

FORMULARY

(List of Covered Drugs)



2014

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan

Version 1

DATE OF ISSUANCE: February 2014

Member Services (855) 665-4627, TTY/TDD 711

Monday - Friday, 8 a.m. - 8 p.m. local time



Your Extended Family.



Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)

2014 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Molina Dual Options.

- Molina Dual Options is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Benefits, the List of Covered Drugs, and the pharmacies and providers that are included in Molina Dual Options' networks, and/or co-payments may change from time to time throughout the year and on January 1 of each year.
- You can always check Molina Dual Options' up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals or by calling (855) 665-4627.
- You can ask for this information in other formats, such as Braille or large print. Call (855) 665-4627. The call is free.
- Limitations and restrictions may apply. For more information, call Molina Dual Options Member Services.
- Co-pays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- You can get this information for free in other languages. Call (855)665-4627. The call is free.
- Usted puede recibir esta información en otros idiomas gratuitamente. Llame al (855) 665-4627. Esta es una llamada gratuita.
- Makukuha mo ang impormasyong ito nang libre sa iba pang mga wika. Tumawag sa (855) 665-4627. Libre lang ang tawag.
- Bạn có thể nhận thông tin này miễn phí bằng các ngôn ngữ khác. Hãy gọi đến số (855) 665-4627. Cuộc gọi miễn phí.
- ةين اجم قمل الكمل ا هذه (855) 665-4627 مقر ىلع لصتا. ىرخأ تاغلب أن اجم تامول عمل ا هذه ىلع لوصح ل ا كنك.



Frequently Asked Questions (FAQ)

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

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

The drugs on the Drug List are the drugs covered by Molina Dual Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Molina Dual Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, *and*
 - you fill the prescription at a Molina Dual Options network pharmacy.
 - In some cases, you have to do something before you can get a drug (see question #5 below).
 - You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services at (855) 665-4627.

2. Does the Drug List ever change?

Yes. Molina Dual Options may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

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

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

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

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



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

- You can always check Molina Dual Options' up to date Drug List online at www.MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (855) 665-4627, TTY/TDD: 711.

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

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List or when you ask for a refill. Then you can get a 60-day supply of the drug before the drug is removed from the drug list. This notification is received on your monthly pharmacy Explanation of Benefits (EOB).

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

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Please speak with your physician to find an alternative that is safe for you.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-57. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals.

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

- If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual



If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD 711, Monday - Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

Options member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception. Please see Question 11 for more information about exceptions.

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

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

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by going to the Index. 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. Additionally, you can also search alphabetically or by medical condition on www.MolinaHealthcare.com/Duals.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at (855) 665-4627, TTY/TDD: 711 and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

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



10. What if you are a new Molina Dual Options member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Molina Dual Options. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to request an exception.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, *or*
- health plan rules do not let you get the amount ordered by your prescriber, *or*
- the drug requires prior approval by Molina Dual Options, *or*
- you are taking a drug that is part of a step therapy restriction.

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

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs (tiers 1 and 2) and 180 days for your Medicaid drugs (tier 3-5). If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 30-day supply (unless the prescription is written for fewer days). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.



If you have questions, please call Molina Dual Options at (855) 665-4627, TTY/TDD 711, Monday - Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

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

Yes. You can ask Molina Dual Options to make an exception to cover a drug that is not on the Drug List.

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

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

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

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

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

13. How can you ask for an exception?

To ask for an exception, call Member Services at (855) 665-4627. Member Services will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same ingredients as brand name drugs. They usually cost less than the brand name drug and their names are less commonly known. Generic drugs are approved by the Food and Drug Administration (FDA).

Molina Dual Options covers both brand name drugs and generic drugs.



15. What are OTC drugs?

OTC stands for “over-the-counter”. You can buy OTC drugs without a prescription. Molina Dual Options covers some OTC drugs. You can read the Molina Dual Options Drug List to see what OTC drugs are covered.

16. Does Molina Dual Options cover OTC non-drug products?

Molina Dual Options covers some OTC non-drug products. You can read the Molina Dual Options Drug List to see what OTC non-drug products are covered.

17. What is your co-pay?

You can read the Molina Dual Options Drug List to learn about the co-pay for each drug.

Molina Dual Options members living in nursing homes or other long-term care facilities will have no co-pays. Some members getting long-term care in the community will also have no co-pays.

Co-pays are listed by tiers. Tiers are groups of drugs with the same co-pay.

- Tier 1 drugs have the lowest co-pay. They are generic drugs. The co-pay will be from \$0 to \$2.55, depending on your level of Medicaid eligibility.
- Tier 2 drugs have a medium co-pay. They are brand name drugs. The co-pay will be from \$0 to \$6.35, depending on your level of Medicaid eligibility.
- Tier 3, 4 and 5 drugs have a co-pay of \$0.

List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

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

The information in the “Necessary actions, restrictions, or limits on use” column tells you if Molina Dual Options has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal. If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at (855) 665-4627, TTY/TDD: 711. You can also read the Member Handbook to learn how to appeal a decision.



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

QL stands for Quantity Limits

PA stands for Prior Authorization

ST stands for Step Therapy Criteria

OTC stands for Over the Counter

B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances

LA- stands for Limited Access Drug

NM – stands for Not available through mail-order



CA_MMP_CY14_2T_STANDARD eff 01/01/2014

Drug Name Drug Tier Requirements/Limits ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol sodium</i>	1	
<i>allopurinol tab</i>	1	
<i>colchicine w/ probenecid</i>	1	
COLCRYS	2	QL (120 tabs / 30 days)
<i>probenecid</i>	1	
ULORIC	2	ST

MISCELLANEOUS

<i>acetaminophen CHEW</i>	5	NM; *
<i>acetaminophen LIQD</i>	5	NM; *
<i>acetaminophen SOLN</i>	5	NM; *
<i>acetaminophen TBDP</i>	5	NM; *
<i>adult aspirin low strengt</i>	5	NM; *
<i>apap 500</i>	5	NM; *
<i>aspirin CHEW; TABS; TBEC</i>	5	NM; *
<i>aspirin tab delayed release 650 mg</i>	5	NM; *
<i>feverall infants</i>	5	NM; *
NON-ASPIRIN EXTRA STRENGT TBDP	5	NM; *
TYLENOL GO TABS EXTRA STR	5	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

CELEBREX	2	QL (60 caps / 30 days)
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium TB24</i>	1	
<i>diclofenac sodium TBEC</i>	1	
<i>diflunisal</i>	1	
<i>etodolac CAPS; TABS; TB24</i>	1	
<i>flurbiprofen TABS</i>	1	
<i>ibuprofen SUSP</i>	1	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>ketoprofen CAPS; CP24</i>	1	
<i>meloxicam TABS</i>	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>nabumetone TABS</i>	1	
<i>naproxen SUSP; TABS; TBEC</i>	1	
<i>naproxen sodium TABS 275mg, 550mg</i>	1	
<i>oxaprozin</i>	1	
<i>piroxicam CAPS</i>	1	
<i>sulindac TABS</i>	1	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine SOLN</i>	1	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine TABS</i>	1	QL (400 tabs / 30 days)

PA - Prior Authorization available at mail-order
 QL - Quantity Limits
 LA - Limited Access
 ST - Step Therapy
 NM - Not
 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>hydroco/apap tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	1	QL (360 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	1	QL (5400mL / 30 days)
<i>hydrocodone-ibuprofen 7-5-200mg</i>	1	QL (150 tabs / 30 days)
<i>tramadol hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	1	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

<i>astramorph</i>	1	
AVINZA	2	QL (60 caps / 30 days)
DURAMORPH	1	
<i>endocet 5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 7.5/325</i>	1	QL (360 tabs / 30 days)
<i>endocet 10/325</i>	1	QL (360 tabs / 30 days)
ENDODAN	1	QL (360 tabs / 30 days)
<i>fentanyl 12mcg/hr, 25mcg/hr</i>	1	QL (10 ptch / 30 days)
<i>fentanyl 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (10 ptch / 30 days), PA
<i>fentanyl citrate</i> LPOP	2	QL (120 lpop / 30 days), PA
<i>hydromorphon inj 10mg/ml</i>	1	
<i>hydromorphone hcl</i> LIQD; TABS	1	
KADIAN	2	QL (60 caps / 30 days)
LAZANDA	2	QL (30 bottles / 30 days), PA
<i>methadone hcl</i> CONC	1	
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	
<i>methadone hcl</i> TABS	1	QL (240 tabs / 30 days)
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 100mg</i>	1	QL (90 tabs / 30 days)
<i>morphine ext-rel tab 200mg</i>	1	QL (60 tabs / 30 days)
MORPHINE SUL INJ 1mg/ml, 4mg/ml, 10mg/ml, 15mg/ml	1	
<i>morphine sul inj .5mg/ml, 1mg/ml</i>	1	
MORPHINE SULFATE SOLN 8mg/ml	1	
MORPHINE SULFATE TABS	1	QL (180 tabs / 30 days)
MORPHINE SULFATE ORAL SOL	1	
OXYCODONE HCL CAPS	1	QL (180 caps / 30 days)
OXYCODONE HCL CONC; SOLN	1	
<i>oxycodone hcl</i> TABS	1	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 5 mg</i>	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	1	QL (360 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **LA** - Limited Access * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone-aspirin</i>	1	QL (360 tabs / 30 days)
<i>roxicet soln</i>	2	QL (1800 mL / 30 days)
<i>roxicet tab 5-325mg</i>	1	QL (360 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) 4%</i>	1	
<i>lidocaine hcl (local anesth.) .5%</i>	1	
<i>lidocaine inj 0.5%</i>	1	
<i>lidocaine inj 1%</i>	1	
<i>lidocaine inj 1.5%</i>	1	
<i>lidocaine inj 2%</i>	1	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate SOLN 1gm/4ml</i>	1	
<i>amikacin sulfate inj 100 mg/2ml (50 mg/ml)</i>	1	
<i>gentamicin in saline</i>	1	
<i>gentamicin sulfate SOLN</i>	1	
<i>neomycin sulfate TABS</i>	1	
<i>paromomycin sulfate CAPS</i>	1	
<i>streptomycin sulfate SOLR</i>	1	
<i>sulfadiazine TABS</i>	2	
TOBI NEB	2	NM
<i>tobramycin sulfate SOLN; SOLR</i>	1	
<i>tobramycin sulfate in saline</i>	2	

ANTI-INFECTIVES - MISCELLANEOUS

ALBENZA	2	
ALINIA SUSR	2	QL (540 mL / 30 days)
ALINIA TABS	2	QL (20 tabs / 30 days)
AZACTAM 2gm	2	
AZACTAM/DEX INJ 1GM	2	
AZACTAM/DEX INJ 2GM	2	
<i>aztreonam</i>	1	
BILTRICIDE	2	
<i>clindamycin cap 75mg</i>	1	
<i>clindamycin cap 300mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin phosphate inj</i>	1	
<i>clindamycin sol 75mg/5ml</i>	1	
<i>colistimethate sodium SOLR</i>	1	
CUBICIN	2	
<i>dapsone TABS</i>	1	
DARAPRIM	2	

Drug Name	Drug Tier	Requirements/Limits
DORIBAX	2	
<i>erythromycin-sulfisoxazole</i>	1	
<i>imipenem-cilastatin</i>	1	
INVANZ	2	
MACRODANTIN 25mg	2	PA
MEPRON	2	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	2	
<i>metronidazole</i> TABS	1	
<i>metronidazole in nacl</i>	1	
NEBUPENT	2	
<i>nitrofurantoin macrocrystal</i>	1	PA
<i>nitrofurantoin monohyd macro</i>	1	PA
PENTAM 300	2	
<i>pyrantel pamoate</i> SUSP	5	NM; *
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	1	
<i>trimethoprim</i> TABS	1	
TYGACIL	2	
<i>vancomycin hcl</i> CAPS	2	
<i>vancomycin hcl</i> SOLR	1	
ZYVOX	2	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET	2	
AMBISOME	2	
<i>amphotericin b</i> SOLR	1	
CANCIDAS	2	
ERAXIS	2	
<i>fluconazole</i> SUSR; TABS	1	
<i>fluconazole in dextrose</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i> CAPS	2	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i> CAPS	1	PA
<i>ketoconazole</i> TABS	1	
MYCAMINE	2	
NOXAFIL SUSP	2	
<i>nystatin</i> TABS	1	
<i>terbinafine hcl</i> TABS	1	QL (90 tabs / year)
VFEND SUSR	2	
<i>voriconazole</i> SOLR	1	
<i>voriconazole</i> SUSR; TABS	2	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

PA - Prior Authorization available at mail-order
QL - Quantity Limits
ST - Step Therapy
NM - Not available at mail-order
LA - Limited Access
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Drug Name	Drug Tier	Requirements/Limits
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS	1	
COARTEM	2	
<i>mefloquine hcl</i>	1	
PRIMAQUINE PHOSPHATE	2	

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate</i>	1	
APTIVUS	2	
CRIXIVAN	2	
<i>didanosine</i>	1	
EDURANT	2	
EMTRIVA	2	
EPIVIR SOLN	2	
FUZEON	2	NM
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
<i>lamivudine</i> 150mg, 300mg	1	
LEXIVA	2	
NEVIRAPINE SUSP	1	
<i>nevirapine</i> TABS	1	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
RETROVIR IV INFUSION	2	
REYATAZ	2	
SELZENTRY	2	
<i>stavudine</i>	1	
SUSTIVA	2	
TIVICAY	2	
VIDEX PEDIATRIC	2	
VIRACEPT	2	
VIRAMUNE SUSP	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN SOLN	2	
<i>zidovudine</i>	1	

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

ATRIPLA	2	
COMPLERA	2	
EPZICOM	2	

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Drug Name	Drug Tier	Requirements/Limits
KALETRA SOL	2	
KALETRA TAB 100-25MG	2	
KALETRA TAB 200-50MG	2	
<i>lamivudine-zidovudine</i>	2	
STRIBILD	2	
TRIZIVIR	2	
TRUVADA	2	

ANTI TUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

CAPASTAT SULFATE	2	
<i>ethambutol hcl</i> TABS	1	
<i>isoniazid</i> TABS	1	
<i>isoniazid inj 100 mg/ml</i>	1	
<i>isoniazid syp 50mg/5ml</i>	1	
MYCOBUTIN	2	
<i>paser d/r</i>	2	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifampin</i> CAPS; SOLR	1	
RIFATER	2	
<i>seromycin</i>	2	
SIRTURO	2	LA, PA
TRECATOR	2	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir</i> CAPS; SUSP; TABS	1	
<i>acyclovir sodium</i>	1	
<i>adefovir dipivoxil</i>	2	ST
BARACLUDE	2	
EPIVIR HBV	2	
<i>famciclovir</i>	1	
<i>ganciclovir inj 500mg</i>	1	
HEPSERA	2	ST
INCIVEK	2	NM, PA
REBETOL SOLN	2	NM, PA
RELENZA DISKHALER	2	
<i>ribapak mis 600/day</i>	2	NM, PA
<i>ribasphere</i> CAPS	1	NM, PA
<i>ribasphere</i> TABS 200mg, 400mg	1	NM, PA
<i>ribasphere</i> TABS 600mg	2	NM, PA
<i>ribasphere ribapak 800</i>	2	NM, PA
<i>ribasphere ribapak 1000</i>	2	NM, PA
<i>ribasphere ribapak 1200</i>	2	NM, PA
<i>ribavirin 200mg</i>	1	NM, PA
<i>rimantadine hydrochloride</i>	1	
TAMIFLU	2	
TYZEKA	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl</i> TABS	1	
VALCYTE	2	
VICTRELIS	2	NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor</i>	1	
<i>cefaclor monohydrate</i>	2	
<i>cefadroxil</i>	1	
<i>cefazolin in d5w</i>	2	
<i>cefazolin inj</i>	1	
<i>cefazolin sodium</i> 1gm, 20gm	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	
<i>cefotaxime sodium</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/DEXTROSE	2	
<i>ceftriaxone sodium</i> SOLR	1	
<i>cefuroxime axetil</i> TABS	1	
<i>cefuroxime sodium</i> 1.5gm, 7.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR	1	
SUPRAX CAPS	2	
<i>suprax</i> CHEW	2	
<i>suprax</i> SUSR 100mg/5ml, 200mg/5ml	2	
SUPRAX SUSR 500mg/5ml	2	
<i>suprax</i> TABS	2	
<i>tazicef</i> SOLR	1	
<i>tazicef vial</i>	1	

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN PACK	1	
<i>azithromycin</i> SOLR 500mg	1	
<i>azithromycin</i> SUSR	1	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin for susp</i>	1	
DIFICID	2	ST
e.e.s.	1	
E.E.S. GRANULES	2	
<i>ery-tab</i>	2	
ERYPED 200	2	
ERYPED 400	2	
<i>erythrocin stearate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> CPEP; TABS	1	
<i>erythromycin ethylsuccinate</i>	1	
ZMAX	2	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO SUSR	2	
<i>ciprofloxacin er</i>	1	
<i>ciprofloxacin hcl tab</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>ciprofloxacin inj</i>	1	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin inj 25mg/ml</i>	1	
<i>levofloxacin oral soln 25 mg/ml</i>	1	

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	
<i>ampicillin inj</i>	1	
<i>ampicillin sodium</i>	1	
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium 1gm</i>	1	
<i>nafcillin sodium 2gm, 10gm</i>	2	
<i>oxacillin sodium 1gm, 2gm</i>	1	
<i>oxacillin sodium 10gm</i>	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>penicillin gk inj 5mu</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
TIMENTIN	2	
TIMENTIN INJ 3.1GM	2	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycl hyc inj</i>	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	1	
<i>doxycycline (monohydrate)</i> TABS	1	
<i>doxycycline hyclate</i> CAPS; TABS	1	
<i>minocycline hcl</i> CAPS	1	
VIBRAMYCIN SYRP	2	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

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Drug Name	Drug Tier	Requirements/Limits
ALKYLATING AGENTS		
BICNU	2	
BUSULFEX	2	
CEENU	2	
<i>cyclophosphamide</i> SOLR; TABS	1	
<i>dacarbazine</i> 200mg	1	
EMCYT	2	
HEXALEN	2	
IFEX 3gm	2	
<i>ifosfamide inj</i>	1	
LEUKERAN	2	
<i>melphalan hcl</i>	2	
MUSTARGEN	2	
TREANDA	2	NM
ANTHRACYCLINES		
<i>adriamycin</i> SOLN	1	
<i>adriamycin</i> SOLR 50mg	1	
<i>daunorubicin hcl</i>	1	
DOXIL INJ 2MG/ML	2	
<i>doxorubicin hcl</i> SOLN	1	
<i>doxorubicin hcl</i> SOLR 20mg, 50mg	1	
<i>epirubicin hcl</i> SOLN	1	
<i>idarubicin hcl</i>	2	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	1	
COSMEGEN	2	
<i>mitomycin</i> SOLR 20mg	1	
ANTIMETABOLITES		
<i>adrucil</i> 2.5gm/50ml, 5gm/100ml	1	
ALIMTA	2	
<i>azacitidine</i>	2	NM
<i>cladribine</i>	2	
<i>cytarabine</i> SOLN 20mg/ml	1	
<i>cytarabine</i> SOLR 100mg, 500mg	1	
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml	1	
GEMCITABINE HCL SOLN	2	
<i>gemcitabine hcl</i> SOLR	2	
<i>mercaptopurine</i> TABS	1	
<i>methotrexate sodium inj</i>	1	
<i>pentostatin</i>	2	
TABLOID	2	
VIDAZA	2	NM
ANTIMITOTIC, TAXOIDS		

