



P.O. Box 30006, Pittsburgh, PA 15222-0330



***SilverScript Employer PDP sponsored by REHP  
(SilverScript)***

# **2021 Formulary (List of Covered Drugs)**

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

This formulary was updated on 02/26/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID 21265

**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 SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of February 26, 2021. 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, 2022, and from time to time during the year.

## What is the SilverScript Formulary?

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

**Please note:** REHP provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call SilverScript Customer Care.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

**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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript 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 may 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, 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 how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SilverScript Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of February 26, 2021. To get updated information about the drugs covered by SilverScript, please contact SilverScript Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

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

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

### **Medical Condition**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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?**

SilverScript 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 (PA):** SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

**Quantity Limits (QL):** For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 240 tablets per 30-day prescription for *tramadol hcl tab 50mg*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, SilverScript 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, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

*There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.*

Generally, the SilverScript formulary will not include a brand drug when a generic is available. However, your employer will pay a portion of the cost of those brand drugs. If a brand drug is dispensed when a generic is available, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. If a brand drug is dispensed when a generic is available and your prescriber has written the prescription to allow generic substitution, you will be responsible for the brand cost-share amount plus the difference in cost between the generic and brand drug. As these claims will pay under the additional coverage offered by your employer, they will not qualify for any Extra Help you might receive. If we are not covering these drugs in the way you would like us to cover them, you may request an exception. If you have any questions about your share of the cost for these drugs, please contact SilverScript Customer Care.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 SilverScript 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 SilverScript Formulary?" 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 SilverScript Customer Care and ask if your drug is covered.

If you learn that SilverScript does not cover your drug, you have two options:

- You can ask SilverScript Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

REHP offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact SilverScript Customer Care for any questions regarding your additional benefit.

### **How do I request an exception to the SilverScript Formulary?**

You can ask us 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 High Cost tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 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 experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## Initial Coverage Stage Copayment/Coinsurance Levels

### The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

**Cost-Sharing Tier 1: Generic/Preferred Generic**

**Cost-Sharing Tier 2: Preferred Brand**

**Cost-Sharing Tier 3: Non-Preferred Brand**

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

### Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

|                                                     | <b>Network Retail Pharmacy</b><br>(Up to a 30-day supply<br>available at <u>any</u> network<br>pharmacy) | <b>Long-Term Care (LTC)<br/>Pharmacy</b><br>(Up to a 31-day supply) |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Tier 1</b><br><b>(Generic/Preferred Generic)</b> | \$12.00                                                                                                  | \$12.00                                                             |
| <b>Tier 2</b><br><b>(Preferred Brand)</b>           | \$30.00 *                                                                                                | \$30.00 *                                                           |
| <b>Tier 3</b><br><b>(Non-Preferred Brand)</b>       | \$60.00 *                                                                                                | \$60.00 *                                                           |

\*Plus the cost difference between brand and generic, if one exists.

Costs shown in the table above reflect the additional coverage that may be provided by REHP. Drugs that are part of your standard Medicare plan, but do not have additional coverage from REHP would be covered under the 2021 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2021-Medicare-Part-D-Outlook.php> for more information about the 2021 Medicare Part D Defined Standard Benefit drug costs.

## For more information

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

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

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

## SilverScript's Formulary

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

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

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

- |     |                                                                                                                                                                                                                                                             |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PA  | Prior Authorization.                                                                                                                                                                                                                                        |
| QL  | Drug has Quantity Limits.                                                                                                                                                                                                                                   |
| ST  | Step Therapy required.                                                                                                                                                                                                                                      |
| NM  | Not available at our mail-order pharmacies.                                                                                                                                                                                                                 |
| NDS | Non-extended day supply. Not available for an extended (long-term) supply.                                                                                                                                                                                  |
| LA  | Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your <i>Pharmacy Directory</i> or call SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711. |
| B/D | This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.                                                            |
| GC  | We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our <i>Evidence of Coverage</i> for more information about this coverage.                                                                                     |

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------|----------------------------|--------------|
| <b>ANALGESICS</b>                                                                        |                            |              |
| <b>GOUT</b>                                                                              |                            |              |
| <i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg                               | 1                          |              |
| <i>colchicine</i> (generic of COLCRYS) TABS .6mg<br>QL (120 tabs / 30 days)              | 1                          | QL           |
| <i>colchicine w/ probenecid tab</i> 0.5-500 mg                                           | 1                          |              |
| <i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg                                    | 1                          | PA           |
| GLOPERBA SOLN .6mg/5ml<br>QL (300 mL / 30 days)                                          | 3                          | QL           |
| KRYSTEXXA SOLN 8mg/ml                                                                    | 3                          | NDS NM LA PA |
| MITIGARE CAPS .6mg<br>QL (60 caps / 30 days)                                             | 2                          | QL           |
| <i>probenecid</i> TABS 500mg                                                             | 1                          |              |
| <b>NSAIDS</b>                                                                            |                            |              |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 50mg<br>QL (240 caps / 30 days)              | 1                          | QL           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 100mg<br>QL (120 caps / 30 days)             | 1                          | QL           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 200mg<br>QL (60 caps / 30 days)              | 1                          | QL           |
| <i>celecoxib</i> (generic of CELEBREX) CAPS 400mg<br>QL (30 caps / 30 days)              | 1                          | QL           |
| <i>diclofenac potassium</i> TABS 50mg<br>QL (120 tabs / 30 days)                         | 1                          | QL           |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg                               | 1                          |              |
| <i>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg (generic of ARTHROTEC 50) | 1                          |              |
| <i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg (generic of ARTHROTEC 75) | 1                          |              |
| <i>diflunisal</i> TABS 500mg                                                             | 1                          |              |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------|----------------------------|--------|
| <i>ec-naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg           | 1                          |        |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg | 1                          |        |
| <i>etodolac</i> (generic of LODINE) TABS 400mg                          | 1                          |        |
| <i>flurbiprofen</i> TABS 100mg                                          | 1                          |        |
| <i>ibu</i> TABS 600mg, 800mg                                            | 1                          |        |
| <i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg               | 1                          |        |
| <i>ketoprofen</i> CAPS 25mg                                             | 3                          | NDS    |
| <i>ketoprofen</i> CAPS 50mg, 75mg                                       | 1                          |        |
| <i>ketoprofen</i> CP24 200mg                                            | 1                          | PA     |
| <i>meclofenamate sodium</i> CAPS 50mg, 100mg                            | 1                          |        |
| <i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg                    | 1                          |        |
| <i>nabumetone</i> TABS 500mg, 750mg                                     | 1                          |        |
| <i>naproxen</i> TABS 250mg, 375mg                                       | 1                          |        |
| <i>naproxen</i> (generic of NAPROSYN) TABS 500mg                        | 1                          |        |
| <i>naproxen</i> (generic of EC-NAPROSYN) TBEC 375mg, 500mg              | 1                          |        |
| <i>naproxen sodium</i> TABS 275mg                                       | 1                          |        |
| <i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg               | 1                          |        |
| <i>oxaprozin</i> (generic of DAYPRO) TABS 600mg                         | 1                          |        |
| <i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg                   | 1                          |        |
| <i>sulindac</i> TABS 150mg, 200mg                                       | 1                          |        |
| <i>tolmetin sodium</i> CAPS 400mg; TABS 600mg                           | 1                          |        |

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

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <b>OPIOID ANALGESICS, LONG-ACTING</b>                                                                                |                            |           |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg<br>QL (60 buccal films / 30 days)                                 | 3                          | QL PA     |
| BELBUCA FILM 750mcg, 900mcg<br>QL (60 buccal films / 30 days)                                                        | 3                          | NDS QL PA |
| buprenorphine (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr<br>QL (4 patches / 28 days) | 1                          | QL PA     |
| fentanyl (generic of DURAGESIC) PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr<br>QL (10 patches / 30 days)  | 1                          | QL PA     |
| fentanyl PT72 37.5mcg/hr, 62.5mcg/hr<br>QL (10 patches / 30 days)                                                    | 1                          | QL PA     |
| fentanyl PT72 87.5mcg/hr<br>QL (10 patches / 30 days)                                                                | 3                          | NDS QL PA |
| hydrocodone bitartrate (generic of ZOXYDOL ER) CP12 10mg, 15mg, 20mg, 30mg, 50mg<br>QL (60 caps / 30 days)           | 1                          | QL PA     |
| hydrocodone bitartrate cap er 12hr 40 mg (generic of ZOXYDOL ER)<br>QL (60 caps / 30 days)                           | 1                          | QL PA     |
| hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg<br>QL (30 tabs / 30 days)                                               | 1                          | QL PA     |
| HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg<br>QL (30 tabs / 30 days)                                | 2                          | QL PA     |
| KADIAN CP24 200mg<br>QL (60 caps / 30 days)                                                                          | 3                          | NDS QL PA |

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| methadone hcl SOLN 5mg/5ml, 10mg/5ml<br>QL (450 mL / 30 days)                                         | 1                          | QL PA     |
| methadone hcl (generic of METHADONE HCL) SOLN 10mg/ml                                                 | 1                          |           |
| methadone hcl TABS 5mg, 10mg<br>QL (90 tabs / 30 days)                                                | 1                          | QL PA     |
| methadone hcl intensol (generic of METHADOSE) CONC 10mg/ml<br>QL (90 mL / 30 days)                    | 1                          | QL PA     |
| morphine sulfate CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg<br>QL (60 caps / 30 days)       | 1                          | QL PA     |
| morphine sulfate (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg<br>QL (90 tabs / 30 days) | 1                          | QL PA     |
| morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg<br>QL (30 caps / 30 days)             | 1                          | QL PA     |
| NUCYNIA ER TB12 50mg<br>QL (60 tabs / 30 days)                                                        | 3                          | QL PA     |
| NUCYNIA ER TB12 100mg, 150mg, 200mg, 250mg<br>QL (60 tabs / 30 days)                                  | 3                          | NDS QL PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg<br>QL (60 tabs / 30 days)                     | 2                          | QL PA     |
| tramadol hcl CP24 100mg, 200mg, 300mg<br>QL (30 caps / 30 days)                                       | 1                          | QL PA     |
| tramadol hcl TB24 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days)                                       | 1                          | QL PA     |
| XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg<br>QL (60 caps / 30 days)                                     | 3                          | QL PA     |
| XTAMPZA ER C12A 36mg<br>QL (240 caps / 30 days)                                                       | 3                          | NDS QL PA |

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

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>OPIOID ANALGESICS, SHORT-ACTING</b>                                                    |                            |        |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i><br>QL (2700 mL / 30 days)              | 1                          | QL     |
| <i>acetaminophen w/ codeine tab 300-15 mg</i><br>QL (400 tabs / 30 days)                  | 1                          | QL     |
| <i>acetaminophen w/ codeine tab 300-30 mg</i><br>QL (360 tabs / 30 days)                  | 1                          | QL     |
| <i>acetaminophen w/ codeine tab 300-60 mg</i><br>QL (180 tabs / 30 days)                  | 1                          | QL     |
| <i>acetaminophen-cafeine-dihydrocodeine cap 320.5-30-16 mg</i><br>QL (300 caps / 30 days) | 1                          | QL     |
| <i>acetaminophen-cafeine-dihydrocodeine tab 325-30-16 mg</i><br>QL (300 tabs / 30 days)   | 1                          | QL     |
| <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>                                           | 1                          |        |
| <i>butorphanol tartrate SOLN 10mg/ml</i><br>QL (10 mL / 30 days)                          | 1                          | QL     |
| <i>CODEINE SULFATE TABS 15mg, 60mg</i><br>QL (180 tabs / 30 days)                         | 3                          | QL     |
| <i>codeine sulfate TABS 30mg</i><br>QL (180 tabs / 30 days)                               | 1                          | QL     |
| <i>endocet tab 2.5-325mg (generic of PERCOCET)</i><br>QL (360 tabs / 30 days)             | 1                          | QL     |
| <i>endocet tab 5-325mg (generic of PERCOCET)</i><br>QL (360 tabs / 30 days)               | 1                          | QL     |
| <i>endocet tab 7.5-325mg (generic of PERCOCET)</i><br>QL (240 tabs / 30 days)             | 1                          | QL     |
| <i>endocet tab 10-325mg (generic of PERCOCET)</i><br>QL (180 tabs / 30 days)              | 1                          | QL     |

| Drug Name                                                                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>fentanyl citrate (generic of ACTIQ) LPOP 200mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i><br>QL (120 lozenges / 30 days) | 3                          | NDS QL PA |
| <i>fentanyl citrate (generic of ACTIQ) LPOP 400mcg</i><br>QL (120 lozenges / 30 days)                                   | 1                          | QL PA     |
| <i>fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i><br>QL (120 tabs / 30 days)                          | 3                          | NDS QL PA |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i><br>QL (2700 mL / 30 days)                                         | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i><br>QL (240 tabs / 30 days)                             | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i><br>QL (240 tabs / 30 days)                                                | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 7.5-300 mg</i><br>QL (180 tabs / 30 days)                                              | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i><br>QL (180 tabs / 30 days)                                              | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 10-300 mg</i><br>QL (180 tabs / 30 days)                                               | 1                          | QL        |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i><br>QL (180 tabs / 30 days)                                               | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab 5-200 mg</i><br>QL (150 tabs / 30 days)                                                    | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i><br>QL (150 tabs / 30 days)                                                  | 1                          | QL        |
| <i>hydrocodone-ibuprofen tab 10-200 mg</i><br>QL (150 tabs / 30 days)                                                   | 1                          | QL        |
| <i>hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml</i><br>QL (600 mL / 30 days)                                     | 1                          | QL        |

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

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>hydromorphone hcl</i> (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml                           | 1                          | B/D    |
| <i>hydromorphone hcl</i> SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml                          | 1                          | B/D    |
| <i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg<br>QL (180 tabs / 30 days) | 1                          | QL     |
| HYDROMORPHONE<br>HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml                                     | 3                          | B/D    |
| <i>morphine sulfate</i> SOLN 1mg/ml                                                          | 1                          | B/D    |
| MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml                                | 3                          | B/D    |
| <i>morphine sulfate</i> (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml           | 1                          | B/D    |
| <i>morphine sulfate</i> SOLN 10mg/5ml<br>QL (900 mL / 30 days)                               | 1                          | QL     |
| <i>morphine sulfate</i> SOLN 20mg/5ml<br>QL (900 mL / 30 days)                               | 1                          | QL     |
| <i>morphine sulfate</i> SOLN 100mg/5ml<br>QL (180 mL / 30 days)                              | 1                          | QL     |
| <i>morphine sulfate</i> TABS 15mg, 30mg<br>QL (180 tabs / 30 days)                           | 1                          | QL     |
| <i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml                                                  | 1                          |        |
| NUCYNTA TABS 50mg, 75mg<br>QL (180 tabs / 30 days)                                           | 3                          | QL     |
| NUCYNTA TABS 100mg<br>QL (180 tabs / 30 days)                                                | 3                          | NDS QL |
| OXAYDO TABS 5mg<br>QL (540 tabs / 30 days)                                                   | 3                          | QL     |
| OXAYDO TABS 7.5mg<br>QL (360 tabs / 30 days)                                                 | 3                          | NDS QL |
| <i>oxycodone hcl</i> CAPS 5mg<br>QL (180 caps / 30 days)                                     | 1                          | QL     |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>oxycodone hcl</i> CONC 100mg/5ml<br>QL (180 mL / 30 days)                                      | 1                          | QL        |
| <i>oxycodone hcl</i> SOLN 5mg/5ml<br>QL (900 mL / 30 days)                                        | 1                          | QL        |
| <i>oxycodone hcl</i> (generic of ROXICODONE) TABS 5mg, 15mg, 30mg<br>QL (180 tabs / 30 days)      | 1                          | QL        |
| <i>oxycodone hcl</i> TABS 10mg, 20mg<br>QL (180 tabs / 30 days)                                   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen</i> tab 2.5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen</i> tab 5-325 mg (generic of PERCOCET)<br>QL (360 tabs / 30 days)   | 1                          | QL        |
| <i>oxycodone w/ acetaminophen</i> tab 7.5-325 mg (generic of PERCOCET)<br>QL (240 tabs / 30 days) | 1                          | QL        |
| <i>oxycodone w/ acetaminophen</i> tab 10-325 mg (generic of PERCOCET)<br>QL (180 tabs / 30 days)  | 1                          | QL        |
| <i>oxycodone-aspirin</i> tab 4.8355-325 mg<br>QL (360 tabs / 30 days)                             | 1                          | QL        |
| <i>oxymorphone hcl</i> TABS 5mg<br>QL (180 tabs / 30 days)                                        | 1                          | QL        |
| <i>oxymorphone hcl</i> (generic of OPANA) TABS 10mg<br>QL (180 tabs / 30 days)                    | 1                          | QL        |
| SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg<br>QL (120 sprays / 30 days)                   | 3                          | NDS QL PA |
| SUBSYS LIQD 1200mcg, 1600mcg<br>QL (240 sprays / 30 days)                                         | 3                          | NDS QL PA |

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

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tramadol hcl</i> (generic of ULTRAM) TABS 50mg<br>QL (240 tabs / 30 days)                   | 1                          | QL           |
| <i>tramadol hcl</i> TABS 100mg<br>QL (120 tabs / 30 days)                                      | 1                          | QL           |
| <i>tramadol-acetaminophen tab</i> 37.5-325 mg (generic of ULTRACET)<br>QL (240 tabs / 30 days) | 1                          | QL           |
| <i>trezix</i><br>QL (300 caps / 30 days)                                                       | 1                          | QL           |
| <b>ANESTHETICS</b>                                                                             |                            |              |
| <b>LOCAL ANESTHETICS</b>                                                                       |                            |              |
| <i>lidocaine hcl</i> (local anesth.) SOLN 4%                                                   | 1                          |              |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%         | 1                          | B/D          |
| <i>lidocaine hcl</i> (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%                   | 1                          | B/D          |
| <b>ANTI-INFECTIVES</b>                                                                         |                            |              |
| <b>ANTI-INFECTIVES - MISCELLANEOUS</b>                                                         |                            |              |
| AEMCOLO TBEC 194mg<br>QL (12 tabs / 30 days)                                                   | 3                          | QL           |
| <i>albendazole</i> (generic of ALBENZA) TABS 200mg                                             | 3                          | NDS          |
| ALINIA SUSR 100mg/5ml<br>QL (180 mL / 30 days)                                                 | 3                          | NDS QL       |
| ALINIA TABS 500mg<br>QL (6 tabs / 30 days)                                                     | 3                          | NDS QL       |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml                                                | 1                          |              |
| ARIKAYCE SUSP 590mg/8.4ml                                                                      | 3                          | NDS NM LA PA |
| <i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml                                           | 3                          | NDS          |
| <i>aztreonam</i> (generic of AZACTAM) SOLR 1gm, 2gm                                            | 1                          |              |
| BETHKIS NEBU 300mg/4ml                                                                         | 3                          | NDS NM PA    |
| CAYSTON SOLR 75mg                                                                              | 3                          | NDS NM LA PA |
| <i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg                            | 1                          |              |

| Drug Name                                                                                                               | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml                         | 1                          |        |
| <i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml                                                                 | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml                                                                 | 1                          |        |
| <i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml                                                                 | 1                          |        |
| CLINDMYC/NAC INJ 300/50ML                                                                                               | 3                          |        |
| CLINDMYC/NAC INJ 600/50ML                                                                                               | 3                          |        |
| CLINDMYC/NAC INJ 900/50ML                                                                                               | 3                          |        |
| <i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg                                                       | 1                          |        |
| DALVANCE SOLR 500mg                                                                                                     | 3                          | NDS    |
| <i>dapsone</i> TABS 25mg, 100mg                                                                                         | 1                          |        |
| DAPTOMYCIN SOLR 350mg                                                                                                   | 3                          | NDS    |
| <i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg                                                                    | 3                          | NDS    |
| <i>daptomycin</i> (generic of CUBICIN) SOLR 500mg                                                                       | 3                          | NDS    |
| EMVERM CHEW 100mg<br>QL (12 tabs / 365 days)                                                                            | 3                          | NDS QL |
| <i>ertapenem sodium</i> (generic of INVANZ) SOLR 1gm                                                                    | 1                          |        |
| FIRVANQ SOLR 25mg/ml, 50mg/ml<br>QL (1800 mL / 180 days)                                                                | 3                          | QL     |
| <i>gentamicin in saline inj</i> 0.8 mg/ml                                                                               | 1                          |        |
| <i>gentamicin in saline inj</i> 1 mg/ml                                                                                 | 1                          |        |
| <i>gentamicin in saline inj</i> 1.2 mg/ml                                                                               | 1                          |        |

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

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| gentamicin in saline inj 1.6 mg/ml                                          | 1                          |        |
| gentamicin in saline inj 2 mg/ml                                            | 1                          |        |
| gentamicin sulfate SOLN 10mg/ml, 40mg/ml                                    | 1                          |        |
| imipenem-cilastatin intravenous for soln 250 mg                             | 1                          |        |
| imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)    | 1                          |        |
| ivermectin (generic of STROMECTOL) TABS 3mg                                 | 1                          |        |
| linezolid (generic of ZYVOX) SOLN 600mg/300ml                               | 1                          |        |
| linezolid (generic of ZYVOX) SUSR 100mg/5ml                                 | 3                          | NDS QL |
| QL (1800 mL / 30 days)                                                      |                            |        |
| linezolid (generic of ZYVOX) TABS 600mg                                     | 1                          | QL     |
| QL (60 tabs / 30 days)                                                      |                            |        |
| linezolid in sodium chloride iv soln 600 mg/300ml-0.9%                      | 1                          |        |
| MEROP/NACL INJ 1GM/50ML                                                     | 3                          |        |
| MEROP/NACL INJ 500/50ML                                                     | 3                          |        |
| meropenem SOLR 1gm                                                          | 1                          |        |
| meropenem (generic of MERREM) SOLR 500mg                                    | 1                          |        |
| methenamine hippurate (generic of HIPREX) TABS 1gm                          | 1                          |        |
| METRONIDAZOL INJ 5MG/ML                                                     | 3                          |        |
| metronidazole (generic of FLAGYL) CAPS 375mg; TABS 500mg                    | 1                          |        |
| metronidazole TABS 250mg                                                    | 1                          |        |
| metronidazole in nacl 0.74% iv soln 500 mg/100ml (generic of METRONIDAZOLE) | 1                          |        |
| metronidazole in nacl 0.79% iv soln 500 mg/100ml                            | 1                          |        |
| neomycin sulfate TABS 500mg                                                 | 1                          |        |

| Drug Name                                                                   | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------|----------------------------|--------|
| nitazoxanide (generic of ALINIA) TABS 500mg                                 | 3                          | NDS QL |
| QL (6 tabs / 30 days)                                                       |                            |        |
| nitrofurantoin SUSP 25mg/5ml                                                | 3                          | NDS    |
| nitrofurantoin macrocrystal (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg | 2                          |        |
| nitrofurantoin monohyd macro (generic of MACROBID) CAPS 100mg               | 2                          |        |
| ORBACTIV SOLR 400mg                                                         | 3                          | NDS    |
| paromomycin sulfate CAPS 250mg                                              | 1                          |        |
| pentamidine isethionate inh (generic of NEBUPENT) SOLR 300mg                | 1                          | B/D    |
| pentamidine isethionate inj (generic of PENTAM 300) SOLR 300mg              | 1                          |        |
| polymyxin b sulfate SOLR 500000unit                                         | 1                          |        |
| praziquantel (generic of BILTRICIDE) TABS 600mg                             | 1                          |        |
| pyrimethamine TABS 25mg                                                     | 3                          | NDS PA |
| RECARBRIO INJ 1.25GM                                                        | 3                          | NDS    |
| SIVEXTRO SOLR 200mg; TABS 200mg                                             | 3                          | NDS    |
| SOLOSEC PACK 2gm                                                            | 3                          |        |
| streptomycin sulfate SOLR 1gm                                               | 3                          | NDS    |
| SULFADIAZINE TABS 500mg                                                     | 3                          |        |
| sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml                         | 1                          |        |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml                            | 1                          |        |
| sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)            | 1                          |        |
| sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)        | 1                          |        |
| SYNERCID INJ 500MG                                                          | 3                          | NDS    |

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

| Drug Name                                                                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tinidazole</i> TABS 250mg, 500mg                                                                                                       | 1                          |              |
| TOBI PODHALER CAPS 28mg                                                                                                                   | 3                          | NDS NM LA PA |
| <i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml                                                                                     | 3                          | NDS NM PA    |
| <i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml                                                                                 | 3                          | NDS NM PA    |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml                                                                     | 1                          |              |
| <i>trimethoprim</i> TABS 100mg                                                                                                            | 1                          |              |
| VABOMERE INJ 2GM(1-1)                                                                                                                     | 3                          | NDS          |
| VANCOMYCIN SOLN 2000mg/400ml                                                                                                              | 3                          |              |
| <i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg<br>QL (80 caps / 180 days)                                                     | 1                          | QL           |
| <i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg<br>QL (160 caps / 180 days)                                                        | 1                          | QL           |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg                                                                                   | 1                          |              |
| VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg | 3                          |              |
| VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml<br>QL (1800 mL / 180 days)                                                                        | 3                          | QL           |
| VANCOMYCIN INJ 1 GM                                                                                                                       | 3                          |              |
| VANCOMYCIN INJ 500MG                                                                                                                      | 3                          |              |
| VANCOMYCIN INJ 750MG                                                                                                                      | 3                          |              |
| VIBATIV SOLR 750mg                                                                                                                        | 3                          | NDS          |
| XENLETA SOLN 150mg/15ml; TABS 600mg                                                                                                       | 3                          | NDS NM       |
| XIFAXAN TABS 200mg<br>QL (9 tabs / 30 days)                                                                                               | 3                          | NDS QL       |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits  |
|------------------------------------------------------------------------------------------------|----------------------------|---------|
| ZEMDRI SOLN 500mg/10ml                                                                         | 3                          | NDS     |
| ZYVOX SOLN 200mg/100ml                                                                         | 3                          | NDS     |
| <b>ANTIFUNGALS</b>                                                                             |                            |         |
| ABELCET SUSP 5mg/ml                                                                            | 3                          | B/D     |
| AMBISOME SUSR 50mg                                                                             | 3                          | NDS B/D |
| <i>amphotericin b</i> SOLR 50mg                                                                | 1                          | B/D     |
| CASPOFUNGIN ACETATE SOLR 50mg, 70mg                                                            | 3                          | NDS     |
| <i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg                               | 3                          | NDS     |
| CRESEMBA CAPS 186mg; SOLR 372mg                                                                | 3                          | NDS     |
| ERAXIS SOLR 50mg                                                                               | 3                          |         |
| ERAXIS SOLR 100mg                                                                              | 3                          | NDS     |
| <i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml                                               | 1                          |         |
| <i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml                                               | 1                          |         |
| <i>flucytosine</i> (generic of ANCOBON) CAPS 250mg, 500mg                                      | 3                          | NDS     |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg                                       | 1                          |         |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg                                           | 1                          |         |
| <i>itraconazole</i> (generic of SPORANOX) CAPS 100mg                                           | 1                          | PA      |
| <i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml                                         | 3                          | NDS     |
| <i>ketoconazole</i> TABS 200mg                                                                 | 1                          | PA      |
| <i>miconazole sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg                                | 3                          | NDS     |
| NOXAFIL SOLN 300mg/16.7ml                                                                      | 3                          | NDS     |
| NOXAFIL SUSP 40mg/ml<br>QL (630 mL / 30 days)                                                  | 3                          | NDS QL  |
| <i>nystatin</i> TABS 500000unit                                                                | 1                          |         |
| <i>posaconazole</i> (generic of NOXAFIL) TBEC 100mg<br>QL (93 tabs / 30 days)                  | 3                          | NDS QL  |

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

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| <i>terbinafine hcl</i> (generic of LAMISIL) TABS 250mg<br>QL (90 tabs / year) | 1                          | QL     |
| TOLSURA CAPS 65mg                                                             | 3                          | NDS PA |
| <i>voriconazole</i> (generic of VFEND IV) SOLR 200mg                          | 3                          | NDS PA |
| <i>voriconazole</i> (generic of VFEND) SUSR 40mg/ml                           | 3                          | NDS PA |
| <i>voriconazole</i> (generic of VFEND) TABS 50mg<br>QL (480 tabs / 30 days)   | 1                          | QL PA  |
| <i>voriconazole</i> (generic of VFEND) TABS 200mg<br>QL (120 tabs / 30 days)  | 1                          | QL PA  |
| <b>ANTIMALARIALS</b>                                                          |                            |        |
| <i>atovaquone-proguanil hcl tab</i> 62.5-25 mg (generic of MALARONE)          | 1                          |        |
| <i>atovaquone-proguanil hcl tab</i> 250-100 mg (generic of MALARONE)          | 1                          |        |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg                                | 1                          |        |
| COARTEM TAB 20-120MG                                                          | 3                          |        |
| KRINTAFEL TABS 150mg                                                          | 3                          |        |
| <i>mefloquine hcl</i> TABS 250mg                                              | 1                          |        |
| PRIMAQUINE PHOSPHATE TABS 26.3mg                                              | 2                          |        |
| <i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg     | 1                          |        |
| <i>quinine sulfate</i> (generic of QUALAQUIN) CAPS 324mg                      | 1                          | PA     |
| <b>ANTIRETROVIRAL AGENTS</b>                                                  |                            |        |
| <i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg          | 1                          | NM     |
| APTIVUS CAPS 250mg; SOLN 100mg/ml                                             | 3                          | NDS NM |
| <i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 150mg, 200mg, 300mg       | 1                          | NM     |
| CRIXIVAN CAPS 200mg, 400mg                                                    | 3                          | NM     |
| <i>didanosine</i> CPDR 200mg, 250mg, 400mg                                    | 1                          | NM     |
| EDURANT TABS 25mg                                                             | 3                          | NDS NM |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------|----------------------------|-----------|
| <i>efavirenz</i> (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg    | 1                          | NM        |
| <i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg                  | 1                          | NM        |
| EMTRIVA SOLN 10mg/ml                                                  | 2                          | NM        |
| <i>fosamprenavir calcium</i> (generic of LEXIVA) TABS 700mg           | 3                          | NDS NM    |
| FUZEON SOLR 90mg                                                      | 3                          | NDS NM    |
| INTELENCE TABS 25mg                                                   | 3                          | NM        |
| INTELENCE TABS 100mg, 200mg                                           | 3                          | NDS NM    |
| INVIRASE TABS 500mg                                                   | 3                          | NDS NM    |
| ISENTRESS CHEW 25mg; PACK 100mg                                       | 2                          | NM        |
| ISENTRESS CHEW 100mg; TABS 400mg                                      | 3                          | NDS NM    |
| ISENTRESS HD TABS 600mg                                               | 3                          | NDS NM    |
| <i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg | 1                          | NM        |
| LEXIVA SUSP 50mg/ml                                                   | 3                          | NM        |
| <i>nevirapine</i> (generic of VIRAMUNE) SUSP 50mg/5ml                 | 1                          | NM        |
| <i>nevirapine</i> TABS 200mg; TB24 100mg                              | 1                          | NM        |
| <i>nevirapine</i> (generic of VIRAMUNE XR) TB24 400mg                 | 1                          | NM        |
| NORVIR PACK 100mg; SOLN 80mg/ml                                       | 3                          | NM        |
| PIFELTRO TABS 100mg                                                   | 3                          | NDS NM    |
| PREZISTA SUSP 100mg/ml<br>QL (400 mL / 30 days)                       | 3                          | NDS QL NM |
| PREZISTA TABS 75mg<br>QL (480 tabs / 30 days)                         | 3                          | QL NM     |
| PREZISTA TABS 150mg<br>QL (240 tabs / 30 days)                        | 3                          | NDS QL NM |
| PREZISTA TABS 600mg<br>QL (60 tabs / 30 days)                         | 3                          | NDS QL NM |
| PREZISTA TABS 800mg<br>QL (30 tabs / 30 days)                         | 3                          | NDS QL NM |
| REYATAZ PACK 50mg                                                     | 3                          | NDS NM    |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>ritonavir</i> (generic of NORVIR) TABS 100mg                                        | 1                          | NM        |
| RUKOBIA TB12 600mg                                                                     | 3                          | NDS NM    |
| SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg                                        | 3                          | NDS NM    |
| SELZENTRY TABS 25mg                                                                    | 2                          | NM        |
| <i>stavudine</i> CAPS 15mg, 20mg                                                       | 1                          | NM        |
| <i>stavudine</i> (generic of ZERIT) CAPS 30mg, 40mg                                    | 1                          | NM        |
| <i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg                    | 1                          | NM        |
| TIVICAY TABS 10mg                                                                      | 2                          | NM        |
| TIVICAY TABS 25mg, 50mg                                                                | 3                          | NDS NM    |
| TIVICAY PD TBSO 5mg                                                                    | 2                          | NM        |
| TROGARZO SOLN 200mg/1.33ml                                                             | 3                          | NDS NM LA |
| TYBOST TABS 150mg                                                                      | 3                          | NM        |
| VIRACEPT TABS 250mg, 625mg                                                             | 3                          | NDS NM    |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg                                          | 3                          | NDS NM    |
| <i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml                      | 1                          | NM        |
| <i>zidovudine</i> TABS 300mg                                                           | 1                          | NM        |
| <b>ANTIRETROVIRAL COMBINATION AGENTS</b>                                               |                            |           |
| <i>abacavir sulfate-lamivudine</i> tab 600-300 mg (generic of EPZICOM)                 | 1                          | NM        |
| <i>abacavir sulfate-lamivudine-zidovudine</i> tab 300-150-300 mg (generic of TRIZIVIR) | 3                          | NDS NM    |
| BIKTARVY TAB                                                                           | 3                          | NDS NM    |
| CIMDUO TAB 300-300                                                                     | 3                          | NDS NM    |
| COMPLERA TAB                                                                           | 3                          | NDS NM    |
| DELSTRIGO TAB                                                                          | 3                          | NDS NM    |
| DESCOVY TAB 200/25MG                                                                   | 3                          | NDS NM    |
| DOVATO TAB 50-300MG                                                                    | 3                          | NDS NM    |
| <i>efavirenz-emtricitabine-tenofovir</i> df tab 600-200-300 mg (generic of ATRIPLA)    | 3                          | NDS NM    |
| <i>efavirenz-lamivudine-tenofovir</i> df tab 400-300-300 mg (generic of SYMFI LO)      | 3                          | NDS NM    |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>efavirenz-lamivudine-tenofovir</i> df tab 600-300-300 mg (generic of SYMFI)                                   | 3                          | NDS NM    |
| <i>emtricitabine-tenofovir disoproxil fumarate</i> tab 200-300 mg (generic of TRUVADA)<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM |
| EVOTAZ TAB 300-150                                                                                               | 3                          | NDS NM    |
| GENVOYA TAB                                                                                                      | 3                          | NDS NM    |
| JULUCA TAB 50-25MG                                                                                               | 3                          | NDS NM    |
| KALETRA TAB 100-25MG                                                                                             | 3                          | NM        |
| KALETRA TAB 200-50MG                                                                                             | 3                          | NDS NM    |
| <i>lamivudine-zidovudine</i> tab 150-300 mg (generic of COMBIVIR)                                                | 1                          | NM        |
| <i>lopinavir-ritonavir</i> soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)                                | 1                          | NM        |
| ODEFSEY TAB                                                                                                      | 3                          | NDS NM    |
| PREZCOBIX TAB 800-150                                                                                            | 3                          | NDS NM    |
| STRIBILD TAB                                                                                                     | 3                          | NDS NM    |
| SYMFI LO TAB                                                                                                     | 3                          | NDS NM    |
| SYMFI TAB                                                                                                        | 3                          | NDS NM    |
| SYMTUZA TAB                                                                                                      | 3                          | NDS NM    |
| TEMIXYS TAB 300-300                                                                                              | 3                          | NDS NM    |
| TRIUMEQ TAB                                                                                                      | 3                          | NDS NM    |
| TRUVADA TAB 100-150<br>QL (30 tabs / 30 days)                                                                    | 3                          | NDS QL NM |
| TRUVADA TAB 133-200<br>QL (30 tabs / 30 days)                                                                    | 3                          | NDS QL NM |
| TRUVADA TAB 167-250<br>QL (30 tabs / 30 days)                                                                    | 3                          | NDS QL NM |
| <b>ANTITUBERCULAR AGENTS</b>                                                                                     |                            |           |
| <i>cycloserine</i> CAPS 250mg                                                                                    | 3                          | NDS       |
| <i>ethambutol hcl</i> TABS 100mg                                                                                 | 1                          |           |
| <i>ethambutol hcl</i> (generic of MYAMBUTOL) TABS 400mg                                                          | 1                          |           |
| <i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg                                                                | 1                          |           |
| PASER PACK 4gm                                                                                                   | 3                          |           |
| PRETOMANID TABS 200mg                                                                                            | 3                          |           |
| PRIFTIN TABS 150mg                                                                                               | 3                          |           |
| <i>pyrazinamide</i> TABS 500mg                                                                                   | 1                          |           |
| <i>rifabutin</i> (generic of MYCOBUTIN) CAPS 150mg                                                               | 1                          |           |

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

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------|----------------------------|-----------|
| <i>rifampin</i> CAPS 150mg, 300mg                                 | 1                          |           |
| <i>rifampin</i> (generic of RIFADIN) SOLR 600mg                   | 1                          |           |
| SIRTURO TABS 20mg, 100mg                                          | 3                          | NDS LA PA |
| TRECTOR TABS 250mg                                                | 3                          |           |
| <b>ANTIVIRALS</b>                                                 |                            |           |
| <i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg                    | 1                          |           |
| <i>acyclovir</i> (generic of ZOVIRAX) SUSP 200mg/5ml              | 1                          |           |
| <i>acyclovir sodium</i> SOLN 50mg/ml                              | 1                          | B/D       |
| <i>adefovir dipivoxil</i> (generic of HEPSERA) TABS 10mg          | 3                          | NDS NM    |
| BARACLUDE SOLN .05mg/ml                                           | 3                          | NDS NM    |
| <i>cidofovir</i> SOLN 75mg/ml                                     | 3                          | NDS       |
| <i>entecavir</i> (generic of BARACLUDE) TABS .5mg, 1mg            | 1                          | NM        |
| EPCLUSA TAB 200-50MG                                              | 3                          | NDS NM PA |
| EPCLUSA TAB 400-100                                               | 3                          | NDS NM PA |
| EPIVIR HBV SOLN 5mg/ml                                            | 3                          | NM        |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg                       | 1                          |           |
| GANCICLOVIR SOLN 500mg/10ml                                       | 3                          | B/D       |
| <i>ganciclovir sodium</i> SOLR 500mg                              | 1                          | B/D       |
| HARVONI PAK 33.75-150MG                                           | 3                          | NDS NM PA |
| HARVONI PAK 45-200MG                                              | 3                          | NDS NM PA |
| HARVONI TAB 45-200MG                                              | 3                          | NDS NM PA |
| HARVONI TAB 90-400MG                                              | 3                          | NDS NM PA |
| <i>lamivudine</i> (hbv) (generic of EPIVIR HBV) TABS 100mg        | 1                          | NM        |
| MAVYRET TAB 100-40MG                                              | 3                          | NDS NM PA |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 30mg       | 1                          | QL        |
| QL (168 caps / year)                                              |                            |           |
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg | 1                          | QL        |
| QL (84 caps / year)                                               |                            |           |

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------|----------------------------|-----------|
| <i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml           | 1                          | QL        |
| QL (1080 mL / year)                                                     |                            |           |
| PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml                                    | 3                          | NDS NM PA |
| PREVYMIS SOLN 240mg/12ml, 480mg/24ml                                    | 3                          | NDS       |
| PREVYMIS TABS 240mg, 480mg                                              | 3                          | NDS QL    |
| QL (28 tabs / 28 days)                                                  |                            |           |
| RELENZA DISKHALER AEPB 5mg/blister                                      | 2                          | QL        |
| QL (6 inhalers / year)                                                  |                            |           |
| <i>ribavirin</i> (hepatitis c) CAPS 200mg; TABS 200mg                   | 1                          | NM        |
| <i>rimantadine hydrochloride</i> TABS 100mg                             | 1                          |           |
| SITAVIG TABS 50mg                                                       | 3                          | NDS QL PA |
| QL (2 tabs / 30 days)                                                   |                            |           |
| <i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg            | 1                          |           |
| <i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml; TABS 450mg | 1                          |           |
| VEMLIDY TABS 25mg                                                       | 3                          | NDS NM PA |
| VOSEVI TAB                                                              | 3                          | NDS NM PA |
| XOFLUZA TBPK 20mg, 40mg                                                 | 3                          | QL        |
| QL (2 tabs / 180 days)                                                  |                            |           |
| <b>CEPHALOSPORINS</b>                                                   |                            |           |
| AVYCAZ INJ 2-0.5GM                                                      | 3                          | NDS       |
| <i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml | 1                          |           |
| CEFACLOER ER TB12 500mg                                                 | 3                          |           |
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm       | 1                          |           |
| CEFAZOLIN INJ 1GM/50ML                                                  | 3                          |           |
| <i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg                           | 1                          |           |
| CEFAZOLIN SOLN 2GM/100ML-4%                                             | 3                          |           |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml                   | 1                          |           |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| CEFEPIME SOLN 1gm/50ml, 2gm/100ml                                                 | 3                          |        |
| <i>cefepime hcl</i> SOLR 1gm, 2gm                                                 | 1                          |        |
| CEFEPIME/DEX INJ 1GM                                                              | 3                          |        |
| CEFEPIME/DEX INJ 2GM                                                              | 3                          |        |
| <i>cefixime</i> (generic of SUPRAX) CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml         | 1                          |        |
| <i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm                      | 1                          |        |
| CEFOXITIN INJ 1GM                                                                 | 3                          |        |
| CEFOXITIN INJ 2GM                                                                 | 3                          |        |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm                                       | 1                          |        |
| <i>cefprozime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg            | 1                          |        |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                     | 1                          |        |
| <i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm                                   | 1                          |        |
| <i>ceftazidime</i> SOLR 2gm, 6gm                                                  | 1                          |        |
| CEFTAZIDIME/ SOL D5W 1GM                                                          | 3                          |        |
| CEFTAZIDIME/ SOL D5W 2GM                                                          | 3                          |        |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg                       | 1                          |        |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg                                        | 1                          |        |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg                                 | 1                          |        |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 1                          |        |
| <i>cephalexin</i> (generic of KEFLEX) CAPS 750mg                                  | 1                          |        |
| FETROJA SOLR 1gm                                                                  | 3                          | NDS    |
| FORTAZ SOLR 2gm, 500mg                                                            | 3                          |        |
| SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml                                          | 3                          |        |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>tazicef</i> (generic of FORTAZ) SOLR 1gm                                                         | 1                          |        |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm                                                                   | 1                          |        |
| TEFLARO SOLR 400mg, 600mg                                                                           | 3                          | NDS    |
| ZERBAXA INJ 1.5GM                                                                                   | 3                          | NDS    |
| <b>ERYTHROMYCINS/MACROLIDES</b>                                                                     |                            |        |
| <i>azithromycin</i> PACK 1gm; TABS 600mg                                                            | 1                          |        |
| <i>azithromycin</i> (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg | 1                          |        |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                                  | 1                          |        |
| <i>clarithromycin</i> (generic of BIAXIN XL) TB24 500mg                                             | 1                          |        |
| DIFICID SUSR 40mg/ml; TABS 200mg                                                                    | 3                          | NDS    |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg                                                             | 1                          |        |
| ERYTHROCIN LACTOBIONATE SOLR 500mg                                                                  | 3                          |        |
| <i>erythrocin stearate</i> TABS 250mg                                                               | 1                          |        |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg                    | 1                          |        |
| <i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml                      | 1                          |        |
| <i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml                           | 3                          | NDS    |
| <i>erythromycin ethylsuccinate</i> TABS 400mg                                                       | 1                          |        |
| <b>FLUOROQUINOLONES</b>                                                                             |                            |        |
| BAXDELA SOLR 300mg; TABS 450mg                                                                      | 3                          | NDS    |
| CIPRO SUSR 5gm/100ml, 500mg/5ml                                                                     | 3                          |        |
| <i>ciprofloxacin</i> 200 mg/100ml in d5w                                                            | 1                          |        |

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

| Drug Name                                                                                                                   | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>ciprofloxacin 400 mg/200ml in d5w</i>                                                                                    | 1                                 |
| <i>ciprofloxacin hcl TABS 100mg, 750mg</i>                                                                                  | 1                                 |
| <i>ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg</i>                                                               | 1                                 |
| <i>levofloxacin SOLN 25mg/ml</i>                                                                                            | 1                                 |
| <i>levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg</i>                                                          | 1                                 |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i>                                                                              | 1                                 |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i>                                                                             | 1                                 |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i>                                                                             | 1                                 |
| <i>moxifloxacin hcl TABS 400mg</i>                                                                                          | 1                                 |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>                                                            | 1                                 |
| MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml                                                                                  | 3                                 |
| <b>PENICILLINS</b>                                                                                                          |                                   |
| <i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i> | 1                                 |
| <i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>                                                                 | 1                                 |
| <i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>                                                                   | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>                                                             | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)</i>                                      | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>                                                               | 1                                 |
| <i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>                               | 1                                 |

| Drug Name                                                                                       | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>                                           | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>                    | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>                                           | 1                                 |
| <i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>                                 | 1                                 |
| <i>ampicillin CAPS 500mg</i>                                                                    | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>             | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>                 | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>                             | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>                                 | 1                                 |
| <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i> | 1                                 |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>                               | 1                                 |
| BICILLIN C-R INJ 900/300                                                                        | 3                                 |
| BICILLIN C-R INJ 1200000                                                                        | 3                                 |
| BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml                               | 3                                 |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i>                                                   | 1                                 |
| NAFCILLIN INJ 1GM/50ML                                                                          | 3                                 |
| NAFCILLIN INJ 2GM/100                                                                           | 3                                 |
| <i>nafcillin sodium SOLR 1gm, 2gm</i>                                                           | 1                                 |
| <i>nafcillin sodium SOLR 10gm</i>                                                               | 3 NDS                             |
| NAFCILLIN SODIUM SOLR 10gm                                                                      | 3 NDS                             |
| OXACILLIN INJ 1GM                                                                               | 3                                 |
| OXACILLIN INJ 2GM                                                                               | 3 NDS                             |
| <i>oxacillin sodium SOLR 1gm, 2gm</i>                                                           | 1                                 |

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

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>oxacillin sodium</i> SOLR 10gm                                                             | 3                          | NDS    |
| PEN GK/DEXTR INJ 20000/ML                                                                     | 3                          |        |
| PEN GK/DEXTR INJ 40000/ML                                                                     | 3                          |        |
| PEN GK/DEXTR INJ 60000/ML                                                                     | 3                          |        |
| <i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit                                  | 1                          |        |
| PENICILLIN G PROCAINE SUSP 600000unit/ml                                                      | 3                          |        |
| <i>penicillin g sodium</i> SOLR 5000000unit                                                   | 1                          |        |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg                    | 1                          |        |
| <i>pfizerpen</i> SOLR 5000000unit, 20000000unit                                               | 1                          |        |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>                           | 1                          |        |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>                            | 1                          |        |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>                              | 1                          |        |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>                            | 1                          |        |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>                            | 1                          |        |
| ZOSYN SOL 2-0.25GM                                                                            | 3                          |        |
| ZOSYN SOL 3-0.375G                                                                            | 3                          |        |
| ZOSYN SOL 4-0.50GM                                                                            | 3                          |        |
| <b>TETRACYCLINES</b>                                                                          |                            |        |
| <i>demeclocycline hcl</i> TABS 150mg, 300mg                                                   | 1                          |        |
| <i>doxy 100</i> SOLR 100mg                                                                    | 1                          |        |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg, 150mg; TABS 50mg, 75mg, 100mg, 150mg | 1                          |        |
| <i>doxycycline (monohydrate)</i> (generic of VIBRAMYCIN) SUSR 25mg/5ml                        | 1                          |        |

| Drug Name                                                                                         | Drug Requirements/<br>Tier | Limits     |
|---------------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>doxycycline hyclate</i> CAPS 50mg; SOLR 100mg; TABS 20mg, 50mg, 100mg; TBEC 75mg, 100mg, 150mg | 1                          |            |
| <i>doxycycline hyclate</i> (generic of VIBRAMYCIN) CAPS 100mg                                     | 1                          |            |
| <i>doxycycline hyclate</i> (generic of DORYX) TBEC 50mg, 200mg                                    | 1                          |            |
| <i>minocycline hcl</i> CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg                                    | 1                          |            |
| <i>minocycline hcl</i> (generic of MINOCIN) CAPS 100mg                                            | 1                          |            |
| <i>minocycline hcl</i> TB24 45mg, 90mg, 135mg                                                     | 1                          | PA         |
| <i>minocycline hcl</i> (generic of SOLODYN) TB24 55mg, 80mg, 105mg                                | 1                          | PA         |
| <i>minocycline hcl</i> (generic of SOLODYN) TB24 65mg, 115mg                                      | 3                          | NDS PA     |
| MINOLIRA TB24 105mg, 135mg                                                                        | 3                          | PA         |
| <i>mondoxylene nl</i> CAPS 75mg, 100mg                                                            | 1                          |            |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg                                                         | 1                          | PA         |
| TIGECYCLINE SOLR 50mg                                                                             | 3                          | NDS        |
| <i>tigecycline</i> (generic of TYGACIL) SOLR 50mg                                                 | 3                          | NDS        |
| VIBRAMYCIN SYRP 50mg/5ml                                                                          | 3                          |            |
| <b>ANTINEOPLASTIC AGENTS</b>                                                                      |                            |            |
| <b>ALKYLATING AGENTS</b>                                                                          |                            |            |
| BENDEKA SOLN 100mg/4ml                                                                            | 3                          | NDS B/D NM |
| <i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml                              | 1                          | B/D        |
| <i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml                                         | 1                          | B/D        |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg                                                           | 1                          | B/D        |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml                                                        | 3                          | NDS B/D    |

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

| Drug Name                                                      | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------|----------------------------|--------------|
| <i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg                   | 3                          | NDS B/D      |
| IFEX SOLR 3gm                                                  | 3                          | B/D          |
| <i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml                      | 1                          | B/D          |
| IFOSFAMIDE SOLR 3gm                                            | 3                          | B/D          |
| LEUKERAN TABS 2mg                                              | 3                          | NDS          |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml      | 1                          | B/D          |
| <i>oxaliplatin</i> SOLR 50mg, 100mg                            | 3                          | NDS B/D      |
| <i>paraplatin</i> SOLN 1000mg/100ml                            | 1                          | B/D          |
| TREANDA SOLR 25mg, 100mg                                       | 3                          | NDS B/D NM   |
| ZEPZELCA SOLR 4mg                                              | 3                          | NDS NM LA PA |
| <b>ANTIBIOTICS</b>                                             |                            |              |
| <i>adriamycin</i> SOLN 2mg/ml                                  | 1                          | B/D          |
| <i>bleomycin sulfate</i> SOLR 15unit, 30unit                   | 1                          | B/D          |
| <i>doxorubicin hcl</i> SOLN 2mg/ml                             | 1                          | B/D          |
| <i>doxorubicin hcl liposomal</i> (generic of DOXIL) INJ 2mg/ml | 3                          | NDS B/D      |
| <i>epirubicin hcl</i> SOLN 50mg/25ml                           | 1                          | B/D          |
| <i>epirubicin hcl</i> (generic of ELLENCE) SOLN 200mg/100ml    | 1                          | B/D          |
| <i>mitomycin</i> SOLR 5mg                                      | 1                          | B/D          |
| <i>mitomycin</i> SOLR 20mg, 40mg                               | 3                          | NDS B/D      |
| <i>valrubicin</i> (generic of VALSTAR) SOLN 40mg/ml            | 3                          | NDS NM       |
| <b>ANTIMETABOLITES</b>                                         |                            |              |
| ALIMTA SOLR 100mg, 500mg                                       | 3                          | NDS B/D      |
| <i>azacitidine</i> (generic of VIDAZA) SUSR 100mg              | 3                          | NDS B/D NM   |
| <i>cytarabine</i> SOLN 20mg/ml, 100mg/ml                       | 1                          | B/D          |
| <i>decitabine</i> (generic of DACOGEN) SOLR 50mg               | 3                          | NDS B/D NM   |
| <i>fludarabine phosphate</i> SOLN 50mg/2ml                     | 3                          | NDS B/D      |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>fludarabine phosphate</i> SOLR 50mg                                                    | 1                          | B/D          |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml                      | 1                          | B/D          |
| FOLOTYN SOLN 20mg/ml, 40mg/2ml                                                            | 3                          | NDS NM PA    |
| <i>gemcitabine hcl</i> SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg           | 1                          | B/D          |
| <i>gemcitabine hcl</i> (generic of GEMCITABINE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml | 1                          | B/D          |
| INFUGEM SOL 1200MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1300MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1400MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1500MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1600MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1700MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1800MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 1900MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 2000MG                                                                        | 3                          | NDS B/D      |
| INFUGEM SOL 2200MG                                                                        | 3                          | NDS B/D      |
| <i>mercaptopurine</i> TABS 50mg                                                           | 1                          |              |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm                  | 1                          | B/D          |
| ONUREG TABS 200mg, 300mg                                                                  | 3                          | NDS NM LA PA |
| PURIXAN SUSP 2000mg/100ml                                                                 | 3                          | NDS NM       |
| TABLOID TABS 40mg                                                                         | 3                          |              |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                     |                            |              |
| <i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg                                 | 3                          | NDS NM PA    |
| <i>abiraterone acetate</i> TABS 500mg                                                     | 3                          | NDS NM PA    |
| <i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg                                         | 1                          |              |
| <i>bicalutamide</i> (generic of CASODEX) TABS 50mg                                        | 1                          |              |
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg                                                     | 3                          | B/D NM       |
| EMCYT CAPS 140mg                                                                          | 3                          |              |

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

| Drug Name                                                            | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------------------|-----------------------------------|
| ERLEADA TABS 60mg                                                    | 3 NDS NM LA PA                    |
| <i>exemestane</i> (generic of AROMASIN) TABS 25mg                    | 1                                 |
| FIRMAGON SOLR 80mg                                                   | 3 B/D NM                          |
| FIRMAGON SOLR 120mg/vial                                             | 3 NDS B/D NM                      |
| <i>flutamide</i> CAPS 125mg                                          | 1                                 |
| <i>fulvestrant</i> (generic of FASLODEX) SOLN 250mg/5ml              | 3 NDS B/D                         |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml | 3 NDS B/D                         |
| <i>letrozole</i> (generic of FEMARA) TABS 2.5mg                      | 1                                 |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml                              | 1 NM PA                           |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg                             | 3 NDS NM PA                       |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg                           | 3 NDS NM PA                       |
| LUPRON DEPOT (4-MONTH) KIT 30mg                                      | 3 NDS NM PA                       |
| LUPRON DEPOT (6-MONTH) KIT 45mg                                      | 3 NDS NM PA                       |
| LYSODREN TABS 500mg                                                  | 3 NDS                             |
| <i>megestrol acetate</i> TABS 20mg, 40mg                             | 2                                 |
| <i>nilutamide</i> (generic of NILANDRON) TABS 150mg                  | 3 NDS                             |
| NUBEQA TABS 300mg                                                    | 3 NDS NM LA PA                    |
| SOLTAMOX SOLN 10mg/5ml                                               | 3 NDS                             |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg                             | 1                                 |
| <i>toremifene citrate</i> (generic of FARESTON) TABS 60mg            | 3 NDS                             |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg                        | 3 NDS NM PA                       |
| VANTAS KIT 50mg                                                      | 3 NM PA                           |
| XTANDI CAPS 40mg                                                     | 3 NDS NM LA PA                    |
| ZOLADEX IMPL 3.6mg, 10.8mg                                           | 3 NM PA                           |
| ZYTIGA TABS 500mg                                                    | 3 NDS NM LA PA                    |

| Drug Name                                                                         | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------|-----------------------------------|
| <b>IMMUNOMODULATORS</b>                                                           |                                   |
| POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)                                     | 3 NDS QL NM LA PA                 |
| POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)                                     | 3 NDS QL NM LA PA                 |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg                                  | 3 NDS NM LA PA                    |
| THALOMID CAPS 50mg, 100mg, 150mg, 200mg                                           | 3 NDS NM PA                       |
| <b>MISCELLANEOUS</b>                                                              |                                   |
| ASPARLAS SOLN 3750unit/5ml                                                        | 3 NDS NM PA                       |
| <i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg                                | 3 NDS NM PA                       |
| <i>dacarbazine</i> SOLR 100mg                                                     | 1 B/D                             |
| ERWINAZE SOLR 10000unit                                                           | 3 NDS NM LA PA                    |
| <i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg                                 | 1                                 |
| INQOVI TAB 35-100MG                                                               | 3 NDS NM LA PA                    |
| <i>irinotecan hcl</i> (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml | 1 B/D                             |
| <i>irinotecan hcl</i> SOLN 500mg/25ml                                             | 1 B/D                             |
| KISQALI 200 PAK FEMARA                                                            | 3 NDS NM PA                       |
| KISQALI 400 PAK FEMARA                                                            | 3 NDS NM PA                       |
| KISQALI 600 PAK FEMARA                                                            | 3 NDS NM PA                       |
| LONSURF TAB 15-6.14                                                               | 3 NDS NM PA                       |
| LONSURF TAB 20-8.19                                                               | 3 NDS NM PA                       |
| MATULANE CAPS 50mg                                                                | 3 NDS NM LA                       |
| <i>mitoxantrone hcl</i> CONC 2mg/ml                                               | 1 B/D NM                          |
| NIPENT SOLR 10mg                                                                  | 3 NDS B/D                         |
| ONCASPASOLN 750unit/ml                                                            | 3 NDS NM PA                       |
| ONIVYDE INJ 43mg/10ml                                                             | 3 NDS B/D NM                      |
| SYNRIBO SOLR 3.5mg                                                                | 3 NDS NM PA                       |
| <i>topotecan hcl</i> (generic of TOPOTECAN HCL) SOLN 4mg/4ml                      | 3 NDS B/D                         |
| <i>topotecan hcl</i> (generic of HYCAMTIN) SOLR 4mg                               | 3 NDS B/D                         |

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

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits       |
|---------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>tretinoin (chemotherapy)</i><br>CAPS 10mg                                                | 3                          | NDS          |
| <b>MITOTIC INHIBITORS</b>                                                                   |                            |              |
| ABRAXANE INJ 100MG                                                                          | 3                          | NDS B/D      |
| <i>docetaxel</i> CONC 20mg/ml                                                               | 1                          | B/D          |
| DOCETAXEL CONC 20mg/ml                                                                      | 3                          | B/D          |
| <i>docetaxel</i> CONC 80mg/4ml                                                              | 3                          | NDS B/D      |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml                     | 3                          | NDS B/D      |
| <i>docetaxel</i> (generic of DOCETAXEL) CONC 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 3                          | NDS B/D      |
| ETOPOPHOS SOLR 100mg                                                                        | 3                          | B/D          |
| <i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml                                                 | 1                          | B/D          |
| HALAVEN SOLN 1mg/2ml                                                                        | 3                          | NDS B/D NM   |
| IXEMPRA KIT SOLR 15mg, 45mg                                                                 | 3                          | NDS B/D NM   |
| JEVTANA SOLN 60mg/1.5ml                                                                     | 3                          | NDS NM PA    |
| MARQIBO SUSP 5mg/31ml                                                                       | 3                          | NDS B/D NM   |
| <i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml                       | 1                          | B/D          |
| <i>toposar</i> SOLN 1gm/50ml, 100mg/5ml                                                     | 1                          | B/D          |
| <i>vinblastine sulfate</i> SOLN 1mg/ml                                                      | 1                          | B/D          |
| <i>vincristine sulfate</i> SOLN 1mg/ml                                                      | 1                          | B/D          |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml                                          | 1                          | B/D          |
| <b>MOLECULAR TARGET AGENTS</b>                                                              |                            |              |
| AFINITOR TABS 10mg<br>QL (30 tabs / 30 days)                                                | 3                          | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 2mg<br>QL (150 tabs / 30 days)                                        | 3                          | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 3mg<br>QL (90 tabs / 30 days)                                         | 3                          | NDS QL NM PA |
| AFINITOR DISPERZ TBSO 5mg<br>QL (60 tabs / 30 days)                                         | 3                          | NDS QL NM PA |

| Drug Name                                                  | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------|----------------------------|-----------------|
| ALECENSA CAPS 150mg                                        | 3                          | NDS NM LA PA    |
| ALIQOPA SOLR 60mg                                          | 3                          | NDS NM LA PA    |
| ALUNBRIG TABS 30mg, 90mg, 180mg                            | 3                          | NDS NM LA PA    |
| ALUNBRIG PAK                                               | 3                          | NDS NM LA PA    |
| ARZERRA CONC 100mg/5ml, 1000mg/50ml                        | 3                          | NDS B/D NM      |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml                         | 3                          | NDS NM LA PA    |
| AYVAKIT TABS 100mg, 200mg, 300mg<br>QL (30 tabs / 30 days) | 3                          | NDS QL NM LA PA |
| BALVERSA TABS 3mg, 4mg, 5mg                                | 3                          | NDS NM LA PA    |
| BAVENCIO SOLN 200mg/10ml                                   | 3                          | NDS NM LA PA    |
| BELEODAQ SOLR 500mg                                        | 3                          | NDS NM PA       |
| BESPONSA SOLR .9mg                                         | 3                          | NDS NM LA PA    |
| BLENREP SOLR 100mg                                         | 3                          | NDS NM LA PA    |
| BORTEZOMIB SOLR 3.5mg                                      | 3                          | NDS NM PA       |
| BOSULIF TABS 100mg, 400mg, 500mg                           | 3                          | NDS NM PA       |
| BRAFTOVI CAPS 75mg                                         | 3                          | NDS NM LA PA    |
| BRUKINSA CAPS 80mg                                         | 3                          | NDS NM LA PA    |
| CABOMETYX TABS 20mg, 40mg, 60mg<br>QL (30 tabs / 30 days)  | 3                          | NDS QL NM LA PA |
| CALQUENCE CAPS 100mg                                       | 3                          | NDS NM LA PA    |
| CAPRELSA TABS 100mg, 300mg                                 | 3                          | NDS NM LA PA    |
| COMETRIQ (60MG DOSE) KIT 20mg                              | 3                          | NDS NM LA PA    |
| COMETRIQ KIT 100MG                                         | 3                          | NDS NM LA PA    |
| COMETRIQ KIT 140MG                                         | 3                          | NDS NM LA PA    |
| COPIKTRA CAPS 15mg, 25mg                                   | 3                          | NDS NM LA PA    |

