Williamson County Government

Cigna-HealthSpring Preferred with Rx (HMO)

2016 List of Covered Drugs (Formulary)

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

This formulary was updated on September 9, 2015. For more recent information or other questions, please contact Cigna-HealthSpring Preferred with Rx (HMO) at 1-888-281-7867 or, for TTY users, 711, 8AM-8PM, local time, Monday through Friday. Between October 1 and February 14, we are also open Saturday and Sunday, or visit www.mycigna.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Cigna-HealthSpring. When it refers to “plan” or “our plan,” it means Cigna-HealthSpring Preferred with Rx (HMO).

This document includes a list of the drugs for our plan which is current as of September 2015. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2017, and from time to time during the year.

Please call our Customer Service number listed on the front and back cover pages. Customer Service also has free language interpreter services available for non-English speakers.

This information is available for free in other languages. Please call our customer service number at 1-888-281-7867 (TTY 711), Monday through Friday 8am-8pm. Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro servicio al cliente al 1-888-281-7867 (TTY 711), de lunes a Viernes, 8 am a 8 pm.

INT_16_37755

What is the Cigna-HealthSpring RX PDP Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2016 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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 drug list changes, such as removing a drug from our drug list, will not affect customers who are currently taking the drug. It will remain available at the same cost-sharing for those customers 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 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 drug list, 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 customers of the change at least 60 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug. The enclosed formulary is current as of September 9, 2015. To get updated information about the drugs covered by Cigna-HealthSpring Preferred with Rx (HMO), please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this drug list 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 7 then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index of Medications section that begins on page 47. The Index of Medications provides a list of all of the drugs included in this document. Both brand name drugs and generic drugs are in the Drug List. Look in the Index of Medications section of the document 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 of Medications section and find the name of your drug in the first column of the list.

What are generic drugs?

Cigna-HealthSpring Preferred with Rx (HMO) 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: Cigna-HealthSpring Preferred with Rx (HMO) requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Cigna-HealthSpring Preferred with Rx (HMO) before you fill your prescriptions. If you don't get approval, Cigna-HealthSpring Preferred with Rx (HMO) may not cover the drug.
- Quantity Limits: For certain drugs, Cigna-HealthSpring Preferred with Rx (HMO) limits the amount of the drug that Cigna-HealthSpring Preferred with Rx (HMO) will cover. For example, Cigna-HealthSpring Preferred with Rx (HMO) provides 30 (tablets) per prescription for CRESTOR. This may be in addition to a standard one-month or three-month supply.
- Step Therapy: In some cases, Cigna-HealthSpring Preferred with Rx (HMO) 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, Cigna-HealthSpring Preferred with Rx (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna-HealthSpring Preferred with Rx (HMO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You can ask Cigna-HealthSpring Preferred with Rx (HMO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Cigna-HealthSpring Preferred with Rx (HMO) drug list?" on the next page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications prescribed by your doctor is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. As part of our commitment to coordinating your healthcare needs, we have set a goal of helping you take your medications at least 80% of the time. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90 day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90 day prescriptions of these medications can ensure that you don't miss a dose.
- Consider using a mail-order pharmacy for your maintenance medications. For diseases such as high cholesterol, diabetes, and high blood pressure, use of a mail-order pharmacy can be an easy, reliable way to ensure that you don't run out of these important medications. Use of a mail-order pharmacy is very convenient, and can help ensure that you never run out of your medications.
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna-HealthSpring Preferred with Rx (HMO) coverage.

- Ask your doctor if there are any lower-cost generic alternatives available for any of your current medications.
- Explore whether the 'CMS extra help' program may offer additional financial support for your medications.

- If your medication is not covered on the Cigna-HealthSpring Preferred with Rx (HMO) drug list, talk with your doctor about alternative medications which are covered in the drug list.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that Cigna-HealthSpring Preferred with Rx (HMO) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Cigna-HealthSpring Preferred with Rx (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cigna-HealthSpring Preferred with Rx (HMO).
- You can ask Cigna-HealthSpring Preferred with Rx (HMO) 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 Cigna-HealthSpring Preferred with Rx (HMO) Formulary?

You can ask Cigna-HealthSpring Preferred with Rx (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not in our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna-HealthSpring Preferred with Rx (HMO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to provide a tiering exception for a higher cost sharing drug to be covered at a lower cost-sharing tier. If your drug is contained in our Non-Preferred Brand tier or the Non-Preferred Generic tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the respective Preferred Brand or Preferred Generic tier instead. This would lower the amount you must pay for your drug. If your drug is contained in our Brand tier you can ask to cover it at the cost-sharing amount that applies to drugs in the respective Generic tier if all generic alternatives in the lower cost tier used to treat the same condition/disease are determined to be not as effective as the Brand. Please note, if we grant your request to cover a drug that is not in our drug list, you may <u>not</u> ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, Cigna-HealthSpring Preferred with Rx (HMO) will only approve your request for an exception if the alternative drugs included on the plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing customer in our plan you may be taking drugs that are not in our formulary. Or, you may be taking a drug that is on our formulary list 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 customer of our plan.

For each of your drugs that is not on our drug list 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 customer 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 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 customer of our plan. If you need a drug that is not in our drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna-HealthSpring will allow a one-time 31-day supply (unless the prescription is written for fewer days).

For more information

For more detailed information about your Cigna-HealthSpring Preferred with Rx (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Cigna-HealthSpring Preferred with Rx (HMO), please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

Cigna-HealthSpring Preferred with Rx (HMO) Drug List

The comprehensive drug list provides coverage information about all of the drugs covered by Cigna-HealthSpring Preferred with Rx (HMO). If you have trouble finding your drug in the list, turn to the Index of Medications that begins on page 47.

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

The information in the Requirements/Limits column tells you if Cigna-HealthSpring Preferred with Rx (HMO) has any special requirements for coverage of your drug.

This plan offers additional prescription drug coverage in the coverage gap. Please refer to your Evidence of Coverage to see if your plan has this coverage and for more information. Also, you will note gap coverage (GC) will appear in the drug listing.

We provide quantity limits on certain drugs which are indicated with a QL in the Alphabetical Drug list on page 7 along with the amount dispensed per the days supplied. (For example: CRESTOR 30/30; this means the drug CRESTOR is limited to 30 tablets per 30 days).

2016 Copay Table

Cigna-HealthSpring Preferred with Rx (HMO) Copays/Coinsurance				
	30-day supply Retail Pharmacy or 31-day supply From a Long Term Care Pharmacy	90-day supply Retail Pharmacy	90-day supply Mail Order Pharmacy	30-day supply Out of Network Pharmacy
Williamson County Government				
Tier 1	$10	$20	$20	30%
Tier 2	$25	$50	$50	30%
Tier 3	$50	$100	$100	30%

Please see prescription drug tier descriptions below:

T1: Preferred Generic Drugs

T2: Preferred Brand Drugs

T3: Non-Preferred /Specialty

2016 Comprehensive Formulary

Cost-Sharing Tier Description

Tier 1: Generic Drugs
Tier 2: Preferred-Brand Name Drugs
Tier 3: Non-Preferred Brand Name and Specialty Drugs

Symbol Key - Utilization Management Requirements/ Limits

B vs. D Coverage determination for Part B or Part D required. Note: Inhalant solutions used in a nebulizer are only covered under Part D when the member is located in a long term care (LTC) setting.

PA Prior Authorization is required - your doctor must obtain prior approval for this drug.

QL Quantity Limits Apply - You may only obtain coverage for a limited amount of this drug.

RA Restricted Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service (phone numbers are on the cover of this booklet) 8:00 am to 8:00 pm Monday through Friday. Between October 15 and February 14, we're also open Saturday and Sunday.

ST Step Therapy is required - You must first use another drug before these drugs can be approved for use.

***** Applies to new starts only

+ This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Generally all medications on the formulary are available through mail order except when special circumstances or situations prohibit mailing a particular medication to your home.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
acetaminophen-codeine 300mg-15mg tablet	1	QL (360 per 30 days)
acetaminophen-codeine 300mg-30mg tablet	1	QL (360 per 30 days)
acetaminophen-codeine 300mg-60mg tablet	1	QL (240 per 30 days)
acetaminophen-codeine solution	1	QL (5000 per 30 days)
ascomp with codeine capsule	2	PA,QL (180 per 30 days)
butalb-caff-acetaminoph-codein capsule	2	PA,QL (180 per 30 days)
butalbital/acetaminophen/caffeine/codeine capsule	2	PA,QL (180 per 30 days)
butalbital/apap/caffeine capsule	2	PA,QL (180 per 30 days)
butalbital/apap/caffeine oral	2	PA,QL (180 per 30 days)
butalbital-acetaminophen-caffe oral	2	PA,QL (180 per 30 days)
butalbital-aspirin-caffeine oral	2	PA,QL (180 per 30 days)
butorphanol tartrate spray	1	QL (6 per 30 days)
butorphanol tartrate vial	3	
celecoxib capsule	1	QL (60 per 30 days)
diclofenac potassium tablet	1	
diclofenac sodium 25 mg tablet dr	1	
diclofenac sodium 50 mg tablet dr	1	
diclofenac sodium 75 mg tablet dr	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
diclofenac sodium tab er 24h	1	
diflunisal tablet	1	
DURAMORPH AMPUL	3	
endocet tablet	1	QL (360 per 30 days)
endodan tablet	1	QL (360 per 30 days)
etodolac capsule	1	
etodolac tab er 24h	1	
etodolac tablet	1	
fenoprofen calcium tablet	1	
fentanyl citrate lozenge hd	3	PA,QL (120 per 30 days)
fentanyl patch td72	1	QL (15 per 30 days)
fentanyl patch, transdermal 72 hours	1	QL (15 per 30 days)
flurbiprofen tablet	1	
hydrocodone bit-ibuprofen tablet	2	QL (150 per 30 days)
hydrocodone-acetaminophen 2.5-325mg tablet	2	QL (360 per 30 days)
hydrocodone-acetaminophen 10mg-300mg tablet	2	QL (390 per 30 days)
hydrocodone-acetaminophen 10mg-325mg tablet	2	QL (360 per 30 days)
hydrocodone-acetaminophen 5mg-300mg tablet	2	QL (390 per 30 days)
hydrocodone-acetaminophen 5mg-325mg tablet	2	QL (360 per 30 days)
hydrocodone-acetaminophen 7.5-300mg tablet	2	QL (390 per 30 days)
hydrocodone-acetaminophen 7.5-325mg tablet	2	QL (360 per 30 days)
hydrocodone-acetaminophen solution	2	QL (5400 per 30 days)
hydromorphone hcl oral	1	QL (1200 per 30 days)
hydromorphone hcl tablet	1	QL (240 per 30 days)
hydromorphone hcl vial	3	
ibuprofen oral susp	1	
ibuprofen tablet	1	
ketoprofen capsule	1	
ketoprofen oral	1	
LAZANDA SPRAY/PUMP	3	PA,QL (44 per 28 days)
levorphanol tartrate tablet	1	QL (180 per 30 days)
lorcet hd oral	2	QL (360 per 30 days)
lorcet oral	2	QL (360 per 30 days)
lorcet plus tablet	2	QL (360 per 30 days)
lortab oral	2	QL (360 per 30 days)
meclofenamate sodium capsule	1	
meloxicam tablet	1	
methadone hcl 10 mg/5 ml solution	1	QL (2000 per 30 days)
methadone hcl 5 mg/5 ml solution	1	QL (4000 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl tablet	1	QL (360 per 30 days)
methadone hcl vial	3	
morphine sulfate 10 mg/5 ml solution	1	QL (5400 per 30 days)
morphine sulfate 100 mg/5ml solution	1	QL (540 per 30 days)
morphine sulfate 20 mg/5 ml solution	1	QL (2700 per 30 days)
morphine sulfate er tablet er	1	QL (90 per 30 days)
MORPHINE SULFATE INJECTION	3	
MORPHINE SULFATE SYRINGE	3	
MORPHINE SULFATE TABLET	2	QL (360 per 30 days)
nabumetone tablet	1	
nalbuphine hcl vial	3	
naproxen 250 mg tablet	1	
naproxen 375 mg tablet	1	
naproxen 500 mg tablet	1	
naproxen oral susp	1	
naproxen sodium tablet	1	
naproxen tablet dr	1	
oxaprozin tablet	1	
oxycodone hcl capsule	1	QL (240 per 30 days)
oxycodone hcl oral conc	1	QL (360 per 30 days)
oxycodone hcl solution	1	QL (1200 per 30 days)
oxycodone hcl tablet	1	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
oxycodone hcl-acetaminophen tablet	1	QL (360 per 30 days)
oxycodone hcl-aspirin tablet	1	QL (360 per 30 days)
oxycodone hcl-ibuprofen tablet	1	QL (150 per 30 days)
oxycodone-acetaminophen tablet	1	QL (360 per 30 days)
oxymorphone hcl tab er 12h	1	QL (60 per 30 days)
piroxicam capsule	1	
reprexain tablet	2	QL (150 per 30 days)
sulindac tablet	1	
TALWIN VIAL	3	
tolmetin sodium capsule	1	
tolmetin sodium tablet	1	
tramadol hcl tab er 24h	1	QL (30 per 30 days)
tramadol hcl tablet	1	QL (240 per 30 days)
tramadol hcl tbmp 24hr	1	QL (30 per 30 days)
tramadol hcl-acetaminophen tablet	1	QL (240 per 30 days)
trezix capsule	1	QL (360 per 30 days)
vicodin es tablet	2	QL (390 per 30 days)
vicodin hp tablet	2	QL (390 per 30 days)
vicodin tablet	2	QL (390 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
XARTEMIS XR TABLET, ORAL ONLY, IR AND ER, BIPHASIC	3	QL (120 per 30 days)
Anesthetics		
lidocaine hcl injection	3	
lidocaine hcl jel	1	
lidocaine hcl jel/pf app	1	
lidocaine hcl jelly with prefilled applicator	1	
lidocaine hcl solution	1	
lidocaine hcl vial	3	
lidocaine hcl viscous solution	1	
lidocaine ointment	1	
lidocaine topical	1	PA,QL (90 per 30 days)
lidocaine-prilocaine cream	1	
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium oral	1	PA
buprenorphine hcl disp syrin	3	
buprenorphine hcl tab subl	1	PA,QL (24 per 30 days)
buprenorphine-naloxone tab subl	1	PA,QL (90 per 30 days)
buproban tablet er	1	QL (60 per 30 days)
CHANTIX TAB DS PK	2	PA,QL (106 per 365 days)
CHANTIX TABLET	2	PA,QL (336 per 365 days)
disulfiram tablet	1	
naloxone hcl disp syrin	1	
naltrexone hcl oral	1	PA
NICOTROL CARTRIDGE	2	PA,QL (504 per 30 days)
NICOTROL NS SPRAY	2	QL (40 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
SUBOXONE FILM	2	PA,QL (90 per 30 days)
Antibacterials		
alcohol swabs pad	1	
amikacin sulfate vial	3	
amox tr-potassium clavulanate susp recon	1	
amox tr-potassium clavulanate tab chew	1	
amox tr-potassium clavulanate tablet	1	
amoxicillin capsule	1	
amoxicillin susp recon	1	
amoxicillin tab chew	1	
amoxicillin tablet	1	
amoxicillin-clavulanate er tab er 12h	1	
ampicillin sodium vial	3	
ampicillin trihydrate capsule	1	
ampicillin trihydrate susp recon	1	
ampicillin-sulbactam vial	3	
ampicillin-sulbactam vial with threaded port	3	
AUGMENTIN ORAL	2	
AVELOX IV PIGGYBACK	3	
AZACTAM-ISO-OSMOTIC DEXTROSE FROZ.PIGGY	3	
AZASITE DROPS	2	
azithromycin 100 mg/5ml susp recon	1	QL (150 per 30 days)
azithromycin 200 mg/5ml susp recon	1	QL (75 per 30 days)
azithromycin oral	2	QL (3 per 30 days)
azithromycin tablet	1	QL (12 per 28 days)
azithromycin vial port	3	
azithromycin vial with threaded port	3	
aztreonam vial	3	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
baciim vial	3	
bacitracin oint.	1	
bacitracin vial	3	
bacitracin-polymyxin oint.	1	
BACTROBAN NASAL OINT.	2	
BICILLIN L-A DISP SYRIN	3	
BLEPHAMIDE DROPS SUSP	2	
BLEPHAMIDE S.O.P. OINT.	2	
cefaclor capsule	1	
cefaclor er tab er 12h	1	
cefaclor oral	1	
cefadroxil capsule	1	
cefadroxil susp recon	1	
cefadroxil tablet	1	
cefazolin sodium froz.piggy	3	
cefazolin sodium vial	3	
cefdinir capsule	1	
cefdinir susp recon	1	
cefepime hcl vial	3	
cefepime-dextrose intravenous solution, piggyback	3	
cefixime suspension, reconstituted, oral	1	
cefotaxime sodium injection	3	
cefotaxime sodium vial	3	
cefotetan vial	3	
cefoxitin vial	3	
cefpodoxime proxetil susp recon	1	
cefpodoxime proxetil tablet	1	
cefprozil susp recon	1	
cefprozil tablet	1	
ceftazidime piggyback	3	
ceftazidime vial	3	
ceftriaxone vial	3	
ceftriaxone vial port	3	
cefuroxime sodium vial	3	
cefuroxime tablet	1	
cephalexin capsule	1	
cephalexin susp recon	1	
cephalexin tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
chloramphenicol sod succinate vial	1	
CILOXAN OINT.	2	
CIPRO HC DROPS SUSP	2	
CIPRODEX DROPS SUSP	2	
ciprofloxacin er tbmp 24hr	1	
ciprofloxacin hcl 100 mg tablet	1	
ciprofloxacin hcl 250 mg tablet	1	
ciprofloxacin hcl 500 mg tablet	1	
ciprofloxacin hcl 750 mg tablet	1	
ciprofloxacin hcl drops	1	
ciprofloxacin oral	1	
ciprofloxacin vial	3	
ciprofloxacin-d5w piggyback	3	
clarithromycin er tab er 24h	1	QL (60 per 30 days)
clarithromycin susp recon	1	
clarithromycin tablet	1	
clindamax gel	1	
clindamycin hcl capsule	1	
clindamycin phosphate cream/appl	1	
clindamycin phosphate gel	1	
clindamycin phosphate lotion	1	
clindamycin phosphate med. swab	1	
clindamycin phosphate solution	1	
clindamycin phosphate vial port	3	
clindamycin phosphate-d5w piggyback	3	
colistimethate sodium vial	3	
CUBICIN VIAL	3	BvsD
demeclocycline hcl tablet	1	
dicloxacillin sodium capsule	1	
doxy 100 vial	3	
doxycycline hyclate 100 mg tablet	1	
doxycycline hyclate 20 mg tablet	1	
doxycycline hyclate capsule	1	
doxycycline hyclate vial	3	
doxycycline monohydrate caps	1	
doxycycline monohydrate capsule	1	
doxycycline monohydrate susp recon	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
doxycycline monohydrate tablet	1	
doxycycline monohydrate tabs	1	
E.E.S. 200 SUSP RECON	2	
e.e.s. 400 tablet	1	
ery med. swab	1	
ERYPED 200 SUSP RECON	2	
ERYPED 400 SUSP RECON	2	
ERY-TAB TABLET DR	2	
ERYTHROCIN LACTOBIONATE VIAL PORT	3	
erythrocin stearate tablet	1	
erythromycin ethylsuccinate tablet	1	
erythromycin gel	1	
erythromycin oint.	1	
erythromycin solution	1	
erythromycin tablet	1	
gentak oint.	1	
gentamicin sulfate cream	1	
gentamicin sulfate drops	3	
gentamicin sulfate in ns piggyback	3	
gentamicin sulfate oint.	1	
gentamicin sulfate ophthalmic	1	
gentamicin sulfate vial	3	
gentamicin sulfate vial port	3	
ilotycin ointment	1	
imipenem-cilastatin sodium vial	1	
INVANZ VIAL	3	
KETEK TABLET	2	QL (20 per 30 days)
lansoprazol-amoxicil-clarithro oral	1	
levofloxacin solution	1	
levofloxacin tablet	1	
levofloxacin vial	3	
levofloxacin-d5w piggyback	3	
LINCOCIN VIAL	3	
linezolid intravenous solution	3	PA
linezolid tabs	3	PA
meropenem vial	1	
methenamine hippurate tablet	1	
metronidazole cream	1	

