

# Basic Blue<sup>®</sup> Rx (PDP)

A Medicare Prescription Drug Plan

## Basic Blue<sup>®</sup> Rx Standard (PDP) 2019 Formulary

(List of covered drugs)  
Effective January 1, 2019

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

Formulary ID: 00019286 Version 10

This formulary was updated on 4/01/2019. For more recent information or other questions, please contact Basic Blue Rx Customer Service.



Call **1-877-376-2185**, 8 a.m. to 8 p.m., daily, local time  
(TTY hearing impaired users call **711**)



Visit **BasicBlueRx.com**



**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 MII Life, Inc. When it refers to “plan” or “our plan,” it means Basic Blue Rx Standard.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

### **What is the Basic Blue Rx Standard formulary?**

A formulary is a list of covered drugs selected by Basic Blue Rx Standard 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. Basic Blue Rx Standard will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Basic Blue Rx Standard network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. Other types of formulary changes, such as removing a drug from

our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug.

**New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Basic Blue Rx Standard Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of January 1, 2019. To get updated information about the drugs covered by Basic Blue Rx Standard, please contact us. Our contact information appears on the front and back cover pages. To view the most recent formulary, visit **BasicBlueRx.com**.

### How do I use the formulary?

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

#### *Medical Condition*

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 at the back of this booklet. 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?

Basic Blue Rx Standard 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:** Basic Blue Rx Standard requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Basic Blue Rx Standard before you fill your prescriptions. If you don't get approval, Basic Blue Rx Standard may not cover the drug.
- **Quantity Limits:** For certain drugs, Basic Blue Rx Standard limits the amount of the drug that Basic Blue Rx Standard will cover. For example, Basic Blue Rx Standard provides 30 capsules per prescription for *lansoprazole*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Basic Blue Rx Standard 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, Basic Blue Rx Standard may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Basic Blue Rx Standard 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Basic Blue Rx Standard 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 Basic Blue Rx Standard

formulary?” below for information about how to request an exception.

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

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Basic Blue Rx Standard does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Basic Blue Rx Standard. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Basic Blue Rx Standard.
- You can ask Basic Blue Rx Standard 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 Basic Blue Rx Standard formulary?**

You can ask Basic Blue Rx Standard 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, Basic Blue Rx Standard 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, Basic Blue Rx Standard will only approve your request for an exception if the alternative drug is included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition

and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we’ll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

## For more information

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

If you have questions about Basic Blue Rx Standard, 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, seven days a week. TTY users should call **1-877-486-2048**. Or, visit **medicare.gov**.

The tables below show your share of the cost for 30-day and 90-day supplies from network pharmacies offering preferred and standard cost sharing.

## Basic Blue Rx Standard (PDP) \$415 annual deductible

### 30-day supplies cost sharing

Drug Tiers and Tier Names	30-day supply – preferred retail cost sharing	30-day supply – standard retail cost sharing
Tier 1: Preferred Generic drugs	\$2 copay	\$6 copay
Tier 2: Generic drugs	\$6 copay	\$10 copay
Tier 3: Preferred Brand drugs	15% coinsurance	20% coinsurance
Tier 4: Non-Preferred Drugs	32% coinsurance	35% coinsurance
Tier 5: Specialty drugs	25% coinsurance	25% coinsurance

### 90-day supplies cost sharing

Drug Tiers and Tier Names	90-day supply – preferred retail, mail order or extended day supply cost sharing	90-day supply – standard retail, mail order or extended day supply cost sharing
Tier 1: Preferred Generic drugs	\$4 copay	\$12 copay
Tier 2: Generic drugs	\$12 copay	\$20 copay
Tier 3: Preferred Brand drugs	15% coinsurance	20% coinsurance
Tier 4: Non-Preferred Drugs	32% coinsurance	35% coinsurance
Tier 5: Specialty drugs	Not available	Not available

### Cost Sharing Tier 1: Preferred Generic

This Tier is the lowest tier and generally contains the lowest cost generics.

### Cost Sharing Tier 2: Generic

This Tier contains generics.

### Cost Sharing Tier 3: Preferred Brand

This Tier contains preferred brand drugs and non-preferred generic drugs.

### Cost Sharing Tier 4: Non-Preferred Drugs

This Tier contains non-preferred brand drugs and non-preferred generic drugs.

### Cost Sharing Tier 5: Specialty Tier

This Tier contains very high cost brand and some generic drugs, which may require special handling and/or close monitoring.



## Basic Blue Rx Standard formulary

The formulary that begins on page 7 provides coverage information about the drugs covered by Basic Blue Rx Standard. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ADVAIR) and generic drugs are listed in lower case italics (e.g., *glipizide*). The information in the Requirements/Limits column tells you if Basic Blue Rx Standard has any special requirements for coverage of your drug.

The key below can assist you as you look for the information for your drug.

### KEY

Upper case = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic drugs

2 = Tier 2: Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Non-Preferred Drugs

5 = Tier 5: Specialty drugs

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

LA = Limited Access

NM = Not available by mail order

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tab</i>	2	
<i>colchicine w/ probenecid</i>	3	
COLCRYS	3	QL (120 tabs / 30 days)
MITIGARE	3	QL (60 caps / 30 days)
<i>probenecid</i>	3	
ULORIC	3	ST
<b>NSAIDS</b>		
<i>celecoxib CAPS 50mg</i>	3	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	3	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	3	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	3	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	2	
<i>diflunisal</i>	3	
<i>flurbiprofen TABS</i>	3	
<i>ibu tab 600mg</i>	1	
<i>ibu tab 800mg</i>	1	
<i>ibuprofen SUSP</i>	3	
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	1	
<i>meloxicam TABS</i>	1	
<i>nabumetone TABS</i>	2	
<i>naproxen TABS</i>	1	
<i>naproxen dr</i>	2	
<i>sulindac TABS</i>	2	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen w/ codeine 300-15mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	2	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	2	QL (2700 mL / 30 days)
<i>nalbuphine hcl SOLN</i>	4	
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tabs / 30 days)
<b>OPIOID ANALGESICS, CII</b>		
<i>endocet 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	4	QL (10 patches / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl patch 25 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	4	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	4	QL (10 patches / 30 days), PA
FENTORA	5	QL (120 tabs / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	4	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	4	B/D
<i>hydromorphone hcl TABS</i>	3	QL (180 tabs / 30 days)
HYSINGLA ER	3	QL (30 tabs / 30 days), PA
<i>lorcet hd tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	2	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	2	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	3	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	3	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	3	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab 15mg, 30mg, 60mg, 3 100mg</i>	3	QL (90 tabs / 30 days), PA
<i>morphine ext-rel tab 200mg</i>	3	QL (60 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	4	B/D
MORPHINE SUL INJ 4MG/ML	4	B/D
<i>morphine sul inj 10mg/ml</i>	4	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 4 10mg/ml</i>	4	B/D
<i>morphine sulfate TABS 15mg</i>	3	QL (180 tabs / 30 days)
<i>morphine sulfate TABS 30mg</i>	3	QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral soln 10mg/5ml</i>	3	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	3	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	3	QL (180 mL / 30 days)
NUCYNTA ER 50mg, 100mg, 200mg, 250mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER 150mg	3	QL (90 tabs / 30 days), PA
<i>oxycodone hcl TABS</i>	3	QL (180 tabs / 30 days)
<i>oxycodone soln 5mg/5ml</i>	4	QL (900 mL / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	3	QL (180 tabs / 30 days)

## **ANESTHETICS**

### **LOCAL ANESTHETICS**

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

## **ANTI-INFECTIVES**

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

<i>amikacin sulfate SOLN</i>	4	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate SOLN</i>	3	
<i>neomycin sulfate TABS</i>	3	
<i>paromomycin sulfate CAPS</i>	4	
<i>streptomycin sulfate SOLR</i>	5	
SULFADIAZINE TABS	4	
<i>tobramycin NEBU</i>	5	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	3	
<i>tobramycin inj 1.2gm</i>	5	
<i>tobramycin inj 10mg/ml</i>	3	
<i>tobramycin inj 40mg/ml</i>	3	
<i>tobramycin inj 80mg/2ml</i>	3	

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

<i>albendazole TABS</i>	5	
ALBENZA	5	
ALINIA	5	
<i>atovaquone SUSP</i>	5	
<i>aztreonam</i>	4	
BILTRICIDE	3	
CAYSTON	5	NM, LA, PA
<i>clindamycin cap 75mg</i>	2	
<i>clindamycin cap 300 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate in d5w</i>	4	
CLINDAMYCIN PHOSPHATE IN NACL	4	
<i>clindamycin phosphate inj</i>	3	
<i>clindamycin soln 75mg/5ml</i>	4	
<i>colistimethate sodium SOLR</i>	4	
<i>dapsone TABS</i>	3	
DAPTOMYCIN 350mg	5	
<i>daptomycin 500mg</i>	5	
EMVERM	5	
<i>ertapenem sodium</i>	4	
<i>imipenem-cilastatin</i>	3	
INVANZ	4	
<i>ivermectin TABS</i>	3	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid inj</i>	4	
<i>linezolid susp</i>	5	
<i>linezolid tab 600mg</i>	5	
<i>meropenem</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole TABS</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohyd macro</i>	3	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300	4	
<i>praziquantel TABS</i>	3	
SIVEXTRO	5	
<i>sulfamethoxazole-trimethop ds</i>	1	
<i>sulfamethoxazole-trimethoprim inj</i>	4	
<i>sulfamethoxazole-trimethoprim susp</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	1	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>trimethoprim TABS</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	
<i>vancomycin hcl CAPS 250mg</i>	5	
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN IN NACL	4	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIFUNGALS</b>		
ABELCET	5	B/D
AMBISOME	5	B/D
<i>amphotericin b</i> SOLR	3	B/D
<i>caspofungin acetate</i>	5	
<i>fluconazole</i> SUSR	3	
<i>fluconazole</i> TABS	2	
<i>fluconazole in dextrose</i>	4	
<i>fluconazole inj nacl 200</i>	3	
<i>fluconazole inj nacl 400</i>	3	
<i>flucytosine</i> CAPS	5	
<i>griseofulvin microsize</i> SUSP	3	
<i>griseofulvin microsize</i> TABS	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole</i> CAPS	4	PA
<i>ketoconazole</i> TABS	3	PA
MYCAMINE	5	
NOXAFIL SUSP	5	QL (630 mL / 30 days)
NOXAFIL TBEC	5	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	3	
<i>terbinafine hcl</i> TABS	2	QL (90 tabs / year)
<i>voriconazole</i> SOLR	4	
<i>voriconazole</i> SUSR; TABS	5	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl</i>	4	
<i>chloroquine phosphate</i> TABS	4	
COARTEM	4	
<i>mefloquine hcl</i>	3	
PRIMAQUINE PHOSPHATE	3	
<i>quinine sulfate</i> CAPS	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN	4	
<i>abacavir sulfate</i> TABS	3	
APTIVUS	5	
<i>atazanavir sulfate</i>	5	
CRIXIVAN	4	
<i>didanosine</i>	4	
EDURANT	5	
<i>efavirenz</i> CAPS 50mg	4	
<i>efavirenz</i> CAPS 200mg	5	
<i>efavirenz</i> TABS	5	
EMTRIVA	3	
<i>fosamprenavir tab 700 mg</i>	5	
FUZEON	5	NM
INTELENCE 25mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTELENCE 100mg, 200mg	5	
INVIRASE	5	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg	5	
ISENTRESS PACK	3	
ISENTRESS TABS	5	
ISENTRESS HD	5	
<i>lamivudine</i>	3	
LEXIVA SUSP	4	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab 100mg er</i>	4	
<i>nevirapine tab 200mg</i>	3	
<i>nevirapine tab 400mg er</i>	4	
NORVIR PACK	4	
NORVIR SOLN	4	
PIFELTRO	5	
PREZISTA SUSP	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)
RESCRIPTOR	4	
REYATAZ PACK	5	
<i>ritonavir</i>	3	
SELZENTRY SOLN	5	
SELZENTRY TABS 25mg	4	
SELZENTRY TABS 75mg, 150mg, 300mg	5	
<i>stavudine</i>	3	
<i>tenofovir disoproxil fumarate</i>	5	
TIVICAY 10mg	3	
TIVICAY 25mg, 50mg	5	
TROGARZO	5	NM, LA
TYBOST	4	
VIDEX EC 125mg	4	
VIDEX PEDIATRIC	4	
VIRACEPT	5	
VIRAMUNE SUSP	4	
VIREAD POWD	5	
VIREAD TABS 150mg, 200mg, 250mg	5	
<i>zidovudine cap 100mg</i>	4	
<i>zidovudine syp 50mg/5ml</i>	4	
<i>zidovudine tab 300mg</i>	3	
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine</i>	3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	5	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATRIPLA	5	
BIKTARVY	5	
CIMDUO	5	
COMPLERA	5	
DELSTRIGO	5	
DESCOVY	5	
EVOTAZ	5	
GENVOYA	5	
JULUCA	5	
KALETRA TAB 100-25MG	4	
KALETRA TAB 200-50MG	5	
<i>lamivudine-zidovudine</i>	4	
<i>lopinavir-ritonavir</i>	4	
ODEFSEY	5	
PREZCOBIX	5	
STRIBILD	5	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TRIUMEQ	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)

#### **ANTITUBERCULAR AGENTS**

<i>cycloserine</i> CAPS	5	
<i>ethambutol hcl</i> TABS	3	
<i>isoniazid</i> TABS	1	
<i>isoniazid syp 50mg/5ml</i>	4	
PASER D/R	4	
PRIFTIN	4	
<i>pyrazinamide</i> TABS	4	
<i>rifabutin</i>	4	
<i>rifampin</i> CAPS	3	
<i>rifampin</i> SOLR	4	
RIFATER	4	
SIRTURO	5	LA, PA
TRECATOR	4	

#### **ANTIVIRALS**

<i>acyclovir</i> CAPS; TABS	2	
<i>acyclovir</i> SUSP	4	
<i>acyclovir sodium</i>	4	B/D
<i>adefovir dipivoxil</i>	5	
BARACLUDE SOLN	5	
<i>entecavir</i>	5	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPCLUSA	5	NM, PA
EPIVIR HBV SOLN	4	
<i>famciclovir</i>	3	
<i>ganciclovir sodium</i>	3	B/D
HARVONI	5	NM, PA
<i>lamivudine (hbm)</i>	4	
MAVYRET	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	3	QL (1080 mL / year)
PEGASYS	5	NM, PA
PEGASYS PROCLICK	5	NM, PA
RELENZA DISKHALER	3	QL (6 inhalers / year)
<i>ribasphere cap 200mg</i>	3	NM
<i>ribasphere tab 200mg</i>	4	NM
<i>ribavirin cap 200mg</i>	3	NM
<i>ribavirin tab 200mg</i>	4	NM
<i>rimantadine hydrochloride</i>	3	
<i>valacyclovir hcl</i> TABS	3	
<i>valganciclovir hcl</i>	5	
VEMLIDY	5	
VOSEVI	5	NM, PA
ZEPATIER	5	NM, PA