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

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------|----------------------------|-----------------|
| COTELLIC TABS 20mg                                                                    | 3                          | NDS NM LA PA    |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml                                                   | 3                          | NDS NM LA PA    |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml                                                   | 3                          | NDS NM LA PA    |
| DARZALEX SOL FASPRO                                                                   | 3                          | NDS NM PA       |
| DAURISMO TABS 25mg, 100mg                                                             | 3                          | NDS NM LA PA    |
| EMPLICITI SOLR 300mg, 400mg                                                           | 3                          | NDS NM LA PA    |
| ENHERTU SOLR 100mg                                                                    | 3                          | NDS NM LA PA    |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml                                                  | 3                          | NDS B/D NM      |
| ERIVEDGE CAPS 150mg                                                                   | 3                          | NDS NM LA PA    |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)            | 3                          | NDS QL NM PA    |
| <i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)    | 3                          | NDS QL NM PA    |
| <i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days) | 3                          | NDS QL NM PA    |
| FARYDAK CAPS 10mg, 15mg, 20mg                                                         | 3                          | NDS NM LA PA    |
| GAVRETO CAPS 100mg                                                                    | 3                          | NDS NM LA PA    |
| GAZYVA SOLN 1000mg/40ml                                                               | 3                          | NDS NM LA PA    |
| GILOTRIF TABS 20mg, 30mg, 40mg                                                        | 3                          | NDS NM LA PA    |
| HERCEP HYLEC SOL 60-10000                                                             | 3                          | NDS NM PA       |
| HERCEPTIN SOLR 150mg                                                                  | 3                          | NDS NM PA       |
| HERZUMA SOLR 150mg, 420mg                                                             | 3                          | NDS NM PA       |
| IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)                                | 3                          | NDS QL NM LA PA |
| IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)                                | 3                          | NDS QL NM LA PA |

| Drug Name                                                                       | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------|----------------------------|-----------------|
| ICLUSIG TABS 15mg QL (60 tabs / 30 days)                                        | 3                          | NDS QL NM LA PA |
| ICLUSIG TABS 45mg QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM LA PA |
| IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)                                  | 3                          | NDS QL NM LA PA |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days) | 3                          | NDS QL NM PA    |
| <i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days) | 3                          | NDS QL NM PA    |
| IMBRUVICA CAPS 70mg QL (56 caps / 28 days)                                      | 3                          | NDS QL NM LA PA |
| IMBRUVICA CAPS 140mg QL (120 caps / 30 days)                                    | 3                          | NDS QL NM LA PA |
| IMBRUVICA TABS 140mg QL (112 tabs / 28 days)                                    | 3                          | NDS QL NM LA PA |
| IMBRUVICA TABS 280mg QL (56 tabs / 28 days)                                     | 3                          | NDS QL NM LA PA |
| IMBRUVICA TABS 420mg, 560mg QL (30 tabs / 30 days)                              | 3                          | NDS QL NM LA PA |
| IMFINZI SOLN 120mg/2.4ml, 500mg/10ml                                            | 3                          | NDS NM LA PA    |
| INLYTA TABS 1mg QL (180 tabs / 30 days)                                         | 3                          | NDS QL NM LA PA |
| INLYTA TABS 5mg QL (120 tabs / 30 days)                                         | 3                          | NDS QL NM LA PA |
| INREBIC CAPS 100mg                                                              | 3                          | NDS NM LA PA    |
| IRESSA TABS 250mg                                                               | 3                          | NDS NM LA PA    |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)                  | 3                          | NDS QL NM LA PA |
| KADCYLA SOLR 100mg, 160mg                                                       | 3                          | NDS B/D NM      |
| KANJINTI SOLR 150mg, 420mg                                                      | 3                          | NDS NM PA       |
| KEYTRUDA SOLN 100mg/4ml                                                         | 3                          | NDS NM PA       |
| KISQALI TBPK 200mg                                                              | 3                          | NDS NM PA       |
| KOSELUGO CAPS 10mg, 25mg                                                        | 3                          | NDS NM LA PA    |
| KYPROLIS SOLR 10mg, 30mg, 60mg                                                  | 3                          | NDS NM LA PA    |

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

| Drug Name                                                  | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------|----------------------------|-----------------|
| <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg | 3                          | NDS NM PA       |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg                           | 3                          | NDS NM LA PA    |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg                           | 3                          | NDS NM LA PA    |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg                         | 3                          | NDS NM LA PA    |
| LENVIMA 12MG DAILY DOSE CPPK 4mg                           | 3                          | NDS NM LA PA    |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg                         | 3                          | NDS NM LA PA    |
| LENVIMA CAP 14 MG                                          | 3                          | NDS NM LA PA    |
| LENVIMA CAP 18 MG                                          | 3                          | NDS NM LA PA    |
| LENVIMA CAP 24 MG                                          | 3                          | NDS NM LA PA    |
| LIBTAYO SOLN 350mg/7ml                                     | 3                          | NDS NM LA PA    |
| LORBRENA TABS 25mg, 100mg                                  | 3                          | NDS NM LA PA    |
| LUMOXITI SOLR 1mg                                          | 3                          | NDS NM LA PA    |
| LYNPARZA TABS 100mg, 150mg<br>QL (120 tabs / 30 days)      | 3                          | NDS QL NM LA PA |
| MEKINIST TABS .5mg, 2mg                                    | 3                          | NDS NM LA PA    |
| MEKTOVI TABS 15mg                                          | 3                          | NDS NM LA PA    |
| MONJUVI SOLR 200mg                                         | 3                          | NDS NM LA PA    |
| MVASI SOLN 100mg/4ml, 400mg/16ml                           | 3                          | NDS NM LA PA    |
| MYLOTARG SOLR 4.5mg                                        | 3                          | NDS NM LA PA    |
| NERLYNX TABS 40mg                                          | 3                          | NDS NM LA PA    |
| NEXAVAR TABS 200mg                                         | 3                          | NDS NM LA PA    |
| NINLARO CAPS 2.3mg, 3mg, 4mg                               | 3                          | NDS NM PA       |
| ODOMZO CAPS 200mg                                          | 3                          | NDS NM LA PA    |
| OGIVRI SOLR 150mg                                          | 3                          | NDS NM PA       |
| OGIVRI INJ 420MG                                           | 3                          | NDS NM PA       |

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------|----------------------------|--------------|
| ONTRUZANT SOLR 150mg, 420mg                                      | 3                          | NDS NM PA    |
| OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml                     | 3                          | NDS NM LA PA |
| PADCEV SOLR 20mg, 30mg                                           | 3                          | NDS NM LA PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg                                 | 3                          | NDS NM LA PA |
| PERJETA SOLN 420mg/14ml                                          | 3                          | NDS NM PA    |
| PHESGO SOL                                                       | 3                          | NDS NM LA PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg                               | 3                          | NDS NM PA    |
| PIQRAY 250MG TAB DOSE                                            | 3                          | NDS NM PA    |
| PIQRAY 300MG DAILY DOSE TBPK 150mg                               | 3                          | NDS NM PA    |
| POLIVY SOLR 30mg, 140mg                                          | 3                          | NDS NM PA    |
| PORTRAZZA SOLN 800mg/50ml                                        | 3                          | NDS NM LA PA |
| POTELIGEO SOLN 20mg/5ml                                          | 3                          | NDS NM LA PA |
| QINLOCK TABS 50mg                                                | 3                          | NDS NM LA PA |
| RETEVMO CAPS 40mg, 80mg                                          | 3                          | NDS NM LA PA |
| RITUXAN SOLN 100mg/10ml, 500mg/50ml                              | 3                          | NDS NM LA PA |
| RITUXAN INJ HYCELA                                               | 3                          | NDS NM LA PA |
| ROZLYTREK CAPS 100mg, 200mg                                      | 3                          | NDS NM LA PA |
| RUBRACA TABS 200mg, 250mg, 300mg                                 | 3                          | NDS NM LA PA |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml                             | 3                          | NDS NM PA    |
| RYDAPT CAPS 25mg                                                 | 3                          | NDS NM PA    |
| SARCLISA SOLN 100mg/5ml, 500mg/25ml                              | 3                          | NDS NM LA PA |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg                | 3                          | NDS NM PA    |
| STIVARGA TABS 40mg                                               | 3                          | NDS NM LA PA |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg<br>QL (30 caps / 30 days) | 3                          | NDS QL NM PA |

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

| Drug Name                                             | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------|----------------------------|-----------------|
| TABRECTA TABS 150mg, 200mg                            | 3                          | NDS NM PA       |
| TAFINLAR CAPS 50mg, 75mg                              | 3                          | NDS NM LA PA    |
| TAGRISSE TABS 40mg, 80mg                              | 3                          | NDS QL NM LA PA |
| QL (30 tabs / 30 days)                                |                            |                 |
| TALZENNA CAPS .25mg, 1mg                              | 3                          | NDS NM LA PA    |
| TASIGNA CAPS 50mg, 150mg, 200mg                       | 3                          | NDS NM PA       |
| TAZVERIK TABS 200mg                                   | 3                          | NDS NM LA PA    |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml                | 3                          | NDS NM LA PA    |
| <i>temsirolimus</i> (generic of TORISEL) SOLN 25mg/ml | 3                          | NDS B/D NM      |
| TIBSOVO TABS 250mg                                    | 3                          | NDS NM LA PA    |
| TRAZIMERA SOLR 420mg                                  | 3                          | NDS NM PA       |
| TRODELVY SOLR 180mg                                   | 3                          | NDS NM LA PA    |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml                   | 3                          | NDS NM PA       |
| TUKYSA TABS 50mg, 150mg                               | 3                          | NDS NM LA PA    |
| TURALIO CAPS 200mg                                    | 3                          | NDS NM LA PA    |
| TYKERB TABS 250mg                                     | 3                          | NDS NM LA PA    |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml                   | 3                          | NDS B/D NM      |
| VELCADE SOLR 3.5mg                                    | 3                          | NDS NM PA       |
| VENCLEXTA TABS 10mg                                   | 3                          | QL NM LA PA     |
| QL (112 tabs / 28 days)                               |                            |                 |
| VENCLEXTA TABS 50mg                                   | 3                          | NDS QL NM LA PA |
| QL (112 tabs / 28 days)                               |                            |                 |
| VENCLEXTA TABS 100mg                                  | 3                          | NDS QL NM LA PA |
| QL (180 tabs / 30 days)                               |                            |                 |
| VENCLEXTA TAB START PK                                | 3                          | NDS QL NM LA PA |
| QL (42 tabs / 28 days)                                |                            |                 |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg               | 3                          | NDS NM LA PA    |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml               | 3                          | NDS NM LA PA    |
| VIZIMPRO TABS 15mg, 30mg, 45mg                        | 3                          | NDS NM LA PA    |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------|----------------------------|--------------|
| VOTRIENT TABS 200mg                                                              | 3                          | NDS NM LA PA |
| XALKORI CAPS 200mg, 250mg                                                        | 3                          | NDS NM LA PA |
| XOSPATA TABS 40mg                                                                | 3                          | NDS NM LA PA |
| XPOVIO 40 MG ONCE WEEKLY TBPK 20mg                                               | 3                          | NDS NM LA PA |
| XPOVIO 40 MG TWICE WEEKLY TBPK 20mg                                              | 3                          | NDS NM LA PA |
| XPOVIO 60 MG ONCE WEEKLY TBPK 20mg                                               | 3                          | NDS NM LA PA |
| XPOVIO 60 MG TWICE WEEKLY TBPK 20mg                                              | 3                          | NDS NM LA PA |
| XPOVIO 80 MG ONCE WEEKLY TBPK 20mg                                               | 3                          | NDS NM LA PA |
| XPOVIO 80 MG TWICE WEEKLY TBPK 20mg                                              | 3                          | NDS NM LA PA |
| XPOVIO 100 MG ONCE WEEKLY TBPK 20mg                                              | 3                          | NDS NM LA PA |
| YERVOY SOLN 50mg/10ml, 200mg/40ml                                                | 3                          | NDS NM PA    |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml                                                | 3                          | NDS NM LA PA |
| ZEJULA CAPS 100mg                                                                | 3                          | NDS NM LA PA |
| ZELBORAF TABS 240mg                                                              | 3                          | NDS NM LA PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml                                               | 3                          | NDS NM PA    |
| ZOLINZA CAPS 100mg                                                               | 3                          | NDS NM PA    |
| ZYDELIG TABS 100mg, 150mg                                                        | 3                          | NDS NM LA PA |
| ZYKADIA TABS 150mg                                                               | 3                          | NDS NM LA PA |
| <b>PROTECTIVE AGENTS</b>                                                         |                            |              |
| <i>dexrazoxane hcl</i> SOLR 250mg, 500mg                                         | 3                          | NDS B/D      |
| ELITEK SOLR 1.5mg, 7.5mg                                                         | 3                          | NDS B/D      |
| KHAPZORY SOLR 175mg, 300mg                                                       | 3                          | NDS B/D NM   |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 1                          | B/D          |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg                             | 1                          |              |

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

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>levoleucovorin calcium</i> SOLN 3 NDS B/D NM<br>175mg/17.5ml; SOLR 50mg                                   |                            |        |
| <i>levoleucovorin calcium</i> SOLN 1 B/D NM<br>250mg/25ml                                                    |                            |        |
| MESNEX TABS 400mg                                                                                            | 3                          | NDS    |
| <b>CARDIOVASCULAR<br/>ACE INHIBITOR COMBINATIONS</b>                                                         |                            |        |
| <i>amlodipine besylate-<br/>benazepril hcl cap 2.5-10 mg</i><br>QL (30 caps / 30 days)                       | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-10 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days)  | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days)  | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 5-40 mg</i><br>QL (30 caps / 30 days)                         | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-20 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL     |
| <i>amlodipine besylate-<br/>benazepril hcl cap 10-40 mg</i><br>(generic of LOTREL)<br>QL (30 caps / 30 days) | 1                          | QL     |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 5-6.25<br/>mg</i>                                            | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg</i> (generic of<br>LOTENSIN HCT)             | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg</i> (generic of<br>LOTENSIN HCT)             | 1                          |        |
| <i>benazepril &amp;<br/>hydrochlorothiazide tab 20-25<br/>mg</i> (generic of LOTENSIN<br>HCT)                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-15<br/>mg</i>                                              | 1                          |        |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>captopril &amp;<br/>hydrochlorothiazide tab 25-25<br/>mg</i>                                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-15<br/>mg</i>                                | 1                          |        |
| <i>captopril &amp;<br/>hydrochlorothiazide tab 50-25<br/>mg</i>                                | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 5-12.5<br/>mg</i>                       | 1                          |        |
| <i>enalapril maleate &amp;<br/>hydrochlorothiazide tab 10-25<br/>mg</i> (generic of VASERETIC) | 1                          |        |
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 10-<br/>12.5 mg</i>                     | 1                          |        |
| <i>fosinopril sodium &amp;<br/>hydrochlorothiazide tab 20-<br/>12.5 mg</i>                     | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 10-12.5 mg</i> (generic of<br>ZESTORETIC)      | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 20-12.5 mg</i> (generic of<br>ZESTORETIC)      | 1                          |        |
| <i>lisinopril &amp; hydrochlorothiazide<br/>tab 20-25 mg</i> (generic of<br>ZESTORETIC)        | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 10-12.5 mg</i> (generic of<br>ACCURETIC)              | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 20-12.5 mg</i> (generic of<br>ACCURETIC)              | 1                          |        |
| <i>quinapril-hydrochlorothiazide<br/>tab 20-25 mg</i> (generic of<br>ACCURETIC)                | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 1-240 mg</i>                                          | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 2-180 mg</i> (generic of<br>TARKA)                    | 1                          |        |
| <i>trandolapril-verapamil hcl tab<br/>er 2-240 mg</i> (generic of<br>TARKA)                    | 1                          |        |

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

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>trandolapril-verapamil hcl tab</i><br><i>er 4-240 mg (generic of</i><br><i>TARKA)</i>      | 1                          |        |
| <b>ACE INHIBITORS</b>                                                                         |                            |        |
| <i>benazepril hcl TABS 5mg</i>                                                                | 1                          |        |
| <i>benazepril hcl (generic of</i><br><i>LOTENSIN) TABS 10mg,</i><br><i>20mg, 40mg</i>         | 1                          |        |
| <i>captopril TABS 12.5mg,</i><br><i>25mg, 50mg, 100mg</i>                                     | 1                          |        |
| <i>enalapril maleate (generic of</i><br><i>VASOTEC) TABS 2.5mg,</i><br><i>5mg, 10mg, 20mg</i> | 1                          |        |
| <i>EPANED SOLN 1mg/ml</i>                                                                     | 3                          | NDS    |
| <i>fosinopril sodium TABS</i><br><i>10mg, 20mg, 40mg</i>                                      | 1                          |        |
| <i>lisinopril (generic of ZESTRIL)</i><br><i>TABS 2.5mg, 5mg, 10mg,</i><br><i>30mg, 40mg</i>  | 1                          |        |
| <i>lisinopril (generic of PRINIVIL)</i><br><i>TABS 20mg</i>                                   | 1                          |        |
| <i>moexipril hcl TABS 7.5mg,</i><br><i>15mg</i>                                               | 1                          |        |
| <i>perindopril erbumine TABS</i><br><i>2mg, 4mg, 8mg</i>                                      | 1                          |        |
| <i>QBRELIS SOLN 1mg/ml</i>                                                                    | 3                          | NDS    |
| <i>quinapril hcl (generic of</i><br><i>ACCUPRIL) TABS 5mg,</i><br><i>10mg, 20mg, 40mg</i>     | 1                          |        |
| <i>ramipril (generic of ALTACE)</i><br><i>CAPS 1.25mg, 2.5mg, 5mg,</i><br><i>10mg</i>         | 1                          |        |
| <i>trandolapril TABS 1mg, 2mg</i>                                                             | 1                          |        |
| <i>trandolapril (generic of</i><br><i>MAVIK) TABS 4mg</i>                                     | 1                          |        |
| <b>ALDOSTERONE RECEPTOR<br/>ANTAGONISTS</b>                                                   |                            |        |
| <i>CAROSPIR SUSP 25mg/5ml</i>                                                                 | 3                          |        |
| <i>eplerenone (generic of</i><br><i>INSPIRA) TABS 25mg, 50mg</i>                              | 1                          |        |
| <i>spironolactone (generic of</i><br><i>ALDACTONE) TABS 25mg,</i><br><i>50mg, 100mg</i>       | 1                          |        |

| Drug Name                                                                                                                             | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ALPHA BLOCKERS</b>                                                                                                                 |                            |        |
| <i>doxazosin mesylate (generic</i><br><i>of CARDURA) TABS 1mg,</i><br><i>2mg, 4mg, 8mg</i>                                            | 1                          |        |
| <i>prazosin hcl (generic of</i><br><i>MINIPRESS) CAPS 1mg,</i><br><i>2mg, 5mg</i>                                                     | 1                          |        |
| <i>terazosin hcl CAPS 1mg,</i><br><i>2mg, 5mg, 10mg</i>                                                                               | 1                          |        |
| <b>ANGIOTENSIN II RECEPTOR<br/>ANTAGONIST COMBINATIONS</b>                                                                            |                            |        |
| <i>amlodipine besylate-</i><br><i>olmesartan medoxomil tab 5-</i><br><i>20 mg (generic of AZOR)</i><br><i>QL (30 tabs / 30 days)</i>  | 1                          | QL     |
| <i>amlodipine besylate-</i><br><i>olmesartan medoxomil tab 5-</i><br><i>40 mg (generic of AZOR)</i><br><i>QL (30 tabs / 30 days)</i>  | 1                          | QL     |
| <i>amlodipine besylate-</i><br><i>olmesartan medoxomil tab 10-</i><br><i>20 mg (generic of AZOR)</i><br><i>QL (30 tabs / 30 days)</i> | 1                          | QL     |
| <i>amlodipine besylate-</i><br><i>olmesartan medoxomil tab 10-</i><br><i>40 mg (generic of AZOR)</i><br><i>QL (30 tabs / 30 days)</i> | 1                          | QL     |
| <i>amlodipine besylate-valsartan</i><br><i>tab 5-160 mg (generic of</i><br><i>EXFORGE)</i><br><i>QL (30 tabs / 30 days)</i>           | 1                          | QL     |
| <i>amlodipine besylate-valsartan</i><br><i>tab 5-320 mg (generic of</i><br><i>EXFORGE)</i><br><i>QL (30 tabs / 30 days)</i>           | 1                          | QL     |
| <i>amlodipine besylate-valsartan</i><br><i>tab 10-160 mg (generic of</i><br><i>EXFORGE)</i><br><i>QL (30 tabs / 30 days)</i>          | 1                          | QL     |
| <i>amlodipine besylate-valsartan</i><br><i>tab 10-320 mg (generic of</i><br><i>EXFORGE)</i><br><i>QL (30 tabs / 30 days)</i>          | 1                          | QL     |

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

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (generic of EXFORGE HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)<br>QL (60 tabs / 30 days)    | 1                          | QL     |
| candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)<br>QL (30 tabs / 30 days)      | 1                          | QL     |
| EDARBYCLOR TAB 40-12.5<br>QL (30 tabs / 30 days)                                                               | 3                          | QL     |
| EDARBYCLOR TAB 40-25MG<br>QL (30 tabs / 30 days)                                                               | 3                          | QL     |
| ENTRESTO TAB 24-26MG                                                                                           | 2                          |        |
| ENTRESTO TAB 49-51MG                                                                                           | 2                          |        |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| ENTRESTO TAB 97-103MG                                                                                       | 2                          |        |
| irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)                                 | 1                          |        |
| losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)                                | 1                          |        |
| losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)                                  | 1                          |        |
| olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)  | 1                          | QL     |
| olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)<br>QL (30 tabs / 30 days)    | 1                          | QL     |
| olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)   | 1                          | QL     |

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

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (generic of TRIBENZOR)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-5 mg</i> (generic of TWYNSTA)<br>QL (30 tabs / 30 days)                            | 1                          | QL     |
| <i>telmisartan-amlodipine tab 40-10 mg</i> (generic of TWYNSTA)<br>QL (30 tabs / 30 days)                           | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-5 mg</i> (generic of TWYNSTA)<br>QL (30 tabs / 30 days)                            | 1                          | QL     |
| <i>telmisartan-amlodipine tab 80-10 mg</i> (generic of TWYNSTA)<br>QL (30 tabs / 30 days)                           | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days)           | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of MICARDIS HCT)<br>QL (60 tabs / 30 days)           | 1                          | QL     |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (generic of MICARDIS HCT)<br>QL (30 tabs / 30 days)             | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)              | 1                          | QL     |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days) | 1                          | QL     |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)<br>QL (30 tabs / 30 days)   | 1                          | QL     |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>                                                             |                            |        |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg<br>QL (60 tabs / 30 days)        | 1                          | QL     |
| <i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg<br>QL (30 tabs / 30 days)                  | 1                          | QL     |
| EDARBI TABS 40mg, 80mg<br>QL (30 tabs / 30 days)                                                       | 3                          | QL     |
| <i>irbesartan</i> (generic of AVAPRO) TABS 75mg, 150mg, 300mg<br>QL (30 tabs / 30 days)                | 1                          | QL     |
| <i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg, 100mg                                   | 1                          |        |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg<br>QL (60 tabs / 30 days)                    | 1                          | QL     |
| <i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg<br>QL (30 tabs / 30 days)             | 1                          | QL     |
| <i>telmisartan</i> (generic of MICARDIS) TABS 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)               | 1                          | QL     |
| <i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg<br>QL (60 tabs / 30 days)                  | 1                          | QL     |

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

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| <i>valsartan</i> (generic of DIOVAN) TABS 320mg<br>QL (30 tabs / 30 days)     | 1                          | QL     |
| <b>ANTIARRHYTHMICS</b>                                                        |                            |        |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg      | 1                          |        |
| <i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg          | 3                          |        |
| <i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg            | 1                          | NM     |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg                             | 1                          |        |
| MULTAQ TABS 400mg                                                             | 3                          |        |
| NORPACE CR CP12 100mg, 150mg                                                  | 3                          |        |
| <i>pacerone</i> TABS 100mg, 200mg, 400mg                                      | 1                          |        |
| <i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg       | 1                          |        |
| <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg                               | 1                          |        |
| <i>quinidine sulfate</i> TABS 200mg, 300mg                                    | 1                          |        |
| <i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg                   | 1                          |        |
| <i>sorine</i> TABS 240mg                                                      | 1                          |        |
| <i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg              | 1                          |        |
| <i>sotalol hcl</i> TABS 240mg                                                 | 1                          |        |
| <i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg | 1                          |        |
| SOTYLIZE SOLN 5mg/ml                                                          | 3                          |        |
| <b>ANTILIPEMICS, FIBRATES</b>                                                 |                            |        |
| ANTARA CAPS 30mg, 90mg                                                        | 3                          |        |
| <i>choline fenofibrate</i> (generic of TRILIPIX) CPDR 45mg, 135mg             | 1                          |        |
| <i>fenofibrate</i> CAPS 50mg, 150mg; TABS 54mg, 160mg                         | 1                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg                                                | 1                          |        |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg                                     | 1                          |        |
| <i>gemfibrozil</i> (generic of LOPID) TABS 600mg                                                       | 1                          |        |
| TRIGLIDE TABS 160mg                                                                                    | 3                          |        |
| <b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>                                                      |                            |        |
| ALTOPREV TB24 20mg<br>QL (60 tabs / 30 days)                                                           | 3                          | NDS QL |
| ALTOPREV TB24 40mg, 60mg<br>QL (30 tabs / 30 days)                                                     | 3                          | NDS QL |
| <i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days) | 1                          | QL     |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg<br>QL (30 caps / 30 days)                                  | 3                          | QL     |
| FLOLIPID SUSP 20mg/5ml, 40mg/5ml<br>QL (300 mL / 30 days)                                              | 3                          | QL     |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg<br>QL (60 caps / 30 days)                                    | 1                          | QL     |
| <i>fluvastatin sodium</i> (generic of LESCOL XL) TB24 80mg<br>QL (30 tabs / 30 days)                   | 1                          | QL     |
| LIVALO TABS 1mg, 2mg, 4mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL     |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg<br>QL (60 tabs / 30 days)                                      | 1                          | QL     |
| <i>pravastatin sodium</i> TABS 10mg, 80mg<br>QL (30 tabs / 30 days)                                    | 1                          | QL     |
| <i>pravastatin sodium</i> (generic of PRAVACHOL) TABS 20mg, 40mg<br>QL (30 tabs / 30 days)             | 1                          | QL     |

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

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits       |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg<br>QL (30 tabs / 30 days) | 1                          | QL           |
| <i>simvastatin</i> TABS 5mg<br>QL (30 tabs / 30 days)                                                 | 1                          | QL           |
| <i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg<br>QL (30 tabs / 30 days)           | 1                          | QL           |
| ZYPITAMAG TABS 2mg, 4mg<br>QL (30 tabs / 30 days)                                                     | 3                          | QL           |
| <b>ANTILIPEMICS, MISCELLANEOUS</b>                                                                    |                            |              |
| <i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose                                   | 1                          |              |
| <i>cholestyramine light</i> PACK 4gm                                                                  | 1                          |              |
| <i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                                 | 1                          |              |
| <i>colesevelam hcl</i> (generic of WELCHOL) PACK 3.75gm; TABS 625mg                                   | 1                          |              |
| <i>colestipol hcl</i> (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm                              | 1                          |              |
| <i>ezetimibe</i> (generic of ZETIA) TABS 10mg                                                         | 1                          |              |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL           |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL           |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL           |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> (generic of VYTORIN)<br>QL (30 tabs / 30 days)              | 1                          | QL           |
| JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg                                                                   | 3                          | NDS NM LA PA |
| NEXLETOL TABS 180mg<br>QL (30 tabs / 30 days)                                                         | 3                          | QL PA        |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| NEXLIZET TAB 180/10MG<br>QL (30 tabs / 30 days)                                                             | 3                          | QL PA  |
| <i>niacin</i> (antihyperlipidemic) TABS 500mg                                                               | 1                          |        |
| <i>niacin</i> (antihyperlipidemic) (generic of NIASPAN) TBCR 500mg, 750mg, 1000mg<br>QL (60 tabs / 30 days) | 1                          | QL     |
| <i>niacor</i> TABS 500mg                                                                                    | 1                          |        |
| <i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)                                               | 1                          | PA     |
| PRALUENT SOAJ 75mg/ml, 150mg/ml                                                                             | 2                          | NM PA  |
| <i>prevalite</i> PACK 4gm                                                                                   | 1                          |        |
| <i>prevalite</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose                                                  | 1                          |        |
| VASCEPA CAPS .5gm, 1gm                                                                                      | 3                          |        |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>                                                                   |                            |        |
| <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> (generic of TENORETIC 50)                                 | 1                          |        |
| <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> (generic of TENORETIC 100)                               | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> (generic of ZIAC)                               | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> (generic of ZIAC)                                 | 1                          |        |
| <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> (generic of ZIAC)                                | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>                                                    | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>                                                   | 1                          |        |
| <i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>                                                   | 1                          |        |
| <i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>                                                   | 1                          |        |

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

| Drug Name                                                                                               | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>                                               | 1                          |        |
| <b>BETA-BLOCKERS</b>                                                                                    |                            |        |
| <i>acebutolol hcl CAPS 200mg, 400mg</i>                                                                 | 1                          |        |
| <i>atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg</i>                                            | 1                          |        |
| <i>betaxolol hcl TABS 10mg, 20mg</i>                                                                    | 1                          |        |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i>                                                               | 1                          |        |
| BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg                                                                    | 3                          |        |
| <i>carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>                                 | 1                          |        |
| <i>carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg</i><br>QL (30 caps / 30 days) | 1                          | QL     |
| KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg                                                        | 3                          |        |
| <i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>                                              | 1                          |        |
| <i>metoprolol succinate (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg</i>                        | 1                          |        |
| <i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 75mg</i>                                        | 1                          |        |
| <i>metoprolol tartrate (generic of LOPRESSOR) TABS 50mg, 100mg</i>                                      | 1                          |        |
| <i>nadolol (generic of CORGARD) TABS 20mg, 40mg, 80mg</i>                                               | 1                          |        |
| <i>pindolol TABS 5mg, 10mg</i>                                                                          | 1                          |        |
| <i>propranolol hcl (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg</i>                            | 1                          |        |
| <i>propranolol hcl SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>               | 1                          |        |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>timolol maleate TABS 5mg, 10mg, 20mg</i>                                                                   | 1                          |        |
| <b>CALCIUM CHANNEL BLOCKERS</b>                                                                               |                            |        |
| <i>amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg</i>                                         | 1                          |        |
| CARDIZEM LA TB24 120mg                                                                                        | 3                          |        |
| <i>cartia xt (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg</i>                                     | 1                          |        |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i>                                                                       | 1                          |        |
| <i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg</i>                  | 1                          |        |
| <i>diltiazem hcl (generic of CARDIZEM) TABS 30mg, 60mg, 120mg</i>                                             | 1                          |        |
| <i>diltiazem hcl coated beads (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>             | 1                          |        |
| <i>diltiazem hcl coated beads (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>             | 1                          |        |
| <i>diltiazem hcl extended release beads (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i> | 1                          |        |
| <i>felodipine TB24 2.5mg, 5mg, 10mg</i>                                                                       | 1                          |        |
| <i>isradipine CAPS 2.5mg, 5mg</i>                                                                             | 1                          |        |
| KATERZIA SUSP 1mg/ml                                                                                          | 3                          |        |
| <i>matzim la (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg</i>                              | 1                          |        |
| <i>nicardipine hcl CAPS 20mg, 30mg</i>                                                                        | 1                          |        |
| NICARDIPINE SOL 20/200ML                                                                                      | 3                          |        |
| NICARDIPINE SOL 40/200ML                                                                                      | 3                          |        |
| <i>nifedipine TB24 30mg, 60mg, 90mg</i>                                                                       | 1                          |        |

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

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg                         | 1                          |        |
| <i>nimodipine</i> CAPS 30mg                                                               | 1                          |        |
| <i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg                              | 1                          |        |
| <i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg                                          | 1                          |        |
| NYMALIZE SOLN 6mg/ml                                                                      | 3                          | NDS    |
| <i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg               | 1                          |        |
| <i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg       | 1                          |        |
| <i>verapamil hcl</i> (generic of VERELAN PM) CP24 100mg, 200mg                            | 1                          |        |
| <i>verapamil hcl</i> (generic of VERELAN) CP24 120mg, 180mg, 240mg                        | 1                          |        |
| <i>verapamil hcl</i> CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg | 1                          |        |
| <i>verapamil hcl</i> (generic of CALAN SR) TBCR 120mg, 240mg                              | 1                          |        |
| <b>DIURETICS</b>                                                                          |                            |        |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg                                        | 1                          |        |
| ALDACTAZIDE TAB 50/50                                                                     | 3                          |        |
| <i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>                                    | 1                          |        |
| <i>amiloride hcl</i> TABS 5mg                                                             | 1                          |        |
| <i>bumetanide</i> SOLN .25mg/ml; TABS 1mg, 2mg                                            | 1                          |        |
| <i>bumetanide</i> (generic of BUMEX) TABS .5mg                                            | 1                          |        |
| <i>chlorthalidone</i> TABS 25mg, 50mg                                                     | 1                          |        |
| DIURIL SUSP 250mg/5ml                                                                     | 3                          |        |
| <i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg                                     | 1                          |        |

| Drug Name                                                                             | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>furosemide</i> SOLN 8mg/ml, 10mg/ml                                                | 1                          |           |
| <i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg                            | 1                          |           |
| <i>furosemide inj</i> SOLN 10mg/ml                                                    | 1                          |           |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg                       | 1                          |           |
| <i>indapamide</i> TABS 1.25mg, 2.5mg                                                  | 1                          |           |
| KEVEYIS TABS 50mg                                                                     | 3                          | NDS NM PA |
| <i>methazolamide</i> TABS 25mg, 50mg                                                  | 1                          |           |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg                                               | 1                          |           |
| <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> (generic of ALDACTAZIDE) | 1                          |           |
| <i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg                                          | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>                           | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i> (generic of MAXZIDE-25)   | 1                          |           |
| <i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i> (generic of MAXZIDE)        | 1                          |           |
| <b>MISCELLANEOUS</b>                                                                  |                            |           |
| <i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg                     | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>                         | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>                         | 1                          |           |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>                         | 1                          |           |

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

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (generic of CADUET)  | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (generic of CADUET) | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (generic of CADUET) | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (generic of CADUET) | 1                          |        |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (generic of CADUET) | 1                          |        |
| BIDIL TAB                                                                        | 3                          |        |
| <i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr                      | 1                          |        |
| <i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr                      | 1                          |        |
| <i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr                      | 1                          |        |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg                                       | 1                          |        |
| CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg                                           | 3                          |        |
| DEMSEER CAPS 250mg                                                               | 3                          | NDS PA |
| <i>digitek</i> (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)    | 1                          | QL     |
| <i>digox</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)     | 1                          | QL     |
| <i>digoxin</i> SOLN .05mg/ml                                                     | 1                          |        |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml                              | 1                          |                 |
| <i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days) | 1                          | QL              |
| <i>guanfacine hcl</i> TABS 1mg, 2mg PA if 70 years and older                   | 2                          | PA              |
| <i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg              | 1                          |                 |
| LANOXIN TABS 62.5mcg QL (90 tabs / 30 days)                                    | 3                          | QL              |
| LANOXIN PEDIATRIC SOLN .1mg/ml                                                 | 3                          |                 |
| <i>methyl dopa</i> TABS 250mg, 500mg PA if 70 years and older                  | 1                          | PA              |
| <i>metyrosine</i> (generic of DEMSER) CAPS 250mg                               | 3                          | NDS PA          |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg                                     | 1                          |                 |
| <i>minoxidil</i> TABS 2.5mg, 10mg                                              | 1                          |                 |
| NORTHERA CAPS 100mg QL (90 caps / 30 days)                                     | 3                          | NDS QL NM LA PA |
| NORTHERA CAPS 200mg, 300mg QL (180 caps / 30 days)                             | 3                          | NDS QL NM LA PA |
| <i>phenoxybenzamine hcl</i> (generic of DIBENZYLINE) CAPS 10mg                 | 3                          | NDS PA          |
| <i>ranolazine</i> (generic of RANEXA) TB12 500mg, 1000mg                       | 1                          |                 |
| TEKTURNA HCT TAB 150-12.5                                                      | 3                          |                 |
| TEKTURNA HCT TAB 150-25MG                                                      | 3                          |                 |
| TEKTURNA HCT TAB 300-12.5                                                      | 3                          |                 |
| TEKTURNA HCT TAB 300-25MG                                                      | 3                          |                 |
| VYNDAMAX CAPS 61mg QL (30 caps / 30 days)                                      | 3                          | NDS QL NM LA PA |
| VYNDAQEL CAPS 20mg QL (120 caps / 30 days)                                     | 3                          | NDS QL NM LA PA |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits        |
|--------------------------------------------------------------------------------|----------------------------|---------------|
| <b>NITRATES</b>                                                                |                            |               |
| DILATRATE SR CPR 40mg                                                          | 3                          |               |
| GONITRO PACK 400mcg                                                            | 3                          |               |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 5mg            | 1                          |               |
| <i>isosorbide dinitrate</i> TABS 10mg, 20mg, 30mg                              | 1                          |               |
| <i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) TABS 40mg           | 3                          | NDS           |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg          | 1                          |               |
| <i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 1                          |               |
| NITRO-BID OINT 2%                                                              | 2                          |               |
| NITRO-DUR PT24 .3mg/hr, .8mg/hr                                                | 3                          |               |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr                   | 1                          |               |
| <i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSPRAY) SOLN .4mg/spray       | 1                          |               |
| <i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg              | 1                          |               |
| <b>PULMONARY ARTERIAL HYPERTENSION</b>                                         |                            |               |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg                                      | 3                          | NDS NM LA PA  |
| <i>alyq</i> (generic of ADCIRCA) TABS 20mg                                     | 3                          | NDS NM PA     |
| <i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg                        | 3                          | NDS NM LA PA  |
| <i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg                       | 3                          | NDS NM LA PA  |
| <i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg                | 3                          | NDS B/D NM LA |
| FLOLAN SOLR .5mg, 1.5mg                                                        | 3                          | NDS B/D NM LA |
| OPSUMIT TABS 10mg                                                              | 3                          | NDS NM LA PA  |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits        |
|--------------------------------------------------------------------------------------------|----------------------------|---------------|
| ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg                                                      | 3                          | NDS NM LA PA  |
| ORENITRAM TBCR .125mg                                                                      | 3                          | NM LA PA      |
| REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                                | 3                          | NDS NM LA PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SUSR 10mg/ml       | 3                          | NDS NM PA     |
| <i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg          | 1                          | NM PA         |
| <i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg                   | 3                          | NDS NM PA     |
| TRACLEER TBSO 32mg                                                                         | 3                          | NDS NM LA PA  |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml                      | 3                          | NDS NM LA PA  |
| TYVASO SOLN .6mg/ml                                                                        | 3                          | NDS NM PA     |
| UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg            | 3                          | NDS NM LA PA  |
| UPTRAVI TAB 200/800                                                                        | 3                          | NDS NM LA PA  |
| VELETRI SOLR .5mg, 1.5mg                                                                   | 3                          | NDS B/D NM LA |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml                                                           | 3                          | NDS NM PA     |
| <b>CENTRAL NERVOUS SYSTEM ANTIANXIETY</b>                                                  |                            |               |
| <i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1                          | QL            |
| ALPRAZOLAM INTENSOL CONC 1mg/ml<br>QL (300 mL / 30 days)                                   | 3                          | QL            |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg                                     | 1                          |               |
| <i>fluvoxamine maleate</i> CP24 100mg<br>QL (90 caps / 30 days)                            | 1                          | QL            |

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

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits    |
|-------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>fluvoxamine maleate</i> CP24 150mg<br>QL (60 caps / 30 days)                     | 1                          | QL        |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg                                   | 1                          |           |
| <i>lorazepam</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                               | 1                          | QL        |
| <i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml                            | 1                          |           |
| <i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg<br>QL (150 tabs / 30 days) | 1                          | QL        |
| <i>lorazepam intensol</i> CONC 2mg/ml<br>QL (150 mL / 30 days)                      | 1                          | QL        |
| <b>ANTICONVULSANTS</b>                                                              |                            |           |
| APTiom TABS 200mg, 400mg, 600mg, 800mg                                              | 3                          | NDS       |
| BANZEL SUSP 40mg/ml; TABS 200mg, 400mg                                              | 3                          | NDS PA    |
| BRIVIACT SOLN 10mg/ml<br>QL (600 mL / 30 days)                                      | 3                          | NDS QL PA |
| BRIVIACT SOLN 50mg/5ml                                                              | 3                          | PA        |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg<br>QL (60 tabs / 30 days)               | 3                          | NDS QL PA |
| <i>carbamazepine</i> CHEW 100mg                                                     | 1                          |           |
| <i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg                | 1                          |           |
| <i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg               | 1                          |           |
| <i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg              | 1                          |           |
| CELONTIN CAPS 300mg                                                                 | 3                          |           |
| <i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml<br>QL (480 mL / 30 days)            | 1                          | QL PA     |
| <i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg<br>QL (60 tabs / 30 days)         | 1                          | QL PA     |

| Drug Name                                                                                                      | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>clonazepam</i> (generic of KLONOPIN) TABS 2mg<br>QL (300 tabs / 30 days)                                    | 1                          | QL           |
| <i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg<br>QL (90 tabs / 30 days)                               | 1                          | QL           |
| <i>clonazepam</i> TBDP 2mg<br>QL (300 tabs / 30 days)                                                          | 1                          | QL           |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg<br>QL (90 tabs / 30 days)                                      | 1                          | QL           |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg<br>QL (180 tabs / 30 days)<br>PA if 65 years and older | 1                          | QL PA        |
| DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg                                                                  | 3                          | NDS NM LA PA |
| <i>diazepam</i> CONC 5mg/ml<br>QL (240 mL / 30 days)<br>PA if 65 years and older                               | 1                          | QL PA        |
| <i>diazepam</i> SOLN 5mg/5ml<br>QL (1200 mL / 30 days)<br>PA if 65 years and older                             | 1                          | QL PA        |
| <i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg<br>QL (120 tabs / 30 days)<br>PA if 65 years and older | 1                          | QL PA        |
| <i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg                                                         | 1                          |              |
| <i>diazepam inj</i> SOLN 5mg/ml                                                                                | 1                          |              |
| DILANTIN CAPS 30mg, 100mg                                                                                      | 3                          |              |
| DILANTIN INFATABS CHEW 50mg                                                                                    | 3                          |              |
| DILANTIN-125 SUSP 125mg/5ml                                                                                    | 3                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg                                            | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg                                            | 1                          |              |
| <i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg                                        | 1                          |              |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits             |
|-----------------------------------------------------------------------------------|----------------------------|--------------------|
| EPIDIOLEX SOLN 100mg/ml<br>QL (600 mL / 30 days)                                  | 3                          | NDS QL NM<br>LA PA |
| <i>epitol</i> (generic of TEGRETOL) TABS 200mg                                    | 1                          |                    |
| <i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml              | 1                          |                    |
| <i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml                             | 3                          | NDS                |
| <i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg                          | 1                          |                    |
| FINTEPLA SOLN 2.2mg/ml<br>QL (360 mL / 30 days)                                   | 3                          | NDS QL NM<br>LA PA |
| FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg                              | 3                          | NDS PA             |
| FYCOMPA TABS 2mg                                                                  | 3                          | PA                 |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg<br>QL (1080 caps / 30 days)   | 1                          | QL                 |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg<br>QL (360 caps / 30 days)    | 1                          | QL                 |
| <i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg<br>QL (270 caps / 30 days)    | 1                          | QL                 |
| <i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml<br>QL (2160 mL / 30 days) | 1                          | QL                 |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 600mg<br>QL (180 tabs / 30 days)    | 1                          | QL                 |
| <i>gabapentin</i> (generic of NEURONTIN) TABS 800mg<br>QL (120 tabs / 30 days)    | 1                          | QL                 |
| LAMICTAL ODT KIT BLUE                                                             | 3                          |                    |
| LAMICTAL ODT KIT GREEN                                                            | 3                          |                    |
| LAMICTAL XR KIT                                                                   | 3                          |                    |
| <i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg          | 1                          |                    |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg                                     | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg                                | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg                | 1                          |        |
| <i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg                             | 1                          |        |
| <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)  | 1                          |        |
| <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C) | 1                          |        |
| <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> (generic of LAMICTAL ODT)  | 1                          |        |
| <i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg    | 1                          |        |
| <i>levetiracetam</i> (generic of KEPPRA XR) TB24 500mg, 750mg                                          | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)                | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)               | 1                          |        |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)               | 1                          |        |
| NAYZILAM SOLN 5mg/0.1ml                                                                                | 3                          |        |

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

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg                       | 1                          |        |
| OXTELLAR XR TB24 150mg, 300mg                                                                              | 3                          |        |
| OXTELLAR XR TB24 600mg                                                                                     | 3                          | NDS    |
| PEGANONE TABS 250mg                                                                                        | 3                          |        |
| <i>phenobarbital</i> ELIX 20mg/5ml PA if 70 years and older                                                | 3                          | PA     |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg PA if 70 years and older | 2                          | PA     |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older                                | 3                          | PA     |
| PHENYTEK CAPS 200mg, 300mg                                                                                 | 3                          |        |
| <i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg                                                  | 1                          |        |
| <i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml                                                  | 1                          |        |
| <i>phenytoin sodium</i> SOLN 50mg/ml                                                                       | 1                          |        |
| <i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg                                          | 1                          |        |
| <i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg                                   | 1                          |        |
| <i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)          | 1                          | QL PA  |
| <i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)                                    | 1                          | QL PA  |
| <i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)                             | 1                          | QL PA  |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------|----------------------------|-----------|
| <i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)         | 1                          | QL PA     |
| <i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg                          | 1                          |           |
| <i>roweepra</i> (generic of KEPPRA) TABS 500mg                                   | 1                          |           |
| <i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml                               | 3                          | NDS PA    |
| SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg                                         | 3                          |           |
| <i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg            | 1                          |           |
| <i>subvenite starter kit/blu</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg | 1                          |           |
| <i>subvenite starter kit/gre</i> (generic of LAMICTAL STARTER/TAKING C)          | 1                          |           |
| <i>subvenite starter kit/ora</i> (generic of LAMICTAL STARTER/NOT TAKI)          | 1                          |           |
| SYMPAZAN FILM 5mg QL (60 films / 30 days)                                        | 3                          | QL PA     |
| SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)                                 | 3                          | NDS QL PA |
| <i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg             | 1                          |           |
| <i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg                  | 1                          |           |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 25mg, 50mg, 100mg, 150mg           | 1                          |           |
| <i>topiramate</i> (generic of QUDEXY XR) CS24 200mg                              | 3                          | NDS       |
| <i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg             | 1                          |           |
| TROKENDI XR CP24 25mg, 50mg                                                      | 3                          |           |

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

| Drug Name                                                               | Drug Requirements/<br>Tier | Limits             |
|-------------------------------------------------------------------------|----------------------------|--------------------|
| TROKENDI XR CP24 100mg, 200mg                                           | 3                          | NDS                |
| valproate sodium SOLN 100mg/ml, 250mg/5ml                               | 1                          |                    |
| valproic acid CAPS 250mg                                                | 1                          |                    |
| VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml        | 3                          |                    |
| vigabatrin (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days) | 3                          | NDS QL NM<br>LA PA |
| vigabatrin (generic of SABRIL) TABS 500mg<br>QL (180 tabs / 30 days)    | 3                          | NDS QL NM<br>LA PA |
| vigadrone (generic of SABRIL) PACK 500mg<br>QL (180 packets / 30 days)  | 3                          | NDS QL NM<br>LA PA |
| VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 100mg, 150mg, 200mg               | 3                          | NDS                |
| VIMPAT TABS 50mg                                                        | 3                          |                    |
| XCOPRI TABS 50mg, 100mg, 150mg, 200mg                                   | 3                          | NDS                |
| XCOPRI PAK 12.5-25                                                      | 3                          |                    |
| XCOPRI PAK 50-100MG                                                     | 3                          | NDS                |
| XCOPRI PAK 150-200MG (MAINTENANCE)                                      | 3                          | NDS                |
| XCOPRI PAK 150-200MG (TITRATION)                                        | 3                          | NDS                |
| XCOPRI TAB 50-200MG                                                     | 3                          | NDS                |
| zonisamide (generic of ZONEGRAN) CAPS 25mg, 100mg                       | 1                          |                    |
| zonisamide CAPS 50mg                                                    | 1                          |                    |
| <b>ANTIDEMENTIA</b>                                                     |                            |                    |
| donepezil hydrochloride (generic of ARICEPT) TABS 5mg, 10mg, 23mg       | 1                          |                    |
| donepezil hydrochloride TBDP 5mg, 10mg                                  | 1                          |                    |
| galantamine hydrobromide (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg  | 1                          |                    |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| galantamine hydrobromide SOLN 4mg/ml; TABS 4mg, 8mg, 12mg                                                    | 1                          |        |
| memantine hcl (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg<br>PA if < 30 yrs                           | 1                          | PA     |
| memantine hcl SOLN 2mg/ml<br>PA if < 30 yrs                                                                  | 1                          | PA     |
| memantine hcl (generic of NAMENDA) TABS 5mg,<br>10mg<br>PA if < 30 yrs                                       | 1                          | PA     |
| memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)<br>PA if < 30 yrs | 1                          | PA     |
| NAMENDA XR CAP TITRATIO<br>PA if < 30 yrs                                                                    | 3                          | PA     |
| NAMZARIC CAP 7-10MG                                                                                          | 3                          |        |
| NAMZARIC CAP 14-10MG                                                                                         | 3                          |        |
| NAMZARIC CAP 21-10MG                                                                                         | 3                          |        |
| NAMZARIC CAP 28-10MG                                                                                         | 3                          |        |
| NAMZARIC CAP PACK                                                                                            | 3                          |        |
| rivastigmine (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr                                    | 1                          |        |
| rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg                                                            | 1                          |        |
| <b>ANTIDEPRESSANTS</b>                                                                                       |                            |        |
| amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg                                                  | 2                          |        |
| amoxapine TABS 25mg, 50mg, 100mg, 150mg                                                                      | 2                          |        |
| bupropion hcl TABS 75mg, 100mg                                                                               | 1                          |        |
| bupropion hcl (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg                                            | 1                          |        |
| bupropion hcl (generic of WELLBUTRIN XL) TB24 150mg, 300mg                                                   | 1                          |        |
| bupropion hcl TB24 450mg<br>QL (30 tabs / 30 days)                                                           | 1                          | QL     |

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

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml                                                | 1                          |        |
| <i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg                    | 1                          |        |
| <i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg                        | 3                          | PA     |
| <i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg                               | 3                          |        |
| <i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg                                        | 3                          |        |
| DESVENLAFAXINE ER TB24 50mg, 100mg                                                          | 3                          |        |
| <i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg                 | 1                          | PA     |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml                         | 2                          |        |
| <i>doxepin hcl</i> CAPS 150mg                                                               | 3                          |        |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg<br>QL (60 caps / 30 days)                     | 3                          | QL PA  |
| <i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg<br>QL (60 caps / 30 days) | 1                          | QL     |
| <i>duloxetine hcl</i> CPEP 40mg<br>QL (60 caps / 30 days)                                   | 1                          | QL     |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr                                                    | 3                          | NDS PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml                                                    | 1                          |        |
| <i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg                       | 1                          |        |
| FETZIMA CP24 20mg, 40mg, 80mg, 120mg                                                        | 3                          | PA     |
| FETZIMA CAP TITRATIO                                                                        | 3                          | PA     |
| <i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg                             | 1                          |        |

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml; TABS 10mg, 20mg                                 | 1                          |        |
| <i>fluoxetine hcl</i> (generic of FLUOXETINE HYDROCHLORIDE) TABS 60mg                           | 1                          |        |
| <i>fluoxetine hcl (pmdd)</i> TABS 10mg, 20mg<br>(generic of SARAFEM)                            | 1                          |        |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg                                                     | 1                          |        |
| <i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg                                        | 3                          |        |
| <i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg                                                    | 1                          |        |
| MARPLAN TABS 10mg                                                                               | 3                          |        |
| <i>mirtazapine</i> TABS 7.5mg, 45mg                                                             | 1                          |        |
| <i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg                                         | 1                          |        |
| <i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg                            | 1                          |        |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg                                     | 1                          |        |
| <i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg                       | 1                          |        |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml                                                          | 3                          |        |
| <i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg                            | 1                          |        |
| <i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg<br>QL (60 tabs / 30 days) | 3                          | QL     |
| PAXIL SUSP 10mg/5ml                                                                             | 3                          |        |
| PEXEVA TABS 10mg, 30mg<br>QL (60 tabs / 30 days)                                                | 3                          | QL     |
| PEXEVA TABS 20mg, 40mg<br>QL (30 tabs / 30 days)                                                | 3                          | QL     |
| <i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg                                         | 1                          |        |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>protriptyline hcl</i> TABS 5mg, 10mg                                        | 3                          |                 |
| <i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 1                          |                 |
| SPRAVATO SOL 56MG DOS                                                          | 3                          | NDS NM LA PA    |
| SPRAVATO SOL 84MG DOS                                                          | 3                          | NDS NM LA PA    |
| <i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg                  | 1                          |                 |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg                            | 1                          |                 |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg                             | 3                          |                 |
| TRINTELLIX TABS 5mg, 10mg, 20mg                                                | 3                          |                 |
| <i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg        | 1                          |                 |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 225mg        | 1                          |                 |
| VIIBRYD TABS 10mg, 20mg, 40mg                                                  | 3                          |                 |
| VIIBRYD KIT STARTER                                                            | 3                          |                 |
| <b>ANTIPARKINSONIAN AGENTS</b>                                                 |                            |                 |
| <i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)                       | 1                          | QL              |
| <i>amantadine hcl</i> SYRP 50mg/5ml; TABS 100mg                                | 1                          |                 |
| APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)                              | 3                          | NDS QL NM LA PA |
| <i>benztropine mesylate</i> (generic of COGENTIN) SOLN 1mg/ml                  | 1                          |                 |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA if 70 years and older       | 2                          | PA              |
| <i>bromocriptine mesylate</i> (generic of PARLODEL) CAPS 5mg; TABS 2.5mg       | 1                          |                 |
| <i>carbidopa</i> (generic of LODOSYN) TABS 25mg                                | 1                          |                 |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>carbidopa &amp; levodopa orally disintegrating tab</i> 10-100 mg                 | 1                          |                 |
| <i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-100 mg                 | 1                          |                 |
| <i>carbidopa &amp; levodopa orally disintegrating tab</i> 25-250 mg                 | 1                          |                 |
| <i>carbidopa &amp; levodopa tab</i> 10-100 mg (generic of SINEMET)                  | 1                          |                 |
| <i>carbidopa &amp; levodopa tab</i> 25-100 mg (generic of SINEMET)                  | 1                          |                 |
| <i>carbidopa &amp; levodopa tab</i> 25-250 mg (generic of SINEMET)                  | 1                          |                 |
| <i>carbidopa &amp; levodopa tab er</i> 25-100 mg                                    | 1                          |                 |
| <i>carbidopa &amp; levodopa tab er</i> 50-200 mg                                    | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg                            | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg (generic of STALEVO 75)   | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg (generic of STALEVO 100)    | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg (generic of STALEVO 125) | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg (generic of STALEVO 150)  | 1                          |                 |
| <i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg                             | 1                          |                 |
| DUOPA SUS 4.63-20 entacapone (generic of COMTAN) TABS 200mg                         | 3                          | NDS B/D NM      |
| GOCOVRI CP24 68.5mg, 137mg QL (60 caps / 30 days)                                   | 3                          | NDS QL NM LA PA |
| INBRIJA CAPS 42mg                                                                   | 3                          | NDS NM LA PA    |

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

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------------|
| KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg<br>QL (150 films / 30 days)                                            | 3                          | NDS QL NM PA |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr                                           | 3                          |              |
| NOURIANZ TABS 20mg, 40mg<br>QL (30 tabs / 30 days)                                                               | 3                          | NDS QL NM    |
| ONGENTYS CAPS 50mg<br>QL (30 caps / 30 days)                                                                     | 3                          | QL PA        |
| OSMOLEX ER TB24 129mg, 193mg, 258mg<br>QL (30 tabs / 30 days)                                                    | 3                          | QL NM PA     |
| OSMOLEX ER PAK<br>QL (60 tabs / 30 days)                                                                         | 3                          | QL NM PA     |
| <i>pramipexole dihydrochloride</i> TABS .25mg, 1.5mg                                                             | 1                          |              |
| <i>pramipexole dihydrochloride</i> (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg                            | 1                          |              |
| <i>pramipexole dihydrochloride</i> (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg | 1                          |              |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS 1mg<br>QL (30 tabs / 30 days)                               | 1                          | QL           |
| <i>rasagiline mesylate</i> (generic of AZILECT) TABS .5mg<br>QL (60 tabs / 30 days)                              | 1                          | QL           |
| <i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg         | 1                          |              |
| RYTARY CAP 95MG                                                                                                  | 3                          |              |
| RYTARY CAP 145MG                                                                                                 | 3                          |              |
| RYTARY CAP 195MG                                                                                                 | 3                          |              |
| RYTARY CAP 245MG                                                                                                 | 3                          |              |
| <i>selegiline hcl</i> CAPS 5mg; TABS 5mg                                                                         | 1                          |              |
| <i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg<br>PA if 70 years and older                               | 2                          | PA           |
| XADAGO TABS 50mg, 100mg                                                                                          | 3                          | NDS          |

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| ZELAPAR TBDP 1.25mg                                                                                      | 3                          | NDS       |
| <b>ANTIPSYCHOTICS</b>                                                                                    |                            |           |
| ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg<br>QL (1 injection / 28 days)                      | 3                          | NDS QL    |
| ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days)                           | 3                          | NDS QL PA |
| <i>aripiprazole</i> SOLN 1mg/ml<br>QL (900 mL / 30 days)                                                 | 3                          | NDS QL    |
| <i>aripiprazole</i> (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg<br>QL (30 tabs / 30 days) | 1                          | QL        |
| <i>aripiprazole</i> TBDP 10mg, 15mg<br>QL (60 tabs / 30 days)                                            | 3                          | NDS QL    |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml<br>QL (1 injection / 28 days)                        | 3                          | NDS QL    |
| ARISTADA PRSY 1064mg/3.9ml<br>QL (1 injection / 56 days)                                                 | 3                          | NDS QL    |
| ARISTADA INITIO PRSY 675mg/2.4ml                                                                         | 3                          | NDS       |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL        |
| CAPLYTA CAPS 42mg<br>QL (30 caps / 30 days)                                                              | 3                          | QL        |
| <i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg                    | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg                                                   | 1                          |           |
| <i>clozapine</i> (generic of CLOZARIL) TABS 100mg<br>QL (270 tabs / 30 days)                             | 1                          | QL        |

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

| Drug Name                                                                                          | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clozapine</i> (generic of CLOZARIL) TABS 200mg<br>QL (135 tabs / 30 days)                       | 1                          | QL        |
| <i>clozapine</i> TBDP 12.5mg, 25mg                                                                 | 1                          | PA        |
| <i>clozapine</i> TBDP 100mg<br>QL (270 tabs / 30 days)                                             | 1                          | QL PA     |
| <i>clozapine</i> TBDP 150mg<br>QL (180 tabs / 30 days)                                             | 3                          | NDS QL PA |
| <i>clozapine</i> TBDP 200mg<br>QL (135 tabs / 30 days)                                             | 3                          | NDS QL PA |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg<br>QL (60 tabs / 30 days)                          | 3                          | NDS QL PA |
| FANAPT PAK                                                                                         | 3                          | PA        |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml                                                         | 1                          |           |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg     | 1                          |           |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg                                            | 1                          |           |
| <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml                         | 1                          |           |
| <i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml                       | 1                          |           |
| <i>haloperidol lactate</i> CONC 2mg/ml                                                             | 1                          |           |
| <i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml                                         | 1                          |           |
| INVEGA SUSTENNA SUSY 39mg/0.25ml<br>QL (1 injection / 28 days)                                     | 3                          | QL        |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml<br>QL (1 injection / 28 days) | 3                          | NDS QL    |

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml<br>QL (1 injection / 90 days) | 3                          | NDS QL          |
| LATUDA TABS 20mg, 40mg, 60mg, 120mg<br>QL (30 tabs / 30 days)                                              | 3                          | QL              |
| LATUDA TABS 80mg<br>QL (60 tabs / 30 days)                                                                 | 3                          | QL              |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg                                                       | 1                          |                 |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg                                                                  | 1                          |                 |
| NUPLAZID CAPS 34mg<br>QL (30 caps / 30 days)                                                               | 3                          | NDS QL NM LA PA |
| NUPLAZID TABS 10mg<br>QL (30 tabs / 30 days)                                                               | 3                          | NDS QL NM LA PA |
| <i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg<br>QL (3 vials / 1 day)                                   | 1                          | QL              |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                     | 1                          | QL              |
| <i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                    | 1                          | QL              |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                | 1                          | QL              |
| <i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg<br>QL (60 tabs / 30 days)                           | 1                          | QL              |
| <i>paliperidone</i> (generic of INVEGA) TB24 1.5mg, 3mg, 9mg<br>QL (30 tabs / 30 days)                     | 1                          | QL              |
| <i>paliperidone</i> (generic of INVEGA) TB24 6mg<br>QL (60 tabs / 30 days)                                 | 1                          | QL              |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg                                                               | 1                          |                 |

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

| Drug Name                                                                                             | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------|----------------------------|--------|
| PERSERIS PRSY 90mg, 120mg<br>QL (1 injection / 30 days)                                               | 3                          | NDS QL |
| <i>pimozide</i> TABS 1mg, 2mg                                                                         | 1                          |        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg          | 1                          |        |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg<br>QL (60 tabs / 30 days) | 1                          | QL PA  |
| <i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg<br>QL (30 tabs / 30 days)       | 1                          | QL PA  |
| REXULTI TABS 3mg, 4mg<br>QL (30 tabs / 30 days)                                                       | 3                          | QL     |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg<br>QL (60 tabs / 30 days)                                          | 3                          | QL     |
| RISPERDAL CONSTA SRER 12.5mg, 25mg<br>QL (2 injections / 28 days)                                     | 3                          | QL     |
| RISPERDAL CONSTA SRER 37.5mg, 50mg<br>QL (2 injections / 28 days)                                     | 3                          | NDS QL |
| <i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml<br>QL (240 mL / 30 days)                        | 1                          | QL     |
| <i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg                               | 1                          |        |
| <i>risperidone</i> TABS .25mg                                                                         | 1                          |        |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg<br>QL (60 tabs / 30 days)                                  | 1                          | QL     |
| <i>risperidone</i> TBDP .25mg, .5mg<br>QL (90 tabs / 30 days)                                         | 1                          | QL     |
| SAPHRIS SUBL 2.5mg, 5mg, 10mg<br>QL (60 tabs / 30 days)                                               | 3                          | QL     |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------|----------------------------|-----------|
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr<br>QL (30 patches / 30 days)                     | 3                          | QL        |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg                                             | 1                          |           |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg                                                      | 1                          |           |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg                                              | 1                          |           |
| VERSACLOZ SUSP 50mg/ml<br>QL (600 mL / 30 days)                                                  | 3                          | NDS QL PA |
| VRAYLAR CAPS 1.5mg<br>QL (60 caps / 30 days)                                                     | 3                          | NDS QL PA |
| VRAYLAR CAPS 3mg, 4.5mg, 6mg<br>QL (30 caps / 30 days)                                           | 3                          | NDS QL PA |
| VRAYLAR CAP 1.5-3MG                                                                              | 3                          | PA        |
| <i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg<br>QL (60 caps / 30 days) | 1                          | QL        |
| <i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg<br>QL (6 injections / 3 days)          | 1                          | QL        |
| ZYPREXA RELPREVV SUSR 210mg<br>QL (2 vials / 28 days)                                            | 3                          | QL PA     |
| ZYPREXA RELPREVV SUSR 300mg<br>QL (2 vials / 28 days)                                            | 3                          | NDS QL PA |
| ZYPREXA RELPREVV SUSR 405mg<br>QL (1 vial / 28 days)                                             | 3                          | NDS QL PA |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>                                                  |                            |           |
| ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg<br>QL (60 tabs / 30 days)                                | 3                          | QL PA     |
| ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg<br>QL (30 tabs / 30 days)                             | 3                          | QL PA     |
| <i>amphetamine</i> SUER 1.25mg/ml<br>QL (450 mL / 30 days)                                       | 1                          | QL PA     |