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Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 20mg/0.5ml, 20mg/ml, 80mg/4ml	2	
<i>docetaxel</i> CONC 140mg/7ml	2	
DOCETAXEL SOLN 80mg/8ml	2	
<i>paclitaxel</i>	1	
TAXOTERE	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLR	2	
<i>vincasar</i>	1	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	2	NM
ERIVEDGE	2	NM, LA, PA
HERCEPTIN	2	NM
ISTODAX	2	NM
KADCYLA	2	NM
ONTAK	2	
PROLEUKIN	2	NM
RITUXAN	2	NM, PA
VELCADE	2	NM
ZOLINZA	2	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i> TABS	1	
<i>bicalutamide</i>	1	QL (30 tabs / 30 days)
DEPO-PROVERA INJ 400/ML	2	
<i>exemestane</i>	1	ST
FARESTON	2	
FASLODEX	2	
<i>flutamide</i>	1	
<i>letrozole</i> TABS	1	
<i>leuprolide acetate</i> KIT	1	NM, PA
LUPR DEP-PED INJ 11.25MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPR DEP-PED INJ 30MG (3-MONTH)	2	QL (1 box / 84 days), NM, PA
LUPRON DEPOT 3.75mg	2	QL (1 box / 30 days), NM, PA
LUPRON DEPOT-PED	2	NM, PA
LYSODREN	2	
MEGACE ES	2	QL (150 mL / 30 days), PA
<i>megestrol acetate</i> SUSP; TABS	1	PA
NILANDRON	2	
SOLTAMOX	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate</i> TABS	1	
TRELSTAR DEP INJ 3.75MG	2	NM, PA
TRELSTAR LA INJ 11.25MG	2	NM, PA
XTANDI	2	NM, LA, PA
ZYTIGA	2	NM, PA

KINASE INHIBITORS

AFINITOR	2	NM, PA
AFINITOR DISPERZ	2	NM, PA
BOSULIF	2	NM, PA
CAPRELSA	2	LA, PA
COMETRIQ	2	PA
GILOTRIF	2	PA
GLEEVEC	2	NM, PA
INLYTA	2	NM, LA, PA
JAKAFI	2	NM, LA, PA
MEKINIST	2	NM, PA
NEXAVAR	2	NM, LA, PA
SPRYCEL	2	NM, PA
STIVARGA	2	NM, LA, PA
SUTENT	2	NM, PA
TAFINLAR	2	NM, PA
TARCEVA	2	NM, PA
TASIGNA	2	NM, PA
TYKERB	2	NM, LA, PA
VOTRIENT	2	NM, PA
XALKORI	2	NM, LA, PA
ZELBORAF	2	NM, LA, PA

MISCELLANEOUS

DROXIA	2	
ELSPAR	2	NM
<i>hydroxyurea</i> CAPS	1	
MATULANE	2	
<i>mitoxantrone hcl</i>	1	NM
POMALYST CAP 1MG	2	NM, LA, PA
POMALYST CAP 2MG	2	NM, LA, PA
POMALYST CAP 3MG	2	NM, LA, PA
POMALYST CAP 4MG	2	NM, LA, PA
SYLATRON	2	NM, PA
TARGRETIN CAPS	2	NM, PA
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	2	

PLATINUM-BASED AGENTS

<i>carboplatin</i> SOLN	1	
<i>cisplatin</i> SOLN	1	
<i>oxaliplatin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>amifostine crystalline</i>	2	
<i>dexrazoxane</i>	2	
ELITEK	2	
<i>leucovorin calcium</i> SOLN; SOLR	1	
<i>leucovorin calcium</i> TABS	1	
<i>mesna</i>	1	
MESNEX TABS	2	

TOPOISOMERASE INHIBITORS

<i>etoposide</i> SOLN 500mg/25ml	1	
<i>irinotecan hcl</i>	2	
<i>toposar</i> 1gm/50ml	1	
<i>topotecan hcl</i> SOLR	2	

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-10mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 5-40mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-20mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine-benazepril hcl cap 10-40mg</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>captopril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril sodium & hydrochlorothiazide</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl</i> TABS	1	
<i>captopril</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>eplerenone</i>	1	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone</i> TABS	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> 8mg	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
AZOR 10-40MG	2	
AZOR TAB 5-20MG	2	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	2	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	2	QL (30 tabs / 30 days)
BENICAR HCT 40-25MG	2	
BENICAR HCT TAB 20-12.5MG	2	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE 10-320MG	2	
EXFORGE HCT 5-160-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 5-160-25MG	2	QL (60 tabs / 30 days)
EXFORGE HCT 10-160-12.5MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-160-25MG	2	QL (30 tabs / 30 days)
EXFORGE HCT 10-320-25MG	2	
EXFORGE TAB 5-160MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	2	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	2	QL (30 tabs / 30 days)
<i>losartan-hctz 50-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>losartan-hctz 100-25 mg</i>	1	
TRIBENZOR 20- 5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-5-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-12.5MG	2	QL (30 tabs / 30 days)
TRIBENZOR 40-10-25MG	2	
TRIBENZOR 40- 5-25MG	2	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 80-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-12.5mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 160-25mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hctz tab 320-12.5mg</i>	1	
<i>valsartan-hctztab 320-25mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
BENICAR 5mg	2	QL (60 tabs / 30 days)
BENICAR 20mg	2	QL (30 tabs / 30 days)
BENICAR 40mg	2	
DIOVAN 40mg, 80mg, 160mg	2	QL (60 tabs / 30 days)
DIOVAN 320mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i> 25mg, 50mg	1	QL (60 tabs / 30 days)
<i>losartan potassium</i> 100mg	1	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl</i>	1	
<i>disopyramide phosphate</i>	1	PA
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	2	PA
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i> TBCR	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (afib/af)</i>	1	
TIKOSYN	2	NM, PA

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>atorvastatin calcium</i>	1	QL (30 tabs / 30 days)
CRESTOR	2	QL (30 tabs / 30 days)
<i>lovastatin</i> 10mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> 20mg	1	QL (120 tabs / 30 days)
<i>lovastatin</i> 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS	1	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>choline fenofibrate</i>	1	
<i>colestipol hcl</i>	1	
<i>fenofibrate</i>	1	
FENOFIBRATE MICRONIZED 43mg	1	QL (60 caps / 30 days)
<i>fenofibrate micronized</i> 67mg	1	QL (30 caps / 30 days)
FENOFIBRATE MICRONIZED 130mg	1	
<i>fenofibrate micronized</i> 134mg, 200mg	1	
<i>gemfibrozil</i> TABS	1	
LOVAZA	2	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg	1	QL (90 ea / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 750mg	1	QL (60 ea / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 1000mg	1	
NIASPAN 500mg	2	QL (90 ea / 30 days)
NIASPAN 750mg	2	QL (60 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NIASPAN 1000mg	2	
<i>prevalite</i>	1	
VASCEPA	2	
WELCHOL	2	
ZETIA	2	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
<i>propranolol & hydrochlorothiazide</i>	1	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl</i> CAPS	1	
<i>atenolol</i> TABS	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	2	
<i>carvedilol</i>	1	
<i>labetalol hcl</i> TABS	1	
<i>metoprolol succinate</i> 25mg, 50mg	1	QL (60 tabs / 30 days)
<i>metoprolol succinate</i> 100mg	1	QL (45 tabs / 30 days)
<i>metoprolol succinate</i> 200mg	1	
<i>metoprolol tartrate</i> SOLN; TABS	1	
<i>nadolol</i> TABS	1	
<i>pindolol</i>	1	
<i>propranolol cap er</i>	1	
<i>propranolol hcl</i> SOLN; TABS	1	
<i>propranolol tab</i>	1	
<i>timolol maleate</i> TABS	1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>afeditab cr</i> 30mg	1	QL (60 tabs / 30 days)
<i>afeditab cr</i> 60mg	1	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg	1	QL (45 tabs / 30 days)
<i>amlodipine besylate</i> TABS 10mg	1	
<i>cartia</i> 120mg	1	QL (30 caps / 30 days)
<i>cartia</i> 180mg, 240mg, 300mg	1	
<i>dilt</i> 120mg	1	QL (30 caps / 30 days)
<i>dilt</i> 180mg, 240mg, 300mg	1	
<i>dilt-cd cap</i> 180mg	1	
<i>dilt-cd cap</i> 240mg	1	
<i>dilt-xr</i> 120mg	1	QL (30 caps / 30 days)
<i>diltiazem cap</i>	1	
<i>diltiazem cap</i> 120mg/24hr	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem cap er/12hr</i>	1	
<i>diltiazem hcl SOLN; TABS</i>	1	
<i>diltiazem hcl coated beads 120mg</i>	1	QL (30 caps / 30 days)
<i>diltiazem hcl coated beads 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltzac 120mg</i>	1	QL (30 caps / 30 days)
<i>diltzac 180mg, 240mg, 300mg</i>	1	
<i>felodipine 2.5mg</i>	1	QL (30 tabs / 30 days)
<i>felodipine 5mg</i>	1	QL (60 tabs / 30 days)
<i>felodipine 10mg</i>	1	
<i>isradipine</i>	1	
<i>matzim</i>	1	
<i>nicardipine hcl CAPS</i>	1	
<i>nifediac cc tab 30mg er</i>	1	QL (60 ea / 30 days)
<i>nifediac cc tab 60mg er</i>	1	
<i>nifediac cc tab 90mg er</i>	1	
<i>nifedical 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedical 60mg</i>	1	
<i>nifedipine TB24 30mg</i>	1	QL (60 ea / 30 days)
<i>nifedipine TB24 60mg</i>	1	
<i>nifedipine er 30mg</i>	1	QL (30 tabs / 30 days)
<i>nifedipine er 60mg, 90mg</i>	1	
<i>nimodipine CAPS</i>	1	
NYMALIZE	2	
<i>taztia 120mg</i>	1	QL (30 caps / 30 days)
<i>taztia 180mg, 240mg, 300mg, 360mg</i>	1	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	1	
VERAPAMIL CAP ER 360mg	1	
<i>verapamil hcl SOLN; TABS</i>	1	
<i>verapamil tab er</i>	1	

DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS

<i>digoxin SOLN</i>	1	
<i>digoxin TABS .25mg</i>	1	PA
<i>digoxin TABS .125mg</i>	1	QL (30 tabs / 30 days)
DIGOXIN SOL 50MCG/ML	1	PA
LANOXIN TABS .25mg	2	PA
LANOXIN TABS .125mg	2	QL (30 tabs / 30 days)

DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS

AMTURNIDE 150-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-5-25MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-12.5MG	2	QL (30 tabs / 30 days)
AMTURNIDE 300-10-25MG	2	

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Drug Name	Drug Tier	Requirements/Limits
TEKAMLO 150-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 150-10MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-5MG	2	QL (30 tabs / 30 days)
TEKAMLO 300-10MG	2	
TEKTURNA 150mg	2	QL (30 tabs / 30 days)
TEKTURNA 300mg	2	
TEKTURNA HCT TAB 150-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 150-25MG	2	QL (60 tabs / 30 days)
TEKTURNA HCT TAB 300-12.5MG	2	QL (30 tabs / 30 days)
TEKTURNA HCT TAB 300-25MG	2	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

<i>acetazolamide</i> CP12; TABS	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>bumetanide</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i> 25mg, 50mg	1	
DIURIL SUS 250/5ML	2	
DYRENIUM	2	
EDECIN	2	
<i>furosemide</i> SOLN; TABS	1	
<i>furosemide inj</i>	1	
<i>hydrochlorothiazide</i> CAPS; TABS	1	
<i>indapamide</i> TABS	1	
<i>methazolamide</i> TABS	1	
<i>methyclothiazide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>torsemide inj</i>	1	
<i>torsemide tabs</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	

MISCELLANEOUS

<i>clonidine hcl</i> PTWK; TABS	1	
DIBENZYLINE	2	
<i>hydralazine hcl</i> SOLN; TABS	1	
<i>midodrine hcl</i>	1	
<i>minoxidil</i> TABS	1	
RANEXA 500mg	2	QL (90 tabs / 30 days), PA
RANEXA 1000mg	2	QL (60 tabs / 30 days), PA

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorb mononitrate tab</i>	1	
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>minitran</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR DIS 0.3MG/HR	2	
NITRO-DUR DIS 0.8MG/HR	2	
<i>nitroglycerin</i> PT24	1	
NITROLINGUAL PUMPSPRAY	2	
NITROSTAT	2	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PUMONARY HYPERTENSION

ADCIRCA	2	QL (60 tabs / 30 days), NM, PA
LETAIRIS	2	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	2	NM, LA
<i>sildenafil citrate (pulmonary hypertension)</i>	2	QL (90 tabs / 30 days), NM, PA
TRACLEER 62.5mg	2	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER 125mg	2	QL (60 tabs / 30 days), NM, LA, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIAXIETY - DRUGS TO TREAT ANXIETY

<i>alprazolam</i> CONC	1	QL (300 ml / 30 days)
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TABS .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>bupirone hcl</i> TABS	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	
<i>lorazepam</i> CONC	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN	1	
<i>lorazepam</i> TABS	1	QL (150 tabs / 30 days)

ANTICONSULSANTS - DRUGS TO TREAT SEIZURES

BANZEL	2	
<i>carbamazepine</i> CHEW; CP12; SUSP; TABS; TB12	1	
CELONTIN	2	
<i>clonazepam</i> TABS 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TABS 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP 1mg	1	QL (600 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .5mg	1	QL (1200 tabs / 30 days)
<i>clonazepam</i> TBDP .25mg	1	QL (2400 tabs per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TBDP .125mg	1	QL (4800 tabs per 30 days)
<i>clorazepate dipotassium</i> 3.75mg, 7.5mg	1	QL (120 tabs / 30 days), PA
<i>clorazepate dipotassium</i> 15mg	1	QL (180 tabs / 30 days), PA
<i>diazepam</i> CONC	1	QL (240 mL / 30 days), PA
<i>diazepam</i> SOLN	1	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS	1	QL (120 tabs / 30 days), PA
DIAZEPAM GEL	1	
<i>diazepam inj</i>	1	
<i>dilantin</i>	2	
DILANTIN-125 SUS 125/5ML	2	
<i>divalproex sodium</i>	1	
<i>epitol</i>	1	
<i>ethosuximide</i> CAPS; SOLN	1	
<i>felbamate</i> SUSP	2	
<i>felbamate</i> TABS 400mg	1	
<i>felbamate</i> TABS 600mg	2	
<i>gabapentin</i> CAPS 100mg	1	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
GABITRIL 12mg, 16mg	2	
<i>lamotrigine</i> CHEW; TABS; TB24	1	
<i>levetiracetam</i> SOLN; TABS; TB24	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
LYRICA CAPS 200mg	2	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	2	QL (60 caps / 30 days)
LYRICA SOLN	2	QL (946mL / 30 days)
ONFI	2	PA
<i>oxcarbazepine</i>	1	
PEGANONE	2	
<i>phenobarbital</i> ELIX; TABS	1	PA
PHENOBARBITAL SODIUM 65mg/ml	1	PA
<i>phenobarbital sodium</i> 130mg/ml	1	PA
<i>phenytek</i>	2	
<i>phenytoin</i> CHEW; SUSP	1	
<i>phenytoin sodium</i> SOLN	1	
<i>phenytoin sodium extended</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
POTIGA	2	
<i>primidone</i> TABS	1	
SABRIL PACK	2	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS	2	QL (180 tabs / 30 days), NM, LA, PA
TEGRETOL	2	
TEGRETOL-XR	2	
<i>tiagabine hcl</i>	1	
<i>topiramate</i> CPSP; TABS	1	
TRILEPTAL SUSP	2	
<i>valproate sodium</i> SOLN; SYRP	1	
<i>valproic acid</i> CAPS	1	
VIMPAT SOLN	2	QL (1200 mL / 30 days)
VIMPAT TABS 50mg	2	QL (180 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>zonisamide</i>	1	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

ARICEPT 23mg	2	
<i>donepezil hydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg	1	
<i>donepezil hydrochloride</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr	2	QL (30 ptch / 30 days)
EXELON SOLN	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> CP24 24mg	1	
<i>galantamine hydrobromide</i> SOLN	1	
<i>galantamine hydrobromide</i> TABS 4mg	1	QL (180 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 8mg	1	QL (90 tabs / 30 days)
<i>galantamine hydrobromide</i> TABS 12mg	1	
NAMENDA SOLN	2	
NAMENDA TABS 5mg	2	QL (60 tabs / 30 days)
NAMENDA TABS 10mg	2	
NAMENDA TITRATION PAK	2	
<i>rivastigmine tartrate</i> 1.5mg, 3mg, 6mg	1	
<i>rivastigmine tartrate</i> 4.5mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl</i> TABS	1	PA
<i>amoxapine</i>	2	
BRINTELLIX 5mg	2	QL (120 tabs / 30 days), ST

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Drug Name	Drug Tier	Requirements/Limits
BRINTELLIX 10mg	2	QL (60 tabs / 30 days), ST
BRINTELLIX 20mg	2	QL (30 tabs / 30 days), ST
<i>budeprion</i>	1	
<i>bupropion hcl</i> TABS	1	
<i>bupropion hcl</i> TB12	1	
<i>bupropion hcl</i> TB24 150mg	1	QL (90 ea / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 ea / 30 days)
<i>citalopram hydrobromide</i> SOLN	1	QL (600 mL / 30 days)
<i>citalopram hydrobromide</i> TABS 10mg, 20mg	1	QL (45 tabs / 30 days)
<i>citalopram hydrobromide</i> TABS 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS	1	PA
CYMBALTA	2	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS	1	
<i>doxepin hcl</i> CAPS; CONC	1	PA
EMSAM	2	QL (30 ptch / 30 days), PA
<i>escitalopram oxalate</i> SOLN	1	QL (600 mL / 30 days)
<i>escitalopram oxalate</i> TABS 5mg, 10mg	1	QL (45 tabs / 30 days)
<i>escitalopram oxalate</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (120 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN	1	QL (600 mL / 30 days)
<i>fluoxetine hcl</i> TABS 10mg	1	QL (45 tabs / 30 days)
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days)
FORFIVO XL	2	
<i>imipramine hcl</i> TABS	1	PA
<i>maprotiline hcl</i>	1	
MARPLAN	2	
<i>mirtazapine</i> TABS 7.5mg, 15mg	1	QL (45 tabs / 30 days)
<i>mirtazapine</i> TABS 30mg, 45mg	1	
<i>mirtazapine</i> TBDP 15mg	1	QL (30 tabs / 30 days)
<i>mirtazapine</i> TBDP 30mg, 45mg	1	
<i>nefazodone hcl</i>	1	
<i>nortriptyline hcl</i> CAPS; SOLN	1	
<i>paroxetine hcl</i> 10mg, 20mg, 40mg	1	QL (45 tabs / 30 days)
<i>paroxetine hcl</i> 30mg	1	QL (60 tabs / 30 days)
<i>paroxetine hcl er</i> 12.5mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl er</i> 25mg	1	QL (90 tabs / 30 days)
<i>paroxetine hcl er</i> 37.5mg	1	QL (60 tabs / 30 days)
PAXIL SUSP	2	QL (900 mL / 30 days)
<i>phenelzine sulfat</i> e TABS	1	

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ	2	QL (30 tabs / 30 days)
<i>protriptyline hcl</i>	1	
<i>sertraline hcl</i> CONC	1	
<i>sertraline hcl</i> TABS 25mg, 50mg	1	QL (45 tabs / 30 days)
<i>sertraline hcl</i> TABS 100mg	1	
SURMONTIL	2	PA
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i>	1	PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 150mg	1	QL (60 caps / 30 days)
<i>venlafaxine hcl</i> TABS	1	
VIIBRYD KIT	2	
VIIBRYD TABS	2	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl</i> CAPS; SYRP; TABS	1	
APOKYN	2	NM, LA, PA
AZILECT	2	
<i>benztropine mesylate</i> SOLN	1	
<i>benztropine mesylate</i> TABS	1	PA
<i>bromocriptine mesylate</i> CAPS; TABS	1	
<i>carbidopa-levodopa</i>	1	
CARBIDOPA/LEVODOPA/ENTACA	1	
<i>entacapone</i>	1	
LODOSYN	2	
NEUPRO	2	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole hydrochloride</i> TABS	1	
<i>selegiline hcl</i> CAPS; TABS	1	

