX eye oint.....	26	TYKERB*.....	10
<i>tobramycin/dexamethasone eye susp</i> .....	26	TYPHIM VI.....	25
<i>tobramycin eye soln</i> .....	26	TYSABRI*.....	18
<i>tobramycin for inj, inj</i> .....	4	TYSABRI*.....	25
TOBRAMYCIN inj in saline.....	4	TYZEKA.....	13
<i>tolmetin sodium caps</i> .....	7	TYZINE.....	27
<i>tolterodine</i> .....	21	TYZINE PEDIATRIC.....	27
<i>topiramate sprinkle caps</i> .....	5	<b>U</b>	
<i>topiramate sprinkle caps</i> .....	7	ULESFIA.....	11
<i>topiramate tabs</i> .....	5	ULORIC.....	6
<i>topiramate tabs</i> .....	7	<i>urea/hydrocortisone acetate crm</i> .....	20
<i>topotecan for inj</i> .....	10	<i>ursodiol caps</i> .....	21
TOPOTECAN inj.....	10	UVADEX.....	10
TORISEL.....	10	<b>V</b>	
<i>toremide tabs</i> .....	18	VAGIFEM.....	22
TOVIAZ.....	21	<i>valacyclovir</i> .....	13
TRACLEER*.....	18	VALCYTE.....	13
TRADJENTA.....	14	<i>valproate inj</i> .....	5
<i>tramadol</i> .....	1	<i>valproic acid</i> .....	5
<i>tramadol/acetaminophen</i> .....	1	<i>valproic acid</i> .....	14
<i>tramadol ER</i> .....	1	<i>valsartan/hydrochlorothiazide</i> .....	18
<i>trandolapril</i> .....	18	<i>vancomycin caps</i> .....	4
<i>tranexamic acid inj</i> .....	15	<i>vancomycin for inj</i> .....	4
<i>tranylcypromine</i> .....	5	VANCOMYCIN inj in dextrose.....	4
TRAVATAN Z eye soln.....	26	VANDETANIB*.....	10
<i>trazodone</i> .....	5	VAQTA.....	25
TREANDA.....	10	VARIVAX.....	25
TRECTOR.....	7	VECTIBIX.....	10
TRELSTAR DEPOT.....	23	VECTICAL oint.....	20
TRELSTAR LA.....	23	VELCADE.....	10
TRELSTAR LA MIXJECT.....	23	<i>venlafaxine</i> .....	5
TRELSTAR MIXJECT.....	23	<i>venlafaxine ER caps, ER tabs</i> .....	5
<i>tretinoin caps</i> .....	10	<i>venlafaxine ER caps, ER tabs</i> .....	13
<i>tretinoin crm, gel</i> .....	20	VENTOLIN HFA.....	28
<i>triamcinolone acetonide paste</i> .....	18	<i>verapamil ER</i> .....	18
<i>triamcinolone crm, lotn, oint</i> .....	20	<i>verapamil tabs</i> .....	18
<i>triamcinolone nasal spray</i> .....	27	VERAPAMIL tabs.....	18
TRIAMCINOLONE oint.....	20	VESICARE.....	21
<i>triamterene/hydrochlorothiazide</i> .....	18	VFEND susp.....	6
TRIBENZOR.....	18	VICTOZA.....	14
<i>trifluoperazine</i> .....	12	VICTRELIS.....	13
<i>trifluridine eye soln</i> .....	26	VIDAZA.....	10
<i>trimethoprim tabs</i> .....	4	VIDEX.....	13
<i>trimipramine</i> .....	5	VIGAMOX eye soln.....	26
TRIPEDIA.....	25	VIIBRYD.....	6
TRISENOX.....	10	VIMOVO.....	7
TRIZIVIR.....	13		

VIMPAT.....	5	<i>ziprasidone</i> .....	12
VINBLASTINE.....	10	<i>ziprasidone</i> .....	14
<i>vincristine</i> .....	10	<i>zoledronic acid conc for IV, IV soln</i> .....	25
<i>vinorelbine</i> .....	10	ZOLINZA.....	10
VIOKACE.....	20	<i>zolpidem</i> .....	28
VIRACEPT.....	13	ZOMETA.....	25
VIRAMUNE susp.....	13	<i>zonisamide</i> .....	5
VIRAMUNE XR.....	13	ZORTRESS tabs.....	25
VIREAD.....	13	ZORTRESS tabs.....	25
VIVITROL.....	2	ZOSTAVAX.....	25
VOLTAREN gel.....	1	ZOSYN IV in dextrose.....	4
VOLTAREN gel.....	7	ZYPREXA RELPREVV*.....	12
VOLTAREN gel.....	20	ZYTIGA*.....	10
<i>voriconazole for inj</i> .....	6	ZYTIGA*.....	23
<i>voriconazole tabs</i> .....	6	ZYVOX for susp, tabs.....	4
VOTRIENT*.....	10	ZYVOX IV soln.....	4
VPRIV.....	20		
VYTORIN.....	18		
<b>W</b>			
<i>warfarin tabs</i> .....	15		
<i>water for irrigation</i> .....	20		
WELCHOL.....	15		
WELCHOL.....	18		
<b>X</b>			
XALKORI*.....	10		
XARELTO.....	15		
XENAZINE*.....	18		
XGEVA.....	25		
XIFAXAN tabs.....	4		
XOLAIR*.....	25		
XOPENEX HFA.....	28		
XTANDI*.....	23		
XYREM*.....	28		
<b>Y</b>			
YERVOY*.....	10		
YF-VAX.....	25		
<b>Z</b>			
<i>zafirlukast</i> .....	28		
<i>zaleplon</i> .....	28		
ZALTRAP.....	10		
ZANOSAR.....	10		
ZAVESCA*.....	20		
ZELBORAF*.....	10		
ZEMPLAR.....	25		
ZENPEP.....	20		
ZETIA.....	18		
ZIAGEN oral soln.....	13		
<i>zidovudine</i> .....	13		
ZINACEF inj in sterile water.....	4		



This formulary was updated on 8/14/2013. For more recent information or other questions, please contact Blue Cross MedicareRx Customer Service at 1-877-838-3833 or, for TTY/TDD users, 711, 8 a.m. - 8 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit [myprime.com](http://myprime.com).

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