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

| Drug Name                                                                                                 | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days)  | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR)<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)             | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)           | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)            | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)          | 1                          | QL PA  |

| Drug Name                                                                                                   | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)              | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL)<br>QL (90 tabs / 30 days)              | 1                          | QL PA  |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL)<br>QL (60 tabs / 30 days)              | 1                          | QL PA  |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 10mg, 18mg, 25mg<br>QL (120 caps / 30 days)              | 1                          | QL     |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 40mg<br>QL (60 caps / 30 days)                           | 1                          | QL     |
| <i>atomoxetine hcl</i> (generic of STRATTERA) CAPS 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)              | 1                          | QL     |
| COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg<br>QL (60 tabs / 30 days)                                        | 3                          | QL PA  |
| DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr<br>QL (30 patches / 30 days)                           | 3                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg<br>QL (60 caps / 30 days)  | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg<br>QL (120 tabs / 30 days)               | 1                          | QL PA  |

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

| Drug Name                                                                                                                       | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg<br>QL (60 tabs / 30 days)                                          | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 5mg, 10mg<br>QL (150 caps / 30 days)                               | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg<br>QL (120 caps / 30 days)                                    | 1                          | QL PA  |
| <i>dextroamphetamine sulfate</i> TABS 5mg, 10mg<br>QL (180 tabs / 30 days)                                                      | 1                          | QL PA  |
| DYANAVEL XR SUER 2.5mg/ml<br>QL (240 mL / 30 days)                                                                              | 3                          | QL PA  |
| <i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg<br>QL (30 tabs / 30 days)<br>PA if 70 years and older | 2                          | QL PA  |
| JORNAY PM CP24 20mg, 40mg<br>QL (60 caps / 30 days)                                                                             | 3                          | QL PA  |
| JORNAY PM CP24 60mg, 80mg, 100mg<br>QL (30 caps / 30 days)                                                                      | 3                          | QL PA  |
| <i>metadate er</i> TBCR 20mg<br>QL (90 tabs / 30 days)                                                                          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg<br>QL (180 tabs / 30 days)                                                     | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 10mg, 15mg, 20mg, 30mg<br>QL (60 caps / 30 days)                       | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                              | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg<br>QL (30 caps / 30 days)                                          | 1                          | QL PA  |

| Drug Name                                                                                           | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>methylphenidate hcl</i> (generic of APTENSIO XR) CP24 40mg, 50mg, 60mg<br>QL (30 caps / 30 days) | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg<br>QL (30 caps / 30 days)               | 1                          | QL PA  |
| <i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg<br>QL (60 caps / 30 days)                          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml<br>QL (1800 mL / 30 days)             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml<br>QL (900 mL / 30 days)             | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg<br>QL (180 tabs / 30 days)           | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg<br>QL (90 tabs / 30 days)                 | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days)                          | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TB24 54mg<br>QL (30 tabs / 30 days)                                      | 1                          | QL PA  |
| <i>methylphenidate hcl</i> TBCR 10mg, 20mg<br>QL (90 tabs / 30 days)                                | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg<br>QL (60 tabs / 30 days)    | 1                          | QL PA  |
| <i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg<br>QL (30 tabs / 30 days)                | 1                          | QL PA  |
| METHYLPHENIDATE HYDROCHLO TBCR 72mg<br>QL (30 tabs / 30 days)                                       | 3                          | QL PA  |
| MYDAYIS CAP 12.5MG<br>QL (30 caps / 30 days)                                                        | 3                          | QL PA  |

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

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------|----------------------------|--------|
| MYDAYIS CAP 25MG<br>QL (30 caps / 30 days)                                          | 3                          | QL PA  |
| MYDAYIS CAP 37.5MG<br>QL (30 caps / 30 days)                                        | 3                          | QL PA  |
| MYDAYIS CAP 50MG<br>QL (30 caps / 30 days)                                          | 3                          | QL PA  |
| QUILLICHEW ER CHER<br>20mg, 30mg<br>QL (60 tabs / 30 days)                          | 3                          | QL PA  |
| QUILLICHEW ER CHER<br>40mg<br>QL (30 tabs / 30 days)                                | 3                          | QL PA  |
| QUILLIVANT XR SRER<br>25mg/5ml<br>QL (360 mL / 30 days)                             | 3                          | QL PA  |
| RELEXXII TBCR 72mg<br>QL (30 tabs / 30 days)                                        | 3                          | QL PA  |
| VYVANSE CAPS 10mg,<br>20mg, 30mg<br>QL (60 caps / 30 days)                          | 3                          | QL PA  |
| VYVANSE CAPS 40mg,<br>50mg, 60mg, 70mg<br>QL (30 caps / 30 days)                    | 3                          | QL PA  |
| VYVANSE CHEW 10mg,<br>20mg, 30mg<br>QL (60 tabs / 30 days)                          | 3                          | QL PA  |
| VYVANSE CHEW 40mg,<br>50mg, 60mg<br>QL (30 tabs / 30 days)                          | 3                          | QL PA  |
| zenzedi TABS 2.5mg, 5mg,<br>7.5mg, 10mg<br>QL (180 tabs / 30 days)                  | 1                          | QL PA  |
| zenzedi TABS 15mg<br>QL (120 tabs / 30 days)                                        | 1                          | QL PA  |
| zenzedi TABS 20mg<br>QL (90 tabs / 30 days)                                         | 1                          | QL PA  |
| zenzedi TABS 30mg<br>QL (60 tabs / 30 days)                                         | 1                          | QL PA  |
| <b>HYPNOTICS</b>                                                                    |                            |        |
| BELSOMRA TABS 5mg,<br>10mg, 15mg, 20mg<br>QL (30 tabs / 30 days)                    | 3                          | QL     |
| DAYVIGO TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                    | 3                          | QL     |
| doxepin hcl (sleep) (generic of<br>SILENOR) TABS 3mg, 6mg<br>QL (30 tabs / 30 days) | 1                          | QL     |

| Drug Name                                                                                                                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| EDLUAR SUBL 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 90 day supply<br>in a calendar year                                     | 3                          | QL PA           |
| eszopiclone (generic of<br>LUNESTA) TABS 1mg, 2mg,<br>3mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and<br>older after a 90 day supply<br>in a calendar year | 2                          | QL PA           |
| HETLIOZ CAPS 20mg                                                                                                                                                      | 3                          | NDS NM LA<br>PA |
| ramelteon (generic of<br>ROZEREM) TABS 8mg<br>QL (30 tabs / 30 days)                                                                                                   | 1                          | QL              |
| temazepam (generic of<br>RESTORIL) CAPS 7.5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year             | 1                          | QL PA           |
| temazepam (generic of<br>RESTORIL) CAPS 15mg<br>QL (60 caps / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year              | 1                          | QL PA           |
| temazepam (generic of<br>RESTORIL) CAPS 22.5mg<br>QL (30 caps / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year            | 3                          | QL PA           |
| temazepam (generic of<br>RESTORIL) CAPS 30mg<br>QL (30 caps / 30 days)<br>PA if 65 years and older                                                                     | 1                          | QL PA           |
| triazolam (generic of<br>HALCION) TABS .25mg<br>QL (30 tabs / 30 days)<br>PA applies if 65 years and<br>older after a 90 day supply<br>in a calendar year              | 2                          | QL PA           |

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

| Drug Name                                                                                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>triazolam</i> TABS .125mg<br>QL (60 tabs / 30 days)<br>PA applies if 65 years and older after a 90 day supply in a calendar year                                        | 2                          | QL PA     |
| <i>zaleplon</i> CAPS 5mg, 10mg<br>QL (60 caps / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year                                      | 2                          | QL PA     |
| <i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year                         | 3                          | QL PA     |
| <i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year         | 1                          | QL PA     |
| <i>zolpidem tartrate</i> (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg<br>QL (30 tabs / 30 days)<br>PA applies if 70 years and older after a 90 day supply in a calendar year | 2                          | QL PA     |
| <b>MIGRAINE</b>                                                                                                                                                            |                            |           |
| <i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml<br>QL (1 pen / 30 days)                                                                                                              | 2                          | QL NM PA  |
| <i>almotriptan malate</i> TABS 6.25mg, 12.5mg<br>QL (12 tabs / 30 days)                                                                                                    | 1                          | QL        |
| <i>dihydroergotamine mesylate</i> (generic of D.H.E. 45) SOLN 1mg/ml                                                                                                       | 3                          | NDS       |
| <i>dihydroergotamine mesylate</i> (generic of MIGRANAL) SOLN 4mg/ml<br>QL (8 mL / 30 days)                                                                                 | 3                          | NDS QL PA |
| <i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg<br>QL (12 tabs / 30 days)                                                                               | 1                          | QL        |

| Drug Name                                                                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>ergotamine w/ caffeine tab 1-100 mg</i> (generic of CAFERGOT)                                                 | 1                          |        |
| <i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg<br>QL (18 tabs / 30 days)                            | 1                          | QL     |
| <i>migergot</i> QL (20 suppositories / 28 days)                                                                  | 3                          | NDS QL |
| <i>naratriptan hcl</i> (generic of AMERGE) TABS 1mg, 2.5mg<br>QL (12 tabs / 30 days)                             | 1                          | QL     |
| ONZETRA XSAIL EXHP 11mg/nosepc<br>QL (16 nosepieces / 30 days)                                                   | 3                          | NDS QL |
| <i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg<br>QL (18 tabs / 30 days)                                         | 1                          | QL     |
| <i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg<br>QL (18 tabs / 30 days)                              | 1                          | QL     |
| <i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg<br>QL (18 tabs / 30 days)                          | 1                          | QL     |
| <i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act<br>QL (24 inhalers / 30 days)                               | 1                          | QL     |
| <i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act<br>QL (12 inhalers / 30 days)                              | 1                          | QL     |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml<br>QL (18 injections / 30 days) | 1                          | QL     |
| <i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml<br>QL (12 injections / 30 days) | 1                          | QL     |

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

| Drug Name                                                                                                                    | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>sumatriptan succinate</i><br>(generic of IMITREX<br>STATDOSE REFILL) SOCT<br>4mg/0.5ml<br>QL (18 injections / 30<br>days) | 1                          | QL              |
| <i>sumatriptan succinate</i><br>(generic of IMITREX<br>STATDOSE REFILL) SOCT<br>6mg/0.5ml<br>QL (12 injections / 30<br>days) | 1                          | QL              |
| <i>sumatriptan succinate</i><br>(generic of IMITREX) SOLN<br>6mg/0.5ml<br>QL (12 injections / 30<br>days)                    | 1                          | QL              |
| <i>sumatriptan succinate</i> SOSY<br>6mg/0.5ml<br>QL (12 injections / 30<br>days)                                            | 1                          | QL              |
| <i>sumatriptan succinate</i><br>(generic of IMITREX) TABS<br>25mg, 50mg, 100mg<br>QL (12 tabs / 30 days)                     | 1                          | QL              |
| <i>sumatriptan-naproxen sodium</i><br>tab 85-500 mg (generic of<br>TREXIMET)<br>QL (9 tabs / 30 days)                        | 1                          | QL              |
| ZEMBRACE SYMTOUCH<br>SOAJ 3mg/0.5ml<br>QL (24 pens / 30 days)                                                                | 3                          | NDS QL          |
| <i>zolmitriptan</i> (generic of<br>ZOMIG) TABS 2.5mg, 5mg<br>QL (12 tabs / 30 days)                                          | 1                          | QL              |
| <i>zolmitriptan</i> (generic of<br>ZOMIG ZMT) TBDP 2.5mg,<br>5mg<br>QL (12 tabs / 30 days)                                   | 1                          | QL              |
| ZOMIG SOLN 2.5mg, 5mg<br>QL (12 inhalers / 30<br>days)                                                                       | 3                          | QL              |
| <b>MISCELLANEOUS</b>                                                                                                         |                            |                 |
| AUSTEDO TABS 6mg<br>QL (60 tabs / 30 days)                                                                                   | 3                          | NDS QL NM<br>PA |
| AUSTEDO TABS 9mg, 12mg<br>QL (120 tabs / 30 days)                                                                            | 3                          | NDS QL NM<br>PA |

| Drug Name                                                                                                         | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ENSPRYNG SOSY<br>120mg/ml                                                                                         | 3                          | NDS NM LA<br>PA |
| EQUETRO CP12 100mg,<br>200mg, 300mg                                                                               | 3                          |                 |
| EVRYSDI SOLR .75mg/ml                                                                                             | 3                          | NDS NM LA<br>PA |
| FIRDAPSE TABS 10mg                                                                                                | 3                          | NDS NM LA<br>PA |
| HORIZANT TBCR 300mg,<br>600mg                                                                                     | 3                          | PA              |
| INGREZZA CAPS 40mg,<br>80mg<br>QL (30 caps / 30 days)                                                             | 3                          | NDS QL NM<br>PA |
| INGREZZA CAP 40-80MG<br>QL (28 caps / 28 days)                                                                    | 3                          | NDS QL NM<br>PA |
| LITHIUM SOLN 8meq/5ml                                                                                             | 3                          |                 |
| <i>lithium carbonate</i> CAPS<br>150mg, 300mg, 600mg; TABS<br>300mg; TBCR 450mg                                   | 1                          |                 |
| <i>lithium carbonate</i> (generic of<br>LITHOBID) TBCR 300mg                                                      | 1                          |                 |
| LYRICA CR TB24 82.5mg,<br>165mg, 330mg<br>QL (60 tabs / 30 days)                                                  | 2                          | QL PA           |
| NUDEXTA CAP 20-10MG<br>QL (60 caps / 30 days)                                                                     | 3                          | QL PA           |
| <i>paroxetine mesylate</i><br>( <i>vasomotor</i> ) (generic of<br>BRISDELLE) CAPS 7.5mg<br>QL (30 caps / 30 days) | 3                          | QL              |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON)<br>SOLN 60mg/5ml                                           | 3                          | NDS             |
| <i>pyridostigmine bromide</i> TABS<br>30mg                                                                        | 1                          |                 |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON)<br>TABS 60mg                                               | 1                          |                 |
| <i>pyridostigmine bromide</i><br>(generic of MESTINON<br>TIMESPAN) TBCR 180mg                                     | 1                          |                 |
| RADICAVA SOLN<br>30mg/100ml                                                                                       | 3                          | NDS NM LA<br>PA |
| <i>riluzole</i> (generic of RILUTEK)<br>TABS 50mg                                                                 | 1                          |                 |
| RUZURGI TABS 10mg                                                                                                 | 3                          | NDS NM LA<br>PA |

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

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits             |
|-----------------------------------------------------------------------------------------------|----------------------------|--------------------|
| SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg<br>QL (60 tabs / 30 days)                              | 3                          | QL PA              |
| SAVELLA MIS TITR PAK                                                                          | 3                          | PA                 |
| TEGSEDI SOSY 284mg/1.5ml<br>QL (4 syringes / 28 days)                                         | 3                          | NDS QL NM<br>LA PA |
| tetrabenazine (generic of XENAZINE) TABS 12.5mg<br>QL (90 tabs / 30 days)                     | 3                          | NDS QL NM<br>PA    |
| tetrabenazine (generic of XENAZINE) TABS 25mg<br>QL (120 tabs / 30 days)                      | 3                          | NDS QL NM<br>PA    |
| TIGLUTIK SUSP 50mg/10ml<br>QL (600 mL / 30 days)                                              | 3                          | NDS QL NM<br>PA    |
| <b>MULTIPLE SCLEROSIS AGENTS</b>                                                              |                            |                    |
| AUBAGIO TABS 7mg, 14mg<br>QL (30 tabs / 30 days)                                              | 3                          | NDS QL NM<br>LA PA |
| AVONEX PSKT 30mcg/0.5ml<br>QL (4 injections / 28 days)                                        | 3                          | NDS QL NM<br>PA    |
| AVONEX PEN AJKT 30mcg/0.5ml<br>QL (4 injections / 28 days)                                    | 3                          | NDS QL NM<br>PA    |
| BAFIERTAM CPDR 95mg<br>QL (120 caps / 30 days)                                                | 3                          | NDS QL NM<br>PA    |
| BETASERON KIT .3mg<br>QL (14 syringes / 28 days)                                              | 3                          | NDS QL NM<br>PA    |
| dalfampridine (generic of AMPYRA) TB12 10mg                                                   | 1                          | NM PA              |
| dimethyl fumarate (generic of TECFIDERA) CPDR 120mg<br>QL (14 caps / 7 days)                  | 3                          | NDS QL NM<br>PA    |
| dimethyl fumarate (generic of TECFIDERA) CPDR 240mg<br>QL (60 caps / 30 days)                 | 3                          | NDS QL NM<br>PA    |
| dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK) | 3                          | NDS NM PA          |
| GILENYA CAPS .5mg<br>QL (28 caps / 28 days)                                                   | 3                          | NDS QL NM<br>PA    |

| Drug Name                                                                           | Drug Requirements/<br>Tier | Limits             |
|-------------------------------------------------------------------------------------|----------------------------|--------------------|
| glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days) | 3                          | NDS QL NM<br>PA    |
| glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days) | 3                          | NDS QL NM<br>PA    |
| glatopa (generic of COPAXONE) SOSY 20mg/ml<br>QL (30 syringes / 30 days)            | 3                          | NDS QL NM<br>PA    |
| glatopa (generic of COPAXONE) SOSY 40mg/ml<br>QL (12 syringes / 28 days)            | 3                          | NDS QL NM<br>PA    |
| LEMTRADA SOLN 12mg/1.2ml                                                            | 3                          | NDS NM LA<br>PA    |
| MAVENCLAD (4 TABS) TBPK 10mg<br>QL (16 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (5 TABS) TBPK 10mg<br>QL (20 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (6 TABS) TBPK 10mg<br>QL (24 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (7 TABS) TBPK 10mg<br>QL (28 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (8 TABS) TBPK 10mg<br>QL (32 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (9 TABS) TBPK 10mg<br>QL (36 tabs in lifetime)                            | 3                          | NDS QL NM<br>LA PA |
| MAVENCLAD (10 TABS) TBPK 10mg<br>QL (40 tabs in lifetime)                           | 3                          | NDS QL NM<br>LA PA |
| MAYZENT TABS 2mg<br>QL (30 tabs / 30 days)                                          | 3                          | NDS QL NM<br>LA PA |
| MAYZENT TABS .25mg<br>QL (112 tabs / 28 days)                                       | 3                          | NDS QL NM<br>LA PA |
| OCREVUS SOLN 300mg/10ml                                                             | 3                          | NDS NM LA<br>PA    |
| PLEGRIDY SOPN 125mcg/0.5ml<br>QL (2 pens / 28 days)                                 | 3                          | NDS QL NM<br>PA    |

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

| Drug Name                                                                                                  | Drug Requirements/<br>Tier | Limits             |
|------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| PLEGRIDY SOSY<br>125mcg/0.5ml<br>QL (2 syringes / 28 days)                                                 | 3                          | NDS QL NM<br>PA    |
| PLEGRIDY INJ STARTER<br>QL (2 syringes / 28 days)                                                          | 3                          | NDS QL NM<br>PA    |
| PLEGRIDY PEN INJ<br>STARTER<br>QL (2 pens / 28 days)                                                       | 3                          | NDS QL NM<br>PA    |
| REBIF SOSY 22mcg/0.5ml,<br>44mcg/0.5ml<br>QL (12 injections / 28 days)                                     | 3                          | NDS QL NM<br>PA    |
| REBIF REBIDO INJ TITRATN<br>QL (12 injections / 28 days)                                                   | 3                          | NDS QL NM<br>PA    |
| REBIF REBIDOSE SOAJ<br>22mcg/0.5ml, 44mcg/0.5ml<br>QL (12 injections / 28 days)                            | 3                          | NDS QL NM<br>PA    |
| REBIF TITRTN INJ PACK<br>QL (12 injections / 28 days)                                                      | 3                          | NDS QL NM<br>PA    |
| TECFIDERA MIS STARTER                                                                                      | 3                          | NDS NM LA<br>PA    |
| TYSABRI CONC<br>300mg/15ml                                                                                 | 3                          | NDS NM LA<br>PA    |
| VUMERITY CPDR 231mg<br>QL (120 caps / 30 days)                                                             | 3                          | NDS QL NM<br>LA PA |
| VUMERITY STARTER CPDR<br>231mg                                                                             | 3                          | NDS NM LA<br>PA    |
| ZEPOSIA CAPS .92mg<br>QL (30 caps / 30 days)                                                               | 3                          | NDS QL NM<br>LA PA |
| ZEPOSIA 7DAY CAP STR<br>PACK                                                                               | 3                          | NDS NM LA<br>PA    |
| ZEPOSIA CAP STR KIT                                                                                        | 3                          | NDS NM LA<br>PA    |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                      |                            |                    |
| <i>baclofen</i> TABS 5mg, 10mg,<br>20mg                                                                    | 1                          |                    |
| BOTOX SOLR 100unit,<br>200unit                                                                             | 3                          | NDS NM PA          |
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 250mg<br>QL (120 tabs / 30 days)<br>PA if 70 years and older | 3                          | QL PA              |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>carisoprodol</i> (generic of<br>SOMA) TABS 350mg<br>QL (120 tabs / 30 days)<br>PA if 70 years and older   | 2                          | QL PA     |
| <i>cyclobenzaprine hcl</i> TABS<br>5mg, 10mg<br>PA if 70 years and older                                     | 2                          | PA        |
| <i>dantrolene sodium</i> (generic of<br>DANTRIUM) CAPS 25mg,<br>50mg                                         | 1                          |           |
| <i>dantrolene sodium</i> CAPS<br>100mg                                                                       | 1                          |           |
| DYSPORT SOLR 300unit                                                                                         | 3                          | NM PA     |
| DYSPORT SOLR 500unit                                                                                         | 3                          | NDS NM PA |
| <i>metaxalone</i> TABS 400mg<br>QL (240 tabs / 30 days)<br>PA if 70 years and older                          | 3                          | QL PA     |
| <i>metaxalone</i> (generic of<br>SKELAXIN) TABS 800mg<br>QL (120 tabs / 30 days)<br>PA if 70 years and older | 3                          | QL PA     |
| <i>methocarbamol</i> TABS 500mg<br>PA if 70 years and older                                                  | 2                          | PA        |
| <i>methocarbamol</i> (generic of<br>ROBAXIN-750) TABS 750mg<br>PA if 70 years and older                      | 2                          | PA        |
| MYOBLOC SOLN<br>2500unit/0.5ml, 5000unit/ml                                                                  | 3                          | NM PA     |
| MYOBLOC SOLN<br>10000unit/2ml                                                                                | 3                          | NDS NM PA |
| <i>tizanidine hcl</i> (generic of<br>ZANAFLEX) CAPS 2mg,<br>4mg, 6mg; TABS 4mg                               | 1                          |           |
| <i>tizanidine hcl</i> TABS 2mg                                                                               | 1                          |           |
| <i>vanadom</i> (generic of SOMA)<br>TABS 350mg<br>QL (120 tabs / 30 days)<br>PA if 70 years and older        | 2                          | QL PA     |
| XEOMIN SOLR 50unit                                                                                           | 3                          | NM PA     |
| XEOMIN SOLR 100unit,<br>200unit                                                                              | 3                          | NDS NM PA |
| <b>NARCOLEPSY/CATAPLEXY</b>                                                                                  |                            |           |
| <i>armodafinil</i> (generic of<br>NUVIGIL) TABS 50mg<br>QL (90 tabs / 30 days)                               | 1                          | QL PA     |

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

| Drug Name                                                                                                            | Drug Requirements/<br>Tier | Limits             |
|----------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg<br>QL (30 tabs / 30 days)                           | 1                          | QL PA              |
| <i>modafinil</i> (generic of PROVIGIL) TABS 100mg<br>QL (30 tabs / 30 days)                                          | 1                          | QL PA              |
| <i>modafinil</i> (generic of PROVIGIL) TABS 200mg<br>QL (60 tabs / 30 days)                                          | 1                          | QL PA              |
| SUNOSI TABS 75mg, 150mg<br>QL (30 tabs / 30 days)                                                                    | 3                          | QL PA              |
| WAKIX TABS 4.45mg<br>QL (14 tabs / 7 days)                                                                           | 3                          | NDS QL NM<br>LA PA |
| WAKIX TABS 17.8mg<br>QL (60 tabs / 30 days)                                                                          | 3                          | NDS QL NM<br>LA PA |
| XYREM SOLN 500mg/ml<br>QL (540 mL / 30 days)                                                                         | 3                          | NDS QL NM<br>LA PA |
| XYWAV SOL 0.5GM/ML<br>QL (540 mL / 30 days)                                                                          | 3                          | NDS QL NM<br>LA PA |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                                        |                            |                    |
| <i>acamprosate calcium</i> TBEC 333mg                                                                                | 1                          |                    |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg<br>QL (90 tabs / 30 days)                                                     | 1                          | QL PA              |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days) | 1                          | QL                 |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)   | 1                          | QL                 |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (90 films / 30 days)   | 1                          | QL                 |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> (generic of SUBOXONE)<br>QL (60 films / 30 days)  | 1                          | QL                 |

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i><br>QL (90 tabs / 30 days) | 1                          | QL        |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i><br>QL (90 tabs / 30 days)   | 1                          | QL        |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg                                          | 1                          |           |
| CHANTIX TABS .5mg, 1mg                                                                       | 3                          | PA        |
| CHANTIX CONTINUING MONTH TABS 1mg                                                            | 3                          | PA        |
| CHANTIX PAK 0.5& 1MG                                                                         | 3                          | PA        |
| <i>disulfiram</i> TABS 250mg, 500mg                                                          | 1                          |           |
| LUCEMYRA TABS .18mg<br>QL (228 tabs / 14 days)                                               | 3                          | NDS QL PA |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml                       | 1                          |           |
| <i>naltrexone hcl</i> TABS 50mg                                                              | 1                          |           |
| NARCAN LIQD 4mg/0.1ml                                                                        | 2                          |           |
| NICOTROL INHALER INHA 10mg                                                                   | 3                          |           |
| NICOTROL NS SOLN 10mg/ml                                                                     | 3                          |           |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml                                                      | 3                          | NDS NM    |
| VIVITROL SUSR 380mg                                                                          | 3                          | NDS NM    |
| ZUBSOLV SUB 0.7-0.18<br>QL (90 tabs / 30 days)                                               | 3                          | QL        |
| ZUBSOLV SUB 1.4-0.36<br>QL (90 tabs / 30 days)                                               | 3                          | QL        |
| ZUBSOLV SUB 2.9-0.71<br>QL (90 tabs / 30 days)                                               | 3                          | QL        |
| ZUBSOLV SUB 5.7-1.4<br>QL (90 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 8.6-2.1<br>QL (60 tabs / 30 days)                                                | 3                          | QL        |
| ZUBSOLV SUB 11.4-2.9<br>QL (30 tabs / 30 days)                                               | 3                          | QL        |
| <b>ENDOCRINE AND METABOLIC ANDROGENS</b>                                                     |                            |           |
| ANADROL-50 TABS 50mg                                                                         | 3                          | NDS PA    |

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

| Drug Name                                                                                    | Drug Requirements/<br>Tier | Limits   |
|----------------------------------------------------------------------------------------------|----------------------------|----------|
| ANDRODERM PT24<br>2mg/24hr, 4mg/24hr<br>QL (30 patches / 30 days)                            | 3                          | QL PA    |
| AVEED SOLN 750mg/3ml                                                                         | 3                          | NM LA PA |
| NATESTO GEL 5.5mg/act<br>QL (21.96 gm / 30 days)                                             | 3                          | QL PA    |
| oxandrolone TABS 2.5mg<br>QL (120 tabs / 30 days)                                            | 1                          | QL PA    |
| oxandrolone TABS 10mg<br>QL (60 tabs / 30 days)                                              | 1                          | QL PA    |
| testosterone GEL 1%<br>QL (300 gm / 30 days)                                                 | 1                          | QL PA    |
| testosterone (generic of ANDROGEL PUMP) GEL 1.62%<br>QL (150 gm / 30 days)                   | 1                          | QL PA    |
| testosterone (generic of FORTESTA) GEL 10mg/act<br>QL (120 gm / 30 days)                     | 1                          | QL PA    |
| testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm<br>QL (150 gm / 30 days) | 1                          | QL PA    |
| testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm<br>QL (300 gm / 30 days)         | 1                          | QL PA    |
| testosterone SOLN 30mg/act<br>QL (180 mL / 30 days)                                          | 1                          | QL PA    |
| testosterone cypionate (generic of DEPO-TESTOSTERONE) SOLN 100mg/ml, 200mg/ml                | 1                          | PA       |
| testosterone enanthate SOLN 200mg/ml                                                         | 1                          | PA       |
| XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml                                             | 3                          | PA       |
| <b>ANTIDIABETICS</b>                                                                         |                            |          |
| acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg                                         | 1                          |          |
| BYDUREON BCISE AUIJ 2mg/0.85ml<br>QL (4 pens / 28 days)                                      | 2                          | QL       |

| Drug Name                                                                        | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------|----------------------------|--------|
| BYDUREON PEN PEN 2mg<br>QL (4 pens / 28 days)                                    | 2                          | QL     |
| BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml<br>QL (1 pen / 30 days)                    | 3                          | QL     |
| FARXIGA TABS 5mg, 10mg<br>QL (30 tabs / 30 days)                                 | 2                          | QL     |
| glimepiride (generic of AMARYL) TABS 1mg, 2mg<br>QL (90 tabs / 30 days)          | 1                          | QL     |
| glimepiride (generic of AMARYL) TABS 4mg<br>QL (60 tabs / 30 days)               | 1                          | QL     |
| glipizide TABS 5mg<br>QL (240 tabs / 30 days)                                    | 1                          | QL     |
| glipizide (generic of GLUCOTROL) TABS 10mg<br>QL (120 tabs / 30 days)            | 1                          | QL     |
| glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days)    | 1                          | QL     |
| glipizide (generic of GLUCOTROL XL) TB24 10mg<br>QL (60 tabs / 30 days)          | 1                          | QL     |
| glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg<br>QL (90 tabs / 30 days) | 1                          | QL     |
| glipizide xl (generic of GLUCOTROL XL) TB24 10mg<br>QL (60 tabs / 30 days)       | 1                          | QL     |
| glipizide-metformin hcl tab 2.5-250 mg<br>QL (240 tabs / 30 days)                | 1                          | QL     |
| glipizide-metformin hcl tab 2.5-500 mg<br>QL (120 tabs / 30 days)                | 1                          | QL     |
| glipizide-metformin hcl tab 5-500 mg<br>QL (120 tabs / 30 days)                  | 1                          | QL     |
| GLYXAMBI TAB 10-5 MG<br>QL (30 tabs / 30 days)                                   | 2                          | QL     |
| GLYXAMBI TAB 25-5 MG<br>QL (30 tabs / 30 days)                                   | 2                          | QL     |

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

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------|----------------------------|--------|
| JANUMET TAB 50-500MG<br>QL (60 tabs / 30 days)                                              | 2                          | QL     |
| JANUMET TAB 50-1000<br>QL (60 tabs / 30 days)                                               | 2                          | QL     |
| JANUMET XR TAB 50-<br>500MG<br>QL (60 tabs / 30 days)                                       | 2                          | QL     |
| JANUMET XR TAB 50-1000<br>QL (60 tabs / 30 days)                                            | 2                          | QL     |
| JANUMET XR TAB 100-1000<br>QL (30 tabs / 30 days)                                           | 2                          | QL     |
| JANUVIA TABS 25mg, 50mg, 100mg<br>QL (30 tabs / 30 days)                                    | 2                          | QL     |
| JARDIANCE TABS 10mg<br>QL (60 tabs / 30 days)                                               | 2                          | QL     |
| JARDIANCE TABS 25mg<br>QL (30 tabs / 30 days)                                               | 2                          | QL     |
| JENTADUETO TAB 2.5-500<br>QL (60 tabs / 30 days)                                            | 2                          | QL     |
| JENTADUETO TAB 2.5-850<br>QL (60 tabs / 30 days)                                            | 2                          | QL     |
| JENTADUETO TAB 2.5-1000<br>QL (60 tabs / 30 days)                                           | 2                          | QL     |
| JENTADUETO TAB XR 2.5-<br>1000MG<br>QL (60 tabs / 30 days)                                  | 2                          | QL     |
| JENTADUETO TAB XR 5-<br>1000MG<br>QL (30 tabs / 30 days)                                    | 2                          | QL     |
| <i>metformin hcl</i> (generic of<br>RIOMET) SOLN 500mg/5ml<br>QL (780 mL / 30 days)         | 1                          | QL     |
| <i>metformin hcl</i> TABS 500mg<br>QL (150 tabs / 30 days)                                  | 1                          | QL     |
| <i>metformin hcl</i> TABS 850mg<br>QL (90 tabs / 30 days)                                   | 1                          | QL     |
| <i>metformin hcl</i> TABS 1000mg<br>QL (75 tabs / 30 days)                                  | 1                          | QL     |
| <i>metformin hcl</i> TB24 500mg<br>QL (120 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR) | 1                          | QL     |
| <i>metformin hcl</i> TB24 750mg<br>QL (60 tabs / 30 days)<br>(generic of GLUCOPHAGE<br>XR)  | 1                          | QL     |

| Drug Name                                                                                                     | Drug Requirements/<br>Tier | Limits |
|---------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>miglitol</i> TABS 25mg, 50mg, 100mg                                                                        | 1                          |        |
| <i>nateglinide</i> TABS 60mg, 120mg<br>QL (90 tabs / 30 days)                                                 | 1                          | QL     |
| OZEMPIC (0.25 OR<br>0.5MG/DOSE) SOPN<br>2mg/1.5ml<br>QL (1 pen / 28 days)                                     | 2                          | QL     |
| OZEMPIC (1MG/DOSE)<br>SOPN 2mg/1.5ml<br>QL (2 pens / 28 days)                                                 | 2                          | QL     |
| <i>pioglitazone hcl</i> (generic of<br>ACTOS) TABS 15mg, 30mg, 45mg<br>QL (30 tabs / 30 days)                 | 1                          | QL     |
| <i>pioglitazone hcl-glimepiride</i><br>tab 30-2 mg (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>pioglitazone hcl-glimepiride</i><br>tab 30-4 mg (generic of<br>DUETACT)<br>QL (30 tabs / 30 days)          | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br>tab 15-500 mg (generic of<br>ACTOPLUS MET)<br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>pioglitazone hcl-metformin hcl</i><br>tab 15-850 mg (generic of<br>ACTOPLUS MET)<br>QL (90 tabs / 30 days) | 1                          | QL     |
| <i>repaglinide</i> TABS 2mg<br>QL (240 tabs / 30 days)                                                        | 1                          | QL     |
| <i>repaglinide</i> TABS .5mg, 1mg<br>QL (120 tabs / 30 days)                                                  | 1                          | QL     |
| RYBELSUS TABS 3mg, 7mg, 14mg<br>QL (30 tabs / 30 days)                                                        | 2                          | QL     |
| SYMLINPEN 60 SOPN<br>1500mcg/1.5ml                                                                            | 3                          | NDS PA |
| SYMLINPEN 120 SOPN<br>2700mcg/2.7ml                                                                           | 3                          | NDS PA |
| SYNJARDY TAB 5-500MG<br>QL (120 tabs / 30 days)                                                               | 2                          | QL     |
| SYNJARDY TAB 5-1000MG<br>QL (60 tabs / 30 days)                                                               | 2                          | QL     |

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

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------|----------------------------|--------|
| SYNJARDY TAB 12.5-500<br>QL (60 tabs / 30 days)                                                | 2                          | QL     |
| SYNJARDY TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                                             | 2                          | QL     |
| SYNJARDY XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                             | 2                          | QL     |
| SYNJARDY XR TAB 10-1000<br>QL (60 tabs / 30 days)                                              | 2                          | QL     |
| SYNJARDY XR TAB 12.5-1000MG<br>QL (60 tabs / 30 days)                                          | 2                          | QL     |
| SYNJARDY XR TAB 25-1000<br>QL (30 tabs / 30 days)                                              | 2                          | QL     |
| TRADJENTA TABS 5mg<br>QL (30 tabs / 30 days)                                                   | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG<br>QL (60 tabs / 30 days)                                 | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG<br>QL (60 tabs / 30 days)                              | 2                          | QL     |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG<br>QL (30 tabs / 30 days)                                  | 2                          | QL     |
| TRULICITY SOPN<br>.75mg/0.5ml, 1.5mg/0.5ml,<br>3mg/0.5ml, 4.5mg/0.5ml<br>QL (4 pens / 28 days) | 2                          | QL     |
| VICTOZA SOPN 18mg/3ml<br>QL (3 pens / 30 days)                                                 | 2                          | QL     |
| XIGDUO XR TAB 2.5-1000<br>QL (60 tabs / 30 days)                                               | 2                          | QL     |
| XIGDUO XR TAB 5-500MG<br>QL (60 tabs / 30 days)                                                | 2                          | QL     |
| XIGDUO XR TAB 5-1000MG<br>QL (60 tabs / 30 days)                                               | 2                          | QL     |
| XIGDUO XR TAB 10-500MG<br>QL (30 tabs / 30 days)                                               | 2                          | QL     |
| XIGDUO XR TAB 10-1000<br>QL (30 tabs / 30 days)                                                | 2                          | QL     |

| Drug Name                                                | Drug Requirements/<br>Tier | Limits  |
|----------------------------------------------------------|----------------------------|---------|
| <b>ANTIDIABETICS, INSULINS</b>                           |                            |         |
| BASAGLAR KWIKPEN<br>SOPN 100unit/ml                      | 2                          |         |
| BD ALCOHOL SWABS                                         | 2                          |         |
| FIASP FLEX INJ TOUCH                                     | 2                          |         |
| FIASP INJ 100/ML                                         | 2                          |         |
| FIASP PENFIL INJ U-100                                   | 2                          |         |
| GAUZE PADS 2X2                                           | 2                          |         |
| HUMULIN R U-500<br>(CONCENTR SOLN<br>500unit/ml)         | 3                          | NDS B/D |
| HUMULIN R U-500 KWIKPEN<br>SOPN 500unit/ml               | 3                          | NDS     |
| INSULIN SAFETY NEEDLES                                   | 2                          |         |
| INSULIN SYRINGES:<br>BD/ULTIMED/ALLISON/TRIVI<br>DIA/MHC | 2                          |         |
| LEVEMIR SOLN 100unit/ml                                  | 2                          |         |
| LEVEMIR FLEXTOUCH<br>SOPN 100unit/ml                     | 2                          |         |
| NOVOLIN INJ 70/30                                        | 2                          |         |
| NOVOLIN INJ 70/30 FP                                     | 2                          |         |
| NOVOLIN N SUSP<br>100unit/ml                             | 2                          |         |
| NOVOLIN N FLEXPEN<br>SUPN 100unit/ml                     | 2                          |         |
| NOVOLIN R SOLN<br>100unit/ml                             | 2                          |         |
| NOVOLIN R FLEXPEN<br>SOPN 100unit/ml                     | 2                          |         |
| NOVOLOG SOLN 100unit/ml                                  | 2                          |         |
| NOVOLOG FLEXPEN SOPN<br>100unit/ml                       | 2                          |         |
| NOVOLOG MIX INJ 70/30                                    | 2                          |         |
| NOVOLOG MIX INJ<br>FLEXPEN                               | 2                          |         |
| NOVOLOG PENFILL SOCT<br>100unit/ml                       | 2                          |         |
| OMNIPOD KIT STARTER<br>QL (1 kit / year)                 | 3                          | QL PA   |
| OMNIPOD MIS 5 PACK<br>QL (10 boxes / 30 days)            | 3                          | QL PA   |
| PEN NEEDLES:<br>NOVO/BD/ULTIMED/OWEN/<br>TRIVIDIA        | 2                          |         |

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

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| SOLIQUA INJ 100/33<br>QL (10 pens / 30 days)                                            | 2                          | QL        |
| TRESIBA SOLN 100unit/ml                                                                 | 2                          |           |
| TRESIBA FLEXTOUCH<br>SOPN 100unit/ml, 200unit/ml                                        | 2                          |           |
| V-GO 20 KIT<br>QL (1 kit / 30 days)                                                     | 3                          | QL PA     |
| V-GO 30 KIT<br>QL (1 kit / 30 days)                                                     | 3                          | QL PA     |
| V-GO 40 KIT<br>QL (1 kit / 30 days)                                                     | 3                          | QL PA     |
| XULTOPHY INJ 100/3.6<br>QL (5 pens / 30 days)                                           | 2                          | QL        |
| <b>CALCIUM REGULATORS</b>                                                               |                            |           |
| alendronate sodium SOLN<br>70mg/75ml; TABS 10mg,<br>35mg                                | 1                          |           |
| alendronate sodium (generic<br>of FOSAMAX) TABS 70mg                                    | 1                          |           |
| BINOSTO TBEF 70mg                                                                       | 3                          |           |
| calcitonin (salmon) (generic of<br>MIACALCIN) SOLN<br>200unit/act                       | 1                          | B/D       |
| EVENITY SOSY<br>105mg/1.17ml                                                            | 3                          | NDS NM PA |
| FORTEO SOPN<br>600mcg/2.4ml                                                             | 3                          | NDS NM PA |
| FOSAMAX + D TAB 70-2800                                                                 | 3                          |           |
| FOSAMAX + D TAB 70-5600                                                                 | 3                          |           |
| ibandronate sodium (generic<br>of BONIVA) SOLN 3mg/3ml<br>QL (1 injection / 90<br>days) | 1                          | B/D QL    |
| ibandronate sodium (generic<br>of BONIVA) TABS 150mg                                    | 1                          | B/D       |
| NATPARA CART 25mcg,<br>50mcg, 75mcg, 100mcg                                             | 3                          | NDS NM PA |
| PAMIDRONATE DISODIUM<br>SOLN 6mg/ml                                                     | 2                          | B/D       |
| pamidronate disodium SOLN<br>30mg/10ml, 90mg/10ml;<br>SOLR 30mg, 90mg                   | 1                          | B/D       |
| PROLIA SOSY 60mg/ml<br>QL (1 injection / 180<br>days)                                   | 3                          | QL NM     |
| risedronate sodium TABS<br>5mg, 30mg                                                    | 1                          |           |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------|----------------------------|-----------------|
| risedronate sodium (generic of 1<br>ACTONEL) TABS 35mg,<br>150mg       | 1                          |                 |
| risedronate sodium (generic of 1<br>ATELVIA) TBEC 35mg                 | 1                          |                 |
| TYMLOS SOPN<br>3120mcg/1.56ml                                          | 3                          | NDS NM PA       |
| XGEVA SOLN 120mg/1.7ml                                                 | 3                          | NDS NM PA       |
| zoledronic acid CONC<br>4mg/5ml; SOLN 4mg/100ml                        | 1                          | B/D NM          |
| ZOLEDRONIC ACID SOLN<br>4mg/100ml                                      | 3                          | B/D NM          |
| zoledronic acid (generic of<br>RECLAST) SOLN 5mg/100ml                 | 1                          | B/D NM          |
| <b>CHELATING AGENTS</b>                                                |                            |                 |
| CHEMET CAPS 100mg                                                      | 3                          |                 |
| clovique (generic of<br>SYPRINE) CAPS 250mg                            | 3                          | NDS PA          |
| deferasirox (generic of<br>JADENU SPRINKLE) PACK<br>90mg, 180mg, 360mg | 3                          | NDS NM PA       |
| deferasirox (generic of<br>JADENU) TABS 90mg,<br>180mg, 360mg          | 3                          | NDS NM PA       |
| deferasirox (generic of<br>EXJADE) TBSO 125mg,<br>250mg, 500mg         | 3                          | NDS NM PA       |
| deferiprone TABS 500mg                                                 | 3                          | NDS NM LA<br>PA |
| deferoxamine mesylate<br>SOLR 2gm                                      | 1                          | NM PA           |
| deferoxamine mesylate<br>(generic of DESFERAL)<br>SOLR 500mg           | 1                          | NM PA           |
| FERRIPROX SOLN<br>100mg/ml; TABS 500mg,<br>1000mg                      | 3                          | NDS NM LA<br>PA |
| FERRIPROX TWICE-A-DAY<br>TABS 1000mg                                   | 3                          | NDS NM LA<br>PA |
| LOKELMA PACK 5gm, 10gm                                                 | 2                          |                 |
| penicillamine (generic of<br>DEPEN TITRATABS) TABS<br>250mg            | 3                          | NDS             |
| sodium polystyrene sulfonate<br>powder                                 | 1                          |                 |
| sps SUSP 15gm/60ml                                                     | 1                          |                 |

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

| Drug Name                                            | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------|----------------------------|--------|
| <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg | 3                          | NDS PA |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm                  | 3                          | PA     |
| <b>CONTRACEPTIVES</b>                                |                            |        |
| <i>afirmelle</i>                                     | 1                          |        |
| <i>altavera</i>                                      | 1                          |        |
| <i>alyacen 1/35</i>                                  | 1                          |        |
| <i>alyacen 7/7/7</i>                                 | 1                          |        |
| <i>amethia</i> (generic of SEASONIQUE)               | 1                          |        |
| <i>amethyst</i>                                      | 1                          |        |
| ANNOVERA MIS                                         | 3                          |        |
| <i>apri</i>                                          | 1                          |        |
| <i>aranelle</i>                                      | 1                          |        |
| <i>ashlyna</i> (generic of SEASONIQUE)               | 1                          |        |
| <i>aubra eq</i>                                      | 1                          |        |
| <i>aurovela 1/20</i>                                 | 1                          |        |
| <i>aurovela 24 fe</i>                                | 1                          |        |
| <i>aurovela fe 1.5/30</i>                            | 1                          |        |
| <i>aurovela fe 1/20</i>                              | 1                          |        |
| <i>aviane</i>                                        | 1                          |        |
| <i>ayuna</i>                                         | 1                          |        |
| <i>azurette</i> (generic of MIRCETTE)                | 1                          |        |
| BALCOLTRA TAB 0.1-20                                 | 3                          |        |
| <i>balziva</i>                                       | 1                          |        |
| <i>bekyree</i> (generic of MIRCETTE)                 | 1                          |        |
| <i>blisovi 24 fe</i>                                 | 1                          |        |
| <i>blisovi fe 1.5/30</i>                             | 1                          |        |
| <i>briellyn</i>                                      | 1                          |        |
| <i>camila</i> TABS .35mg                             | 1                          |        |
| <i>camrese</i> (generic of SEASONIQUE)               | 1                          |        |
| <i>camrese lo</i> (generic of LOSEASONIQUE)          | 1                          |        |
| <i>caziant</i>                                       | 1                          |        |
| <i>chateal</i>                                       | 1                          |        |
| <i>cryselle-28</i>                                   | 1                          |        |
| <i>cyclafem 1/35</i>                                 | 1                          |        |
| <i>cyclafem 7/7/7</i>                                | 1                          |        |
| <i>cyred eq</i>                                      | 1                          |        |

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>dasetta 1/35</i>                                                                           | 1                          |        |
| <i>dasetta 7/7/7</i>                                                                          | 1                          |        |
| <i>daysee</i> (generic of SEASONIQUE)                                                         | 1                          |        |
| <i>deblitane</i> TABS .35mg                                                                   | 1                          |        |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml                                                       | 3                          |        |
| <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE) | 1                          |        |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (generic of BEYAZ)        | 1                          |        |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (generic of SAFYRAL)      | 1                          |        |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)                          | 1                          |        |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)                    | 1                          |        |
| <i>elinest</i>                                                                                | 1                          |        |
| ELLA TABS 30mg                                                                                | 2                          |        |
| <i>eluryng</i> (generic of NUVARING)                                                          | 1                          |        |
| <i>emoquette</i>                                                                              | 1                          |        |
| <i>enpresse-28</i>                                                                            | 1                          |        |
| <i>enskyce</i>                                                                                | 1                          |        |
| <i>errin</i> TABS .35mg                                                                       | 1                          |        |
| <i>estarylla</i>                                                                              | 1                          |        |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>                           | 1                          |        |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>                           | 1                          |        |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (generic of NUVARING)       | 1                          |        |
| <i>falmina</i>                                                                                | 1                          |        |
| <i>fayosim</i> (generic of QUARTETTE)                                                         | 1                          |        |
| <i>femynor</i>                                                                                | 1                          |        |
| <i>gemmily</i> (generic of TAYTULLA)                                                          | 1                          |        |
| <i>gianvi</i> (generic of YAZ)                                                                | 1                          |        |

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

| Drug Name                                                                             | Drug Requirements/<br>Tier Limits |
|---------------------------------------------------------------------------------------|-----------------------------------|
| hailey 1.5/30                                                                         | 1                                 |
| hailey 24 fe                                                                          | 1                                 |
| heather TABS .35mg                                                                    | 1                                 |
| iclevia                                                                               | 1                                 |
| incassia TABS .35mg                                                                   | 1                                 |
| introvale                                                                             | 1                                 |
| isibloom                                                                              | 1                                 |
| jasmiel (generic of YAZ)                                                              | 1                                 |
| jolessa                                                                               | 1                                 |
| juleber                                                                               | 1                                 |
| junel 1.5/30                                                                          | 1                                 |
| junel 1/20                                                                            | 1                                 |
| junel fe 1.5/30                                                                       | 1                                 |
| junel fe 1/20                                                                         | 1                                 |
| junel fe 24                                                                           | 1                                 |
| kaitlib fe (generic of GENERESS FE)                                                   | 1                                 |
| kariva (generic of MIRCETTE)                                                          | 1                                 |
| kelnor 1/35                                                                           | 1                                 |
| kelnor 1/50                                                                           | 1                                 |
| kurvelo                                                                               | 1                                 |
| larin 1.5/30                                                                          | 1                                 |
| larin 1/20                                                                            | 1                                 |
| larin 24 fe                                                                           | 1                                 |
| larin fe 1.5/30                                                                       | 1                                 |
| larin fe 1/20                                                                         | 1                                 |
| larissia                                                                              | 1                                 |
| layolis fe (generic of GENERESS FE)                                                   | 1                                 |
| leena                                                                                 | 1                                 |
| lessina                                                                               | 1                                 |
| levonest                                                                              | 1                                 |
| levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (generic of QUARTETTE)  | 1                                 |
| levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE) | 1                                 |
| levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)  | 1                                 |

| Drug Name                                                                                                       | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------|
| levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg                                                    | 1                                 |
| levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg                                                            | 1                                 |
| levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg                                                           | 1                                 |
| levonorgestrel-eth est tab 0.05-30/0.075-40/0.125-30mg-mcg                                                      | 1                                 |
| levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg                                                     | 1                                 |
| levora 0.15/30-28                                                                                               | 1                                 |
| lillow                                                                                                          | 1                                 |
| LO LOESTRIN TAB 1-10-10                                                                                         | 3                                 |
| loestrin 1.5/30-21                                                                                              | 1                                 |
| loestrin 1/20-21                                                                                                | 1                                 |
| loestrin fe 1.5/30                                                                                              | 1                                 |
| loestrin fe 1/20                                                                                                | 1                                 |
| loryna (generic of YAZ)                                                                                         | 1                                 |
| low-ogestrel                                                                                                    | 1                                 |
| lutra                                                                                                           | 1                                 |
| lyza TABS .35mg                                                                                                 | 1                                 |
| marlissa                                                                                                        | 1                                 |
| medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml | 1                                 |
| melodetta 24 fe (generic of MINASTRIN 24 FE)                                                                    | 1                                 |
| mibelas 24 fe (generic of MINASTRIN 24 FE)                                                                      | 1                                 |
| microgestin 1.5/30                                                                                              | 1                                 |
| microgestin 1/20                                                                                                | 1                                 |
| microgestin fe 1.5/30                                                                                           | 1                                 |
| microgestin fe 1/20                                                                                             | 1                                 |
| mili                                                                                                            | 1                                 |
| mono-lynyah                                                                                                     | 1                                 |
| NATAZIA TAB                                                                                                     | 3                                 |
| necon 0.5/35-28                                                                                                 | 1                                 |
| nikki (generic of YAZ)                                                                                          | 1                                 |
| nora-be TABS .35mg                                                                                              | 1                                 |

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

| Drug Name                                                                                           | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------------------------------|-----------------------------------|
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>                              | 1                                 |
| <i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (generic of GENERESS FE)     | 1                                 |
| <i>norethindrone (contraceptive) TABS .35mg</i>                                                     | 1                                 |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>                                    | 1                                 |
| <i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>                                  | 1                                 |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>                                 | 1                                 |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg</i> (24) (generic of MINASTRIN 24 FE)    | 1                                 |
| <i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg</i> (24) (generic of TAYTULLA)            | 1                                 |
| <i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>                                      | 1                                 |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO) | 1                                 |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>                                  | 1                                 |
| <i>norlyroc TABS .35mg</i>                                                                          | 1                                 |
| <i>nortrel 0.5/35 (28)</i>                                                                          | 1                                 |
| <i>nortrel 1/35 (21)</i>                                                                            | 1                                 |
| <i>nortrel 1/35 (28)</i>                                                                            | 1                                 |
| <i>nortrel 7/7/7</i>                                                                                | 1                                 |
| <i>ocella</i> (generic of YASMIN 28)                                                                | 1                                 |
| <i>orsythia</i>                                                                                     | 1                                 |
| <i>philith</i>                                                                                      | 1                                 |
| <i>pimtrea</i> (generic of MIRCETTE)                                                                | 1                                 |
| <i>pirmella 1/35</i>                                                                                | 1                                 |
| <i>portia-28</i>                                                                                    | 1                                 |
| <i>previfem</i>                                                                                     | 1                                 |
| <i>reclipsen</i>                                                                                    | 1                                 |

| Drug Name                                                | Drug Requirements/<br>Tier Limits |
|----------------------------------------------------------|-----------------------------------|
| <i>rivelsa</i> (generic of QUARTETTE)                    | 1                                 |
| <i>setlakin</i>                                          | 1                                 |
| <i>sharobel TABS .35mg</i>                               | 1                                 |
| <i>simliya</i> (generic of MIRCETTE)                     | 1                                 |
| <i>simpesse</i> (generic of SEASONIQUE)                  | 1                                 |
| <i>SLYND TABS 4mg</i>                                    | 3                                 |
| <i>sprintec 28</i>                                       | 1                                 |
| <i>sronyx</i>                                            | 1                                 |
| <i>syeda</i> (generic of YASMIN 28)                      | 1                                 |
| <i>tarina 24 fe</i>                                      | 1                                 |
| <i>tarina fe 1/20 eq</i>                                 | 1                                 |
| <i>TAYTULLA CAP 1MG/20MC</i>                             | 3                                 |
| <i>tilia fe</i> (generic of ESTROSTEP FE)                | 1                                 |
| <i>tri-estarylla</i>                                     | 1                                 |
| <i>tri-legest fe</i> (generic of ESTROSTEP FE)           | 1                                 |
| <i>tri-lynyah</i>                                        | 1                                 |
| <i>tri-lo-estarylla</i> (generic of ORTHO TRI-CYCLEN LO) | 1                                 |
| <i>tri-lo-marzia</i> (generic of ORTHO TRI-CYCLEN LO)    | 1                                 |
| <i>tri-lo-mili</i> (generic of ORTHO TRI-CYCLEN LO)      | 1                                 |
| <i>tri-lo-sprintec</i> (generic of ORTHO TRI-CYCLEN LO)  | 1                                 |
| <i>tri-mili</i>                                          | 1                                 |
| <i>tri-previfem</i>                                      | 1                                 |
| <i>tri-sprintec</i>                                      | 1                                 |
| <i>tri-vylibra</i>                                       | 1                                 |
| <i>tri-vylibra lo</i> (generic of ORTHO TRI-CYCLEN LO)   | 1                                 |
| <i>trivora-28</i>                                        | 1                                 |
| <i>tulana TABS .35mg</i>                                 | 1                                 |
| <i>TYBLUME TAB 0.1-0.02</i>                              | 3                                 |
| <i>tydemy</i> (generic of SAFYRAL)                       | 1                                 |
| <i>velivet</i>                                           | 1                                 |
| <i>vienva</i>                                            | 1                                 |
| <i>viorele</i> (generic of MIRCETTE)                     | 1                                 |
| <i>vyfemla</i>                                           | 1                                 |

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

| Drug Name                                                                                                            | Drug Requirements/<br>Tier Limits |           |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| <i>vylibra</i>                                                                                                       | 1                                 |           |
| <i>wera</i>                                                                                                          | 1                                 |           |
| <i>wymzya fe</i>                                                                                                     | 1                                 |           |
| <i>xulane</i>                                                                                                        | 1                                 |           |
| <i>zarah</i> (generic of YASMIN 28)                                                                                  | 1                                 |           |
| <i>zovia 1/35e</i>                                                                                                   | 1                                 |           |
| <i>zumandimine</i> (generic of YASMIN 28)                                                                            | 1                                 |           |
| <b>ENDOMETRIOSIS</b>                                                                                                 |                                   |           |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg                                                                               | 1                                 |           |
| LUPANETA KIT 3.75-5                                                                                                  | 3                                 | NDS NM PA |
| LUPANETA KIT 11.25-5                                                                                                 | 3                                 | NDS NM PA |
| ORILISSA TABS 150mg, 200mg                                                                                           | 3                                 | NDS PA    |
| SYNAREL SOLN 2mg/ml                                                                                                  | 3                                 | NDS       |
| <b>ESTROGENS</b>                                                                                                     |                                   |           |
| ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr                                                           | 3                                 |           |
| <i>amabelz</i>                                                                                                       | 2                                 |           |
| <i>amabelz</i> (generic of ACTIVELLA)                                                                                | 2                                 |           |
| DELESTROGEN OIL 10mg/ml                                                                                              | 3                                 |           |
| DEPO-ESTRADIOL OIL 5mg/ml                                                                                            | 3                                 |           |
| DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm                                            | 3                                 |           |
| <i>dotti</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr              | 2                                 |           |
| <i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr          | 2                                 |           |
| <i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 2                                 |           |
| <i>estradiol</i> (generic of ESTRACE) TABS .5mg, 1mg, 2mg                                                            | 1                                 |           |

| Drug Name                                                                                      | Drug Requirements/<br>Tier Limits |    |
|------------------------------------------------------------------------------------------------|-----------------------------------|----|
| <i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>                                    | 2                                 |    |
| <i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (generic of ACTIVELLA)               | 2                                 |    |
| <i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm                                     | 1                                 |    |
| <i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg                                       | 1                                 |    |
| <i>estradiol valerate</i> (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml                        | 1                                 |    |
| ESTRING RING 2mg                                                                               | 3                                 |    |
| ESTROGEL GEL .06%                                                                              | 3                                 |    |
| FEMRING RING .05mg/24hr, .1mg/24hr                                                             | 3                                 |    |
| <i>fyavolv tab 0.5mg-2.5mcg</i> (generic of FEMHRT LOW DOSE)                                   | 2                                 |    |
| <i>fyavolv tab 1mg-5mcg</i>                                                                    | 2                                 |    |
| IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg                                                      | 3                                 | PA |
| IMVEXXY STARTER PACK INST 4mcg, 10mcg                                                          | 3                                 | PA |
| <i>jinteli</i>                                                                                 | 2                                 |    |
| <i>lopreeza</i> (generic of ACTIVELLA)                                                         | 2                                 |    |
| MENEST TABS .3mg, .625mg, 1.25mg                                                               | 3                                 |    |
| MENOSTAR PTWK 14mcg/24hr                                                                       | 3                                 |    |
| <i>mimvey</i> (generic of ACTIVELLA)                                                           | 2                                 |    |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (generic of FEMHRT LOW DOSE) | 2                                 |    |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>                                  | 2                                 |    |
| PREMARIN CREA .625mg/gm; SOLR 25mg                                                             | 3                                 |    |
| PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg                                                | 2                                 |    |
| PREMPHASE TAB                                                                                  | 2                                 |    |
| PREMPRO TAB                                                                                    | 2                                 |    |
| PREMPRO TAB 0.3-1.5                                                                            | 2                                 |    |

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

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------|----------------------------|--------|
| PREMPRO TAB 0.45-1.5                                                                    | 2                          |        |
| PREMPRO TAB 0.625-5                                                                     | 2                          |        |
| yuvafem (generic of VAGIFEM) TABS 10mcg                                                 | 1                          |        |
| <b>GLUCOCORTICOIDS</b>                                                                  |                            |        |
| cortisone acetate TABS 25mg                                                             | 1                          |        |
| DEPO-MEDROL SUSP 20mg/ml                                                                | 3                          | B/D    |
| dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 1                          |        |
| DEXAMETHASONE INTENSOL CONC 1mg/ml                                                      | 3                          |        |
| dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml   | 1                          |        |
| fludrocortisone acetate TABS .1mg                                                       | 1                          |        |
| HEMADY TABS 20mg                                                                        | 3                          | PA     |
| hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg                                 | 1                          |        |
| KENALOG-10 SUSP 10mg/ml                                                                 | 3                          | B/D    |
| KENALOG-80 SUSP 80mg/ml                                                                 | 3                          | B/D    |
| MEDROL TABS 2mg                                                                         | 3                          | B/D    |
| methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg                        | 1                          | B/D    |
| methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg                                 | 1                          |        |
| methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml               | 1                          | B/D    |
| methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg    | 1                          | B/D    |
| prednisolone SOLN 15mg/5ml                                                              | 1                          | B/D    |

| Drug Name                                                                    | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------|----------------------------|--------------|
| prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml            | 1                          | B/D          |
| prednisolone sodium phosphate SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml    | 1                          | B/D          |
| prednisolone sodium phosphate (generic of ORAPRED ODT) TBDP 10mg, 15mg, 30mg | 1                          | B/D          |
| prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg              | 1                          | B/D          |
| prednisone TBPK 5mg, 10mg                                                    | 1                          |              |
| PREDNISONE INTENSOL CONC 5mg/ml                                              | 3                          | B/D          |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg                                 | 3                          |              |
| SOLU-MEDROL SOLR 2gm                                                         | 3                          | B/D          |
| triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml                 | 1                          | B/D          |
| <b>GLUCOSE ELEVATING AGENTS</b>                                              |                            |              |
| diazoxide (generic of PROGLYCEM) SUSP 50mg/ml                                | 3                          | NDS          |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml                              | 2                          |              |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml                                         | 2                          |              |
| <b>MISCELLANEOUS</b>                                                         |                            |              |
| ALDURAZYME SOLN 2.9mg/5ml                                                    | 3                          | NDS NM LA PA |
| BYNFEZIA PEN SOPN 2500mcg/ml                                                 | 3                          | NDS NM PA    |
| cabergoline TABS .5mg                                                        | 1                          |              |
| CARBAGLU TABS 200mg                                                          | 3                          | NDS NM LA PA |
| CARNITOR SOLN 200mg/ml                                                       | 3                          | B/D          |
| CERDELGA CAPS 84mg                                                           | 3                          | NDS NM PA    |
| CEREZYME SOLR 400unit                                                        | 3                          | NDS NM LA PA |
| CHORIONIC GONADOTROPIN SOLR 10000unit                                        | 3                          | NM PA        |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits       |
|----------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg                                  | 1                          | B/D NM       |
| <i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg                            | 3                          | NDS B/D NM   |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml                                                | 3                          | NDS NM LA PA |
| CYSTADANE POW                                                                          | 3                          | NDS NM LA    |
| CYSTAGON CAPS 50mg, 150mg                                                              | 3                          | NM LA PA     |
| DDAVP SOLN .01%                                                                        | 3                          | NDS          |
| <i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml                            | 3                          | NDS          |
| <i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg                         | 1                          |              |
| <i>desmopressin acetate spray</i> SOLN .01%                                            | 1                          |              |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01%                               | 1                          |              |
| DOJOLVI LIQD 100%                                                                      | 3                          | NDS NM LA PA |
| EGRIFTA SV SOLR 2mg                                                                    | 3                          | NDS NM LA PA |
| ELAPRASE SOLN 6mg/3ml                                                                  | 3                          | NDS NM LA PA |
| ELELYSO SOLR 200unit                                                                   | 3                          | NDS NM PA    |
| FABRAZYME SOLR 5mg, 35mg                                                               | 3                          | NDS NM LA PA |
| FENSOLVI KIT 45mg                                                                      | 3                          | NDS NM LA PA |
| GALAFOLD CAPS 123mg                                                                    | 3                          | NDS NM LA PA |
| GENOTROPIN SOLR 5mg, 12mg                                                              | 3                          | NDS NM PA    |
| GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 3                          | NDS NM PA    |
| HUMATROPE SOLR 6mg, 12mg, 24mg                                                         | 3                          | NDS NM PA    |
| HUMATROPE COMBO PACK SOLR 5mg                                                          | 3                          | NDS NM PA    |
| INCRELEX SOLN 40mg/4ml                                                                 | 3                          | NDS NM LA PA |

