



An Independent Licensee of the Blue Cross and Blue Shield Association

2013 Formulary

(List of covered drugs)

Effective January 1, 2013

Blue MedicareRxSM (PDP)

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

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.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2014.

Blue MedicareRx is a Medicare-approved Part D sponsor.

This information is available for free in other languages. Please contact our Customer Service at 1-877-853-7693 (TTY users should call 711). Esta información está disponible de forma gratuita en otros idiomas. Comuníquese con nuestro Servicio al Cliente al 1-877-853-7693 (los usuarios de TTY deben llamar al 711). If you have special needs, this document may be available in other formats. Please call Customer Service at the number above for more information.

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Blue MedicareRxSM (PDP)

What is the Blue MedicareRx formulary?

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

Can the formulary change?

Generally, if you are taking a drug on our 2013 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2013 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately

remove the drug from our formulary and provide notice to members who take the drug. If we make a mid-year non-maintenance formulary change, members will be notified on their Explanation of Benefits or by other means as necessary. The printed formulary also will be updated with this change using a formulary change insert. The formulary change insert will be posted with a PDF of the formulary on www.YourAZMedicareSolutions.com. The online formulary will also be updated with the change. The enclosed formulary is current as of January 1, 2013. To get updated information about the drugs covered by Blue MedicareRx, please visit our Web site at www.YourAZMedicareSolutions.com or call Customer Service at 1-877-853-7693, 8 a.m. to 8 p.m., daily, local time. TTY/TDD users should call 711.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 39. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue MedicareRx covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at www.YourAZMedicareSolutions.com.

You can ask Blue MedicareRx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue MedicareRx

formulary?" on this page 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, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Blue MedicareRx does not cover your drug, you have two options:

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

How do I request an exception to the Blue MedicareRx formulary?

You can ask Blue MedicareRx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our Tier 4: Non-Preferred Brand drugs tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 3: Preferred Brand drugs tier instead. If your drug is contained in our Tier 2: Non-Preferred Generic drugs tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the Tier 1: Preferred Generic drugs tier instead. This would lower the amount

you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

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

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

For more information

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

If you have questions about Blue MedicareRx, please call Customer Service at 1-877-853-7693, 8 a.m. to 8 p.m., daily, local time. TTY/TDD users should call 711. Or visit www.YourAZMedicareSolutions.com.

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

The table below shows your share of the cost for a 31-day retail supply, a 90-day retail supply or a 90-day supply through mail order or Preferred Extended Supply (PXT) pharmacies.

Blue MedicareRx (PDP) \$150 annual deductible

Drug Tiers and Tier Names	31-day retail supply	90-day retail supply	90-day mail order or PXT* supply
1: Preferred Generic drugs	\$3 copay	\$9 copay	\$7.50 copay
2: Non-Preferred Generic drugs	\$8 copay	\$24 copay	\$20 copay
3: Preferred Brand drugs	\$39 copay	\$117 copay	\$97.50 copay
4: Non-Preferred Brand drugs	46% coinsurance	46% coinsurance	46% coinsurance

*Preferred Extended Supply network pharmacies

Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Blue MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 39.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LANTUS) and generic drugs are listed in lower case italics (e.g., *metformin*). The next column tells you whether your drug may be covered by Medicare Part B or Part D, depending on the circumstances of its use. The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of that drug.

The key below can assist you as you read the information for your drug:

KEY

Uppercase = BRAND-NAME

Lower case italics = *generic*

1 = Tier 1: Preferred Generic drugs

2 = Tier 2: Non-Preferred Generic drugs

3 = Tier 3: Preferred Brand drugs

4 = Tier 4: Non-Preferred Brand drugs

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

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

★ = Limited distribution drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-877-853-7693, 8 a.m. to 8 p.m., daily local time. TTY/TDD users should call 711.

If quantity limits apply, the restriction amounts are indicated in the listing beginning on page 27.

2013 Dosage Form Abbreviations Key	
Keys	
caps	capsules
chew tabs	chewable tablets
conc	concentrate
crm	cream
DR	delayed-release
ER	extended-release
g	gram
hr	hour
IM	intramuscular
inhal	inhalation
inj	injection
IR	immediate-release
IV	intravenous
liq	liquid
lotn	lotion
mcg	microgram
mEq	milliequivalent
mg	milligram
mL	milliliter
NF	non-formulary
ODT	orally disintegrating tablets
oint	ointment
SL	sublingual
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Analgesics					
<i>acetaminophen/codeine oral soln</i>	1			•	
<i>acetaminophen/codeine tabs</i>	2			•	
AVINZA	3			•	
<i>butorphanol</i>	2				
CELEBREX	3			•	
CODEINE SULFATE tabs	4				
<i>etodolac</i>	2				
<i>fentanyl transdermal</i>	2			•	
<i>fentanyl citrate oral lozenges</i>	2		•	•	
<i>hydrocodone/acetaminophen caps; oral soln, 7.5-325 mg/15 mL, 7.5-500 mg/15 mL</i>	2			•	
<i>hydrocodone/acetaminophen tabs, 2.5-500 mg, 5-300 mg, 5-325 mg, 5-500 mg, 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 7.5-750 mg, 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg, 10-660 mg, 10-750 mg</i>	2			•	
<i>hydrocodone/ibuprofen</i>	2			•	
<i>hydromorphone inj, 10 mg/mL</i>	2	X			
<i>hydromorphone liq, tabs</i>	2				
<i>ibuprofen</i>	1				
<i>ketoprofen</i>	2				
<i>ketorolac tabs</i>	2			•	
LEVORPHANOL	4				
<i>methadone tabs, 5 mg, 10 mg</i>	2				
<i>morphine sulfate inj, 0.5 mg/mL, 1 mg/mL</i>	2	X			

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>morphine sulfate oral soln</i>	2				
MORPHINE SULFATE tabs	4				
<i>morphine sulfate ER tabs</i>	2			•	
<i>naproxen susp</i>	2				
<i>naproxen tabs</i>	1				
<i>naproxen sodium tabs</i>	1				
NUCYNTA ER	3			•	
<i>oxycodone tabs, 5 mg, 15 mg, 30 mg</i>	2				
<i>oxycodone/acetaminophen</i>	1			•	
<i>oxycodone/aspirin</i>	2			•	
OXYCONTIN	3			•	
PENNSAID	3			•	•
<i>tramadol</i>	2			•	
<i>tramadol ER (Generic for Ultram ER)</i>	2			•	
<i>tramadol/acetaminophen</i>	2			•	
VOLTAREN gel	3			•	•
Anesthetics					
<i>lidocaine local inj, 0.5%, 1%; topical soln, 4%</i>	2				
<i>lidocaine viscous</i>	1				
<i>lidocaine/prilocaine</i>	2				
LIDODERM	3				
Anti-Addiction/Substance Abuse Treatment Agents					
<i>buprenorphine SL tabs</i>	2			•	
<i>bupropion hcl ER, 12 hr (smoking deterrent)</i>	2				
CHANTIX	3			•	
<i>disulfiram</i>	2				
NALOXONE inj, 0.4 mg/mL	4				
<i>naloxone inj, 1 mg/mL</i>	2				

1 = Preferred Generic Drugs 2 = Non-Preferred Generic Drugs 3 = Preferred Brand Drugs
 4 = Non-Preferred Brand Drugs • = Utilization Management (UM) * = Limited Distribution Drug
 X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance
 † = Quantity limit restrictions for these drugs are listed beginning on page 27

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>naltrexone</i>	2				
NICOTROL INHALER	4				
NICOTROL NS nasal spray	4				
SUBOXONE	4			•	
VIVITROL	4				
Antibacterials					
AMIKACIN inj, 100 mg/2 mL	4				
<i>amikacin inj, 500 mg/2 mL, 1 g/4 mL</i>	2				
<i>amoxicillin caps; chew tabs, 250 mg; for susp; tabs</i>	1				
AMOXICILLIN chew tabs, 125 mg	4				
<i>amoxicillin/potassium clavulanate chew tabs; for susp, 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL; tabs</i>	2				
<i>ampicillin caps</i>	2				
AMPICILLIN for susp	4				
<i>ampicillin sodium for inj, 125 mg, 250 mg, 500 mg, 1 g, 2 g; for IV, 10 g</i>	2				
AMPICILLIN SODIUM for IV, 1 g, 2 g	4				
AVELOX	3				
AZACTAM inj in dextrose	4				
<i>azithromycin for IV, for susp, tabs</i>	2				
AZITHROMYCIN powder pack for susp	3				
<i>aztreonam for inj</i>	2				
<i>cefaclor caps</i>	2				
<i>cefadroxil</i>	2				
<i>cefazolin for inj, 500 mg, 1 g, 10 g, 20 g</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>cefdinir</i>	2				
<i>cefepime for inj</i>	2				
<i>cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g</i>	2				
<i>cefoxitin for inj</i>	2				
<i>cefpodoxime</i>	2				
<i>cefprozil</i>	2				
<i>ceftazidime for inj, 500 mg, 1 g, 2 g, 6 g; for IV, 1 g, 2 g</i>	2				
<i>ceftriaxone for inj, for IV</i>	2				
CEFTRIAXONE for IV in dextrose, inj in dextrose	4				
<i>cefuroxime axetil</i>	2				
<i>cefuroxime sodium for inj, 750 mg, 1.5 g, 7.5 g; for IV, 1.5 g</i>	2				
<i>cephalexin caps, for susp</i>	1				
CHLORAMPHENICOL	4				
CIPRO for susp	4				
<i>ciprofloxacin for IV, 200 mg, 400 mg; for IV in dextrose</i>	2				
<i>ciprofloxacin tabs, 250 mg, 500 mg, 750 mg</i>	1				
<i>ciprofloxacin ER</i>	2				
CLAFORAN IV in dextrose	4				
<i>clarithromycin</i>	2				
<i>clarithromycin ER</i>	2				
CLEOCIN IV in dextrose	4				
<i>clindamycin caps</i>	1				
<i>clindamycin inj; IV soln, 600 mg/4 mL, 900 mg/6 mL; vaginal crm</i>	2				
<i>colistimethate sodium</i>	2				

1 = Preferred Generic Drugs

2 = Non-Preferred Generic Drugs

3 = Preferred Brand Drugs

4 = Non-Preferred Brand Drugs

• = Utilization Management (UM)

* = Limited Distribution Drug

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

† = Quantity limit restrictions for these drugs are listed beginning on page 27

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CUBICIN	4	X			
<i>demeclocycline</i>	2				
<i>dicloxacillin</i>	2				
DIFICID	4				
<i>doxycycline hyclate caps, tabs</i>	1				
<i>doxycycline hyclate for inj</i>	2				
<i>doxycycline monohydrate</i>	2				
E.E.S. GRANULES	4				
ERY-TAB	4				
ERYPED	4				
ERYTHROCIN	4				
FORTAZ for inj, 500 mg; inj in dextrose	4				
GENTAMICIN inj in saline, 0.9 mg/mL, 1.4 mg/mL	4				
<i>gentamicin inj; inj in saline, 0.8 mg/mL, 1 mg/mL, 1.2 mg/mL, 1.6 mg/mL; IV soln</i>	2				
<i>imipenem/cilastatin</i>	2				
INVANZ	4				
KANAMYCIN	4				
<i>levofloxacin</i>	2				
MEFOXIN	4				
<i>meropenem</i>	2				
<i>methenamine hippurate</i>	2				
METRO IV	4				
<i>metronidazole caps, IV soln, vaginal gel</i>	2				
<i>metronidazole tabs</i>	1				
<i>minocycline</i>	2				
<i>nafcillin for inj</i>	2				
NAFCILLIN for IV	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>neomycin sulfate tabs</i>	2				
<i>nitrofurantoin susp</i>	2				
<i>nitrofurantoin macrocrystalline caps</i>	2				
<i>nitrofurantoin monohydrate/ macrocrystalline caps</i>	2				
<i>ofloxacin</i>	2				
<i>penicillin g potassium for inj</i>	2				
PENICILLIN G POTASSIUM inj in dextrose	4				
PENICILLIN G SODIUM for inj	4				
<i>penicillin v potassium</i>	2				
<i>piperacillin/tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g</i>	2				
PREVPAC	3				
STREPTOMYCIN	4				
SULFADIAZINE	4				
SULFAMETHOXAZOLE/ TRIMETHOPRIM inj	4				
<i>sulfamethoxazole/trimethoprim susp</i>	2				
<i>sulfamethoxazole/trimethoprim tabs</i>	1				
SUPRAX tabs	4				
SYNERCID	4				
TEFLARO	4				
TETRACYCLINE caps, 250 mg	4				
<i>tetracycline caps, 500 mg</i>	1				
TIMENTIN	4				
TOBI	4	X			
<i>tobramycin for inj, inj</i>	2				
TOBRAMYCIN inj in saline	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>trimethoprim tabs</i>	1				
TYGACIL	4				
VANCOGIN caps	4				
<i>vancomycin caps</i>	2				
<i>vancomycin for inj, 500 mg, 1 g, 5 g</i>	2	X			
VANCOMYCIN inj in dextrose	4	X			
XIFAXAN tabs, 550 mg	3				
ZINACEF inj in dextrose, inj in sterile water	4				
ZOSYN IV in dextrose	4				
ZYVOX	4				
Anticonvulsants					
BANZEL	4				
<i>carbamazepine</i>	1				
<i>carbamazepine ER caps, ER tabs, 200 mg, 400 mg</i>	2				
CELONTIN	4				
<i>clonazepam ODT, tabs</i>	2		•	•	
<i>clorazepate</i>	2		•	•	
DIAZEPAM oral conc, oral soln	4		•	•	
DIAZEPAM rectal gel	4			•	
<i>diazepam tabs</i>	2		•	•	
DILANTIN caps, 30 mg; chew tabs	4				
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs</i>	1				
<i>divalproex ER</i>	1				
<i>ethosuximide caps</i>	2				
<i>ethosuximide oral soln</i>	1				
<i>felbamate</i>	2				
<i>fosphenytoin</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>gabapentin caps</i>	1				
<i>gabapentin oral soln, tabs</i>	2				
GABITRIL	4				
LAMICTAL ODT	4				•
<i>lamotrigine chew tabs, 5 mg, 25 mg</i>	2				
<i>lamotrigine tabs</i>	1				
<i>levetiracetam inj, oral soln</i>	2				
LEVETIRACETAM IV in saline	4				
<i>levetiracetam tabs</i>	1				
LYRICA	3				
ONFI	4		•	•	
<i>oxcarbazepine susp</i>	2				
<i>oxcarbazepine tabs</i>	1				
PEGANONE	4				
<i>phenobarbital tabs, 16.2 mg, 30 mg, 32.4 mg</i>	2		•		
PHENOBARBITAL tabs, 64.8 mg, 97.2 mg	4		•		
<i>phenytoin susp</i>	1				
<i>phenytoin sodium ER caps, 100 mg, 200 mg, 300 mg</i>	1				
POTIGA	4				•
<i>primidone</i>	1				
SABRIL	4				
TEGRETOL-XR 100 mg	4				
<i>topiramate sprinkle caps</i>	2				
<i>topiramate tabs</i>	1				
TRILEPTAL susp	4				•
<i>valproate inj</i>	2				
<i>valproic acid</i>	1				