### **CEPHALOSPORINS**

<i>cefaclor</i> CAPS	3	
<i>cefadroxil</i> CAPS	2	
<i>cefadroxil</i> SUSR	3	
<i>cefadroxil</i> TABS	4	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	3	
<i>cefazolin inj</i>	3	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	3	
CEFAZOLIN SODIUM 1 GM/50ML	3	
<i>cefdinir</i> CAPS	3	
<i>cefdinir</i> SUSR	4	
<i>cefepime hcl</i>	4	
<i>cefixime</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefpodoxime proxetil</i> SUSR	4	
<i>cefpodoxime proxetil</i> TABS	3	
<i>ceftazidime</i> SOLR	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i>	3	
<i>cefuroxime sodium</i>	4	
<i>cephalexin</i> CAPS 250mg, 500mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cephalexin</i> SUSR	3	
SUPRAX CAPS	3	
SUPRAX CHEW	4	
SUPRAX SUSR 500mg/5ml	3	
<i>tazicef</i> SOLR	3	
TEFLARO	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK; SOLR; SUSR	3	
<i>azithromycin</i> TABS	1	
<i>clarithromycin</i> TABS	3	
<i>clarithromycin er</i>	3	
<i>clarithromycin for susp</i>	4	
<i>e.e.s. 400</i>	4	
<i>ery-tab</i>	4	
ERYTHROCIN LACTOBIONATE	4	
<i>erythrocine stearate</i>	4	
<i>erythromycin base</i>	4	
<i>erythromycin cap 250mg ec</i>	4	
<i>erythromycin ethylsuccinate</i> TABS	4	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tab</i> 100mg	4	
<i>ciprofloxacin hcl tab</i> 250mg, 500mg, 750mg	1	
<i>ciprofloxacin in d5w</i>	3	
<i>levofloxacin</i> TABS	1	
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS; SUSR; TABS	1	
<i>amoxicillin</i> CHEW	2	
<i>amoxicillin &amp; pot clavulanate</i> CHEW	4	
<i>amoxicillin &amp; pot clavulanate</i> SUSR	3	
<i>amoxicillin &amp; pot clavulanate</i> TABS	2	
<i>ampicillin &amp; sulbactam sodium</i>	4	
<i>ampicillin cap 500mg</i>	2	
<i>ampicillin inj</i>	4	
<i>ampicillin sodium</i>	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	3	
<i>nafcillin sodium</i> 1gm, 2gm	4	
<i>nafcillin sodium</i> 10gm	5	
NAFCILLIN SODIUM FOR INJ 10GM	4	
PENICILLIN G POT IN DEXTROSE 2MU	4	
PENICILLIN G POT IN DEXTROSE 3MU	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i> SOLR	2	
<i>penicillin v potassium</i> TABS	1	
<i>penicillin gk inj 5mu</i>	4	
<i>penicillin gk inj 20mu</i>	4	
<i>pfizerpen-g inj 5mu</i>	4	
<i>pfizerpen-g inj 20mu</i>	4	
<i>piper/tazoba inj 2-0.25gm</i>	4	
<i>piper/tazoba inj 3-0.375gm</i>	4	
<i>piper/tazoba inj 4-0.5gm</i>	4	
PIPER/TAZOBA INJ 12-1.5GM	4	
<i>piper/tazoba inj 36-4.5gm</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i>	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS	3	
<i>doxycycline hyclate</i> SOLR	4	
<i>doxycycline hyclate</i> TABS 20mg, 100mg	3	
<i>minocycline hcl</i> CAPS	3	
<i>mondoxyne nl cap 100mg</i>	2	
<i>morgidox cap 1x50mg</i>	3	
<i>tetracycline hcl</i> CAPS	4	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide</i> CAPS	4	B/D
<i>dacarbazine</i> 100mg	3	B/D
EMCYT	4	
GLEOSTINE	4	
LEUKERAN	5	
<b>ANTIBIOTICS</b>		
<i>bleomycin sulfate</i>	3	B/D
<i>mitomycin</i> SOLR	5	B/D
<b>ANTIMETABOLITES</b>		
<i>adrucil</i>	3	B/D
<i>adrucil inj</i>	3	B/D
ALIMTA	5	B/D
<i>azacitidine</i>	5	B/D, NM
<i>fluorouracil</i> SOLN	3	B/D
<i>mercaptopurine</i> TABS	4	
<i>methotrexate sodium inj</i>	2	B/D
PURIXAN	5	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TABLOID	4	
<b>ANTIMITOTIC, TAXOIDS</b>		
ABRAXANE	5	B/D
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	5	B/D
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
TAXOTERE 80mg/4ml	5	B/D
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
AVASTIN	5	NM, LA, PA
BORTEZOMIB	5	NM, PA
DAURISMO	5	NM, LA, PA
ERIVEDGE	5	NM, LA, PA
FARYDAK	5	NM, LA, PA
HERCEPTIN	5	NM, PA
IBRANCE	5	NM, LA, PA
IDHIFA	5	NM, LA, PA
KEYTRUDA	5	NM, PA
KISQALI	5	NM, PA
KISQALI FEMARA 200 DOSE	5	NM, PA
KISQALI FEMARA 400 DOSE	5	NM, PA
KISQALI FEMARA 600 DOSE	5	NM, PA
LYNPARZA	5	NM, LA, PA
MYLOTARG	5	NM, LA, PA
NINLARO	5	NM, PA
ODOMZO	5	NM, LA, PA
RITUXAN	5	NM, LA, PA
RITUXAN HYCELA	5	NM, LA, PA
RUBRACA	5	NM, LA, PA
TALZENNA	5	NM, LA, PA
TECENTRIQ 1200mg/20ml	5	NM, LA, PA
TIBSOVO	5	NM, LA, PA
VELCADE	5	NM, PA
VENCLEXTA 10mg, 50mg	4	NM, LA, PA
VENCLEXTA 100mg	5	NM, LA, PA
VENCLEXTA STARTING PACK	5	NM, LA, PA
VERZENIO	5	NM, LA, PA
ZEJULA	5	NM, LA, PA
ZOLINZA	5	NM, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	NM, PA
<i>anastrozole</i> TABS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bicalutamide</i>	3	
ERLEADA	5	NM, LA, PA
<i>exemestane</i>	4	
FARESTON	5	
FASLODEX	5	B/D
<i>flutamide</i>	3	
<i>letrozole</i> TABS	2	
<i>leuprolide inj 1mg/0.2</i>	3	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	5	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	5	NM, PA
LYSODREN	3	
<i>megestrol ac sus 40mg/ml</i>	4	
<i>megestrol ac tab 20mg</i>	3	
<i>megestrol ac tab 40mg</i>	3	
<i>megestrol sus 625mg/5ml</i>	4	PA
<i>nilutamide</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i> TABS	1	
<i>toremifene citrate</i>	5	
TRELSTAR DEP INJ 3.75MG	5	NM, PA
TRELSTAR LA INJ 11.25MG	5	NM, PA
XTANDI	5	NM, LA, PA
ZYTIGA	5	NM, 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	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	5	QL (30 caps / 30 days), NM, PA
THALOMID 150mg, 200mg	5	QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA	5	NM, LA, PA
ALUNBRIG	5	NM, LA, PA
BOSULIF	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRAFTOVI	5	NM, LA, PA
CABOMETYX	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	5	NM, LA, PA
CAPRELSA	5	NM, LA, PA
COMETRIQ	5	NM, LA, PA
COPIKTRA	5	NM, LA, PA
COTELLIC	5	NM, LA, PA
GILOTRIF TAB 20MG	5	NM, LA, PA
GILOTRIF TAB 30MG	5	NM, LA, PA
GILOTRIF TAB 40MG	5	NM, LA, PA
ICLUSIG	5	NM, LA, PA
<i>imatinib mesylate</i> 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	5	NM, LA, PA
INLYTA 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
IRESSA	5	NM, LA, PA
JAKAFI	5	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 12MG DAILY DOSE	5	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	5	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	5	NM, LA, PA
LORBRENA	5	NM, LA, PA
MEKINIST	5	NM, LA, PA
MEKTOVI	5	NM, LA, PA
NERLYNX	5	NM, LA, PA
NEXAVAR	5	NM, LA, PA
RYDAPT	5	NM, PA
SPRYCEL	5	NM, PA
STIVARGA	5	NM, LA, PA
SUTENT	5	NM, PA
TAFINLAR	5	NM, LA, PA
TAGRISSO	5	NM, LA, PA
TARCEVA 25mg	5	QL (90 tabs / 30 days), NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA 100mg, 150mg	5	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	5	NM, PA
TYKERB	5	NM, LA, PA
VITRAKVI	5	NM, LA, PA
VIZIMPRO	5	NM, LA, PA
VOTRIENT	5	NM, LA, PA
XALKORI	5	NM, LA, PA
XOSPATA	5	NM, LA, PA
ZELBORAF	5	NM, LA, PA
ZYDELIG	5	NM, LA, PA
ZYKADIA	5	NM, LA, PA
<b>MISCELLANEOUS</b>		
<i>bexarotene</i>	5	NM, PA
<i>hydroxyurea</i> CAPS	2	
LONSURF	5	NM, PA
MATULANE	5	LA
SYLATRON KIT 200MCG	5	NM, PA
SYLATRON KIT 300MCG	5	NM, PA
SYLATRON KIT 600MCG	5	NM, PA
SYNRIBO	5	NM, PA
<i>tretinoin (chemotherapy)</i>	5	
<b>PLATINUM-BASED AGENTS</b>		
<i>carboplatin</i>	3	B/D
<i>cisplatin</i>	3	B/D
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i> 500mg	5	B/D
<i>leucovorin calcium</i> SOLR	4	B/D
<i>leucovorin calcium</i> TABS	3	
MESNEX TABS	5	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide</i> SOLN	3	B/D
<i>toposar</i>	3	B/D
<i>topotecan hcl</i>	5	B/D
TOPOTECAN INJ 4MG/4ML	5	B/D
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril &amp; hydrochlorothiazide</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>moexipril-hydrochlorothiazide</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	



Drug Name	Drug Tier	Requirements/Limits
<b>ACE INHIBITORS</b>		
<i>benazepril hcl</i> TABS	1	
<i>enalapril maleate</i> TABS	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i> TABS	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	3	
<i>spironolactone</i> TABS	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS	2	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	1	
ENTRESTO	3	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>irbesartan</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i> TABS	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl soln</i>	2	
<i>amiodarone tab 100mg</i>	4	
<i>amiodarone tab 200mg</i>	1	
<i>amiodarone tab 400mg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	NM
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
MULTAQ	4	
NORPACE CR	4	
<i>pacerone 100mg, 400mg</i>	4	
<i>pacerone 200mg</i>	1	
<i>propafenone hcl</i>	3	
<i>propafenone hcl 12hr</i>	4	
<i>quinidine gluconate</i>	4	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>simvastatin</i> TABS 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	
<i>cholestyramine light</i>	4	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl gran</i>	4	
<i>colestipol hcl pack</i>	4	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	4	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	3	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JUXTAPID	5	NM, LA, PA
KYNAMRO	5	PA
<i>niacin er (antihyperlipidemic) 500mg</i>	4	QL (90 tabs / 30 days)
<i>niacin er (antihyperlipidemic) 750mg, 1000mg</i>	4	
<i>niacor</i>	3	
PRALUENT	5	PA
<i>prevalite</i>	4	
VASCEPA	4	
WELCHOL PAK	3	

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

<i>atenolol &amp; chlorthalidone</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>metoprolol &amp; hydrochlorothiazide</i>	3	

### **BETA-BLOCKERS**

<i>acebutolol hcl CAPS</i>	2	
<i>atenolol TABS</i>	1	
BYSTOLIC 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC 20mg	4	QL (60 tabs / 30 days)
<i>carvedilol</i>	1	
<i>labetalol hcl TABS</i>	3	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate SOCT</i>	3	
<i>metoprolol tartrate SOLN</i>	3	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>pindolol</i>	3	
<i>propranolol cap er</i>	3	
<i>propranolol hcl TABS</i>	3	
<i>propranolol oral sol</i>	3	
<i>timolol maleate TABS</i>	3	

### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate TABS</i>	1	
<i>cartia xt cap 120/24hr</i>	3	
<i>cartia xt cap 180/24hr</i>	3	
<i>cartia xt cap 240/24hr</i>	3	
<i>cartia xt cap 300/24hr</i>	3	
<i>dilt-xr cap</i>	3	
<i>diltiazem cap 120mg cd</i>	3	
<i>diltiazem cap 180mg cd</i>	3	
<i>diltiazem cap 240mg cd</i>	3	
<i>diltiazem cap 360mg cd</i>	3	
<i>diltiazem cap er/12hr</i>	4	
<i>diltiazem hcl TABS</i>	2	
<i>diltiazem hcl cap sr 24hr</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl coated beads cap sr 24hr</i>	3	
<i>diltiazem hcl extended release beads cap sr</i>	3	
<i>diltiazem inj</i>	2	
<i>felodipine</i>	2	
<i>nicardipine hcl CAPS</i>	4	
<i>nifedipine TB24</i>	3	
<i>nimodipine CAPS</i>	5	
<i>NYMALIZE</i>	5	
<i>taztia xt</i>	3	
<i>verapamil cap er 100mg, 120mg, 180mg, 200mg, 240mg, 300mg</i>	3	
<i>verapamil cap er 360mg</i>	4	
<i>verapamil hcl SOLN</i>	4	
<i>verapamil hcl TABS</i>	1	
<i>verapamil hcl tab er</i>	2	

#### ***DIGITALIS GLYCOSIDES***

<i>digitek .25mg</i>	3	PA; PA if 70 years and older
<i>digitek .125mg</i>	3	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	3	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	3	PA; PA if 70 years and older
<i>digoxin inj</i>	4	
<i>digoxin sol 50mcg/ml</i>	4	PA; PA if 70 years and older

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

<i>TEKTURNA</i>	4	
<i>TEKTURNA HCT</i>	4	

#### ***DIURETICS***

<i>acetazolamide CP12</i>	4	
<i>acetazolamide TABS</i>	3	
<i>amiloride &amp; hydrochlorothiazide</i>	2	
<i>amiloride hcl TABS</i>	3	
<i>bumetanide inj 0.25/ml</i>	3	
<i>bumetanide tab</i>	3	
<i>chlorothiazide tabs</i>	3	
<i>chlorthalidone</i>	3	
<i>furosemide SOLN</i>	2	
<i>furosemide TABS</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide CAPS; TABS</i>	1	
<i>indapamide</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methazolamide</i> TABS	4	
<i>metolazone</i>	3	
<i>spironolactone &amp; hydrochlorothiazide</i>	3	
<i>torsemide tabs</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	

### **MISCELLANEOUS**

<i>clonidine hcl</i> TABS	1	
<i>clonidine hcl ptwk</i>	4	
CORLANOR	4	
DEMSER	5	PA
<i>hydralazine hcl</i> SOLN	4	
<i>hydralazine hcl</i> TABS	2	
<i>midodrine hcl</i>	3	
<i>minoxidil</i> TABS	2	
NORTHERA	5	NM, LA, PA
RANEXA	3	

### **NITRATES**

<i>isosorb mononitrate tab</i>	2	
<i>isosorbide dinitrate</i>	3	
<i>isosorbide dinitrate er</i>	4	
<i>isosorbide mononitrate er</i>	2	
<i>minitran</i>	3	
NITRO-BID	3	
<i>nitroglycerin</i> SUBL	3	
<i>nitroglycerin td patch</i>	3	

### **PULMONARY ARTERIAL HYPERTENSION**

ADEMPAS	5	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS	5	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT	5	QL (30 tabs / 30 days), NM, LA, PA
REMODULIN	5	NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	3	QL (90 tabs / 30 days), NM, PA
TRACLEER TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS	5	NM, PA

### **CENTRAL NERVOUS SYSTEM**

#### **ANTIANXIETY**

<i>alprazolam tab 0.5mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	2	QL (150 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam tab 1mg</i>	2	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	2	QL (150 tabs / 30 days)
<i>buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg</i>	2	
<i>fluvoxamine maleate TABS</i>	2	
<i>lorazepam SOLN</i>	2	
<i>lorazepam TABS</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	3	QL (150 mL / 30 days)

### **ANTICONVULSANTS**

<i>APTOM 200mg</i>	5	QL (180 tabs / 30 days)
<i>APTOM 400mg</i>	5	QL (90 tabs / 30 days)
<i>APTOM 600mg, 800mg</i>	5	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	5	PA
<i>BANZEL TAB 200MG</i>	5	PA
<i>BANZEL TAB 400MG</i>	5	PA
<i>BRIVIACT INJ 50MG/5ML</i>	4	PA
<i>BRIVIACT SOL 10MG/ML</i>	5	PA
<i>BRIVIACT TAB 10MG</i>	5	PA
<i>BRIVIACT TAB 25MG</i>	5	PA
<i>BRIVIACT TAB 50MG</i>	5	PA
<i>BRIVIACT TAB 75MG</i>	5	PA
<i>BRIVIACT TAB 100MG</i>	5	PA
<i>carbamazepine CHEW; TABS</i>	3	
<i>carbamazepine CP12; SUSP; TB12</i>	4	
<i>CELONTIN</i>	4	
<i>clobazam</i>	3	PA
<i>clonazepam TABS 2mg</i>	2	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	2	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	3	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIASTAT ACUDIAL</i>	4	
<i>DIASTAT PEDIATRIC</i>	4	
<i>diazepam TABS</i>	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	4	
<i>diazepam inj</i>	3	
<i>diazepam intensol</i>	3	QL (240 mL / 30 days), PA; PA if 65 years and older

<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
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHEW TAB 50MG	3	
DILANTIN-125 SUSP	4	
<i>divalproex sodium</i> CSDR; TB24	4	
<i>divalproex sodium</i> TBEC	3	
EPIDIOLEX	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	3	
<i>ethosuximide</i> CAPS; SOLN	4	
<i>felbamate</i> SUSP	5	
<i>felbamate</i> TABS	4	
FYCOMPA SUSP	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW	3	
<i>lamotrigine</i> TABS	2	
<i>levetiracetam</i> SOLN	4	
<i>levetiracetam</i> TABS	3	
<i>levetiracetam in sodium chloride</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN	3	QL (946 mL / 30 days)
ONFI	5	PA
<i>oxcarbazepine</i> SUSP	4	
<i>oxcarbazepine</i> TABS	3	
PEGANONE	4	
<i>phenobarbital</i> ELIX	4	PA; PA if 70 years and older



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital</i> TABS	3	PA; PA if 70 years and older
PHENOBARBITAL SODIUM SOLN 65mg/ml	4	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK	3	
<i>phenytoin</i> CHEW; SUSP	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin sodium inj 50mg/ml</i>	3	
<i>primidone</i> TABS	2	
<i>roweepra</i>	3	
SABRIL TABS	5	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM	4	
<i>subvenite tab</i>	2	
SYMPAZAN 5mg	4	PA
SYMPAZAN 10mg, 20mg	5	PA
<i>tiagabine hcl</i>	4	
<i>topiramate</i> CPSP	3	
<i>topiramate</i> TABS	2	
<i>valproate sodium</i> SOLN	4	
<i>valproate sodium oral soln</i>	3	
<i>valproic acid</i> CAPS	3	
<i>vigabatrin powd pack 500mg</i>	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500mg</i>	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT 50mg	4	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	5	
VIMPAT SOL 10MG/ML	5	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	3	

### **ANTIDEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	2	
<i>donepezil hydrochloride</i> TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	2	
<i>galantamine hydrobromide</i> SOLN	4	
<i>galantamine hydrobromide</i> TABS	4	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	4	PA; PA if < 30 yrs
<i>memantine soln</i>	4	PA; PA if < 30 yrs
<i>memantine tabs</i>	3	PA; PA if < 30 yrs
NAMZARIC	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS	3	
<i>amoxapine</i>	3	
<i>bupropion hcl</i> TABS	3	
<i>bupropion hcl</i> TB12	2	
<i>bupropion hcl</i> TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN	3	
<i>citalopram hydrobromide</i> TABS	1	
<i>clomipramine hcl</i> CAPS	4	PA
<i>desipramine hcl</i> TABS	4	
<i>desvenlafaxine succinate</i>	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	3	
<i>duloxetine hcl</i> CPEP 20mg	3	QL (180 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	3	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	3	QL (60 caps / 30 days)
EMSAM	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN	4	
<i>escitalopram oxalate</i> TABS	1	
FETZIMA 20mg	4	QL (180 caps / 30 days), PA
FETZIMA 40mg	4	QL (90 caps / 30 days), PA
FETZIMA 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA TITRATION PACK	4	PA
<i>fluoxetine cap 10mg</i>	1	
<i>fluoxetine cap 20mg</i>	1	
<i>fluoxetine cap 40mg</i>	1	
<i>fluoxetine hcl</i> SOLN	2	
<i>imipramine hcl</i> TABS	3	
<i>maprotiline hcl</i>	4	
MARPLAN TAB 10MG	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS	2	
<i>mirtazapine</i> TBDP	3	
<i>nefazodone hcl</i>	4	
<i>nortriptyline hcl</i> CAPS	2	
<i>nortriptyline hcl</i> SOLN	4	
<i>paroxetine hcl tabs</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PAXIL SUSP	4	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	3	
<i>protriptyline hcl</i>	4	
<i>sertraline hcl</i> CONC	4	
<i>sertraline hcl</i> TABS	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24	2	
<i>venlafaxine hcl</i> TABS	3	
VIIBRYD STARTER PACK	4	
VIIBRYD TAB	4	QL (30 tabs / 30 days)

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP	2	
<i>amantadine hcl</i> TABS	3	
APOKYN	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	4	
<i>benztropine mesylate tab 0.5mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	3	PA; PA if 70 years and older
<i>benztropine mesylate tab 2mg</i>	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS; TABS	4	
<i>carbidopa-levodopa</i> TABS	2	
<i>carbidopa-levodopa</i> TBCR	3	
<i>carbidopa-levodopa</i> TBDP	4	
<i>carbidopa-levodopa-entacapone</i>	4	
<i>entacapone</i>	4	
NEUPRO	4	
<i>pramipexole tab 0.5mg</i>	2	
<i>pramipexole tab 0.25mg</i>	2	
<i>pramipexole tab 0.75mg</i>	2	
<i>pramipexole tab 0.125mg</i>	2	
<i>pramipexole tab 1.5mg</i>	2	
<i>pramipexole tab 1mg</i>	2	
<i>rasagiline mesylate</i> TABS	4	
<i>ropinirole tab 0.5mg</i>	2	