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

ABILIFY SOLN 1mg/ml	2	QL (900 mL / 30 days)
ABILIFY SOLN 9.75mg/1.3ml	2	QL (3 vials / 1 day)
ABILIFY TABS	2	QL (30 tabs / 30 days)
ABILIFY DISCMELT	2	QL (60 tabs / 30 days)
ABILIFY MAINTENA	2	QL (1 vial / 30 days), PA
<i>chlorpromazine hcl</i> SOLN	2	
<i>chlorpromazine hcl</i> TABS	1	
<i>clozapine</i> 25mg, 50mg	1	
<i>clozapine</i> 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> 200mg	1	QL (135 tabs / 30 days)
CLOZAPINE ODT 12.5mg, 25mg	1	PA
CLOZAPINE ODT 100mg	1	QL (270 ea / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
FANAPT	2	QL (60 tabs / 30 days), ST
FANAPT TITRATION PACK	2	ST
FAZACLO 12.5mg, 25mg	2	PA
FAZACLO 100mg	2	QL (270 tabs / 30 days), PA
FAZACLO 150mg	2	QL (180 tabs / 30 days), PA
FAZACLO 200mg	2	QL (135 tabs / 30 days), PA
<i>fluphenazine decanoate</i> SOLN	1	
<i>fluphenazine hcl</i>	1	
GEODON SOLR	2	QL (6 mL / 3 days)
<i>haloperidol</i> TABS	1	
<i>haloperidol decanoate</i> SOLN	1	
<i>haloperidol lactate</i>	1	
INVEGA 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
INVEGA 6mg	2	QL (60 tabs / 30 days)
INVEGA SUSTENNA	2	QL (1 inj / 28 days), PA
LATUDA 20mg	2	
LATUDA 40mg, 120mg	2	QL (30 tabs / 30 days)
LATUDA 60mg, 80mg	2	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS	1	
<i>olanzapine</i> SOLR	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 20mg	2	QL (60 tabs / 30 days)
ORAP	2	
<i>perphenazine</i> TABS	1	
<i>quetiapine fumarate</i>	1	QL (90 tabs / 30 days)
RISPERDAL CONSTA	2	QL (2 inj / 28 days), PA
<i>risperidone</i> SOLN	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TABS 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TABS .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS	2	
SEROQUEL XR 50mg	2	QL (120 tab / 30 days)
SEROQUEL XR 150mg, 200mg	2	QL (30 tabs / 30 days)
SEROQUEL XR 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	1	PA

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<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>ziprasidone hcl</i> 20mg, 40mg	1	QL (60 caps / 30 days)
<i>ziprasidone hcl</i> 60mg, 80mg	1	QL (90 caps / 30 days)

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	1	QL (90 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	1	QL (30 ea / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	1	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	1	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	1	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.51 mg		QL (144 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	1	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 20 mg	1	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 30 mg	1	QL (60 tabs / 30 days)
INTUNIV	2	ST
<i>metadate tab</i> 20mg er	1	QL (90 ea / 30 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
<i>methylphenidate hcl</i> TABS 20mg	1	QL (90 tabs / 30 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	1	QL (90 ea / 30 days)
<i>methylphenidate hcl oral soln</i> 5mg/5ml	1	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln</i> 10mg/5ml	1	QL (900mL / 30 days)
STRATTERA 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
STRATTERA 40mg	2	QL (60 caps / 30 days)
STRATTERA 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

LUNESTA	2	QL (30 tabs / 30 days), PA
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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i>	1	QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS	1	QL (30 tabs / 30 days), PA

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

<i>cafergot tab 1-100mg</i>	2	
<i>dihydroergotamine mesylate</i>	1	
<i>naratriptan hcl</i>	1	QL (9 tabs / 30 days)
RELPAK	2	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS	1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TBDP	1	QL (12 ea / 30 days)
SUMATRIPTAN SOLN	1	QL (12 sprays / 30 days)
<i>sumatriptan succinate</i> TABS	1	QL (9 tabs / 30 days)
SUMATRIPTAN SUCCINATE INJ 4mg/0.5ml	1	QL (4 mL / 30 days)
<i>sumatriptan succinate inj</i> 6mg/0.5ml	1	QL (4 mL / 30 days)
<i>zolmitriptan</i>	1	QL (12 tabs per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 tabs per 30 days)

MISCELLANEOUS

<i>lithium carbonate</i> CAPS; TABS	1	
<i>lithium carbonate er</i>	1	
LITHIUM CITRATE	2	
MESTINON SYRP	2	
MESTINON TIMESPAN	2	
NUEDEXTA	2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	1	
REGONOL	2	
RILUTEK	2	
<i>riluzole</i>	1	
SAVELLA 12.5mg	2	QL (480 tabs / 30 days)
SAVELLA 25mg	2	QL (240 tabs / 30 days)
SAVELLA 50mg	2	QL (120 tabs / 30 days)
SAVELLA 100mg	2	QL (60 tabs / 30 days)
SAVELLA TITRATION PACK	2	
XENAZINE 12.5mg	2	QL (240 tabs / 30 days), NM, LA, PA
XENAZINE 25mg	2	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AVONEX	2	QL (4 boxes / 28 days), NM, PA
AVONEX PEN	2	QL (4 boxes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
BETASERON	2	QL (14 vials / 28 days), NM, PA
COPAXONE	2	QL (30 boxes / 30 days), NM, PA
GILENYA	2	QL (30 caps / 30 days), NM, PA
TYSABRI	2	NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS	1	
<i>dantrolene sodium</i> CAPS	1	
<i>tizanidine hcl</i> TABS	1	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>modafinil</i> 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> 200mg	2	QL (60 tabs / 30 days), PA
XYREM	2	QL (540 mL / 30 days), LA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i>	1	
<i>buprenorphine hcl</i> SUBL	1	PA
<i>buprenorphine hcl-naloxone hcl dihydrate</i> sl		QL (120 ea / 30 days), PA
<i>buproban</i>	1	
CAMPRAL	2	
CHANTIX	2	QL (336 tabs / year), PA
CHANTIX STARTER PACK	2	QL (106 tabs / year), PA
<i>diphenhydramine hcl (sleep)</i>	5	NM; *
<i>disulfiram</i> TABS	1	
<i>naloxone hcl</i> SOLN	1	
<i>naltrexone hcl</i> TABS	1	
NICODERM CQ	5	NM; *
<i>nicotine</i> PT24	5	NM; *
NICOTINE TRANSDERMAL SYSTEM KIT	5	NM; *
NICOTROL INHALER	2	QL (2688 cartridges / year)
NICOTROL NS	2	QL (36 bottles / year)

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM	2	QL (30 ea / 30 days), PA
<i>androxy</i>	2	PA
<i>oxandrolone</i> TABS	1	PA

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Drug Name	Drug Tier	Requirements/Limits
TESTIM	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> OIL	1	
<i>testosterone enanthate</i> OIL	1	

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	2	
GAUZE PADS 2" X 2"	2	
HUMULIN R INJ U-500	2	
INSULIN PEN NEEDLE	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGE	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
NOVOLIN 70/30	2	RELION not covered
NOVOLIN N	2	RELION not covered
NOVOLIN R	2	RELION not covered
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
SYMLINPEN 60	2	QL (8 pens / 30 days), PA
SYMLINPEN 120	2	QL (4 pens / 30 days), PA
VICTOZA	2	QL (9 mL / 30 days)

ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES

<i>acarbose</i>	1	
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250m	1	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500m	1	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glyb/metform</i> tab 1.25-250	1	QL (240 tabs / 30 days), PA
<i>glyb/metform</i> tab 2.5-500	1	QL (120 tabs / 30 days), PA
<i>glyb/metform</i> tab 5-500mg	1	QL (120 tabs / 30 days), PA

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<i>glyburide</i> 1.25mg	1	QL (480 tabs / 30 days), PA
<i>glyburide</i> 2.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide</i> 5mg	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized</i> 1.5mg	1	QL (240 tabs / 30 days), PA
<i>glyburide micronized</i> 3mg	1	QL (120 tabs / 30 days), PA
<i>glyburide micronized</i> 6mg	1	QL (60 tabs / 30 days), PA
JANUMET	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA	2	QL (30 tabs / 30 days)
JENTADUETO	2	QL (60 tabs / 30 days)
JUVISYNC	2	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> .5mg, 1mg	1	QL (120 tabs / 30 days)
RIOMET	2	QL (946 mL / 30 days)
TRADJENTA	2	QL (30 tabs / 30 days)

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

<i>alendronate sodium</i> TABS 5mg, 10mg, 40mg	1	
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>ibandronate sodium</i>	1	QL (1 tab / 30 days)
<i>pamidronate disodium</i> SOLN	1	
<i>zoledronic inj</i> 4mg/5ml	2	NM
ZOMETA	2	NM

CALCIUM RECEPTOR ANTAGONISTS - DRUGS TO MANAGE

PARATHYROID LEVELS

SENSIPAR 30mg, 90mg	2	QL (120 tabs / 30 days), NM
SENSIPAR 60mg	2	QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
CHELATING AGENTS		
CHEMET	2	
EXJADE	2	NM, LA, PA
<i>kionex</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps susp 15gm/60ml</i>	1	
SYPRINE	2	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>altavera</i>	1	
<i>apri 28 day</i>	1	
<i>aranelle 28</i>	1	
<i>aviane 28</i>	1	
<i>balziva 28 day</i>	1	
<i>briellyn 28 day</i>	1	
<i>camila 28 day</i>	1	
<i>cryselle 28</i>	1	
<i>cyclafem 1/35 28 day</i>	1	
<i>cyclafem 7/7/7 28 day</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>emoquette</i>	1	
<i>enpresse 28 day</i>	1	
<i>errin 28 day</i>	1	
GIANVI	1	
<i>gildagia</i>	1	
<i>heather</i>	1	
<i>introvale 91 day</i>	1	
JOLIVETTE	1	
<i>junel 1.5/30 21 day</i>	1	
<i>junel 1/20 21 day</i>	1	
<i>junel fe 1.5/30 28 day</i>	1	
<i>junel fe 1/20 28 day</i>	1	
<i>kariva 28 day</i>	1	
<i>kelnor 1/35 28 day</i>	1	
LEENA	1	
<i>lessina 28 day</i>	1	
<i>levonest 28 day</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levora 0.15/30 28 day</i>	1	
<i>loryna 28 day</i>	1	
<i>low-ogestrel 28 day</i>	1	
<i>lutra 28 day</i>	1	
<i>marlissa 28 day</i>	1	
<i>medroxyprogesterone acetate 150 mg/ml</i>	1	

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<i>microgestin 1.5/30 21 day</i>	1	
<i>microgestin 1/20 21 day</i>	1	
<i>microgestin fe 1.5/30 28 day</i>	1	
<i>microgestin fe 1/20 28 day</i>	1	
MONONESSA	1	
<i>my way</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35 28 day</i>	1	
<i>necon 1/35 28 day</i>	1	
NECON 1/50-28	2	
NECON 7/7/7	1	
<i>necon 10/11 28 day</i>	2	
<i>next choice one dose</i>	1	
NORA-BE	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
NORINYL 1+50	2	
<i>nortrel 0.5/35 28 day</i>	1	
<i>nortrel 1/35 21 day</i>	1	
<i>nortrel 1/35 28 day</i>	1	
<i>nortrel 7/7/7 28 day</i>	1	
NUVARING	2	
OCELLA	1	
<i>ogestrel 28 day</i>	1	
<i>orsythia 28 day</i>	1	
ORTHO EVRA	2	
ORTHO TRI-CYCLEN LO	2	
<i>philith</i>	1	
<i>portia 28 day</i>	1	
<i>previfem 28 day</i>	1	
<i>quasense 91 day</i>	1	
<i>reclipsen 28 day</i>	1	
SOLIA	1	
<i>sprintec 28 day</i>	1	
<i>sronyx</i>	1	
<i>tri-legest 28 day</i>	1	
<i>tri-previfem 28 day</i>	1	
<i>tri-sprintec 28 day</i>	1	
TRINESSA	1	
<i>trivora 28 day</i>	1	
<i>velivet 28 day</i>	1	
<i>vestura</i>	1	
<i>viorele</i>	1	
<i>zarah</i>	1	
<i>zenchent</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35e 28 day</i>	1	
<i>zovia 1/50e 28 day</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS</i>	1	
SYNAREL	2	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN	2	LA, PA
ALDURAZYME	2	NM, LA, PA
BUPHENYL TABS	2	NM
CARBAGLU	2	LA, PA
CEREZYME	2	NM, PA
CYSTADANE	2	
CYSTAGON	2	NM, PA
ELAPRASE	2	NM, PA
ELELYSO	2	PA
FABRAZYME	2	NM, PA
KUVAN	2	NM, PA
<i>levocarnitine (metabolic modifiers)</i>	1	
LUMIZYME	2	NM, PA
MYOZYME	2	NM, PA
NAGLAZYME	2	NM, LA, PA
ORFADIN	2	LA, PA
PROCYSBI	2	LA, PA
<i>sodium phenylbutyrate</i>	2	NM
VPRIV	2	NM, PA
ZAVESCA	2	LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
COMBIPATCH	2	PA
<i>estradiol PTWK; TABS</i>	1	PA
ESTRADIOL VALERATE OIL 10mg/ml	1	
<i>estradiol valerate OIL 20mg/ml, 40mg/ml</i>	1	
<i>menest</i>	2	PA
PREMARIN CREAM	2	
VAGIFEM	2	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>a-hydrocort</i>	1	
<i>cortisone acetate TABS</i>	1	
<i>dexamethasone CONC; ELIX; SOLN; TABS</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>fludrocortisone acetate TABS</i>	1	
<i>hydrocortisone TABS</i>	1	
<i>methylprednisolone TABS</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>methylprednisolone sod succ</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 4mg dose pack</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone CONC</i>	2	
<i>prednisone SOLN; TABS</i>	1	
<i>SOLU-CORTEF 250mg</i>	2	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
PROGLYCEM	2	

HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES

NORDITROPIN FLEXPRO	2	NM, PA
NORDITROPIN NORDIFLEX PEN	2	NM, PA
TEV-TROPIN	2	NM, PA

MISCELLANEOUS

<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
FORTICAL	2	
INCRELEX	2	NM, LA, PA
<i>methylergonovine maleate TABS</i>	1	
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 1 200mcg/ml</i>	1	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	2	NM, PA
PROLIA	2	QL (1 syringe / 180 days), NM
SANDOSTATIN LAR DEPOT	2	NM, PA
SOMATULINE DEPOT	2	NM, PA
SOMAVERT	2	NM, LA, PA
XGEVA	2	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

FORTEO	2	QL (1 pen / 28 days), NM, PA
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PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i>	1	
FOSRENOL	2	
PHOSLYRA	2	
RENVELA	2	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate</i> TABS	1	

SELECTIVE ESTROGEN RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS

EVISTA	2	
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

LEVOTHROID	1	
<i>levothyroxine sodium</i> TABS	1	
LEVOXYL	1	
<i>lithyronine sodium</i> TABS	1	
<i>methimazole</i> TABS	1	
<i>propylthiouracil</i> TABS	1	
SYNTHROID	2	
UNITHROID	1	

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin inj 4mcg/ml</i>	1	
DESMOPRESSIN SOL 0.01%	1	

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

ALMACONE CHEW	5	NM; *
<i>alum & mag hydrox-simethicone</i>	5	NM; *
<i>aluminum hydroxide</i>	5	NM; *
<i>aluminum hydroxide gel susp 600 mg/5ml</i>	5	NM; *
<i>aluminum hydroxide-mag trisil</i>	5	NM; *
<i>calcium carbonate</i> TABS 650mg	5	NM; *
<i>calcium carbonate (antacid)</i>	5	NM; *
GAVISCON CHEW	5	NM; *
MAALOX TC	5	NM; *
MAG-AL	5	NM; *
<i>magnesium oxide</i> TABS 250mg	5	NM; *
ROLAIDS EXTRA STRENGTH	5	NM; *
<i>sodium bicarbonate (antacid)</i>	5	NM; *

ANTI-DIARRHEAL

<i>bismuth subsalicylate</i> SUSP; TABS	5	NM; *
KAOLIN/PECTIN	5	NM; *

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>compro</i>	1	
<i>dronabinol</i> 2.5mg, 5mg	1	QL (60 caps / 30 days)
<i>dronabinol</i> 10mg	2	QL (60 caps / 30 days)
EMEND CAPS 40mg	2	QL (3 caps / 180 days)
EMEND CAPS 80mg	2	QL (4 caps / 30 days)

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EMEND CAPS 125mg	2	QL (2 caps / 30 days)
EMEND PAK 80 & 125	2	QL (12 caps / 30 days)
<i>granisetron hcl</i> SOLN	1	
<i>granisetron hcl</i> TABS	1	
<i>meclizine hcl</i> CHEW	5	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 12.5mg, 25mg, 32mg	5	NM; *
<i>metoclopramide hcl</i> SOLN; TABS	1	
<i>metoclopramide inj</i>	1	
<i>ondansetron hcl</i> TABS	1	
<i>ondansetron hcl inj</i>	1	
<i>ondansetron hcl oral soln</i>	1	
<i>ondansetron odt</i>	1	
<i>prochlorperazine inj</i>	1	
<i>prochlorperazine maleate</i> TABS	1	
<i>prochlorperazine supp</i>	1	
TRANSDERM-SCOP	2	QL (10 ptch / 30 days), PA

ANTI FLATULENT

BICARSIM	5	NM; *
<i>simethicone</i> CHEW	5	NM; *

ANTI SPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA	2	
<i>dicyclomine hcl</i>	1	
<i>glycopyrrolate</i> TABS	1	
<i>glycopyrrolate inj</i>	1	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>famotidine</i> SUSR	1	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine inj</i>	1	
<i>ranitidine hcl</i> SOLN	1	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	1	
<i>ranitidine syrup</i>	1	

INFLAMMATORY BOWEL DISEASE

APRISO	2	
ASACOL HD	2	
<i>balsalazide disodium</i>	1	
<i>budesonide ec</i>	2	
CANASA	2	
<i>colocort</i>	1	
DELZICOL	2	
DIPENTUM	2	

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Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE (INTRARECTAL)	1	
LIALDA	2	
<i>mesalamine</i> ENEM	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA	2	
<i>sulfasalazine</i> TABS	1	
<i>sulfasalazine ec</i>	1	
UCERIS	2	

LAXATIVES

<i>bisacodyl</i> SUPP; TBEC	5	NM; *
<i>constulose</i>	1	
<i>docusate sodium</i> CAPS 50mg, 100mg	5	NM; *
<i>docusate sodium</i> SYRP	5	NM; *
<i>docusate sodium</i> TABS	5	NM; *
DULCOLAX BOWEL PREP KIT	5	NM; *
<i>enulose</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	
HALFLYTELY BOWEL PREP/FLA	2	
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
MOVIPREP	2	
NULYTELY/FLAVOR PACKS	2	
PEDIA-LAX LIQD	5	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
PEG 3350/ELECTROLYTES	1	
<i>polyethylene glycol 3350</i> PACK; POWD	1	
RELISTOR	2	PA
SENNA TABS 187mg	5	NM; *
<i>sennosides</i>	5	NM; *
SUPREP BOWEL PREP	2	
<i>trilyte</i>	1	

MISCELLANEOUS

AMITIZA	2	QL (60 caps / 30 days), ST
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
CARAFATE SUSP	2	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
LINZESS 145mcg	2	QL (60 caps / 30 days), ST
LINZESS 290mcg	2	QL (30 caps / 30 days), ST
<i>loperamide hcl</i> CAPS	1	
LOTRONEX	2	PA
<i>misoprostol</i> TABS	1	
PREVPAC	2	
PYLERA	2	
SUCRAID	2	
<i>sucralfate</i> TABS	1	
<i>ursodiol</i> CAPS; TABS	1	
XIFAXAN 550mg	2	PA