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

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
VIMPAT	4				•
<i>zonisamide</i>	1				
Antidementia Agents					
<i>donepezil</i>	2			•	
EXELON oral soln, transdermal	3			•	
<i>galantamine</i>	2			•	
<i>galantamine ER</i>	2			•	
NAMENDA	3			•	
<i>rivastigmine caps</i>	2			•	
Antidepressants					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
<i>amitriptyline</i>	1				
AMOXAPINE	4				
<i>bupropion hcl</i>	1			•	
<i>bupropion hcl ER, 12 hr</i>	1			•	
<i>bupropion hcl ER, 24 hr</i>	1			•	
<i>citalopram oral soln</i>	2			•	
<i>citalopram tabs</i>	1			•	
<i>clomipramine</i>	1				
CYMBALTA	3			•	•
<i>desipramine</i>	2				
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg; oral conc</i>	1				
DOXEPIN caps, 150 mg	4				
EMSAM	4				
<i>escitalopram</i>	2			•	
<i>fluoxetine caps; oral soln; tabs, 10 mg, 20 mg</i>	1			•	
<i>fluoxetine DR</i>	2			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>fluvoxamine</i>	1			•	
<i>imipramine hcl</i>	1				
<i>imipramine pamoate</i>	2				
MAPROTILINE	4			•	•
MARPLAN	4				
<i>mirtazapine tabs</i>	1			•	
<i>mirtazapine ODT</i>	2			•	
NEFAZODONE	4				
<i>nortriptyline caps</i>	1				
OLEPTRO	4			•	•
<i>paroxetine hcl tabs</i>	1			•	
<i>paroxetine hcl ER</i>	2			•	
PAXIL susp	4			•	•
<i>phenelzine</i>	2				
PRISTIQ	4			•	•
<i>protriptyline</i>	2				
<i>quetiapine</i>	1		•	•	
SEROQUEL	4		•	•	
SEROQUEL XR	3			•	
<i>sertraline oral conc</i>	2			•	
<i>sertraline tabs</i>	1			•	
SURMONTIL	4				
<i>tranylcypromine</i>	2				
<i>trazodone</i>	1				
<i>trimipramine</i>	1				
<i>venlafaxine</i>	1			•	
<i>venlafaxine ER caps</i>	1			•	
<i>venlafaxine ER tabs, 37.5 mg, 75 mg, 150 mg</i>	2			•	
VIIBRYD	4			•	•
Antiemetics					

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ALOXI	4				
CHLORPROMAZINE inj	4		•		
<i>chlorpromazine tabs</i>	1		•		
<i>diphenhydramine caps, elixir</i>	1				
<i>diphenhydramine inj</i>	2				
<i>dronabinol</i>	2	X			
EMEND caps	3	X			
EMEND for IV	4				
<i>granisetron tabs</i>	2	X			
<i>hydroxyzine hcl syrup, tabs</i>	2				
<i>meclizine tabs, 12.5 mg, 25 mg</i>	2				
<i>metoclopramide oral soln, tabs</i>	2				
<i>ondansetron inj</i>	2				
<i>ondansetron ODT, oral soln, tabs</i>	2	X			
<i>perphenazine</i>	1		•		
PROCHLORPERAZINE inj	4				
<i>prochlorperazine supp, tabs</i>	1				
<i>promethazine supp, syrup, tabs</i>	2				
Antifungals					
AMPHOTERICIN B	4	X			
CANCIDAS	4				
<i>clotrimazole troche</i>	2				
<i>fluconazole for susp; inj in dextrose; inj in normal saline, 200 mg/100 mL, 400 mg/200 mL</i>	2				
FLUCONAZOLE inj in normal saline, 100 mg/50 mL	4				
<i>fluconazole tabs</i>	1				
<i>flucytosine</i>	2				
GRIS-PEG	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>griseofulvin</i>	2				
<i>itraconazole caps</i>	2				
<i>ketoconazole tabs</i>	2				
MYCAMINE	4				
NOXAFIL	4		•		
<i>nystatin susp, tabs</i>	2				
<i>terbinafine</i>	1				
<i>terconazole</i>	2				
VFEND susp	4		•		
VFEND IV	4		•		
<i>voriconazole</i>	2		•		
Antigout Agents					
<i>allopurinol for inj</i>	2				
<i>allopurinol tabs</i>	1				
COLCRYS	3				
<i>probenecid</i>	2				
<i>probenecid/colchicine</i>	2				
ULORIC	3				
Anti-Inflammatory Agents					
CELEBREX	3			•	
<i>diclofenac potassium</i>	2				
<i>diclofenac sodium DR</i>	2				
<i>diclofenac sodium ER</i>	2				
<i>etodolac</i>	2				
<i>etodolac ER</i>	2				
<i>flurbiprofen</i>	2				
<i>ibuprofen</i>	1				
<i>indomethacin caps</i>	1				
<i>indomethacin ER</i>	2				
<i>ketoprofen</i>	2				
<i>meloxicam tabs</i>	1				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>nabumetone</i>	2				
<i>naproxen susp</i>	2				
<i>naproxen tabs</i>	1				
<i>naproxen DR</i>	2				
<i>naproxen sodium tabs</i>	1				
<i>oxaprozin</i>	1				
PENNSAID	3			•	•
<i>piroxicam</i>	2				
<i>sulindac</i>	2				
<i>tolmetin sodium caps, 400 mg</i>	2				
VIMOVO	3			•	
VOLTAREN gel	3			•	•
Antimigraine Agents					
<i>divalproex sprinkle caps</i>	2				
<i>divalproex DR tabs</i>	1				
<i>divalproex ER</i>	1				
<i>ergotamine/caffeine</i>	2				
MIGERGOT	4				
MIGRANAL	3				
<i>naratriptan</i>	2			•	
<i>propranolol tabs</i>	1				
<i>propranolol ER caps</i>	2				
<i>sumatriptan inj</i>	2				
SUMATRIPTAN nasal spray	4			•	
<i>sumatriptan tabs</i>	1			•	
TIMOLOL tabs	4				
<i>topiramate sprinkle caps</i>	2				
<i>topiramate tabs</i>	1				
Antimyasthenic Agents					
MESTINON syrup	4				
<i>pyridostigmine</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Antimycobacterials					
CAPASTAT	4				
CYCLOSERINE	4				
DAPSONE	3				
<i>ethambutol</i>	2				
ISONIAZID inj	4				
<i>isoniazid tabs</i>	1				
<i>isoniazid/rifampin</i>	2				
MYCOBUTIN	4				
PASER	4				
PRIFTIN	4				
<i>pyrazinamide</i>	2				
<i>rifampin</i>	2				
SEROMYCIN	4				
TRECTOR	4				
Antineoplastics					
ABRAXANE	4				
ADRIAMYCIN for inj, 20 mg	4	X			
AFINITOR	4		•	•	
ALIMTA	4				
<i>amifostine</i>	2				
<i>anastrozole</i>	1				
ARRANON	4				
ARZERRA	3				
AVASTIN*	4				
BICNU	4				
<i>bleomycin</i>	2	X			
BUSULFEX	4				
CAMPATH	4				
CAPRELSA*	4		•	•	
<i>carboplatin IV soln</i>	2				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CEENU	4				
CISPLATIN inj, 200 mg/200 mL	4				
<i>cisplatin inj, 50 mg/50 mL, 100 mg/100 mL</i>	2				
<i>cladribine</i>	2	X			
CLOLAR	4				
COSMEGEN	4				
CYCLOPHOSPHAMIDE for inj	4				
CYCLOPHOSPHAMIDE tabs	4	X			
CYTARABINE for inj, 100 mg	4	X			
<i>cytarabine for inj, 500 mg, 1 g, 2 g; inj</i>	2	X			
DACARBAZINE for inj, 100 mg	4				
<i>dacarbazine for inj, 200 mg</i>	2				
DACOGEN	4				
<i>daunorubicin</i>	2				
DAUNOXOME	4				
<i>dexrazoxane</i>	2				
DOCEFREZ	4				
DOCETAXEL for inj, 20 mg/mL, 80 mg/4 mL; for IV	4				
DOXIL	4	X			
<i>doxorubicin</i>	2	X			
ELITEK	4				
ELSPAR	4				
EMCYT	4				
<i>epirubicin inj</i>	2				
ERBITUX	4				
ERIVEDGE	4		•	•	
ETOPOPHOS	4				
<i>etoposide inj</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>exemestane</i>	2				
FARESTON	4				
FASLODEX	4				
<i>fludarabine</i>	2				
<i>fluorouracil inj</i>	2	X			
<i>gemcitabine for inj</i>	2				
GEMCITABINE inj	4				
GLEEVEC	4		•	•	
HALAVEN	4				
HERCEPTIN	4				
HEXALEN	4		•		
<i>hydroxyurea</i>	1				
<i>idarubicin</i>	2				
IFEX for inj, 3 g	4				
<i>ifosfamide for inj, 1 g</i>	2				
IFOSFAMIDE for inj, 3 g	4				
IFOSFAMIDE/MESNA	4				
INLYTA	4		•	•	
INTRON-A	4				
IRESSA*	4				
<i>irinotecan</i>	2				
ISTODAX	4				
IXEMPRA	4				
JAKAFI	4		•	•	
JEVTANA	4				
<i>letrozole</i>	2				
<i>leucovorin calcium for inj, 100 mg, 200 mg, 350 mg</i>	2				
LEUCOVORIN CALCIUM for inj, 50 mg, 500 mg; inj, 10 mg/mL; tabs, 10 mg, 15 mg	4				

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Drug Name	Requirements/ Limits			
	Drug Tier	B or D	Prior Authorization	Quantity Limits † Step Therapy
<i>leucovorin calcium tabs, 5 mg, 25 mg</i>	1			
LEUKERAN	3			
MATULANE	4		•	
<i>melphalan</i>	2			
<i>mercaptopurine</i>	1			
<i>mesna</i>	2			
MESNEX tabs	4			
<i>methotrexate for inj, inj</i>	2			
<i>methotrexate tabs</i>	1	X		
<i>mitomycin</i>	2			
<i>mitoxantrone</i>	2			
MUSTARGEN	4			
NEXAVAR*	4		•	•
ONCASPAN	4			
ONTAK	4			
<i>oxaliplatin</i>	2			
<i>paclitaxel IV, 30 mg/5 mL, 100 mg/16.7 mL, 300 mg/50 mL</i>	2			
PANRETIN	4			
<i>pentostatin</i>	2			
PERJETA	4			
PROLEUKIN	4			
REVLIMID*	4		•	•
RITUXAN*	4		•	
SPRYCEL	4		•	•
SUTENT	4		•	•
SYLATRON	4		•	
TABLOID	4			
<i>tamoxifen</i>	1			
TARCEVA	4		•	•

Drug Name	Requirements/ Limits			
	Drug Tier	B or D	Prior Authorization	Quantity Limits † Step Therapy
TARGRETIN caps	4		•	
TARGRETIN gel	4			
TASIGNA	4		•	•
TAXOTERE	4			
TEMODAR for IV	4			
THALOMID	3		•	•
THIOTEPA	4			
<i>topotecan for inj</i>	2			
TOPOTECAN inj	4			
TORISEL	3			
TREANDA	4			
TRETINOIN caps	3		•	
TRISENOX	4			
TYKERB*	3		•	•
UVADEX	4			
VANDETANIB*	4		•	•
VECTIBIX	4			
VELCADE	3			
VIDAZA	4			
VINBLASTINE	4	X		
<i>vincristine</i>	2			
<i>vinorelbine</i>	2			
VOTRIENT	4		•	•
XALKORI	4		•	•
YERVOY	4			
ZANOSAR	4			
ZELBORAF	4		•	•
ZOLINZA	4		•	•
ZYTIGA	4		•	•
Antiparasitics				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ALBENZA	4				
ALINIA	4				
<i>atovaquone/proguanil tabs, 250-100 mg</i>	2				
BILTRICIDE	4				
<i>chloroquine phosphate</i>	2				
COARTEM	4				
DARAPRIM	4				
<i>hydroxychloroquine</i>	1				
<i>lindane lotn, shampoo</i>	2				
MALARONE tabs, 62.5-25 mg	4				
<i>malathion</i>	2				
<i>mefloquine</i>	2				
MEPRON	4				
<i>paromomycin</i>	2				
PENTAM 300	4	X			
<i>permethrin</i>	2				
PRIMAQUINE	4				
STROMECTOL	3				
ULESFIA	4				
Antiparkinson Agents					
<i>amantadine caps, syrup</i>	2				
AMANTADINE tabs	4				
APOKYN*	4				
AZILECT	3				
<i>benztropine tabs</i>	1				
<i>bromocriptine</i>	2				
<i>carbidopa/levodopa</i>	2				
<i>carbidopa/levodopa ER</i>	2				
COMTAN	4				
<i>diphenhydramine caps, elixir</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>diphenhydramine inj</i>	2				
<i>pramipexole</i>	1				
<i>ropinirole</i>	2				
<i>selegiline</i>	2				
STALEVO	3				
TASMAR	4				
<i>trihexyphenidyl</i>	2				
Antipsychotics					
ABILIFY	3			•	
ABILIFY DISCMELT	3			•	
CHLORPROMAZINE inj	4		•		
<i>chlorpromazine tabs</i>	1		•		
<i>clozapine</i>	2		•	•	
FANAPT	4		•	•	
FAZACLO	4		•	•	
FLUPHENAZINE DECANOATE	4		•		
FLUPHENAZINE HCL elixir, inj, oral conc	4		•		
<i>fluphenazine hcl tabs</i>	1		•		
GEODON	4		•	•	
<i>haloperidol inj</i>	2		•		
<i>haloperidol oral conc, tabs</i>	1		•		
<i>haloperidol decanoate</i>	2		•		
INVEGA	4		•	•	
INVEGA SUSTENNA	4		•	•	
LATUDA	4		•	•	
<i>loxapine</i>	1		•		
<i>olanzapine</i>	2		•	•	
ORAP	4				
<i>perphenazine</i>	1		•		
PROCHLORPERAZINE inj	4				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>prochlorperazine supp, tabs</i>	1				
<i>quetiapine</i>	1		•	•	
RISPERDAL CONSTA	4		•	•	
<i>risperidone ODT, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg; oral soln</i>	2		•	•	
<i>risperidone tabs</i>	1		•	•	
RISPERIDONE ODT, 0.25 mg	4		•	•	
SAPHRIS	4		•	•	
SEROQUEL	4		•	•	
SEROQUEL XR	3			•	
<i>thioridazine</i>	2		•		
<i>thiothixene</i>	1		•		
<i>trifluoperazine</i>	1		•		
<i>ziprasidone</i>	1		•	•	
ZYPREXA for inj	4		•	•	
ZYPREXA RELPREVV*	4		•	•	
Antispasticity Agents					
<i>baclofen tabs</i>	1				
<i>dantrolene caps</i>	2				
<i>tizanidine</i>	2				
Antivirals					
<i>acyclovir caps, tabs</i>	1				
<i>acyclovir susp</i>	2				
ACYCLOVIR SODIUM for inj, 1000 mg; IV soln	4	X			
<i>acyclovir sodium for inj, 500 mg</i>	2	X			
<i>amantadine caps, syrup</i>	2				
AMANTADINE tabs	4				
APTIVUS	4			•	
ATRIPLA	4			•	
BARACLUDE	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
COMPLERA	4			•	
CRIXIVAN	4			•	
<i>didanosine DR</i>	2			•	
EDURANT	4			•	
EMTRIVA	4			•	
EPIVIR oral soln	3			•	
EPIVIR-HBV	3				
EPZICOM	3			•	
<i>famciclovir</i>	2				
FOSCARNET	4	X			
FUZEON	4			•	
GANCICLOVIR caps	3				
<i>ganciclovir for inj</i>	2	X			
HEPSERA	4				
INCIVEK	4		•		
INTELENCE	4			•	
INTRON-A	4				
INVIRASE	4			•	
ISENTRESS	3			•	
KALETRA	4			•	
<i>lamivudine</i>	2			•	
<i>lamivudine/zidovudine</i>	1			•	
LEXIVA	3			•	
<i>nevirapine tabs</i>	2			•	
NORVIR	4			•	
PREZISTA	4			•	
REBETOL oral soln	4				
RESCRIPTOR	4			•	
RETROVIR IV	4				
REYATAZ	3			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
RIBAPAK 800, 1200	4				
RIBASPHERE tabs, 400 mg, 600 mg	4				
ribavirin caps; tabs, 200 mg	2				
rimantadine	2				
SELZENTRY	4			•	
stavudine	2			•	
SUSTIVA	3			•	
TAMIFLU	4				
TRIZIVIR	3			•	
TRUVADA	4			•	
TYZEKA	4				
valacyclovir	2				
VALCYTE	4				
VICTRELIS	4		•		
VIDEX	4			•	
VIRACEPT	4			•	
VIRAMUNE	4			•	
VIRAMUNE XR	4			•	
VIREAD	4			•	
VISTIDE	4				
ZERIT oral soln	4			•	
ZIAGEN	3			•	
zidovudine	1			•	
Anxiolytics					
buspirone tabs, 5 mg, 10 mg, 15 mg, 30 mg	1				
BUSPIRONE tabs, 7.5 mg	4				
clorazepate	2		•	•	
CYMBALTA	3			•	•
DIAZEPAM oral conc, oral soln	4		•	•	