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

### **ANTIPSYCHOTICS**

ABILIFY MAINTENA	5	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	5	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	5	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	4	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	5	QL (1 injection / 56 days)
ARISTADA INITIO	5	
<i>chlorpromazine hcl TABS</i>	4	
CHLORPROMAZINE INJ	4	
<i>clozapine odt 12.5mg, 25mg</i>	4	PA
<i>clozapine odt 100mg</i>	4	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	4	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	5	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	3	
<i>clozapine tab 50mg</i>	3	
<i>clozapine tab 100mg</i>	4	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	4	QL (135 tabs / 30 days)
FANAPT	4	QL (60 tabs / 30 days)
FANAPT TITRATION PACK	4	
<i>fluphenazine decanoate SOLN</i>	4	
<i>fluphenazine hcl</i>	4	
GEODON SOLR	4	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	3	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol decanoate SOLN</i>	4	
<i>haloperidol lactate inj 5mg/ml</i>	3	
INVEGA SUST INJ 39 MG/0.25 ML	4	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	5	QL (1 injection / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUST INJ 117 MG/0.75 ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	5	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	5	QL (1 injection / 28 days)
INVEGA TRINZA	5	QL (1 injection / 90 days)
LATUDA 20mg, 60mg, 80mg	4	QL (60 tabs / 30 days)
LATUDA 40mg, 120mg	4	QL (30 tabs / 30 days)
<i>loxapine succinate</i>	3	
<i>molindone hcl</i>	4	
NUPLAZID CAPS	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	5	QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TABS 17MG	5	QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg	3	QL (240 tabs / 30 days)
<i>olanzapine</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TABS 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> 1.5mg, 3mg, 9mg	5	QL (30 tabs / 30 days)
<i>paliperidone</i> 6mg	5	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS	4	
<i>pimozide</i>	4	
<i>quetiapine fumarate</i> TABS	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days)
REXULTI 1mg	5	QL (90 tabs / 30 days)
REXULTI 2mg	5	QL (60 tabs / 30 days)
REXULTI 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI .5mg	5	QL (180 tabs / 30 days)
REXULTI .25mg	5	QL (360 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</i> SOLN	3	QL (240 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone</i> TABS	2	
<i>risperidone</i> TBDP .5mg	4	QL (90 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
SAPHRIS 2.5mg	4	QL (240 tabs / 30 days)
SAPHRIS 5mg	4	QL (120 tabs / 30 days)
SAPHRIS 10mg	4	QL (60 tabs / 30 days)
<i>thioridazine hcl</i> TABS	3	
<i>thiothixene</i>	4	
<i>trifluoperazine hcl</i>	3	
VERSACLOZ	5	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	4	PA
<i>ziprasidone hcl</i>	4	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	5	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	4	QL (2 vials / 28 days), PA

#### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap sr</i> 24hr 5 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 10 mg	4	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 15 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 20 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 25 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr</i> 24hr 30 mg	4	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 5 mg	3	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	3	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 10 mg	3	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	3	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab</i> 15 mg	3	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	3	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	4	QL (900 mL / 30 days)
<i>methylphenidate tab 10mg er</i>	4	QL (90 tabs / 30 days)
<i>methylphenidate tab 20mg er</i>	4	QL (90 tabs / 30 days)

### **HYPNOTICS**

<i>HETLIOZ</i>	5	NM, LA, PA
<i>SILENOR 3mg</i>	3	QL (60 tabs / 30 days)
<i>SILENOR 6mg</i>	3	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</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 15mg</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 TABS</i>	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 mL / 30 days)
<i>eletriptan hydrobromide</i>	4	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine TABS</i>	4	
<i>rizatriptan benzoate TABS</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 inhalers / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 inhalers / 30 days)
<i>sumatriptan inj</i> 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan inj</i> 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 30 days)
<b>MISCELLANEOUS</b>		
AUSTEDO 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS	1	
<i>lithium carbonate</i> TABS	2	
<i>lithium carbonate er</i>	2	
LITHIUM SOLN 8MEQ/5ML	4	
LYRICA CR 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR 330mg	3	QL (60 tabs / 30 days), PA
NUDEXTA	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS	3	
<i>riluzole</i>	3	
<i>tetrabenazine</i> 12.5mg	5	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine</i> 25mg	5	QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	NM, LA, PA
BETASERON	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	5	NM, PA
GILENYA CAP 0.5MG	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dantrolene sodium</i> CAPS	4	
<i>tizanidine hcl</i> TABS	2	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil</i> 50mg	4	QL (90 tabs / 30 days), PA
<i>armodafinil</i> 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
XYREM	5	QL (540 mL / 30 days), NM, LA, PA

### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium</i>	4	
<i>buprenorphine hcl</i> SUBL	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	3	
CHANTIX	4	PA
CHANTIX CONTINUING MONTH	4	PA
CHANTIX STARTER PACK	4	PA
<i>disulfiram</i> TABS	3	
<i>naloxone inj 0.4mg/ml</i>	3	
<i>naloxone inj 1mg/ml</i>	3	
<i>naltrexone hcl</i> TABS	3	
NARCAN	3	
NICOTROL NS	4	
SUBOXONE MIS 2-0.5MG	4	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	4	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	4	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	4	QL (60 films / 30 days)
VIVITROL	5	

### **ENDOCRINE AND METABOLIC**

#### **ANDROGENS**

ANADROL-50	5	PA
ANDRODERM	4	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5mg</i>	3	PA
<i>oxandrolone tab 10mg</i>	4	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN	3	PA

#### **ANTIDIABETICS, INJECTABLE**

ALCOHOL SWABS	3	
BASAGLAR KWIKPEN	3	
BD ULTRAFINE INSULIN SYRINGE	3	
BD ULTRAFINE/NANO PEN NEEDLES	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYDUREON BCISE	3	QL (4 pens / 28 days)
BYDUREON INJ	3	QL (4 vials / 28 days)
BYDUREON PEN	3	QL (4 pens / 28 days)
BYETTA	4	QL (1 pen / 30 days)
FIASP	3	
FIASP FLEXTOUCH	3	
GAUZE PADS 2" X 2"	3	
HUMULIN R INJ U-500	5	B/D
HUMULIN R U-500 KWIKPEN	5	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE	3	
LEVEMIR	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	3	(brand RELION not covered)
NOVOLIN N	3	(brand RELION not covered)
NOVOLIN R	3	(brand RELION not covered)
NOVOLOG	3	
NOVOLOG 70/30 FLEXPEN	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG PENFILL	3	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	3	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	3	QL (2 pens / 28 days)
SOLIQUA 100/33	3	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	3	
TRESIBA INJ	3	
TRULICITY	3	QL (4 pens / 28 days)
VICTOZA	3	QL (3 pens / 30 days)
XULTOPHY 100/3.6	3	QL (5 pens / 30 days)

### ***ANTIDIABETICS, ORAL***

<i>acarbose</i>	3	
FARXIGA 5mg	3	QL (60 tabs / 30 days)
FARXIGA 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> 4mg	1	QL (60 tabs / 30 days)
<i>glip/metform tab 2.5-250mg</i>	1	QL (240 tabs / 30 days)
<i>glip/metform tab 2.5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glip/metform tab 5-500mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide xl</i> 5mg	1	QL (120 tabs / 30 days)
<i>glipizide xl</i> 10mg	1	QL (60 tabs / 30 days)
JANUMET	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	3	QL (30 tabs / 30 days)
JARDIANCE 10mg	3	QL (60 tabs / 30 days)
JARDIANCE 25mg	3	QL (30 tabs / 30 days)
JENTADUETO	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	3	QL (30 tabs / 30 days)
<i>metformin er</i> 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er</i> 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>nateglinide</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	3	QL (30 tabs / 30 days)
TRADJENTA	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	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 10-1000MG	3	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES</b>		
<i>alendronate sodium</i> TABS	1	
<i>ibandronate sodium</i> TABS	3	B/D
PAMIDRONATE DISODIUM 6mg/ml	3	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pamidronate disodium 30mg/10ml, 90mg/10ml</i>	3	B/D
<i>pamidronate inj 30mg</i>	3	B/D
<i>pamidronate inj 90mg</i>	3	B/D
<i>zoledronic acid inj 5mg/100ml</i>	4	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	4	B/D, NM

### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl 30mg, 90mg</i>	5	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl 60mg</i>	5	B/D, QL (60 tabs / 30 days), NM
SENSIPAR 30mg, 90mg	5	B/D, QL (120 tabs / 30 days), NM
SENSIPAR 60mg	5	B/D, QL (60 tabs / 30 days), NM

### **CHELATING AGENTS**

CHEMET	4	
DEPEN TITRATABS	5	
JADENU	5	NM, LA, PA
JADENU SPRINKLE	5	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate susp</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hcl</i>	5	PA

### **CONTRACEPTIVES**

<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>apri</i>	2	
<i>aubra</i>	2	
<i>aviane</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camila</i>	2	
<i>caziant pak</i>	3	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
<i>desogestrel &amp; ethinyl estradiol</i>	2	
ELLA	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>errin</i>	2	
<i>estarylla tab 0.25-35</i>	2	
<i>ethynodiol diacet &amp; eth estrad</i>	3	
<i>ethynodiol tab 1-50</i>	3	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>isibloom</i>	2	
<i>jolivette</i>	2	
<i>juleber</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor/ethi tab</i>	2	
<i>levonorgestrel &amp; eth estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive)</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah tab 0.25-35</i>	2	
<i>mononessa</i>	2	
<i>myzilra</i>	2	
<i>nora-be tab 0.35mg</i>	2	
<i>norethindrone (contraceptive)</i>	2	
<i>norgest/ethi tab 0.25/35</i>	2	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 1/35</i>	2	
<b>NUVARING</b>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>orsythia</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>sharobel</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo- tab marzia</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trinessa</i>	2	
<i>trinessa lo</i>	3	
<i>trivora-28</i>	2	
<i>tulana</i>	2	
<i>velivet</i>	3	
<i>vienva</i>	2	
<i>vylibra</i>	2	
<i>xulane dis 150-35</i>	4	
<i>zovia 1/35e</i>	3	
<i>zovia 1/50e</i>	3	
<b>ENDOMETRIOSIS</b>		
<i>danazol CAPS</i>	4	
SYNAREL	5	
<b>ENZYME REPLACEMENTS</b>		
ADAGEN	5	NM, LA, PA
ALDURAZYME	5	NM, LA, PA
CARBAGLU	5	NM, LA, PA
CERDELGA	5	NM, PA
CEREZYME	5	NM, LA, PA
CYSTADANE	5	NM, LA
CYSTAGON	4	NM, LA, PA
FABRAZYME	5	NM, LA, PA
KUVAN	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	4	B/D
LUMIZYME	5	NM, LA, PA
<i>miglustat</i>	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAGLAZYME	5	NM, LA, PA
NITYR	5	NM, LA, PA
ORFADIN	5	NM, LA, PA
<b>ESTROGENS</b>		
DELESTROGEN 10mg/ml	4	
estradiol PTWK	3	
estradiol TABS	2	
estradiol vaginal cream	4	
estradiol vaginal tab	3	
estradiol valerate inj	3	
fyavolv	3	
jinteli	3	
norethindrone acetate-ethinyl estradiol	3	
yuvaferm vaginal tablet 10mcg	3	
<b>GLUCOCORTICOIDS</b>		
cortisone acetate TABS	4	
DEXAMETHASONE CONC	4	
dexamethasone ELIX; SOLN	3	
dexamethasone TABS	2	
dexamethasone sodium phosphate	2	
fludrocortisone acetate TABS	2	
hydrocortisone TABS	3	
methylpr ss inj	3	B/D
methylpred pak 4mg	2	
methylpred tab 4mg	3	B/D
methylpred tab 8mg	3	B/D
methylpred tab 16mg	3	B/D
methylpred tab 32mg	3	B/D
methylprednisolone acetate	2	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisolone sol 15mg/5ml	2	B/D
PREDNISONE CON 5MG/ML	4	B/D
prednisone pak 5mg	2	
prednisone pak 10mg	2	
prednisone sol 5mg/5ml	4	B/D
prednisone tab 1mg	1	B/D
prednisone tab 2.5mg	1	B/D
prednisone tab 5mg	1	B/D
prednisone tab 10mg	1	B/D
prednisone tab 20mg	1	B/D
prednisone tab 50mg	1	B/D
SOLU-CORTEF	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
GLUCAGEN HYPOKIT	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCAGON EMERGENCY KIT	3	
PROGLYCEM SUS 50MG/ML	4	
<b>MISCELLANEOUS</b>		
<i>cabergoline</i>	4	
<i>calcitonin (salmon)</i>	3	B/D
FORTEO	5	NM, PA
GENOTROPIN	5	NM, PA
GENOTROPIN MINIQUICK .2mg	3	NM, PA
GENOTROPIN MINIQUICK .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX	5	NM, LA, PA
KORLYM	5	NM, LA, PA
NATPARA	5	NM, PA
<i>octreotide acetate</i> 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA
<i>octreotide acetate</i> 500mcg/ml, 1000mcg/ml	5	NM, PA
PROLIA	4	QL (1 injection / 180 days), NM
<i>raloxifene tab 60mg</i>	3	
SIGNIFOR	5	NM, LA, PA
SOMATULINE DEPOT	5	NM, PA
SOMAVERT	5	NM, LA, PA
TYMLOS	5	NM, PA
XGEVA	5	NM, PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder)</i> CAPS	4	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	5	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS	4	QL (540 tabs / 30 days)
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tab</i>	1	
<i>norethindrone acetate</i> TABS	3	
<b>THYROID AGENTS</b>		
<i>levo-t</i>	2	
<i>levothyroxine sodium</i> TABS	2	
<i>levoxyl</i>	2	
<i>liothyronine sodium</i> TABS	3	
<i>methimazole</i> TABS	2	
<i>propylthiouracil</i> TABS	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNTHROID	4	
<i>unithroid</i>	2	
<b>VASOPRESSINS</b>		
<i>desmopressin acetate spray</i>	4	
<i>desmopressin acetate spray refrigerated</i>	4	
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin inj 4mcg/ml</i>	4	
STIMATE	5	NM
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	4	B/D
<i>aprepitant pak 80mg &amp; 125mg</i>	4	B/D
<i>compro supp</i>	4	
<i>dronabinol</i>	4	B/D, QL (60 caps / 30 days)
EMEND SUSR	4	B/D
<i>granisetron hcl SOLN</i>	3	
<i>granisetron hcl TABS</i>	4	B/D
<i>meclizine hcl TABS</i>	2	
<i>metoclopramide hcl SOLN</i>	2	
<i>metoclopramide hcl TABS</i>	1	
<i>metoclopramide hcl inj</i>	2	
<i>ondansetron hcl TABS</i>	3	B/D
<i>ondansetron hcl inj</i>	2	
<i>ondansetron hcl oral soln</i>	4	B/D
<i>ondansetron odt</i>	2	B/D
<i>prochlorperazine inj</i>	4	
<i>prochlorperazine maleate TABS</i>	2	
<i>prochlorperazine supp</i>	4	
<i>promethazine hcl SYRP; TABS</i>	2	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	4	PA; PA if 70 years and older
<i>scopolamine patch</i>	4	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SCOP	4	QL (10 patches / 30 days), PA; PA if 70 years and older
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl cap 10mg</i>	3	
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hcl tab 20mg</i>	3	
<i>glycopyrrolate tab 1mg</i>	3	
<i>glycopyrrolate tab 2mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl</i>	2	
<i>famotidine inj</i>	2	
<i>ranitidine hcl</i> TABS 150mg, 300mg	1	
<i>ranitidine hcl inj</i>	3	
<i>ranitidine inj</i>	3	
<i>ranitidine syrup</i>	3	
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	QL (120 caps / 30 days)
<i>balsalazide disodium</i>	4	
<i>budesonide ec</i>	5	
CANASA	4	
<i>colocort</i>	4	
DELZICOL	4	
<i>hydrocortisone (enema)</i>	4	
<i>mesalamine</i> ENEM	4	
<i>mesalamine</i> SUPP	4	
<i>mesalamine</i> TBEC 800mg	4	
<i>mesalamine w/ cleanser</i>	4	
<i>sulfasalazine</i> TABS	2	
<i>sulfasalazine ec</i>	3	
<b>LAXATIVES</b>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
GOLYTELY	3	
<i>lactulose</i> SOLN	2	
<i>lactulose (encephalopathy)</i>	2	
MOVIPREP	4	
NULYTELY/FLAVOR PACKS	3	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	2	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	2	
<i>peg 3350/electrolytes</i>	2	
SUPREP BOWEL PREP KIT	4	
<i>trilyte</i>	2	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl</i>	5	PA
AMITIZA CAP 8MCG	3	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	3	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium (mastocytosis)</i>	5	
<i>diphenoxylate w/ atropine LIQD</i>	4	
<i>diphenoxylate w/ atropine TABS</i>	3	
GATTEX	5	NM, LA, PA
LINZESS	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	2	
<i>misoprostol TABS</i>	3	
MOVANTIK 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN	5	PA
<i>sucralfate TABS</i>	3	
SYMPROIC	3	
<i>ursodiol CAPS</i>	3	
<i>ursodiol TABS</i>	4	
XIFAXAN 550mg	5	PA

### **PANCREATIC ENZYMES**

CREON	3	
ZENPEP	4	

### **PROTON PUMP INHIBITORS**

DEXILANT	4	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	4	QL (30 caps / 30 days)
<i>esomeprazole sodium inj</i>	4	
<i>lansoprazole CPDR</i>	3	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	1	
<i>omeprazole cap 20mg</i>	1	
<i>omeprazole cap 40mg</i>	1	
<i>pantoprazole sodium SOLR</i>	4	
<i>pantoprazole sodium tbec</i>	2	

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS</i>	3	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	2	
<i>tamsulosin hcl</i>	2	

#### **MISCELLANEOUS**

<i>bethanechol chloride TABS</i>	3	
<i>potassium citrate (alkalinizer) er tabs</i>	4	

#### **URINARY ANTISPASMODICS**

MYRBETRIQ 25mg	4	QL (60 tabs / 30 days)
MYRBETRIQ 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SYRP</i>	3	
<i>oxybutynin chloride TABS</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolterodine tartrate</i> CP24	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS	4	ST
TOVIAZ	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS	3	QL (60 tabs / 30 days)
VESICARE	4	QL (30 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i>	3	
<i>metronidazole vaginal</i>	4	
<i>terconazole vaginal</i>	3	
<i>vandazole</i>	4	

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

COUMADIN	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i> 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<i>heparin sod (porcine) in d5w</i>	3	
<i>heparin sod inj 1000/ml</i>	3	B/D
<i>heparin sod inj 5000/ml</i>	3	B/D
<i>heparin sod inj 10000/ml</i>	3	B/D
<i>heparin sod inj 20000/ml</i>	3	B/D
HEPARIN SODIUM/NACL 0.45%	3	
<i>jantoven</i>	1	
PRADAXA	4	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	