PANCREATIC ENZYMES

CREON	2	
ZENPEP	2	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT	2	QL (30 caps / 30 days)
NEXIUM CPDR	2	QL (30 caps / 30 days)
NEXIUM PACK 2.5mg, 5mg	2	
NEXIUM PACK 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
NEXIUM I.V.	2	
<i>omeprazole</i> CPDR 10mg, 40mg	1	QL (30 caps / 30 days)
<i>omeprazole</i> CPDR 20mg	1	QL (60 caps / 30 days)
<i>omeprazole magnesium</i>	5	NM; *
<i>pantoprazole sodium</i> TBEC	1	QL (30 ea / 30 days)
PRILOSEC OTC	5	NM; *

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl</i>	1	QL (30 tabs / 30 days)
AVODART	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
JALYN	2	QL (30 caps / 30 days)
<i>tamsulosin hcl</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride</i> TABS	1	
ELMIRON	2	
POTASSIUM CITRATE (ALKALINIZER)	1	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

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Drug Name	Drug Tier	Requirements/Limits
DETROL LA	2	QL (30 caps / 30 days)
<i>oxybutynin chloride</i> SYRP	1	
<i>oxybutynin chloride</i> TABS	1	
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>tolterodine tartrate</i>	1	
TOVIAZ	2	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	1	QL (60 tabs / 30 days)
VESICARE	2	QL (30 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP	2	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole vaginal</i>	5	NM; *
<i>clotrimazole vaginal tab 100 mg</i>	5	NM; *
GYNE-LOTRIMIN	5	NM; *
GYNE-LOTRIMIN 3	5	NM; *
<i>metronidazole vaginal</i>	1	
<i>miconazole nitrate vaginal</i> CREA	5	NM; *
<i>miconazole nitrate vaginal</i> KIT	5	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	5	NM; *
MONISTAT 1 COMBO PACK	5	NM; *
MONISTAT 3	5	NM; *
MONISTAT 3 COMBINATION PACK	5	NM; *
MONISTAT 7	5	NM; *
MONISTAT 7 COMBINATION PACK	5	NM; *
<i>terconazole vaginal</i>	1	
VANDAZOLE	1	
<i>zazole</i> .4%	1	
ZAZOLE .8%	1	

VAGINAL CONTRACEPTIVE

CONCEPTROL INSERTS	5	NM; *
ENCARE	5	NM; *
GYNOL II EXTRA STRENGTH	5	NM; *
<i>nonoxynol-9</i> GEL	5	NM; *
ORTH-GYNOL	5	NM; *
VCF VAGINAL CONTRACEPTIVE	5	NM; *

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TABS	2	
ELIQUIS	2	
<i>enoxaparin sodium</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 300mg/3ml	1	
<i>enoxaparin sodium</i> 100mg/ml, 120mg/0.8ml, 150mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	2	
<i>heparin sod inj</i> 1000/ml	1	
HEPARIN SOD INJ 2000/ML	2	
HEPARIN SOD INJ 2500/ML	2	
<i>heparin sod inj</i> 5000/ml	1	
<i>heparin sod inj</i> 10000/ml	1	
<i>heparin sod inj</i> 20000/ml	1	
HEPARIN SODIUM/D5W	2	
HEPARIN SODIUM/NAACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHL	2	
<i>jantoven</i>	1	
PRADAXA	2	
<i>warfarin sodium</i>	1	
XARELTO	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE	2	NM, PA
LEUKINE	2	NM, PA
MOZOBIL	2	QL (9.6 mL / 4 days), NM, PA
NEUMEGA	2	NM
NEUPOGEN	2	NM, PA
PROCRIT	2	NM, PA

IRON

CVS SLOW RELEASE IRON	5	NM; *
FEOSOL 200mg	5	NM; *
FERATE	5	NM; *
<i>ferrous gluconate</i> 225mg, 256mg, 324mg, 325mg	5	NM; *
<i>ferrous sulfate</i> LIQD	5	NM; *
<i>ferrous sulfate</i> SOLN	5	NM; *
<i>ferrous sulfate</i> SYRP	5	NM; *
<i>ferrous sulfate</i> TABS 325mg	5	NM; *
<i>ferrous sulfate</i> TBCR	5	NM; *
<i>ferrous sulfate</i> TBEC	5	NM; *
<i>ferrous sulfate dried</i>	5	NM; *
<i>iron</i> TABS 28mg, 90mg	5	NM; *
SLOW FE	5	NM; *
SLOW RELEASE IRON	5	NM; *
SM SLOW RELEASE IRON	5	NM; *

MISCELLANEOUS

<i>anagrelide hcl</i>	1	PA
<i>cilostazol</i>	1	
<i>pentoxifylline</i> TBCR	1	

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA 12.5mg, 25mg, 50mg	2	NM, LA, PA
PROMACTA 75mg	2	QL (30 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	1	

PLATELET AGGREGATION INHIBITORS

AGGRENEX	2	
BRILINTA	2	
<i>clopidogrel bisulfate</i> 75mg	1	QL (30 tabs / 30 days)
EFFIENT	2	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

ENBREL KIT	2	QL (16 syringes / 28 days), NM, PA
ENBREL SOLN	2	QL (8 syringes / 28 days), NM, PA
HUMIRA 20mg/0.4ml	2	QL (2 boxes / 28 days), NM, PA
HUMIRA 40mg/0.8ml	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN	2	QL (4 boxes / 28 days), NM, PA
HUMIRA PEN-CROHNS DISEASE STARTER KIT	2	NM, PA
HUMIRA PEN-PSORIASIS STARTER KIT	2	NM, PA
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i> TABS	1	
<i>methotrexate sodium tabs</i>	1	
REMICADE	2	NM, PA

IMMUNOGLOBULINS

CARIMUNE NANOFILTERED	2	NM, PA
FLEBOGAMMA	2	NM, PA
FLEBOGAMMA DIF	2	NM, PA
GAMASTAN S/D	2	NM
GAMMAGARD LIQUID	2	NM, PA
GAMMAGARD S/D	2	NM, PA
GAMMAKED	2	NM, PA
GAMMAPLEX	2	NM, PA
GAMUNEX	2	NM, PA
GAMUNEX-C	2	NM, PA
GAMUNEX-C 1GM/10ML	2	NM, PA
OCTAGAM	2	NM, PA
PRIVIGEN	2	NM, PA

IMMUNOMODULATORS

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Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE	2	NM, LA, PA
ARCALYST	2	NM, PA
INTRON-A	2	NM
INTRON-A W/DILUENT	2	NM
PEG-INTRON	2	NM, PA
PEG-INTRON REDIPEN	2	NM, PA
REVLIMID	2	NM, LA, PA
THALOMID	2	NM, PA

IMMUNOSUPPRESSANTS

<i>azathioprine</i> TABS	1	
<i>azathioprine sodium</i>	1	
CELLCEPT SUSR	2	
<i>cyclosporine</i> CAPS; SOLN	1	
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>gengraf</i>	1	
<i>mycophenolate mofetil</i>	1	
MYFORTIC	2	
NEORAL	2	
NULOJIX	2	
PROGRAF CAPS	2	
RAPAMUNE	2	
SANDIMMUNE CAPS	2	
SANDIMMUNE SOLN 100mg/ml	2	
<i>tacrolimus</i> CAPS 5mg	2	
<i>tacrolimus</i> CAPS .5mg, 1mg	1	
ZORTRESS	2	

VACCINES

ACTHIB	2	
ADACEL	2	
BOOSTRIX	2	
CERVARIX	2	
COMVAX	2	
DAPTACEL	2	
DECAVAC	2	
DIPHTHERIA/TETANUS TOXOID	2	
ENGERIX-B SUSP	2	
GARDASIL	2	
HAVRIX	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	
M-M-R II W/DILUENT 10 DOS	2	
MENACTRA	2	

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Drug Name	Drug Tier	Requirements/Limits
MENHIBRIX	2	
MENOMUNE-A/C/Y/W-135	2	
MENVEO	2	
PEDVAX HIB	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	
ROTATEQ	2	
TETANUS TOXOID ADSORBED	2	
TETANUS/DIPHTHERIA TOXOID	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
ZOSTAVAX	2	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

KLOR-CON 8	1	
KLOR-CON 10	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con pow 20meq</i>	1	
MAGNESIUM SULFATE SOLN	2	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate inj 50%</i>	1	
<i>oral electrolytes SOLN</i>	5	NM; *
<i>potassium chloride CPCR</i>	1	
<i>potassium chloride LIQD</i>	1	
POTASSIUM CHLORIDE ER 10meq	1	
<i>potassium chloride microencapsulated crystals cr</i>	1	
SODIUM CHLORIDE SOLN 2.5meq/ml	1	
SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F)1 MG/ML SOLN	1	
TPN ELECTROLYTES	2	

IV NUTRITION

AMINOSYN	2	
AMINOSYN 7%/ELECTROLYTES	2	
AMINOSYN 8.5%/ELECTROLYTE	2	
AMINOSYN II	2	
AMINOSYN II 8.5%/ELECTROL	2	
AMINOSYN M	2	
AMINOSYN-HBC	2	
AMINOSYN-PF	2	

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7%	2	
AMINOSYN-RF	2	
CLINIMIX 2.75%/DEXTROSE 5%	2	
CLINIMIX 4.25%/DEXTROSE 5%	2	
CLINIMIX 4.25%/DEXTROSE 25%	2	
CLINIMIX 5%/DEXTROSE 15%	2	
CLINIMIX 5%/DEXTROSE 20%	2	
CLINIMIX 5%/DEXTROSE 25%	2	
CLINIMIX E 2.75%/DEXTROSE 5%	2	
CLINIMIX E 2.75%/DEXTROSE 10%	2	
CLINIMIX E 4.25%/DEXTROSE 5%	2	
CLINIMIX E 4.25%/DEXTROSE 25%	2	
CLINIMIX E 5%/DEXTROSE 15%	2	
CLINIMIX E 5%/DEXTROSE 20%	2	
CLINIMIX E 5%/DEXTROSE 25%	2	
CLINIMIX E INJ 4.25/D10	2	
CLINIMIX INJ 4.25/D10	2	
CLINIMIX INJ 4.25/D20	2	
<i>clinisol 15</i>	1	
FREAMINE HBC 6.9%	2	
FREAMINE III	2	
HEPATAMINE	2	
<i>hepatasol 8</i>	1	
INTRALIPID INJ 20%	2	
INTRALIPID INJ 30%	2	
NEPHRAMINE	2	
<i>premasol</i>	1	
<i>premasol</i>	2	
PROCALAMINE	2	
PROSOL	2	
<i>travasol 10</i>	2	
TROPHAMINE INJ 10%	2	
IV REPLACEMENT SOLUTIONS		
DEXTROSE 2.5%/NAACL 0.45%	1	
DEXTROSE 5%	1	
DEXTROSE 5% /ELECTROLYTE	2	
DEXTROSE 5%/LACTATED RING	1	
DEXTROSE 5%/NAACL 0.2%	1	
DEXTROSE 5%/NAACL 0.3%	1	
DEXTROSE 5%/NAACL 0.9%	1	
DEXTROSE 5%/NAACL 0.33%	1	
DEXTROSE 5%/NAACL 0.45%	1	
DEXTROSE 5%/NAACL 0.225%	1	
DEXTROSE 5%/POTASSIUM CHL	1	
DEXTROSE 10% FLEX CONTAIN	1	

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DEXTROSE 10%/NAACL 0.2%	2	
DEXTROSE 10%/NAACL 0.45%	1	
DEXTROSE 50%	1	
<i>dextrose inj 70%</i>	1	
IONOSOL-B/DEXTROSE 5%	2	
IONOSOL-MB/DEXTROSE 5%	2	
ISOLYTE P	2	
<i>isolyte s</i>	2	
ISOLYTE-M	1	
KCL0.15%/D5W/NAACL0.2%	1	
KCL0.15%/D5W/NAACL0.225%	2	
KCL 0.3%/D5W/NAACL 0.2%	1	
KCL 0.3%/D5W/NAACL 0.9%	1	
KCL 0.3%/D5W/NAACL 0.45%	1	
KCL 0.15%/D5W/NAACL 0.9%	1	
KCL 0.075%/D5W/NAACL 0.2%	1	
KCL 0.075%/D5W/NAACL 0.45%	1	
KCL 0.224%/D5W/NAACL 0.2%	1	
KCL/D5W INJ 0.3%	1	
KCL/NAACL INJ 0.3-0.9	1	
LACTATED RINGER'S INJ	1	
<i>normosol-m</i>	1	
NORMOSOL-R	2	
NORMOSOL-R IN D5W	2	
PLASMA-LYTE A	2	
PLASMA-LYTE-56/D5W	2	
PLASMA-LYTE-148	2	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 20meq/100ml, 30meq/100ml	1	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE 0.15%	1	
POTASSIUM CHLORIDE 0.22%	1	
<i>potassium chloride in nacl</i>	1	
RINGER'S	1	
SODIUM CHLORIDE SOLN 3%, 5%	1	
SODIUM CHLORIDE 0.45% VIA	1	
SODIUM CHLORIDE INJ 0.9%	1	
MINERALS		
CAL-CO3S	5	NM; *
CAL-GLU	5	NM; *
CALCET PETITES	5	NM; *
CALCI-MIX	5	NM; *
<i>calcium & phosphorus w/ vitamin d</i>	5	NM; *

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate</i> CHEW	5	NM; *
<i>calcium carbonate</i> POWD	4	NM; *
CALCIUM CARBONATE POWD 800mg/2gm5	5	NM; *
<i>calcium carbonate</i> SUSP	5	NM; *
<i>calcium carbonate</i> TABS 600mg, 1250mg, 1500mg	5	NM; *
<i>calcium gluconate</i> TABS	5	NM; *
<i>calcium lactate</i> 100mg, 648mg	5	NM; *
<i>calcium lactate tab 650 mg</i>	5	NM; *
<i>calcium w/ vitamin d</i>	5	NM; *
<i>calcium w/ vitamin d tab 600 mg-125 unit</i>	5	NM; *
MAGNEBIND 300	5	NM; *
<i>magnesium oxide (mg supplement)</i>	5	NM; *
<i>oral electrolytes</i> TABS	5	NM; *
<i>oyster shell</i>	5	NM; *

VITAMINS

A-25	5	NM; *
<i>ascorbic acid</i> CHEW; SYRP	5	NM; *
<i>beta carotene</i> CAPS	5	NM; *
<i>calcitriol</i> CAPS	1	
<i>calcitriol inj</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CALNA	5	NM; *
<i>cholecalciferol</i> CAPS; CHEW; LIQD; TABS	5	NM; *
CVS PRENATAL	5	NM; *
CVS VITAMIN B-6	5	NM; *
CVS VITAMIN C CHEW	5	NM; *
<i>cyanocobalamin</i> SOLN	3	NM; *
D3 DOTS	5	NM; *
D-VI-SOL	5	NM; *
<i>dialyvite vitamin d3 max</i>	5	NM; *
DRISDOL SOLN	5	NM; *
<i>ergocalciferol</i> SOLN	5	NM; *
EZFE FORTE	5	NM; *
FA-8	5	NM; *
<i>folic acid</i> CAPS	5	NM; *
<i>folic acid</i> TABS 1mg, 800mcg	5	NM; *
GNP DAILY PRENATAL	5	NM; *
HONEY BEARS W/IRON AND ZI	5	NM; *
KPN PRENATAL	5	NM; *
LUMITENE	5	NM; *
MISSION PRENATAL	5	NM; *
MISSION PRENATAL/FOLIC AC	5	NM; *
MULTI PRENATAL	5	NM; *
MULTI-DELYN/IRON	5	NM; *

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Drug Name	Drug Tier	Requirements/Limits
MYKIDZ IRON	5	NM; *
<i>niacin</i> TABS	5	NM; *
NUTRICION PORVIDA	5	NM; *
<i>paricalcitol</i> 1mcg, 2mcg	1	
<i>paricalcitol</i> 4mcg	2	
<i>pediatric multiple vitamins w/ iron</i>	5	NM; *
<i>pediatric multiple vitamins w/ iron chew tab</i> 18 mg	5	NM; *
PERRY PRENATAL	5	NM; *
POLY-VI-SOL/IRON	5	NM; *
PRENATAL ONE DAILY	5	NM; *
PRENATAL VITAMIN/FOLIC ACID > 0.8 MG 1 (GENERIC)	1	
PROTEXIN	5	NM; *
<i>pyridoxine hcl</i> TABS; TBCR	5	NM; *
SCOOBY-DOO ONE A DAY	5	NM; *
<i>sm vitamin d3 maximum str</i>	5	NM; *
STUART PRENATAL + DHA	5	NM; *
THERA-D 4000	5	NM; *
THERANATAL CORE NUTRITION	5	NM; *
TRI-VI-SOL/IRON	5	NM; *
VIMAR/IRON FORTE	5	NM; *
<i>vitamin a</i> CAPS 8000unit, 10000unit	5	NM; *
<i>vitamin a</i> TABS 10000unit	5	NM; *
<i>vitamin a 7500 unit fish</i>	5	NM; *
<i>vitamin a palmitate</i> TABS	5	NM; *
<i>vitamin d2</i>	5	NM; *
<i>vitamin d3</i> LIQD 1200unit/15ml	5	NM; *
<i>vitamin d3</i> TABS	5	NM; *
<i>vitamin d3 400</i>	5	NM; *
ZEMPLAR	2	

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

<i>bacitracin-poly-neomycin-hc</i>	1	
<i>blephamide</i> OINT	2	
<i>neomycin-polymy-dexameth</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX OINT	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	2	

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE	2	
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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN OINT	2	
<i>ciprofloxacin hcl (ophth)</i>	1	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentak</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
MOXEZA	2	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	1	
<i>neomycin-polymy-gramicid</i>	1	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin sulfate (ophth)</i>	1	
TOBEX OINT	2	
<i>trifluridine SOLN</i>	1	
VIGAMOX	2	
ZYMAXID	2	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ALREX	2	
BROMDAY	2	
<i>dexamethasone sodium phosphate (ophth)</i>	1	
<i>diclofenac sodium (ophth)</i>	1	
DUREZOL	2	
FLUOROMETHOLONE SUSP	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
PREDNISOLONE ACETATE SUSP	1	
<i>prednisolone sodium phosphate (ophth)</i>	2	

ANTIALLERGICS - DRUGS TO TREAT ALLERGIES

<i>azelastine hcl (ophth)</i>	1	
BEPREVE	2	
<i>cromolyn sodium (ophth)</i>	1	
PATADAY	2	
PATANOL	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	2	
AZOPT	2	
<i>betaxolol hcl (ophth)</i>	1	
BETOPTIC-S	2	
<i>brimonidine sol 0.2%</i>	1	
BRIMONIDINE SOL 0.15%	1	
<i>carteolol hcl (ophth)</i>	1	
COMBIGAN	2	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
ISOPTO CARPINE	2	
ISTALOL	2	
<i>latanoprost</i>	1	
<i>levobunolol hcl .5%</i>	1	
LEVOBUNOLOL HCL .25%	1	
LUMIGAN	2	
<i>metipranolol</i>	1	
PHOSPHOLINE IODIDE	2	
PILOCARPINE HCL SOLN	1	
PILOPINE HS	2	
<i>timolol maleate (ophth)</i>	1	
TIMOLOL MALEATE GEL	1	
TRAVATAN Z	2	

MISCELLANEOUS

ENUCLENE	5	NM; *
MURO 128	5	NM; *
<i>naphazoline 0.1%</i>	1	
<i>polyvinyl alcohol SOLN</i>	5	NM; *
PROLENSA	2	
<i>proparacaine hcl SOLN</i>	1	
RESTASIS	2	QL (64 vials / 30 days)
<i>sodium chloride hypertonic</i>	5	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