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

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>quetiapine</i>	1		•	•	
RISPERDAL CONSTA	4		•	•	
<i>risperidone ODT, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg; oral soln</i>	2		•	•	
<i>risperidone tabs</i>	1		•	•	
RISPERIDONE ODT, 0.25 mg	4		•	•	
SEROQUEL	4		•	•	
SEROQUEL XR	3			•	
<i>valproic acid</i>	1				
<i>ziprasidone</i>	1		•	•	
ZYPREXA for inj	4		•	•	
Blood Glucose Regulators					
<i>acarbose</i>	2			•	
ACTOS	4			•	•
ALCOHOL SWABS	3				
GAUZE PADS 2" X 2"	3				
<i>glimepiride</i>	1			•	
<i>glipizide</i>	1			•	
<i>glipizide ER</i>	1			•	
<i>glipizide/metformin</i>	2			•	
GLUCAGEN KIT	3				
GLUCAGON EMERGENCY KIT	3				
<i>glyburide</i>	1			•	
GLYBURIDE (distributor of Diabeta)	3			•	
<i>glyburide micronized</i>	1			•	
<i>glyburide/metformin</i>	1			•	
HUMALOG	3	X			
HUMALOG MIX	3				
HUMULIN N	3				
HUMULIN R	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
HUMULIN 70/30	3				
INSULIN INJECTION DEVICE	3				
INSULIN INJECTION DEVICE/ NOVOLIN	3				
INSULIN SYRINGE/NEEDLE	3				
JANUMET	3			•	•
JANUMET XR	3			•	•
JANUVIA	3			•	•
JENTADUETO	4			•	•
JUVISYNC	3			•	•
KOMBIGLYZE XR	3			•	•
LANTUS	3				
LEVEMIR	3				
<i>metformin</i>	1			•	
<i>metformin ER (Generic for Glucophage XR)</i>	1			•	
<i>nateglinide</i>	2			•	
NOVOLIN N	3				
NOVOLIN R	3				
NOVOLIN 70/30	3				
NOVOLOG	3	X			
NOVOLOG MIX	3				
ONGLYZA	3			•	•
PRANDIN	4			•	
PROGLYCEM	4				
SYMLINPEN	4				
TRADJENTA	4			•	•
VICTOZA	3			•	•
WELCHOL	3				
Blood Products/Modifiers/Volume Expanders					
AGGRENOX	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>anagrelide</i>	2				
ARANESP inj, 100 mcg, 150 mcg, 200 mcg, 300 mcg, 500 mcg	4	X	•		
ARANESP inj, 25 mcg, 40 mcg, 60 mcg	3	X	•		
<i>cilostazol</i>	2				
<i>clopidogrel tabs, 75 mg</i>	2				
<i>dipyridamole tabs</i>	2				
EFFIENT	3				
<i>enoxaparin</i>	2			•	
EPOGEN	4	X	•		
<i>fondaparinux</i>	2			•	
<i>heparin inj in dextrose, 20,000 units/500 mL</i>	2	X			
<i>heparin inj, 1000 units/mL, 5000 units/mL, 10,000 units/mL, 20,000 units/mL</i>	2	X			
LEUKINE	4				
LOVENOX 300 mg/3 mL	4			•	
NEULASTA	4				
NEUMEGA	4				
NEUPOGEN	4				
<i>pentoxifylline ER tabs</i>	2				
PLAVIX tabs, 75 mg	4				
PRADAXA	3			•	
PROCRIT	4	X	•		
PROMACTA*	4		•	•	
<i>tranexamic acid inj</i>	2				
<i>warfarin tabs</i>	1				
XARELTO	3			•	
Cardiovascular Agents					
<i>acebutolol</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>acetazolamide tabs</i>	1				
<i>acetazolamide ER caps</i>	2				
ADCIRCA	3		•	•	
<i>amiloride</i>	2				
<i>amiloride/hydrochlorothiazide</i>	1				
<i>amiodarone tabs</i>	1				
<i>amlodipine</i>	1				
<i>amlodipine/benazepril</i>	2				
<i>atenolol</i>	1				
<i>atenolol/chlorthalidone</i>	1				
<i>atorvastatin</i>	1			•	
AZOR	3			•	•
<i>benazepril</i>	1				
<i>benazepril/hydrochlorothiazide</i>	1				
BENICAR	3			•	•
BENICAR HCT	3			•	•
<i>betaxolol tabs</i>	2				
<i>bisoprolol</i>	1				
<i>bisoprolol/hydrochlorothiazide</i>	1				
<i>bumetanide inj</i>	2				
<i>bumetanide tabs</i>	1				
BYSTOLIC	3				
<i>captopril</i>	1				
<i>carvedilol</i>	1				
<i>chlorothiazide tabs</i>	1				
<i>chlorthalidone tabs, 25 mg, 50 mg</i>	1				
<i>cholestyramine</i>	1				
<i>cholestyramine light packets</i>	2				
<i>cholestyramine light powder</i>	1				
<i>clonidine tabs</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>clonidine transdermal</i>	2				
<i>colestipol</i>	1				
CRESTOR	3			•	
DIBENZYLINE	4				
DIGOXIN oral soln	4				
<i>digoxin tabs</i>	1				
<i>diltiazem tabs</i>	1				
<i>diltiazem ER</i>	2				
DIOVAN	4			•	•
DIOVAN HCT	4			•	•
<i>disopyramide</i>	2				
<i>doxazosin</i>	1			•	
DYNACIRC CR	4				
<i>enalapril</i>	1				
<i>enalapril/hydrochlorothiazide</i>	1				
<i>eplerenone</i>	2				
<i>eprosartan</i>	2			•	
EXFORGE	3			•	•
EXFORGE HCT	3			•	•
<i>felodipine ER</i>	2				
<i>fenofibrate</i>	1			•	
<i>fenofibrate micronized</i>	1			•	
FIRAZYR	4			•	
<i>flecainide</i>	2				
<i>fosinopril</i>	1				
<i>fosinopril/hydrochlorothiazide</i>	2				
<i>furosemide inj</i>	2				
<i>furosemide oral soln, 10 mg/mL; tabs</i>	1				
<i>gemfibrozil</i>	1			•	
<i>hydralazine tabs</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>hydrochlorothiazide</i>	1				
<i>indapamide</i>	1				
<i>irbesartan</i>	1			•	
<i>irbesartan/hydrochlorothiazide</i>	1			•	
ISOSORBIDE DINITRATE SL tabs	4				
<i>isosorbide dinitrate tabs</i>	1				
<i>isosorbide dinitrate ER tabs</i>	2				
<i>isosorbide mononitrate</i>	2				
<i>isosorbide mononitrate ER tabs</i>	1				
ISRADIPINE	4				
<i>labetalol tabs</i>	1				
LETAIRIS*	4		•	•	
LIDOCAINE IV, 10 mg/mL	4				
LIPOFEN	4			•	
<i>lisinopril</i>	1				
<i>lisinopril/hydrochlorothiazide</i>	1				
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1			•	
LOVAZA	3				
<i>methazolamide</i>	2				
<i>methyl dopa</i>	1				
<i>metolazone</i>	1				
<i>metoprolol succinate ER</i>	1				
<i>metoprolol tartrate tabs</i>	1				
<i>metoprolol/hydrochlorothiazide tabs, 50-25 mg, 100-25 mg</i>	2				
MEXILETINE	4				
MICARDIS	4			•	•
MICARDIS HCT	4			•	•

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>midodrine</i>	2				
<i>minoxidil</i>	2				
<i>moexipril</i>	2				
<i>moexipril/hydrochlorothiazide</i>	1				
MULTAQ	3				
<i>nadolol</i>	1				
NIASPAN	3			•	
<i>nicardipine caps</i>	2				
<i>nifedipine ER tabs</i>	2				
NISOLDIPINE ER tabs, 25.5 mg	4				
<i>nisoldipine ER tabs, 8.5 mg, 17 mg, 34 mg</i>	2				
NITRO-BID	4				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2				
NITROMIST	4				
NITROSTAT	3				
NORPACE CR 100 mg	4				
<i>perindopril</i>	2				
PINDOLOL	4				
<i>pravastatin</i>	1			•	
<i>prazosin</i>	1				
<i>propafenone</i>	2				
<i>propafenone ER</i>	2				
<i>propranolol tabs</i>	1				
<i>propranolol ER caps</i>	2				
<i>quinapril</i>	1				
<i>quinapril/hydrochlorothiazide</i>	2				
<i>quinidine gluconate ER</i>	2				
<i>quinidine sulfate</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>ramipril</i>	1				
RANEXA	3				
REMODULIN*	4	X			
<i>simvastatin</i>	1			•	
<i>sotalol tabs</i>	1				
<i>sotalol AF tabs</i>	1				
<i>spironolactone</i>	1				
<i>spironolactone/hydrochlorothiazide</i>	1				
TEKTURNA	3			•	•
TEKTURNA HCT	3			•	•
<i>terazosin</i>	1			•	
TIKOSYN	4				
TIMOLOL tabs	4				
<i>toremide tabs</i>	1				
TRACLEER*	4		•	•	
<i>trandolapril</i>	1				
<i>triamterene/hydrochlorothiazide</i>	1				
TRILIPIX	3			•	
<i>verapamil ER</i>	1				
<i>verapamil tabs</i>	1				
VYTORIN	3			•	
WELCHOL	3				
ZETIA	3			•	•
Central Nervous System Agents					
ADDERALL XR	4			•	
<i>amphetamine/dextroamphetamine ER caps</i>	2			•	
AMPYRA	4		•	•	
AVONEX	4		•	•	
BETASERON	4		•	•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>caffeine citrate oral soln</i>	2				
COPAXONE	4		•	•	
CYMBALTA	3			•	•
<i>dexmethylphenidate tabs</i>	2			•	
<i>dextroamphetamine tabs</i>	2			•	
<i>dextroamphetamine ER caps</i>	2			•	
INTUNIV	3			•	
LYRICA	3				
<i>methylphenidate tabs, 5 mg, 10 mg, 20 mg</i>	2			•	
<i>methylphenidate ER tabs, 20 mg</i>	2			•	
<i>mitoxantrone</i>	2				
NUDEXTA	4				
RILUTEK	4				
TYSABRI*	4		•	•	
XENAZINE*	3		•	•	
Dental and Oral Agents					
<i>chlorhexidine gluconate oral rinse, 0.12%</i>	1				
<i>doxycycline hyclate tabs, 20 mg</i>	1				
KEPIVANCE	4				
<i>pilocarpine tabs</i>	2				
<i>triamcinolone acetonide paste</i>	2				
Dermatological Agents					
<i>alclometasone</i>	2				
<i>amcinonide crm</i>	2				
<i>ammonium lactate crm; lotn, 12%</i>	2				
AZELEX crm	4				
<i>betamethasone dipropionate crm, lotn, oint</i>	2				
<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>betamethasone valerate crm, lotn</i>	1				
BETAMETHASONE VALERATE ointment	4				
CALCIPOTRIENE oint	4				
<i>calcipotriene soln</i>	2				
CALCITRENE oint	4				
CARAC crm	4				
<i>ciclopirox crm, gel, shampoo, susp</i>	2				
<i>ciclopirox soln (nail lacquer)</i>	1				
<i>clindamycin gel, lotn, soln, swabs</i>	2				
<i>clindamycin/benzoyl peroxide gel</i>	2				
<i>clobetasol crm, crm (emollient), gel, oint, soln</i>	2				
<i>clotrimazole crm</i>	1				
<i>clotrimazole/betamethasone crm, lotn</i>	2				
CORTIFOAM rectal foam	4				
DENAVIR crm	4				
<i>desonide crm, lotn, oint</i>	2				
<i>desoximetasone crm, gel, oint</i>	2				
<i>diflorasone oint</i>	2				
DOVONEX crm	4				
<i>econazole crm</i>	2				
<i>erythromycin pads, soln</i>	2				
<i>erythromycin/benzoyl peroxide gel</i>	2				
FINACEA gel	4				
<i>fluocinolone crm, 0.01%</i>	2				
<i>fluocinonide crm (emollient)</i>	1				
<i>fluocinonide crm, gel, oint, soln</i>	2				
FLUOROPLEX crm	4				

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<i>fluorouracil crm, soln</i>	2				
<i>fluticasone crm, oint</i>	2				
GENTAMICIN crm, oint	4				
<i>halobetasol crm, oint</i>	2				
<i>hydrocortisone crm, oint, rectal crm</i>	1				
<i>hydrocortisone lotn, 2.5%</i>	2				
<i>hydrocortisone butyrate crm, oint, soln</i>	2				
<i>hydrocortisone valerate crm, oint</i>	2				
<i>isotretinoin caps</i>	2				
<i>ketoconazole crm, shampoo</i>	2				
<i>lactic acid crm; lotn, 12%</i>	2				
<i>lidocaine gel, 2%; oint, 5%</i>	2				
METROGEL 1%	4				
<i>metronidazole crm, gel, lotn</i>	2				
<i>mometasone crm, lotn, oint</i>	2				
<i>mupirocin oint</i>	2				
<i>nystatin crm, oint, topical powder</i>	2				
NYSTATIN/TRIAMCINOLONE	4				
ORACEA caps	4				
OXSORALEN ULTRA caps	4				
PANRETIN	4				
PENNSAID	3			•	•
PICATO	3				
<i>podofilox soln</i>	2				
<i>prednicarbate</i>	2				
PROTOPIC	3				•
SANTYL	3				
<i>selenium sulfide lotn, shampoo</i>	1				
<i>silver sulfadiazine crm</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>sodium chloride irrigation, 0.9%</i>	2				
SOLARAZE gel	3				
SORIATANE caps	4				
<i>sulfacetamide sodium lotn</i>	2				
TARGRETIN gel	4				
TAZORAC crm, gel	4				
<i>tretinoin crm, gel</i>	2				
<i>triamcinolone crm; lotn; oint, 0.025%, 0.1%</i>	2				
TRIAMCINOLONE oint, 0.5%	4				
<i>urea/hydrocortisone acetate crm</i>	2				
VECTICAL oint	3				
VOLTAREN gel	3			•	•
<i>water for irrigation</i>	2				
ZOVIRAX oint	4				
Enzyme Replacements/Modifiers					
ADAGEN*	4				
ALDURAZYME*	4				
BUPHENYL	4				
CEREZYME*	4				
CREON	3				
CYSTADANE	4				
CYSTAGON*	4				
ELAPRASE	4				
FABRAZYME*	4				
KUVAN*	4		•		
MYOZYME	4				
NAGLAZYME*	4				
ORFADIN*	4				
VPRIV	4				
ZAVESCA*	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ZENPEP	3				
Gastrointestinal Agents					
AMITIZA	3		•		
CHENODAL	4				
<i>cimetidine inj, oral soln, tabs</i>	2				
<i>cromolyn sodium oral conc</i>	2				
<i>famotidine for susp, inj</i>	2				
<i>famotidine tabs</i>	1				
<i>glycopyrrolate tabs</i>	2				
<i>lactulose</i>	2				
<i>lansoprazole DR</i>	2			•	
<i>loperamide</i>	2				
LOTRONEX	4				
<i>methscopolamine</i>	2				
<i>metoclopramide oral soln, tabs</i>	2				
<i>misoprostol</i>	2				
MOVIPREP	3				
NEXIUM	3			•	
NEXIUM I.V.	3				
<i>nizatidine caps</i>	2				
<i>omeprazole DR caps</i>	1			•	
<i>pantoprazole DR tabs</i>	1			•	
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	2				
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	2				
<i>polyethylene glycol 3350 oral powder</i>	2				
PREVACID SOLUTAB	4			•	
PREVPAC	3				
PYLERA	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>ranitidine caps, syrup</i>	2				
<i>ranitidine tabs</i>	1				
RELISTOR	4		•		
<i>sucralfate tabs</i>	2				
<i>ursodiol caps</i>	2				
Genitourinary Agents					
<i>alfuzosin ER tabs</i>	2			•	
AVODART	3			•	
<i>bethanechol</i>	2				
<i>calcium acetate</i>	2				
CUPRIMINE	3				
DEPEN TITRATABS	4				
DETROL	4			•	
DETROL LA	3			•	
<i>doxazosin</i>	1			•	
<i>finasteride</i>	1			•	
FOSRENOL	3				
<i>methylergonovine tabs</i>	2				
<i>neomycin/polymyxin B GU irrigation soln</i>	2				
<i>oxybutynin syrup</i>	2			•	
<i>oxybutynin tabs</i>	1			•	
<i>oxybutynin ER</i>	2			•	
<i>potassium citrate ER</i>	2				
<i>prazosin</i>	1				
RAPAFLO	3			•	
REVELA	3				
SANCTURA XR	4			•	
<i>tamsulosin</i>	1			•	
<i>terazosin</i>	1			•	
TOVIAZ	3			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>trosipium</i>	2			•	
VESICARE	3			•	
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)					
ACTHAR HP	4		•		
CORTISONE	4				
<i>dexamethasone elixir, taper pack</i>	2				
<i>dexamethasone tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1				
DEXAMETHASONE tabs, 1 mg, 2 mg	4				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	2				
<i>fludrocortisone</i>	2				
<i>hydrocortisone tabs</i>	2				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	2	X			
<i>methylprednisolone sodium succinate for inj</i>	2				
<i>prednisolone syrup</i>	2	X			
<i>prednisolone sodium phosphate oral soln</i>	2	X			
<i>prednisone dose-pack, 5 mg, 10 mg</i>	2				
PREDNISONE oral soln, 5 mg/5 mL; tabs, 50 mg	4	X			
<i>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	X			
SOLU-MEDROL for inj	4				
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)					
<i>chorionic gonadotropin</i>	2				
<i>desmopressin nasal soln, nasal spray, tabs</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
INCRELEX*	4				
OMNITROPE	4		•		
STIMATE	4				
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)					
ANADROL-50	4		•		
ANDRODERM	3		•	•	
ANDROGEL	3		•	•	
ANDROXY	4		•		
COMBIPATCH	3				
<i>danazol</i>	2		•		
DEPO-PROVERA 400 mg/mL	4				
DIVIGEL	3				
ELLA	4				
ESTRACE vaginal crm	4				
<i>estradiol tabs</i>	1				
<i>estradiol transdermal</i>	2				
<i>estradiol/norethindrone acetate</i>	2				
<i>estropipate</i>	2				
EVISTA	3				
FORTESTA	4		•	•	
<i>medroxyprogesterone inj, 150 mg/mL</i>	2				
<i>medroxyprogesterone tabs</i>	1				
<i>megestrol</i>	1				
MENEST	4				
<i>norethindrone acetate</i>	2				
<i>oral contraceptives – all generics</i>	2				
<i>oxandrolone</i>	2		•		
PREMARIN tabs	3				
PREMARIN vaginal crm	3				