Drug Name	Drug Tier	Requirements/ Limits
metronidazole gel	1	
metronidazole gel w/appl	1	
metronidazole lotion	1	
metronidazole piggyback	3	
metronidazole tablet	1	
minocycline hcl capsule	1	
minocycline hcl tablet	1	
MOXEZA DROPS VISC	2	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin oint.	1	
nafcillin sodium vial	3	
neomycin sulfate tablet	1	
neomycin-bacitracin-poly-hc oint.	1	
neomycin-bacitracin-polymyxin oint.	1	
neomycin-polymyxin b ampul	3	
neomycin-polymyxin-gramicidin drops	1	
neomycin-polymyxin-hc drops susp	1	
nitrofurantoin capsule	1	QL (90 per 365 days)
nitrofurantoin macrocrystals caps	1	QL (90 per 365 days)
nitrofurantoin mono-macro capsule	1	QL (90 per 365 days)
nitrofurantoin oral susp	1	
NORITATE TOPICAL	2	
ofloxacin drops	1	
ofloxacin tablet	1	
oxacillin sodium vial	3	
paromomycin sulfate capsule	1	
penicillin g potassium vial	3	
penicillin v potassium 250 mg tablet	1	
penicillin v potassium 500 mg tablet	1	
penicillin v potassium soln recon	1	
piperacillin-tazobactam vial	3	
piperacillin-tazobactam vial port	3	
polymyxin b sulfate vial	3	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
polymyxin b sul-trimethoprim drops	1	
PRIMSOL SOLUTION	2	
silver sulfadiazine cream	2	
SSD CREAM	2	
streptomycin sulfate vial	3	
sulfacetamide sodium drops	1	
sulfacetamide sodium suspension	1	
sulfacetamide-prednisolone drops	1	
sulfadiazine tablet	1	
sulfamethoxazole-trimethoprim oral susp	1	
sulfamethoxazole-trimethoprim tablet	1	
sulfamethoxazole-trimethoprim vial	3	
SUPRAX SUSP RECON	2	
SYNERCID VIAL	3	
tazicef vial	3	
TEFLARO VIAL	3	
tetracycline hcl capsule	1	
tobramycin drops	1	
tobramycin sulfate vial	3	
TOBREX OINT.	2	
trimethoprim tablet	1	
TYGACIL VIAL	3	
vancomycin hcl 125 mg capsule	3	QL (40 per 10 days)
vancomycin hcl 250 mg capsule	3	QL (80 per 10 days)
vancomycin hcl vial	3	
vancomycin hcl vial port	3	
vandazole gel w/appl	1	
VIGAMOX DROPS	2	
XIFAXAN 200 MG TABLET	3	PA,QL (9 per 30 days)
XIFAXAN 550 MG TABLET	3	PA,QL (60 per 30 days)
ZMAX SUS ER REC	2	QL (60 per 30 days)
ZOSYN FROZ.PIGGY	3	

Drug Name	Drug Tier	Requirements/ Limits
ZYLET DROPS SUSP	2	
ZYVOX SUSP RECON	3	PA
Anticonvulsants		
APTIOM 200 MG ORAL	3	QL (30 per 30 days)
APTIOM 400 MG ORAL	3	QL (30 per 30 days)
APTIOM 600 MG ORAL	3	QL (60 per 30 days)
APTIOM 800 MG ORAL	3	QL (30 per 30 days)
BANZEL 200 MG TABLET	3	PA
BANZEL 400 MG TABLET	3	PA
BANZEL ORAL SUSP	3	PA
carbamazepine cpmp 12hr	1	
carbamazepine oral susp	1	
carbamazepine tab chew	1	
carbamazepine tablet	1	
carbamazepine xr tab er 12h	1	
CELONTIN CAPSULE	2	
clonazepam 0.125 mg tab rapdis	1	QL (150 per 30 days)
clonazepam 0.25 mg tab rapdis	1	QL (150 per 30 days)
clonazepam 0.5 mg tab rapdis	1	QL (150 per 30 days)
clonazepam 0.5 mg tablet	1	QL (150 per 30 days)
clonazepam 1 mg tab rapdis	1	QL (150 per 30 days)
clonazepam 1 mg tablet	1	QL (150 per 30 days)
clonazepam 2 mg tab rapdis	1	QL (300 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
clonazepam 2 mg tablet	1	QL (300 per 30 days)
diazepam kit	2	
DILANTIN CAPSULE	2	
divalproex sodium cap sprink	1	
divalproex sodium er tab er 24h	1	
divalproex sodium tablet dr	1	
epitol tablet	1	
ethosuximide capsule	1	
ethosuximide solution	1	
felbamate oral susp	1	
felbamate tablet	1	
fosphenytoin sodium vial	3	
FYCOMPA ORAL	3	
gabapentin capsule	1	
gabapentin solution	1	
gabapentin tablet	1	
GABITRIL 12 MG ORAL	2	QL (120 per 30 days)
GABITRIL 16 MG ORAL	2	QL (90 per 30 days)
lamotrigine er oral	1	
lamotrigine er tablet, extended release 24 hr	1	
lamotrigine odt tablet,disintegrating	1	
lamotrigine tab er 24	1	
lamotrigine tablet	1	
lamotrigine tb chw dsp	1	
levetiracetam solution	1	
levetiracetam tab er 24h	1	
levetiracetam tablet	1	
levetiracetam vial	3	
levetiracetam-nacl intravenous solution, piggyback	3	
LYRICA 100 MG CAPSULE	2	QL (90 per 30 days)
LYRICA 150 MG CAPSULE	2	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
LYRICA 200 MG CAPSULE	2	QL (90 per 30 days)
LYRICA 225 MG CAPSULE	2	QL (60 per 30 days)
LYRICA 25 MG CAPSULE	2	QL (90 per 30 days)
LYRICA 300 MG CAPSULE	2	QL (60 per 30 days)
LYRICA 50 MG CAPSULE	2	QL (90 per 30 days)
LYRICA 75 MG CAPSULE	2	QL (90 per 30 days)
LYRICA SOLUTION	2	QL (900 per 30 days)
ONFI 10 MG TABLET	2	QL (60 per 30 days)
ONFI 20 MG TABLET	2	QL (120 per 30 days)
ONFI ORAL	2	QL (480 per 30 days)
oxcarbazepine oral susp	1	
oxcarbazepine tablet	1	
PEGANONE TABLET	2	
phenobarbital elixir	1	
phenobarbital tablet	1	
phenytoin oral	1	
phenytoin sodium extended capsule	1	
phenytoin sodium vial	3	
phenytoin tab chew	1	
POTIGA TABLET	2	PA,QL (90 per 30 days)
primidone tablet	1	
SABRIL POWD PACK	3	PA,QL (200 per 30 days)
SABRIL TABLET	3	PA,QL (180 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
TEGRETOL XR TAB ER 12H	2	
tiagabine hcl 2 mg tablet	1	QL (240 per 30 days)
tiagabine hcl 4 mg tablet	1	
topiramate cap sprink	1	
topiramate tablet	1	
TROKENDI XR 100 MG CP24	3	QL (30 per 30 days)
TROKENDI XR 200 MG CP24	3	QL (60 per 30 days)
TROKENDI XR 25 MG CP24	3	QL (30 per 30 days)
TROKENDI XR 50 MG CP24	3	QL (30 per 30 days)
valproate sodium vial	3	
valproic acid capsule	1	
valproic acid solution	1	
VIMPAT SOLUTION	2	QL (1200 per 30 days)
VIMPAT TABLET	2	QL (60 per 30 days)
VIMPAT VIAL	3	QL (1200 per 30 days)
zonisamide capsule	1	
Antidementia Agents		
donepezil hcl 10 mg tab rapdis	1	QL (60 per 30 days)
donepezil hcl 10 mg tablet	1	QL (60 per 30 days)
donepezil hcl 23 mg tablet	1	QL (30 per 30 days)
donepezil hcl 5 mg tab rapdis	1	QL (30 per 30 days)
donepezil hcl 5 mg tablet	1	QL (30 per 30 days)
ergoloid mesylates tablet	1	PA
EXELON PATCH TD24	2	QL (30 per 30 days)
galantamine hbr cap24h pel	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
galantamine hbr tablet	1	QL (60 per 30 days)
galantamine hydrobromide solution	1	QL (200 per 30 days)
NAMENDA 10 MG TABLET	2	QL (60 per 30 days)
NAMENDA 5 MG TABLET	2	QL (90 per 30 days)
NAMENDA SOLUTION	2	QL (300 per 30 days)
NAMENDA TAB DS PK	2	QL (49 per 28 days)
NAMENDA XR CAP SPR 24	2	QL (30 per 30 days)
NAMENDA XR CAP24 DSPK	2	QL (28 per 28 days)
rivastigmine capsule	1	QL (60 per 30 days)
Antidepressants		
amitriptyline hcl tablet	2	PA
amoxapine tablet	1	
BRINTELLIX ORAL	3	QL (30 per 30 days),ST
bupropion hcl sr 100 mg tablet er	1	QL (60 per 30 days)
bupropion hcl sr 150 mg tablet er	1	QL (90 per 30 days)
bupropion hcl sr 200 mg tablet er	1	QL (60 per 30 days)
bupropion hcl tablet	1	
bupropion xl 150 mg tab er 24h	1	QL (90 per 30 days)
bupropion xl 300 mg tab er 24h	1	QL (30 per 30 days)
citalopram hbr 10 mg tablet	1	QL (60 per 30 days)
citalopram hbr 20 mg tablet	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet	1	QL (30 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
citalopram hbr solution	1	QL (600 per 30 days)
clomipramine hcl capsule	1	PA
desipramine hcl tablet	1	
doxepin hcl capsule	2	PA
doxepin hcl oral conc	2	PA
duloxetine hcl dr 20 mg oral	1	QL (60 per 30 days)
duloxetine hcl dr 30 mg oral	1	QL (90 per 30 days)
duloxetine hcl dr 60 mg oral	1	QL (60 per 30 days)
EMSAM 12MG/24HR PATCH TD24	3	
EMSAM 6 MG/24 HR PATCH TD24	2	
EMSAM 9 MG/24 HR PATCH TD24	2	
escitalopram oxalate solution	1	
escitalopram oxalate tablet	1	
FETZIMA 20-40 MG TITRATION ORAL	3	QL (28 per 28 days),ST
FETZIMA ER 120 MG ORAL	3	QL (30 per 30 days),ST
FETZIMA ER 20 MG ORAL	3	QL (30 per 30 days),ST
FETZIMA ER 40 MG ORAL	3	QL (30 per 30 days),ST
FETZIMA ER 80 MG ORAL	3	QL (30 per 30 days),ST
fluoxetine dr capsule dr	1	
fluoxetine hcl capsule	1	
fluoxetine hcl solution	1	
fluoxetine hcl tablet	1	
fluvoxamine maleate 100 mg cap er 24h	1	QL (90 per 30 days)
fluvoxamine maleate 150 mg cap er 24h	1	QL (60 per 30 days)
fluvoxamine maleate tablet	1	
imipramine hcl tablet	2	PA

Drug Name	Drug Tier	Requirements/ Limits
imipramine pamoate capsule	2	PA
maprotiline hcl oral	1	
MARPLAN TABLET	3	
mirtazapine tab rapdis	1	QL (30 per 30 days)
mirtazapine tablet	1	QL (30 per 30 days)
nefazodone hcl tablet	1	QL (60 per 30 days)
nortriptyline hcl capsule	1	
nortriptyline hcl solution	1	
olanzapine-fluoxetine hcl capsule	1	QL (30 per 30 days)
paroxetine hcl 10 mg tablet	1	QL (30 per 30 days)
paroxetine hcl 12.5 mg tab er 24h	1	QL (30 per 30 days)
paroxetine hcl 20 mg tablet	1	QL (60 per 30 days)
paroxetine hcl 25 mg tab er 24h	1	QL (90 per 30 days)
paroxetine hcl 30 mg tablet	1	QL (60 per 30 days)
paroxetine hcl 37.5 mg tab er 24h	1	QL (60 per 30 days)
paroxetine hcl 40 mg tablet	1	QL (60 per 30 days)
PAXIL ORAL SUSP	2	QL (900 per 30 days),ST
perphenazine-amitriptyline tablet	1	PA
phenelzine sulfate tablet	1	
PRISTIQ ER TAB ER 24H	3	QL (30 per 30 days)
PRISTIQ ER TABLET, EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
protriptyline hcl tablet	1	
sertraline hcl 100 mg tablet	1	QL (60 per 30 days)
sertraline hcl 25 mg tablet	1	QL (30 per 30 days)
sertraline hcl 50 mg tablet	1	QL (90 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
sertraline hcl oral conc	1	QL (300 per 30 days)
SURMONTIL CAPSULE	3	PA
tranylcypromine sulfate tablet	1	
trazodone hcl 100 mg tablet	1	
trazodone hcl 150 mg tablet	1	
trazodone hcl 300 mg tablet	1	
trazodone hcl 50 mg tablet	1	
venlafaxine hcl er cap er 24h	1	
venlafaxine hcl er oral	1	
venlafaxine hcl er tab er 24	1	
venlafaxine hcl tablet	1	
VIIBRYD TAB DS PK	3	QL (30 per 30 days),ST
VIIBRYD TABLET	3	QL (30 per 30 days),ST
Antiemetics		
ALOXI VIAL	3	BvsD
dronabinol capsule	1	PA,QL (90 per 30 days)
EMEND 125 MG CAPSULE	2	QL (4 per 30 days),BvsD
EMEND 40 MG CAPSULE	2	QL (2 per 30 days),BvsD
EMEND 80 MG CAPSULE	2	QL (8 per 30 days),BvsD
EMEND CAP DS PK	2	QL (12 per 30 days),BvsD
granisetron hcl tablet	1	QL (60 per 30 days),BvsD
granisetron hcl vial	3	BvsD
meclizine hcl tablet	1	
ondansetron hcl 24 mg tablet	1	BvsD

Drug Name	Drug Tier	Requirements/ Limits
ondansetron hcl 4 mg tablet	1	QL (90 per 30 days),BvsD
ondansetron hcl 8 mg tablet	1	QL (90 per 30 days),BvsD
ondansetron hcl solution	1	BvsD
ondansetron hcl syringe	3	
ondansetron hcl vial	3	
ondansetron odt tab rapdis	1	QL (90 per 30 days),BvsD
promethazine hcl syrup	1	PA
promethazine hcl tablet	1	PA
TRANSDERM-SCOP PATCH TD72	2	QL (12 per 36 days)
Antifungals		
ABELCET VIAL	3	PA
AMBISOME VIAL	3	PA
amphotericin b vial	3	PA
CANCIDAS VIAL	3	PA
ciclopirox cream	1	
ciclopirox shampoo	1	
ciclopirox solution	1	
ciclopirox suspension	1	
clotrimazole cream	1	
clotrimazole solution	1	
clotrimazole troche	1	
clotrimazole-betamethasone cream	1	
clotrimazole-betamethasone lotion	1	
econazole nitrate cream	1	
fluconazole 100 mg tablet	1	
fluconazole 150 mg tablet	1	QL (8 per 30 days)
fluconazole 200 mg tablet	1	
fluconazole 50 mg tablet	1	
fluconazole in dextrose piggyback	3	
fluconazole susp recon	1	
flucytosine capsule	3	
griseofulvin oral susp	1	
griseofulvin tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin ultramicrosize tablet	1	
itraconazole capsule	1	PA,QL (120 per 30 days)
ketoconazole cream	1	
ketoconazole shampoo	1	
ketoconazole tablet	1	
naftifine hcl crea	1	
NAFTIN GEL	2	
NAFTIN TOPICAL	2	
NATACYN DROPS SUSP	2	
NOXAFIL ORAL	3	PA,QL (93 per 30 days)
NOXAFIL ORAL SUSP	3	PA,QL (600 per 30 days)
nyamyc powder	1	
nystatin cream	1	
nystatin oint.	1	
nystatin oral susp	1	
nystatin powder	1	
nystatin tablet	1	
nystatin-triamcinolone cream	1	
nystatin-triamcinolone oint.	1	
nystop powder	1	
SPORANOX SOLUTION	2	PA
terbinafine hcl tablet	1	QL (180 per 365 days)
terconazole cream/appl	1	
terconazole supp.vag	1	
voriconazole oral	3	PA
voriconazole tablet	3	PA
voriconazole vial	3	PA
Antigout Agents		
allopurinol tablet	1	
ALOPRIM VIAL	3	
colchicine capsule	1	
colchicine tablet	1	
COLCRYS TABLET	2	
probenecid tablet	1	
probenecid-colchicine tablet	1	
ULORIC TABLET	2	ST
Antimigraine Agents		
cafergot oral	1	
dihydroergotamine mesylate vial	1	
migergot rectal	1	
naratriptan hcl tablet	1	QL (9 per 30 days)
rizatriptan tab rapdis	1	QL (12 per 30 days)
rizatriptan tablet	1	QL (12 per 30 days)
sumatriptan nasal	2	QL (12 per 30 days)
sumatriptan succinate pen injctr	1	QL (8 per 30 days)
sumatriptan succinate tablet	1	QL (9 per 30 days)
sumatriptan succinate vial	1	QL (8 per 30 days)
Antimyasthenic Agents		
GUANIDINE HCL TABLET	2	
MESTINON TABLET ER	2	
pyridostigmine bromide tablet	1	
Antimycobacterials		
CAPASTAT SULFATE VIAL	3	
dapsone tablet	1	
ethambutol hcl tablet	1	
isoniazid 100 mg tablet	1	
isoniazid 300 mg tablet	1	
isoniazid solution	1	
isoniazid vial	3	
PASER PACKET	2	
pyrazinamide tablet	1	
rifabutin oral	1	
rifampin capsule	1	
rifampin vial	3	
RIFATER TABLET	2	
SIRTURO TABLET	3	PA
TRECATOR TABLET	2	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastics		
ABRAXANE VIAL	3	BvsD
adrucil vial	3	BvsD
AFINITOR 10 MG TABLET	3	PA,QL (60 per 30 days)
AFINITOR 2.5 MG TABLET	3	PA,QL (30 per 30 days)
AFINITOR 5 MG TABLET	3	PA,QL (30 per 30 days)
AFINITOR 7.5 MG TABLET	3	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG ORAL	3	PA,QL (60 per 30 days)
AFINITOR DISPERZ 3 MG ORAL	3	PA,QL (60 per 30 days)
AFINITOR DISPERZ 5 MG ORAL	3	PA,QL (120 per 30 days)
ALIMTA VIAL	3	BvsD
amifostine vial	3	BvsD
anastrozole tablet	1	QL (30 per 30 days)
ARRANON VIAL	3	
ARZERRA VIAL	3	BvsD
AVASTIN VIAL	3	BvsD
azacitidine injection	3	BvsD
BELEODAQ VIAL	3	PA
bicalutamide tablet	1	
BICNU VIAL	3	BvsD
bleomycin sulfate vial	3	BvsD
BOSULIF TABLET	3	PA
BUSULFEX VIAL	3	BvsD
CAPRELSA TABLET	3	PA
carboplatin vial	3	BvsD
cisplatin vial	3	BvsD
cladribine vial	3	BvsD

