

# Formulary / Formulario

## Molina Medicare Options Plus HMO SNP Texas

# 2018

Member Services / Departamento de Servicios para Miembros (888) 665-1328,  
TTY/TDD 711

7 days a week, 8 a.m. - 8 p.m. local time.  
Los 7 días de la semana, de 8:00 a.m. a  
8:00 p.m., hora local.

[MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare)







Your Extended Family.

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



Your Extended Family

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086 (TTY : 711)。

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم

والبكم: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

## Portugués

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

## Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

## Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-665-3086 (TTY: 711) まで、お電話にてご連絡ください。

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-665-3086 (TTY: 711) تماس بگیرید.

## Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1-800-665-3086 (TTY (հեռատիպ) 711):

## Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

## Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

## Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-3086 (መስማት ለተሳናቸው፡ 711)።

## Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-৩০৮৬ (TTY: ৭১১)।

## Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

## Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

## Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

## Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

## Kru(Bassa language)

Dè dɛ nìà kɛ dyédɛ́ gbo: ɔ jũ ké m̄ [Bàsóò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò b̄èin m̄ gbo kpáa. Dá 1-800-665-3086 (TTY:711)

## Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

## Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

## Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີອັບໂຫຼດທັນທີ. ໂທ 1-800-665-3086 (TTY: 711).

## Navajo

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíilnih 1-800-665-3086 (TTY: 711.)

## Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।



# **Molina Medicare Options Plus HMO SNP**

## **2018 Formulary**

### **(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00018239, Version Number 16

This formulary was updated on 11/2018. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (800) 665-3086 or, for TTY users, 711, 7 days a week, 8 a.m. - 8 p.m., local time, or visit [www.molinahealthcare.com/medicare](http://www.molinahealthcare.com/medicare).



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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Options Plus HMO SNP.

This document includes list of the drugs (formulary) for our plan which is current as of 11/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

## **What is the Molina Medicare Options Plus Comprehensive Formulary?**

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

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

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of November 1, 2018. To get updated information about the drugs covered by Molina Medicare Options Plus, please contact us. Our contact information appears on the front and back cover pages.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “cardiovascular drugs”. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## What are generic drugs?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Molina Medicare Options Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Molina Medicare Options Plus before you fill your prescriptions. If you don’t get approval, Molina Medicare Options Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Molina Medicare Options Plus limits the amount of the drug that Molina Medicare Options Plus will cover. For example, Molina Medicare Options Plus provides 60 tablets per 30 days per prescription for Lyrica 300 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Molina Medicare Options Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Molina Medicare Options Plus may not cover

Drug B unless you try Drug A first. If Drug A does not work for you, Molina Medicare Options Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line a document that explain our prior authorization restriction *or* step therapy restriction *or* prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

### **What if my drug is not on the Formulary?**

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

If you learn that Molina Medicare Options Plus does not cover your drug, you have two options:

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

### **How do I request an exception to the Molina Medicare Options Plus’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Molina Medicare Options Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until 98 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For long-term care residents, the dispensing pharmacy may override transition fill eligible rejects and Refill Too Soon rejects for new admissions. Level of Care Transition Fills are allowed up to a 31 days supply except for oral brand solids which are limited to 14 day fills with exceptions as required by CMS guidance. These drug claims would otherwise reject for being Non-formulary or formulary with utilization management edits.

Level of Care Transition Fills are allowed per calendar day, per Beneficiary, per drug, per pharmacy, per plan for a cumulative days supply.

For all Beneficiaries who experience a Level of Care Change, if a dose change results in an “early refill” or Refill Too Soon reject, the pharmacy may call the Pharmacy Help Desk to obtain an override.

## **For more information**

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

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

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

## **Molina Medicare Options Plus’s Formulary**

The comprehensive formulary below provides coverage information about all the drugs covered by Molina Medicare Options Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

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

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

*LA stands for Limited Access Drug*

*NM stands for Non Mail Order Drug*

*PA stands for Prior Authorization*

*QL stands for Quality Limits*

*ST stands for Step Therapy criteria*

*\* This prescription may be available only at certain pharmacies.*

“You can find information on what the symbols and abbreviations on this table mean by going to the end of this table.”

- “This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at (800) 665-0898, 7 days a week, 8 a.m. – 8 p.m., local time. TTY users should call 711.”
- “We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.”

- *Plans that provide quantity limits for certain drugs must indicate the amount (days' supply or amount dispensed).*

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

Y0050\_18\_1085\_30\_LRCompRX Accepted 8/26/2017

**Molina Medicare Options Plus**  
**HMO SNP**  
**Formulario de 2018**  
**(Lista de medicamentos cubiertos)**

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 00018239, Version Number 16

Este formulario se actualizó en 11/2018. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, al Departamento de Servicios para Miembro, de Molina Medicare Options Plus al (800) 665-3086 o para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite [www.molinahealthcare.com/medicare](http://www.molinahealthcare.com/medicare).

**Aviso para miembros actuales:** este formulario ha cambiado desde el año pasado. Por favor, repase este documento para asegurarse que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros" o "nuestro", significa Molina Healthcare. Cuando se refiere al "plan" o "nuestro plan", esto significa Molina Medicare Options Plus HMO SNP.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan, el cual está vigente a partir del 11/2018. Comuníquese con nosotros para recibir un formulario actualizado. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Generalmente, debe usar farmacias que participan en la red para usar su beneficio de medicamentos recetados. Los beneficios, formulario, red de farmacias y copagos / coseguro pueden cambiar el 1.º de enero de 2018 y de vez en cuando durante el año.

## **¿Qué es el formulario detallado de Molina Medicare Options Plus?**

Un formulario es una lista de los medicamentos cubiertos y seleccionados por Molina Medicare Options Plus conforme al consejo de un grupo de proveedores médicos, los cuales representan las terapias de medicamentos recetados que se determinan necesarios como parte de un programa de tratamiento de calidad. Molina Medicare Options Plus generalmente cubrirá los medicamentos incluidos en nuestro formulario siempre y cuando sean médicamente necesarios, las recetas se surtan en una farmacia que participa en la red de Molina Medicare Options Plus y se respeten las otras reglas del plan. Para más información sobre cómo surtir sus medicamentos recetados, por favor repase su Evidencia de cobertura.

## **¿El formulario (lista de medicamentos) podría cambiar?**

Normalmente, si usted está tomando un medicamento que aparece en el formulario del 2018 que estaba cubierto a principios del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2018, salvo cuando un medicamento genérico y menos costoso está disponible o cuando se publica nueva información adversa acerca de la seguridad o eficacia del medicamento. Otros tipos de cambios al formulario, tal como quitar un medicamento de nuestro formulario, no afectarán a los miembros que están actualmente tomando el medicamento. Permanecerá disponible al mismo costo compartido para aquellos miembros que lo están tomando durante el resto del año de cobertura. Creemos que es importante que usted continúe teniendo acceso a los medicamentos del formulario durante el resto del año de cobertura que estaban disponibles cuando usted eligió nuestro plan, salvo en los casos cuando usted puede ahorrar dinero adicional o nosotros podemos garantizar su seguridad.

Si nosotros quitamos medicamentos de nuestro formulario, [o] añadimos una autorización previa, límites de cantidades o restricciones de terapia escalonada a un medicamento, o si movemos un medicamento a una categoría de costo compartido más alto, nosotros debemos notificarle a los miembros afectados acerca del cambio por lo menos 60 días antes de que el cambio entre en vigor; o en el momento en que el miembro solicite surtir su medicamento de nuevo y en dicho momento, el miembro recibirá un suministro del medicamento para 60 días. Si la Administración de Alimentos y Medicamentos determina que un medicamento en nuestro formulario es inseguro o el fabricante del medicamento quita el medicamento del



mercado, nosotros inmediatamente quitaremos el medicamento de nuestro formulario y proporcionaremos un aviso a nuestros miembros que usan el medicamento. El formulario adjunto está actualizado a partir del 1.º de noviembre del 2018. Comuníquese con nosotros para obtener información actualizada acerca de los medicamentos cubiertos por Molina Medicare Options Plus. Nuestra información de contacto aparece en las páginas de la portada y la contraportada.

## **¿Cómo utilizo el formulario?**

Puede encontrar su medicamento en el formulario en dos formas:

### **Condición médica**

El formulario comienza en la página 1. Los medicamentos en este formulario están agrupados en categorías según el tipo de condición médica que el medicamento trata. Por ejemplo, los medicamentos utilizados para el tratamiento de una condición del corazón se enumeran bajo la categoría, "medicamentos cardiovasculares". Si usted conoce el propósito de su medicamento, vea el nombre de la categoría en la lista que empieza más adelante. Después vea bajo el nombre de la categoría de su medicamento.

### **Lista alfabética**

Si no está seguro en qué categoría debe buscar, debería buscarlo en el índice que comienza en la página 101. El índice ofrece una lista alfabética de todos los medicamentos incluidos en este documento. El índice incluye tanto los medicamentos de marca registrada como los genéricos. Consulte el índice y encuentre su medicamento. Al lado del nombre de su medicamento verá el número de la página donde encontrará información acerca de la cobertura. Vaya a la página que aparece en el índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Molina Medicare Options Plus cubre tanto medicamentos genéricos como de marca registrada. Un medicamento genérico está aprobado por la FDA por tener el mismo ingrediente activo como el medicamento de marca registrada. Usualmente, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

## **¿Existe alguna restricción en mi cobertura?**

Algunos medicamentos cubiertos pueden tener requerimientos adicionales o límites en cobertura. Estos requerimientos y límites pueden incluir:

- **Autorización previa:** Molina Medicare Options Plus le requiere a usted y a su médico obtener una autorización previa para ciertos medicamentos. Esto significa que usted necesitará recibir aprobación

de Molina Medicare Options Plus antes de surtir sus recetas médicas. Si usted no recibe aprobación, es posible que Molina Medicare Options Plus no cubra el medicamento.

- **Límite de cantidades:** Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que Molina Medicare Options Plus cubre. Por ejemplo, Molina Medicare Options Plus proporciona 60 tabletas por 30 días por una receta médica de Lyrica 300 mg. Esto puede ser además de un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, Molina Medicare Options Plus requiere que primero pruebe determinados medicamentos para el tratamiento de su condición médica antes de cubrir otro medicamento para esa condición. Por ejemplo, si el Medicamento A y el Medicamento B se usan como tratamiento para su condición médica, es posible que Molina Medicare Options Plus no cubra el Medicamento B a menos que primero pruebe el Medicamento A. Si el Medicamento A no le ayuda, entonces Molina Medicare Options Plus cubrirá el Medicamento B.

Puede verificar si su medicamento tiene algún requisito o límite adicionales buscando en el formulario que comienza en la página 1. También puede obtener más información acerca de las restricciones impuestas sobre determinados medicamentos recetados si visita nuestra página web. Se han publicado un documento en línea que explica nuestras restricciones de autorización previa *or* restricción de terapia escalonada *or* restricciones de autorización previa y terapia escalonada. También puede pedir que se le envíe una copia. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Puede pedirle a Molina Medicare Options Plus que permita una excepción a estas restricciones o límites; o bien, puede pedir una lista de otros medicamentos recetados comparables que pueden tratar su condición médica. Consulte la sección, "¿Cómo solicito una excepción del formulario de Molina Medicare Options Plus?" en la página xii para obtener más información sobre cómo solicitar una excepción.

## ¿Qué ocurre si mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en el formulario (lista de medicamentos recetados cubiertos), usted primero debe ponerse en contacto con el Departamento de Servicios para Miembros para preguntar si su medicamento está cubierto.

Si se entera que Molina Medicare Options Plus no cubre su medicamento, usted tendrá dos opciones:

- Puede pedir al Departamento de Servicios para Miembros una lista de los medicamentos semejantes que están cubiertos por Molina Medicare Options Plus. Cuando usted reciba la lista, enséñesela a su médico y pida que le recete un medicamento semejante que esté cubierto por Molina Medicare Options Plus.

- Usted puede pedirle a Molina Medicare Options Plus que permita una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción, a continuación.

## ¿Cómo solicito una excepción al formulario de Molina Medicare Options Plus?

Usted puede pedir a Molina Medicare Options Plus que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que usted puede solicitar.

- Puede pedirnos que se cubra un medicamento aun si no está en nuestro formulario. Si se aprueba, este medicamento se cubrirá a un nivel de costo compartido predeterminado y no podrá pedirnos que se le proporcione el medicamento a un nivel de costo compartido más bajo.
- Puede pedirnos que se cubra un medicamento del formulario a un nivel de costo compartido más bajo si este medicamento no se incluye en la categoría de especialidad. Si se aprueba, se reducirá la cantidad que debe pagar por este medicamento.
- Puede pedirnos que no se apliquen las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, Molina Medicare Options Plus impone un límite de cantidades para determinados medicamentos que cubriremos. Si su medicamento tiene un límite de cantidad, usted puede pedirnos que no se aplique el límite y que se cubra una cantidad mayor.

Generalmente, Molina Medicare Options Plus solamente aprobará su solicitud para una excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento con un costo compartido más bajo o las restricciones adicionales de utilización no son igual de eficaces para el tratamiento de su condición o si le causará efectos médicos adversos.

Usted debe comunicarse con nosotros para pedirnos una determinación inicial de cobertura para una excepción del formulario, categoría o restricción en utilización. **Cuando solicita una excepción del formulario, categoría o restricción en utilización, usted debe presentar una declaración de su proveedor recetador o su médico para apoyar su petición.** Usualmente, debemos tomar nuestra decisión dentro de 72 horas de haber recibido la declaración de apoyo de su proveedor recetador. Usted puede pedir una excepción acelerada (rápida) si usted o su médico creen que su salud podría estar gravemente perjudicada si espera hasta 72 horas por una decisión. Si su petición para acelerar la decisión se autoriza, debemos darle la determinación a más tardar en 24 horas después de recibir la declaración de apoyo de su médico u otro proveedor recetador.

## ¿Qué debo hacer antes de hablar con mi médico acerca de cambiar mi medicamento o pedir una excepción?

Como un miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no se incluyen en nuestro formulario. O bien, puede ser que esté tomando un medicamento que está en nuestro formulario, pero que su capacidad para obtenerlo esté limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de surtir su receta médica. Debe hablar con su médico para decidir si debe cambiarse a un medicamento apropiado que nosotros cubrimos o si debe pedir una excepción de

formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, es posible que cubramos su medicamento en ciertos casos durante los primeros 90 días de ser miembro con nuestro plan.

Para cada uno de sus medicamentos que no están incluidos en nuestro formulario o si su capacidad para obtener su medicamento está limitada, nosotros cubriremos temporalmente un suministro de 31 días (a menos que tenga una receta médica escrita para menos días) cuando usted usa una farmacia que participa en la red. Después de su primer suministro de 31 días, nosotros no pagaremos por estos medicamentos, aun si ha sido un miembro del plan durante menos de los 90 días.

Si usted se encuentra en un centro de atención a largo plazo, le permitiremos llenar su receta médica hasta 98 días si usted es miembro de nuestro plan. Si usted necesita un medicamento que no está incluido en nuestro formulario o si su capacidad para obtener su medicamento está limitada, pero ya han pasado los primeros 90 días de su membresía con el plan, nosotros cubriremos un suministro de emergencia de 30 días para ese medicamento (a menos que tenga una receta médica para menos días) mientras que usted solicita una excepción de formulario.

Para los residentes a largo plazo, la farmacia de dispensación puede anular el rechazo de elegibilidad de surtido de transición y el rechazo de Surtido Muy Temprano cuando es un ingreso nuevo. Los surtidos por Transición en Nivel de Cuidado se permiten para un suministro de 31 días, salvo cuando sea para sólidos orales de marca, los cuales se limitan a un surtido de 14 días con excepciones, según es requerido por las disposiciones de los CMS. Estos reclamos de medicamentos serían, de lo contrario, rechazados por no ser parte del formulario o por estar en el formulario con modificaciones de control en utilización.

Los surtidos por Transición en Nivel de Cuidado se permiten por un día natural, por beneficiario, por droga, por farmacia, por plan para un suministro de días acumulativos.

Para todo beneficiario que pase por un Cambio en Nivel de Cuidado, si el cambio en dosis causa un "surtido temprano" o un rechazo por Surtido Muy Pronto, la farmacia puede llamar a la Línea de Ayuda Técnica Farmacéutica para obtener una anulación.

## **Para obtener más información**

Para obtener más información detallada sobre su cobertura de medicamentos recetados de Molina Medicare Options Plus, por favor consulte su Evidencia de cobertura y otros materiales del plan.

Comuníquese con nosotros si tiene preguntas acerca de Molina Medicare Options Plus. Nuestra información de contacto y la última fecha de actualización del formulario aparecen en las páginas de la portada y contraportada.

Si usted tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, por favor comuníquese con Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas al día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

## Formulario de Molina Medicare Options Plus

El formulario detallado proporciona información de cobertura acerca de todos los medicamentos cubiertos por Molina Medicare Options Plus. Si usted no puede encontrar su medicamento en la lista, consulte el índice que comienza en la página 101.

La primera columna de la gráfica indica el nombre del medicamento. Los medicamentos de marca registrada están escritos en mayúsculas (p. ej.: CLEOCIN) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej.: *clindamycin*).

La información en la columna Requisitos / Límites le indica si Molina Medicare Options Plus tiene algún requisito especial para cubrir su medicamento.

*B / D significa "Este medicamento puede ser cubierto bajo Medicare Parte B o Parte D, dependiendo de las circunstancias"*

*LA significa "medicamento con acceso limitado"*

*NM significa "Medicamento no disponible para servicio por correo"*

*PA significa "autorización previa"*

*QL significa "Límite de cantidades"*

*ST significa "criterio de terapia escalonada"*

*\* Este medicamento recetado puede estar disponible solamente en ciertas farmacias.*

"Usted puede obtener información sobre el significado de los símbolos y abreviaciones de esta tabla en de esta tabla."

- "Este medicamento recetado puede estar disponible solamente en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o comuníquese con el Departamento de Servicios para Miembros al (800) 665-0898, los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local. Los usuarios de TTY deben llamar al 711."
- "Proporcionamos cobertura adicional para este medicamento recetado en la brecha de cobertura. Por favor, consulte nuestra Evidencia de Cobertura para obtener más información sobre esta cobertura."
- *Los planes que proporcionan límites de cantidad para determinados medicamentos deben indicar la cantidad (días de suministro o cantidad de dispensación).*

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

## MOLINA\_CY18\_GS\_TX-SNP eff 11/01/2018

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
COLCRYS TAB 0.6MG	3	QL (120 tabs / 30 days)
MITIGARE CAP 0.6MG	3	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	3	
ULORIC TAB 40MG	3	ST
ULORIC TAB 80MG	3	ST
<b>NSAIDS</b>		
<i>celecoxib cap 50 mg</i>	4	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	4	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	4	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	4	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diflunisal tab 500 mg</i>	3	
<i>etodolac cap 200 mg</i>	3	
<i>etodolac cap 300 mg</i>	3	
<i>etodolac tab 400 mg</i>	3	
<i>etodolac tab 500 mg</i>	3	
<i>etodolac tab er 24hr 400 mg</i>	4	
<i>etodolac tab er 24hr 500 mg</i>	4	
<i>etodolac tab er 24hr 600 mg</i>	4	
<i>flurbiprofen tab 50 mg</i>	3	
<i>flurbiprofen tab 100 mg</i>	3	
<i>ibuprofen susp 100 mg/5ml</i>	3	
<i>ibuprofen tab 400 mg</i>	1	GC
<i>ibuprofen tab 600 mg</i>	1	GC
<i>ibuprofen tab 800 mg</i>	1	GC
<i>ketoprofen cap 50 mg</i>	3	
<i>ketoprofen cap 75 mg</i>	3	
<i>meloxicam tab 7.5 mg</i>	1	GC
<i>meloxicam tab 15 mg</i>	1	GC
<i>nabumetone tab 500 mg</i>	2	
<i>nabumetone tab 750 mg</i>	2	
<i>naproxen dr tab 375mg</i>	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
 at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We  
 provide coverage of this prescription drug in the coverage gap. Please refer to our  
 Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen dr tab 500mg</i>	2	
<i>naproxen sodium tab 275 mg</i>	4	
<i>naproxen sodium tab 550 mg</i>	4	
<i>naproxen susp 125 mg/5ml</i>	4	
<i>naproxen tab 250 mg</i>	1	GC
<i>naproxen tab 375 mg</i>	1	GC
<i>naproxen tab 500 mg</i>	1	GC
<i>piroxicam cap 10 mg</i>	3	
<i>piroxicam cap 20 mg</i>	3	
<i>sulindac tab 150 mg</i>	2	
<i>sulindac tab 200 mg</i>	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (5000 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (400 tabs / 30 days)
<i>butorphanol tartrate inj 1 mg/ml</i>	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
BUTRANS DIS 5MCG/HR	3	QL (16 patches / 28 days)
BUTRANS DIS 7.5/HR	3	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	3	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	3	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	3	QL (4 patches / 28 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet tab 2.5-325</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (360 tabs / 30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	QL (120 lozenges / 30 days), PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	4	QL (10 patches / 30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 600MCG	5	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (5400 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (360 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	4	B/D
<i>hydromorphone hcl tab 2 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (270 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	3	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	3	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	3	QL (30 tabs / 30 days)
<i>methadone con 10mg/ml</i>	3	QL (120 mL / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (450 mL / 30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
MORPHINE SUL INJ 5MG/ML	4	B/D
MORPHINE SUL INJ 8MG/ML	4	B/D
MORPHINE SUL INJ 10MG/ML	4	B/D
MORPHINE SUL INJ 150/30ML	4	B/D
<i>morphine sulfate inj 8 mg/ml</i>	4	B/D
<i>morphine sulfate inj 10 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	4	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	4	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	
<i>morphine sulfate tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 200 mg</i>	3	QL (60 tabs / 30 days)
NUCYNTA ER TAB 50MG	3	QL (120 tabs / 30 days)
NUCYNTA ER TAB 100MG	3	QL (120 tabs / 30 days)
NUCYNTA ER TAB 150MG	3	QL (60 tabs / 30 days)
NUCYNTA ER TAB 200MG	3	QL (60 tabs / 30 days)
NUCYNTA ER TAB 250MG	3	QL (60 tabs / 30 days)
<i>oxycodone hcl cap 5 mg</i>	4	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	
<i>oxycodone hcl soln 5 mg/5ml</i>	4	
<i>oxycodone hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	3	QL (120 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXYCONTIN TAB 15MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	3	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	3	QL (120 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	2	B/D
<i>lidocaine hcl local inj 1%</i>	2	B/D
<i>lidocaine hcl local inj 2%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	2	B/D
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	2	B/D

## **ANTI-INFECTIVES**

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

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	3	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate inj 10 mg/ml</i>	2	
<i>gentamicin sulfate inj 40 mg/ml</i>	2	
<i>neomycin sulfate tab 500 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>streptomycin sulfate for inj 1 gm</i>	4	
SULFADIAZINE TAB 500MG	4	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	5	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	3	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	3	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	3	

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

ALBENZA TAB 200MG	5	
ALINIA SUS 100/5ML	5	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALINIA TAB 500MG	5	
<i>atovaquone susp 750 mg/5ml</i>	5	
AZACTAM INJ 1GM	4	
AZACTAM INJ 2GM	4	
AZACTAM/DEX INJ 1GM	4	
AZACTAM/DEX INJ 2GM	4	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
BILTRICIDE TAB 600MG	3	
CAYSTON INH 75MG	5	LA, PA
<i>clindamycin hcl cap 75 mg</i>	1	GC
<i>clindamycin hcl cap 150 mg</i>	1	GC
<i>clindamycin hcl cap 300 mg</i>	1	GC
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml</i>	3	
<i>clindamycin phosphate inj 600 mg/4ml</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml</i>	3	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	3	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	3	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>daptomycin for iv soln 500 mg</i>	5	
EMVERM CHW 100MG	5	
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
INVANZ INJ 1GM	4	
<i>ivermectin tab 3 mg</i>	3	
<i>linezolid for susp 100 mg/5ml</i>	5	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	5	
<i>meropenem iv for soln 1 gm</i>	4	
<i>meropenem iv for soln 500 mg</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
NEBUPENT INH 300MG	4	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	4	
<i>praziquantel tab 600 mg</i>	3	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TAB 200MG	5	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	GC
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	GC
SYNERCID INJ 500MG	5	
<i>tigecycline for iv soln 50 mg</i>	5	
TIGECYCLINE INJ 50MG	5	
<i>trimethoprim tab 100 mg</i>	2	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	5	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	5	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	4	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	5	B/D
<i>amphotericin b for inj 50 mg</i>	4	B/D
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	
<i>casprofungin acetate for iv soln 50 mg</i>	5	
<i>casprofungin acetate for iv soln 70 mg</i>	5	
CASPOFUNGIN INJ 50MG	5	
CASPOFUNGIN INJ 70MG	5	
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	4	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	PA
<i>ketoconazole tab 200 mg</i>	3	PA
MYCAMINE INJ 50MG	5	
MYCAMINE INJ 100MG	5	
NOXAFIL SUS 40MG/ML	5	QL (630 mL / 30 days)
NOXAFIL TAB 100MG	5	QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	3	
<i>terbinafine hcl tab 250 mg</i>	2	QL (90 tabs / 365 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole for inj 200 mg</i>	4	
<i>voriconazole for susp 40 mg/ml</i>	5	
<i>voriconazole tab 50 mg</i>	5	
<i>voriconazole tab 200 mg</i>	5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate tab 250 mg</i>	3	
<i>chloroquine phosphate tab 500 mg</i>	3	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl tab 250 mg</i>	3	
PRIMAQUINE TAB 26.3MG	3	
<i>quinine sulfate cap 324 mg</i>	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	3	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	3	
APTIVUS CAP 250MG	5	
APTIVUS SOL	5	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	5	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	5	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	5	
CRIXIVAN CAP 200MG	4	
CRIXIVAN CAP 400MG	4	
<i>didanosine delayed release capsule 200 mg</i>	4	
<i>didanosine delayed release capsule 250 mg</i>	4	
<i>didanosine delayed release capsule 400 mg</i>	4	
EDURANT TAB 25MG	5	
<i>efavirenz cap 50 mg</i>	4	
<i>efavirenz cap 200 mg</i>	5	
<i>efavirenz tab 600 mg</i>	5	
EMTRIVA CAP 200MG	3	
EMTRIVA SOL 10MG/ML	3	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	5	
FUZEON INJ 90MG	5	NM
INTELENCE TAB 25MG	4	NM
INTELENCE TAB 100MG	5	NM
INTELENCE TAB 200MG	5	NM
INVIRASE CAP 200MG	5	
INVIRASE TAB 500MG	5	
ISENTRESS CHW 25MG	3	
ISENTRESS CHW 100MG	5	
ISENTRESS HD TAB 600MG	5	
ISENTRESS POW 100MG	5	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS TAB 400MG	5	
<i>lamivudine oral soln 10 mg/ml</i>	3	
<i>lamivudine tab 150 mg</i>	3	
<i>lamivudine tab 300 mg</i>	3	
LEXIVA SUS 50MG/ML	4	
LEXIVA TAB 700MG	5	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 200 mg</i>	3	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
NORVIR CAP 100MG	3	
NORVIR POW 100MG	3	
NORVIR SOL 80MG/ML	3	
NORVIR TAB 100MG	3	
PREZISTA SUS 100MG/ML	5	QL (400 mL / 30 days)
PREZISTA TAB 75MG	3	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	5	QL (240 tabs / 30 days)
PREZISTA TAB 600MG	5	QL (60 tabs / 30 days)
PREZISTA TAB 800MG	5	QL (30 tabs / 30 days)
RESCRIPTOR TAB 100 MG	4	
RESCRIPTOR TAB 200MG	4	
RETROVIR INJ 10MG/ML	4	
REYATAZ POW 50MG	5	
<i>ritonavir tab 100 mg</i>	3	
SELZENTRY SOL 20MG/ML	5	
SELZENTRY TAB 25MG	4	
SELZENTRY TAB 75MG	5	
SELZENTRY TAB 150MG	5	
SELZENTRY TAB 300MG	5	
<i>stavudine cap 15 mg</i>	3	
<i>stavudine cap 20 mg</i>	3	
<i>stavudine cap 30 mg</i>	3	
<i>stavudine cap 40 mg</i>	3	
SUSTIVA TAB 600MG	5	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	5	
TIVICAY TAB 10MG	3	
TIVICAY TAB 25MG	5	
TIVICAY TAB 50MG	5	
TROGARZO INJ 150MG/ML	5	LA
TYBOST TAB 150MG	3	
VIDEX EC CAP 125MG	4	
VIDEX SOL 2GM	4	
VIDEX SOL 4GM	4	
VIRACEPT TAB 250MG	5	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIRACEPT TAB 625MG	5	
VIRAMUNE SUS 50MG/5ML	4	
VIREAD POW 40MG/GM	5	
VIREAD TAB 150MG	5	
VIREAD TAB 200MG	5	
VIREAD TAB 250MG	5	
VIREAD TAB 300MG	5	
ZERIT SOL 1MG/ML	5	
<i>zidovudine cap 100 mg</i>	4	
<i>zidovudine syrup 10 mg/ml</i>	4	
<i>zidovudine tab 300 mg</i>	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
ATRIPLA TAB	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DESCOVY TAB 200/25	5	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMFI LO TAB	5	
SYMFI TAB	5	
SYMTUZA TAB	5	
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	5	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	5	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	5	QL (30 tabs / 30 days)
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SUL INJ 1GM	4	
<i>cycloserine cap 250 mg</i>	5	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isoniazid inj 100 mg/ml</i>	3	
<i>isoniazid syrup 50 mg/5ml</i>	4	
<i>isoniazid tab 100 mg</i>	1	GC
<i>isoniazid tab 300 mg</i>	1	GC
PASER GRA 4GM	4	
PRIFTIN TAB 150MG	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	4	
RIFATER TAB	4	
SIRTURO TAB 100MG	5	LA, PA
TRECTOR TAB 250MG	4	
<b>ANTIVIRALS</b>		
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	B/D
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
BARACLUDE SOL .05MG/ML	5	
DAKLINZA TAB 30MG	5	PA
DAKLINZA TAB 60MG	5	PA
DAKLINZA TAB 90MG	5	PA
<i>entecavir tab 0.5 mg</i>	5	
<i>entecavir tab 1 mg</i>	5	
EPCLUSA TAB 400-100	5	PA
EPIVIR HBV SOL 5MG/ML	4	
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
GANCICLOVIR INJ 500MG	3	B/D
<i>ganciclovir sodium for inj 500 mg</i>	3	B/D
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	4	
MAVYRET TAB 100-40MG	5	PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	3	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	3	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	3	QL (1080 mL / year)
PEGASYS INJ	5	NM, PA
PEGASYS INJ 180MCG/M	5	NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGASYS INJ PROCLICK	5	NM, PA
REBETOL SOL 40MG/ML	5	NM
RELENZA MIS DISKHALE	3	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribasphere tab 400mg</i>	5	NM
<i>ribasphere tab 600mg</i>	5	NM
<i>ribavirin cap 200 mg</i>	3	NM
<i>ribavirin tab 200 mg</i>	4	NM
<i>rimantadine hydrochloride tab 100 mg</i>	3	
SOVALDI TAB 400MG	5	NM, PA
<i>valacyclovir hcl tab 1 gm</i>	3	
<i>valacyclovir hcl tab 500 mg</i>	3	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	5	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	5	
VEMLIDY TAB 25MG	5	
VOSEVI TAB	5	PA
ZEPATIER TAB 50-100MG	5	PA
<b>CEPHALOSPORINS</b>		
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
CEFACLOR ER TAB 500MG	4	
<i>cefaclor for susp 125 mg/5ml</i>	4	
<i>cefaclor for susp 250 mg/5ml</i>	4	
<i>cefaclor for susp 375 mg/5ml</i>	4	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	3	
<i>cefadroxil for susp 500 mg/5ml</i>	3	
<i>cefadroxil tab 1 gm</i>	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium for inj 1 gm</i>	3	
<i>cefazolin sodium for inj 10 gm</i>	3	
<i>cefazolin sodium for inj 20 gm</i>	3	
<i>cefazolin sodium for inj 500 mg</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
CEFAZOLIN SOL	3	
<i>cefdinir cap 300 mg</i>	3	
<i>cefdinir for susp 125 mg/5ml</i>	4	
<i>cefdinir for susp 250 mg/5ml</i>	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefotaxime sodium for inj 1 gm</i>	4	
<i>cefotaxime sodium for inj 2 gm</i>	4	
<i>cefotaxime sodium for inj 500 mg</i>	4	
<i>cefoxitin sodium for inj 10 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	4	
<i>cefpodoxime proxetil tab 200 mg</i>	4	
<i>cefprozil for susp 125 mg/5ml</i>	3	
<i>cefprozil for susp 250 mg/5ml</i>	3	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium for inj 1 gm</i>	3	
<i>ceftriaxone sodium for inj 2 gm</i>	3	
<i>ceftriaxone sodium for inj 10 gm</i>	3	
<i>ceftriaxone sodium for inj 250 mg</i>	3	
<i>ceftriaxone sodium for inj 500 mg</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm</i>	3	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 7.5 gm</i>	4	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg</i>	1	GC
<i>cephalexin cap 500 mg</i>	1	GC
<i>cephalexin for susp 125 mg/5ml</i>	3	
<i>cephalexin for susp 250 mg/5ml</i>	3	
SUPRAX CAP 400MG	3	
SUPRAX CHW 100MG	4	
SUPRAX CHW 200MG	4	
SUPRAX SUS 500/5ML	3	
<i>tazicef inj 1gm</i>	4	
<i>tazicef inj 2gm</i>	4	
<i>tazicef inj 6gm</i>	4	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	3	
<i>azithromycin powd pack for susp 1 gm</i>	3	
<i>azithromycin tab 250 mg</i>	1	GC
<i>azithromycin tab 500 mg</i>	1	GC
<i>azithromycin tab 600 mg</i>	1	GC
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clarithromycin tab er 24hr 500 mg</i>	3	
DIFICID TAB 200MG	5	
<i>ery-tab tab 250mg ec</i>	4	
<i>ery-tab tab 333mg ec</i>	4	
<i>ery-tab tab 500mg ec</i>	4	
ERYTHROCIN INJ 500MG	4	
<i>erythrocin tab 250mg</i>	4	
<i>erythromycin ethylsuccinate tab 400 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (54 gm/100ml)</i>		
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	4	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	4	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	GC
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	1	GC
<i>levofloxacin tab 500 mg</i>	1	GC
<i>levofloxacin tab 750 mg</i>	1	GC
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLINS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	4	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	4	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	GC
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	2	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	2	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	GC
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	GC
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	GC
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 15 (10-5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin cap 250 mg</i>	1	GC
<i>ampicillin cap 500 mg</i>	1	GC
<i>ampicillin for susp 125 mg/5ml</i>	3	
<i>ampicillin for susp 250 mg/5ml</i>	3	
<i>ampicillin sodium for inj 1 gm</i>	4	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for inj 10 gm</i>	4	
<i>ampicillin sodium for inj 125 mg</i>	4	
<i>ampicillin sodium for inj 250 mg</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin sodium for inj 500 mg</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
BICILLIN L-A INJ 600000	4	
BICILLIN L-A INJ 1200000	4	
BICILLIN L-A INJ 2400000	4	
<i>dicloxacillin sodium cap 250 mg</i>	3	
<i>dicloxacillin sodium cap 500 mg</i>	3	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 1 gm</i>	4	
<i>nafcillin sodium for iv soln 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	4	
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	5	
PEN G PROC INJ 600000	4	
PENICILL GK/ INJ DEX 2MU	4	
PENICILL GK/ INJ DEX 3MU	4	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
<i>penicillin g sodium for inj 5000000 unit</i>	4	
<i>penicillin v potassium for soln 125 mg/5ml</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml</i>	2	
<i>penicillin v potassium tab 250 mg</i>	1	GC
<i>penicillin v potassium tab 500 mg</i>	1	GC
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm 4 (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 2.25 gm 4 (2-0.25 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 4.5 gm 4 (4-0.5 gm)</i>		
<i>piperacillin sod-tazobactam sod for inj 40.5 gm 4 (36-4.5 gm)</i>		
<b>TETRACYCLINES</b>		
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	3	
<i>doxycycline hyclate tab 100 mg</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>minocycline hcl cap 50 mg</i>	3	
<i>minocycline hcl cap 75 mg</i>	3	
<i>minocycline hcl cap 100 mg</i>	3	

## **ANTINEOPLASTIC AGENTS**

### **ALKYLATING AGENTS**

BENDEKA INJ 100/4ML	5	B/D
<i>busulfan inj 6 mg/ml</i>	5	B/D
CYCLOPHOSPH CAP 25MG	4	B/D
CYCLOPHOSPH CAP 50MG	4	B/D
<i>cyclophosphamide cap 25 mg</i>	4	B/D
<i>cyclophosphamide cap 50 mg</i>	4	B/D
<i>cyclophosphamide for inj 1 gm</i>	5	B/D
<i>cyclophosphamide for inj 2 gm</i>	5	B/D
<i>cyclophosphamide for inj 500 mg</i>	5	B/D
<i>dacarbazine for inj 100 mg</i>	3	B/D
<i>dacarbazine for inj 200 mg</i>	3	B/D
EMCYT CAP 140MG	4	
GLEOSTINE CAP 10MG	4	
GLEOSTINE CAP 40MG	4	
GLEOSTINE CAP 100MG	4	
HEXALEN CAP 50MG	5	
IFEX INJ 3GM	4	B/D
<i>ifosfamide for inj 1 gm</i>	4	B/D
IFOSFAMIDE INJ 3GM	4	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	3	B/D
LEUKERAN TAB 2MG	4	
<i>melphalan hcl for inj 50 mg (base equiv)</i>	5	B/D
MUSTARGEN INJ 10MG	5	B/D

### **ANTHRACYCLINES**

<i>adriamycin inj 20mg</i>	4	B/D
<i>doxorubicin hcl for inj 10 mg</i>	4	B/D
<i>doxorubicin hcl for inj 50 mg</i>	4	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	4	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate for inj 15 unit</i>	3	B/D
<i>bleomycin sulfate for inj 30 unit</i>	3	B/D
<i>mitomycin for iv soln 5 mg</i>	5	B/D
<i>mitomycin for iv soln 20 mg</i>	5	B/D
<i>mitomycin for iv soln 40 mg</i>	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil inj 500/10ml</i>	3	B/D
ALIMTA INJ 100MG	5	B/D
ALIMTA INJ 500MG	5	B/D
<i>azacitidine for inj 100 mg</i>	5	B/D, NM
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	B/D
<i>cytarabine inj 20 mg/ml</i>	3	B/D
<i>fludarabine phosphate for inj 50 mg</i>	4	B/D
<i>fludarabine phosphate inj 25 mg/ml</i>	4	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	3	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	3	B/D
<i>gemcitabine hcl for inj 1 gm</i>	5	B/D
<i>gemcitabine hcl for inj 2 gm</i>	5	B/D
<i>gemcitabine hcl for inj 200 mg</i>	5	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	4	B/D
<i>mercaptopurine tab 50 mg</i>	4	
<i>methotrexate sodium for inj 1 gm</i>	2	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	B/D
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	B/D
NIPENT INJ 10MG	5	B/D
PURIXAN SUS 20MG/ML	5	
TABLOID TAB 40MG	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE INJ 100MG	5	B/D

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We  
provide coverage of this prescription drug in the coverage gap. Please refer to our  
Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel for inj conc 20 mg/ml</i>	5	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	B/D
DOCETAXEL INJ 20MG/2ML	5	B/D
DOCETAXEL INJ 80MG/4ML	5	B/D
DOCETAXEL INJ 80MG/8ML	5	B/D
DOCETAXEL INJ 160/8ML	5	B/D
DOCETAXEL INJ 160/16ML	5	B/D
DOCETAXEL INJ 200/10	5	B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	B/D
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	B/D
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	B/D
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	B/D
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	B/D
TAXOTERE INJ 80MG/4ML	5	B/D
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	2	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	3	B/D
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	3	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN INJ	5	NM, LA, PA
AVASTIN INJ 400/16ML	5	NM, LA, PA
BELEODAQ INJ 500MG	5	NM, PA
BORTEZOMIB INJ 3.5MG	5	PA
ERIVEDGE CAP 150MG	5	NM, LA, PA
FARYDAK CAP 10MG	5	LA, PA
FARYDAK CAP 15MG	5	LA, PA
FARYDAK CAP 20MG	5	LA, PA
HERCEPTIN INJ 150MG	5	PA
HERCEPTIN INJ 440MG	5	NM, PA
IBRANCE CAP 75MG	5	LA, PA
IBRANCE CAP 100MG	5	LA, PA
IBRANCE CAP 125MG	5	LA, PA
IDHIFA TAB 50MG	5	LA, PA
IDHIFA TAB 100MG	5	LA, PA
KADCYLA INJ 100MG	5	B/D, NM
KADCYLA INJ 160MG	5	B/D, NM
KEYTRUDA INJ 100MG/4M	5	PA
KEYTRUDA SOL 50MG	5	PA
KISQALI 200 PAK FEMARA	5	PA
KISQALI 400 PAK FEMARA	5	PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 600 PAK FEMARA	5	PA
KISQALI TAB 200DOSE	5	PA
KISQALI TAB 400DOSE	5	PA
KISQALI TAB 600DOSE	5	PA
LYNPARZA CAP 50MG	5	LA, PA
LYNPARZA TAB 100MG	5	LA, PA
LYNPARZA TAB 150MG	5	LA, PA
MYLOTARG INJ 4.5MG	5	LA, PA
NINLARO CAP 2.3MG	5	PA
NINLARO CAP 3MG	5	PA
NINLARO CAP 4MG	5	PA
ODOMZO CAP 200MG	5	LA, PA
RITUXAN INJ 100MG	5	NM, LA, PA
RITUXAN INJ 500MG	5	NM, LA, PA
RITUXAN INJ HYCELA	5	LA, PA
RUBRACA TAB 200MG	5	LA, PA
RUBRACA TAB 250MG	5	LA, PA
RUBRACA TAB 300MG	5	LA, PA
TECENTRIQ INJ 1200/20	5	LA, PA
TIBSOVO TAB 250MG	5	LA, PA
VELCADE INJ 3.5MG	5	NM, PA
VENCLEXTA TAB 10MG	4	LA, PA
VENCLEXTA TAB 50MG	4	LA, PA
VENCLEXTA TAB 100MG	5	LA, PA
VENCLEXTA TAB START PK	5	LA, PA
VERZENIO TAB 50MG	5	LA, PA
VERZENIO TAB 100MG	5	LA, PA
VERZENIO TAB 150MG	5	LA, PA
VERZENIO TAB 200MG	5	LA, PA
YERVOY INJ 50MG	5	NM, PA
YERVOY INJ 200MG	5	NM, PA
ZEJULA CAP 100MG	5	LA, PA
ZOLINZA CAP 100MG	5	NM, PA

### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>anastrozole tab 1 mg</i>	2	
<i>bicalutamide tab 50 mg</i>	3	
DEPO-PROVERA INJ 400/ML	4	B/D
ERLEADA TAB 60MG	5	LA, PA
<i>exemestane tab 25 mg</i>	4	
FARESTON TAB 60MG	5	
FASLODEX INJ 250/5ML	5	B/D
<i>flutamide cap 125 mg</i>	4	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	5	B/D
<i>letrozole tab 2.5 mg</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	NM, PA
LUPRON DEPOT INJ 3.75MG	5	NM, PA
LUPRON DEPOT INJ 11.25MG	5	NM, PA
LYSODREN TAB 500MG	3	
<i>megestrol acetate susp 40 mg/ml</i>	4	PA; PA if 65 years and older
<i>megestrol acetate susp 625 mg/5ml</i>	4	PA
<i>megestrol acetate tab 20 mg</i>	4	PA; PA if 65 years and older
<i>megestrol acetate tab 40 mg</i>	4	PA; PA if 65 years and older
<i>nilutamide tab 150 mg</i>	5	
SOLTAMOX SOL 10MG/5ML	4	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	GC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	GC
TRELSTAR MIX INJ 3.75MG	5	NM, PA
TRELSTAR MIX INJ 11.25MG	5	NM, PA
XTANDI CAP 40MG	5	NM, LA, PA
ZYTIGA TAB 250MG	5	NM, LA, PA
ZYTIGA TAB 500MG	5	LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	5	NM, LA, PA
POMALYST CAP 2MG	5	NM, LA, PA
POMALYST CAP 3MG	5	NM, LA, PA
POMALYST CAP 4MG	5	NM, LA, PA
REVLIMID CAP 2.5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	5	QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	5	QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	5	QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	5	QL (60 caps / 30 days), NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>KINASE INHIBITORS</i></b>		
AFINITOR DIS TAB 2MG	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	5	QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	5	QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	5	LA, PA
ALUNBRIG PAK	5	LA, PA
ALUNBRIG TAB 30MG	5	LA, PA
ALUNBRIG TAB 90MG	5	LA, PA
ALUNBRIG TAB 180MG	5	LA, PA
BOSULIF TAB 100MG	5	NM, PA
BOSULIF TAB 400MG	5	PA
BOSULIF TAB 500MG	5	NM, PA
BRAFTOVI CAP 50MG	5	LA, PA
BRAFTOVI CAP 75MG	5	LA, PA
CABOMETYX TAB 20MG	5	QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 40MG	5	QL (30 tabs / 30 days), LA, PA
CABOMETYX TAB 60MG	5	QL (30 tabs / 30 days), LA, PA
CALQUENCE CAP 100MG	5	LA, PA
CAPRELSA TAB 100MG	5	LA, PA
CAPRELSA TAB 300MG	5	LA, PA
COMETRIQ KIT 60MG	5	LA, PA
COMETRIQ KIT 100MG	5	LA, PA
COMETRIQ KIT 140MG	5	LA, PA
COTELLIC TAB 20MG	5	LA, PA
GILOTRIF TAB 20MG	5	LA, PA
GILOTRIF TAB 30MG	5	LA, PA
GILOTRIF TAB 40MG	5	LA, PA
ICLUSIG TAB 15MG	5	LA, PA
ICLUSIG TAB 45MG	5	LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	QL (90 tabs / 30 days), NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	5	LA, PA
IMBRUVICA CAP 140MG	5	LA, PA
IMBRUVICA TAB 140MG	5	LA, PA
IMBRUVICA TAB 280MG	5	LA, PA
IMBRUVICA TAB 420MG	5	LA, PA
IMBRUVICA TAB 560MG	5	LA, PA
INLYTA TAB 1MG	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA TAB 250MG	5	LA, PA
JAKAFI TAB 5MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	5	QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	5	LA, PA
LENVIMA CAP 8 MG	5	LA, PA
LENVIMA CAP 10 MG	5	LA, PA
LENVIMA CAP 12MG	5	LA, PA
LENVIMA CAP 14 MG	5	LA, PA
LENVIMA CAP 18 MG	5	LA, PA
LENVIMA CAP 20 MG	5	LA, PA
LENVIMA CAP 24 MG	5	LA, PA
MEKINIST TAB 0.5MG	5	NM, LA, PA
MEKINIST TAB 2MG	5	NM, LA, PA
MEKTOVI TAB 15MG	5	LA, PA
NERLYNX TAB 40MG	5	LA, PA
NEXAVAR TAB 200MG	5	NM, LA, PA
RYDAPT CAP 25MG	5	PA
SPRYCEL TAB 20MG	5	NM, PA
SPRYCEL TAB 50MG	5	NM, PA
SPRYCEL TAB 70MG	5	NM, PA
SPRYCEL TAB 80MG	5	NM, PA
SPRYCEL TAB 100MG	5	NM, PA
SPRYCEL TAB 140MG	5	NM, PA
STIVARGA TAB 40MG	5	NM, LA, PA
SUTENT CAP 12.5MG	5	NM, PA
SUTENT CAP 25MG	5	NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 24

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 37.5MG	5	NM, PA
SUTENT CAP 50MG	5	NM, PA
TAFINLAR CAP 50MG	5	NM, LA, PA
TAFINLAR CAP 75MG	5	NM, LA, PA
TAGRISSE TAB 40MG	5	LA, PA
TAGRISSE TAB 80MG	5	LA, PA
TARCEVA TAB 25MG	5	QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	5	QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	5	PA
TASIGNA CAP 150MG	5	NM, PA
TASIGNA CAP 200MG	5	NM, PA
TYKERB TAB 250MG	5	NM, LA, PA
VOTRIENT TAB 200MG	5	NM, LA, PA
XALKORI CAP 200MG	5	NM, LA, PA
XALKORI CAP 250MG	5	NM, LA, PA
ZELBORAF TAB 240MG	5	NM, LA, PA
ZYDELIG TAB 100MG	5	LA, PA
ZYDELIG TAB 150MG	5	LA, PA
ZYKADIA CAP 150MG	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene cap 75 mg</i>	5	NM, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
<i>hydroxyurea cap 500 mg</i>	3	
LONSURF TAB 15-6.14	5	PA
LONSURF TAB 20-8.19	5	PA
MATULANE CAP 50MG	5	LA
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	B/D, NM
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	B/D, NM
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO INJ 3.5MG	5	NM, PA
<i>tretinoin cap 10 mg</i>	5	
TRISENOX INJ 12MG/6ML	5	B/D
<b>PLATINUM-BASED AGENTS</b>		

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carboplatin iv soln 50 mg/5ml</i>	3	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	3	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	3	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	3	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	3	B/D
<i>oxaliplatin for iv inj 50 mg</i>	5	B/D
<i>oxaliplatin for iv inj 100 mg</i>	5	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane for inj 250 mg</i>	5	B/D
<i>dexrazoxane for inj 500 mg</i>	5	B/D
ELITEK INJ 1.5MG	5	B/D
ELITEK INJ 7.5MG	5	B/D
<i>leucovorin calcium for inj 50 mg</i>	4	B/D
<i>leucovorin calcium for inj 100 mg</i>	4	B/D
<i>leucovorin calcium for inj 200 mg</i>	4	B/D
<i>leucovorin calcium for inj 350 mg</i>	4	B/D
<i>leucovorin calcium for inj 500 mg</i>	4	B/D
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	3	
<i>leucovorin calcium tab 15 mg</i>	3	
<i>leucovorin calcium tab 25 mg</i>	3	
LEVOLEUCOVOR INJ 175MG	5	B/D
LEVOLEUCOVOR SOL 250MG/25	5	B/D
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	5	B/D, NM
<i>levoleucovorin calcium inj 175 mg/17.5ml (base equiv)</i>	5	B/D
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	4	B/D
<i>mesna inj 100 mg/ml</i>	4	B/D
MESNEX TAB 400MG	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	3	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	B/D
<i>toposar inj 1gm/50ml</i>	3	B/D
<i>toposar inj 100/5ml</i>	3	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	5	B/D, NM

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	GC
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	GC
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	GC
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	GC
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-12.5 mg</i>		GC
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>		GC
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1	GC
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	GC

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tab 5 mg</i>	1	GC
<i>benazepril hcl tab 10 mg</i>	1	GC
<i>benazepril hcl tab 20 mg</i>	1	GC
<i>benazepril hcl tab 40 mg</i>	1	GC
<i>captopril tab 12.5 mg</i>	1	GC
<i>captopril tab 25 mg</i>	1	GC
<i>captopril tab 50 mg</i>	1	GC
<i>captopril tab 100 mg</i>	1	GC
<i>enalapril maleate tab 2.5 mg</i>	1	GC
<i>enalapril maleate tab 5 mg</i>	1	GC
<i>enalapril maleate tab 10 mg</i>	1	GC
<i>enalapril maleate tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 10 mg</i>	1	GC
<i>fosinopril sodium tab 20 mg</i>	1	GC
<i>fosinopril sodium tab 40 mg</i>	1	GC
<i>lisinopril tab 2.5 mg</i>	1	GC
<i>lisinopril tab 5 mg</i>	1	GC
<i>lisinopril tab 10 mg</i>	1	GC
<i>lisinopril tab 20 mg</i>	1	GC
<i>lisinopril tab 30 mg</i>	1	GC
<i>lisinopril tab 40 mg</i>	1	GC
<i>moexipril hcl tab 7.5 mg</i>	1	GC
<i>moexipril hcl tab 15 mg</i>	1	GC
<i>perindopril erbumine tab 2 mg</i>	1	GC
<i>perindopril erbumine tab 4 mg</i>	1	GC
<i>perindopril erbumine tab 8 mg</i>	1	GC
<i>quinapril hcl tab 5 mg</i>	1	GC
<i>quinapril hcl tab 10 mg</i>	1	GC
<i>quinapril hcl tab 20 mg</i>	1	GC
<i>quinapril hcl tab 40 mg</i>	1	GC
<i>ramipril cap 1.25 mg</i>	1	GC
<i>ramipril cap 2.5 mg</i>	1	GC
<i>ramipril cap 5 mg</i>	1	GC
<i>ramipril cap 10 mg</i>	1	GC
<i>trandolapril tab 1 mg</i>	1	GC
<i>trandolapril tab 2 mg</i>	1	GC
<i>trandolapril tab 4 mg</i>	1	GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone tab 25 mg</i>	4	
<i>eplerenone tab 50 mg</i>	4	
<i>spironolactone tab 25 mg</i>	1	GC
<i>spironolactone tab 50 mg</i>	1	GC
<i>spironolactone tab 100 mg</i>	1	GC
<b>ALPHA BLOCKERS</b>		

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxazosin mesylate tab 1 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 2 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 4 mg</i>	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate tab 8 mg</i>	3	
<i>prazosin hcl cap 1 mg</i>	3	
<i>prazosin hcl cap 2 mg</i>	3	
<i>prazosin hcl cap 5 mg</i>	3	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	GC
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	GC
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	GC
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab 1 5-20 mg</i>		GC
<i>amlodipine besylate-olmesartan medoxomil tab 1 5-40 mg</i>		GC
<i>amlodipine besylate-olmesartan medoxomil tab 1 10-20 mg</i>		GC
<i>amlodipine besylate-olmesartan medoxomil tab 1 10-40 mg</i>		GC
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	GC
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	GC
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	GC
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	GC

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	1	GC
<i>candesartan cilexetil tab 8 mg</i>	1	GC
<i>candesartan cilexetil tab 16 mg</i>	1	GC
<i>candesartan cilexetil tab 32 mg</i>	1	GC
<i>irbesartan tab 75 mg</i>	1	GC
<i>irbesartan tab 150 mg</i>	1	GC
<i>irbesartan tab 300 mg</i>	1	GC
<i>losartan potassium tab 25 mg</i>	1	GC
<i>losartan potassium tab 50 mg</i>	1	GC
<i>losartan potassium tab 100 mg</i>	1	GC
<i>olmesartan medoxomil tab 5 mg</i>	1	GC

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil tab 20 mg</i>	1	GC
<i>olmesartan medoxomil tab 40 mg</i>	1	GC
<i>telmisartan tab 20 mg</i>	1	GC
<i>telmisartan tab 40 mg</i>	1	GC
<i>telmisartan tab 80 mg</i>	1	GC
<i>valsartan tab 40 mg</i>	1	GC
<i>valsartan tab 80 mg</i>	1	GC
<i>valsartan tab 160 mg</i>	1	GC
<i>valsartan tab 320 mg</i>	1	GC
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	2	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	2	
<i>amiodarone hcl tab 100 mg</i>	4	
<i>amiodarone hcl tab 200 mg</i>	1	GC
<i>amiodarone hcl tab 400 mg</i>	4	
<i>disopyramide phosphate cap 100 mg</i>	4	PA; PA if 65 years and older
<i>disopyramide phosphate cap 150 mg</i>	4	PA; PA if 65 years and older
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	NM
<i>flecainide acetate tab 50 mg</i>	3	
<i>flecainide acetate tab 100 mg</i>	3	
<i>flecainide acetate tab 150 mg</i>	3	
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
MULTAQ TAB 400MG	4	
NORPACE CAP 100MG CR	4	PA; PA if 65 years and older
NORPACE CAP 150MG CR	4	PA; PA if 65 years and older
<i>pacerone tab 100mg</i>	4	
<i>pacerone tab 200mg</i>	1	GC
<i>pacerone tab 400mg</i>	4	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>quinidine gluconate tab er 324 mg</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinidine sulfate tab 200 mg</i>	2	
<i>quinidine sulfate tab 300 mg</i>	2	
<i>sorine tab 80mg</i>	2	
<i>sorine tab 120mg</i>	2	
<i>sorine tab 160mg</i>	2	
<i>sorine tab 240mg</i>	2	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	3	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	3	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	GC
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	GC
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	GC
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	GC
<i>lovastatin tab 10 mg</i>	1	GC
<i>lovastatin tab 20 mg</i>	1	GC
<i>lovastatin tab 40 mg</i>	1	GC
<i>pravastatin sodium tab 10 mg</i>	1	GC
<i>pravastatin sodium tab 20 mg</i>	1	GC
<i>pravastatin sodium tab 40 mg</i>	1	GC
<i>pravastatin sodium tab 80 mg</i>	1	GC
<i>rosuvastatin calcium tab 5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	1	GC
<i>simvastatin tab 10 mg</i>	1	GC
<i>simvastatin tab 20 mg</i>	1	GC
<i>simvastatin tab 40 mg</i>	1	GC
<i>simvastatin tab 80 mg</i>	1	GC, QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cholestyramine light powder packets 4 gm</i>	4	
<i>cholestyramine powder 4 gm/dose</i>	4	
<i>cholestyramine powder packets 4 gm</i>	4	
<i>colesevelam hcl packet for susp 3.75 gm</i>	3	
<i>colesevelam hcl tab 625 mg</i>	3	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
<i>ezetimibe tab 10 mg</i>	4	
<i>fenofibrate micronized cap 67 mg</i>	3	
<i>fenofibrate micronized cap 134 mg</i>	3	
<i>fenofibrate micronized cap 200 mg</i>	3	
<i>fenofibrate tab 48 mg</i>	3	
<i>fenofibrate tab 54 mg</i>	3	
<i>fenofibrate tab 145 mg</i>	3	
<i>fenofibrate tab 160 mg</i>	3	
<i>gemfibrozil tab 600 mg</i>	2	
JUXTAPID CAP 5MG	5	LA, PA
JUXTAPID CAP 10MG	5	LA, PA
JUXTAPID CAP 20MG	5	LA, PA
JUXTAPID CAP 30MG	5	LA, PA
JUXTAPID CAP 40MG	5	LA, PA
JUXTAPID CAP 60MG	5	LA, PA
KYNAMRO INJ 200MG/ML	5	NM, PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	4	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	4	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	4	
<i>niacor tab 500mg</i>	3	
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
PRALUENT INJ 75MG/ML	5	PA
PRALUENT INJ 150MG/ML	5	PA
<i>prevalite pow 4gm</i>	4	
<i>prevalite pow 4gm pk</i>	4	
VASCEPA CAP 0.5GM	4	
VASCEPA CAP 1GM	4	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	3	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	3	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	GC
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	GC

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	GC
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	3	
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	3	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	GC
<i>atenolol tab 50 mg</i>	1	GC
<i>atenolol tab 100 mg</i>	1	GC
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
BYSTOLIC TAB 2.5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	4	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	4	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	1	GC
<i>carvedilol tab 6.25 mg</i>	1	GC
<i>carvedilol tab 12.5 mg</i>	1	GC
<i>carvedilol tab 25 mg</i>	1	GC
<i>labetalol hcl tab 100 mg</i>	3	
<i>labetalol hcl tab 200 mg</i>	3	
<i>labetalol hcl tab 300 mg</i>	3	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	3	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	3	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	3	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (13 mg/ml)</i>	3	
<i>metoprolol tartrate tab 25 mg</i>	1	GC
<i>metoprolol tartrate tab 50 mg</i>	1	GC
<i>metoprolol tartrate tab 100 mg</i>	1	GC
<i>nadolol tab 20 mg</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nadolol tab 40 mg</i>	4	
<i>nadolol tab 80 mg</i>	4	
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>propranolol hcl cap er 24hr 60 mg</i>	3	
<i>propranolol hcl cap er 24hr 80 mg</i>	3	
<i>propranolol hcl cap er 24hr 120 mg</i>	3	
<i>propranolol hcl cap er 24hr 160 mg</i>	3	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol hcl oral soln 20 mg/5ml</i>	3	
<i>propranolol hcl oral soln 40 mg/5ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	3	
<i>propranolol hcl tab 20 mg</i>	3	
<i>propranolol hcl tab 40 mg</i>	3	
<i>propranolol hcl tab 60 mg</i>	3	
<i>propranolol hcl tab 80 mg</i>	3	
<i>timolol maleate tab 5 mg</i>	3	
<i>timolol maleate tab 10 mg</i>	3	
<i>timolol maleate tab 20 mg</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab tab 30mg cr</i>	3	
<i>afeditab tab 60mg cr</i>	3	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	GC
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	GC
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	GC
<i>diltiazem hcl cap er 12hr 60 mg</i>	4	
<i>diltiazem hcl cap er 12hr 90 mg</i>	4	
<i>diltiazem hcl cap er 12hr 120 mg</i>	4	
<i>diltiazem hcl cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	2	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	2	
<i>diltiazem hcl tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	3	
<i>felodipine tab er 24hr 5 mg</i>	3	
<i>felodipine tab er 24hr 10 mg</i>	3	
<i>isradipine cap 2.5 mg</i>	4	
<i>isradipine cap 5 mg</i>	4	
<i>nicardipine hcl cap 20 mg</i>	4	
<i>nicardipine hcl cap 30 mg</i>	4	
<i>nifedipine tab er 24hr 30 mg</i>	3	
<i>nifedipine tab er 24hr 60 mg</i>	3	
<i>nifedipine tab er 24hr 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	5	
<b>NYMALIZE SOL 30/10ML</b>	5	
<i>verapamil hcl cap er 24hr 100 mg</i>	4	
<i>verapamil hcl cap er 24hr 120 mg</i>	4	
<i>verapamil hcl cap er 24hr 180 mg</i>	4	
<i>verapamil hcl cap er 24hr 200 mg</i>	4	
<i>verapamil hcl cap er 24hr 240 mg</i>	4	
<i>verapamil hcl cap er 24hr 300 mg</i>	4	
<i>verapamil hcl cap er 24hr 360 mg</i>	4	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	4	
<i>verapamil hcl tab 40 mg</i>	1	GC
<i>verapamil hcl tab 80 mg</i>	1	GC
<i>verapamil hcl tab 120 mg</i>	1	GC
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>DIGITALIS GLYCOSIDES</i></b>		
<i>digitek tab 0.25mg</i>	3	PA; PA if 65 years and older
<i>digitek tab 0.125mg</i>	3	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	3	
<i>digoxin oral soln 0.05 mg/ml</i>	3	PA; PA if 65 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	3	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	3	PA; PA if 65 years and older
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS</i></b>		
<i>TEKTURNA HCT TAB 150-12.5</i>	4	
<i>TEKTURNA HCT TAB 150-25MG</i>	4	
<i>TEKTURNA HCT TAB 300-12.5</i>	4	
<i>TEKTURNA HCT TAB 300-25MG</i>	4	
<i>TEKTURNA TAB 150MG</i>	4	
<i>TEKTURNA TAB 300MG</i>	4	
<b><i>DIURETICS</i></b>		
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	3	
<i>bumetanide inj 0.25 mg/ml</i>	3	
<i>bumetanide tab 0.5 mg</i>	3	
<i>bumetanide tab 1 mg</i>	3	
<i>bumetanide tab 2 mg</i>	3	
<i>chlorothiazide tab 250 mg</i>	3	
<i>chlorothiazide tab 500 mg</i>	3	
<i>chlorthalidone tab 25 mg</i>	3	
<i>chlorthalidone tab 50 mg</i>	3	
<i>furosemide inj 10 mg/ml</i>	2	
<i>furosemide oral soln 8 mg/ml</i>	2	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	1	GC
<i>furosemide tab 40 mg</i>	1	GC
<i>furosemide tab 80 mg</i>	1	GC
<i>hydrochlorothiazide cap 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 12.5 mg</i>	1	GC
<i>hydrochlorothiazide tab 25 mg</i>	1	GC
<i>hydrochlorothiazide tab 50 mg</i>	1	GC
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>methazolamide tab 25 mg</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide tab 50 mg</i>	4	
<i>methyclothiazide tab 5 mg</i>	3	
<i>metolazone tab 2.5 mg</i>	3	
<i>metolazone tab 5 mg</i>	3	
<i>metolazone tab 10 mg</i>	3	
<i>spironolactone &amp; hydrochlorothiazide tab 25-253 mg</i>		
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	GC
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	GC
<b>MISCELLANEOUS</b>		
<i>clonidine hcl tab 0.1 mg</i>	1	GC
<i>clonidine hcl tab 0.2 mg</i>	1	GC
<i>clonidine hcl tab 0.3 mg</i>	1	GC
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
CORLANOR TAB 5MG	4	
CORLANOR TAB 7.5MG	4	
DEMSER CAP 250MG	5	
<i>hydralazine hcl inj 20 mg/ml</i>	4	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
NORTHERA CAP 100MG	5	LA, PA
NORTHERA CAP 200MG	5	LA, PA
NORTHERA CAP 300MG	5	LA, PA
RANEXA TAB 500MG	3	
RANEXA TAB 1000MG	3	
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 39

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REMODULIN INJ 10MG/ML	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	3	QL (90 tabs / 30 days), NM, PA
<i>tadalafil tab 20 mg (pah)</i>	5	QL (60 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	5	NM, PA
VENTAVIS SOL 20MCG/ML	5	NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<i>alprazolam tab 0.5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	1	GC, QL (480 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	4	
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (45 tabs / 30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>lorazepam conc 2 mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	2	
<i>lorazepam inj 4 mg/ml</i>	2	
<i>lorazepam tab 0.5 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	1	GC, QL (150 tabs / 30 days)

### **ANTICONVULSANTS**

APTIOM TAB 200MG	5	QL (180 tabs / 30 days)
APTIOM TAB 400MG	5	QL (90 tabs / 30 days)
APTIOM TAB 600MG	5	QL (60 tabs / 30 days)
APTIOM TAB 800MG	5	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	5	PA
BANZEL TAB 200MG	5	PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BANZEL TAB 400MG	5	PA
BRIVIACT INJ 50MG/5ML	4	PA
BRIVIACT SOL 10MG/ML	5	PA
BRIVIACT TAB 10MG	5	PA
BRIVIACT TAB 25MG	5	PA
BRIVIACT TAB 50MG	5	PA
BRIVIACT TAB 75MG	5	PA
BRIVIACT TAB 100MG	5	PA
<i>carbamazepine cap er 12hr 100 mg</i>	4	
<i>carbamazepine cap er 12hr 200 mg</i>	4	
<i>carbamazepine cap er 12hr 300 mg</i>	4	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab 200 mg</i>	3	
<i>carbamazepine tab er 12hr 100 mg</i>	4	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
CELONTIN CAP 300MG	4	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (240 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (480 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (960 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (120 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	1	GC, QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	3	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	3	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	4	
DIASTAT ACDL GEL 12.5-20	4	
DIASTAT PED GEL 2.5M GEL	4	
<i>diazepam con 5mg/ml</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral soln 1 mg/ml</i>	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	4	
<i>diazepam rectal gel delivery system 10 mg</i>	4	
<i>diazepam rectal gel delivery system 20 mg</i>	4	
<i>diazepam tab 2 mg</i>	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	1	GC, QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium tab delayed release 125 mg</i>	3	
<i>divalproex sodium tab delayed release 250 mg</i>	3	
<i>divalproex sodium tab delayed release 500 mg</i>	3	
<i>divalproex sodium tab er 24 hr 250 mg</i>	4	
<i>divalproex sodium tab er 24 hr 500 mg</i>	4	
<i>epitol tab 200mg</i>	3	
<i>ethosuximide cap 250 mg</i>	4	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FYCOMPA SUS 0.5MG/ML	5	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	4	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	5	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	5	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	5	QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	5	QL (30 tabs / 30 days), PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 42

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TAB 12MG	5	QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	2	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	3	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	3	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	4	
GABITRIL TAB 16MG	4	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg</i>	3	
<i>lamotrigine tab chewable dispersible 25 mg</i>	3	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
<i>levetiracetam tab 250 mg</i>	3	
<i>levetiracetam tab 500 mg</i>	3	
<i>levetiracetam tab 750 mg</i>	3	
<i>levetiracetam tab 1000 mg</i>	3	
<i>levetiracetam tab er 24hr 500 mg</i>	3	
<i>levetiracetam tab er 24hr 750 mg</i>	3	
LYRICA CAP 25MG	3	QL (120 caps / 30 days)
LYRICA CAP 50MG	3	QL (120 caps / 30 days)
LYRICA CAP 75MG	3	QL (120 caps / 30 days)
LYRICA CAP 100MG	3	QL (120 caps / 30 days)
LYRICA CAP 150MG	3	QL (120 caps / 30 days)
LYRICA CAP 200MG	3	QL (90 caps / 30 days)
LYRICA CAP 225MG	3	QL (60 caps / 30 days)
LYRICA CAP 300MG	3	QL (60 caps / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available  
at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We  
provide coverage of this prescription drug in the coverage gap. Please refer to our  
Evidence of Coverage for more information about this coverage. 43



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA SOL 20MG/ML	3	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	5	PA
ONFI TAB 10MG	5	PA
ONFI TAB 20MG	5	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
PEGANONE TAB 250MG	4	
PHENOBARB INJ 65MG/ML	4	PA; PA if 65 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 15 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 16.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 30 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 32.4 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 60 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 64.8 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 97.2 mg</i>	4	PA; PA if 65 years and older
<i>phenobarbital tab 100 mg</i>	4	PA; PA if 65 years and older
PHENYTEK CAP 200MG	3	
PHENYTEK CAP 300MG	3	
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin sodium inj 50 mg/ml</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
<i>roweepra tab 500mg</i>	3	
<i>roweepra tab 750mg</i>	3	
<i>roweepra tab 1000mg</i>	3	
<i>roweepra xr tab 500mg xr</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>roweepra xr tab 750mg xr</i>	3	
SABRIL TAB 500MG	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	4	
SPRITAM TAB 500MG	4	
SPRITAM TAB 750MG	4	
SPRITAM TAB 1000MG	4	
TEGRETOL SUS 100/5ML	4	
TEGRETOL TAB 200MG	4	
TEGRETOL-XR TAB 100MG	4	
TEGRETOL-XR TAB 200MG	4	
TEGRETOL-XR TAB 400MG	4	
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	4	
<i>topiramate sprinkle cap 25 mg</i>	4	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	4	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	3	
<i>valproic acid cap 250 mg</i>	3	
<i>vigabatrin powd pack 500 mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	4	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	5	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	5	QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	3	
<i>zonisamide cap 50 mg</i>	3	
<i>zonisamide cap 100 mg</i>	3	
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	QL (60 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride tab 23 mg</i>	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	4	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	4	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	4	
<i>galantamine hydrobromide tab 4 mg</i>	4	QL (180 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	4	QL (90 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	4	
<i>memantine hcl cap er 24hr 7 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	4	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	3	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	3	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	3	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	3	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	3	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	3	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	3	PA; PA if < 30 yrs
NAMZARIC CAP	4	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	4	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	4	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 25 mg</i>	4	PA; PA if 65 years and older

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amitriptyline hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 75 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 100 mg</i>	4	PA; PA if 65 years and older
<i>amitriptyline hcl tab 150 mg</i>	4	PA; PA if 65 years and older
<i>amoxapine tab 25 mg</i>	3	
<i>amoxapine tab 50 mg</i>	3	
<i>amoxapine tab 100 mg</i>	3	
<i>amoxapine tab 150 mg</i>	3	
<i>bupropion hcl tab 75 mg</i>	3	
<i>bupropion hcl tab 100 mg</i>	3	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	
<i>bupropion hcl tab er 12hr 150 mg</i>	2	
<i>bupropion hcl tab er 12hr 200 mg</i>	2	
<i>bupropion hcl tab er 24hr 150 mg</i>	3	QL (90 tabs / 30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	GC, QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	GC, QL (45 tabs / 30 days)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>clomipramine hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>clomipramine hcl cap 50 mg</i>	4	PA; PA if 65 years and older
<i>clomipramine hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>desipramine hcl tab 10 mg</i>	4	
<i>desipramine hcl tab 25 mg</i>	4	
<i>desipramine hcl tab 50 mg</i>	4	
<i>desipramine hcl tab 75 mg</i>	4	
<i>desipramine hcl tab 100 mg</i>	4	
<i>desipramine hcl tab 150 mg</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	4	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	4	QL (30 tabs / 30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	4	QL (30 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl cap 10 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 25 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 50 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 75 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 100 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl cap 150 mg</i>	4	PA; PA if 65 years and older
<i>doxepin hcl conc 10 mg/ml</i>	4	PA; PA if 65 years and older
<i>duloxetine hcl enteric coated pellets cap 20 mg 3 (base eq)</i>	3	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg 3 (base eq)</i>	3	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg 3 (base eq)</i>	3	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	5	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	4	QL (600 mL / 30 days)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	2	QL (45 tabs / 30 days)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	2	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	4	QL (180 caps / 30 days)
FETZIMA CAP 40MG	4	QL (90 caps / 30 days)
FETZIMA CAP 80MG	4	QL (30 caps / 30 days)
FETZIMA CAP 120MG	4	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	4	
<i>fluoxetine hcl cap 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	GC, QL (120 caps / 30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	GC
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	
<i>imipramine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>imipramine hcl tab 25 mg</i>	4	PA; PA if 65 years and older

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipramine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>maprotiline hcl tab 25 mg</i>	4	
<i>maprotiline hcl tab 50 mg</i>	4	
<i>maprotiline hcl tab 75 mg</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	3	QL (30 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	3	
<i>mirtazapine orally disintegrating tab 45 mg</i>	3	
<i>mirtazapine tab 7.5 mg</i>	2	QL (45 tabs / 30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tabs / 30 days)
<i>mirtazapine tab 30 mg</i>	2	
<i>mirtazapine tab 45 mg</i>	2	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 100 mg</i>	4	
<i>nefazodone hcl tab 150 mg</i>	4	
<i>nefazodone hcl tab 200 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nortriptyline hcl cap 10 mg</i>	1	GC
<i>nortriptyline hcl cap 25 mg</i>	1	GC
<i>nortriptyline hcl cap 50 mg</i>	1	GC
<i>nortriptyline hcl cap 75 mg</i>	1	GC
<i>nortriptyline hcl soln 10 mg/5ml</i>	4	
<i>paroxetine hcl tab 10 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tab 20 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>paroxetine hcl tab 30 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>paroxetine hcl tab 40 mg</i>	1	GC, QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	4	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg</i>	4	
<i>protriptyline hcl tab 10 mg</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	3	
<i>sertraline hcl tab 25 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl tab 50 mg</i>	1	GC, QL (45 tabs / 30 days)
<i>sertraline hcl tab 100 mg</i>	1	GC
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	GC
<i>trazodone hcl tab 100 mg</i>	1	GC

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trazodone hcl tab 150 mg</i>	1	GC
<i>trimipramine maleate cap 25 mg</i>	4	QL (240 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 50 mg</i>	4	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>trimipramine maleate cap 100 mg</i>	4	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	4	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	4	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	2	QL (30 caps / 30 days)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	2	QL (60 caps / 30 days)
<i>venlafaxine hcl tab 25 mg</i>	3	
<i>venlafaxine hcl tab 37.5 mg</i>	3	
<i>venlafaxine hcl tab 50 mg</i>	3	
<i>venlafaxine hcl tab 75 mg</i>	3	
<i>venlafaxine hcl tab 100 mg</i>	3	
VIIBRYD KIT STARTER	4	
VIIBRYD TAB 10MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	4	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	4	QL (30 tabs / 30 days)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl cap 100 mg</i>	3	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	4	
APOKYN INJ 10MG/ML	5	NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	3	
<i>benztropine mesylate tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>benztropine mesylate tab 1 mg</i>	4	PA; PA if 65 years and older
<i>benztropine mesylate tab 2 mg</i>	4	PA; PA if 65 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	4	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 50

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	3	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone tab 200 mg</i>	4	
NEUPRO DIS 1MG/24HR	4	
NEUPRO DIS 2MG/24HR	4	
NEUPRO DIS 3MG/24HR	4	
NEUPRO DIS 4MG/24HR	4	
NEUPRO DIS 6MG/24HR	4	
NEUPRO DIS 8MG/24HR	4	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	4	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	4	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline hcl cap 5 mg</i>	4	
<i>selegiline hcl tab 5 mg</i>	3	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	3	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	3	PA; PA if 65 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	3	PA; PA if 65 years and older
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAIN INJ 300MG	5	QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	5	QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	5	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	5	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	5	QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	5	QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	5	QL (1 injection / 28 days)
ARISTADA INJ 1064MG	5	QL (1 injection / 56 days)
ARISTADA INJ INITIO	5	
CHLORPROMAZ INJ 25MG/ML	4	
CHLORPROMAZ INJ 50MG/2ML	4	
<i>chlorpromazine hcl tab 10 mg</i>	4	
<i>chlorpromazine hcl tab 25 mg</i>	4	
<i>chlorpromazine hcl tab 50 mg</i>	4	
<i>chlorpromazine hcl tab 100 mg</i>	4	
<i>chlorpromazine hcl tab 200 mg</i>	4	
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PA
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	4	QL (180 tabs / 30 days), PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine orally disintegrating tab 200 mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	3	
<i>clozapine tab 50 mg</i>	3	
<i>clozapine tab 100 mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	4	QL (135 tabs / 30 days)
FANAPT PAK	4	
FANAPT TAB 1MG	4	QL (60 tabs / 30 days)
FANAPT TAB 2MG	4	QL (60 tabs / 30 days)
FANAPT TAB 4MG	4	QL (60 tabs / 30 days)
FANAPT TAB 6MG	4	QL (60 tabs / 30 days)
FANAPT TAB 8MG	4	QL (60 tabs / 30 days)
FANAPT TAB 10MG	4	QL (60 tabs / 30 days)
FANAPT TAB 12MG	4	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	4	
<i>fluphenazine hcl tab 1 mg</i>	4	
<i>fluphenazine hcl tab 2.5 mg</i>	4	
<i>fluphenazine hcl tab 5 mg</i>	4	
<i>fluphenazine hcl tab 10 mg</i>	4	
GEODON INJ 20MG	4	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	
<i>haloperidol decanoate im soln 100 mg/ml</i>	4	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg</i>	3	
<i>haloperidol tab 1 mg</i>	3	
<i>haloperidol tab 2 mg</i>	3	
<i>haloperidol tab 5 mg</i>	3	
<i>haloperidol tab 10 mg</i>	3	
<i>haloperidol tab 20 mg</i>	3	
INVEGA SUST INJ 39/0.25	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	5	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	5	QL (1 injection / 90 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZ INJ 410MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	5	QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	5	QL (1 injection / 90 days)
LATUDA TAB 20MG	4	QL (240 tabs / 30 days)
LATUDA TAB 40MG	4	QL (30 tabs / 30 days)
LATUDA TAB 60MG	4	QL (60 tabs / 30 days)
LATUDA TAB 80MG	4	QL (60 tabs / 30 days)
LATUDA TAB 120MG	4	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	3	
<i>loxapine succinate cap 10 mg</i>	3	
<i>loxapine succinate cap 25 mg</i>	3	
<i>loxapine succinate cap 50 mg</i>	3	
NUPLAZID CAP 34MG	5	QL (30 caps / 30 days), LA, PA
NUPLAZID TAB 10MG	5	QL (30 tabs / 30 days), LA, PA
NUPLAZID TAB 17MG	5	QL (60 tabs / 30 days), LA, PA
<i>olanzapine for im inj 10 mg</i>	4	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (60 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	3	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	3	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	3	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	3	QL (60 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	3	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	4	
<i>perphenazine tab 4 mg</i>	4	
<i>perphenazine tab 8 mg</i>	4	
<i>perphenazine tab 16 mg</i>	4	
<i>pimozide tab 1 mg</i>	4	
<i>pimozide tab 2 mg</i>	4	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	QL (90 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 54

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine fumarate tab 200 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	4	QL (120 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	4	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	4	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	5	QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	5	QL (360 tabs / 30 days)
REXULTI TAB 1MG	5	QL (90 tabs / 30 days)
REXULTI TAB 2MG	5	QL (60 tabs / 30 days)
REXULTI TAB 3MG	5	QL (30 tabs / 30 days)
REXULTI TAB 4MG	5	QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	4	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	5	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	5	QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (120 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (90 tabs / 30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tabs / 30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	4	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	4	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	4	QL (60 tabs / 30 days)
<i>thioridazine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>thioridazine hcl tab 100 mg</i>	4	PA; PA if 65 years and older

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 55

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thiothixene cap 1 mg</i>	4	
<i>thiothixene cap 2 mg</i>	4	
<i>thiothixene cap 5 mg</i>	4	
<i>thiothixene cap 10 mg</i>	4	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	3	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	3	
VERSACLOZ SUS 50MG/ML	5	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
VRAYLAR CAP 1.5MG	5	QL (120 caps / 30 days), PA
VRAYLAR CAP 3MG	5	QL (60 caps / 30 days), PA
VRAYLAR CAP 4.5MG	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	5	QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	4	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	5	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	5	QL (1 vial / 28 days), PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (144 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 56

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	4	QL (30 caps / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	4	PA; PA if 65 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tabs / 30 days)
<b>HYPNOTICS</b>		
<i>eszopiclone tab 1 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	5	LA, PA
SILENOR TAB 3MG	3	QL (60 tabs / 30 days)
SILENOR TAB 6MG	3	QL (30 tabs / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam cap 7.5 mg</i>	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	4	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
<i>migergot sup 2/100</i>	5	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (18 injections / 30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	4	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	4	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO TAB 6MG	5	QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	5	QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	5	QL (120 tabs / 30 days), LA, PA
<i>lithium carbonate cap 150 mg</i>	1	GC
<i>lithium carbonate cap 300 mg</i>	1	GC
<i>lithium carbonate cap 600 mg</i>	1	GC
<i>lithium carbonate tab 300 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
LITHIUM SOL 8MEQ/5ML	3	
LYRICA CR TAB 82.5MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	3	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	3	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	4	PA
<i>pyridostigmine bromide tab 60 mg</i>	3	
<i>riluzole tab 50 mg</i>	3	
<i>tetrabenazine tab 12.5 mg</i>	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	5	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 59