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------|----------------------------|-----------------|
| ISTURISA TABS 1mg, 5mg, 10mg                                                               | 3                          | NDS NM LA PA    |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg                                                        | 3                          | NDS NM LA PA    |
| JYNARQUE PAK 30-15MG                                                                       | 3                          | NDS NM LA PA    |
| JYNARQUE PAK 45-15MG                                                                       | 3                          | NDS NM LA PA    |
| JYNARQUE PAK 60-30MG                                                                       | 3                          | NDS NM LA PA    |
| JYNARQUE PAK 90-30MG                                                                       | 3                          | NDS NM LA PA    |
| KANUMA SOLN 20mg/10ml                                                                      | 3                          | NDS NM LA PA    |
| KORLYM TABS 300mg                                                                          | 3                          | NDS NM LA PA    |
| KUVAN PACK 100mg, 500mg; TBSO 100mg                                                        | 3                          | NDS NM LA PA    |
| <i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg | 1                          | B/D             |
| LUMIZYME SOLR 50mg                                                                         | 3                          | NDS NM LA PA    |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg                                         | 3                          | NDS NM PA       |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg                                                | 3                          | NDS NM PA       |
| <i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)                    | 3                          | NDS QL NM PA    |
| MYALEPT SOLR 11.3mg                                                                        | 3                          | NDS NM LA PA    |
| MYCAPSSA CPDR 20mg QL (112 caps / 28 days)                                                 | 3                          | NDS QL NM LA PA |
| NAGLAZYME SOLN 1mg/ml                                                                      | 3                          | NDS NM LA PA    |
| <i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg                                 | 3                          | NDS NM PA       |
| NITYR TABS 2mg, 5mg, 10mg                                                                  | 3                          | NDS NM LA PA    |
| NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml                       | 3                          | NDS NM PA       |

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

| Drug Name                                                                  | Drug Requirements/<br>Tier | Limits          |
|----------------------------------------------------------------------------|----------------------------|-----------------|
| NOVAREL SOLR 5000unit                                                      | 3                          | NM PA           |
| NUTROPIN AQ NUSPIN 5<br>SOPN 5mg/2ml                                       | 3                          | NDS NM LA<br>PA |
| NUTROPIN AQ NUSPIN 10<br>SOPN 10mg/2ml                                     | 3                          | NDS NM LA<br>PA |
| NUTROPIN AQ NUSPIN 20<br>SOPN 20mg/2ml                                     | 3                          | NDS NM LA<br>PA |
| octreotide acetate (generic of<br>SANDOSTATIN) SOLN<br>50mcg/ml, 100mcg/ml | 1                          | NM PA           |
| octreotide acetate SOLN<br>200mcg/ml                                       | 1                          | NM PA           |
| octreotide acetate (generic of<br>SANDOSTATIN) SOLN<br>500mcg/ml           | 3                          | NDS NM PA       |
| octreotide acetate SOLN<br>1000mcg/ml                                      | 3                          | NDS NM PA       |
| OMNITROPE SOCT<br>5mg/1.5ml, 10mg/1.5ml;<br>SOLR 5.8mg                     | 3                          | NDS NM LA<br>PA |
| ORFADIN CAPS 20mg;<br>SUSP 4mg/ml                                          | 3                          | NDS NM LA<br>PA |
| ORIAHNN CAP                                                                | 3                          | NDS PA          |
| OSPHEHA TABS 60mg                                                          | 2                          | PA              |
| PALYNZIQ SOSY<br>2.5mg/0.5ml, 10mg/0.5ml,<br>20mg/ml                       | 3                          | NDS NM LA<br>PA |
| PREGNYL W/DILUENT<br>BENZYL SOLR 10000unit                                 | 3                          | NM PA           |
| PROCYSBI CPDR 25mg,<br>75mg; PACK 75mg, 300mg                              | 3                          | NDS NM LA<br>PA |
| raloxifene hcl (generic of<br>EVISTA) TABS 60mg                            | 1                          |                 |
| RAVICTI LIQD 1.1gm/ml                                                      | 3                          | NDS NM LA<br>PA |
| REVCovi SOLN<br>2.4mg/1.5ml                                                | 3                          | NDS NM LA<br>PA |
| SAIZEN SOLR 5mg, 8.8mg                                                     | 3                          | NDS NM LA<br>PA |
| SAIZENPREP<br>RECONSTITUTION SOLR<br>8.8mg                                 | 3                          | NDS NM LA<br>PA |
| SAMSCA TABS 15mg, 30mg                                                     | 3                          | NDS NM LA<br>PA |
| SANDOSTATIN LAR DEPOT<br>KIT 10mg, 20mg, 30mg                              | 3                          | NDS NM PA       |

| Drug Name                                                                          | Drug Requirements/<br>Tier | Limits          |
|------------------------------------------------------------------------------------|----------------------------|-----------------|
| sapropterin dihydrochloride<br>(generic of KUVAN) PACK<br>100mg, 500mg; TBSO 100mg | 3                          | NDS NM PA       |
| SEROSTIM SOLR 4mg, 5mg, 6mg                                                        | 3                          | NDS NM LA<br>PA |
| SIGNIFOR SOLN .3mg/ml,<br>.6mg/ml, .9mg/ml                                         | 3                          | NDS NM LA<br>PA |
| SIGNIFOR LAR SRER 10mg,<br>20mg, 30mg, 40mg, 60mg                                  | 3                          | NDS NM LA<br>PA |
| sodium phenylbutyrate<br>(generic of BUPHENYL)<br>POWD 3gm/tsp; TABS 500mg         | 3                          | NDS NM PA       |
| SOMATULINE DEPOT SOLN<br>60mg/0.2ml, 90mg/0.3ml,<br>120mg/0.5ml                    | 3                          | NDS NM PA       |
| SOMAVERT SOLR 10mg,<br>15mg, 20mg, 25mg, 30mg                                      | 3                          | NDS NM LA<br>PA |
| STIMATE SOLN 1.5mg/ml                                                              | 3                          | NDS NM          |
| STRENSIQ SOLN<br>18mg/0.45ml, 28mg/0.7ml,<br>40mg/ml, 80mg/0.8ml                   | 3                          | NDS NM LA<br>PA |
| TEPEZZA SOLR 500mg                                                                 | 3                          | NDS NM LA<br>PA |
| tolvaptan TABS 15mg                                                                | 3                          | NDS NM PA       |
| tolvaptan (generic of<br>SAMSCA) TABS 30mg                                         | 3                          | NDS NM PA       |
| VIMIZIM SOLN 5mg/5ml                                                               | 3                          | NDS NM PA       |
| VPRIV SOLR 400unit                                                                 | 3                          | NDS NM PA       |
| ZOMACTON SOLR 5mg                                                                  | 3                          | NM PA           |
| ZOMACTON SOLR 10mg                                                                 | 3                          | NDS NM PA       |
| ZORBTIVE SOLR 8.8mg                                                                | 3                          | NDS NM PA       |
| <b>PHOSPHATE BINDER AGENTS</b>                                                     |                            |                 |
| AURYXIA TABS 210mg                                                                 | 3                          | NDS PA          |
| calcium acetate (phosphate<br>binder) (generic of PHOSLO)<br>CAPS 667mg            | 1                          |                 |
| calcium acetate (phosphate<br>binder) TABS 667mg                                   | 1                          |                 |
| FOSRENOL PACK 750mg,<br>1000mg                                                     | 3                          | NDS             |
| lanthanum carbonate (generic<br>of FOSRENOL) CHEW<br>500mg, 750mg, 1000mg          | 3                          | NDS             |
| PHOSLYRA SOLN<br>667mg/5ml                                                         | 3                          |                 |

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

| Drug Name                                                                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| sevelamer carbonate (generic of RENVELA) PACK .8gm, 2.4gm                                                                     | 3                          | NDS    |
| sevelamer carbonate (generic of RENVELA) TABS 800mg                                                                           | 1                          |        |
| sevelamer hcl TABS 400mg                                                                                                      | 1                          |        |
| sevelamer hcl (generic of RENAGEL) TABS 800mg                                                                                 | 1                          |        |
| VELPHORO CHEW 500mg                                                                                                           | 3                          | NDS    |
| <b>PROGESTINS</b>                                                                                                             |                            |        |
| CRINONE GEL 4%, 8%                                                                                                            | 3                          | PA     |
| medroxyprogesterone acetate (generic of PROVERA) TABS 2.5mg, 5mg, 10mg                                                        | 1                          |        |
| megestrol acetate SUSP 40mg/ml                                                                                                | 2                          |        |
| megestrol acetate (appetite) SUSP 625mg/5ml                                                                                   | 3                          | PA     |
| norethindrone acetate (generic of AYGESTIN) TABS 5mg                                                                          | 1                          |        |
| progesterone micronized (generic of PROMETRIUM) CAPS 100mg, 200mg                                                             | 1                          |        |
| <b>THYROID AGENTS</b>                                                                                                         |                            |        |
| euthyrox (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg       | 1                          |        |
| levo-t (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1                          |        |
| LEVOTHYROXINE SODIUM CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg           | 3                          |        |

| Drug Name                                                                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| levothyroxine sodium (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg     | 1                          |        |
| levoxyl (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                          | 1                          |        |
| liothyronine sodium (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg                                                                                | 1                          |        |
| methimazole (generic of TAPAZOLE) TABS 5mg, 10mg                                                                                                | 1                          |        |
| propylthiouracil TABS 50mg                                                                                                                      | 1                          |        |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                                       | 3                          |        |
| TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg                                         | 3                          |        |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3                          |        |
| unithroid (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg                | 1                          |        |
| <b>VITAMIN D ANALOGS</b>                                                                                                                        |                            |        |
| calcitriol (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml                                                                              | 1                          | B/D    |
| calcitriol SOLN 1mcg/ml                                                                                                                         | 1                          | B/D    |

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

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg                                        | 1                          | B/D    |
| <i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg                               | 1                          | B/D    |
| <i>paricalcitol</i> CAPS 4mcg                                                          | 1                          | B/D    |
| RAYALDEE CPCR 30mcg                                                                    | 3                          | NDS    |
| <b>GASTROINTESTINAL ANTIEMETICS</b>                                                    |                            |        |
| AKYNZEO CAP 300-0.5                                                                    | 3                          | B/D    |
| AKYNZEO INJ 235-0.25                                                                   | 3                          |        |
| AKYNZEO INJ 235-0.25MG/20ML                                                            | 3                          |        |
| <i>aprepitant</i> CAPS 40mg, 125mg                                                     | 1                          | B/D    |
| <i>aprepitant</i> (generic of EMEND) CAPS 80mg                                         | 1                          | B/D    |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>                                 | 1                          | B/D    |
| BONJESTA TAB 20-20MG                                                                   | 3                          |        |
| CINVANTI EMUL 130mg/18ml                                                               | 3                          |        |
| <i>compro</i> SUPP 25mg                                                                | 1                          |        |
| <i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> (generic of DICLEGIS)        | 1                          |        |
| <i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg<br>QL (60 caps / 30 days) | 1                          | B/D QL |
| EMEND SUSR 125mg/5ml                                                                   | 3                          | B/D    |
| <i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg                         | 1                          |        |
| GIMOTI SOLN 15mg/act                                                                   | 3                          | NDS PA |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml                                            | 1                          |        |
| <i>granisetron hcl</i> TABS 1mg                                                        | 1                          | B/D    |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg                                                 | 1                          |        |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg                               | 1                          |        |
| <i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg                           | 1                          |        |
| METOCLOPRAMIDE ODT TBDP 10mg                                                           | 3                          |        |

| Drug Name                                                                                                              | Drug Requirements/<br>Tier | Limits     |
|------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|
| <i>ondansetron</i> TBDP 4mg, 8mg                                                                                       | 1                          | B/D        |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml                                                                         | 1                          |            |
| <i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 8mg, 24mg                                                                    | 1                          | B/D        |
| <i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg                                                                    | 1                          | B/D        |
| <i>palonosetron hcl</i> (generic of ALOXI) SOLN .25mg/5ml                                                              | 1                          |            |
| <i>palonosetron hcl</i> SOSY .25mg/5ml                                                                                 | 1                          |            |
| PALONOSETRON HYDROCHLORID SOLN .25mg/2ml                                                                               | 3                          |            |
| <i>phenadoz</i> SUPP 25mg<br>PA if 70 years and older                                                                  | 3                          | PA         |
| <i>prochlorperazine</i> SUPP 25mg                                                                                      | 1                          |            |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml                                                                        | 1                          |            |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg                                                                         | 1                          |            |
| <i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml<br>PA if 70 years and older                       | 2                          | PA         |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg<br>PA if 70 years and older                                                  | 3                          | PA         |
| <i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg<br>PA if 70 years and older                           | 1                          | PA         |
| <i>promethegan</i> SUPP 12.5mg, 25mg, 50mg<br>PA if 70 years and older                                                 | 3                          | PA         |
| SANCUSO PTCH 3.1mg/24hr<br>QL (4 patches / 28 days)                                                                    | 3                          | NDS QL     |
| <i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days<br>QL (10 patches / 30 days)<br>PA if 70 years and older | 3                          | QL PA      |
| SUSTOL PRSY 10mg/0.4ml                                                                                                 | 3                          |            |
| SYNDROS SOLN 5mg/ml<br>QL (120 mL / 30 days)                                                                           | 3                          | NDS B/D QL |

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

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits  |
|--------------------------------------------------------------------------------|----------------------------|---------|
| VARUBI TBPK 90mg                                                               | 3                          | B/D     |
| ZUPLENZ FILM 4mg, 8mg                                                          | 3                          | NDS B/D |
| <b>ANTISPASMODICS</b>                                                          |                            |         |
| <i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml                               | 3                          |         |
| CUVPOSA SOLN 1mg/5ml                                                           | 3                          |         |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg                                    | 2                          |         |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml                                           | 3                          |         |
| <i>dicyclomine hcl</i> (generic of BENTYL) SOLN 10mg/ml                        | 3                          |         |
| GLYCATE TABS 1.5mg                                                             | 3                          |         |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg | 1                          |         |
| GLYCOPYRROLATE SOSY .2mg/ml, .4mg/2ml                                          | 3                          |         |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg<br>PA if 70 years and older     | 1                          | PA      |
| <i>propantheline bromide</i> TABS 15mg                                         | 1                          |         |
| <b>H2-RECEPTOR ANTAGONISTS</b>                                                 |                            |         |
| <i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg                              | 1                          |         |
| <i>cimetidine hcl</i> SOLN 300mg/5ml                                           | 1                          |         |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml                          | 1                          |         |
| <i>famotidine</i> SUSR 40mg/5ml<br>QL (300 mL / 30 days)                       | 1                          | QL      |
| <i>famotidine</i> (generic of PEPCID) TABS 20mg<br>QL (120 tabs / 30 days)     | 1                          | QL      |
| <i>famotidine</i> (generic of PEPCID) TABS 40mg<br>QL (60 tabs / 30 days)      | 1                          | QL      |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml                              | 1                          |         |
| <i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml                              | 1                          |         |
| <b>INFLAMMATORY BOWEL DISEASE</b>                                              |                            |         |
| <i>balsalazide disodium</i> (generic of COLAZAL) CAPS 750mg                    | 1                          |         |
| <i>budesonide</i> (generic of ENTOCORT EC) CPEP 3mg                            | 1                          |         |

| Drug Name                                                                      | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------|----------------------------|--------|
| <i>budesonide</i> (generic of UCERIS) TB24 9mg                                 | 3                          | NDS    |
| DIPENTUM CAPS 250mg                                                            | 3                          | NDS    |
| <i>hydrocortisone (intrarectal)</i> (generic of CORTENEMA) ENEM 100mg/60ml     | 1                          |        |
| <i>mesalamine</i> (generic of APRISO) CP24 .375gm<br>QL (120 caps / 30 days)   | 1                          | QL     |
| <i>mesalamine</i> (generic of DELZICOL) CPDR 400mg<br>QL (180 caps / 30 days)  | 1                          | QL     |
| <i>mesalamine</i> ENEM 4gm                                                     | 1                          |        |
| <i>mesalamine</i> (generic of CANASA) SUPP 1000mg                              | 1                          |        |
| <i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm<br>QL (120 tabs / 30 days)    | 1                          | QL     |
| <i>mesalamine</i> (generic of ASACOL HD) TBEC 800mg<br>QL (180 tabs / 30 days) | 1                          | QL     |
| <i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm                      | 1                          |        |
| ORTIKOS CP24 6mg, 9mg                                                          | 3                          | NDS    |
| PENTASA CPCR 250mg<br>QL (480 caps / 30 days)                                  | 3                          | NDS QL |
| PENTASA CPCR 500mg<br>QL (240 caps / 30 days)                                  | 3                          | NDS QL |
| SFROWASA ENEM 4gm/60ml                                                         | 3                          | NDS    |
| <i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg                        | 1                          |        |
| <i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg                | 1                          |        |
| UCERIS FOAM 2mg/act                                                            | 3                          |        |
| <b>LAXATIVES</b>                                                               |                            |        |
| CLENPIQ SOL                                                                    | 3                          |        |
| <i>constulose</i> SOLN 10gm/15ml                                               | 1                          |        |
| <i>enulose</i> SOLN 10gm/15ml                                                  | 1                          |        |
| <i>gavilyte-c</i>                                                              | 1                          |        |
| <i>gavilyte-g</i> (generic of GOLYTELY)                                        | 1                          |        |
| <i>gavilyte-n/flavor pack</i> (generic of NULYTELY)                            | 1                          |        |

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

| Drug Name                                                                                | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------------------------|----------------------------|--------------|
| <i>generlac</i> SOLN 10gm/15ml                                                           | 1                          |              |
| GOLYTELY SOL                                                                             | 2                          |              |
| KRISTALOSE PACK 10gm, 20gm                                                               | 3                          |              |
| <i>lactulose</i> SOLN 10gm/15ml                                                          | 1                          |              |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml                                         | 1                          |              |
| MOVIPREP SOL                                                                             | 3                          |              |
| NULYTELY SOL FLAV PKS                                                                    | 2                          |              |
| OSMOPREP TAB 1.5GM                                                                       | 3                          |              |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)      | 1                          |              |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (generic of MOVIPREP) | 1                          |              |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of NULYTELY)                | 1                          |              |
| PLENVU SOL                                                                               | 3                          |              |
| SUPREP BOWEL SOL PREP KIT                                                                | 3                          |              |
| <i>trilyte</i> (generic of NULYTELY)                                                     | 1                          |              |
| <b>MISCELLANEOUS</b>                                                                     |                            |              |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS 1mg<br>QL (60 tabs / 30 days)            | 3                          | NDS QL PA    |
| <i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg<br>QL (60 tabs / 30 days)           | 1                          | QL PA        |
| AMITIZA CAPS 8mcg<br>QL (180 caps / 30 days)                                             | 3                          | QL           |
| AMITIZA CAPS 24mcg<br>QL (60 caps / 30 days)                                             | 3                          | QL           |
| <i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>                       | 1                          |              |
| CHOLBAM CAPS 50mg, 250mg                                                                 | 3                          | NDS NM LA PA |
| <i>cromolyn sodium (mastocytosis)</i> (generic of GASTROCROM) CONC 100mg/5ml             | 1                          |              |
| <i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml                                    | 3                          |              |

| Drug Name                                                              | Drug Requirements/<br>Tier | Limits       |
|------------------------------------------------------------------------|----------------------------|--------------|
| <i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL) | 2                          |              |
| GATTEX KIT 5mg                                                         | 3                          | NDS NM LA PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg<br>QL (30 caps / 30 days)           | 3                          | QL           |
| <i>loperamide hcl</i> CAPS 2mg                                         | 1                          |              |
| <i>lubiprostone</i> CAPS 8mcg<br>QL (180 caps / 30 days)               | 1                          | QL           |
| <i>lubiprostone</i> CAPS 24mcg<br>QL (60 caps / 30 days)               | 1                          | QL           |
| <i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg            | 1                          |              |
| MOTTEGRITY TABS 1mg, 2mg                                               | 3                          |              |
| MOVANTIK TABS 12.5mg, 25mg                                             | 2                          |              |
| OALIVA TABS 5mg, 10mg                                                  | 3                          | NDS NM LA PA |
| OMECLAMOX- MIS PAK                                                     | 3                          |              |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg                        | 3                          | NDS PA       |
| SUCRAID SOLN 8500unit/ml                                               | 3                          | NDS NM LA PA |
| <i>sucralfate</i> (generic of CARAFATE) SUSP 1gm/10ml; TABS 1gm        | 1                          |              |
| SYMPROIC TABS .2mg                                                     | 3                          |              |
| TALICIA CAP                                                            | 3                          |              |
| TRULANCE TABS 3mg<br>QL (30 tabs / 30 days)                            | 3                          | QL           |
| <i>ursodiol</i> CAPS 300mg                                             | 1                          |              |
| <i>ursodiol</i> (generic of URSO 250) TABS 250mg                       | 1                          |              |
| <i>ursodiol</i> (generic of URSO FORTE) TABS 500mg                     | 1                          |              |
| VIBERZI TABS 75mg, 100mg                                               | 3                          | NDS PA       |
| XERMELO TABS 250mg                                                     | 3                          | NDS NM LA PA |
| XIFAXAN TABS 550mg                                                     | 3                          | NDS PA       |
| <b>PANCREATIC ENZYMES</b>                                              |                            |              |
| CREON CAP 3000UNIT                                                     | 2                          |              |
| CREON CAP 6000UNIT                                                     | 2                          |              |

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

| Drug Name                                                        | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------|----------------------------|--------|
| CREON CAP 12000UNT                                               | 2                          |        |
| CREON CAP 24000UNT                                               | 2                          |        |
| CREON CAP 36000UNT                                               | 2                          |        |
| PANCREAZE CAP 2600UNIT                                           | 3                          |        |
| PANCREAZE CAP 4200UNIT                                           | 3                          |        |
| PANCREAZE CAP 10500UNT                                           | 3                          |        |
| PANCREAZE CAP 16800UNT                                           | 3                          |        |
| PANCREAZE CAP 21000UNT                                           | 3                          |        |
| PERTZYE CAP 4000UNIT                                             | 3                          |        |
| PERTZYE CAP 8000UNIT                                             | 3                          |        |
| PERTZYE CAP 16000U                                               | 3                          |        |
| PERTZYE CAP 24000U                                               | 3                          |        |
| VIOKACE TAB 10440                                                | 3                          |        |
| VIOKACE TAB 20880                                                | 3                          | NDS    |
| ZENPEP CAP 3000UNIT                                              | 3                          |        |
| ZENPEP CAP 5000UNIT                                              | 3                          |        |
| ZENPEP CAP 10000UNT                                              | 3                          |        |
| ZENPEP CAP 15000UNT                                              | 3                          |        |
| ZENPEP CAP 20000UNT                                              | 3                          |        |
| ZENPEP CAP 25000                                                 | 3                          |        |
| ZENPEP CAP 40000                                                 | 3                          |        |
| <b>PROTON PUMP INHIBITORS</b>                                    |                            |        |
| DEXILANT CPDR 30mg, 60mg                                         | 3                          | QL     |
| QL (30 caps / 30 days)                                           |                            |        |
| esomeprazole magnesium (generic of NEXIUM) CPDR 20mg, 40mg       | 1                          | QL ST  |
| QL (30 caps / 30 days)                                           |                            |        |
| esomeprazole magnesium (generic of NEXIUM) PACK 10mg, 20mg, 40mg | 1                          | QL     |
| QL (30 packets / 30 days)                                        |                            |        |
| esomeprazole sodium (generic of NEXIUM I.V.) SOLR 40mg           | 1                          |        |
| lansoprazole (generic of PREVACID) CPDR 15mg, 30mg               | 1                          | QL     |
| QL (60 caps / 30 days)                                           |                            |        |

| Drug Name                                                            | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------|----------------------------|--------|
| lansoprazole (generic of PREVACID SOLUTAB) TBDD 15mg, 30mg           | 1                          | QL     |
| QL (60 tabs / 30 days)                                               |                            |        |
| NEXIUM PACK 2.5mg, 5mg                                               | 3                          |        |
| omeprazole CPDR 10mg, 20mg, 40mg                                     | 1                          |        |
| pantoprazole sodium PACK 40mg                                        | 1                          | QL     |
| QL (30 packets / 30 days)                                            |                            |        |
| pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg | 1                          |        |
| PRILOSEC PACK 2.5mg, 10mg                                            | 3                          |        |
| rabeprazole sodium (generic of ACIPHEX) TBEC 20mg                    | 1                          | QL     |
| QL (30 tabs / 30 days)                                               |                            |        |
| <b>GENITOURINARY</b>                                                 |                            |        |
| <b>BENIGN PROSTATIC HYPERPLASIA</b>                                  |                            |        |
| alfuzosin hcl (generic of UROXATRAL) TB24 10mg                       | 1                          |        |
| CARDURA XL TB24 4mg, 8mg                                             | 3                          |        |
| dutasteride (generic of AVODART) CAPS .5mg                           | 1                          |        |
| dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)         | 1                          |        |
| finasteride (generic of PROSCAR) TABS 5mg                            | 1                          |        |
| silodosin (generic of RAPAFLO) CAPS 4mg, 8mg                         | 1                          |        |
| tamsulosin hcl (generic of FLOMAX) CAPS .4mg                         | 1                          |        |
| <b>MISCELLANEOUS</b>                                                 |                            |        |
| acetic acid SOLN .25%                                                | 1                          |        |
| bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg                      | 1                          |        |
| ELMIRON CAPS 100mg                                                   | 3                          | NDS QL |
| QL (90 caps / 30 days)                                               |                            |        |
| INTRAROSA INST 6.5mg                                                 | 3                          | PA     |
| neomycin-polymyxin b gu irrigation soln                              | 1                          |        |
| potassium citrate (alkalinizer) (generic of UROCIT-K 15)             | 1                          |        |
| TBCR 15meq                                                           |                            |        |

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

| Drug Name                                                                         | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------|----------------------------|--------|
| <i>potassium citrate (alkalinizer)</i><br>(generic of UROCIT-K 5)<br>TBCR 540mg   | 1                          |        |
| <i>potassium citrate (alkalinizer)</i><br>(generic of UROCIT-K 10)<br>TBCR 1080mg | 1                          |        |
| THIOLA TABS 100mg                                                                 | 3                          | NDS    |
| THIOLA EC TBEC 100mg,<br>300mg                                                    | 3                          | NDS    |
| <b>URINARY ANTISPASMODICS</b>                                                     |                            |        |
| <i>darifenacin hydrobromide</i><br>(generic of ENABLEX) TB24<br>7.5mg, 15mg       | 1                          |        |
| GELNIQUE GEL 10%                                                                  | 3                          |        |
| MYRBETRIQ TB24 25mg,<br>50mg                                                      | 3                          |        |
| <i>oxybutynin chloride</i> SYRP<br>5mg/5ml; TABS 5mg; TB24<br>15mg                | 1                          |        |
| <i>oxybutynin chloride</i> (generic<br>of DITROPAN XL) TB24<br>5mg, 10mg          | 1                          |        |
| OXYTROL PTTW 3.9mg/24hr                                                           | 3                          |        |
| <i>solifenacin succinate</i> (generic<br>of VESICARE) TABS 5mg,<br>10mg           | 1                          |        |
| <i>tolterodine tartrate</i> (generic of<br>DETROL LA) CP24 2mg,<br>4mg            | 1                          |        |
| <i>tolterodine tartrate</i> (generic of<br>DETROL) TABS 1mg, 2mg                  | 1                          |        |
| TOVIAZ TB24 4mg, 8mg                                                              | 2                          |        |
| <i>trospium chloride</i> CP24<br>60mg; TABS 20mg                                  | 1                          |        |
| <b>VAGINAL ANTI-INFECTIVES</b>                                                    |                            |        |
| CLEOCIN SUPP 100mg                                                                | 3                          |        |
| <i>clindamycin phosphate</i><br><i>vaginal</i> (generic of CLEOCIN)<br>CREA 2%    | 1                          |        |
| CLINDESSE CREA 2%                                                                 | 3                          |        |
| GYNAZOLE-1 CREA 2%                                                                | 3                          |        |
| <i>metronidazole vaginal</i> GEL<br>.75%                                          | 1                          |        |
| <i>miconazole</i> 3 SUPP 200mg                                                    | 1                          |        |
| <i>terconazole vaginal</i> CREA<br>.4%, .8%; SUPP 80mg                            | 1                          |        |

| Drug Name                                                                                                                                                    | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>vandazole</i> GEL .75%                                                                                                                                    | 1                          |        |
| <b>HEMATOLOGIC<br/>ANTICOAGULANTS</b>                                                                                                                        |                            |        |
| ELIQUIS TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                                                                 | 2                          | QL     |
| ELIQUIS TABS 5mg<br>QL (74 tabs / 30 days)                                                                                                                   | 2                          | QL     |
| ELIQUIS STARTER PACK<br>TBPK 5mg<br>QL (74 tabs / 30 days)                                                                                                   | 2                          | QL     |
| <i>enoxaparin sodium</i> (generic of<br>LOVENOX) SOLN<br>30mg/0.3ml, 40mg/0.4ml,<br>60mg/0.6ml, 80mg/0.8ml,<br>100mg/ml, 120mg/0.8ml,<br>150mg/ml, 300mg/3ml | 1                          |        |
| <i>fondaparinux sodium</i> (generic<br>of ARIXTRA) SOLN<br>2.5mg/0.5ml                                                                                       | 1                          |        |
| <i>fondaparinux sodium</i> (generic<br>of ARIXTRA) SOLN<br>5mg/0.4ml, 7.5mg/0.6ml,<br>10mg/0.8ml                                                             | 3                          | NDS    |
| FRAGMIN SOLN<br>2500unit/0.2ml                                                                                                                               | 3                          |        |
| FRAGMIN SOLN<br>5000unit/0.2ml,<br>7500unit/0.3ml, 10000unit/ml,<br>12500unit/0.5ml,<br>15000unit/0.6ml,<br>18000unit/0.72ml,<br>95000unit/3.8ml             | 3                          | NDS    |
| HEP SOD/NACL INJ<br>25000UNT                                                                                                                                 | 2                          |        |
| HEPARIN SODIUM SOLN<br>5000unit/ml; SOSY<br>5000unit/0.5ml                                                                                                   | 3                          | B/D    |
| <i>heparin sodium (porcine)</i><br>SOLN 1000unit/ml,<br>5000unit/0.5ml, 5000unit/ml,<br>10000unit/ml, 20000unit/ml                                           | 1                          | B/D    |
| <i>heparin sodium (porcine) 100</i><br><i>unit/ml in d5w</i>                                                                                                 | 1                          |        |
| <i>heparin sodium (porcine)-</i><br><i>dextrose iv sol 20000</i><br><i>unit/500ml-5%</i>                                                                     | 1                          |        |

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

| Drug Name                                                                                                                                                                  | Drug Requirements/<br>Tier | Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>heparin sodium (porcine)-<br/>dextrose iv sol 25000<br/>unit/500ml-5%</i>                                                                                               | 1                          |           |
| HEPARIN/NACL INJ<br>25000UNT                                                                                                                                               | 2                          |           |
| <i>jantoven</i> TABS 1mg, 2mg,<br>2.5mg, 3mg, 4mg, 5mg, 6mg,<br>7.5mg, 10mg                                                                                                | 1                          |           |
| PRADAXA CAPS 75mg,<br>110mg, 150mg<br>QL (60 caps / 30 days)                                                                                                               | 3                          | QL        |
| <i>warfarin sodium</i> TABS 1mg,<br>2mg, 2.5mg, 3mg, 4mg, 5mg,<br>6mg, 7.5mg, 10mg                                                                                         | 1                          |           |
| XARELTO TABS 2.5mg<br>QL (60 tabs / 30 days)                                                                                                                               | 2                          | QL        |
| XARELTO TABS 10mg,<br>15mg, 20mg<br>QL (30 tabs / 30 days)                                                                                                                 | 2                          | QL        |
| XARELTO STAR TAB<br>15/20MG<br>QL (51 tabs / 30 days)                                                                                                                      | 2                          | QL        |
| <b>HEMATOPOIETIC GROWTH FACTORS</b>                                                                                                                                        |                            |           |
| ARANESP ALBUMIN FREE<br>SOLN 25mcg/ml, 40mcg/ml;<br>SOSY 10mcg/0.4ml,<br>25mcg/0.42ml, 40mcg/0.4ml                                                                         | 2                          | NM PA     |
| ARANESP ALBUMIN FREE<br>SOLN 60mcg/ml, 100mcg/ml,<br>200mcg/ml, 300mcg/ml;<br>SOSY 60mcg/0.3ml,<br>100mcg/0.5ml, 150mcg/0.3ml,<br>200mcg/0.4ml, 300mcg/0.6ml,<br>500mcg/ml | 3                          | NDS NM PA |
| LEUKINE SOLR 250mcg                                                                                                                                                        | 3                          | NDS NM PA |
| MOZOBIL SOLN 24mg/1.2ml                                                                                                                                                    | 3                          | NDS NM PA |
| NPLATE SOLR 125mcg,<br>250mcg, 500mcg                                                                                                                                      | 3                          | NDS NM PA |
| PROCRIT SOLN 2000unit/ml, 2<br>3000unit/ml, 4000unit/ml,<br>10000unit/ml                                                                                                   | 2                          | NM PA     |
| PROCRIT SOLN<br>20000unit/ml, 40000unit/ml                                                                                                                                 | 3                          | NDS NM PA |
| ZARXIO SOSY<br>300mcg/0.5ml, 480mcg/0.8ml                                                                                                                                  | 3                          | NDS NM PA |

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits             |
|------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <b>MISCELLANEOUS</b>                                                                           |                            |                    |
| ADAKVEO SOLN<br>100mg/10ml                                                                     | 3                          | NDS NM PA          |
| <i>anagrelide hcl</i> CAPS 1mg                                                                 | 1                          |                    |
| <i>anagrelide hcl</i> (generic of<br>AGRYLIN) CAPS .5mg                                        | 1                          |                    |
| BERINERT KIT 500unit<br>QL (24 boxes / 30 days)                                                | 3                          | NDS QL NM<br>LA PA |
| CABLIVI KIT 11mg                                                                               | 3                          | NDS NM LA<br>PA    |
| <i>cilostazol</i> TABS 50mg,<br>100mg                                                          | 1                          |                    |
| CINRYZE SOLR 500unit<br>QL (20 vials / 30 days)                                                | 3                          | NDS QL NM<br>LA PA |
| DOPTELET TABS 20mg                                                                             | 3                          | NDS NM LA<br>PA    |
| DROXIA CAPS 200mg,<br>300mg, 400mg                                                             | 2                          |                    |
| ENDARI PACK 5gm                                                                                | 3                          | NDS NM LA<br>PA    |
| GIVLAARI SOLN 189mg/ml                                                                         | 3                          | NDS NM LA<br>PA    |
| HAEGARDA SOLR 2000unit<br>QL (30 vials / 30 days)                                              | 3                          | NDS QL NM<br>LA PA |
| HAEGARDA SOLR 3000unit<br>QL (20 vials / 30 days)                                              | 3                          | NDS QL NM<br>LA PA |
| <i>icatibant acetate</i> (generic of<br>FIRAZYR) SOLN 30mg/3ml<br>QL (9 syringes / 30<br>days) | 3                          | NDS QL NM<br>PA    |
| KALBITOR SOLN 10mg/ml<br>QL (18 mL / 30 days)                                                  | 3                          | NDS QL NM<br>LA PA |
| MULPLETA TABS 3mg                                                                              | 3                          | NDS NM PA          |
| OXBRYTA TABS 500mg                                                                             | 3                          | NDS NM LA<br>PA    |
| <i>pentoxifylline</i> TBCR 400mg                                                               | 1                          |                    |
| PROMACTA PACK 12.5mg<br>QL (360 packets / 30<br>days)                                          | 3                          | NDS QL NM<br>LA PA |
| PROMACTA PACK 25mg<br>QL (180 packets / 30<br>days)                                            | 3                          | NDS QL NM<br>LA PA |
| PROMACTA TABS 12.5mg,<br>25mg<br>QL (30 tabs / 30 days)                                        | 3                          | NDS QL NM<br>LA PA |

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

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits             |
|-----------------------------------------------------------------------|----------------------------|--------------------|
| PROMACTA TABS 50mg, 75mg<br>QL (60 tabs / 30 days)                    | 3                          | NDS QL NM<br>LA PA |
| REBLOZYL SOLR 25mg, 75mg                                              | 3                          | NDS NM LA<br>PA    |
| RUCONEST SOLR 2100unit<br>QL (12 vials / 30 days)                     | 3                          | NDS QL NM<br>PA    |
| SIKLOS TABS 100mg                                                     | 3                          |                    |
| SIKLOS TABS 1000mg                                                    | 3                          | NDS                |
| SOLIRIS SOLN 300mg/30ml                                               | 3                          | NDS NM LA<br>PA    |
| TAKHZYRO SOLN 300mg/2ml<br>QL (2 vials / 28 days)                     | 3                          | NDS QL NM<br>LA PA |
| TAVALISSE TABS 100mg, 150mg<br>QL (60 tabs / 30 days)                 | 3                          | NDS QL NM<br>LA PA |
| <i>tranexamic acid</i> (generic of CYKLOKAPRON) SOLN 1000mg/10ml      | 1                          |                    |
| <i>tranexamic acid</i> (generic of LYSTEDA) TABS 650mg                | 1                          |                    |
| ULTOMIRIS SOLN 300mg/30ml, 300mg/3ml, 1100mg/11ml                     | 3                          | NDS NM LA<br>PA    |
| <b>PLATELET AGGREGATION INHIBITORS</b>                                |                            |                    |
| <i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg                     | 1                          |                    |
| BRILINTA TABS 60mg, 90mg                                              | 3                          |                    |
| <i>clopidogrel bisulfate</i> (generic of PLAVIX) TABS 75mg            | 1                          |                    |
| <i>clopidogrel bisulfate</i> TABS 300mg                               | 1                          |                    |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg<br>PA if 70 years and older | 2                          | PA                 |
| <i>prasugrel hcl</i> (generic of EFFIENT) TABS 5mg, 10mg              | 1                          |                    |
| ZONTIVITY TABS 2.08mg                                                 | 3                          |                    |
| <b>IMMUNOLOGIC AGENTS</b>                                             |                            |                    |
| <b>AUTOIMMUNE AGENTS</b>                                              |                            |                    |
| AVSOLA SOLR 100mg                                                     | 3                          | NDS NM PA          |
| ENBREL SOLN 25mg/0.5ml; SOLR 25mg<br>QL (16 vials / 28 days)          | 3                          | NDS QL NM<br>PA    |

| Drug Name                                                         | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------|----------------------------|-----------------|
| ENBREL SOSY 25mg/0.5ml<br>QL (16 syringes / 28 days)              | 3                          | NDS QL NM<br>PA |
| ENBREL SOSY 50mg/ml<br>QL (8 syringes / 28 days)                  | 3                          | NDS QL NM<br>PA |
| ENBREL MINI SOCT 50mg/ml<br>QL (8 injections / 28 days)           | 3                          | NDS QL NM<br>PA |
| ENBREL SURECLICK SOAJ 50mg/ml<br>QL (8 injections / 28 days)      | 3                          | NDS QL NM<br>PA |
| ENTYVIO SOLR 300mg                                                | 3                          | NDS NM PA       |
| HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml<br>QL (2 injections / 28 days) | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.4ml<br>QL (6 injections / 28 days)             | 3                          | NDS QL NM<br>PA |
| HUMIRA PSKT 40mg/0.8ml<br>QL (6 syringes / 28 days)               | 3                          | NDS QL NM<br>PA |
| HUMIRA PEDIA INJ CROHNS                                           | 3                          | NDS NM PA       |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml                         | 3                          | NDS NM PA       |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml<br>QL (6 pens / 28 days)   | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN PNKT 80mg/0.8ml<br>QL (4 pens / 28 days)               | 3                          | NDS QL NM<br>PA |
| HUMIRA PEN KIT PS/UV                                              | 3                          | NDS NM PA       |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml             | 3                          | NDS NM PA       |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml                          | 3                          | NDS NM PA       |
| RENFLEXIS SOLR 100mg                                              | 3                          | NDS NM LA<br>PA |
| RINVOQ TB24 15mg<br>QL (30 tabs / 30 days)                        | 3                          | NDS QL NM<br>PA |

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

| Drug Name                                                                                                       | Drug Requirements/<br>Tier | Limits             |
|-----------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| SKYRIZI PSKT 75mg/0.83ml<br>QL (7 kits / year)                                                                  | 3                          | NDS QL NM<br>PA    |
| STELARA SOLN 45mg/0.5ml<br>QL (1 vial / 28 days)                                                                | 3                          | NDS QL NM<br>LA PA |
| STELARA SOSY<br>45mg/0.5ml, 90mg/ml<br>QL (1 syringe / 28 days)                                                 | 3                          | NDS QL NM<br>PA    |
| TALTZ SOAJ 80mg/ml;<br>SOSY 80mg/ml<br>QL (3 syringes / 28<br>days)                                             | 3                          | NDS QL NM<br>LA PA |
| XELJANZ TABS 5mg, 10mg<br>QL (60 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA    |
| XELJANZ XR TB24 11mg,<br>22mg<br>QL (30 tabs / 30 days)                                                         | 3                          | NDS QL NM<br>PA    |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC<br/>DRUGS (DMARDS)</b>                                                      |                            |                    |
| hydroxychloroquine sulfate<br>(generic of PLAQUENIL)<br>TABS 200mg                                              | 1                          |                    |
| leflunomide (generic of<br>ARAVA) TABS 10mg, 20mg<br>QL (30 tabs / 30 days)                                     | 1                          | QL                 |
| methotrexate sodium TABS<br>2.5mg                                                                               | 1                          |                    |
| TREXALL TABS 5mg, 7.5mg, 10mg,<br>15mg                                                                          | 3                          | B/D                |
| XATMEP SOLN 2.5mg/ml                                                                                            | 3                          | B/D                |
| <b>IMMUNOGLOBULINS</b>                                                                                          |                            |                    |
| BIVIGAM SOLN 5gm/50ml                                                                                           | 3                          | NDS NM PA          |
| CUTAQUIG SOLN 1gm/6ml,<br>1.65gm/10ml, 2gm/12ml,<br>3.3gm/20ml, 4gm/24ml,<br>8gm/48ml                           | 3                          | NDS NM LA<br>PA    |
| CUVITRU SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>8gm/40ml, 10gm/50ml                                             | 3                          | NDS NM LA<br>PA    |
| CYTOGAM INJ 50mg/ml                                                                                             | 3                          | NDS NM             |
| FLEBOGAMMA DIF SOLN<br>2.5gm/50ml, 5gm/100ml,<br>5gm/50ml, 10gm/100ml,<br>10gm/200ml, 20gm/200ml,<br>20gm/400ml | 3                          | NDS NM PA          |
| GAMASTAN INJ                                                                                                    | 3                          | B/D NM             |

| Drug Name                                                                                                                                   | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| GAMMAGARD LIQUID<br>SOLN 1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 30gm/300ml                                           | 3                          | NDS NM PA       |
| GAMMAGARD S/D IGA LESS<br>TH SOLR 5gm, 10gm                                                                                                 | 3                          | NDS NM PA       |
| GAMMAKED SOLN<br>1gm/10ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml                                                                              | 3                          | NDS NM PA       |
| GAMMAPLEX SOLN<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 20gm/400ml                                                 | 3                          | NDS NM PA       |
| GAMUNEX-C SOLN<br>1gm/10ml, 2.5gm/25ml,<br>5gm/50ml, 10gm/100ml,<br>20gm/200ml, 40gm/400ml                                                  | 3                          | NDS NM PA       |
| HIZENTRA SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>10gm/50ml; SOSY 1gm/5ml,<br>2gm/10ml, 4gm/20ml                                             | 3                          | NDS NM LA<br>PA |
| HYQVIA INJ 2.5-200                                                                                                                          | 3                          | NDS NM PA       |
| HYQVIA INJ 5-400                                                                                                                            | 3                          | NDS NM PA       |
| HYQVIA INJ 10-800                                                                                                                           | 3                          | NDS NM PA       |
| HYQVIA INJ 20-1600                                                                                                                          | 3                          | NDS NM PA       |
| HYQVIA INJ 30-2400                                                                                                                          | 3                          | NDS NM PA       |
| OCTAGAM SOLN 1gm/20ml,<br>2gm/20ml, 2.5gm/50ml,<br>5gm/100ml, 5gm/50ml,<br>10gm/100ml, 10gm/200ml,<br>20gm/200ml, 25gm/500ml,<br>30gm/300ml | 3                          | NDS NM PA       |
| PANZYGA SOLN 1gm/10ml,<br>2.5gm/25ml, 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>30gm/300ml                                                    | 3                          | NDS NM PA       |
| PRIVIGEN SOLN 5gm/50ml,<br>10gm/100ml, 20gm/200ml,<br>40gm/400ml                                                                            | 3                          | NDS NM PA       |
| XEMBIFY SOLN 1gm/5ml,<br>2gm/10ml, 4gm/20ml,<br>10gm/50ml                                                                                   | 3                          | NDS NM LA<br>PA |
| <b>IMMUNOMODULATORS</b>                                                                                                                     |                            |                 |
| ACTIMMUNE SOLN<br>2000000unit/0.5ml                                                                                                         | 3                          | NDS NM LA<br>PA |
| ARCALYST SOLR 220mg                                                                                                                         | 3                          | NDS NM PA       |
| GRASTEK SUBL 2800bau                                                                                                                        | 3                          | PA              |

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

| Drug Name                                                                                     | Drug Requirements/<br>Tier | Limits       |
|-----------------------------------------------------------------------------------------------|----------------------------|--------------|
| ILARIS SOLN 150mg/ml                                                                          | 3                          | NDS NM LA PA |
| INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 10mu, 18mu, 50mu                                  | 3                          | NDS B/D NM   |
| ODACTRA SUB                                                                                   | 3                          | PA           |
| ORALAIR SUB 300 IR                                                                            | 3                          | NM PA        |
| RAGWITEK SUBL 12amba1-u                                                                       | 3                          | PA           |
| <b>IMMUNOSUPPRESSANTS</b>                                                                     |                            |              |
| ASTAGRAF XL CP24 5mg                                                                          | 3                          | NDS B/D NM   |
| ASTAGRAF XL CP24 .5mg, 1mg                                                                    | 3                          | B/D NM       |
| ATGAM INJ 50mg/ml                                                                             | 3                          | NDS B/D      |
| AZASAN TABS 75mg, 100mg                                                                       | 3                          | B/D          |
| azathioprine (generic of IMURAN) TABS 50mg                                                    | 1                          | B/D          |
| BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml                                      | 3                          | NDS NM PA    |
| cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml                           | 1                          | B/D NM       |
| cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml | 1                          | B/D NM       |
| cyclosporine modified (for microemulsion) CAPS 50mg                                           | 1                          | B/D NM       |
| ENVARUS XR TB24 .75mg, 1mg, 4mg                                                               | 3                          | B/D NM       |
| everolimus (immunosuppressant) (generic of ZORTRESS) TABS .5mg, .75mg                         | 3                          | NDS B/D NM   |
| everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg                               | 1                          | B/D NM       |
| gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml                                   | 1                          | B/D NM       |
| mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg                            | 1                          | B/D NM       |

| Drug Name                                                    | Drug Requirements/<br>Tier | Limits     |
|--------------------------------------------------------------|----------------------------|------------|
| mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml    | 3                          | NDS B/D NM |
| mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg | 1                          | B/D NM     |
| NULOJIX SOLR 250mg                                           | 3                          | NDS B/D NM |
| PROGRAF PACK .2mg, 1mg                                       | 3                          | B/D NM     |
| SANDIMMUNE SOLN 100mg/ml                                     | 2                          | B/D NM     |
| sirolimus (generic of RAPAMUNE) SOLN 1mg/ml; TABS 2mg        | 3                          | NDS B/D NM |
| sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg               | 1                          | B/D NM     |
| tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg          | 1                          | B/D NM     |
| ZORTRESS TABS 1mg                                            | 3                          | NDS B/D NM |
| <b>VACCINES</b>                                              |                            |            |
| ACTHIB INJ                                                   | 2                          |            |
| ADACEL INJ                                                   | 2                          |            |
| BCG VACCINE INJ                                              | 2                          |            |
| BEXSERO INJ                                                  | 2                          |            |
| BOOSTRIX INJ                                                 | 2                          |            |
| DAPTACEL INJ                                                 | 2                          |            |
| DIP/TET PED INJ 25-5LFU                                      | 2                          | B/D        |
| ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml                         | 2                          | B/D        |
| GARDASIL 9 INJ                                               | 2                          |            |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml                         | 2                          |            |
| HIBERIX SOLR 10mcg                                           | 2                          |            |
| IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml                      | 2                          | B/D        |
| INFANRIX INJ                                                 | 2                          |            |
| IPOL INJ INACTIVE                                            | 2                          |            |
| IXIARO INJ                                                   | 2                          |            |
| KINRIX INJ                                                   | 2                          |            |
| M-M-R II INJ                                                 | 2                          |            |
| MENACTRA INJ                                                 | 2                          |            |
| MENQUADFI INJ                                                | 2                          |            |
| MENVEO INJ                                                   | 2                          |            |
| PEDIARIX INJ 0.5ML                                           | 2                          |            |

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

| Drug Name                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------|-----------------------------------|
| PEDVAX HIB SUSP<br>7.5mcg/0.5ml                                          | 2                                 |
| PENTACEL INJ                                                             | 2                                 |
| PROQUAD INJ                                                              | 2                                 |
| QUADRACEL INJ                                                            | 2                                 |
| RABAVERT INJ                                                             | 2 B/D                             |
| RECOMBIVAX HB SUSP<br>5mcg/0.5ml, 10mcg/ml,<br>40mcg/ml                  | 2 B/D                             |
| ROTARIX SUS                                                              | 2                                 |
| ROTATEQ SOL                                                              | 2                                 |
| SHINGRIX SUSR<br>50mcg/0.5ml<br>QL (2 vials per lifetime)                | 2 QL                              |
| TDVAX INJ 2-2 LF                                                         | 2 B/D                             |
| TENIVAC INJ 5-2LF                                                        | 2 B/D                             |
| TRUMENBA INJ                                                             | 2                                 |
| TWINRIX INJ                                                              | 2                                 |
| TYPHIM VI SOLN<br>25mcg/0.5ml                                            | 2                                 |
| VAQTA SUSP 25unit/0.5ml,<br>50unit/ml                                    | 2                                 |
| VARIVAX INJ 1350pfu/0.5ml                                                | 2                                 |
| YF-VAX INJ                                                               | 2                                 |
| ZOSTAVAX SUSR<br>19400unt/0.65ml<br>QL (1 vial per lifetime)             | 2 QL                              |
| <b>NUTRITIONAL/SUPPLEMENTS<br/>ELECTROLYTES/MINERALS,<br/>INJECTABLE</b> |                                   |
| D5W/LYTES INJ #48                                                        | 3                                 |
| D5W/NACL INJ 0.3%                                                        | 2                                 |
| D10W/NACL INJ 0.2%                                                       | 2                                 |
| dextrose 2.5% w/ sodium<br>chloride 0.45%                                | 1                                 |
| dextrose 5% in lactated<br>ringers                                       | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.2%                                   | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.9%                                   | 1                                 |
| dextrose 5% w/ sodium<br>chloride 0.45%                                  | 1                                 |
| dextrose 10% w/ sodium<br>chloride 0.45%                                 | 1                                 |

| Drug Name                                                                                                                | Drug Requirements/<br>Tier Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| ISOLYTE-P INJ /D5W                                                                                                       | 3                                 |
| ISOLYTE-S INJ                                                                                                            | 3                                 |
| kcl 10 meq/l (0.075%) in<br>dextrose 5% & nacl 0.45% inj                                                                 | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.2% inj                                                                   | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.9% inj                                                                   | 1                                 |
| kcl 20 meq/l (0.15%) in<br>dextrose 5% & nacl 0.45% inj                                                                  | 1                                 |
| kcl 20 meq/l (0.15%) in nacl<br>0.9% inj                                                                                 | 1                                 |
| kcl 20 meq/l (0.15%) in nacl<br>0.45% inj                                                                                | 1                                 |
| kcl 30 meq/l (0.224%) in<br>dextrose 5% & nacl 0.45% inj                                                                 | 1                                 |
| kcl 40 meq/l (0.3%) in<br>dextrose 5% & nacl 0.45% inj                                                                   | 1                                 |
| kcl 40 meq/l (0.3%) in nacl<br>0.9% inj                                                                                  | 1                                 |
| KCL/D5W/LACT INJ<br>20MEQ/L                                                                                              | 3                                 |
| KCL/D5W/NACL INJ 0.3/0.9%                                                                                                | 3                                 |
| KCL/D5W/NACL INJ 0.15/0.2<br>lactated ringer's solution                                                                  | 3<br>1                            |
| MAGNESIUM SULFATE<br>SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml                                   | 2                                 |
| magnesium sulfate (generic of<br>MAGNESIUM SULFATE)<br>SOLN 2gm/50ml, 4gm/100ml,<br>4gm/50ml, 20gm/500ml,<br>40gm/1000ml | 1                                 |
| magnesium sulfate SOLN<br>50%                                                                                            | 1                                 |
| magnesium sulfate in<br>dextrose 5% iv soln 1<br>gm/100ml (generic of<br>MAGNESIUM SULFATE IN<br>D5W)                    | 1                                 |
| MG SO4/D5W INJ 10MG/ML                                                                                                   | 2                                 |
| NORMOSOL -M INJ /D5W                                                                                                     | 3                                 |
| PLASMA-LYTE INJ -148                                                                                                     | 3                                 |
| PLASMA-LYTE INJ -A                                                                                                       | 3                                 |

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

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>potassium chloride</i> SOLN 2meq/ml                                                  | 1                          |        |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml   | 3                          |        |
| <i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj                           | 1                          |        |
| <i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%                                | 1                          |        |
| TPN ELECTROL INJ                                                                        | 3                          | B/D    |
| <b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>                                             |                            |        |
| <i>klor-con</i> PACK 20meq                                                              | 1                          |        |
| <i>klor-con</i> 8 TBCR 8meq                                                             | 1                          |        |
| <i>klor-con</i> 10 TBCR 10meq                                                           | 1                          |        |
| <i>klor-con</i> m10 TBCR 10meq                                                          | 1                          |        |
| <i>klor-con</i> m15 TBCR 15meq                                                          | 1                          |        |
| <i>klor-con</i> m20 TBCR 20meq                                                          | 1                          |        |
| M-NATAL PLUS TAB                                                                        | 2                          |        |
| PNV FOLIC AC TAB + IRON                                                                 | 2                          |        |
| <i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq | 1                          |        |
| <i>potassium chloride</i> (generic of K-TAB) TBCR 20meq                                 | 1                          |        |
| <i>potassium chloride microencapsulated crystals</i> er TBCR 10meq, 20meq               | 1                          |        |
| PRENATAL TAB 27-1MG                                                                     | 2                          |        |
| PRENATAL TAB PLUS                                                                       | 2                          |        |
| PRENATAL VIT TAB LOW IRON                                                               | 2                          |        |
| <i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln                                | 1                          |        |
| TRICARE TAB PRENATAL                                                                    | 2                          |        |
| <b>IV NUTRITION</b>                                                                     |                            |        |
| AMINOSYN-PF INJ 7%                                                                      | 3                          | B/D    |
| CLINIMIX E INJ 2.75/D5W                                                                 | 3                          | B/D    |
| CLINIMIX E INJ 4.25/D5W                                                                 | 3                          | B/D    |
| CLINIMIX E INJ 4.25/D10                                                                 | 3                          | B/D    |
| CLINIMIX E INJ 5%/D15W                                                                  | 3                          | B/D    |
| CLINIMIX E INJ 5%/D20W                                                                  | 3                          | B/D    |
| CLINIMIX E INJ 8/10                                                                     | 3                          | B/D    |

| Drug Name                                                                     | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------|----------------------------|--------|
| CLINIMIX E INJ 8/14                                                           | 3                          | B/D    |
| CLINIMIX INJ 4.25/D5W                                                         | 3                          | B/D    |
| CLINIMIX INJ 4.25/D10                                                         | 3                          | B/D    |
| CLINIMIX INJ 5%/D15W                                                          | 3                          | B/D    |
| CLINIMIX INJ 5%/D20W                                                          | 3                          | B/D    |
| CLINIMIX INJ 6/5                                                              | 3                          | B/D    |
| CLINIMIX INJ 8/10                                                             | 3                          | B/D    |
| CLINIMIX INJ 8/14                                                             | 3                          | B/D    |
| <i>clinisol</i> sf 15%                                                        | 1                          | B/D    |
| CLINOLIPID EMU 20%                                                            | 3                          | B/D    |
| <i>dextrose</i> SOLN 5%, 10%                                                  | 1                          |        |
| <i>dextrose</i> SOLN 50%, 70%                                                 | 1                          | B/D    |
| FREAMINE HBC INJ 6.9%                                                         | 3                          | B/D    |
| FREAMINE III INJ 10%                                                          | 3                          | B/D    |
| <i>hepatamine</i>                                                             | 1                          | B/D    |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml                                        | 3                          | B/D    |
| NEPHRAMINE INJ 5.4%                                                           | 3                          | B/D    |
| NUTRILIPID EMUL 20gm/100ml                                                    | 3                          | B/D    |
| <i>plenamine</i>                                                              | 1                          | B/D    |
| PREMASOL SOL 10%                                                              | 3                          | B/D    |
| PROCALAMINE INJ 3%                                                            | 3                          | B/D    |
| PROSOL INJ 20%                                                                | 3                          | B/D    |
| SMOFLIPID EMU                                                                 | 3                          | B/D    |
| TRAVASOL INJ 10%                                                              | 3                          | B/D    |
| TROPHAMINE INJ 10%                                                            | 3                          | B/D    |
| <b>OPHTHALMIC</b>                                                             |                            |        |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>                                       |                            |        |
| <i>bacitracin-polymyxin-neomycin-hc</i> ophth oint 1%                         | 1                          |        |
| BLEPHAMIDE OIN S.O.P.                                                         | 3                          |        |
| BLEPHAMIDE SUS OP                                                             | 3                          |        |
| <i>neomycin-polymyxin-dexamethasone</i> ophth oint 0.1% (generic of MAXITROL) | 1                          |        |
| <i>neomycin-polymyxin-dexamethasone</i> ophth susp 0.1% (generic of MAXITROL) | 1                          |        |
| <i>neomycin-polymyxin-hc</i> ophth susp                                       | 1                          |        |
| PRED-G S.O.P OIN OP                                                           | 3                          |        |
| PRED-G SUS OP                                                                 | 3                          |        |
| <i>sulfacetamide sodium-prednisolone</i> ophth soln 10-0.23(0.25)%            | 1                          |        |

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

| Drug Name                                                                           | Drug Requirements/<br>Tier Limits |
|-------------------------------------------------------------------------------------|-----------------------------------|
| TOBRADEX OIN 0.3-0.1%                                                               | 2                                 |
| TOBRADEX ST SUS 0.3-0.05                                                            | 2                                 |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>           | 1                                 |
| ZYLET SUS 0.5-0.3%                                                                  | 2                                 |
| <b>ANTI-INFECTIVES</b>                                                              |                                   |
| AZASITE SOLN 1%                                                                     | 3                                 |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i>                                      | 1                                 |
| <i>bacitracin-polymyxin b ophth oint</i>                                            | 1                                 |
| BESIVANCE SUSP .6%                                                                  | 2                                 |
| CILOXAN OINT .3%                                                                    | 2                                 |
| <i>ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%</i>                      | 1                                 |
| <i>erythromycin (ophth) OINT 5mg/gm</i>                                             | 1                                 |
| <i>gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%</i>                           | 1                                 |
| <i>gentak OINT .3%</i>                                                              | 1                                 |
| <i>gentamicin sulfate (ophth) SOLN .3%</i>                                          | 1                                 |
| <i>levofloxacin (ophth) SOLN .5%</i>                                                | 1                                 |
| <i>moxifloxacin hcl (ophth) (generic of MOXEZA) SOLN .5%</i>                        | 1                                 |
| <i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>                       | 1                                 |
| NATACYN SUSP 5%                                                                     | 3                                 |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>                 | 1                                 |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>                 | 1                                 |
| <i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>                              | 1                                 |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i> | 1                                 |
| <i>sulfacetamide sodium (ophth) OINT 10%</i>                                        | 1                                 |

| Drug Name                                                             | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------|-----------------------------------|
| <i>sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%</i>    | 1                                 |
| <i>tobramycin (ophth) (generic of TOBREX) SOLN .3%</i>                | 1                                 |
| TOBREX OINT .3%                                                       | 3                                 |
| <i>trifluridine SOLN 1%</i>                                           | 1                                 |
| ZIRGAN GEL .15%                                                       | 3                                 |
| <b>ANTI-INFLAMMATORIES</b>                                            |                                   |
| ALREX SUSP .2%                                                        | 2                                 |
| <i>bromfenac sodium (ophth) SOLN .09%</i>                             | 1                                 |
| BROMSITE SOLN .075%                                                   | 3                                 |
| <i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>                | 1                                 |
| <i>diclofenac sodium (ophth) SOLN .1%</i>                             | 1                                 |
| DUREZOL EMUL .05%                                                     | 2                                 |
| FLAREX SUSP .1%                                                       | 3                                 |
| <i>fluorometholone (ophth) SUSP .1%</i>                               | 1                                 |
| <i>flurbiprofen sodium SOLN .03%</i>                                  | 1                                 |
| FML OINT .1%                                                          | 3                                 |
| FML FORTE SUSP .25%                                                   | 3                                 |
| ILEVRO SUSP .3%                                                       | 2                                 |
| INVELTYS SUSP 1%                                                      | 3                                 |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%</i> | 1                                 |
| <i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>    | 1                                 |
| LOTEMAX GEL .5%                                                       | 3                                 |
| LOTEMAX OINT .5%                                                      | 2                                 |
| LOTEMAX SM GEL .38%                                                   | 3                                 |
| <i>loteprednol etabonate (generic of LOTEMAX) SUSP .5%</i>            | 1                                 |
| MAXIDEX SUSP .1%                                                      | 3                                 |
| NEVANAC SUSP .1%                                                      | 3                                 |
| PRED MILD SUSP .12%                                                   | 3                                 |
| <i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>   | 1                                 |