Drug Name	Drug Tier	Requirements/ Limits
CLOLAR VIAL	3	BvsD
COMETRIQ CAPSULE	3	PA
COSMEGEN VIAL	3	BvsD
cyclophosphamide oral	2	BvsD
cytarabine vial	3	BvsD
dacarbazine vial	3	BvsD
daunorubicin hcl vial	3	BvsD
DAUNOXOME VIAL	3	BvsD
decitabine intravenous	3	
dexrazoxane vial	3	BvsD
DOCEFREZ VIAL	3	BvsD
docetaxel vial	3	BvsD
doxorubicin hcl vial	1	BvsD
DROXIA CAPSULE	2	
ELITEK VIAL	3	BvsD
EMCYT CAPSULE	2	
epirubicin hcl vial	3	BvsD
ERBITUX VIAL	3	BvsD
ERIVEDGE CAPSULE	3	PA,QL (30 per 30 days)
ERWINAZE INTRAMUSCULAR	3	BvsD
ETOPOPHOS VIAL	3	BvsD
etoposide vial	2	BvsD
exemestane tablet	1	
FARESTON TABLET	3	
FARYDAK CAPSULE	3	PA,QL (9 per 28 days)
FASLODEX DISP SYRIN	3	BvsD
fludarabine phosphate vial	3	BvsD
fluorouracil vial	3	BvsD
flutamide capsule	1	
FOLOTYN VIAL	3	BvsD
FUSILEV VIAL	3	
gemcitabine hcl vial	3	BvsD
GILOTRIF ORAL	3	PA,QL (30 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
GLEEVEC TABLET	3	PA,QL (60 per 30 days)
GLEOSTINE CAPSULE	2	
HALAVEN VIAL	3	PA
HERCEPTIN VIAL	3	BvsD
HEXALEN CAPSULE	3	
hydroxyurea capsule	1	
IBRANCE CAPSULE	3	PA,QL (21 per 28 days)
ICLUSIG TABLET	3	PA
idarubicin hcl vial	3	BvsD
ifosfamide vial	3	BvsD
IMBRUVICA ORAL	3	PA,QL (120 per 30 days)
INLYTA 1 MG TABLET	3	PA,QL (240 per 30 days)
INLYTA 5 MG TABLET	3	PA,QL (120 per 30 days)
irinotecan hcl vial	3	BvsD
ISTODAX VIAL	3	PA
IXEMPRA VIAL	3	BvsD
JAKAFI TABLET	3	PA,QL (60 per 30 days)
JEVTANA INTRAVENOUS	3	BvsD
KADCYLA VIAL	3	PA
KEYTRUDA VIAL	3	PA
LENVIMA CAPSULE	3	PA
letrozole tablet	1	QL (30 per 30 days)
leucovorin calcium tablet	1	
leucovorin calcium vial	3	
LEUKERAN TABLET	2	
levoleucovorin calcium vial	3	
LOMUSTINE ORAL	2	

Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA CAPSULE	3	PA,QL (480 per 30 days)
MATULANE CAPSULE	3	
MEKINIST TABLET	3	PA
melphalan hcl vial	3	BvsD
mercaptopurine tablet	1	
mesna vial	1	BvsD
MESNEX TABLET	3	
mitomycin vial	3	BvsD
mitoxantrone hcl vial	1	BvsD
MUSTARGEN VIAL	3	BvsD
NEXAVAR TABLET	3	PA
NILANDRON TABLET	3	
NIPENT VIAL	3	BvsD
ONCASPAR INJECTION	3	BvsD
OPDIVO VIAL	3	PA
oxaliplatin vial	3	BvsD
paclitaxel vial	3	BvsD
PANRETIN GEL	3	
PERJETA VIAL	3	PA
POMALYST CAPSULE	3	PA,QL (21 per 28 days)
PROLEUKIN VIAL	3	BvsD
PURIXAN SUSPENSION, ORAL (FINAL DOSE FORM)	3	PA
REVLIMID CAPSULE	3	PA,QL (28 per 28 days)
REVLIMID ORAL	3	PA,QL (28 per 28 days)
RITUXAN VIAL	3	PA
SOLTAMOX SOLUTION	2	
SPRYCEL TABLET	3	PA
STIVARGA TABLET	3	PA,QL (84 per 21 days)
SUTENT CAPSULE	3	PA
SYLATRON KIT	3	PA
SYNRIBO VIAL	3	PA

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
TABLOID TABLET	2	
TAFINLAR CAPSULE	3	PA
tamoxifen citrate tablet	1	
TARCEVA TABLET	3	PA
TARGRETIN CAPSULE	3	
TARGRETIN GEL	3	
TASIGNA CAPSULE	3	PA
THALOMID 100 MG CAPSULE	3	PA,QL (90 per 30 days)
THALOMID 150 MG CAPSULE	3	PA,QL (60 per 30 days)
THALOMID 200 MG CAPSULE	3	PA,QL (60 per 30 days)
THALOMID 50 MG CAPSULE	3	PA,QL (60 per 30 days)
toposar vial	2	BvsD
topotecan hcl vial	3	
TREANDA VIAL	3	BvsD
tretinoin capsule	3	
TRISENOX AMPUL	3	BvsD
TYKERB TABLET	3	PA
VALCHLOR GEL	3	PA
VECTIBIX VIAL	2	BvsD
VELCADE VIAL	3	BvsD
vinblastine sulfate vial	3	BvsD
vincristine sulfate vial	3	BvsD
vinorelbine tartrate vial	3	BvsD
VOTRIENT TABLET	3	PA,QL (120 per 30 days)
XALKORI CAPSULE	3	PA,QL (60 per 30 days)
XTANDI CAPSULE	3	PA,QL (120 per 30 days)
YERVOY VIAL	3	BvsD
ZALTRAP VIAL	3	PA
ZANOSAR VIAL	3	BvsD
ZELBORAF TABLET	3	PA,QL (240 per 30 days)
ZOLINZA CAPSULE	3	QL (120 per 30 days)
ZYDELIG TABLET	3	PA,QL (60 per 30 days)
ZYKADIA ORAL	3	PA
ZYTIGA TABLET	3	PA,QL (120 per 30 days)
Antiparasitics		
ALBENZA TABLET	2	
ALINIA SUSP RECON	2	
ALINIA TABLET	2	
atovaquone oral	3	
atovaquone-proguanil hcl oral	1	
atovaquone-proguanil hcl tablet	1	
chloroquine phosphate tablet	1	
COARTEM TABLET	2	
DARAPRIM TABLET	2	
hydroxychloroquine sulfate tablet	1	
ivermectin tablet	1	
lindane lotion	1	
lindane shampoo	1	
malathion lotion	1	
mefloquine hcl tablet	1	
NEBUPENT VIAL-NEB	2	BvsD
PENTAM 300 VIAL	2	
permethrin cream	1	
PRIMAQUINE TABLET	2	
quinine sulfate capsule	1	
Antiparkinson Agents		
APOKYN CARTRIDGE	3	PA,QL (60 per 30 days)
AZILECT TABLET	2	
benztropine mesylate tablet	1	PA

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
benztropine mesylate vial	3	
bromocriptine mesylate capsule	1	
bromocriptine mesylate tablet	1	
carbidopa oral	1	
carbidopa-levodopa tab rapdis	1	
carbidopa-levodopa tablet	1	
carbidopa-levodopa tablet er	1	
carbidopa-levodopa-entacapone oral	2	
entacapone tablet	1	
NEUPRO PATCH TD24	3	PA,QL (30 per 30 days)
pramipexole dihydrochloride tablet	1	QL (90 per 30 days)
pramipexole er tablet, extended release 24 hr	1	QL (90 per 30 days)
ropinirole hcl tablet	1	
selegiline hcl capsule	1	
selegiline hcl tablet	1	
tolcapone tabs	3	
trihexyphenidyl hcl elixir	1	PA
trihexyphenidyl hcl tablet	1	PA
Antipsychotics		
ABILIFY DISCMELT TAB RAPDIS	3	QL (60 per 30 days),ST
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED RELEASE SYRINGE	3	QL (1.5 per 30 days)
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED RELEASE SYRINGE	3	QL (2 per 30 days)
ABILIFY MAINTENA SUSER VIAL	3	QL (1.5 per 30 days)
aripiprazole tabs	1	QL (30 per 30 days),ST
chlorpromazine hcl ampul	3	
chlorpromazine hcl tablet	1	
clozapine odt tablet,disintegrating	2	

Drug Name	Drug Tier	Requirements/ Limits
clozapine odt tbdp	2	
clozapine tablet	1	
compro supp.rect	1	
FANAPT 1 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 10 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 12 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 2 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 4 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 6 MG TABLET	3	QL (60 per 30 days),ST
FANAPT 8 MG TABLET	3	QL (60 per 30 days),ST
FANAPT TAB DS PK	3	QL (16 per 30 days),ST
FAZACLO TAB RAPDIS	3	ST
fluphenazine decanoate vial	3	
fluphenazine hcl 1 mg tablet	1	
fluphenazine hcl 10 mg tablet	1	
fluphenazine hcl 2.5 mg tablet	1	
fluphenazine hcl 5 mg tablet	1	
fluphenazine hcl elixir	1	
fluphenazine hcl oral conc	1	
fluphenazine hcl vial	3	
GEODON VIAL	3	QL (60 per 30 days)
haloperidol 0.5 mg tablet	1	
haloperidol 1 mg tablet	1	
haloperidol 10 mg tablet	1	
haloperidol 2 mg tablet	1	
haloperidol 20 mg tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
haloperidol 5 mg tablet	1	
haloperidol decanoate vial	3	
haloperidol lactate oral conc	1	
haloperidol lactate vial	3	
INVEGA 1.5 MG TAB ER 24	3	QL (30 per 30 days),ST
INVEGA 3 MG TAB ER 24	3	QL (30 per 30 days),ST
INVEGA 6 MG TAB ER 24	3	QL (60 per 30 days),ST
INVEGA 9 MG TAB ER 24	3	QL (30 per 30 days),ST
INVEGA SUSTENNA 117MG/0.75 DISP SYRIN	3	QL (0.75 per 28 days)
INVEGA SUSTENNA 156 MG/ML DISP SYRIN	3	QL (1 per 28 days)
INVEGA SUSTENNA 234MG/1.5 DISP SYRIN	3	QL (1.5 per 28 days)
INVEGA SUSTENNA 39MG/0.25 DISP SYRIN	3	QL (0.25 per 28 days)
INVEGA SUSTENNA 78MG/0.5ML DISP SYRIN	3	QL (0.5 per 28 days)
LATUDA 120 MG TABLET	3	QL (30 per 30 days),ST
LATUDA 20 MG TABLET	3	QL (30 per 30 days),ST
LATUDA 40 MG TABLET	3	QL (30 per 30 days),ST
LATUDA 80 MG TABLET	3	QL (60 per 30 days),ST

Drug Name	Drug Tier	Requirements/ Limits
LATUDA ORAL	3	QL (30 per 30 days),ST
loxapine capsule	1	
olanzapine odt tab rapdis	1	QL (30 per 30 days)
olanzapine tablet	1	QL (30 per 30 days)
olanzapine vial	3	
ORAP TABLET	2	
perphenazine tablet	1	
prochlorperazine edisylate vial	3	
prochlorperazine maleate 10 mg tablet	1	
prochlorperazine maleate 5 mg tablet	1	
prochlorperazine maleate supp.rect	1	
quetiapine fumarate tablet	1	QL (90 per 30 days)
RISPERDAL CONSTA 12.5MG/2ML DISP SYRIN	3	
RISPERDAL CONSTA 25 MG/2 ML DISP SYRIN	3	
RISPERDAL CONSTA 37.5MG/2ML DISP SYRIN	3	
RISPERDAL CONSTA 50 MG/2 ML DISP SYRIN	3	
risperidone 0.25 mg tablet	1	QL (90 per 30 days)
risperidone 0.5 mg tablet	1	QL (90 per 30 days)
risperidone 1 mg tablet	1	QL (90 per 30 days)
risperidone 2 mg tablet	1	QL (90 per 30 days)
risperidone 3 mg tablet	1	QL (90 per 30 days)
risperidone 4 mg tablet	1	QL (120 per 30 days)
risperidone odt 0.25 mg tab rapdis	1	QL (90 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
risperidone odt 0.5 mg tab rapdis	1	QL (90 per 30 days)
risperidone odt 1 mg tab rapdis	1	QL (90 per 30 days)
risperidone odt 2 mg tab rapdis	1	QL (90 per 30 days)
risperidone odt 3 mg tab rapdis	1	QL (90 per 30 days)
risperidone odt 4 mg tab rapdis	1	QL (120 per 30 days)
risperidone solution	1	QL (360 per 30 days)
SAPHRIS SUBL	2	QL (60 per 30 days),ST
SAPHRIS TAB SUBL	2	QL (60 per 30 days),ST
SEROQUEL XR 150 MG TAB ER 24H	2	QL (30 per 30 days)
SEROQUEL XR 200 MG TAB ER 24H	2	QL (30 per 30 days)
SEROQUEL XR 300 MG TAB ER 24H	2	QL (60 per 30 days)
SEROQUEL XR 400 MG TAB ER 24H	2	QL (60 per 30 days)
SEROQUEL XR 50 MG TAB ER 24H	2	QL (60 per 30 days)
thioridazine hcl tablet	1	PA
thiothixene 1 mg capsule	1	
thiothixene 10 mg capsule	1	
thiothixene 2 mg capsule	1	
thiothixene 5 mg capsule	1	
trifluoperazine hcl tablet	1	
VERSACLOZ ORAL	3	
ziprasidone hcl capsule	1	QL (60 per 30 days)
ZYPREXA RELPREVV VIAL	3	
Antispasticity Agents		
baclofen 10 mg tablet	1	
baclofen 20 mg tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
dantrolene sodium capsule	1	
tizanidine hcl tablet	1	
Antivirals		
abacavir tablet	1	
abacavir-lamivudine-zidovudine oral	3	
acyclovir capsule	1	
acyclovir oint.	1	
acyclovir oral susp	1	
acyclovir sodium vial	3	
acyclovir tablet	1	
adefovir dipivoxil oral	3	QL (30 per 30 days)
amantadine capsule	1	
amantadine syrup	1	
amantadine tablet	1	
APTIVUS CAPSULE	3	
APTIVUS SOLUTION	3	
ATRIPLA TABLET	3	
BARACLUDE SOLUTION	2	
cidofovir vial	3	
COMPLERA TABLET	3	
CRIXIVAN CAPSULE	2	
DENAVIR CREAM	2	
didanosine capsule dr	1	
EDURANT TABLET	3	
EMTRIVA CAPSULE	2	
EMTRIVA SOLUTION	2	
entecavir tablet	1	
EPIVIR HBV SOLUTION	2	
EPZICOM TABLET	3	
EVOTAZ TABLET	3	
famciclovir tablet	1	QL (21 per 7 days)
foscarnet sodium infus. btl	3	BvsD
FUZEON KIT	3	QL (60 per 30 days)
ganciclovir sodium vial	3	BvsD
HARVONI TABLET	3	PA,QL (28 per 28 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

2016 Comprehensive Formulary

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE 100 MG TABLET	3	QL (120 per 30 days)
INTELENCE 200 MG TABLET	3	QL (60 per 30 days)
INTELENCE 25 MG TABLET	3	QL (180 per 30 days)
INTRON A 18MM UNIT VIAL	3	
INTRON A 50MM UNIT VIAL	3	
INTRON A 10MM UNIT VIAL	3	
INTRON A 6MMUNIT/ML VIAL	3	
INVIRASE CAPSULE	3	
INVIRASE TABLET	3	
ISENTRESS 100 MG TAB CHEW	2	QL (180 per 30 days)
ISENTRESS 25 MG TAB CHEW	2	QL (360 per 30 days)
ISENTRESS ORAL	2	
ISENTRESS TABLET	3	QL (60 per 30 days)
KALETRA 100MG-25MG TABLET	3	
KALETRA 200MG-50MG TABLET	3	
KALETRA SOLUTION	3	
lamivudine hbv oral	1	
lamivudine solution, oral	1	
lamivudine tablet	1	
lamivudine-zidovudine tablet	3	
LEXIVA ORAL SUSP	3	
LEXIVA TABLET	3	
moderiba oral	1	PA
moderiba oral	3	PA
nevirapine er oral	1	
nevirapine oral	2	
nevirapine tablet	1	
NORVIR CAPSULE	2	
NORVIR SOLUTION	2	
NORVIR TABLET	2	