### **HEMATOPOIETIC GROWTH FACTORS**

GRANIX	5	NM, PA
NEUPOGEN	5	NM, PA
PROCRIT 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT 20000unit/ml, 40000unit/ml	5	NM, PA

### **MISCELLANEOUS**

<i>anagrelide hcl</i>	4	
BERINERT	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	2	
DROXIA	3	
ENDARI	5	NM, LA, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIRAZYR	5	QL (9 syringes / 30 days), NM, PA
HAEGARDA 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>pentoxifylline</i> TBCR	2	
PROMACTA PACK	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg	5	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TABS 25mg	5	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TABS 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	3	

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole</i>	4	
BRILINTA	3	
<i>clopidogrel tab 75mg</i>	1	
<i>prasugrel hcl</i>	4	
ZONTIVITY	4	

### **IMMUNOLOGIC AGENTS**

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

HUMIRA 10mg/0.1ml, 20mg/0.2ml	5	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	5	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	5	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	5	NM, PA
HUMIRA PEN	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	5	NM, PA
HUMIRA PEN INJ PS/UV STARTER	5	NM, PA
HUMIRA PEN-PS/UV STARTER	5	NM, PA
<i>hydroxychloroquine sulfate</i>	3	
<i>leflunomide</i> TABS	3	
<i>methotrexate sodium tabs</i>	3	
REMICADE	5	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XATMEP	4	B/D
XELJANZ	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	5	QL (30 tabs / 30 days), NM, PA

### **IMMUNOGLOBULINS**

BIVIGAM	5	NM, PA
CARIMUNE NANOFILTERED	5	NM, PA
FLEBOGAMMA DIF	5	NM, PA
GAMASTAN S/D	3	B/D, NM
GAMMAGARD LIQUID	5	NM, PA
GAMMAGARD S/D	5	NM, PA
GAMMAKED	5	NM, PA
GAMMAPLEX	5	NM, PA
GAMMAPLEX 10GM/100ML	5	NM, PA
GAMUNEX-C	5	NM, PA
OCTAGAM	5	NM, PA
PANZYGA	5	NM, PA
PRIVIGEN	5	NM, PA

### **IMMUNOMODULATORS**

ACTIMMUNE	5	NM, LA, PA
ARCALYST	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

### **IMMUNOSUPPRESSANTS**

<i>azathioprine</i> TABS	3	B/D
BENLYSTA	5	NM, PA
<i>cyclosporine</i> CAPS	4	B/D
<i>cyclosporine modified (for microemulsion)</i>	4	B/D
<i>engraf</i>	4	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	3	B/D
<i>mycophenolate mofetil</i> SUSR	5	B/D
<i>mycophenolate sodium tbec</i>	4	B/D
NULOJIX	5	B/D
RAPAMUNE SOLN	5	B/D
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN	5	B/D
<i>sirolimus</i> TABS 2mg	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg	4	B/D
<i>tacrolimus</i> CAPS	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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS TAB 1MG	5	B/D
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOID	3	B/D
ENGERIX-B SUSP	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 vials per lifetime)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX INJ	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
ZOSTAVAX	3	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES**

<i>klor-con 8</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con m10</i>	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con pak 20meq</i>	4	
<i>klor-con spr cap 8meq</i>	3	
<i>klor-con spr cap 10meq</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE IN D5W	3	
<i>magnesium sulfate in dextrose</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
<i>potassium chloride CPCR</i>	3	
<i>potassium chloride PACK</i>	4	
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR</i>	2	
<i>potassium chloride microencapsulated crystals er</i>	2	
<i>potassium chloride tab cr 10 meq</i>	2	
<i>sodium chloride SOLN 2.5meq/ml</i>	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
<i>tpn electrolytes</i>	4	B/D

#### **IV NUTRITION**

AMINOSYN	4	B/D
AMINOSYN 7%/ELECTROLYTES	4	B/D
<i>aminosyn 8.5%/electrolyte</i>	4	B/D
<i>aminosyn ii 8.5%/electrol</i>	4	B/D
AMINOSYN II INJ 8.5%	4	B/D
AMINOSYN II INJ 10%	4	B/D
AMINOSYN M	4	B/D
AMINOSYN-HBC	4	B/D
AMINOSYN-PF 7%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
AMINOSYN-RF	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 4.25%/DEXTROSE 25%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 5%/DEXTROSE 25%	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
<i>hepatamine</i>	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INTRALIPID 30%	4	B/D
<i>intralipid inj 20%</i>	4	B/D
NEPHRAMINE	4	B/D
<i>nutrilipid inj 20%</i>	4	B/D
<i>premasol 6%</i>	4	B/D
PREMASOL 10%	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE INJ 10%	4	B/D

#### **IV REPLACEMENT SOLUTIONS**

<i>dextrose 2.5%/nacl 0.45%</i>	2
<i>dextrose 5%</i>	2
DEXTROSE 5% /ELECTROLYTE	3
<i>dextrose 5%/nacl 0.2%</i>	2
DEXTROSE 5%/NACL 0.3%	4
<i>dextrose 5%/nacl 0.9%</i>	2
<i>dextrose 5%/nacl 0.33%</i>	2
<i>dextrose 5%/nacl 0.45%</i>	2
<i>dextrose 5%/nacl 0.225%</i>	2
<i>dextrose 5%/potassium chl</i>	2
<i>dextrose 10% flex contain</i>	2
DEXTROSE 10%/NACL 0.2%	3
<i>dextrose 10%/nacl 0.45%</i>	2
<i>dextrose 50%</i>	2
<i>dextrose in lactated ringers</i>	2
<i>dextrose inj 70%</i>	2
ISOLYTE P	4
ISOLYTE S	4
<i>kcl0.15%/d5w/nacl0.2%</i>	2
KCL 0.3%/D5W/NACL 0.9%	4
<i>kcl 0.3%/d5w/nacl 0.45%</i>	2
<i>kcl 0.15%/d5w/nacl 0.9%</i>	2
KCL 0.15%/D5W/NACL 0.225%	3
<i>kcl 0.075%/d5w/nacl 0.45%</i>	2
<i>kcl/d5w inj 0.3%</i>	2
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	2
<i>kcl/d5w/nacl inj .15/.33%</i>	2
<i>kcl/d5w/nacl inj .15/.45%</i>	2
<i>kcl/nacl inj 0.3-0.9</i>	2
<i>kcl/nacl inj 0.15%-0.9%</i>	2
<i>lactated ringer's</i>	2
NORMOSOL-M IN D5W	4
NORMOSOL-R	4
NORMOSOL-R IN D5W	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>pot chloride inj 2meq/ml</i>	2	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride SOLN 3%, 5%</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	

## **VITAMINS**

<i>calcitriol CAPS</i>	3	B/D
<i>calcitriol inj</i>	4	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	4	B/D
M-NATAL PLUS	3	
NIVA-PLUS	3	
O-CAL FA	3	
<i>paricalcitol CAPS</i>	4	B/D
PNV FOLIC ACID + IRON MUL	3	
PNV PRENATAL PLUS	3	
PNV PRENATAL TAB PLUS	3	
PRENATAL	3	
PRENATAL PLUS	3	
PRENATAL PLUS LOW IRON	3	
PREPLUS	3	
RAYALDEE	5	
TRICARE	3	
VOL-PLUS	3	

## **OPHTHALMIC**

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

<i>bacitracin-poly-neomycin-hc</i>	3	
BLEPHAMIDE OINT	4	
<i>neomycin-polymy-dexameth</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX OINT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	4	
ZYLET	3	

### **ANTI-INFECTIVES**

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	3	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	3	
CILOXAN OINT	3	
<i>ciprofloxacin hcl (ophth)</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin (ophth)</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate soln (ophth)</i>	2	
MOXEZA	3	
<i>moxifloxacin hcl (ophth)</i>	3	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
<i>neomycin-polymyxin-gramicidin</i>	3	
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	2	
<i>trifluridine</i>	3	
ZIRGAN	4	
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	
BROMSITE	4	
<i>dexamethasone sodium phosphate (ophth)</i>	3	
<i>diclofenac sodium (ophth)</i>	3	
DUREZOL	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (ophth)</i>	3	
LOTEMAX	3	
<i>prednisolone acetate (ophth)</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	3	
PROLENSA	3	
<b>ANTIALLERGICS</b>		
<i>azelastine drop 0.05%</i>	3	
BEPREVE	3	
<i>cromolyn sodium (ophth)</i>	1	
LASTACFT	4	
<i>olopatadine hcl 0.2%</i>	4	
PAZEO	3	
<b>ANTIGLAUCOMA</b>		
ALPHAGAN P SOL 0.1%	3	
AZOPT	3	
<i>betaxolol hcl (ophth)</i>	3	
BETOPTIC-S	3	
<i>brimonidine sol 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dorzolamide hcl</i>	3	
<i>dorzolamide hcl-timolol maleate</i>	3	
<i>latanoprost SOLN</i>	2	
<i>levobunolol hcl</i>	2	
LUMIGAN	3	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl SOLN</i>	3	
SIMBRINZA	3	
<i>timolol maleate (ophth) soln</i>	1	
<i>timolol maleate gel</i>	4	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	4	
TRAVATAN Z	3	

### **MISCELLANEOUS**

CYSTARAN	5	NM, LA, PA
<i>proparacaine hcl SOLN</i>	3	
RESTASIS	3	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	3	QL (1 bottle / 30 days)

## **RESPIRATORY**

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

ANORO ELLIPTA	3	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	3	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	3	B/D
TRELEGY ELLIPTA	3	QL (60 blisters / 30 days)

### **ANTICHOLINERGICS**

ATROVENT HFA	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	2	B/D
<i>ipratropium bromide (nasal)</i>	3	

### **ANTI-HISTAMINES**

<i>azelastine spr 0.1%</i>	3	
<i>azelastine spr 0.15%</i>	4	
<i>cetirizine syrup</i>	2	
<i>cyproheptadine hcl SYRP; TABS</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>hydroxyzine hcl SYRP</i>	3	PA; PA if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl</i> TABS	2	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	4	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> TABS	2	
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU	2	B/D
<i>albuterol sulfate</i> SYRP	3	
<i>albuterol sulfate</i> TABS	4	
<i>levalbuterol tartrate hfa</i>	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS	4	
VENTOLIN HFA	3	QL (2 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW; TABS	2	
<i>montelukast sodium</i> PACK	4	
<i>zafirlukast</i>	3	
<b>MAST CELL STABILIZERS</b>		
<i>cromolyn sod neb</i> 20mg/2ml	3	B/D
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP	5	NM, LA, PA
DALIRESP	4	
<i>epinephrine (anaphylaxis)</i> .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET	5	NM, PA
KALYDECO	5	NM, PA
OFEV	5	NM, PA
ORKAMBI	5	NM, PA
PROLASTIN-C	5	NM, LA, PA
PULMOZYME	5	NM, PA
SYMDEKO	5	NM, LA, PA
<i>theophylline</i> TB12; TB24	3	
XOLAIR	5	NM, LA, PA
ZEMAIRA	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i>	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 bottle / 30 days)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	3	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	4	QL (2 inhalers / 30 days)
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>amneesteem</i>	4	PA
<i>avita</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate (topical)</i> GEL; LOTN	4	
<i>clindamycin phosphate (topical)</i> SOLN	3	
<i>erythromycin (acne aid)</i> GEL	4	
<i>erythromycin (acne aid)</i> SOLN	3	
<i>isotretinoin</i> CAPS	4	PA
<i>myorisan</i>	4	PA
<i>sulfacetamide sodium (acne)</i>	4	
<i>tretinoin</i> CREA	4	PA
<i>tretinoin</i> GEL .01%, .025%	4	PA
<i>zenatane</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i>	3	
<i>mupirocin</i> OINT	2	
<i>silver sulfadiazine</i> CREA	2	
<i>ssd</i>	2	
SULFAMYLON CREA	4	

Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>clotrimazole (topical)</i> CREA	3	
<i>clotrimazole w/ betamethasone</i> CREA	3	
<i>ketoconazole cream</i>	3	
<i>nyamyc</i>	3	
<i>nystatin (topical)</i>	3	
<i>nystatin pow 100000</i>	3	
<i>nystop</i>	3	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	5	PA
<i>calcipotriene</i> CREA; OINT	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN	4	QL (120 mL / 30 days), PA
<i>calcitrene</i>	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA	3	PA
TAZORAC CREA .05%	4	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo</i>	2	
<i>selenium sulfide</i> LOTN	2	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort</i> 1%	1	
<i>ala-cort</i> 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>betamethasone dipropionate (topical)</i> CREA; LOTN	3	
<i>betamethasone dipropionate (topical)</i> OINT	4	
<i>betamethasone dipropionate augmented</i> CREA	3	
<i>betamethasone dipropionate augmented</i> GEL; LOTN; OINT	4	
<i>betamethasone valerate</i> CREA; LOTN; OINT	3	
ENSTILAR	4	PA
<i>fluocinolone acetonide</i> SOLN	4	
<i>fluocinonide</i> CREA .05%	4	
<i>fluocinonide</i> GEL	4	
<i>fluocinonide</i> SOLN	3	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate</i> CREA; OINT	3	
<i>halobetasol propionate</i> CREA; OINT	4	
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%	2	
<i>hydrocortisone (topical)</i> LOTN	3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone (topical)</i> OINT 2.5%	2	
<i>hydrocortisone butyrate cream</i> 0.1%	4	
<i>hydrocortisone butyrate oint</i> 0.1%	4	
<i>mometasone furoate</i> CREA	2	
<i>mometasone furoate</i> OINT; SOLN	3	
<i>triamcinolone acetonide (topical)</i> CREA; OINT	2	
<i>triamcinolone acetonide (topical)</i> LOTN	3	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	3	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	3	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine oint</i> 5%	4	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	3	QL (30 grams / 30 days), PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate</i> CREA; LOTN	3	
<i>diclofenac sodium (topical)</i> 1% gel	3	PA
<i>fluorouracil (topical)</i> CREA 5%	4	
<i>fluorouracil (topical)</i> SOLN	3	
<i>imiquimod</i> CREA 5%	4	
<i>metronidazole (topical)</i> CREA	4	
<i>metronidazole gel</i> 0.75%	4	
PANRETIN	5	
PICATO .05%	3	QL (2 tubes / 30 days)
PICATO .015%	3	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	3	
<i>procto-med hc</i>	3	
<i>procto-pak</i>	3	
<i>proctosol hc cre</i> 2.5%	3	
<i>proctozone-hc</i>	3	
<i>rosadan cre</i> 0.75%	4	
<i>tacrolimus (topical)</i>	4	
TARGETIN GEL	5	NM, PA
VALCHLOR	5	NM, LA, PA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	4	
<i>permethrin cre</i> 5%	3	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid</i> .25%	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REGRANEX	5	PA
SANTYL	4	
<i>sodium chlor sol 0.9% irr</i>	2	
<i>water for irrigation, sterile</i>	2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>clotrimazole LOZG</i>	4	
<i>lidocaine hcl (mouth-throat)</i>	2	
<i>nystatin (mouth-throat)</i>	3	
<i>paroex sol 0.12%</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (oral)</i>	4	
<i>triamcinolone acetonide (mouth)</i>	3	
<b>OTIC</b>		
<i>acetic acid (otic)</i>	3	
CIPRODEX	3	
<i>neomycin-polymyxin-hc (otic)</i>	3	
<i>ofloxacin (otic)</i>	4	

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	11
<i>abacavir sulfate-lamivudine</i> .....	12
<i>abacavir sulfate-lamivudine-zidovudine</i> .....	12
ABELCET .....	11
ABILIFY MAINTENA .....	31
<i>abiraterone acetate</i> .....	17
ABRAXANE.....	17
<i>acamprosate calcium</i> .....	36
<i>acarbose</i> .....	37
<i>acebutolol hcl</i> .....	23
<i>acetaminophen w/ codeine 300-15mg</i> ...	7
<i>acetaminophen w/ codeine 300-30mg</i> ...	7
<i>acetaminophen w/ codeine 300-60mg</i> ...	7
<i>acetaminophen w/ codeine soln</i> .....	7
<i>acetazolamide</i> .....	24
<i>acetic acid</i> .....	59
<i>acetic acid (otic)</i> .....	60
<i>acetylcysteine</i> .....	56
<i>acitretin</i> .....	58
ACTHIB .....	50
ACTIMMUNE.....	49
<i>acyclovir</i> .....	13
<i>acyclovir sodium</i> .....	13
ADACEL.....	50
ADAGEN .....	41
<i>adefovir dipivoxil</i> .....	13
ADEMPAS .....	25
<i>adrucil</i> .....	16
<i>adrucil inj</i> .....	16
ADVAIR DISKUS .....	57
ADVAIR HFA .....	57
AFINITOR .....	18
AFINITOR DISPERZ .....	18
<i>ala-cort</i> .....	58
<i>albendazole</i> .....	9
ALBENZA.....	9
<i>albuterol sulfate</i> .....	56
<i>alclometasone dipropionate</i> .....	58
ALCOHOL SWABS .....	36
ALDURAZYME.....	41
ALECENSA .....	18
<i>alendronate sodium</i> .....	38
<i>alfuzosin hcl</i> .....	46
ALIMTA .....	16
ALINIA.....	9
<i>allopurinol tab</i> .....	7
<i>alosetron hcl</i> .....	45
ALPHAGAN P SOL 0.1% .....	54
<i>alprazolam tab 0.25mg</i> .....	25
<i>alprazolam tab 0.5mg</i> .....	25
<i>alprazolam tab 1mg</i> .....	26
<i>alprazolam tab 2 mg</i> .....	26
ALREX.....	54
<i>altavera</i> .....	39
ALUNBRIG .....	18
<i>alyacen 1/35</i> .....	39
<i>amantadine hcl</i> .....	30
AMBISOME .....	11
<i>amikacin sulfate</i> .....	9
<i>amiloride &amp; hydrochlorothiazide</i> .....	24
<i>amiloride hcl</i> .....	24
AMINOSYN .....	51
AMINOSYN-HBC .....	51
AMINOSYN-PF 7% .....	51
AMINOSYN-PF INJ 10% .....	51
AMINOSYN-RF.....	51
AMINOSYN 7%/ELECTROLYTES .....	51
<i>aminosyn 8.5%/electrolyte</i> .....	51
<i>aminosyn ii 8.5%/electrol</i> .....	51
AMINOSYN II INJ 10% .....	51
AMINOSYN II INJ 8.5% .....	51
AMINOSYN M .....	51
<i>amiodarone hcl soln</i> .....	22
<i>amiodarone tab 100mg</i> .....	22
<i>amiodarone tab 200mg</i> .....	22
<i>amiodarone tab 400mg</i> .....	22
AMITIZA CAP 24MCG .....	45
AMITIZA CAP 8MCG .....	45
<i>amitriptyline hcl</i> .....	29
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-12.5mg.....	21
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-160-25mg.....	21
<i>amlodipine-valsartan-hydrochlorothiazide</i> 10-320-25mg.....	21
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-12.5mg.....	21
<i>amlodipine-valsartan-hydrochlorothiazide</i> 5-160-25mg .....	21
<i>amlodipine besylate</i> .....	23
<i>amlodipine besylate-benazepril hcl</i> .....	20
<i>amlodipine besylate-olmesartan</i> <i>medoxomil</i> .....	21