COMBIVENT RESPIMAT	2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	1	

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA	2	QL (2 inhalers / 30 days)
<i>ipratropium bromide SOLN</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA HANDIHALER	2	QL (30 caps / 30 days)

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

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Drug Name	Drug Tier	Requirements/Limits
ASTEPRO	2	
<i>azelastine hcl</i>	1	
BENADRYL ALLERGY TABS	5	NM; *
BENADRYL ALLERGY CHILDREN LIQD	5	NM; *
<i>cetirizine syrup</i>	1	
CHLOR-TRIMETON SYRP	5	NM; *
CHLOR-TRIMETON ALLERGY	5	NM; *
<i>chlorpheniramine maleate</i> SYRP; TABS; TBCR	5	NM; *
CLARITIN CAPS; CHEW; SYRP	5	NM; *
<i>cyproheptadine hcl</i> SYRP; TABS	1	PA
<i>diphenhydramine hcl</i> CAPS; ELIX; LIQD; SYRP; TABS	5	NM; *
<i>diphenhydramine inj</i>	1	
ED CHLORPED LIQD	5	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA
<i>levocetirizine dihydrochloride</i>	1	
<i>loratadine</i> SYRP	5	NM; *
PATANASE	2	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> NEBU	1	
<i>albuterol sulfate</i> SYRP; TABS; TB12	1	
FORADIL AEROLIZER	2	QL (60 caps / 30 days)
<i>levalbuterol conc 1.25mg/0.5ml</i>	1	
PERFOROMIST	2	
PROAIR HFA	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN; TABS	1	
XOPENEX HFA	2	QL (2 inhalers / 30 days)
COUGH AND COLD		
AFRIN MENTHOL	5	NM; *
BENADRYL-D ALLERGY & SINU	5	NM; *
<i>brompheniramine & phenyleph</i>	5	NM; *
<i>brompheniramine & pseudoeph</i>	5	NM; *
BROVEX PEB	5	NM; *
BROVEX PSB	5	NM; *
<i>chlorpheniramine & phenylephrine</i>	5	NM; *
<i>chlorpheniramine & pseudoeph</i>	5	NM; *
CONEX COLD/ALLERGY	5	NM; *
DALLERGY LIQD	5	NM; *
DECON-A LIQD	5	NM; *
DICEL	5	NM; *
DIMETAPP COLD & ALLERGY ELIX	5	NM; *
<i>diphenhydramine-phenylephrine</i>	5	NM; *
ED A-HIST	5	NM; *

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Drug Name	Drug Tier	Requirements/Limits
ED CHLORPED D	5	NM; *
J-TAN D PD	5	NM; *
LOHIST-D	5	NM; *
PEDIATRIC MEDIUM MASK	5	NM; *
PEDIATRIC SMALL MASK	5	NM; *
PHENABID	5	NM; *
<i>phenylephrine hcl (oral)</i>	5	NM; *
POLY HIST FORTE	5	NM; *
<i>promethazine w/codeine</i>	3	NM; *
<i>pseudoephedrine hcl LIQD; SYRP; TABS</i>	5	NM; *
PSEUDOEPHEDRINE HCL TABA	5	NM; *
RU-HIST-D TABS	5	NM; *
SUDAFED CHILDRENS	5	NM; *
SUDAFED PE MAXIMUM STRENG	5	NM; *
TRIAMINIC COLD & ALLERGY	5	NM; *
TRIAMINIC COLD & COUGH NI	5	NM; *
TRIAMINIC NIGHT TIME COLD	5	NM; *
<i>triprolidine & pseudoephedrine</i>	5	NM; *
ZODEN PD	5	NM; *

LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES

<i>montelukast sodium</i> CHEW; PACK; TABS	1	
<i>zafirlukast</i>	1	

MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES

<i>cromolyn sodium nebu</i>	1	
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MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	1	
ARALAST NP	2	NM, LA, PA
AUVI-Q	2	
CAYSTON	2	LA, PA
DALIRESP	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
GLASSIA	2	NM, LA, PA
PROLASTIN-C	2	NM, LA, PA
PULMOZYME	2	NM
<i>sodium chloride</i> NEBU .45%	5	NM; *
<i>sodium chloride nasal spray 0.9%</i>	5	NM; *
XOLAIR	2	NM, LA, PA
ZEMAIRA	2	NM, LA, PA

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>flunisolide (nasal)</i>	1	QL (2 bottles / 30 days)
<i>flunisolide nasal soln 29 mcg/act (0.025%)</i>	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	1	QL (1 bottle / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NASONEX	2	QL (2 bottles / 30 days)
<i>triamcinolone acetonide (nasal)</i>	1	QL (1 bottle / 30 days)

STERIOD INHALANTS - DRUGS TO TREAT ASTHMA

ASMANEX	2	QL (2 inhalers / 30 days)
ASMANEX 14 METERED DOSES	2	QL (2 inhalers per 30 days)
<i>budesonide (inhalation)</i>	1	
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	2	QL (2 inhalers / 30 days)
FLOVENT DISKUS 250mcg/blist	2	QL (4 inhalers / 30 days)
FLOVENT HFA	2	QL (2 inhalers / 30 days)
PULMICORT 1mg/2ml	2	
QVAR 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR 80mcg/act	2	QL (2 inhalers / 30 days)

STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD

ADVAIR DISKUS	2	QL (1 inhaler / 30 days)
ADVAIR HFA	2	QL (1 inhaler / 30 days)
DULERA	2	QL (1 inhaler / 30 days)
SYMBICORT	2	QL (1 inhaler / 30 days)

XANTHINES - DRUGS TO TREAT COPD

<i>aminophylline inj</i>	1	
<i>elixophyllin</i>	2	
<i>theo-24</i>	2	
<i>theophylline TB12; TB24</i>	1	

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>adapalene</i>	1	
<i>amnesteem</i>	1	
AVITA	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate (topical)</i> GEL; LOTN; SOLN; SWAB	1	
<i>ery pad 2%</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>myorisan</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tretinoin</i> CREA; GEL	1	
<i>zenatane</i>	1	

DERMATOLOGY, ACTINIC KERATOSIS

CARAC	2	
FLUOROPLEX	2	
<i>fluorouracil (topical)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SOLARAZE	2	PA
DERMATOLOGY, ANTIBIOTICS		
BACIGUENT	5	NM; *
<i>bacitracin (topical)</i>	5	NM; *
<i>bacitracin zinc</i> OINT	5	NM; *
<i>bacitracin-polymyxin b</i>	5	NM; *
<i>benzoyl peroxide</i> GEL 5%, 10%	5	NM; *
<i>gentamicin sulfate (topical)</i>	1	
<i>mafenide acetate</i> PACK	1	
<i>mupirocin</i> OINT	1	
SILVER SULFADIAZINE CREA	1	
SSD	1	
SULFAMYLON CREA	2	
THERMAZENE	1	
DERMATOLOGY, ANTIFUNGALS		
ALOE VESTA ANTIFUNGAL	5	NM; *
<i>ciclopirox</i> CREA; GEL; SUSP	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>clotrimazole (topical)</i> CREA 1%	1	
<i>clotrimazole (topical)</i> CREA 1%	5	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	1	
<i>clotrimazole (topical)</i> SOLN 1%	5	NM; *
<i>econazole nitrate</i> CREA	1	
FUNGOID TINCTURE KIT	5	NM; *
<i>ketoconazole cream</i>	1	
MICATIN	5	NM; *
<i>miconazole nitrate (topical)</i>	5	NM; *
MIRANEL AF	5	NM; *
<i>nyamyc</i>	1	
<i>nystatin (topical)</i>	1	
<i>nystop</i>	1	
<i>pedi-dri</i>	1	
SCHOLLS FUNGAL NAIL MANAG	5	NM; *
TINACTIN CREA	5	NM; *
<i>tolnaftate</i> CREA; SOLN	5	NM; *
DERMATOLOGY, ANTIPRURITIC		
<i>procto-pak</i>	1	
<i>proctocream</i>	1	
<i>proctozone hc</i>	1	
PRUDOXIN CRE 5%	1	
ZONALON	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA
<i>calcipotriene</i> CREA; OINT; SOLN	1	

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<i>calcitrene oin 0.005%</i>	1	
OXSORALEN ULTRA	2	
SORIATANE	2	PA
TAZORAC	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	1	
<i>selenium sulfide LOTN</i>	1	
DERMATOLOGY, ANTIVIRALS		
<i>acyclovir topical</i>	1	
DENAVIR	2	
ZOVIRAX CREA	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide CREA; LOTN</i>	1	
<i>amcinonide OINT</i>	2	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate CREA; LOTN; OINT</i>	1	
<i>clobetasol propionate CREA</i>	1	
<i>clobetasol propionate GEL</i>	1	
<i>clobetasol propionate OINT</i>	1	
<i>clobetasol propionate SOLN</i>	1	
<i>cvs hdyrocortisone acetat</i>	5	NM; *
DESONIDE CREA	1	
<i>desonide LOTN; OINT</i>	1	
<i>desoximetasone CREA</i>	1	
<i>desoximetasone GEL</i>	1	
DESOXIMETASONE OINT .05%	1	
<i>desoximetasone OINT .25%</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide CREA; OIL; OINT; SOLN</i>	1	
<i>fluocinonide CREA .05%</i>	1	
<i>fluocinonide GEL</i>	1	
<i>fluocinonide OINT</i>	1	
<i>fluocinonide SOLN</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate CREA</i>	1	
<i>fluticasone propionate OINT</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone (topical) CREA 1%, 2.5%</i>	1	
<i>hydrocortisone (topical) CREA .5%, 1%</i>	5	NM; *
<i>hydrocortisone (topical) LOTN 1%</i>	5	NM; *

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> LOTN 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> OINT .5%, 1%	5	NM; *
<i>hydrocortisone acetate (topical)</i>	5	NM; *
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone-aloe vera</i>	5	NM; *
LOKARA LOTN 0.05%	1	
<i>mometasone furoate</i> CREA; OINT; SOLN	1	
<i>texacort soln 2.5%</i>	2	
<i>triamcinolone acetonide (topical)</i>	1	
<i>triderm</i>	1	
TUCKS ANTI-ITCH	5	NM; *

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> PTCH	1	QL (3 ptch / 1 day), PA
<i>lidocaine hcl</i> GEL	1	
<i>lidocaine hcl</i> SOLN 4%	1	
<i>lidocaine oint 5%</i>	1	
<i>lidocaine-prilocaine</i>	1	
LIDODERM	2	QL (3 ptch / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>aluminum acetate</i> SOLN	5	NM; *
<i>ammonium lactate</i> CREA; LOTN	1	
<i>calamine</i> LOTN	5	NM; *
<i>calamine phenolated</i>	5	NM; *
<i>diphenhydramine hcl (topical)</i>	5	NM; *
ELIDEL	2	PA
<i>imiquimod</i> CREA	1	
<i>laclotion lotn 12%</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole gel 0.75%</i>	1	
PANRETIN	2	
<i>podofilox</i> SOLN	1	
<i>propylene glycol</i> SOLN	5	NM; *
<i>rosadan cre 0.75%</i>	1	
TARGRETIN GEL	2	NM, PA
VALCHLOR	2	LA, PA
VOLTAREN	2	

DERMATOLOGY, SCABICIDES AND PEDICULIDES

BARC	5	NM; *
EURAX	2	
<i>malathion</i>	1	
NIX CREME RINSE	5	NM; *
<i>permethrin</i> CREA	1	
<i>permethrin</i> LIQD	5	NM; *

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrethins/piperonyl buto</i>	5	NM; *
<i>pyrethrins-piperonyl butoxide</i>	5	NM; *
RID LIQD	5	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	1	
REGRANEX	2	PA
SANTYL	2	
SODIUM CHLORIDE 0.9%	1	
STERILE WATER IRRIGATION	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole TROC</i>	1	
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
CIPRODEX	2	
<i>fluocinolone acetonide (otic)</i>	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
<i>ofloxacin (otic)</i>	1	

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ABILIFY DISCMELT	22	ALMACONE	33
ABILIFY MAINTENA	22	ALOE VESTA ANTIFUNGAL	51
<i>acamprosate calcium</i>	26	ALPHAGAN P SOL 0.1%	47
<i>acarbose</i>	27	<i>alprazolam</i>	18
<i>acebutolol hcl</i>	15	ALREX	46
<i>acetaminophen</i>	1	<i>altavera</i>	29
<i>acetaminophen w/ codeine</i>	1	<i>alum & mag hydrox-simethicone</i>	33
<i>acetazolamide</i>	17	<i>aluminum acetate</i>	53
<i>acetic acid</i>	54	<i>aluminum hydroxide</i>	33
<i>acetic acid (otic)</i>	54	<i>aluminum hydroxide gel susp 600 mg/5ml</i>	33
<i>acetic acid-aluminum acetate</i>	54	<i>aluminum hydroxide-mag trisil.</i>	33
<i>acetylcysteine</i>	49	<i>amantadine hcl</i>	22
<i>acitretin</i>	51	AMBISOME	4
ACTHIB	40	<i>amcinonide</i>	52
ACTIMMUNE	40	<i>amifostine crystalline</i>	12
<i>acyclovir</i>	6	<i>amikacin sulfate</i>	3
<i>acyclovir sodium</i>	6	<i>amikacin sulfate inj 100 mg/2ml (50</i> <i>mg/ml)</i>	3
<i>acyclovir topical</i>	52	<i>amiloride & hydrochlorothiazide</i>	17
ADACEL	40	<i>amiloride hcl</i>	17
ADAGEN	31	<i>aminophylline inj.</i>	50
<i>adapalene</i>	50	AMINOSYN	41
ADCIRCA	18	AMINOSYN 7%/ELECTROLYTES	41
<i>adefovir dipivoxil</i>	6	AMINOSYN 8.5%/ELECTROLYTE	41
<i>adriamycin</i>	9	AMINOSYN II	41
<i>adrucil</i>	9	AMINOSYN II 8.5%/ELECTROL	41
<i>adult aspirin low strengt</i>	1	AMINOSYN M	41
ADVAIR DISKUS	50	AMINOSYN-HBC	41
ADVAIR HFA	50	AMINOSYN-PF	41
<i>afeditab cr</i>	15	AMINOSYN-PF 7%	42
AFINITOR	11	AMINOSYN-RF	42
AFINITOR DISPERZ	11	<i>amiodarone hcl</i>	14
AFRIN MENTHOL	48	AMITIZA	35
AGGRENEX	39	<i>amitriptyline hcl</i>	20
<i>a-hydrocort</i>	31	<i>amlodipine besylate</i>	15
<i>ala-cort</i>	52	<i>amlodipine-benazepril hcl cap 10-20mg</i>	12
ALBENZA	3	<i>amlodipine-benazepril hcl cap 10-40mg</i>	12
<i>albuterol sulfate</i>	48	<i>amlodipine-benazepril hcl cap 2.5-10mg</i>	12
<i>alclometasone dipropionate</i>	52	<i>amlodipine-benazepril hcl cap 5-10mg</i>	12
ALCOHOL SWABS	27		
ALDURAZYME	31		
<i>alendronate sodium</i>	28		
<i>alfuzosin hcl</i>	36		

<i>amlodipine-benazepril hcl cap 5-20mg</i>	12	<i>androxy</i>	26
<i>amlodipine-benazepril hcl cap 5-40mg</i>	12	<i>apap 500</i>	1
<i>ammonium lactate</i>	53	APOKYN	22
<i>amnesteem</i>	50	<i>apri 28 day</i>	29
<i>amoxapine</i>	20	APRISO	34
<i>amoxicillin</i>	8	APTIVUS	5
<i>amoxicillin & pot clavulanate</i>	8	ARALAST NP	49
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	35	<i>aranelle 28</i>	29
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	24	ARANESP ALBUMIN FREE	38
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	24	ARCALYST	40
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	24	ARICEPT	20
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	24	ASACOL HD	34
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	24	<i>ascorbic acid</i>	44
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	24	ASMANEX	50
<i>amphetamine-dextroamphetamine tab 10 mg</i>	24	ASMANEX 14 METERED DOSES	50
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	24	<i>aspirin</i>	1
<i>amphetamine-dextroamphetamine tab 15 mg</i>	24	<i>aspirin tab delayed release 650 mg</i>	1
<i>amphetamine-dextroamphetamine tab 20 mg</i>	24	ASTEPRO	48
<i>amphetamine-dextroamphetamine tab 30 mg</i>	24	<i>astramorph</i>	2
<i>amphetamine-dextroamphetamine tab 5 mg</i>	24	<i>atenolol</i>	15
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	24	<i>atenolol & chlorthalidone</i>	15
<i>amphotericin b</i>	4	<i>atorvastatin calcium</i>	14
<i>ampicillin</i>	8	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	5
<i>ampicillin & sulbactam sodium</i>	8	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	5
<i>ampicillin inj</i>	8	ATRIPLA	5
<i>ampicillin sodium</i>	8	ATROVENT HFA	47
AMTURNIDE 150-5-12.5MG	16	AUVI-Q	49
AMTURNIDE 300-10-12.5MG	16	AVASTIN	10
AMTURNIDE 300-10-25MG	16	<i>aviane 28</i>	29
AMTURNIDE 300-5-12.5MG	16	AVINZA	2
AMTURNIDE 300-5-25MG	16	AVITA	50
<i>anagrelide hcl</i>	38	AVODART	36
<i>anastrozole</i>	10	AVONEX	25
ANDRODERM	26	AVONEX PEN	25
		<i>azacitidine</i>	9
		AZACTAM	3
		AZACTAM/DEX INJ 1GM	3
		AZACTAM/DEX INJ 2GM	3
		AZASITE	45
		<i>azathioprine</i>	40
		<i>azathioprine sodium</i>	40
		<i>azelastine hcl</i>	48
		<i>azelastine hcl (ophth)</i>	46
		AZILECT	22
		<i>azithromycin</i>	7
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AZOR TAB 5-40MG.....	13
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<i>bacitracin (topical)</i>	51
<i>bacitracin zinc</i>	51
<i>bacitracin-polymyxin b</i>	51
<i>bacitracin-polymyxin b (ophth)</i>	46
<i>bacitracin-poly-neomycin-hc</i>	45
<i>baclofen</i>	26
<i>balsalazide disodium</i>	34
<i>balziva 28 day</i>	29
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BENADRYL-D ALLERGY & SINU	48
<i>benazepril & hydrochlorothiazide</i>	12
<i>benazepril hcl</i>	12
BENICAR.....	13
BENICAR HCT 40-25MG	13
BENICAR HCT TAB 20-12.5MG	13
BENICAR HCT TAB 40-12.5MG.....	13
<i>benzoyl peroxide</i>	51
<i>benzoyl peroxide-erythromycin</i>	50
<i>benztropine mesylate</i>	22
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<i>beta carotene</i>	44
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<i>betamethasone dipropionate augmented</i>	52
<i>betamethasone valerate</i>	52
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<i>betaxolol hcl (ophth)</i>	47
<i>bethanechol chloride</i>	36
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<i>bicalutamide</i>	10
BICARSIM.....	34
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BICNU	9