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

| Drug Name                                                                          | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------------------------|-----------------------------------|
| PREDNISOLONE SODIUM PHOSP SOLN 1%                                                  | 2                                 |
| PROLENSA SOLN .07%                                                                 | 2                                 |
| YUTIQ IMPL .18mg                                                                   | 3 NDS NM LA                       |
| <b>ANTIALLERGICS</b>                                                               |                                   |
| azelastine hcl (ophth) SOLN .05%                                                   | 1                                 |
| BEPREVE SOLN 1.5%                                                                  | 2                                 |
| cromolyn sodium (ophth) SOLN 4%                                                    | 1                                 |
| epinastine hcl (ophth) SOLN .05%                                                   | 1                                 |
| LASTACAFT SOLN .25%                                                                | 3                                 |
| olopatadine hcl SOLN .1%, .2%                                                      | 1                                 |
| PAZEO SOLN .7%                                                                     | 2                                 |
| ZERVIAE SOLN .24%                                                                  | 3                                 |
| <b>ANTI GLAUCOMA</b>                                                               |                                   |
| ALPHAGAN P SOLN .1%                                                                | 2                                 |
| AZOPT SUSP 1%                                                                      | 2                                 |
| betaxolol hcl (ophth) SOLN .5%                                                     | 1                                 |
| BETIMOL SOLN .25%, .5%                                                             | 3                                 |
| BETOPTIC-S SUSP .25%                                                               | 2                                 |
| brimonidine tartrate SOLN .2%                                                      | 1                                 |
| brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%                             | 1                                 |
| carteolol hcl (ophth) SOLN 1%                                                      | 1                                 |
| COMBIGAN SOL 0.2/0.5%                                                              | 2                                 |
| dorzolamide hcl (generic of TRUSOPT) SOLN 2%                                       | 1                                 |
| dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF) | 1                                 |
| dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)      | 1                                 |
| latanoprost (generic of XALATAN) SOLN .005%                                        | 1                                 |
| levobunolol hcl SOLN .5%                                                           | 1                                 |
| LUMIGAN SOLN .01%                                                                  | 2                                 |

| Drug Name                                                        | Drug Requirements/<br>Tier Limits |
|------------------------------------------------------------------|-----------------------------------|
| PHOSPHOLINE IODIDE SOLR .125%                                    | 3                                 |
| pilocarpine hcl (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%      | 1                                 |
| RHOPRESSA SOLN .02%                                              | 2                                 |
| SIMBRINZA SUS 1-0.2%                                             | 2                                 |
| timolol maleate (ophth) (generic of TIMOPTIC-XE) SOLG .25%, .5%  | 1                                 |
| timolol maleate (ophth) (generic of TIMOPTIC OCUDOSE) SOLN .5%   | 1                                 |
| timolol maleate (ophth) (generic of TIMOPTIC) SOLN .25%, .5%     | 1                                 |
| timolol maleate (ophth) once-daily (generic of ISTALOL) SOLN .5% | 1                                 |
| TIMOPTIC OCUDOSE SOLN .25%, .5%                                  | 3                                 |
| travoprost (generic of TRAVATAN Z) SOLN .004%                    | 1                                 |
| VYZULTA SOLN .024%                                               | 3                                 |
| <b>MISCELLANEOUS</b>                                             |                                   |
| ATROPINE SULFATE SOLN 1%                                         | 2                                 |
| BEOVU SOLN 6mg/0.05ml                                            | 3 NDS NM LA PA                    |
| CYSTADROPS SOLN .37%                                             | 3 NDS NM LA PA                    |
| CYSTARAN SOLN .44%                                               | 3 NDS NM LA PA                    |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml                           | 3 NDS NM LA PA                    |
| LACRISERT INST 5mg                                               | 3                                 |
| LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml         | 3 NDS NM LA PA                    |
| OXERVATE SOLN .002%                                              | 3 NDS NM LA PA                    |
| proparacaine hcl (generic of ALCAINE) SOLN .5%                   | 1                                 |
| XIIDRA SOLN 5%                                                   | 2 QL                              |
| QL (60 single use vials / 30 days)                               |                                   |

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

| Drug Name                                                                                                                  | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>RESPIRATORY</b>                                                                                                         |                            |        |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>                                                                           |                            |        |
| ANORO ELLIPT AER 62.5-25<br>QL (60 blisters / 30 days)                                                                     | 2                          | QL     |
| BEVESPI AER 9-4.8MCG<br>QL (1 inhaler / 30 days)                                                                           | 2                          | QL     |
| BREZTRI AERO AER<br>SPHERE<br>QL (1 inhaler / 30 days)                                                                     | 2                          | QL     |
| BREZTRI AERO AER<br>SPHERE (INSTITUTIONAL<br>PACK)<br>QL (4 inhalers / 28 days)                                            | 2                          | QL     |
| COMBIVENT AER 20-100<br>QL (2 inhalers / 30 days)                                                                          | 3                          | QL     |
| <i>ipratropium-albuterol nebu<br/>soln 0.5-2.5(3) mg/3ml</i>                                                               | 1                          | B/D    |
| TRELEGY AER ELLIPTA<br>100-62.5-25 MCG<br>QL (60 blisters / 30 days)                                                       | 2                          | QL     |
| TRELEGY AER ELLIPTA<br>200-62.5-25 MCG<br>QL (60 blisters / 30 days)                                                       | 2                          | QL     |
| <b>ANTICHOLINERGICS</b>                                                                                                    |                            |        |
| ATROVENT HFA AERS<br>17mcg/act<br>QL (2 inhalers / 30 days)                                                                | 3                          | QL     |
| INCRUSE ELLIPTA AEPB<br>62.5mcg/inh<br>QL (30 blisters / 30 days)                                                          | 2                          | QL     |
| <i>ipratropium bromide SOLN<br/>.02%</i>                                                                                   | 1                          | B/D    |
| <i>ipratropium bromide (nasal)<br/>SOLN .03%, .06%</i>                                                                     | 1                          |        |
| <b>ANTI-HISTAMINE COMBINATIONS</b>                                                                                         |                            |        |
| <i>azelastine hcl-fluticasone prop<br/>nasal spray 137-50 mcg/act<br/>(generic of DYMISTA)<br/>QL (1 bottle / 30 days)</i> | 1                          | QL     |
| CLARINEX-D TAB 2.5-120                                                                                                     | 3                          |        |

| Drug Name                                                                                                                          | Drug Requirements/<br>Tier | Limits |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>ANTI-HISTAMINES</b>                                                                                                             |                            |        |
| <i>azelastine hcl SOLN .1%,<br/>.15%</i>                                                                                           | 1                          |        |
| <i>cetirizine hcl SOLN 1mg/ml</i>                                                                                                  | 1                          |        |
| <i>ciproheptadine hcl SYRP<br/>2mg/5ml; TABS 4mg<br/>PA if 70 years and older</i>                                                  | 2                          | PA     |
| <i>desloratadine (generic of<br/>CLARINEX) TABS 5mg</i>                                                                            | 1                          |        |
| <i>desloratadine TBDP 2.5mg,<br/>5mg</i>                                                                                           | 1                          |        |
| <i>diphenhydramine hcl SOLN<br/>50mg/ml</i>                                                                                        | 1                          |        |
| <i>hydroxyzine hcl SOLN<br/>25mg/ml, 50mg/ml<br/>PA if 70 years and older</i>                                                      | 3                          | PA     |
| <i>hydroxyzine hcl SYRP<br/>10mg/5ml<br/>PA if 70 years and older</i>                                                              | 2                          | PA     |
| <i>hydroxyzine hcl TABS 10mg,<br/>25mg, 50mg<br/>PA if 70 years and older</i>                                                      | 1                          | PA     |
| <i>hydroxyzine pamoate (generic<br/>of VISTARIL) CAPS 25mg,<br/>50mg<br/>PA if 70 years and older</i>                              | 1                          | PA     |
| <i>hydroxyzine pamoate CAPS<br/>100mg<br/>PA if 70 years and older</i>                                                             | 1                          | PA     |
| <i>levocetirizine dihydrochloride<br/>SOLN 2.5mg/5ml; TABS 5mg</i>                                                                 | 1                          |        |
| <i>olopatadine hcl (nasal)<br/>(generic of PATANASE)<br/>SOLN .6%</i>                                                              | 1                          |        |
| QUZYTIR SOLN 10mg/ml                                                                                                               | 3                          |        |
| <b>BETA AGONISTS</b>                                                                                                               |                            |        |
| <i>albuterol sulfate AERS<br/>108mcg/act<br/>QL (2 inhalers / 30 days)<br/>(generic of Ventolin HFA)</i>                           | 1                          | QL     |
| <i>albuterol sulfate (generic of<br/>PROAIR HFA) AERS<br/>108mcg/act<br/>QL (2 inhalers / 30 days)<br/>(generic of Proair HFA)</i> | 1                          | QL     |

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

| Drug Name                                                                                   | Drug Requirements/<br>Tier | Limits          |
|---------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>albuterol sulfate</i> NEBU<br>.083%, .63mg/3ml,<br>1.25mg/3ml, 2.5mg/0.5ml               | 1                          | B/D             |
| <i>albuterol sulfate</i> SYRP<br>2mg/5ml; TABS 2mg, 4mg;<br>TB12 4mg, 8mg                   | 1                          |                 |
| BROVANA NEBU 15mcg/2ml                                                                      | 3                          | NDS B/D         |
| <i>levalbuterol hcl</i> (generic of<br>XOPENEX CONCENTRATE)<br>NEBU 1.25mg/0.5ml            | 1                          | B/D             |
| <i>levalbuterol hcl</i> (generic of<br>XOPENEX) NEBU<br>.31mg/3ml, .63mg/3ml,<br>1.25mg/3ml | 1                          | B/D             |
| <i>levalbuterol tartrate</i> AERO<br>45mcg/act<br>QL (2 inhalers / 30 days)                 | 1                          | QL              |
| PERFOROMIST NEBU<br>20mcg/2ml                                                               | 3                          | NDS B/D         |
| SEREVENT DISKUS AEPB<br>50mcg/dose<br>QL (60 inhalations / 30<br>days)                      | 2                          | QL              |
| STRIVERDI RESPIMAT<br>AERS 2.5mcg/act<br>QL (1 inhaler / 30 days)                           | 3                          | QL              |
| <i>terbutaline sulfate</i> SOLN<br>1mg/ml                                                   | 3                          | NDS             |
| <i>terbutaline sulfate</i> TABS<br>2.5mg, 5mg                                               | 1                          |                 |
| VENTOLIN HFA AERS<br>108mcg/act<br>QL (2 inhalers / 30 days)                                | 2                          | QL              |
| <b>LEUKOTRIENE MODULATORS</b>                                                               |                            |                 |
| <i>montelukast sodium</i> (generic<br>of SINGULAIR) CHEW 4mg,<br>5mg; PACK 4mg; TABS 10mg   | 1                          |                 |
| <i>zafirlukast</i> (generic of<br>ACCOLATE) TABS 10mg,<br>20mg                              | 1                          |                 |
| <b>MISCELLANEOUS</b>                                                                        |                            |                 |
| <i>acetylcysteine</i> SOLN 10%,<br>20%                                                      | 1                          | B/D             |
| ARALAST NP SOLR 500mg,<br>1000mg                                                            | 3                          | NDS NM LA<br>PA |
| <i>cromolyn sodium</i> NEBU<br>20mg/2ml                                                     | 1                          | B/D             |

| Drug Name                                                                                                    | Drug Requirements/<br>Tier | Limits          |
|--------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
| DALIRESP TABS 250mcg,<br>500mcg                                                                              | 3                          |                 |
| ELIXOPHYLLIN ELIX<br>80mg/15ml                                                                               | 3                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN 2-PAK)<br>SOAJ .3mg/0.3ml<br>(generic of EpiPen)      | 1                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>(generic of EPIPEN-JR 2-<br>PAK) SOAJ .15mg/0.3ml<br>(generic of EpiPen) | 1                          |                 |
| <i>epinephrine (anaphylaxis)</i><br>SOAJ .15mg/0.15ml,<br>.3mg/0.3ml<br>(generic of Adrenaclick)             | 1                          |                 |
| ESBRIET CAPS 267mg<br>QL (270 caps / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| ESBRIET TABS 267mg<br>QL (270 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| ESBRIET TABS 801mg<br>QL (90 tabs / 30 days)                                                                 | 3                          | NDS QL NM<br>PA |
| FASENRA SOSY 30mg/ml                                                                                         | 3                          | NDS NM LA<br>PA |
| FASENRA PEN SOAJ<br>30mg/ml                                                                                  | 3                          | NDS NM LA<br>PA |
| GLASSIA SOLN<br>1000mg/50ml                                                                                  | 3                          | NDS NM LA<br>PA |
| KALYDECO PACK 25mg,<br>50mg, 75mg<br>QL (56 packs / 28 days)                                                 | 3                          | NDS QL NM<br>PA |
| KALYDECO TABS 150mg<br>QL (60 tabs / 30 days)                                                                | 3                          | NDS QL NM<br>PA |
| OFEV CAPS 100mg, 150mg<br>QL (60 caps / 30 days)                                                             | 3                          | NDS QL NM<br>PA |
| ORKAMBI GRA 100-125<br>QL (56 packs / 28 days)                                                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI GRA 150-188<br>QL (56 packs / 28 days)                                                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI TAB 100-125<br>QL (112 tabs / 28 days)                                                               | 3                          | NDS QL NM<br>PA |
| ORKAMBI TAB 200-125<br>QL (112 tabs / 28 days)                                                               | 3                          | NDS QL NM<br>PA |
| PROLASTIN-C SOLN<br>1000mg/20ml; SOLR 1000mg                                                                 | 3                          | NDS NM LA<br>PA |
| PULMOZYME SOLN 1mg/ml                                                                                        | 3                          | NDS NM PA       |

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

| Drug Name                                                                                                | Drug Requirements/<br>Tier | Limits             |
|----------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| SYMDEKO TAB 50-75MG<br>QL (56 tabs / 28 days)                                                            | 3                          | NDS QL NM<br>LA PA |
| SYMDEKO TAB 100-150<br>QL (56 tabs / 28 days)                                                            | 3                          | NDS QL NM<br>LA PA |
| SYMJEPI SOSY<br>.15mg/0.3ml, .3mg/0.3ml                                                                  | 3                          |                    |
| THEO-24 CP24 100mg,<br>200mg, 300mg, 400mg                                                               | 3                          |                    |
| <i>theophylline</i> SOLN<br>80mg/15ml; TB12 300mg,<br>450mg; TB24 400mg, 600mg                           | 1                          |                    |
| TRIKAFTA TAB<br>QL (84 tabs / 28 days)                                                                   | 3                          | NDS QL NM<br>LA PA |
| XOLAIR SOLR 150mg;<br>SOSY 75mg/0.5ml, 150mg/ml                                                          | 3                          | NDS NM LA<br>PA    |
| ZEMAIRA SOLR 1000mg                                                                                      | 3                          | NDS NM LA<br>PA    |
| <b>NASAL STEROIDS</b>                                                                                    |                            |                    |
| BECONASE AQ SUSP<br>42mcg/spray<br>QL (2 inhalers / 30 days)                                             | 3                          | QL                 |
| <i>flunisolide (nasal)</i> SOLN<br>.025%<br>QL (3 bottles / 30 days)                                     | 1                          | QL                 |
| <i>fluticasone propionate (nasal)</i><br>SUSP 50mcg/act<br>QL (1 bottle / 30 days)                       | 1                          | QL                 |
| <i>mometasone furoate (nasal)</i><br>(generic of NASONEX) SUSP<br>50mcg/act<br>QL (2 inhalers / 30 days) | 1                          | QL                 |
| OMNARIS SUSP 50mcg/act<br>QL (1 inhaler / 30 days)                                                       | 3                          | QL                 |
| QNASL AERS 80mcg/act<br>QL (1 inhaler / 30 days)                                                         | 3                          | QL                 |
| QNASL CHILDRENS AERS<br>40mcg/act<br>QL (1 inhaler / 30 days)                                            | 3                          | QL                 |
| XHANCE EXHU 93mcg/act<br>QL (2 bottles / 30 days)                                                        | 3                          | QL                 |
| ZETONNA AERS 37mcg/act<br>QL (1 inhaler / 30 days)                                                       | 3                          | QL                 |

| Drug Name                                                                                        | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------|----------------------------|--------|
| <b>STEROID INHALANTS</b>                                                                         |                            |        |
| ARNUITY ELLIPTA AEPB<br>50mcg/act, 100mcg/act,<br>200mcg/act<br>QL (30 inhalations / 30<br>days) | 2                          | QL     |
| <i>budesonide (inhalation)</i><br>(generic of PULMICORT)<br>SUSP .25mg/2ml, .5mg/2ml,<br>1mg/2ml | 1                          | B/D    |
| FLOVENT DISKUS AEPB<br>50mcg/blist<br>QL (180 inhalations / 30<br>days)                          | 2                          | QL     |
| FLOVENT DISKUS AEPB<br>100mcg/blist, 250mcg/blist<br>QL (240 inhalations / 30<br>days)           | 2                          | QL     |
| FLOVENT HFA AERO<br>44mcg/act, 110mcg/act,<br>220mcg/act<br>QL (2 inhalers / 30 days)            | 2                          | QL     |
| PULMICORT FLEXHALER<br>AEPB 90mcg/act<br>QL (3 inhalers / 30 days)                               | 3                          | QL     |
| PULMICORT FLEXHALER<br>AEPB 180mcg/act<br>QL (2 inhalers / 30 days)                              | 3                          | QL     |
| <b>STEROID/BETA-AGONIST<br/>COMBINATIONS</b>                                                     |                            |        |
| ADVAIR DISKU AER 100/50<br>QL (60 inhalations / 30<br>days)                                      | 2                          | QL     |
| ADVAIR DISKU AER 250/50<br>QL (60 inhalations / 30<br>days)                                      | 2                          | QL     |
| ADVAIR DISKU AER 500/50<br>QL (60 inhalations / 30<br>days)                                      | 2                          | QL     |
| ADVAIR HFA AER 45/21<br>QL (1 inhaler / 30 days)                                                 | 2                          | QL     |
| ADVAIR HFA AER 115/21<br>QL (1 inhaler / 30 days)                                                | 2                          | QL     |
| ADVAIR HFA AER 230/21<br>QL (1 inhaler / 30 days)                                                | 2                          | QL     |

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

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| BREO ELLIPTA INH 100-25<br>QL (60 blisters / 30 days)                 | 2                          | QL     |
| BREO ELLIPTA INH 200-25<br>QL (60 blisters / 30 days)                 | 2                          | QL     |
| SYMBICORT AER 80-4.5<br>QL (1 inhaler / 30 days)                      | 2                          | QL     |
| SYMBICORT AER 160-4.5<br>QL (1 inhaler / 30 days)                     | 2                          | QL     |
| <b>TOPICAL<br/>DERMATOLOGY, ACNE</b>                                  |                            |        |
| ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg                      | 3                          | NDS PA |
| ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg                                | 3                          | NDS PA |
| <i>adapalene</i> (generic of DIFFERIN) CREA .1%; GEL .3%              | 1                          |        |
| <i>adapalene</i> GEL .1%                                              | 1                          |        |
| ADAPALENE SOLN .1%                                                    | 3                          |        |
| <i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> (generic of EPIDUO)    | 1                          |        |
| AKLIEF CREA .005%<br>QL (45 gm / 30 days)                             | 3                          | QL PA  |
| ALTRENO LOTN .05%<br>QL (45 gm / 30 days)                             | 3                          | QL PA  |
| <i>amnesteem</i> CAPS 10mg, 20mg, 40mg                                | 1                          | PA     |
| AMZEEQ FOAM 4%<br>QL (30 gm / 30 days)                                | 3                          | QL     |
| ARAZLO LOTN .045%<br>QL (45 gm / 30 days)                             | 3                          | QL PA  |
| <i>avita</i> (generic of RETIN-A) CREA .025%<br>QL (45 gm / 30 days)  | 1                          | QL PA  |
| <i>avita</i> GEL .025%<br>QL (45 gm / 30 days)                        | 1                          | QL PA  |
| AZELEX CREA 20%                                                       | 3                          |        |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> (generic of BENZAMYCIN) | 1                          |        |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg                           | 1                          | PA     |
| <i>clindacin-p</i> SWAB 1%                                            | 1                          |        |

| Drug Name                                                                                              | Drug Requirements/<br>Tier | Limits |
|--------------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>                                     | 1                          |        |
| <i>clindamycin phosphate (topical)</i> (generic of EVOCLIN) FOAM 1%                                    | 1                          |        |
| <i>clindamycin phosphate (topical)</i> GEL 1%<br>QL (75 gm / 30 days)                                  | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1%<br>QL (60 mL / 30 days)          | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SOLN 1%<br>QL (60 mL / 30 days)                                 | 1                          | QL     |
| <i>clindamycin phosphate (topical)</i> SWAB 1%                                                         | 1                          |        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (generic of BENZACLIN)                          | 1                          |        |
| <i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA)<br>QL (50 gm / 30 days) | 1                          | QL     |
| <i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (generic of ZIANA)                               | 1                          |        |
| <i>dapsone (topical)</i> (generic of ACZONE) GEL 5%, 7.5%<br>QL (90 gm / 30 days)                      | 1                          | QL     |
| DIFFERIN LOTN .1%                                                                                      | 3                          |        |
| EPIDUO FORTE GEL 0.3-2.5%                                                                              | 3                          |        |
| ery PADS 2%                                                                                            | 1                          |        |
| <i>erythromycin (acne aid)</i> (generic of ERYGEL) GEL 2%<br>QL (60 gm / 30 days)                      | 1                          | QL     |
| <i>erythromycin (acne aid)</i> SOLN 2%<br>QL (60 mL / 30 days)                                         | 1                          | QL     |
| FABIOR FOAM .1%<br>QL (100 gm / 30 days)                                                               | 3                          | QL PA  |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg                                                        | 1                          | PA     |

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

| Drug Name                                                                                  | Drug Requirements/<br>Tier | Limits    |
|--------------------------------------------------------------------------------------------|----------------------------|-----------|
| myorisan CAPS 10mg, 20mg, 30mg, 40mg                                                       | 1                          | PA        |
| neuac gel 1.2-5%                                                                           | 1                          |           |
| ONEXTON GEL 1.2-3.75                                                                       | 3                          |           |
| RETIN-A MICRO GEL .06% QL (50 gm / 30 days)                                                | 3                          | NDS QL PA |
| RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)                                           | 3                          | NDS QL PA |
| sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%                                   | 1                          |           |
| tretinoin (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days) | 1                          | QL PA     |
| tretinoin (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)                               | 1                          | QL PA     |
| tretinoin microsphere (generic of RETIN-A MICRO) GEL .04%, .1% QL (50 gm / 30 days)        | 1                          | QL PA     |
| VELTIN GEL                                                                                 | 3                          |           |
| zenatane CAPS 10mg, 20mg, 30mg, 40mg                                                       | 1                          | PA        |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                                            |                            |           |
| ALTABAX OINT 1% QL (30 gm / 30 days)                                                       | 3                          | QL        |
| CENTANY OINT 2% QL (220 gm / 30 days)                                                      | 3                          | QL        |
| CORTISPORIN CRE 0.5%                                                                       | 3                          |           |
| CORTISPORIN OIN 1%                                                                         | 3                          |           |
| gentamicin sulfate (topical) CREA .1% QL (30 gm / 30 days)                                 | 1                          | QL        |
| gentamicin sulfate (topical) OINT .1%                                                      | 1                          |           |
| mafenide acetate (generic of SULFAMYLON) PACK 5%                                           | 1                          |           |
| mupirocin OINT 2% QL (220 gm / 30 days)                                                    | 1                          | QL        |
| silver sulfadiazine (generic of SILVADENE) CREA 1%                                         | 1                          |           |
| ssd (generic of SILVADENE) CREA 1%                                                         | 1                          |           |

| Drug Name                                                             | Drug Requirements/<br>Tier | Limits |
|-----------------------------------------------------------------------|----------------------------|--------|
| SULFAMYLON CREA 85mg/gm                                               | 3                          |        |
| XEPI CREA 1%                                                          | 3                          |        |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                       |                            |        |
| ciclopirox olamine (generic of LOPROX) CREA .77% QL (90 gm / 30 days) | 1                          | QL     |
| ciclopirox olamine (generic of LOPROX) SUSP .77% QL (60 mL / 30 days) | 1                          | QL     |
| clotrimazole (topical) CREA 1% QL (45 gm / 30 days)                   | 1                          | QL     |
| clotrimazole (topical) SOLN 1% QL (30 mL / 30 days)                   | 1                          | QL     |
| clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)      | 1                          | QL     |
| clotrimazole w/ betamethasone lotion 1-0.05% QL (30 mL / 30 days)     | 1                          | QL     |
| econazole nitrate CREA 1% QL (85 gm / 30 days)                        | 1                          | QL     |
| ERTACZO CREA 2% QL (60 gm / 30 days)                                  | 3                          | NDS QL |
| JUBLIA SOLN 10% QL (8 mL / 30 days)                                   | 3                          | NDS QL |
| ketoconazole (topical) CREA 2% QL (60 gm / 30 days)                   | 1                          | QL     |
| luliconazole CREA 1% QL (60 gm / 30 days)                             | 1                          | QL     |
| MENTAX CREA 1%                                                        | 3                          |        |
| miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%            | 1                          | PA     |
| naftifine hcl CREA 1% QL (90 gm / 30 days)                            | 1                          | QL     |
| naftifine hcl CREA 2% QL (60 gm / 30 days)                            | 1                          | QL     |
| naftifine hcl (generic of NAFTIN) GEL 1% QL (90 gm / 30 days)         | 1                          | QL     |

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

| Drug Name                                                                               | Drug Requirements/<br>Tier | Limits    |
|-----------------------------------------------------------------------------------------|----------------------------|-----------|
| NAFTIN GEL 2%<br>QL (60 gm / 30 days)                                                   | 3                          | QL        |
| nyamyc POWD<br>100000unit/gm<br>QL (60 gm / 30 days)                                    | 1                          | QL        |
| nystatin (topical) CREA<br>100000unit/gm; OINT<br>100000unit/gm<br>QL (30 gm / 30 days) | 1                          | QL        |
| nystatin (topical) POWD<br>100000unit/gm<br>QL (60 gm / 30 days)                        | 1                          | QL        |
| nystop POWD 100000unit/gm<br>QL (60 gm / 30 days)                                       | 1                          | QL        |
| OXISTAT LOTN 1%<br>QL (60 mL / 30 days)                                                 | 3                          | QL PA     |
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                      |                            |           |
| acitretin (generic of<br>SORIATANE) CAPS 10mg,<br>25mg                                  | 1                          | PA        |
| acitretin CAPS 17.5mg                                                                   | 1                          | PA        |
| calcipotriene OINT .005%<br>QL (120 gm / 30 days)                                       | 1                          | QL PA     |
| calcipotriene SOLN .005%<br>QL (120 mL / 30 days)                                       | 1                          | QL PA     |
| calcitrene OINT .005%<br>QL (120 gm / 30 days)                                          | 1                          | QL PA     |
| methoxsalen rapid (generic of<br>OXSORALEN ULTRA) CAPS<br>10mg                          | 3                          | NDS       |
| SORILUX FOAM .005%<br>QL (120 gm / 30 days)                                             | 3                          | NDS QL PA |
| tazarotene (generic of<br>TAZORAC) CREA .1%<br>QL (60 gm / 30 days)                     | 1                          | QL PA     |
| TAZORAC CREA .05%<br>QL (60 gm / 30 days)                                               | 3                          | QL PA     |
| TAZORAC GEL .05%, .1%<br>QL (100 gm / 30 days)                                          | 3                          | QL PA     |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                                                     |                            |           |
| ketoconazole (topical) SHAM<br>2%<br>QL (120 mL / 30 days)                              | 1                          | QL        |
| selenium sulfide LOTN 2.5%                                                              | 1                          |           |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                     |                            |           |
| ala-cort CREA 1%, 2.5%                                                                  | 1                          |           |

| Drug Name                                                                                                           | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------------------------------------------------|----------------------------|-----------|
| alclometasone dipropionate<br>CREA .05%; OINT .05%                                                                  | 1                          |           |
| amcinonide CREA .1%;<br>LOTN .1%                                                                                    | 1                          |           |
| AMCINONIDE OINT .1%                                                                                                 | 3                          |           |
| APEXICON E CREA .05%<br>QL (60 gm / 30 days)                                                                        | 3                          | NDS QL    |
| besser (generic of CUTIVATE)<br>LOTN .05%<br>QL (120 mL / 30 days)                                                  | 1                          | QL        |
| betamethasone dipropionate<br>(topical) CREA .05%; LOTN<br>.05%; OINT .05%                                          | 1                          |           |
| betamethasone dipropionate<br>augmented (generic of<br>DIPROLENE AF) CREA<br>.05%                                   | 1                          |           |
| betamethasone dipropionate<br>augmented GEL .05%; LOTN<br>.05%                                                      | 1                          |           |
| betamethasone dipropionate<br>augmented (generic of<br>DIPROLENE) OINT .05%                                         | 1                          |           |
| betamethasone valerate<br>CREA .1%; LOTN .1%; OINT<br>.1%                                                           | 1                          |           |
| betamethasone valerate<br>(generic of LUXIQ) FOAM<br>.12%                                                           | 1                          |           |
| BRYHALI LOTN .01%<br>QL (100 gm / 30 days)                                                                          | 3                          | QL        |
| calcipotriene-betamethasone<br>dipropionate oint 0.005-<br>0.064% (generic of<br>TACLONEX)<br>QL (400 gm / 28 days) | 1                          | QL PA     |
| calcipotriene-betamethasone<br>dipropionate susp 0.005-<br>0.064% (generic of<br>TACLONEX)<br>QL (400 gm / 28 days) | 3                          | NDS QL PA |
| CAPEX SHAM .01%                                                                                                     | 3                          |           |
| clobetasol propionate (generic<br>of TEMOVATE) CREA .05%;<br>OINT .05%<br>QL (60 gm / 30 days)                      | 1                          | QL        |

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

| Drug Name                                                                                      | Drug Requirements/<br>Tier | Limits    |
|------------------------------------------------------------------------------------------------|----------------------------|-----------|
| <i>clobetasol propionate</i> (generic of OLUX) FOAM .05%<br>QL (100 gm / 30 days)              | 1                          | QL        |
| <i>clobetasol propionate</i> GEL .05%<br>QL (60 gm / 30 days)                                  | 1                          | QL        |
| <i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05%<br>QL (125 mL / 30 days)            | 1                          | QL        |
| <i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05%<br>QL (118 mL / 30 days) | 1                          | QL        |
| <i>clobetasol propionate</i> SOLN .05%<br>QL (50 mL / 30 days)                                 | 1                          | QL        |
| <i>clobetasol propionate</i> e CREA .05%<br>QL (60 gm / 30 days)                               | 1                          | QL        |
| <i>clobetasol propionate</i> emulsion (generic of OLUX-E) FOAM .05%<br>QL (100 gm / 30 days)   | 1                          | QL        |
| <i>clocortolone pivalate</i> (generic of CLODERM) CREA .1%                                     | 1                          |           |
| <i>clodan</i> (generic of CLOBEX) SHAM .05%<br>QL (118 mL / 30 days)                           | 1                          | QL        |
| <i>desonide</i> (generic of DESOWEN) CREA .05%<br>QL (60 gm / 30 days)                         | 1                          | QL        |
| <i>desonide</i> (generic of DESONATE) GEL .05%<br>QL (60 gm / 30 days)                         | 1                          | QL        |
| <i>desonide</i> LOTN .05%<br>QL (118 mL / 30 days)                                             | 1                          | QL        |
| <i>desonide</i> OINT .05%<br>QL (60 gm / 30 days)                                              | 1                          | QL        |
| <i>desoximetasone</i> (generic of TOPICORT) LIQD .25%<br>QL (100 mL / 30 days)                 | 1                          | QL        |
| DUOBRII LOT<br>QL (200 gm / 28 days)                                                           | 3                          | NDS QL PA |
| ENSTILAR AER<br>QL (120 gm / 30 days)                                                          | 3                          | QL PA     |
| <i>fluocinolone acetonide</i> CREA .01%                                                        | 1                          |           |

| Drug Name                                                                              | Drug Requirements/<br>Tier | Limits |
|----------------------------------------------------------------------------------------|----------------------------|--------|
| <i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025%              | 1                          |        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01%               | 1                          |        |
| <i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01%              | 1                          |        |
| <i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01%<br>QL (90 mL / 30 days)   | 1                          | QL     |
| <i>fluocinonide</i> CREA .05%<br>QL (120 gm / 30 days)                                 | 1                          | QL     |
| <i>fluocinonide</i> GEL .05%; OINT .05%<br>QL (60 gm / 30 days)                        | 1                          | QL     |
| <i>fluocinonide</i> SOLN .05%<br>QL (60 mL / 30 days)                                  | 1                          | QL     |
| <i>fluocinonide emulsified base</i> CREA .05%<br>QL (120 gm / 30 days)                 | 1                          | QL     |
| <i>fluticasone propionate</i> CREA .05%; OINT .005%                                    | 1                          |        |
| <i>fluticasone propionate</i> (generic of CUTIVATE) LOTN .05%<br>QL (120 mL / 30 days) | 1                          | QL     |
| <i>halcinonide</i> (generic of HALOG) CREA .1%<br>QL (240 gm / 30 days)                | 3                          | NDS QL |
| <i>halobetasol propionate</i> CREA .05%; OINT .05%<br>QL (50 gm / 30 days)             | 1                          | QL     |
| HALOBETASOL PROPIONATE FOAM .05%                                                       | 3                          | NDS    |
| HALOG OINT .1%<br>QL (240 gm / 30 days)                                                | 3                          | NDS QL |
| HALOG SOLN .1%<br>QL (120 mL / 30 days)                                                | 3                          | NDS QL |
| <i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%                    | 1                          |        |

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

| Drug Name                                                                                       | Drug Requirements/<br>Tier | Limits |
|-------------------------------------------------------------------------------------------------|----------------------------|--------|
| <i>hydrocortisone (topical)</i> OINT 1%<br>QL (30 gm / 30 days)                                 | 1                          | QL     |
| <i>hydrocortisone butyrate</i> SOLN .1%<br>QL (60 mL / 30 days)                                 | 1                          | QL     |
| IMPEKLO LOTN .15mg/act<br>QL (68 gm / 30 days)                                                  | 3                          | QL     |
| IMPOYZ CREA .025%<br>QL (100 gm / 30 days)                                                      | 3                          | QL     |
| LEXETTE FOAM .05%                                                                               | 3                          | NDS    |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%                                          | 1                          |        |
| PANDEL CREA .1%<br>QL (80 gm / 30 days)                                                         | 3                          | NDS QL |
| <i>prednicarbate</i> CREA .1%; OINT .1%                                                         | 1                          |        |
| SERNIVO EMUL .05%                                                                               | 3                          | NDS    |
| <i>tovet</i> (generic of OLUX-E) FOAM .05%<br>QL (100 gm / 30 days)                             | 1                          | QL     |
| <i>triamcinolone acetonide (topical)</i> (generic of KENALOG) AERS .147mg/gm                    | 1                          |        |
| <i>triamcinolone acetonide (topical)</i> CREA .1%<br>QL (454 gm / 30 days)                      | 1                          | QL     |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5% | 1                          |        |
| <i>triderm</i> CREA .1%<br>QL (454 gm / 30 days)                                                | 1                          | QL     |
| <i>triderm</i> CREA .5%                                                                         | 1                          |        |
| ULTRAVATE LOTN .05%<br>QL (120 mL / 30 days)                                                    | 3                          | NDS QL |
| VERDESO FOAM .05%<br>QL (100 gm / 30 days)                                                      | 3                          | NDS QL |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                           |                            |        |
| <i>glydo</i> PRSY 2%<br>QL (60 mL / 30 days)                                                    | 1                          | QL PA  |
| <i>lidocaine</i> OINT 5%<br>QL (50 gm / 30 days)                                                | 1                          | QL PA  |
| <i>lidocaine</i> (generic of LIDODERM) PTCH 5%<br>QL (3 patches / 1 day)                        | 1                          | QL PA  |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits             |
|-------------------------------------------------------------------------------------------|----------------------------|--------------------|
| <i>lidocaine hcl</i> GEL 2%<br>QL (30 mL / 30 days)                                       | 1                          | QL PA              |
| <i>lidocaine hcl</i> SOLN 4%<br>QL (50 mL / 30 days)                                      | 1                          | QL PA              |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5%<br>QL (30 gm / 30 days)                        | 1                          | QL PA              |
| QUTENZA KIT 8% 2-PCH<br>QL (4 patches / 90 days)                                          | 3                          | NDS QL NM<br>LA PA |
| ZTLIDO PTCH 1.8%<br>QL (3 patches / 1 day)                                                | 3                          | QL PA              |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                |                            |                    |
| <i>acyclovir topical</i> (generic of ZOVIRAX) CREA 5%<br>QL (5 gm / 30 days)              | 3                          | NDS QL             |
| <i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5%<br>QL (30 gm / 30 days)             | 1                          | QL                 |
| <i>azelaic acid</i> (generic of FINACEA) GEL 15%<br>QL (50 gm / 30 days)                  | 1                          | QL                 |
| CONDYLOX GEL .5%                                                                          | 3                          |                    |
| CORTIFOAM FOAM 10%                                                                        | 3                          |                    |
| DENAVIR CREA 1%<br>QL (5 gm / 30 days)                                                    | 3                          | NDS QL             |
| <i>diclofenac sodium (actinic keratoses)</i> GEL 3%<br>QL (100 gm / 30 days)              | 1                          | QL PA              |
| <i>diclofenac sodium (topical)</i> (generic of VOLTAREN) GEL 1%<br>QL (1000 gm / 30 days) | 1                          | QL PA              |
| <i>diclofenac sodium (topical)</i> SOLN 1.5%<br>QL (300 mL / 28 days)                     | 1                          | QL PA              |
| <i>doxycycline (rosacea)</i> CPDR 40mg                                                    | 1                          |                    |
| FINACEA FOAM 15%<br>QL (50 gm / 30 days)                                                  | 3                          | QL                 |
| FLUOROPLEX CREA 1%<br>QL (30 gm / 30 days)                                                | 3                          | NDS QL             |
| <i>fluorouracil (topical)</i> (generic of EFUDEX) CREA 5%<br>QL (40 gm / 30 days)         | 1                          | QL                 |

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

| Drug Name                                                                 | Drug Requirements/<br>Tier | Limits    |
|---------------------------------------------------------------------------|----------------------------|-----------|
| <i>fluorouracil (topical)</i> SOLN 2%, 5%<br>QL (10 mL / 30 days)         | 1                          | QL        |
| <i>imiquimod</i> (generic of ALDARA) CREA 5%<br>QL (24 packets / 30 days) | 1                          | QL        |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%                  | 1                          |           |
| <i>metronidazole (topical)</i> (generic of METROCREAM) CREA .75%          | 1                          |           |
| <i>metronidazole (topical)</i> GEL .75%                                   | 1                          |           |
| <i>metronidazole (topical)</i> (generic of METROLOTION) LOTN .75%         | 1                          |           |
| MIRVASO GEL .33%<br>QL (30 gm / 30 days)                                  | 3                          | QL        |
| NORITATE CREA 1%<br>QL (60 gm / 30 days)                                  | 3                          | NDS QL    |
| PENNSAID SOLN 2%<br>QL (224 gm / 28 days)                                 | 3                          | NDS QL PA |
| PICATO GEL .05%<br>QL (2 tubes / 30 days)                                 | 3                          | QL        |
| PICATO GEL .015%<br>QL (3 tubes / 30 days)                                | 3                          | QL        |
| <i>pimecrolimus</i> (generic of ELIDEL) CREA 1%<br>QL (100 gm / 30 days)  | 1                          | QL PA     |
| <i>podofilox</i> SOLN .5%                                                 | 1                          |           |
| <i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%                     | 1                          |           |
| <i>procto-pak</i> (generic of PROCTOCORT) CREA 1%                         | 1                          |           |
| <i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%                      | 1                          |           |
| <i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%                     | 1                          |           |
| QBREXZA PADS 2.4%<br>QL (30 pouches / 30 days)                            | 3                          | QL PA     |
| RECTIV OINT .4%                                                           | 3                          |           |
| RHOFADE CREA 1%<br>QL (60 gm / 30 days)                                   | 3                          | QL        |
| <i>rosadan</i> (generic of METROCREAM) CREA .75%                          | 1                          |           |

| Drug Name                                                                                 | Drug Requirements/<br>Tier | Limits          |
|-------------------------------------------------------------------------------------------|----------------------------|-----------------|
| <i>tacrolimus (topical)</i> (generic of PROTOPIC) OINT .03%, .1%<br>QL (100 gm / 30 days) | 1                          | QL              |
| TARGRETIN GEL 1%<br>QL (60 gm / 30 days)                                                  | 3                          | NDS QL NM PA    |
| VALCHLOR GEL .016%<br>QL (60 gm / 30 days)                                                | 3                          | NDS QL NM LA PA |
| XERESE CRE 5-1%<br>QL (5 gm / 30 days)                                                    | 3                          | NDS QL          |
| ZILXI FOAM 1.5%<br>QL (30 gm / 30 days)                                                   | 3                          | QL              |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>                                            |                            |                 |
| <i>crotan</i> LOTN 10%<br>QL (454 gm / 30 days)                                           | 1                          | QL              |
| <i>ivermectin (pediculicide)</i> LOTN .5%                                                 | 1                          |                 |
| <i>malathion</i> LOTN .5%                                                                 | 1                          |                 |
| NATROBA SUSP .9%                                                                          | 3                          |                 |
| <i>permethrin</i> (generic of ELIMITE) CREA 5%                                            | 1                          |                 |
| <i>spinosad</i> SUSP .9%                                                                  | 1                          |                 |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                                     |                            |                 |
| REGRANEX GEL .01%<br>QL (30 gm / 30 days)                                                 | 3                          | NDS QL PA       |
| SANTYL OINT 250unit/gm                                                                    | 3                          |                 |
| <i>sodium chloride (gu irrigant)</i> SOLN .9%                                             | 1                          |                 |
| <i>water for irrigation, sterile irrigation soln</i>                                      | 1                          |                 |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                         |                            |                 |
| <i>cevimeline hcl</i> (generic of EVOXAC) CAPS 30mg                                       | 1                          |                 |
| <i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%              | 1                          |                 |
| <i>clotrimazole</i> TROC 10mg<br>QL (150 lozenges / 30 days)                              | 1                          | QL              |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2%                                               | 1                          |                 |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml                                         | 1                          |                 |
| ORAVIG TABS 50mg                                                                          | 3                          | NDS             |
| <i>paroex</i> (generic of PERIDEX) SOLN .12%                                              | 1                          |                 |

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

| Drug Name                                                                   | Drug Requirements/<br>Tier Limits |
|-----------------------------------------------------------------------------|-----------------------------------|
| <i>periogard</i> (generic of PERIDEX) SOLN .12%                             | 1                                 |
| <i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg          | 1                                 |
| <i>triamcinolone acetonide (mouth)</i> PSTE .1%                             | 1                                 |
| <b>OTIC</b>                                                                 |                                   |
| <i>acetic acid (otic)</i> SOLN 2%                                           | 1                                 |
| CIPRO HC SUS OTIC                                                           | 3                                 |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2%                                    | 1                                 |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> (generic of CIPRODEX) | 1                                 |
| <i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>          | 1                                 |
| CORTISPORIN SUS -TC OTIC                                                    | 3                                 |
| <i>flac</i> (generic of DERMOTIC) OIL .01%                                  | 1                                 |
| <i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%         | 1                                 |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i>                         | 1                                 |
| <i>neomycin-polymyxin-hc otic soln 1%</i>                                   | 1                                 |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>           | 1                                 |
| <i>ofloxacin (otic)</i> SOLN .3%                                            | 1                                 |

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

## Index

|                                                                                    |                                                                                  |                                                                                 |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>A</b>                                                                           |                                                                                  |                                                                                 |
| abacavir sulfate.....8                                                             | acetaminophen-caffeine-<br>dihydrocodeine cap<br>320.5-30-16 mg.....3            | acyclovir sodium .....10                                                        |
| abacavir sulfate-lamivudine<br>tab 600-300 mg .....9                               | acetaminophen-caffeine-<br>dihydrocodeine tab 325-<br>30-16 mg .....3            | acyclovir topical .....79                                                       |
| abacavir sulfate-<br>lamivudine-zidovudine<br>tab 300-150-300 mg .....9            | acetazolamide.....27                                                             | ACZONE<br>see dapsone (topical) ..75                                            |
| ABELCET .....7                                                                     | acetic acid.....62                                                               | ADACEL INJ .....67                                                              |
| ABILIFY<br>see aripiprazole .....36                                                | acetic acid (otic).....81                                                        | ADAKVEO .....64                                                                 |
| ABILIFY MAINTENA.....36                                                            | acetylcysteine .....73                                                           | adapalene .....75                                                               |
| ABILIFY MYCITE.....36                                                              | ACIPHEX<br>see rabeprazole sodium<br>.....62                                     | ADAPALENE .....75                                                               |
| abiraterone acetate .....14                                                        | acitretin .....77                                                                | adapalene-benzoyl<br>peroxide gel 0.1-2.5% .75                                  |
| ABRAXANE INJ 100MG .16                                                             | ACTHIB INJ .....67                                                               | ADCIRCA<br>see alyq .....29                                                     |
| ABSORICA .....75                                                                   | ACTIMMUNE .....66                                                                | see tadalafil (pulmonary<br>hypertension).....29                                |
| ABSORICA LD.....75                                                                 | ACTIQ<br>see fentanyl citrate .....3                                             | ADDERALL<br>see amphetamine-<br>dextroamphetamine<br>tab 10 mg.....39           |
| acamprosate calcium .....46                                                        | ACTIVELLA<br>see amabelz .....54                                                 | see amphetamine-<br>dextroamphetamine<br>tab 12.5 mg.....39                     |
| ACANYA<br>see clindamycin<br>phosphate-benzoyl<br>peroxide gel 1.2-2.5%<br>.....75 | see estradiol &<br>norethindrone acetate<br>tab 1-0.5 mg .....54                 | see amphetamine-<br>dextroamphetamine<br>tab 15 mg.....39                       |
| acarbose .....47                                                                   | see lopreeza.....54                                                              | see amphetamine-<br>dextroamphetamine<br>tab 20 mg.....39                       |
| ACCOLATE<br>see zafirlukast .....73                                                | see mimvey .....54                                                               | see amphetamine-<br>dextroamphetamine<br>tab 30 mg.....39                       |
| ACCUPRIL<br>see quinapril hcl .....21                                              | ACTONEL<br>see risedronate sodium<br>.....50                                     | see amphetamine-<br>dextroamphetamine<br>tab 5 mg.....39                        |
| ACCURETIC<br>see quinapril-<br>hydrochlorothiazide tab<br>10-12.5 mg .....20       | ACTOPLUS MET<br>see pioglitazone hcl-<br>metformin hcl tab 15-<br>500 mg .....48 | see amphetamine-<br>dextroamphetamine<br>tab 7.5 mg.....39                      |
| see quinapril-<br>hydrochlorothiazide tab<br>20-12.5 mg .....20                    | see pioglitazone hcl-<br>metformin hcl tab 15-<br>850 mg .....48                 | ADDERALL XR<br>see amphetamine-<br>dextroamphetamine<br>cap er 24hr 10 mg ...39 |
| see quinapril-<br>hydrochlorothiazide tab<br>20-25 mg .....20                      | ACTOS<br>see pioglitazone hcl.....48                                             | see amphetamine-<br>dextroamphetamine<br>cap er 24hr 15 mg ...39                |
| acebutolol hcl.....26                                                              | ACULAR<br>see ketorolac<br>tromethamine (ophth)<br>.....70                       | see amphetamine-<br>dextroamphetamine<br>cap er 24hr 20 mg ...39                |
| acetaminophen w/ codeine<br>soln 120-12 mg/5ml.....3                               | ACULAR LS<br>see ketorolac<br>tromethamine (ophth)<br>.....70                    |                                                                                 |
| acetaminophen w/ codeine<br>tab 300-15 mg .....3                                   | acyclovir.....10                                                                 |                                                                                 |
| acetaminophen w/ codeine<br>tab 300-30 mg .....3                                   |                                                                                  |                                                                                 |
| acetaminophen w/ codeine<br>tab 300-60 mg .....3                                   |                                                                                  |                                                                                 |

|                                                                      |                                                                             |                                                                          |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| see <i>amphetamine-dextroamphetamine</i><br>cap er 24hr 25 mg ...39  | see <i>spironolactone &amp; hydrochlorothiazide tab</i><br>25-25 mg .....27 | AMBIEN CR<br>see <i>zolpidem tartrate</i> ...42                          |
| see <i>amphetamine-dextroamphetamine</i><br>cap er 24hr 30 mg ...39  | ALDACTAZIDE TAB 50/50<br>.....27                                            | AMBISOME .....7                                                          |
| see <i>amphetamine-dextroamphetamine</i><br>cap er 24hr 5 mg .....39 | ALDACTONE<br>see <i>spironolactone</i> .....21                              | <i>ambrisentan</i> .....29                                               |
| <i>adefovir dipivoxil</i> .....10                                    | ALDARA<br>see <i>imiquimod</i> .....80                                      | <i>amcinonide</i> .....77                                                |
| ADEMPAS .....29                                                      | ALDURAZYME .....55                                                          | AMCINONIDE .....77                                                       |
| <i>adriamycin</i> .....14                                            | ALECENSA .....16                                                            | AMERGE<br>see <i>naratriptan hcl</i> .....42                             |
| ADVAIR DISKU AER<br>100/50 .....74                                   | <i>alendronate sodium</i> .....50                                           | <i>amethia</i> .....51                                                   |
| ADVAIR DISKU AER<br>250/50 .....74                                   | <i>alfuzosin hcl</i> .....62                                                | <i>amethyst</i> .....51                                                  |
| ADVAIR DISKU AER<br>500/50 .....74                                   | ALIMTA .....14                                                              | <i>amikacin sulfate</i> .....5                                           |
| ADVAIR HFA AER 115/21<br>.....74                                     | ALINIA .....5                                                               | <i>amiloride &amp; hydrochlorothiazide tab</i><br>5-50 mg .....27        |
| ADVAIR HFA AER 230/21<br>.....74                                     | see <i>nitazoxanide</i> .....6                                              | <i>amiloride hcl</i> .....27                                             |
| ADVAIR HFA AER 45/21 74                                              | ALIQUA .....16                                                              | AMINOSYN-PF INJ 7% ..69                                                  |
| ADZENYS XR-ODT .....38                                               | <i>aliskiren fumarate</i> .....27                                           | <i>amiodarone hcl</i> .....24                                            |
| AEMCOLO .....5                                                       | <i>allopurinol</i> .....1                                                   | AMITIZA .....61                                                          |
| AFINITOR .....16                                                     | <i>almotriptan malate</i> .....42                                           | <i>amitriptyline hcl</i> .....33                                         |
| see <i>everolimus</i> .....17                                        | ALORA .....54                                                               | <i>amlodipine besylate</i> .....26                                       |
| AFINITOR DISPERZ .....16                                             | <i>alosetron hcl</i> .....61                                                | <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-10 mg .....28  |
| <i>afirmelle</i> .....51                                             | ALOXI<br>see <i>palonosetron hcl</i> ...59                                  | <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-20 mg .....28  |
| AGRYLIN<br>see <i>anagrelide hcl</i> .....64                         | ALPHAGAN P .....71                                                          | <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-40 mg .....28  |
| AIMOVIG .....42                                                      | see <i>brimonidine tartrate</i><br>.....71                                  | <i>amlodipine besylate-atorvastatin calcium tab</i><br>10-80 mg .....28  |
| AKLIEF .....75                                                       | <i>alprazolam</i> .....29                                                   | <i>amlodipine besylate-atorvastatin calcium tab</i><br>2.5-10 mg .....27 |
| AKYNZEO CAP 300-0.5 .59                                              | ALPRAZOLAM INTENSOL<br>.....29                                              | <i>amlodipine besylate-atorvastatin calcium tab</i><br>2.5-20 mg .....27 |
| AKYNZEO INJ 235-0.25 .59                                             | ALREX .....70                                                               | <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-10 mg .....28   |
| AKYNZEO INJ 235-0.25MG/20ML .....59                                  | ALTABAX .....76                                                             | <i>amlodipine besylate-atorvastatin calcium tab</i><br>5-20 mg .....28   |
| <i>ala-cort</i> .....77                                              | ALTACE<br>see <i>ramipril</i> .....21                                       |                                                                          |
| <i>albendazole</i> .....5                                            | <i>altavera</i> .....51                                                     |                                                                          |
| ALBENZA<br>see <i>albendazole</i> .....5                             | ALTOPREV .....24                                                            |                                                                          |
| <i>albuterol sulfate</i> .....72, 73                                 | ALTRENO .....75                                                             |                                                                          |
| ALCAINE<br>see <i>proparacaine hcl</i> ...71                         | ALUNBRIG .....16                                                            |                                                                          |
| <i>alclometasone dipropionate</i><br>.....77                         | <i>alyacen 1/35</i> .....51                                                 |                                                                          |
| ALDACTAZIDE                                                          | <i>alyacen 7/7/7</i> .....51                                                |                                                                          |
|                                                                      | <i>alyq</i> .....29                                                         |                                                                          |
|                                                                      | <i>amabelz</i> .....54                                                      |                                                                          |
|                                                                      | <i>amantadine hcl</i> .....35                                               |                                                                          |
|                                                                      | AMARYL<br>see <i>glimepiride</i> .....47                                    |                                                                          |
|                                                                      | AMBIEN<br>see <i>zolpidem tartrate</i> ...42                                |                                                                          |

|                                                                     |                                                                           |                                                                   |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|
| amlodipine besylate-<br>atorvastatin calcium tab<br>5-40 mg.....28  | amlodipine-valsartan-<br>hydrochlorothiazide tab<br>10-160-12.5 mg.....22 | amphetamine-<br>dextroamphetamine cap<br>er 24hr 10 mg.....39     |
| amlodipine besylate-<br>atorvastatin calcium tab<br>5-80 mg.....28  | amlodipine-valsartan-<br>hydrochlorothiazide tab<br>10-160-25 mg.....22   | amphetamine-<br>dextroamphetamine cap<br>er 24hr 15 mg.....39     |
| amlodipine besylate-<br>benazepril hcl cap 10-20<br>mg.....20       | amlodipine-valsartan-<br>hydrochlorothiazide tab<br>10-320-25 mg.....22   | amphetamine-<br>dextroamphetamine cap<br>er 24hr 20 mg.....39     |
| amlodipine besylate-<br>benazepril hcl cap 10-40<br>mg.....20       | amlodipine-valsartan-<br>hydrochlorothiazide tab<br>5-160-12.5 mg.....22  | amphetamine-<br>dextroamphetamine cap<br>er 24hr 25 mg.....39     |
| amlodipine besylate-<br>benazepril hcl cap 2.5-10<br>mg.....20      | amlodipine-valsartan-<br>hydrochlorothiazide tab<br>5-160-25 mg.....22    | amphetamine-<br>dextroamphetamine cap<br>er 24hr 30 mg.....39     |
| amlodipine besylate-<br>benazepril hcl cap 5-10<br>mg.....20        | amnestem.....75                                                           | amphetamine-<br>dextroamphetamine cap<br>er 24hr 5 mg.....39      |
| amlodipine besylate-<br>benazepril hcl cap 5-20<br>mg.....20        | amoxapine.....33                                                          | amphetamine-<br>dextroamphetamine tab<br>10 mg.....39             |
| amlodipine besylate-<br>benazepril hcl cap 5-40<br>mg.....20        | amoxicillin.....12                                                        | amphetamine-<br>dextroamphetamine tab<br>12.5 mg.....39           |
| amlodipine besylate-<br>olmesartan medoxomil<br>tab 10-20 mg.....21 | amoxicillin & k clavulanate<br>chew tab 200-28.5 mg.12                    | amphetamine-<br>dextroamphetamine tab<br>15 mg.....39             |
| amlodipine besylate-<br>olmesartan medoxomil<br>tab 10-40 mg.....21 | amoxicillin & k clavulanate<br>chew tab 400-57 mg....12                   | amphetamine-<br>dextroamphetamine tab<br>20 mg.....39             |
| amlodipine besylate-<br>olmesartan medoxomil<br>tab 5-20 mg.....21  | amoxicillin & k clavulanate<br>for susp 200-28.5 mg/5ml<br>.....12        | amphetamine-<br>dextroamphetamine tab<br>30 mg.....39             |
| amlodipine besylate-<br>olmesartan medoxomil<br>tab 5-40 mg.....21  | amoxicillin & k clavulanate<br>for susp 250-62.5 mg/5ml<br>.....12        | amphetamine-<br>dextroamphetamine tab<br>5 mg.....39              |
| amlodipine besylate-<br>valsartan tab 10-160 mg<br>.....21          | amoxicillin & k clavulanate<br>for susp 400-57 mg/5ml<br>.....12          | amphetamine-<br>dextroamphetamine tab<br>7.5 mg.....39            |
| amlodipine besylate-<br>valsartan tab 10-320 mg<br>.....21          | amoxicillin & k clavulanate<br>tab 250-125 mg.....12                      | amphotericin b.....7                                              |
| amlodipine besylate-<br>valsartan tab 5-160 mg21                    | amoxicillin & k clavulanate<br>tab 500-125 mg.....12                      | ampicillin.....12                                                 |
| amlodipine besylate-<br>valsartan tab 5-320 mg21                    | amoxicillin & k clavulanate<br>tab 875-125 mg.....12                      | ampicillin & sulbactam<br>sodium for inj 1.5 (1-0.5)<br>gm.....12 |
|                                                                     | amoxicillin & k clavulanate<br>tab er 12hr 1000-62.5 mg<br>.....12        | ampicillin & sulbactam<br>sodium for inj 3 (2-1) gm<br>.....12    |
|                                                                     | amoxicillin cap-clarithro<br>tab-lansopraz cap dr<br>therapy pack.....61  |                                                                   |
|                                                                     | amphetamine.....38                                                        |                                                                   |

|                                                                                       |                                                                                           |                                                                                          |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <i>ampicillin &amp; sulbactam</i><br><i>sodium for iv soln 1.5 (1-0.5) gm</i> .....12 | ARALAST NP .....73                                                                        | <i>see candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....22              |
| <i>ampicillin &amp; sulbactam</i><br><i>sodium for iv soln 15 (10-5) gm</i> .....12   | aranelle .....51                                                                          | <i>see candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....22              |
| <i>ampicillin &amp; sulbactam</i><br><i>sodium for iv soln 3 (2-1) gm</i> .....12     | ARANESP ALBUMIN<br>FREE .....64                                                           | <i>see candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....22                |
| <i>ampicillin sodium</i> .....12                                                      | ARAVA<br><i>see leflunomide</i> .....66                                                   | atazanavir sulfate .....8                                                                |
| AMPYRA<br><i>see dalfampridine</i> .....44                                            | ARAZLO .....75                                                                            | ATELVIA<br><i>see risedronate sodium</i> .....50                                         |
| AMZEEQ .....75                                                                        | ARCALYST .....66                                                                          | atenolol .....26                                                                         |
| ANADROL-50 .....46                                                                    | ARICEPT<br><i>see donepezil hydrochloride</i> .....33                                     | <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....25                               |
| ANAFRANIL<br><i>see clomipramine hcl</i> ..34                                         | ARIKAYCE .....5                                                                           | <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....25                                |
| <i>anagrelide hcl</i> .....64                                                         | ARIMIDEX<br><i>see anastrozole</i> .....14                                                | ATGAM .....67                                                                            |
| ANAPROX DS<br><i>see naproxen sodium</i> ....1                                        | aripiprazole .....36                                                                      | ATIVAN<br><i>see lorazepam</i> .....30                                                   |
| <i>anastrozole</i> .....14                                                            | ARISTADA .....36                                                                          | atomoxetine hcl .....39                                                                  |
| ANCOBON<br><i>see flucytosine</i> .....7                                              | ARISTADA INITIO .....36                                                                   | atorvastatin calcium .....24                                                             |
| ANDRODERM .....47                                                                     | ARIXTRA<br><i>see fondaparinux sodium</i> .....63                                         | atovaquone .....5                                                                        |
| ANDROGEL<br><i>see testosterone</i> .....47                                           | armodafinil .....45, 46                                                                   | <i>atovaquone-proguanil hcl tab 250-100 mg</i> .....8                                    |
| ANDROGEL PUMP<br><i>see testosterone</i> .....47                                      | ARNUITY ELLIPTA .....74                                                                   | <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....8                                    |
| ANNOVERA MIS .....51                                                                  | AROMASIN<br><i>see exemestane</i> .....15                                                 | ATRALIN<br><i>see tretinoin</i> .....76                                                  |
| ANORO ELLIPT AER 62.5-25 .....72                                                      | ARTHROTEC 50<br><i>see diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....1 | ATRIPLA<br><i>see efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....9     |
| ANTARA .....24                                                                        | ARTHROTEC 75<br><i>see diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....1 | atropine sulfate .....60                                                                 |
| ANUSOL-HC<br><i>see procto-med hc</i> .....80                                         | ARZERRA .....16                                                                           | ATROPINE SULFATE ....71                                                                  |
| <i>see proctosol hc</i> .....80                                                       | ASACOL HD<br><i>see mesalamine</i> .....60                                                | ATROVENT HFA .....72                                                                     |
| <i>see proctozone-hc</i> .....80                                                      | asenapine maleate .....36                                                                 | AUBAGIO .....44                                                                          |
| APEXICON E .....77                                                                    | ashlyna .....51                                                                           | <i>aubra eq</i> .....51                                                                  |
| APOKYN .....35                                                                        | ASPARLAS .....15                                                                          | AUGMENTIN<br><i>see amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....12 |
| <i>aprepitant</i> .....59                                                             | <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....65                                 | <i>see amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....12                        |
| <i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....59                        | ASTAGRAF XL .....67                                                                       | AUGMENTIN ES-600                                                                         |
| <i>apri</i> .....51                                                                   | ATACAND<br><i>see candesartan cilexetil</i> .....23                                       |                                                                                          |
| APRISO<br><i>see mesalamine</i> .....60                                               | ATACAND HCT                                                                               |                                                                                          |
| APTENSIO XR<br><i>see methylphenidate hcl</i> .....40                                 |                                                                                           |                                                                                          |
| APTIOM .....30                                                                        |                                                                                           |                                                                                          |
| APTIVUS .....8                                                                        |                                                                                           |                                                                                          |