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMPYRA TAB 10MG	5	NM, LA, PA
BETASERON INJ 0.3MG	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 syringes / 28 days), NM, PA
TYSABRI INJ 300/15ML	5	NM, LA, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>carisoprodol tab 350 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	4	PA; PA if 65 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>dantrolene sodium cap 25 mg</i>	4	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>methocarbamol tab 500 mg</i>	4	PA; PA if 65 years and older
<i>methocarbamol tab 750 mg</i>	4	PA; PA if 65 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	2	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tab 50 mg</i>	4	QL (150 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	4	QL (60 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	4	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	4	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	5	QL (540 mL / 30 days), LA, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.    60

Drug Name	Drug Tier	Requirements/Limits
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	3	PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	3	PA
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg3 (base equiv)</i>	3	QL (120 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	3	QL (120 tabs / 30 days), PA
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
CHANTIX PAK 0.5& 1MG	4	PA
CHANTIX PAK 1MG	4	PA
CHANTIX TAB 0.5MG	4	PA
CHANTIX TAB 1MG	4	PA
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	3	
<i>naloxone hcl inj 0.4 mg/ml</i>	3	
<i>naloxone hcl inj 4 mg/10ml</i>	3	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	3	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	3	
<i>naltrexone hcl tab 50 mg</i>	3	
NARCAN SPR	3	
NICOTROL INH	4	
NICOTROL NS SPR 10MG/ML	4	
SUBOXONE MIS 2-0.5MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	4	QL (120 SL films / 30 days), PA
SUBOXONE MIS 12-3MG	4	QL (60 SL films / 30 days), PA
VIVITROL INJ 380MG	5	NM
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANADROL-50 TAB 50MG	5	PA
ANDRODERM DIS 2MG/24HR	4	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	4	QL (30 patches / 30 days), PA
ANDROGEL GEL 1.62%	3	QL (150 grams / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	4	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	QL (300 gm / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	QL (300 gm / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	QL (300 gm / 30 days), PA

### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
BASAGLAR INJ 100UNIT	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	
BYDUREON INJ 2MG	3	QL (4 vials / 28 days)
BYDUREON INJ BCISE	3	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 pens / 28 days)
BYETTA INJ 5MCG	4	QL (1 pen / 30 days)
BYETTA INJ 10MCG	4	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	KwikPen
HUMULIN R INJ U-500	5	B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR INJ	3	
LEVEMIR INJ FLEXTouc	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN N INJ U-100	3	(brand RELION not covered)
NOVOLIN R INJ U-100	3	(brand RELION not covered)
NOVOLOG INJ 100/ML	3	
NOVOLOG INJ FLEXPEN	3	
NOVOLOG INJ PENFILL	3	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEXPEN	3	
OZEMPIC INJ 2/1.5ML	3	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	3	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	3	
TRESIBA FLEX INJ 200UNIT	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY INJ 0.75/0.5	3	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	3	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	3	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
<b>ANTIDIABETICS, ORAL</b>		
<i>acarbose tab 25 mg</i>	3	
<i>acarbose tab 50 mg</i>	3	
<i>acarbose tab 100 mg</i>	3	
FARXIGA TAB 5MG	3	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	3	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide micronized tab 3 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide micronized tab 6 mg</i>	4	QL (60 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 1.25 mg</i>	4	QL (480 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 2.5 mg</i>	4	QL (240 tabs / 30 days), PA; PA if 65 years and older
<i>glyburide tab 5 mg</i>	4	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	3	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	3	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR	3	QL (30 tabs / 30 days)
JENTADUETO TAB XR	3	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	1	GC, QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 64

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metformin hcl tab er 24hr 750 mg</i>	1	GC, QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	GC, QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	1	GC, QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium tab 5 mg</i>	1	GC
<i>alendronate sodium tab 10 mg</i>	1	GC
<i>alendronate sodium tab 35 mg</i>	1	GC, QL (4 tabs / 28 days)
<i>alendronate sodium tab 40 mg</i>	1	GC
<i>alendronate sodium tab 70 mg</i>	1	GC, QL (4 tabs / 28 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	4	B/D
<i>pamidronate disodium for inj 30 mg</i>	3	B/D
<i>pamidronate disodium for inj 90 mg</i>	3	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	3	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	3	B/D
PAMIDRONATE INJ 6MG/ML	3	B/D
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
SENSIPAR TAB 30MG	5	B/D, QL (120 tabs / 30 days), NM

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 65

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SENSIPAR TAB 60MG	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	5	B/D, QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	4	
DEPEN TITRA TAB 250MG	5	
JADENU SPRKL GRA 90MG	5	LA, PA
JADENU SPRKL GRA 180MG	5	LA, PA
JADENU SPRKL GRA 360MG	5	LA, PA
JADENU TAB 90MG	5	LA, PA
JADENU TAB 180MG	5	LA, PA
JADENU TAB 360MG	5	LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
SYPRINE CAP 250MG	5	
<i>trientine hcl cap 250 mg</i>	5	
<b>CONTRACEPTIVES</b>		
<i>alyacen tab 1/35</i>	2	
<i>apri tab</i>	2	
<i>aranelle tab</i>	3	
<i>aubra tab 0.1-0.02</i>	2	
<i>aviane tab</i>	2	
<i>balziva tab</i>	3	
<i>bekyree tab</i>	3	
<i>blisovi fe tab 1.5/30</i>	2	
<i>blisovi fe tab 1/20</i>	2	
<i>briellyn tab</i>	3	
<i>camila tab 0.35mg</i>	2	
<i>cryselle-28 tab 28 tabs</i>	2	
<i>cyclafem tab 1/35</i>	2	
<i>cyclafem tab 7/7/7</i>	2	
<i>dasetta tab 1/35</i>	2	
<i>dasetta tab 7/7/7</i>	2	
<i>deblitane tab 0.35mg</i>	2	
<i>delyla tab 0.1-0.02</i>	2	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
ELLA TAB 30MG	4	
<i>emoquette tab</i>	2	
<i>enpresse-28 tab</i>	2	
<i>enskyce tab</i>	2	
<i>errin tab 0.35mg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>falmina tab</i>	2	
<i>femynor tab 0.25-35</i>	2	
<i>gildagia tab 0.4-35</i>	3	
<i>incassia tab 0.35mg</i>	2	
<i>introvale tab</i>	3	
<i>isibloom tab</i>	2	
<i>jolivette tab 0.35mg</i>	2	
<i>juleber tab</i>	2	
<i>junel 1.5/30 tab</i>	2	
<i>junel 1/20 tab</i>	2	
<i>junel fe tab 1.5/30</i>	2	
<i>junel fe tab 1/20</i>	2	
<i>kariva tab 28 day</i>	3	
<i>kelnor 1/50 tab</i>	3	
<i>kelnor tab 1/35</i>	3	
<i>kimidess tab</i>	3	
<i>kurvelo tab 0.15/30</i>	2	
<i>larin fe tab 1.5/30</i>	2	
<i>larin fe tab 1/20</i>	2	
<i>larin tab 1.5/30</i>	2	
<i>larin tab 1/20</i>	2	
<i>lessina tab</i>	2	
<i>levonest tab</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora-28 tab 0.15/30</i>	2	
<i>loryna tab 3-0.02mg</i>	3	
<i>lutra tab</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lyza tab 0.35mg</i>	2	
<i>marlissa tab 0.15/30</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	
<i>mili tab 0.25/35</i>	2	
<i>mononessa tab</i>	2	
<i>myzilra tab</i>	2	
<i>necon tab 0.5/35</i>	3	
<i>necon tab 7/7/7</i>	2	
<i>nikki tab 3-0.02mg</i>	3	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	4	
<i>norethindrone &amp; mestranol tab 1 mg-50 mcg</i>	3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.52 mg-30 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
<i>norlyroc tab 0.35mg</i>	2	
<i>nortrel tab 0.5/35</i>	3	
<i>nortrel tab 1/35</i>	2	
<i>nortrel tab 7/7/7</i>	2	
<b>NUVARING MIS</b>	4	
<i>orsythia tab</i>	2	
<i>philith tab 0.4-35</i>	3	
<i>pimtrea tab</i>	3	
<i>pirmella tab 1/35</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>portia-28 tab</i>	2	
<i>previfem tab</i>	2	
<i>quasense tab</i>	3	
<i>reclipsen tab</i>	2	
<i>sharobel tab 0.35mg</i>	2	
<i>sprintec 28 tab 28 day</i>	2	
<i>tarina fe tab 1/20</i>	2	
<i>tri-legest tab fe</i>	3	
<i>tri-lo- tab sprintec</i>	3	
<i>tri-mili tab</i>	2	
<i>tri-previfem tab</i>	2	
<i>tri-sprintec tab</i>	2	
<i>tri-vylibra tab</i>	2	
<i>trinessa lo tab</i>	3	
<i>trinessa tab</i>	2	
<i>trivora-28 tab</i>	2	
<i>tulana tab 0.35mg</i>	2	
<i>velivet pak</i>	3	
<i>vestura tab 3-0.02mg</i>	3	
<i>vienva tab 0.1-20</i>	2	
<i>viorele tab</i>	3	
<i>vyfemla tab 0.4-35</i>	3	
<i>vylibra tab 0.25-35</i>	2	
<i>zenchent tab</i>	3	
<i>zovia 1/35e tab</i>	3	
<i>zovia 1/50e tab</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
SYNAREL SOL 2MG/ML	5	NM
<b>ENZYME REPLACEMENTS</b>		
ADAGEN INJ 250/ML	5	LA, PA
ALDURAZYME INJ 2.9MG/5M	5	NM, LA, PA
CARBAGLU TAB 200MG	5	LA, PA
CERDELGA CAP 84MG	5	NM, PA
CEREZYME INJ 400UNIT	5	NM, LA, PA
CYSTADANE POW	5	LA
CYSTAGON CAP 50MG	4	NM, LA, PA
CYSTAGON CAP 150MG	4	NM, LA, PA
FABRAZYME INJ 5MG	5	NM, LA, PA
FABRAZYME INJ 35MG	5	NM, LA, PA
KUVAN POW 100MG	5	NM, LA, PA
KUVAN POW 500MG	5	NM, LA, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KUVAN TAB 100MG	5	NM, LA, PA
<i>levocarnitine inj 200 mg/ml</i>	4	B/D
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	B/D
<i>levocarnitine tab 330 mg</i>	4	B/D
LUMIZYME INJ 50MG	5	NM, LA, PA
<i>miglustat cap 100 mg</i>	5	PA
NAGLAZYME INJ 1MG/ML	5	NM, LA, PA
ORFADIN CAP 2MG	5	LA, PA
ORFADIN CAP 5MG	5	LA, PA
ORFADIN CAP 10MG	5	LA, PA
ORFADIN CAP 20MG	5	LA, PA
ORFADIN SUS 4MG/ML	5	LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	NM, PA
ZAVESCA CAP 100MG	5	LA, PA
<b>ESTROGENS</b>		
DELESTROGEN INJ 10MG/ML	4	
<i>estradiol tab 0.5 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 1 mg</i>	4	PA; PA if 65 years and older
<i>estradiol tab 2 mg</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.1 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.05 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.06 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.025 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.075 mg/24hr</i>	4	PA; PA if 65 years and older
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	4	PA; PA if 65 years and older
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>estradiol valerate im in oil 20 mg/ml</i>	3	
<i>estradiol valerate im in oil 40 mg/ml</i>	3	
<i>jinteli tab 1mg-5mcg</i>	4	PA; PA if 65 years and older
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	4	PA; PA if 65 years and older

### **GLUCOCORTICOIDS**

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cortisone acetate tab 25 mg</i>	4	
DEXAMETHASON CON 1MG/ML	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	3	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 2 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	3	
<i>hydrocortisone tab 10 mg</i>	3	
<i>hydrocortisone tab 20 mg</i>	3	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	3	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	3	B/D
<i>methylprednisolone tab 4 mg</i>	3	B/D
<i>methylprednisolone tab 8 mg</i>	3	B/D
<i>methylprednisolone tab 16 mg</i>	3	B/D
<i>methylprednisolone tab 32 mg</i>	3	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	2	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	3	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	2	B/D
PREDNISON CON 5MG/ML	4	B/D
<i>prednisone oral soln 5 mg/5ml</i>	3	B/D
<i>prednisone tab 1 mg</i>	1	GC, B/D
<i>prednisone tab 2.5 mg</i>	1	GC, B/D
<i>prednisone tab 5 mg</i>	1	GC, B/D
<i>prednisone tab 10 mg</i>	1	GC, B/D
<i>prednisone tab 20 mg</i>	1	GC, B/D
<i>prednisone tab 50 mg</i>	1	GC, B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
SOLU-CORTEF INJ 250MG	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN INJ HYPOKIT	3	
GLUCAGON KIT 1MG	3	
PROGLYCEM SUS 50MG/ML	4	
<b>HUMAN GROWTH HORMONES</b>		
NORDITROPIN INJ 5/1.5ML	5	NM, PA
NORDITROPIN INJ 10/1.5ML	5	NM, PA
NORDITROPIN INJ 15/1.5ML	5	NM, PA
NORDITROPIN INJ 30/3ML	5	NM, PA
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	4	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	3	B/D
FORTEO SOL 600/2.4	5	NM, PA
INCRELEX INJ 40MG/4ML	5	NM, LA, PA
KORLYM TAB 300MG	5	LA, PA
LUPR DEP-PED INJ 3M 30MG	5	NM, PA
LUPR DEP-PED INJ 7.5MG	5	NM, PA
LUPR DEP-PED INJ 11.25MG	5	NM, PA
LUPR DEP-PED INJ 15MG	5	NM, PA
MIACALCIN INJ 200/ML	5	B/D
NATPARA INJ 25MCG	5	PA
NATPARA INJ 50MCG	5	PA
NATPARA INJ 75MCG	5	PA
NATPARA INJ 100MCG	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	NM, PA
PROLIA SOL 60MG/ML	4	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	3	
SANDOSTATIN KIT LAR 10MG	5	NM, PA
SANDOSTATIN KIT LAR 20MG	5	NM, PA
SANDOSTATIN KIT LAR 30MG	5	NM, PA
SIGNIFOR INJ 0.3MG/ML	5	LA, PA
SIGNIFOR INJ 0.6MG/ML	5	LA, PA
SIGNIFOR INJ 0.9MG/ML	5	LA, PA
SOMATULINE INJ 60/0.2ML	5	PA
SOMATULINE INJ 90/0.3ML	5	PA
SOMATULINE INJ 120/.5ML	5	NM, PA
SOMAVERT INJ 10MG	5	NM, LA, PA
SOMAVERT INJ 15MG	5	NM, LA, PA
SOMAVERT INJ 20MG	5	NM, LA, PA
SOMAVERT INJ 25MG	5	NM, LA, PA
SOMAVERT INJ 30MG	5	NM, LA, PA
XGEVA INJ	5	NM, PA

### **PHOSPHATE BINDER AGENTS**

AURYXIA TAB 210MG	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	3	QL (540 packs / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	3	QL (180 packs / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	3	QL (540 tabs / 30 days)

### **PROGESTINS**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	GC
<i>medroxyprogesterone acetate tab 5 mg</i>	1	GC
<i>medroxyprogesterone acetate tab 10 mg</i>	1	GC
<i>norethindrone acetate tab 5 mg</i>	3	

### **THYROID AGENTS**

<i>levo-t tab 25mcg</i>	2	
<i>levo-t tab 50mcg</i>	2	
<i>levo-t tab 75mcg</i>	2	
<i>levo-t tab 88mcg</i>	2	
<i>levo-t tab 100mcg</i>	2	
<i>levo-t tab 112mcg</i>	2	
<i>levo-t tab 125mcg</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levo-t tab 137mcg</i>	2	
<i>levo-t tab 150mcg</i>	2	
<i>levo-t tab 175mcg</i>	2	
<i>levo-t tab 200 mcg</i>	2	
<i>levo-t tab 300 mcg</i>	2	
<i>levothyroxine sodium tab 25 mcg</i>	2	
<i>levothyroxine sodium tab 50 mcg</i>	2	
<i>levothyroxine sodium tab 75 mcg</i>	2	
<i>levothyroxine sodium tab 88 mcg</i>	2	
<i>levothyroxine sodium tab 100 mcg</i>	2	
<i>levothyroxine sodium tab 112 mcg</i>	2	
<i>levothyroxine sodium tab 125 mcg</i>	2	
<i>levothyroxine sodium tab 137 mcg</i>	2	
<i>levothyroxine sodium tab 150 mcg</i>	2	
<i>levothyroxine sodium tab 175 mcg</i>	2	
<i>levothyroxine sodium tab 200 mcg</i>	2	
<i>levothyroxine sodium tab 300 mcg</i>	2	
<i>levoxyl tab 25mcg</i>	2	
<i>levoxyl tab 50mcg</i>	2	
<i>levoxyl tab 75mcg</i>	2	
<i>levoxyl tab 88mcg</i>	2	
<i>levoxyl tab 100mcg</i>	2	
<i>levoxyl tab 112mcg</i>	2	
<i>levoxyl tab 125mcg</i>	2	
<i>levoxyl tab 137mcg</i>	2	
<i>levoxyl tab 150mcg</i>	2	
<i>levoxyl tab 175mcg</i>	2	
<i>levoxyl tab 200mcg</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	3	
<i>liothyronine sodium tab 25 mcg</i>	3	
<i>liothyronine sodium tab 50 mcg</i>	3	
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	3	
SYNTHROID TAB 25MCG	4	
SYNTHROID TAB 50MCG	4	
SYNTHROID TAB 75MCG	4	
SYNTHROID TAB 88MCG	4	
SYNTHROID TAB 100MCG	4	
SYNTHROID TAB 112MCG	4	
SYNTHROID TAB 125MCG	4	
SYNTHROID TAB 137MCG	4	
SYNTHROID TAB 150MCG	4	
SYNTHROID TAB 175MCG	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID TAB 200MCG	4	
SYNTHROID TAB 300MCG	4	
<i>unithroid tab 25mcg</i>	2	
<i>unithroid tab 50mcg</i>	2	
<i>unithroid tab 75mcg</i>	2	
<i>unithroid tab 88mcg</i>	2	
<i>unithroid tab 100mcg</i>	2	
<i>unithroid tab 112mcg</i>	2	
<i>unithroid tab 125mcg</i>	2	
<i>unithroid tab 150mcg</i>	2	
<i>unithroid tab 175mcg</i>	2	
<i>unithroid tab 200mcg</i>	2	
<i>unithroid tab 300mcg</i>	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate inj 4 mcg/ml</i>	4	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	NM
<i>desmopressin acetate tab 0.1 mg</i>	3	NM
<i>desmopressin acetate tab 0.2 mg</i>	3	NM
STIMATE SOL 1.5MG/ML	5	NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant capsule 40 mg</i>	4	B/D
<i>aprepitant capsule 80 mg</i>	4	B/D
<i>aprepitant capsule 125 mg</i>	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>dronabinol cap 2.5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	4	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	4	B/D
<i>granisetron hcl inj 0.1 mg/ml</i>	3	
<i>granisetron hcl inj 1 mg/ml</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	3	
<i>granisetron hcl tab 1 mg</i>	4	B/D
<i>meclizine hcl tab 12.5 mg</i>	2	
<i>meclizine hcl tab 25 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	GC
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	GC
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	B/D
<i>ondansetron hcl tab 4 mg</i>	3	B/D
<i>ondansetron hcl tab 8 mg</i>	3	B/D
<i>ondansetron hcl tab 24 mg</i>	3	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	2	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	2	B/D
<i>prochlorperazine edisylate inj 5 mg/ml</i>	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	2	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	2	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl inj 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl inj 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 12.5 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>promethazine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	4	QL (10 patches / 30 days), PA; PA if 65 years and older
TRANSDERM-SC DIS 1.5MG	4	QL (10 patches / 30 days), PA; PA if 65 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10 mg</i>	1	GC
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	4	
<i>dicyclomine hcl tab 20 mg</i>	1	GC
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	4	
<i>glycopyrrolate tab 1 mg</i>	3	
<i>glycopyrrolate tab 2 mg</i>	3	
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famotidine inj 20 mg/2ml</i>	2	
<i>famotidine inj 40 mg/4ml</i>	2	
<i>famotidine inj 200 mg/20ml</i>	2	
<i>famotidine tab 20 mg</i>	1	GC
<i>famotidine tab 40 mg</i>	1	GC
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	3	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	3	
<i>ranitidine hcl tab 150 mg</i>	1	GC
<i>ranitidine hcl tab 300 mg</i>	1	GC
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO CAP 0.375GM	3	
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA SUP 1000MG	4	
DELZICOL CAP 400MG	4	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
<i>mesalamine tab delayed release 800 mg</i>	4	
<i>sulfasalazine tab 500 mg</i>	3	
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<b>LAXATIVES</b>		
<i>constulose sol 10gm/15</i>	2	
<i>enulose sol 10gm/15</i>	2	
<i>gavilyte-c sol</i>	2	
<i>gavilyte-g sol</i>	2	
<i>gavilyte-n sol flav pk</i>	2	
<i>generlac sol 10gm/15</i>	2	
GOLYTELY SOL	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
MOVIPREP SOL	4	
NULYTELY SOL FLAV PKS	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	3	
<i>polyethylene glycol 3350 oral powder</i>	2	
SUPREP BOWEL SOL PREP KIT	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trilyte sol</i>	2	
<b>MISCELLANEOUS</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	5	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	5	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5MG	5	NM, LA, PA
LINZESS CAP 72MCG	3	QL (30 caps / 30 days)
LINZESS CAP 145MCG	3	QL (60 caps / 30 days)
LINZESS CAP 290MCG	3	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVANTIK TAB 12.5MG	3	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	3	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	5	PA
RELISTOR INJ 12/0.6ML	5	PA
<i>sucralfate tab 1 gm</i>	3	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg</i>	4	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN TAB 550MG	5	PA
<b>PANCREATIC ENZYMES</b>		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	
ZENPEP CAP 40000UNT	4	
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR	4	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	4	QL (30 caps / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available 78  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We  
provide coverage of this prescription drug in the coverage gap. Please refer to our  
Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	4	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	4	
<i>lansoprazole cap delayed release 15 mg</i>	3	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	3	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>omeprazole cap delayed release 20 mg</i>	1	GC, QL (60 caps / 30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	2	QL (30 tabs / 30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	3	QL (30 tabs / 30 days)

## **GENITOURINARY**

### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	2	
<i>tamsulosin hcl cap 0.4 mg</i>	3	

### **MISCELLANEOUS**

<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	

### **URINARY ANTISPASMODICS**

MYRBETRIQ TAB 25MG	4	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	GC
<i>oxybutynin chloride tab 5 mg</i>	3	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 caps / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 79

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolterodine tartrate cap er 24hr 4 mg</i>	4	QL (30 caps / 30 days)
<i>tolterodine tartrate tab 1 mg</i>	4	
<i>tolterodine tartrate tab 2 mg</i>	4	
TOVIAZ TAB 4MG	3	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	3	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	4	QL (60 tabs / 30 days)
VESICARE TAB 5MG	4	QL (30 tabs / 30 days)
VESICARE TAB 10MG	4	QL (30 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>terconazole vaginal cream 0.8%</i>	3	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>vandazole gel 0.75%</i>	4	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
COUMADIN TAB 1MG	4	
COUMADIN TAB 2.5MG	4	
COUMADIN TAB 2MG	4	
COUMADIN TAB 3MG	4	
COUMADIN TAB 4MG	4	
COUMADIN TAB 5MG	4	
COUMADIN TAB 6MG	4	
COUMADIN TAB 7.5MG	4	
COUMADIN TAB 10MG	4	
ELIQUIS ST P TAB 5MG	3	
ELIQUIS TAB 2.5MG	3	
ELIQUIS TAB 5MG	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	4	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	NM
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	NM
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	NM

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	NM
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven tab 1mg</i>	1	GC
<i>jantoven tab 2.5mg</i>	1	GC
<i>jantoven tab 2mg</i>	1	GC
<i>jantoven tab 3mg</i>	1	GC
<i>jantoven tab 4mg</i>	1	GC
<i>jantoven tab 5mg</i>	1	GC
<i>jantoven tab 6mg</i>	1	GC
<i>jantoven tab 7.5mg</i>	1	GC
<i>jantoven tab 10mg</i>	1	GC
PRADAXA CAP 75MG	4	
PRADAXA CAP 110MG	4	
PRADAXA CAP 150MG	4	
<i>warfarin sodium tab 1 mg</i>	1	GC
<i>warfarin sodium tab 2 mg</i>	1	GC
<i>warfarin sodium tab 2.5 mg</i>	1	GC
<i>warfarin sodium tab 3 mg</i>	1	GC
<i>warfarin sodium tab 4 mg</i>	1	GC
<i>warfarin sodium tab 5 mg</i>	1	GC
<i>warfarin sodium tab 6 mg</i>	1	GC
<i>warfarin sodium tab 7.5 mg</i>	1	GC
<i>warfarin sodium tab 10 mg</i>	1	GC
XARELTO STAR TAB 15/20MG	3	
XARELTO TAB 10MG	3	
XARELTO TAB 15MG	3	
XARELTO TAB 20MG	3	
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
GRANIX INJ 300/0.5	5	NM, PA
GRANIX INJ 480/0.8	5	NM, PA
MOZOBIL INJ	5	NM, PA
NEUPOGEN INJ 300/0.5	5	NM, PA
NEUPOGEN INJ 300MCG	5	NM, PA
NEUPOGEN INJ 480/0.8	5	NM, PA
NEUPOGEN INJ 480MCG	5	NM, PA
PROCRIT INJ 2000/ML	3	NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJ 3000/ML	3	NM, PA
PROCRIT INJ 4000/ML	3	NM, PA
PROCRIT INJ 10000/ML	3	NM, PA
PROCRIT INJ 20000/ML	5	NM, PA
PROCRIT INJ 40000/ML	5	NM, PA

### **MISCELLANEOUS**

<i>anagrelide hcl cap 0.5 mg</i>	4	
<i>anagrelide hcl cap 1 mg</i>	4	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
CINRYZE SOL 500 UNIT	5	QL (20 vials / 30 days), NM, LA, PA
ENDARI POW 5GM	5	LA, PA
FIRAZYR INJ 30MG/3ML	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	5	QL (30 vials / 30 days), LA, PA
HAEGARDA INJ 3000UNIT	5	QL (20 vials / 30 days), LA, PA
<i>pentoxifylline tab er 400 mg</i>	2	
PROMACTA TAB 12.5MG	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	3	
<i>tranexamic acid tab 650 mg</i>	4	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	3	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	GC
<i>prasugrel hcl tab 5 mg (base equiv)</i>	4	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	4	
ZONTIVITY TAB 2.08MG	4	

### **IMMUNOLOGIC AGENTS**

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

HUMIRA INJ 10/0.1ML	5	QL (2 syringes / 28 days), PA
HUMIRA INJ 10MG/0.2	5	QL (2 syringes / 28 days), NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 82

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA INJ 20/0.2ML	5	QL (2 syringes / 28 days), PA
HUMIRA INJ 40/0.4ML	5	QL (6 syringes / 28 days), PA
HUMIRA KIT 20MG/0.4	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEN INJ 40/0.4ML	5	QL (6 pens / 28 days), PA
HUMIRA PEN INJ 40MG/0.8	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	5	NM, PA
HUMIRA PEN INJ PS/UV	5	NM, PA
HUMIRA PEN KIT CD/UC/HS	5	PA
HUMIRA PEN KIT PS/UV	5	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	3	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	3	
REMICADE INJ 100MG	5	NM, PA
XATMEP SOL 2.5MG/ML	4	B/D
XELJANZ TAB 5MG	5	QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	5	QL (60 tabs / 30 days), PA
XELJANZ XR TAB 11MG	5	QL (30 tabs / 30 days), PA
<b>IMMUNOGLOBULINS</b>		
BIVIGAM INJ 10%	5	NM, PA
CARIMUNE NF INJ 6GM	5	NM, PA
CARIMUNE NF INJ 12GM	5	NM, PA
FLEBOGAMMA INJ 5GM/50ML	5	NM, PA
FLEBOGAMMA INJ 10/100ML	5	NM, PA
FLEBOGAMMA INJ 10/200ML	5	NM, PA
FLEBOGAMMA INJ 20/200ML	5	NM, PA
FLEBOGAMMA INJ 20/400ML	5	NM, PA
FLEBOGAMMA INJ DIF 5%	5	NM, PA
GAMASTAN S/D INJ	3	B/D, NM
GAMMAGARD INJ 1GM/10ML	5	NM, PA
GAMMAGARD INJ 2.5GM/25	5	NM, PA
GAMMAGARD INJ 5GM/50ML	5	NM, PA
GAMMAGARD INJ 10GM/100	5	NM, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD INJ 20GM/200	5	NM, PA
GAMMAGARD INJ 30GM/300	5	NM, PA
GAMMAGARD SD INJ 5GM HU	5	NM, PA
GAMMAGARD SD INJ 10GM HU	5	NM, PA
GAMMAKED INJ 1GM/10ML	5	NM, PA
GAMMAKED INJ 2.5GM/25	5	NM, PA
GAMMAKED INJ 5GM/50ML	5	NM, PA
GAMMAKED INJ 10GM/100	5	NM, PA
GAMMAKED INJ 20GM/200	5	NM, PA
GAMMAPLEX INJ 5%	5	NM, PA
GAMMAPLEX INJ 10%	5	NM, PA
GAMUNEX-C INJ 1GM/10ML	5	NM, PA
GAMUNEX-C INJ 2.5GM/25	5	NM, PA
GAMUNEX-C INJ 5GM/50ML	5	NM, PA
GAMUNEX-C INJ 10GM/100	5	NM, PA
GAMUNEX-C INJ 20GM/200	5	NM, PA
GAMUNEX-C INJ 40/400ML	5	NM, PA
OCTAGAM INJ 1GM	5	NM, PA
OCTAGAM INJ 2.5GM	5	NM, PA
OCTAGAM INJ 2GM/20ML	5	NM, PA
OCTAGAM INJ 5GM	5	NM, PA
OCTAGAM INJ 5GM/50ML	5	NM, PA
OCTAGAM INJ 10/100ML	5	NM, PA
OCTAGAM INJ 10GM	5	NM, PA
OCTAGAM INJ 20/200ML	5	NM, PA
OCTAGAM INJ 25GM	5	NM, PA
PRIVIGEN INJ 5 GRAMS	5	NM, PA
PRIVIGEN INJ 10GRAMS	5	NM, PA
PRIVIGEN INJ 20GRAMS	5	NM, PA
PRIVIGEN INJ 40GRAMS	5	NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE INJ 2MU/0.5	5	NM, LA, PA
ARCALYST INJ 220MG	5	NM, PA
INTRON A INJ 10MU	5	B/D, NM
INTRON A INJ 18MU	5	B/D, NM
INTRON A INJ 25MU	5	B/D, NM
INTRON A INJ 50MU	5	B/D, NM
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ 100MG	4	B/D
<i>azathioprine tab 50 mg</i>	3	B/D
BENLYSTA INJ 120MG	5	NM, PA
BENLYSTA INJ 200MG/ML	5	PA
BENLYSTA INJ 400MG	5	NM, PA
<i>cyclosporine cap 25 mg</i>	4	B/D
<i>cyclosporine cap 100 mg</i>	4	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine iv soln 50 mg/ml</i>	4	B/D
<i>cyclosporine modified cap 25 mg</i>	4	B/D
<i>cyclosporine modified cap 50 mg</i>	4	B/D
<i>cyclosporine modified cap 100 mg</i>	4	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	B/D
<i>engraf cap 25mg</i>	4	B/D
<i>engraf cap 100mg</i>	4	B/D
<i>engraf sol 100mg/ml</i>	4	B/D
<i>mycophenolate mofetil cap 250 mg</i>	4	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil tab 500 mg</i>	4	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	4	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	4	B/D
NULOJIX INJ 250MG	5	B/D
RAPAMUNE SOL 1MG/ML	5	B/D
SANDIMMUNE SOL 100MG/ML	3	B/D
<i>sirolimus tab 0.5 mg</i>	4	B/D
<i>sirolimus tab 1 mg</i>	4	B/D
<i>sirolimus tab 2 mg</i>	5	B/D
<i>tacrolimus cap 0.5 mg</i>	4	B/D
<i>tacrolimus cap 1 mg</i>	4	B/D
<i>tacrolimus cap 5 mg</i>	4	B/D
ZORTRESS TAB 0.5MG	5	B/D
ZORTRESS TAB 0.25MG	5	B/D
ZORTRESS TAB 0.75MG	5	B/D
<b>VACCINES</b>		
ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B INJ 10/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ	3	
HAVRIX INJ 720UNIT	3	
HAVRIX INJ 1440UNIT	3	
HIBERIX SOL 10MCG	3	
IMOVAX RABIE INJ 2.5/ML	3	
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB INJ	3	
PENTACEL INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	
RECOMBIVA HB INJ 5MCG/0.5	3	B/D
RECOMBIVA HB INJ 10MCG/ML	3	B/D
RECOMBIVA-HB INJ 40MCG/ML	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX INJ 50MCG	3	QL (2 vials per lifetime)
SYNAGIS INJ 50MG	5	NM
SYNAGIS INJ 100MG/ML	5	NM
TENIVAC INJ 5-2LF	3	B/D
TET/DIP TOX INJ 2-2 LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI INJ	3	
VAQTA INJ 25/0.5ML	3	
VAQTA INJ 50UNT/ML	3	
VARIVAX INJ	3	
YF-VAX INJ	3	
ZOSTAVAX INJ	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

<i>klor-con 8 tab 8meq er</i>	2	
<i>klor-con 10 tab 10meq er</i>	2	
KLOR-CON M15 TAB 15MEQ ER	3	
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	3	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	3	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
MG SO4/D5W INJ 20MG/ML	3	
<i>potassium chloride cap er 8 meq</i>	3	
<i>potassium chloride cap er 10 meq</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrol inj</i>	4	B/D
<b>IV NUTRITION</b>		
<i>amino acid infusion 6%</i>	2	B/D
AMINOSYN 7% INJ /LYTES	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
<i>aminosyn ii inj 8.5/lyte</i>	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN INJ 8.5%	4	B/D
<i>aminosyn inj 8.5/lyte</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN M INJ 3.5%	4	B/D
AMINOSYN-HBC INJ 7%	4	B/D
AMINOSYN-PF INJ 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF INJ 5.2%	4	B/D
CLINIMIX INJ 2.75/D5W	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX INJ 4.25/D20	4	B/D
CLINIMIX INJ 4.25/D25	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 5%/D25W	4	B/D
<i>fat emulsion iv soln 20%</i>	4	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine sol 8%</i>	4	B/D
INTRALIPID INJ 30%	4	B/D
NEPHRAMINE INJ 5.4%	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
<i>dextrose inj 5%</i>	2	
<i>dextrose inj 10%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>dextrose inj 70%</i>	2	
IONOSOL-MB INJ /D5W	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
<i>lactated ringer's solution</i>	2	
NORMOSOL -M INJ /D5W	4	
NORMOSOL -R INJ /D5W	4	
NORMOSOL-R INJ PH 7.4	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	2	
<i>potassium chloride inj 10 meq/50ml</i>	2	
<i>potassium chloride inj 10 meq/100ml</i>	2	
<i>potassium chloride inj 20 meq/50ml</i>	2	
<i>potassium chloride inj 20 meq/100ml</i>	2	
<i>potassium chloride inj 40 meq/100ml</i>	2	
<i>ringer's solution</i>	2	
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	
<i>sodium chloride iv soln 0.9%</i>	2	
<b>VITAMINS</b>		
<i>calcitriol cap 0.5 mcg</i>	3	B/D
<i>calcitriol cap 0.25 mcg</i>	3	B/D
<i>calcitriol inj 1 mcg/ml</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
NIVA-PLUS TAB	2	
O-CAL FA TAB	2	
<i>paricalcitol cap 1 mcg</i>	4	B/D
<i>paricalcitol cap 2 mcg</i>	4	B/D
<i>paricalcitol cap 4 mcg</i>	4	B/D
PNV FOLIC AC TAB + IRON	2	
PNV PRENATAL TAB PLUS	2	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATAL VIT TAB LOW IRON	2	
<i>prenatal vitamin/folic acid &gt; 0.8 mg (generic)</i>	2	
PREPLUS TAB 27-1MG	2	
RAYALDEE CAP 30MCG	5	
TRICARE TAB PRENATAL	2	
VOL-PLUS TAB	2	
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
<b>ANTI-INFECTIVES</b>		
AZASITE SOL 1%	4	
<i>bacitracin ophth oint 500 unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUS 0.6%	3	
CILOXAN OIN 0.3% OP	3	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>gatifloxacin ophth soln 0.5%</i>	4	
<i>gentak oin 0.3% op</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
MOXEZA SOL 0.5%	3	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	3	
NATACYN SUS 5% OP	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium ophth oint 10%</i>	3	
<i>sulfacetamide sodium ophth soln 10%</i>	3	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>trifluridine ophth soln 1%</i>	3	
ZIRGAN GEL 0.15%	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX SUS 0.2%	3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	4	
BROMSITE DRO 0.075%	4	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%</i>	2	
DUREZOL EMU 0.05%	3	
<i>fluorometholone ophth susp 0.1%</i>	3	
<i>flurbiprofen sodium ophth soln 0.03%</i>	2	
ILEVRO DRO 0.3% OP	3	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	3	
LOTEMAX GEL 0.5%	3	
LOTEMAX OIN 0.5%	3	
LOTEMAX SUS 0.5%	3	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	3	
PROLENSA SOL 0.07%	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BEPREVE DRO 1.5%	3	
<i>cromolyn sodium ophth soln 4%</i>	1	GC
LASTACFT SOL 0.25%	4	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	3	
PAZEO DRO 0.7%	3	
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT SUS 1% OP	3	
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S SUS 0.25% OP	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>carteolol hcl ophth soln 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl ophth soln 2%</i>	3	

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	3	
<i>latanoprost ophth soln 0.005%</i>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
LUMIGAN SOL 0.01%	3	
<i>metipranolol ophth soln 0.3%</i>	3	
PHOSPHOLINE SOL 0.125%OP	4	
<i>pilocarpine hcl ophth soln 1%</i>	3	
<i>pilocarpine hcl ophth soln 2%</i>	3	
<i>pilocarpine hcl ophth soln 4%</i>	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate ophth gel forming soln 0.5%</i>	4	
<i>timolol maleate ophth gel forming soln 0.25%</i>	4	
<i>timolol maleate ophth soln 0.5%</i>	1	GC
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
<i>timolol maleate ophth soln 0.25%</i>	1	GC
TRAVATAN Z DRO 0.004%	3	
<b>MISCELLANEOUS</b>		
CYSTARAN SOL 0.44%	5	LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	3	
RESTASIS EMU 0.05%	3	QL (64 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	3	QL (1 bottle / 30 days)
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG	4	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	3	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	3	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	3	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	3	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	4	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	4	PA; PA if 65 years and older
<i>cyproheptadine hcl tab 4 mg</i>	4	PA; PA if 65 years and older
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 10 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine hcl tab 50 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	4	PA; PA if 65 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	4	PA; PA if 65 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	4	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	2	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	GC
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 4 mg</i>	4	
<i>albuterol sulfate tab er 12hr 8 mg</i>	4	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	4	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

### **LEUKOTRIENE MODULATORS**

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	3	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	3	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	4	
<i>montelukast sodium tab 10 mg (base equiv)</i>	2	
<i>zafirlukast tab 10 mg</i>	4	
<i>zafirlukast tab 20 mg</i>	4	

### **MAST CELL STABILIZERS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	B/D
--	---	-----

### **MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	3	B/D
<i>acetylcysteine inhal soln 20%</i>	3	B/D
ARALAST NP INJ 500MG	5	NM, LA, PA
ARALAST NP INJ 1000MG	5	NM, LA, PA
DALIRESP TAB 250MCG	4	
DALIRESP TAB 500MCG	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	3	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	3	(generic of Adrenaclick)
ESBRIET CAP 267MG	5	PA
ESBRIET TAB 267MG	5	PA
ESBRIET TAB 801MG	5	PA
KALYDECO PAK 50MG	5	PA
KALYDECO PAK 75MG	5	PA
KALYDECO TAB 150MG	5	PA
OFEV CAP 100MG	5	PA
OFEV CAP 150MG	5	PA
ORKAMBI GRA 100-125	5	PA
ORKAMBI GRA 150-188	5	PA
ORKAMBI TAB 100-125	5	PA
ORKAMBI TAB 200-125	5	PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLASTIN-C INJ 1000MG	5	LA, PA
PROLASTIN-C INJ 1000MG	5	NM, LA, PA
PULMOZYME SOL 1MG/ML	5	NM, PA
SYMDEKO TAB 100-150	5	LA, PA
XOLAIR SOL 150MG	5	NM, LA, PA
ZEMAIRA INJ 1000MG	5	NM, LA, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELPT INH 50MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	3	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	3	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	B/D
FLOVENT DISK AER 50MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	3	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	3	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	3	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	3	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	3	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 95

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

### **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	3	
THEO-24 CAP 100MG CR	4	
THEO-24 CAP 200MG CR	4	
THEO-24 CAP 300MG CR	4	
THEO-24 CAP 400MG ER	4	
<i>theophylline soln 80 mg/15ml</i>	4	
<i>theophylline tab er 12hr 100 mg</i>	3	
<i>theophylline tab er 12hr 200 mg</i>	3	
<i>theophylline tab er 12hr 300 mg</i>	3	
<i>theophylline tab er 12hr 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg</i>	3	
<i>theophylline tab er 24hr 600 mg</i>	3	