Drug Name	Drug Tier	Requirements/ Limits
OLYSIO ORAL	3	PA,QL (28 per 28 days)
PEGINTRON KIT	3	PA
PEGINTRON REDIPEN PEN IJ KIT	3	PA
PEGINTRON SUBCUTANEOUS	3	PA
PREZCOBIX TABLET	3	
PREZISTA 150 MG TABLET	3	QL (180 per 30 days)
PREZISTA 600 MG TABLET	3	QL (60 per 30 days)
PREZISTA 75 MG TABLET	3	QL (360 per 30 days)
PREZISTA 800 MG TABLET	3	QL (30 per 30 days)
PREZISTA ORAL SUSP	3	QL (400 per 30 days)
REBETOL SOLUTION	3	PA
RESCRIPTOR TAB DISPER	2	
RESCRIPTOR TABLET	2	
RETROVIR VIAL	3	
REYATAZ CAPSULE	3	
REYATAZ POWDER IN PACKET	3	
RIBAPAK TAB DS PK	3	PA
ribasphere 200 mg tablet	1	PA
RIBASPHERE 400 MG TABLET	3	PA
RIBASPHERE 600 MG TABLET	3	PA
ribasphere capsule	1	PA
ribavirin capsule	1	PA
ribavirin tablet	1	PA
rimantadine hcl tablet	1	
SELZENTRY 150 MG TABLET	3	QL (60 per 30 days)
SELZENTRY 300 MG TABLET	3	QL (120 per 30 days)
SOVALDI ORAL	3	PA,QL (28 per 28 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
stavudine capsule	1	
stavudine soln recon	1	
STRIBILD TABLET	3	
SUSTIVA CAPSULE	2	
SUSTIVA TABLET	2	
TAMIFLU 30 MG CAPSULE	2	QL (120 per 365 days)
TAMIFLU 45 MG CAPSULE	2	QL (60 per 365 days)
TAMIFLU 75 MG CAPSULE	2	QL (56 per 365 days)
TAMIFLU SUSP RECON	2	QL (700 per 365 days)
TIVICAY ORAL	3	QL (60 per 30 days)
trifluridine drops	1	
TRIUMEQ TABLET	3	QL (30 per 30 days)
TRUVADA TABLET	3	
TYBOST TABLET	2	
TYZEKA TABLET	3	PA
valacyclovir 1000 mg tablet	1	QL (30 per 30 days)
valacyclovir 500 mg tablet	1	QL (60 per 30 days)
VALCYTE SOLN RECON	3	
valganciclovir hcl tablet	3	
VIDEX SOLN RECON	2	
VIRACEPT TABLET	3	
VIRAMUNE XR TAB ER 24H	2	
VIREAD POWDER	3	
VIREAD TABLET	3	
VITEKTA TABLET	3	
ZIAGEN SOLUTION	2	
zidovudine capsule	1	
zidovudine syrup	1	
zidovudine tablet	1	
ZIRGAN GEL	2	ST
ZOVIRAX CREAM	2	

Drug Name	Drug Tier	Requirements/ Limits
Anxiolytics		
alprazolam 0.25 mg tablet	1	QL (90 per 30 days)
alprazolam 0.5 mg tablet	1	QL (90 per 30 days)
alprazolam 1 mg tablet	1	QL (120 per 30 days)
alprazolam 2 mg tablet	1	QL (150 per 30 days)
alprazolam odt 0.25 mg tab rapdis	1	QL (90 per 30 days)
alprazolam odt 0.5 mg tab rapdis	1	QL (90 per 30 days)
alprazolam odt 1 mg tab rapdis	1	QL (120 per 30 days)
alprazolam odt 2 mg tab rapdis	1	QL (150 per 30 days)
buspirone hcl 10 mg tablet	1	
buspirone hcl 15 mg tablet	1	
buspirone hcl 30 mg tablet	1	
buspirone hcl 5 mg tablet	1	
buspirone hcl 7.5 mg tablet	1	
clorazepate dipotassium 15 mg tablet	1	QL (120 per 30 days)
clorazepate dipotassium 3.75 mg tablet	1	QL (90 per 30 days)
clorazepate dipotassium 7.5 mg tablet	1	QL (90 per 30 days)
diazepam solution	1	QL (1200 per 30 days)
diazepam tablet	1	QL (120 per 30 days)
lorazepam intensol oral conc	1	QL (150 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
lorazepam tablet	1	QL (120 per 30 days)
oxazepam capsule	1	QL (120 per 30 days)
Bipolar Agents		
lithium carbonate 150 mg capsule	1	
lithium carbonate 300 mg capsule	1	
lithium carbonate 600 mg capsule	1	
lithium carbonate tablet	1	
lithium carbonate tablet er	1	
Blood Glucose Regulators		
acarbose tablet	1	QL (90 per 30 days)
BYDUREON PEN PEN INJECTOR	2	QL (4 per 28 days)
BYDUREON VIAL	2	QL (4 per 28 days)
BYETTA PEN INJCTR	2	QL (2.4 per 30 days)
CYCLOSET TABLET	3	
glimepiride 1 mg tablet	1	QL (30 per 30 days)
glimepiride 2 mg tablet	1	QL (30 per 30 days)
glimepiride 4 mg tablet	1	QL (60 per 30 days)
glipizide er tab er 24	1	
glipizide tablet	1	
glipizide-metformin tablet	1	
GLUCAGEN VIAL	3	
GLYSET TABLET	2	
HUMALOG INSULN PEN	2	
HUMALOG KWIKPEN SOPN	2	
HUMALOG MIX 50-50 INSULN PEN	2	
HUMALOG MIX 50-50 VIAL	2	
HUMALOG MIX 75-25 INSULN PEN	2	
HUMALOG MIX 75-25 VIAL	2	
HUMALOG SOCT	2	
HUMALOG VIAL	2	

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70-30 INSULN PEN	2	
HUMULIN 70-30 SUBCUTANEOUS	2	
HUMULIN N INSULN PEN	2	
HUMULIN N VIAL	2	
HUMULIN R VIAL	2	
INVOKAMET TABLET	2	QL (60 per 30 days)
INVOKANA TABLET	2	QL (30 per 30 days)
JANUMET TABLET	2	QL (60 per 30 days)
JANUMET XR 100-1000MG TBMP 24HR	2	QL (30 per 30 days)
JANUMET XR 50-1000 MG TBMP 24HR	2	QL (60 per 30 days)
JANUMET XR 50MG-500MG TBMP 24HR	2	QL (60 per 30 days)
JANUVIA TABLET	2	QL (30 per 30 days)
JENTADUETO TABLET	2	QL (60 per 30 days)
LANTUS SOLOSTAR INSULN PEN	2	
LANTUS VIAL	2	
LEVEMIR FLEXPEN INSULN PEN	2	
LEVEMIR VIAL	2	
metformin hcl er tab er 24h	1	
metformin hcl tablet	1	
nateglinide tablet	1	QL (90 per 30 days)
pioglitazone hcl tablet	1	QL (30 per 30 days)
pioglitazone-glimepiride tablet	1	QL (30 per 30 days)
pioglitazone-metformin tablet	1	QL (90 per 30 days)
PROGLYCEM ORAL SUSP	2	
repaglinide oral	1	
repaglinide tablet	1	
RIOMET SOLUTION	2	
SYMLINPEN 120 PEN INJCTR	2	PA,QL (11 per 28 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
SYMLINPEN 60 PEN INJCTR	2	PA,QL (6 per 30 days)
TOUJEO SOLOSTAR INSULIN PEN	2	
TRADJENTA TABLET	2	QL (30 per 30 days)
TRULICITY PEN INJECTOR	2	QL (2 per 28 days)
VICTOZA 3-PAK PEN INJCTR	2	QL (9 per 30 days)
Blood Products/Modifiers/Volume Expanders		
AGGRENOX ORAL	2	QL (60 per 30 days)
anagrelide hcl capsule	1	
ARANESP 100 MCG/ML VIAL	3	PA
ARANESP 100MCG/0.5 DISP SYRIN	3	PA
ARANESP 150MCG/0.3 DISP SYRIN	3	PA
ARANESP 200 MCG/ML VIAL	3	PA
ARANESP 200MCG/0.4 DISP SYRIN	3	PA
ARANESP 25 MCG/ML VIAL	3	PA
ARANESP 25MCG/0.42 DISP SYRIN	3	PA
ARANESP 300MCG/0.6 DISP SYRIN	3	PA
ARANESP 300MCG/ML VIAL	3	PA
ARANESP 40 MCG/0.4 DISP SYRIN	3	PA
ARANESP 40MCG/ML VIAL	3	PA
ARANESP 500 MCG/ML DISP SYRIN	3	PA
ARANESP 60MCG/0.3 DISP SYRIN	3	PA
ARANESP 60MCG/ML VIAL	3	PA
ARANESP SYRINGE	3	PA
BRILINTA TABLET	2	QL (60 per 30 days)
cilostazol tablet	1	
clopidogrel 300 mg tablet	1	QL (1 per 30 days)
clopidogrel 75 mg tablet	1	QL (30 per 30 days)
EFFIENT 10 MG TABLET	3	QL (36 per 30 days)
EFFIENT 5 MG TABLET	3	QL (42 per 30 days)
ELIQUIS 2.5 MG TABLET	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS 5 MG TABLET	2	QL (74 per 30 days)
enoxaparin sodium 100 mg/ml disp syrin	3	QL (30 per 30 days)
enoxaparin sodium 120mg/.8ml disp syrin	3	QL (24 per 30 days)
enoxaparin sodium 150 mg/ml disp syrin	3	QL (30 per 30 days)
enoxaparin sodium 30mg/0.3ml disp syrin	3	QL (9 per 30 days)
enoxaparin sodium 40mg/0.4ml disp syrin	3	QL (12 per 30 days)
enoxaparin sodium 60mg/0.6ml disp syrin	3	QL (18 per 30 days)
enoxaparin sodium 80mg/0.8ml disp syrin	3	QL (24 per 30 days)
enoxaparin sodium vial	3	QL (90 per 30 days)
fondaparinux sodium 10mg/0.8ml disp syrin	3	QL (24 per 30 days)
fondaparinux sodium 2.5 mg/0.5 disp syrin	3	QL (15 per 30 days)
fondaparinux sodium 5mg/0.4ml disp syrin	3	QL (12 per 30 days)
fondaparinux sodium 7.5mg/0.6 disp syrin	3	QL (18 per 30 days)
heparin lock intravenous	3	
heparin sodium in 0.45% nacl intravenous	3	
heparin sodium injection	3	
heparin sodium-d5w intravenous	3	
jantoven tablet	1	
LEUKINE VIAL	3	PA
NEULASTA DISP SYRIN	3	PA
NEUMEGA VIAL	3	PA
NEUPOGEN DISP SYRIN	3	PA
NEUPOGEN SOLN	3	PA
NEUPOGEN VIAL	3	PA
PRADAXA CAPSULE	2	QL (60 per 30 days)
PROCRIT 10000/ML VIAL	3	PA
PROCRIT 2000/ML VIAL	3	PA

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT 20000/ML VIAL	3	PA
PROCRIT 3000/ML VIAL	3	PA
PROCRIT 4000/ML VIAL	3	PA
PROCRIT 40000/ML VIAL	3	PA
PROMACTA TABLET	3	PA,QL (30 per 30 days)
tranexamic acid tablet	1	
tranexamic acid vial	1	PA
warfarin sodium tablet	1	
XARELTO 10 MG TABLET	2	QL (30 per 30 days)
XARELTO 15 MG TABLET	2	QL (60 per 30 days)
XARELTO 20 MG TABLET	2	QL (30 per 30 days)
XARELTO TABLET, DOSE PACK	2	QL (102 per 365 days)
Cardiovascular Agents		
acebutolol hcl capsule	1	
acetazolamide sodium vial	3	
acetazolamide tablet	1	
afeditab cr tablet er	1	
amiloride hcl tablet	1	
amiloride-hydrochlorothiazide tablet	1	
amiodarone hcl ampul	3	
amiodarone hcl tablet	1	
amlodipine besylate tablet	1	
amlodipine besylate-benazepril capsule	1	
amlodipine-valsartan tablet	1	
amlodipine-valsartan-hctz tablet	1	
atenolol tablet	1	
atenolol-chlorthalidone tablet	1	
atorvastatin calcium tablet	1	QL (30 per 30 days)
benazepril hcl tablet	1	
benazepril-hydrochlorothiazide tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
BENICAR HCT TABLET	2	QL (30 per 30 days)
BENICAR TABLET	2	QL (30 per 30 days)
betaxolol hcl oral	1	
betaxolol hcl tablet	1	
bisoprolol fumarate tablet	1	
bisoprolol-hydrochlorothiazide tablet	1	
bumetanide 0.5 mg tablet	1	
bumetanide 1 mg tablet	1	
bumetanide 2 mg tablet	1	
bumetanide vial	3	
candesartan cilexetil oral	1	
candesartan-hydrochlorothiazid tablet	1	
captopril tablet	1	
captopril-hydrochlorothiazide tablet	1	
cartia xt cap er 24h	1	
carvedilol tablet	1	
chlorothiazide sodium vial	3	
chlorothiazide tablet	1	
chlorthalidone tablet	1	
cholestyramine light powd pack	1	
clonidine 0.1mg/24hr patch tdwk	1	QL (4 per 28 days)
clonidine 0.2mg/24hr patch tdwk	1	QL (4 per 28 days)
clonidine 0.3mg/24hr patch tdwk	1	QL (8 per 28 days)
clonidine hcl 0.1 mg tablet	1	
clonidine hcl 0.2 mg tablet	1	
clonidine hcl 0.3 mg tablet	1	
colestipol hcl granules	1	
colestipol hcl tablet	1	
COREG CR CPMP 24HR	2	
CRESTOR TABLET	2	QL (30 per 30 days)
DEMSER CAPSULE	3	
digitek 125 mcg tablet	1	QL (30 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
digitek 250 mcg tablet	1	PA
digoxin 125 mcg tablet	1	QL (30 per 30 days)
digoxin 250 mcg tablet	1	PA
digoxin ampul	3	PA
dilt-cd cap er 24h	1	
diltiazem 24hr er cap er 24h	1	
diltiazem er cap er 12h	1	
diltiazem er capsule er	1	
diltiazem hcl tablet	1	
diltiazem hcl vial	3	
diltiazem hcl vial port	3	
dilt-xr cap er deg	1	
EDECRIN ORAL	2	
enalapril maleate tablet	1	
enalapril-hydrochlorothiazide tablet	1	
felodipine er tab er 24h	1	
fenofibrate capsule	1	
fenofibrate oral	1	
fenofibrate tablet	1	
fenofibric acid capsule dr	1	
flecainide acetate tablet	1	
fluvastatin sodium 20 mg capsule	1	QL (30 per 30 days)
fluvastatin sodium 40 mg capsule	1	QL (60 per 30 days)
fosinopril sodium tablet	1	
fosinopril-hydrochlorothiazide tablet	1	
furosemide solution	1	
furosemide syringe	1	
furosemide tablet	1	
furosemide vial	1	
gemfibrozil tablet	1	
hydralazine hcl tablet	1	
hydralazine hcl vial	3	
hydrochlorothiazide 12.5 mg tablet	1	
hydrochlorothiazide 25 mg tablet	1	
hydrochlorothiazide 50 mg tablet	1	
hydrochlorothiazide capsule	1	