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PREMPHASE	3				
PREMPRO	3				
<i>testosterone cypionate</i>	2		•	•	
<i>testosterone enanthate</i>	2		•	•	
VAGIFEM vaginal tabs, 10 mcg	3				
VIVELLE-DOT	3				
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)					
<i>levothyroxine tabs (Levoxyl)</i>	1				
<i>Levoxyl</i>	1				
<i>liothyronine tabs</i>	2				
Hormonal Agents, Suppressant (Adrenal)					
LYSODREN	3				
Hormonal Agents, Suppressant (Parathyroid)					
SENSIPAR	3		•		
Hormonal Agents, Suppressant (Pituitary)					
<i>bromocriptine</i>	2				
<i>cabergoline</i>	2				
ELIGARD	4				
FIRMAGON	4				
<i>leuprolide acetate</i>	2				
LUPRON DEPOT	4				
LUPRON DEPOT-PED	4				
<i>octreotide</i>	2		•		
SOMATULINE DEPOT	4		•		
SOMAVERT*	4		•		
SYNAREL	4				
TRELSTAR DEPOT	4				
TRELSTAR DEPOT MIXJECT	4				
TRELSTAR LA	4				
TRELSTAR LA MIXJECT	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TRELSTAR MIXJECT	4				
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)					
AVODART	3			•	
<i>bicalutamide</i>	1				
<i>finasteride</i>	1			•	
<i>flutamide</i>	2				
NILANDRON	4				
ZYTIGA	4		•	•	
Hormonal Agents, Suppressant (Thyroid)					
<i>methimazole</i>	1				
<i>propylthiouracil</i>	1				
Immunological Agents					
ACTHIB	4				
ACTIMMUNE*	4				
ADACEL	4				
AMEVIVE*	4		•		
ARCALYST*	4		•		
ATGAM	4	X			
AVONEX	4		•	•	
AZASAN	4	X			
AZATHIOPRINE for inj	4	X			
<i>azathioprine tabs, 50 mg</i>	2	X			
BETASERON	4		•	•	
BOOSTRIX	4				
CELLCEPT for IV	4	X			
CELLCEPT for susp	4	X			
CERVARIX	4				
COMVAX	4				
CUPRIMINE	3				
<i>cyclosporine</i>	2	X			

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>cyclosporine modified caps, 25 mg, 100 mg; oral soln</i>	2	X			
CYCLOSPORINE modified caps, 50 mg	4	X			
DAPTACEL	4				
DECAVAC	3				
DEPEN TITRATABS	4				
DIPHThERIA/TETANUS ADSORBED pediatric	4				
ENBREL	4		•		
ENGERIX-B	4	X			
GAMMAGARD 1 g/10 mL, 5 g/50 mL, 10 g/100 mL, 20 g/200 mL, 30 g/300 mL	4	X	•		
GAMMAGARD 2.5 g/25 mL	3	X	•		
GAMMAGARD S/D	4	X	•		
GARDASIL	4				
HAVRIX	4				
HIBERIX	4				
HUMIRA	4		•		
<i>imiquimod</i>	2		•	•	
INFANRIX	4				
INFERGEN	4				
IPOL	4				
IXIARO	4				
JE-VAX	4				
KINRIX	4				
<i>leflunomide</i>	2				
M-M-R II W/DILUENT	4				
MENACTRA	4				
MENOMUNE	4				
MENVEO	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>methotrexate for inj, inj</i>	2				
<i>methotrexate tabs</i>	1	X			
<i>mycophenolate mofetil</i>	2	X			
MYFORTIC	4	X			
NULOJIX	4	X			
ORTHOCLONE OKT3	4	X			
PEDVAX HIB	4				
PEG-INTRON	4		•		
PEGASYS	4		•		
PENTACEL	4				
PROGRAF inj	4	X			
PROQUAD	4				
PROTOPIC	3				•
RABAVERT	4	X			
RAPAMUNE	3	X			
RECOMBIVAX HB	4	X			
REMICADE	4		•		
RIDAURA	4				
ROTARIX	4				
ROTATEQ	4				
SANDIMMUNE oral soln	4	X			
SIMULECT	4	X			
SYNAGIS	4				
<i>tacrolimus</i>	2	X			
TENIVAC	3				
TETANUS/DIPHThERIA ADSORBED adult	3				
THALOMID	3		•	•	
THYMOGLOBULIN	4	X			
TRIPEDIA	4				
TWINRIX	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TYPHIM VI	4				
TYSABRI*	4		•	•	
VAQTA	4				
VARIVAX	4				
XOLAIR	4		•		
YF-VAX	4				
ZORTRESS	4	X			
ZOSTAVAX	4			•	
Inflammatory Bowel Disease Agents					
APRISO	3				
ASACOL	3				
ASACOL HD	3				
<i>balsalazide</i>	2				
<i>budesonide ER</i>	2				
CANASA	3				
DIPENTUM	4				
<i>hydrocortisone enema</i>	2				
LIALDA	3				
<i>mesalamine enema</i>	2				
PENTASA	3				
<i>sulfasalazine</i>	2				
<i>sulfasalazine DR</i>	2				
Metabolic Bone Disease Agents					
ACTONEL	4			•	•
<i>alendronate tabs</i>	1			•	
AELVIA	3			•	•
BONIVA inj	4	X		•	•
<i>calcitonin nasal spray</i>	2				
<i>calcitriol caps</i>	1	X			
<i>calcitriol inj, oral soln</i>	2	X			
ETIDRONATE tabs, 200 mg	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>etidronate tabs, 400 mg</i>	2				
FORTEO	4		•		
FORTICAL	4				
<i>ibandronate tabs</i>	2	X		•	
PROLIA	4		•		
ZEMPLAR	3	X			
ZOMETA	4				
Ophthalmic Agents					
ALPHAGAN P soln, 0.1%	4				
<i>azelastine</i>	2				
AZOPT	4				
<i>bacitracin/polymyxin B</i>	2				
BESIVANCE	4				
<i>betaxolol soln, 0.5%</i>	2				
BETOPTIC-S	4				
<i>brimonidine</i>	1				
BROMFENAC	4				
<i>carteolol</i>	2				
<i>ciprofloxacin</i>	1				
COMBIGAN	3				
<i>cromolyn sodium</i>	2				
<i>dexamethasone sodium phosphate</i>	1				
<i>diclofenac sodium</i>	2				
<i>dorzolamide</i>	2				
<i>dorzolamide/timolol</i>	2				
DUREZOL	3				
<i>epinastine</i>	2				
<i>erythromycin</i>	2				
<i>fluorometholone</i>	1				
<i>flurbiprofen soln</i>	1				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>gentamicin oint, soln</i>	2				
ISTALOL	4				
<i>ketorolac</i>	2				
LACRISERT	4				
<i>latanoprost</i>	1				
LEVOBUNOLOL soln, 0.25%	4				
<i>levobunolol soln, 0.5%</i>	2				
LOTEMAX	3				
LUMIGAN	3				
<i>metipranolol</i>	2				
MOXEZA	4				
NAPHAZOLINE	4				
NATACYN	4				
<i>neomycin/polymyxin B/bacitracin oint</i>	2				
<i>neomycin/polymyxin B/bacitracin/hydrocortisone oint</i>	2				
<i>neomycin/polymyxin B/dexamethasone oint, susp</i>	2				
<i>neomycin/polymyxin B/gramicidin soln</i>	2				
NEVANAC	4				
<i>ofloxacin</i>	1				
PATADAY	3				
PATANOL	4				
PHOSPHOLINE IODIDE	4				
<i>pilocarpine</i>	2				
PILOPINE HS	4				
<i>polymyxin B/trimethoprim</i>	1				
<i>prednisolone acetate</i>	1				
RESTASIS	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>sulfacetamide sodium soln</i>	1				
<i>sulfacetamide sodium/prednisolone soln</i>	1				
<i>timolol maleate gel-forming soln</i>	2				
<i>timolol maleate soln</i>	1				
TOBRADEX oint	3				
<i>tobramycin</i>	1				
<i>tobramycin/dexamethasone</i>	2				
TRAVATAN Z	3				
<i>trifluridine</i>	2				
<i>tropicamide</i>	2				
VIGAMOX	3				
Otic Agents					
<i>acetic acid soln</i>	2				
<i>acetic acid/aluminum acetate soln</i>	2				
CIPRODEX	4				
<i>fluocinolone acetonide oil</i>	2				
<i>hydrocortisone/acetic acid soln</i>	2				
<i>neomycin/polymyxin B/hydrocortisone soln, susp</i>	2				
<i>ofloxacin soln</i>	2				
Respiratory Tract Agents					
<i>acetylcysteine inhal soln</i>	2	X			
ADVAIR DISKUS	3			•	
ADVAIR HFA	3			•	
<i>albuterol sulfate inhal soln</i>	2	X			
<i>albuterol sulfate syrup, tabs</i>	1				
<i>albuterol sulfate ER</i>	2				
ASMANEX	3			•	
ASTEPRO	3			•	
ATROVENT HFA	4			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>azelastine nasal spray, 137 mcg/ spray</i>	2			•	
<i>caffeine citrate oral soln</i>	2				
COMBIVENT	4			•	
<i>cromolyn sodium inhal soln</i>	2	X			
<i>diphenhydramine caps, elixir</i>	1				
<i>diphenhydramine inj</i>	2				
EPIPEN	3				
EPIPEN-JR	3				
FLOVENT DISKUS	3			•	
FLOVENT HFA	3			•	
<i>fluticasone nasal spray</i>	2			•	
FORADIL AEROLIZER	3			•	
<i>hydroxyzine hcl syrup, tabs</i>	2				
<i>ipratropium nasal soln</i>	2			•	
KALYDECO	4		•	•	
<i>levocetirizine tabs</i>	2				
LUFYLLIN	4				
NASONEX	3			•	
PATANASE	4			•	
PROAIR HFA	3			•	
PROLASTIN*	4				
<i>promethazine supp, syrup, tabs</i>	2				
PULMOZYME	4	X			
QVAR	3			•	
SEREVENT DISKUS	3			•	
SINGULAIR	4				•
SPIRIVA HANDIHALER	3			•	
SYMBICORT	3			•	
<i>terbutaline tabs</i>	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>theophylline ER tabs, 100 mg, 200 mg, 300 mg, 450 mg</i>	1				
<i>theophylline ER tabs, 400 mg, 600 mg</i>	2				
<i>triamcinolone nasal spray</i>	2			•	
TYZINE	4				
TYZINE PEDIATRIC	4				
VENTOLIN HFA	3			•	
<i>zafirlukast</i>	2				•
Sleep Disorder Agents					
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 75 mg, 100 mg; oral conc</i>	1				
DOXEPIN caps, 150 mg	4				
LUNESTA	4			•	•
NUVIGIL	4		•	•	
PROVIGIL	4		•	•	
XYREM*	4		•	•	
<i>zaleplon</i>	2			•	
<i>zolpidem</i>	1			•	
Skeletal Muscle Relaxants					
<i>cyclobenzaprine</i>	2				
<i>methocarbamol</i>	2				
Therapeutic Nutrients/Minerals/Electrolytes					
<i>amino acid IV</i>	2	X			
CHEMET	4				
CUPRIMINE	3				
DEPEN TITRATABS	4				
EXJADE*	4				
<i>fat emulsion IV, 20%, 30%</i>	2	X			
<i>fomepizole</i>	2				
<i>iv fluids - generics</i>	2				

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
IV FLUIDS - KCL/D5W/ LACTATED RINGERS inj	4				
<i>levocarnitine oral soln, tabs</i>	2	X			
<i>potassium chloride ER caps</i>	2				
<i>potassium chloride ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	2				
<i>potassium citrate ER</i>	2				
<i>sodium polystyrene sulfonate</i>	2				
SYPRINE	4				

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2013 Quantity Limits

Drug Name	Monthly Limit (unless otherwise noted)
ABILIFY DISCMELT all strengths	60 tablets
ABILIFY injection	90 vials
ABILIFY oral solution	750 mL
ABILIFY tablets all strengths	30 tablets
<i>acarbose 25 mg, 50 mg, 100 mg</i>	90 tablets
<i>acetaminophen w/codeine solution 120 mg/12 mg/5 mL</i>	2700 mL
<i>acetaminophen w/codeine 300-15 mg, 300-30 mg</i>	360 tablets
<i>acetaminophen w/codeine 300-60 mg</i>	180 tablets
ACTONEL 150 mg	1 tablet
ACTONEL 35 mg	4 tablets per 28 days
ACTONEL 5 mg, 30 mg	30 tablets
ACTOS 15 mg, 30 mg, 45 mg	30 tablets
ADCIRCA 20 mg	60 tablets
ADDERALL XR 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	30 capsules
ADVAIR DISKUS	1 package of 60
ADVAIR HFA	1 canister
AFINITOR 2.5 mg, 5 mg, 7.5 mg, 10 mg	30 tablets
<i>alendronate 35 mg, 70 mg</i>	4 tablets per 28 days
<i>alendronate 5 mg, 10 mg, 40 mg</i>	30 tablets
<i>alfuzosin ER 10 mg</i>	30 tablets
<i>amphetamine/dextroamphetamine ER 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	30 capsules
AMPYRA 10 mg	60 tablets
ANDRODERM 24 hr patch 2 mg, 4 mg, 5 mg	30 patches
ANDRODERM 24 hr patch 2.5 mg	90 patches
ANDROGEL PUMP 1%	4 pumps
ANDROGEL 1.62%	2 pumps
ANDROGEL 1% 25 mg/2.5 gm, 50 mg/5 gm	60 packets
APTIVUS 100 mg/mL	4 bottles
APTIVUS 250 mg	120 capsules
ASMANEX	1 canister
ASTEPRO	2 bottles
ATELVIA 35 mg	4 tablets per 28 days
<i>atorvastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>atorvastatin 80 mg</i>	30 tablets
ATRIPLA 600-200-300 mg	30 tablets
ATROVENT HFA INHALER	2 canisters
AVINZA SR 30 mg, 45 mg, 60 mg, 75 mg, 90 mg, 120 mg	30 capsules