### **TOPICAL**

#### **DERMATOLOGY, ACNE**

<i>amneesteem cap 10mg</i>	4	PA
<i>amneesteem cap 20mg</i>	4	PA
<i>amneesteem cap 40mg</i>	4	PA
<i>avita cre 0.025%</i>	4	PA
<i>avita gel 0.025%</i>	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>claravis cap 10mg</i>	4	PA
<i>claravis cap 20mg</i>	4	PA
<i>claravis cap 30mg</i>	4	PA
<i>claravis cap 40mg</i>	4	PA
<i>clindacin-p pad 1%</i>	3	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pads 2%</i>	3	
<i>erythromycin soln 2%</i>	3	
<i>isotretinoin cap 10 mg</i>	4	PA
<i>isotretinoin cap 20 mg</i>	4	PA
<i>isotretinoin cap 30 mg</i>	4	PA
<i>isotretinoin cap 40 mg</i>	4	PA
<i>myorisan cap 10mg</i>	4	PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>myorisan cap 20mg</i>	4	PA
<i>myorisan cap 30mg</i>	4	PA
<i>myorisan cap 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	4	
<i>tretinoin cream 0.1%</i>	4	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.025%</i>	4	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>zenatane cap 30mg</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	4	
<i>mupirocin oint 2%</i>	2	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cre 1%</i>	2	
SULFAMYLON CRE 85MG/GM	4	
SULFAMYLON PAK 5%	5	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox gel 0.77%</i>	4	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	3	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	3	
<i>ciclopirox shampoo 1%</i>	4	
<i>clotrimazole cream 1%</i>	3	
<i>clotrimazole soln 1%</i>	3	
<i>ketoconazole cream 2%</i>	3	
<i>nyamyc pow 100000</i>	3	
<i>nystatin cream 100000 unit/gm</i>	3	
<i>nystatin oint 100000 unit/gm</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>nystop pow 100000</i>	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	5	PA
<i>acitretin cap 17.5 mg</i>	5	PA
<i>acitretin cap 25 mg</i>	5	PA
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>tazarotene cream 0.1%</i>	4	PA
TAZORAC CRE 0.05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	2	
<i>selenium sulfide lotion 2.5%</i>	2	

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	1	GC
<i>ala-cort cre 2.5%</i>	1	GC
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>betamethasone dipropionate augmented cream 3 0.05%</i>		
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	
<i>betamethasone dipropionate augmented oint 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	3	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	3	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	3	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	4	
<i>desoximetasone gel 0.05%</i>	4	
<i>desoximetasone oint 0.05%</i>	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>fluocinolone acetonide cream 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.025%</i>	4	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	4	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	4	
<i>fluocinonide gel 0.05%</i>	4	
<i>fluocinonide soln 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone cream 1%</i>	1	GC
<i>hydrocortisone cream 2.5%</i>	1	GC
<i>hydrocortisone lotion 2.5%</i>	3	
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone valerate cream 0.2%</i>	4	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	3	
<i>mometasone furoate solution 0.1% (lotion)</i>	3	
TEXACORT SOL 2.5%	4	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo gel 2%</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl gel 2%</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 mL / 30 days), PA
<i>lidocaine oint 5%</i>	4	QL (50 gm / 30 days), PA
<i>lidocaine patch 5%</i>	4	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	QL (30 gm / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>diclofenac sodium gel 1%</i>	3	PA
<i>doxepin hcl cream 5%</i>	4	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil soln 2%</i>	4	
<i>fluorouracil soln 5%</i>	4	
<i>hydrocortisone rectal cream 2.5%</i>	3	
<i>imiquimod cream 5%</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	3	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available  
at mail-order B/D - Covered under Medicare B or D LA - Limited Access GC - We  
provide coverage of this prescription drug in the coverage gap. Please refer to our  
Evidence of Coverage for more information about this coverage.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole lotion 0.75%</i>	4	
PANRETIN GEL 0.1%	5	
PICATO GEL 0.05%	3	
PICATO GEL 0.015%	3	
<i>podofilox soln 0.5%</i>	3	
<i>procto-med cre hc 2.5%</i>	3	
<i>procto-pak cre 1%</i>	3	
<i>proctozone cre -hc 2.5%</i>	3	
<i>tacrolimus oint 0.1%</i>	4	
<i>tacrolimus oint 0.03%</i>	4	
TARGRETIN GEL 1%	5	NM, PA
VALCHLOR GEL 0.016%	5	LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	2	
REGANEX GEL 0.01%	5	PA
SANTYL OIN 250/GM	4	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	GC
<i>clotrimazole troche 10 mg</i>	4	
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>nystatin susp 100000 unit/ml</i>	3	
<i>periogard sol 0.12%</i>	1	GC
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
<b>OTIC</b>		
<i>acetic acid otic soln 2%</i>	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	4	
<b>_PART B</b>		
<b>DIABETIC METERS AND TEST STRIPS</b>		
TRUE METRIX KIT AIR	Part B	B
TRUE METRIX KIT METER	Part B	B

PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D    LA - Limited Access    GC - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.    100

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE METRIX TES GLUCOSE	Part B	B

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **NM** - Not available at mail-order    **B/D** - Covered under Medicare B or D    **LA** - Limited Access    **GC** - We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. 101

## Index

### A

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> .....	9
<i>abacavir sulfate tab 300 mg (base equiv)</i> .....	9
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	11
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> .....	11
ABELCET INJ 5MG/ML .....	8
ABILIFY MAIN INJ 300MG .....	52
ABILIFY MAIN INJ 400MG .....	52
ABRAXANE INJ 100MG .....	19
<i>acamprosate calcium tab delayed release 333 mg</i> .....	61
<i>acarbose tab 100 mg</i> .....	63
<i>acarbose tab 25 mg</i> .....	63
<i>acarbose tab 50 mg</i> .....	63
<i>acebutolol hcl cap 200 mg</i> .....	34
<i>acebutolol hcl cap 400 mg</i> .....	34
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	2
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	2
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	2
<i>acetazolamide cap er 12hr 500 mg</i> .....	37
<i>acetazolamide tab 125 mg</i> .....	37
<i>acetazolamide tab 250 mg</i> .....	37
<i>acetic acid irrigation soln 0.25%</i> .....	100
<i>acetic acid otic soln 2%</i> .....	100
<i>acetylcysteine inhal soln 10%</i> .....	94
<i>acetylcysteine inhal soln 20%</i> .....	94
<i>acitretin cap 10 mg</i> .....	97
<i>acitretin cap 17.5 mg</i> .....	97
<i>acitretin cap 25 mg</i> .....	97
ACTHIB INJ .....	85
ACTIMMUNE INJ 2MU/0.5 .....	84
<i>acyclovir cap 200 mg</i> .....	12
<i>acyclovir sodium iv soln 50 mg/ml</i> .....	12
<i>acyclovir susp 200 mg/5ml</i> .....	12
<i>acyclovir tab 400 mg</i> .....	12
<i>acyclovir tab 800 mg</i> .....	12
ADACEL INJ .....	85
ADAGEN INJ 250/ML .....	69
ADCIRCA TAB 20MG .....	39
<i>adefovir dipivoxil tab 10 mg</i> .....	12
ADEMPAS TAB 0.5MG .....	39
ADEMPAS TAB 1.5MG .....	39
ADEMPAS TAB 1MG .....	39
ADEMPAS TAB 2.5MG .....	39
ADEMPAS TAB 2MG .....	39
<i>adriamycin inj 20mg</i> .....	18
<i>adrucil inj 500/10ml</i> .....	19
ADVAIR DISKU AER 100/50 .....	95
ADVAIR DISKU AER 250/50 .....	95
ADVAIR DISKU AER 500/50 .....	95
ADVAIR HFA AER 115/21 .....	95
ADVAIR HFA AER 230/21 .....	95
ADVAIR HFA AER 45/21 .....	95
<i>afeditab tab 30mg cr</i> .....	35
<i>afeditab tab 60mg cr</i> .....	35
AFINITOR DIS TAB 2MG .....	23
AFINITOR DIS TAB 3MG .....	23
AFINITOR DIS TAB 5MG .....	23
AFINITOR TAB 10MG .....	23
AFINITOR TAB 2.5MG .....	23
AFINITOR TAB 5MG .....	23
AFINITOR TAB 7.5MG .....	23
<i>ala-cort cre 1%</i> .....	98
<i>ala-cort cre 2.5%</i> .....	98
ALBENZA TAB 200MG .....	5
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> .....	93
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> .....	93
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> .....	93
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> .....	93
<i>albuterol sulfate syrup 2 mg/5ml</i> .....	93
<i>albuterol sulfate tab 2 mg</i> .....	93
<i>albuterol sulfate tab 4 mg</i> .....	93
<i>albuterol sulfate tab er 12hr 4 mg</i> .....	93
<i>albuterol sulfate tab er 12hr 8 mg</i> .....	93
<i>alclometasone dipropionate cream 0.05%</i> .....	98
<i>alclometasone dipropionate oint 0.05%</i> .....	98
ALCOHOL SWABS .....	62

ALDURAZYME INJ 2.9MG/5M .....	69	AMINOSYN-HBC INJ 7%.....	87
ALECENSA CAP 150MG .....	23	AMINOSYN-PF INJ 10%.....	87
<i>alendronate sodium tab 10 mg</i> .....	65	AMINOSYN-PF INJ 7% .....	87
<i>alendronate sodium tab 35 mg</i> .....	65	AMINOSYN-RF INJ 5.2% .....	87
<i>alendronate sodium tab 40 mg</i> .....	65	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
<i>alendronate sodium tab 5 mg</i> .....	65	<i>mg/ml)</i> .....	31
<i>alendronate sodium tab 70 mg</i> .....	65	<i>amiodarone hcl inj 450 mg/9ml (50</i>	
<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	79	<i>mg/ml)</i> .....	31
ALIMTA INJ 100MG .....	19	<i>amiodarone hcl inj 900 mg/18ml (50</i>	
ALIMTA INJ 500MG .....	19	<i>mg/ml)</i> .....	31
ALINIA SUS 100/5ML .....	5	<i>amiodarone hcl tab 100 mg</i> .....	31
ALINIA TAB 500MG .....	6	<i>amiodarone hcl tab 200 mg</i> .....	31
<i>allopurinol tab 100 mg</i> .....	1	<i>amiodarone hcl tab 400 mg</i> .....	31
<i>allopurinol tab 300 mg</i> .....	1	AMITIZA CAP 24MCG .....	78
<i>alose tron hcl tab 0.5 mg (base equiv)</i> .	78	AMITIZA CAP 8MCG.....	78
<i>alose tron hcl tab 1 mg (base equiv)</i> ....	78	<i>amitriptyline hcl tab 10 mg</i> .....	46
ALPHAGAN P SOL 0.1% .....	91	<i>amitriptyline hcl tab 100 mg</i> .....	47
<i>alprazolam tab 0.25 mg</i> .....	40	<i>amitriptyline hcl tab 150 mg</i> .....	47
<i>alprazolam tab 0.5 mg</i> .....	40	<i>amitriptyline hcl tab 25 mg</i> .....	46
<i>alprazolam tab 1 mg</i> .....	40	<i>amitriptyline hcl tab 50 mg</i> .....	47
<i>alprazolam tab 2 mg</i> .....	40	<i>amitriptyline hcl tab 75 mg</i> .....	47
ALREX SUS 0.2% .....	91	<i>amlodipine besylate tab 10 mg (base</i>	
ALUNBRIG PAK .....	23	<i>equivalent)</i> .....	35
ALUNBRIG TAB 180MG .....	23	<i>amlodipine besylate tab 2.5 mg (base</i>	
ALUNBRIG TAB 30MG .....	23	<i>equivalent)</i> .....	35
ALUNBRIG TAB 90MG .....	23	<i>amlodipine besylate tab 5 mg (base</i>	
<i>alyacen tab 1/35</i> .....	66	<i>equivalent)</i> .....	35
<i>amantadine hcl cap 100 mg</i> .....	50	<i>amlodipine besylate-benazepril hcl cap</i>	
<i>amantadine hcl syrup 50 mg/5ml</i> .....	50	<i>10-20 mg</i> .....	27
<i>amantadine hcl tab 100 mg</i> .....	50	<i>amlodipine besylate-benazepril hcl cap</i>	
AMBISOME INJ 50MG .....	8	<i>10-40 mg</i> .....	27
<i>amikacin sulfate inj 1 gm/4ml (250</i>		<i>amlodipine besylate-benazepril hcl cap</i>	
<i>mg/ml)</i> .....	5	<i>2.5-10 mg</i> .....	27
<i>amikacin sulfate inj 500 mg/2ml (250</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg/ml)</i> .....	5	<i>10 mg</i> .....	27
<i>amiloride &amp; hydrochlorothiazide tab 5-50</i>		<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>mg</i> .....	37	<i>20 mg</i> .....	27
<i>amiloride hcl tab 5 mg</i> .....	37	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>amino acid infusion 6%</i> .....	87	<i>40 mg</i> .....	27
<i>aminophylline inj 25 mg/ml</i> .....	96	<i>amlodipine besylate-olmesartan</i>	
AMINOSYN 7% INJ /LYTES.....	87	<i>medoxomil tab 10-20 mg</i> .....	29
AMINOSYN II INJ 10%.....	87	<i>amlodipine besylate-olmesartan</i>	
AMINOSYN II INJ 8.5%.....	87	<i>medoxomil tab 10-40 mg</i> .....	29
<i>aminosyn ii inj 8.5/lyte</i> .....	87	<i>amlodipine besylate-olmesartan</i>	
AMINOSYN INJ 10% .....	87	<i>medoxomil tab 5-20 mg</i> .....	29
AMINOSYN INJ 8.5% .....	87	<i>amlodipine besylate-olmesartan</i>	
<i>aminosyn inj 8.5/lyte</i> .....	87	<i>medoxomil tab 5-40 mg</i> .....	29
AMINOSYN M INJ 3.5%.....	87	<i>amlodipine besylate-valsartan tab 10-</i>	

160 mg .....	29	amoxicillin (trihydrate) chew tab 250 mg	16
amlodipine besylate-valsartan tab 10-320 mg .....	29	amoxicillin (trihydrate) for susp 125 mg/5ml.....	16
amlodipine besylate-valsartan tab 5-160 mg .....	29	amoxicillin (trihydrate) for susp 200 mg/5ml.....	16
amlodipine besylate-valsartan tab 5-320 mg .....	29	amoxicillin (trihydrate) for susp 250 mg/5ml.....	16
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....	29	amoxicillin (trihydrate) for susp 400 mg/5ml.....	16
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg .....	29	amoxicillin (trihydrate) tab 500 mg ....	16
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg .....	29	amoxicillin (trihydrate) tab 875 mg ....	16
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg .....	29	amphetamine-dextroamphetamine cap er 24hr 10 mg .....	56
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg .....	29	amphetamine-dextroamphetamine cap er 24hr 15 mg .....	56
amnestem cap 10mg .....	96	amphetamine-dextroamphetamine cap er 24hr 20 mg .....	56
amnestem cap 20mg .....	96	amphetamine-dextroamphetamine cap er 24hr 25 mg .....	56
amnestem cap 40mg .....	96	amphetamine-dextroamphetamine cap er 24hr 30 mg .....	56
amoxapine tab 100 mg.....	47	amphetamine-dextroamphetamine cap er 24hr 5 mg .....	56
amoxapine tab 150 mg.....	47	amphetamine-dextroamphetamine tab 10 mg.....	56
amoxapine tab 25 mg.....	47	amphetamine-dextroamphetamine tab 12.5 mg.....	56
amoxapine tab 50 mg.....	47	amphetamine-dextroamphetamine tab 15 mg.....	57
amoxicillin & k clavulanate chew tab 200-28.5 mg .....	16	amphetamine-dextroamphetamine tab 20 mg.....	57
amoxicillin & k clavulanate chew tab 400-57 mg .....	16	amphetamine-dextroamphetamine tab 30 mg.....	57
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml .....	16	amphetamine-dextroamphetamine tab 5 mg .....	56
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml .....	16	amphetamine-dextroamphetamine tab 7.5 mg.....	56
amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	16	amphotericin b for inj 50 mg .....	8
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml .....	16	ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm .....	16
amoxicillin & k clavulanate tab 250-125 mg.....	16	ampicillin & sulbactam sodium for inj 15 (10-5) gm .....	16
amoxicillin & k clavulanate tab 500-125 mg.....	16	ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	16
amoxicillin & k clavulanate tab 875-125 mg.....	16	ampicillin & sulbactam sodium for iv soln 15 (10-5) gm.....	16
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg .....	16	ampicillin cap 250 mg .....	16
amoxicillin (trihydrate) cap 250 mg.....	16		
amoxicillin (trihydrate) cap 500 mg.....	16		
amoxicillin (trihydrate) chew tab 125 mg .....	16		

<i>ampicillin cap 500 mg</i> .....	16	<i>aripiprazole tab 30 mg</i> .....	52
<i>ampicillin for susp 125 mg/5ml</i> .....	16	<i>aripiprazole tab 5 mg</i> .....	52
<i>ampicillin for susp 250 mg/5ml</i> .....	16	ARISTADA INJ 1064MG .....	52
<i>ampicillin sodium for inj 1 gm</i> .....	16	ARISTADA INJ 441MG/1.....	52
<i>ampicillin sodium for inj 10 gm</i> .....	16	ARISTADA INJ 662MG/2.....	52
<i>ampicillin sodium for inj 125 mg</i> .....	16	ARISTADA INJ 882MG/3.....	52
<i>ampicillin sodium for inj 2 gm</i> .....	16	ARISTADA INJ INITIO .....	52
<i>ampicillin sodium for inj 250 mg</i> .....	16	<i>armodafinil tab 150 mg</i> .....	60
<i>ampicillin sodium for inj 500 mg</i> .....	17	<i>armodafinil tab 200 mg</i> .....	60
<i>ampicillin sodium for iv soln 1 gm</i> .....	17	<i>armodafinil tab 250 mg</i> .....	60
<i>ampicillin sodium for iv soln 10 gm</i> .....	17	<i>armodafinil tab 50 mg</i> .....	60
<i>ampicillin sodium for iv soln 2 gm</i> .....	17	ARNUITY ELPT INH 100MCG .....	95
AMPYRA TAB 10MG .....	60	ARNUITY ELPT INH 200MCG .....	95
ANADROL-50 TAB 50MG .....	61	ARNUITY ELPT INH 50MCG .....	95
<i>anagrelide hcl cap 0.5 mg</i> .....	82	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	82
<i>anagrelide hcl cap 1 mg</i> .....	82	<i>atazanavir sulfate cap 150 mg (base equiv)</i> .....	9
<i>anastrozole tab 1 mg</i> .....	21	<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	9
ANDRODERM DIS 2MG/24HR.....	61	<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	9
ANDRODERM DIS 4MG/24HR.....	61	<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	33
ANDROGEL GEL 1.62%.....	61	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	33
ANORO ELLIPT AER 62.5-25.....	92	<i>atenolol tab 100 mg</i> .....	34
APOKYN INJ 10MG/ML .....	50	<i>atenolol tab 25 mg</i> .....	34
<i>aprepitant capsule 125 mg</i> .....	75	<i>atenolol tab 50 mg</i> .....	34
<i>aprepitant capsule 40 mg</i> .....	75	<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	57
<i>aprepitant capsule 80 mg</i> .....	75	<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	57
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	75	<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	57
<i>apri tab</i> .....	66	<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	57
APRISO CAP 0.375GM .....	77	<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	57
APTIOM TAB 200MG .....	40	<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	57
APTIOM TAB 400MG .....	40	<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	57
APTIOM TAB 600MG .....	40	<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	32
APTIOM TAB 800MG .....	40	<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	32
APTIVUS CAP 250MG.....	9	<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	32
APTIVUS SOL .....	9		
ARALAST NP INJ 1000MG.....	94		
ARALAST NP INJ 500MG .....	94		
<i>aranelle tab</i> .....	66		
ARCALYST INJ 220MG .....	84		
<i>aripiprazole oral solution 1 mg/ml</i> .....	52		
<i>aripiprazole orally disintegrating tab 10 mg</i> .....	52		
<i>aripiprazole orally disintegrating tab 15 mg</i> .....	52		
<i>aripiprazole tab 10 mg</i> .....	52		
<i>aripiprazole tab 15 mg</i> .....	52		
<i>aripiprazole tab 2 mg</i> .....	52		
<i>aripiprazole tab 20 mg</i> .....	52		

<i>equivalent</i> ) .....	32	<i>baclofen tab 10 mg</i> .....	60
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	32	<i>baclofen tab 20 mg</i> .....	60
<i>atovaquone susp 750 mg/5ml</i> .....	6	<i>balsalazide disodium cap 750 mg</i> .....	77
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	9	<i>balziva tab</i> .....	66
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	9	BANZEL SUS 40MG/ML .....	40
ATRIPLA TAB.....	11	BANZEL TAB 200MG .....	40
ATROVENT HFA AER 17MCG.....	92	BANZEL TAB 400MG .....	41
<i>aubra tab 0.1-0.02</i> .....	66	BARACLUDGE SOL .05MG/ML.....	12
AURYXIA TAB 210MG .....	73	BASAGLAR INJ 100UNIT.....	62
AUSTEDO TAB 12MG .....	59	BCG VACCINE INJ .....	85
AUSTEDO TAB 6MG.....	59	BD ULTRAFINE INSULIN SYRINGE .....	62
AUSTEDO TAB 9MG.....	59	BD ULTRAFINE/NANO PEN NEEDLES ...	62
AVASTIN INJ .....	20	<i>bekyree tab</i> .....	66
AVASTIN INJ 400/16ML .....	20	BELEODAQ INJ 500MG.....	20
<i>aviane tab</i> .....	66	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	27
<i>avita cre 0.025%</i> .....	96	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	27
<i>avita gel 0.025%</i> .....	96	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	27
<i>azacitidine for inj 100 mg</i> .....	19	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	27
AZACTAM INJ 1GM.....	6	<i>benazepril hcl tab 10 mg</i> .....	28
AZACTAM INJ 2GM.....	6	<i>benazepril hcl tab 20 mg</i> .....	28
AZACTAM/DEX INJ 1GM.....	6	<i>benazepril hcl tab 40 mg</i> .....	28
AZACTAM/DEX INJ 2GM.....	6	<i>benazepril hcl tab 5 mg</i> .....	28
AZASITE SOL 1%.....	90	BENDEKA INJ 100/4ML .....	18
AZATHIOPRINE INJ 100MG .....	84	BENLYSTA INJ 120MG.....	84
<i>azathioprine tab 50 mg</i> .....	84	BENLYSTA INJ 200MG/ML.....	84
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	93	BENLYSTA INJ 400MG.....	84
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	93	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	96
<i>azelastine hcl ophth soln 0.05%</i> .....	91	<i>benztropine mesylate inj 1 mg/ml</i> .....	50
<i>azithromycin for susp 100 mg/5ml</i> .....	15	<i>benztropine mesylate tab 0.5 mg</i> .....	50
<i>azithromycin for susp 200 mg/5ml</i> .....	15	<i>benztropine mesylate tab 1 mg</i> .....	50
<i>azithromycin iv for soln 500 mg</i> .....	15	<i>benztropine mesylate tab 2 mg</i> .....	50
<i>azithromycin powd pack for susp 1 gm</i> 15		BEPREVE DRO 1.5% .....	91
<i>azithromycin tab 250 mg</i> .....	15	BESIVANCE SUS 0.6%.....	90
<i>azithromycin tab 500 mg</i> .....	15	<i>betamethasone dipropionate augmented cream 0.05%</i> .....	98
<i>azithromycin tab 600 mg</i> .....	15	<i>betamethasone dipropionate augmented gel 0.05%</i> .....	98
AZOPT SUS 1% OP .....	91	<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	98
<i>aztreonam for inj 1 gm</i> .....	6	<i>betamethasone dipropionate augmented oint 0.05%</i> .....	98
<i>aztreonam for inj 2 gm</i> .....	6	<i>betamethasone dipropionate cream 0.05%</i> .....	98
<b>B</b>			
<i>bacitracin ophth oint 500 unit/gm</i> .....	90		
<i>bacitracin-polymyxin b ophth oint</i> .....	90		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	90		

<i>betamethasone dipropionate lotion 0.05%</i> .....	98	BREO ELLIPTA INH 200-25 .....	96
<i>betamethasone dipropionate oint 0.05%</i> .....	98	<i>briellyn tab</i> .....	66
<i>betamethasone valerate cream 0.1% (base equivalent)</i> .....	98	BRILINTA TAB 60MG.....	82
<i>betamethasone valerate lotion 0.1% (base equivalent)</i> .....	98	BRILINTA TAB 90MG.....	82
<i>betamethasone valerate oint 0.1% (base equivalent)</i> .....	98	<i>brimonidine tartrate ophth soln 0.15%</i> 91	
BETASERON INJ 0.3MG.....	60	<i>brimonidine tartrate ophth soln 0.2%</i> . 91	
<i>betaxolol hcl ophth soln 0.5%</i> .....	91	BRIVIACT INJ 50MG/5ML .....	41
<i>bethanechol chloride tab 10 mg</i> .....	79	BRIVIACT SOL 10MG/ML .....	41
<i>bethanechol chloride tab 25 mg</i> .....	79	BRIVIACT TAB 100MG.....	41
<i>bethanechol chloride tab 5 mg</i> .....	79	BRIVIACT TAB 10MG .....	41
<i>bethanechol chloride tab 50 mg</i> .....	79	BRIVIACT TAB 25MG .....	41
BETOPTIC-S SUS 0.25% OP .....	91	BRIVIACT TAB 50MG .....	41
BEVESPI AER 9-4.8MCG.....	92	BRIVIACT TAB 75MG .....	41
<i>bexarotene cap 75 mg</i> .....	25	<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> .....	91
BEXSERO INJ .....	85	<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	50
<i>bicalutamide tab 50 mg</i> .....	21	<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	50
BICILLIN L-A INJ 1200000 .....	17	BROMSITE DRO 0.075% .....	91
BICILLIN L-A INJ 2400000 .....	17	<i>budesonide delayed release particles cap 3 mg</i> .....	77
BICILLIN L-A INJ 600000 .....	17	<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	95
BIKTARVY TAB.....	11	<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	95
BILTRICIDE TAB 600MG .....	6	<i>bumetanide inj 0.25 mg/ml</i> .....	37
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	34	<i>bumetanide tab 0.5 mg</i> .....	37
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	33	<i>bumetanide tab 1 mg</i> .....	37
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	33	<i>bumetanide tab 2 mg</i> .....	37
<i>bisoprolol fumarate tab 10 mg</i> .....	34	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	61
<i>bisoprolol fumarate tab 5 mg</i> .....	34	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	61
BIVIGAM INJ 10%.....	83	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	61
<i>bleomycin sulfate for inj 15 unit</i> .....	19	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	61
<i>bleomycin sulfate for inj 30 unit</i> .....	19	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	61
BLEPHAMIDE OIN S.O.P.....	90	<i>bupropion hcl tab 100 mg</i> .....	47
<i>blisovi fe tab 1.5/30</i> .....	66	<i>bupropion hcl tab 75 mg</i> .....	47
<i>blisovi fe tab 1/20</i> .....	66	<i>bupropion hcl tab er 12hr 100 mg</i> .....	47
BOOSTRIX INJ.....	85	<i>bupropion hcl tab er 12hr 150 mg</i> .....	47
BORTEZOMIB INJ 3.5MG.....	20	<i>bupropion hcl tab er 12hr 200 mg</i> .....	47
BOSULIF TAB 100MG.....	23	<i>bupropion hcl tab er 24hr 150 mg</i> .....	47
BOSULIF TAB 400MG.....	23	<i>bupropion hcl tab er 24hr 300 mg</i> .....	47
BOSULIF TAB 500MG.....	23	<i>bupirone hcl tab 10 mg</i> .....	40
BRAFTOVI CAP 50MG .....	23		
BRAFTOVI CAP 75MG .....	23		
BREO ELLIPTA INH 100-25.....	96		



<i>buspirone hcl tab 15 mg</i> .....	40
<i>buspirone hcl tab 30 mg</i> .....	40
<i>buspirone hcl tab 5 mg</i> .....	40
<i>buspirone hcl tab 7.5 mg</i> .....	40
<i>busulfan inj 6 mg/ml</i> .....	18
<i>butorphanol tartrate inj 1 mg/ml</i> .....	2
<i>butorphanol tartrate inj 2 mg/ml</i> .....	2
BUTRANS DIS 10MCG/HR .....	2
BUTRANS DIS 15MCG/HR .....	2
BUTRANS DIS 20MCG/HR .....	2
BUTRANS DIS 5MCG/HR .....	2
BUTRANS DIS 7.5/HR.....	2
BYDUREON INJ 2MG.....	62
BYDUREON INJ BCISE .....	62
BYDUREON PEN INJ 2MG .....	62
BYETTA INJ 10MCG .....	62
BYETTA INJ 5MCG.....	62
BYSTOLIC TAB 10MG.....	34
BYSTOLIC TAB 2.5MG.....	34
BYSTOLIC TAB 20MG.....	34
BYSTOLIC TAB 5MG .....	34

**C**

<i>cabergoline tab 0.5 mg</i> .....	72
CABOMETYX TAB 20MG .....	23
CABOMETYX TAB 40MG .....	23
CABOMETYX TAB 60MG .....	23
<i>calcipotriene cream 0.005%</i> .....	97
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	97
<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	72
<i>calcitriol cap 0.25 mcg</i> .....	89
<i>calcitriol cap 0.5 mcg</i> .....	89
<i>calcitriol inj 1 mcg/ml</i> .....	89
<i>calcitriol oral soln 1 mcg/ml</i> .....	89
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	73
<i>calcium acetate (phosphate binder) tab 667 mg</i> .....	73
CALQUENCE CAP 100MG.....	23
<i>camila tab 0.35mg</i> .....	66
CANASA SUP 1000MG .....	77
CANCIDAS INJ 50MG.....	8
CANCIDAS INJ 70MG.....	8
<i>candesartan cilexetil tab 16 mg</i> .....	30
<i>candesartan cilexetil tab 32 mg</i> .....	30
<i>candesartan cilexetil tab 4 mg</i> .....	30
<i>candesartan cilexetil tab 8 mg</i> .....	30

<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	29
CAPASTAT SUL INJ 1GM.....	11
CAPRELSA TAB 100MG.....	23
CAPRELSA TAB 300MG.....	23
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....	27
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	27
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	27
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	27
<i>captopril tab 100 mg</i> .....	28
<i>captopril tab 12.5 mg</i> .....	28
<i>captopril tab 25 mg</i> .....	28
<i>captopril tab 50 mg</i> .....	28
CARBAGLU TAB 200MG .....	69
<i>carbamazepine cap er 12hr 100 mg</i> ....	41
<i>carbamazepine cap er 12hr 200 mg</i> ....	41
<i>carbamazepine cap er 12hr 300 mg</i> ....	41
<i>carbamazepine chew tab 100 mg</i> .....	41
<i>carbamazepine susp 100 mg/5ml</i> .....	41
<i>carbamazepine tab 200 mg</i> .....	41
<i>carbamazepine tab er 12hr 100 mg</i> ....	41
<i>carbamazepine tab er 12hr 200 mg</i> ....	41
<i>carbamazepine tab er 12hr 400 mg</i> ....	41
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	51
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	51
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	51
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .	51
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .	51
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .	51
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	51
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	51
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	51
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	51

<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	51	<i>cefixime for susp 200 mg/5ml</i> .....	13
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	51	<i>cefotaxime sodium for inj 1 gm</i> .....	14
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	51	<i>cefotaxime sodium for inj 2 gm</i> .....	14
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	51	<i>cefotaxime sodium for inj 500 mg</i> .....	14
<i>carboplatin iv soln 150 mg/15ml</i> .....	26	<i>cefoxitin sodium for inj 10 gm</i> .....	14
<i>carboplatin iv soln 450 mg/45ml</i> .....	26	<i>cefoxitin sodium for iv soln 1 gm</i> .....	14
<i>carboplatin iv soln 50 mg/5ml</i> .....	26	<i>cefoxitin sodium for iv soln 2 gm</i> .....	14
<i>carboplatin iv soln 600 mg/60ml</i> .....	26	<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	14
CARIMUNE NF INJ 12GM.....	83	<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	14
CARIMUNE NF INJ 6GM.....	83	<i>cefpodoxime proxetil tab 100 mg</i> .....	14
<i>carisoprodol tab 350 mg</i> .....	60	<i>cefpodoxime proxetil tab 200 mg</i> .....	14
<i>carteolol hcl ophth soln 1%</i> .....	91	<i>cefprozil for susp 125 mg/5ml</i> .....	14
<i>carvedilol tab 12.5 mg</i> .....	34	<i>cefprozil for susp 250 mg/5ml</i> .....	14
<i>carvedilol tab 25 mg</i> .....	34	<i>cefprozil tab 250 mg</i> .....	14
<i>carvedilol tab 3.125 mg</i> .....	34	<i>cefprozil tab 500 mg</i> .....	14
<i>carvedilol tab 6.25 mg</i> .....	34	<i>ceftazidime for inj 1 gm</i> .....	14
<i>casprofungin acetate for iv soln 50 mg</i> ..	8	<i>ceftazidime for inj 2 gm</i> .....	14
<i>casprofungin acetate for iv soln 70 mg</i> ..	8	<i>ceftazidime for inj 6 gm</i> .....	14
CASPOFUNGIN INJ 50MG .....	8	CEFTAZIDIME/ SOL D5W 1GM .....	14
CASPOFUNGIN INJ 70MG .....	8	CEFTAZIDIME/ SOL D5W 2GM .....	14
CAYSTON INH 75MG .....	6	<i>ceftriaxone sodium for inj 1 gm</i> .....	14
<i>cefaclor cap 250 mg</i> .....	13	<i>ceftriaxone sodium for inj 10 gm</i> .....	14
<i>cefaclor cap 500 mg</i> .....	13	<i>ceftriaxone sodium for inj 2 gm</i> .....	14
CEFACLOR ER TAB 500MG .....	13	<i>ceftriaxone sodium for inj 250 mg</i> .....	14
<i>cefaclor for susp 125 mg/5ml</i> .....	13	<i>ceftriaxone sodium for inj 500 mg</i> .....	14
<i>cefaclor for susp 250 mg/5ml</i> .....	13	<i>ceftriaxone sodium for iv soln 1 gm</i> ....	14
<i>cefaclor for susp 375 mg/5ml</i> .....	13	<i>ceftriaxone sodium for iv soln 2 gm</i> ....	14
<i>cefadroxil cap 500 mg</i> .....	13	<i>cefuroxime axetil tab 250 mg</i> .....	14
<i>cefadroxil for susp 250 mg/5ml</i> .....	13	<i>cefuroxime axetil tab 500 mg</i> .....	14
<i>cefadroxil for susp 500 mg/5ml</i> .....	13	<i>cefuroxime sodium for inj 7.5 gm</i> .....	14
<i>cefadroxil tab 1 gm</i> .....	13	<i>cefuroxime sodium for inj 750 mg</i> .....	14
CEFAZOLIN INJ 1GM/50ML.....	13	<i>cefuroxime sodium for iv soln 1.5 gm</i> .	14
<i>cefazolin sodium for inj 1 gm</i> .....	13	<i>celecoxib cap 100 mg</i> .....	1
<i>cefazolin sodium for inj 10 gm</i> .....	13	<i>celecoxib cap 200 mg</i> .....	1
<i>cefazolin sodium for inj 20 gm</i> .....	13	<i>celecoxib cap 400 mg</i> .....	1
<i>cefazolin sodium for inj 500 mg</i> .....	13	<i>celecoxib cap 50 mg</i> .....	1
<i>cefazolin sodium for iv soln 1 gm</i> .....	13	CELONTIN CAP 300MG.....	41
CEFAZOLIN SOL .....	13	<i>cephalexin cap 250 mg</i> .....	14
<i>cefdinir cap 300 mg</i> .....	13	<i>cephalexin cap 500 mg</i> .....	14
<i>cefdinir for susp 125 mg/5ml</i> .....	13	<i>cephalexin for susp 125 mg/5ml</i> .....	14
<i>cefdinir for susp 250 mg/5ml</i> .....	13	<i>cephalexin for susp 250 mg/5ml</i> .....	14
<i>cefepime hcl for inj 1 gm</i> .....	13	CERDELGA CAP 84MG .....	69
<i>cefepime hcl for inj 2 gm</i> .....	13	CEREZYME INJ 400UNIT.....	69
<i>cefixime for susp 100 mg/5ml</i> .....	13	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> .....	93
		<i>cevimeline hcl cap 30 mg</i> .....	100

CHANTIX PAK 0.5& 1MG .....	61	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	15
CHANTIX PAK 1MG.....	61	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	15
CHANTIX TAB 0.5MG.....	61	<i>cisplatin inj 100 mg/100ml (1 mg/ml).</i>	26
CHANTIX TAB 1MG.....	61	<i>cisplatin inj 200 mg/200ml (1 mg/ml).</i>	26
CHEMET CAP 100MG .....	66	<i>cisplatin inj 50 mg/50ml (1 mg/ml) ....</i>	26
<i>chlorhexidine gluconate soln 0.12% ..</i>	100	<i>citalopram hydrobromide oral soln 10</i>	47
<i>chloroquine phosphate tab 250 mg .....</i>	9	<i>mg/5ml.....</i>	47
<i>chloroquine phosphate tab 500 mg .....</i>	9	<i>citalopram hydrobromide tab 10 mg</i>	47
<i>chlorothiazide tab 250 mg.....</i>	37	<i>(base equiv) .....</i>	47
<i>chlorothiazide tab 500 mg.....</i>	37	<i>citalopram hydrobromide tab 20 mg</i>	47
CHLORPROMAZ INJ 25MG/ML.....	52	<i>(base equiv) .....</i>	47
CHLORPROMAZ INJ 50MG/2ML .....	52	<i>citalopram hydrobromide tab 40 mg</i>	47
<i>chlorpromazine hcl tab 10 mg .....</i>	52	<i>(base equiv) .....</i>	47
<i>chlorpromazine hcl tab 100 mg.....</i>	52	<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	19
<i>chlorpromazine hcl tab 200 mg.....</i>	52	<i>.....</i>	19
<i>chlorpromazine hcl tab 25 mg .....</i>	52	<i>claravis cap 10mg .....</i>	96
<i>chlorpromazine hcl tab 50 mg .....</i>	52	<i>claravis cap 20mg .....</i>	96
<i>chlorthalidone tab 25 mg .....</i>	37	<i>claravis cap 30mg .....</i>	96
<i>chlorthalidone tab 50 mg .....</i>	37	<i>claravis cap 40mg .....</i>	96
<i>cholestyramine light powder 4 gm/dose</i>	32	<i>clarithromycin for susp 125 mg/5ml ...</i>	15
<i>.....</i>	32	<i>clarithromycin for susp 250 mg/5ml ...</i>	15
<i>cholestyramine light powder packets 4</i>	33	<i>clarithromycin tab 250 mg .....</i>	15
<i>gm.....</i>	33	<i>clarithromycin tab 500 mg .....</i>	15
<i>cholestyramine powder 4 gm/dose.....</i>	33	<i>clarithromycin tab er 24hr 500 mg .....</i>	15
<i>cholestyramine powder packets 4 gm ..</i>	33	<i>clindacin-p pad 1%.....</i>	96
<i>ciclopirox gel 0.77%.....</i>	97	<i>clindamycin hcl cap 150 mg.....</i>	6
<i>ciclopirox olamine cream 0.77% (base</i>	97	<i>clindamycin hcl cap 300 mg.....</i>	6
<i>equiv) .....</i>	97	<i>clindamycin hcl cap 75 mg .....</i>	6
<i>ciclopirox olamine susp 0.77% (base</i>	97	<i>clindamycin palmitate hcl for soln 75</i>	6
<i>equiv) .....</i>	97	<i>mg/5ml (base equiv) .....</i>	6
<i>ciclopirox shampoo 1%.....</i>	97	<i>clindamycin phosphate gel 1%.....</i>	96
<i>cilostazol tab 100 mg .....</i>	82	<i>clindamycin phosphate in d5w iv soln</i>	6
<i>cilostazol tab 50 mg .....</i>	82	<i>300 mg/50ml.....</i>	6
CILOXAN OIN 0.3% OP.....	90	<i>clindamycin phosphate in d5w iv soln</i>	6
CIMDUO TAB 300-300 .....	11	<i>600 mg/50ml.....</i>	6
CINRYZE SOL 500 UNIT.....	82	<i>clindamycin phosphate in d5w iv soln</i>	6
CIPRODEX SUS 0.3-0.1% .....	100	<i>900 mg/50ml.....</i>	6
<i>ciprofloxacin 200 mg/100ml in d5w.....</i>	15	<i>clindamycin phosphate inj 300 mg/2ml .</i>	6
<i>ciprofloxacin 400 mg/200ml in d5w.....</i>	15	<i>clindamycin phosphate inj 600 mg/4ml .</i>	6
<i>ciprofloxacin for oral susp 250 mg/5ml</i>	15	<i>clindamycin phosphate inj 9 gm/60ml... .</i>	6
<i>(5%) (5 gm/100ml) .....</i>	15	<i>clindamycin phosphate inj 900 mg/6ml .</i>	6
<i>ciprofloxacin for oral susp 500 mg/5ml</i>	15	<i>clindamycin phosphate iv soln 300</i>	6
<i>(10%) (10 gm/100ml).....</i>	15	<i>mg/2ml.....</i>	6
<i>ciprofloxacin hcl ophth soln 0.3%.....</i>	90	<i>clindamycin phosphate iv soln 900</i>	6
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	15	<i>mg/6ml.....</i>	6
<i>.....</i>	15	<i>clindamycin phosphate lotion 1% .....</i>	96
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	15		
<i>.....</i>	15		