<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	21	ANDRODERM .....	36
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	21	ANORO ELLIPTA .....	55
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	21	APOKYN .....	30
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	21	<i>aprepitant</i> .....	44
<i>ammonium lactate</i> .....	59	<i>aprepitant pak 80mg &amp; 125mg</i> .....	44
<i>amnesteem</i> .....	57	<i>apri</i> .....	39
<i>amoxapine</i> .....	29	APRISO .....	45
<i>amoxicillin</i> .....	15	APTIOM .....	26
<i>amoxicillin &amp; pot clavulanate</i> .....	15	APTIVUS .....	11
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i> .....	33	ARALAST NP .....	56
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i> .....	33	ARCALYST .....	49
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i> .....	33	<i>aripiprazole odt</i> .....	31
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i> .....	33	<i>aripiprazole oral solution 1 mg/ml</i> .....	31
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i> .....	33	<i>aripiprazole tab</i> .....	31
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i> .....	33	ARISTADA .....	31
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	33	ARISTADA INITIO .....	31
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	33	<i>armodafinil</i> .....	36
<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	33	ARNUITY ELLIPTA .....	57
<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	34	<i>aspirin-dipyridamole</i> .....	48
<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	34	<i>atazanavir sulfate</i> .....	11
<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	33	<i>atenolol</i> .....	23
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	33	<i>atenolol &amp; chlorthalidone</i> .....	23
<i>amphotericin b</i> .....	11	<i>atomoxetine hcl</i> .....	34
<i>ampicillin &amp; sulbactam sodium</i> .....	15	<i>atorvastatin calcium</i> .....	22
<i>ampicillin cap 500mg</i> .....	15	<i>atovaquone</i> .....	9
<i>ampicillin inj</i> .....	15	<i>atovaquone-proguanil hcl</i> .....	11
<i>ampicillin sodium</i> .....	15	ATRIPLA .....	13
AMPYRA .....	35	ATROVENT HFA .....	55
ANADROL-50 .....	36	<i>aubra</i> .....	39
<i>anagrelide hcl</i> .....	47	AURYXIA .....	43
<i>anastrozole</i> .....	17	AUSTEDO .....	35
		AVASTIN .....	17
		<i>aviane</i> .....	39
		<i>avita</i> .....	57
		<i>azacitidine</i> .....	16
		AZASITE .....	53
		<i>azathioprine</i> .....	49
		<i>azelastine drop 0.05%</i> .....	54
		<i>azelastine spr 0.1%</i> .....	55
		<i>azelastine spr 0.15%</i> .....	55
		<i>azithromycin</i> .....	15
		AZOPT .....	54
		<i>aztreonam</i> .....	9
		B	
		<i>bacitracin-poly-neomycin-hc</i> .....	53
		<i>bacitracin-polymyxin b (ophth)</i> .....	53
		<i>bacitracin (ophthalmic)</i> .....	53
		<i>baclofen</i> .....	35

<i>balsalazide disodium</i> .....	45	BRIVIACT INJ 50MG/5ML .....	26
BANZEL SUS 40MG/ML .....	26	BRIVIACT SOL 10MG/ML .....	26
BANZEL TAB 200MG .....	26	BRIVIACT TAB 100MG .....	26
BANZEL TAB 400MG .....	26	BRIVIACT TAB 10MG .....	26
BARACLUDE .....	13	BRIVIACT TAB 25MG .....	26
BASAGLAR KWIKPEN .....	36	BRIVIACT TAB 50MG .....	26
BCG VACCINE .....	50	BRIVIACT TAB 75MG .....	26
BD ULTRAFINE/NANO PEN NEEDLES .....	36	<i>bromocriptine mesylate</i> .....	30
BD ULTRAFINE INSULIN SYRINGE .....	36	BROMSITE .....	54
<i>benazepril &amp; hydrochlorothiazide</i> .....	20	<i>budesonide (inhalation)</i> .....	57
<i>benazepril hcl</i> .....	21	<i>budesonide ec</i> .....	45
BENLYSTA .....	49	<i>bumetanide inj 0.25/ml</i> .....	24
<i>benztropine mesylate inj</i> .....	30	<i>bumetanide tab</i> .....	24
<i>benztropine mesylate tab 0.5mg</i> .....	30	<i>buprenorphine hcl</i> .....	36
<i>benztropine mesylate tab 1mg</i> .....	30	<i>buprenorphine hcl-naloxone hcl sl</i> .....	36
<i>benztropine mesylate tab 2mg</i> .....	30	<i>bupropion hcl</i> .....	29
BEPREVE .....	54	<i>bupropion hcl (smoking deterrent)</i> .....	36
BERINERT .....	47	<i>buspirone hcl</i> .....	26
BESIVANCE .....	53	BYDUREON BCISE .....	37
<i>betamethasone dipropionate (topical)</i> ..	58	BYDUREON INJ .....	37
<i>betamethasone dipropionate augmented</i> .....	58	BYDUREON PEN .....	37
<i>betamethasone valerate</i> .....	58	BYETTA .....	37
BETASERON .....	35	BYSTOLIC .....	23
<i>betaxolol hcl (ophth)</i> .....	54	C	
<i>bethanechol chloride</i> .....	46	<i>cabergoline</i> .....	43
BETOPTIC-S .....	54	CABOMETYX .....	19
BEVESPI AEROSPHERE .....	55	<i>calcipotriene</i> .....	58
<i>bexarotene</i> .....	20	<i>calcitonin (salmon)</i> .....	43
BEXSERO .....	50	<i>calcitrene</i> .....	58
<i>bicalutamide</i> .....	18	<i>calcitriol</i> .....	53
BICILLIN L-A .....	15	<i>calcitriol inj</i> .....	53
BIKTARVY .....	13	<i>calcitriol oral soln 1 mcg/ml</i> .....	53
BILTRICIDE .....	9	<i>calcium acetate (phosphate binder)</i> .....	43
<i>bisoprolol &amp; hydrochlorothiazide</i> .....	23	CALQUENCE .....	19
BIVIGAM .....	49	<i>camila</i> .....	39
<i>bleomycin sulfate</i> .....	16	CANASA .....	45
BLEPHAMIDE .....	53	CAPRELSA .....	19
<i>blisovi fe 1/20</i> .....	39	CARBAGLU .....	41
<i>blisovi fe 1.5/30</i> .....	39	<i>carbamazepine</i> .....	26
BOOSTRIX .....	50	<i>carbidopa-levodopa</i> .....	30
BORTEZOMIB .....	17	<i>carbidopa-levodopa-entacapone</i> .....	30
BOSULIF .....	18	<i>carboplatin</i> .....	20
BRAFTOVI .....	19	CARIMUNE NANOFILTERED .....	49
BREO ELLIPTA .....	57	<i>carteolol hcl (ophth)</i> .....	54
BRILINTA .....	48	<i>cartia xt cap 120/24hr</i> .....	23
<i>brimonidine sol 0.2%</i> .....	54	<i>cartia xt cap 180/24hr</i> .....	23
<i>brimonidine tartrate soln 0.15%</i> .....	54	<i>cartia xt cap 240/24hr</i> .....	23
		<i>cartia xt cap 300/24hr</i> .....	23

<i>carvedilol</i> .....	23	<i>citalopram hydrobromide</i> .....	29
<i>caspofungin acetate</i> .....	11	<i>claravis</i> .....	57
CAYSTON .....	9	<i>clarithromycin</i> .....	15
<i>caziant pak</i> .....	39	<i>clarithromycin er</i> .....	15
<i>cefaclor</i> .....	14	<i>clarithromycin for susp</i> .....	15
<i>cefadroxil</i> .....	14	<i>clindamycin cap 300 mg</i> .....	9
CEFAZOLIN IN DEXTROSE 2GM/100ML- 4% .....	14	<i>clindamycin cap 75mg</i> .....	9
<i>cefazolin inj</i> .....	14	<i>clindamycin hcl cap 150 mg</i> .....	9
<i>cefazolin sodium</i> .....	14	<i>clindamycin phosphate (topical)</i> .....	57
CEFAZOLIN SODIUM 1 GM/50ML .....	14	<i>clindamycin phosphate in d5w</i> .....	10
<i>cefdinir</i> .....	14	<i>clindamycin phosphate inj</i> .....	10
<i>cefepime hcl</i> .....	14	CLINDAMYCIN PHOSPHATE IN NACL....	10
<i>cefixime</i> .....	14	<i>clindamycin phosphate vaginal</i> .....	47
<i>cefoxitin sodium</i> .....	14	<i>clindamycin soln 75mg/5ml</i> .....	10
<i>cefpodoxime proxetil</i> .....	14	CLINIMIX 4.25%/DEXTROSE 25% .....	51
<i>ceftazidime</i> .....	14	CLINIMIX 4.25%/DEXTROSE 5% .....	51
<i>ceftriaxone sodium</i> .....	14	CLINIMIX 5%/DEXTROSE 15% .....	51
<i>cefuroxime axetil</i> .....	14	CLINIMIX 5%/DEXTROSE 20% .....	51
<i>cefuroxime sodium</i> .....	14	CLINIMIX 5%/DEXTROSE 25% .....	51
<i>celecoxib</i> .....	7	CLINIMIX INJ 4.25/D10 .....	51
CELONTIN .....	26	<i>clobazam</i> .....	26
<i>cephalexin</i> .....	14, 15	<i>clomipramine hcl</i> .....	29
CERDELGA .....	41	<i>clonazepam</i> .....	26
CEREZYME .....	41	<i>clonidine hcl</i> .....	25
<i>cetirizine syrup</i> .....	55	<i>clonidine hcl ptwk</i> .....	25
CHANTIX .....	36	<i>clopidogrel tab 75mg</i> .....	48
CHANTIX CONTINUING MONTH .....	36	<i>clorazepate dipotassium</i> .....	26
CHANTIX STARTER PACK .....	36	<i>clotrimazole</i> .....	60
CHEMET .....	39	<i>clotrimazole (topical)</i> .....	58
<i>chlorhexidine gluconate (mouth-throat)</i> .....	60	<i>clotrimazole w/ betamethasone</i> .....	58
<i>chloroquine phosphate</i> .....	11	<i>clozapine odt</i> .....	31
<i>chlorothiazide tabs</i> .....	24	<i>clozapine tab 100mg</i> .....	31
<i>chlorpromazine hcl</i> .....	31	<i>clozapine tab 200mg</i> .....	31
CHLORPROMAZINE INJ .....	31	<i>clozapine tab 25mg</i> .....	31
<i>chlorthalidone</i> .....	24	<i>clozapine tab 50mg</i> .....	31
<i>cholestyramine</i> .....	22	COARTEM .....	11
<i>cholestyramine light</i> .....	22	<i>colchicine w/ probenecid</i> .....	7
<i>cilostazol</i> .....	47	COLCRYS .....	7
CILOXAN .....	53	<i>colesevelam hcl</i> .....	22
CIMDUO .....	13	<i>colestipol hcl gran</i> .....	22
<i>cinacalcet hcl</i> .....	39	<i>colestipol hcl pack</i> .....	22
CIPRODEX .....	60	<i>colestipol hcl tabs</i> .....	22
<i>ciprofloxacin hcl (ophth)</i> .....	53	<i>colistimethate sodium</i> .....	10
<i>ciprofloxacin hcl tab</i> .....	15	<i>colocort</i> .....	45
<i>ciprofloxacin in d5w</i> .....	15	COMBIGAN .....	54
<i>cisplatin</i> .....	20	COMBIVENT RESPIMAT .....	55
		COMETRIQ .....	19
		COMPLERA .....	13

<i>compro supp</i> .....	44	.....	44
<i>constulose</i> .....	45	<i>desmopressin acetate tabs</i> .....	44
COPIKTRA .....	19	<i>desmopressin inj 4mcg/ml</i> .....	44
CORLANOR .....	25	<i>desogestrel &amp; ethinyl estradiol</i> .....	39
<i>cortisone acetate</i> .....	42	<i>desvenlafaxine succinate</i> .....	29
COTELLIC .....	19	<i>dexamethasone</i> .....	42
COUMADIN .....	47	DEXAMETHASONE .....	42
CREON .....	46	<i>dexamethasone sodium phosphate</i> .....	42
CRIXIVAN .....	11	<i>dexamethasone sodium phosphate</i>	
<i>cromolyn sodium (mastocytosis)</i> .....	46	( <i>ophth</i> ) .....	54
<i>cromolyn sodium (ophth)</i> .....	54	DEXILANT.....	46
<i>cromolyn sod neb 20mg/2ml</i> .....	56	<i>dexmethyphenidate hcl</i> .....	34
<i>cryselle-28</i> .....	39	<i>dexrazoxane</i> .....	20
<i>cyclafem 1/35</i> .....	39	DEXTROSE 10%/NACL 0.2% .....	52
<i>cyclobenzaprine hcl</i> .....	35	<i>dextrose 10%/nacl 0.45%</i> .....	52
<i>cyclophosphamide</i> .....	16	<i>dextrose 10% flex contain</i> .....	52
<i>cycloserine</i> .....	13	<i>dextrose 2.5%/nacl 0.45%</i> .....	52
<i>cyclosporine</i> .....	49	<i>dextrose 5%</i> .....	52
<i>cyclosporine modified (for</i>		DEXTROSE 5% /ELECTROLYTE .....	52
<i>microemulsion)</i> .....	49	<i>dextrose 5%/nacl 0.2%</i> .....	52
<i>cyproheptadine hcl</i> .....	55	<i>dextrose 5%/nacl 0.225%</i> .....	52
<i>cyred eq</i> .....	39	DEXTROSE 5%/NACL 0.3%.....	52
CYSTADANE.....	41	<i>dextrose 5%/nacl 0.33%</i> .....	52
CYSTAGON .....	41	<i>dextrose 5%/nacl 0.45%</i> .....	52
CYSTARAN.....	55	<i>dextrose 5%/nacl 0.9%</i> .....	52
D		<i>dextrose 5%/potassium chl</i> .....	52
<i>dacarbazine</i> .....	16	<i>dextrose 50%</i> .....	52
<i>dalfampridine</i> .....	35	<i>dextrose inj 70%</i> .....	52
DALIRESP.....	56	<i>dextrose in lactated ringers</i> .....	52
<i>danazol</i> .....	41	DIASTAT ACUDIAL.....	26
<i>dantrolene sodium</i> .....	36	DIASTAT PEDIATRIC .....	26
<i>dapsone</i> .....	10	<i>diazepam</i> .....	26
DAPTACEL .....	50	<i>diazepam gel</i> .....	26
<i>daptomycin</i> .....	10	<i>diazepam inj</i> .....	26
DAPTOMYCIN .....	10	<i>diazepam intensol</i> .....	26
<i>dasetta 1/35</i> .....	39	<i>diazepam oral soln 1 mg/ml</i> .....	27
DAURISMO .....	17	<i>diclofenac potassium</i> .....	7
<i>deblitane</i> .....	39	<i>diclofenac sodium</i> .....	7
DELESTROGEN .....	42	<i>diclofenac sodium (ophth)</i> .....	54
DELSTRIGO .....	13	<i>diclofenac sodium (topical) 1% gel</i> .....	59
<i>delyla</i> .....	39	<i>dicloxacillin sodium</i> .....	15
DELZICOL.....	45	<i>dicyclomine hcl cap 10mg</i> .....	44
DEMSER .....	25	<i>dicyclomine hcl soln 10mg/5ml</i> .....	44
DEPEN TITRATABS.....	39	<i>dicyclomine hcl tab 20mg</i> .....	44
DESCOVY .....	13	<i>didanosine</i> .....	11
<i>desipramine hcl</i> .....	29	<i>diflunisal</i> .....	7
<i>desmopressin acetate spray</i> .....	44	<i>digitek</i> .....	24
<i>desmopressin acetate spray refrigerated</i>		<i>digox</i> .....	24

<i>digoxin</i> .....	24	<i>eletriptan hydrobromide</i> .....	34
<i>digoxin inj</i> .....	24	ELIQUIS .....	47
<i>digoxin sol 50mcg/ml</i> .....	24	ELIQUIS STARTER PACK .....	47
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .....	34	ELLA .....	39
<i>dihydroergotamine mesylate nasal</i> .....	34	EMCYT .....	16
DILANTIN-125 SUSP .....	27	EMEND.....	44
DILANTIN CAP 100MG .....	27	<i>emoquette</i> .....	39
DILANTIN CAP 30MG.....	27	EMSAM.....	29
DILANTIN CHEW TAB 50MG .....	27	EMTRIVA .....	11
<i>dilt-xr cap</i> .....	23	EMVERM.....	10
<i>diltiazem cap 120mg cd</i> .....	23	<i>enalapril maleate</i> .....	21
<i>diltiazem cap 180mg cd</i> .....	23	<i>enalapril maleate &amp; hydrochlorothiazide</i> .....	20
<i>diltiazem cap 240mg cd</i> .....	23	ENDARI.....	47
<i>diltiazem cap 360mg cd</i> .....	23	<i>endocet 10-325mg</i> .....	7
<i>diltiazem cap er/12hr</i> .....	23	<i>endocet 2.5-325mg</i> .....	7
<i>diltiazem hcl</i> .....	23	<i>endocet 5-325mg</i> .....	7
<i>diltiazem hcl cap sr 24hr</i> .....	23	<i>endocet 7.5-325mg</i> .....	7
<i>diltiazem hcl coated beads cap sr 24hr</i> 24		ENGERIX-B .....	50
<i>diltiazem hcl extended release beads cap</i> <i>sr</i> .....	24	<i>enoxaparin sodium</i> .....	47
<i>diltiazem inj</i> .....	24	<i>enpresse-28</i> .....	39
<i>diphenhydramine hcl inj 50mg/ml</i> .....	55	<i>enskyce</i> .....	39
<i>diphenoxylate w/ atropine</i> .....	46	ENSTILAR.....	58
DIPHThERIA/TETANUS TOXOID .....	50	<i>entacapone</i> .....	30
<i>disopyramide phosphate</i> .....	22	<i>entecavir</i> .....	13
<i>disulfiram</i> .....	36	ENTRESTO.....	21
<i>divalproex sodium</i> .....	27	<i>enulose</i> .....	45
<i>docetaxel</i> .....	17	EPCLUSA .....	14
DOCETAXEL .....	17	EPIDIOLEX .....	27
<i>dofetilide</i> .....	22	<i>epinephrine (anaphylaxis)</i> .....	56
<i>donepezil hydrochloride</i> .....	28	<i>epitol</i> .....	27
<i>dorzolamide hcl</i> .....	55	EPIVIR HBV .....	14
<i>dorzolamide hcl-timolol maleate</i> .....	55	<i>eplerenone</i> .....	21
<i>doxazosin mesylate</i> .....	21	<i>ergotamine w/ caffeine</i> .....	34
<i>doxepin hcl</i> .....	29	ERIVEDGE .....	17
<i>doxy 100</i> .....	16	ERLEADA.....	18
<i>doxycycline (monohydrate)</i> .....	16	<i>errin</i> .....	40
<i>doxycycline hyclate</i> .....	16	<i>ertapenem sodium</i> .....	10
<i>dronabinol</i> .....	44	<i>ery-tab</i> .....	15
DROXIA.....	47	ERYTHROCIN LACTOBIONATE.....	15
<i>duloxetine hcl</i> .....	29	<i>erythrocine stearate</i> .....	15
DUREZOL .....	54	<i>erythromycin (acne aid)</i> .....	57
<i>dutasteride</i> .....	46	<i>erythromycin (ophth)</i> .....	54
E .....		<i>erythromycin base</i> .....	15
<i>e.e.s. 400</i> .....	15	<i>erythromycin cap 250mg ec</i> .....	15
EDURANT .....	11	<i>erythromycin ethylsuccinate</i> .....	15
<i>efavirenz</i> .....	11	ESBRIET.....	56
		<i>escitalopram oxalate</i> .....	29