BILTRICIDE	3
<i>bisacodyl</i>	35
<i>bismuth subsalicylate</i>	33
<i>bisoprolol & hydrochlorothiazide</i>	15
<i>bisoprolol fumarate</i>	15
<i>bleomycin sulfate</i>	9
<i>blephamide</i>	45
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BOSULIF	11
<i>briellyn 28 day</i>	29
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<i>brimonidine sol 0.2%</i>	47
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<i>bromocriptine mesylate</i>	22
<i>brompheniramine & phenyleph</i>	48
<i>brompheniramine & pseudoeph</i>	48
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<i>budeprion</i>	21
<i>budesonide (inhalation)</i>	50
<i>budesonide ec</i>	34
<i>bumetanide</i>	17
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<i>buprenorphine hcl</i>	26
<i>buprenorphine hcl-naloxone hcl dihydrate</i> <i>sl</i>	26
<i>buproban</i>	26
<i>bupropion hcl</i>	21
<i>bupirone hcl</i>	18
BUSULFEX	9
<i>butorphanol tartrate</i>	2
BYSTOLIC	15
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<i>cabergoline</i>	32
<i>cafergot tab 1-100mg</i>	25
<i>calamine</i>	53
<i>calamine phenolated</i>	53
CALCET PETITES	43
CALCI-MIX	43
<i>calcipotriene</i>	51
<i>calcitonin (salmon)</i>	32
<i>calcitrene oin 0.005%</i>	52
<i>calcitriol</i>	44
<i>calcitriol inj</i>	44
<i>calcitriol oral soln 1 mcg/ml</i>	44
<i>calcium & phosphorus w/ vitamin d</i> ...	43

<i>calcium acetate (phosphate binder)</i>	32	<i>ceftriaxone sodium</i>	7
<i>calcium carbonate</i>	33, 44	<i>cefuroxime axetil</i>	7
CALCIUM CARBONATE.....	44	<i>cefuroxime sodium</i>	7
<i>calcium carbonate (antacid)</i>	33	CELEBREX.....	1
<i>calcium gluconate</i>	44	CELLCEPT.....	40
<i>calcium lactate</i>	44	CELONTIN.....	18
<i>calcium lactate tab 650 mg</i>	44	<i>cephalexin</i>	7
<i>calcium w/ vitamin d</i>	44	CEREZYME.....	31
<i>calcium w/ vitamin d tab 600 mg-125 unit</i>	44	CERVARIX.....	40
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<i>camila 28 day</i>	29	CHANTIX STARTER PACK.....	26
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CANASA.....	34	<i>chlorhexidine gluconate (mouth-throat)</i>	54
CANCIDAS.....	4	<i>chloroquine phosphate</i>	5
CAPASTAT SULFATE.....	6	<i>chlorothiazide</i>	17
CAPRELSA.....	11	<i>chlorpheniramine & phenylephrine</i>	48
<i>captopril</i>	12	<i>chlorpheniramine & pseudoeph</i>	48
<i>captopril & hydrochlorothiazide</i>	12	<i>chlorpheniramine maleate</i>	48
CARAC.....	50	<i>chlorpromazine hcl</i>	22
CARAFATE.....	35	<i>chlorthalidone</i>	17
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<i>carbamazepine</i>	18	CHLOR-TRIMETON ALLERGY.....	48
CARBIDOPA/LEVODOPA/ENTACA.....	22	<i>cholecalciferol</i>	44
<i>carbidopa-levodopa</i>	22	<i>cholestyramine</i>	14
<i>carboplatin</i>	11	<i>cholestyramine light</i>	14
CARIMUNE NANOFILTERED.....	39	<i>choline fenofibrate</i>	14
<i>carteolol hcl (ophth)</i>	47	<i>ciclopirox</i>	51
<i>cartia</i>	15	<i>ciclopirox shampoo 1%</i>	51
<i>carvedilol</i>	15	<i>cilostazol</i>	38
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CEENU.....	9	CIPRO.....	8
<i>cefaclor</i>	7	CIPRODEX.....	54
<i>cefaclor monohydrate</i>	7	<i>ciprofloxacin er</i>	8
<i>cefadroxil</i>	7	<i>ciprofloxacin hcl (ophth)</i>	46
<i>cefazolin in d5w</i>	7	<i>ciprofloxacin hcl tab</i>	8
<i>cefazolin inj</i>	7	<i>ciprofloxacin in d5w</i>	8
<i>cefazolin sodium</i>	7	<i>ciprofloxacin inj</i>	8
<i>cefdinir</i>	7	<i>cisplatin</i>	11
<i>cefepime hcl</i>	7	<i>citalopram hydrobromide</i>	21
<i>cefotaxime sodium</i>	7	<i>cladribine</i>	9
<i>cefoxitin sodium</i>	7	<i>claravis</i>	50
<i>cefpodoxime proxetil</i>	7	<i>clarithromycin</i>	7
<i>cefprozil</i>	7	<i>clarithromycin er</i>	7
<i>ceftazidime</i>	7	<i>clarithromycin for susp</i>	7
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<i>clindamycin cap 300mg</i>	3	COMVAX	40
<i>clindamycin cap 75mg</i>	3	CONCEPTROL INSERTS	37
<i>clindamycin hcl cap 150 mg</i>	3	CONEX COLD/ALLERGY	48
<i>clindamycin phosphate (topical)</i>	50	<i>constulose</i>	35
<i>clindamycin phosphate inj</i>	3	COPAXONE.....	26
<i>clindamycin phosphate vaginal</i>	37	<i>cortisone acetate</i>	31
<i>clindamycin sol 75mg/5ml</i>	3	COSMEGEN	9
CLINIMIX 2.75%/DEXTROSE 5%	42	COUMADIN.....	37
CLINIMIX 4.25%/DEXTROSE 25%.....	42	CREON.....	36
CLINIMIX 4.25%/DEXTROSE 5%	42	CRESTOR	14
CLINIMIX 5%/DEXTROSE 15%	42	CRIXIVAN.....	5
CLINIMIX 5%/DEXTROSE 20%	42	<i>cromolyn sodium (mastocytosis)</i>	35
CLINIMIX 5%/DEXTROSE 25%	42	<i>cromolyn sodium (ophth)</i>	46
CLINIMIX E 2.75%/DEXTROSE 10%....	42	<i>cromolyn sodium nebu</i>	49
CLINIMIX E 2.75%/DEXTROSE 5%.....	42	<i>cryselle 28</i>	29
CLINIMIX E 4.25%/DEXTROSE 25%....	42	CUBICIN	3
CLINIMIX E 4.25%/DEXTROSE 5%.....	42	CUVPOSA.....	34
CLINIMIX E 5%/DEXTROSE 15%	42	<i>cvx hydrocortisone acetat</i>	52
CLINIMIX E 5%/DEXTROSE 20%	42	CVS PRENATAL	44
CLINIMIX E 5%/DEXTROSE 25%	42	CVS SLOW RELEASE IRON.....	38
CLINIMIX E INJ 4.25/D10	42	CVS VITAMIN B-6.....	44
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CLINIMIX INJ 4.25/D20	42	<i>cyanocobalamin</i>	44
<i>clinisol 15</i>	42	<i>cyclafem 1/35 28 day</i>	29
<i>clobetasol propionate</i>	52	<i>cyclafem 7/7/7 28 day</i>	29
<i>clomipramine hcl</i>	21	<i>cyclophosphamide</i>	9
<i>clonazepam</i>	18, 19	<i>cyclosporine</i>	40
<i>clonidine hcl</i>	17	<i>cyclosporine modified (for microemulsion)</i>	40
<i>clopidogrel bisulfate</i>	39	CYMBALTA.....	21
<i>clorazepate dipotassium</i>	19	<i>cyproheptadine hcl</i>	48
<i>clotrimazole</i>	54	CYSTADANE	31
<i>clotrimazole (topical)</i>	51	CYSTAGON.....	31
<i>clotrimazole vaginal</i>	37	<i>cytarabine</i>	9
<i>clotrimazole vaginal tab 100 mg</i>	37	D	
<i>clozapine</i>	22	D3 DOTS.....	44
CLOZAPINE ODT	22	<i>dacarbazine</i>	9
COARTEM	5	DALIRESP	49
<i>colchicine w/ probenecid</i>	1	DALLERGY	48
COLCRYS	1	<i>danazol</i>	31
<i>colestipol hcl</i>	14	<i>dantrolene sodium</i>	26
<i>colistimethate sodium</i>	3	<i>dapsone</i>	3
<i>colocort</i>	34	DAPTACEL	40
COMBIGAN.....	47	DARAPRIM.....	3
COMBIPATCH	31	<i>daunorubicin hcl</i>	9
COMBIVENT RESPIMAT	47	DECAVAC	40
COMETRIQ.....	11	DECON-A	48
COMPLERA.....	5		

DELZICOL	34	<i>didanosine</i>	5
DENAVIR	52	DIFICID	7
DEPO-PROVERA INJ 400/ML	10	<i>diflorasone diacetate</i>	52
<i>desipramine hcl</i>	21	<i>diflunisal</i>	1
<i>desmopressin acetate spray</i>	33	<i>digoxin</i>	16
<i>desmopressin acetate spray refrigerated</i>	33	DIGOXIN SOL 50MCG/ML	16
<i>desmopressin acetate tabs</i>	33	<i>dihydroergotamine mesylate</i>	25
<i>desmopressin inj 4mcg/ml</i>	33	<i>dilantin</i>	19
DESMOPRESSIN SOL 0.01%.....	33	DILANTIN-125 SUS 125/5ML	19
<i>desonide</i>	52	<i>dilt</i>	15
DESONIDE	52	<i>dilt-cd cap 180mg</i>	15
<i>desoximetasone</i>	52	<i>dilt-cd cap 240mg</i>	15
DESOXIMETASONE	52	<i>diltiazem cap</i>	15
DETROL LA	37	<i>diltiazem cap 120mg/24hr</i>	15
<i>dexamethasone</i>	31	<i>diltiazem cap er/12hr</i>	16
<i>dexamethasone sodium phosphate</i>	31	<i>diltiazem hcl</i>	16
<i>dexamethasone sodium phosphate</i> (<i>ophth</i>).....	46	<i>diltiazem hcl coated beads</i>	16
DEXILANT	36	<i>dilt-xr 120mg</i>	15
<i>dexrazoxane</i>	12	<i>diltzac</i>	16
DEXTROSE 10% FLEX CONTAIN.....	42	DIMETAPP COLD & ALLERGY	48
DEXTROSE 10%/NACL 0.2%	43	DIOVAN	13
DEXTROSE 10%/NACL 0.45%	43	DIPENTUM.....	34
DEXTROSE 2.5%/NACL 0.45%	42	<i>diphenhydramine hcl</i>	48
DEXTROSE 5%	42	<i>diphenhydramine hcl (sleep)</i>	26
DEXTROSE 5% /ELECTROLYTE	42	<i>diphenhydramine hcl (topical)</i>	53
DEXTROSE 5%/LACTATED RING	42	<i>diphenhydramine inj</i>	48
DEXTROSE 5%/NACL 0.2%	42	<i>diphenhydramine-phenylephrine</i>	48
DEXTROSE 5%/NACL 0.225%	42	<i>diphenoxylate w/ atropine</i>	35
DEXTROSE 5%/NACL 0.3%	42	DIPHThERIA/TETANUS TOXOID	40
DEXTROSE 5%/NACL 0.33%	42	<i>disopyramide phosphate</i>	14
DEXTROSE 5%/NACL 0.45%	42	<i>disulfiram</i>	26
DEXTROSE 5%/NACL 0.9%	42	DIURIL SUS 250/5ML.....	17
DEXTROSE 5%/POTASSIUM CHL.....	42	<i>divalproex sodium</i>	19
DEXTROSE 50%	43	<i>docetaxel</i>	10
<i>dextrose inj 70%</i>	43	DOCETAXEL.....	10
<i>dialyvite vitamin d3 max</i>	44	<i>docusate sodium</i>	35
<i>diazepam</i>	19	<i>donepezil hydrochloride</i>	20
DIAZEPAM GEL	19	DORIBAX	4
<i>diazepam inj</i>	19	<i>dorzolamide hcl</i>	47
DIBENZYLINE	17	<i>dorzolamide hcl-timolol maleate</i>	47
DICEL.....	48	<i>doxazosin mesylate</i>	13
<i>diclofenac potassium</i>	1	<i>doxepin hcl</i>	21
<i>diclofenac sodium</i>	1	DOXIL INJ 2MG/ML.....	9
<i>diclofenac sodium (ophth)</i>	46	<i>doxorubicin hcl</i>	9
<i>dicloxacillin sodium</i>	8	<i>doxycycl hyc inj</i>	8
<i>dicyclomine hcl</i>	34	<i>doxycycline (monohydrate)</i>	8
		<i>doxycycline hyclate</i>	8
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<i>dronabinol</i>	33	<i>enulose</i>	35
<i>drospirenone-ethinyl estradiol</i>	29	EPIPEN 2-PAK	49
DROXIA	11	EPIPEN-JR 2-PAK	49
DULCOLAX BOWEL PREP KIT	35	<i>epirubicin hcl</i>	9
DULERA	50	<i>epitol</i>	19
DURAMORPH	2	EPIVIR.....	5
DUREZOL.....	46	EPIVIR HBV	6
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<i>e.e.s.</i>	7	<i>ergocalciferol</i>	44
E.E.S. GRANULES	7	ERIVEDGE	10
<i>econazole nitrate</i>	51	<i>errin 28 day</i>	29
ED A-HIST	48	<i>ery pad 2%</i>	50
ED CHLORPED	48	ERYPED 200	7
ED CHLORPED D.....	49	ERYPED 400	7
EDECIN	17	<i>ery-tab</i>	7
EDURANT.....	5	<i>erythrocin stearate</i>	7
EFFIENT.....	39	<i>erythromycin (acne aid)</i>	50
ELAPRASE.....	31	<i>erythromycin (ophth)</i>	46
ELELYSO.....	31	<i>erythromycin base</i>	8
ELIDEL	53	<i>erythromycin ethylsuccinate</i>	8
ELIQUIS	37	<i>erythromycin-sulfisoxazole</i>	4
ELITEK	12	<i>escitalopram oxalate</i>	21
<i>elixophyllin</i>	50	<i>estradiol</i>	31
ELLA	29	<i>estradiol valerate</i>	31
ELMIRON	36	ESTRADIOL VALERATE.....	31
ELSPAR	11	<i>ethambutol hcl</i>	6
EMCYT.....	9	<i>ethosuximide</i>	19
EMEND	33, 34	<i>etodolac</i>	1
EMEND PAK 80 & 125.....	34	<i>etoposide</i>	12
<i>emoquette</i>	29	EURAX	53
EMSAM	21	EVISTA	33
EMTRIVA	5	EXELON	20
<i>enalapril maleate</i>	12	<i>exemestane</i>	10
<i>enalapril maleate & hydrochlorothiazide</i>	12	EXFORGE 10-320MG.....	13
ENBREL	39	EXFORGE HCT 10-160-12.5MG	13
ENCARE.....	37	EXFORGE HCT 10-160-25MG	13
<i>endocet 10/325</i>	2	EXFORGE HCT 10-320-25MG	13
<i>endocet 5/325</i>	2	EXFORGE HCT 5-160-12.5MG	13
<i>endocet 7.5/325</i>	2	EXFORGE HCT 5-160-25MG	13
ENDODAN	2	EXFORGE TAB 10-160MG	13
ENGERIX-B	40	EXFORGE TAB 5-160MG	13
<i>enoxaparin sodium</i>	37	EXFORGE TAB 5-320MG	13
<i>enpresse 28 day</i>	29	EXJADE.....	29
<i>entacapone</i>	22	EZFE FORTE	44
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FABRAZYME	31	<i>flurbiprofen</i>	1
<i>famciclovir</i>	6	<i>flurbiprofen sodium</i>	46
<i>famotidine</i>	34	<i>flutamide</i>	10
<i>famotidine inj</i>	34	<i>fluticasone propionate</i>	52
FANAPT	23	<i>fluticasone propionate (nasal)</i>	49
FANAPT TITRATION PACK	23	<i>fluvoxamine maleate</i>	18
FARESTON	10	FML	46
FASLODEX	10	FML FORTE	46
FAZACLO	23	<i>folic acid</i>	44
<i>felbamate</i>	19	<i>fondaparinux sodium</i>	38
<i>felodipine</i>	16	FORADIL AEROLIZER	48
<i>fenofibrate</i>	14	FORFIVO XL.....	21
<i>fenofibrate micronized</i>	14	FORTEO	32
FENOFIBRATE MICRONIZED	14	FORTICAL.....	32
<i>fentanyl</i>	2	<i>fosinopril sodium</i>	12
<i>fentanyl citrate</i>	2	<i>fosinopril sodium & hydrochlorothiazide</i>	12
FEOSOL	38	FOSRENOL	32
FERATE.....	38	FREAMINE HBC 6.9%.....	42
<i>ferrous gluconate</i>	38	FREAMINE III.....	42
<i>ferrous sulfate</i>	38	FUNGOID TINCTURE	51
<i>ferrous sulfate dried</i>	38	<i>furosemide</i>	17
<i>feverall infants</i>	1	<i>furosemide inj</i>	17
<i>finasteride</i>	36	FUZEON	5
FLEBOGAMMA.....	39	G	
FLEBOGAMMA DIF.....	39	<i>gabapentin</i>	19
<i>flecainide acetate</i>	14	GABITRIL	19
FLOVENT DISKUS	50	<i>galantamine hydrobromide</i>	20
FLOVENT HFA.....	50	GAMASTAN S/D	39
<i>fluconazole</i>	4	GAMMAGARD LIQUID.....	39
<i>fluconazole in dextrose</i>	4	GAMMAGARD S/D	39
<i>fluconazole in nacl</i>	4	GAMMAKED	39
<i>flucytosine</i>	4	GAMMAPLEX	39
<i>fludarabine phosphate</i>	9	GAMUNEX	39
<i>fludrocortisone acetate</i>	31	GAMUNEX-C	39
<i>flunisolide (nasal)</i>	49	GAMUNEX-C 1GM/10ML	39
<i>flunisolide nasal soln 29 mcg/act</i> <i>(0.025%)</i>	49	<i>ganciclovir inj 500mg</i>	6
<i>fluocinolone acetonide</i>	52	GARDASIL	40
<i>fluocinolone acetonide (otic)</i>	54	<i>gatifloxacin (ophth)</i>	46
<i>fluocinonide</i>	52	GAUZE PADS 2" X 2"	27
<i>fluocinonide emulsified base</i>	52	<i>gavilyte-g</i>	35
FLUOROMETHOLONE	46	<i>gavilyte-c</i>	35
FLUOROPLEX.....	50	<i>gavilyte-n</i>	35
<i>fluorouracil</i>	9	GAVISCON	33
<i>fluorouracil (topical)</i>	50	<i>gemcitabine hcl</i>	9
<i>fluoxetine hcl</i>	21	GEMCITABINE HCL	9
<i>fluphenazine decanoate</i>	23	<i>gemfibrozil</i>	14
<i>fluphenazine hcl</i>	23	<i>generlac</i>	35