Drug Name	Monthly Limit (unless otherwise noted)
AVODART 0.5 mg	30 capsules
AVONEX PEN	4 pens per 28 days
AVONEX 30 mcg, 30 mcg/0.5 mL	4 vials/syringes per 28 days
<i>azelastine hcl 0.1%</i>	2 bottles
AZOR 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	30 tablets
BENICAR HCT 20-12.5 mg, 40-12.5 mg, 40-25 mg	30 tablets
BENICAR 20 mg, 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BETASERON 0.3 mg	15 vials/syringes
BONIVA injection	3mL per 90 days
<i>budeprion SR (12 hr) 100 mg, 150 mg</i>	60 tablets
<i>budeprion XL (24 hr) 150 mg, 300 mg</i>	30 tablets
<i>buprenorphine hcl 2 mg, 8 mg</i>	15 tablets per 90 days
<i>bupropion hcl ER (12 hr) 100 mg, 150 mg, 200 mg</i>	60 tablets
<i>bupropion hcl XL (24 hr) 150 mg, 300 mg</i>	30 tablets
<i>bupropion hcl 100 mg</i>	120 tablets
<i>bupropion hcl 75 mg</i>	60 tablets
CAPRELSA 100 mg	60 tablets
CAPRELSA 300 mg	30 tablets
CELEBREX 400 mg	30 capsules
CELEBREX 50 mg, 100 mg, 200 mg	60 capsules
CHANTIX	168 days of therapy
<i>citalopram 10 mg/5 mL</i>	600 mL
<i>citalopram 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>clonazepam ODT 0.125 mg, 0.25 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 0.5 mg, 1 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 2 mg</i>	300 tablets
<i>clorazepate 15 mg</i>	180 tablets
<i>clorazepate 3.75 mg, 7.5 mg</i>	90 tablets
<i>clozapine 100 mg</i>	270 tablets
<i>clozapine 200 mg</i>	120 tablets
<i>clozapine 25 mg, 50 mg</i>	90 tablets
<i>co-gesic 5-500 mg</i>	240 tablets
COMBIVENT	2 canisters
COMPLERA 200-25-300 mg	30 tablets
COPAXONE 20 mg/mL	30 syringes
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg, 10 mg, 20 mg	45 tablets

Drug Name	Monthly Limit (unless otherwise noted)
CRIXIVAN 100 mg	90 capsules
CRIXIVAN 200 mg	270 capsules
CRIXIVAN 400 mg	180 capsules
CYMBALTA 20 mg, 30 mg, 60 mg	60 capsules
DETROL all strengths	60 tablets
DETROL LA all strengths	30 capsules
<i>dexmethylphenidate 2.5 mg, 5 mg, 10 mg</i>	60 tablets
<i>dextroamphetamine ER 10 mg, 15 mg</i>	120 capsules
<i>dextroamphetamine ER 5 mg</i>	90 capsules
<i>dextroamphetamine 10 mg</i>	180 tablets
<i>dextroamphetamine 5 mg</i>	60 tablets
DIAZEPAM gel 2.5 mg, 10 mg, 20 mg	5 twin packs
DIAZEPAM 1 mg/mL	1200 mL
<i>diazepam 2 mg, 5 mg, 10 mg</i>	60 tablets
DIAZEPAM 5 mg/mL	240 mL
<i>didanosine 125 mg, 200 mg, 250 mg, 400 mg</i>	30 capsules
DIOVAN HCT 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	30 tablets
DIOVAN 320 mg	30 tablets
DIOVAN 40 mg, 80 mg, 160 mg	60 tablets
<i>donepezil/donepezil ODT 5 mg, 10 mg</i>	30 tablets
<i>doxazosin 1 mg, 2 mg, 4 mg</i>	30 tablets
<i>doxazosin 8 mg</i>	60 tablets
EDURANT 25 mg	30 tablets
EMTRIVA 10 mg/mL	5 bottles
EMTRIVA 200 mg	30 capsules
<i>endocet 10-325 mg, 10-650 mg</i>	180 tablets
<i>endocet 5-325 mg</i>	360 tablets
<i>endocet 7.5-325 mg, 7.5-500 mg</i>	240 tablets
<i>endodan 4.88-325 mg</i>	360 tablets
<i>enoxaparin, 30 syringes</i>	10 vials per 90 days
EPIVIR 10 mg/mL	960 mL
<i>eprosartan 600 mg</i>	30 tablets
EPZICOM 600-300 mg	30 tablets
ERIVEDGE 150 mg	30 capsules
<i>escitalopram 5 mg/5 mL</i>	600 mL
<i>escitalopram 5 mg, 10 mg, 20 mg</i>	30 tablets
EXELON 4.6 mg/24 hr, 9.5 mg/24 hr	30 patches

Drug Name	Monthly Limit (unless otherwise noted)
EXELON 2 mg/mL	240 mL
EXFORGE HCT 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	30 tablets
EXFORGE 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	30 tablets
FANAPT TITRATION PAK	1 kit/4 days
FANAPT 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tablets
FAZACLO 12.5 mg, 100 mg	90 tablets
FAZACLO 150 mg	180 tablets
FAZACLO 200 mg	120 tablets
FAZACLO 25 mg	270 tablets
<i>fenofibrate micronized 67 mg, 134 mg, 200 mg</i>	30 capsules
<i>fenofibrate 160 mg</i>	30 tablets
<i>fenofibrate 54 mg</i>	60 tablets
<i>fentanyl citrate oral lozenges 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	120 lozenges
<i>fentanyl transdermal all strengths</i>	15 patches
<i>finasteride 5 mg</i>	30 tablets
FIRAZYR	3 syringes
FLOVENT DISKUS 250 mcg	4 cartons of 60
FLOVENT DISKUS 50 mcg, 100 mcg	1 carton of 60
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg, 110 mcg	1 canister
<i>fluoxetine weekly DR 90 mg</i>	4 capsules per 28 days
<i>fluoxetine 10 mg</i>	30 capsules or tablets
<i>fluoxetine 20 mg</i>	120 capsules or tablets
<i>fluoxetine 20 mg/5 mL</i>	600 mL
<i>fluoxetine 40 mg</i>	60 capsules
<i>fluticasone nasal</i>	1 bottle
<i>fluvoxamine 100 mg</i>	90 tablets
<i>fluvoxamine 25 mg, 50 mg</i>	30 tablets
<i>fondaparinux solution 2.5 mg/0.5 mL, 5.0 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	30 syringes per 90 days
FORADIL	1 package of 60
FORTESTA 10 mg/act	2 bottles
FUZEON 90 mg	1 kit
<i>galantamine ER 8 mg, 16 mg, 24 mg</i>	30 capsules
<i>galantamine oral solution 4 mg/mL</i>	200 mL
<i>galantamine 4 mg, 8 mg, 12 mg</i>	60 tablets
<i>gemfibrozil 600 mg</i>	60 tablets

Drug Name	Monthly Limit (unless otherwise noted)
GEODON capsules - all strengths	60 capsules
GEODON injection	60 vials
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets
<i>glimepiride 1 mg, 2 mg</i>	30 tablets
<i>glimepiride 4 mg</i>	60 tablets
<i>glipizide ER 10 mg</i>	60 tablets
<i>glipizide ER 2.5 mg, 5 mg</i>	30 tablets
<i>glipizide XL 10 mg</i>	120 tablets
<i>glipizide XL 2.5 mg, 5 mg</i>	30 tablets
<i>glipizide 10 mg</i>	120 tablets
<i>glipizide 5 mg</i>	30 tablets
<i>glipizide/metformin 2.5-250 mg</i>	240 tablets
<i>glipizide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>glyburide micronized 1.5 mg, 3 mg</i>	30 tablets
<i>glyburide micronized 6 mg</i>	60 tablets
<i>glyburide 1.25 mg, 2.5 mg</i>	30 tablets
GLYBURIDE 1.25 mg, 2.5 mg	30 tablets
<i>glyburide 5 mg</i>	120 tablets
GLYBURIDE 5 mg	120 tablets
<i>glyburide/metformin 1.25-250 mg</i>	60 tablets
<i>glyburide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
GLYCRON 1.5 mg, 3 mg	30 tablets
GLYCRON 6 mg	60 tablets
<i>hydrocodone/acetaminophen 10-660 mg</i>	180 tablets
<i>hydrocodone/acetaminophen 2.5-500 mg, 5-500 mg</i>	240 tablets
<i>hydrocodone/acetaminophen 5-300 mg, 5-325 mg</i>	360 tablets
<i>hydrocodone/acetaminophen 7.5 mg/500 mg/15 mL</i>	2700 mL
<i>hydrocodone/acetaminophen 7.5-300 mg, 7.5-325 mg, 7.5-500 mg, 7.5-650 mg, 10-300 mg, 10-325 mg, 10-500 mg, 10-650 mg</i>	180 tablets
<i>hydrocodone/acetaminophen 7.5-325 mg/15 mL</i>	3600 mL
<i>hydrocodone/acetaminophen 7.5-750 mg, 10-750 mg</i>	150 tablets
<i>hydrocodone/ibuprofen all strengths</i>	150 tablets
<i>hydrogesic 5-500 mg</i>	240 capsules
<i>ibandronate 150 mg</i>	1 tablet
<i>ibudone 5-200 mg</i>	150 tablets
<i>imiquimod</i>	12 packets
INLYTA 1 mg	180 tablets

Drug Name	Monthly Limit (unless otherwise noted)
INLYTA 5 mg	120 tablets
INTELENCE 100 mg, 200 mg	60 tablets
INTELENCE 25 mg	120 tablets
INTUNIV 1 mg, 2 mg, 3 mg, 4 mg	30 tablets
INVEGA SUSTENNA	1 kit
INVEGA 1.5 mg, 3 mg, 9 mg	30 tablets
INVEGA 6 mg	60 tablets
INVIRASE 200 mg	300 capsules
INVIRASE 500 mg	120 tablets
<i>ipratropium nasal 0.03%</i>	2 bottles
<i>ipratropium nasal 0.06%</i>	3 bottles
<i>irbesartan 75 mg, 150 mg, 300 mg</i>	30 tablets
<i>irbesartan/HCTZ 150-12.5 mg, 300-12.5 mg</i>	30 tablets
ISENTRESS 400 mg	60 tablets
JAKAFI all strengths	60 tablets
JANUMET all strengths	60 tablets
JANUMET XR 50-1000 mg	60 tablets
JANUMET XR 50-500 mg, 100-1000 mg	30 tablets
JANUVIA all strengths	30 tablets
JENTADUETO 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	60 tablets
JUVISYNC 100-10 mg, 100-20 mg, 100-40 mg	30 tablets
KALETRA 100-25 mg	300 tablets
KALETRA 200-50 mg	120 tablets
KALETRA 400-100mg/5mL	2 bottles
KALYDECO 150 mg	60 tablets
<i>ketorolac 10 mg</i>	21 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-500 mg, 5-1000 mg	30 tablets
<i>lamivudine 150 mg, 300 mg</i>	30 tablets
<i>lamivudine/zidovudine 150-300 mg</i>	60 tablets
<i>lansoprazole/lansoprazole ODT 15 mg, 30 mg</i>	30 capsules or tablets
LATUDA all strengths	30 tablets
LETAIRIS 5 mg, 10 mg	30 tablets
LEXIVA 50 mg/mL	1800 mL
LEXIVA 700 mg	120 tablets
LIPOFEN 150 mg	30 capsules
LIPOFEN 50 mg	60 capsules
<i>losartan 100 mg</i>	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>losartan 25 mg, 50 mg</i>	60 tablets
<i>losartan/HCTZ 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	30 tablets
<i>lovastatin all strengths</i>	60 tablets
LOVENOX 300 mg/3 mL	10 vials per 90 days
LUNESTA 1 mg, 2 mg, 3 mg	30 tablets
MAPROTILINE 25 mg, 50 mg, 75 mg	90 tablets
<i>metadate ER 20 mg</i>	90 tablets
<i>metformin ER 500 mg</i>	120 tablets
<i>metformin ER 750 mg</i>	60 tablets
<i>metformin 1000 mg</i>	60 tablets
<i>metformin 500 mg, 850 mg</i>	90 tablets
<i>methylin ER 10 mg, 20 mg</i>	90 tablets
<i>methylin 5 mg, 10 mg, 20 mg</i>	90 tablets
<i>methylphenidate ER 20 mg</i>	90 tablets
<i>methylphenidate 5 mg, 10 mg, 20 mg</i>	90 tablets
MICARDIS HCT 40-12.5 mg, 80-25 mg	30 tablets
MICARDIS HCT 80-12.5 mg	60 tablets
MICARDIS 20 mg, 40 mg, 80 mg	30 tablets
<i>mirtazapine 7.5 mg</i>	30 tablets
<i>mirtazapine/mirtazapine ODT 15 mg, 30 mg, 45 mg</i>	30 tablets
<i>morphine sulfate SR 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	90 tablets
NAMENDA TITRATION PACK	49 tablets per 28 days
NAMENDA 10 mg/5 mL	360 mL
NAMENDA 5 mg, 10 mg	60 tablets
<i>naratriptan all strengths</i>	18 tablets
NASONEX	2 bottles
<i>nateglinide 60 mg, 120 mg</i>	90 tablets
<i>nevirapine 200 mg</i>	60 tablets
NEXAVAR 200 mg	120 tablets
NEXIUM all strengths	30 capsules or packets
NIASPAN ER 500 mg	30 tablets
NIASPAN ER 750 mg, 1000 mg	60 tablets
NORVIR 100 mg	360 capsules or tablets
NORVIR 80 mg/mL	2 bottles
NUCYNTA ER 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	60 tablets
NUVIGIL all strengths	30 tablets
<i>olanzapine IM injection, 10 mg</i>	90 vials
<i>olanzapine ODT 5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
OLEPTRO 150 mg	45 tablets
OLEPTRO 300 mg	30 tablets
<i>omeprazole 10 mg, 20 mg, 40 mg</i>	30 capsules
ONFI 5 mg, 10 mg, 20 mg	60 tablets
ONGLYZA 2.5 mg, 5 mg	30 tablets
<i>oxybutynin ER 10 mg, 15 mg</i>	60 tablets
<i>oxybutynin ER 5 mg</i>	30 tablets
<i>oxybutynin syrup 5 mg/mL</i>	600 mL
<i>oxybutynin 5 mg</i>	120 tablets
<i>oxycodone w/acetaminophen 10-325 mg, 10-650 mg</i>	180 tablets
<i>oxycodone w/acetaminophen 2.5-325 mg, 5-325 mg</i>	360 tablets
<i>oxycodone w/acetaminophen 5-500 mg</i>	240 capsules
<i>oxycodone w/acetaminophen 7.5-325 mg, 7.5-500 mg</i>	240 tablets
<i>oxycodone/aspirin full strength</i>	360 tablets
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
OXYCONTIN 60 mg, 80 mg	120 tablets
<i>pantoprazole tablets - all strengths</i>	30 tablets
<i>paroxetine hcl ER 12.5 mg</i>	30 tablets
<i>paroxetine hcl ER 25 mg, 37.5 mg</i>	60 tablets
<i>paroxetine hcl 10 mg/5 mL</i>	900 mL
<i>paroxetine hcl 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>paroxetine hcl 30 mg</i>	60 tablets
PATANASE	1 bottle
PAXIL 10 mg/5 mL	900 mL
PENNSAID 1.5%	300 mL
<i>polygesic 5-500 mg</i>	240 capsules
PRADAXA all strengths	60 capsules
PRANDIN 0.5 mg, 1 mg	120 tablets
PRANDIN 2 mg	240 tablets
<i>pravastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>pravastatin 80 mg</i>	30 tablets
PREVACID SOLUTAB 15 mg, 30 mg	30 tablets
PREZISTA 150 mg	180 tablets
PREZISTA 400 mg, 600 mg	60 tablets
PREZISTA 75 mg	30 tablets
PRISTIQ all strengths	30 tablets
PROAIR HFA	2 canisters