<i>esomeprazole magnesium</i> .....	46	FLOVENT DISKUS .....	57
<i>esomeprazole sodium inj</i> .....	46	FLOVENT HFA .....	57
<i>estarylla tab 0.25-35</i> .....	40	<i>fluconazole</i> .....	11
<i>estradiol</i> .....	42	<i>fluconazole in dextrose</i> .....	11
<i>estradiol vaginal cream</i> .....	42	<i>fluconazole inj nacl 200</i> .....	11
<i>estradiol vaginal tab</i> .....	42	<i>fluconazole inj nacl 400</i> .....	11
<i>estradiol valerate inj</i> .....	42	<i>flucytosine</i> .....	11
<i>ethambutol hcl</i> .....	13	<i>fludrocortisone acetate</i> .....	42
<i>ethosuximide</i> .....	27	<i>flunisolide (nasal)</i> .....	57
<i>ethynodiol diacet &amp; eth estrad</i> .....	40	<i>fluocinolone acetonide</i> .....	58
<i>ethynodiol tab 1-50</i> .....	40	<i>fluocinonide</i> .....	58
<i>etoposide</i> .....	20	<i>fluocinonide emulsified base</i> .....	58
EVOTAZ .....	13	<i>fluorometholone</i> .....	54
<i>exemestane</i> .....	18	<i>fluorouracil</i> .....	16
<i>ezetimibe</i> .....	22	<i>fluorouracil (topical)</i> .....	59
F .....		<i>fluoxetine cap 10mg</i> .....	29
FABRAZYME.....	41	<i>fluoxetine cap 20mg</i> .....	29
<i>falmina</i> .....	40	<i>fluoxetine cap 40mg</i> .....	29
<i>famciclovir</i> .....	14	<i>fluoxetine hcl</i> .....	29
<i>famotidine</i> .....	45	<i>fluphenazine decanoate</i> .....	31
<i>famotidine inj</i> .....	45	<i>fluphenazine hcl</i> .....	31
<i>famotidine in nacl</i> .....	45	<i>flurbiprofen</i> .....	7
FANAPT .....	31	<i>flurbiprofen sodium</i> .....	54
FANAPT TITRATION PACK .....	31	<i>flutamide</i> .....	18
FARESTON.....	18	<i>fluticasone propionate</i> .....	58
FARXIGA .....	37	<i>fluticasone propionate (nasal)</i> .....	57
FARYDAK.....	17	<i>fluvoxamine maleate</i> .....	26
FASLODEX.....	18	<i>fondaparinux sodium</i> .....	47
<i>felbamate</i> .....	27	FORTEO .....	43
<i>felodipine</i> .....	24	<i>fosamprenavir tab 700 mg</i> .....	11
<i>femynor</i> .....	40	<i>fosinopril sodium</i> .....	21
<i>fenofibrate</i> .....	22	<i>fosinopril sodium &amp; hydrochlorothiazide</i> .....	20
<i>fenofibrate micronized</i> .....	22	FREAMINE HBC 6.9% .....	51
<i>fentanyl citrate</i> .....	7	FREAMINE III.....	51
<i>fentanyl patch 100 mcg/hr</i> .....	8	<i>furosemide</i> .....	24
<i>fentanyl patch 12 mcg/hr</i> .....	7	<i>furosemide inj</i> .....	24
<i>fentanyl patch 25 mcg/hr</i> .....	8	FUZEON .....	11
<i>fentanyl patch 50 mcg/hr</i> .....	8	<i>fyavolv</i> .....	42
<i>fentanyl patch 75 mcg/hr</i> .....	8	FYCOMPA .....	27
FENTORA .....	8	G .....	
FETZIMA .....	29	<i>gabapentin</i> .....	27
FETZIMA TITRATION PACK.....	29	<i>galantamine hydrobromide</i> .....	28
FIASP .....	37	<i>galantamine hydrobromide er</i> .....	28
FIASP FLEXTOUCH .....	37	GAMASTAN S/D.....	49
<i>finasteride</i> .....	46	GAMMAGARD LIQUID .....	49
FIRAZYR.....	48	GAMMAGARD S/D .....	49
FLEBOGAMMA DIF .....	49	GAMMAKED .....	49
<i>flecainide acetate</i> .....	22		

GAMMAPLEX .....	49
GAMMAPLEX 10GM/100ML .....	49
GAMUNEX-C .....	49
<i>ganciclovir sodium</i> .....	14
GARDASIL 9 .....	50
GATTEX.....	46
GAUZE PADS 2.....	37
<i>gavilyte-c</i> .....	45
<i>gavilyte-g</i> .....	45
<i>gavilyte-n/flavor pack</i> .....	45
<i>gemfibrozil</i> .....	22
<i>generlac</i> .....	45
<i>gengraf</i> .....	49
GENOTROPIN .....	43
GENOTROPIN MINISQUICK .....	43
<i>gentak</i> .....	54
<i>gentamicin in saline</i> .....	9
<i>gentamicin sulfate</i> .....	9
<i>gentamicin sulfate (topical)</i> .....	57
<i>gentamicin sulfate soln (ophth)</i> .....	54
GENVOYA .....	13
GEODON .....	31
GILENYA CAP 0.5MG .....	35
GILOTRIF TAB 20MG .....	19
GILOTRIF TAB 30MG .....	19
GILOTRIF TAB 40MG .....	19
<i>glatiramer acetate 20mg/ml</i> .....	35
<i>glatiramer acetate 40mg/ml</i> .....	35
<i>glatopa</i> .....	35
GLEOSTINE.....	16
<i>glimepiride</i> .....	37
<i>glip/metform tab 2.5-250mg</i> .....	37
<i>glip/metform tab 2.5-500mg</i> .....	37
<i>glip/metform tab 5-500mg</i> .....	37
<i>glipizide</i> .....	37, 38
<i>glipizide xl</i> .....	38
GLUCAGEN HYPOKIT .....	42
GLUCAGON EMERGENCY KIT .....	43
<i>glycopyrrolate tab 1mg</i> .....	44
<i>glycopyrrolate tab 2mg</i> .....	44
<i>glydo</i> .....	59
GOLYTELY .....	45
<i>granisetron hcl</i> .....	44
GRANIX.....	47
<i>griseofulvin microsize</i> .....	11
<i>griseofulvin ultramicrosize</i> .....	11
<i>guanfacine er (adhd)</i> .....	34

H	
HAEGARDA .....	48
<i>halobetasol propionate</i> .....	58
<i>haloperidol</i> .....	31
<i>haloperidol conc 2mg/ml</i> .....	31
<i>haloperidol decanoate</i> .....	31
<i>haloperidol lactate inj 5mg/ml</i> .....	31
HARVONI.....	14
HAVRIX .....	50
<i>heather</i> .....	40
<i>heparin sod (porcine) in d5w</i> .....	47
<i>heparin sod inj 1000/ml</i> .....	47
<i>heparin sod inj 10000/ml</i> .....	47
<i>heparin sod inj 20000/ml</i> .....	47
<i>heparin sod inj 5000/ml</i> .....	47
HEPARIN SODIUM/NACL 0.45% .....	47
<i>hepatamine</i> .....	51
HERCEPTIN.....	17
HETLIOZ .....	34
HIBERIX .....	50
HUMIRA .....	48
HUMIRA INJ 10MG/0.2ML .....	48
HUMIRA KIT 20MG/0.4ML .....	48
HUMIRA KIT 40MG/0.8ML .....	48
HUMIRA PEDIATRIC CROHNS DISEASE	48
HUMIRA PEN .....	48
HUMIRA PEN-PS/UV STARTER .....	48
HUMIRA PEN CD/UC/HS STARTER .....	48
HUMIRA PEN INJ CD/UC/HS STARTER	48
HUMIRA PEN INJ PS/UV STARTER .....	48
HUMULIN R INJ U-500.....	37
HUMULIN R U-500 KWIKPEN .....	37
<i>hydralazine hcl</i> .....	25
<i>hydrochlorothiazide</i> .....	24
<i>hydroco/apap tab 10-325mg</i> .....	8
<i>hydroco/apap tab 5-325mg</i> .....	8
<i>hydroco/apap tab 7.5-325</i> .....	8
<i>hydrocodone-acetaminophen 7.5-325</i> <i>mg/15ml</i> .....	8
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	8
<i>hydrocortisone</i> .....	42
<i>hydrocortisone (enema)</i> .....	45
<i>hydrocortisone (topical)</i> .....	58, 59
<i>hydrocortisone butyrate cream 0.1%</i> ..	59
<i>hydrocortisone butyrate oint 0.1%</i> .....	59
<i>hydromorphone hcl</i> .....	8
<i>hydroxychloroquine sulfate</i> .....	48
<i>hydroxyurea</i> .....	20

<i>hydroxyzine hcl</i> .....	55, 56	<i>irbesartan-hydrochlorothiazide</i> .....	21
<i>hydroxyzine hcl inj</i> .....	56	IRESSA .....	19
<i>hydroxyzine pamoate</i> .....	56	ISENTRESS .....	12
HYSINGLA ER .....	8	ISENTRESS HD.....	12
I		<i>isibloom</i> .....	40
<i>ibandronate sodium</i> .....	38	ISOLYTE P .....	52
IBRANCE .....	17	ISOLYTE S .....	52
<i>ibuprofen</i> .....	7	<i>isoniazid</i> .....	13
<i>ibu tab 600mg</i> .....	7	<i>isoniazid syp 50mg/5ml</i> .....	13
<i>ibu tab 800mg</i> .....	7	<i>isosorbide dinitrate</i> .....	25
ICLUSIG.....	19	<i>isosorbide dinitrate er</i> .....	25
IDHIFA.....	17	<i>isosorbide mononitrate er</i> .....	25
ILEVRO .....	54	<i>isosorb mononitrate tab</i> .....	25
<i>imatinib mesylate</i> .....	19	<i>isotretinoin</i> .....	57
IMBRUVICA.....	19	<i>itraconazole</i> .....	11
<i>imipenem-cilastatin</i> .....	10	<i>ivermectin</i> .....	10
<i>imipramine hcl</i> .....	29	IXIARO .....	50
<i>imiquimod</i> .....	59	J	
IMOVAX RABIES (H.D.C.V.) .....	50	JADENU.....	39
<i>incassia</i> .....	40	JADENU SPRINKLE.....	39
INCRELEX.....	43	JAKAFI .....	19
INCRUSE ELLIPTA.....	55	<i>jantoven</i> .....	47
<i>indapamide</i> .....	24	JANUMET.....	38
INFANRIX .....	50	JANUMET XR TAB 100-1000 .....	38
INLYTA.....	19	JANUMET XR TAB 50-1000.....	38
INSULIN PEN NEEDLE .....	37	JANUMET XR TAB 50-500MG .....	38
INSULIN SAFETY NEEDLES.....	37	JANUVIA.....	38
INSULIN SYRINGE .....	37	JARDIANCE.....	38
INTELENCE.....	11, 12	JENTADUETO .....	38
INTRALIPID 30% .....	52	JENTADUETO TAB XR 2.5-1000 MG ....	38
<i>intralipid inj 20%</i> .....	52	JENTADUETO TAB XR 5-1000 MG.....	38
INTRON-A INJ 10MU .....	49	<i>jinteli</i> .....	42
INTRON-A INJ 18MU .....	49	<i>jolivette</i> .....	40
INTRON-A INJ 25MU .....	49	<i>juleber</i> .....	40
INTRON-A INJ 50MU .....	49	JULUCA .....	13
INVANZ.....	10	<i>junel fe 1/20</i> .....	40
INVEGA SUST INJ 117 MG/0.75 ML ....	32	<i>junel fe 1.5/30</i> .....	40
INVEGA SUST INJ 156MG/ML .....	32	JUXTAPID .....	23
INVEGA SUST INJ 234 MG/1.5 ML.....	32	K	
INVEGA SUST INJ 39 MG/0.25 ML.....	31	KALETRA TAB 100-25MG .....	13
INVEGA SUST INJ 78 MG/0.5 ML .....	31	KALETRA TAB 200-50MG .....	13
INVEGA TRINZA .....	32	KALYDECO.....	56
INVIRASE .....	12	<i>kcl/d5w/nacl inj .15/.33%</i> .....	52
IPOL INACTIVATED IPV .....	50	<i>kcl/d5w/nacl inj .15/.45%</i> .....	52
<i>ipratropium-albuterol nebu</i> .....	55	<i>kcl/d5w/nacl inj 0.22%/0.45%</i> .....	52
<i>ipratropium bromide</i> .....	55	<i>kcl/d5w inj 0.3%</i> .....	52
<i>ipratropium bromide (nasal)</i> .....	55	<i>kcl/nacl inj 0.15%-0.9%</i> .....	52
<i>irbesartan</i> .....	21	<i>kcl/nacl inj 0.3-0.9</i> .....	52

<i>kcl 0.075%/d5w/nacl 0.45%</i> .....	52	LENVIMA 10 MG DAILY DOSE .....	19
<i>kcl0.15%/d5w/nacl0.2%</i> .....	52	LENVIMA 12MG DAILY DOSE .....	19
KCL 0.15%/D5W/NACL 0.225%.....	52	LENVIMA 14 MG DAILY DOSE .....	19
<i>kcl 0.15%/d5w/nacl 0.9%</i> .....	52	LENVIMA 18 MG DAILY DOSE .....	19
<i>kcl 0.3%/d5w/nacl 0.45%</i> .....	52	LENVIMA 20 MG DAILY DOSE .....	19
KCL 0.3%/D5W/NACL 0.9% .....	52	LENVIMA 24 MG DAILY DOSE .....	19
<i>kelnor 1/35</i> .....	40	LENVIMA 4 MG DAILY DOSE.....	19
<i>kelnor 1/50</i> .....	40	LENVIMA 8 MG DAILY DOSE.....	19
<i>ketoconazole</i> .....	11	<i>lessina</i> .....	40
<i>ketoconazole cream</i> .....	58	LETAIRIS.....	25
<i>ketoconazole shampoo</i> .....	58	<i>letrozole</i> .....	18
<i>ketorolac tromethamine (ophth)</i> .....	54	<i>leucovorin calcium</i> .....	20
KEYTRUDA.....	17	LEUKERAN .....	16
KINRIX.....	50	<i>leuprolide inj 1mg/0.2</i> .....	18
<i>kionex sus 15gm/60ml</i> .....	39	<i>levabuterol tartrate hfa</i> .....	56
KISQALI .....	17	LEVEMIR .....	37
KISQALI FEMARA 200 DOSE.....	17	LEVEMIR FLEXTOUCH.....	37
KISQALI FEMARA 400 DOSE.....	17	<i>levetiracetam</i> .....	27
KISQALI FEMARA 600 DOSE.....	17	<i>levetiracetam in sodium chloride</i> .....	27
<i>klor-con 10</i> .....	50	<i>levetiracetam oral soln 100 mg/ml</i> .....	27
<i>klor-con 8</i> .....	50	<i>levo-t</i> .....	43
<i>klor-con m10</i> .....	50	<i>levobunolol hcl</i> .....	55
<i>klor-con m15</i> .....	51	<i>levocarnitine (metabolic modifiers)</i> ....	41
<i>klor-con m20</i> .....	51	<i>levocetirizine dihydrochloride</i> .....	56
<i>klor-con pak 20meq</i> .....	51	<i>levofloxacin</i> .....	15
<i>klor-con spr cap 10meq</i> .....	51	<i>levofloxacin in d5w</i> .....	15
<i>klor-con spr cap 8meq</i> .....	51	<i>levofloxacin inj 25mg/ml</i> .....	15
KORLYM .....	43	<i>levofloxacin oral soln 25 mg/ml</i> .....	15
<i>kurvelo</i> .....	40	<i>levonest</i> .....	40
KUVAN .....	41	<i>levonor/ethi tab</i> .....	40
KYNAMRO.....	23	<i>levonorgestrel &amp; eth estradiol</i> .....	40
L		<i>levora 0.15/30-28</i> .....	40
<i>labetalol hcl</i> .....	23	<i>levothyroxine sodium</i> .....	43
<i>lactated ringer's</i> .....	52	<i>levoxyl</i> .....	43
<i>lactulose</i> .....	45	LEXIVA.....	12
<i>lactulose (encephalopathy)</i> .....	45	<i>lidocaine</i> .....	59
<i>lamivudine</i> .....	12	<i>lidocaine-prilocaine</i> .....	59
<i>lamivudine-zidovudine</i> .....	13	<i>lidocaine hcl</i> .....	59
<i>lamivudine (hbv)</i> .....	14	<i>lidocaine hcl (local anesth.)</i> .....	9
<i>lamotrigine</i> .....	27	<i>lidocaine hcl (mouth-throat)</i> .....	60
<i>lansoprazole</i> .....	46	<i>lidocaine inj 0.5%</i> .....	9
<i>larin fe 1/20</i> .....	40	<i>lidocaine inj 1.5% preservative free (pf)</i> 9	
<i>larin fe 1.5/30</i> .....	40	<i>lidocaine inj 1%</i> .....	9
<i>larissia</i> .....	40	<i>lidocaine oint 5%</i> .....	59
LASTACFT.....	54	<i>linezolid inj</i> .....	10
<i>latanoprost</i> .....	55	<i>linezolid in sodium chloride</i> .....	10
LATUDA.....	32	<i>linezolid susp</i> .....	10
<i>leflunomide</i> .....	48	<i>linezolid tab 600mg</i> .....	10