Drug Name	Drug Tier	Requirements/ Limits
indapamide tablet	1	
irbesartan tablet	1	
irbesartan-hydrochlorothiazide tablet	1	
isosorbide dinitrate tablet	1	
isosorbide dinitrate tablet er	1	
isosorbide mononitrate er tab er 24h	1	
isosorbide mononitrate tablet	1	
isradipine capsule	1	
KYNAMRO DISP SYRIN	3	PA
labetalol hcl tablet	1	
labetalol hcl vial	3	
LIPOFEN CAPSULE	2	
lisinopril tablet	1	
lisinopril-hydrochlorothiazide tablet	1	
losartan potassium 100 mg tablet	1	QL (30 per 30 days)
losartan potassium 25 mg tablet	1	QL (90 per 30 days)
losartan potassium 50 mg tablet	1	QL (60 per 30 days)
losartan-hydrochlorothiazide 100-12.5mg tablet	1	QL (30 per 30 days)
losartan-hydrochlorothiazide 100mg-25mg tablet	1	QL (30 per 30 days)
losartan-hydrochlorothiazide 50-12.5 mg tablet	1	QL (60 per 30 days)
lovastatin 10 mg tablet	1	QL (90 per 30 days)
lovastatin 20 mg tablet	1	QL (90 per 30 days)
lovastatin 40 mg tablet	1	QL (60 per 30 days)
matzim la tab er 24h	1	
metolazone tablet	1	
metoprolol succinate tab er 24h	1	
metoprolol tartrate tablet	1	
metoprolol tartrate vial	3	
metoprolol-hydrochlorothiazide tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
mexiletine hcl oral	1	
midodrine hcl tablet	1	
minitran patch td24	1	
minoxidil tablet	1	
moexipril hcl oral	1	
moexipril-hydrochlorothiazide oral	1	
MULTAQ TABLET	2	QL (60 per 30 days)
nadolol 20 mg tablet	1	
nadolol 40 mg tablet	1	
nadolol 80 mg tablet	1	
nadolol-bendroflumethiazide tablet	1	
niacin er oral	1	QL (60 per 30 days)
niacin oral	1	QL (30 per 30 days)
niacor tablet	1	
nicardipine hcl capsule	1	
nicardipine hcl vial	3	
nifedical xl tab er 24	1	
nifedipine er tab er 24	1	
nimodipine capsule	1	
nisoldipine tab er 24h	1	
nitroglycerin patch patch td24	1	
nitroglycerin translingual	1	
nitroglycerin vial	3	
NITROSTAT TAB SUBL	2	
NORTHERA CAPSULE	3	PA,QL (180 per 30 days)
omega-3 acid ethyl esters oral	1	QL (120 per 30 days)
pacerone tablet	1	
pentoxifylline tablet er	1	
perindopril erbumine tablet	1	
pindolol tablet	1	
pravastatin sodium 10 mg tablet	1	QL (90 per 30 days)
pravastatin sodium 20 mg tablet	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
pravastatin sodium 40 mg tablet	1	QL (60 per 30 days)
pravastatin sodium 80 mg tablet	1	QL (30 per 30 days)
prazosin hcl capsule	1	
prevalite powder	1	
propafenone hcl cap er 12h	1	
propafenone hcl tablet	1	
propranolol hcl 10 mg tablet	1	
propranolol hcl 20 mg tablet	1	
propranolol hcl 40 mg tablet	1	
propranolol hcl 60 mg tablet	1	
propranolol hcl 80 mg tablet	1	
propranolol hcl cap sa 24h	1	
propranolol hcl solution	1	
propranolol hcl vial	3	
propranolol-hydrochlorothiazid tablet	1	
quinapril hcl tablet	1	
quinapril-hydrochlorothiazide tablet	1	
quinidine sulfate tablet	1	
ramipril capsule	1	
RANEXA 1000 MG TAB ER 12H	2	QL (60 per 30 days),ST
RANEXA 500 MG TAB ER 12H	2	QL (120 per 30 days),ST
simvastatin 10 mg tablet	1	QL (90 per 30 days)
simvastatin 20 mg tablet	1	QL (30 per 30 days)
simvastatin 40 mg tablet	1	QL (30 per 30 days)
simvastatin 5 mg tablet	1	QL (90 per 30 days)
simvastatin 80 mg tablet	1	QL (30 per 30 days)
sorine tablet	1	
sotalol af tablet	1	
sotalol tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
spironolactone 100 mg tablet	1	
spironolactone 25 mg tablet	1	
spironolactone 50 mg tablet	1	
spironolactone-hctz tablet	1	
taztia xt capsule er	1	
TEKTURNA HCT TABLET	2	ST
TEKTURNA TABLET	2	ST
telmisartan oral	1	QL (30 per 30 days)
telmisartan-amlodipine oral	1	QL (30 per 30 days)
telmisartan-hydrochlorothiazid oral	1	QL (30 per 30 days)
TIKOSYN CAPSULE	2	
timolol maleate tablet	1	
torsemide tablet	1	
trandolapril tablet	1	
triamterene-hctz 37.5-25 mg capsule	1	
triamterene-hctz 50 mg-25mg capsule	1	
triamterene-hctz tablet	1	
triamterene-hydrochlorothiazid tablet	1	
valsartan tablet	1	
valsartan-hydrochlorothiazide tablet	1	
VASCEPA CAPSULE	3	QL (120 per 30 days)
verapamil er cap24h pel	1	
verapamil er pm cap24h pct	1	
verapamil er tablet er	1	
verapamil hcl 120 mg tablet	1	
verapamil hcl 40 mg tablet	1	
verapamil hcl 80 mg tablet	1	
verapamil hcl ampul	3	
verapamil hcl cap24h pel	1	
ZETIA TABLET	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
Central Nervous System Agents		
amphetamine salt combo tablet	1	QL (90 per 30 days)
AMPYRA TAB ER 12H	3	PA,QL (60 per 30 days)
AVONEX ADMINISTRATION PACK KIT	3	PA,QL (4 per 28 days)
AVONEX KIT	3	PA,QL (4 per 28 days)
AVONEX PEN KIT	3	PA,QL (4 per 28 days)
clonidine hcl er oral	1	
dexmethylphenidate hcl tablet	1	QL (60 per 30 days)
dextroamphetamine sulfate 10 mg capsule er	1	QL (90 per 30 days)
dextroamphetamine sulfate 10 mg tablet	1	QL (180 per 30 days)
dextroamphetamine sulfate 15 mg capsule er	1	QL (120 per 30 days)
dextroamphetamine sulfate 5 mg capsule er	1	QL (90 per 30 days)
dextroamphetamine sulfate 5 mg tablet	1	QL (90 per 30 days)
dextroamphetamine-amphetamine cap er 24h	1	QL (60 per 30 days)
glatopa sosy	3	QL (30 per 30 days)
HETLIOZ CAPSULE	3	PA,QL (30 per 30 days)
metadate er tablet er	1	QL (90 per 30 days)
methylphenidate er oral	1	QL (180 per 30 days)
methylphenidate er tablet er	1	QL (90 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
methylphenidate hcl tablet	1	QL (90 per 30 days)
NUEDEXTA CAPSULE	2	
REBIF 22MCG/.5ML DISP SYRIN	3	PA,QL (6 per 28 days)
REBIF 44MCG/.5ML DISP SYRIN	3	PA,QL (6 per 28 days)
REBIF 8.8-22(6) DISP SYRIN	3	PA,QL (4.2 per 28 days)
REBIF REBIDOSE SOLN	3	PA,QL (6 per 28 days)
REBIF REBIDOSE TITRATION PACK SOLN	3	PA,QL (4.2 per 28 days)
riluzole tablet	3	
STRATTERA CAPSULE	2	
TYSABRI VIAL	3	PA
XENAZINE 12.5 MG TABLET	3	PA,QL (90 per 30 days)
XENAZINE 25 MG TABLET	3	PA,QL (120 per 30 days)
Dental and Oral Agents		
chlorhexidine gluconate mouthwash	1	
periogard mouthwash	1	
pilocarpine hcl tablet	1	
triamcinolone acetonide paste	1	
Dermatological Agents		
2 x 2 gauze pads	1	
acitretin capsule	3	PA
ammonium lactate cream	1	
ammonium lactate lotion	1	
amnesteem capsule	1	
calcipotriene cream	1	QL (120 per 30 days)
calcipotriene oint.	1	QL (120 per 30 days)
calcipotriene solution	1	QL (120 per 30 days)
calcitriol topical	2	
CARAC CREAM	2	
claravis capsule	1	
diclofenac sodium drops	1	
ELIDEL CREAM	2	
erythromycin-benzoyl peroxide gel	1	
fluorouracil cream	2	
fluorouracil cream	1	
fluorouracil solution	1	
imiquimod cream pack	1	
methoxsalen oral	3	
myorisan capsule	1	
PICATO GEL	3	ST
podofilox solution	1	
PRUDOXIN CREAM	2	
REGRANEX GEL	3	PA
SANTYL OINT.	2	
selenium sulfide suspension	1	
tacrolimus ointment	1	
TAZORAC CREAM	2	QL (120 per 30 days)
TAZORAC GEL	2	QL (100 per 30 days)
tretinoin cream	1	PA,QL (45 per 30 days)
tretinoin gel	1	PA,QL (45 per 30 days)
tretinoin microsphere gel with pump	1	PA
UVADEX VIAL	3	BvsD
VECTICAL OINT.	2	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL	2	QL (1000 per 30 days),ST
zenatane capsule	1	
zenatane oral	1	
ZONALON CREAM	2	
ZYCLARA CREAM PACK	3	
ZYCLARA TOPICAL	3	
Enzyme Replacement/Modifiers		
ADAGEN VIAL	3	PA
ALDURAZYME VIAL	3	PA
CEREZYME VIAL	3	BvsD
CREON CAPSULE DR	2	
CYSTADANE POWDER	3	
CYSTAGON CAPSULE	2	
ELAPRASE VIAL	3	PA
FABRAZYME VIAL	3	BvsD
KUVAN ORAL	3	PA
KUVAN PACK	3	PA
LUMIZYME VIAL	3	PA
NAGLAZYME VIAL	3	PA
ORFADIN CAPSULE	3	
sodium phenylbutyrate powder	3	
VPRIV VIAL	3	PA
ZAVESCA CAPSULE	3	
ZENPEP CAPSULE DR	2	
ZENPEP CAPSULE,DELAYED RELEASE (ENTERIC COATED)	2	
Gastrointestinal Agents		
alosetron hydrochloride tabs	3	PA,QL (60 per 30 days)
AMITIZA CAPSULE	2	QL (60 per 30 days)
atropine sulfate disp syrin	3	
CARAFATE ORAL SUSP	2	
cimetidine solution	1	
cimetidine tablet	1	
constulose solution	1	
cromolyn sodium solution	1	
dicyclomine hcl capsule	1	

Drug Name	Drug Tier	Requirements/ Limits
dicyclomine hcl solution	1	
dicyclomine hcl tablet	1	
diphenoxylate-atropine liquid	1	
diphenoxylate-atropine tablet	1	
enulose solution	1	
esomeprazole magnesium capsule,delayed release (enteric coated)	1	QL (60 per 30 days)
esomeprazole sodium intravenous	3	
famotidine 20 mg tablet	1	
famotidine 40 mg tablet	1	
famotidine piggyback	3	
famotidine vial	3	
GATTEX KIT	3	PA
gavilyte-c soln recon	1	
gavilyte-g soln recon	1	
gavilyte-n soln recon	1	
generlac solution	1	
glycopyrrolate tablet	1	
glycopyrrolate vial	3	
lactulose solution	1	
lansoprazole capsule dr	1	
loperamide capsule	1	
methscopolamine bromide tablet	1	
metoclopramide hcl 10 mg tablet	1	
metoclopramide hcl 5 mg tablet	1	
metoclopramide hcl solution	1	
metoclopramide hcl vial	3	
misoprostol tablet	1	
MOVIPREP POWD PACK	2	
nizatidine capsule	1	
omeprazole capsule dr	1	
OSMOPREP TABLET	2	
pantoprazole sodium tablet dr	1	
peg-3350/electrolytes solr	1	
polyethylene glycol 3350 powder	1	
propantheline bromide tablet	1	
ranitidine hcl capsule	1	
ranitidine hcl syrup	1	
ranitidine hcl tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
ranitidine hcl vial	3	
RELISTOR 12MG/0.6ML SYRINGE	3	PA,QL (18 per 30 days)
RELISTOR 8 MG/0.4ML SYRINGE	3	PA,QL (12 per 30 days)
RELISTOR KIT	3	PA,QL (18 per 30 days)
sucralfate tablet	1	
trilyte with flavor packets soln recon	1	
ursodiol capsule	1	
ursodiol tablet	1	
Genitourinary Agents		
AURYXIA TABLET	3	
AVODART CAPSULE	2	
bethanechol chloride tablet	1	
calcium acetate capsule	1	
doxazosin mesylate 1 mg tablet	1	QL (30 per 30 days)
doxazosin mesylate 2 mg tablet	1	QL (30 per 30 days)
doxazosin mesylate 4 mg tablet	1	QL (30 per 30 days)
doxazosin mesylate 8 mg tablet	1	QL (60 per 30 days)
ELMIRON CAPSULE	2	
finasteride tablet	1	QL (30 per 30 days)
flavoxate hcl tablet	1	
JALYN CPMP 24HR	2	
oxybutynin chloride er 10 mg tab er 24	1	QL (60 per 30 days)
oxybutynin chloride er 15 mg tab er 24	1	QL (60 per 30 days)
oxybutynin chloride er 5 mg tab er 24	1	QL (30 per 30 days)
oxybutynin chloride syrup	1	
oxybutynin chloride tablet	1	
PHOSLYRA SOLUTION	3	

Drug Name	Drug Tier	Requirements/ Limits
RENVELA POWD PACK	2	QL (180 per 30 days)
RENVELA TABLET	2	QL (540 per 30 days)
tamsulosin hcl cap er 24h	1	
terazosin hcl 1 mg capsule	1	QL (30 per 30 days)
terazosin hcl 10 mg capsule	1	QL (60 per 30 days)
terazosin hcl 2 mg capsule	1	QL (60 per 30 days)
terazosin hcl 5 mg capsule	1	QL (30 per 30 days)
tolterodine tartrate tablet	1	
VELPHORO TABLET, CHEWABLE	3	
VESICARE TABLET	2	QL (30 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
a-hydrocort vial	3	
ala-cort cream	1	
ALA-SCALP LOTION	2	
alclometasone dipropionate cream	1	
alclometasone dipropionate oint.	1	
amcinonide cream	1	
amcinonide lotion	1	
amcinonide oint.	1	
apexicon oint	1	
betamethasone dipropionate cream	1	
betamethasone dipropionate gel	1	
betamethasone dipropionate lotion	1	
betamethasone dipropionate oint.	1	
betamethasone valerate cream	1	
betamethasone valerate foam	1	
betamethasone valerate lotion	1	
betamethasone valerate oint.	1	
clobetasol emollient cream	1	
clobetasol propionate foam	1	
clobetasol propionate gel	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
clobetasol propionate oint.	1	
clobetasol propionate shampoo	1	
clobetasol propionate solution	1	
clodan shampoo	1	
cormax solution, non-oral	1	
cortisone acetate tablet	1	
DEPO-MEDROL INJECTION	3	
desonide lotion	1	
desonide oint.	1	
desoximetasone cream	1	
desoximetasone gel	1	
desoximetasone oint.	1	
dexamethasone 0.5 mg tablet	1	
dexamethasone 0.75 mg tablet	1	
dexamethasone 1 mg tablet	1	
dexamethasone 1.5 mg tablet	1	
dexamethasone 2 mg tablet	1	
dexamethasone 4 mg tablet	1	
dexamethasone 6 mg tablet	1	
dexamethasone elixir	1	
dexamethasone intensol drops	1	
dexamethasone sodium phosphate injection	3	
diflorasone diacetate cream	1	
diflorasone diacetate oint.	1	
fludrocortisone acetate tablet	1	
fluocinolone acetonide cream	1	
fluocinolone acetonide oil	1	
fluocinolone acetonide oint.	1	
fluocinolone acetonide solution	1	
fluocinonide gel	1	
fluocinonide oint.	1	
fluocinonide solution	1	
fluocinonide topical	1	
fluocinonide-e cream	1	
fluticasone propionate cream	1	
fluticasone propionate oint.	1	
halobetasol propionate cream	1	
halobetasol propionate oint.	1	
hydrocortisone butyrate topical	1	

Drug Name	Drug Tier	Requirements/ Limits
hydrocortisone cream	1	
hydrocortisone enema	1	
hydrocortisone lotion	1	
hydrocortisone oint.	1	
hydrocortisone tablet	1	
hydrocortisone valerate topical	1	
MEDROL ORAL	2	
methylprednisolone acetate injection	3	
methylprednisolone sod succ vial	3	
methylprednisolone tab ds pk	1	
methylprednisolone tablet	1	
mometasone furoate cream	1	
mometasone furoate oint.	1	
mometasone furoate solution	1	
prednicarbate oint.	1	
prednisolone sodium phosphate solution	1	
prednisone 1 mg tablet	1	
prednisone 10 mg tablet	1	
prednisone 2.5 mg tablet	1	
prednisone 20 mg tablet	1	
prednisone 5 mg tablet	1	
prednisone 50 mg tablet	1	
prednisone intensol oral conc	1	
prednisone solution	1	
proctocream-hc rectal	1	
procto-pak cream	1	
proctosol-hc cream with applicator	1	
SOLU-CORTEF VIAL	3	
triamcinolone acetonide cream	1	
triamcinolone acetonide lotion	1	
triamcinolone acetonide oint.	1	
trianex ointment	1	
triderm cream	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
chorionic gonadotropin vial	3	PA
desmopressin acetate solution, non-oral	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
desmopressin acetate spray/pump	1	
desmopressin acetate tablet	1	
desmopressin acetate vial	3	
INCRELEX VIAL	3	PA
NOVAREL VIAL	3	PA
PREGNYL VIAL	3	PA
SAIZEN CARTRIDGE	3	PA
SAIZEN VIAL	3	PA
STIMATE SPRAY/PUMP	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABLET	3	PA,QL (120 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ALORA PATCH	2	PA,QL (8 per 28 days)
amethia tbdspk 3mo	1	
ANADROL-50 ORAL	3	PA
ANDROGEL GEL IN METERED-DOSE PUMP	2	PA
ANDROGEL GEL IN PACKET	2	PA
apri tablet	1	
aranelle tablet	1	
aubra tablet	1	
aviane tablet	1	
balziva tablet	1	
briellyn tablet	1	
camila tablet	1	
cryselle tablet	1	
cyclafem tablet	1	
danazol capsule	1	
deblitane tablet	1	
DELESTROGEN VIAL	3	
delyla tablet	1	
DEPO-ESTRADIOL VIAL	3	
DEPO-PROVERA VIAL	3	

Drug Name	Drug Tier	Requirements/ Limits
desogestr-eth estrad eth estra tablet	1	
emoquette tablet	1	
enpresse tablet	1	
errin tablet	1	
estradiol patch tdwk	1	PA,QL (4 per 28 days)
estradiol patch, transdermal semiweekly	1	PA,QL (8 per 28 days)
estradiol tablet	1	PA
estradiol valerate vial	3	
estradiol-norethindrone acetat oral	1	PA
estradiol-norethindrone acetat tablet	1	PA
ESTRING VAG RING	2	QL (1 per 90 days)
falmina tablet	1	
FEMRING VAG RING	2	
gildagia tablet	1	
gildess tablet	1	
introvale tbdspk 3mo	1	
junel fe oral	1	
junel oral	1	
kariva tablet	1	
kelnor 1-35 tablet	1	
larin fe oral	1	
larin oral	1	
larin tablet	1	
lessina tablet	1	
levonest tablet	1	
levonorgestrel-eth estradiol tablet	1	
levonorgestrel-eth estradiol tbdspk 3mo	1	
levora-28 tablet	1	
lopreeza tablet	1	PA
lutera tablet	1	
lyza tablet	1	
marlissa tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate tablet	1	
medroxyprogesterone acetate vial	3	QL (1 per 90 days)
megestrol acetate oral susp	1	PA
megestrol acetate tablet	1	PA
MENEST TABLET	2	PA
MENOSTAR PATCH TDWK	2	PA,QL (4 per 28 days)
microgestin fe oral	1	
microgestin oral	1	
mimvey lo oral	1	PA
mimvey oral	1	PA
MINIVELLE PATCH TDSW	2	PA,QL (8 per 28 days)
MINIVELLE PATCH, TRANSDERMAL SEMIWEEKLY	2	PA,QL (8 per 28 days)
necon tablet	1	
norethindrone acetate tablet	1	
norethindrone oral	1	
norlyroc tablet	1	
nortrel tablet	1	
ogestrel tablet	1	
orsythia oral	1	
oxandrolone 10 mg tablet	1	PA,QL (60 per 30 days)
oxandrolone 2.5 mg tablet	1	PA,QL (120 per 30 days)
pimtrea oral	1	
pirmella tablet	1	
portia tablet	1	
PREMARIN CREAM/APPL	2	
PREMARIN TABLET	2	PA,QL (30 per 30 days)
PREMARIN VIAL	3	
previfem tablet	1	

Drug Name	Drug Tier	Requirements/ Limits
progesterone capsule	1	
quasense tbdspk 3mo	1	
raloxifene hcl oral	1	QL (30 per 30 days)
reclipsen tablet	1	
sharobel tablet	1	
sprintec tablet	1	
sronyx tablet	1	
tarina fe tablet	1	
TESTIM GEL	2	PA
testosterone cypionate vial	3	PA
testosterone enanthate vial	3	PA
tri-legest fe oral	1	
tri-previfem tablet	1	
tri-sprintec tablet	1	
trivora-28 tablet	1	
velivet tablet	1	
vyfemla oral	1	
zenchent oral	1	
zovia 1-35e tablet	1	
zovia 1-50e tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tablet	1	
LEVOXYL TABLET	2	
liothyronine sodium tablet	1	
liothyronine sodium vial	3	
SYNTHROID TABLET	2	
THYROLAR-1 TABLET	2	
THYROLAR-1/2 TABLET	2	
THYROLAR-1/4 TABLET	2	
THYROLAR-2 TABLET	2	
THYROLAR-3 TABLET	2	
UNITHROID TABLET	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABLET	2	
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR 30 MG TABLET	2	QL (60 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
SENSIPAR 60 MG TABLET	3	QL (60 per 30 days)
SENSIPAR 90 MG TABLET	3	QL (120 per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tablet	1	
ELIGARD 22.5 MG DISP SYRIN	3	PA,QL (1 per 90 days)
ELIGARD 30 MG DISP SYRIN	3	PA,QL (1 per 120 days)
ELIGARD 45 MG DISP SYRIN	3	PA,QL (1 per 180 days)
ELIGARD 7.5 MG DISP SYRIN	3	PA,QL (1 per 30 days)
FIRMAGON 120 MG VIAL	3	QL (6 per 365 days),BvsD
FIRMAGON 80 MG VIAL	3	QL (4 per 28 days),BvsD
leuprolide acetate kit	3	PA,QL (5.6 per 28 days)
LUPRON DEPOT 22.5 MG SYRINGEKIT	3	PA,QL (1 per 84 days)
LUPRON DEPOT 3.75 MG SYRINGEKIT	3	PA,QL (1 per 30 days)
LUPRON DEPOT 30 MG SYRINGEKIT	3	PA,QL (1 per 112 days)
LUPRON DEPOT 45 MG SYRINGEKIT	3	PA,QL (1 per 168 days)
LUPRON DEPOT 7.5 MG SYRINGEKIT	3	PA,QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT-PED KIT	3	PA,QL (1 per 30 days)
LUPRON DEPOT-PED SYRINGEKIT	3	PA,QL (1 per 90 days)
octreotide acetate 100 mcg/ml ampul	3	PA
octreotide acetate 1000mcg/ml vial	3	PA
octreotide acetate 200 mcg/ml vial	3	PA
octreotide acetate 50 mcg/ml ampul	3	PA
octreotide acetate 500 mcg/ml ampul	3	PA
SANDOSTATIN LAR KIT	3	PA
SIGNIFOR AMPUL	3	PA
SOMATULINE DEPOT DISP SYRIN	3	PA
SOMAVERT 10 MG VIAL	3	PA,QL (90 per 30 days)
SOMAVERT 15 MG VIAL	3	PA,QL (60 per 30 days)
SOMAVERT 20 MG VIAL	3	PA,QL (60 per 30 days)
SOMAVERT VIAL	3	PA,QL (30 per 30 days)
SYNAREL SPRAY	3	PA
TRELSTAR 11.25/2ML DISP SYRIN	3	PA,QL (2 per 84 days)
TRELSTAR 3.75MG/2ML DISP SYRIN	3	PA,QL (2 per 28 days)
TRELSTAR VIAL	3	PA,QL (2 per 168 days)
Hormonal Agents, Suppressant (Thyroid)		
methimazole tablet	1	
propylthiouracil tablet	1	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
Immunological Agents		
ACTHIB INTRAMUSCULAR	3	
ACTIMMUNE VIAL	3	PA
ADACEL TDAP INTRAMUSCULAR	3	
ARCALYST VIAL	3	PA
ASTAGRAF XL ORAL	3	PA
ATGAM AMPUL	3	PA
AZASAN TABLET	2	PA
azathioprine tablet	1	PA
BENLYSTA VIAL	3	PA
BEXSERO SYRINGE	3	
BIVIGAM INTRAVENOUS	3	BvsD
BOOSTRIX TDAP INTRAMUSCULAR	3	
CELLCEPT VIAL	3	PA
CERVARIX INTRAMUSCULAR	3	
CINRYZE VIAL	3	PA
COMVAX VIAL	3	
cyclosporine capsule	1	PA
cyclosporine modified capsule	1	PA
cyclosporine solution	1	PA
cyclosporine vial	3	PA
DAPTACEL DTAP INTRAMUSCULAR	3	
DIPHTHERIA-TETANUS TOXOIDS-PED INTRAMUSCULAR	3	
ENBREL DISP SYRIN	3	PA,QL (8 per 28 days)
ENBREL SURECLICK SOAJ	3	PA,QL (8 per 28 days)
ENBREL VIAL	3	PA,QL (8 per 28 days)
ENGERIX-B DISP SYRIN	3	BvsD
ENGERIX-B VIAL	3	BvsD
FIRAZYR DISP SYRIN	3	PA
FLEBOGAMMA DIF VIAL	3	BvsD
GAMASTAN S-D VIAL	3	BvsD
GAMMAGARD LIQUID VIAL	3	BvsD
GAMMAKED VIAL	3	BvsD
GAMMAPLEX VIAL	3	BvsD