<i>clindamycin phosphate soln 1%</i> .....	96	<i>mg</i> .....	52
<i>clindamycin phosphate swab 1%</i> .....	96	<i>clozapine orally disintegrating tab 150</i>	
<i>clindamycin phosphate vaginal cream 2%</i>		<i>mg</i> .....	52
.....	80	<i>clozapine orally disintegrating tab 200</i>	
CLINDMYC/NAC INJ 300/50ML.....	6	<i>mg</i> .....	53
CLINDMYC/NAC INJ 600/50ML.....	6	<i>clozapine orally disintegrating tab 25 mg</i>	
CLINDMYC/NAC INJ 900/50ML.....	6	.....	52
CLINIMIX INJ 2.75/D5W .....	87	<i>clozapine tab 100 mg</i> .....	53
CLINIMIX INJ 4.25/D10 .....	87	<i>clozapine tab 200 mg</i> .....	53
CLINIMIX INJ 4.25/D20 .....	88	<i>clozapine tab 25 mg</i> .....	53
CLINIMIX INJ 4.25/D25 .....	88	<i>clozapine tab 50 mg</i> .....	53
CLINIMIX INJ 4.25/D5W .....	87	COARTEM TAB 20-120MG.....	9
CLINIMIX INJ 5%/D15W .....	88	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	
CLINIMIX INJ 5%/D20W .....	88	.....	1
CLINIMIX INJ 5%/D25W .....	88	COLCRYS TAB 0.6MG.....	1
<i>clomipramine hcl cap 25 mg</i> .....	47	<i>colesevelam hcl packet for susp 3.75 gm</i>	
<i>clomipramine hcl cap 50 mg</i> .....	47	.....	33
<i>clomipramine hcl cap 75 mg</i> .....	47	<i>colesevelam hcl tab 625 mg</i> .....	33
<i>clonazepam orally disintegrating tab</i>		<i>colestipol hcl granule packets 5 gm</i> ....	33
<i>0.125 mg</i> .....	41	<i>colestipol hcl granules 5 gm</i> .....	33
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl tab 1 gm</i> .....	33
<i>mg</i> .....	41	<i>colistimethate sod for inj 150 mg</i>	
<i>clonazepam orally disintegrating tab 0.5</i>		<i>(colistin base activity)</i> .....	6
<i>mg</i> .....	41	COMBIGAN SOL 0.2/0.5% .....	91
<i>clonazepam orally disintegrating tab 1</i>		COMBIVENT AER 20-100 .....	92
<i>mg</i> .....	41	COMETRIQ KIT 100MG.....	23
<i>clonazepam orally disintegrating tab 2</i>		COMETRIQ KIT 140MG.....	23
<i>mg</i> .....	41	COMETRIQ KIT 60MG .....	23
<i>clonazepam tab 0.5 mg</i> .....	41	COMPLERA TAB.....	11
<i>clonazepam tab 1 mg</i> .....	41	<i>constulose sol 10gm/15</i> .....	77
<i>clonazepam tab 2 mg</i> .....	41	CORLANOR TAB 5MG .....	38
<i>clonidine hcl tab 0.1 mg</i> .....	38	CORLANOR TAB 7.5MG .....	38
<i>clonidine hcl tab 0.2 mg</i> .....	38	<i>cortisone acetate tab 25 mg</i> .....	71
<i>clonidine hcl tab 0.3 mg</i> .....	38	COTELLIC TAB 20MG .....	23
<i>clonidine td patch weekly 0.1 mg/24hr</i>	38	COUMADIN TAB 10MG .....	80
<i>clonidine td patch weekly 0.2 mg/24hr</i>	38	COUMADIN TAB 1MG .....	80
<i>clonidine td patch weekly 0.3 mg/24hr</i>	38	COUMADIN TAB 2.5MG .....	80
<i>clopidogrel bisulfate tab 75 mg (base</i>		COUMADIN TAB 2MG .....	80
<i>equiv)</i> .....	82	COUMADIN TAB 3MG .....	80
<i>clorazepate dipotassium tab 15 mg</i> ....	41	COUMADIN TAB 4MG .....	80
<i>clorazepate dipotassium tab 3.75 mg</i> ..	41	COUMADIN TAB 5MG .....	80
<i>clorazepate dipotassium tab 7.5 mg</i> ....	41	COUMADIN TAB 6MG .....	80
<i>clotrimazole cream 1%</i> .....	97	COUMADIN TAB 7.5MG .....	80
<i>clotrimazole soln 1%</i> .....	97	CREON CAP 12000UNT.....	78
<i>clotrimazole troche 10 mg</i> .....	100	CREON CAP 24000UNT.....	78
<i>clozapine orally disintegrating tab 100</i>		CREON CAP 3000UNIT .....	78
<i>mg</i> .....	52	CREON CAP 36000UNT.....	78
<i>clozapine orally disintegrating tab 12.5</i>		CREON CAP 6000UNIT .....	78

CRIXIVAN CAP 200MG .....	9	<i>danazol cap 200 mg .....</i>	69
CRIXIVAN CAP 400MG .....	9	<i>danazol cap 50 mg .....</i>	69
<i>cromolyn sodium ophth soln 4% .....</i>	91	<i>dantrolene sodium cap 100 mg .....</i>	60
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>dantrolene sodium cap 25 mg .....</i>	60
.....	78	<i>dantrolene sodium cap 50 mg .....</i>	60
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		<i>dapsone tab 100 mg .....</i>	6
.....	94	<i>dapsone tab 25 mg .....</i>	6
<i>cryselle-28 tab 28 tabs .....</i>	66	DAPTACEL INJ .....	85
<i>cyclafem tab 1/35 .....</i>	66	<i>daptomycin for iv soln 500 mg .....</i>	6
<i>cyclafem tab 7/7/7 .....</i>	66	<i>dasetta tab 1/35 .....</i>	66
<i>cyclobenzaprine hcl tab 10 mg .....</i>	60	<i>dasetta tab 7/7/7 .....</i>	66
<i>cyclobenzaprine hcl tab 5 mg .....</i>	60	<i>deblitane tab 0.35mg .....</i>	66
CYCLOPHOSPH CAP 25MG .....	18	DELESTROGEN INJ 10MG/ML .....	70
CYCLOPHOSPH CAP 50MG .....	18	<i>delyla tab 0.1-0.02 .....</i>	66
<i>cyclophosphamide cap 25 mg .....</i>	18	DELZICOL CAP 400MG .....	77
<i>cyclophosphamide cap 50 mg .....</i>	18	DEMSER CAP 250MG .....	38
<i>cyclophosphamide for inj 1 gm .....</i>	18	DEPEN TITRA TAB 250MG .....	66
<i>cyclophosphamide for inj 2 gm .....</i>	18	DEPO-PROVERA INJ 400/ML .....	21
<i>cyclophosphamide for inj 500 mg .....</i>	18	DESCOVY TAB 200/25 .....	11
<i>cycloserine cap 250 mg .....</i>	11	<i>desipramine hcl tab 10 mg .....</i>	47
<i>cyclosporine cap 100 mg .....</i>	84	<i>desipramine hcl tab 100 mg .....</i>	47
<i>cyclosporine cap 25 mg .....</i>	84	<i>desipramine hcl tab 150 mg .....</i>	47
<i>cyclosporine iv soln 50 mg/ml .....</i>	85	<i>desipramine hcl tab 25 mg .....</i>	47
<i>cyclosporine modified cap 100 mg .....</i>	85	<i>desipramine hcl tab 50 mg .....</i>	47
<i>cyclosporine modified cap 25 mg .....</i>	85	<i>desipramine hcl tab 75 mg .....</i>	47
<i>cyclosporine modified cap 50 mg .....</i>	85	<i>desmopressin acetate inj 4 mcg/ml ....</i>	75
<i>cyclosporine modified oral soln 100</i>		<i>desmopressin acetate nasal spray soln</i>	
<i>mg/ml .....</i>	85	<i>0.01% .....</i>	75
<i>cyproheptadine hcl syrup 2 mg/5ml ....</i>	93	<i>desmopressin acetate nasal spray soln</i>	
<i>cyproheptadine hcl tab 4 mg .....</i>	93	<i>0.01% (refrigerated) .....</i>	75
CYSTADANE POW .....	69	<i>desmopressin acetate tab 0.1 mg .....</i>	75
CYSTAGON CAP 150MG .....	69	<i>desmopressin acetate tab 0.2 mg .....</i>	75
CYSTAGON CAP 50MG .....	69	<i>desogest-eth estrad &amp; eth estrad tab</i>	
CYSTARAN SOL 0.44% .....	92	<i>0.15-0.02/0.01 mg(21/5) .....</i>	66
<i>cytarabine inj 20 mg/ml .....</i>	19	<i>desogest-ethin est tab 0.1-0.025/0.125-</i>	
<b>D</b>		<i>0.025/0.15-0.025mg-mg .....</i>	66
D10W/NAACL INJ 0.2% .....	88	<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	
D5W/LYTES INJ #48 .....	88	<i>mg-30 mcg .....</i>	66
D5W/NAACL INJ 0.3% .....	88	<i>desoximetasone cream 0.05% .....</i>	98
<i>dacarbazine for inj 100 mg .....</i>	18	<i>desoximetasone cream 0.25% .....</i>	98
<i>dacarbazine for inj 200 mg .....</i>	18	<i>desoximetasone gel 0.05% .....</i>	98
DAKLINZA TAB 30MG .....	12	<i>desoximetasone oint 0.05% .....</i>	98
DAKLINZA TAB 60MG .....	12	<i>desoximetasone oint 0.25% .....</i>	98
DAKLINZA TAB 90MG .....	12	<i>desvenlafaxine succinate tab er 24hr 100</i>	
<i>dalfampridine tab er 12hr 10 mg .....</i>	60	<i>mg (base equiv) .....</i>	47
DALIRESP TAB 250MCG .....	94	<i>desvenlafaxine succinate tab er 24hr 25</i>	
DALIRESP TAB 500MCG .....	94	<i>mg (base equiv) .....</i>	47
<i>danazol cap 100 mg .....</i>	69	<i>desvenlafaxine succinate tab er 24hr 50</i>	

<i>mg (base equiv)</i> .....	47	DIASTAT PED GEL 2.5M GEL .....	41
DEXAMETHASON CON 1MG/ML .....	71	<i>diazepam con 5mg/ml</i> .....	41
<i>dexamethasone elixir 0.5 mg/5ml</i> .....	71	<i>diazepam inj 5 mg/ml</i> .....	41
<i>dexamethasone sod phosphate</i>		<i>diazepam oral soln 1 mg/ml</i> .....	42
<i>preservative free inj 10 mg/ml</i> .....	71	<i>diazepam rectal gel delivery system 10</i>	
<i>dexamethasone sodium phosphate inj</i>		<i>mg</i> .....	42
<i>100 mg/10ml</i> .....	71	<i>diazepam rectal gel delivery system 2.5</i>	
<i>dexamethasone sodium phosphate inj</i>		<i>mg</i> .....	42
<i>120 mg/30ml</i> .....	71	<i>diazepam rectal gel delivery system 20</i>	
<i>dexamethasone sodium phosphate inj</i>		<i>mg</i> .....	42
<i>20 mg/5ml</i> .....	71	<i>diazepam tab 10 mg</i> .....	42
<i>dexamethasone sodium phosphate inj</i>		<i>diazepam tab 2 mg</i> .....	42
<i>4 mg/ml</i> .....	71	<i>diazepam tab 5 mg</i> .....	42
<i>dexamethasone sodium phosphate ophth</i>		<i>diclofenac potassium tab 50 mg</i> .....	1
<i>soln 0.1%</i> .....	91	<i>diclofenac sodium gel 1%</i> .....	99
<i>dexamethasone soln 0.5 mg/5ml</i> .....	71	<i>diclofenac sodium ophth soln 0.1%</i> ....	91
<i>dexamethasone tab 0.5 mg</i> .....	71	<i>diclofenac sodium tab delayed release 25</i>	
<i>dexamethasone tab 0.75 mg</i> .....	71	<i>mg</i> .....	1
<i>dexamethasone tab 1 mg</i> .....	71	<i>diclofenac sodium tab delayed release 50</i>	
<i>dexamethasone tab 1.5 mg</i> .....	71	<i>mg</i> .....	1
<i>dexamethasone tab 2 mg</i> .....	71	<i>diclofenac sodium tab delayed release 75</i>	
<i>dexamethasone tab 4 mg</i> .....	71	<i>mg</i> .....	1
<i>dexamethasone tab 6 mg</i> .....	71	<i>diclofenac sodium tab er 24hr 100 mg</i> ..	1
DEXILANT CAP 30MG DR .....	78	<i>dicloxacillin sodium cap 250 mg</i> .....	17
DEXILANT CAP 60MG DR .....	78	<i>dicloxacillin sodium cap 500 mg</i> .....	17
<i>dexrazoxane for inj 250 mg</i> .....	26	<i>dicyclomine hcl cap 10 mg</i> .....	76
<i>dexrazoxane for inj 500 mg</i> .....	26	<i>dicyclomine hcl oral soln 10 mg/5ml</i> ...	76
<i>dextrose 10% w/ sodium chloride 0.45%</i>		<i>dicyclomine hcl tab 20 mg</i> .....	76
.....	88	<i>didanosine delayed release capsule 200</i>	
<i>dextrose 2.5% w/ sodium chloride</i>		<i>mg</i> .....	9
<i>0.45%</i> .....	88	<i>didanosine delayed release capsule 250</i>	
<i>dextrose 5% in lactated ringers</i> .....	88	<i>mg</i> .....	9
<i>dextrose 5% w/ sodium chloride 0.2%</i>	88	<i>didanosine delayed release capsule 400</i>	
<i>dextrose 5% w/ sodium chloride 0.225%</i>		<i>mg</i> .....	9
.....	88	DIFICID TAB 200MG .....	15
<i>dextrose 5% w/ sodium chloride 0.33%</i>		<i>diflunisal tab 500 mg</i> .....	1
.....	88	<i>digitek tab 0.125mg</i> .....	37
<i>dextrose 5% w/ sodium chloride 0.45%</i>		<i>digitek tab 0.25mg</i> .....	37
.....	88	<i>digoxin inj 0.25 mg/ml</i> .....	37
<i>dextrose 5% w/ sodium chloride 0.9%</i>	88	<i>digoxin oral soln 0.05 mg/ml</i> .....	37
<i>dextrose inj 10%</i> .....	88	<i>digoxin tab 125 mcg (0.125 mg)</i> .....	37
<i>dextrose inj 5%</i> .....	88	<i>digoxin tab 250 mcg (0.25 mg)</i> .....	37
<i>dextrose inj 50%</i> .....	88	<i>dihydroergotamine mesylate inj 1 mg/ml</i>	
<i>dextrose inj 70%</i> .....	88	.....	58
DIASTAT ACDL GEL 12.5-20 .....	41	<i>dihydroergotamine mesylate nasal spray</i>	
DIASTAT ACDL GEL 5-10MG .....	41	<i>4 mg/ml</i> .....	58
		DILANTIN CAP 100MG .....	42
		DILANTIN CAP 30MG .....	42

DILANTIN CHW 50MG.....	42	<i>disulfiram tab 250 mg.....</i>	61
DILANTIN-125 SUS 125/5ML.....	42	<i>disulfiram tab 500 mg.....</i>	61
<i>diltiazem hcl cap er 12hr 120 mg.....</i>	35	<i>divalproex sodium cap delayed release sprinkle 125 mg.....</i>	42
<i>diltiazem hcl cap er 12hr 60 mg.....</i>	35	<i>divalproex sodium tab delayed release 125 mg.....</i>	42
<i>diltiazem hcl cap er 12hr 90 mg.....</i>	35	<i>divalproex sodium tab delayed release 250 mg.....</i>	42
<i>diltiazem hcl cap er 24hr 120 mg.....</i>	35	<i>divalproex sodium tab delayed release 500 mg.....</i>	42
<i>diltiazem hcl cap er 24hr 180 mg.....</i>	35	<i>divalproex sodium tab er 24 hr 250 mg .....</i>	42
<i>diltiazem hcl cap er 24hr 240 mg.....</i>	35	<i>divalproex sodium tab er 24 hr 500 mg .....</i>	42
<i>diltiazem hcl coated beads cap er 24hr 120 mg.....</i>	35	<i>docetaxel for inj conc 20 mg/ml.....</i>	20
<i>diltiazem hcl coated beads cap er 24hr 180 mg.....</i>	35	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml).....</i>	20
<i>diltiazem hcl coated beads cap er 24hr 240 mg.....</i>	35	DOCETAXEL INJ 160/16ML.....	20
<i>diltiazem hcl coated beads cap er 24hr 300 mg.....</i>	35	DOCETAXEL INJ 160/8ML.....	20
<i>diltiazem hcl coated beads cap er 24hr 360 mg.....</i>	35	DOCETAXEL INJ 200/10.....	20
<i>diltiazem hcl extended release beads cap er 24hr 120 mg.....</i>	35	DOCETAXEL INJ 20MG/2ML.....	20
<i>diltiazem hcl extended release beads cap er 24hr 180 mg.....</i>	35	DOCETAXEL INJ 80MG/4ML.....	20
<i>diltiazem hcl extended release beads cap er 24hr 240 mg.....</i>	36	DOCETAXEL INJ 80MG/8ML.....	20
<i>diltiazem hcl extended release beads cap er 24hr 300 mg.....</i>	36	<i>docetaxel soln for iv infusion 160 mg/16ml.....</i>	20
<i>diltiazem hcl extended release beads cap er 24hr 360 mg.....</i>	36	<i>docetaxel soln for iv infusion 20 mg/2ml .....</i>	20
<i>diltiazem hcl extended release beads cap er 24hr 420 mg.....</i>	36	<i>docetaxel soln for iv infusion 80 mg/8ml .....</i>	20
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml).....</i>	36	<i>dofetilide cap 125 mcg (0.125 mg).....</i>	31
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml).....</i>	36	<i>dofetilide cap 250 mcg (0.25 mg).....</i>	31
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml).....</i>	36	<i>dofetilide cap 500 mcg (0.5 mg).....</i>	31
<i>diltiazem hcl tab 120 mg.....</i>	36	<i>donepezil hydrochloride orally disintegrating tab 10 mg.....</i>	45
<i>diltiazem hcl tab 30 mg.....</i>	36	<i>donepezil hydrochloride orally disintegrating tab 5 mg.....</i>	45
<i>diltiazem hcl tab 60 mg.....</i>	36	<i>donepezil hydrochloride tab 10 mg.....</i>	45
<i>diltiazem hcl tab 90 mg.....</i>	36	<i>donepezil hydrochloride tab 23 mg.....</i>	46
DIP/TET PED INJ 25-5LFU.....	85	<i>donepezil hydrochloride tab 5 mg.....</i>	45
<i>diphenhydramine hcl inj 50 mg/ml.....</i>	93	<i>dorzolamide hcl ophth soln 2%.....</i>	91
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....</i>	78	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....</i>	92
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg.....</i>	78	<i>doxazosin mesylate tab 1 mg.....</i>	29
<i>disopyramide phosphate cap 100 mg ..</i>	31	<i>doxazosin mesylate tab 2 mg.....</i>	29
<i>disopyramide phosphate cap 150 mg ..</i>	31	<i>doxazosin mesylate tab 4 mg.....</i>	29
		<i>doxazosin mesylate tab 8 mg.....</i>	29
		<i>doxepin hcl cap 10 mg.....</i>	48
		<i>doxepin hcl cap 100 mg.....</i>	48

<i>doxepin hcl cap 150 mg</i> .....	48	<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> .....	58
<i>doxepin hcl cap 25 mg</i> .....	48	<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> .....	58
<i>doxepin hcl cap 50 mg</i> .....	48	ELIQUIS ST P TAB 5MG .....	80
<i>doxepin hcl cap 75 mg</i> .....	48	ELIQUIS TAB 2.5MG .....	80
<i>doxepin hcl conc 10 mg/ml</i> .....	48	ELIQUIS TAB 5MG .....	80
<i>doxepin hcl cream 5%</i> .....	99	ELITEK INJ 1.5MG .....	26
<i>doxorubicin hcl for inj 10 mg</i> .....	18	ELITEK INJ 7.5MG .....	26
<i>doxorubicin hcl for inj 50 mg</i> .....	18	ELLA TAB 30MG .....	67
<i>doxorubicin hcl inj 2 mg/ml</i> .....	18	EMCYT CAP 140MG.....	18
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i> .....	18	EMEND SUS 125MG.....	75
<i>doxy 100 inj 100mg</i> .....	17	<i>emoquette tab</i> .....	67
<i>doxycycline hyclate cap 100 mg</i> .....	17	EMSAM DIS 12MG/24H .....	48
<i>doxycycline hyclate cap 50 mg</i> .....	17	EMSAM DIS 6MG/24HR .....	48
<i>doxycycline hyclate for inj 100 mg</i> .....	17	EMSAM DIS 9MG/24HR .....	48
<i>doxycycline hyclate tab 100 mg</i> .....	17	EMTRIVA CAP 200MG.....	9
<i>doxycycline hyclate tab 20 mg</i> .....	17	EMTRIVA SOL 10MG/ML.....	9
<i>doxycycline monohydrate cap 100 mg</i> .18		EMVERM CHW 100MG .....	6
<i>doxycycline monohydrate cap 50 mg</i> ...18		<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	27
<i>doxycycline monohydrate tab 100 mg</i> .18		<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	27
<i>doxycycline monohydrate tab 150 mg</i> .18		<i>enalapril maleate tab 10 mg</i> .....	28
<i>doxycycline monohydrate tab 50 mg</i> ...18		<i>enalapril maleate tab 2.5 mg</i> .....	28
<i>doxycycline monohydrate tab 75 mg</i> ...18		<i>enalapril maleate tab 20 mg</i> .....	28
<i>dronabinol cap 10 mg</i> .....	75	<i>enalapril maleate tab 5 mg</i> .....	28
<i>dronabinol cap 2.5 mg</i> .....	75	ENDARI POW 5GM.....	82
<i>dronabinol cap 5 mg</i> .....	75	<i>endocet tab 10-325mg</i> .....	2
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	66	<i>endocet tab 2.5-325</i> .....	2
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	67	<i>endocet tab 5-325mg</i> .....	2
DROXIA CAP 200MG.....	25	<i>endocet tab 7.5-325</i> .....	2
DROXIA CAP 300MG.....	25	ENGERIX-B INJ 10/0.5ML.....	85
DROXIA CAP 400MG.....	25	ENGERIX-B INJ 20MCG/ML.....	85
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> .....	48	<i>enoxaparin sodium inj 100 mg/ml</i> .....	80
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	48	<i>enoxaparin sodium inj 120 mg/0.8ml..</i> 80	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> .....	48	<i>enoxaparin sodium inj 150 mg/ml</i> .....	80
DUREZOL EMU 0.05% .....	91	<i>enoxaparin sodium inj 30 mg/0.3ml</i> ...	80
<i>dutasteride cap 0.5 mg</i> .....	79	<i>enoxaparin sodium inj 300 mg/3ml</i> ....	80
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	79	<i>enoxaparin sodium inj 40 mg/0.4ml</i> ...	80
<b>E</b>		<i>enoxaparin sodium inj 60 mg/0.6ml</i> ...	80
EDURANT TAB 25MG .....	9	<i>enoxaparin sodium inj 80 mg/0.8ml</i> ...	80
<i>efavirenz cap 200 mg</i> .....	9	<i>enpresse-28 tab</i> .....	67
<i>efavirenz cap 50 mg</i> .....	9	<i>enskyce tab</i> .....	67
<i>efavirenz tab 600 mg</i> .....	9	<i>entacapone tab 200 mg</i> .....	51
		<i>entecavir tab 0.5 mg</i> .....	12
		<i>entecavir tab 1 mg</i> .....	12
		ENTRESTO TAB 24-26MG .....	29



ENTRESTO TAB 49-51MG .....	29	<i>esomeprazole magnesium cap delayed release 20 mg (base eq) .....</i>	79
ENTRESTO TAB 97-103MG .....	29	<i>esomeprazole magnesium cap delayed release 40 mg (base eq) .....</i>	79
<i>enulose sol 10gm/15 .....</i>	77	<i>esomeprazole sodium for intravenous soln 20 mg (base equiv) .....</i>	79
EPCLUSA TAB 400-100 .....	12	<i>esomeprazole sodium for intravenous soln 40 mg (base equiv) .....</i>	79
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) .....</i>	94	<i>estradiol tab 0.5 mg .....</i>	70
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) .....</i>	94	<i>estradiol tab 1 mg .....</i>	70
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml) .....</i>	18	<i>estradiol tab 2 mg .....</i>	70
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml) .....</i>	18	<i>estradiol td patch weekly 0.025 mg/24hr .....</i>	70
<i>epitol tab 200mg .....</i>	42	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) .....</i>	70
EPIVIR HBV SOL 5MG/ML .....	12	<i>estradiol td patch weekly 0.05 mg/24hr .....</i>	70
<i>eplerenone tab 25 mg .....</i>	28	<i>estradiol td patch weekly 0.06 mg/24hr .....</i>	70
<i>eplerenone tab 50 mg .....</i>	28	<i>estradiol td patch weekly 0.075 mg/24hr .....</i>	70
<i>ergotamine w/ caffeine tab 1-100 mg ..</i>	58	<i>estradiol td patch weekly 0.1 mg/24hr</i>	70
ERIVEDGE CAP 150MG .....	20	<i>estradiol vaginal cream 0.1 mg/gm ....</i>	70
ERLEADA TAB 60MG .....	21	<i>estradiol vaginal tab 10 mcg .....</i>	70
<i>errin tab 0.35mg .....</i>	67	<i>estradiol valerate im in oil 20 mg/ml ..</i>	70
<i>ertapenem sodium for inj 1 gm (base equivalent) .....</i>	6	<i>estradiol valerate im in oil 40 mg/ml ..</i>	70
<i>ery-tab tab 250mg ec .....</i>	15	<i>eszopiclone tab 1 mg .....</i>	57
<i>ery-tab tab 333mg ec .....</i>	15	<i>eszopiclone tab 2 mg .....</i>	57
<i>ery-tab tab 500mg ec .....</i>	15	<i>eszopiclone tab 3 mg .....</i>	57
ERYTHROCIN INJ 500MG .....	15	<i>ethambutol hcl tab 100 mg .....</i>	11
<i>erythrocin tab 250mg .....</i>	15	<i>ethambutol hcl tab 400 mg .....</i>	11
<i>erythromycin ethylsuccinate tab 400 mg .....</i>	15	<i>ethosuximide cap 250 mg .....</i>	42
<i>erythromycin gel 2% .....</i>	96	<i>ethosuximide soln 250 mg/5ml .....</i>	42
<i>erythromycin ophth oint 5 mg/gm .....</i>	90	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg .....</i>	67
<i>erythromycin pads 2% .....</i>	96	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg .....</i>	67
<i>erythromycin soln 2% .....</i>	96	<i>etodolac cap 200 mg .....</i>	1
<i>erythromycin tab 250 mg .....</i>	15	<i>etodolac cap 300 mg .....</i>	1
<i>erythromycin tab 500 mg .....</i>	15	<i>etodolac tab 400 mg .....</i>	1
<i>erythromycin w/ delayed release particles cap 250 mg .....</i>	15	<i>etodolac tab 500 mg .....</i>	1
ESBRIET CAP 267MG .....	94	<i>etodolac tab er 24hr 400 mg .....</i>	1
ESBRIET TAB 267MG .....	94	<i>etodolac tab er 24hr 500 mg .....</i>	1
ESBRIET TAB 801MG .....	94	<i>etodolac tab er 24hr 600 mg .....</i>	1
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) .....</i>	48	<i>etoposide inj 100 mg/5ml (20 mg/ml) 26</i>	
<i>escitalopram oxalate tab 10 mg (base equiv) .....</i>	48	<i>etoposide inj 500 mg/25ml (20 mg/ml) .....</i>	26
<i>escitalopram oxalate tab 20 mg (base equiv) .....</i>	48	<i>EVOTAZ TAB 300-150 .....</i>	11
<i>escitalopram oxalate tab 5 mg (base equiv) .....</i>	48		

<i>exemestane tab 25 mg</i> .....	21	<i>mcg</i> .....	3
<i>ezetimibe tab 10 mg</i> .....	33	<i>fentanyl citrate lozenge on a handle 1600</i>	
<b>F</b>		<i>mcg</i> .....	3
FABRAZYME INJ 35MG .....	69	<i>fentanyl citrate lozenge on a handle 200</i>	
FABRAZYME INJ 5MG.....	69	<i>mcg</i> .....	2
<i>falmina tab</i> .....	67	<i>fentanyl citrate lozenge on a handle 400</i>	
<i>famciclovir tab 125 mg</i> .....	12	<i>mcg</i> .....	2
<i>famciclovir tab 250 mg</i> .....	12	<i>fentanyl citrate lozenge on a handle 600</i>	
<i>famciclovir tab 500 mg</i> .....	12	<i>mcg</i> .....	2
<i>famotidine for susp 40 mg/5ml</i> .....	76	<i>fentanyl citrate lozenge on a handle 800</i>	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>mcg</i> .....	3
<i>mg/50ml</i> .....	76	<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	3
<i>famotidine inj 20 mg/2ml</i> .....	77	<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	3
<i>famotidine inj 200 mg/20ml</i> .....	77	<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	3
<i>famotidine inj 40 mg/4ml</i> .....	77	<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	3
<i>famotidine tab 20 mg</i> .....	77	<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	3
<i>famotidine tab 40 mg</i> .....	77	FENTORA TAB 100MCG .....	3
FANAPT PAK .....	53	FENTORA TAB 200MCG .....	3
FANAPT TAB 10MG .....	53	FENTORA TAB 400MCG .....	3
FANAPT TAB 12MG .....	53	FENTORA TAB 600MCG .....	3
FANAPT TAB 1MG .....	53	FENTORA TAB 800MCG .....	3
FANAPT TAB 2MG.....	53	FETZIMA CAP 120MG .....	48
FANAPT TAB 4MG.....	53	FETZIMA CAP 20MG.....	48
FANAPT TAB 6MG.....	53	FETZIMA CAP 40MG.....	48
FANAPT TAB 8MG.....	53	FETZIMA CAP 80MG.....	48
FARESTON TAB 60MG.....	21	FETZIMA CAP TITRATIO .....	48
FARXIGA TAB 10MG .....	63	FIASP FLEX INJ TOUCH .....	62
FARXIGA TAB 5MG .....	63	FIASP INJ 100/ML .....	62
FARYDAK CAP 10MG.....	20	<i>finasteride tab 5 mg</i> .....	79
FARYDAK CAP 15MG.....	20	FIRAZYR INJ 30MG/3ML .....	82
FARYDAK CAP 20MG.....	20	FLEBOGAMMA INJ 10/100ML .....	83
FASLODEX INJ 250/5ML.....	21	FLEBOGAMMA INJ 10/200ML .....	83
<i>fat emulsion iv soln 20%</i> .....	88	FLEBOGAMMA INJ 20/200ML .....	83
<i>felbamate susp 600 mg/5ml</i> .....	42	FLEBOGAMMA INJ 20/400ML .....	83
<i>felbamate tab 400 mg</i> .....	42	FLEBOGAMMA INJ 5GM/50ML .....	83
<i>felbamate tab 600 mg</i> .....	42	FLEBOGAMMA INJ DIF 5% .....	83
<i>felodipine tab er 24hr 10 mg</i> .....	36	<i>flecainide acetate tab 100 mg</i> .....	31
<i>felodipine tab er 24hr 2.5 mg</i> .....	36	<i>flecainide acetate tab 150 mg</i> .....	31
<i>felodipine tab er 24hr 5 mg</i> .....	36	<i>flecainide acetate tab 50 mg</i> .....	31
<i>femynor tab 0.25-35</i> .....	67	FLOVENT DISK AER 100MCG .....	95
<i>fenofibrate micronized cap 134 mg</i> .....	33	FLOVENT DISK AER 250MCG .....	95
<i>fenofibrate micronized cap 200 mg</i> .....	33	FLOVENT DISK AER 50MCG .....	95
<i>fenofibrate micronized cap 67 mg</i> .....	33	FLOVENT HFA AER 110MCG.....	95
<i>fenofibrate tab 145 mg</i> .....	33	FLOVENT HFA AER 220MCG.....	95
<i>fenofibrate tab 160 mg</i> .....	33	FLOVENT HFA AER 44MCG.....	95
<i>fenofibrate tab 48 mg</i> .....	33	<i>fluconazole for susp 10 mg/ml</i> .....	8
<i>fenofibrate tab 54 mg</i> .....	33	<i>fluconazole for susp 40 mg/ml</i> .....	8
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fluconazole in dextrose inj 200</i>	

mg/100ml.....	8	fluoxetine hcl cap 40 mg .....	48
fluconazole in dextrose inj 400		fluoxetine hcl solution 20 mg/5ml .....	48
mg/200ml.....	8	fluphenazine decanoate inj 25 mg/ml .	53
fluconazole in nacl 0.9% inj 200		fluphenazine hcl elixir 2.5 mg/5ml.....	53
mg/100ml.....	8	fluphenazine hcl inj 2.5 mg/ml.....	53
fluconazole in nacl 0.9% inj 400		fluphenazine hcl oral conc 5 mg/ml ....	53
mg/200ml.....	8	fluphenazine hcl tab 1 mg .....	53
fluconazole tab 100 mg .....	8	fluphenazine hcl tab 10 mg .....	53
fluconazole tab 150 mg .....	8	fluphenazine hcl tab 2.5 mg .....	53
fluconazole tab 200 mg .....	8	fluphenazine hcl tab 5 mg .....	53
fluconazole tab 50 mg .....	8	flurbiprofen sodium ophth soln 0.03%	91
FLUCONAZOLE/ INJ NAACL 100 .....	8	flurbiprofen tab 100 mg .....	1
flucytosine cap 250 mg.....	8	flurbiprofen tab 50 mg .....	1
flucytosine cap 500 mg.....	8	flutamide cap 125 mg .....	21
fludarabine phosphate for inj 50 mg ....	19	fluticasone propionate cream 0.05%...	98
fludarabine phosphate inj 25 mg/ml ....	19	fluticasone propionate nasal susp 50	
fludrocortisone acetate tab 0.1 mg.....	71	mcg/act .....	95
flunisolide nasal soln 25 mcg/act		fluticasone propionate oint 0.005% ....	98
(0.025%).....	95	fluvoxamine maleate tab 100 mg .....	40
fluocinolone acetonide (otic) oil 0.01%		fluvoxamine maleate tab 25 mg .....	40
.....	100	fluvoxamine maleate tab 50 mg .....	40
fluocinolone acetonide cream 0.01% ...	98	fondaparinux sodium subcutaneous inj	
fluocinolone acetonide cream 0.025% .	98	10 mg/0.8ml .....	81
fluocinolone acetonide oil 0.01% (body		fondaparinux sodium subcutaneous inj	
oil).....	98	2.5 mg/0.5ml .....	80
fluocinolone acetonide oil 0.01% (scalp		fondaparinux sodium subcutaneous inj 5	
oil).....	98	mg/0.4ml.....	80
fluocinolone acetonide oint 0.025% .....	98	fondaparinux sodium subcutaneous inj	
fluocinolone acetonide soln 0.01% .....	98	7.5 mg/0.6ml .....	80
fluocinonide cream 0.05%.....	98	FORTEO SOL 600/2.4 .....	72
fluocinonide emulsified base cream		fosamprenavir calcium tab 700 mg (base	
0.05% .....	98	equiv).....	9
fluocinonide gel 0.05% .....	98	fosinopril sodium & hydrochlorothiazide	
fluocinonide soln 0.05%.....	98	tab 10-12.5 mg.....	27
fluorometholone ophth susp 0.1%.....	91	fosinopril sodium & hydrochlorothiazide	
fluorouracil cream 5% .....	99	tab 20-12.5 mg.....	27
fluorouracil iv soln 1 gm/20ml (50		fosinopril sodium tab 10 mg .....	28
mg/ml).....	19	fosinopril sodium tab 20 mg .....	28
fluorouracil iv soln 2.5 gm/50ml (50		fosinopril sodium tab 40 mg .....	28
mg/ml).....	19	FREAMINE HBC INJ 6.9% .....	88
fluorouracil iv soln 5 gm/100ml (50		FREAMINE III INJ 10%.....	88
mg/ml).....	19	furosemide inj 10 mg/ml.....	37
fluorouracil iv soln 500 mg/10ml (50		furosemide oral soln 10 mg/ml .....	37
mg/ml).....	19	furosemide oral soln 8 mg/ml .....	37
fluorouracil soln 2% .....	99	furosemide tab 20 mg.....	37
fluorouracil soln 5% .....	99	furosemide tab 40 mg.....	37
fluoxetine hcl cap 10 mg.....	48	furosemide tab 80 mg.....	37
fluoxetine hcl cap 20 mg.....	48	FUZEON INJ 90MG .....	9

FYCOMPA SUS 0.5MG/ML .....	42	GAMUNEX-C INJ 5GM/50ML.....	84
FYCOMPA TAB 10MG .....	42	GANCICLOVIR INJ 500MG .....	12
FYCOMPA TAB 12MG .....	43	<i>ganciclovir sodium for inj 500 mg</i> .....	12
FYCOMPA TAB 2MG .....	42	GARDASIL 9 INJ.....	85
FYCOMPA TAB 4MG .....	42	<i>gatifloxacin ophth soln 0.5%</i> .....	90
FYCOMPA TAB 6MG .....	42	GATTEX KIT 5MG .....	78
FYCOMPA TAB 8MG .....	42	GAUZE PADS 2 .....	62
<b>G</b>		<i>gavilyte-c sol</i> .....	77
<i>gabapentin cap 100 mg</i> .....	43	<i>gavilyte-g sol</i> .....	77
<i>gabapentin cap 300 mg</i> .....	43	<i>gavilyte-n sol flav pk</i> .....	77
<i>gabapentin cap 400 mg</i> .....	43	<i>gemcitabine hcl for inj 1 gm</i> .....	19
<i>gabapentin oral soln 250 mg/5ml</i> .....	43	<i>gemcitabine hcl for inj 2 gm</i> .....	19
<i>gabapentin tab 600 mg</i> .....	43	<i>gemcitabine hcl for inj 200 mg</i> .....	19
<i>gabapentin tab 800 mg</i> .....	43	<i>gemcitabine hcl inj 1 gm/26.3ml (38</i>	
GABITRIL TAB 12MG .....	43	<i>mg/ml) (base equiv)</i> .....	19
GABITRIL TAB 16MG .....	43	<i>gemcitabine hcl inj 2 gm/52.6ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i> .....	19
<i>16 mg</i> .....	46	<i>gemcitabine hcl inj 200 mg/5.26ml (38</i>	
<i>galantamine hydrobromide cap er 24hr</i>		<i>mg/ml) (base equiv)</i> .....	19
<i>24 mg</i> .....	46	<i>gemfibrozil tab 600 mg</i> .....	33
<i>galantamine hydrobromide cap er 24hr 8</i>		<i>generlac sol 10gm/15</i> .....	77
<i>mg</i> .....	46	<i>gengraf cap 100mg</i> .....	85
<i>galantamine hydrobromide oral soln 4</i>		<i>gengraf cap 25mg</i> .....	85
<i>mg/ml</i> .....	46	<i>gengraf sol 100mg/ml</i> .....	85
<i>galantamine hydrobromide tab 12 mg</i> .	46	<i>gentak oin 0.3% op</i> .....	90
<i>galantamine hydrobromide tab 4 mg</i> ...	46	<i>gentamicin in saline inj 0.8 mg/ml</i> .....	5
<i>galantamine hydrobromide tab 8 mg</i> ...	46	<i>gentamicin in saline inj 1 mg/ml</i> .....	5
GAMASTAN S/D INJ.....	83	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	5
GAMMAGARD INJ 10GM/100 .....	83	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	5
GAMMAGARD INJ 1GM/10ML .....	83	<i>gentamicin in saline inj 2 mg/ml</i> .....	5
GAMMAGARD INJ 2.5GM/25 .....	83	<i>gentamicin sulfate cream 0.1%</i> .....	97
GAMMAGARD INJ 20GM/200 .....	84	<i>gentamicin sulfate inj 10 mg/ml</i> .....	5
GAMMAGARD INJ 30GM/300 .....	84	<i>gentamicin sulfate inj 40 mg/ml</i> .....	5
GAMMAGARD INJ 5GM/50ML .....	83	<i>gentamicin sulfate oint 0.1%</i> .....	97
GAMMAGARD SD INJ 10GM HU .....	84	<i>gentamicin sulfate ophth soln 0.3%</i> ....	90
GAMMAGARD SD INJ 5GM HU.....	84	GENVOYA TAB .....	11
GAMMAKED INJ 10GM/100.....	84	GEODON INJ 20MG.....	53
GAMMAKED INJ 1GM/10ML .....	84	<i>gildagia tab 0.4-35</i> .....	67
GAMMAKED INJ 2.5GM/25 .....	84	GILENYA CAP 0.5MG.....	60
GAMMAKED INJ 20GM/200.....	84	GILOTRIF TAB 20MG.....	23
GAMMAKED INJ 5GM/50ML .....	84	GILOTRIF TAB 30MG.....	23
GAMMAPLEX INJ 10%.....	84	GILOTRIF TAB 40MG.....	23
GAMMAPLEX INJ 5% .....	84	<i>glatiramer acetate soln prefilled syringe</i>	
GAMUNEX-C INJ 10GM/100 .....	84	<i>20 mg/ml</i> .....	60
GAMUNEX-C INJ 1GM/10ML .....	84	<i>glatiramer acetate soln prefilled syringe</i>	
GAMUNEX-C INJ 2.5GM/25.....	84	<i>40 mg/ml</i> .....	60
GAMUNEX-C INJ 20GM/200.....	84	<i>glatopa inj 20mg/ml</i> .....	60
GAMUNEX-C INJ 40/400ML .....	84	<i>glatopa inj 40mg/ml</i> .....	60