LINZESS.....	46	<i>medroxyprogesterone acetate</i>	
<i>liothyronine sodium</i> .....	43	<i>(contraceptive)</i> .....	40
<i>lisinopril</i> .....	21	<i>medroxyprogesterone acetate tab</i> .....	43
<i>lisinopril &amp; hydrochlorothiazide</i> .....	20	<i>mefloquine hcl</i> .....	11
<i>lithium carbonate</i> .....	35	<i>megestrol ac sus 40mg/ml</i> .....	18
<i>lithium carbonate er</i> .....	35	<i>megestrol ac tab 20mg</i> .....	18
LITHIUM SOLN 8MEQ/5ML .....	35	<i>megestrol ac tab 40mg</i> .....	18
LONSURF .....	20	<i>megestrol sus 625mg/5ml</i> .....	18
<i>loperamide hcl</i> .....	46	MEKINIST.....	19
<i>lopinavir-ritonavir</i> .....	13	MEKTOVI.....	19
<i>lorazepam</i> .....	26	<i>meloxicam</i> .....	7
<i>lorazepam intensol</i> .....	26	<i>memantine hcl cp24</i> .....	28
LORBRENA.....	19	<i>memantine soln</i> .....	28
<i>lorcet hd tab 10-325mg</i> .....	8	<i>memantine tabs</i> .....	28
<i>lorcet plus tab 7.5-325</i> .....	8	MENACTRA .....	50
<i>lorcet tab 5-325mg</i> .....	8	MENVEO.....	50
<i>losartan-hydrochlorothiazide</i> .....	21	<i>mercaptapurine</i> .....	16
<i>losartan potassium</i> .....	22	<i>meropenem</i> .....	10
LOTEMAX .....	54	<i>mesalamine</i> .....	45
<i>lovastatin</i> .....	22	<i>mesalamine w/ cleanser</i> .....	45
<i>low-ogestrel</i> .....	40	MESNEX .....	20
<i>loxapine succinate</i> .....	32	<i>metadate er tab 20mg</i> .....	34
LUMIGAN.....	55	<i>metformin er</i> .....	38
LUMIZYME .....	41	<i>metformin hcl</i> .....	38
LUPRON DEPOT (1-MONTH) .....	18	<i>methadone hcl</i> .....	8
LUPRON DEPOT INJ 11.25MG (3-MONTH)		<i>methadone hcl 10mg</i> .....	8
.....	18	<i>methadone hcl 5mg</i> .....	8
<i>luteal</i> .....	40	<i>methadone hcl intensol</i> .....	8
LYNPARZA .....	17	<i>methazolamide</i> .....	25
LYRICA.....	27	<i>methenamine hippurate</i> .....	10
LYRICA CR.....	35	<i>methimazole</i> .....	43
LYSODREN.....	18	<i>methotrexate sodium inj</i> .....	16
<i>lyza</i> .....	40	<i>methotrexate sodium tabs</i> .....	48
M		<i>methylphenidate hcl</i> .....	34
M-M-R II .....	50	<i>methylphenidate hcl oral soln</i> .....	34
M-NATAL PLUS .....	53	<i>methylphenidate tab 10mg er</i> .....	34
<i>magnesium sulfate</i> .....	51	<i>methylphenidate tab 20mg er</i> .....	34
MAGNESIUM SULFATE.....	51	<i>methylprednisolone acetate</i> .....	42
MAGNESIUM SULFATE IN D5W .....	51	<i>methylpred pak 4mg</i> .....	42
<i>magnesium sulfate in dextrose</i> .....	51	<i>methylpred tab 16mg</i> .....	42
<i>magnesium sulfate inj 50%</i> .....	51	<i>methylpred tab 32mg</i> .....	42
<i>malathion</i> .....	59	<i>methylpred tab 4mg</i> .....	42
<i>maprotiline hcl</i> .....	29	<i>methylpred tab 8mg</i> .....	42
<i>marlissa</i> .....	40	<i>methylpr ss inj</i> .....	42
MARPLAN TAB 10MG .....	29	<i>metoclopramide hcl</i> .....	44
MATULANE.....	20	<i>metoclopramide hcl inj</i> .....	44
MAVYRET.....	14	<i>metolazone</i> .....	25
<i>meclizine hcl</i> .....	44	<i>metoprolol &amp; hydrochlorothiazide</i> .....	23

<i>metoprolol succinate</i> .....	23	<i>myorisan</i> .....	57
<i>metoprolol tartrate</i> .....	23	MYRBETRIQ .....	46
<i>metronidazole</i> .....	10	<i>myzilra</i> .....	40
<i>metronidazole (topical)</i> .....	59	N	
<i>metronidazole gel 0.75%</i> .....	59	<i>nabumetone</i> .....	7
<i>metronidazole in nacl</i> .....	10	<i>nafcillin sodium</i> .....	15
<i>metronidazole vaginal</i> .....	47	NAFCILLIN SODIUM FOR INJ 10GM ....	15
<i>mexiletine hcl</i> .....	22	NAGLAZYME.....	42
<i>microgestin fe 1/20</i> .....	40	<i>nalbuphine hcl</i> .....	7
<i>microgestin fe 1.5/30</i> .....	40	<i>naloxone inj 0.4mg/ml</i> .....	36
<i>midodrine hcl</i> .....	25	<i>naloxone inj 1mg/ml</i> .....	36
<i>miglustat</i> .....	41	<i>naltrexone hcl</i> .....	36
<i>mili</i> .....	40	NAMZARIC.....	28
<i>minitran</i> .....	25	<i>naproxen</i> .....	7
<i>minocycline hcl</i> .....	16	<i>naproxen dr</i> .....	7
<i>minoxidil</i> .....	25	NARCAN .....	36
<i>mirtazapine</i> .....	29	NATACYN .....	54
<i>misoprostol</i> .....	46	<i>nateglinide</i> .....	38
MITIGARE .....	7	NATPARA.....	43
<i>mitomycin</i> .....	16	NEBUPENT .....	10
<i>moexipril-hydrochlorothiazide</i> .....	20	<i>nefazodone hcl</i> .....	29
<i>moexipril hcl</i> .....	21	<i>neomycin-bacitracin zn-polymyxin</i> .....	54
<i>molindone hcl</i> .....	32	<i>neomycin-polymy-dexameth</i> .....	53
<i>mometasone furoate</i> .....	59	<i>neomycin-polymyxin-gramicidin</i> .....	54
<i>mondoxylene nl cap 100mg</i> .....	16	<i>neomycin-polymyxin-hc (otic)</i> .....	60
<i>mono-lynyah tab 0.25-35</i> .....	40	<i>neomycin sulfate</i> .....	9
<i>mononessa</i> .....	40	NEPHRAMINE .....	52
<i>montelukast sodium</i> .....	56	NERLYNX.....	19
<i>morgidox cap 1x50mg</i> .....	16	NEUPOGEN .....	47
<i>morphine ext-rel tab</i> .....	8	NEUPRO .....	30
<i>morphine sulfate</i> .....	8	<i>nevirapine susp 50 mg/5ml</i> .....	12
MORPHINE SULFATE .....	8	<i>nevirapine tab 100mg er</i> .....	12
<i>morphine sulfate oral soln 100mg/5ml</i> ..	9	<i>nevirapine tab 200mg</i> .....	12
<i>morphine sulfate oral soln 10mg/5ml</i> ....	9	<i>nevirapine tab 400mg er</i> .....	12
<i>morphine sulfate oral soln 20mg/5ml</i> ....	9	NEXAVAR .....	19
<i>morphine sul inj 10mg/ml</i> .....	8	<i>niacin er (antihyperlipidemic)</i> .....	23
<i>morphine sul inj 1mg/ml</i> .....	8	<i>niacor</i> .....	23
MORPHINE SUL INJ 4MG/ML .....	8	<i>nicardipine hcl</i> .....	24
MOVANTIK.....	46	NICOTROL NS .....	36
MOVIPREP .....	45	<i>nifedipine</i> .....	24
MOXEZA.....	54	<i>nilutamide</i> .....	18
<i>moxifloxacin hcl (ophth)</i> .....	54	<i>nimodipine</i> .....	24
MULTAQ .....	22	NINLARO .....	17
<i>mupirocin</i> .....	57	NITRO-BID .....	25
MYCAMINE.....	11	<i>nitrofurantoin macrocrystal</i> .....	10
<i>mycophenolate mofetil</i> .....	49	<i>nitrofurantoin monohyd macro</i> .....	10
<i>mycophenolate sodium tbec</i> .....	49	<i>nitroglycerin</i> .....	25
MYLOTARG .....	17	<i>nitroglycerin td patch</i> .....	25

NITYR .....	42
NIVA-PLUS .....	53
<i>nora-be tab 0.35mg</i> .....	40
<i>norethindrone (contraceptive)</i> .....	40
<i>norethindrone acetate</i> .....	43
<i>norethindrone acetate-ethinyl estradiol</i> .....	42
<i>norgest/ethi tab 0.25/35</i> .....	40
<i>norgestimate-ethinyl estradiol (triphasic)</i> <i>0.18-25/0.215-25/0.25-25 mg-mcg</i> ...	40
<i>norgestimate-ethinyl estradiol (triphasic)</i> <i>0.18-35/0.215-35/0.25-35 mg-mcg</i> ...	40
<i>norlyroc</i> .....	40
NORMOSOL-M IN D5W .....	52
NORMOSOL-R .....	52
NORMOSOL-R IN D5W .....	52
NORPACE CR .....	22
NORTHERA .....	25
<i>nortrel 1/35</i> .....	40
<i>nortriptyline hcl</i> .....	29
NORVIR PACK .....	12
NORVIR SOLN .....	12
NOVOLIN 70/30 .....	37
NOVOLIN 70/30 FLEXPEN .....	37
NOVOLIN N .....	37
NOVOLIN R .....	37
NOVOLOG .....	37
NOVOLOG 70/30 FLEXPEN .....	37
NOVOLOG FLEXPEN .....	37
NOVOLOG MIX 70/30 .....	37
NOVOLOG PENFILL .....	37
NOXAFIL .....	11
NUCYNTA ER .....	9
NUDEXTA .....	35
NULOJIX .....	49
NULYTELY/FLAVOR PACKS .....	45
NUPLAZID CAPS .....	32
NUPLAZID TABS 10MG .....	32
NUPLAZID TABS 17MG .....	32
<i>nutrilipid inj 20%</i> .....	52
NUVARING .....	40
<i>nyamyc</i> .....	58
NYMALIZE .....	24
<i>nystatin</i> .....	11
<i>nystatin (mouth-throat)</i> .....	60
<i>nystatin (topical)</i> .....	58
<i>nystatin pow 100000</i> .....	58
<i>nystop</i> .....	58

O	
O-CAL FA .....	53
OCTAGAM .....	49
<i>octreotide acetate</i> .....	43
ODEFSEY .....	13
ODOMZO .....	17
OFEV .....	56
<i>ofloxacin (ophth)</i> .....	54
<i>ofloxacin (otic)</i> .....	60
<i>olanzapine</i> .....	32
<i>olmesartan medoxomil</i> .....	22
<i>olmesartan medoxomil-amlodipine-</i> <i>hydrochlorothiazide</i> .....	21
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide</i> .....	21
<i>olopatadine hcl 0.2%</i> .....	54
<i>omeprazole cap 10mg</i> .....	46
<i>omeprazole cap 20mg</i> .....	46
<i>omeprazole cap 40mg</i> .....	46
<i>ondansetron hcl</i> .....	44
<i>ondansetron hcl inj</i> .....	44
<i>ondansetron hcl oral soln</i> .....	44
<i>ondansetron odt</i> .....	44
ONFI .....	27
OPSUMIT .....	25
ORFADIN .....	42
ORKAMBI .....	56
<i>orsythia</i> .....	41
<i>oseltamivir phosphate</i> .....	14
<i>oxandrolone tab 10mg</i> .....	36
<i>oxandrolone tab 2.5mg</i> .....	36
<i>oxcarbazepine</i> .....	27
<i>oxybutynin chloride</i> .....	46
<i>oxycodone hcl</i> .....	9
<i>oxycodone soln 5mg/5ml</i> .....	9
<i>oxycodone w/ acetaminophen 10-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 2.5-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 5-325mg</i> .....	9
<i>oxycodone w/ acetaminophen 7.5-325mg</i> .....	9
OZEMPIC INJ 0.25 OR 0.5MG/DOSE ...	37
OZEMPIC INJ 1MG/DOSE .....	37
P	
<i>pacerone</i> .....	22
<i>paliperidone</i> .....	32
<i>pamidronate disodium</i> .....	39

PAMIDRONATE DISODIUM .....	38	PHOSPHOLINE IODIDE .....	55
<i>pamidronate inj 30mg</i> .....	39	PICATO .....	59
<i>pamidronate inj 90mg</i> .....	39	PIFELTRO .....	12
PANRETIN .....	59	<i>pilocarpine hcl</i> .....	55
<i>pantoprazole sodium</i> .....	46	<i>pilocarpine hcl (oral)</i> .....	60
<i>pantoprazole sodium tbec</i> .....	46	<i>pimozide</i> .....	32
PANZYGA .....	49	<i>pindolol</i> .....	23
<i>paricalcitol</i> .....	53	<i>pioglitazone hcl</i> .....	38
<i>paroex sol 0.12%</i> .....	60	PIPER/TAZOBA INJ 12-1.5GM .....	16
<i>paromomycin sulfate</i> .....	9	<i>piper/tazoba inj 2-0.25gm</i> .....	16
<i>paroxetine hcl tabs</i> .....	29	<i>piper/tazoba inj 3-0.375gm</i> .....	16
PASER D/R .....	13	<i>piper/tazoba inj 36-4.5gm</i> .....	16
PAXIL .....	30	<i>piper/tazoba inj 4-0.5gm</i> .....	16
PAZEO .....	54	<i>pirmella 1/35</i> .....	41
PEDIARIX .....	50	PLASMA-LYTE-148 .....	53
PEDVAX HIB .....	50	PLASMA-LYTE A .....	53
<i>peg 3350-kcl-sod bicarb-sod chloride-sod</i> <i>sulfate</i> .....	45	PNV FOLIC ACID + IRON MUL .....	53
<i>peg 3350-potassium chloride-sod</i> <i>bicarbonate-sod chloride</i> .....	45	PNV PRENATAL PLUS .....	53
<i>peg 3350/electrolytes</i> .....	45	PNV PRENATAL TAB PLUS .....	53
PEGANONE .....	27	<i>podofilox</i> .....	59
PEGASYS .....	14	<i>polymyxin b-trimethoprim</i> .....	54
PEGASYS PROCLICK .....	14	POMALYST CAP 1MG .....	18
PENICILLIN G POT IN DEXTROSE 2MU .....	15	POMALYST CAP 2MG .....	18
PENICILLIN G POT IN DEXTROSE 3MU .....	15	POMALYST CAP 3MG .....	18
PENICILLIN G PROCAINE .....	16	POMALYST CAP 4MG .....	18
<i>penicillin g sodium</i> .....	16	<i>portia-28</i> .....	41
<i>penicillin v potassium</i> .....	16	<i>potassium chloride</i> .....	51, 53
<i>penicillin gk inj 20mu</i> .....	16	<i>potassium chloride in nacl</i> .....	53
<i>penicillin gk inj 5mu</i> .....	16	<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	51
PENTACEL .....	50	<i>potassium chloride tab cr 10 meq</i> .....	51
PENTAM 300 .....	10	<i>potassium citrate (alkalinizer) er tabs</i> .....	46
<i>pentoxifylline</i> .....	48	<i>pot chloride inj 2meq/ml</i> .....	53
<i>perindopril erbumine</i> .....	21	PRADAXA .....	47
<i>periogard</i> .....	60	PRALUENT .....	23
<i>permethrin cre 5%</i> .....	59	<i>pramipexole tab 0.125mg</i> .....	30
<i>perphenazine</i> .....	32	<i>pramipexole tab 0.25mg</i> .....	30
<i>pfizerpen-g inj 20mu</i> .....	16	<i>pramipexole tab 0.5mg</i> .....	30
<i>pfizerpen-g inj 5mu</i> .....	16	<i>pramipexole tab 0.75mg</i> .....	30
<i>phenelzine sulfate</i> .....	30	<i>pramipexole tab 1.5mg</i> .....	30
<i>phenobarbital</i> .....	27, 28	<i>pramipexole tab 1mg</i> .....	30
<i>phenobarbital sodium</i> .....	28	<i>prasugrel hcl</i> .....	48
PHENOBARBITAL SODIUM .....	28	<i>pravastatin sodium</i> .....	22
PHENYTEK .....	28	<i>praziquantel</i> .....	10
<i>phenytoin</i> .....	28	<i>prazosin hcl</i> .....	21
<i>phenytoin sodium extended</i> .....	28	<i>prednisolone acetate (ophth)</i> .....	54
<i>phenytoin sodium inj 50mg/ml</i> .....	28	<i>prednisolone sodium phosphate</i> .....	42
		PREDNISOLONE SODIUM PHOSPHATE	



(OPHTH) .....	54	<i>propranolol oral sol</i> .....	23
<i>prednisolone sol 15mg/5ml</i> .....	42	<i>propylthiouracil</i> .....	43
PREDNISONE CON 5MG/ML .....	42	PROQUAD .....	50
<i>prednisone pak 10mg</i> .....	42	PROSOL .....	52
<i>prednisone pak 5mg</i> .....	42	<i>protriptyline hcl</i> .....	30
<i>prednisone sol 5mg/5ml</i> .....	42	PULMICORT FLEXHALER .....	57
<i>prednisone tab 10mg</i> .....	42	PULMOZYME .....	56
<i>prednisone tab 1mg</i> .....	42	PURIXAN .....	16
<i>prednisone tab 2.5mg</i> .....	42	<i>pyrazinamide</i> .....	13
<i>prednisone tab 20mg</i> .....	42	<i>pyridostigmine bromide</i> .....	35
<i>prednisone tab 50mg</i> .....	42	Q .....	
<i>prednisone tab 5mg</i> .....	42	QUADRACEL .....	50
PREMASOL 10% .....	52	<i>quetiapine fumarate</i> .....	32
<i>premasol 6%</i> .....	52	<i>quinapril-hydrochlorothiazide</i> .....	20
PRENATAL .....	53	<i>quinapril hcl</i> .....	21
PRENATAL PLUS .....	53	<i>quinidine gluconate</i> .....	22
PRENATAL PLUS LOW IRON .....	53	<i>quinidine sulfate</i> .....	22
PREPLUS .....	53	<i>quinine sulfate</i> .....	11
<i>prevalite</i> .....	23	R .....	
<i>previfem</i> .....	41	RABAVERT .....	50
PREZCOBIX .....	13	<i>raloxifene tab 60mg</i> .....	43
PREZISTA .....	12	<i>ramipril</i> .....	21
PRIFTIN .....	13	RANEXA .....	25
PRIMAQUINE PHOSPHATE .....	11	<i>ranitidine hcl</i> .....	45
<i>primidone</i> .....	28	<i>ranitidine hcl inj</i> .....	45
PRIVIGEN .....	49	<i>ranitidine inj</i> .....	45
<i>probenecid</i> .....	7	<i>ranitidine syrup</i> .....	45
PROCALAMINE .....	52	RAPAMUNE .....	49
<i>prochlorperazine inj</i> .....	44	<i>rasagiline mesylate</i> .....	30
<i>prochlorperazine maleate</i> .....	44	RAYALDEE .....	53
<i>prochlorperazine supp</i> .....	44	<i>reclipsen</i> .....	41
PROCRT .....	47	RECOMBIVAX HB .....	50
<i>procto-med hc</i> .....	59	REGRANEX .....	60
<i>procto-pak</i> .....	59	RELENZA DISKHALER .....	14
<i>proctosol hc cre 2.5%</i> .....	59	RELISTOR .....	46
<i>proctozone-hc</i> .....	59	REMICADE .....	48
PROGLYCEM SUS 50MG/ML .....	43	REMODULIN .....	25
PROLASTIN-C .....	56	RESCRIPTOR .....	12
PROLENSA .....	54	RESTASIS .....	55
PROLIA .....	43	RESTASIS MULTIDOSE .....	55
PROMACTA .....	48	REVLIMID .....	18
<i>promethazine hcl</i> .....	44	REXULTI .....	32
<i>promethazine hcl inj</i> .....	44	REYATAZ .....	12
<i>propafenone hcl</i> .....	22	<i>ribasphere cap 200mg</i> .....	14
<i>propafenone hcl 12hr</i> .....	22	<i>ribasphere tab 200mg</i> .....	14
<i>proparacaine hcl</i> .....	55	<i>ribavirin cap 200mg</i> .....	14
<i>propranolol cap er</i> .....	23	<i>ribavirin tab 200mg</i> .....	14
<i>propranolol hcl</i> .....	23	<i>rifabutin</i> .....	13