|                                                                          |                                                                          |                                                                               |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| see amoxicillin & k<br>clavulanate for susp<br>600-42.9 mg/5ml.....12    | see rasagiline mesylate<br>.....36                                       | see entecavir.....10                                                          |
| aurovela 1/20.....51                                                     | azithromycin.....11                                                      | BASAGLAR KWIKPEN...49                                                         |
| aurovela 24 fe.....51                                                    | AZOPT.....71                                                             | BAVENCIO.....16                                                               |
| aurovela fe 1.5/30.....51                                                | AZOR                                                                     | BAXDELA.....11                                                                |
| aurovela fe 1/20.....51                                                  | see amlodipine besylate-<br>olmesartan medoxomil<br>tab 10-20 mg .....21 | BCG VACCINE INJ.....67                                                        |
| AURYXIA.....57                                                           | see amlodipine besylate-<br>olmesartan medoxomil<br>tab 10-40 mg .....21 | BD ALCOHOL SWABS...49                                                         |
| AUSTEDO.....43                                                           | see amlodipine besylate-<br>olmesartan medoxomil<br>tab 5-20 mg .....21  | BECONASE AQ.....74                                                            |
| AVALIDE                                                                  | see amlodipine besylate-<br>olmesartan medoxomil<br>tab 5-40 mg .....21  | bekyree.....51                                                                |
| see irbesartan-<br>hydrochlorothiazide tab<br>150-12.5 mg .....22        | aztreonam.....5                                                          | BELBUCA.....2                                                                 |
| see irbesartan-<br>hydrochlorothiazide tab<br>300-12.5 mg .....22        | AZULFIDINE                                                               | BELEODAQ.....16                                                               |
| AVAPRO                                                                   | see sulfasalazine.....60                                                 | BELSOMRA.....41                                                               |
| see irbesartan .....23                                                   | AZULFIDINE EN-TABS                                                       | benazepril &<br>hydrochlorothiazide tab<br>10-12.5 mg .....20                 |
| AVASTIN.....16                                                           | see sulfasalazine.....60                                                 | benazepril &<br>hydrochlorothiazide tab<br>20-12.5 mg .....20                 |
| AVEED.....47                                                             | azurette.....51                                                          | benazepril &<br>hydrochlorothiazide tab<br>20-25 mg .....20                   |
| aviane.....51                                                            | <b>B</b>                                                                 | benazepril &<br>hydrochlorothiazide tab<br>5-6.25 mg .....20                  |
| avita.....75                                                             | bacitracin (ophthalmic)....70                                            | benazepril hcl.....21                                                         |
| AVODART                                                                  | bacitracin-polymyxin b<br>ophth oint .....70                             | BENDEKA.....13                                                                |
| see dutasteride.....62                                                   | bacitracin-polymyxin-<br>neomycin-hc ophth oint<br>1%.....69             | BENICAR                                                                       |
| AVONEX.....44                                                            | baclofen .....45                                                         | see olmesartan<br>medoxomil .....23                                           |
| AVONEX PEN .....44                                                       | BACTRIM                                                                  | BENICAR HCT                                                                   |
| AVSOLA.....65                                                            | see sulfamethoxazole-<br>trimethoprim tab 400-<br>80 mg .....6           | see olmesartan<br>medoxomil-<br>hydrochlorothiazide tab<br>20-12.5 mg .....22 |
| AVYCAZ INJ 2-0.5GM ....10                                                | BACTRIM DS                                                               | see olmesartan<br>medoxomil-<br>hydrochlorothiazide tab<br>40-12.5 mg .....22 |
| AYGESTIN                                                                 | see sulfamethoxazole-<br>trimethoprim tab 800-<br>160 mg .....6          | see olmesartan<br>medoxomil-<br>hydrochlorothiazide tab<br>40-25 mg .....22   |
| see norethindrone<br>acetate.....58                                      | BAFIERTAM.....44                                                         | BENLYSTA.....67                                                               |
| ayuna.....51                                                             | BALCOLTRA TAB 0.1-20<br>.....51                                          | BENTYL                                                                        |
| AYVAKIT .....16                                                          | balsalazide disodium .....60                                             | see dicyclomine hcl ....60                                                    |
| azacitidine.....14                                                       | BALVERSA.....16                                                          | BENZACLIN                                                                     |
| AZACTAM                                                                  | balziva .....51                                                          | see clindamycin<br>phosphate-benzoyl<br>peroxide gel 1-5%....75               |
| see aztreonam .....5                                                     | BANZEL.....30                                                            |                                                                               |
| AZASAN.....67                                                            | see rufinamide.....32                                                    |                                                                               |
| AZASITE.....70                                                           | BARACLUDE.....10                                                         |                                                                               |
| azathioprine .....67                                                     |                                                                          |                                                                               |
| azelaic acid.....79                                                      |                                                                          |                                                                               |
| azelastine hcl.....72                                                    |                                                                          |                                                                               |
| azelastine hcl (ophth).....71                                            |                                                                          |                                                                               |
| azelastine hcl-fluticasone<br>prop nasal spray 137-50<br>mcg/act .....72 |                                                                          |                                                                               |
| AZELEX.....75                                                            |                                                                          |                                                                               |
| AZILECT                                                                  |                                                                          |                                                                               |

|                                      |                                    |                                     |
|--------------------------------------|------------------------------------|-------------------------------------|
| BENZAMYCIN                           | BIDIL TAB.....28                   | BRILINTA.....65                     |
| see <i>benzoyl peroxide-</i>         | BIKTARVY TAB .....9                | <i>brimonidine tartrate</i> .....71 |
| <i>erythromycin gel 5-3%</i>         | BILTRICIDE                         | BRISDELLE                           |
| .....75                              | see <i>praziquantel</i> .....6     | see <i>paroxetine mesylate</i>      |
| <i>benzoyl peroxide-</i>             | BINOSTO .....50                    | ( <i>vasomotor</i> ) .....43        |
| <i>erythromycin gel 5-3%</i> 75      | <i>bisoprolol &amp;</i>            | BRIVIACT .....30                    |
| <i>benztropine mesylate</i> .....35  | <i>hydrochlorothiazide tab</i>     | <i>bromfenac sodium (ophth)</i>     |
| BEOVU .....71                        | 10-6.25 mg .....25                 | .....70                             |
| BEPREVE.....71                       | <i>bisoprolol &amp;</i>            | <i>bromocriptine mesylate</i> ...35 |
| BERINERT .....64                     | <i>hydrochlorothiazide tab</i>     | BROMSITE .....70                    |
| <i>beser</i> .....77                 | 2.5-6.25 mg .....25                | BROVANA .....73                     |
| BESIVANCE .....70                    | <i>bisoprolol &amp;</i>            | BRUKINSA .....16                    |
| BESPONSA.....16                      | <i>hydrochlorothiazide tab</i>     | BRYHALI .....77                     |
| <i>betamethasone</i>                 | 5-6.25 mg .....25                  | <i>budesonide</i> .....60           |
| <i>dipropionate (topical)</i> ...77  | <i>bisoprolol fumarate</i> .....26 | <i>budesonide (inhalation)</i> ..74 |
| <i>betamethasone</i>                 | BIVIGAM.....66                     | <i>bumetanide</i> .....27           |
| <i>dipropionate augmented</i>        | BLENREP .....16                    | BUMEX                               |
| .....77                              | <i>bleomycin sulfate</i> .....14   | see <i>bumetanide</i> .....27       |
| <i>betamethasone valerate</i> .77    | BLEPH-10                           | BUPHENYL                            |
| BETAPACE                             | see <i>sulfacetamide</i>           | see <i>sodium</i>                   |
| see <i>sorine</i> .....24            | <i>sodium (ophth)</i> .....70      | <i>phenylbutyrate</i> .....57       |
| see <i>sotalol hcl</i> .....24       | BLEPHAMIDE OIN S.O.P.              | <i>buprenorphine</i> .....2         |
| BETAPACE AF                          | .....69                            | <i>buprenorphine hcl</i> .....46    |
| see <i>sotalol hcl (afib/af)</i> 24  | BLEPHAMIDE SUS OP ..69             | <i>buprenorphine hcl-</i>           |
| BETASERON .....44                    | <i>blisovi 24 fe</i> .....51       | <i>naloxone hcl sl film 12-3</i>    |
| <i>betaxolol hcl</i> .....26         | <i>blisovi fe 1.5/30</i> .....51   | mg ( <i>base equiv</i> ) .....46    |
| <i>betaxolol hcl (ophth)</i> .....71 | BONIVA                             | <i>buprenorphine hcl-</i>           |
| <i>bethanechol chloride</i> .....62  | see <i>ibandronate sodium</i>      | <i>naloxone hcl sl film 2-0.5</i>   |
| BETHKIS .....5                       | .....50                            | mg ( <i>base equiv</i> ) .....46    |
| see <i>tobramycin</i> .....7         | BONJESTA TAB 20-20MG               | <i>buprenorphine hcl-</i>           |
| BETIMOL .....71                      | .....59                            | <i>naloxone hcl sl film 4-1</i>     |
| BETOPTIC-S .....71                   | BOOSTRIX INJ.....67                | mg ( <i>base equiv</i> ) .....46    |
| BEVESPI AER 9-4.8MCG                 | BORTEZOMIB .....16                 | <i>buprenorphine hcl-</i>           |
| .....72                              | <i>bosentan</i> .....29            | <i>naloxone hcl sl film 8-2</i>     |
| <i>bexarotene</i> .....15            | BOSULIF .....16                    | mg ( <i>base equiv</i> ) .....46    |
| BEXSERO INJ .....67                  | BOTOX .....45                      | <i>buprenorphine hcl-</i>           |
| BEYAZ                                | BRAFTOVI.....16                    | <i>naloxone hcl sl tab 2-0.5</i>    |
| see <i>drospirenone-ethinyl</i>      | BREO ELLIPTA INH 100-              | mg ( <i>base equiv</i> ) .....46    |
| <i>estradiol-levomefolate</i>        | 25 .....75                         | <i>buprenorphine hcl-</i>           |
| <i>tab 3-0.02-0.451 mg</i> 51        | BREO ELLIPTA INH 200-              | <i>naloxone hcl sl tab 8-2</i>      |
| BIAXIN XL                            | 25 .....75                         | mg ( <i>base equiv</i> ) .....46    |
| see <i>clarithromycin</i> .....11    | BREZTRI AERO AER                   | <i>bupropion hcl</i> .....33        |
| <i>bicalutamide</i> .....14          | SPHERE .....72                     | <i>bupropion hcl (smoking</i>       |
| BICILLIN C-R INJ 1200000             | BREZTRI AERO AER                   | <i>deterrent)</i> .....46           |
| .....12                              | SPHERE                             | <i>buspirone hcl</i> .....29        |
| BICILLIN C-R INJ 900/300             | (INSTITUTIONAL PACK)               | <i>butorphanol tartrate</i> .....3  |
| .....12                              | .....72                            | BUTRANS                             |
| BICILLIN L-A .....12                 | <i>brilintyn</i> .....51           | see <i>buprenorphine</i> .....2     |

|                                              |                                               |                                     |
|----------------------------------------------|-----------------------------------------------|-------------------------------------|
| BYDUREON BCISE.....47                        | <i>dipropionate susp 0.005-0.064%.....77</i>  | CARBATROL                           |
| BYDUREON PEN.....47                          | calcitonin (salmon).....50                    | see carbamazepine.....30            |
| BYETTA.....47                                | calcitrene.....77                             | carbidopa.....35                    |
| BYNFEZIA PEN.....55                          | calcitriol.....58                             | carbidopa & levodopa orally         |
| BYSTOLIC.....26                              | calcium acetate (phosphate binder).....57     | disintegrating tab 10-100 mg.....35 |
| <b>C</b>                                     | CALQUENCE.....16                              | carbidopa & levodopa orally         |
| <i>cabergoline.....55</i>                    | camila.....51                                 | disintegrating tab 25-100 mg.....35 |
| CABLIVI.....64                               | CAMPTOSAR                                     | carbidopa & levodopa orally         |
| CABOMETYX.....16                             | see irinotecan hcl.....15                     | disintegrating tab 25-250 mg.....35 |
| CADUET                                       | camrese.....51                                | carbidopa & levodopa tab            |
| see amlodipine besylate-atorvastatin calcium | camrese lo.....51                             | 10-100 mg.....35                    |
| tab 10-10 mg.....28                          | CANASA                                        | carbidopa & levodopa tab            |
| see amlodipine besylate-atorvastatin calcium | see mesalamine.....60                         | 25-100 mg.....35                    |
| tab 10-20 mg.....28                          | CANCIDAS                                      | carbidopa & levodopa tab            |
| see amlodipine besylate-atorvastatin calcium | see caspofungin acetate.....7                 | 25-250 mg.....35                    |
| tab 10-40 mg.....28                          | candesartan cilexetil.....23                  | carbidopa & levodopa tab            |
| see amlodipine besylate-atorvastatin calcium | candesartan cilexetil-hydrochlorothiazide tab | er 25-100 mg.....35                 |
| tab 10-80 mg.....28                          | 16-12.5 mg.....22                             | carbidopa & levodopa tab            |
| see amlodipine besylate-atorvastatin calcium | candesartan cilexetil-hydrochlorothiazide tab | er 50-200 mg.....35                 |
| tab 5-10 mg.....28                           | 32-12.5 mg.....22                             | carbidopa-levodopa-                 |
| see amlodipine besylate-atorvastatin calcium | candesartan cilexetil-hydrochlorothiazide tab | entacapone tabs 12.5-               |
| tab 5-20 mg.....28                           | 32-25 mg.....22                               | 50-200 mg.....35                    |
| see amlodipine besylate-atorvastatin calcium | CAPEX.....77                                  | carbidopa-levodopa-                 |
| tab 5-40 mg.....28                           | CAPLYTA.....36                                | entacapone tabs 18.75-              |
| see amlodipine besylate-atorvastatin calcium | CAPRELSA.....16                               | 75-200 mg.....35                    |
| tab 5-80 mg.....28                           | captopril.....21                              | carbidopa-levodopa-                 |
| CAFERGOT                                     | captopril &                                   | entacapone tabs 31.25-              |
| see ergotamine w/                            | hydrochlorothiazide tab                       | 125-200 mg.....35                   |
| caffeine tab 1-100 mg                        | 25-15 mg.....20                               | carbidopa-levodopa-                 |
| .....42                                      | captopril &                                   | entacapone tabs 37.5-               |
| CALAN SR                                     | hydrochlorothiazide tab                       | 150-200 mg.....35                   |
| see verapamil hcl.....27                     | 25-25 mg.....20                               | carbidopa-levodopa-                 |
| calcipotriene.....77                         | captopril &                                   | entacapone tabs 50-200-             |
| calcipotriene-                               | hydrochlorothiazide tab                       | 200 mg.....35                       |
| betamethasone                                | 50-15 mg.....20                               | carboplatin.....13                  |
| dipropionate oint 0.005-0.064%.....77        | captopril &                                   | CARDIZEM                            |
| calcipotriene-                               | hydrochlorothiazide tab                       | see diltiazem hcl.....26            |
| betamethasone                                | 50-25 mg.....20                               | CARDIZEM CD                         |
|                                              | CARAFATE                                      | see cartia xt.....26                |
|                                              | see sucralfate.....61                         | see diltiazem hcl coated            |
|                                              | CARBAGLU.....55                               | beads.....26                        |
|                                              | carbamazepine.....30                          | CARDIZEM LA.....26                  |

|                                                        |                                                       |                                                                             |
|--------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------|
| see <i>diltiazem hcl coated beads</i> .....26          | see <i>cefotetan disodium</i> .....11                 | CHORIONIC                                                                   |
| see <i>matzim la</i> .....26                           | <i>cefotetan disodium</i> .....11                     | GONADOTROPIN.....55                                                         |
| CARDURA                                                | CEFOXITIN INJ 1GM ....11                              | <i>ciclopirox olamine</i> .....76                                           |
| see <i>doxazosin mesylate</i> .....21                  | CEFOXITIN INJ 2GM ....11                              | <i>cidofovir</i> .....10                                                    |
| CARDURA XL .....62                                     | <i>cefoxitin sodium</i> .....11                       | <i>cilostazol</i> .....64                                                   |
| <i>carisoprodol</i> .....45                            | <i>cefpodoxime proxetil</i> .....11                   | CILOXAN .....70                                                             |
| CARNITOR.....55                                        | <i>cefprozil</i> .....11                              | see <i>ciprofloxacin hcl (ophth)</i> .....70                                |
| see <i>levocarnitine (metabolic modifiers)</i> .....56 | <i>ceftazidime</i> .....11                            | CIMDUO TAB 300-300 ....9                                                    |
| CAROSPIR.....21                                        | CEFTAZIDIME/ SOL D5W 1GM .....11                      | <i>cimetidine</i> .....60                                                   |
| <i>carteolol hcl (ophth)</i> .....71                   | CEFTAZIDIME/ SOL D5W 2GM .....11                      | <i>cimetidine hcl</i> .....60                                               |
| <i>cartia xt</i> .....26                               | <i>ceftriaxone sodium</i> .....11                     | <i>cinacalcet hcl</i> .....56                                               |
| <i>carvedilol</i> .....26                              | <i>cefuroxime axetil</i> .....11                      | CINRYZE .....64                                                             |
| <i>carvedilol phosphate</i> .....26                    | <i>cefuroxime sodium</i> .....11                      | CINVANTI .....59                                                            |
| CASODEX                                                | CELEBREX                                              | CIPRO .....11                                                               |
| see <i>bicalutamide</i> .....14                        | see <i>celecoxib</i> .....1                           | see <i>ciprofloxacin hcl</i> ....12                                         |
| <i>caspofungin acetate</i> .....7                      | <i>celecoxib</i> .....1                               | CIPRO HC SUS OTIC ....81                                                    |
| CASPOFUNGIN ACETATE .....7                             | CELEXA                                                | CIPRODEX                                                                    |
| CATAPRES-TTS-1                                         | see <i>citalopram hydrobromide</i> .....34            | see <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....81           |
| see <i>clonidine</i> .....28                           | CELLCEPT                                              | <i>ciprofloxacin 200 mg/100ml in d5w</i> .....11                            |
| CATAPRES-TTS-2                                         | see <i>mycophenolate mofetil</i> .....67              | <i>ciprofloxacin 400 mg/200ml in d5w</i> .....12                            |
| see <i>clonidine</i> .....28                           | CELONTIN .....30                                      | <i>ciprofloxacin hcl</i> .....12                                            |
| CATAPRES-TTS-3                                         | CENTANY .....76                                       | <i>ciprofloxacin hcl (ophth)</i> ..70                                       |
| see <i>clonidine</i> .....28                           | <i>cephalexin</i> .....11                             | <i>ciprofloxacin hcl (otic)</i> .....81                                     |
| CAYSTON .....5                                         | CERDELGA.....55                                       | <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....81               |
| <i>caziant</i> .....51                                 | CEREZYME.....55                                       | <i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> .....81 |
| <i>cefaclor</i> .....10                                | <i>cetirizine hcl</i> .....72                         | <i>cisplatin</i> .....13                                                    |
| CEFACLOR ER .....10                                    | <i>cevimeline hcl</i> .....80                         | <i>citalopram hydrobromide</i> 34                                           |
| <i>cefadroxil</i> .....10                              | CHANTIX.....46                                        | <i>claravis</i> .....75                                                     |
| CEFAZOLIN INJ                                          | CHANTIX CONTINUING                                    | CLARINEX                                                                    |
| 1GM/50ML .....10                                       | MONTH.....46                                          | see <i>desloratadine</i> .....72                                            |
| <i>cefazolin sodium</i> .....10                        | CHANTIX PAK 0.5& 1MG .....46                          | CLARINEX-D TAB 2.5-120 .....72                                              |
| CEFAZOLIN SOLN 2GM/100ML-4%.....10                     | <i>chateal</i> .....51                                | <i>clarithromycin</i> .....11                                               |
| <i>cefdinir</i> .....10                                | CHEMET .....50                                        | CLENPIQ SOL .....60                                                         |
| CEFEPIME .....11                                       | <i>chlorhexidine gluconate (mouth-throat)</i> .....80 | CLEOCIN.....63                                                              |
| <i>cefepime hcl</i> .....11                            | <i>chloroquine phosphate</i> ....8                    | see <i>clindamycin hcl</i> .....5                                           |
| CEFEPIME/DEX INJ 1GM .....11                           | <i>chlorpromazine hcl</i> .....36                     | see <i>clindamycin phosphate vaginal</i> ...63                              |
| CEFEPIME/DEX INJ 2GM .....11                           | <i>chlorthalidone</i> .....27                         |                                                                             |
| <i>cefixime</i> .....11                                | CHOLBAM.....61                                        |                                                                             |
| CEFOTAN                                                | <i>cholestyramine</i> .....25                         |                                                                             |
|                                                        | <i>cholestyramine light</i> .....25                   |                                                                             |
|                                                        | <i>choline fenofibrate</i> .....24                    |                                                                             |

|                                                                                                    |                                                                                 |                                                                                          |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| CLEOCIN PEDIATRIC<br>GRANULE<br>see <i>clindamycin</i><br><i>palmitate hydrochloride</i><br>.....5 | CLINDMYC/NAC INJ<br>900/50ML .....5                                             | <i>clotrimazole w/</i><br><i>betamethasone lotion 1-</i><br><i>0.05%</i> .....76         |
| CLEOCIN PHOSPHATE<br>see <i>clindamycin</i><br><i>phosphate</i> .....5                             | CLINIMIX E INJ 2.75/D5W<br>.....69                                              | <i>clovique</i> .....50                                                                  |
| CLEOCIN-T<br>see <i>clindamycin</i><br><i>phosphate (topical)</i> ..75                             | CLINIMIX E INJ 4.25/D10<br>.....69                                              | <i>clozapine</i> .....36, 37                                                             |
| CLIMARA<br>see <i>estradiol</i> .....54                                                            | CLINIMIX E INJ 4.25/D5W<br>.....69                                              | CLOZARIL<br>see <i>clozapine</i> .....36, 37                                             |
| <i>clindacin-p</i> .....75                                                                         | CLINIMIX E INJ 5%/D15W<br>.....69                                               | COARTEM TAB 20-120MG<br>.....8                                                           |
| <i>clindamycin hcl</i> .....5                                                                      | CLINIMIX E INJ 5%/D20W<br>.....69                                               | <i>codeine sulfate</i> .....3                                                            |
| <i>clindamycin palmitate</i><br><i>hydrochloride</i> .....5                                        | CLINIMIX E INJ 8/10 .....69                                                     | CODEINE SULFATE .....3                                                                   |
| <i>clindamycin phosphate</i> .....5                                                                | CLINIMIX E INJ 8/14 .....69                                                     | COGENTIN<br>see <i>benztropine</i><br><i>mesylate</i> .....35                            |
| <i>clindamycin phosphate</i><br><i>(topical)</i> .....75                                           | CLINIMIX INJ 4.25/D10 ..69                                                      | COLAZAL<br>see <i>balsalazide disodium</i><br>.....60                                    |
| <i>clindamycin phosphate in</i><br><i>d5w iv soln 300 mg/50ml</i><br>.....5                        | CLINIMIX INJ 4.25/D5W .69                                                       | <i>colchicine</i> .....1                                                                 |
| <i>clindamycin phosphate in</i><br><i>d5w iv soln 600 mg/50ml</i><br>.....5                        | CLINIMIX INJ 5%/D15W .69                                                        | <i>colchicine w/ probenecid</i><br><i>tab 0.5-500 mg</i> .....1                          |
| <i>clindamycin phosphate in</i><br><i>d5w iv soln 900 mg/50ml</i><br>.....5                        | CLINIMIX INJ 5%/D20W .69                                                        | COLCRYS<br>see <i>colchicine</i> .....1                                                  |
| <i>clindamycin phosphate</i><br><i>vaginal</i> .....63                                             | CLINIMIX INJ 6/5 .....69                                                        | <i>colesevelam hcl</i> .....25                                                           |
| <i>clindamycin phosphate-</i><br><i>benzoyl peroxide gel 1.2-</i><br><i>2.5%</i> .....75           | CLINIMIX INJ 8/10 .....69                                                       | COLESTID<br>see <i>colestipol hcl</i> .....25                                            |
| <i>clindamycin phosphate-</i><br><i>benzoyl peroxide gel 1-</i><br><i>5%</i> .....75               | CLINIMIX INJ 8/14 .....69                                                       | <i>colestipol hcl</i> .....25                                                            |
| <i>clindamycin phosphate-</i><br><i>tretinoin gel 1.2-0.025%</i><br>.....75                        | <i>clinisol sf 15%</i> .....69                                                  | <i>colistimethate sodium</i> .....5                                                      |
| <i>clindamycin phosph-</i><br><i>benzoyl peroxide (refrig)</i><br><i>gel 1.2 (1)-5%</i> .....75    | CLINOLIPID EMU 20%...69                                                         | COLY-MYCIN M<br>see <i>colistimethate</i><br><i>sodium</i> .....5                        |
| CLINDESSE .....63                                                                                  | <i>clobazam</i> .....30                                                         | COMBIGAN SOL 0.2/0.5%<br>.....71                                                         |
| CLINDMYC/NAC INJ<br>300/50ML .....5                                                                | <i>clobetasol propionate</i> 77, 78                                             | COMBIVENT AER 20-100<br>.....72                                                          |
| CLINDMYC/NAC INJ<br>600/50ML .....5                                                                | <i>clobetasol propionate e...</i> 78                                            | COMBIVIR<br>see <i>lamivudine-</i><br><i>zidovudine tab 150-</i><br><i>300 mg</i> .....9 |
|                                                                                                    | <i>clobetasol propionate</i><br><i>emulsion</i> .....78                         | COMETRIQ (60MG DOSE)<br>.....16                                                          |
|                                                                                                    | CLOBEX<br>see <i>clobetasol</i><br><i>propionate</i> .....78                    | COMETRIQ KIT 100MG .16                                                                   |
|                                                                                                    | see <i>clodan</i> .....78                                                       | COMETRIQ KIT 140MG .16                                                                   |
|                                                                                                    | <i>clocortolone pivalate</i> .....78                                            | COMPLERA TAB .....9                                                                      |
|                                                                                                    | <i>clodan</i> .....78                                                           | <i>compro</i> .....59                                                                    |
|                                                                                                    | CLODERM<br>see <i>clocortolone pivalate</i><br>.....78                          | COMTAN<br>see <i>entacapone</i> .....35                                                  |
|                                                                                                    | <i>clomipramine hcl</i> .....34                                                 | CONCERTA                                                                                 |
|                                                                                                    | <i>clonazepam</i> .....30                                                       |                                                                                          |
|                                                                                                    | <i>clonidine</i> .....28                                                        |                                                                                          |
|                                                                                                    | <i>clonidine hcl</i> .....28                                                    |                                                                                          |
|                                                                                                    | <i>clopidogrel bisulfate</i> .....65                                            |                                                                                          |
|                                                                                                    | <i>clorazepate dipotassium</i> .30                                              |                                                                                          |
|                                                                                                    | <i>clotrimazole</i> .....80                                                     |                                                                                          |
|                                                                                                    | <i>clotrimazole (topical)</i> .....76                                           |                                                                                          |
|                                                                                                    | <i>clotrimazole w/</i><br><i>betamethasone cream 1-</i><br><i>0.05%</i> .....76 |                                                                                          |

see *methylphenidate hcl*  
 .....40  
 CONDYLOX .....79  
 constulose .....60  
 COPAXONE  
   see *glatiramer acetate*.....44  
   see *glatopa* .....44  
 COPIKTRA .....16  
 COREG  
   see *carvedilol* .....26  
 COREG CR  
   see *carvedilol phosphate*  
   .....26  
 CORGARD  
   see *nadolol*.....26  
 CORLANOR .....28  
 CORTEF  
   see *hydrocortisone* .....55  
 CORTENEMA  
   see *hydrocortisone*  
   (*intrarectal*) .....60  
 CORTIFOAM .....79  
 cortisone acetate .....55  
 CORTISPORIN CRE 0.5%  
   .....76  
 CORTISPORIN OIN 1% .76  
 CORTISPORIN SUS -TC  
   OTIC .....81  
 COSOPT  
   see *dorzolamide hcl-*  
   *timolol maleate ophth*  
   *soln 22.3-6.8 mg/ml* .71  
 COSOPT PF  
   see *dorzolamide hcl-*  
   *timolol maleate ophth*  
   *sol 22.3-6.8 mg/ml pf*  
   .....71  
 COTELLIC .....17  
 COTEMPLA XR-ODT .....39  
 COZAAR  
   see *losartan potassium*  
   .....23  
 CREON CAP 12000UNT 62  
 CREON CAP 24000UNT 62  
 CREON CAP 3000UNIT .61  
 CREON CAP 36000UNT 62  
 CREON CAP 6000UNIT .61  
 CRESEMBA .....7

CRESTOR  
   see *rosuvastatin calcium*  
   .....25  
 CRINONE .....58  
 CRIXIVAN.....8  
 cromolyn sodium.....73  
 cromolyn sodium  
   (*mastocytosis*) .....61  
 cromolyn sodium (*ophth*) 71  
 crotan.....80  
 cryselle-28 .....51  
 CRYSVITA.....56  
 CUBICIN  
   see *daptomycin* .....5  
 CUTAQUIG.....66  
 CUTIVATE  
   see *baser* .....77  
   see *fluticasone*  
   *propionate*.....78  
 CUVITRU.....66  
 CUVPOSA .....60  
 cyclafem 1/35.....51  
 cyclafem 7/7/7.....51  
 cyclobenzaprine hcl .....45  
 cyclophosphamide ....13, 14  
 CYCLOPHOSPHAMIDE .13  
 cycloserine.....9  
 cyclosporine.....67  
 cyclosporine modified (for  
   *microemulsion*) .....67  
 CYKLOKAPRON  
   see *tranexamic acid* ....65  
 CYMBALTA  
   see *duloxetine hcl* .....34  
 cyproheptadine hcl.....72  
 CYRAMZA .....17  
 cyred eq.....51  
 CYSTADANE POW .....56  
 CYSTADROPS.....71  
 CYSTAGON.....56  
 CYSTARAN .....71  
 cytarabine .....14  
 CYTOGAM .....66  
 CYTOMEL  
   see *liothyronine sodium*  
   .....58  
 CYTOTEC  
   see *misoprostol* .....61

**D**

D.H.E. 45  
   see *dihydroergotamine*  
   *mesylate* .....42  
 D10W/NACL INJ 0.2%....68  
 D5W/LYTES INJ #48 .....68  
 D5W/NACL INJ 0.3%.....68  
 dacarbazine .....15  
 DACOGEN  
   see *decitabine* .....14  
 dalfampridine .....44  
 DALIRESP .....73  
 DALVANCE .....5  
 danazol .....54  
 DANTRIUM  
   see *dantrolene sodium* 45  
 dantrolene sodium .....45  
 dapsone .....5  
 dapsone (*topical*) .....75  
 DAPTACEL INJ .....67  
 daptomycin .....5  
 DAPTOMYCIN.....5  
   see *daptomycin* .....5  
 darifenacin hydrobromide  
   .....63  
 DARZALEX.....17  
 DARZALEX SOL FASPRO  
   .....17  
 dasetta 1/35.....51  
 dasetta 7/7/7 .....51  
 DAURISMO .....17  
 DAYPRO  
   see *oxaprozin* .....1  
 daysee .....51  
 DAYTRANA .....39  
 DAYVIGO .....41  
 DDAVP .....56  
   see *desmopressin*  
   *acetate* .....56  
 debilitane .....51  
 decitabine .....14  
 deferasirox.....50  
 deferiprone.....50  
 deferoxamine mesylate...50  
 DELESTROGEN.....54  
   see *estradiol valerate* ..54  
 DELSTRIGO TAB .....9  
 DELZICOL

|                                   |    |                                      |    |                                    |    |
|-----------------------------------|----|--------------------------------------|----|------------------------------------|----|
| see <i>mesalamine</i> .....       | 60 | <i>desmopressin acetate</i>          |    | DIACOMIT .....                     | 30 |
| <i>demeclocycline hcl</i> .....   | 13 | spray .....                          | 56 | <i>diazepam</i> .....              | 30 |
| DEMSER .....                      | 28 | <i>desmopressin acetate</i>          |    | <i>diazepam (anticonvulsant)</i>   |    |
| see <i>metirosine</i> .....       | 28 | spray refrigerated .....             | 56 | .....                              | 30 |
| DENAVIR .....                     | 79 | <i>desogest-eth estrad &amp; eth</i> |    | <i>diazepam inj</i> .....          | 30 |
| DEPAKOTE                          |    | <i>estrاد tab 0.15-0.02/0.01</i>     |    | <i>diazoxide</i> .....             | 55 |
| see <i>divalproex sodium</i> 30   |    | <i>mg(21/5)</i> .....                | 51 | DIBENZYLINE                        |    |
| DEPAKOTE ER                       |    | DESONATE                             |    | see <i>phenoxybenzamine</i>        |    |
| see <i>divalproex sodium</i> 30   |    | see <i>desonide</i> .....            | 78 | <i>hcl</i> .....                   | 28 |
| DEPAKOTE SPRINKLES                |    | <i>desonide</i> .....                | 78 | DICLEGIS                           |    |
| see <i>divalproex sodium</i> 30   |    | DESOWEN                              |    | see <i>doxylamine-</i>             |    |
| DEPEN TITRATABS                   |    | see <i>desonide</i> .....            | 78 | <i>pyridoxine tab delayed</i>      |    |
| see <i>penicillamine</i> .....    | 50 | <i>desoximetasone</i> .....          | 78 | <i>release 10-10 mg</i> .....      | 59 |
| DEPO-ESTRADIOL .....              | 54 | DESVENLAFAXINE ER..                  | 34 | <i>diclofenac potassium</i> .....  | 1  |
| DEPO-MEDROL .....                 | 55 | <i>desvenlafaxine succinate</i>      | 34 | <i>diclofenac sodium</i> .....     | 1  |
| see <i>methylprednisolone</i>     |    | DETROL                               |    | <i>diclofenac sodium (actinic</i>  |    |
| <i>acetate</i> .....              | 55 | see <i>tolterodine tartrate</i> 63   |    | <i>keratoses)</i> .....            | 79 |
| DEPO-PROVERA                      |    | DETROL LA                            |    | <i>diclofenac sodium (ophth)</i>   |    |
| CONTRACEPTIV                      |    | see <i>tolterodine tartrate</i> 63   |    | .....                              | 70 |
| see                               |    | <i>dexamethasone</i> .....           | 55 | <i>diclofenac sodium (topical)</i> |    |
| <i>medroxyprogesterone</i>        |    | DEXAMETHASONE                        |    | .....                              | 79 |
| <i>acetate (contraceptive)</i>    |    | INTENSOL .....                       | 55 | <i>diclofenac w/ misoprostol</i>   |    |
| .....                             | 52 | <i>dexamethasone sodium</i>          |    | <i>tab delayed release 50-</i>     |    |
| DEPO-SUBQ PROVERA                 |    | <i>phosphate</i> .....               | 55 | <i>0.2 mg</i> .....                | 1  |
| 104 .....                         | 51 | <i>dexamethasone sodium</i>          |    | <i>diclofenac w/ misoprostol</i>   |    |
| DEPO-TESTOSTERONE                 |    | <i>phosphate (ophth)</i> .....       | 70 | <i>tab delayed release 75-</i>     |    |
| see <i>testosterone</i>           |    | DEXEDRINE                            |    | <i>0.2 mg</i> .....                | 1  |
| <i>cypionate</i> .....            | 47 | see <i>dextroamphetamine</i>         |    | <i>dicloxacin sodium</i> .....     | 12 |
| DERMA-SMOOTH/FS                   |    | <i>sulfate</i> .....                 | 40 | <i>dicyclomine hcl</i> .....       | 60 |
| BODY                              |    | DEXILANT .....                       | 62 | <i>didanosine</i> .....            | 8  |
| see <i>fluocinolone</i>           |    | <i>dexmethylphenidate hcl</i> .39,   |    | DIFFERIN .....                     | 75 |
| <i>acetonide</i> .....            | 78 | 40                                   |    | see <i>adapalene</i> .....         | 75 |
| DERMA-SMOOTH/FS                   |    | <i>dexrazoxane hcl</i> .....         | 19 | DIFICID .....                      | 11 |
| SCALP                             |    | <i>dextroamphetamine sulfate</i>     |    | DIFLUCAN                           |    |
| see <i>fluocinolone</i>           |    | .....                                | 40 | see <i>fluconazole</i> .....       | 7  |
| <i>acetonide</i> .....            | 78 | <i>dextrose</i> .....                | 69 | <i>diflunisal</i> .....            | 1  |
| DERMOTIC                          |    | <i>dextrose 10% w/ sodium</i>        |    | <i>digitek</i> .....               | 28 |
| see <i>flac</i> .....             | 81 | <i>chloride 0.45%</i> .....          | 68 | <i>digox</i> .....                 | 28 |
| see <i>fluocinolone</i>           |    | <i>dextrose 2.5% w/ sodium</i>       |    | <i>digoxin</i> .....               | 28 |
| <i>acetonide (otic)</i> .....     | 81 | <i>chloride 0.45%</i> .....          | 68 | <i>dihydroergotamine</i>           |    |
| DESCOVY TAB 200/25MG              |    | <i>dextrose 5% in lactated</i>       |    | <i>mesylate</i> .....              | 42 |
| .....                             | 9  | <i>ringers</i> .....                 | 68 | DILANTIN .....                     | 30 |
| DESFERAL                          |    | <i>dextrose 5% w/ sodium</i>         |    | see <i>phenytoin sodium</i>        |    |
| see <i>deferroxamine</i>          |    | <i>chloride 0.2%</i> .....           | 68 | <i>extended</i> .....              | 32 |
| <i>mesylate</i> .....             | 50 | <i>dextrose 5% w/ sodium</i>         |    | DILANTIN INFATABS .....            | 30 |
| <i>desipramine hcl</i> .....      | 34 | <i>chloride 0.45%</i> .....          | 68 | see <i>phenytoin</i> .....         | 32 |
| <i>desloratadine</i> .....        | 72 | <i>dextrose 5% w/ sodium</i>         |    | DILANTIN-125 .....                 | 30 |
| <i>desmopressin acetate</i> ..... | 56 | <i>chloride 0.9%</i> .....           | 68 | see <i>phenytoin</i> .....         | 32 |

|                                     |                                       |                                   |
|-------------------------------------|---------------------------------------|-----------------------------------|
| DILATRATE SR.....29                 | <i>dipyridamole</i> .....65           | <i>drospirenone-ethinyl</i>       |
| DILAUDID                            | <i>disopyramide phosphate</i> .....24 | <i>estradiol tab 3-0.02 mg</i> 51 |
| see <i>hydromorphone hcl</i> 3,     | <i>disulfiram</i> .....46             | <i>drospirenone-ethinyl</i>       |
| 4                                   | DITROPAN XL                           | <i>estradiol tab 3-0.03 mg</i> 51 |
| <i>diltiazem hcl</i> .....26        | see <i>oxybutynin chloride</i>        | <i>drospirenone-ethinyl</i>       |
| <i>diltiazem hcl coated beads</i>   | .....63                               | <i>estradiol-levomefolate tab</i> |
| .....26                             | DIURIL.....27                         | <i>3-0.02-0.451 mg</i> .....51    |
| <i>diltiazem hcl extended</i>       | <i>divalproex sodium</i> .....30      | <i>drospirenone-ethinyl</i>       |
| <i>release beads</i> .....26        | DIVIGEL .....54                       | <i>estradiol-levomefolate tab</i> |
| <i>dilt-xr</i> .....26              | <i>docetaxel</i> .....16              | <i>3-0.03-0.451 mg</i> .....51    |
| <i>dimethyl fumarate</i> .....44    | DOCETAXEL.....16                      | DROXIA.....64                     |
| <i>dimethyl fumarate capsule</i>    | see <i>docetaxel</i> .....16          | DUETACT                           |
| <i>dr starter pack 120 mg &amp;</i> | <i>dofetilide</i> .....24             | see <i>pioglitazone hcl-</i>      |
| 240 mg .....44                      | DOJOLVI .....56                       | <i>glimepiride tab 30-2</i>       |
| DIOVAN                              | <i>donepezil hydrochloride</i> ..33   | <i>mg</i> .....48                 |
| see <i>valsartan</i> .....23, 24    | DOPTelet.....64                       | see <i>pioglitazone hcl-</i>      |
| DIOVAN HCT                          | DORYX                                 | <i>glimepiride tab 30-4</i>       |
| see <i>valsartan-</i>               | see <i>doxycycline hyclate</i>        | <i>mg</i> .....48                 |
| <i>hydrochlorothiazide tab</i>      | .....13                               | <i>duloxetine hcl</i> .....34     |
| 160-12.5 mg .....23                 | <i>dorzolamide hcl</i> .....71        | DUOBRII LOT.....78                |
| see <i>valsartan-</i>               | <i>dorzolamide hcl-timolol</i>        | DUOPA SUS 4.63-20 .....35         |
| <i>hydrochlorothiazide tab</i>      | <i>maleate ophth sol 22.3-</i>        | DURAGESIC                         |
| 160-25 mg .....23                   | 6.8 mg/ml pf .....71                  | see <i>fentanyl</i> .....2        |
| see <i>valsartan-</i>               | <i>dorzolamide hcl-timolol</i>        | DUREZOL.....70                    |
| <i>hydrochlorothiazide tab</i>      | <i>maleate ophth soln 22.3-</i>       | <i>dutasteride</i> .....62        |
| 320-12.5 mg .....23                 | 6.8 mg/ml .....71                     | <i>dutasteride-tamsulosin hcl</i> |
| see <i>valsartan-</i>               | <i>dotti</i> .....54                  | <i>cap 0.5-0.4 mg</i> .....62     |
| <i>hydrochlorothiazide tab</i>      | DOVATO TAB 50-300MG.9                 | DYANAVEL XR.....40                |
| 320-25 mg .....23                   | <i>doxazosin mesylate</i> .....21     | DYMISTA                           |
| see <i>valsartan-</i>               | <i>doxepin hcl</i> .....34            | see <i>azelastine hcl-</i>        |
| <i>hydrochlorothiazide tab</i>      | <i>doxepin hcl (sleep)</i> .....41    | <i>fluticasone prop nasal</i>     |
| 80-12.5 mg .....23                  | <i>doxercalciferol</i> .....59        | <i>spray 137-50 mcg/act</i>       |
| DIP/TET PED INJ 25-5LFU             | DOXIL                                 | .....72                           |
| .....67                             | see <i>doxorubicin hcl</i>            | DYSPOrt .....45                   |
| DIPENTUM.....60                     | <i>liposomal</i> .....14              | <b>E</b>                          |
| <i>diphenhydramine hcl</i> .....72  | <i>doxorubicin hcl</i> .....14        | E.E.S. GRANULES                   |
| <i>diphenoxylate w/ atropine</i>    | <i>doxorubicin hcl liposomal</i> 14   | see <i>erythromycin</i>           |
| <i>liq 2.5-0.025 mg/5ml</i> ....61  | <i>doxy 100</i> .....13               | <i>ethylsuccinate</i> .....11     |
| <i>diphenoxylate w/ atropine</i>    | <i>doxycycline (monohydrate)</i>      | EC-NAPROSYN                       |
| <i>tab 2.5-0.025 mg</i> .....61     | .....13                               | see <i>ec-naproxen</i> .....1     |
| DIPROLENE                           | <i>doxycycline (rosacea)</i> ....79   | see <i>naproxen</i> .....1        |
| see <i>betamethasone</i>            | <i>doxycycline hyclate</i> .....13    | <i>ec-naproxen</i> .....1         |
| <i>dipropionate</i>                 | <i>doxylamine-pyridoxine tab</i>      | <i>econazole nitrate</i> .....76  |
| <i>augmented</i> .....77            | <i>delayed release 10-10</i>          | EDARBI .....23                    |
| DIPROLENE AF                        | <i>mg</i> .....59                     | EDARBYCLOR TAB 40-                |
| see <i>betamethasone</i>            | DRIZALMA SPRINKLE...34                | 12.5 .....22                      |
| <i>dipropionate</i>                 | <i>dronabinol</i> .....59             | EDARBYCLOR TAB 40-                |
| <i>augmented</i> .....77            |                                       | 25MG .....22                      |

|                                    |                               |                                   |
|------------------------------------|-------------------------------|-----------------------------------|
| EDECIN                             | EMSAM .....                   | EPCLUSA TAB 200-50MG              |
| see <i>ethacrynic acid</i> .....   | emtricitabine .....           | .....10                           |
| EDLUAR .....                       | emtricitabine-tenofovir       | EPCLUSA TAB 400-100.10            |
| EDURANT .....                      | disoproxil fumarate tab       | EPIDIOLEX.....31                  |
| efavirenz .....                    | 200-300 mg .....              | EPIDUO                            |
| efavirenz-emtricitabine-           | EMTRIVA.....8                 | see <i>adapalene-benzoyl</i>      |
| tenofovir df tab 600-200-          | see emtricitabine .....       | peroxide gel 0.1-2.5%             |
| 300 mg .....                       | EMVERM.....5                  | .....75                           |
| efavirenz-lamivudine-              | ENABLEX                       | EPIDUO FORTE GEL 0.3-             |
| tenofovir df tab 400-300-          | see <i>darifenacin</i>        | 2.5%.....75                       |
| 300 mg .....                       | hydrobromide.....63           | epinastine hcl (ophth) .....      |
| efavirenz-lamivudine-              | enalapril maleate .....       | epinephrine (anaphylaxis)         |
| tenofovir df tab 600-300-          | enalapril maleate &           | .....73                           |
| 300 mg .....                       | hydrochlorothiazide tab       | EPIPEN 2-PAK                      |
| EFFEXOR XR                         | 10-25 mg .....                | see <i>epinephrine</i>            |
| see <i>venlafaxine hcl</i> .....35 | enalapril maleate &           | (anaphylaxis) .....               |
| EFFIENT                            | hydrochlorothiazide tab       | .....73                           |
| see <i>prasugrel hcl</i> .....65   | 5-12.5 mg .....               | EPIPEN-JR 2-PAK                   |
| EFUDEX                             | ENBREL .....                  | see <i>epinephrine</i>            |
| see <i>fluorouracil (topical)</i>  | ENBREL MINI.....65            | (anaphylaxis) .....               |
| .....79                            | ENBREL SURECLICK....65        | epirubicin hcl.....14             |
| EGRIFTA SV .....                   | ENDARI .....                  | epitol .....                      |
| ELAPRASE.....56                    | endocet tab 10-325mg.....3    | .....31                           |
| ELELYSO .....                      | endocet tab 2.5-325mg.....3   | EPIVIR                            |
| eletriptan hydrobromide ..42       | endocet tab 5-325mg.....3     | see <i>lamivudine</i> .....       |
| ELIDEL                             | endocet tab 7.5-325mg.....3   | .....8                            |
| see <i>pimecrolimus</i> .....      | ENGERIX-B .....               | EPIVIR HBV.....10                 |
| .....80                            | ENHERTU .....                 | see <i>lamivudine (hbv)</i> ...10 |
| ELIGARD .....                      | enoxaparin sodium .....       | eplerenone.....21                 |
| ELIMITE                            | enpresse-28.....51            | epoprostenol sodium .....         |
| see <i>permethrin</i> .....        | enskyce .....                 | .....29                           |
| .....80                            | ENSPRYNG.....43               | EPZICOM                           |
| elinest .....                      | ENSTILAR AER.....78           | see <i>abacavir sulfate-</i>      |
| ELIQUIS .....                      | entacapone .....              | <i>lamivudine tab 600-</i>        |
| ELIQUIS STARTER PACK               | entecavir .....               | 300 mg.....9                      |
| .....63                            | ENTOCORT EC                   | EQUETRO .....                     |
| ELITEK .....                       | see <i>budesonide</i> .....60 | .....43                           |
| ELIXOPHYLLIN .....                 | ENTRESTO TAB 24-26MG          | ERAXIS .....                      |
| ELLA.....51                        | .....22                       | .....7                            |
| ELLENC                             | ENTRESTO TAB 49-51MG          | ERBITUX .....                     |
| see <i>epirubicin hcl</i> .....    | .....22                       | .....17                           |
| .....14                            | ENTRESTO TAB 97-              | ergotamine w/ caffeine tab        |
| ELMIRON .....                      | 103MG .....                   | 1-100 mg .....                    |
| .....62                            | ENTYVIO .....                 | .....42                           |
| eluryng.....51                     | .....65                       | ERIVEDGE .....                    |
| EMCYT .....                        | enulose .....                 | .....17                           |
| EMEND.....59                       | ENVARUSUS XR .....            | ERLEADA.....15                    |
| see <i>aprepitant</i> .....        | EPANED .....                  | erlotinib hcl.....17              |
| .....59                            | .....21                       | errin .....                       |
| see <i>fosaprepitant</i>           |                               | .....51                           |
| dimeglumine .....                  |                               | ERTACZO.....76                    |
| .....59                            |                               | ertapenem sodium .....            |
| emoquette.....51                   |                               | .....5                            |
| EMPLICITI .....                    |                               | ERWINAZE.....15                   |
| .....17                            |                               | ery.....75                        |
|                                    |                               | ERYGEL                            |
|                                    |                               | see <i>erythromycin (acne</i>     |
|                                    |                               | aid) .....                        |
|                                    |                               | .....75                           |
|                                    |                               | ERYPED 400                        |

|                              |                           |                            |
|------------------------------|---------------------------|----------------------------|
| see erythromycin             | euthyrox.....58           | see amlodipine-            |
| ethylsuccinate.....11        | EVENITY.....50            | valsartan-                 |
| ery-tab.....11               | everolimus.....17         | hydrochlorothiazide tab    |
| ERYTHROCIN                   | everolimus                | 5-160-25 mg.....22         |
| LACTOBIONATE.....11          | (immunosuppressant) .67   | EXJADE                     |
| erythrocin stearate.....11   | EVISTA                    | see deferasirox.....50     |
| erythromycin (acne aid) ..75 | see raloxifene hcl.....57 | EYLEA.....71               |
| erythromycin (ophth).....70  | EVOCLIN                   | EZALLOR SPRINKLE.....24    |
| erythromycin base.....11     | see clindamycin           | ezetimibe.....25           |
| erythromycin ethylsuccinate  | phosphate (topical) ..75  | ezetimibe-simvastatin tab  |
| .....11                      | EVOTAZ TAB 300-150.....9  | 10-10 mg.....25            |
| ESBRIET.....73               | EVOXAC                    | ezetimibe-simvastatin tab  |
| escitalopram oxalate.....34  | see cevimeline hcl.....80 | 10-20 mg.....25            |
| esomeprazole magnesium       | EVRYSDI.....43            | ezetimibe-simvastatin tab  |
| .....62                      | EXELON                    | 10-40 mg.....25            |
| esomeprazole sodium.....62   | see rivastigmine.....33   | ezetimibe-simvastatin tab  |
| estarylla.....51             | exemestane.....15         | 10-80 mg.....25            |
| ESTRACE                      | EXFORGE                   | <b>F</b>                   |
| see estradiol.....54         | see amlodipine besylate-  | FABIOR.....75              |
| see estradiol vaginal...54   | valsartan tab 10-160      | FABRAZYME.....56           |
| estradiol.....54             | mg.....21                 | falmina.....51             |
| estradiol & norethindrone    | see amlodipine besylate-  | famciclovir.....10         |
| acetate tab 0.5-0.1 mg 54    | valsartan tab 10-320      | famotidine.....60          |
| estradiol & norethindrone    | mg.....21                 | famotidine in nacl 0.9% iv |
| acetate tab 1-0.5 mg...54    | see amlodipine besylate-  | soln 20 mg/50ml.....60     |
| estradiol vaginal.....54     | valsartan tab 5-160 mg    | FANAPT.....37              |
| estradiol valerate.....54    | .....21                   | FANAPT PAK.....37          |
| ESTRING.....54               | see amlodipine besylate-  | FARESTON                   |
| ESTROGEL.....54              | valsartan tab 5-320 mg    | see toremifene citrate..15 |
| ESTROSTEP FE                 | .....21                   | FARXIGA.....47             |
| see tilia fe.....53          | EXFORGE HCT               | FARYDAK.....17             |
| see tri-legest fe.....53     | see amlodipine-           | FASENRA.....73             |
| eszopiclone.....41           | valsartan-                | FASENRA PEN.....73         |
| ethacrynic acid.....27       | hydrochlorothiazide tab   | FASLODEX                   |
| ethambutol hcl.....9         | 10-160-12.5 mg.....22     | see fulvestrant.....15     |
| ethosuximide.....31          | see amlodipine-           | fayosim.....51             |
| ethynodiol diacetate &       | valsartan-                | febuxostat.....1           |
| ethinyl estradiol tab 1      | hydrochlorothiazide tab   | felbamate.....31           |
| mg-35 mcg.....51             | 10-160-25 mg.....22       | FELBATOL                   |
| ethynodiol diacetate &       | see amlodipine-           | see felbamate.....31       |
| ethinyl estradiol tab 1      | valsartan-                | FELDENE                    |
| mg-50 mcg.....51             | hydrochlorothiazide tab   | see piroxicam.....1        |
| etodolac.....1               | 10-320-25 mg.....22       | felodipine.....26          |
| etonogestrel-ethinyl         | see amlodipine-           | FEMARA                     |
| estradiol va ring 0.120-     | valsartan-                | see letrozole.....15       |
| 0.015 mg/24hr.....51         | hydrochlorothiazide tab   | FEMHRT LOW DOSE            |
| ETOPOPHOS.....16             | 5-160-12.5 mg.....22      | see fyavolv tab 0.5mg-     |
| etoposide.....16             |                           | 2.5mcg.....54              |

|                                      |                                        |                                       |
|--------------------------------------|----------------------------------------|---------------------------------------|
| see <i>norethindrone</i>             | <i>fluconazole in nacl 0.9% inj</i>    | see <i>alendronate sodium</i>         |
| <i>acetate-ethinyl</i>               | 400 mg/200ml .....7                    | .....50                               |
| <i>estradiol tab 0.5 mg-</i>         | <i>flucytosine</i> .....7              | FOSAMAX + D TAB 70-                   |
| 2.5 mcg .....54                      | <i>fludarabine phosphate</i> ....14    | 2800 .....50                          |
| FEMRING .....54                      | <i>fludrocortisone acetate</i> ...55   | FOSAMAX + D TAB 70-                   |
| <i>femynor</i> .....51               | <i>flunisolide (nasal)</i> .....74     | 5600 .....50                          |
| <i>fenofibrate</i> .....24           | <i>fluocinolone acetonide</i> ....78   | <i>fosamprenavir calcium</i> .....8   |
| <i>fenofibrate micronized</i> ....24 | <i>fluocinolone acetonide</i>          | <i>fosaprepitant dimeglumine</i>      |
| FENSOLVI .....56                     | (otic) .....81                         | .....59                               |
| <i>fentanyl</i> .....2               | <i>fluocinonide</i> .....78            | <i>fosinopril sodium</i> .....21      |
| <i>fentanyl citrate</i> .....3       | <i>fluocinonide emulsified</i>         | <i>fosinopril sodium &amp;</i>        |
| FERRIPROX .....50                    | base .....78                           | <i>hydrochlorothiazide tab</i>        |
| FERRIPROX TWICE-A-                   | <i>fluorometholone (ophth)</i> ..70    | 10-12.5 mg .....20                    |
| DAY .....50                          | FLUOROPLEX .....79                     | <i>fosinopril sodium &amp;</i>        |
| FETROJA .....11                      | <i>fluorouracil</i> .....14            | <i>hydrochlorothiazide tab</i>        |
| FETZIMA .....34                      | <i>fluorouracil (topical)</i> ..79, 80 | 20-12.5 mg .....20                    |
| FETZIMA CAP TITRATIO                 | <i>fluoxetine hcl</i> .....34          | FOSRENOL .....57                      |
| .....34                              | <i>fluoxetine hcl (pmdd)</i> .....34   | see <i>lanthanum carbonate</i>        |
| FIASP FLEX INJ TOUCH49               | FLUOXETINE                             | .....57                               |
| FIASP INJ 100/ML .....49             | HYDROCHLORIDE                          | FRAGMIN .....63                       |
| FIASP PENFIL INJ U-100               | see <i>fluoxetine hcl</i> .....34      | FREAMINE HBC INJ 6.9%                 |
| .....49                              | <i>fluphenazine decanoate</i> ..37     | .....69                               |
| FINACEA .....79                      | <i>fluphenazine hcl</i> .....37        | FREAMINE III INJ 10%...69             |
| see <i>azelaic acid</i> .....79      | <i>flurbiprofen</i> .....1             | FROVA                                 |
| <i>finasteride</i> .....62           | <i>flurbiprofen sodium</i> .....70     | see <i>frovatriptan</i>               |
| FINTEPLA .....31                     | <i>flutamide</i> .....15               | <i>succinate</i> .....42              |
| FIRAZYR                              | <i>fluticasone propionate</i> ....78   | <i>frovatriptan succinate</i> .....42 |
| see <i>icatibant acetate</i> ...64   | <i>fluticasone propionate</i>          | <i>fulvestrant</i> .....15            |
| FIRDAPSE .....43                     | (nasal) .....74                        | <i>furosemide</i> .....27             |
| FIRMAGON .....15                     | <i>fluvastatin sodium</i> .....24      | <i>furosemide inj</i> .....27         |
| FIRVANQ .....5                       | <i>fluvoxamine maleate</i> .29, 30     | FUZEON .....8                         |
| <i>flac</i> .....81                  | FML .....70                            | <i>fyavolv tab 0.5mg-2.5mcg</i>       |
| FLAGYL                               | FML FORTE .....70                      | .....54                               |
| see <i>metronidazole</i> .....6      | FOCALIN                                | <i>fyavolv tab 1mg-5mcg</i> .....54   |
| FLAREX .....70                       | see <i>dexmethylphenidate</i>          | FYCOMPA .....31                       |
| FLEBOGAMMA DIF .....66               | <i>hcl</i> .....39, 40                 | <b>G</b>                              |
| <i>flecainide acetate</i> .....24    | FOCALIN XR                             | <i>gabapentin</i> .....31             |
| FLOLAN .....29                       | see <i>dexmethylphenidate</i>          | GABITRIL                              |
| see <i>epoprostenol sodium</i>       | <i>hcl</i> .....39                     | see <i>tiagabine hcl</i> .....32      |
| .....29                              | FOLOTYN .....14                        | GALAFOLD .....56                      |
| FLOLIPID .....24                     | <i>fondaparinux sodium</i> .....63     | <i>galantamine hydrobromide</i>       |
| FLOMAX                               | FORTAZ .....11                         | .....33                               |
| see <i>tamsulosin hcl</i> .....62    | see <i>ceftazidime</i> .....11         | GAMASTAN INJ .....66                  |
| FLOVENT DISKUS .....74               | see <i>tazicef</i> .....11             | GAMMAGARD LIQUID ...66                |
| FLOVENT HFA .....74                  | FORTEO .....50                         | GAMMAGARD S/D IGA                     |
| <i>fluconazole</i> .....7            | FORTESTA                               | LESS TH .....66                       |
| <i>fluconazole in nacl 0.9% inj</i>  | see <i>testosterone</i> .....47        | GAMMAKED .....66                      |
| 200 mg/100ml .....7                  | FOSAMAX                                | GAMMAPLEX .....66                     |

|                                       |                                             |                                      |
|---------------------------------------|---------------------------------------------|--------------------------------------|
| GAMUNEX-C.....66                      | <i>gentamicin sulfate (topical)</i> .....76 | <i>granisetron hcl</i> .....59       |
| GANCICLOVIR.....10                    | GENVOYA TAB.....9                           | GRASTEK.....66                       |
| <i>ganciclovir sodium</i> .....10     | GEODON                                      | <i>griseofulvin microsize</i> .....7 |
| GARDASIL 9 INJ .....67                | <i>see ziprasidone hcl</i> ....38           | <i>griseofulvin ultramicrosize</i> 7 |
| GASTROCROM                            | <i>see ziprasidone mesylate</i>             | <i>guanfacine hcl</i> .....28        |
| <i>see cromolyn sodium</i>            | .....38                                     | <i>guanfacine hcl (adhd)</i> .....40 |
| (mastocytosis) .....61                | <i>gianvi</i> .....51                       | GVOKE HYPOPEN 2-                     |
| <i>gatifloxacin (ophth)</i> .....70   | GILENYA.....44                              | PACK .....55                         |
| GATTEX.....61                         | GILOTRIF .....17                            | GVOKE PFS.....55                     |
| GAUZE PADS 2X2 .....49                | GIMOTI.....59                               | GYNAZOLE-1.....63                    |
| <i>gavilyte-c</i> .....60             | GIVLAARI .....64                            | <b>H</b>                             |
| <i>gavilyte-g</i> .....60             | GLASSIA .....73                             | HAEGARDA.....64                      |
| <i>gavilyte-n/flavor pack</i> .....60 | <i>glatiramer acetate</i> .....44           | <i>hailey 1.5/30</i> .....52         |
| GAVRETO .....17                       | <i>glatopa</i> .....44                      | <i>hailey 24 fe</i> .....52          |
| GAZYVA.....17                         | GLEEVEC                                     | HALAVEN.....16                       |
| GELNIQUE.....63                       | <i>see imatinib mesylate</i> ..17           | <i>halcinonide</i> .....78           |
| GEMCITABINE                           | <i>glimepiride</i> .....47                  | HALCION                              |
| <i>see gemcitabine hcl</i> ....14     | <i>glipizide</i> .....47                    | <i>see triazolam</i> .....41         |
| <i>gemcitabine hcl</i> .....14        | <i>glipizide xl</i> .....47                 | HALDOL                               |
| <i>gemfibrozil</i> .....24            | <i>glipizide-metformin hcl tab</i>          | <i>see haloperidol lactate</i> 37    |
| <i>gemmily</i> .....51                | 2.5-250 mg.....47                           | HALDOL DECANOATE                     |
| GENERESS FE                           | <i>glipizide-metformin hcl tab</i>          | 100                                  |
| <i>see kaitlib fe</i> .....52         | 2.5-500 mg.....47                           | <i>see haloperidol</i>               |
| <i>see layolis fe</i> .....52         | <i>glipizide-metformin hcl tab</i>          | decanoate.....37                     |
| <i>see norethindrone &amp;</i>        | 5-500 mg.....47                             | HALDOL DECANOATE 50                  |
| <i>ethinyl estradiol-fe</i>           | GLOPERBA.....1                              | <i>see haloperidol</i>               |
| <i>chew tab 0.8 mg-25</i>             | GLUCOTROL                                   | decanoate.....37                     |
| <i>mcg</i> .....53                    | <i>see glipizide</i> .....47                | <i>halobetasol propionate</i> ...78  |
| <i>generlac</i> .....61               | GLUCOTROL XL                                | HALOBETASOL                          |
| <i>gengraf</i> .....67                | <i>see glipizide</i> .....47                | PROPIONATE.....78                    |
| GENOTROPIN.....56                     | <i>see glipizide xl</i> .....47             | HALOG .....78                        |
| GENOTROPIN MINIQUE                    | GLYCATATE.....60                            | <i>see halcinonide</i> .....78       |
| .....56                               | <i>glycopyrrolate</i> .....60               | <i>haloperidol</i> .....37           |
| <i>gentak</i> .....70                 | GLYCOPYRROLATE ....60                       | <i>haloperidol decanoate</i> ....37  |
| <i>gentamicin in saline inj 0.8</i>   | <i>glydo</i> .....79                        | <i>haloperidol lactate</i> .....37   |
| <i>mg/ml</i> .....5                   | GLYXAMBI TAB 10-5 MG                        | HARVONI PAK 33.75-                   |
| <i>gentamicin in saline inj 1</i>     | .....47                                     | 150MG .....10                        |
| <i>mg/ml</i> .....5                   | GLYXAMBI TAB 25-5 MG                        | HARVONI PAK 45-200MG                 |
| <i>gentamicin in saline inj 1.2</i>   | .....47                                     | .....10                              |
| <i>mg/ml</i> .....5                   | GOCOVRI.....35                              | HARVONI TAB 45-200MG                 |
| <i>gentamicin in saline inj 1.6</i>   | GOLYTELY                                    | .....10                              |
| <i>mg/ml</i> .....6                   | <i>see gavilyte-g</i> .....60               | HARVONI TAB 90-400MG                 |
| <i>gentamicin in saline inj 2</i>     | <i>see peg 3350-kcl-na</i>                  | .....10                              |
| <i>mg/ml</i> .....6                   | <i>bicarb-nacl-na sulfate</i>               | HAVRIX .....67                       |
| <i>gentamicin sulfate</i> .....6      | <i>for soln 236 gm</i> .....61              | <i>heather</i> .....52               |
| <i>gentamicin sulfate (ophth)</i>     | GOLYTELY SOL.....61                         | HEMADY .....55                       |
| .....70                               | GONITRO.....29                              | HEP SOD/NACL INJ                     |
|                                       |                                             | 25000UNT.....63                      |