<i>gengraf</i>	40	<i>heparin sod inj 5000/ml</i>	38
<i>gentak</i>	46	HEPARIN SODIUM/D5W	38
<i>gentamicin in saline</i>	3	HEPARIN SODIUM/NACL 0.45%	38
<i>gentamicin sulfate</i>	3	HEPARIN SODIUM/SODIUM CHL	38
<i>gentamicin sulfate (ophth)</i>	46	HEPATAMINE	42
<i>gentamicin sulfate (topical)</i>	51	<i>hepatasol 8</i>	42
GEODON	23	HEPSERA	6
GIANVI	29	HERCEPTIN	10
<i>gildagia</i>	29	HEXALEN	9
GILENYA	26	HIBERIX	40
GILOTRIF	11	HONEY BEARS W/IRON AND ZI	44
GLASSIA	49	HUMIRA	39
GLEEVEC	11	HUMIRA PEN	39
<i>glimepiride</i>	27	HUMIRA PEN-CROHNS DISEASE STARTER KIT	39
<i>glip/metform tab 2.5-250m</i>	27	HUMIRA PEN-PSORIASIS STARTER KIT	39
<i>glip/metform tab 2.5-500m</i>	27	HUMULIN R INJ U-500	27
<i>glip/metform tab 5-500mg</i>	27	<i>hydralazine hcl</i>	17
<i>glipizide</i>	27	<i>hydrochlorothiazide</i>	17
GLUCAGEN HYPOKIT	32	<i>hydroco/apap tab 10-325mg</i>	2
GLUCAGON EMERGENCY KIT	32	<i>hydroco/apap tab 5-325mg</i>	2
<i>glyb/metform tab 1.25-250</i>	27	<i>hydroco/apap tab 7.5-325</i>	2
<i>glyb/metform tab 2.5-500</i>	27	<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	2
<i>glyb/metform tab 5-500mg</i>	27	<i>hydrocodone-ibuprofen 7-5-200mg</i>	2
<i>glyburide</i>	28	<i>hydrocortisone</i>	31
<i>glyburide micronized</i>	28	HYDROCORTISONE (INTRARECTAL)	35
<i>glycopyrrolate</i>	34	<i>hydrocortisone (topical)</i>	52, 53
<i>glycopyrrolate inj</i>	34	<i>hydrocortisone acetate (topical)</i>	53
GNP DAILY PRENATAL	44	<i>hydrocortisone butyrate</i>	53
GOLYTELY	35	<i>hydrocortisone valerate</i>	53
<i>granisetron hcl</i>	34	<i>hydrocortisone-aloe vera</i>	53
<i>griseofulvin microsize</i>	4	<i>hydromorphon inj 10mg/ml</i>	2
<i>griseofulvin ultramicrosize</i>	4	<i>hydromorphone hcl</i>	2
GYNE-LOTRIMIN	37	<i>hydroxychloroquine sulfate</i>	39
GYNE-LOTRIMIN 3	37	<i>hydroxyurea</i>	11
GYNOL II EXTRA STRENGTH	37	<i>hydroxyzine hcl</i>	48
H		I	
HALFLYTELY BOWEL PREP/FLA	35	<i>ibandronate sodium</i>	28
<i>halobetasol propionate</i>	52	<i>ibuprofen</i>	1
<i>haloperidol</i>	23	<i>idarubicin hcl</i>	9
<i>haloperidol decanoate</i>	23	IFEX	9
<i>haloperidol lactate</i>	23	<i>ifosfamide inj</i>	9
HAVRIX	40	ILEVRO	46
<i>heather</i>	29	<i>imipenem-cilastatin</i>	4
<i>heparin sod inj 1000/ml</i>	38	<i>imipramine hcl</i>	21
<i>heparin sod inj 10000/ml</i>	38	<i>imiquimod</i>	53
HEPARIN SOD INJ 2000/ML	38	IMOVAX RABIES (H.D.C.V.)	40
<i>heparin sod inj 20000/ml</i>	38		
HEPARIN SOD INJ 2500/ML	38		

INCIVEK	6	JANUMET XR TAB 100-1000.....	28
INCRELEX	32	JANUMET XR TAB 50-1000	28
<i>indapamide</i>	17	JANUMET XR TAB 50-500MG.....	28
INFANRIX	40	JANUVIA	28
INLYTA	11	JENTADUETO	28
INSULIN PEN NEEDLE.....	27	JOLIVETTE.....	29
INSULIN SAFETY NEEDLES.....	27	J-TAN D PD	49
INSULIN SYRINGE.....	27	<i>junel 1.5/30 21 day</i>	29
INTELENCE	5	<i>junel 1/20 21 day</i>	29
INTRALIPID INJ 20%.....	42	<i>junel fe 1.5/30 28 day</i>	29
INTRALIPID INJ 30%.....	42	<i>junel fe 1/20 28 day</i>	29
INTRON-A.....	40	JUVISYNC.....	28
INTRON-A W/DILUENT	40	K	
<i>introvale 91 day</i>	29	KADCYLA	10
INTUNIV	24	KADIAN	2
INVANZ	4	KALETRA SOL	6
INVEGA	23	KALETRA TAB 100-25MG.....	6
INVEGA SUSTENNA.....	23	KALETRA TAB 200-50MG.....	6
INVIRASE	5	KAOLIN/PECTIN	33
IONOSOL-B/DEXTROSE 5%	43	<i>kariva 28 day</i>	29
IONOSOL-MB/DEXTROSE 5%	43	KCL 0.075%/D5W/NACL 0.2%.....	43
IPOL INACTIVATED IPV.....	40	KCL 0.075%/D5W/NACL 0.45%	43
<i>ipratropium bromide</i>	47	KCL 0.15%/D5W/NACL 0.9%.....	43
<i>ipratropium bromide (nasal)</i>	47	KCL 0.224%/D5W/NACL 0.2%.....	43
<i>ipratropium-albuterol nebu</i>	47	KCL 0.3%/D5W/NACL 0.2%	43
<i>irinotecan hcl</i>	12	KCL 0.3%/D5W/NACL 0.45%.....	43
<i>iron</i>	38	KCL 0.3%/D5W/NACL 0.9%	43
ISENTRESS	5	KCL/D5W INJ 0.3%	43
ISOLYTE P.....	43	KCL/NACL INJ 0.3-0.9.....	43
<i>isolyte s</i>	43	KCL0.15%/D5W/NACL0.2%.....	43
ISOLYTE-M.....	43	KCL0.15%/D5W/NACL0.225%	43
<i>isoniazid</i>	6	<i>kelnor 1/35 28 day</i>	29
<i>isoniazid inj 100 mg/ml</i>	6	<i>ketoconazole</i>	4
<i>isoniazid syp 50mg/5ml</i>	6	<i>ketoconazole cream</i>	51
ISOPTO CARPINE	47	<i>ketoconazole shampoo</i>	52
<i>isosorb mononitrate tab</i>	17	<i>ketoprofen</i>	1
<i>isosorbide dinitrate</i>	17	<i>ketorolac tromethamine (ophth)</i>	46
<i>isosorbide mononitrate</i>	17	<i>kionex</i>	29
<i>isradipine</i>	16	KLOR-CON 10	41
ISTALOL	47	KLOR-CON 8.....	41
ISTODAX	10	<i>klor-con m15</i>	41
<i>itraconazole</i>	4	<i>klor-con m20</i>	41
IXIARO	40	<i>klor-con pow 20meq</i>	41
J		KPN PRENATAL	44
JAKAFI	11	KUVAN.....	31
JALYN.....	36	L	
<i>jantoven</i>	38	<i>labetalol hcl</i>	15
JANUMET	28	<i>laclotion lotn 12%</i>	53

LACTATED RINGER'S INJ	43	<i>lidocaine inj 1%</i>	3
<i>lactulose</i>	35	<i>lidocaine inj 1.5%</i>	3
<i>lactulose (encephalopathy)</i>	35	<i>lidocaine inj 2%</i>	3
<i>lamivudine</i>	5	<i>lidocaine oint 5%</i>	53
<i>lamivudine-zidovudine</i>	6	<i>lidocaine-prilocaine</i>	53
<i>lamotrigine</i>	19	LIDODERM	53
LANOXIN	16	LINZESS	36
LANTUS	27	<i>liothyronine sodium</i>	33
LANTUS SOLOSTAR	27	<i>lisinopril</i>	12
<i>latanoprost</i>	47	<i>lisinopril & hydrochlorothiazide</i>	12
LATUDA	23	<i>lithium carbonate</i>	25
LAZANDA	2	<i>lithium carbonate er</i>	25
LEENA	29	LITHIUM CITRATE	25
<i>leflunomide</i>	39	LODOSYN	22
<i>lessina 28 day</i>	29	LOHIST-D	49
LETAIRIS	18	LOKARA LOTN 0.05%	53
<i>letrozole</i>	10	<i>loperamide hcl</i>	36
<i>leucovorin calcium</i>	12	<i>loratadine</i>	48
LEUKERAN	9	<i>lorazepam</i>	18
LEUKINE	38	<i>loryna 28 day</i>	29
<i>leuprolide acetate</i>	10	<i>losartan potassium</i>	14
<i>levabuterol conc 1.25mg/0.5ml</i>	48	<i>losartan-hctz 100-12.5mg</i>	13
LEVEMIR	27	<i>losartan-hctz 100-25 mg</i>	13
LEVEMIR FLEXPEN	27	<i>losartan-hctz 50-12.5mg</i>	13
<i>levetiracetam</i>	19	LOTEMAX	46
<i>levobunolol hcl</i>	47	LOTRONEX	36
LEVOBUNOLOL HCL	47	<i>lovastatin</i>	14
<i>levocarnitine (metabolic modifiers)</i>	31	LOVAZA	14
<i>levocetirizine dihydrochloride</i>	48	<i>low-ogestrel 28 day</i>	29
<i>levofloxacin</i>	8	<i>loxapine succinate</i>	23
<i>levofloxacin in d5w</i>	8	LUMIGAN	47
<i>levofloxacin inj 25mg/ml</i>	8	LUMITENE	44
<i>levofloxacin oral soln 25 mg/ml</i>	8	LUMIZYME	31
<i>levonest 28 day</i>	29	LUNESTA	24
<i>levonorgestrel (emergency oc)</i>	29	LUPR DEP-PED INJ 11.25MG (3-MONTH)	10
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	29	LUPR DEP-PED INJ 30MG (3-MONTH)..	10
<i>levora 0.15/30 28 day</i>	29	LUPRON DEPOT	10
LEVOTHROID	33	LUPRON DEPOT-PED	10
<i>levothyroxine sodium</i>	33	<i>lutera 28 day</i>	29
LEVOXYL	33	LYRICA	19
LEXIVA	5	LYSODREN	10
LIALDA	35	M	
<i>lidocaine</i>	53	MAALOX TC	33
<i>lidocaine hcl</i>	53	MACRODANTIN	4
<i>lidocaine hcl (local anesth.)</i>	3	<i>mafenide acetate</i>	51
<i>lidocaine hcl (mouth-throat)</i>	54	MAG-AL	33
<i>lidocaine inj 0.5%</i>	3	MAGNEBIND 300	44

<i>magnesium oxide</i>	33	<i>methylphenidate hcl oral soln</i>	24
<i>magnesium oxide (mg supplement)</i>	44	<i>methylprednisolone</i>	31
MAGNESIUM SULFATE	41	<i>methylprednisolone acetate</i>	31
MAGNESIUM SULFATE IN D5W	41	<i>methylprednisolone sod succ</i>	31
<i>magnesium sulfate inj 50%</i>	41	<i>methylprednisolone tab 4mg dose pack</i>	32
<i>malathion</i>	53	<i>metipranolol</i>	47
<i>maprotiline hcl</i>	21	<i>metoclopramide hcl</i>	34
<i>marlissa 28 day</i>	29	<i>metoclopramide inj</i>	34
MARPLAN	21	<i>metolazone</i>	17
MATULANE	11	<i>metoprolol & hydrochlorothiazide</i>	15
<i>matzim</i>	16	<i>metoprolol succinate</i>	15
MAXIDEX	46	<i>metoprolol tartrate</i>	15
<i>meclizine hcl</i>	34	METRO IV.....	4
<i>medroxyprogesterone acetate 150 mg/ml</i>	29	<i>metronidazole</i>	4
<i>medroxyprogesterone acetate tab</i>	32	<i>metronidazole (topical)</i>	53
<i>mefloquine hcl</i>	5	<i>metronidazole gel 0.75%</i>	53
MEGACE ES.....	10	<i>metronidazole in nacl</i>	4
<i>megestrol acetate</i>	10	<i>metronidazole vaginal</i>	37
MEKINIST	11	<i>mexiletine hcl</i>	14
<i>meloxicam</i>	1	MICATIN	51
MELOXICAM SUSP 7.5 MG/5ML.....	1	<i>miconazole nitrate (topical)</i>	51
<i>melphalan hcl</i>	9	<i>miconazole nitrate vaginal</i>	37
MENACTRA.....	40	<i>microgestin 1.5/30 21 day</i>	30
<i>menest</i>	31	<i>microgestin 1/20 21 day</i>	30
MENHIBRIX.....	41	<i>microgestin fe 1.5/30 28 day</i>	30
MENOMUNE-A/C/Y/W-135.....	41	<i>microgestin fe 1/20 28 day</i>	30
MENVEO	41	<i>midodrine hcl</i>	17
MEPRON	4	<i>minitran</i>	18
<i>mercaptopurine</i>	9	<i>minocycline hcl</i>	8
<i>meropenem</i>	4	<i>minoxidil</i>	17
<i>mesalamine</i>	35	MIRANEL AF	51
<i>mesalamine w/ cleanser</i>	35	<i>mirtazapine</i>	21
<i>mesna</i>	12	<i>misoprostol</i>	36
MESNEX	12	MISSION PRENATAL	44
MESTINON	25	MISSION PRENATAL/FOLIC AC	44
MESTINON TIMESPAN	25	<i>mitomycin</i>	9
<i>metadate tab 20mg er</i>	24	<i>mitoxantrone hcl</i>	11
<i>metformin hcl</i>	28	M-M-R II W/DILUENT 10 DOS.....	40
<i>methadone hcl</i>	2	<i>modafinil</i>	26
<i>methazolamide</i>	17	<i>moexipril hcl</i>	12
<i>methenamine hippurate</i>	4	<i>moexipril-hydrochlorothiazide</i>	12
<i>methimazole</i>	33	<i>mometasone furoate</i>	53
<i>methotrexate sodium inj</i>	9	MONISTAT 1 COMBO PACK.....	37
<i>methotrexate sodium tabs</i>	39	MONISTAT 3.....	37
<i>methyclothiazide</i>	17	MONISTAT 3 COMBINATION PACK.....	37
<i>methylergonovine maleate</i>	32	MONISTAT 7.....	37
<i>methylphenidate hcl</i>	24	MONISTAT 7 COMBINATION PACK.....	37

MONONESSA	30	<i>neomycin sulfate</i>	3
<i>montelukast sodium</i>	49	<i>neomycin-bacitracin zn-polymyxin</i>	46
<i>morphine ext-rel tab</i>	2	<i>neomycin-polymy-dexameth</i>	45
<i>morphine sul inj</i>	2	<i>neomycin-polymy-gramicid</i>	46
MORPHINE SUL INJ	2	<i>neomycin-polymyxin-hc (ophth)</i>	45
MORPHINE SULFATE.....	2	<i>neomycin-polymyxin-hc (otic)</i>	54
MORPHINE SULFATE ORAL SOL	2	NEORAL	40
MOVIPREP.....	35	NEPHRAMINE	42
MOXEZA	46	NEUMEGA	38
MOZOBIL	38	NEUPOGEN	38
MULTAQ	14	NEUPRO	22
MULTI PRENATAL	44	NEVANAC	46
MULTI-DELYN/IRON	44	<i>nevirapine</i>	5
<i>mupirocin</i>	51	NEVIRAPINE	5
MURO 128	47	NEXAVAR	11
MUSTARGEN	9	NEXIUM	36
<i>my way</i>	30	NEXIUM I.V.	36
MYCAMINE	4	<i>next choice one dose</i>	30
MYCOBUTIN	6	<i>niacin</i>	45
<i>mycophenolate mofetil</i>	40	<i>niacin (antihyperlipidemic)</i>	14
MYFORTIC.....	40	NIASPAN	14, 15
MYKIDZ IRON.....	45	<i>nicardipine hcl</i>	16
<i>myorisan</i>	50	NICODERM CQ.....	26
MYOZYME	31	<i>nicotine</i>	26
<i>myzilra</i>	30	NICOTINE TRANSDERMAL SYSTEM KIT	26
N		NICOTROL INHALER	26
<i>nabumetone</i>	1	NICOTROL NS.....	26
<i>nadolol</i>	15	<i>nifediac cc tab 30mg er</i>	16
<i>nafticillin sodium</i>	8	<i>nifediac cc tab 60mg er</i>	16
NAGLAZYME	31	<i>nifediac cc tab 90mg er</i>	16
<i>naloxone hcl</i>	26	<i>nifedical</i>	16
<i>naltrexone hcl</i>	26	<i>nifedipine</i>	16
NAMENDA	20	<i>nifedipine er</i>	16
NAMENDA TITRATION PAK	20	NILANDRON	10
<i>naphazoline 0.1%</i>	47	<i>nimodipine</i>	16
<i>naproxen</i>	1	<i>nitro-bid</i>	18
<i>naproxen sodium</i>	1	NITRO-DUR DIS 0.3MG/HR.....	18
<i>naratriptan hcl</i>	25	NITRO-DUR DIS 0.8MG/HR.....	18
NASONEX	50	<i>nitrofurantoin macrocrystal</i>	4
NATACYN	46	<i>nitrofurantoin monohyd macro</i>	4
<i>nateglinide</i>	28	<i>nitroglycerin</i>	18
NEBUPENT	4	NITROLINGUAL PUMPSPRAY	18
<i>necon 0.5/35 28 day</i>	30	NITROSTAT	18
<i>necon 1/35 28 day</i>	30	NIX CREME RINSE	53
NECON 1/50-28.....	30	NON-ASPIRIN EXTRA STRENGT.....	1
<i>necon 10/11 28 day</i>	30	<i>nonoxynol-9</i>	37
NECON 7/7/7	30	NORA-BE	30
<i>nefazodone hcl</i>	21	NORDITROPIN FLEXPRO.....	32

NORDITROPIN NORDIFLEX PEN	32	<i>ondansetron odt</i>	34
<i>norethindrone (contraceptive)</i>	30	ONFI	19
<i>norethindrone acetate</i>	33	ONTAK.....	10
<i>norgestimate-ethinyl estradiol (triphasic)</i>	30	<i>oral electrolytes</i>	41, 44
NORINYL 1+50	30	ORAP	23
<i>normosol-m</i>	43	ORFADIN.....	31
NORMOSOL-R.....	43	<i>orsythia 28 day</i>	30
NORMOSOL-R IN D5W	43	ORTH-GYNOL.....	37
NORPACE CR.....	14	ORTHO EVRA	30
<i>nortrel 0.5/35 28 day</i>	30	ORTHO TRI-CYCLEN LO.....	30
<i>nortrel 1/35 21 day</i>	30	<i>oxacillin sodium</i>	8
<i>nortrel 1/35 28 day</i>	30	<i>oxaliplatin</i>	11
<i>nortrel 7/7/7 28 day</i>	30	<i>oxandrolone</i>	26
<i>nortriptyline hcl</i>	21	<i>oxaprozin</i>	1
NORVIR	5	<i>oxcarbazepine</i>	19
NOVOLIN 70/30.....	27	OXSORALEN ULTRA.....	52
NOVOLIN N	27	<i>oxybutynin chloride</i>	37
NOVOLIN R	27	<i>oxycodone hcl</i>	2
NOVOLOG	27	OXYCODONE HCL.....	2
NOVOLOG FLEXPEN.....	27	<i>oxycodone hcl tab 5 mg</i>	2
NOVOLOG MIX 70/30	27	<i>oxycodone w/ acetaminophen 10-325mg</i>	3
NOVOLOG MIX 70/30 PREFILL	27	<i>oxycodone w/ acetaminophen 2.5-325mg</i>	2
NOXAFIL.....	4	<i>oxycodone w/ acetaminophen 5-325mg</i> 2	
NUDEXTA.....	25	<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3
NULOJIX.....	40	<i>oxycodone-aspirin</i>	3
NULYTELY/FLAVOR PACKS	35	<i>oyster shell</i>	44
NUTRICION PORVIDA.....	45	P	
NUVARING	30	<i>pacerone</i>	14
<i>nyamyc</i>	51	<i>paclitaxel</i>	10
NYMALIZE.....	16	<i>pamidronate disodium</i>	28
<i>nystatin</i>	4	PANRETIN	53
<i>nystatin (mouth-throat)</i>	54	<i>pantoprazole sodium</i>	36
<i>nystatin (topical)</i>	51	<i>paricalcitol</i>	45
<i>nystop</i>	51	<i>paromomycin sulfate</i>	3
O		<i>paroxetine hcl</i>	21
OCELLA	30	<i>paroxetine hcl er</i>	21
OCTAGAM	39	<i>paser d/r</i>	6
<i>octreotide acetate</i>	32	PATADAY.....	46
<i>ofloxacin (ophth)</i>	46	PATANASE	48
<i>ofloxacin (otic)</i>	54	PATANOL.....	46
<i>ogestrel 28 day</i>	30	PAXIL	21
<i>olanzapine</i>	23	PEDIA-LAX	35
<i>omeprazole</i>	36	PEDIATRIC MEDIUM MASK	49
<i>omeprazole magnesium</i>	36	<i>pediatric multiple vitamins w/ iron</i>	45
<i>ondansetron hcl</i>	34	<i>pediatric multiple vitamins w/ iron chew</i>	
<i>ondansetron hcl inj</i>	34		
<i>ondansetron hcl oral soln</i>	34		