Drug Name	Drug Tier	Requirements/ Limits
GAMUNEX-C VIAL	3	BvsD
GARDASIL 9 SYRINGE	3	
GARDASIL 9 VIAL	3	
GARDASIL SYRINGE	3	
GARDASIL VIAL	3	
gengraf capsule	1	PA
gengraf solution	1	PA
HAVRIX DISP SYRIN	3	
HAVRIX VIAL	3	
HUMIRA 20MG/0.4ML KIT	3	PA,QL (2 per 28 days)
HUMIRA 40MG/0.8ML KIT	3	PA,QL (6 per 28 days)
HUMIRA PEN IJ KIT	3	PA,QL (6 per 28 days)
HUMIRA SYRINGE KIT	3	PA,QL (2 per 28 days)
ILARIS VIAL	3	PA
IMOVAX RABIES VACCINE VIAL	3	
INFANRIX DTAP INTRAMUSCULAR	3	
IPOL SYRINGE	3	
IPOL VIAL	3	
IXIARO INTRAMUSCULAR	3	
KINERET DISP SYRIN	3	PA,QL (20.1 per 30 days)
leflunomide tablet	1	QL (30 per 30 days)
MENACTRA VIAL	3	
MENOMUNE-A-C-Y-W-135 VIAL	3	
MENVEO A-C-Y-W-135-DIP KIT	3	
methotrexate tablet	1	
methotrexate vial	3	
M-M-R II VACCINE VIAL	3	
mycophenolate mofetil capsule	1	PA
mycophenolate mofetil suspension, reconstituted, oral	1	PA
mycophenolate mofetil tablet	1	PA

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
mycophenolic acid oral	1	PA
NULOJIX VIAL	3	PA
OCTAGAM 25GM/500ML SOLN	3	BvsD
OCTAGAM 2GM/20ML SOLN	3	BvsD
PEDVAXHIB VIAL	3	
PRIVIGEN VIAL	3	BvsD
PROGRAF AMPUL	3	PA
PROQUAD SUBCUTANEOUS	3	
QUADRACEL DTAP-IPV VIAL	3	
RABAVERT KIT	3	
RAPAMUNE SOLUTION	2	PA
RECOMBIVAX HB SYRINGE	3	BvsD
RECOMBIVAX HB VIAL	3	BvsD
REMICADE VIAL	3	PA
RIDAURA CAPSULE	3	
ROTARIX SUSR	2	
ROTATEQ ORAL SUSP	2	
SANDIMMUNE SOLUTION	3	PA
SIMULECT VIAL	3	BvsD
sirolimus oral	1	PA
sirolimus tablet	1	PA
SYNAGIS VIAL	3	PA
tacrolimus capsule	1	PA
TENIVAC SYRINGE	3	
TETANUS DIPHTHERIA TOXOIDS VIAL	3	
THYMOGLOBULIN VIAL	2	BvsD
TORISEL VIAL	3	BvsD
TRUMENBA SYRINGE	3	
TWINRIX VIAL	3	
TYPHIM VI SYRINGE	3	
TYPHIM VI VIAL	3	
VAQTA SYRINGE	3	
VARIVAX VACCINE SUBCUTANEOUS	3	
YF-VAX SUBCUTANEOUS	3	
ZORTRESS 0.25 MG TABLET	3	PA
ZORTRESS 0.5 MG TABLET	3	PA
ZORTRESS 0.75 MG TABLET	3	PA
ZOSTAVAX SUBCUTANEOUS	3	
Inflammatory Bowel Disease Agents		
APRISO CAP ER 24H	2	
balsalazide disodium capsule	1	
budesonide ec capsule, delayed, and extended release	1	
colocort enema	1	
DELZICOL CAPSULE DR	2	
mesalamine kit	1	
sulfasalazine tablet	1	
sulfazine ec tablet dr	1	
Metabolic Bone Disease Agents		
alendronate sodium 10 mg tablet	1	QL (30 per 30 days)
alendronate sodium 35 mg tablet	1	QL (4 per 28 days)
alendronate sodium 40 mg tablet	1	QL (30 per 30 days)
alendronate sodium 5 mg tablet	1	QL (30 per 30 days)
alendronate sodium 70 mg tablet	1	QL (4 per 28 days)
calcitonin-salmon spray/pump	1	QL (3.7 per 30 days)
calcitriol ampul	3	
calcitriol capsule	1	
calcitriol solution	1	
doxercalciferol intravenous	3	
doxercalciferol oral	1	
etidronate disodium tablet	1	
FORTEO SUBCUTANEOUS	3	PA,QL (2.4 per 28 days)
ibandronate sodium tablet	1	QL (1 per 28 days)
MIACALCIN VIAL	3	
pamidronate disodium vial	3	BvsD
paricalcitol oral	1	
PROLIA DISP SYRIN	3	QL (1 per 180 days),ST
risedronate sodium 30mg tabs	1	QL (30 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
risedronate sodium 35mg tabs	1	QL (4 per 28 days)
risedronate sodium 5mg tabs	1	QL (30 per 30 days)
risedronate sodium oral	1	QL (1 per 28 days)
XGEVA VIAL	3	PA
zoledronic acid infus. btl	3	BvsD
zoledronic acid vial	3	BvsD
Miscellaneous Therapeutic Agents		
FERRIPROX TABLET	3	PA
fomepizole vial	3	
insulin syringes and pen needle dis needle	1	QL (200 per 30 days)
insulin syringes and pen needles disp syrin	1	QL (200 per 30 days)
INTRALIPID EMULSION	3	BvsD
LACTATED RINGERS IRRIG SOLN	3	
levocarnitine solution	1	
levocarnitine tablet	1	
levocarnitine vial	3	
NATPARA CARTRIDGE	3	PA
PHYSIOLYTE IRRIG SOLN	3	
PHYSIOSOL IRRIG SOLN	3	
RINGERS IRRIGATION IRRIG SOLN	3	
sodium chloride irrig soln	3	
water irrig soln	3	
Ophthalmic Agents		
acetazolamide capsule er	1	
ALOCRIL DROPS	2	
apraclonidine hcl drops	1	
azelastine hcl drops	1	
AZOPT DROPS SUSP	2	
betaxolol hcl drops	1	
bimatoprost drops	1	QL (5 per 30 days)
brimonidine tartrate 0.15 % drops	2	
brimonidine tartrate 0.2 % drops	1	
bromfenac sodium drops	1	

Drug Name	Drug Tier	Requirements/ Limits
carteolol hcl drops	1	
COMBIGAN DROPS	2	
cromolyn sodium drops	1	
dexamethasone sodium phosphate drops	1	
diclofenac sodium drops (eye)	1	
dorzolamide hcl drops	1	
dorzolamide-timolol drops	1	
DUREZOL DROPS	2	
epinastine hcl drops	1	
fluorometholone suspension, drops(final dosage form)	2	
flurbiprofen sodium drops	1	
ILEVRO DROPS SUSP	2	
ketorolac tromethamine drops	1	
LACRISERT INSERT	2	
latanoprost drops	1	QL (5 per 30 days)
levobunolol hcl drops	1	
LOTEMAX DROPS SUSP	3	
LOTEMAX GEL	3	
LOTEMAX OINT.	3	
LUMIGAN DROPS	2	QL (5 per 30 days)
methazolamide tablet	1	
metipranolol drops	1	
naphazoline hcl ophthalmic	1	
neomycin-polymyxin-dexameth drops susp	1	
neomycin-polymyxin-dexameth oint.	1	
PATADAY DROPS	2	
PAZEO DROPS	2	
PHOSPHOLINE IODIDE DROPS	3	
pilocarpine hcl ophthalmic	2	
PRED MILD DROPS SUSP	2	
PRED-G DROPS SUSP	2	
PRED-G OINT.	2	
prednisolone acetate suspension, drops(final dosage form)	2	

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
prednisolone sodium phosphate drops	1	
proparacaine hcl drops	1	
RESTASIS DROPERETTE	2	QL (64 per 30 days)
SIMBRINZA DROPS SUSP	3	
timolol maleate drops	1	
TOBRADEX OINT.	2	
tobramycin-dexamethasone drops susp	1	
TRAVATAN Z DROPS	2	QL (5 per 30 days)
Otic Agents		
acetasol hc drops	1	
acetic acid solution	1	
COLY-MYCIN S DROPS SUSP	2	
CORTISPORIN-TC DROPS SUSP	2	
fluocinolone acetonide oil drops	1	
hydrocortisone-acetic acid drops	1	
neomycin-polymyxin-hc drops susp (ear)	1	
neomycin-polymyxin-hydrocort solution	1	
Respiratory Tract/Pulmonary Agents		
acetylcysteine vial	1	BvsD
ADEMPAS ORAL	3	PA,QL (90 per 30 days)
albuterol sulfate 0.63mg/3ml vial-neb	1	QL (375 per 30 days),BvsD
albuterol sulfate 1.25mg/3ml vial-neb	1	QL (375 per 30 days),BvsD
albuterol sulfate 2.5 mg/3ml vial-neb	1	QL (375 per 30 days),BvsD
albuterol sulfate solution	1	QL (360 per 30 days),BvsD
albuterol sulfate syrup	1	
albuterol sulfate tab er 12h	1	

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate tablet	1	
aminophylline ampul	3	
ARALAST NP VIAL	3	BvsD
ATROVENT HFA HFA AER AD	2	QL (26 per 30 days)
azelastine hcl nasal	1	QL (60 per 30 days)
azelastine hcl spray/pump	1	QL (60 per 30 days)
budesonide ampul-neb	1	QL (120 per 30 days),BvsD
budesonide nasal	1	QL (17.2 per 30 days)
CAYSTON VIAL-NEB	3	PA
COMBIVENT RESPIMAT AER W/ADAP	2	QL (8 per 30 days)
cromolyn sodium ampul-neb	1	BvsD
DALIRESP TABLET	2	PA,QL (30 per 30 days)
desloratadine tab rapdis	1	QL (30 per 30 days)
desloratadine tablet	1	QL (30 per 30 days)
diphenhydramine hcl vial	3	
DULERA INHALATION	2	QL (18 per 30 days)
EPIPEN 2-PAK AUTO INJCT	2	QL (2 per 30 days)
EPIPEN JR 2-PAK AUTO INJCT	2	QL (2 per 30 days)
ESBRIET CAPSULE	3	PA
FLOVENT DISKUS 100 MCG DISK W/DEV	2	QL (180 per 30 days)
FLOVENT DISKUS 250 MCG DISK W/DEV	2	QL (120 per 30 days)
FLOVENT DISKUS 50 MCG DISK W/DEV	2	QL (120 per 30 days)

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
FLOVENT HFA 110MCG AER W/ADAP	2	QL (24 per 30 days)
FLOVENT HFA 220 MCG AER W/ADAP	2	QL (24 per 30 days)
FLOVENT HFA 44MCG AER W/ADAP	2	QL (22 per 30 days)
flunisolide nasal	1	
fluticasone propionate spray susp	1	QL (16 per 30 days)
FORADIL INHALATION	2	QL (60 per 30 days)
ipratropium bromide 21 mcg spray	1	QL (60 per 30 days)
ipratropium bromide 42mcg spray	1	QL (30 per 30 days)
ipratropium bromide solution	1	QL (300 per 30 days),BvsD
ipratropium-albuterol inhalation	1	QL (540 per 30 days),BvsD
KALYDECO GRANULES IN PACKET	3	PA,QL (60 per 30 days)
KALYDECO TABLET	3	PA,QL (60 per 30 days)
LETAIRIS TABLET	3	PA,QL (30 per 30 days)
levocetirizine dihydrochloride solution	1	QL (300 per 30 days)
levocetirizine dihydrochloride tablet	1	QL (30 per 30 days)
metaproterenol sulfate syrup	1	
metaproterenol sulfate tablet	1	
montelukast sodium gran pack	1	QL (30 per 30 days)
montelukast sodium tab chew	1	QL (30 per 30 days)
montelukast sodium tablet	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
OPSUMIT TABLET	3	PA,QL (30 per 30 days)
PERFOROMIST INHALATION	2	QL (120 per 30 days),BvsD
PROAIR HFA HFA AER AD	2	QL (17 per 30 days)
PROAIR RESPICLICK AEPB	2	QL (1.3 per 30 days)
PROLASTIN C VIAL	3	BvsD
PULMOZYME SOLUTION	3	BvsD
QVAR AER W/ADAP	2	QL (18 per 30 days)
QVAR AEROSOL WITH ADAPTER	2	QL (18 per 30 days)
REMODULIN VIAL	3	BvsD
sildenafil tablet	1	PA,QL (90 per 30 days)
SPIRIVA CAP W/DEV	2	QL (30 per 30 days)
SPIRIVA RESPIMAT MIST INHALER	2	QL (4 per 30 days)
STRIVERDI RESPIMAT MIST INHALER	2	QL (4 per 30 days)
SYMBICORT HFA AEROSOL WITH ADAPTER	2	QL (14 per 30 days)
SYMBICORT INHALATION	2	QL (12 per 30 days)
terbutaline sulfate tablet	1	
terbutaline sulfate vial	3	
THEO-24 ORAL	2	
theophylline anhydrous oral	1	
theophylline anhydrous tab er 12h	1	
theophylline oral	1	
TOBI PODHALER CAP W/DEV	3	QL (1568 per 365 days)
tobramycin inhalation	3	BvsD

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TABLET	3	PA,QL (60 per 30 days)
triamcinolone acetonide spray	1	QL (16.5 per 30 days)
TYZINE DROPS	2	
VIRAZOLE VIAL-NEB	3	BvsD
XOLAIR VIAL	3	PA
zafirlukast tablet	1	
ZEMAIRA VIAL	3	BvsD
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tablet	2	PA
orphenadrine citrate tablet er	1	PA
Sleep Disorder Agents		
modafinil 100 mg tablet	3	PA,QL (30 per 30 days)
modafinil 200 mg tablet	3	PA,QL (60 per 30 days)
ROZEREM TABLET	2	QL (30 per 30 days)
SILENOR TABLET	2	QL (30 per 30 days)
temazepam capsule	1	QL (90 per 365 days)
XYREM SOLUTION	3	PA,QL (540 per 30 days)
zaleplon capsule	1	QL (90 per 365 days)
zolpidem tartrate tablet	2	PA,QL (90 per 365 days)
Therapeutic Nutrients/Minerals/Electrolytes		
AMINOSYN II IV SOLN	3	BvsD
AMINOSYN IV SOLN	3	BvsD
AMINOSYN M IV SOLN	3	BvsD
AMINOSYN WITH ELECTROLYTES INTRAVENOUS SOLUTION	3	BvsD
AMINOSYN-HBC IV SOLN	3	BvsD
AMINOSYN-PF IV SOLN	3	BvsD

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN-RF INTRAVENOUS SOLUTION	3	BvsD
CARBAGLU TAB DISPER	3	
CHEMET CAPSULE	2	
CLINIMIX E INTRAVENOUS SOLUTION	3	BvsD
CLINIMIX E IV SOLN	3	BvsD
CLINIMIX IV SOLN	3	BvsD
CLINISOL IV SOLN	3	BvsD
CUPRIMINE ORAL	3	
DEPEN TABLET	2	
dextrose 10%-0.2% nacl dehp fr bg	3	BvsD
dextrose 5%-1/2ns-kcl iv soln	3	BvsD
dextrose 5%-1/3ns-kcl iv soln	3	BvsD
dextrose 5%-1/4ns-kcl iv soln	3	BvsD
dextrose 5%-ns-kcl iv soln	3	BvsD
dextrose 5%-potassium chloride iv soln	3	BvsD
DEXTROSE IN LACTATED RINGERS IV SOLN	3	
DEXTROSE IN WATER DEHP FR BG	3	BvsD
DEXTROSE IN WATER IV SOLN	3	BvsD
dextrose with sodium chloride iv soln	3	BvsD
EXJADE TAB DISPER	3	
FREAMINE HBC INTRAVENOUS SOLUTION	3	BvsD
HEPATAMINE IV SOLN	3	BvsD
INTRALIPID EMULSN	3	BvsD
JADENU TABLET	3	
kionex powder	1	
klor-con 10 tablet er	1	
klor-con 8 tablet er	1	
klor-con m20 tab er prt	1	
LACTATED RINGERS IV SOLN	3	
magnesium sulfate disp syrin	3	BvsD
magnesium sulfate vial	3	BvsD
MOZOBIL VIAL	3	QL (9.6 per 30 days)
NEPHRAMINE IV SOLN	3	BvsD

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Drug Name	Drug Tier	Requirements/ Limits
NORMOSOL-M AND DEXTROSE IV SOLN	3	BvsD
NORMOSOL-R AND DEXTROSE IV SOLN	3	BvsD
NORMOSOL-R PH 7.4 IV SOLN	3	BvsD
NUTRILIPID EMUL	3	BvsD
NUTRILIPID EMULSION	3	BvsD
potassium chl-normal saline iv soln	3	BvsD
potassium chloride capsule er	1	
potassium chloride in d5lr iv soln	3	BvsD
potassium chloride liquid	1	
potassium chloride piggyback	3	BvsD
potassium chloride tab er prt	1	
potassium chloride tablet, extended release	1	
potassium chloride vial	3	BvsD
potassium chloride-nacl iv soln	3	BvsD
potassium citrate 10 meq tablet er	1	
potassium citrate 5 meq tablet er	2	
potassium citrate er tablet, extended release	1	
PREMASOL 10 % IV SOLN	3	BvsD
premasol 6 % iv soln	3	BvsD
PRENATABS FA TABLET	2	
PROCALAMINE IV SOLN	3	BvsD
PROSOL IV SOLN	3	BvsD
RINGERS INJECTION IV SOLN	3	
SAMSCA 15 MG TABLET	3	PA,QL (90 per 30 days)
SAMSCA 30 MG TABLET	3	PA,QL (60 per 30 days)
sodium chloride iv soln	3	BvsD
sodium chloride vial	3	BvsD
sodium fluoride tablet	1	
SODIUM LACTATE VIAL	3	BvsD
sodium polystyrene sulfonate oral susp	1	
SYPRINE CAPSULE	3	
TPN ELECTROLYTES VIAL	3	BvsD

Drug Name	Drug Tier	Requirements/ Limits
TRAVASOL IV SOLN	3	BvsD
TROPHAMINE IV SOLN	3	BvsD

+This drug does not count towards your total drug costs. For full description please see key symbol on page 7.