|                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| HEPARIN SODIUM .....63              | HYDREA                               | <i>hydroxyprogesterone</i>          |
| <i>heparin sodium (porcine)</i> 63  | see <i>hydroxyurea</i> .....15       | <i>caproate (antineoplastic)</i>    |
| <i>heparin sodium (porcine)</i>     | <i>hydrochlorothiazide</i> .....27   | .....15                             |
| 100 unit/ml in d5w .....63          | <i>hydrocodone bitartrate</i> .....2 | <i>hydroxyurea</i> .....15          |
| <i>heparin sodium (porcine)-</i>    | <i>hydrocodone bitartrate cap</i>    | <i>hydroxyzine hcl</i> .....72      |
| <i>dextrose iv sol 20000</i>        | <i>er 12hr 40 mg</i> .....2          | <i>hydroxyzine pamoate</i> .....72  |
| <i>unit/500ml-5%</i> .....63        | <i>hydrocodone-</i>                  | HYQVIA INJ 10-800.....66            |
| <i>heparin sodium (porcine)-</i>    | <i>acetaminophen soln 7.5-</i>       | HYQVIA INJ 2.5-200.....66           |
| <i>dextrose iv sol 25000</i>        | 325 mg/15ml .....3                   | HYQVIA INJ 20-1600.....66           |
| <i>unit/500ml-5%</i> .....64        | <i>hydrocodone-</i>                  | HYQVIA INJ 30-2400.....66           |
| HEPARIN/NACL INJ                    | <i>acetaminophen tab 10-</i>         | HYQVIA INJ 5-400.....66             |
| 25000UNT .....64                    | 300 mg .....3                        | HYSINGLA ER.....2                   |
| <i>hepatamine</i> .....69           | <i>hydrocodone-</i>                  | HYZAAR                              |
| HEPSERA                             | <i>acetaminophen tab 10-</i>         | see <i>losartan potassium &amp;</i> |
| see <i>adefovir dipivoxil</i> ...10 | 325 mg .....3                        | <i>hydrochlorothiazide tab</i>      |
| HERCEP HYLEC SOL 60-                | <i>hydrocodone-</i>                  | 100-12.5 mg .....22                 |
| 10000 .....17                       | <i>acetaminophen tab 5-300</i>       | see <i>losartan potassium &amp;</i> |
| HERCEPTIN .....17                   | mg .....3                            | <i>hydrochlorothiazide tab</i>      |
| HERZUMA .....17                     | <i>hydrocodone-</i>                  | 100-25 mg .....22                   |
| HETLIOZ .....41                     | <i>acetaminophen tab 5-325</i>       | see <i>losartan potassium &amp;</i> |
| HIBERIX .....67                     | mg .....3                            | <i>hydrochlorothiazide tab</i>      |
| HIPREX                              | <i>hydrocodone-</i>                  | 50-12.5 mg .....22                  |
| see <i>methenamine</i>              | <i>acetaminophen tab 7.5-</i>        |                                     |
| <i>hippurate</i> .....6             | 300 mg .....3                        | <b>I</b>                            |
| HIZENTRA .....66                    | <i>hydrocodone-</i>                  | <i>ibandronate sodium</i> .....50   |
| HORIZANT .....43                    | <i>acetaminophen tab 7.5-</i>        | IBRANCE .....17                     |
| HUMATROPE .....56                   | 325 mg .....3                        | <i>ibu</i> .....1                   |
| HUMATROPE COMBO                     | <i>hydrocodone-ibuprofen tab</i>     | <i>ibuprofen</i> .....1             |
| PACK .....56                        | 10-200 mg .....3                     | <i>icatibant acetate</i> .....64    |
| HUMIRA .....65                      | <i>hydrocodone-ibuprofen tab</i>     | <i>iclevia</i> .....52              |
| HUMIRA PEDIA INJ                    | 5-200 mg .....3                      | ICLUSIG .....17                     |
| CROHNS .....65                      | <i>hydrocodone-ibuprofen tab</i>     | IDHIFA .....17                      |
| HUMIRA PEDIATRIC                    | 7.5-200 mg .....3                    | IFEX .....14                        |
| CROHNS D .....65                    | <i>hydrocortisone</i> .....55        | <i>ifosfamide</i> .....14           |
| HUMIRA PEN .....65                  | <i>hydrocortisone (intrarectal)</i>  | IFOSFAMIDE .....14                  |
| HUMIRA PEN KIT PS/UV                | .....60                              | ILARIS .....67                      |
| .....65                             | <i>hydrocortisone (topical)</i> .78, | ILEVRO .....70                      |
| HUMIRA PEN-CD/UC/HS                 | 79                                   | <i>imatinib mesylate</i> .....17    |
| START .....65                       | <i>hydrocortisone butyrate</i> ..79  | IMBRUVICA .....17                   |
| HUMIRA PEN-PS/UV                    | <i>hydrocortisone w/ acetic</i>      | IMFINZI .....17                     |
| STARTER .....65                     | <i>acid otic soln 1-2%</i> .....81   | <i>imipenem-cilastatin</i>          |
| HUMULIN R U-500                     | <i>hydromorphone hcl</i> ...2, 3, 4  | <i>intravenous for soln 250</i>     |
| (CONCENTR .....49                   | HYDROMORPHONE                        | mg .....6                           |
| HUMULIN R U-500                     | HYDROCHLORI .....4                   | <i>imipenem-cilastatin</i>          |
| KWIKPEN .....49                     | <i>hydroxychloroquine sulfate</i>    | <i>intravenous for soln 500</i>     |
| HYCANTIN                            | .....66                              | mg .....6                           |
| see <i>topotecan hcl</i> .....15    |                                      | <i>imipramine hcl</i> .....34       |
| <i>hydralazine hcl</i> .....28      |                                      | <i>imipramine pamoate</i> .....34   |
|                                     |                                      | <i>imiquimod</i> .....80            |

|                                          |                                     |                                           |
|------------------------------------------|-------------------------------------|-------------------------------------------|
| IMITREX                                  | INSULIN SAFETY                      | <i>isosorbide mononitrate</i> ...29       |
| see <i>sumatriptan</i> .....42           | NEEDLES .....49                     | <i>isotretinoin</i> .....75               |
| see <i>sumatriptan succinate</i> .....43 | INSULIN SYRINGES:                   | <i>isradipine</i> .....26                 |
| IMITREX STATDOSE                         | BD/ULTIMED/ALLISON/                 | ISTALOL                                   |
| REFILL                                   | TRIVIDIA/MHC.....49                 | see <i>timolol maleate</i>                |
| see <i>sumatriptan succinate</i> .....43 | INTELENCE.....8                     | ( <i>ophth</i> ) <i>once-daily</i> ....71 |
| IMITREX STATDOSE                         | INTRALIPID .....69                  | ISTURISA .....56                          |
| SYSTEM                                   | INTRAROSA.....62                    | <i>itraconazole</i> .....7                |
| see <i>sumatriptan succinate</i> .....42 | INTRON A .....67                    | <i>ivermectin</i> .....6                  |
| IMOVAX RABIES                            | <i>introvale</i> .....52            | <i>ivermectin (pediculicide)</i> .80      |
| (H.D.C.V.) .....67                       | INTUNIV                             | IXEMPRA KIT .....16                       |
| IMPEKLO.....79                           | see <i>guanfacine hcl</i>           | IXIARO INJ .....67                        |
| IMPOYZ.....79                            | ( <i>adhd</i> ) .....40             | <b>J</b>                                  |
| IMURAN                                   | INVANZ                              | JADENU                                    |
| see <i>azathioprine</i> .....67          | see <i>ertapenem sodium</i> ..5     | see <i>deferasirox</i> .....50            |
| IMVEXXY MAINTENANCE                      | INVEGA                              | JADENU SPRINKLE                           |
| PACK .....54                             | see <i>paliperidone</i> .....37     | see <i>deferasirox</i> .....50            |
| IMVEXXY STARTER PACK                     | INVEGA SUSTENNA.....37              | JAKAFI .....17                            |
| .....54                                  | INVEGA TRINZA .....37               | JALYN                                     |
| INBRIJA.....35                           | INVELTYS .....70                    | see <i>dutasteride-</i>                   |
| <i>incassia</i> .....52                  | INVIRASE .....8                     | <i>tamsulosin hcl cap 0.5-</i>            |
| INCRELEX.....56                          | IPOL INJ INACTIVE.....67            | <i>0.4 mg</i> .....62                     |
| INCRUSE ELLIPTA .....72                  | <i>ipratropium bromide</i> .....72  | <i>jantoven</i> .....64                   |
| <i>indapamide</i> .....27                | <i>ipratropium bromide (nasal)</i>  | JANUMET TAB 50-1000.48                    |
| INDERAL LA                               | .....72                             | JANUMET TAB 50-500MG                      |
| see <i>propranolol hcl</i> .....26       | <i>ipratropium-albuterol nebu</i>   | .....48                                   |
| INFANRIX INJ .....67                     | <i>soln 0.5-2.5(3) mg/3ml</i> 72    | JANUMET XR TAB 100-                       |
| INFUGEM SOL 1200MG 14                    | <i>irbesartan</i> .....23           | 1000 .....48                              |
| INFUGEM SOL 1300MG 14                    | <i>irbesartan-</i>                  | JANUMET XR TAB 50-                        |
| INFUGEM SOL 1400MG 14                    | <i>hydrochlorothiazide tab</i>      | 1000 .....48                              |
| INFUGEM SOL 1500MG 14                    | 150-12.5 mg .....22                 | JANUMET XR TAB 50-                        |
| INFUGEM SOL 1600MG 14                    | <i>irbesartan-</i>                  | 500MG .....48                             |
| INFUGEM SOL 1700MG 14                    | <i>hydrochlorothiazide tab</i>      | JANUVIA.....48                            |
| INFUGEM SOL 1800MG 14                    | 300-12.5 mg .....22                 | JARDIANCE .....48                         |
| INFUGEM SOL 1900MG 14                    | IRESSA .....17                      | <i>jasmiel</i> .....52                    |
| INFUGEM SOL 2000MG 14                    | <i>irinotecan hcl</i> .....15       | JENTADUETO TAB 2.5-                       |
| INFUGEM SOL 2200MG 14                    | ISENTRESS .....8                    | 1000 .....48                              |
| INGREZZA .....43                         | ISENTRESS HD .....8                 | JENTADUETO TAB 2.5-                       |
| INGREZZA CAP 40-80MG                     | <i>isibloom</i> .....52             | 500 .....48                               |
| .....43                                  | ISOLYTE-P INJ /D5W.....68           | JENTADUETO TAB 2.5-                       |
| INLYTA.....17                            | ISOLYTE-S INJ.....68                | 850 .....48                               |
| INQOVI TAB 35-100MG .15                  | <i>isoniazid</i> .....9             | JENTADUETO TAB XR                         |
| INREBIC .....17                          | ISOPTO CARPINE                      | 2.5-1000MG .....48                        |
| INSPIRA                                  | see <i>pilocarpine hcl</i> .....71  | JENTADUETO TAB XR 5-                      |
| see <i>eplerenone</i> .....21            | ISORDIL TITRADOSE                   | 1000MG .....48                            |
|                                          | see <i>isosorbide dinitrate</i>     | JEVTANA.....16                            |
|                                          | .....29                             | <i>jinteli</i> .....54                    |
|                                          | <i>isosorbide dinitrate</i> .....29 | <i>jolessa</i> .....52                    |

|                          |    |                                     |                              |    |
|--------------------------|----|-------------------------------------|------------------------------|----|
| JORNAY PM.....           | 40 | <i>kcl 20 meq/l (0.15%) in</i>      | KISQALI.....                 | 17 |
| JUBLIA .....             | 76 | <i>dextrose 5% &amp; nacl 0.9%</i>  | KISQALI 200 PAK              |    |
| juleber.....             | 52 | <i>inj .....</i>                    | FEMARA .....                 | 15 |
| JULUCA TAB 50-25MG....   | 9  | <i>kcl 20 meq/l (0.15%) in nacl</i> | KISQALI 400 PAK              |    |
| junel 1.5/30 .....       | 52 | <i>0.45% inj .....</i>              | FEMARA.....                  | 15 |
| junel 1/20 .....         | 52 | <i>kcl 20 meq/l (0.15%) in nacl</i> | KISQALI 600 PAK              |    |
| junel fe 1.5/30 .....    | 52 | <i>0.9% inj .....</i>               | FEMARA.....                  | 15 |
| junel fe 1/20 .....      | 52 | <i>kcl 30 meq/l (0.224%) in</i>     | KITABIS PAK                  |    |
| junel fe 24 .....        | 52 | <i>dextrose 5% &amp; nacl</i>       | see tobramycin.....          | 7  |
| JUXTAPID .....           | 25 | <i>0.45% inj .....</i>              | KLARON                       |    |
| JYNARQUE .....           | 56 | <i>kcl 40 meq/l (0.3%) in</i>       | see sulfacetamide            |    |
| JYNARQUE PAK 30-15MG     |    | <i>dextrose 5% &amp; nacl</i>       | sodium (acne) .....          | 76 |
| .....                    | 56 | <i>0.45% inj .....</i>              | KLONOPIN                     |    |
| JYNARQUE PAK 45-15MG     |    | <i>kcl 40 meq/l (0.3%) in nacl</i>  | see clonazepam .....         | 30 |
| .....                    | 56 | <i>0.9% inj .....</i>               | klor-con .....               | 69 |
| JYNARQUE PAK 60-30MG     |    | KCL/D5W/LACT INJ                    | klor-con 10.....             | 69 |
| .....                    | 56 | 20MEQ/L .....                       | klor-con 8.....              | 69 |
| JYNARQUE PAK 90-30MG     |    | KCL/D5W/NACL INJ                    | klor-con m10.....            | 69 |
| .....                    | 56 | 0.15/0.2 .....                      | klor-con m15.....            | 69 |
| <b>K</b>                 |    | KCL/D5W/NACL INJ                    | klor-con m20.....            | 69 |
| KADCYLA.....             | 17 | 0.3/0.9% .....                      | KORLYM.....                  | 56 |
| KADIAN .....             | 2  | KEFLEX                              | KOSELUGO.....                | 17 |
| kaitlib fe .....         | 52 | see cephalexin .....                | KRINTAFEL .....              | 8  |
| KALBITOR.....            | 64 | kelnor 1/35.....                    | KRISTALOSE .....             | 61 |
| KALETRA                  |    | kelnor 1/50.....                    | KRYSTEXXA .....              | 1  |
| see lopinavir-ritonavir  |    | KENALOG                             | K-TAB                        |    |
| soln 400-100 mg/5ml      |    | see triamcinolone                   | see potassium chloride       | 69 |
| (80-20 mg/ml) .....      | 9  | acetonide (topical) ...             | kurvelo .....                | 52 |
| KALETRA TAB 100-25MG9    |    | KENALOG-10 .....                    | KUVAN .....                  | 56 |
| KALETRA TAB 200-50MG9    |    | KENALOG-40                          | see sapropterin              |    |
| KALYDECO .....           | 73 | see triamcinolone                   | dihydrochloride .....        | 57 |
| KANJINTI.....            | 17 | acetonide .....                     | KYNMOBI .....                | 36 |
| KANUMA .....             | 56 | KENALOG-80 .....                    | KYPROLIS.....                | 17 |
| KAPSPARGO SPRINKLE       |    | KEPPRA                              | <b>L</b>                     |    |
| .....                    | 26 | see levetiracetam .....             | labetalol hcl.....           | 26 |
| kariva .....             | 52 | see roweepra .....                  | LACRISERT.....               | 71 |
| KATERZIA .....           | 26 | KEPPRA XR                           | lactated ringer's solution . | 68 |
| kcl 10 meq/l (0.075%) in |    | see levetiracetam .....             | lactic acid (ammonium        |    |
| dextrose 5% & nacl       |    | ketoconazole.....                   | lactate) .....               | 80 |
| 0.45% inj .....          | 68 | ketoconazole (topical) ....         | lactulose .....              | 61 |
| kcl 20 meq/l (0.15%) in  |    | 77                                  | lactulose (encephalopathy)   |    |
| dextrose 5% & nacl 0.2%  |    | ketoprofen.....                     | .....                        | 61 |
| inj .....                | 68 | ketorolac tromethamine              | LAMICTAL                     |    |
| kcl 20 meq/l (0.15%) in  |    | (ophth).....                        | see lamotrigine .....        | 31 |
| dextrose 5% & nacl       |    | KEVEYIS .....                       | see subvenite .....          | 32 |
| 0.45% inj .....          | 68 | KEYTRUDA .....                      | LAMICTAL CHEWABLE            |    |
|                          |    | KHAPZORY .....                      | DISPERS                      |    |
|                          |    | KINRIX INJ .....                    | see lamotrigine .....        | 31 |

|                                   |                                      |                                      |
|-----------------------------------|--------------------------------------|--------------------------------------|
| LAMICTAL ODT                      | see <i>digox</i> .....28             | LEVEMIR.....49                       |
| see <i>lamotrigine</i> .....31    | see <i>digoxin</i> .....28           | LEVEMIR FLEXTOUCH .49                |
| see <i>lamotrigine tab disint</i> | LANOXIN PEDIATRIC....28              | <i>levetiracetam</i> .....31         |
| 25 (14) & 50 mg (14) &            | <i>lansoprazole</i> .....62          | LEVETIRACETAM                        |
| 100 mg (7) kit.....31             | <i>lanthanum carbonate</i> .....57   | see <i>levetiracetam in</i>          |
| LAMICTAL ODT KIT BLUE             | <i>lapatinib ditosylate</i> .....18  | <i>sodium chloride iv soln</i>       |
| .....31                           | <i>larin 1.5/30</i> .....52          | 1000 mg/100ml.....31                 |
| LAMICTAL ODT KIT                  | <i>larin 1/20</i> .....52            | see <i>levetiracetam in</i>          |
| GREEN.....31                      | <i>larin 24 fe</i> .....52           | <i>sodium chloride iv soln</i>       |
| LAMICTAL STARTER/NOT              | <i>larin fe 1.5/30</i> .....52       | 1500 mg/100ml.....31                 |
| TAKI                              | <i>larin fe 1/20</i> .....52         | see <i>levetiracetam in</i>          |
| see <i>lamotrigine tab 25</i>     | <i>larissia</i> .....52              | <i>sodium chloride iv soln</i>       |
| mg (42) & 100 mg (7)              | LASIX                                | 500 mg/100ml.....31                  |
| starter kit.....31                | see <i>furosemide</i> .....27        | <i>levetiracetam in sodium</i>       |
| see <i>subvenite starter</i>      | LASTACFT.....71                      | <i>chloride iv soln 1000</i>         |
| kit/ora.....32                    | <i>latanoprost</i> .....71           | mg/100ml .....31                     |
| LAMICTAL                          | LATUDA .....37                       | <i>levetiracetam in sodium</i>       |
| STARTER/TAKING C                  | <i>layolis fe</i> .....52            | <i>chloride iv soln 1500</i>         |
| see <i>lamotrigine tab 84 x</i>   | <i>leena</i> .....52                 | mg/100ml .....31                     |
| 25 mg & 14 x 100 mg               | <i>leflunomide</i> .....66           | <i>levetiracetam in sodium</i>       |
| starter kit.....31                | LEMTRADA .....44                     | <i>chloride iv soln 500</i>          |
| see <i>subvenite starter</i>      | LENVIMA 10 MG DAILY                  | mg/100ml .....31                     |
| kit/gre.....32                    | DOSE.....18                          | <i>levobunolol hcl</i> .....71       |
| LAMICTAL                          | LENVIMA 12MG DAILY                   | <i>levocarnitine (metabolic</i>      |
| STARTER/TAKING V                  | DOSE.....18                          | <i>modifiers)</i> .....56            |
| see <i>lamotrigine</i> .....31    | LENVIMA 20 MG DAILY                  | <i>levocetirizine</i>                |
| see <i>subvenite starter</i>      | DOSE.....18                          | <i>dihydrochloride</i> .....72       |
| kit/blu .....32                   | LENVIMA 4 MG DAILY                   | <i>levofloxacin</i> .....12          |
| LAMICTAL XR                       | DOSE.....18                          | <i>levofloxacin (ophth)</i> .....70  |
| see <i>lamotrigine</i> .....31    | LENVIMA 8 MG DAILY                   | <i>levofloxacin in d5w iv soln</i>   |
| LAMICTAL XR KIT.....31            | DOSE.....18                          | 250 mg/50ml .....12                  |
| LAMISIL                           | LENVIMA CAP 14 MG...18               | <i>levofloxacin in d5w iv soln</i>   |
| see <i>terbinafine hcl</i> .....8 | LENVIMA CAP 18 MG...18               | 500 mg/100ml .....12                 |
| <i>lamivudine</i> .....8          | LENVIMA CAP 24 MG...18               | <i>levofloxacin in d5w iv soln</i>   |
| <i>lamivudine (hbv)</i> .....10   | LESCOL XL                            | 750 mg/150ml .....12                 |
| <i>lamivudine-zidovudine tab</i>  | see <i>fluvastatin sodium</i> .24    | <i>levoleucovorin calcium</i> ....20 |
| 150-300 mg.....9                  | <i>lessina</i> .....52               | <i>levonest</i> .....52              |
| <i>lamotrigine</i> .....31        | LETAIRIS                             | <i>levonor-eth est tab 0.15-</i>     |
| <i>lamotrigine tab 25 mg (42)</i> | see <i>ambrisentan</i> .....29       | 0.02/0.025/0.03 mg &eth              |
| & 100 mg (7) starter kit31        | <i>letrozole</i> .....15             | est 0.01 mg .....52                  |
| <i>lamotrigine tab 84 x 25 mg</i> | <i>leucovorin calcium</i> .....19    | <i>levonorgestrel &amp; ethinyl</i>  |
| & 14 x 100 mg starter kit         | LEUKERAN .....14                     | <i>estradiol (91-day) tab</i>        |
| .....31                           | LEUKINE .....64                      | 0.15-0.03 mg .....52                 |
| <i>lamotrigine tab disint 25</i>  | <i>leuprolide acetate</i> .....15    | <i>levonorgestrel &amp; ethinyl</i>  |
| (14) & 50 mg (14) & 100           | <i>levalbuterol hcl</i> .....73      | <i>estradiol tab 0.1 mg-20</i>       |
| mg (7) kit.....31                 | <i>levalbuterol tartrate</i> .....73 | mcg .....52                          |
| LANOXIN.....28                    | LEVAQUIN                             |                                      |
| see <i>digitek</i> .....28        | see <i>levofloxacin</i> .....12      |                                      |

|                                                                                          |                                                                                  |                                                                                                |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <i>levonorgestrel &amp; ethinyl<br/>estradiol tab 0.15 mg-30<br/>mcg</i> .....52         | LIPITOR<br>see <i>atorvastatin calcium</i><br>.....24                            | LORBRENA.....18                                                                                |
| <i>levonorgestrel-eth estra tab<br/>0.05-30/0.075-40/0.125-<br/>30mg-mcg</i> .....52     | <i>lisinopril</i> .....21                                                        | <i>loryna</i> .....52                                                                          |
| <i>levonorgestrel-ethinyl<br/>estradiol (continuous) tab<br/>90-20 mcg</i> .....52       | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>10-12.5 mg</i> .....20       | <i>losartan potassium</i> .....23                                                              |
| <i>levonorg-eth est tab 0.1-<br/>0.02mg(84) &amp; eth est tab<br/>0.01mg(7)</i> .....52  | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>20-12.5 mg</i> .....20       | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>100-12.5 mg</i> .....22            |
| <i>levonorg-eth est tab 0.15-<br/>0.03mg(84) &amp; eth est tab<br/>0.01mg(7)</i> .....52 | <i>lisinopril &amp;<br/>hydrochlorothiazide tab<br/>20-25 mg</i> .....20         | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>100-25 mg</i> .....22              |
| <i>levora 0.15/30-28</i> .....52                                                         | LITHIUM .....43                                                                  | <i>losartan potassium &amp;<br/>hydrochlorothiazide tab<br/>50-12.5 mg</i> .....22             |
| <i>levo-t</i> .....58                                                                    | <i>lithium carbonate</i> .....43                                                 | LOSEASONIQUE<br>see <i>camrese lo</i> .....51                                                  |
| <i>levothyroxine sodium</i> .....58                                                      | LITHOBID<br>see <i>lithium carbonate</i> ..43                                    | see <i>levonorg-eth est tab<br/>0.1-0.02mg(84) &amp; eth<br/>est tab 0.01mg(7)</i> ....52      |
| LEVOTHYROXINE<br>SODIUM.....58                                                           | LIVALO .....24                                                                   | LOTEMAX.....70                                                                                 |
| <i>levoxyl</i> .....58                                                                   | LO LOESTRIN TAB 1-10-<br>10 .....52                                              | see <i>loteprednol<br/>etabonate</i> .....70                                                   |
| LEXAPRO<br>see <i>escitalopram oxalate</i><br>.....34                                    | LODINE<br>see <i>etodolac</i> .....1                                             | LOTEMAX SM .....70                                                                             |
| LEXETTE.....79                                                                           | LODOSYN<br>see <i>carbidopa</i> .....35                                          | LOTENSIN<br>see <i>benazepril hcl</i> .....21                                                  |
| LEXIVA .....8                                                                            | <i>loestrin 1.5/30-21</i> .....52                                                | LOTENSIN HCT<br>see <i>benazepril &amp;<br/>hydrochlorothiazide tab<br/>10-12.5 mg</i> .....20 |
| see <i>fosamprenavir<br/>calcium</i> .....8                                              | <i>loestrin 1/20-21</i> .....52                                                  | see <i>benazepril &amp;<br/>hydrochlorothiazide tab<br/>20-12.5 mg</i> .....20                 |
| LIALDA<br>see <i>mesalamine</i> .....60                                                  | <i>loestrin fe 1.5/30</i> .....52                                                | see <i>benazepril &amp;<br/>hydrochlorothiazide tab<br/>20-12.5 mg</i> .....20                 |
| LIBTAYO .....18                                                                          | <i>loestrin fe 1/20</i> .....52                                                  | see <i>benazepril &amp;<br/>hydrochlorothiazide tab<br/>20-25 mg</i> .....20                   |
| <i>lidocaine</i> .....79                                                                 | LOKELMA.....50                                                                   | <i>loteprednol etabonate</i> ....70                                                            |
| <i>lidocaine hcl</i> .....79                                                             | LOMOTIL<br>see <i>diphenoxylate w/<br/>atropine tab 2.5-0.025<br/>mg</i> .....61 | LOTREL<br>see <i>amlodipine besylate-<br/>benazepril hcl cap 10-<br/>20 mg</i> .....20         |
| <i>lidocaine hcl (local anesth.)</i><br>.....5                                           | LONSURF TAB 15-6.14 .15                                                          | see <i>amlodipine besylate-<br/>benazepril hcl cap 10-<br/>40 mg</i> .....20                   |
| <i>lidocaine hcl (mouth-throat)</i><br>.....80                                           | LONSURF TAB 20-8.19 .15                                                          | see <i>amlodipine besylate-<br/>benazepril hcl cap 5-10<br/>mg</i> .....20                     |
| <i>lidocaine-prilocaine cream<br/>2.5-2.5%</i> .....79                                   | <i>loperamide hcl</i> .....61                                                    | see <i>amlodipine besylate-<br/>benazepril hcl cap 5-20<br/>mg</i> .....20                     |
| LIDODERM<br>see <i>lidocaine</i> .....79                                                 | LOPID<br>see <i>gemfibrozil</i> .....24                                          | LOTROXEX                                                                                       |
| <i>lillow</i> .....52                                                                    | <i>lopinavir-ritonavir soln 400-<br/>100 mg/5ml (80-20<br/>mg/ml)</i> .....9     |                                                                                                |
| <i>linezolid</i> .....6                                                                  | <i>loprezza</i> .....54                                                          |                                                                                                |
| <i>linezolid in sodium chloride<br/>iv soln 600 mg/300ml-<br/>0.9%</i> .....6            | LOPRESSOR<br>see <i>metoprolol tartrate</i> 26                                   |                                                                                                |
| LINZESS.....61                                                                           | LOPROX<br>see <i>ciclopirox olamine</i> .76                                      |                                                                                                |
| <i>liothyronine sodium</i> .....58                                                       | <i>lorazepam</i> .....30                                                         |                                                                                                |
|                                                                                          | <i>lorazepam intensol</i> .....30                                                |                                                                                                |

see *alosetron hcl* .....61  
*lovastatin* .....24  
 LOVAZA  
   see *omega-3-acid ethyl esters cap 1 gm* .....25  
 LOVENOX  
   see *enoxaparin sodium* .....63  
*low-ogestrel* .....52  
*loxapine succinate* .....37  
*lubiprostone* .....61  
 LUCEMYRA.....46  
 LUCENTIS .....71  
*luliconazole* .....76  
 LUMIGAN .....71  
 LUMIZYME .....56  
 LUMOXITI.....18  
 LUNESTA  
   see *eszopiclone* .....41  
 LUPANETA KIT 11.25-5.54  
 LUPANETA KIT 3.75-5...54  
 LUPRON DEPOT (1-MONTH).....15  
 LUPRON DEPOT (3-MONTH).....15  
 LUPRON DEPOT (4-MONTH).....15  
 LUPRON DEPOT (6-MONTH).....15  
 LUPRON DEPOT-PED (1-MONTH).....56  
 LUPRON DEPOT-PED (3-MONTH).....56  
*luteal*.....52  
 LUXIQ  
   see *betamethasone valerate*.....77  
 LYNPARZA.....18  
 LYRICA  
   see *pregabalin*.....32  
 LYRICA CR .....43  
 LYSODREN.....15  
 LYSTEDA  
   see *tranexamic acid* ....65  
*lyza* .....52

**M**

MACROBID  
   see *nitrofurantoin monohydrate macrocrystal* .....6  
 MACRODANTIN  
   see *nitrofurantoin macrocrystal* .....6  
*mafenide acetate* .....76  
*magnesium sulfate*.....68  
 MAGNESIUM SULFATE 68  
   see *magnesium sulfate* .....68  
 MAGNESIUM SULFATE IN D5W  
   see *magnesium sulfate in dextrose 5% iv soln 1 gm/100ml*.....68  
*magnesium sulfate in dextrose 5% iv soln 1 gm/100ml* .....68  
 MALARONE  
   see *atovaquone-proguanil hcl tab 250-100 mg* .....8  
   see *atovaquone-proguanil hcl tab 62.5-25 mg* .....8  
*malathion* .....80  
*maprotiline hcl*.....34  
 MARINOL  
   see *dronabinol*.....59  
*marlissa* .....52  
 MARPLAN .....34  
 MARQIBO.....16  
 MATULANE .....15  
*matzim la* .....26  
 MAVENCLAD (10 TABS)44  
 MAVENCLAD (4 TABS)..44  
 MAVENCLAD (5 TABS)..44  
 MAVENCLAD (6 TABS)..44  
 MAVENCLAD (7 TABS)..44  
 MAVENCLAD (8 TABS)..44  
 MAVENCLAD (9 TABS)..44  
 MAVIK  
   see *trandolapril*.....21  
 MAVYRET TAB 100-40MG .....10  
 MAXALT  
   see *rizatriptan benzoate* .....42

MAXALT-MLT  
   see *rizatriptan benzoate* .....42  
 MAXIDEX.....70  
 MAXITROL  
   see *neomycin-polymyxin-dexamethasone ophthalmic oint 0.1%*.....69  
   see *neomycin-polymyxin-dexamethasone ophthalmic susp 0.1%*.....69  
 MAXZIDE  
   see *triamterene & hydrochlorothiazide tab 75-50 mg* .....27  
 MAXZIDE-25  
   see *triamterene & hydrochlorothiazide tab 37.5-25 mg* .....27  
 MAYZENT.....44  
*meclizine hcl* .....59  
*meclofenamate sodium*.....1  
 MEDROL .....55  
   see *methylprednisolone* .....55  
 MEDROL DOSEPAK  
   see *methylprednisolone* .....55  
*medroxyprogesterone acetate* .....58  
*medroxyprogesterone acetate (contraceptive)*52  
*mefloquine hcl*.....8  
*megestrol acetate* ....15, 58  
*megestrol acetate (appetite)* .....58  
 MEKINIST .....18  
 MEKTOVI.....18  
*melodetta 24 fe* .....52  
*meloxicam*.....1  
*memantine hcl* .....33  
*memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* .....33  
 MENACTRA INJ .....67  
 MENEST .....54  
 MENOSTAR .....54  
 MENQUADFI INJ.....67

|                                     |    |                                    |    |                                    |    |
|-------------------------------------|----|------------------------------------|----|------------------------------------|----|
| MENTAX.....                         | 76 | <i>methylprednisolone acetate</i>  |    | MICARDIS                           |    |
| MENVEO INJ.....                     | 67 | .....                              | 55 | see <i>telmisartan</i> .....       | 23 |
| MEPRON                              |    | <i>methylprednisolone sod</i>      |    | MICARDIS HCT                       |    |
| see <i>atovaquone</i> .....         | 5  | succ.....                          | 55 | see <i>telmisartan-</i>            |    |
| <i>mercaptopurine</i> .....         | 14 | <i>metoclopramide hcl</i> .....    | 59 | <i>hydrochlorothiazide tab</i>     |    |
| MEROP/NACL INJ                      |    | METOCLOPRAMIDE ODT                 |    | 40-12.5 mg .....                   | 23 |
| 1GM/50ML .....                      | 6  | .....                              | 59 | see <i>telmisartan-</i>            |    |
| MEROP/NACL INJ                      |    | <i>metolazone</i> .....            | 27 | <i>hydrochlorothiazide tab</i>     |    |
| 500/50ML .....                      | 6  | <i>metoprolol &amp;</i>            |    | 80-12.5 mg .....                   | 23 |
| <i>meropenem</i> .....              | 6  | <i>hydrochlorothiazide tab</i>     |    | see <i>telmisartan-</i>            |    |
| MERREM                              |    | 100-25 mg .....                    | 25 | <i>hydrochlorothiazide tab</i>     |    |
| see <i>meropenem</i> .....          | 6  | <i>metoprolol &amp;</i>            |    | 80-25 mg .....                     | 23 |
| <i>mesalamine</i> .....             | 60 | <i>hydrochlorothiazide tab</i>     |    | <i>miconazole 3</i> .....          | 63 |
| <i>mesalamine w/ cleanser</i> .     | 60 | 100-50 mg .....                    | 25 | <i>miconazole-zinc oxide-</i>      |    |
| MESNEX .....                        | 20 | <i>metoprolol &amp;</i>            |    | <i>white petrolatum oint</i>       |    |
| MESTINON                            |    | <i>hydrochlorothiazide tab</i>     |    | 0.25-15-81.35%.....                | 76 |
| see <i>pyridostigmine</i>           |    | 50-25 mg .....                     | 25 | <i>microgestin 1.5/30</i> .....    | 52 |
| <i>bromide</i> .....                | 43 | <i>metoprolol succinate</i> .....  | 26 | <i>microgestin 1/20</i> .....      | 52 |
| MESTINON TIMESPAN                   |    | <i>metoprolol tartrate</i> .....   | 26 | <i>microgestin fe 1.5/30</i> ..... | 52 |
| see <i>pyridostigmine</i>           |    | METROCREAM                         |    | <i>microgestin fe 1/20</i> .....   | 52 |
| <i>bromide</i> .....                | 43 | see <i>metronidazole</i>           |    | <i>midodrine hcl</i> .....         | 28 |
| <i>metadate er</i> .....            | 40 | (topical).....                     | 80 | <i>migergot</i> .....              | 42 |
| <i>metaxalone</i> .....             | 45 | see <i>rosadan</i> .....           | 80 | <i>miglitol</i> .....              | 48 |
| <i>metformin hcl</i> .....          | 48 | METROLOTION                        |    | <i>miglustat</i> .....             | 56 |
| <i>methadone hcl</i> .....          | 2  | see <i>metronidazole</i>           |    | MIGRANAL                           |    |
| METHADONE HCL                       |    | (topical).....                     | 80 | see <i>dihydroergotamine</i>       |    |
| see <i>methadone hcl</i> .....      | 2  | METRONIDAZOL INJ                   |    | <i>mesylate</i> .....              | 42 |
| <i>methadone hcl intensol</i> ..... | 2  | 5MG/ML .....                       | 6  | <i>mili</i> .....                  | 52 |
| METHADOSE                           |    | <i>metronidazole</i> .....         | 6  | <i>mimvey</i> .....                | 54 |
| see <i>methadone hcl</i>            |    | METRONIDAZOLE                      |    | MINASTRIN 24 FE                    |    |
| <i>intensol</i> .....               | 2  | see <i>metronidazole in nacl</i>   |    | see <i>melodetta 24 fe</i> .....   | 52 |
| <i>methazolamide</i> .....          | 27 | 0.74% iv soln 500                  |    | see <i>mibelas 24 fe</i> .....     | 52 |
| <i>methenamine hippurate</i> ....   | 6  | mg/100ml.....                      | 6  | see <i>norethindrone ace-</i>      |    |
| <i>methimazole</i> .....            | 58 | <i>metronidazole (topical)</i> ... | 80 | <i>eth estradiol-fe chew</i>       |    |
| <i>methocarbamol</i> .....          | 45 | <i>metronidazole in nacl</i>       |    | tab 1 mg-20 mcg (24)               |    |
| <i>methotrexate sodium</i> 14, 66   |    | 0.74% iv soln 500                  |    | .....                              | 53 |
| <i>methoxsalen rapid</i> .....      | 77 | mg/100ml .....                     | 6  | MINIPRESS                          |    |
| <i>methscopolamine bromide</i>      |    | <i>metronidazole in nacl</i>       |    | see <i>prazosin hcl</i> .....      | 21 |
| .....                               | 60 | 0.79% iv soln 500                  |    | <i>minitran</i> .....              | 29 |
| <i>methyl dopa</i> .....            | 28 | mg/100ml .....                     | 6  | MINOCIN                            |    |
| METHYLIN                            |    | <i>metronidazole vaginal</i> ..... | 63 | see <i>minocycline hcl</i> .....   | 13 |
| see <i>methylphenidate hcl</i>      |    | <i>metyrosine</i> .....            | 28 | <i>minocycline hcl</i> .....       | 13 |
| .....                               | 40 | MG SO4/D5W INJ                     |    | MINOLIRA .....                     | 13 |
| <i>methylphenidate hcl</i> .....    | 40 | 10MG/ML .....                      | 68 | <i>minoxidil</i> .....             | 28 |
| METHYLPHENIDATE                     |    | MIACALCIN                          |    | MIRAPEX                            |    |
| HYDROCHLO .....                     | 40 | see <i>calcitonin (salmon)</i> 50  |    | see <i>pramipexole</i>             |    |
| <i>methylprednisolone</i> .....     | 55 | <i>mibelas 24 fe</i> .....         | 52 | <i>dihydrochloride</i> .....       | 36 |
|                                     |    | <i>micafungin sodium</i> .....     | 7  | MIRAPEX ER                         |    |

|                                      |                                     |                                  |
|--------------------------------------|-------------------------------------|----------------------------------|
| see <i>pramipexole</i>               | <i>moxifloxacin hcl</i> 400         | <i>nalbuphine hcl</i> .....4     |
| <i>dihydrochloride</i> .....36       | <i>mg/250ml in sodium</i>           | <i>naloxone hcl</i> .....46      |
| MIRCETTE                             | <i>chloride 0.8% inj</i> .....12    | <i>naltrexone hcl</i> .....46    |
| see <i>azurette</i> .....51          | MOXIFLOXACIN                        | NAMENDA                          |
| see <i>bekyree</i> .....51           | HYDROCHLORID .....12                | see <i>memantine hcl</i> .....33 |
| see <i>desogest-eth estrad</i>       | MOZOBIL .....64                     | NAMENDA TITRATION                |
| & <i>eth estrad tab 0.15-</i>        | MS CONTIN                           | PAK                              |
| <i>0.02/0.01 mg(21/5)</i> ..51       | see <i>morphine sulfate</i> ....2   | see <i>memantine hcl tab</i>     |
| see <i>kariva</i> .....52            | MULPLETA.....64                     | <i>28 x 5 mg &amp; 21 x 10</i>   |
| see <i>pimtrea</i> .....53           | MULTAQ.....24                       | <i>mg titration pack</i> .....33 |
| see <i>simliya</i> .....53           | <i>mupirocin</i> .....76            | NAMENDA XR                       |
| see <i>viorele</i> .....53           | MVASI .....18                       | see <i>memantine hcl</i> .....33 |
| <i>mirtazapine</i> .....34           | MYALEPT .....56                     | NAMENDA XR CAP                   |
| MIRVASO .....80                      | MYAMBUTOL                           | TITRATIO.....33                  |
| <i>misoprostol</i> .....61           | see <i>ethambutol hcl</i> .....9    | NAMZARIC CAP 14-10MG             |
| MITIGARE .....1                      | MYCAMINE                            | .....33                          |
| <i>mitomycin</i> .....14             | see <i>micalfungin sodium</i> .7    | NAMZARIC CAP 21-10MG             |
| <i>mitoxantrone hcl</i> .....15      | MYCAPSSA.....56                     | .....33                          |
| M-M-R II INJ .....67                 | MYCOBUTIN                           | NAMZARIC CAP 28-10MG             |
| M-NATAL PLUS TAB.....69              | see <i>rifabutin</i> .....9         | .....33                          |
| MOBIC                                | <i>mycophenolate mofetil</i> ....67 | NAMZARIC CAP 7-10MG              |
| see <i>meloxicam</i> .....1          | <i>mycophenolate sodium</i> ...67   | .....33                          |
| <i>modafinil</i> .....46             | MYDAYIS CAP 12.5MG .40              | NAMZARIC CAP PACK ..33           |
| <i>moexipril hcl</i> .....21         | MYDAYIS CAP 25MG ...41              | NAPROSYN                         |
| <i>molindone hcl</i> .....37         | MYDAYIS CAP 37.5MG .41              | see <i>naproxen</i> .....1       |
| <i>mometasone furoate</i> .....79    | MYDAYIS CAP 50MG ...41              | <i>naproxen</i> .....1           |
| <i>mometasone furoate</i>            | MYFORTIC                            | <i>naproxen sodium</i> .....1    |
| ( <i>nasal</i> ) .....74             | see <i>mycophenolate</i>            | <i>naratriptan hcl</i> .....42   |
| <i>mondoxyne nl</i> .....13          | <i>sodium</i> .....67               | NARCAN.....46                    |
| MONJUVI .....18                      | MYLOTARG.....18                     | NARDIL                           |
| <i>mono-lynyah</i> .....52           | MYOBLOC.....45                      | see <i>phenelzine sulfate</i> 34 |
| <i>montelukast sodium</i> .....73    | <i>myorisan</i> .....76             | NASONEX                          |
| <i>morphine sulfate</i> .....2, 4    | MYRBETRIQ .....63                   | see <i>mometasone furoate</i>    |
| MORPHINE SULFATE ....4               | MYSOLINE                            | ( <i>nasal</i> ).....74          |
| see <i>morphine sulfate</i> ....4    | see <i>primidone</i> .....32        | NATACYN.....70                   |
| <i>morphine sulfate beads</i> ....2  | <b>N</b>                            | NATAZIA TAB.....52               |
| MOTEGRITY .....61                    | <i>nabumetone</i> .....1            | <i>nateglinide</i> .....48       |
| MOVANTIK .....61                     | <i>nadolol</i> .....26              | NATESTO.....47                   |
| MOVIPREP                             | NAFCILLIN INJ 1GM/50ML              | NATPARA.....50                   |
| see <i>peg 3350-kcl-nacl-na</i>      | .....12                             | NATROBA .....80                  |
| <i>sulfate-na ascorbate-c</i>        | NAFCILLIN INJ 2GM/100               | NAYZILAM.....31                  |
| <i>for soln 100 gm</i> .....61       | .....12                             | NEBUPENT                         |
| MOVIPREP SOL.....61                  | <i>nafcillin sodium</i> .....12     | see <i>pentamidine</i>           |
| MOXEZA                               | NAFCILLIN SODIUM .....12            | <i>isethionate inh</i> .....6    |
| see <i>moxifloxacin hcl</i>          | <i>naftifine hcl</i> .....76        | <i>necon 0.5/35-28</i> .....52   |
| ( <i>ophth</i> ) .....70             | NAFTIN.....77                       | <i>nefazodone hcl</i> .....34    |
| <i>moxifloxacin hcl</i> .....12      | see <i>naftifine hcl</i> .....76    | <i>neomycin sulfate</i> .....6   |
| <i>moxifloxacin hcl (ophth)</i> ..70 | NAGLAZYME.....56                    |                                  |

|                                                                                         |                                                                                      |                                                                                   |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <i>neomycin-bacitrac zn-<br/>polymyx 5(3.5)mg-<br/>400unt-10000unt op oin<br/>.....</i> | NIASPAN<br>see <i>niacin<br/>(antihyperlipidemic)</i> .25                            | <i>norethindrone ace &amp; ethinyl<br/>estradiol tab 1 mg-20<br/>mcg .....</i>    |
| <i>.....</i> 70                                                                         | <i>nicardipine hcl.....</i> 26                                                       | <i>norethindrone ace &amp; ethinyl<br/>estradiol tab 1.5 mg-30<br/>mcg .....</i>  |
| <i>neomycin-polymy-gramicid<br/>op sol 1.75-10000-<br/>0.025mg-unt-mg/ml .....</i>      | NICARDIPINE SOL<br>20/200ML .....                                                    | <i>.....</i> 53                                                                   |
| <i>.....</i> 70                                                                         | NICARDIPINE SOL<br>40/200ML .....                                                    | <i>norethindrone ace &amp; ethinyl<br/>estradiol-fe tab 1 mg-20<br/>mcg .....</i> |
| <i>neomycin-polymyxin b gu<br/>irrigation soln.....</i>                                 | NICOTROL INHALER.....                                                                | <i>.....</i> 53                                                                   |
| <i>.....</i> 62                                                                         | NICOTROL NS .....                                                                    | <i>norethindrone ace-eth<br/>estradiol-fe chew tab 1<br/>mg-20 mcg (24).....</i>  |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth<br/>oint 0.1% .....</i>                  | <i>nifedipine .....</i> 26, 27                                                       | <i>.....</i> 53                                                                   |
| <i>.....</i> 69                                                                         | <i>nikki .....</i> 52                                                                | <i>norethindrone ace-ethinyl<br/>estradiol-fe cap 1 mg-20<br/>mcg (24).....</i>   |
| <i>neomycin-polymyxin-<br/>dexamethasone ophth<br/>susp 0.1% .....</i>                  | NILANDRON<br>see <i>nilutamide .....</i>                                             | <i>.....</i> 53                                                                   |
| <i>.....</i> 69                                                                         | <i>nilutamide .....</i> 15                                                           | <i>norethindrone acetate .....</i> 58                                             |
| <i>neomycin-polymyxin-hc<br/>ophth susp .....</i>                                       | <i>nimodipine .....</i> 27                                                           | <i>norethindrone acetate-<br/>ethinyl estradiol tab 0.5<br/>mg-2.5 mcg .....</i>  |
| <i>.....</i> 69                                                                         | NINLARO.....                                                                         | <i>.....</i> 54                                                                   |
| <i>neomycin-polymyxin-hc otic<br/>soln 1% .....</i>                                     | NIPENT .....                                                                         | <i>norethindrone acetate-<br/>ethinyl estradiol tab 1<br/>mg-5 mcg .....</i>      |
| <i>.....</i> 81                                                                         | <i>nisoldipine.....</i> 27                                                           | <i>.....</i> 54                                                                   |
| <i>neomycin-polymyxin-hc otic<br/>susp 3.5 mg/ml-10000<br/>unit/ml-1% .....</i>         | <i>nitazoxanide .....</i> 6                                                          | <i>norgestimate &amp; ethinyl<br/>estradiol tab 0.25 mg-35<br/>mcg .....</i>      |
| <i>.....</i> 81                                                                         | <i>nitisinone .....</i> 56                                                           | <i>.....</i> 53                                                                   |
| NEORAL                                                                                  | NITRO-BID .....                                                                      | <i>norgestimate-eth estrad tab<br/>0.18-25/0.215-25/0.25-25<br/>mg-mcg .....</i>  |
| see <i>cyclosporine</i>                                                                 | NITRO-DUR.....                                                                       | <i>.....</i> 53                                                                   |
| modified (for                                                                           | see <i>minitran.....</i> 29                                                          | <i>norgestimate-eth estrad tab<br/>0.18-35/0.215-35/0.25-35<br/>mg-mcg .....</i>  |
| <i>microemulsion)</i> .....                                                             | <i>nitrofurantoin.....</i> 6                                                         | <i>.....</i> 53                                                                   |
| see <i>gengraf .....</i>                                                                | <i>nitrofurantoin macrocrystal6<br/>macro .....</i>                                  | <i>norlyroc .....</i> 53                                                          |
| <i>.....</i> 67                                                                         | <i>.....</i> 6                                                                       | <i>NORMOSOL -M INJ /D5W<br/>.....</i>                                             |
| NEPHRAMINE INJ 5.4% 69                                                                  | <i>nitroglycerin .....</i> 29                                                        | <i>.....</i> 68                                                                   |
| NERLYNX.....                                                                            | NITROLINGUAL<br>PUMPSPRAY                                                            | NORPACE                                                                           |
| <i>neuac gel 1.2-5%.....</i> 76                                                         | see <i>nitroglycerin .....</i> 29                                                    | see <i>disopyramide<br/>phosphate .....</i>                                       |
| NEUPRO .....                                                                            | NITROSTAT<br>see <i>nitroglycerin .....</i> 29                                       | <i>.....</i> 24                                                                   |
| <i>.....</i> 36                                                                         | <i>NITYR .....</i> 56                                                                | NORPACE CR.....                                                                   |
| NEURONTIN                                                                               | <i>nizatidine .....</i> 60                                                           | <i>.....</i> 24                                                                   |
| see <i>gabapentin.....</i>                                                              | <i>nora-be .....</i> 52                                                              | NORPRAMIN                                                                         |
| <i>.....</i> 31                                                                         | NORDITROPIN FLEXPRO<br>.....                                                         | see <i>desipramine hcl ....</i>                                                   |
| NEVANAC .....                                                                           | <i>.....</i> 56                                                                      | <i>.....</i> 34                                                                   |
| <i>.....</i> 70                                                                         | <i>norethindrone &amp; ethinyl<br/>estradiol-fe chew tab 0.4<br/>mg-35 mcg .....</i> | <i>.....</i> 28                                                                   |
| <i>nevirapine .....</i>                                                                 | <i>.....</i> 53                                                                      | <i>nortrel 0.5/35 (28) .....</i>                                                  |
| <i>.....</i> 8                                                                          | <i>norethindrone &amp; ethinyl<br/>estradiol-fe chew tab 0.8<br/>mg-25 mcg .....</i> | <i>.....</i> 53                                                                   |
| NEXAVAR .....                                                                           | <i>.....</i> 53                                                                      | <i>nortrel 1/35 (21) .....</i>                                                    |
| <i>.....</i> 18                                                                         | <i>norethindrone<br/>(contraceptive) .....</i>                                       | <i>.....</i> 53                                                                   |
| NEXIUM.....                                                                             | <i>.....</i> 53                                                                      | <i>nortrel 1/35 (28) .....</i>                                                    |
| see <i>esomeprazole</i>                                                                 |                                                                                      | <i>.....</i> 53                                                                   |
| <i>.....</i> 62                                                                         |                                                                                      | <i>nortrel 7/7/7.....</i>                                                         |
| <i>magnesium .....</i>                                                                  |                                                                                      | <i>.....</i> 53                                                                   |
| <i>.....</i> 62                                                                         |                                                                                      | <i>nortriptyline hcl.....</i>                                                     |
| NEXIUM I.V.                                                                             |                                                                                      | <i>.....</i> 34                                                                   |
| see <i>esomeprazole</i>                                                                 |                                                                                      | NORVASC                                                                           |
| <i>.....</i>                                                                            |                                                                                      |                                                                                   |
| <i>sodium .....</i>                                                                     |                                                                                      |                                                                                   |
| <i>.....</i> 62                                                                         |                                                                                      |                                                                                   |
| NEXLETOL.....                                                                           |                                                                                      |                                                                                   |
| <i>.....</i> 25                                                                         |                                                                                      |                                                                                   |
| NEXLIZET TAB 180/10MG                                                                   |                                                                                      |                                                                                   |
| <i>.....</i>                                                                            |                                                                                      |                                                                                   |
| <i>.....</i> 25                                                                         |                                                                                      |                                                                                   |
| <i>niacin (antihyperlipidemic)<br/>.....</i>                                            |                                                                                      |                                                                                   |
| <i>.....</i> 25                                                                         |                                                                                      |                                                                                   |
| <i>niacor .....</i>                                                                     |                                                                                      |                                                                                   |
| <i>.....</i> 25                                                                         |                                                                                      |                                                                                   |

|                                   |                                       |                                       |
|-----------------------------------|---------------------------------------|---------------------------------------|
| see <i>amlodipine besylate</i>    | see <i>etonogestrel-ethinyl</i>       | <i>olmesartan-amlodipine-</i>         |
| .....26                           | <i>estradiol va ring 0.120-</i>       | <i>hydrochlorothiazide tab</i>        |
| NORVIR.....8                      | <i>0.015 mg/24hr</i> .....51          | <i>40-5-12.5 mg</i> .....22           |
| see <i>ritonavir</i> .....9       | NUVIGIL                               | <i>olmesartan-amlodipine-</i>         |
| NOURIANZ.....36                   | see <i>armodafinil</i> .....45, 46    | <i>hydrochlorothiazide tab</i>        |
| NOVAREL .....57                   | <i>nyamyc</i> .....77                 | <i>40-5-25 mg</i> .....22             |
| NOVOLIN INJ 70/30 .....49         | NYMALIZE.....27                       | <i>olopatadine hcl</i> .....71        |
| NOVOLIN INJ 70/30 FP..49          | <i>nystatin</i> .....7                | <i>olopatadine hcl (nasal)</i> ....72 |
| NOVOLIN N.....49                  | <i>nystatin (mouth-throat)</i> ....80 | OLUX                                  |
| NOVOLIN N FLEXPEN...49            | <i>nystatin (topical)</i> .....77     | see <i>clobetasol</i>                 |
| NOVOLIN R.....49                  | <i>nystop</i> .....77                 | <i>propionate</i> .....78             |
| NOVOLIN R FLEXPEN...49            | <b>O</b>                              | OLUX-E                                |
| NOVOLOG .....49                   | OCALIVA .....61                       | see <i>clobetasol</i>                 |
| NOVOLOG FLEXPEN ....49            | <i>ocella</i> .....53                 | <i>propionate emulsion</i> 78         |
| NOVOLOG MIX INJ 70/30             | OCREVUS.....44                        | see <i>tovet</i> .....79              |
| .....49                           | OCTAGAM .....66                       | OMECLAMOX- MIS PAK61                  |
| NOVOLOG MIX INJ                   | <i>octreotide acetate</i> .....57     | <i>omega-3-acid ethyl esters</i>      |
| FLEXPEN.....49                    | OCUFLOX                               | <i>cap 1 gm</i> .....25               |
| NOVOLOG PENFILL .....49           | see <i>ofloxacin (ophth)</i> ...70    | <i>omeprazole</i> .....62             |
| NOXAFIL .....7                    | ODACTRA SUB.....67                    | OMNARIS .....74                       |
| see <i>posaconazole</i> .....7    | ODEFSEY TAB.....9                     | OMNIPOD KIT STARTER                   |
| NPLATE.....64                     | ODOMZO .....18                        | .....49                               |
| NUBEQA .....15                    | OFEV .....73                          | OMNIPOD MIS 5 PACK .49                |
| NUCYNTA .....4                    | <i>ofloxacin (ophth)</i> .....70      | OMNITROPE .....57                     |
| NUCYNTA ER .....2                 | <i>ofloxacin (otic)</i> .....81       | ONCASPAS.....15                       |
| NUDEXTA CAP 20-10MG               | OGIVRI .....18                        | <i>ondansetron</i> .....59            |
| .....43                           | OGIVRI INJ 420MG .....18              | <i>ondansetron hcl</i> .....59        |
| NULOJIX .....67                   | <i>olanzapine</i> .....37             | ONEXTON GEL 1.2-3.7576                |
| NULYTELY                          | <i>olmesartan medoxomil</i> ....23    | ONFI                                  |
| see <i>gavilyte-n/flavor pack</i> | <i>olmesartan medoxomil-</i>          | see <i>clobazam</i> .....30           |
| .....60                           | <i>hydrochlorothiazide tab</i>        | ONGENTYS.....36                       |
| see <i>peg 3350-kcl-sod</i>       | <i>20-12.5 mg</i> .....22             | ONIVYDE.....15                        |
| <i>bicarb-nacl for soln</i>       | <i>olmesartan medoxomil-</i>          | ONTRUZANT.....18                      |
| <i>420 gm</i> .....61             | <i>hydrochlorothiazide tab</i>        | ONUREG .....14                        |
| see <i>trilyte</i> .....61        | <i>40-12.5 mg</i> .....22             | ONZETRA XSAIL .....42                 |
| NULYTELY SOL FLAV                 | <i>olmesartan medoxomil-</i>          | OPANA                                 |
| PKS.....61                        | <i>hydrochlorothiazide tab</i>        | see <i>oxymorphone hcl</i> ....4      |
| NUPLAZID.....37                   | <i>40-25 mg</i> .....22               | OPDIVO.....18                         |
| NUTRILIPID.....69                 | <i>olmesartan-amlodipine-</i>         | OPSUMIT .....29                       |
| NUTROPIN AQ NUSPIN 10             | <i>hydrochlorothiazide tab</i>        | ORALAIR SUB 300 IR ....67             |
| .....57                           | <i>20-5-12.5 mg</i> .....22           | ORAPRED ODT                           |
| NUTROPIN AQ NUSPIN 20             | <i>olmesartan-amlodipine-</i>         | see <i>prednisolone sodium</i>        |
| .....57                           | <i>hydrochlorothiazide tab</i>        | <i>phosphate</i> .....55              |
| NUTROPIN AQ NUSPIN 5              | <i>40-10-12.5 mg</i> .....23          | ORAVIG.....80                         |
| .....57                           | <i>olmesartan-amlodipine-</i>         | ORBACTIV .....6                       |
| NUVARING                          | <i>hydrochlorothiazide tab</i>        | ORENITRAM .....29                     |
| see <i>eluryng</i> .....51        | <i>40-10-25 mg</i> .....23            | ORFADIN.....57                        |
|                                   |                                       | see <i>nitisinone</i> .....56         |

|                                                                                                            |                                                        |                                                                          |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------|
| ORIAHNN CAP.....57                                                                                         | oxycodone w/<br>acetaminophen tab 5-325<br>mg.....4    | see tranlycypromine<br>sulfate.....35                                    |
| ORILISSA.....54                                                                                            | oxycodone w/<br>acetaminophen tab 7.5-<br>325 mg.....4 | paroex.....80                                                            |
| ORKAMBI GRA 100-125 73                                                                                     | oxycodone-aspirin tab<br>4.8355-325 mg.....4           | paromomycin sulfate.....6                                                |
| ORKAMBI GRA 150-188 73                                                                                     | OXYCONTIN.....2                                        | paroxetine hcl.....34                                                    |
| ORKAMBI TAB 100-125.73                                                                                     | oxymorphone hcl.....4                                  | paroxetine mesylate<br>(vasomotor).....43                                |
| ORKAMBI TAB 200-125.73                                                                                     | OXYTROL.....63                                         | PASER.....9                                                              |
| orsythia.....53                                                                                            | OZEMPIC (0.25 OR<br>0.5MG/DOSE).....48                 | PATANASE<br>see olopatadine hcl<br>(nasal).....72                        |
| ORTHO TRI-CYCLEN LO<br>see norgestimate-eth<br>estradiol tab 0.18-<br>25/0.215-25/0.25-25<br>mg-mcg.....53 | OZEMPIC (1MG/DOSE) .48                                 | PAXIL.....34<br>see paroxetine hcl.....34                                |
| see tri-lo-estarylla.....53                                                                                | <b>P</b>                                               | PAXIL CR<br>see paroxetine hcl.....34                                    |
| see tri-lo-marzia.....53                                                                                   | pacerone.....24                                        | PAZEO.....71                                                             |
| see tri-lo-mili.....53                                                                                     | paclitaxel.....16                                      | PEDIAPRED<br>see prednisolone sodium<br>phosphate.....55                 |
| see tri-lo-sprintec.....53                                                                                 | PADCEV.....18                                          | PEDIARIX INJ 0.5ML.....67                                                |
| see tri-vylibra lo.....53                                                                                  | paliperidone.....37                                    | PEDVAX HIB.....68                                                        |
| ORTIKOS.....60                                                                                             | palonosetron hcl.....59                                | peg 3350-kcl-na bicarb-<br>nacl-na sulfate for soln<br>236 gm.....61     |
| oseltamivir phosphate.....10                                                                               | PALONOSETRON<br>HYDROCHLORID.....59                    | peg 3350-kcl-nacl-na<br>sulfate-na ascorbate-c for<br>soln 100 gm.....61 |
| OSMOLEX ER.....36                                                                                          | PALYNZIQ.....57                                        | peg 3350-kcl-sod bicarb-<br>nacl for soln 420 gm....61                   |
| OSMOLEX ER PAK.....36                                                                                      | PAMELOR<br>see nortriptyline hcl.....34                | PEGANONE.....32                                                          |
| OSMOPREP TAB 1.5GM<br>.....61                                                                              | pamidronate disodium ....50                            | PEGASYS.....10                                                           |
| OSPHENA.....57                                                                                             | PAMIDRONATE<br>DISODIUM.....50                         | PEMAZYRE.....18                                                          |
| OXACILLIN INJ 1GM.....12                                                                                   | PANCREAZE CAP<br>10500UNT.....62                       | PEN GK/DEXTR INJ<br>20000/ML.....13                                      |
| OXACILLIN INJ 2GM.....12                                                                                   | PANCREAZE CAP<br>16800UNT.....62                       | PEN GK/DEXTR INJ<br>40000/ML.....13                                      |
| oxacillin sodium.....12, 13                                                                                | PANCREAZE CAP<br>21000UNT.....62                       | PEN GK/DEXTR INJ<br>60000/ML.....13                                      |
| oxaliplatin.....14                                                                                         | PANCREAZE CAP<br>2600UNIT.....62                       | PEN NEEDLES:<br>NOVO/BD/ULTIMED/OW<br>EN/TRIVIDIA.....49                 |
| oxandrolone.....47                                                                                         | PANCREAZE CAP<br>4200UNIT.....62                       | penicillamine.....50                                                     |
| oxaprozin.....1                                                                                            | PANDEL.....79                                          | penicillin g potassium.....13                                            |
| OXAYDO.....4                                                                                               | pantoprazole sodium.....62                             | PENICILLIN G PROCAINE<br>.....13                                         |
| OXBRYTA.....64                                                                                             | PANZYGA.....66                                         | penicillin g sodium.....13                                               |
| oxcarbazepine.....32                                                                                       | paraplatin.....14                                      | penicillin v potassium.....13                                            |
| OXERVATE.....71                                                                                            | paricalcitol.....59                                    | PENNSAID.....80                                                          |
| OXISTAT.....77                                                                                             | PARLODEL<br>see bromocriptine<br>mesylate.....35       |                                                                          |
| OXSORALEN ULTRA<br>see methoxsalen rapid 77                                                                | PARNATE                                                |                                                                          |
| OXTELLAR XR.....32                                                                                         |                                                        |                                                                          |
| oxybutynin chloride.....63                                                                                 |                                                        |                                                                          |
| oxycodone hcl.....4                                                                                        |                                                        |                                                                          |
| oxycodone w/<br>acetaminophen tab 10-<br>325 mg.....4                                                      |                                                        |                                                                          |
| oxycodone w/<br>acetaminophen tab 2.5-<br>325 mg.....4                                                     |                                                        |                                                                          |