GLEOSTINE CAP 100MG.....	18
GLEOSTINE CAP 10MG .....	18
GLEOSTINE CAP 40MG .....	18
<i>glimepiride tab 1 mg .....</i>	<i>63</i>
<i>glimepiride tab 2 mg .....</i>	<i>63</i>
<i>glimepiride tab 4 mg .....</i>	<i>63</i>
<i>glipizide tab 10 mg .....</i>	<i>63</i>
<i>glipizide tab 5 mg .....</i>	<i>63</i>
<i>glipizide tab er 24hr 10 mg .....</i>	<i>63</i>
<i>glipizide tab er 24hr 2.5 mg .....</i>	<i>63</i>
<i>glipizide tab er 24hr 5 mg .....</i>	<i>63</i>
<i>glipizide xl tab 10mg .....</i>	<i>63</i>
<i>glipizide xl tab 2.5mg .....</i>	<i>63</i>
<i>glipizide xl tab 5mg.....</i>	<i>63</i>
<i>glipizide-metformin hcl tab 2.5-250 mg .....</i>	<i>63</i>
<i>glipizide-metformin hcl tab 2.5-500 mg .....</i>	<i>63</i>
<i>glipizide-metformin hcl tab 5-500 mg ..</i>	<i>63</i>
GLUCAGEN INJ HYPOKIT.....	72
GLUCAGON KIT 1MG .....	72
<i>glyburide micronized tab 1.5 mg.....</i>	<i>63</i>
<i>glyburide micronized tab 3 mg .....</i>	<i>63</i>
<i>glyburide micronized tab 6 mg .....</i>	<i>64</i>
<i>glyburide tab 1.25 mg .....</i>	<i>64</i>
<i>glyburide tab 2.5 mg .....</i>	<i>64</i>
<i>glyburide tab 5 mg.....</i>	<i>64</i>
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml).....</i>	<i>76</i>
<i>glycopyrrolate tab 1 mg.....</i>	<i>76</i>
<i>glycopyrrolate tab 2 mg.....</i>	<i>76</i>
<i>glydo gel 2%.....</i>	<i>99</i>
GOLYTELY SOL .....	77
<i>granisetron hcl inj 0.1 mg/ml .....</i>	<i>75</i>
<i>granisetron hcl inj 1 mg/ml .....</i>	<i>75</i>
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml) .....</i>	<i>75</i>
<i>granisetron hcl tab 1 mg.....</i>	<i>75</i>
GRANIX INJ 300/0.5 .....	81
GRANIX INJ 480/0.8 .....	81
<i>griseofulvin microsize susp 125 mg/5ml</i>	<i>8</i>
<i>griseofulvin microsize tab 500 mg .....</i>	<i>8</i>
<i>griseofulvin ultramicrosize tab 125 mg .</i>	<i>8</i>
<i>griseofulvin ultramicrosize tab 250 mg .</i>	<i>8</i>
<i>guanfacine hcl tab er 24hr 1 mg (base equiv) .....</i>	<i>57</i>
<i>guanfacine hcl tab er 24hr 2 mg (base equiv) .....</i>	<i>57</i>

<i>guanfacine hcl tab er 24hr 3 mg (base equiv).....</i>	<i>57</i>
<i>guanfacine hcl tab er 24hr 4 mg (base equiv).....</i>	<i>57</i>
<b>H</b>	
HAEGARDA INJ 2000UNIT .....	82
HAEGARDA INJ 3000UNIT .....	82
<i>halobetasol propionate cream 0.05%..</i>	<i>98</i>
<i>halobetasol propionate oint 0.05% .....</i>	<i>98</i>
<i>haloperidol decanoate im soln 100 mg/ml .....</i>	<i>53</i>
<i>haloperidol decanoate im soln 50 mg/ml .....</i>	<i>53</i>
<i>haloperidol lactate inj 5 mg/ml .....</i>	<i>53</i>
<i>haloperidol lactate oral conc 2 mg/ml .</i>	<i>53</i>
<i>haloperidol tab 0.5 mg.....</i>	<i>53</i>
<i>haloperidol tab 1 mg.....</i>	<i>53</i>
<i>haloperidol tab 10 mg.....</i>	<i>53</i>
<i>haloperidol tab 2 mg.....</i>	<i>53</i>
<i>haloperidol tab 20 mg.....</i>	<i>53</i>
<i>haloperidol tab 5 mg.....</i>	<i>53</i>
HARVONI TAB 90-400MG .....	12
HAVRIX INJ 1440UNIT .....	85
HAVRIX INJ 720UNIT .....	85
HEP SOD/NACL INJ 25000UNT .....	81
<i>heparin sodium (porcine) 100 unit/ml in d5w.....</i>	<i>81</i>
<i>heparin sodium (porcine) 40 unit/ml in d5w.....</i>	<i>81</i>
<i>heparin sodium (porcine) 50 unit/ml in d5w.....</i>	<i>81</i>
<i>heparin sodium (porcine) inj 1000 unit/ml .....</i>	<i>81</i>
<i>heparin sodium (porcine) inj 10000 unit/ml .....</i>	<i>81</i>
<i>heparin sodium (porcine) inj 20000 unit/ml .....</i>	<i>81</i>
<i>heparin sodium (porcine) inj 5000 unit/ml .....</i>	<i>81</i>
HEPARIN/NACL INJ 25000UNT .....	81
<i>hepatamine sol 8% .....</i>	<i>88</i>
HERCEPTIN INJ 150MG .....	20
HERCEPTIN INJ 440MG .....	20
HETLIOZ CAP 20MG.....	57
HEXALEN CAP 50MG .....	18
HIBERIX SOL 10MCG .....	85
HUMIRA INJ 10/0.1ML .....	82
HUMIRA INJ 10MG/0.2.....	82

HUMIRA INJ 20/0.2ML .....83  
 HUMIRA INJ 40/0.4ML .....83  
 HUMIRA KIT 20MG/0.4 .....83  
 HUMIRA KIT 40MG/0.8 .....83  
 HUMIRA PEDIA INJ CROHNS.....83  
 HUMIRA PEN INJ 40/0.4ML.....83  
 HUMIRA PEN INJ 40MG/0.8 .....83  
 HUMIRA PEN INJ CD/UC/HS .....83  
 HUMIRA PEN INJ PS/UV .....83  
 HUMIRA PEN KIT CD/UC/HS .....83  
 HUMIRA PEN KIT PS/UV .....83  
 HUMULIN R INJ U-500 .....62  
*hydralazine hcl inj 20 mg/ml* .....38  
*hydralazine hcl tab 10 mg* .....38  
*hydralazine hcl tab 100 mg* .....38  
*hydralazine hcl tab 25 mg* .....38  
*hydralazine hcl tab 50 mg* .....38  
*hydrochlorothiazide cap 12.5 mg* .....37  
*hydrochlorothiazide tab 12.5 mg* .....37  
*hydrochlorothiazide tab 25 mg* .....37  
*hydrochlorothiazide tab 50 mg* .....37  
*hydrocodone-acetaminophen soln 7.5-325 mg/15ml* ..... 3  
*hydrocodone-acetaminophen tab 10-325 mg* ..... 3  
*hydrocodone-acetaminophen tab 5-325 mg* ..... 3  
*hydrocodone-acetaminophen tab 7.5-325 mg* ..... 3  
*hydrocodone-ibuprofen tab 7.5-200 mg* 3  
*hydrocortisone butyrate cream 0.1%*...98  
*hydrocortisone butyrate oint 0.1%* .....98  
*hydrocortisone butyrate soln 0.1%*.....98  
*hydrocortisone cream 1%* .....98  
*hydrocortisone cream 2.5%* .....99  
*hydrocortisone enema 100 mg/60ml* ...77  
*hydrocortisone lotion 2.5%* .....99  
*hydrocortisone oint 1%* .....99  
*hydrocortisone oint 2.5%*.....99  
*hydrocortisone rectal cream 2.5%*.....99  
*hydrocortisone tab 10 mg* .....71  
*hydrocortisone tab 20 mg* .....71  
*hydrocortisone tab 5 mg* .....71  
*hydrocortisone valerate cream 0.2%* ...99  
*hydrocortisone valerate oint 0.2%* .....99  
*hydromorphone hcl liqd 1 mg/ml* ..... 3  
*hydromorphone hcl preservative free (pf) inj 10 mg/ml* ..... 3

*hydromorphone hcl tab 2 mg* ..... 3  
*hydromorphone hcl tab 4 mg* ..... 3  
*hydromorphone hcl tab 8 mg* ..... 3  
*hydroxychloroquine sulfate tab 200 mg* ..... 83  
*hydroxyprogesterone caproate im in oil 1.25 gm/5ml* ..... 21  
*hydroxyurea cap 500 mg* ..... 25  
*hydroxyzine hcl im soln 25 mg/ml* ..... 93  
*hydroxyzine hcl im soln 50 mg/ml* ..... 93  
*hydroxyzine hcl syrup 10 mg/5ml*..... 93  
*hydroxyzine hcl tab 10 mg* ..... 93  
*hydroxyzine hcl tab 25 mg* ..... 93  
*hydroxyzine hcl tab 50 mg* ..... 93  
*hydroxyzine pamoate cap 25 mg*..... 93  
*hydroxyzine pamoate cap 50 mg*..... 93  
 HYSINGLA ER TAB 100 MG ..... 3  
 HYSINGLA ER TAB 120 MG ..... 3  
 HYSINGLA ER TAB 20 MG ..... 3  
 HYSINGLA ER TAB 30 MG ..... 3  
 HYSINGLA ER TAB 40 MG ..... 3  
 HYSINGLA ER TAB 60 MG ..... 3  
 HYSINGLA ER TAB 80 MG ..... 3

**I**

*ibandronate sodium tab 150 mg (base equivalent)* ..... 65  
 IBRANCE CAP 100MG ..... 20  
 IBRANCE CAP 125MG ..... 20  
 IBRANCE CAP 75MG ..... 20  
*ibuprofen susp 100 mg/5ml* ..... 1  
*ibuprofen tab 400 mg* ..... 1  
*ibuprofen tab 600 mg* ..... 1  
*ibuprofen tab 800 mg* ..... 1  
 ICLUSIG TAB 15MG ..... 23  
 ICLUSIG TAB 45MG ..... 23  
 IDHIFA TAB 100MG ..... 20  
 IDHIFA TAB 50MG ..... 20  
 IFEX INJ 3GM ..... 18  
*ifosfamide for inj 1 gm* ..... 18  
 IFOSFAMIDE INJ 3GM ..... 18  
*ifosfamide iv inj 1 gm/20ml (50 mg/ml)* ..... 18  
*ifosfamide iv inj 3 gm/60ml (50 mg/ml)* ..... 18  
 ILEVRO DRO 0.3% OP ..... 91  
*imatinib mesylate tab 100 mg (base equivalent)* ..... 23  
*imatinib mesylate tab 400 mg (base*

<i>equivalent</i> ) .....	24	INVOKAMET TAB 150-1000 .....	64
IMBRUVICA CAP 140MG.....	24	INVOKAMET TAB 150-500 .....	64
IMBRUVICA CAP 70MG .....	24	INVOKAMET TAB 50-1000 .....	64
IMBRUVICA TAB 140MG.....	24	INVOKAMET TAB 50-500MG .....	64
IMBRUVICA TAB 280MG.....	24	INVOKAMET XR TAB 150-1000.....	64
IMBRUVICA TAB 420MG.....	24	INVOKAMET XR TAB 150-500 .....	64
IMBRUVICA TAB 560MG.....	24	INVOKAMET XR TAB 50-1000 .....	64
<i>imipenem-cilastatin intravenous for soln</i>		INVOKAMET XR TAB 50-500MG.....	64
<i>250 mg</i> .....	6	INVOKANA TAB 100MG .....	64
<i>imipenem-cilastatin intravenous for soln</i>		INVOKANA TAB 300MG .....	64
<i>500 mg</i> .....	6	IONOSOL-MB INJ /D5W .....	88
<i>imipramine hcl tab 10 mg</i> .....	48	IPOL INJ INACTIVE.....	85
<i>imipramine hcl tab 25 mg</i> .....	48	<i>ipratropium bromide inhal soln 0.02%</i>	92
<i>imipramine hcl tab 50 mg</i> .....	49	<i>ipratropium bromide nasal soln 0.03%</i>	92
<i>imiquimod cream 5%</i> .....	99	<i>(21 mcg/spray).....</i>	92
IMOVAX RABIE INJ 2.5/ML.....	85	<i>ipratropium bromide nasal soln 0.06%</i>	92
<i>incassia tab 0.35mg</i> .....	67	<i>(42 mcg/spray).....</i>	92
INCRELEX INJ 40MG/4ML.....	72	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INCRUSE ELPT INH 62.5MCG.....	92	<i>2.5(3) mg/3ml.....</i>	92
<i>indapamide tab 1.25 mg</i> .....	37	<i>irbesartan tab 150 mg</i> .....	30
<i>indapamide tab 2.5 mg</i> .....	37	<i>irbesartan tab 300 mg</i> .....	30
INFANRIX INJ.....	85	<i>irbesartan tab 75 mg</i> .....	30
INLYTA TAB 1MG .....	24	<i>irbesartan-hydrochlorothiazide tab 150-</i>	
INLYTA TAB 5MG .....	24	<i>12.5 mg.....</i>	29
INSULIN PEN NEEDLE.....	62	<i>irbesartan-hydrochlorothiazide tab 300-</i>	
INSULIN SAFETY NEEDLES.....	62	<i>12.5 mg.....</i>	30
INSULIN SYRINGE.....	62	IRESSA TAB 250MG.....	24
INTELENCE TAB 100MG .....	9	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INTELENCE TAB 200MG .....	9	<i>mg/ml) .....</i>	26
INTELENCE TAB 25MG .....	9	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	
INTRALIPID INJ 30%.....	88	<i>.....</i>	26
INTRON A INJ 10MU.....	84	<i>irinotecan hcl inj 500 mg/25ml (20</i>	
INTRON A INJ 18MU.....	84	<i>mg/ml) .....</i>	26
INTRON A INJ 25MU.....	84	ISENTRESS CHW 100MG.....	9
INTRON A INJ 50MU.....	84	ISENTRESS CHW 25MG.....	9
<i>introvale tab</i> .....	67	ISENTRESS HD TAB 600MG.....	9
INVANZ INJ 1GM .....	6	ISENTRESS POW 100MG.....	9
INVEGA SUST INJ 117/0.75 .....	53	ISENTRESS TAB 400MG .....	10
INVEGA SUST INJ 156MG/ML .....	53	<i>isibloom tab.....</i>	67
INVEGA SUST INJ 234/1.5 .....	53	ISOLYTE-P INJ /D5W .....	88
INVEGA SUST INJ 39/0.25 .....	53	ISOLYTE-S INJ.....	88
INVEGA SUST INJ 78/0.5ML.....	53	<i>isoniazid inj 100 mg/ml.....</i>	12
INVEGA TRINZ INJ 273MG .....	53	<i>isoniazid syrup 50 mg/5ml .....</i>	12
INVEGA TRINZ INJ 410MG .....	54	<i>isoniazid tab 100 mg .....</i>	12
INVEGA TRINZ INJ 546MG .....	54	<i>isoniazid tab 300 mg .....</i>	12
INVEGA TRINZ INJ 819MG .....	54	<i>isosorbide dinitrate tab 10 mg .....</i>	39
INVIRASE CAP 200MG .....	9	<i>isosorbide dinitrate tab 20 mg .....</i>	39
INVIRASE TAB 500MG .....	9	<i>isosorbide dinitrate tab 30 mg .....</i>	39

<i>isosorbide dinitrate tab 5 mg</i> .....	38	JENTADUETO TAB 2.5-1000.....	64
<i>isosorbide dinitrate tab er 40 mg</i> .....	39	JENTADUETO TAB 2.5-500 .....	64
<i>isosorbide mononitrate tab 10 mg</i> .....	39	JENTADUETO TAB 2.5-850 .....	64
<i>isosorbide mononitrate tab 20 mg</i> .....	39	JENTADUETO TAB XR.....	64
<i>isosorbide mononitrate tab er 24hr 120</i>		<i>jinteli tab 1mg-5mcg</i> .....	70
<i>mg</i> .....	39	<i>jolivette tab 0.35mg</i> .....	67
<i>isosorbide mononitrate tab er 24hr 30</i>		<i>juleber tab</i> .....	67
<i>mg</i> .....	39	JULUCA TAB 50-25MG.....	11
<i>isosorbide mononitrate tab er 24hr 60</i>		<i>junel 1.5/30 tab</i> .....	67
<i>mg</i> .....	39	<i>junel 1/20 tab</i> .....	67
<i>isotretinoin cap 10 mg</i> .....	96	<i>junel fe tab 1.5/30</i> .....	67
<i>isotretinoin cap 20 mg</i> .....	96	<i>junel fe tab 1/20</i> .....	67
<i>isotretinoin cap 30 mg</i> .....	96	JUXTAPID CAP 10MG .....	33
<i>isotretinoin cap 40 mg</i> .....	96	JUXTAPID CAP 20MG .....	33
<i>isradipine cap 2.5 mg</i> .....	36	JUXTAPID CAP 30MG .....	33
<i>isradipine cap 5 mg</i> .....	36	JUXTAPID CAP 40MG .....	33
<i>itraconazole cap 100 mg</i> .....	8	JUXTAPID CAP 5MG .....	33
<i>ivermectin tab 3 mg</i> .....	6	JUXTAPID CAP 60MG .....	33
IXIARO INJ .....	85	<b>K</b>	
<b>J</b>		KADCYLA INJ 100MG .....	20
JADENU SPRKL GRA 180MG .....	66	KADCYLA INJ 160MG .....	20
JADENU SPRKL GRA 360MG .....	66	KALETRA TAB 100-25MG.....	11
JADENU SPRKL GRA 90MG .....	66	KALETRA TAB 200-50MG.....	11
JADENU TAB 180MG.....	66	KALYDECO PAK 50MG .....	94
JADENU TAB 360MG.....	66	KALYDECO PAK 75MG .....	94
JADENU TAB 90MG.....	66	KALYDECO TAB 150MG .....	94
JAKAFI TAB 10MG .....	24	<i>kariva tab 28 day</i> .....	67
JAKAFI TAB 15MG .....	24	<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp;</i>	
JAKAFI TAB 20MG .....	24	<i>nacl 0.45% inj</i> .....	88
JAKAFI TAB 25MG .....	24	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i>	
JAKAFI TAB 5MG.....	24	<i>nacl 0.2% inj</i> .....	88
<i>jantoven tab 10mg</i> .....	81	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i>	
<i>jantoven tab 1mg</i> .....	81	<i>nacl 0.33% inj</i> .....	88
<i>jantoven tab 2.5mg</i> .....	81	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i>	
<i>jantoven tab 2mg</i> .....	81	<i>nacl 0.45% inj</i> .....	88
<i>jantoven tab 3mg</i> .....	81	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i>	
<i>jantoven tab 4mg</i> .....	81	<i>nacl 0.9% inj</i> .....	88
<i>jantoven tab 5mg</i> .....	81	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
<i>jantoven tab 6mg</i> .....	81	.....	89
<i>jantoven tab 7.5mg</i> .....	81	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	89
JANUMET TAB 50-1000.....	64	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp;</i>	
JANUMET TAB 50-500MG .....	64	<i>nacl 0.45% inj</i> .....	89
JANUMET XR TAB 100-1000 .....	64	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;</i>	
JANUMET XR TAB 50-1000 .....	64	<i>nacl 0.45% inj</i> .....	89
JANUMET XR TAB 50-500MG .....	64	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> ..	89
JANUVIA TAB 100MG.....	64	KCL/D5W/NACL INJ 0.15/0.2 .....	89
JANUVIA TAB 25MG .....	64	KCL/D5W/NACL INJ 0.3/0.9%.....	89
JANUVIA TAB 50MG .....	64	<i>kelnor 1/50 tab</i> .....	67



<i>kelnor tab 1/35</i> .....	67	<i>lamotrigine tab 150 mg</i> .....	43
<i>ketoconazole cream 2%</i> .....	97	<i>lamotrigine tab 200 mg</i> .....	43
<i>ketoconazole shampoo 2%</i> .....	97	<i>lamotrigine tab 25 mg</i> .....	43
<i>ketoconazole tab 200 mg</i> .....	8	<i>lamotrigine tab chewable dispersible 25</i>	
<i>ketoprofen cap 50 mg</i> .....	1	<i>mg</i> .....	43
<i>ketoprofen cap 75 mg</i> .....	1	<i>lamotrigine tab chewable dispersible 5</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>		<i>mg</i> .....	43
.....	91	<i>lamotrigine tab er 24hr 100 mg</i> .....	43
<i>ketorolac tromethamine ophth soln 0.5%</i>		<i>lamotrigine tab er 24hr 200 mg</i> .....	43
.....	91	<i>lamotrigine tab er 24hr 25 mg</i> .....	43
KEYTRUDA INJ 100MG/4M .....	20	<i>lamotrigine tab er 24hr 250 mg</i> .....	43
KEYTRUDA SOL 50MG .....	20	<i>lamotrigine tab er 24hr 300 mg</i> .....	43
<i>kimidess tab</i> .....	67	<i>lamotrigine tab er 24hr 50 mg</i> .....	43
KINRIX INJ .....	86	<i>lansoprazole cap delayed release 15 mg</i>	
KISQALI 200 PAK FEMARA .....	20	.....	79
KISQALI 400 PAK FEMARA .....	20	<i>lansoprazole cap delayed release 30 mg</i>	
KISQALI 600 PAK FEMARA .....	21	.....	79
KISQALI TAB 200DOSE .....	21	<i>larin fe tab 1.5/30</i> .....	67
KISQALI TAB 400DOSE .....	21	<i>larin fe tab 1/20</i> .....	67
KISQALI TAB 600DOSE .....	21	<i>larin tab 1.5/30</i> .....	67
<i>klor-con 10 tab 10meq er</i> .....	86	<i>larin tab 1/20</i> .....	67
<i>klor-con 8 tab 8meq er</i> .....	86	LASTACFT SOL 0.25% .....	91
KLOR-CON M15 TAB 15MEQ ER .....	86	<i>latanoprost ophth soln 0.005%</i> .....	92
KORLYM TAB 300MG .....	72	LATUDA TAB 120MG .....	54
<i>kurvelo tab 0.15/30</i> .....	67	LATUDA TAB 20MG .....	54
KUVAN POW 100MG .....	69	LATUDA TAB 40MG .....	54
KUVAN POW 500MG .....	69	LATUDA TAB 60MG .....	54
KUVAN TAB 100MG .....	70	LATUDA TAB 80MG .....	54
KYNAMRO INJ 200MG/ML .....	33	<i>leflunomide tab 10 mg</i> .....	83
<b>L</b>		<i>leflunomide tab 20 mg</i> .....	83
<i>labetalol hcl tab 100 mg</i> .....	34	LENVIMA CAP 10 MG .....	24
<i>labetalol hcl tab 200 mg</i> .....	34	LENVIMA CAP 12MG .....	24
<i>labetalol hcl tab 300 mg</i> .....	34	LENVIMA CAP 14 MG .....	24
<i>lactated ringer's solution</i> .....	89	LENVIMA CAP 18 MG .....	24
<i>lactic acid (ammonium lactate) cream</i>		LENVIMA CAP 20 MG .....	24
<i>12%</i> .....	99	LENVIMA CAP 24 MG .....	24
<i>lactic acid (ammonium lactate) lotion</i>		LENVIMA CAP 4MG .....	24
<i>12%</i> .....	99	LENVIMA CAP 8 MG .....	24
<i>lactulose (encephalopathy) solution 10</i>		<i>lessina tab</i> .....	67
<i>gm/15ml</i> .....	77	LETAIRIS TAB 10MG .....	39
<i>lactulose solution 10 gm/15ml</i> .....	77	LETAIRIS TAB 5MG .....	39
<i>lamivudine oral soln 10 mg/ml</i> .....	10	<i>letrozole tab 2.5 mg</i> .....	21
<i>lamivudine tab 100 mg (hbv)</i> .....	12	<i>leucovorin calcium for inj 100 mg</i> .....	26
<i>lamivudine tab 150 mg</i> .....	10	<i>leucovorin calcium for inj 200 mg</i> .....	26
<i>lamivudine tab 300 mg</i> .....	10	<i>leucovorin calcium for inj 350 mg</i> .....	26
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>leucovorin calcium for inj 50 mg</i> .....	26
.....	11	<i>leucovorin calcium for inj 500 mg</i> .....	26
<i>lamotrigine tab 100 mg</i> .....	43	<i>leucovorin calcium tab 10 mg</i> .....	26

<i>leucovorin calcium tab 15 mg</i> .....	26	LEVOLEUCOVOR SOL 250MG/25 .....	26
<i>leucovorin calcium tab 25 mg</i> .....	26	<i>levoleucovorin calcium for iv inj 50 mg</i>	
<i>leucovorin calcium tab 5 mg</i> .....	26	<i>(base equiv)</i> .....	26
LEUKERAN TAB 2MG .....	18	<i>levoleucovorin calcium inj 175</i>	
<i>leuprolide acetate inj kit 5 mg/ml</i> .....	22	<i>mg/17.5ml (base equiv)</i> .....	26
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levoleucovorin calcium iv soln pf 250</i>	
<i>(base equiv)</i> .....	93	<i>mg/25ml (base equiv)</i> .....	26
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levonest tab</i> .....	67
<i>mg/0.5ml (base equiv)</i> .....	94	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
<i>levabuterol tartrate inhal aerosol 45</i>		<i>day) tab 0.15-0.03 mg</i> .....	67
<i>mcg/act (base equiv)</i> .....	94	<i>levonorgestrel &amp; ethinyl estradiol tab 0.1</i>	
LEVEMIR INJ .....	62	<i>mg-20 mcg</i> .....	67
LEVEMIR INJ FLEXTOUC .....	62	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>0.15 mg-30 mcg</i> .....	67
<i>1000 mg/100ml</i> .....	43	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>levetiracetam in sodium chloride iv soln</i>		<i>30/0.075-40/0.125-30mg-mcg</i> .....	67
<i>1500 mg/100ml</i> .....	43	<i>levora-28 tab 0.15/30</i> .....	67
<i>levetiracetam in sodium chloride iv soln</i>		<i>levo-t tab 100mcg</i> .....	73
<i>500 mg/100ml</i> .....	43	<i>levo-t tab 112mcg</i> .....	73
<i>levetiracetam inj 500 mg/5ml (100</i>		<i>levo-t tab 125mcg</i> .....	73
<i>mg/ml)</i> .....	43	<i>levo-t tab 137mcg</i> .....	74
<i>levetiracetam oral soln 100 mg/ml</i> .....	43	<i>levo-t tab 150mcg</i> .....	74
<i>levetiracetam tab 1000 mg</i> .....	43	<i>levo-t tab 175mcg</i> .....	74
<i>levetiracetam tab 250 mg</i> .....	43	<i>levo-t tab 200 mcg</i> .....	74
<i>levetiracetam tab 500 mg</i> .....	43	<i>levo-t tab 25mcg</i> .....	73
<i>levetiracetam tab 750 mg</i> .....	43	<i>levo-t tab 300 mcg</i> .....	74
<i>levetiracetam tab er 24hr 500 mg</i> .....	43	<i>levo-t tab 50mcg</i> .....	73
<i>levetiracetam tab er 24hr 750 mg</i> .....	43	<i>levo-t tab 75mcg</i> .....	73
<i>levobunolol hcl ophth soln 0.5%</i> .....	92	<i>levo-t tab 88mcg</i> .....	73
<i>levocarnitine inj 200 mg/ml</i> .....	70	<i>levothyroxine sodium tab 100 mcg</i> .....	74
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>		<i>levothyroxine sodium tab 112 mcg</i> .....	74
.....	70	<i>levothyroxine sodium tab 125 mcg</i> .....	74
<i>levocarnitine tab 330 mg</i> .....	70	<i>levothyroxine sodium tab 137 mcg</i> .....	74
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>levothyroxine sodium tab 150 mcg</i> .....	74
<i>mg/5ml (0.5 mg/ml)</i> .....	93	<i>levothyroxine sodium tab 175 mcg</i> .....	74
<i>levocetirizine dihydrochloride tab 5 mg</i>	93	<i>levothyroxine sodium tab 200 mcg</i> .....	74
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>		<i>levothyroxine sodium tab 25 mcg</i> .....	74
.....	15	<i>levothyroxine sodium tab 300 mcg</i> .....	74
<i>levofloxacin in d5w iv soln 500</i>		<i>levothyroxine sodium tab 50 mcg</i> .....	74
<i>mg/100ml</i> .....	15	<i>levothyroxine sodium tab 75 mcg</i> .....	74
<i>levofloxacin in d5w iv soln 750</i>		<i>levothyroxine sodium tab 88 mcg</i> .....	74
<i>mg/150ml</i> .....	15	<i>levoxyl tab 100mcg</i> .....	74
<i>levofloxacin iv soln 25 mg/ml</i> .....	15	<i>levoxyl tab 112mcg</i> .....	74
<i>levofloxacin oral soln 25 mg/ml</i> .....	15	<i>levoxyl tab 125mcg</i> .....	74
<i>levofloxacin tab 250 mg</i> .....	15	<i>levoxyl tab 137mcg</i> .....	74
<i>levofloxacin tab 500 mg</i> .....	15	<i>levoxyl tab 150mcg</i> .....	74
<i>levofloxacin tab 750 mg</i> .....	15	<i>levoxyl tab 175mcg</i> .....	74
LEVOLEUCOVOR INJ 175MG .....	26	<i>levoxyl tab 200mcg</i> .....	74

<i>levoxyl tab 25mcg</i> .....	74	<i>lithium carbonate tab 300 mg</i> .....	59
<i>levoxyl tab 50mcg</i> .....	74	<i>lithium carbonate tab er 300 mg</i> .....	59
<i>levoxyl tab 75mcg</i> .....	74	<i>lithium carbonate tab er 450 mg</i> .....	59
<i>levoxyl tab 88mcg</i> .....	74	LITHIUM SOL 8MEQ/5ML.....	59
LEXIVA SUS 50MG/ML .....	10	LONSURF TAB 15-6.14.....	25
LEXIVA TAB 700MG.....	10	LONSURF TAB 20-8.19.....	25
<i>lidocaine hcl gel 2%</i> .....	99	<i>loperamide hcl cap 2 mg</i> .....	78
<i>lidocaine hcl local inj 0.5%</i> .....	5	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> <i>(80-20 mg/ml)</i> .....	11
<i>lidocaine hcl local inj 1%</i> .....	5	<i>lorazepam conc 2 mg/ml</i> .....	40
<i>lidocaine hcl local inj 2%</i> .....	5	<i>lorazepam inj 2 mg/ml</i> .....	40
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 0.5%</i> .....	5	<i>lorazepam inj 4 mg/ml</i> .....	40
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1%</i> .....	5	<i>lorazepam tab 0.5 mg</i> .....	40
<i>lidocaine hcl local preservative free (pf)</i> <i>inj 1.5%</i> .....	5	<i>lorazepam tab 1 mg</i> .....	40
<i>lidocaine hcl soln 4%</i> .....	99	<i>lorazepam tab 2 mg</i> .....	40
<i>lidocaine hcl viscous soln 2%</i> .....	100	<i>loryna tab 3-0.02mg</i> .....	67
<i>lidocaine oint 5%</i> .....	99	<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 100-12.5 mg</i> .....	30
<i>lidocaine patch 5%</i> .....	99	<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 100-25 mg</i> .....	30
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ...	99	<i>losartan potassium &amp; hydrochlorothiazide</i> <i>tab 50-12.5 mg</i> .....	30
<i>linezolid for susp 100 mg/5ml</i> .....	6	<i>losartan potassium tab 100 mg</i> .....	30
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i> .....	7	<i>losartan potassium tab 25 mg</i> .....	30
<i>linezolid iv soln 600 mg/300ml (2</i> <i>mg/ml)</i> .....	7	<i>losartan potassium tab 50 mg</i> .....	30
<i>linezolid tab 600 mg</i> .....	7	LOTEMAX GEL 0.5% .....	91
LINZESS CAP 145MCG .....	78	LOTEMAX OIN 0.5% .....	91
LINZESS CAP 290MCG.....	78	LOTEMAX SUS 0.5% .....	91
LINZESS CAP 72MCG .....	78	<i>lovastatin tab 10 mg</i> .....	32
<i>liothyronine sodium tab 25 mcg</i> .....	74	<i>lovastatin tab 20 mg</i> .....	32
<i>liothyronine sodium tab 5 mcg</i> .....	74	<i>lovastatin tab 40 mg</i> .....	32
<i>liothyronine sodium tab 50 mcg</i> .....	74	<i>loxapine succinate cap 10 mg</i> .....	54
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	27	<i>loxapine succinate cap 25 mg</i> .....	54
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....	27	<i>loxapine succinate cap 5 mg</i> .....	54
<i>lisinopril &amp; hydrochlorothiazide tab 20-25</i> <i>mg</i> .....	27	<i>loxapine succinate cap 50 mg</i> .....	54
<i>lisinopril tab 10 mg</i> .....	28	LUMIGAN SOL 0.01% .....	92
<i>lisinopril tab 2.5 mg</i> .....	28	LUMIZYME INJ 50MG .....	70
<i>lisinopril tab 20 mg</i> .....	28	LUPR DEP-PED INJ 11.25MG .....	72
<i>lisinopril tab 30 mg</i> .....	28	LUPR DEP-PED INJ 15MG .....	72
<i>lisinopril tab 40 mg</i> .....	28	LUPR DEP-PED INJ 3M 30MG .....	72
<i>lisinopril tab 5 mg</i> .....	28	LUPR DEP-PED INJ 7.5MG .....	72
<i>lithium carbonate cap 150 mg</i> .....	59	LUPRON DEPOT INJ 11.25MG.....	22
<i>lithium carbonate cap 300 mg</i> .....	59	LUPRON DEPOT INJ 3.75MG .....	22
<i>lithium carbonate cap 600 mg</i> .....	59	<i>lutra tab</i> .....	67
		LYNPARZA CAP 50MG .....	21
		LYNPARZA TAB 100MG.....	21
		LYNPARZA TAB 150MG.....	21
		LYRICA CAP 100MG .....	43

LYRICA CAP 150MG.....	43
LYRICA CAP 200MG.....	43
LYRICA CAP 225MG.....	43
LYRICA CAP 25MG .....	43
LYRICA CAP 300MG.....	43
LYRICA CAP 50MG .....	43
LYRICA CAP 75MG .....	43
LYRICA CR TAB 165MG.....	59
LYRICA CR TAB 330MG.....	59
LYRICA CR TAB 82.5MG.....	59
LYRICA SOL 20MG/ML .....	44
LYSODREN TAB 500MG.....	22
<i>lyza tab 0.35mg .....</i>	<i>68</i>

**M**

<i>mafenide acetate packet for topical soln 5% (50 gm) .....</i>	<i>97</i>
MAGNESIUM SU INJ 20/500ML .....	86
MAGNESIUM SU INJ 2GM/50ML .....	86
MAGNESIUM SU INJ 40G/1000 .....	86
MAGNESIUM SU INJ 4G/100ML.....	86
MAGNESIUM SU INJ 80MG/ML .....	86
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml .....</i>	<i>86</i>
<i>magnesium sulfate inj 50%.....</i>	<i>86</i>
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml) .....</i>	<i>86</i>
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml) .....</i>	<i>87</i>
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml) .....</i>	<i>87</i>
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml) .....</i>	<i>87</i>
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml) .....</i>	<i>87</i>
malathion lotion 0.5% .....	100
maprotiline hcl tab 25 mg .....	49
maprotiline hcl tab 50 mg .....	49
maprotiline hcl tab 75 mg .....	49
marlissa tab 0.15/30 .....	68
MARPLAN TAB 10MG .....	49
MATULANE CAP 50MG .....	25
MAVYRET TAB 100-40MG .....	12
meclizine hcl tab 12.5 mg .....	75
meclizine hcl tab 25 mg .....	75
medroxyprogesterone acetate im susp 150 mg/ml.....	68
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml .....	68

<i>medroxyprogesterone acetate tab 10 mg .....</i>	<i>73</i>
<i>medroxyprogesterone acetate tab 2.5 mg .....</i>	<i>73</i>
<i>medroxyprogesterone acetate tab 5 mg .....</i>	<i>73</i>
<i>mefloquine hcl tab 250 mg .....</i>	<i>9</i>
<i>megestrol acetate susp 40 mg/ml .....</i>	<i>22</i>
<i>megestrol acetate susp 625 mg/5ml ...</i>	<i>22</i>
<i>megestrol acetate tab 20 mg .....</i>	<i>22</i>
<i>megestrol acetate tab 40 mg .....</i>	<i>22</i>
MEKINIST TAB 0.5MG .....	24
MEKINIST TAB 2MG.....	24
MEKTOVI TAB 15MG .....	24
<i>meloxicam tab 15 mg .....</i>	<i>1</i>
<i>meloxicam tab 7.5 mg .....</i>	<i>1</i>
<i>mephalan hcl for inj 50 mg (base equiv) .....</i>	<i>18</i>
<i>memantine hcl cap er 24hr 14 mg.....</i>	<i>46</i>
<i>memantine hcl cap er 24hr 21 mg.....</i>	<i>46</i>
<i>memantine hcl cap er 24hr 28 mg.....</i>	<i>46</i>
<i>memantine hcl cap er 24hr 7 mg.....</i>	<i>46</i>
<i>memantine hcl oral solution 2 mg/ml..</i>	<i>46</i>
<i>memantine hcl tab 10 mg .....</i>	<i>46</i>
<i>memantine hcl tab 5 mg .....</i>	<i>46</i>
MENACTRA INJ .....	86
MENVEO INJ .....	86
mercaptapurine tab 50 mg .....	19
meropenem iv for soln 1 gm.....	7
meropenem iv for soln 500 mg .....	7
mesalamine enema 4 gm .....	77
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit .....</i>	<i>77</i>
<i>mesalamine tab delayed release 800 mg .....</i>	<i>77</i>
<i>mesna inj 100 mg/ml .....</i>	<i>26</i>
MESNEX TAB 400MG.....	26
metformin hcl tab 1000 mg .....	64
metformin hcl tab 500 mg .....	64
metformin hcl tab 850 mg .....	64
metformin hcl tab er 24hr 500 mg.....	64
metformin hcl tab er 24hr 750 mg.....	65
methadone con 10mg/ml .....	3
methadone hcl soln 10 mg/5ml.....	4
methadone hcl soln 5 mg/5ml.....	4
methadone hcl tab 10 mg .....	4
methadone hcl tab 5 mg .....	4
methazolamide tab 25 mg .....	37

<i>methazolamide tab 50 mg</i> .....	38	<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	76
<i>methenamine hippurate tab 1 gm</i> .....	7	<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	76
<i>methimazole tab 10 mg</i> .....	74	<i>metolazone tab 10 mg</i> .....	38
<i>methimazole tab 5 mg</i> .....	74	<i>metolazone tab 2.5 mg</i> .....	38
<i>methocarbamol tab 500 mg</i> .....	60	<i>metolazone tab 5 mg</i> .....	38
<i>methocarbamol tab 750 mg</i> .....	60	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	34
<i>methotrexate sodium for inj 1 gm</i> .....	19	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	34
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	19	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	34
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	19	<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	34
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	19	<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	34
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	19	<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	34
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	19	<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	34
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	83	<i>metoprolol tartrate iv soln 5 mg/5ml ..</i>	34
<i>methylclothiazide tab 5 mg</i> .....	38	<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i> .....	34
<i>methylphenidate hcl soln 10 mg/5ml</i> .....	57	<i>metoprolol tartrate tab 100 mg</i> .....	34
<i>methylphenidate hcl soln 5 mg/5ml</i> .....	57	<i>metoprolol tartrate tab 25 mg</i> .....	34
<i>methylphenidate hcl tab 10 mg</i> .....	57	<i>metoprolol tartrate tab 50 mg</i> .....	34
<i>methylphenidate hcl tab 20 mg</i> .....	57	<i>metronidazole cream 0.75%</i> .....	99
<i>methylphenidate hcl tab 5 mg</i> .....	57	<i>metronidazole gel 0.75%</i> .....	99
<i>methylphenidate hcl tab er 10 mg</i> .....	57	<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> .....	7
<i>methylphenidate hcl tab er 20 mg</i> .....	57	<i>metronidazole lotion 0.75%</i> .....	99
<i>methylprednisolone acetate inj susp 40 mg/ml</i> .....	71	<i>metronidazole tab 250 mg</i> .....	7
<i>methylprednisolone acetate inj susp 80 mg/ml</i> .....	71	<i>metronidazole tab 500 mg</i> .....	7
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	71	<i>metronidazole vaginal gel 0.75%</i> .....	80
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> .....	71	<i>mexiletine hcl cap 150 mg</i> .....	31
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> .....	71	<i>mexiletine hcl cap 200 mg</i> .....	31
<i>methylprednisolone tab 16 mg</i> .....	71	<i>mexiletine hcl cap 250 mg</i> .....	31
<i>methylprednisolone tab 32 mg</i> .....	71	<i>MG SO4/D5W INJ 10MG/ML</i> .....	87
<i>methylprednisolone tab 4 mg</i> .....	71	<i>MG SO4/D5W INJ 20MG/ML</i> .....	87
<i>methylprednisolone tab 8 mg</i> .....	71	<i>MIACALCIN INJ 200/ML</i> .....	72
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	71	<i>midodrine hcl tab 10 mg</i> .....	38
<i>metipranolol ophth soln 0.3%</i> .....	92	<i>midodrine hcl tab 2.5 mg</i> .....	38
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	75	<i>midodrine hcl tab 5 mg</i> .....	38
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	75	<i>migergot sup 2/100</i> .....	58
		<i>miglustat cap 100 mg</i> .....	70
		<i>mili tab 0.25/35</i> .....	68
		<i>minitran dis 0.1mg/hr</i> .....	39