Drug Name	Monthly Limit (unless otherwise noted)
PROMACTA 12.5 mg, 50 mg, 75 mg	30 tablets
PROMACTA 25 mg	90 tablets
PROVIGIL all strengths	30 tablets
<i>quetiapine 25 mg, 50 mg, 100 mg, 200 mg</i>	90 tablets
<i>quetiapine 300 mg, 400 mg</i>	60 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
RAPAFLO 4 mg, 8 mg	30 capsules
REPREXAIN 10-200 mg	150 tablets
RESCRIPTOR 100 mg	90 tablets
RESCRIPTOR 200 mg	180 tablets
REVLIMID 15 mg, 25 mg	21 capsules per 28 days
REVLIMID 2.5 mg, 5 mg, 10 mg	30 capsules
REYATAZ 100 mg, 150 mg, 300 mg	30 capsules
REYATAZ 200 mg	60 capsules
RISPERDAL CONSTA injection	2 vials per 28 days
RISPERIDONE ODT 0.25 mg	60 tablets
<i>risperidone ODT 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone ODT 4 mg</i>	120 tablets
<i>risperidone oral solution</i>	480 mL
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone 4 mg</i>	120 tablets
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	60 capsules
<i>roxicet 5-325 mg</i>	360 tablets
SANCTURA XR 60 mg	30 capsules
SAPHRIS 5 mg, 10 mg	60 tablets
SELZENTRY 150 mg	60 tablets
SELZENTRY 300 mg	120 tablets
SEREVENT DISKUS	1 package of 60
SEROQUEL XR 150 mg, 200 mg	30 tablets
SEROQUEL XR 50 mg, 300 mg, 400 mg	60 tablets
SEROQUEL 25 mg, 50 mg, 100 mg, 200 mg	90 tablets
SEROQUEL 300 mg, 400 mg	60 tablets
<i>sertraline 100 mg</i>	60 tablets
<i>sertraline 20 mg/mL</i>	300 mL
<i>sertraline 25 mg, 50 mg</i>	30 tablets
<i>simvastatin 20 mg</i>	60 tablets
<i>simvastatin 5 mg, 10 mg, 40 mg</i>	45 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>simvastatin 80 mg</i>	30 tablets
SPIRIVA	30 capsules
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tablets
<i>stagesic 5-500 mg</i>	240 capsules
<i>stavudine 1 mg/mL</i>	2400 mL
<i>stavudine 15 mg, 20 mg, 30 mg, 40 mg</i>	60 capsules
SUBOXONE MIS 2-0.5 mg, 8-2 mg	90 tablets
SUBOXONE SUB 2-0.5 mg, 8-2 mg	90 tablets
SUMATRIPTAN NASAL	12 units/2 packages
<i>sumatriptan tablets - all strengths</i>	18 tablets
SUSTIVA 200 mg	60 capsules
SUSTIVA 50 mg	90 capsules
SUSTIVA 600 mg	30 tablets
SUTENT 12.5 mg	90 capsules
SUTENT 25 mg, 50 mg	30 capsules
SYMBICORT	1 canister
<i>tamsulosin 0.4 mg</i>	60 capsules
TARCEVA 100 mg, 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg, 200 mg	120 capsules
TEKTURNA HCT 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg	30 tablets
TEKTURNA 150 mg, 300 mg	30 tablets
<i>terazosin 1 mg, 2 mg, 5 mg</i>	30 capsules
<i>terazosin 10 mg</i>	60 capsules
<i>testosterone cypionate 100 mg/mL</i>	1 vial per 28 days
<i>testosterone cypionate 200 mg/mL - 1 mL vial</i>	4 vials per 28 days
<i>testosterone cypionate 200 mg/mL - 10 mL multidose vial</i>	1 vial per 28 days
<i>testosterone enanthate 200 mg/mL</i>	1 vial per 28 days
THALOMID 150 mg, 200 mg	60 capsules
THALOMID 50 mg, 100 mg	30 capsules
TOVIAZ all strengths	30 tablets
TRACLEER 62.5 mg, 125 mg	60 tablets
TRADJENTA	30 tablets
<i>tramadol hcl ER 100 mg, 200 mg, 300 mg</i>	30 tablets
<i>tramadol hcl 50 mg</i>	240 tablets
<i>tramadol/acetaminophen 37.5-325 mg</i>	240 tablets
<i>triamcinolone nasal inhaler</i>	1 bottle

Drug Name	Monthly Limit (unless otherwise noted)
TRILIPIX 135 mg	30 tablets
TRILIPIX 45 mg	60 tablets
TRIZIVIR 300-150-300 mg	60 tablets
<i>trospium</i>	60 tablets
TRUVADA 200-300 mg	30 tablets
TYKERB 250 mg	180 tablets
TYSABRI 300 mg/15 mL	1 vial per 28 days
VANDETANIB 100 mg	60 tablets
VANDETANIB 300 mg	30 tablets
<i>venlafaxine ER capsules 37.5 mg, 150 mg</i>	30 capsules
<i>venlafaxine ER capsules 75 mg</i>	90 capsules
<i>venlafaxine ER tablets 37.5 mg, 150 mg</i>	30 tablets
<i>venlafaxine ER tablets 75 mg</i>	90 tablets
<i>venlafaxine 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	90 tablets
VENTOLIN HFA	2 canisters
VESICARE all strengths	30 tablets
<i>vicodin HP 10-660 mg</i>	180 tablets
VICTOZA 18 mg/3 mL 2 Pen Package	1 package of 2 pens
VICTOZA 18 mg/3 mL 3 Pen Package	1 package of 3 pens
VIDEX 2 gm, 4 gm	1200 mL
VIIBRYD	30 tablets
VIIBRYD starter kit	1 kit per 28 days
VIMOVO 375-20 mg, 500-20 mg	60 tablets
VIRACEPT 250 mg	270 tablets
VIRACEPT 625 mg	120 tablets
VIRAMUNE XR 400 mg	30 tablets
VIRAMUNE 200 mg	60 tablets
VIRAMUNE 50 mg/5 mL	1200 mL
VIREAD 150 mg, 200 mg, 250 mg, 300 mg	30 tablets
VIREAD 40 mg/gm	240 gm
VOLTAREN gel 1%	10 tubes
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg, 10-20 mg, 10-40 mg	45 tablets
VYTORIN 10-80 mg	30 tablets
XALKORI	60 capsules
XARELTO 10 mg	35 tablets per 90 days
XARELTO 15 mg, 20 mg	30 tablets
XENAZINE 12.5 mg	240 tablets

Drug Name	Monthly Limit (unless otherwise noted)
XENAZINE 25 mg	120 tablets
XYREM 500 mg/mL	540 mL
<i>zaleplon 5 mg, 10 mg</i>	30 capsules
ZELBORAF	240 tablets
ZERIT 1 mg/mL	2400 mL
ZETIA 10 mg	30 tablets
ZIAGEN 20 mg/mL	960 mL
ZIAGEN 300 mg	60 tablets
<i>zidovudine syrup 10 mg/mL</i>	1920 mL
<i>zidovudine 100 mg</i>	180 capsules
<i>zidovudine 300 mg</i>	60 tablets
<i>ziprasidone capsules - all strengths</i>	60 capsules
ZOLINZA 100 mg	120 capsules
<i>zolpidem 5 mg, 10 mg</i>	30 tablets
ZOSTAVAX	1 vaccine per lifetime
ZYPREXA injection	90 vials
ZYPREXA RELPREVV 210 mg, 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
ZYTIGA	120 tablets

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<i>cimetidine inj, oral soln, tabs</i>	19	CRESTOR.....	15
CIPRODEX ear susp.....	24	CRIVAN.....	11
<i>ciprofloxacin ER</i>	2	<i>cromolyn sodium eye soln</i>	23
<i>ciprofloxacin eye soln</i>	23	<i>cromolyn sodium inhal soln</i>	25
<i>ciprofloxacin for IV, for IV in dextrose</i>	2	<i>cromolyn sodium oral conc</i>	19
		CUBICIN.....	3

CUPRIMINE.....	19	DIAZEPAM oral conc, oral soln.....	4
CUPRIMINE.....	21	DIAZEPAM oral conc, oral soln.....	12
CUPRIMINE.....	25	DIAZEPAM rectal gel.....	4
<i>cyclobenzaprine</i>	25	<i>diazepam tabs</i>	4
CYCLOPHOSPHAMIDE for inj.....	8	<i>diazepam tabs</i>	12
CYCLOPHOSPHAMIDE tabs.....	8	DIBENZYLINE.....	15
CYCLOSERINE.....	7	<i>diclofenac potassium</i>	6
<i>cyclosporine</i>	21	<i>diclofenac sodium DR</i>	6
CYCLOSPORINE modified caps.....	22	<i>diclofenac sodium ER</i>	6
<i>cyclosporine modified caps, oral soln</i>	22	<i>diclofenac sodium eye soln</i>	23
CYMBALTA.....	5	<i>dicloxacillin</i>	3
CYMBALTA.....	12	<i>didanosine DR</i>	11
CYMBALTA.....	17	DIFICID.....	3
CYSTADANE.....	18	<i>diflorasone oint</i>	17
CYSTAGON*.....	18	DIGOXIN oral soln.....	15
CYTARABINE for inj.....	8	<i>digoxin tabs</i>	15
<i>cytarabine for inj, inj</i>	8	DILANTIN caps, chew tabs.....	4
D		<i>diltiazem ER</i>	15
<i>dacarbazine for inj</i>	8	<i>diltiazem tabs</i>	15
DACARBAZINE for inj.....	8	DIOVAN.....	15
DACOGEN.....	8	DIOVAN HCT.....	15
<i>danazol</i>	20	DIPENTUM.....	23
<i>dantrolene caps</i>	11	<i>diphenhydramine caps, elixir</i>	6
DAPSONE.....	7	<i>diphenhydramine caps, elixir</i>	10
DAPTACEL.....	22	<i>diphenhydramine caps, elixir</i>	25
DARAPRIM.....	10	<i>diphenhydramine inj</i>	6
<i>daunorubicin</i>	8	<i>diphenhydramine inj</i>	10
DAUNOXOME.....	8	<i>diphenhydramine inj</i>	25
DECAVAC.....	22	DIPHThERIA/TETANUS ADSORBED pediatric...22	
<i>demeclocycline</i>	3	<i>dipyridamole tabs</i>	14
DENAVIR crm.....	17	<i>disopyramide</i>	15
DEPEN TITRATABS.....	19	<i>disulfiram</i>	1
DEPEN TITRATABS.....	22	<i>divalproex DR tabs</i>	4
DEPEN TITRATABS.....	25	<i>divalproex DR tabs</i>	7
DEPO-PROVERA.....	20	<i>divalproex DR tabs</i>	12
<i>desipramine</i>	5	<i>divalproex ER</i>	4
<i>desmopressin nasal soln, nasal spray, tabs</i>	20	<i>divalproex ER</i>	7
<i>desonide crm, lotn, oint</i>	17	<i>divalproex ER</i>	12
<i>desoximetasone crm, gel, oint</i>	17	<i>divalproex sprinkle caps</i>	4
DETROL.....	19	<i>divalproex sprinkle caps</i>	7
DETROL LA.....	19	<i>divalproex sprinkle caps</i>	12
<i>dexamethasone elixir, taper pack</i>	20	DIVIGEL.....	20
<i>dexamethasone sodium phosphate eye soln</i>	23	DOCEFREZ.....	8
<i>dexamethasone sodium phosphate inj</i>	20	DOCETAXEL for inj, for IV.....	8
<i>dexamethasone tabs</i>	20	<i>donepezil</i>	5
DEXAMETHASONE tabs.....	20	<i>dorzolamide/timolol eye soln</i>	23
<i>dexmethylphenidate tabs</i>	17	<i>dorzolamide eye soln</i>	23
<i>dexrazoxane</i>	8	DOVONEX crm.....	17
<i>dextroamphetamine ER caps</i>	17	<i>doxazosin</i>	15
<i>dextroamphetamine tabs</i>	17	<i>doxazosin</i>	19

DOXEPIN caps.....	5	ERY-TAB.....	3
DOXEPIN caps.....	12	ERYTHROCIN.....	3
DOXEPIN caps.....	25	<i>erythromycin/benzoyl peroxide gel</i>	17
<i>doxepin caps, oral conc</i>	5	<i>erythromycin eye oint</i>	23
<i>doxepin caps, oral conc</i>	12	<i>erythromycin pads, soln</i>	17
<i>doxepin caps, oral conc</i>	25	escitalopram.....	5
DOXIL.....	8	escitalopram.....	12
<i>doxorubicin</i>	8	ESTRACE vaginal crm.....	20
<i>doxycycline hyclate caps, tabs</i>	3	<i>estradiol/norethindrone acetate</i>	20
<i>doxycycline hyclate for inj</i>	3	<i>estradiol tabs</i>	20
<i>doxycycline hyclate tabs</i>	17	<i>estradiol transdermal</i>	20
<i>doxycycline monohydrate</i>	3	estropipate.....	20
dronabinol.....	6	<i>ethambutol</i>	7
DUREZOL.....	23	<i>ethosuximide caps</i>	4
DYNACIRC CR.....	15	<i>ethosuximide oral soln</i>	4
E			
E.E.S. GRANULES.....	3	<i>etidronate tabs</i>	23
<i>econazole crm</i>	17	ETIDRONATE tabs.....	23
EDURANT.....	11	<i>etodolac</i>	1
EFFIENT.....	14	<i>etodolac</i>	6
ELAPRASE.....	18	<i>etodolac ER</i>	6
ELIGARD.....	21	ETOPOPHOS.....	8
ELITEK.....	8	<i>etoposide inj</i>	8
ELLA.....	20	EVISTA.....	20
ELSPAR.....	8	EXELON oral soln, transdermal.....	5
EMCYT.....	8	<i>exemestane</i>	8
EMEND caps.....	6	EXFORGE.....	15
EMEND for IV.....	6	EXFORGE HCT.....	15
EMSAM.....	5	EXJADE*.....	25
EMTRIVA.....	11	F	
<i>enalapril</i>	15	FABRAZYME*.....	18
<i>enalapril/hydrochlorothiazide</i>	15	<i>famciclovir</i>	11
ENBREL.....	22	<i>famotidine for susp, inj</i>	19
ENGERIX-B.....	22	<i>famotidine tabs</i>	19
<i>enoxaparin</i>	14	FANAPT.....	10
<i>epinastine eye soln</i>	23	FARESTON.....	8
EPIPEN.....	25	FASLODEX.....	8
EPIPEN-JR.....	25	<i>fat emulsion IV</i>	25
<i>epirubicin inj</i>	8	FAZACLO.....	10
EPIVIR-HBV.....	11	<i>felbamate</i>	4
EPIVIR oral soln.....	11	<i>felodipine ER</i>	15
<i>eplerenone</i>	15	<i>fenofibrate</i>	15
EPOGEN.....	14	<i>fenofibrate micronized</i>	15
<i>eprosartan</i>	15	<i>fentanyl citrate oral lozenges</i>	1
EPZICOM.....	11	<i>fentanyl transdermal</i>	1
EQUETRO.....	12	FINACEA gel.....	17
ERBITUX.....	8	<i>finasteride</i>	19
<i>ergotamine/caffeine</i>	7	<i>finasteride</i>	21
ERIVEDGE.....	8	FIRAZYR.....	15
ERYPED.....	3	FIRMAGON.....	21
		<i>flecainide</i>	15