|                                                                               |                                                                                      |                                                                                                     |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| PENTACEL INJ .....68                                                          | PERTZYE CAP 4000UNIT<br>.....62                                                      | <i>piperacillin sod-tazobactam<br/>sod for inj 13.5 gm (12-<br/>1.5 gm) .....13</i>                 |
| PENTAM 300<br>see <i>pentamidine<br/>isethionate inj.....6</i>                | PERTZYE CAP 8000UNIT<br>.....62                                                      | <i>piperacillin sod-tazobactam<br/>sod for inj 2.25 gm (2-<br/>0.25 gm) .....13</i>                 |
| <i>pentamidine isethionate inh<br/>.....6</i>                                 | PEXEVA .....34                                                                       | <i>piperacillin sod-tazobactam<br/>sod for inj 4.5 gm (4-0.5<br/>gm) .....13</i>                    |
| <i>pentamidine isethionate inj<br/>.....6</i>                                 | <i>pfizerpen .....13</i>                                                             | <i>piperacillin sod-tazobactam<br/>sod for inj 40.5 gm (36-<br/>4.5 gm) .....13</i>                 |
| PENTASA.....60                                                                | <i>phenadoz .....59</i>                                                              | PIQRAY 200MG DAILY<br>DOSE .....18                                                                  |
| <i>pentoxifylline .....64</i>                                                 | <i>phenelzine sulfate .....34</i>                                                    | PIQRAY 250MG TAB<br>DOSE .....18                                                                    |
| PEPCID<br>see <i>famotidine .....60</i>                                       | PHENERGAN<br>see <i>promethazine hcl ..59</i>                                        | PIQRAY 300MG DAILY<br>DOSE .....18                                                                  |
| PERCOCET<br>see <i>endocet tab 10-<br/>325mg .....3</i>                       | <i>phenobarbital .....32</i>                                                         | <i>pirmella 1/35 .....53</i>                                                                        |
| see <i>endocet tab 2.5-<br/>325mg .....3</i>                                  | <i>phenobarbital sodium ....32</i>                                                   | <i>piroxicam .....1</i>                                                                             |
| see <i>endocet tab 5-325mg<br/>.....3</i>                                     | <i>phenoxybenzamine hcl ...28</i>                                                    | PLAQUENIL<br>see <i>hydroxychloroquine<br/>sulfate .....66</i>                                      |
| see <i>endocet tab 7.5-<br/>325mg .....3</i>                                  | PHENYTEK .....32<br>see <i>phenytoin sodium<br/>extended .....32</i>                 | PLASMA-LYTE INJ -148 68                                                                             |
| see <i>oxycodone w/<br/>acetaminophen tab 10-<br/>325 mg .....4</i>           | PHESGO SOL .....18                                                                   | PLASMA-LYTE INJ -A ....68                                                                           |
| see <i>oxycodone w/<br/>acetaminophen tab<br/>2.5-325 mg .....4</i>           | philith .....53                                                                      | PLAVIX<br>see <i>clopidogrel bisulfate<br/>.....65</i>                                              |
| see <i>oxycodone w/<br/>acetaminophen tab 5-<br/>325 mg .....4</i>            | PHOSLO<br>see <i>calcium acetate<br/>(phosphate binder) ..57</i>                     | PLEGRIDY.....44, 45                                                                                 |
| see <i>oxycodone w/<br/>acetaminophen tab<br/>7.5-325 mg .....4</i>           | PHOSLYRA .....57                                                                     | PLEGRIDY INJ STARTER<br>.....45                                                                     |
| PERFOROMIST .....73                                                           | PHOSPHOLINE IODIDE 71                                                                | PLEGRIDY PEN INJ<br>STARTER .....45                                                                 |
| PERIDEX<br>see <i>chlorhexidine<br/>gluconate (mouth-<br/>throat) .....80</i> | PICATO .....80                                                                       | <i>plenamine .....69</i>                                                                            |
| see <i>paroex .....80</i>                                                     | PIFELTRO .....8                                                                      | PLENVU SOL .....61                                                                                  |
| see <i>periogard .....81</i>                                                  | <i>pilocarpine hcl.....71</i>                                                        | PNV FOLIC AC TAB +<br>IRON .....69                                                                  |
| <i>perindopril erbumine .....21</i>                                           | <i>pilocarpine hcl (oral) .....81</i>                                                | <i>podofilox .....80</i>                                                                            |
| <i>periogard .....81</i>                                                      | <i>pimecrolimus.....80</i>                                                           | POLIVY.....18                                                                                       |
| PERJETA .....18                                                               | <i>pimozide .....38</i>                                                              | <i>polymyxin b sulfate .....6</i>                                                                   |
| <i>permethrin .....80</i>                                                     | <i>pimtrea.....53</i>                                                                | <i>polymyxin b-trimethoprim<br/>ophth soln 10000 unit/ml-<br/>0.1% .....70</i>                      |
| <i>perphenazine .....37</i>                                                   | <i>pindolol .....26</i>                                                              | POLYTRIM<br>see <i>polymyxin b-<br/>trimethoprim ophth<br/>soln 10000 unit/ml-<br/>0.1% .....70</i> |
| PERSERIS .....38                                                              | <i>pioglitazone hcl .....48</i>                                                      |                                                                                                     |
| PERTZYE CAP 16000U .62                                                        | <i>pioglitazone hcl-glimepiride<br/>tab 30-2 mg .....48</i>                          |                                                                                                     |
| PERTZYE CAP 24000U .62                                                        | <i>pioglitazone hcl-glimepiride<br/>tab 30-4 mg .....48</i>                          |                                                                                                     |
|                                                                               | <i>pioglitazone hcl-metformin<br/>hcl tab 15-500 mg .....48</i>                      |                                                                                                     |
|                                                                               | <i>pioglitazone hcl-metformin<br/>hcl tab 15-850 mg .....48</i>                      |                                                                                                     |
|                                                                               | <i>piperacillin sod-tazobactam<br/>na for inj 3.375 gm (3-<br/>0.375 gm) .....13</i> |                                                                                                     |

|                                 |        |                                   |    |                                   |        |
|---------------------------------|--------|-----------------------------------|----|-----------------------------------|--------|
| POMALYST .....                  | 15     | PREGNYL W/DILUENT                 |    | see <i>nifedipine</i> .....       | 27     |
| <i>portia-28</i> .....          | 53     | BENZYL .....                      | 57 | <i>prochlorperazine</i> .....     | 59     |
| PORTRAZZA .....                 | 18     | PREMARIN .....                    | 54 | <i>prochlorperazine edisylate</i> |        |
| <i>posaconazole</i> .....       | 7      | PREMASOL SOL 10% ...              | 69 | .....                             | 59     |
| <i>potassium chloride</i> ..... | 69     | PREMPHASE TAB .....               | 54 | <i>prochlorperazine maleate</i>   |        |
| POTASSIUM CHLORIDE              |        | PREMPRO TAB .....                 | 54 | .....                             | 59     |
| .....                           | 69     | PREMPRO TAB 0.3-1.5               | 54 | PROCRIT .....                     | 64     |
| <i>potassium chloride 20</i>    |        | PREMPRO TAB 0.45-1.555            | 55 | PROCTOCORT                        |        |
| <i>meq/l (0.15%) in</i>         |        | PREMPRO TAB 0.625-5               | 55 | see <i>procto-pak</i> .....       | 80     |
| <i>dextrose 5% inj.</i> .....   | 69     | PRENATAL TAB 27-1MG               |    | <i>procto-med hc</i> .....        | 80     |
| <i>potassium chloride</i>       |        | .....                             | 69 | <i>procto-pak</i> .....           | 80     |
| <i>microencapsulated</i>        |        | PRENATAL TAB PLUS ..              | 69 | <i>proctosol hc</i> .....         | 80     |
| <i>crystals er</i> .....        | 69     | PRENATAL VIT TAB LOW              |    | <i>proctozone-hc</i> .....        | 80     |
| <i>potassium citrate</i>        |        | IRON .....                        | 69 | PROCYSBI .....                    | 57     |
| <i>(alkalinizer)</i> .....      | 62, 63 | PRETOMANID .....                  | 9  | <i>progesterone micronized</i>    | 58     |
| POTELIGEO .....                 | 18     | PREVACID                          |    | PROGLYCEM                         |        |
| PRADAXA .....                   | 64     | see <i>lansoprazole</i> .....     | 62 | see <i>diazoxide</i> .....        | 55     |
| PRALUENT .....                  | 25     | PREVACID SOLUTAB                  |    | PROGRAF .....                     | 67     |
| <i>pramipexole</i>              |        | see <i>lansoprazole</i> .....     | 62 | see <i>tacrolimus</i> .....       | 67     |
| <i>dihydrochloride</i> .....    | 36     | <i>prevalite</i> .....            | 25 | PROLASTIN-C .....                 | 73     |
| <i>prasugrel hcl</i> .....      | 65     | <i>previfem</i> .....             | 53 | PROLENSA .....                    | 71     |
| PRAVACHOL                       |        | PREVYMIS .....                    | 10 | PROLIA .....                      | 50     |
| see <i>pravastatin sodium</i>   |        | PREZCOBIX TAB 800-150             |    | PROMACTA .....                    | 64, 65 |
| .....                           | 24     | .....                             | 9  | <i>promethazine hcl</i> .....     | 59     |
| <i>pravastatin sodium</i> ..... | 24     | PREZISTA .....                    | 8  | <i>promethegan</i> .....          | 59     |
| <i>praziquantel</i> .....       | 6      | PRIFTIN .....                     | 9  | PROMETRIUM                        |        |
| <i>prazosin hcl</i> .....       | 21     | PRIOSEC .....                     | 62 | see <i>progesterone</i>           |        |
| PRECOSE                         |        | <i>primaquine phosphate</i> ..... | 8  | <i>micronized</i> .....           | 58     |
| see <i>acarbose</i> .....       | 47     | PRIMAQUINE                        |    | <i>propafenone hcl</i> .....      | 24     |
| PRED FORTE                      |        | PHOSPHATE .....                   | 8  | <i>propantheline bromide</i> ...  | 60     |
| see <i>prednisolone acetate</i> |        | see <i>primaquine</i>             |    | <i>proparacaine hcl</i> .....     | 71     |
| <i>(ophth)</i> .....            | 70     | <i>phosphate</i> .....            | 8  | <i>propranolol &amp;</i>          |        |
| PRED MILD .....                 | 70     | PRIMAXIN IV                       |    | <i>hydrochlorothiazide tab</i>    |        |
| PRED-G S.O.P OIN OP ..          | 69     | see <i>imipenem-cilastatin</i>    |    | <i>40-25 mg</i> .....             | 25     |
| PRED-G SUS OP .....             | 69     | <i>intravenous for soln</i>       |    | <i>propranolol &amp;</i>          |        |
| <i>prednicarbate</i> .....      | 79     | <i>500 mg</i> .....               | 6  | <i>hydrochlorothiazide tab</i>    |        |
| <i>prednisolone</i> .....       | 55     | <i>primidone</i> .....            | 32 | <i>80-25 mg</i> .....             | 26     |
| <i>prednisolone acetate</i>     |        | PRINIVIL                          |    | <i>propranolol hcl</i> .....      | 26     |
| <i>(ophth)</i> .....            | 70     | see <i>lisinopril</i> .....       | 21 | <i>propylthiouracil</i> .....     | 58     |
| PREDNISOLONE SODIUM             |        | PRISTIQ                           |    | PROQUAD INJ .....                 | 68     |
| PHOSP .....                     | 71     | see <i>desvenlafaxine</i>         |    | PROSCAR                           |        |
| <i>prednisolone sodium</i>      |        | <i>succinate</i> .....            | 34 | see <i>finasteride</i> .....      | 62     |
| <i>phosphate</i> .....          | 55     | PRIVIGEN .....                    | 66 | PROSOL INJ 20% .....              | 69     |
| <i>prednisone</i> .....         | 55     | PROAIR HFA                        |    | PROTONIX                          |        |
| PREDNISONE INTENSOL             |        | see <i>albuterol sulfate</i> ...  | 72 | see <i>pantoprazole sodium</i>    |        |
| .....                           | 55     | <i>probenecid</i> .....           | 1  | .....                             | 62     |
| <i>pregabalin</i> .....         | 32     | PROCALAMINE INJ 3% .              | 69 | PROTOPIC                          |        |
|                                 |        | PROCARDIA XL                      |    |                                   |        |

|                                     |                                    |                                        |
|-------------------------------------|------------------------------------|----------------------------------------|
| see <i>tacrolimus (topical)</i>     | <i>quinapril-</i>                  | REGLAN                                 |
| .....80                             | <i>hydrochlorothiazide tab</i>     | see <i>metoclopramide hcl</i>          |
| <i>protriptyline hcl</i> .....35    | 10-12.5 mg .....20                 | .....59                                |
| PROVERA                             | <i>quinapril-</i>                  | REGRANEX.....80                        |
| see                                 | <i>hydrochlorothiazide tab</i>     | RELENZA DISKHALER..10                  |
| <i>medroxyprogesterone</i>          | 20-12.5 mg .....20                 | RELEXXII.....41                        |
| <i>acetate</i> .....58              | <i>quinapril-</i>                  | RELISTOR.....61                        |
| PROVIGIL                            | <i>hydrochlorothiazide tab</i>     | RELPAK                                 |
| see <i>modafinil</i> .....46        | 20-25 mg .....20                   | see <i>eletriptan</i>                  |
| PROZAC                              | <i>quinidine sulfate</i> .....24   | <i>hydrobromide</i> .....42            |
| see <i>fluoxetine hcl</i> .....34   | <i>quinine sulfate</i> .....8      | REMERON                                |
| PULMICORT                           | QUTENZA KIT 8% 2-PCH               | see <i>mirtazapine</i> .....34         |
| see <i>budesonide</i>               | .....79                            | REMERON SOLTAB                         |
| ( <i>inhalation</i> ).....74        | QUZYTIR.....72                     | see <i>mirtazapine</i> .....34         |
| PULMICORT FLEXHALER                 | <b>R</b>                           | REMODULIN .....29                      |
| .....74                             | RABAVERT INJ .....68               | RENAGEL                                |
| PULMOZYME.....73                    | <i>rabeprazole sodium</i> .....62  | see <i>sevelamer hcl</i> .....58       |
| PURIXAN.....14                      | RADICAVA .....43                   | RENFLEXIS.....65                       |
| <i>pyrazinamide</i> .....9          | RAGWITEK.....67                    | REVELA                                 |
| <i>pyridostigmine bromide</i> ...43 | <i>raloxifene hcl</i> .....57      | see <i>sevelamer carbonate</i>         |
| <i>pyrimethamine</i> .....6         | <i>ramelteon</i> .....41           | .....58                                |
| <b>Q</b>                            | <i>ramipril</i> .....21            | <i>repaglinide</i> .....48             |
| QBRELIS .....21                     | RANEXA                             | RESTORIL                               |
| QBREXZA .....80                     | see <i>ranolazine</i> .....28      | see <i>temazepam</i> .....41           |
| QINLOCK .....18                     | <i>ranolazine</i> .....28          | RETEVMO .....18                        |
| QNASL .....74                       | RAPAFLO                            | RETIN-A                                |
| QNASL CHILDRENS.....74              | see <i>silodosin</i> .....62       | see <i>avita</i> .....75               |
| QUADRACEL INJ.....68                | RAPAMUNE                           | see <i>tretinoin</i> .....76           |
| QUALAQUIN                           | see <i>sirolimus</i> .....67       | RETIN-A MICRO .....76                  |
| see <i>quinine sulfate</i> .....8   | <i>rasagiline mesylate</i> .....36 | see <i>tretinoin microsphere</i>       |
| QUARTETTE                           | RAVICTI .....57                    | .....76                                |
| see <i>fayosim</i> .....51          | RAYALDEE .....59                   | RETIN-A MICRO PUMP .76                 |
| see <i>levonor-eth est tab</i>      | RAZADYNE ER                        | RETROVIR                               |
| 0.15-0.02/0.025/0.03                | see <i>galantamine</i>             | see <i>zidovudine</i> .....9           |
| mg & eth est 0.01 mg52              | <i>hydrobromide</i> .....33        | REVATIO                                |
| see <i>rivelsa</i> .....53          | REBIF .....45                      | see <i>sildenafil citrate</i>          |
| QUDEXY XR                           | REBIF REBIDO INJ                   | ( <i>pulmonary</i>                     |
| see <i>topiramate</i> .....32       | TITRATN.....45                     | <i>hypertension</i> ).....29           |
| QUESTRAN                            | REBIF REBIDOSE.....45              | REVCovi.....57                         |
| see <i>cholestyramine</i> .....25   | REBIF TITRTN INJ PACK              | REVLIMID.....15                        |
| QUESTRAN LIGHT                      | .....45                            | REXULTI.....38                         |
| see <i>cholestyramine light</i>     | REBLOZYL.....65                    | REYATAZ .....8                         |
| .....25                             | RECARBRIO INJ 1.25GM 6             | see <i>atazanavir sulfate</i> ...8     |
| see <i>prevalite</i> .....25        | RECLAST                            | RHOFADE .....80                        |
| <i>quetiapine fumarate</i> .....38  | see <i>zoledronic acid</i> ....50  | RHOPRESSA .....71                      |
| QUILLICHEW ER .....41               | <i>reclipsen</i> .....53           | <i>ribavirin (hepatitis c)</i> .....10 |
| QUILLIVANT XR.....41                | RECOMBIVAX HB.....68               | <i>rifabutin</i> .....9                |
| <i>quinapril hcl</i> .....21        | RECTIV .....80                     | RIFADIN                                |

|                                    |    |                                    |    |                                      |    |
|------------------------------------|----|------------------------------------|----|--------------------------------------|----|
| see <i>rifampin</i> .....          | 10 | <i>rufinamide</i> .....            | 32 | see <i>camrese</i> .....             | 51 |
| <i>rifampin</i> .....              | 10 | RUKOBIA .....                      | 9  | see <i>daysee</i> .....              | 51 |
| RILUTEK                            |    | RUXIENCE .....                     | 18 | see <i>levonorg-eth est tab</i>      |    |
| see <i>riluzole</i> .....          | 43 | RUZURGI .....                      | 43 | 0.15-0.03mg(84) & <i>eth</i>         |    |
| <i>riluzole</i> .....              | 43 | RYBELSUS .....                     | 48 | <i>est tab</i> 0.01mg(7) ....        | 52 |
| <i>rimantadine hydrochloride</i>   |    | RYDAPT .....                       | 18 | see <i>simpesse</i> .....            | 53 |
| .....                              | 10 | RYTARY CAP 145MG ....              | 36 | SECUADO .....                        | 38 |
| RINVOQ .....                       | 65 | RYTARY CAP 195MG ....              | 36 | <i>selegiline hcl</i> .....          | 36 |
| RIOMET                             |    | RYTARY CAP 245MG ....              | 36 | <i>selenium sulfide</i> .....        | 77 |
| see <i>metformin hcl</i> .....     | 48 | RYTARY CAP 95MG .....              | 36 | SELZENTRY .....                      | 9  |
| <i>risedronate sodium</i> .....    | 50 | RYTHMOL SR                         |    | SENSIPAR                             |    |
| RISPERDAL                          |    | see <i>propafenone hcl</i> ....    | 24 | see <i>cinacalcet hcl</i> .....      | 56 |
| see <i>risperidone</i> .....       | 38 | <b>S</b>                           |    | SEREVENT DISKUS .....                | 73 |
| RISPERDAL CONSTA ...               | 38 | SABRIL                             |    | SERNIVO .....                        | 79 |
| <i>risperidone</i> .....           | 38 | see <i>vigabatrin</i> .....        | 33 | SEROQUEL                             |    |
| RITALIN                            |    | see <i>vigadrone</i> .....         | 33 | see <i>quetiapine fumarate</i>       |    |
| see <i>methylphenidate hcl</i>     |    | SAFYRAL                            |    | .....                                | 38 |
| .....                              | 40 | see <i>drospirenone-ethinyl</i>    |    | SEROQUEL XR                          |    |
| RITALIN LA                         |    | <i>estradiol-levomefolate</i>      |    | see <i>quetiapine fumarate</i>       |    |
| see <i>methylphenidate hcl</i>     |    | <i>tab</i> 3-0.03-0.451 mg         | 51 | .....                                | 38 |
| .....                              | 40 | see <i>tydemy</i> .....            | 53 | SEROSTIM .....                       | 57 |
| <i>ritonavir</i> .....             | 9  | SAIZEN .....                       | 57 | <i>sertraline hcl</i> .....          | 35 |
| RITUXAN .....                      | 18 | SAIZENPREP                         |    | <i>setlakin</i> .....                | 53 |
| RITUXAN INJ HYCELA ..              | 18 | RECONSTITUTION ....                | 57 | <i>sevelamer carbonate</i> .....     | 58 |
| <i>rivastigmine</i> .....          | 33 | SALAGEN                            |    | <i>sevelamer hcl</i> .....           | 58 |
| <i>rivastigmine tartrate</i> ..... | 33 | see <i>pilocarpine hcl (oral)</i>  |    | SFROWASA .....                       | 60 |
| <i>rivelsa</i> .....               | 53 | .....                              | 81 | <i>sharobel</i> .....                | 53 |
| <i>rizatriptan benzoate</i> .....  | 42 | SAMSCA .....                       | 57 | SHINGRIX .....                       | 68 |
| ROBAXIN-750                        |    | see <i>tolvaptan</i> .....         | 57 | SIGNIFOR .....                       | 57 |
| see <i>methocarbamol</i> .....     | 45 | SANCUSO .....                      | 59 | SIGNIFOR LAR .....                   | 57 |
| ROCALTROL                          |    | SANDIMMUNE .....                   | 67 | SIKLOS .....                         | 65 |
| see <i>calcitriol</i> .....        | 58 | see <i>cyclosporine</i> .....      | 67 | <i>sildenafil citrate (pulmonary</i> |    |
| <i>ropinirole hydrochloride</i> .. | 36 | SANDOSTATIN                        |    | <i>hypertension)</i> .....           | 29 |
| <i>rosadan</i> .....               | 80 | see <i>octreotide acetate</i> ..   | 57 | SILENOR                              |    |
| <i>rosuvastatin calcium</i> .....  | 25 | SANDOSTATIN LAR                    |    | see <i>doxepin hcl (sleep)</i>       |    |
| ROTARIX SUS .....                  | 68 | DEPOT .....                        | 57 | .....                                | 41 |
| ROTATEQ SOL .....                  | 68 | SANTYL .....                       | 80 | <i>silodosin</i> .....               | 62 |
| ROWASA                             |    | SAPHRIS .....                      | 38 | SILVADENE                            |    |
| see <i>mesalamine w/</i>           |    | <i>sapropterin dihydrochloride</i> |    | see <i>silver sulfadiazine</i> ..    | 76 |
| <i>cleanser</i> .....              | 60 | .....                              | 57 | see <i>ssd</i> .....                 | 76 |
| <i>roweepra</i> .....              | 32 | SARCLISA .....                     | 18 | <i>silver sulfadiazine</i> .....     | 76 |
| ROXICODONE                         |    | SAVELLA .....                      | 44 | SIMBRINZA SUS 1-0.2% ..              | 71 |
| see <i>oxycodone hcl</i> .....     | 4  | SAVELLA MIS TITR PAK               |    | <i>simliya</i> .....                 | 53 |
| ROZEREM                            |    | .....                              | 44 | <i>simpesse</i> .....                | 53 |
| see <i>ramelteon</i> .....         | 41 | <i>scopolamine</i> .....           | 59 | <i>simvastatin</i> .....             | 25 |
| ROZLYTREK .....                    | 18 | SEASONIQUE                         |    | SINEMET                              |    |
| RUBRACA .....                      | 18 | see <i>amethia</i> .....           | 51 |                                      |    |
| RUCONEST .....                     | 65 | see <i>ashlyna</i> .....           | 51 |                                      |    |

|                                                             |    |                                                                    |    |                                                                             |    |
|-------------------------------------------------------------|----|--------------------------------------------------------------------|----|-----------------------------------------------------------------------------|----|
| see <i>carbidopa &amp; levodopa tab 10-100 mg</i> .....     | 35 | <i>sorine</i> .....                                                | 24 | see <i>ivermectin</i> .....                                                 | 6  |
| see <i>carbidopa &amp; levodopa tab 25-100 mg</i> .....     | 35 | <i>sotalol hcl</i> .....                                           | 24 | SUBLOCADE .....                                                             | 46 |
| see <i>carbidopa &amp; levodopa tab 25-250 mg</i> .....     | 35 | <i>sotalol hcl (afib/af)</i> .....                                 | 24 | SUBOXONE                                                                    |    |
| SINGULAIR                                                   |    | SOTYLIZE .....                                                     | 24 | see <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .... | 46 |
| see <i>montelukast sodium</i> .....                         | 73 | <i>spinosad</i> .....                                              | 80 | see <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> ..  | 46 |
| <i>sirolimus</i> .....                                      | 67 | <i>spironolactone</i> .....                                        | 21 | see <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> ..... | 46 |
| SIRTURO .....                                               | 10 | <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> ..... | 27 | see <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> ..... | 46 |
| SITAVIG .....                                               | 10 | SPORANOX                                                           |    | SUBSYS .....                                                                | 4  |
| SIVEXTRO .....                                              | 6  | see <i>itraconazole</i> .....                                      | 7  | <i>subvenite</i> .....                                                      | 32 |
| SKELAXIN                                                    |    | SPRAVATO SOL 56MG                                                  |    | <i>subvenite starter kit/blu</i> ...                                        | 32 |
| see <i>metaxalone</i> .....                                 | 45 | DOS .....                                                          | 35 | <i>subvenite starter kit/gre</i> ..                                         | 32 |
| SKYRIZI .....                                               | 66 | SPRAVATO SOL 84MG                                                  |    | <i>subvenite starter kit/ora</i> ..                                         | 32 |
| SLYND .....                                                 | 53 | DOS .....                                                          | 35 | SUCRAID .....                                                               | 61 |
| SMOFLIPID EMU .....                                         | 69 | <i>sprintec 28</i> .....                                           | 53 | <i>sucalfate</i> .....                                                      | 61 |
| <i>sodium chloride</i> .....                                | 69 | SPRITAM .....                                                      | 32 | SULAR                                                                       |    |
| <i>sodium chloride (gu irrigant)</i> .....                  | 80 | SPRYCEL .....                                                      | 18 | see <i>nisoldipine</i> .....                                                | 27 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .. | 69 | <i>sps</i> .....                                                   | 50 | <i>sulfacetamide sodium (acne)</i> .....                                    | 76 |
| <i>sodium phenylbutyrate</i> ....                           | 57 | <i>sronyx</i> .....                                                | 53 | <i>sulfacetamide sodium (ophth)</i> .....                                   | 70 |
| <i>sodium polystyrene sulfonate powder</i> .....            | 50 | <i>ssd</i> .....                                                   | 76 | <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....    | 69 |
| <i>solifenacin succinate</i> .....                          | 63 | STALEVO 100                                                        |    | SULFADIAZINE .....                                                          | 6  |
| SOLQUA INJ 100/33 .....                                     | 50 | see <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....  | 35 | <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....            | 6  |
| SOLIRIS .....                                               | 65 | STALEVO 125                                                        |    | <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....               | 6  |
| SOLODYN                                                     |    | see <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> ... | 35 | <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....                    | 6  |
| see <i>minocycline hcl</i> ....                             | 13 | STALEVO 150                                                        |    | <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....                   | 6  |
| SOLOSEC .....                                               | 6  | see <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .... | 35 | SULFAMYLON .....                                                            | 76 |
| SOLTAMOX .....                                              | 15 | <i>stavudine</i> .....                                             | 9  | see <i>mafenide acetate</i> ..                                              | 76 |
| SOLU-CORTEF .....                                           | 55 | STELARA .....                                                      | 66 | <i>sulfasalazine</i> .....                                                  | 60 |
| SOLU-MEDROL .....                                           | 55 | STIMATE .....                                                      | 57 | <i>sulindac</i> .....                                                       | 1  |
| see <i>methylprednisolone sod succ</i> .....                | 55 | STIVARGA .....                                                     | 18 |                                                                             |    |
| SOMA                                                        |    | STRATTERA                                                          |    |                                                                             |    |
| see <i>carisoprodol</i> .....                               | 45 | see <i>atomoxetine hcl</i> ....                                    | 39 |                                                                             |    |
| see <i>vanadom</i> .....                                    | 45 | STRENSIQ .....                                                     | 57 |                                                                             |    |
| SOMATULINE DEPOT ...                                        | 57 | <i>streptomycin sulfate</i> .....                                  | 6  |                                                                             |    |
| SOMAVERT .....                                              | 57 | STRIBILD TAB .....                                                 | 9  |                                                                             |    |
| SORIATANE                                                   |    | STRIVERDI RESPIMAT ..                                              | 73 |                                                                             |    |
| see <i>acitretin</i> .....                                  | 77 | STROMECTOL                                                         |    |                                                                             |    |
| SORILUX .....                                               | 77 |                                                                    |    |                                                                             |    |

|                                            |                                     |                                   |
|--------------------------------------------|-------------------------------------|-----------------------------------|
| <i>sumatriptan</i> .....42                 | SYNJARDY TAB 5-                     | <i>tamoxifen citrate</i> .....15  |
| <i>sumatriptan succinate</i> ....42,<br>43 | 1000MG .....48                      | <i>tamsulosin hcl</i> .....62     |
| <i>sumatriptan-naproxen</i>                | SYNJARDY TAB 5-500MG                | TAPAZOLE                          |
| <i>sodium tab 85-500 mg</i> 43             | .....48                             | see <i>methimazole</i> .....58    |
| SUNOSI.....46                              | SYNJARDY XR TAB 10-                 | TARCEVA                           |
| SUPRAX.....11                              | 1000 .....49                        | see <i>erlotinib hcl</i> .....17  |
| see <i>cefixime</i> .....11                | SYNJARDY XR TAB 12.5-               | TARGETIN .....80                  |
| SUPREP BOWEL SOL                           | 1000MG .....49                      | see <i>bexarotene</i> .....15     |
| PREP KIT.....61                            | SYNJARDY XR TAB 25-                 | <i>tarina 24 fe</i> .....53       |
| SUSTIVA                                    | 1000 .....49                        | <i>tarina fe 1/20 eq</i> .....53  |
| see <i>efavirenz</i> .....8                | SYNJARDY XR TAB 5-                  | TARKA                             |
| SUSTOL .....59                             | 1000MG .....49                      | see <i>trandolapril-</i>          |
| SUTENT .....18                             | SYNRIBO .....15                     | <i>verapamil hcl tab er 2-</i>    |
| <i>syeda</i> .....53                       | SYNTHROID.....58                    | <i>180 mg</i> .....20             |
| SYMBICORT AER 160-4.5                      | see <i>euthyrox</i> .....58         | see <i>trandolapril-</i>          |
| .....75                                    | see <i>levo-t</i> .....58           | <i>verapamil hcl tab er 2-</i>    |
| SYMBICORT AER 80-4.5                       | see <i>levothyroxine sodium</i>     | <i>240 mg</i> .....20             |
| .....75                                    | .....58                             | see <i>trandolapril-</i>          |
| SYMDEKO TAB 100-15074                      | see <i>levoxyl</i> .....58          | <i>verapamil hcl tab er 4-</i>    |
| SYMDEKO TAB 50-75MG                        | see <i>unithroid</i> .....58        | <i>240 mg</i> .....21             |
| .....74                                    | SYPRINE                             | TASIGNA.....19                    |
| SYMFI                                      | see <i>clovique</i> .....50         | TAVALISSE .....65                 |
| see <i>efavirenz-</i>                      | see <i>trientine hcl</i> .....51    | TAYTULLA                          |
| <i>lamivudine-tenofovir df</i>             | <b>T</b>                            | see <i>gemmily</i> .....51        |
| <i>tab 600-300-300 mg</i> ..9              | TABLOID .....14                     | see <i>norethindrone ace-</i>     |
| SYMFI LO                                   | TABRECTA.....19                     | <i>ethinyl estradiol-fe cap</i>   |
| see <i>efavirenz-</i>                      | TACLONEX                            | <i>1 mg-20 mcg (24)</i> ....53    |
| <i>lamivudine-tenofovir df</i>             | see <i>calcipotriene-</i>           | TAYTULLA CAP                      |
| <i>tab 400-300-300 mg</i> ..9              | <i>betamethasone</i>                | 1MG/20MC.....53                   |
| SYMFI LO TAB.....9                         | <i>dipropionate oint</i>            | <i>tazarotene</i> .....77         |
| SYMFI TAB.....9                            | 0.005-0.064% .....77                | <i>tazicef</i> .....11            |
| SYMJEPI .....74                            | see <i>calcipotriene-</i>           | TAZORAC.....77                    |
| SYMLINPEN 120 .....48                      | <i>betamethasone</i>                | see <i>tazarotene</i> .....77     |
| SYMLINPEN 60 .....48                       | <i>dipropionate susp</i>            | <i>taztia xt</i> .....27          |
| SYMPAZAN .....32                           | 0.005-0.064% .....77                | TAZVERIK .....19                  |
| SYMPROIC .....61                           | <i>tacrolimus</i> .....67           | TDVAX INJ 2-2 LF .....68          |
| SYMTUZA TAB.....9                          | <i>tacrolimus (topical)</i> .....80 | TECENTRIQ .....19                 |
| SYNALAR                                    | <i>tadalafil (pulmonary</i>         | TECFIDERA                         |
| see <i>fluocinolone</i>                    | <i>hypertension)</i> .....29        | see <i>dimethyl fumarate</i> .44  |
| <i>acetonide</i> .....78                   | TAFINLAR .....19                    | TECFIDERA MIS                     |
| SYNAREL.....54                             | TAGRISSO .....19                    | STARTER .....45                   |
| SYNDROS.....59                             | TAKHZYRO .....65                    | TECFIDERA STARTER                 |
| SYNERCID INJ 500MG ....6                   | TALICIA CAP.....61                  | PACK                              |
| SYNJARDY TAB 12.5-                         | TALTZ.....66                        | see <i>dimethyl fumarate</i>      |
| 1000MG .....49                             | TALZENNA.....19                     | <i>capsule dr starter pack</i>    |
| SYNJARDY TAB 12.5-500                      | TAMIFLU                             | <i>120 mg &amp; 240 mg</i> ....44 |
| .....49                                    | see <i>oseltamivir</i>              | TEFLARO .....11                   |
|                                            | <i>phosphate</i> .....10            | TEGRETOL                          |

|                            |                               |                             |
|----------------------------|-------------------------------|-----------------------------|
| see carbamazepine.....30   | see atenolol &                | see timolol maleate         |
| see epitol.....31          | chlorthalidone tab 50-        | (ophth) .....71             |
| TEGRETOL-XR                | 25 mg .....25                 | tinidazole .....7           |
| see carbamazepine.....30   | TENORMIN                      | TIROSINT .....58            |
| TEGSEDI .....44            | see atenolol.....26           | TIROSINT-SOL.....58         |
| TEKTURNA                   | TEPEZZA .....57               | TIVICAY.....9               |
| see aliskiren fumarate .27 | terazosin hcl.....21          | TIVICAY PD.....9            |
| TEKTURNA HCT TAB 150-      | terbinafine hcl .....8        | tizanidine hcl.....45       |
| 12.5.....28                | terbutaline sulfate .....73   | TOBI PODHALER.....7         |
| TEKTURNA HCT TAB 150-      | terconazole vaginal.....63    | TOBRADEX                    |
| 25MG .....28               | testosterone .....47          | see tobramycin-             |
| TEKTURNA HCT TAB 300-      | testosterone cypionate...47   | dexamethasone ophth         |
| 12.5.....28                | testosterone enanthate ...47  | susp 0.3-0.1%.....70        |
| TEKTURNA HCT TAB 300-      | tetrabenazine .....44         | TOBRADEX OIN 0.3-0.1%       |
| 25MG .....28               | tetracycline hcl.....13       | .....70                     |
| telmisartan .....23        | THALOMID .....15              | TOBRADEX ST SUS 0.3-        |
| telmisartan-amlodipine tab | THEO-24 .....74               | 0.05 .....70                |
| 40-10 mg.....23            | theophylline .....74          | tobramycin .....7           |
| telmisartan-amlodipine tab | THIOLA.....63                 | tobramycin (ophth) .....70  |
| 40-5 mg.....23             | THIOLA EC.....63              | tobramycin sulfate.....7    |
| telmisartan-amlodipine tab | thioridazine hcl.....38       | tobramycin-dexamethasone    |
| 80-10 mg.....23            | thiothixene .....38           | ophth susp 0.3-0.1% ...70   |
| telmisartan-amlodipine tab | tiadylt er .....27            | TOBREX .....70              |
| 80-5 mg.....23             | tiagabine hcl .....32         | see tobramycin (ophth)70    |
| telmisartan-               | TIAZAC                        | tolmetin sodium.....1       |
| hydrochlorothiazide tab    | see diltiazem hcl             | TOLSURA.....8               |
| 40-12.5 mg.....23          | extended release              | tolterodine tartrate.....63 |
| telmisartan-               | beads.....26                  | tolvaptan .....57           |
| hydrochlorothiazide tab    | see taztia xt.....27          | TOPAMAX                     |
| 80-12.5 mg.....23          | see tiadylt er.....27         | see topiramate .....32      |
| telmisartan-               | TIBSOVO.....19                | TOPAMAX SPRINKLE            |
| hydrochlorothiazide tab    | tigecycline .....13           | see topiramate .....32      |
| 80-25 mg.....23            | TIGECYCLINE.....13            | TOPICORT                    |
| temazepam.....41           | TIGLUTIK .....44              | see desoximetasone ...78    |
| TEMIXYS TAB 300-300....9   | TIKOSYN                       | topiramate.....32           |
| TEMOVATE                   | see dofetilide .....24        | toposar.....16              |
| see clobetasol             | tilia fe .....53              | topotecan hcl .....15       |
| propionate .....77         | timolol maleate.....26        | TOPOTECAN HCL               |
| temsirolimus .....19       | timolol maleate (ophth) ...71 | see topotecan hcl .....15   |
| TENIVAC INJ 5-2LF .....68  | timolol maleate (ophth)       | TOPROL XL                   |
| tenofovir disoproxil       | once-daily.....71             | see metoprolol succinate    |
| fumarate .....9            | TIMOPTIC                      | .....26                     |
| TENORETIC 100              | see timolol maleate           | toremifene citrate .....15  |
| see atenolol &             | (ophth) .....71               | TORISEL                     |
| chlorthalidone tab 100-    | TIMOPTIC OCUDOSE ...71        | see temsirolimus .....19    |
| 25 mg .....25              | see timolol maleate           | torsemide .....27           |
| TENORETIC 50               | (ophth) .....71               | tovet .....79               |
|                            | TIMOPTIC-XE                   | TOVIAZ.....63               |

|                                    |      |                                  |        |                                   |        |
|------------------------------------|------|----------------------------------|--------|-----------------------------------|--------|
| TPN ELECTROL INJ .....             | 69   | <i>triamcinolone acetonide</i>   |        | TRIJARDY XR TAB ER                |        |
| TRACLEER .....                     | 29   | (topical) .....                  | 79     | 24HR 12.5-2.5-1000MG              |        |
| see <i>bosentan</i> .....          | 29   | <i>triamterene &amp;</i>         |        | .....                             | 49     |
| TRADJENTA .....                    | 49   | <i>hydrochlorothiazide cap</i>   |        | TRIJARDY XR TAB ER                |        |
| <i>tramadol hcl</i> .....          | 2, 5 | 37.5-25 mg .....                 | 27     | 24HR 25-5-1000MG ....             | 49     |
| <i>tramadol-acetaminophen</i>      |      | <i>triamterene &amp;</i>         |        | TRIJARDY XR TAB ER                |        |
| tab 37.5-325 mg .....              | 5    | <i>hydrochlorothiazide tab</i>   |        | 24HR 5-2.5-1000MG ...             | 49     |
| <i>trandolapril</i> .....          | 21   | 37.5-25 mg .....                 | 27     | TRIKAFTA TAB .....                | 74     |
| <i>trandolapril-verapamil hcl</i>  |      | <i>triamterene &amp;</i>         |        | <i>tri-legest fe</i> .....        | 53     |
| tab er 1-240 mg .....              | 20   | <i>hydrochlorothiazide tab</i>   |        | TRILEPTAL                         |        |
| <i>trandolapril-verapamil hcl</i>  |      | 75-50 mg .....                   | 27     | see <i>oxcarbazepine</i> .....    | 32     |
| tab er 2-180 mg .....              | 20   | <i>triazolam</i> .....           | 41, 42 | <i>tri-lynyah</i> .....           | 53     |
| <i>trandolapril-verapamil hcl</i>  |      | TRIBENZOR                        |        | TRILIPIX                          |        |
| tab er 2-240 mg .....              | 20   | see <i>olmesartan-</i>           |        | see <i>choline fenofibrate</i> 24 |        |
| <i>trandolapril-verapamil hcl</i>  |      | <i>amlodipine-</i>               |        | <i>tri-lo-estarylla</i> .....     | 53     |
| tab er 4-240 mg .....              | 21   | <i>hydrochlorothiazide tab</i>   |        | <i>tri-lo-marzia</i> .....        | 53     |
| <i>tranexamic acid</i> .....       | 65   | 20-5-12.5 mg .....               | 22     | <i>tri-lo-mili</i> .....          | 53     |
| TRANSDERM SCOP                     |      | see <i>olmesartan-</i>           |        | <i>tri-lo-sprintec</i> .....      | 53     |
| see <i>scopolamine</i> .....       | 59   | <i>amlodipine-</i>               |        | <i>trilyte</i> .....              | 61     |
| <i>tranylcyromine sulfate</i> ...  | 35   | <i>hydrochlorothiazide tab</i>   |        | <i>trimethoprim</i> .....         | 7      |
| TRAVASOL INJ 10% .....             | 69   | 40-10-12.5 mg .....              | 23     | <i>tri-mili</i> .....             | 53     |
| TRAVATAN Z                         |      | see <i>olmesartan-</i>           |        | <i>trimipramine maleate</i> ..... | 35     |
| see <i>travoprost</i> .....        | 71   | <i>amlodipine-</i>               |        | TRINTELLIX .....                  | 35     |
| <i>travoprost</i> .....            | 71   | <i>hydrochlorothiazide tab</i>   |        | <i>tri-previfem</i> .....         | 53     |
| TRAZIMERA .....                    | 19   | 40-10-25 mg .....                | 23     | <i>tri-sprintec</i> .....         | 53     |
| <i>trazodone hcl</i> .....         | 35   | see <i>olmesartan-</i>           |        | TRIUMEQ TAB .....                 | 9      |
| TREANDA .....                      | 14   | <i>amlodipine-</i>               |        | <i>trivora-28</i> .....           | 53     |
| TRECATOR .....                     | 10   | <i>hydrochlorothiazide tab</i>   |        | <i>tri-vylibra</i> .....          | 53     |
| TRELEGY AER ELLIPTA                |      | 40-5-12.5 mg .....               | 22     | <i>tri-vylibra lo</i> .....       | 53     |
| 100-62.5-25 MCG .....              | 72   | see <i>olmesartan-</i>           |        | TRIZIVIR                          |        |
| TRELEGY AER ELLIPTA                |      | <i>amlodipine-</i>               |        | see <i>abacavir sulfate-</i>      |        |
| 200-62.5-25 MCG .....              | 72   | <i>hydrochlorothiazide tab</i>   |        | <i>lamivudine-zidovudine</i>      |        |
| TRELSTAR MIXJECT ....              | 15   | 40-5-25 mg .....                 | 22     | tab 300-150-300 mg ..             | 9      |
| <i>treprostinil</i> .....          | 29   | TRICARE TAB PRENATAL             |        | TRODELVY .....                    | 19     |
| TRESIBA .....                      | 50   | .....                            | 69     | TROGARZO .....                    | 9      |
| TRESIBA FLEXTOUCH ..               | 50   | TRICOR                           |        | TROKENDI XR .....                 | 32, 33 |
| <i>tretinoin</i> .....             | 76   | see <i>fenofibrate</i> .....     | 24     | TROPHAMINE INJ 10% .              | 69     |
| <i>tretinoin (chemotherapy)</i> .  | 16   | <i>triderm</i> .....             | 79     | <i>trospium chloride</i> .....    | 63     |
| <i>tretinoin microsphere</i> ..... | 76   | <i>trientine hcl</i> .....       | 51     | TRULANCE .....                    | 61     |
| TREXALL .....                      | 66   | <i>tri-estarylla</i> .....       | 53     | TRULICITY .....                   | 49     |
| TREXIMET                           |      | <i>trifluoperazine hcl</i> ..... | 38     | TRUMENBA INJ .....                | 68     |
| see <i>sumatriptan-</i>            |      | <i>trifluridine</i> .....        | 70     | TRUSOPT                           |        |
| <i>naproxen sodium tab</i>         |      | TRIGLIDE .....                   | 24     | see <i>dorzolamide hcl</i> ....   | 71     |
| 85-500 mg .....                    | 43   | <i>trihexyphenidyl hcl</i> ..... | 36     | TRUVADA                           |        |
| <i>trezix</i> .....                | 5    | TRIJARDY XR TAB ER               |        | see <i>emtricitabine-</i>         |        |
| <i>triamcinolone acetonide</i> ..  | 55   | 24HR 10-5-1000MG ....            | 49     | <i>tenofovir disoproxil</i>       |        |
| <i>triamcinolone acetonide</i>     |      |                                  |        | <i>fumarate tab 200-300</i>       |        |
| (mouth) .....                      | 81   |                                  |        | mg .....                          | 9      |

|                                                          |                                                                             |                                                                             |
|----------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| TRUVADA TAB 100-150 ..9                                  | see <i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....12 | <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....23                |
| TRUVADA TAB 133-200 ..9                                  | see <i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....12     | <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....23                  |
| TRUVADA TAB 167-250 ..9                                  | UNASYN BULK PACK                                                            | <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....23                |
| TRUXIMA .....19                                          | see <i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .12   | <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....23                  |
| TUKYSA .....19                                           | unithroid .....58                                                           | <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....23                 |
| tulana .....53                                           | UPTRAVI .....29                                                             | VALSTAR                                                                     |
| TURALIO .....19                                          | UPTRAVI TAB 200/800 ..29                                                    | see <i>valrubicin</i> .....14                                               |
| TWINRIX INJ .....68                                      | UROCIT-K 10                                                                 | VALTOCO .....33                                                             |
| TWYNSTA                                                  | see <i>potassium citrate (alkalinizer)</i> .....63                          | VALTREX                                                                     |
| see <i>telmisartan-amlodipine tab 40-10 mg</i> .....23   | UROCIT-K 15                                                                 | see <i>valacyclovir hcl</i> .....10                                         |
| see <i>telmisartan-amlodipine tab 40-5 mg</i> .....23    | see <i>potassium citrate (alkalinizer)</i> .....62                          | <i>vanadom</i> .....45                                                      |
| see <i>telmisartan-amlodipine tab 80-10 mg</i> .....23   | UROCIT-K 5                                                                  | VANOCOCIN                                                                   |
| see <i>telmisartan-amlodipine tab 80-5 mg</i> .....23    | see <i>potassium citrate (alkalinizer)</i> .....63                          | see <i>vancomycin hcl</i> .....7                                            |
| TYBLUME TAB 0.1-0.02.53                                  | UROXATRAL                                                                   | VANOCOCIN HCL                                                               |
| TYBOST .....9                                            | see <i>alfuzosin hcl</i> .....62                                            | see <i>vancomycin hcl</i> .....7                                            |
| tydemy .....53                                           | URSO 250                                                                    | VANCOMYCIN .....7                                                           |
| TYGACIL                                                  | see <i>ursodiol</i> .....61                                                 | <i>vancomycin hcl</i> .....7                                                |
| see <i>tigecycline</i> .....13                           | URSO FORTE                                                                  | VANCOMYCIN                                                                  |
| TYKERB .....19                                           | see <i>ursodiol</i> .....61                                                 | HYDROCHLORIDE .....7                                                        |
| see <i>lapatinib ditosylate</i> 18                       | ursodiol .....61                                                            | VANCOMYCIN INJ 1 GM .7                                                      |
| TYMLOS .....50                                           | V                                                                           | VANCOMYCIN INJ 500MG                                                        |
| TYPHIM VI .....68                                        | VABOMERE INJ 2GM(1-1)                                                       | .....7                                                                      |
| TYSABRI .....45                                          | .....7                                                                      | VANCOMYCIN INJ 750MG                                                        |
| TYVASO .....29                                           | VAGIFEM                                                                     | .....7                                                                      |
| U                                                        | see <i>estradiol vaginal</i> ...54                                          | <i>vandazole</i> .....63                                                    |
| UCERIS .....60                                           | see <i>yuvafem</i> .....55                                                  | VANTAS .....15                                                              |
| see <i>budesonide</i> .....60                            | <i>valacyclovir hcl</i> .....10                                             | VAQTA .....68                                                               |
| ULORIC                                                   | VALCHLOR .....80                                                            | VARIVAX .....68                                                             |
| see <i>febuxostat</i> .....1                             | VALCYTE                                                                     | VARUBI .....60                                                              |
| ULTOMIRIS .....65                                        | see <i>valganciclovir hcl</i> ..10                                          | VASCEPA .....25                                                             |
| ULTRACET                                                 | <i>valganciclovir hcl</i> .....10                                           | VASERETIC                                                                   |
| see <i>tramadol-acetaminophen tab 37.5-325 mg</i> .....5 | VALIUM                                                                      | see <i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....20 |
| ULTRAM                                                   | see <i>diazepam</i> .....30                                                 | VASOTEC                                                                     |
| see <i>tramadol hcl</i> .....5                           | <i>valproate sodium</i> .....33                                             | see <i>enalapril maleate</i> ..21                                           |
| ULTRAVATE .....79                                        | <i>valproic acid</i> .....33                                                | VECTIBIX .....19                                                            |
| UNASYN                                                   | <i>valrubicin</i> .....14                                                   | VELCADE .....19                                                             |
|                                                          | <i>valsartan</i> .....23, 24                                                |                                                                             |

|                           |    |                            |    |                               |    |
|---------------------------|----|----------------------------|----|-------------------------------|----|
| VELETRI.....              | 29 | VIMIZIM .....              | 57 | see ezetimibe-                |    |
| velivet .....             | 53 | VIMPAT .....               | 33 | simvastatin tab 10-40         |    |
| VELPHORO.....             | 58 | vinblastine sulfate .....  | 16 | mg .....                      | 25 |
| VELTASSA .....            | 51 | vincristine sulfate .....  | 16 | see ezetimibe-                |    |
| VELTIN GEL.....           | 76 | vinorelbine tartrate ..... | 16 | simvastatin tab 10-80         |    |
| VEMLIDY .....             | 10 | VIOKACE TAB 10440.....     | 62 | mg .....                      | 25 |
| VENCLEXTA .....           | 19 | VIOKACE TAB 20880.....     | 62 | VYVANSE.....                  | 41 |
| VENCLEXTA TAB START       |    | viorele .....              | 53 | VYZULTA.....                  | 71 |
| PK .....                  | 19 | VIRACEPT.....              | 9  | <b>W</b>                      |    |
| venlafaxine hcl.....      | 35 | VIRAMUNE                   |    | WAKIX .....                   | 46 |
| VENTAVIS.....             | 29 | see nevirapine .....       | 8  | warfarin sodium .....         | 64 |
| VENTOLIN HFA.....         | 73 | VIRAMUNE XR                |    | water for irrigation, sterile |    |
| verapamil hcl .....       | 27 | see nevirapine .....       | 8  | irrigation soln.....          | 80 |
| VERDESO .....             | 79 | VIREAD .....               | 9  | WELCHOL                       |    |
| VERELAN                   |    | see tenofovir disoproxil   |    | see colesevelam hcl....       | 25 |
| see verapamil hcl .....   | 27 | fumarate .....             | 9  | WELLBUTRIN SR                 |    |
| VERELAN PM                |    | VISTARIL                   |    | see bupropion hcl.....        | 33 |
| see verapamil hcl .....   | 27 | see hydroxyzine            |    | WELLBUTRIN XL                 |    |
| VERSACLOZ.....            | 38 | pamoate.....               | 72 | see bupropion hcl.....        | 33 |
| VERZENIO .....            | 19 | VITRAKVI .....             | 19 | wera.....                     | 54 |
| VESICARE                  |    | VIVELLE-DOT                |    | wymzya fe.....                | 54 |
| see solifenacin succinate |    | see dottl .....            | 54 | <b>X</b>                      |    |
| .....                     | 63 | see estradiol.....         | 54 | XADAGO .....                  | 36 |
| VFEND                     |    | VIVITROL .....             | 46 | XALATAN                       |    |
| see voriconazole .....    | 8  | VIZIMPRO .....             | 19 | see latanoprost.....          | 71 |
| VFEND IV                  |    | VOLTAREN                   |    | XALKORI .....                 | 19 |
| see voriconazole .....    | 8  | see diclofenac sodium      |    | XANAX                         |    |
| V-GO 20 KIT .....         | 50 | (topical).....             | 79 | see alprazolam.....           | 29 |
| V-GO 30 KIT .....         | 50 | voriconazole.....          | 8  | XARELTO .....                 | 64 |
| V-GO 40 KIT .....         | 50 | VOSEVI TAB .....           | 10 | XARELTO STAR TAB              |    |
| VIBATIV.....              | 7  | VOTRIENT .....             | 19 | 15/20MG .....                 | 64 |
| VIBERZI.....              | 61 | VPRIV.....                 | 57 | XATMEP .....                  | 66 |
| VIBRAMYCIN .....          | 13 | VRAYLAR.....               | 38 | XCOPRI .....                  | 33 |
| see doxycycline           |    | VRAYLAR CAP 1.5-3MG        | 38 | XCOPRI PAK 12.5-25.....       | 33 |
| (monohydrate) .....       | 13 | VUMERITY .....             | 45 | XCOPRI PAK 150-200MG          |    |
| see doxycycline hyclate   |    | VUMERITY STARTER ...       | 45 | (MAINTENANCE).....            | 33 |
| .....                     | 13 | vyfemla .....              | 53 | XCOPRI PAK 150-200MG          |    |
| VICTOZA .....             | 49 | vylibra .....              | 54 | (TITRATION).....              | 33 |
| VIDAZA                    |    | VYNDAMAX.....              | 28 | XCOPRI PAK 50-100MG           | 33 |
| see azacitidine .....     | 14 | VYNDAQEL .....             | 28 | XCOPRI TAB 50-200MG           | 33 |
| vienva .....              | 53 | VYTORIN                    |    | XELJANZ.....                  | 66 |
| vigabatrin .....          | 33 | see ezetimibe-             |    | XELJANZ XR .....              | 66 |
| vigadrone .....           | 33 | simvastatin tab 10-10      |    | XEMBIFY .....                 | 66 |
| VIGAMOX                   |    | mg .....                   | 25 | XENAZINE                      |    |
| see moxifloxacin hcl      |    | see ezetimibe-             |    | see tetrabenazine.....        | 44 |
| (ophth) .....             | 70 | simvastatin tab 10-20      |    | XENLETA .....                 | 7  |
| VIIBRYD .....             | 35 | mg .....                   | 25 | XEOMIN .....                  | 45 |
| VIIBRYD KIT STARTER       | 35 |                            |    | XEPI .....                    | 76 |

|                                                         |       |                                                         |    |                                                                       |    |
|---------------------------------------------------------|-------|---------------------------------------------------------|----|-----------------------------------------------------------------------|----|
| XERESE CRE 5-1% .....                                   | 80    | see <i>lidocaine hcl (local anesth.)</i> .....          | 5  | ZEMPLAR                                                               |    |
| XERMELO .....                                           | 61    |                                                         |    | see <i>paricalcitol</i> .....                                         | 59 |
| XGEVA .....                                             | 50    | XYLOCAINE-MPF                                           |    | <i>zenatane</i> .....                                                 | 76 |
| XHANCE.....                                             | 74    | see <i>lidocaine hcl (local anesth.)</i> .....          | 5  | ZENPEP CAP 10000UNT                                                   |    |
| XIFAXAN .....                                           | 7, 61 | XYOSTED .....                                           | 47 | .....                                                                 | 62 |
| XIGDUO XR TAB 10-1000                                   |       | XYREM .....                                             | 46 | ZENPEP CAP 15000UNT                                                   |    |
| .....                                                   | 49    | XYWAV SOL 0.5GM/ML                                      | 46 | .....                                                                 | 62 |
| XIGDUO XR TAB 10-500MG .....                            | 49    | Y                                                       |    | ZENPEP CAP 20000UNT                                                   |    |
| XIGDUO XR TAB 2.5-1000                                  |       | YASMIN 28                                               |    | .....                                                                 | 62 |
| .....                                                   | 49    | see <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> |    | ZENPEP CAP 25000 .....                                                | 62 |
| XIGDUO XR TAB 5-1000MG .....                            | 49    | .....                                                   | 51 | ZENPEP CAP 3000UNIT                                                   | 62 |
| XIGDUO XR TAB 5-500MG                                   |       | see <i>ocella</i> .....                                 | 53 | ZENPEP CAP 40000 .....                                                | 62 |
| .....                                                   | 49    | see <i>syeda</i> .....                                  | 53 | ZENPEP CAP 5000UNIT                                                   | 62 |
| XIIDRA.....                                             | 71    | see <i>zarah</i> .....                                  | 54 | <i>zenzedi</i> .....                                                  | 41 |
| XODOL                                                   |       | see <i>zumandimine</i> .....                            | 54 | ZEPOSIA .....                                                         | 45 |
| see <i>hydrocodone-acetaminophen tab 5-300 mg</i> ..... | 3     | YAZ                                                     |    | ZEPOSIA 7DAY CAP STR                                                  |    |
| XOFLUZA .....                                           | 10    | see <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> |    | PACK .....                                                            | 45 |
| XOLAIR .....                                            | 74    | .....                                                   | 51 | ZEPOSIA CAP STR KIT                                                   | 45 |
| XOPENEX                                                 |       | see <i>gianvi</i> .....                                 | 51 | ZEPZELCA .....                                                        | 14 |
| see <i>levalbuterol hcl</i> .....                       | 73    | see <i>jasmie</i> .....                                 | 52 | ZERBAXA INJ 1.5GM .....                                               | 11 |
| XOPENEX                                                 |       | see <i>loryna</i> .....                                 | 52 | ZERIT                                                                 |    |
| CONCENTRATE                                             |       | see <i>nikki</i> .....                                  | 52 | see <i>stavudine</i> .....                                            | 9  |
| see <i>levalbuterol hcl</i> .....                       | 73    | YERVOY .....                                            | 19 | ZERVIAE .....                                                         | 71 |
| XOSPATA.....                                            | 19    | YF-VAX INJ .....                                        | 68 | ZESTORETIC                                                            |    |
| XPOVIO 100 MG ONCE                                      |       | YUTIQ.....                                              | 71 | see <i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....  | 20 |
| WEEKLY .....                                            | 19    | yuvafer .....                                           | 55 | see <i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....  | 20 |
| XPOVIO 40 MG ONCE                                       |       | Z                                                       |    | see <i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....    | 20 |
| WEEKLY .....                                            | 19    | <i>zafirlukast</i> .....                                | 73 | ZESTRIL                                                               |    |
| XPOVIO 40 MG TWICE                                      |       | <i>zaleplon</i> .....                                   | 42 | see <i>lisinopril</i> .....                                           | 21 |
| WEEKLY .....                                            | 19    | ZALTRAP .....                                           | 19 | see <i>ezetimibe</i> .....                                            | 25 |
| XPOVIO 60 MG ONCE                                       |       | ZANAFLEX                                                |    | ZETONNA.....                                                          | 74 |
| WEEKLY .....                                            | 19    | see <i>tizanidine hcl</i> .....                         | 45 | ZIAC                                                                  |    |
| XPOVIO 60 MG TWICE                                      |       | <i>zarah</i> .....                                      | 54 | see <i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....  | 25 |
| WEEKLY .....                                            | 19    | ZARONTIN                                                |    | see <i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> ..... | 25 |
| XPOVIO 80 MG ONCE                                       |       | see <i>ethosuximide</i> .....                           | 31 | see <i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....   | 25 |
| WEEKLY .....                                            | 19    | ZARXIO .....                                            | 64 |                                                                       |    |
| XPOVIO 80 MG TWICE                                      |       | ZAVESCA                                                 |    |                                                                       |    |
| WEEKLY .....                                            | 19    | see <i>miglustat</i> .....                              | 56 |                                                                       |    |
| XTAMPZA ER.....                                         | 2     | ZEJULA .....                                            | 19 |                                                                       |    |
| XTANDI .....                                            | 15    | ZELAPAR .....                                           | 36 |                                                                       |    |
| <i>xulane</i> .....                                     | 54    | ZELBORAF.....                                           | 19 |                                                                       |    |
| XULTOPHY INJ 100/3.6                                    | 50    | ZEMAIRA.....                                            | 74 |                                                                       |    |
| XYLOCAINE                                               |       | ZEMBRACE SYMTOUCH                                       |    |                                                                       |    |
|                                                         |       | .....                                                   | 43 |                                                                       |    |
|                                                         |       | ZEMDRI .....                                            | 7  |                                                                       |    |

|                                   |                                   |    |                                 |      |
|-----------------------------------|-----------------------------------|----|---------------------------------|------|
| ZIAGEN                            | <i>zolmitriptan</i> .....         | 43 | ZUBSOLV SUB 1.4-0.36            | 46   |
| see <i>abacavir sulfate</i> ..... | ZOLOFT                            |    | ZUBSOLV SUB 11.4-2.9            | 46   |
| ZIANA                             | see <i>sertraline hcl</i> .....   | 35 | ZUBSOLV SUB 2.9-0.71            | 46   |
| see <i>clindamycin</i>            | <i>zolpidem tartrate</i> .....    | 42 | ZUBSOLV SUB 5.7-1.4             | ..46 |
| <i>phosphate-tretinoin gel</i>    | ZOMACTON .....                    | 57 | ZUBSOLV SUB 8.6-2.1             | ..46 |
| 1.2-0.025% .....                  | ZOMIG .....                       | 43 | <i>zumandimine</i> .....        | 54   |
| <i>zidovudine</i> .....           | see <i>zolmitriptan</i> .....     | 43 | ZUPLENZ .....                   | 60   |
| ZILXI .....                       | ZOMIG ZMT                         |    | ZYDELIG .....                   | 19   |
| <i>ziprasidone hcl</i> .....      | see <i>zolmitriptan</i> .....     | 43 | ZYKADIA .....                   | 19   |
| <i>ziprasidone mesylate</i> ..... | ZONEGRAN                          |    | ZYLET SUS 0.5-0.3% .....        | 70   |
| ZIRABEV .....                     | see <i>zonisamide</i> .....       | 33 | ZYLOPRIM                        |      |
| ZIRGAN .....                      | <i>zonisamide</i> .....           | 33 | see <i>allopurinol</i> .....    | 1    |
| ZITHROMAX                         | ZONTIVITY .....                   | 65 | ZYMAXID                         |      |
| see <i>azithromycin</i> .....     | ZORBTIVE .....                    | 57 | see <i>gatifloxacin (ophth)</i> |      |
| ZOCOR                             | ZORTRESS .....                    | 67 | .....                           | 70   |
| see <i>simvastatin</i> .....      | see <i>everolimus</i>             |    | ZYPITAMAG .....                 | 25   |
| ZOFRAN                            | ( <i>immunosuppressant</i> )      |    | ZYPREXA                         |      |
| see <i>ondansetron hcl</i> ....   | .....                             | 67 | see <i>olanzapine</i> .....     | 37   |
| ZOHYDRO ER                        | ZOSTAVAX .....                    | 68 | ZYPREXA RELPREVV ...            | 38   |
| see <i>hydrocodone</i>            | ZOSYN SOL 2-0.25GM ..             | 13 | ZYPREXA ZYDIS                   |      |
| <i>bitartrate</i> .....           | ZOSYN SOL 3-0.375G ...            | 13 | see <i>olanzapine</i> .....     | 37   |
| see <i>hydrocodone</i>            | ZOSYN SOL 4-0.50GM ..             | 13 | ZYTIGA .....                    | 15   |
| <i>bitartrate cap er 12hr</i>     | <i>zovia 1/35e</i> .....          | 54 | see <i>abiraterone acetate</i>  |      |
| 40 mg .....                       | ZOVIRAX                           |    | .....                           | 14   |
| ZOLADEX .....                     | see <i>acyclovir</i> .....        | 10 | ZYVOX .....                     | 7    |
| <i>zoledronic acid</i> .....      | see <i>acyclovir topical</i> .... | 79 | see <i>linezolid</i> .....      | 6    |
| ZOLEDRONIC ACID .....             | ZTLIDO .....                      | 79 |                                 |      |
| ZOLINZA .....                     | ZUBSOLV SUB 0.7-0.18              | 46 |                                 |      |

# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 02/26/2021. For more recent information or other questions, please contact SilverScript Customer Care at 1-866-329-2088, 24 hours a day, 7 days a week. TTY users should call 711.

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

02/26/2021