<i>tab 18 mg</i>	45	<i>piperacillin sodium-tazobactam sodium</i> .	8
PEDIATRIC SMALL MASK.....	49	<i>piroxicam</i>	1
<i>pedi-dri</i>	51	PLASMA-LYTE A	43
PEDVAX HIB	41	PLASMA-LYTE-148	43
PEG 3350/ELECTROLYTES	35	PLASMA-LYTE-56/D5W.....	43
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	35	<i>podofilox</i>	53
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	35	POLY HIST FORTE	49
PEGANONE.....	19	<i>polyethylene glycol 3350</i>	35
PEG-INTRON	40	<i>polymyxin b-trimethoprim</i>	46
PEG-INTRON REDIPEN	40	<i>polyvinyl alcohol</i>	47
PENICILLIN G POT IN DEXTROSE	8	POLY-VI-SOL/IRON.....	45
<i>penicillin g potassium</i>	8	POMALYST CAP 1MG	11
<i>penicillin g procaine</i>	8	POMALYST CAP 2MG	11
<i>penicillin g sodium</i>	8	POMALYST CAP 3MG	11
<i>penicillin v potassium</i>	8	POMALYST CAP 4MG	11
<i>penicillin gk inj 5mu</i>	8	<i>portia 28 day</i>	30
PENTAM 300	4	<i>potassium chloride</i>	41, 43
PENTASA	35	POTASSIUM CHLORIDE	43
<i>pentostatin</i>	9	POTASSIUM CHLORIDE 0.15%.....	43
<i>pentoxifylline</i>	38	POTASSIUM CHLORIDE 0.22%.....	43
PERFOROMIST	48	POTASSIUM CHLORIDE ER	41
<i>perindopril erbumine</i>	12	<i>potassium chloride in nacl</i>	43
<i>periogard</i>	54	<i>potassium chloride microencapsulated crystals cr</i>	41
<i>permethrin</i>	53	POTASSIUM CITRATE (ALKALINIZER) .	36
<i>perphenazine</i>	23	POTIGA.....	20
PERRY PRENATAL.....	45	PRADAXA	38
PHENABID	49	<i>pramipexole dihydrochloride</i>	22
<i>phenelzine sulfate</i>	21	<i>pravastatin sodium</i>	14
<i>phenobarbital</i>	19	<i>prazosin hcl</i>	13
<i>phenobarbital sodium</i>	19	PRED MILD	46
PHENOBARBITAL SODIUM.....	19	<i>prednisolone</i>	32
<i>phenylephrine hcl (oral)</i>	49	PREDNISOLONE ACETATE	46
<i>phenytek</i>	19	<i>prednisolone sodium phosphate</i>	32
<i>phenytoin</i>	19	<i>prednisolone sodium phosphate (ophth)</i>	46
<i>phenytoin sodium</i>	19	<i>prednisone</i>	32
<i>phenytoin sodium extended</i>	19	PREMARIN CREAM	31
<i>philith</i>	30	<i>premasol</i>	42
PHOSLYRA	32	PRENATAL ONE DAILY.....	45
PHOSPHOLINE IODIDE	47	PRENATAL VITAMIN/FOLIC ACID > 0.8 MG (GENERIC).....	45
PILOCARPINE HCL.....	47	<i>prevalite</i>	15
<i>pilocarpine hcl (oral)</i>	54	<i>previfem 28 day</i>	30
PILOPINE HS	47	PREVPAC.....	36
<i>pindolol</i>	15	PREZISTA.....	5
<i>pioglitazone hcl</i>	28	PRIFTIN	6
<i>pioglitazone hcl-glimepiride</i>	28	PRILOSEC OTC.....	36
<i>pioglitazone hcl-metformin hcl</i>	28		

PRIMAQUINE PHOSPHATE	5
<i>primidone</i>	20
PRISTIQ	22
PRIVIGEN	39
PROAIR HFA	48
<i>probenecid</i>	1
PROCALAMINE	42
<i>prochlorperazine inj</i>	34
<i>prochlorperazine maleate</i>	34
<i>prochlorperazine supp</i>	34
PROCRIT	38
<i>proctocream</i>	51
<i>procto-pak</i>	51
<i>proctozone hc</i>	51
PROCYSBI	31
PROGLYCEM	32
PROGRAF	40
PROLASTIN-C	49
PROLENSA	47
PROLEUKIN	10
PROLIA	32
PROMACTA	39
<i>promethazine w/codeine</i>	49
<i>propafenone hcl</i>	14
<i>proparacaine hcl</i>	47
<i>propranolol & hydrochlorothiazide</i>	15
<i>propranolol cap er</i>	15
<i>propranolol hcl</i>	15
<i>propranolol tab</i>	15
<i>propylene glycol</i>	53
<i>propylthiouracil</i>	33
PROQUAD	41
PROSOL	42
PROTEXIN	45
<i>protriptyline hcl</i>	22
PRUDOXIN CRE 5%	51
<i>pseudoephedrine hcl</i>	49
PSEUDOEPHEDRINE HCL	49
PULMICORT	50
PULMOZYME	49
PYLERA	36
<i>pyrantel pamoate</i>	4
<i>pyrazinamide</i>	6
<i>pyrethins/piperonyl buto</i>	54
<i>pyrethrins-piperonyl butoxide</i>	54
<i>pyridostigmine bromide</i>	25
<i>pyridoxine hcl</i>	45

Q

<i>quasense 91 day</i>	30
<i>quetiapine fumarate</i>	23
<i>quinapril hcl</i>	12
<i>quinapril-hydrochlorothiazide</i>	12
<i>quinidine gluconate</i>	14
<i>quinidine sulfate</i>	14
QVAR	50

R

RABAVERT	41
<i>ramipril</i>	12
RANEXA	17
<i>ranitidine hcl</i>	34
<i>ranitidine hcl inj</i>	34
<i>ranitidine syrup</i>	34
RAPAMUNE	40
REBETOL SOLN	6
<i>reclipsen 28 day</i>	30
RECOMBIVAX HB	41
REGONOL	25
REGRANEX	54
RELENZA DISKHALER	6
RELISTOR	35
RELPAK	25
REMICADE	39
REMODULIN	18
REVELA	32
<i>repaglinide</i>	28
RESCRIPTOR	5
RESTASIS	47
RETROVIR IV INFUSION	5
REVLIMID	40
REYATAZ	5
<i>ribapak mis 600/day</i>	6
<i>ribasphere</i>	6
<i>ribasphere ribapak 1000</i>	6
<i>ribasphere ribapak 1200</i>	6
<i>ribasphere ribapak 800</i>	6
<i>ribavirin 200mg</i>	6
RID	54
<i>rifampin</i>	6
RIFATER	6
RILUTEK	25
<i>riluzole</i>	25
<i>rimantadine hydrochloride</i>	6
RINGER'S	43
RIOMET	28
RISPERDAL CONSTA	23

<i>risperidone</i>	23	<i>sodium chloride nasal spray 0.9%</i>	49
RITUXAN	10	SODIUM FLUORIDE CHEW; TAB; 1.1 (0.5 F) MG/ML SOLN	41
<i>rivastigmine tartrate</i>	20	<i>sodium phenylbutyrate</i>	31
<i>rizatriptan benzoate</i>	25	<i>sodium polystyrene sulfonate</i>	29
ROLAIDS EXTRA STRENGTH	33	SOLARAZE	51
<i>ropinirole hydrochloride</i>	22	SOLIA	30
<i>rosadan cre 0.75%</i>	53	SOLTAMOX	10
ROTATEQ	41	SOLU-CORTEF	32
<i>roxicet soln</i>	3	SOMATULINE DEPOT	32
<i>roxicet tab 5-325mg</i>	3	SOMAVERT	32
RU-HIST-D	49	SORIATANE	52
S		<i>sorine</i>	14
SABRIL	20	<i>sotalol hcl</i>	14
SANDIMMUNE	40	<i>sotalol hcl (afib/af)</i>	14
SANDOSTATIN LAR DEPOT	32	SPIRIVA HANDIHALER	47
SANTYL	54	<i>spironolactone</i>	13
SAPHRIS	23	<i>spironolactone & hydrochlorothiazide</i> ..	17
SAVELLA	25	<i>sprintec 28 day</i>	30
SAVELLA TITRATION PACK	25	SPRYCEL	11
SCHOLLS FUNGAL NAIL MANAG	51	<i>sps susp 15gm/60ml</i>	29
SCOOBY-DOO ONE A DAY	45	<i>sronyx</i>	30
<i>selegiline hcl</i>	22	SSD	51
<i>selenium sulfide</i>	52	<i>stavudine</i>	5
SELZENTRY	5	STERILE WATER IRRIGATION	54
SENNA	35	STIVARGA	11
<i>sennosides</i>	35	STRATTERA	24
SENSIPAR	28	<i>streptomycin sulfate</i>	3
SEREVENT DISKUS	48	STRIBILD	6
<i>seromycin</i>	6	STUART PRENATAL + DHA	45
SEROQUEL XR	23	SUCRAID	36
<i>sertraline hcl</i>	22	<i>sucralfate</i>	36
<i>sildenafil citrate (pulmonary hypertension)</i>	18	SUDAFED CHILDRENS	49
SILVER SULFADIAZINE	51	SUDAFED PE MAXIMUM STRENG	49
<i>simethicone</i>	34	<i>sulfacetamide sodium (acne)</i>	50
<i>simvastatin</i>	14	<i>sulfacetamide sodium (ophth)</i>	46
SIRTURO	6	<i>sulfacetamide sod-prednisolone</i>	45
SLOW FE	38	<i>sulfadiazine</i>	3
SLOW RELEASE IRON	38	<i>sulfamethoxazole-trimethoprim</i>	4
SM SLOW RELEASE IRON	38	<i>sulfamethoxazole-trimethoprim inj</i>	4
<i>sm vitamin d3 maximum str</i>	45	SULFAMYLON	51
<i>sodium bicarbonate (antacid)</i>	33	<i>sulfasalazine</i>	35
<i>sodium chloride</i>	49	<i>sulfasalazine ec</i>	35
SODIUM CHLORIDE	41, 43	<i>sulindac</i>	1
SODIUM CHLORIDE 0.45% VIA	43	SUMATRIPTAN	25
SODIUM CHLORIDE 0.9%	54	<i>sumatriptan succinate</i>	25
<i>sodium chloride hypertonic</i>	47	<i>sumatriptan succinate inj</i>	25
SODIUM CHLORIDE INJ 0.9%	43	SUMATRIPTAN SUCCINATE INJ	25

<i>suprax</i>	7	TEV-TROPIN	32
SUPRAX	7	<i>texacort soln 2.5%</i>	53
SUPREP BOWEL PREP	35	THALOMID	40
SURMONTIL	22	<i>theo-24</i>	50
SUSTIVA.....	5	<i>theophylline</i>	50
SUTENT	11	THERA-D 4000.....	45
SYLATRON	11	THERANATAL CORE NUTRITION	45
SYMBICORT	50	THERMAZENE	51
SYMLINPEN 120.....	27	<i>thioridazine hcl</i>	23
SYMLINPEN 60	27	<i>thiothixene</i>	24
SYNAREL	31	<i>tiagabine hcl</i>	20
SYNTHROID	33	TIKOSYN	14
SYPRINE	29	TIMENTIN	8
T		TIMENTIN INJ 3.1GM	8
TABLOID.....	9	<i>timolol maleate</i>	15
<i>tacrolimus</i>	40	<i>timolol maleate (ophth)</i>	47
TAFINLAR	11	TIMOLOL MALEATE GEL.....	47
TAMIFLU.....	6	TINACTIN.....	51
<i>tamoxifen citrate</i>	11	TIVICAY	5
<i>tamsulosin hcl</i>	36	<i>tizanidine hcl</i>	26
TARCEVA	11	TOBI NEB.....	3
TARGRETIN.....	11, 53	TOBRADEX	45
TASIGNA	11	TOBRADEX ST	45
TAXOTERE	10	<i>tobramycin sulfate</i>	3
<i>tazicef</i>	7	<i>tobramycin sulfate (ophth)</i>	46
<i>tazicef vial</i>	7	<i>tobramycin sulfate in saline</i>	3
TAZORAC.....	52	<i>tobramycin-dexamethasone</i>	45
<i>taztia</i>	16	TOBREX	46
TEGRETOL	20	<i>tolnaftate</i>	51
TEGRETOL-XR	20	<i>tolterodine tartrate</i>	37
TEKAMLO 150-10MG	17	<i>topiramate</i>	20
TEKAMLO 150-5MG	17	<i>toposar</i>	12
TEKAMLO 300-10MG	17	<i>topotecan hcl</i>	12
TEKAMLO 300-5MG	17	<i>toremide inj</i>	17
TEKTURNA	17	<i>toremide tabs</i>	17
TEKTURNA HCT TAB 150-12.5MG.....	17	TOVIAZ.....	37
TEKTURNA HCT TAB 150-25MG	17	TPN ELECTROLYTES.....	41
TEKTURNA HCT TAB 300-12.5MG.....	17	TRACLEER	18
TEKTURNA HCT TAB 300-25MG	17	TRADJENTA	28
<i>terazosin hcl</i>	13	<i>tramadol hcl</i>	2
<i>terbinafine hcl</i>	4	<i>tramadol-acetaminophen</i>	2
<i>terbutaline sulfate</i>	48	<i>trandolapril</i>	12
<i>terconazole vaginal</i>	37	<i>tranexamic acid</i>	39
TESTIM.....	27	TRANSDERM-SCOP	34
<i>testosterone cypionate</i>	27	<i>tranylcypromine sulfate</i>	22
<i>testosterone enanthate</i>	27	<i>travasol 10</i>	42
TETANUS TOXOID ADSORBED	41	TRAVATAN Z.....	47
TETANUS/DIPHTHERIA TOXOID	41	<i>trazodone hcl</i>	22

TREANDA.....	9	UNITHROID	33
TRECTOR	6	<i>ursodiol</i>	36
TRELSTAR DEP INJ 3.75MG	11	V	
TRELSTAR LA INJ 11.25MG	11	VAGIFEM.....	31
<i>tretinoin</i>	50	<i>valacyclovir hcl</i>	7
<i>tretinoin (chemotherapy)</i>	11	VALCHLOR	53
<i>triamcinolone acetonide (mouth)</i>	54	VALCYTE	7
<i>triamcinolone acetonide (nasal)</i>	50	<i>valproate sodium</i>	20
<i>triamcinolone acetonide (topical)</i>	53	<i>valproic acid</i>	20
TRIAMINIC COLD & ALLERGY	49	<i>valsartan-hctz tab 160-12.5mg</i>	13
TRIAMINIC COLD & COUGH NI	49	<i>valsartan-hctz tab 160-25mg</i>	13
TRIAMINIC NIGHT TIME COLD	49	<i>valsartan-hctz tab 320-12.5mg</i>	13
<i>triamterene & hydrochlorothiazide</i>	17	<i>valsartan-hctz tab 80-12.5mg</i>	13
TRIBENZOR 20- 5-12.5MG	13	<i>valsartan-hctztab 320-25mg</i>	13
TRIBENZOR 40- 5-25MG.....	13	<i>vancomycin hcl</i>	4
TRIBENZOR 40-10-12.5MG	13	VANDAZOLE	37
TRIBENZOR 40-10-25MG	13	VAQTA.....	41
TRIBENZOR 40-5-12.5MG	13	VARIVAX.....	41
<i>triderm</i>	53	VASCEPA.....	15
<i>trifluoperazine hcl</i>	24	VCF VAGINAL CONTRACEPTIVE	37
<i>trifluridine</i>	46	VELCADE.....	10
<i>tri-legest 28 day</i>	30	<i>velivet 28 day</i>	30
TRILEPTAL SUSP.....	20	<i>venlafaxine hcl</i>	22
<i>trilyte</i>	35	<i>verapamil cap er</i>	16
<i>trimethoprim</i>	4	VERAPAMIL CAP ER	16
<i>trimipramine maleate</i>	22	<i>verapamil hcl</i>	16
TRINESSA.....	30	<i>verapamil tab er</i>	16
<i>tri-previfem 28 day</i>	30	VESICARE	37
<i>triprolidine & pseudoephedrine</i>	49	<i>vestura</i>	30
TRISENOX.....	11	VFEND	4
<i>tri-sprintec 28 day</i>	30	VIBRAMYCIN	8
TRI-VI-SOL/IRON.....	45	VICTOZA.....	27
<i>trivora 28 day</i>	30	VICTRELIS	7
TRIZIVIR	6	VIDAZA.....	9
TROPHAMINE INJ 10%	42	VIDEX PEDIATRIC	5
<i>tropium chloride</i>	37	VIGAMOX	46
TRUVADA.....	6	VIIIBRYD.....	22
TUCKS ANTI-ITCH.....	53	VIMAR/IRON FORTE	45
TWINRIX	41	VIMPAT	20
TYGACIL	4	<i>vinblastine sulfate</i>	10
TYKERB	11	<i>vincasar</i>	10
TYLENOL GO TABS EXTRA STR	1	<i>vincristine sulfate</i>	10
TYPHIM VI	41	<i>vinorelbine tartrate</i>	10
TYSABRI	26	<i>viorele</i>	30
TYZEKA	6	VIRACEPT.....	5
U		VIRAMUNE	5
UCERIS	35	VIRAMUNE XR.....	5
ULORIC	1	VIREAD.....	5

<i>vitamin a</i>	45	ZAZOLE	37
<i>vitamin a 7500 unit fish</i>	45	ZELBORAF	11
<i>vitamin a palmitate</i>	45	ZEMAIRA.....	49
<i>vitamin d2</i>	45	ZEMPLAR	45
<i>vitamin d3</i>	45	<i>zenatane</i>	50
<i>vitamin d3 400</i>	45	<i>zenchent</i>	30
VOLTAREN	53	ZENPEP.....	36
<i>voriconazole</i>	4	ZETIA	15
VOTRIENT.....	11	ZIAGEN.....	5
VPRIV.....	31	<i>zidovudine</i>	5
W		<i>ziprasidone hcl</i>	24
<i>warfarin sodium</i>	38	ZMAX	8
WELCHOL	15	ZODEN PD.....	49
X		<i>zoledronic inj 4mg/5ml</i>	28
XALKORI.....	11	ZOLINZA.....	10
XARELTO	38	<i>zolmitriptan</i>	25
XENAZINE.....	25	<i>zolmitriptan odt</i>	25
XGEVA.....	32	<i>zolpidem tartrate</i>	25
XIFAXAN.....	36	ZOMETA.....	28
XOLAIR.....	49	ZONALON.....	51
XOPENEX HFA	48	<i>zonisamide</i>	20
XTANDI	11	ZORTRESS	40
XYREM.....	26	ZOSTAVAX	41
Y		<i>zovia 1/35e 28 day</i>	31
YF-VAX	41	<i>zovia 1/50e 28 day</i>	31
Z		ZOVIRAX.....	52
<i>zafirlukast</i>	49	ZYLET	45
<i>zaleplon</i>	25	ZYMAXID	46
<i>zarah</i>	30	ZYTIGA.....	11
ZAVESCA	31	ZYVOX.....	4
<i>zazole</i>	37		