FLOVENT DISKUS.....	25	GAMMAGARD.....	22
FLOVENT HFA.....	25	GAMMAGARD S/D.....	22
<i>fluconazole for susp, inj in dextrose, inj in normal saline.....</i>	6	GANCICLOVIR caps.....	11
FLUCONAZOLE inj in normal saline.....	6	<i>ganciclovir for inj.....</i>	11
<i>fluconazole tabs.....</i>	6	GARDASIL.....	22
<i>flucytosine.....</i>	6	GAUZE PADS 2" X 2".....	13
<i>fludarabine.....</i>	8	<i>gemcitabine for inj.....</i>	8
<i>fludrocortisone.....</i>	20	GEMCITABINE inj.....	8
<i>fluocinolone acetonide ear oil.....</i>	24	<i>gemfibrozil.....</i>	15
<i>fluocinolone crm.....</i>	17	GENTAMICIN crm, oint.....	18
<i>fluocinonide crm, gel, oint, soln.....</i>	17	<i>gentamicin eye oint, soln.....</i>	24
<i>fluocinonide crm (emollient).....</i>	17	<i>gentamicin inj, inj in saline, IV soln.....</i>	3
<i>fluorometholone eye susp.....</i>	23	GENTAMICIN inj in saline.....	3
FLUOROPLEX crm.....	17	GEODON.....	10
<i>fluorouracil crm, soln.....</i>	18	GEODON.....	12
<i>fluorouracil inj.....</i>	8	GLEEVEC.....	8
<i>fluoxetine caps, oral soln, tabs.....</i>	5	<i>glimepiride.....</i>	13
<i>fluoxetine DR.....</i>	5	<i>glipizide.....</i>	13
FLUPHENAZINE DECANOATE.....	10	<i>glipizide/metformin.....</i>	13
FLUPHENAZINE HCL elixir, inj, oral conc.....	10	<i>glipizide ER.....</i>	13
<i>fluphenazine hcl tabs.....</i>	10	GLUCAGEN KIT.....	13
<i>flurbiprofen.....</i>	6	GLUCAGON EMERGENCY KIT.....	13
<i>flurbiprofen eye soln.....</i>	23	<i>glyburide.....</i>	13
<i>flutamide.....</i>	21	<i>glyburide/metformin.....</i>	13
<i>fluticasone crm, oint.....</i>	18	GLYBURIDE (distributor of Diabeta).....	13
<i>fluticasone nasal spray.....</i>	25	<i>glyburide micronized.....</i>	13
<i>fluvoxamine.....</i>	5	<i>glycopyrrolate tabs.....</i>	19
<i>fomepizole.....</i>	25	<i>granisetron tabs.....</i>	6
<i>fondaparinux.....</i>	14	<i>griseofulvin.....</i>	6
FORADIL AEROLIZER.....	25	GRIS-PEG.....	6
FORTAZ for inj, inj in dextrose.....	3	H	
FORTEO.....	23	HALAVEN.....	8
FORTESTA.....	20	<i>halobetasol crm, oint.....</i>	18
FORTICAL.....	23	<i>haloperidol decanoate.....</i>	10
FOSCARNET.....	11	<i>haloperidol inj.....</i>	10
<i>fosinopril.....</i>	15	<i>haloperidol oral conc, tabs.....</i>	10
<i>fosinopril/hydrochlorothiazide.....</i>	15	HAVRIX.....	22
<i>fosphenytoin.....</i>	4	<i>heparin inj.....</i>	14
FOSRENOL.....	19	<i>heparin inj in dextrose.....</i>	14
<i>furosemide inj.....</i>	15	HEPSERA.....	11
<i>furosemide oral soln, tabs.....</i>	15	HERCEPTIN.....	8
FUZEON.....	11	HEXALEN.....	8
G		HIBERIX.....	22
<i>gabapentin caps.....</i>	4	HUMALOG.....	13
<i>gabapentin oral soln, tabs.....</i>	4	HUMALOG MIX.....	13
GABITRIL.....	4	HUMIRA.....	22
<i>galantamine.....</i>	5	HUMULIN 70/30.....	13
<i>galantamine ER.....</i>	5	HUMULIN N.....	13
GAMMAGARD.....	22	HUMULIN R.....	13
		<i>hydralazine tabs.....</i>	15

<i>hydrochlorothiazide</i>	15
<i>hydrocodone/acetaminophen caps, oral soln</i>	1
<i>hydrocodone/acetaminophen tabs</i>	1
<i>hydrocodone/ibuprofen</i>	1
<i>hydrocortisone/acetic acid ear soln</i>	24
<i>hydrocortisone butyrate crm, oint, soln</i>	18
<i>hydrocortisone crm, oint, rectal crm</i>	18
<i>hydrocortisone enema</i>	23
<i>hydrocortisone lotn</i>	18
<i>hydrocortisone tabs</i>	20
<i>hydrocortisone valerate crm, oint</i>	18
<i>hydromorphone inj</i>	1
<i>hydromorphone liq, tabs</i>	1
<i>hydroxychloroquine</i>	10
<i>hydroxyurea</i>	8
<i>hydroxyzine hcl syrup, tabs</i>	6
<i>hydroxyzine hcl syrup, tabs</i>	12
<i>hydroxyzine hcl syrup, tabs</i>	25

I

<i>ibandronate tabs</i>	23
<i>ibuprofen</i>	1
<i>ibuprofen</i>	6
<i>idarubicin</i>	8
IFEX for inj.....	8
IFOSFAMIDE/MESNA.....	8
<i>ifosfamide for inj</i>	8
IFOSFAMIDE for inj.....	8
<i>imipenem/cilastatin</i>	3
<i>imipramine hcl</i>	5
<i>imipramine pamoate</i>	5
<i>imiquimod</i>	22
INCIVEK.....	11
INCRELEX*.....	20
<i>indapamide</i>	15
<i>indomethacin caps</i>	6
<i>indomethacin ER</i>	6
INFANRIX.....	22
INFERGEN.....	22
INLYTA.....	8
INSULIN INJECTION DEVICE.....	13
INSULIN INJECTION DEVICE/NOVOLIN.....	13
INSULIN SYRINGE/NEEDLE.....	13
INTELENCE.....	11
INTRON-A.....	8
INTRON-A.....	11
INTUNIV.....	17
INVANZ.....	3
INVEGA.....	10
INVEGA SUSTENNA.....	10
INVIRASE.....	11

IPOL.....	22
<i>ipratropium nasal soln</i>	25
<i>irbesartan</i>	15
<i>irbesartan/hydrochlorothiazide</i>	15
IRESSA*.....	8
<i>irinotecan</i>	8
ISENTRESS.....	11
<i>isoniazid/rifampin</i>	7
ISONIAZID inj.....	7
<i>isoniazid tabs</i>	7
<i>isosorbide dinitrate ER tabs</i>	15
ISOSORBIDE DINITRATE SL tabs.....	15
<i>isosorbide dinitrate tabs</i>	15
<i>isosorbide mononitrate</i>	15
<i>isosorbide mononitrate ER tabs</i>	15
<i>isotretinoin caps</i>	18
ISRADIPINE.....	15
ISTALOL eye soln.....	24
ISTODAX.....	8
<i>itraconazole caps</i>	6
<i>iv fluids - generics</i>	25
IV FLUIDS - KCL/D5W/LACTATED RINGERS inj.....	26
IXEMPRA.....	8
IXIARO.....	22

J

JAKAFI.....	8
JANUMET.....	13
JANUMET XR.....	13
JANUVIA.....	13
JENTADUETO.....	13
JE-VAX.....	22
JEVTANA.....	8
JUVISYNC.....	13

K

KALETRA.....	11
KALYDECO.....	25
KANAMYCIN.....	3
KEPIVANCE.....	17
<i>ketoconazole crm, shampoo</i>	18
<i>ketoconazole tabs</i>	6
<i>ketoprofen</i>	1
<i>ketoprofen</i>	6
<i>ketorolac eye soln</i>	24
<i>ketorolac tabs</i>	1
KINRIX.....	22
KOMBIGLYZE XR.....	13
KUVAN*.....	18

L

<i>labetalol tabs</i>	15
LACRISERT eye insert.....	24
<i>lactic acid crm, lotn</i>	18
<i>lactulose</i>	19
LAMICTAL ODT.....	4
LAMICTAL ODT.....	12
<i>lamivudine</i>	11
<i>lamivudine/zidovudine</i>	11
<i>lamotrigine chew tabs</i>	4
<i>lamotrigine chew tabs</i>	12
<i>lamotrigine tabs</i>	4
<i>lamotrigine tabs</i>	12
<i>lansoprazole DR</i>	19
LANTUS.....	13
<i>latanoprost eye soln</i>	24
LATUDA.....	10
<i>leflunomide</i>	22
LETAIRIS*.....	15
<i>letrozole</i>	8
<i>leucovorin calcium for inj</i>	8
LEUCOVORIN CALCIUM for inj, inj, tabs.....	8
<i>leucovorin calcium tabs</i>	9
LEUKERAN.....	9
LEUKINE.....	14
<i>leuprolide</i>	21
LEVEMIR.....	13
<i>levetiracetam inj, oral soln</i>	4
LEVETIRACETAM IV in saline.....	4
<i>levetiracetam tabs</i>	4
<i>levobunolol eye soln</i>	24
LEVOBUNOLOL eye soln.....	24
<i>levocarnitine oral soln, tabs</i>	26
<i>levocetirizine tabs</i>	25
<i>levofloxacin</i>	3
LEVORPHANOL.....	1
<i>levothyroxine tabs (Levoxyl)</i>	21
<i>Levoxyl</i>	21
LEXIVA.....	11
LIALDA.....	23
<i>lidocaine/prilocaine</i>	1
<i>lidocaine gel, oint</i>	18
LIDOCAINE IV.....	15
<i>lidocaine local inj, topical soln</i>	1
<i>lidocaine viscous</i>	1
LIDODERM.....	1
<i>lindane lotn, shampoo</i>	10
<i>liothyronine tabs</i>	21
LIPOFEN.....	15
<i>lisinopril</i>	15

<i>lisinopril/hydrochlorothiazide</i>	15
<i>lithium carbonate caps, tabs</i>	12
<i>lithium carbonate ER</i>	12
LITHIUM CITRATE.....	12
<i>loperamide</i>	19
<i>losartan</i>	15
<i>losartan/hydrochlorothiazide</i>	15
LOTEMAX eye susp.....	24
LOTRONEX.....	19
<i>lovastatin</i>	15
LOVAZA.....	15
LOVENOX.....	14
<i>loxapine</i>	10
LUFYLLIN.....	25
LUMIGAN eye soln.....	24
LUNESTA.....	25
LUPRON DEPOT.....	21
LUPRON DEPOT-PED.....	21
LYRICA.....	4
LYRICA.....	17
LYSODREN.....	21

M

MALARONE tabs.....	10
<i>malathion</i>	10
MAPROTILINE.....	5
MARPLAN.....	5
MATULANE.....	9
<i>meclizine tabs</i>	6
<i>medroxyprogesterone inj</i>	20
<i>medroxyprogesterone tabs</i>	20
<i>mefloquine</i>	10
MEFOXIN.....	3
<i>megestrol</i>	20
<i>meloxicam tabs</i>	6
<i>melfalan</i>	9
MENACTRA.....	22
MENEST.....	20
MENOMUNE.....	22
MENVEO.....	22
MEPRON.....	10
<i>mercaptopurine</i>	9
<i>meropenem</i>	3
<i>mesalamine enema</i>	23
<i>mesna</i>	9
MESNEX tabs.....	9
MESTINON syrup.....	7
<i>metformin</i>	13
<i>metformin ER</i>	13
<i>methadone tabs</i>	1
<i>methazolamide</i>	15

<i>methenamine hippurate</i>	3	MULTAQ.....	16
<i>methimazole</i>	21	<i>mupirocin oint</i>	18
<i>methocarbamol</i>	25	MUSTARGEN.....	9
<i>methotrexate for inj, inj</i>	9	MYCAMINE.....	6
<i>methotrexate for inj, inj</i>	22	MYCOBUTIN.....	7
<i>methotrexate tabs</i>	9	<i>mycophenolate mofetil</i>	22
<i>methotrexate tabs</i>	22	MYFORTIC.....	22
<i>methscopolamine</i>	19	MYOZYME.....	18
<i>methyl dopa</i>	15	N	
<i>methylergonovine tabs</i>	19	<i>nabumetone</i>	7
<i>methylphenidate ER tabs</i>	17	<i>nadolol</i>	16
<i>methylphenidate tabs</i>	17	<i>nafcillin for inj</i>	3
<i>methylprednisolone sodium succinate for inj</i>	20	NAFCILLIN for IV.....	3
<i>methylprednisolone tabs</i>	20	NAGLAZYME*.....	18
<i>metipranolol eye soln</i>	24	<i>naloxone inj</i>	1
<i>metoclopramide oral soln, tabs</i>	6	NALOXONE inj.....	1
<i>metoclopramide oral soln, tabs</i>	19	<i>naltrexone</i>	2
<i>metolazone</i>	15	NAMENDA.....	5
<i>metoprolol/hydrochlorothiazide tabs</i>	15	NAPHAZOLINE eye soln.....	24
<i>metoprolol succinate ER</i>	15	<i>naproxen DR</i>	7
<i>metoprolol tartrate tabs</i>	15	<i>naproxen sodium tabs</i>	1
METROGEL.....	18	<i>naproxen sodium tabs</i>	7
METRO IV.....	3	<i>naproxen susp</i>	1
<i>metronidazole caps, IV soln, vaginal gel</i>	3	<i>naproxen susp</i>	7
<i>metronidazole crm, gel, lotn</i>	18	<i>naproxen tabs</i>	1
<i>metronidazole tabs</i>	3	<i>naproxen tabs</i>	7
MEXILETINE.....	15	<i>naratriptan</i>	7
MICARDIS.....	15	NASONEX.....	25
MICARDIS HCT.....	15	NATACYN eye susp.....	24
<i>midodrine</i>	16	<i>nateglinide</i>	13
MIGERGOT.....	7	NEFAZODONE.....	5
MIGRANAL.....	7	<i>neomycin/polymyxin B/bacitracin/hydrocortisone</i> <i>eye oint</i>	24
<i>minocycline</i>	3	<i>neomycin/polymyxin B/bacitracin eye oint</i>	24
<i>minoxidil</i>	16	<i>neomycin/polymyxin B/dexamethasone eye oint,</i> <i>susp</i>	24
<i>mirtazapine ODT</i>	5	<i>neomycin/polymyxin B/gramicidin eye soln</i>	24
<i>mirtazapine tabs</i>	5	<i>neomycin/polymyxin B/hydrocortisone ear soln,</i> <i>susp</i>	24
<i>misoprostol</i>	19	<i>neomycin/polymyxin B GU irrigation soln</i>	19
<i>mitomycin</i>	9	<i>neomycin sulfate tabs</i>	3
<i>mitoxantrone</i>	9	NEULASTA.....	14
<i>mitoxantrone</i>	17	NEUMEGA.....	14
M-M-R II W/DILUENT.....	22	NEUPOGEN.....	14
<i>moexipril</i>	16	NEVANAC eye susp.....	24
<i>moexipril/hydrochlorothiazide</i>	16	<i>nevirapine tabs</i>	11
<i>mometasone crm, lotn, oint</i>	18	NEXAVAR*.....	9
<i>morphine sulfate ER tabs</i>	1	NEXIUM.....	19
<i>morphine sulfate inj</i>	1	NEXIUM I.V.....	19
<i>morphine sulfate oral soln</i>	1	NIASPAN.....	16
MORPHINE SULFATE tabs.....	1		
MOVIPREP.....	19		
MOXEZA eye soln.....	24		

<i>nicardipine caps</i>	16	ORAP.....	10
NICOTROL INHALER.....	2	ORFADIN*.....	18
NICOTROL NS nasal spray.....	2	ORTHOCLONE OKT3.....	22
<i>nifedipine ER tabs</i>	16	<i>oxaliplatin</i>	9
NILANDRON.....	21	<i>oxandrolone</i>	20
<i>nisoldipine ER tabs</i>	16	<i>oxaprozin</i>	7
NISOLDIPINE ER tabs.....	16	<i>oxcarbazepine susp</i>	4
NITRO-BID.....	16	<i>oxcarbazepine tabs</i>	4
<i>nitrofurantoin macrocrystalline caps</i>	3	OXSORALEN ULTRA caps.....	18
<i>nitrofurantoin monohydrate/macrocrystalline caps</i>	3	<i>oxybutynin ER</i>	19
<i>nitrofurantoin susp</i>	3	<i>oxybutynin syrup</i>	19
<i>nitroglycerin transdermal</i>	16	<i>oxybutynin tabs</i>	19
NITROMIST.....	16	<i>oxycodone/acetaminophen</i>	1
NITROSTAT.....	16	<i>oxycodone/aspirin</i>	1
<i>nizatidine caps</i>	19	<i>oxycodone tabs</i>	1
<i>norethindrone acetate</i>	20	OXYCONTIN.....	1
NORPACE CR.....	16	P	
<i>nortriptyline caps</i>	5	<i>paclitaxel IV</i>	9
NORVIR.....	11	PANRETIN.....	9
NOVOLIN 70/30.....	13	PANRETIN.....	18
NOVOLIN N.....	13	<i>pantoprazole DR tabs</i>	19
NOVOLIN R.....	13	<i>paromomycin</i>	10
NOVOLOG.....	13	<i>paroxetine hcl ER</i>	5
NOVOLOG MIX.....	13	<i>paroxetine hcl ER</i>	12
NOXAFIL.....	6	<i>paroxetine hcl tabs</i>	5
NUCYNTA ER.....	1	<i>paroxetine hcl tabs</i>	12
NUDEXTA.....	17	PASER.....	7
NULOJIX.....	22	PATADAY eye soln.....	24
NUVIGIL.....	25	PATANASE.....	25
NYSTATIN/TRIAMCINOLONE.....	18	PATANOL eye soln.....	24
<i>nystatin crm, oint, topical powder</i>	18	PAXIL susp.....	5
<i>nystatin susp, tabs</i>	6	PAXIL susp.....	12
O		PEDVAX HIB.....	22
<i>octreotide</i>	21	<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	19
<i>ofloxacin</i>	3	<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	19
<i>ofloxacin ear soln</i>	24	PEGANONE.....	4
<i>ofloxacin eye soln</i>	24	PEGASYS.....	22
<i>olanzapine</i>	10	PEG-INTRON.....	22
<i>olanzapine</i>	12	<i>penicillin g potassium for inj</i>	3
OLEPTRO.....	5	PENICILLIN G POTASSIUM inj in dextrose.....	3
<i>omeprazole DR caps</i>	19	PENICILLIN G SODIUM for inj.....	3
OMNITROPE.....	20	<i>penicillin v potassium</i>	3
ONCASPAR.....	9	PENNSAID.....	1
<i>ondansetron inj</i>	6	PENNSAID.....	7
<i>ondansetron ODT, oral soln, tabs</i>	6	PENNSAID.....	18
ONFI.....	4	PENTACEL.....	22
ONGLYZA.....	13	PENTAM 300.....	10
ONTAK.....	9	PENTASA.....	23
ORACEA caps.....	18	<i>pentostatin</i>	9
<i>oral contraceptives – all generics</i>	20	<i>pentoxifylline ER tabs</i>	14