Index of Medications

2 x 2 gauze pads	33
abacavir tablet	24
abacavir-lamivudine-zidovudine oral	24
ABELCET VIAL	17
ABILIFY DISCMELT TAB RAPDIS	22
ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED RELEASE SYRINGE	22
ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED RELEASE SYRINGE	22
ABILIFY MAINTENA SUSER VIAL	22
ABRAXANE VIAL	19
acamprosate calcium oral	10
acarbose tablet	27
acebutolol hcl capsule	29
acetaminophen-codeine 300mg-15mg tablet	7
acetaminophen-codeine 300mg-30mg tablet	7
acetaminophen-codeine 300mg-60mg tablet	7
acetaminophen-codeine solution	7
acetasol hc drops	43
acetazolamide capsule er	42
acetazolamide sodium vial	29
acetazolamide tablet	29
acetic acid solution	43
acetylcysteine vial	43
acitretin capsule	33
ACTHIB INTRAMUSCULAR	40
ACTIMMUNE VIAL	40
acyclovir capsule	24
acyclovir oint.	24
acyclovir oral susp	24
acyclovir sodium vial	24
acyclovir tablet	24
ADACEL TDAP INTRAMUSCULAR	40
ADAGEN VIAL	34
adefovir dipivoxil oral	24
ADEMPAS ORAL	43
adrucil vial	19
afeditab cr tablet er	29
AFINITOR 10 MG TABLET	19
AFINITOR 2.5 MG TABLET	19
AFINITOR 5 MG TABLET	19
AFINITOR 7.5 MG TABLET	19
AFINITOR DISPERZ 2 MG ORAL	19
AFINITOR DISPERZ 3 MG ORAL	19
AFINITOR DISPERZ 5 MG ORAL	19
AGGRENOX ORAL	28
a-hydrocort vial	35
ala-cort cream	35
ALA-SCALP LOTION	35
ALBENZA TABLET	21
albuterol sulfate 0.63mg/3ml vial-neb	43
albuterol sulfate 1.25mg/3ml vial-neb	43
albuterol sulfate 2.5 mg/3ml vial-neb	43
albuterol sulfate solution	43
albuterol sulfate syrup	43
albuterol sulfate tab er 12h	43
albuterol sulfate tablet	43
alclometasone dipropionate cream	35
alclometasone dipropionate oint.	35
alcohol swabs pad	10
ALDURAZYME VIAL	34
alendronate sodium 10 mg tablet	41
alendronate sodium 35 mg tablet	41
alendronate sodium 40 mg tablet	41
alendronate sodium 5 mg tablet	41
alendronate sodium 70 mg tablet	41
ALIMTA VIAL	19
ALINIA SUSP RECON	21
ALINIA TABLET	21
allopurinol tablet	18
ALOCRIL DROPS	42
ALOPRIM VIAL	18
ALORA PATCH	37
alosetron hydrochloride tabs	34
ALOXI VIAL	17
alprazolam 0.25 mg tablet	26
alprazolam 0.5 mg tablet	26
alprazolam 1 mg tablet	26
alprazolam 2 mg tablet	26
alprazolam odt 0.25 mg tab rapdis	26
alprazolam odt 0.5 mg tab rapdis	26
alprazolam odt 1 mg tab rapdis	26
alprazolam odt 2 mg tab rapdis	26
amantadine capsule	24
amantadine syrup	24
amantadine tablet	24
AMBISOME VIAL	17
amcinonide cream	35
amcinonide lotion	35

amcinonide oint.	35
amethia tbdspk 3mo	37
amifostine vial	19
amikacin sulfate vial	10
amiloride hcl tablet	29
amiloride-hydrochlorothiazide tablet	29
aminophylline ampul	43
AMINOSYN II IV SOLN	45
AMINOSYN IV SOLN	45
AMINOSYN M IV SOLN	45
AMINOSYN WITH ELECTROLYTES INTRAVENOUS SOLUTION	45
AMINOSYN-HBC IV SOLN	45
AMINOSYN-PF IV SOLN	45
AMINOSYN-RF INTRAVENOUS SOLUTION	45
amiodarone hcl ampul	29
amiodarone hcl tablet	29
AMITIZA CAPSULE	34
amitriptyline hcl tablet	15
amlodipine besylate tablet	29
amlodipine besylate-benazepril capsule	29
amlodipine-valsartan tablet	29
amlodipine-valsartan-hctz tablet	29
ammonium lactate cream	33
ammonium lactate lotion	33
amnesteem capsule	33
amox tr-potassium clavulanate susp recon	10
amox tr-potassium clavulanate tab chew	10
amox tr-potassium clavulanate tablet	10
amoxapine tablet	15
amoxicillin capsule	10
amoxicillin susp recon	10
amoxicillin tab chew	10
amoxicillin tablet	10
amoxicillin-clavulanate er tab er 12h	10
amphetamine salt combo tablet	32
amphotericin b vial	17
ampicillin sodium vial	10
ampicillin trihydrate capsule	10
ampicillin trihydrate susp recon	10
ampicillin-sulbactam vial	10
ampicillin-sulbactam vial with threaded port	10
AMPYRA TAB ER 12H	32
ANADROL-50 ORAL	37
anagrelide hcl capsule	28
anastrozole tablet	19
ANDROGEL GEL IN METERED-DOSE PUMP	37
ANDROGEL GEL IN PACKET	37
apexicon oint	35
APOKYN CARTRIDGE	21
apraclonidine hcl drops	42
apri tablet	37
APRISO CAP ER 24H	41
APTIOM 200 MG ORAL	13
APTIOM 400 MG ORAL	13
APTIOM 600 MG ORAL	13
APTIOM 800 MG ORAL	13
APTIVUS CAPSULE	24
APTIVUS SOLUTION	24
ARALAST NP VIAL	43
aranelle tablet	37
ARANESP 100 MCG/ML VIAL	28
ARANESP 100MCG/0.5 DISP SYRIN	28
ARANESP 150MCG/0.3 DISP SYRIN	28
ARANESP 200 MCG/ML VIAL	28
ARANESP 200MCG/0.4 DISP SYRIN	28
ARANESP 25 MCG/ML VIAL	28
ARANESP 25MCG/0.42 DISP SYRIN	28
ARANESP 300MCG/0.6 DISP SYRIN	28
ARANESP 300MCG/ML VIAL	28
ARANESP 40 MCG/0.4 DISP SYRIN	28
ARANESP 40MCG/ML VIAL	28
ARANESP 500 MCG/ML DISP SYRIN	28
ARANESP 60MCG/0.3 DISP SYRIN	28
ARANESP 60MCG/ML VIAL	28
ARANESP SYRINGE	28
ARCALYST VIAL	40
aripiprazole tabs	22
ARRANON VIAL	19
ARZERRA VIAL	19
ascomp with codeine capsule	7
ASTAGRAF XL ORAL	40
atenolol tablet	29
atenolol-chlorthalidone tablet	29
ATGAM AMPUL	40
atorvastatin calcium tablet	29
atovaquone oral	21
atovaquone-proguanil hcl oral	21
atovaquone-proguanil hcl tablet	21
ATRIPLA TABLET	24
atropine sulfate disp syrin	34
ATROVENT HFA HFA AER AD	43
aubra tablet	37

AUGMENTIN ORAL	10
AURYXIA TABLET	35
AVASTIN VIAL	19
AVELOX IV PIGGYBACK	10
aviane tablet	37
AVODART CAPSULE	35
AVONEX ADMINISTRATION PACK KIT	32
AVONEX KIT	32
AVONEX PEN KIT	32
azacitidine injection	19
AZACTAM-ISO-OSMOTIC DEXTROSE FROZ.PIGGY	10
AZASAN TABLET	40
AZASITE DROPS	10
azathioprine tablet	40
azelastine hcl drops	42
azelastine hcl nasal	43
azelastine hcl spray/pump	43
AZILECT TABLET	21
azithromycin 100 mg/5ml susp recon	10
azithromycin 200 mg/5ml susp recon	10
azithromycin oral	10
azithromycin tablet	10
azithromycin vial port	10
azithromycin vial with threaded port	10
AZOPT DROPS SUSP	42
aztreonam vial	10
baciim vial	11
bacitracin oint.	11
bacitracin vial	11
bacitracin-polymyxin oint.	11
baclofen 10 mg tablet	24
baclofen 20 mg tablet	24
BACTROBAN NASAL OINT.	11
balsalazide disodium capsule	41
balziva tablet	37
BANZEL 200 MG TABLET	13
BANZEL 400 MG TABLET	13
BANZEL ORAL SUSP	13
BARACLUDE SOLUTION	24
BELEODAQ VIAL	19
benazepril hcl tablet	29
benazepril-hydrochlorothiazide tablet	29
BENICAR HCT TABLET	29
BENICAR TABLET	29
BENLYSTA VIAL	40
benztropine mesylate tablet	21
benztropine mesylate vial	22
betamethasone dipropionate cream	35
betamethasone dipropionate gel	35
betamethasone dipropionate lotion	35
betamethasone dipropionate oint.	35
betamethasone valerate cream	35
betamethasone valerate foam	35
betamethasone valerate lotion	35
betamethasone valerate oint.	35
betaxolol hcl drops	42
betaxolol hcl oral	29
betaxolol hcl tablet	29
bethanechol chloride tablet	35
BEXSERO SYRINGE	40
bicalutamide tablet	19
BICILLIN L-A DISP SYRIN	11
BICNU VIAL	19
bimatoprost drops	42
bisoprolol fumarate tablet	29
bisoprolol-hydrochlorothiazide tablet	29
BIVIGAM INTRAVENOUS	40
bleomycin sulfate vial	19
BLEPHAMIDE DROPS SUSP	11
BLEPHAMIDE S.O.P. OINT.	11
BOOSTRIX TDAP INTRAMUSCULAR	40
BOSULIF TABLET	19
briellyn tablet	37
BRILINTA TABLET	28
brimonidine tartrate 0.15 % drops	42
brimonidine tartrate 0.2 % drops	42
BRINTELLIX ORAL	15
bromfenac sodium drops	42
bromocriptine mesylate capsule	22
bromocriptine mesylate tablet	22
budesonide ampul-neb	43
budesonide ec capsule, delayed, and extended release	41
budesonide nasal	43
bumetanide 0.5 mg tablet	29
bumetanide 1 mg tablet	29
bumetanide 2 mg tablet	29
bumetanide vial	29
buprenorphine hcl disp syrin	10
buprenorphine hcl tab subl	10
buprenorphine-naloxone tab subl	10
buproban tablet er	10
bupropion hcl sr 100 mg tablet er	15
bupropion hcl sr 150 mg tablet er	15

bupropion hcl sr 200 mg tablet er	15
bupropion hcl tablet	15
bupropion xl 150 mg tab er 24h	15
bupropion xl 300 mg tab er 24h	15
buspirone hcl 10 mg tablet	26
buspirone hcl 15 mg tablet	26
buspirone hcl 30 mg tablet	26
buspirone hcl 5 mg tablet	26
buspirone hcl 7.5 mg tablet	26
BUSULFEX VIAL	19
butalb-caff-acetaminoph-codein capsule	7
butalbital/acetaminophen/caffeine/codeine capsule	7
butalbital/apap/caffeine capsule	7
butalbital/apap/caffeine oral	7
butalbital-acetaminophen-caffe oral	7
butalbital-aspirin-caffeine oral	7
butorphanol tartrate spray	7
butorphanol tartrate vial	7
BYDUREON PEN PEN INJECTOR	27
BYDUREON VIAL	27
BYETTA PEN INJCTR	27
cabergoline tablet	39
cafergot oral	18
calcipotriene cream	33
calcipotriene oint.	33
calcipotriene solution	33
calcitonin-salmon spray/pump	41
calcitriol ampul	41
calcitriol capsule	41
calcitriol solution	41
calcitriol topical	33
calcium acetate capsule	35
camila tablet	37
CANCIDAS VIAL	17
candesartan cilexetil oral	29
candesartan-hydrochlorothiazid tablet	29
CAPASTAT SULFATE VIAL	18
CAPRELSA TABLET	19
captopril tablet	29
captopril-hydrochlorothiazide tablet	29
CARAC CREAM	33
CARAFATE ORAL SUSP	34
CARBAGLU TAB DISPER	45
carbamazepine cpmp 12hr	13
carbamazepine oral susp	13
carbamazepine tab chew	13
carbamazepine tablet	13
carbamazepine xr tab er 12h	13
carbidopa oral	22
carbidopa-levodopa tab rapdis	22
carbidopa-levodopa tablet	22
carbidopa-levodopa tablet er	22
carbidopa-levodopa-entacapone oral	22
carboplatin vial	19
carteolol hcl drops	42
cartia xt cap er 24h	29
carvedilol tablet	29
CAYSTON VIAL-NEB	43
cefaclor capsule	11
cefaclor er tab er 12h	11
cefaclor oral	11
cefadroxil capsule	11
cefadroxil susp recon	11
cefadroxil tablet	11
cefazolin sodium froz.piggy	11
cefazolin sodium vial	11
cefdinir capsule	11
cefdinir susp recon	11
cefepime hcl vial	11
cefepime-dextrose intravenous solution, piggyback	11
cefixime suspension, reconstituted, oral	11
cefotaxime sodium injection	11
cefotaxime sodium vial	11
cefotetan vial	11
cefoxitin vial	11
cefpodoxime proxetil susp recon	11
cefpodoxime proxetil tablet	11
cefprozil susp recon	11
cefprozil tablet	11
ceftazidime piggyback	11
ceftazidime vial	11
ceftriaxone vial	11
ceftriaxone vial port	11
cefuroxime sodium vial	11
cefuroxime tablet	11
celecoxib capsule	7
CELLCEPT VIAL	40
CELONTIN CAPSULE	13
cephalexin capsule	11
cephalexin susp recon	11
cephalexin tablet	11
CEREZYME VIAL	34
CERVARIX INTRAMUSCULAR	40
CHANTIX TAB DS PK	10
CHANTIX TABLET	10
CHEMET CAPSULE	45
chloramphenicol sod succinate vial	11

chlorhexidine gluconate mouthwash	33
chloroquine phosphate tablet	21
chlorothiazide sodium vial	29
chlorothiazide tablet	29
chlorpromazine hcl ampul	22
chlorpromazine hcl tablet	22
chlorthalidone tablet	29
cholestyramine light powd pack	29
chorionic gonadotropin vial	36
ciclopirox cream	17
ciclopirox shampoo	17
ciclopirox solution	17
ciclopirox suspension	17
cidofovir vial	24
cilostazol tablet	28
CILOXAN OINT.	11
cimetidine solution	34
cimetidine tablet	34
CINRYZE VIAL	40
CIPRO HC DROPS SUSP	11
CIPRODEX DROPS SUSP	11
ciprofloxacin er tbmp 24hr	11
ciprofloxacin hcl 100 mg	11
ciprofloxacin hcl 250 mg	11
ciprofloxacin hcl 500 mg	11
ciprofloxacin hcl 750 mg	11
ciprofloxacin hcl drops	11
ciprofloxacin oral	11
ciprofloxacin vial	11
ciprofloxacin-d5w piggyback	11
cisplatin vial	19
citalopram hbr 10 mg tablet	15
citalopram hbr 20 mg tablet	15
citalopram hbr 40 mg tablet	15
citalopram hbr solution	16
cladribine vial	19
claravis capsule	33
clarithromycin er tab er 24h	11
clarithromycin susp recon	11
clarithromycin tablet	11
clindamax gel	11
clindamycin hcl capsule	11
clindamycin phosphate cream/appl	11
clindamycin phosphate gel	11
clindamycin phosphate lotion	11
clindamycin phosphate med. swab	11
clindamycin phosphate solution	11
clindamycin phosphate vial port	11
clindamycin phosphate-d5w piggyback	11
CLINIMIX E INTRAVENOUS SOLUTION	45
CLINIMIX E IV SOLN	45
CLINIMIX IV SOLN	45
CLINISOL IV SOLN	45
clobetasol emollient cream	35
clobetasol propionate foam	35
clobetasol propionate gel	35
clobetasol propionate oint.	36
clobetasol propionate shampoo	36
clobetasol propionate solution	36
clodan shampoo	36
CLOLAR VIAL	19
clomipramine hcl capsule	16
clonazepam 0.125 mg tab rapdis	13
clonazepam 0.25 mg tab rapdis	13
clonazepam 0.5 mg tab rapdis	13
clonazepam 0.5 mg tablet	13
clonazepam 1 mg tab rapdis	13
clonazepam 1 mg tablet	13
clonazepam 2 mg tab rapdis	13
clonazepam 2 mg tablet	14
clonidine 0.1mg/24hr patch tdwk	29
clonidine 0.2mg/24hr patch tdwk	29
clonidine 0.3mg/24hr patch tdwk	29
clonidine hcl 0.1 mg tablet	29
clonidine hcl 0.2 mg tablet	29
clonidine hcl 0.3 mg tablet	29
clonidine hcl er oral	32
clopidogrel 300 mg tablet	28
clopidogrel 75 mg tablet	28
clorazepate dipotassium 15 mg tablet	26
clorazepate dipotassium 3.75 mg tablet	26
clorazepate dipotassium 7.5 mg tablet	26
clotrimazole cream	17
clotrimazole solution	17
clotrimazole troche	17
clotrimazole-betamethasone cream	17
clotrimazole-betamethasone lotion	17
clozapine odt tablet,disintegrating	22
clozapine odt tbdp	22
clozapine tablet	22
COARTEM TABLET	21
colchicine capsule	18
colchicine tablet	18
COLCRYS TABLET	18