<i>minitran dis 0.2mg/hr</i> .....	39	<i>montelukast sodium oral granules packet</i>	
<i>minitran dis 0.4mg/hr</i> .....	39	<i>4 mg (base equiv)</i> .....	94
<i>minitran dis 0.6mg/hr</i> .....	39	<i>montelukast sodium tab 10 mg (base</i>	
<i>minocycline hcl cap 100 mg</i> .....	18	<i>equiv)</i> .....	94
<i>minocycline hcl cap 50 mg</i> .....	18	MORPHINE SUL INJ 10MG/ML .....	4
<i>minocycline hcl cap 75 mg</i> .....	18	MORPHINE SUL INJ 150/30ML .....	4
<i>minoxidil tab 10 mg</i> .....	38	MORPHINE SUL INJ 2MG/ML .....	4
<i>minoxidil tab 2.5 mg</i> .....	38	MORPHINE SUL INJ 4MG/ML .....	4
<i>mirtazapine orally disintegrating tab 15</i>		MORPHINE SUL INJ 5MG/ML .....	4
<i>mg</i> .....	49	MORPHINE SUL INJ 8MG/ML .....	4
<i>mirtazapine orally disintegrating tab 30</i>		<i>morphine sulfate inj 10 mg/ml</i> .....	4
<i>mg</i> .....	49	<i>morphine sulfate inj 8 mg/ml</i> .....	4
<i>mirtazapine orally disintegrating tab 45</i>		<i>morphine sulfate iv soln 1 mg/ml</i> .....	4
<i>mg</i> .....	49	<i>morphine sulfate iv soln pf 10 mg/ml</i> ....	4
<i>mirtazapine tab 15 mg</i> .....	49	<i>morphine sulfate iv soln pf 4 mg/ml</i> ....	4
<i>mirtazapine tab 30 mg</i> .....	49	<i>morphine sulfate iv soln pf 8 mg/ml</i> ....	4
<i>mirtazapine tab 45 mg</i> .....	49	<i>morphine sulfate oral soln 10 mg/5ml</i> ...	4
<i>mirtazapine tab 7.5 mg</i> .....	49	<i>morphine sulfate oral soln 100 mg/5ml</i>	
<i>misoprostol tab 100 mcg</i> .....	78	<i>(20 mg/ml)</i> .....	4
<i>misoprostol tab 200 mcg</i> .....	78	<i>morphine sulfate oral soln 20 mg/5ml</i> ...	4
MITIGARE CAP 0.6MG .....	1	<i>morphine sulfate tab 15 mg</i> .....	4
<i>mitomycin for iv soln 20 mg</i> .....	19	<i>morphine sulfate tab 30 mg</i> .....	4
<i>mitomycin for iv soln 40 mg</i> .....	19	<i>morphine sulfate tab er 100 mg</i> .....	4
<i>mitomycin for iv soln 5 mg</i> .....	19	<i>morphine sulfate tab er 15 mg</i> .....	4
<i>mitoxantrone hcl inj conc 20 mg/10ml (2</i>		<i>morphine sulfate tab er 200 mg</i> .....	4
<i>mg/ml)</i> .....	25	<i>morphine sulfate tab er 30 mg</i> .....	4
<i>mitoxantrone hcl inj conc 25 mg/12.5ml</i>		<i>morphine sulfate tab er 60 mg</i> .....	4
<i>(2 mg/ml)</i> .....	25	MOVANTIK TAB 12.5MG .....	78
<i>mitoxantrone hcl inj conc 30 mg/15ml (2</i>		MOVANTIK TAB 25MG .....	78
<i>mg/ml)</i> .....	25	MOVIPREP SOL .....	77
M-M-R II INJ .....	86	MOXEZA SOL 0.5% .....	90
<i>moexipril hcl tab 15 mg</i> .....	28	<i>moxifloxacin hcl ophth soln 0.5% (base</i>	
<i>moexipril hcl tab 7.5 mg</i> .....	28	<i>equiv)</i> .....	90
<i>moexipril-hydrochlorothiazide tab 15-</i>		<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	
<i>12.5 mg</i> .....	27	.....	15
<i>moexipril-hydrochlorothiazide tab 15-25</i>		MOZOBIL INJ .....	81
<i>mg</i> .....	27	MULTAQ TAB 400MG .....	31
<i>moexipril-hydrochlorothiazide tab 7.5-</i>		<i>mupirocin oint 2%</i> .....	97
<i>12.5 mg</i> .....	27	MUSTARGEN INJ 10MG .....	18
<i>mometasone furoate cream 0.1%</i> .....	99	MYCAMINE INJ 100MG .....	8
<i>mometasone furoate oint 0.1%</i> .....	99	MYCAMINE INJ 50MG .....	8
<i>mometasone furoate solution 0.1%</i>		<i>mycophenolate mofetil cap 250 mg</i> ....	85
<i>(lotion)</i> .....	99	<i>mycophenolate mofetil for oral susp 200</i>	
<i>mononessa tab</i> .....	68	<i>mg/ml</i> .....	85
<i>montelukast sodium chew tab 4 mg</i>		<i>mycophenolate mofetil tab 500 mg</i> .....	85
<i>(base equiv)</i> .....	94	<i>mycophenolate sodium tab dr 180 mg</i>	
<i>montelukast sodium chew tab 5 mg</i>		<i>(mycophenolic acid equiv)</i> .....	85
<i>(base equiv)</i> .....	94	<i>mycophenolate sodium tab dr 360 mg</i>	

<i>(mycophenolic acid equiv)</i> .....	85
MYLOTARG INJ 4.5MG .....	21
<i>myorisan cap 10mg</i> .....	96
<i>myorisan cap 20mg</i> .....	97
<i>myorisan cap 30mg</i> .....	97
<i>myorisan cap 40mg</i> .....	97
MYRBETRIQ TAB 25MG .....	79
MYRBETRIQ TAB 50MG .....	79
<i>myzilra tab</i> .....	68

**N**

<i>nabumetone tab 500 mg</i> .....	1
<i>nabumetone tab 750 mg</i> .....	1
<i>nadolol tab 20 mg</i> .....	34
<i>nadolol tab 40 mg</i> .....	35
<i>nadolol tab 80 mg</i> .....	35
<i>nafcillin sodium for inj 1 gm</i> .....	17
<i>nafcillin sodium for inj 2 gm</i> .....	17
<i>nafcillin sodium for iv soln 1 gm</i> .....	17
<i>nafcillin sodium for iv soln 10 gm</i> .....	17
<i>nafcillin sodium for iv soln 2 gm</i> .....	17
NAGLAZYME INJ 1MG/ML .....	70
<i>nalbuphine hcl inj 10 mg/ml</i> .....	2
<i>nalbuphine hcl inj 20 mg/ml</i> .....	2
<i>naloxone hcl inj 0.4 mg/ml</i> .....	61
<i>naloxone hcl inj 4 mg/10ml</i> .....	61
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	61
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	61
<i>naltrexone hcl tab 50 mg</i> .....	61
NAMENDA XR CAP 14MG.....	46
NAMENDA XR CAP 21MG.....	46
NAMENDA XR CAP 28MG.....	46
NAMENDA XR CAP 7MG .....	46
NAMENDA XR CAP TITRATIO .....	46
NAMZARIC CAP.....	46
NAMZARIC CAP 14-10MG.....	46
NAMZARIC CAP 21-10MG.....	46
NAMZARIC CAP 28-10MG.....	46
NAMZARIC CAP 7-10MG.....	46
<i>naproxen dr tab 375mg</i> .....	1
<i>naproxen dr tab 500mg</i> .....	2
<i>naproxen sodium tab 275 mg</i> .....	2
<i>naproxen sodium tab 550 mg</i> .....	2
<i>naproxen susp 125 mg/5ml</i> .....	2
<i>naproxen tab 250 mg</i> .....	2
<i>naproxen tab 375 mg</i> .....	2
<i>naproxen tab 500 mg</i> .....	2
<i>naratriptan hcl tab 1 mg (base equiv)</i> ..	58

<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	58
NARCAN SPR .....	61
NATACYN SUS 5% OP.....	90
<i>nateglinide tab 120 mg</i> .....	65
<i>nateglinide tab 60 mg</i> .....	65
NATPARA INJ 100MCG .....	72
NATPARA INJ 25MCG.....	72
NATPARA INJ 50MCG .....	72
NATPARA INJ 75MCG.....	72
NEBUPENT INH 300MG .....	7
<i>necon tab 0.5/35</i> .....	68
<i>necon tab 7/7/7</i> .....	68
<i>nefazodone hcl tab 100 mg</i> .....	49
<i>nefazodone hcl tab 150 mg</i> .....	49
<i>nefazodone hcl tab 200 mg</i> .....	49
<i>nefazodone hcl tab 250 mg</i> .....	49
<i>nefazodone hcl tab 50 mg</i> .....	49
<i>neomycin sulfate tab 500 mg</i> .....	5
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	90
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	90
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	90
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	90
<i>neomycin-polymyxin-hc ophth susp</i> ....	90
<i>neomycin-polymyxin-hc otic soln 1% 100 mg/ml-10000 unit/ml-1%</i> .....	100
NEPHRAMINE INJ 5.4% .....	88
NERLYNX TAB 40MG .....	24
NEUPOGEN INJ 300/0.5 .....	81
NEUPOGEN INJ 300MCG.....	81
NEUPOGEN INJ 480/0.8 .....	81
NEUPOGEN INJ 480MCG.....	81
NEUPRO DIS 1MG/24HR.....	51
NEUPRO DIS 2MG/24HR.....	51
NEUPRO DIS 3MG/24HR.....	51
NEUPRO DIS 4MG/24HR.....	51
NEUPRO DIS 6MG/24HR.....	51
NEUPRO DIS 8MG/24HR.....	51
<i>nevirapine susp 50 mg/5ml</i> .....	10
<i>nevirapine tab 200 mg</i> .....	10
<i>nevirapine tab er 24hr 100 mg</i> .....	10
<i>nevirapine tab er 24hr 400 mg</i> .....	10
NEXAVAR TAB 200MG .....	24

<i>niacin tab er 1000 mg (antihyperlipidemic)</i> .....	33	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> .....	68
<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	33	<i>norethindrone &amp; mestranol tab 1 mg-50 mcg</i> .....	68
<i>niacin tab er 750 mg (antihyperlipidemic)</i> .....	33	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	68
<i>niacor tab 500mg</i> .....	33	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	68
<i>nicardipine hcl cap 20 mg</i> .....	36	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	68
<i>nicardipine hcl cap 30 mg</i> .....	36	<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	68
NICOTROL INH .....	61	<i>norethindrone acetate tab 5 mg</i> .....	73
NICOTROL NS SPR 10MG/ML .....	61	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	70
<i>nifedipine tab er 24hr 30 mg</i> .....	36	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	68
<i>nifedipine tab er 24hr 60 mg</i> .....	36	<i>norethindrone tab 0.35 mg</i> .....	68
<i>nifedipine tab er 24hr 90 mg</i> .....	36	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> .....	68
<i>nifedipine tab er 24hr osmotic release 30 mg</i> .....	36	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	68
<i>nifedipine tab er 24hr osmotic release 60 mg</i> .....	36	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	68
<i>nifedipine tab er 24hr osmotic release 90 mg</i> .....	36	<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	68
<i>nikki tab 3-0.02mg</i> .....	68	<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	68
<i>nilutamide tab 150 mg</i> .....	22	<i>norlyroc tab 0.35mg</i> .....	68
<i>nimodipine cap 30 mg</i> .....	36	NORMOSOL -M INJ /D5W .....	89
NINLARO CAP 2.3MG .....	21	NORMOSOL -R INJ /D5W .....	89
NINLARO CAP 3MG .....	21	NORMOSOL-R INJ PH 7.4 .....	89
NINLARO CAP 4MG .....	21	NORPACE CAP 100MG CR .....	31
NIPENT INJ 10MG .....	19	NORPACE CAP 150MG CR .....	31
NITRO-BID OIN 2% .....	39	NORTHERA CAP 100MG .....	38
NITRO-DUR DIS 0.3MG/HR .....	39	NORTHERA CAP 200MG .....	38
NITRO-DUR DIS 0.8MG/HR .....	39	NORTHERA CAP 300MG .....	38
<i>nitrofurantoin macrocrystalline cap 100 mg</i> .....	7	<i>nortrel tab 0.5/35</i> .....	68
<i>nitrofurantoin macrocrystalline cap 50 mg</i> .....	7	<i>nortrel tab 1/35</i> .....	68
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	7	<i>nortrel tab 7/7/7</i> .....	68
<i>nitroglycerin sl tab 0.3 mg</i> .....	39	<i>nortriptyline hcl cap 10 mg</i> .....	49
<i>nitroglycerin sl tab 0.4 mg</i> .....	39	<i>nortriptyline hcl cap 25 mg</i> .....	49
<i>nitroglycerin sl tab 0.6 mg</i> .....	39	<i>nortriptyline hcl cap 50 mg</i> .....	49
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> ..	39	<i>nortriptyline hcl cap 75 mg</i> .....	49
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> ..	39	<i>nortriptyline hcl soln 10 mg/5ml</i> .....	49
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> ..	39	NORVIR CAP 100MG .....	10
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> ..	39	NORVIR POW 100MG .....	10
NIVA-PLUS TAB .....	89	NORVIR SOL 80MG/ML .....	10
NORDITROPIN INJ 10/1.5ML .....	72		
NORDITROPIN INJ 15/1.5ML .....	72		
NORDITROPIN INJ 30/3ML .....	72		
NORDITROPIN INJ 5/1.5ML .....	72		



NORVIR TAB 100MG.....	10	<i>mg/ml)</i> .....	72
NOVOLIN INJ 70/30 .....	62	<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
NOVOLIN N INJ U-100 .....	62	<i>mg/ml)</i> .....	72
NOVOLIN R INJ U-100 .....	62	<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
NOVOLOG INJ 100/ML .....	62	<i>mg/ml)</i> .....	73
NOVOLOG INJ FLEXPEN .....	62	ODEFSEY TAB .....	11
NOVOLOG INJ PENFILL .....	62	ODOMZO CAP 200MG .....	21
NOVOLOG MIX INJ 70/30.....	62	OFEV CAP 100MG.....	94
NOVOLOG MIX INJ FLEXPEN.....	62	OFEV CAP 150MG.....	94
NOXAFIL SUS 40MG/ML.....	8	<i>ofloxacin ophth soln 0.3%</i> .....	90
NOXAFIL TAB 100MG.....	8	<i>ofloxacin otic soln 0.3%</i> .....	100
NUCYNTA ER TAB 100MG .....	4	<i>olanzapine for im inj 10 mg</i> .....	54
NUCYNTA ER TAB 150MG .....	4	<i>olanzapine orally disintegrating tab 10</i>	
NUCYNTA ER TAB 200MG .....	4	<i>mg</i> .....	54
NUCYNTA ER TAB 250MG .....	4	<i>olanzapine orally disintegrating tab 15</i>	
NUCYNTA ER TAB 50MG.....	4	<i>mg</i> .....	54
NUEDEXTA CAP 20-10MG.....	59	<i>olanzapine orally disintegrating tab 20</i>	
NULOJIX INJ 250MG.....	85	<i>mg</i> .....	54
NULYTELY SOL FLAV PKS .....	77	<i>olanzapine orally disintegrating tab 5 mg</i>	
NUPLAZID CAP 34MG .....	54	.....	54
NUPLAZID TAB 10MG .....	54	<i>olanzapine tab 10 mg</i> .....	54
NUPLAZID TAB 17MG .....	54	<i>olanzapine tab 15 mg</i> .....	54
NUVARING MIS.....	68	<i>olanzapine tab 2.5 mg</i> .....	54
<i>nyamyc pow 100000</i> .....	97	<i>olanzapine tab 20 mg</i> .....	54
NYMALIZE SOL 30/10ML.....	36	<i>olanzapine tab 5 mg</i> .....	54
<i>nystatin cream 100000 unit/gm</i> .....	97	<i>olanzapine tab 7.5 mg</i> .....	54
<i>nystatin oint 100000 unit/gm</i> .....	97	<i>olmesartan medoxomil tab 20 mg</i> .....	31
<i>nystatin susp 100000 unit/ml</i> .....	100	<i>olmesartan medoxomil tab 40 mg</i> .....	31
<i>nystatin tab 500000 unit</i> .....	8	<i>olmesartan medoxomil tab 5 mg</i> .....	30
<i>nystatin topical powder 100000 unit/gm</i>		<i>olmesartan medoxomil-</i>	
.....	97	<i>hydrochlorothiazide tab 20-12.5 mg ...</i>	30
<i>nystop pow 100000</i> .....	97	<i>olmesartan medoxomil-</i>	
<b>○</b>		<i>hydrochlorothiazide tab 40-12.5 mg ...</i>	30
O-CAL FA TAB .....	89	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 10/100ML.....	84	<i>hydrochlorothiazide tab 40-25 mg</i> .....	30
OCTAGAM INJ 10GM.....	84	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 1GM .....	84	<i>hydrochlorothiazide tab 20-5-12.5 mg</i>	30
OCTAGAM INJ 2.5GM.....	84	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 20/200ML.....	84	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	
OCTAGAM INJ 25GM.....	84	.....	30
OCTAGAM INJ 2GM/20ML.....	84	<i>olmesartan-amlodipine-</i>	
OCTAGAM INJ 5GM .....	84	<i>hydrochlorothiazide tab 40-10-25 mg</i> .	30
OCTAGAM INJ 5GM/50ML.....	84	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		<i>hydrochlorothiazide tab 40-5-12.5 mg</i>	30
<i>mg/ml)</i> .....	72	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		<i>hydrochlorothiazide tab 40-5-25 mg ...</i>	30
<i>mg/ml)</i> .....	73	<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>equivalent)</i> .....	91

<i>omega-3-acid ethyl esters cap 1 gm</i> .....	33
<i>omeprazole cap delayed release 10 mg</i>	79
<i>omeprazole cap delayed release 20 mg</i>	79
<i>omeprazole cap delayed release 40 mg</i>	79
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> .....	76
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> .....	76
<i>ondansetron hcl oral soln 4 mg/5ml</i> ....	76
<i>ondansetron hcl tab 24 mg</i> .....	76
<i>ondansetron hcl tab 4 mg</i> .....	76
<i>ondansetron hcl tab 8 mg</i> .....	76
<i>ondansetron orally disintegrating tab 4 mg</i> .....	76
<i>ondansetron orally disintegrating tab 8 mg</i> .....	76
ONFI SUS 2.5MG/ML .....	44
ONFI TAB 10MG.....	44
ONFI TAB 20MG.....	44
OPSUMIT TAB 10MG.....	39
ORFADIN CAP 10MG.....	70
ORFADIN CAP 20MG.....	70
ORFADIN CAP 2MG .....	70
ORFADIN CAP 5MG .....	70
ORFADIN SUS 4MG/ML.....	70
ORKAMBI GRA 100-125 .....	94
ORKAMBI GRA 150-188 .....	94
ORKAMBI TAB 100-125 .....	94
ORKAMBI TAB 200-125 .....	94
<i>orsythia tab</i> .....	68
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> .....	12
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> .....	12
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> .....	12
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	12
<i>oxacillin sodium for inj 1 gm (base equivalent)</i> .....	17
<i>oxacillin sodium for inj 10 gm (base equivalent)</i> .....	17
<i>oxacillin sodium for inj 2 gm (base equivalent)</i> .....	17
<i>oxaliplatin for iv inj 100 mg</i> .....	26
<i>oxaliplatin for iv inj 50 mg</i> .....	26
<i>oxaliplatin iv soln 100 mg/20ml</i> .....	26
<i>oxaliplatin iv soln 50 mg/10ml</i> .....	26

<i>oxandrolone tab 10 mg</i> .....	61
<i>oxandrolone tab 2.5 mg</i> .....	61
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	44
<i>oxcarbazepine tab 150 mg</i> .....	44
<i>oxcarbazepine tab 300 mg</i> .....	44
<i>oxcarbazepine tab 600 mg</i> .....	44
<i>oxybutynin chloride syrup 5 mg/5ml</i> ...	79
<i>oxybutynin chloride tab 5 mg</i> .....	79
<i>oxybutynin chloride tab er 24hr 10 mg</i>	79
<i>oxybutynin chloride tab er 24hr 15 mg</i>	79
<i>oxybutynin chloride tab er 24hr 5 mg</i> .	79
<i>oxycodone hcl cap 5 mg</i> .....	4
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .....	4
<i>oxycodone hcl soln 5 mg/5ml</i> .....	4
<i>oxycodone hcl tab 10 mg</i> .....	4
<i>oxycodone hcl tab 15 mg</i> .....	4
<i>oxycodone hcl tab 20 mg</i> .....	4
<i>oxycodone hcl tab 30 mg</i> .....	4
<i>oxycodone hcl tab 5 mg</i> .....	4
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	4
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	4
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	4
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	4
OXYCONTIN TAB 10MG CR .....	4
OXYCONTIN TAB 15MG CR .....	5
OXYCONTIN TAB 20MG CR .....	5
OXYCONTIN TAB 30MG CR .....	5
OXYCONTIN TAB 40MG CR .....	5
OXYCONTIN TAB 60MG CR .....	5
OXYCONTIN TAB 80MG CR .....	5
OZEMPIC INJ 2/1.5ML.....	62
<b>P</b>	
<i>pacerone tab 100mg</i> .....	31
<i>pacerone tab 200mg</i> .....	31
<i>pacerone tab 400mg</i> .....	31
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> .....	20
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> .....	20
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> .....	20
<i>paclitaxel iv conc 300 mg/50ml (6</i>	

<i>mg/ml)</i> .....	20	<i>mg/5ml</i> .....	17
<i>paliperidone tab er 24hr 1.5 mg</i> .....	54	<i>penicillin v potassium for soln 250 mg/5ml</i> .....	17
<i>paliperidone tab er 24hr 3 mg</i> .....	54	<i>penicillin v potassium tab 250 mg</i> .....	17
<i>paliperidone tab er 24hr 6 mg</i> .....	54	<i>penicillin v potassium tab 500 mg</i> .....	17
<i>paliperidone tab er 24hr 9 mg</i> .....	54	PENTACEL INJ.....	86
<i>pamidronate disodium for inj 30 mg</i> ....	65	PENTAM 300 INJ 300MG.....	7
<i>pamidronate disodium for inj 90 mg</i> ....	65	<i>pentoxifylline tab er 400 mg</i> .....	82
<i>pamidronate disodium iv soln 3 mg/ml</i>	65	<i>perindopril erbumine tab 2 mg</i> .....	28
<i>pamidronate disodium iv soln 9 mg/ml</i>	65	<i>perindopril erbumine tab 4 mg</i> .....	28
PAMIDRONATE INJ 6MG/ML.....	65	<i>perindopril erbumine tab 8 mg</i> .....	28
PANRETIN GEL 0.1% .....	100	<i>periogard sol 0.12%</i> .....	100
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i> .....	79	<i>permethrin cream 5%</i> .....	100
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i> .....	79	<i>perphenazine tab 16 mg</i> .....	54
<i>paricalcitol cap 1 mcg</i> .....	89	<i>perphenazine tab 2 mg</i> .....	54
<i>paricalcitol cap 2 mcg</i> .....	89	<i>perphenazine tab 4 mg</i> .....	54
<i>paricalcitol cap 4 mcg</i> .....	89	<i>perphenazine tab 8 mg</i> .....	54
<i>paromomycin sulfate cap 250 mg</i> .....	5	<i>phenelzine sulfate tab 15 mg</i> .....	49
<i>paroxetine hcl tab 10 mg</i> .....	49	PHENOBARB INJ 65MG/ML .....	44
<i>paroxetine hcl tab 20 mg</i> .....	49	<i>phenobarbital elixir 20 mg/5ml</i> .....	44
<i>paroxetine hcl tab 30 mg</i> .....	49	<i>phenobarbital sodium inj 130 mg/ml</i> ..	44
<i>paroxetine hcl tab 40 mg</i> .....	49	<i>phenobarbital tab 100 mg</i> .....	44
PASER GRA 4GM.....	12	<i>phenobarbital tab 15 mg</i> .....	44
PAXIL SUS 10MG/5ML .....	49	<i>phenobarbital tab 16.2 mg</i> .....	44
PAZEO DRO 0.7% .....	91	<i>phenobarbital tab 30 mg</i> .....	44
PEDIARIX INJ 0.5ML.....	86	<i>phenobarbital tab 32.4 mg</i> .....	44
PEDVAX HIB INJ .....	86	<i>phenobarbital tab 60 mg</i> .....	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	77	<i>phenobarbital tab 64.8 mg</i> .....	44
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> .....	77	<i>phenobarbital tab 97.2 mg</i> .....	44
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	77	PHENYTEK CAP 200MG.....	44
PEGANONE TAB 250MG .....	44	PHENYTEK CAP 300MG.....	44
PEGASYS INJ.....	12	<i>phenytoin chew tab 50 mg</i> .....	44
PEGASYS INJ 180MCG/M .....	12	<i>phenytoin sodium extended cap 100 mg</i> .....	44
PEGASYS INJ PROCLICK .....	13	<i>phenytoin sodium extended cap 200 mg</i> .....	44
PEN G PROC INJ 600000.....	17	<i>phenytoin sodium extended cap 300 mg</i> .....	44
PENICILL GK/ INJ DEX 2MU.....	17	<i>phenytoin sodium inj 50 mg/ml</i> .....	44
PENICILL GK/ INJ DEX 3MU.....	17	<i>phenytoin susp 125 mg/5ml</i> .....	44
<i>penicillin g potassium for inj 20000000 unit</i> .....	17	<i>philith tab 0.4-35</i> .....	68
<i>penicillin g potassium for inj 5000000 unit</i> .....	17	PHOSPHOLINE SOL 0.125%OP.....	92
<i>penicillin g sodium for inj 5000000 unit</i> .....	17	PICATO GEL 0.015% .....	100
<i>penicillin v potassium for soln 125 mg/5ml</i> .....	17	PICATO GEL 0.05% .....	100
		<i>pilocarpine hcl ophth soln 1%</i> .....	92
		<i>pilocarpine hcl ophth soln 2%</i> .....	92
		<i>pilocarpine hcl ophth soln 4%</i> .....	92
		<i>pilocarpine hcl tab 5 mg</i> .....	100

<i>pilocarpine hcl tab 7.5 mg</i> .....	100	<i>potassium chloride inj 20 meq/50ml</i> ...	89
<i>pimozide tab 1 mg</i> .....	54	<i>potassium chloride inj 40 meq/100ml</i> .	89
<i>pimozide tab 2 mg</i> .....	54	<i>potassium chloride microencapsulated</i>	
<i>pimtrea tab</i> .....	68	<i>crys er tab 10 meq</i> .....	87
<i>pindolol tab 10 mg</i> .....	35	<i>potassium chloride microencapsulated</i>	
<i>pindolol tab 5 mg</i> .....	35	<i>crys er tab 20 meq</i> .....	87
<i>pioglitazone hcl tab 15 mg (base equiv)</i>		<i>potassium chloride oral soln 10% (20</i>	
.....	65	<i>meq/15ml)</i> .....	87
<i>pioglitazone hcl tab 30 mg (base equiv)</i>		<i>potassium chloride oral soln 20% (40</i>	
.....	65	<i>meq/15ml)</i> .....	87
<i>pioglitazone hcl tab 45 mg (base equiv)</i>		<i>potassium chloride powder packet 20</i>	
.....	65	<i>meq</i> .....	87
PIPER/TAZOBA INJ 12-1.5GM.....	17	<i>potassium chloride tab er 10 meq</i> .....	87
<i>piperacillin sod-tazobactam na for inj</i>		<i>potassium chloride tab er 20 meq (1500</i>	
<i>3.375 gm (3-0.375 gm)</i> .....	17	<i>mg)</i> .....	87
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium chloride tab er 8 meq (600</i>	
<i>2.25 gm (2-0.25 gm)</i> .....	17	<i>mg)</i> .....	87
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium citrate tab er 10 meq (1080</i>	
<i>4.5 gm (4-0.5 gm)</i> .....	17	<i>mg)</i> .....	79
<i>piperacillin sod-tazobactam sod for inj</i>		<i>potassium citrate tab er 15 meq (1620</i>	
<i>40.5 gm (36-4.5 gm)</i> .....	17	<i>mg)</i> .....	79
<i>pirmella tab 1/35</i> .....	68	<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>piroxicam cap 10 mg</i> .....	2	.....	79
<i>piroxicam cap 20 mg</i> .....	2	PRADAXA CAP 110MG .....	81
PLASMA-LYTE INJ -148 .....	89	PRADAXA CAP 150MG .....	81
PLASMA-LYTE INJ -A .....	89	PRADAXA CAP 75MG .....	81
PNV FOLIC AC TAB + IRON .....	89	PRALUENT INJ 150MG/ML .....	33
PNV PRENATAL TAB PLUS .....	89	PRALUENT INJ 75MG/ML .....	33
<i>podofilox soln 0.5%</i> .....	100	<i>pramipexole dihydrochloride tab 0.125</i>	
<i>polyethylene glycol 3350 oral packet</i> ...	77	<i>mg</i> .....	51
<i>polyethylene glycol 3350 oral powder</i> ..	77	<i>pramipexole dihydrochloride tab 0.25 mg</i>	
<i>polymyxin b-trimethoprim ophth soln</i>		.....	51
<i>10000 unit/ml-0.1%</i> .....	90	<i>pramipexole dihydrochloride tab 0.5 mg</i>	
POMALYST CAP 1MG .....	22	.....	51
POMALYST CAP 2MG .....	22	<i>pramipexole dihydrochloride tab 0.75 mg</i>	
POMALYST CAP 3MG .....	22	.....	51
POMALYST CAP 4MG .....	22	<i>pramipexole dihydrochloride tab 1 mg</i> 51	
<i>portia-28 tab</i> .....	69	<i>pramipexole dihydrochloride tab 1.5 mg</i>	
<i>potassium chloride 20 meq/l (0.15%) in</i>		.....	51
<i>dextrose 5% inj</i> .....	89	<i>prasugrel hcl tab 10 mg (base equiv)..</i> 82	
<i>potassium chloride 40 meq/l (0.3%) in</i>		<i>prasugrel hcl tab 5 mg (base equiv) ...</i> 82	
<i>dextrose 5% inj</i> .....	89	<i>pravastatin sodium tab 10 mg</i> .....	32
<i>potassium chloride cap er 10 meq</i> .....	87	<i>pravastatin sodium tab 20 mg</i> .....	32
<i>potassium chloride cap er 8 meq</i> .....	87	<i>pravastatin sodium tab 40 mg</i> .....	32
<i>potassium chloride inj 10 meq/100ml</i> ..	89	<i>pravastatin sodium tab 80 mg</i> .....	32
<i>potassium chloride inj 10 meq/50ml</i> ....	89	<i>praziquantel tab 600 mg</i> .....	7
<i>potassium chloride inj 2 meq/ml</i> .....	89	<i>prazosin hcl cap 1 mg</i> .....	29
<i>potassium chloride inj 20 meq/100ml</i> ..	89	<i>prazosin hcl cap 2 mg</i> .....	29

<i>prazosin hcl cap 5 mg</i> .....	29	PRIVIGEN INJ 20GRAMS .....	84
PRED SOD PHO SOL 1% OP .....	91	PRIVIGEN INJ 40GRAMS .....	84
<i>prednisolone acetate ophth susp 1%</i> ...	91	PRIVIGEN INJ 5 GRAMS .....	84
<i>prednisolone sod phosph oral soln 6.7</i>		<i>probenecid tab 500 mg</i> .....	1
<i>mg/5ml (5 mg/5ml base)</i> .....	71	PROCALAMINE INJ 3%.....	88
<i>prednisolone sod phosphate oral soln 15</i>		<i>prochlorperazine edisylate inj 5 mg/ml</i>	76
<i>mg/5ml (base equiv)</i> .....	71	<i>prochlorperazine maleate tab 10 mg</i>	
<i>prednisolone sodium phosphate oral soln</i>		<i>(base equivalent)</i> .....	76
<i>25 mg/5ml (base eq)</i> .....	72	<i>prochlorperazine maleate tab 5 mg (base</i>	
<i>prednisolone syrup 15 mg/5ml (usp</i>		<i>equivalent)</i> .....	76
<i>solution equivalent)</i> .....	72	<i>prochlorperazine suppos 25 mg</i> .....	76
PREDNISON CON 5MG/ML.....	72	PROCRIT INJ 10000/ML.....	82
<i>prednisone oral soln 5 mg/5ml</i> .....	72	PROCRIT INJ 2000/ML .....	81
<i>prednisone tab 1 mg</i> .....	72	PROCRIT INJ 20000/ML.....	82
<i>prednisone tab 10 mg</i> .....	72	PROCRIT INJ 3000/ML .....	82
<i>prednisone tab 2.5 mg</i> .....	72	PROCRIT INJ 4000/ML .....	82
<i>prednisone tab 20 mg</i> .....	72	PROCRIT INJ 40000/ML.....	82
<i>prednisone tab 5 mg</i> .....	72	<i>procto-med cre hc 2.5%</i> .....	100
<i>prednisone tab 50 mg</i> .....	72	<i>procto-pak cre 1%</i> .....	100
<i>prednisone tab therapy pack 10 mg (21)</i>		<i>proctozone cre -hc 2.5%</i> .....	100
.....	72	PROGLYCEM SUS 50MG/ML .....	72
<i>prednisone tab therapy pack 10 mg (48)</i>		PROLASTIN-C INJ 1000MG .....	95
.....	72	PROLENSA SOL 0.07%.....	91
<i>prednisone tab therapy pack 5 mg (21)</i>		PROLIA SOL 60MG/ML .....	73
.....	72	PROMACTA TAB 12.5MG.....	82
<i>prednisone tab therapy pack 5 mg (48)</i>		PROMACTA TAB 25MG .....	82
.....	72	PROMACTA TAB 50MG .....	82
PREMASOL SOL 10%.....	88	PROMACTA TAB 75MG .....	82
PRENATAL TAB 27-1MG .....	89	<i>promethazine hcl inj 25 mg/ml</i> .....	76
PRENATAL TAB PLUS .....	89	<i>promethazine hcl inj 50 mg/ml</i> .....	76
PRENATAL VIT TAB LOW IRON.....	90	<i>promethazine hcl syrup 6.25 mg/5ml.</i>	76
<i>prenatal vitamin/folic acid &gt; 0.8 mg</i>		<i>promethazine hcl tab 12.5 mg</i> .....	76
<i>(generic)</i> .....	90	<i>promethazine hcl tab 25 mg</i> .....	76
PREPLUS TAB 27-1MG .....	90	<i>promethazine hcl tab 50 mg</i> .....	76
<i>prevalite pow 4gm</i> .....	33	<i>propafenone hcl cap er 12hr 225 mg</i> ..	31
<i>prevalite pow 4gm pk</i> .....	33	<i>propafenone hcl cap er 12hr 325 mg</i> ..	31
<i>previfem tab</i> .....	69	<i>propafenone hcl cap er 12hr 425 mg</i> ..	31
PREZCOBIX TAB 800-150 .....	11	<i>propafenone hcl tab 150 mg</i> .....	31
PREZISTA SUS 100MG/ML.....	10	<i>propafenone hcl tab 225 mg</i> .....	31
PREZISTA TAB 150MG .....	10	<i>propafenone hcl tab 300 mg</i> .....	31
PREZISTA TAB 600MG .....	10	<i>proparacaine hcl ophth soln 0.5%</i> .....	92
PREZISTA TAB 75MG.....	10	<i>propranolol &amp; hydrochlorothiazide tab</i>	
PREZISTA TAB 800MG .....	10	<i>40-25 mg</i> .....	34
PRIFTIN TAB 150MG.....	12	<i>propranolol &amp; hydrochlorothiazide tab</i>	
PRIMAQUINE TAB 26.3MG.....	9	<i>80-25 mg</i> .....	34
<i>primidone tab 250 mg</i> .....	44	<i>propranolol hcl cap er 24hr 120 mg</i> ....	35
<i>primidone tab 50 mg</i> .....	44	<i>propranolol hcl cap er 24hr 160 mg</i> ....	35
PRIVIGEN INJ 10GRAMS .....	84	<i>propranolol hcl cap er 24hr 60 mg</i> .....	35

<i>propranolol hcl cap er 24hr 80 mg</i> .....	35	<i>mg</i> .....	27
<i>propranolol hcl inj 1 mg/ml</i> .....	35	<i>quinidine gluconate tab er 324 mg</i> .....	31
<i>propranolol hcl oral soln 20 mg/5ml</i> ....	35	<i>quinidine sulfate tab 200 mg</i> .....	32
<i>propranolol hcl oral soln 40 mg/5ml</i> ....	35	<i>quinidine sulfate tab 300 mg</i> .....	32
<i>propranolol hcl tab 10 mg</i> .....	35	<i>quinine sulfate cap 324 mg</i> .....	9
<i>propranolol hcl tab 20 mg</i> .....	35	<b>R</b>	
<i>propranolol hcl tab 40 mg</i> .....	35	RABAVERT INJ .....	86
<i>propranolol hcl tab 60 mg</i> .....	35	<i>rabeprazole sodium ec tab 20 mg</i> .....	79
<i>propranolol hcl tab 80 mg</i> .....	35	<i>raloxifene hcl tab 60 mg</i> .....	73
<i>propylthiouracil tab 50 mg</i> .....	74	<i>ramipril cap 1.25 mg</i> .....	28
PROQUAD INJ.....	86	<i>ramipril cap 10 mg</i> .....	28
PROSOL INJ 20% .....	88	<i>ramipril cap 2.5 mg</i> .....	28
<i>protriptyline hcl tab 10 mg</i> .....	49	<i>ramipril cap 5 mg</i> .....	28
<i>protriptyline hcl tab 5 mg</i> .....	49	RANEXA TAB 1000MG .....	38
PULMICORT INH 180MCG.....	95	RANEXA TAB 500MG.....	38
PULMICORT INH 90MCG .....	95	<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	
PULMOZYME SOL 1MG/ML.....	95	.....	77
PURIXAN SUS 20MG/ML.....	19	<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	
<i>pyrazinamide tab 500 mg</i> .....	12	.....	77
<i>pyridostigmine bromide tab 60 mg</i> .....	59	<i>ranitidine hcl syrup 15 mg/ml (75</i>	
<b>Q</b>		<i>mg/5ml)</i> .....	77
QUADRACEL INJ .....	86	<i>ranitidine hcl tab 150 mg</i> .....	77
<i>quasense tab</i> .....	69	<i>ranitidine hcl tab 300 mg</i> .....	77
<i>quetiapine fumarate tab 100 mg</i> .....	54	RAPAMUNE SOL 1MG/ML.....	85
<i>quetiapine fumarate tab 200 mg</i> .....	55	<i>rasagiline mesylate tab 0.5 mg (base</i>	
<i>quetiapine fumarate tab 25 mg</i> .....	54	<i>equiv)</i> .....	51
<i>quetiapine fumarate tab 300 mg</i> .....	55	<i>rasagiline mesylate tab 1 mg (base</i>	
<i>quetiapine fumarate tab 400 mg</i> .....	55	<i>equiv)</i> .....	51
<i>quetiapine fumarate tab 50 mg</i> .....	54	RAYALDEE CAP 30MCG .....	90
<i>quetiapine fumarate tab er 24hr 150 mg</i>		REBETOL SOL 40MG/ML .....	13
.....	55	<i>reclipsen tab</i> .....	69
<i>quetiapine fumarate tab er 24hr 200 mg</i>		RECOMBIVA HB INJ 10MCG/ML .....	86
.....	55	RECOMBIVA HB INJ 5MCG/0.5 .....	86
<i>quetiapine fumarate tab er 24hr 300 mg</i>		RECOMBIVA-HB INJ 40MCG/ML.....	86
.....	55	REGANEX GEL 0.01% .....	100
<i>quetiapine fumarate tab er 24hr 400 mg</i>		RELENZA MIS DISKHALE.....	13
.....	55	RELISTOR INJ 12/0.6ML.....	78
<i>quetiapine fumarate tab er 24hr 50 mg</i>		RELISTOR INJ 8/0.4ML .....	78
.....	55	REMICADE INJ 100MG .....	83
<i>quinapril hcl tab 10 mg</i> .....	28	REMODULIN INJ 10MG/ML.....	40
<i>quinapril hcl tab 20 mg</i> .....	28	REMODULIN INJ 1MG/ML .....	39
<i>quinapril hcl tab 40 mg</i> .....	28	REMODULIN INJ 2.5MG/ML.....	39
<i>quinapril hcl tab 5 mg</i> .....	28	REMODULIN INJ 5MG/ML .....	39
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>		<i>repaglinide tab 0.5 mg</i> .....	65
<i>mg</i> .....	27	<i>repaglinide tab 1 mg</i> .....	65
<i>quinapril-hydrochlorothiazide tab 20-12.5</i>		<i>repaglinide tab 2 mg</i> .....	65
<i>mg</i> .....	27	RESCRIPTOR TAB 100 MG .....	10
<i>quinapril-hydrochlorothiazide tab 20-25</i>		RESCRIPTOR TAB 200MG .....	10