<i>perindopril</i>	16	<i>primidone</i>	4
PERJETA.....	9	PRISTIQ.....	5
<i>permethrin</i>	10	PROAIR HFA.....	25
<i>perphenazine</i>	6	<i>probenecid</i>	6
<i>perphenazine</i>	10	<i>probenecid/colchicine</i>	6
<i>phenelzine</i>	5	PROCHLORPERAZINE inj.....	6
<i>phenobarbital tabs</i>	4	PROCHLORPERAZINE inj.....	10
PHENOBARBITAL tabs.....	4	<i>prochlorperazine supp, tabs</i>	6
<i>phenytoin sodium ER caps</i>	4	<i>prochlorperazine supp, tabs</i>	11
<i>phenytoin susp</i>	4	PROCRIT.....	14
PHOSPHOLINE IODIDE eye soln.....	24	PROGLYCEM.....	13
PICATO.....	18	PROGRAF inj.....	22
<i>pilocarpine eye soln, gel</i>	24	PROLASTIN*.....	25
<i>pilocarpine tabs</i>	17	PROLEUKIN.....	9
PILOPINE HS eye gel.....	24	PROLIA.....	23
PINDOLOL.....	16	PROMACTA*.....	14
<i>piperacillin/tazobactam for inj</i>	3	<i>promethazine supp, syrup, tabs</i>	6
<i>piroxicam</i>	7	<i>promethazine supp, syrup, tabs</i>	25
PLAVIX tabs.....	14	<i>propafenone</i>	16
<i>podofilox soln</i>	18	<i>propafenone ER</i>	16
<i>polyethylene glycol 3350 oral powder</i>	19	<i>propranolol ER caps</i>	7
<i>polymyxin B/trimethoprim eye soln</i>	24	<i>propranolol ER caps</i>	16
<i>potassium chloride ER caps</i>	26	<i>propranolol tabs</i>	7
<i>potassium chloride ER tabs</i>	26	<i>propranolol tabs</i>	16
<i>potassium citrate ER</i>	19	<i>propylthiouracil</i>	21
<i>potassium citrate ER</i>	26	PROQUAD.....	22
POTIGA.....	4	PROTOPIC.....	18
PRADAXA.....	14	PROTOPIC.....	22
<i>pramipexole</i>	10	<i>protriptyline</i>	5
PRANDIN.....	13	PROVIGIL.....	25
<i>pravastatin</i>	16	PULMOZYME.....	25
<i>prazosin</i>	16	PYLERA.....	19
<i>prazosin</i>	19	<i>pyrazinamide</i>	7
<i>prednicarbate</i>	18	<i>pyridostigmine</i>	7
<i>prednisolone acetate eye susp</i>	24	Q	
<i>prednisolone sodium phosphate oral soln</i>	20	<i>quetiapine</i>	5
<i>prednisolone syrup</i>	20	<i>quetiapine</i>	11
<i>prednisone dose-pack</i>	20	<i>quetiapine</i>	13
PREDNISONE oral soln, tabs.....	20	<i>quinapril</i>	16
<i>prednisone tabs</i>	20	<i>quinapril/hydrochlorothiazide</i>	16
PREMARIN tabs.....	20	<i>quinidine gluconate ER</i>	16
PREMARIN vaginal crm.....	20	<i>quinidine sulfate</i>	16
PREMPHASE.....	21	QVAR.....	25
PREMPRO.....	21	R	
PREVACID SOLUTAB.....	19	RABAVERT.....	22
PREVPAC.....	3	<i>ramipril</i>	16
PREVPAC.....	19	RANEXA.....	16
PREZISTA.....	11	<i>ranitidine caps, syrup</i>	19
PRIFTIN.....	7	<i>ranitidine tabs</i>	19
PRIMAQUINE.....	10		

RAPAFLO.....	19	SEROQUEL XR.....	13
RAPAMUNE.....	22	<i>sertraline oral conc.</i>	5
REBETOL oral soln.....	11	<i>sertraline oral conc.</i>	12
RECOMBIVAX HB.....	22	<i>sertraline tabs.</i>	5
RELISTOR.....	19	<i>sertraline tabs.</i>	12
REMICADE.....	22	<i>silver sulfadiazine crm.</i>	18
REMODULIN*.....	16	SIMULECT.....	22
REVELA.....	19	<i>simvastatin.</i>	16
RESCRIPTOR.....	11	SINGULAIR.....	25
RESTASIS eye emulsion.....	24	<i>sodium chloride irrigation.</i>	18
RETROVIR IV.....	11	<i>sodium polystyrene sulfonate.</i>	26
REVLIMID*.....	9	SOLARAZE gel.....	18
REYATAZ.....	11	SOLU-MEDROL for inj.....	20
RIBAPAK.....	12	SOMATULINE DEPOT.....	21
RIBASPHERE tabs.....	12	SOMAVERT*.....	21
<i>ribavirin caps, tabs.</i>	12	SORIATANE caps.....	18
RIDAURA.....	22	<i>sotalol AF tabs.</i>	16
<i>rifampin.</i>	7	<i>sotalol tabs.</i>	16
RILUTEK.....	17	SPIRIVA HANDIHALER.....	25
<i>rimantadine.</i>	12	<i>spironolactone.</i>	16
RISPERDAL CONSTA.....	11	<i>spironolactone/hydrochlorothiazide.</i>	16
RISPERDAL CONSTA.....	13	SPRYCEL.....	9
RISPERIDONE ODT.....	11	STALEVO.....	10
RISPERIDONE ODT.....	13	<i>stavudine.</i>	12
<i>risperidone ODT, oral soln.</i>	11	STIMATE.....	20
<i>risperidone ODT, oral soln.</i>	13	STREPTOMYCIN.....	3
<i>risperidone tabs.</i>	11	STROMECTOL.....	10
<i>risperidone tabs.</i>	13	SUBOXONE.....	2
RITUXAN*.....	9	<i>sucralfate tabs.</i>	19
<i>rivastigmine caps.</i>	5	<i>sulfacetamide sodium/prednisolone eye soln.</i>	24
<i>ropinirole.</i>	10	<i>sulfacetamide sodium eye soln.</i>	24
ROTARIX.....	22	<i>sulfacetamide sodium lotn.</i>	18
ROTATEQ.....	22	SULFADIAZINE.....	3
S		SULFAMETHOXAZOLE/TRIMETHOPRIM inj.....	3
SABRIL.....	4	<i>sulfamethoxazole/trimethoprim susp.</i>	3
SANCTURA XR.....	19	<i>sulfamethoxazole/trimethoprim tabs.</i>	3
SANDIMMUNE oral soln.....	22	<i>sulfasalazine.</i>	23
SANTYL.....	18	<i>sulfasalazine DR.</i>	23
SAPHRIS.....	11	<i>sulindac.</i>	7
<i>selegiline.</i>	10	<i>sumatriptan inj.</i>	7
<i>selenium sulfide lotn, shampoo.</i>	18	SUMATRIPTAN nasal spray.....	7
SELZENTRY.....	12	<i>sumatriptan tabs.</i>	7
SENSIPAR.....	21	SUPRAX tabs.....	3
SEREVENT DISKUS.....	25	SURMONTIL.....	5
SEROMYCIN.....	7	SUSTIVA.....	12
SEROQUEL.....	5	SUTENT.....	9
SEROQUEL.....	11	SYLATRON.....	9
SEROQUEL.....	13	SYMBICORT.....	25
SEROQUEL XR.....	5	SYMLINPEN.....	13
SEROQUEL XR.....	11	SYNAGIS.....	22

SYNAREL.....	21	<i>tobramycin/dexamethasone eye susp.....</i>	24
SYNERCID.....	3	<i>tobramycin eye soln.....</i>	24
SYPRINE.....	26	<i>tobramycin for inj, inj.....</i>	3
T		TOBRAMYCIN inj in saline.....	3
TABLOID.....	9	<i>tolmetin sodium caps.....</i>	7
<i>tacrolimus.....</i>	22	<i>topiramate sprinkle caps.....</i>	4
TAMIFLU.....	12	<i>topiramate sprinkle caps.....</i>	7
<i>tamoxifen.....</i>	9	<i>topiramate tabs.....</i>	4
<i>tamsulosin.....</i>	19	<i>topiramate tabs.....</i>	7
TARCEVA.....	9	<i>topotecan for inj.....</i>	9
TARGRETIN caps.....	9	TOPOTECAN inj.....	9
TARGRETIN gel.....	9	TORISEL.....	9
TARGRETIN gel.....	18	<i>torsemid tabs.....</i>	16
TASIGNA.....	9	TOVIAZ.....	19
TASMAR.....	10	TRACLEER*.....	16
TAXOTERE.....	9	TRADJENTA.....	13
TAZORAC crm, gel.....	18	<i>tramadol.....</i>	1
TEFLARO.....	3	<i>tramadol/acetaminophen.....</i>	1
TEGRETOL-XR.....	4	<i>tramadol ER.....</i>	1
TEKTURNA.....	16	<i>trandolapril.....</i>	16
TEKTURNA HCT.....	16	<i>tranexamic acid inj.....</i>	14
TEMODAR for IV.....	9	<i>tranylcypromine.....</i>	5
TENIVAC.....	22	TRAVATAN Z eye soln.....	24
<i>terazosin.....</i>	16	<i>trazodone.....</i>	5
<i>terazosin.....</i>	19	TREANDA.....	9
<i>terbinafine.....</i>	6	TRECATOR.....	7
<i>terbutaline tabs.....</i>	25	TRELSTAR DEPOT.....	21
<i>terconazole.....</i>	6	TRELSTAR DEPOT MIXJECT.....	21
<i>testosterone cypionate.....</i>	21	TRELSTAR LA.....	21
<i>testosterone enanthate.....</i>	21	TRELSTAR LA MIXJECT.....	21
TETANUS/DIPHThERIA ADSORBED adult.....	22	TRELSTAR MIXJECT.....	21
<i>tetracycline caps.....</i>	3	TRETINOIN caps.....	9
TETRACYCLINE caps.....	3	<i>tretinoin crm, gel.....</i>	18
THALOMID.....	9	<i>triamcinolone acetonide paste.....</i>	17
THALOMID.....	22	<i>triamcinolone crm, lotn, oint.....</i>	18
<i>theophylline ER tabs.....</i>	25	<i>triamcinolone nasal spray.....</i>	25
<i>theophylline ER tabs.....</i>	25	TRIAMCINOLONE oint.....	18
<i>thioridazine.....</i>	11	<i>triamterene/hydrochlorothiazide.....</i>	16
THIOTEPA.....	9	<i>trifluoperazine.....</i>	11
<i>thiothixene.....</i>	11	<i>trifluridine eye soln.....</i>	24
THYMOGLOBULIN.....	22	<i>trihexyphenidyl.....</i>	10
TIKOSYN.....	16	TRILEPTAL susp.....	4
TIMENTIN.....	3	TRILIPIX.....	16
<i>timolol maleate eye soln.....</i>	24	<i>trimethoprim tabs.....</i>	4
<i>timolol maleate gel-forming eye soln.....</i>	24	<i>trimipramine.....</i>	5
TIMOLOL tabs.....	7	TRIPEDIA.....	22
TIMOLOL tabs.....	16	TRISENOX.....	9
<i>tizanidine.....</i>	11	TRIZIVIR.....	12
TOBI.....	3	<i>tropicamide eye soln.....</i>	24
TOBRADEX eye oint.....	24	<i>trospium.....</i>	20

TRUVADA.....	12	VIIBRYD.....	5
TWINRIX.....	22	VIMOVO.....	7
TYGACIL.....	4	VIMPAT.....	5
TYKERB*.....	9	VINBLASTINE.....	9
TYPHIM VI.....	23	<i>vincristine</i>	9
TYSABRI*.....	17	<i>vinorelbine</i>	9
TYSABRI*.....	23	VIRACEPT.....	12
TYZEKA.....	12	VIRAMUNE.....	12
TYZINE.....	25	VIRAMUNE XR.....	12
TYZINE PEDIATRIC.....	25	VIREAD.....	12
U		VISTIDE.....	12
ULESFIA.....	10	VIVELLE-DOT.....	21
ULORIC.....	6	VIVITROL.....	2
<i>urea/hydrocortisone acetate crm</i>	18	VOLTAREN gel.....	1
<i>ursodiol caps</i>	19	VOLTAREN gel.....	7
UVADEX.....	9	VOLTAREN gel.....	18
V		<i>voriconazole</i>	6
VAGIFEM vaginal tabs.....	21	VOTRIENT.....	9
<i>valacyclovir</i>	12	VPRIV.....	18
VALCYTE.....	12	VYTORIN.....	16
<i>valproate inj</i>	4	W	
<i>valproic acid</i>	4	<i>warfarin tabs</i>	14
<i>valproic acid</i>	13	<i>water for irrigation</i>	18
VANCOCIN caps.....	4	WELCHOL.....	13
<i>vancomycin caps</i>	4	WELCHOL.....	16
<i>vancomycin for inj</i>	4	X	
VANCOMYCIN inj in dextrose.....	4	XALKORI.....	9
VANDETANIB*.....	9	XARELTO.....	14
VAQTA.....	23	XENAZINE*.....	17
VARIVAX.....	23	XIFAXAN tabs.....	4
VECTIBIX.....	9	XOLAIR.....	23
VECTICAL oint.....	18	XYREM*.....	25
VELCADE.....	9	Y	
<i>venlafaxine</i>	5	YERVOY.....	9
<i>venlafaxine ER caps</i>	5	YF-VAX.....	23
<i>venlafaxine ER caps</i>	12	Z	
<i>venlafaxine ER tabs</i>	5	<i>zafirlukast</i>	25
<i>venlafaxine ER tabs</i>	12	<i>zaleplon</i>	25
VENTOLIN HFA.....	25	ZANOSAR.....	9
<i>verapamil ER</i>	16	ZAVESCA*.....	18
<i>verapamil tabs</i>	16	ZELBORAF.....	9
VESICARE.....	20	ZEMPLAR.....	23
VFEND IV.....	6	ZENPEP.....	19
VFEND susp.....	6	ZERIT oral soln.....	12
VICTOZA.....	13	ZETIA.....	16
VICTRELIS.....	12	ZIAGEN.....	12
VIDAZA.....	9	<i>zidovudine</i>	12
VIDEX.....	12		
VIGAMOX eye soln.....	24		

ZINACEF inj in dextrose, inj in sterile water.....	4
<i>ziprasidone</i>	11
<i>ziprasidone</i>	13
ZOLINZA.....	9
<i>zolpidem</i>	25
ZOMETA.....	23
<i>zonisamide</i>	5
ZORTRESS.....	23
ZOSTAVAX.....	23
ZOSYN IV in dextrose.....	4
ZOVIRAX oint.....	18
ZYPREXA for inj.....	11
ZYPREXA for inj.....	13
ZYPREXA RELPREVV*.....	11
ZYTIGA.....	9
ZYTIGA.....	21
ZYVOX.....	4



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