<i>rifampin</i> .....	13	SIGNIFOR.....	43
RIFATER.....	13	<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i> .....	25
<i>riluzole</i> .....	35	SILENOR .....	34
<i>rimantadine hydrochloride</i> .....	14	<i>silver sulfadiazine</i> .....	57
RISPERDAL INJ 12.5MG.....	32	SIMBRINZA.....	55
RISPERDAL INJ 25MG.....	32	<i>simvastatin</i> .....	22
RISPERDAL INJ 37.5MG.....	32	<i>sirolimus</i> .....	49
RISPERDAL INJ 50MG.....	32	SIRTURO .....	13
<i>risperidone</i> .....	32, 33	SIVEXTRO .....	10
<i>ritonavir</i> .....	12	<i>sodium chloride</i> .....	51, 53
RITUXAN .....	17	<i>sodium chloride 0.45%</i> .....	53
RITUXAN HYCELA .....	17	<i>sodium chloride inj 0.9%</i> .....	53
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	29	<i>sodium chlor sol 0.9% irr</i> .....	60
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	29	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	51
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	29	<i>sodium polystyrene sulfonate powder</i> ..	39
<i>rizatriptan benzoate</i> .....	34	<i>sodium polystyrene sulfonate susp</i> .....	39
<i>ropinirole tab 0.25mg</i> .....	31	SOLQUA 100/33 .....	37
<i>ropinirole tab 0.5mg</i> .....	30	SOLTAMOX .....	18
<i>ropinirole tab 1mg</i> .....	31	SOLU-CORTEF.....	42
<i>ropinirole tab 2mg</i> .....	31	SOMATULINE DEPOT .....	43
<i>ropinirole tab 3mg</i> .....	31	SOMAVERT .....	43
<i>ropinirole tab 4mg</i> .....	31	<i>sorine</i> .....	22
<i>ropinirole tab 5mg</i> .....	31	<i>sotalol hcl</i> .....	22
<i>rosadan cre 0.75%</i> .....	59	<i>sotalol hcl (afib/afl)</i> .....	22
<i>rosuvastatin calcium</i> .....	22	<i>spironolactone</i> .....	21
ROTARIX .....	50	<i>spironolactone &amp; hydrochlorothiazide</i> ..	25
ROTATEQ .....	50	<i>sprintec 28</i> .....	41
<i>roweepra</i> .....	28	SPRITAM .....	28
RUBRACA .....	17	SPRYCEL .....	19
RYDAPT.....	19	<i>sps susp 15gm/60ml</i> .....	39
S		<i>sronyx</i> .....	41
SABRIL .....	28	<i>ssd</i> .....	57
SANDIMMUNE .....	49	<i>stavudine</i> .....	12
SANTYL .....	60	STIMATE .....	44
SAPHRIS .....	33	STIVARGA .....	19
<i>scopolamine patch</i> .....	44	<i>streptomycin sulfate</i> .....	9
<i>selegiline hcl</i> .....	31	STRIBILD .....	13
<i>selenium sulfide</i> .....	58	SUBOXONE MIS 12-3MG.....	36
SELZENTRY.....	12	SUBOXONE MIS 2-0.5MG.....	36
SENSIPAR .....	39	SUBOXONE MIS 4-1MG .....	36
SEREVENT DISKUS .....	56	SUBOXONE MIS 8-2MG .....	36
<i>sertraline hcl</i> .....	30	<i>subvenite tab</i> .....	28
<i>sevelamer carbonate</i> .....	43	<i>sucrafate</i> .....	46
<i>sharobel</i> .....	41	<i>sulfacetamide sod-prednisolone</i> .....	53
SHINGRIX .....	50	<i>sulfacetamide sodium (acne)</i> .....	57
		<i>sulfacetamide sodium (ophth)</i> .....	54

SULFADIAZINE.....	9	TARCEVA .....	19, 20
<i>sulfamethoxazole-trimethop ds</i> .....	10	TARGRETIN .....	59
<i>sulfamethoxazole-trimethoprim inj</i> .....	10	<i>tarina fe 1/20</i> .....	41
<i>sulfamethoxazole-trimethoprim susp</i> ...	10	TASIGNA .....	20
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i> .....	10	TAXOTERE .....	17
SULFAMYLON .....	57	<i>tazarotene</i> .....	58
<i>sulfasalazine</i> .....	45	<i>tazicef</i> .....	15
<i>sulfasalazine ec</i> .....	45	TAZORAC .....	58
<i>sulindac</i> .....	7	<i>taztia xt</i> .....	24
<i>sumatriptan</i> .....	34, 35	TDVAX .....	50
<i>sumatriptan inj 4mg/0.5ml</i> .....	35	TECENTRIQ.....	17
<i>sumatriptan inj 6mg/0.5ml</i> .....	35	TEFLARO .....	15
<i>sumatriptan succinate</i> .....	35	TEKTRUNA.....	24
SUPRAX .....	15	TEKTRUNA HCT .....	24
SUPREP BOWEL PREP KIT .....	45	<i>telmisartan</i> .....	22
SUTENT.....	19	<i>temazepam</i> .....	34
SYLATRON KIT 200MCG.....	20	TENIVAC .....	50
SYLATRON KIT 300MCG.....	20	<i>tenofovir disoproxil fumarate</i> .....	12
SYLATRON KIT 600MCG.....	20	<i>terazosin hcl</i> .....	21
SYMBICORT .....	57	<i>terbinafine hcl</i> .....	11
SYMDEKO .....	56	<i>terbutaline sulfate</i> .....	56
SYMFI .....	13	<i>terconazole vaginal</i> .....	47
SYMFI LO .....	13	<i>testosterone</i> .....	36
SYMPAZAN .....	28	<i>testosterone cypionate</i> .....	36
SYMPROIC .....	46	<i>testosterone enanthate</i> .....	36
SYMTUZA .....	13	<i>tetrabenazine</i> .....	35
SYNAREL .....	41	<i>tetracycline hcl</i> .....	16
SYNERCID .....	10	THALOMID.....	18
SYNJARDY TAB 12.5-1000MG.....	38	<i>theophylline</i> .....	56
SYNJARDY TAB 12.5-500MG.....	38	<i>thioridazine hcl</i> .....	33
SYNJARDY TAB 5-1000MG .....	38	<i>thiothixene</i> .....	33
SYNJARDY TAB 5-500MG .....	38	<i>tiagabine hcl</i> .....	28
SYNJARDY XR TAB 10-1000MG.....	38	TIBSOVO .....	17
SYNJARDY XR TAB 12.5-1000MG .....	38	<i>tigecycline</i> .....	10
SYNJARDY XR TAB 25-1000MG.....	38	<i>timolol maleate</i> .....	23
SYNJARDY XR TAB 5-1000MG.....	38	<i>timolol maleate (ophth) soln</i> .....	55
SYNRIBO .....	20	<i>timolol maleate gel</i> .....	55
SYNTHROID .....	44	<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	55
T .....		TIVICAY .....	12
TABLOID .....	17	<i>tizanidine hcl</i> .....	36
<i>tacrolimus</i> .....	49	TOBRADEX .....	53
<i>tacrolimus (topical)</i> .....	59	TOBRADEX ST.....	53
TAFINLAR.....	19	<i>tobramycin</i> .....	9
TAGRISSO .....	19	<i>tobramycin-dexamethasone</i> .....	53
TALZENNA.....	17	<i>tobramycin (ophth)</i> .....	54
<i>tamoxifen citrate</i> .....	18	<i>tobramycin inj 1.2gm</i> .....	9
<i>tamsulosin hcl</i> .....	46	<i>tobramycin inj 1.2 gm/30ml</i> .....	9

<i>tobramycin inj 10mg/ml</i> .....	9	<i>trifluridine</i> .....	54
<i>tobramycin inj 40mg/ml</i> .....	9	<i>trihexyphenidyl hcl</i> .....	31
<i>tobramycin inj 80mg/2ml</i> .....	9	<i>trilyte</i> .....	45
<i>tolterodine tartrate</i> .....	47	<i>trimethoprim</i> .....	10
<i>topiramate</i> .....	28	<i>trimipramine maleate</i> .....	30
<i>toposar</i> .....	20	<i>trinessa</i> .....	41
<i>topotecan hcl</i> .....	20	<i>trinessa lo</i> .....	41
TOPOTECAN INJ 4MG/4ML .....	20	TRINTELLIX .....	30
<i>toremifene citrate</i> .....	18	TRIUMEQ .....	13
<i>torsemide tabs</i> .....	25	<i>trivora-28</i> .....	41
TOVIAZ .....	47	TROGARZO .....	12
<i>tpn electrolytes</i> .....	51	TROPHAMINE INJ 10% .....	52
TRACLEER .....	25	<i>trosipium chloride</i> .....	47
TRADJENTA .....	38	TRULICITY .....	37
<i>tramadol hcl tab 50 mg</i> .....	7	TRUMENBA .....	50
<i>trandolapril</i> .....	21	TRUVADA TAB 100-150 .....	13
<i>tranexamic acid</i> .....	48	TRUVADA TAB 133-200 .....	13
TRANSDERM-SCOP .....	44	TRUVADA TAB 167-250 .....	13
<i>tranylcypromine sulfate</i> .....	30	TRUVADA TAB 200-300 .....	13
TRAVASOL .....	52	<i>tulana</i> .....	41
TRAVATAN Z .....	55	TWINRIX INJ .....	50
<i>trazodone hcl</i> .....	30	TYBOST .....	12
TRECATOR .....	13	TYKERB .....	20
TRELEGY ELLIPTA .....	55	TYMLOS .....	43
TRELSTAR DEP INJ 3.75MG .....	18	TYPHIM VI .....	50
TRELSTAR LA INJ 11.25MG .....	18	U .....	
TRESIBA FLEXTOUCH .....	37	ULORIC .....	7
TRESIBA INJ .....	37	<i>unithroid</i> .....	44
<i>tretinoin</i> .....	57	<i>ursodiol</i> .....	46
<i>tretinoin (chemotherapy)</i> .....	20	V .....	
<i>tri-estarylla</i> .....	41	<i>valacyclovir hcl</i> .....	14
<i>tri-linyah</i> .....	41	VALCHLOR .....	59
<i>tri-lo-estarylla</i> .....	41	<i>valganciclovir hcl</i> .....	14
<i>tri-lo-sprintec</i> .....	41	<i>valproate sodium</i> .....	28
<i>tri-lo- tab marzia</i> .....	41	<i>valproate sodium oral soln</i> .....	28
<i>tri-mili</i> .....	41	<i>valproic acid</i> .....	28
<i>tri-previfem</i> .....	41	<i>valsartan</i> .....	22
<i>tri-sprintec</i> .....	41	<i>valsartan-hydrochlorothiazide</i> .....	21
<i>tri-vylibra</i> .....	41	<i>vancomycin hcl</i> .....	10
<i>tri-vylibra lo</i> .....	41	VANCOMYCIN IN NACL .....	10
<i>triamcinolone acetonide (mouth)</i> .....	60	<i>vandazole</i> .....	47
<i>triamcinolone acetonide (topical)</i> .....	59	VAQTA .....	50
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	25	VARIVAX .....	50
<i>triamterene &amp; hydrochlorothiazide tabs</i> .....	25	VASCEPA .....	23
TRICARE .....	53	VELCADE .....	17
<i>trientine hcl</i> .....	39	<i>velivet</i> .....	41
<i>trifluoperazine hcl</i> .....	33	VEMLIDY .....	14
		VENCLEXTA .....	17

VENCLEXTA STARTING PACK.....	17	XIGDUO XR TAB 10-500MG.....	38
<i>venlafaxine hcl</i> .....	30	XIGDUO XR TAB 2.5-1000MG.....	38
VENTAVIS .....	25	XIGDUO XR TAB 5-1000MG.....	38
VENTOLIN HFA.....	56	XIGDUO XR TAB 5-500MG .....	38
<i>verapamil cap er</i> .....	24	XOLAIR .....	56
<i>verapamil hcl</i> .....	24	XOSPATA.....	20
<i>verapamil hcl tab er</i> .....	24	XTANDI .....	18
VERSACLOZ .....	33	<i>xulane dis 150-35</i> .....	41
VERZENIO .....	17	XULTOPHY 100/3.6 .....	37
VESICARE.....	47	XYREM .....	36
VICTOZA .....	37	Y	
VIDEX EC .....	12	YF-VAX .....	50
VIDEX PEDIATRIC.....	12	<i>yuvaferm vaginal tablet 10mcg</i> .....	42
<i>vienva</i> .....	41	Z	
<i>vigabatrin powd pack 500mg</i> .....	28	<i>zafirlukast</i> .....	56
<i>vigabatrin tab 500mg</i> .....	28	ZEJULA .....	17
VIIBRYD STARTER PACK.....	30	ZELBORAF .....	20
VIIBRYD TAB .....	30	ZEMAIRA .....	56
VIMPAT .....	28	<i>zenatane</i> .....	57
VIMPAT INJ 200MG/20ML .....	28	ZENPEP.....	46
VIMPAT SOL 10MG/ML.....	28	ZEPATIER .....	14
VIRACEPT .....	12	<i>zidovudine cap 100mg</i> .....	12
VIRAMUNE.....	12	<i>zidovudine syp 50mg/5ml</i> .....	12
VIREAD .....	12	<i>zidovudine tab 300mg</i> .....	12
VITRAKVI .....	20	<i>ziprasidone hcl</i> .....	33
VIVITROL .....	36	ZIRGAN.....	54
VIZIMPRO.....	20	<i>zoledronic acid inj 5mg/100ml</i> .....	39
VOL-PLUS.....	53	<i>zoledronic inj 4mg/5ml</i> .....	39
<i>voriconazole</i> .....	11	ZOLINZA .....	17
VOSEVI .....	14	<i>zolpidem tartrate</i> .....	34
VOTRIENT .....	20	<i>zonisamide</i> .....	28
VRAYLAR.....	33	ZONTIVITY .....	48
VRAYLAR THERAPY PACK .....	33	ZORTRESS TAB 0.25MG .....	49
<i>vylibra</i> .....	41	ZORTRESS TAB 0.5MG .....	49
W		ZORTRESS TAB 0.75MG .....	49
<i>warfarin sodium</i> .....	47	ZORTRESS TAB 1MG .....	50
<i>water for irrigation, sterile</i> .....	60	ZOSTAVAX .....	50
WELCHOL PAK.....	23	<i>zovia 1/35e</i> .....	41
X		<i>zovia 1/50e</i> .....	41
XALKORI .....	20	ZYDELIG .....	20
XARELTO .....	47	ZYKADIA .....	20
XARELTO STARTER PACK.....	47	ZYLET .....	53
XATMEP .....	49	ZYPREXA RELPREVV .....	33
XELJANZ .....	49	ZYPREXA RELPREVV INJ 210MG.....	33
XELJANZ XR.....	49	ZYTIGA .....	18
XGEVA .....	43		
XIFAXAN .....	46		
XIGDUO XR TAB 10-1000MG.....	38		

# Basic Blue® Rx (PDP)

A Medicare Prescription Drug Plan

## NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

Basic Blue® Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Basic Blue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Basic Blue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services call customer service at **1-877-376-2185**, daily, 8:00 a.m. to 8:00 p.m. local time (TTY: **711**).

If you believe that Basic Blue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

Basic Blue Rx Privacy  
1750 Yankee Doodle Road, S120  
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, Basic Blue Rx Privacy is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	<a href="https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf">https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf</a>
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

MII Life Insurance, Inc. is the underwriter for Basic Blue Rx, a prescription drug plan with a Medicare contract. Enrollment in Basic Blue Rx depends on contract renewal. MII Life Insurance, Inc. and each Blue Cross® and/or Blue Shield® plan are independent licensees of the Blue Cross® and Blue Shield® Association.

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-376-2185 (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 1-877-376-2185 (TTY: 711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-376-2185 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-376-2185 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-376-2185 (TTY: 711)번으로 전화해 주십시오.

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-376-2185 (رقم هاتف الصم والبكم: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-376-2185 (телетайп: 711).

**Armenian:** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-877-376-2185 (TTY (հեռատիպ)՝ 711):

**Persian:**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-376-2185 (TTY: 711) تماس بگیرید.

**Japanese:** 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。1-877-376-2185 (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 1-877-376-2185 (TTY: 711).

**Mon-Khmer, Cambodian:** វប្បធម៌៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតយន្ត គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-376-2185 (TTY: 711)។

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-376-2185 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-376-2185 (TTY: 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-376-2185 (TTY: 711) पर कॉल करें।

This formulary was updated on 4/01/2019. For more recent information or other questions, please contact Basic Blue Rx Customer Service.



Call **1-877-376-2185**, 8 a.m. to 8 p.m., daily, local time  
(TTY hearing impaired users call **711**)



Visit **BasicBlueRx.com**

This information is not a complete description of benefits. Call **1-877-376-2185** (TTY **711**) for more information.

MII Life Insurance, Inc. is the underwriter for Basic Blue Rx, a prescription drug plan with a Medicare contract. Enrollment in Basic Blue Rx depends on contract renewal. MII Life Insurance, Inc. and each Blue Cross<sup>®</sup> and/or Blue Shield<sup>®</sup> plan are independent licensees of the Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Association.