RESTASIS EMU 0.05%.....	92	<i>risperidone tab 0.5 mg</i> .....	55
RESTASIS MUL EMU 0.05%.....	92	<i>risperidone tab 1 mg</i> .....	55
RETROVIR INJ 10MG/ML.....	10	<i>risperidone tab 2 mg</i> .....	55
REVLIMID CAP 10MG.....	22	<i>risperidone tab 3 mg</i> .....	55
REVLIMID CAP 15MG.....	22	<i>risperidone tab 4 mg</i> .....	55
REVLIMID CAP 2.5MG.....	22	<i>ritonavir tab 100 mg</i> .....	10
REVLIMID CAP 20MG.....	22	RITUXAN INJ 100MG.....	21
REVLIMID CAP 25MG.....	22	RITUXAN INJ 500MG.....	21
REVLIMID CAP 5MG .....	22	RITUXAN INJ HYCELA .....	21
REXULTI TAB 0.25MG.....	55	<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> .....	46
REXULTI TAB 0.5MG.....	55	<i>rivastigmine tartrate cap 3 mg (base equivalent)</i> .....	46
REXULTI TAB 1MG .....	55	<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....	46
REXULTI TAB 2MG .....	55	<i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....	46
REXULTI TAB 3MG .....	55	<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	46
REXULTI TAB 4MG .....	55	<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	46
REYATAZ POW 50MG.....	10	<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	46
<i>ribasphere cap 200mg</i> .....	13	<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> .....	58
<i>ribasphere tab 200mg</i> .....	13	<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> .....	58
<i>ribasphere tab 400mg</i> .....	13	<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	58
<i>ribasphere tab 600mg</i> .....	13	<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	58
<i>ribavirin cap 200 mg</i> .....	13	<i>ropinirole hydrochloride tab 0.25 mg</i> ..	51
<i>ribavirin tab 200 mg</i> .....	13	<i>ropinirole hydrochloride tab 0.5 mg</i> ....	51
<i>rifabutin cap 150 mg</i> .....	12	<i>ropinirole hydrochloride tab 1 mg</i> .....	51
<i>rifampin cap 150 mg</i> .....	12	<i>ropinirole hydrochloride tab 2 mg</i> .....	51
<i>rifampin cap 300 mg</i> .....	12	<i>ropinirole hydrochloride tab 3 mg</i> .....	51
<i>rifampin for inj 600 mg</i> .....	12	<i>ropinirole hydrochloride tab 4 mg</i> .....	51
RIFATER TAB.....	12	<i>ropinirole hydrochloride tab 5 mg</i> .....	51
<i>riluzole tab 50 mg</i> .....	59	<i>rosuvastatin calcium tab 10 mg</i> .....	32
<i>rimantadine hydrochloride tab 100 mg</i>	13	<i>rosuvastatin calcium tab 20 mg</i> .....	32
<i>ringer's solution</i> .....	89	<i>rosuvastatin calcium tab 40 mg</i> .....	32
RISPERDAL INJ 12.5MG.....	55	<i>rosuvastatin calcium tab 5 mg</i> .....	32
RISPERDAL INJ 25MG.....	55	ROTARIX SUS .....	86
RISPERDAL INJ 37.5MG.....	55	ROTATEQ SOL.....	86
RISPERDAL INJ 50MG.....	55	<i>roweepra tab 1000mg</i> .....	44
<i>risperidone orally disintegrating tab 0.25 mg</i> .....	55	<i>roweepra tab 500mg</i> .....	44
<i>risperidone orally disintegrating tab 0.5 mg</i> .....	55	<i>roweepra tab 750mg</i> .....	44
<i>risperidone orally disintegrating tab 1 mg</i> .....	55	<i>roweepra xr tab 500mg xr</i> .....	44
<i>risperidone orally disintegrating tab 2 mg</i> .....	55		
<i>risperidone orally disintegrating tab 3 mg</i> .....	55		
<i>risperidone orally disintegrating tab 4 mg</i> .....	55		
<i>risperidone soln 1 mg/ml</i> .....	55		
<i>risperidone tab 0.25 mg</i> .....	55		

<i>roweepra xr tab 750mg xr</i> .....	45
RUBRACA TAB 200MG .....	21
RUBRACA TAB 250MG .....	21
RUBRACA TAB 300MG .....	21
RYDAPT CAP 25MG.....	24

**S**

SABRIL TAB 500MG.....	45
SANDIMMUNE SOL 100MG/ML .....	85
SANDOSTATIN KIT LAR 10MG .....	73
SANDOSTATIN KIT LAR 20MG .....	73
SANDOSTATIN KIT LAR 30MG .....	73
SANTYL OIN 250/GM .....	100
SAPHRIS SUB 10MG.....	55
SAPHRIS SUB 2.5MG.....	55
SAPHRIS SUB 5MG.....	55
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	76
<i>selegiline hcl cap 5 mg</i> .....	52
<i>selegiline hcl tab 5 mg</i> .....	52
<i>selenium sulfide lotion 2.5%</i> .....	97
SELZENTRY SOL 20MG/ML .....	10
SELZENTRY TAB 150MG.....	10
SELZENTRY TAB 25MG .....	10
SELZENTRY TAB 300MG.....	10
SELZENTRY TAB 75MG .....	10
SENSIPAR TAB 30MG .....	65
SENSIPAR TAB 60MG .....	66
SENSIPAR TAB 90MG .....	66
SEREVENT DIS AER 50MCG.....	94
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	49
<i>sertraline hcl tab 100 mg</i> .....	49
<i>sertraline hcl tab 25 mg</i> .....	49
<i>sertraline hcl tab 50 mg</i> .....	49
<i>sevelamer carbonate packet 0.8 gm</i> ....	73
<i>sevelamer carbonate packet 2.4 gm</i> ....	73
<i>sevelamer carbonate tab 800 mg</i> .....	73
<i>sharobel tab 0.35mg</i> .....	69
SHINGRIX INJ 50MCG .....	86
SIGNIFOR INJ 0.3MG/ML .....	73
SIGNIFOR INJ 0.6MG/ML .....	73
SIGNIFOR INJ 0.9MG/ML .....	73
<i>sildenafil citrate tab 20 mg</i> .....	40
SILENOR TAB 3MG.....	57
SILENOR TAB 6MG.....	57
<i>silver sulfadiazine cream 1%</i> .....	97
SIMBRINZA SUS 1-0.2%.....	92
<i>simvastatin tab 10 mg</i> .....	32

<i>simvastatin tab 20 mg</i> .....	32
<i>simvastatin tab 40 mg</i> .....	32
<i>simvastatin tab 5 mg</i> .....	32
<i>simvastatin tab 80 mg</i> .....	32
<i>sirolimus tab 0.5 mg</i> .....	85
<i>sirolimus tab 1 mg</i> .....	85
<i>sirolimus tab 2 mg</i> .....	85
SIRTURO TAB 100MG .....	12
SIVEXTRO INJ 200MG.....	7
SIVEXTRO TAB 200MG.....	7
<i>sodium chloride inj 0.45%</i> .....	89
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i> .....	87
<i>sodium chloride inj 3%</i> .....	89
<i>sodium chloride inj 5%</i> .....	89
<i>sodium chloride irrigation soln 0.9%</i> .	100
<i>sodium chloride iv soln 0.9%</i> .....	89
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	87
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> .....	70
<i>sodium phenylbutyrate tab 500 mg</i> ....	70
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> .....	66
<i>sodium polystyrene sulfonate powder</i> .	66
SOLIQUA INJ 100/33 .....	62
SOLTAMOX SOL 10MG/5ML .....	22
SOLU-CORTEF INJ 250MG .....	72
SOMATULINE INJ 120/.5ML .....	73
SOMATULINE INJ 60/0.2ML .....	73
SOMATULINE INJ 90/0.3ML .....	73
SOMAVERT INJ 10MG .....	73
SOMAVERT INJ 15MG .....	73
SOMAVERT INJ 20MG .....	73
SOMAVERT INJ 25MG .....	73
SOMAVERT INJ 30MG .....	73
<i>sorine tab 120mg</i> .....	32
<i>sorine tab 160mg</i> .....	32
<i>sorine tab 240mg</i> .....	32
<i>sorine tab 80mg</i> .....	32
<i>sotalol hcl (afib/afl) tab 120 mg</i> .....	32
<i>sotalol hcl (afib/afl) tab 160 mg</i> .....	32
<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	32
<i>sotalol hcl tab 120 mg</i> .....	32
<i>sotalol hcl tab 160 mg</i> .....	32
<i>sotalol hcl tab 240 mg</i> .....	32
<i>sotalol hcl tab 80 mg</i> .....	32
SOVALDI TAB 400MG .....	13



<i>spironolactone &amp; hydrochlorothiazide tab</i>		<i>sulfasalazine tab delayed release 500 mg</i>	77
<i>25-25 mg</i>	38	<i>sulindac tab 150 mg</i>	2
<i>spironolactone tab 100 mg</i>	28	<i>sulindac tab 200 mg</i>	2
<i>spironolactone tab 25 mg</i>	28	<i>sumatriptan nasal spray 20 mg/act</i>	58
<i>spironolactone tab 50 mg</i>	28	<i>sumatriptan nasal spray 5 mg/act</i>	58
<i>sprintec 28 tab 28 day</i>	69	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	58
SPRITAM TAB 1000MG	45	<i>sumatriptan succinate solution auto-</i>	
SPRITAM TAB 250MG	45	<i>injector 4 mg/0.5ml</i>	59
SPRITAM TAB 500MG	45	<i>sumatriptan succinate solution auto-</i>	
SPRITAM TAB 750MG	45	<i>injector 6 mg/0.5ml</i>	59
SPRYCEL TAB 100MG	24	<i>sumatriptan succinate solution cartridge</i>	
SPRYCEL TAB 140MG	24	<i>4 mg/0.5ml</i>	59
SPRYCEL TAB 20MG	24	<i>sumatriptan succinate solution cartridge</i>	
SPRYCEL TAB 50MG	24	<i>6 mg/0.5ml</i>	59
SPRYCEL TAB 70MG	24	<i>sumatriptan succinate solution prefilled</i>	
SPRYCEL TAB 80MG	24	<i>syringe 6 mg/0.5ml</i>	59
<i>ssd cre 1%</i>	97	<i>sumatriptan succinate tab 100 mg</i>	59
<i>stavudine cap 15 mg</i>	10	<i>sumatriptan succinate tab 25 mg</i>	59
<i>stavudine cap 20 mg</i>	10	<i>sumatriptan succinate tab 50 mg</i>	59
<i>stavudine cap 30 mg</i>	10	SUPRAX CAP 400MG	14
<i>stavudine cap 40 mg</i>	10	SUPRAX CHW 100MG	14
STIMATE SOL 1.5MG/ML	75	SUPRAX CHW 200MG	14
STIVARGA TAB 40MG	24	SUPRAX SUS 500/5ML	14
<i>streptomycin sulfate for inj 1 gm</i>	5	SUPREP BOWEL SOL PREP KIT	77
STRIBILD TAB	11	SUSTIVA TAB 600MG	10
SUBOXONE MIS 12-3MG	61	SUTENT CAP 12.5MG	24
SUBOXONE MIS 2-0.5MG	61	SUTENT CAP 25MG	24
SUBOXONE MIS 4-1MG	61	SUTENT CAP 37.5MG	25
SUBOXONE MIS 8-2MG	61	SUTENT CAP 50MG	25
<i>sucralfate tab 1 gm</i>	78	SYLATRON KIT 200MCG	25
<i>sulfacetamide sodium lotion 10% (acne)</i>	97	SYLATRON KIT 300MCG	25
<i>sulfacetamide sodium ophth oint 10%</i>	91	SYLATRON KIT 600MCG	25
<i>sulfacetamide sodium ophth soln 10%</i>	91	SYMBICORT AER 160-4.5	96
<i>sulfacetamide sodium-prednisolone</i>		SYMBICORT AER 80-4.5	96
<i>ophth soln 10-0.23(0.25)%</i>	90	SYMDEKO TAB 100-150	95
SULFADIAZINE TAB 500MG	5	SYMFI LO TAB	11
<i>sulfamethoxazole-trimethoprim iv soln</i>		SYMFI TAB	11
<i>400-80 mg/5ml</i>	7	SYMTUZA TAB	11
<i>sulfamethoxazole-trimethoprim susp</i>		SYNAGIS INJ 100MG/ML	86
<i>200-40 mg/5ml</i>	7	SYNAGIS INJ 50MG	86
<i>sulfamethoxazole-trimethoprim tab 400-</i>		SYNAREL SOL 2MG/ML	69
<i>80 mg</i>	7	SYNERCID INJ 500MG	7
<i>sulfamethoxazole-trimethoprim tab 800-</i>		SYNRIBO INJ 3.5MG	25
<i>160 mg</i>	7	SYNTHROID TAB 100MCG	74
SULFAMYLLON CRE 85MG/GM	97	SYNTHROID TAB 112MCG	74
SULFAMYLLON PAK 5%	97	SYNTHROID TAB 125MCG	74
<i>sulfasalazine tab 500 mg</i>	77	SYNTHROID TAB 137MCG	74

SYNTHROID TAB 150MCG .....	74	TEKTURNA HCT TAB 150-12.5 .....	37
SYNTHROID TAB 175MCG .....	74	TEKTURNA HCT TAB 150-25MG .....	37
SYNTHROID TAB 200MCG .....	75	TEKTURNA HCT TAB 300-12.5 .....	37
SYNTHROID TAB 25MCG .....	74	TEKTURNA HCT TAB 300-25MG .....	37
SYNTHROID TAB 300MCG .....	75	TEKTURNA TAB 150MG .....	37
SYNTHROID TAB 50MCG .....	74	TEKTURNA TAB 300MG .....	37
SYNTHROID TAB 75MCG .....	74	<i>telmisartan tab 20 mg</i> .....	31
SYNTHROID TAB 88MCG .....	74	<i>telmisartan tab 40 mg</i> .....	31
SYPRINE CAP 250MG .....	66	<i>telmisartan tab 80 mg</i> .....	31
<b>T</b>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
TABLOID TAB 40MG .....	19	<i>12.5 mg</i> .....	30
<i>tacrolimus cap 0.5 mg</i> .....	85	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tacrolimus cap 1 mg</i> .....	85	<i>12.5 mg</i> .....	30
<i>tacrolimus cap 5 mg</i> .....	85	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>tacrolimus oint 0.03%</i> .....	100	<i>25 mg</i> .....	30
<i>tacrolimus oint 0.1%</i> .....	100	<i>temazepam cap 15 mg</i> .....	58
<i>tadalafil tab 20 mg (pah)</i> .....	40	<i>temazepam cap 7.5 mg</i> .....	58
TAFINLAR CAP 50MG .....	25	TENIVAC INJ 5-2LF .....	86
TAFINLAR CAP 75MG .....	25	<i>tenofovir disoproxil fumarate tab 300 mg</i>	
TAGRISSE TAB 40MG .....	25	.....	10
TAGRISSE TAB 80MG .....	25	<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 10 mg (base</i>		.....	29
<i>equivalent)</i> .....	22	<i>terazosin hcl cap 10 mg (base</i>	
<i>tamoxifen citrate tab 20 mg (base</i>		<i>equivalent)</i> .....	29
<i>equivalent)</i> .....	22	<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>tamsulosin hcl cap 0.4 mg</i> .....	79	.....	29
TARCEVA TAB 100MG .....	25	<i>terazosin hcl cap 5 mg (base equivalent)</i>	
TARCEVA TAB 150MG .....	25	.....	29
TARCEVA TAB 25MG .....	25	<i>terbinafine hcl tab 250 mg</i> .....	8
TARGRETIN GEL 1% .....	100	<i>terbutaline sulfate tab 2.5 mg</i> .....	94
<i>tarina fe tab 1/20</i> .....	69	<i>terbutaline sulfate tab 5 mg</i> .....	94
TASIGNA CAP 150MG .....	25	<i>terconazole vaginal cream 0.4%</i> .....	80
TASIGNA CAP 200MG .....	25	<i>terconazole vaginal cream 0.8%</i> .....	80
TASIGNA CAP 50MG .....	25	<i>terconazole vaginal suppos 80 mg</i> .....	80
TAXOTERE INJ 80MG/4ML .....	20	<i>testosterone cypionate im inj in oil 100</i>	
<i>tazarotene cream 0.1%</i> .....	97	<i>mg/ml</i> .....	62
<i>tazicef inj 1gm</i> .....	14	<i>testosterone cypionate im inj in oil 200</i>	
<i>tazicef inj 2gm</i> .....	14	<i>mg/ml</i> .....	62
<i>tazicef inj 6gm</i> .....	14	<i>testosterone enanthate im inj in oil 200</i>	
TAZORAC CRE 0.05% .....	97	<i>mg/ml</i> .....	62
TECENTRIQ INJ 1200/20 .....	21	<i>testosterone td gel 12.5 mg/act (1%)</i> .....	62
TEFLARO INJ 400MG .....	14	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	62
TEFLARO INJ 600MG .....	14	<i>testosterone td gel 50 mg/5gm (1%)</i> .....	62
TEGRETOL SUS 100/5ML .....	45	TET/DIP TOX INJ 2-2 LF .....	86
TEGRETOL TAB 200MG .....	45	<i>tetrabenazine tab 12.5 mg</i> .....	59
TEGRETOL-XR TAB 100MG .....	45	<i>tetrabenazine tab 25 mg</i> .....	59
TEGRETOL-XR TAB 200MG .....	45	TEXACORT SOL 2.5% .....	99
TEGRETOL-XR TAB 400MG .....	45	THALOMID CAP 100MG .....	22

THALOMID CAP 150MG.....	22	TOBRADEX ST SUS 0.3-0.05.....	90
THALOMID CAP 200MG.....	22	<i>tobramycin nebu soln 300 mg/5ml</i> .....	5
THALOMID CAP 50MG.....	22	<i>tobramycin ophth soln 0.3%</i> .....	91
THEO-24 CAP 100MG CR.....	96	<i>tobramycin sulfate for inj 1.2 gm</i> .....	5
THEO-24 CAP 200MG CR.....	96	<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>	
THEO-24 CAP 300MG CR.....	96	<i>mg/ml) (base equiv)</i> .....	5
THEO-24 CAP 400MG ER.....	96	<i>tobramycin sulfate inj 10 mg/ml (base</i>	
<i>theophylline soln 80 mg/15ml</i> .....	96	<i>equivalent)</i> .....	5
<i>theophylline tab er 12hr 100 mg</i> .....	96	<i>tobramycin sulfate inj 2 gm/50ml (40</i>	
<i>theophylline tab er 12hr 200 mg</i> .....	96	<i>mg/ml) (base equiv)</i> .....	5
<i>theophylline tab er 12hr 300 mg</i> .....	96	<i>tobramycin sulfate inj 80 mg/2ml (40</i>	
<i>theophylline tab er 12hr 450 mg</i> .....	96	<i>mg/ml) (base equiv)</i> .....	5
<i>theophylline tab er 24hr 400 mg</i> .....	96	<i>tobramycin-dexamethasone ophth susp</i>	
<i>theophylline tab er 24hr 600 mg</i> .....	96	<i>0.3-0.1%</i> .....	90
<i>thioridazine hcl tab 10 mg</i> .....	55	<i>tolterodine tartrate cap er 24hr 2 mg..</i>	79
<i>thioridazine hcl tab 100 mg</i> .....	55	<i>tolterodine tartrate cap er 24hr 4 mg..</i>	80
<i>thioridazine hcl tab 25 mg</i> .....	55	<i>tolterodine tartrate tab 1 mg</i> .....	80
<i>thioridazine hcl tab 50 mg</i> .....	55	<i>tolterodine tartrate tab 2 mg</i> .....	80
<i>thiothixene cap 1 mg</i> .....	56	<i>topiramate sprinkle cap 15 mg</i> .....	45
<i>thiothixene cap 10 mg</i> .....	56	<i>topiramate sprinkle cap 25 mg</i> .....	45
<i>thiothixene cap 2 mg</i> .....	56	<i>topiramate tab 100 mg</i> .....	45
<i>thiothixene cap 5 mg</i> .....	56	<i>topiramate tab 200 mg</i> .....	45
<i>tiagabine hcl tab 12 mg</i> .....	45	<i>topiramate tab 25 mg</i> .....	45
<i>tiagabine hcl tab 16 mg</i> .....	45	<i>topiramate tab 50 mg</i> .....	45
<i>tiagabine hcl tab 2 mg</i> .....	45	<i>toposar inj 100/5ml</i> .....	26
<i>tiagabine hcl tab 4 mg</i> .....	45	<i>toposar inj 1gm/50ml</i> .....	26
TIBSOVO TAB 250MG .....	21	<i>topotecan hcl for inj 4 mg (base equiv)</i>	26
<i>tigecycline for iv soln 50 mg</i> .....	7	<i>topotecan hcl inj 4 mg/4ml (base equiv)</i>	
TIGECYCLINE INJ 50MG.....	7	<i>(for infusion)</i> .....	27
<i>timolol maleate ophth gel forming soln</i>		TOPOTECAN INJ 4MG/4ML.....	27
<i>0.25%</i> .....	92	<i>torseamide tab 10 mg</i> .....	38
<i>timolol maleate ophth gel forming soln</i>		<i>torseamide tab 100 mg</i> .....	38
<i>0.5%</i> .....	92	<i>torseamide tab 20 mg</i> .....	38
<i>timolol maleate ophth soln 0.25%</i> .....	92	<i>torseamide tab 5 mg</i> .....	38
<i>timolol maleate ophth soln 0.5%</i> .....	92	TOVIAZ TAB 4MG .....	80
<i>timolol maleate ophth soln 0.5% (once-</i>		TOVIAZ TAB 8MG .....	80
<i>daily)</i> .....	92	<i>tpn electrol inj</i> .....	87
<i>timolol maleate tab 10 mg</i> .....	35	TRACLEER TAB 125MG.....	40
<i>timolol maleate tab 20 mg</i> .....	35	TRACLEER TAB 62.5MG .....	40
<i>timolol maleate tab 5 mg</i> .....	35	TRADJENTA TAB 5MG .....	65
TIVICAY TAB 10MG .....	10	<i>tramadol hcl tab 50 mg</i> .....	2
TIVICAY TAB 25MG .....	10	<i>tramadol-acetaminophen tab 37.5-325</i>	
TIVICAY TAB 50MG .....	10	<i>mg</i> .....	2
<i>tizanidine hcl tab 2 mg (base equivalent)</i>		<i>trandolapril tab 1 mg</i> .....	28
.....	60	<i>trandolapril tab 2 mg</i> .....	28
<i>tizanidine hcl tab 4 mg (base equivalent)</i>		<i>trandolapril tab 4 mg</i> .....	28
.....	60	<i>tranexamic acid iv soln 1000 mg/10ml</i>	
TOBRADEX OIN 0.3-0.1% .....	90	<i>(100 mg/ml)</i> .....	82

<i>tranexamic acid tab 650 mg</i> .....	82	<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i> ....	52
TRANSDERM-SC DIS 1.5MG .....	76	<i>trihexyphenidyl hcl tab 2 mg</i> .....	52
<i>tranylcypromine sulfate tab 10 mg</i> .....	49	<i>trihexyphenidyl hcl tab 5 mg</i> .....	52
TRAVASOL INJ 10% .....	88	<i>tri-legest tab fe</i> .....	69
TRAVATAN Z DRO 0.004% .....	92	<i>tri-lo- tab sprintec</i> .....	69
<i>trazodone hcl tab 100 mg</i> .....	49	<i>trilyte sol</i> .....	78
<i>trazodone hcl tab 150 mg</i> .....	50	<i>trimethoprim tab 100 mg</i> .....	7
<i>trazodone hcl tab 50 mg</i> .....	49	<i>tri-mili tab</i> .....	69
TRECATOR TAB 250MG .....	12	<i>trimipramine maleate cap 100 mg</i> .....	50
TRELEGY AER ELLIPTA .....	92	<i>trimipramine maleate cap 25 mg</i> .....	50
TRELSTAR MIX INJ 11.25MG .....	22	<i>trimipramine maleate cap 50 mg</i> .....	50
TRELSTAR MIX INJ 3.75MG .....	22	<i>trinessa lo tab</i> .....	69
TRESIBA FLEX INJ 100UNIT .....	62	<i>trinessa tab</i> .....	69
TRESIBA FLEX INJ 200UNIT .....	62	TRINTELLIX TAB 10MG .....	50
<i>tretinoin cap 10 mg</i> .....	25	TRINTELLIX TAB 20MG .....	50
<i>tretinoin cream 0.025%</i> .....	97	TRINTELLIX TAB 5MG .....	50
<i>tretinoin cream 0.05%</i> .....	97	<i>tri-previfem tab</i> .....	69
<i>tretinoin cream 0.1%</i> .....	97	TRISENOX INJ 12MG/6ML .....	25
<i>tretinoin gel 0.01%</i> .....	97	<i>tri-sprintec tab</i> .....	69
<i>tretinoin gel 0.025%</i> .....	97	TRIUMEQ TAB .....	11
<i>triamcinolone acetonide cream 0.025%</i> .....	99	<i>trivora-28 tab</i> .....	69
<i>triamcinolone acetonide cream 0.1%</i> ...99	99	<i>tri-vylibra tab</i> .....	69
<i>triamcinolone acetonide cream 0.5%</i> ...99	99	TROGARZO INJ 150MG/ML .....	10
<i>triamcinolone acetonide dental paste</i> <i>0.1%</i> .....	100	TROPHAMINE INJ 10% .....	88
<i>triamcinolone acetonide lotion 0.025%</i> 99	99	<i>trospium chloride tab 20 mg</i> .....	80
<i>triamcinolone acetonide lotion 0.1%</i> ...99	99	TRUE METRIX KIT AIR .....	100
<i>triamcinolone acetonide oint 0.025%</i> ...99	99	TRUE METRIX KIT METER .....	100
<i>triamcinolone acetonide oint 0.1%</i> .....	99	TRUE METRIX TES GLUCOSE .....	100
<i>triamcinolone acetonide oint 0.5%</i> .....	99	TRULICITY INJ 0.75/0.5 .....	63
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	38	TRULICITY INJ 1.5/0.5 .....	63
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>37.5-25 mg</i> .....	38	TRUMENBA INJ .....	86
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>75-50 mg</i> .....	38	TRUVADA TAB 100-150 .....	11
TRICARE TAB PRENATAL .....	90	TRUVADA TAB 133-200 .....	11
<i>trientine hcl cap 250 mg</i> .....	66	TRUVADA TAB 167-250 .....	11
<i>trifluoperazine hcl tab 1 mg (base</i> <i>equivalent)</i> .....	56	TRUVADA TAB 200-300 .....	11
<i>trifluoperazine hcl tab 10 mg (base</i> <i>equivalent)</i> .....	56	<i>tulana tab 0.35mg</i> .....	69
<i>trifluoperazine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	56	TWINRIX INJ .....	86
<i>trifluoperazine hcl tab 5 mg (base</i> <i>equivalent)</i> .....	56	TYBOST TAB 150MG .....	10
<i>trifluridine ophth soln 1%</i> .....	91	TYKERB TAB 250MG .....	25
		TYPHIM VI INJ .....	86
		TYSABRI INJ 300/15ML .....	60
		<b>U</b>	
		ULORIC TAB 40MG .....	1
		ULORIC TAB 80MG .....	1
		<i>unithroid tab 100mcg</i> .....	75
		<i>unithroid tab 112mcg</i> .....	75
		<i>unithroid tab 125mcg</i> .....	75
		<i>unithroid tab 150mcg</i> .....	75

<i>unithroid tab 175mcg</i> .....	75
<i>unithroid tab 200mcg</i> .....	75
<i>unithroid tab 25mcg</i> .....	75
<i>unithroid tab 300mcg</i> .....	75
<i>unithroid tab 50mcg</i> .....	75
<i>unithroid tab 75mcg</i> .....	75
<i>unithroid tab 88mcg</i> .....	75
<i>ursodiol cap 300 mg</i> .....	78
<i>ursodiol tab 250 mg</i> .....	78
<i>ursodiol tab 500 mg</i> .....	78

**V**

<i>valacyclovir hcl tab 1 gm</i> .....	13
<i>valacyclovir hcl tab 500 mg</i> .....	13
VALCHLOR GEL 0.016% .....	100
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i> .....	13
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i> .....	13
<i>valproate sodium inj 100 mg/ml</i> .....	45
<i>valproate sodium oral soln 250 mg/5ml</i> <i>(base equiv)</i> .....	45
<i>valproic acid cap 250 mg</i> .....	45
<i>valsartan tab 160 mg</i> .....	31
<i>valsartan tab 320 mg</i> .....	31
<i>valsartan tab 40 mg</i> .....	31
<i>valsartan tab 80 mg</i> .....	31
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i> .....	30
<i>valsartan-hydrochlorothiazide tab 160-25</i> <i>mg</i> .....	30
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i> .....	30
<i>valsartan-hydrochlorothiazide tab 320-25</i> <i>mg</i> .....	30
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i> .....	30
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i> .....	7
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 1 gm (base</i> <i>equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 10 gm (base</i> <i>equivalent)</i> .....	8
<i>vancomycin hcl for iv soln 5 gm (base</i> <i>equivalent)</i> .....	7
<i>vancomycin hcl for iv soln 500 mg (base</i> <i>equivalent)</i> .....	8

<i>vancomycin hcl for iv soln 750 mg (base</i> <i>equivalent)</i> .....	8
VANCOMYCIN INJ 1 GM .....	8
VANCOMYCIN INJ 500MG .....	8
VANCOMYCIN INJ 750MG .....	8
<i>vandazole gel 0.75%</i> .....	80
VAQTA INJ 25/0.5ML .....	86
VAQTA INJ 50UNT/ML .....	86
VARIVAX INJ .....	86
VASCEPA CAP 0.5GM .....	33
VASCEPA CAP 1GM .....	33
VELCADE INJ 3.5MG .....	21
<i>velivet pak</i> .....	69
VEMLIDY TAB 25MG .....	13
VENCLEXTA TAB 100MG .....	21
VENCLEXTA TAB 10MG .....	21
VENCLEXTA TAB 50MG .....	21
VENCLEXTA TAB START PK .....	21
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i> .....	50
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i> .....	50
<i>venlafaxine hcl cap er 24hr 75 mg (base</i> <i>equivalent)</i> .....	50
<i>venlafaxine hcl tab 100 mg</i> .....	50
<i>venlafaxine hcl tab 25 mg</i> .....	50
<i>venlafaxine hcl tab 37.5 mg</i> .....	50
<i>venlafaxine hcl tab 50 mg</i> .....	50
<i>venlafaxine hcl tab 75 mg</i> .....	50
VENTAVIS SOL 10MCG/ML .....	40
VENTAVIS SOL 20MCG/ML .....	40
VENTOLIN HFA AER .....	94
<i>verapamil hcl cap er 24hr 100 mg</i> .....	36
<i>verapamil hcl cap er 24hr 120 mg</i> .....	36
<i>verapamil hcl cap er 24hr 180 mg</i> .....	36
<i>verapamil hcl cap er 24hr 200 mg</i> .....	36
<i>verapamil hcl cap er 24hr 240 mg</i> .....	36
<i>verapamil hcl cap er 24hr 300 mg</i> .....	36
<i>verapamil hcl cap er 24hr 360 mg</i> .....	36
<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	36
<i>verapamil hcl tab 120 mg</i> .....	36
<i>verapamil hcl tab 40 mg</i> .....	36
<i>verapamil hcl tab 80 mg</i> .....	36
<i>verapamil hcl tab er 120 mg</i> .....	36
<i>verapamil hcl tab er 180 mg</i> .....	36
<i>verapamil hcl tab er 240 mg</i> .....	36
VERSACLOZ SUS 50MG/ML .....	56
VERZENIO TAB 100MG .....	21

VERZENIO TAB 150MG .....	21	VRAYLAR CAP 3MG .....	56
VERZENIO TAB 200MG .....	21	VRAYLAR CAP 4.5MG .....	56
VERZENIO TAB 50MG .....	21	VRAYLAR CAP 6MG .....	56
VESICARE TAB 10MG .....	80	<i>vyfemla tab 0.4-35</i> .....	69
VESICARE TAB 5MG .....	80	<i>vylibra tab 0.25-35</i> .....	69
<i>vestura tab 3-0.02mg</i> .....	69	<b>W</b>	
VICTOZA INJ 18MG/3ML .....	63	<i>warfarin sodium tab 1 mg</i> .....	81
VIDEX EC CAP 125MG .....	10	<i>warfarin sodium tab 10 mg</i> .....	81
VIDEX SOL 2GM .....	10	<i>warfarin sodium tab 2 mg</i> .....	81
VIDEX SOL 4GM .....	10	<i>warfarin sodium tab 2.5 mg</i> .....	81
<i>vienva tab 0.1-20</i> .....	69	<i>warfarin sodium tab 3 mg</i> .....	81
<i>vigabatrin powd pack 500 mg</i> .....	45	<i>warfarin sodium tab 4 mg</i> .....	81
VIIBRYD KIT STARTER.....	50	<i>warfarin sodium tab 5 mg</i> .....	81
VIIBRYD TAB 10MG.....	50	<i>warfarin sodium tab 6 mg</i> .....	81
VIIBRYD TAB 20MG.....	50	<i>warfarin sodium tab 7.5 mg</i> .....	81
VIIBRYD TAB 40MG.....	50	<i>water for irrigation, sterile irrigation soln</i> .....	100
VIMPAT INJ 200MG/20 .....	45	WELCHOL PAK 3.75GM .....	33
VIMPAT SOL 10MG/ML.....	45	WELCHOL TAB 625MG .....	33
VIMPAT TAB 100MG .....	45	<b>X</b>	
VIMPAT TAB 150MG .....	45	XALKORI CAP 200MG.....	25
VIMPAT TAB 200MG .....	45	XALKORI CAP 250MG.....	25
VIMPAT TAB 50MG .....	45	XARELTO STAR TAB 15/20MG.....	81
<i>vinblastine sulfate inj 1 mg/ml</i> .....	20	XARELTO TAB 10MG .....	81
<i>vincasar pfs inj 1mg/ml</i> .....	20	XARELTO TAB 15MG .....	81
<i>vincristine sulfate iv soln 1 mg/ml</i> .....	20	XARELTO TAB 20MG .....	81
<i>vinorelbine tartrate inj 10 mg/ml (base</i> <i>equiv)</i> .....	20	XATMEP SOL 2.5MG/ML .....	83
<i>vinorelbine tartrate inj 50 mg/5ml (10</i> <i>mg/ml) (base equiv)</i> .....	20	XELJANZ TAB 10MG.....	83
<i>viorele tab</i> .....	69	XELJANZ TAB 5MG .....	83
VIRACEPT TAB 250MG .....	10	XELJANZ XR TAB 11MG .....	83
VIRACEPT TAB 625MG .....	11	XGEVA INJ .....	73
VIRAMUNE SUS 50MG/5ML .....	11	XIFAXAN TAB 550MG.....	78
VIREAD POW 40MG/GM .....	11	XIGDUO XR TAB 10-1000.....	65
VIREAD TAB 150MG .....	11	XIGDUO XR TAB 10-500MG .....	65
VIREAD TAB 200MG .....	11	XIGDUO XR TAB 2.5-1000.....	65
VIREAD TAB 250MG .....	11	XIGDUO XR TAB 5-1000MG .....	65
VIREAD TAB 300MG .....	11	XIGDUO XR TAB 5-500MG .....	65
VIVITROL INJ 380MG .....	61	XOLAIR SOL 150MG .....	95
VOL-PLUS TAB.....	90	XTANDI CAP 40MG .....	22
<i>voriconazole for inj 200 mg</i> .....	9	XULTOPHY INJ 100/3.6 .....	63
<i>voriconazole for susp 40 mg/ml</i> .....	9	XYREM SOL 500MG/ML .....	60
<i>voriconazole tab 200 mg</i> .....	9	<b>Y</b>	
<i>voriconazole tab 50 mg</i> .....	9	YERVOY INJ 200MG .....	21
VOSEVI TAB .....	13	YERVOY INJ 50MG .....	21
VOTRIENT TAB 200MG .....	25	YF-VAX INJ.....	86
VRAYLAR CAP 1.5-3MG.....	56	<b>Z</b>	
VRAYLAR CAP 1.5MG.....	56	<i>zafirlukast tab 10 mg</i> .....	94
		<i>zafirlukast tab 20 mg</i> .....	94

ZAVESCA CAP 100MG.....	70	<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	59
ZEJULA CAP 100MG.....	21	<i>zolmitriptan orally disintegrating tab 5 mg</i> .....	59
ZELBORAF TAB 240MG .....	25	<i>zolmitriptan tab 2.5 mg</i> .....	59
ZEMAIRA INJ 1000MG .....	95	<i>zolmitriptan tab 5 mg</i> .....	59
<i>zenatane cap 30mg</i> .....	97	<i>zolpidem tartrate tab 10 mg</i> .....	58
<i>zenchent tab</i> .....	69	<i>zolpidem tartrate tab 5 mg</i> .....	58
ZENPEP CAP 10000UNT .....	78	<i>zonisamide cap 100 mg</i> .....	45
ZENPEP CAP 15000UNT .....	78	<i>zonisamide cap 25 mg</i> .....	45
ZENPEP CAP 20000UNT .....	78	<i>zonisamide cap 50 mg</i> .....	45
ZENPEP CAP 25000 .....	78	ZONTIVITY TAB 2.08MG.....	82
ZENPEP CAP 3000UNIT.....	78	ZORTRESS TAB 0.25MG .....	85
ZENPEP CAP 40000 .....	78	ZORTRESS TAB 0.5MG.....	85
ZENPEP CAP 40000UNT .....	78	ZORTRESS TAB 0.75MG .....	85
ZENPEP CAP 5000UNIT.....	78	ZOSTAVAX INJ.....	86
ZEPATIER TAB 50-100MG .....	13	<i>zovia 1/35e tab</i> .....	69
ZERIT SOL 1MG/ML.....	11	<i>zovia 1/50e tab</i> .....	69
<i>zidovudine cap 100 mg</i> .....	11	ZYDELIG TAB 100MG.....	25
<i>zidovudine syrup 10 mg/ml</i> .....	11	ZYDELIG TAB 150MG.....	25
<i>zidovudine tab 300 mg</i> .....	11	ZYKADIA CAP 150MG.....	25
<i>ziprasidone hcl cap 20 mg</i> .....	56	ZYLET SUS 0.5-0.3%.....	90
<i>ziprasidone hcl cap 40 mg</i> .....	56	ZYPREXA RELP INJ 210MG.....	56
<i>ziprasidone hcl cap 60 mg</i> .....	56	ZYPREXA RELP INJ 300MG.....	56
<i>ziprasidone hcl cap 80 mg</i> .....	56	ZYPREXA RELP INJ 405MG.....	56
ZIRGAN GEL 0.15% .....	91	ZYTIGA TAB 250MG.....	22
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> .....	65	ZYTIGA TAB 500MG.....	22
<i>zoledronic acid iv soln 5 mg/100ml</i> .....	65		
ZOLINZA CAP 100MG .....	21		

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This information is available in other formats such as Braille, large print and audio.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Molina Medicare Options Plus HMO SNP es un plan de salud con un contrato con Medicare y un contrato con el programa estatal de Medicaid. La inscripción en Molina Medicare Options Plus depende de la renovación del contrato.

Esta información está disponible en otros formatos, como braille, letra grande y audio.

El formulario, red de farmacias o red de proveedores puede cambiar en cualquier momento. Usted recibirá notificación cuando sea necesario.



This formulary was updated on 11/2018. For more recent information or other questions, please contact us, Molina Medicare Options Plus Member Services, at (800) 665-0898 or, for TTY users, 711, 7 days a week, 8 a.m. – 8 p.m., local time, or visit [www.molinahealthcare.com/medicare](http://www.molinahealthcare.com/medicare).

Este formulario se actualizó en 11/2018. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, el Departamento de Servicios para Miembros, de Molina Medicare Options Plus al (800) 665-0898 o, para usuarios del servicio TTY al 711, los 7 días de la semana de 8:00 a. m. a 8:00 p. m., hora local. O bien, visite [www.molinahealthcare.com/medicare](http://www.molinahealthcare.com/medicare).



**Your Extended Family.**

**Member Services (888) 665-1328, TTY/TDD 711  
7 days a week, 8 a.m. – 8 p.m. local time**

**Departamento de Servicios para Miembros (888) 665-1328, TTY/TDD 711  
Los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora local**