colestipol hcl granules 29
colestipol hcl tablet 29
colistimethate sodium vial 11
colocort enema 41
COLY-MYCIN S DROPS SUSP 43
COMBIGAN DROPS 42
COMBIVENT RESPIMAT AER W/ADAP 43
COMETRIQ CAPSULE 19
COMPLERA TABLET 24
compro supp.rect 22
COMVAX VIAL 40
constulose solution 34
COREG CR CPMP 24HR 29
cormax solution, non-oral 36
cortisone acetate tablet 36
CORTISPORIN-TC DROPS SUSP 43
COSMEGEN VIAL 19
CREON CAPSULE DR 34
CRESTOR TABLET 29
CRIXIVAN CAPSULE 24
cromolyn sodium ampul-neb 43
cromolyn sodium drops 42
cromolyn sodium solution 34
cryselle tablet 37
CUBICIN VIAL 11
CUPRIMINE ORAL 45
cyclafem tablet 37
cyclobenzaprine hcl tablet 45
cyclophosphamide oral 19
CYCLOSET TABLET 27
cyclosporine capsule 40
cyclosporine modified capsule 40
cyclosporine solution 40
cyclosporine vial 40
CYSTADANE POWDER 34
CYSTAGON CAPSULE 34
cytarabine vial 19
dacarbazine vial 19
DALIRESP TABLET 43
danazol capsule 37
dantrolene sodium capsule 24
dapsone tablet 18
DAPTACEL DTAP INTRAMUSCULAR 40
DARAPRIM TABLET 21
daunorubicin hcl vial 19
DAUNOXOME VIAL 19
deblitane tablet 37
decitabine intravenous 19
DELESTROGEN VIAL 37
delyla tablet 37
DELZICOL CAPSULE DR 41
demeclocycline hcl tablet 11
DEMSER CAPSULE 29
DENAVIR CREAM 24
DEPEN TABLET 45
DEPO-ESTRADIOL VIAL 37
DEPO-MEDROL INJECTION 36
DEPO-PROVERA VIAL 37
desipramine hcl tablet 16
desloratadine tab rapdis 43
desloratadine tablet 43
desmopressin acetate solution, non-oral 36
desmopressin acetate spray/pump 37
desmopressin acetate tablet 37
desmopressin acetate vial 37
desogestr-eth estrad eth estra tablet 37
desonide lotion 36
desonide oint. 36
desoximetasone cream 36
desoximetasone gel 36
desoximetasone oint. 36
dexamethasone 0.5 mg tablet 36
dexamethasone 0.75 mg tablet 36
dexamethasone 1 mg tablet 36
dexamethasone 1.5 mg tablet 36
dexamethasone 2 mg tablet 36
dexamethasone 4 mg tablet 36
dexamethasone 6 mg tablet 36
dexamethasone elixir 36
dexamethasone intensol drops 36
dexamethasone sodium phosphate drops 42
dexamethasone sodium phosphate injection 36
dexmethylphenidate hcl tablet 32
dexrazoxane vial 19
dextroamphetamine sulfate 10 mg capsule er 32
dextroamphetamine sulfate 10 mg tablet 32
dextroamphetamine sulfate 15 mg capsule er 32
dextroamphetamine sulfate 5 mg capsule er 32
dextroamphetamine sulfate 5 mg tablet 32
dextroamphetamine-amphetamine cap er 24h 32
dextrose 10%-0.2% nacl dehp fr bg 45
dextrose 5%-1/2ns-kcl iv soln 45
dextrose 5%-1/3ns-kcl iv soln 45
dextrose 5%-1/4ns-kcl iv soln 45
dextrose 5%-ns-kcl iv soln 45
dextrose 5%-potassium chloride iv soln 45

DEXTROSE IN LACTATED RINGERS IV SOLN	45
DEXTROSE IN WATER DEHP FR BG	45
DEXTROSE IN WATER IV SOLN	45
dextrose with sodium chloride iv soln	45
diazepam kit	14
diazepam solution	26
diazepam tablet	26
diclofenac potassium tablet	7
diclofenac sodium 25 mg tablet dr	7
diclofenac sodium 50 mg tablet dr	7
diclofenac sodium 75 mg tablet dr	7
diclofenac sodium drops	33
diclofenac sodium drops (eye)	42
diclofenac sodium tab er 24h	8
dicloxacillin sodium capsule	11
dicyclomine hcl capsule	34
dicyclomine hcl solution	34
dicyclomine hcl tablet	34
didanosine capsule dr	24
diflorasone diacetate cream	36
diflorasone diacetate oint.	36
diflunisal tablet	8
digitek 125 mcg tablet	29
digitek 250 mcg tablet	30
digoxin 125 mcg tablet	30
digoxin 250 mcg tablet	30
digoxin ampul	30
dihydroergotamine mesylate vial	18
DILANTIN CAPSULE	14
dilt-cd cap er 24h	30
diltiazem 24hr er cap er 24h	30
diltiazem er cap er 12h	30
diltiazem er capsule er	30
diltiazem hcl tablet	30
diltiazem hcl vial	30
diltiazem hcl vial port	30
dilt-xr cap er deg	30
diphenhydramine hcl vial	43
diphenoxylate-atropine liquid	34
diphenoxylate-atropine tablet	34
DIPHTHERIA-TETANUS TOXOIDS-PED INTRAMUSCULAR	40
disulfiram tablet	10
divalproex sodium cap sprink	14
divalproex sodium er tab er 24h	14
divalproex sodium tablet dr	14
DOCEFREZ VIAL	19
docetaxel vial	19
donepezil hcl 10 mg tab rapdis	15
donepezil hcl 10 mg tablet	15
donepezil hcl 23 mg tablet	15
donepezil hcl 5 mg tab rapdis	15
donepezil hcl 5 mg tablet	15
dorzolamide hcl drops	42
dorzolamide-timolol drops	42
doxazosin mesylate 1 mg tablet	35
doxazosin mesylate 2 mg tablet	35
doxazosin mesylate 4 mg tablet	35
doxazosin mesylate 8 mg tablet	35
doxepin hcl capsule	16
doxepin hcl oral conc	16
doxercalciferol intravenous	41
doxercalciferol oral	41
doxorubicin hcl vial	19
doxy 100 vial	11
doxycycline hyclate 100 mg tablet	11
doxycycline hyclate 20 mg tablet	11
doxycycline hyclate capsule	11
doxycycline hyclate vial	11
doxycycline monohydrate caps	11
doxycycline monohydrate capsule	11
doxycycline monohydrate susp recon	11
doxycycline monohydrate tablet	12
doxycycline monohydrate tabs	12
dronabinol capsule	17
DROXIA CAPSULE	19
DULERA INHALATION	43
duloxetine hcl dr 20 mg oral	16
duloxetine hcl dr 30 mg oral	16
duloxetine hcl dr 60 mg oral	16
DURAMORPH AMPUL	8
DUREZOL DROPS	42
E.E.S. 200 SUSP RECON	12
e.e.s. 400 tablet	12
econazole nitrate cream	17
EDECRIN ORAL	30
EDURANT TABLET	24
EFFIENT 10 MG TABLET	28
EFFIENT 5 MG TABLET	28
ELAPRASE VIAL	34
ELIDEL CREAM	33
ELIGARD 22.5 MG DISP SYRIN	39
ELIGARD 30 MG DISP SYRIN	39
ELIGARD 45 MG DISP SYRIN	39

ELIGARD 7.5 MG DISP SYRIN	39
ELIQUIS 2.5 MG TABLET	28
ELIQUIS 5 MG TABLET	28
ELITEK VIAL	19
ELMIRON CAPSULE	35
EMCYT CAPSULE	19
EMEND 125 MG CAPSULE	17
EMEND 40 MG CAPSULE	17
EMEND 80 MG CAPSULE	17
EMEND CAP DS PK	17
emoquette tablet	37
EMSAM 12MG/24HR PATCH TD24	16
EMSAM 6 MG/24 HR PATCH TD24	16
EMSAM 9 MG/24 HR PATCH TD24	16
EMTRIVA CAPSULE	24
EMTRIVA SOLUTION	24
enalapril maleate tablet	30
enalapril-hydrochlorothiazide tablet	30
ENBREL DISP SYRIN	40
ENBREL SURECLICK SOAJ	40
ENBREL VIAL	40
endocet tablet	8
endodan tablet	8
ENGERIX-B DISP SYRIN	40
ENGERIX-B VIAL	40
enoxaparin sodium 100 mg/ml disp syrin	28
enoxaparin sodium 120mg/.8ml disp syrin	28
enoxaparin sodium 150 mg/ml disp syrin	28
enoxaparin sodium 30mg/0.3ml disp syrin	28
enoxaparin sodium 40mg/0.4ml disp syrin	28
enoxaparin sodium 60mg/0.6ml disp syrin	28
enoxaparin sodium 80mg/0.8ml disp syrin	28
enoxaparin sodium vial	28
enpresse tablet	37
entacapone tablet	22
entecavir tablet	24
enulose solution	34
epinastine hcl drops	42
EPIPEN 2-PAK AUTO INJCT	43
EPIPEN JR 2-PAK AUTO INJCT	43
epirubicin hcl vial	19
epitol tablet	14
EPIVIR HBV SOLUTION	24
EPZICOM TABLET	24
ERBITUX VIAL	19
ergoloid mesylates tablet	15
ERIVEDGE CAPSULE	19
errin tablet	37
ERWINAZE INTRAMUSCULAR	19
ery med. swab	12
ERYPED 200 SUSP RECON	12
ERYPED 400 SUSP RECON	12
ERY-TAB TABLET DR	12
ERYTHROCIN LACTOBIONATE VIAL PORT	12
erythrocin stearate tablet	12
erythromycin ethylsuccinate tablet	12
erythromycin gel	12
erythromycin oint.	12
erythromycin solution	12
erythromycin tablet	12
erythromycin-benzoyl peroxide gel	33
ESBRIET CAPSULE	43
escitalopram oxalate solution	16
escitalopram oxalate tablet	16
esomeprazole magnesium capsule,delayed release (enteric coated)	34
esomeprazole sodium intravenous	34
estradiol patch tdwk	37
estradiol patch, transdermal semiweekly	37
estradiol tablet	37
estradiol valerate vial	37
estradiol-norethindrone acetat oral	37
estradiol-norethindrone acetat tablet	37
ESTRING VAG RING	37
ethambutol hcl tablet	18
ethosuximide capsule	14
ethosuximide solution	14
etidronate disodium tablet	41
etodolac capsule	8
etodolac tab er 24h	8
etodolac tablet	8
ETOPOPHOS VIAL	19
etoposide vial	19
EVOTAZ TABLET	24
EXELON PATCH TD24	15
exemestane tablet	19
EXJADE TAB DISPER	45
FABRAZYME VIAL	34
falmina tablet	37
famciclovir tablet	24
famotidine 20 mg tablet	34
famotidine 40 mg tablet	34
famotidine piggyback	34
famotidine vial	34
FANAPT 1 MG TABLET	22

FANAPT 10 MG TABLET	22
FANAPT 12 MG TABLET	22
FANAPT 2 MG TABLET	22
FANAPT 4 MG TABLET	22
FANAPT 6 MG TABLET	22
FANAPT 8 MG TABLET	22
FANAPT TAB DS PK	22
FARESTON TABLET	19
FARYDAK CAPSULE	19
FASLODEX DISP SYRIN	19
FAZACLO TAB RAPDIS	22
felbamate oral susp	14
felbamate tablet	14
felodipine er tab er 24h	30
FEMRING VAG RING	37
fenofibrate capsule	30
fenofibrate oral	30
fenofibrate tablet	30
fenofibric acid capsule dr	30
fenoprofen calcium tablet	8
fentanyl citrate lozenge hd	8
fentanyl patch td72	8
fentanyl patch, transdermal 72 hours	8
FERRIPROX TABLET	42
FETZIMA 20-40 MG TITRATION ORAL	16
FETZIMA ER 120 MG ORAL	16
FETZIMA ER 20 MG ORAL	16
FETZIMA ER 40 MG ORAL	16
FETZIMA ER 80 MG ORAL	16
finasteride tablet	35
FIRAZYR DISP SYRIN	40
FIRMAGON 120 MG VIAL	39
FIRMAGON 80 MG VIAL	39
flavoxate hcl tablet	35
FLEBOGAMMA DIF VIAL	40
flecainide acetate tablet	30
FLOVENT DISKUS 100 MCG DISK W/DEV	43
FLOVENT DISKUS 250 MCG DISK W/DEV	43
FLOVENT DISKUS 50 MCG DISK W/DEV	43
FLOVENT HFA 110MCG AER W/ADAP	44
FLOVENT HFA 220 MCG AER W/ADAP	44
FLOVENT HFA 44MCG AER W/ADAP	44
fluconazole 100 mg tablet	17
fluconazole 150 mg tablet	17
fluconazole 200 mg tablet	17
fluconazole 50 mg tablet	17
fluconazole in dextrose piggyback	17
fluconazole susp recon	17
flucytosine capsule	17
fludarabine phosphate vial	19
fludrocortisone acetate tablet	36
flunisolide nasal	44
fluocinolone acetonide cream	36
fluocinolone acetonide oil	36
fluocinolone acetonide oil drops	43
fluocinolone acetonide oint.	36
fluocinolone acetonide solution	36
fluocinonide gel	36
fluocinonide oint.	36
fluocinonide solution	36
fluocinonide topical	36
fluocinonide-e cream	36
fluorometholone suspension, drops(final dosage form)	42
fluorouracil cream	33
fluorouracil cream	33
fluorouracil solution	33
fluorouracil vial	19
fluoxetine dr capsule dr	16
fluoxetine hcl capsule	16
fluoxetine hcl solution	16
fluoxetine hcl tablet	16
fluphenazine decanoate vial	22
fluphenazine hcl 1 mg tablet	22
fluphenazine hcl 10 mg tablet	22
fluphenazine hcl 2.5 mg tablet	22
fluphenazine hcl 5 mg tablet	22
fluphenazine hcl elixir	22
fluphenazine hcl oral conc	22
fluphenazine hcl vial	22
flurbiprofen sodium drops	42
flurbiprofen tablet	8
flutamide capsule	19
fluticasone propionate cream	36
fluticasone propionate oint.	36
fluticasone propionate spray susp	44
fluvastatin sodium 20 mg capsule	30
fluvastatin sodium 40 mg capsule	30
fluvoxamine maleate 100 mg cap er 24h	16
fluvoxamine maleate 150 mg cap er 24h	16
fluvoxamine maleate tablet	16
FOLOTYN VIAL	19
fomepizole vial	42
fondaparinux sodium 10mg/0.8ml disp syrin	28
fondaparinux sodium 2.5 mg/0.5 disp syrin	28

fondaparinux sodium 5mg/0.4ml disp syrin	28
fondaparinux sodium 7.5mg/0.6 disp syrin	28
FORADIL INHALATION	44
FORTEO SUBCUTANEOUS	41
foscarnet sodium infus. btl	24
fosinopril sodium tablet	30
fosinopril-hydrochlorothiazide tablet	30
fosphenytoin sodium vial	14
FREAMINE HBC INTRAVENOUS SOLUTION	45
furosemide solution	30
furosemide syringe	30
furosemide tablet	30
furosemide vial	30
FUSILEV VIAL	19
FUZEON KIT	24
FYCOMPA ORAL	14
gabapentin capsule	14
gabapentin solution	14
gabapentin tablet	14
GABITRIL 12 MG ORAL	14
GABITRIL 16 MG ORAL	14
galantamine hbr cap24h pel	15
galantamine hbr tablet	15
galantamine hydrobromide solution	15
GAMASTAN S-D VIAL	40
GAMMAGARD LIQUID VIAL	40
GAMMAKED VIAL	40
GAMMAPLEX VIAL	40
GAMUNEX-C VIAL	40
ganciclovir sodium vial	24
GARDASIL 9 SYRINGE	40
GARDASIL 9 VIAL	40
GARDASIL SYRINGE	40
GARDASIL VIAL	40
GATTEX KIT	34
gavilyte-c soln recon	34
gavilyte-g soln recon	34
gavilyte-n soln recon	34
gemcitabine hcl vial	19
gemfibrozil tablet	30
generlac solution	34
gengraf capsule	40
gengraf solution	40
gentak oint.	12
gentamicin sulfate cream	12
gentamicin sulfate drops	12
gentamicin sulfate in ns piggyback	12
gentamicin sulfate oint.	12
gentamicin sulfate ophthalmic	12
gentamicin sulfate vial	12
gentamicin sulfate vial port	12
GEODON VIAL	22
gildagia tablet	37
gildess tablet	37
GILOTRIF ORAL	19
glatopa sosy	32
GLEEVEC TABLET	20
GLEOSTINE CAPSULE	20
glimepiride 1 mg tablet	27
glimepiride 2 mg tablet	27
glimepiride 4 mg tablet	27
glipizide er tab er 24	27
glipizide tablet	27
glipizide-metformin tablet	27
GLUCAGEN VIAL	27
glycopyrrolate tablet	34
glycopyrrolate vial	34
GLYSET TABLET	27
granisetron hcl tablet	17
granisetron hcl vial	17
griseofulvin oral susp	17
griseofulvin tablet	17
griseofulvin ultramicrosize tablet	18
GUANIDINE HCL TABLET	18
HALAVEN VIAL	20
halobetasol propionate cream	36
halobetasol propionate oint.	36
haloperidol 0.5 mg tablet	22
haloperidol 1 mg tablet	22
haloperidol 10 mg tablet	22
haloperidol 2 mg tablet	22
haloperidol 20 mg tablet	22
haloperidol 5 mg tablet	23
haloperidol decanoate vial	23
haloperidol lactate oral conc	23
haloperidol lactate vial	23
HARVONI TABLET	24
HAVRIX DISP SYRIN	40
HAVRIX VIAL	40
heparin lock intravenous	28
heparin sodium in 0.45% nacl intravenous	28
heparin sodium injection	28
heparin sodium-d5w intravenous	28
HEPATAMINE IV SOLN	45
HERCEPTIN VIAL	20
HETLIOZ CAPSULE	32
HEXALEN CAPSULE	20
HUMALOG INSULN PEN	27
HUMALOG KWIKPEN SOPN	27
HUMALOG MIX 50-50 INSULN PEN	27

HUMALOG MIX 50-50 VIAL	27
HUMALOG MIX 75-25 INSULN PEN	27
HUMALOG MIX 75-25 VIAL	27
HUMALOG SOCT	27
HUMALOG VIAL	27
HUMIRA 20MG/0.4ML KIT	40
HUMIRA 40MG/0.8ML KIT	40
HUMIRA PEN IJ KIT	40
HUMIRA SYRINGE KIT	40
HUMULIN 70-30 INSULN PEN	27
HUMULIN 70-30 SUBCUTANEOUS	27
HUMULIN N INSULN PEN	27
HUMULIN N VIAL	27
HUMULIN R VIAL	27
hydralazine hcl tablet	30
hydralazine hcl vial	30
hydrochlorothiazide 12.5 mg tablet	30
hydrochlorothiazide 25 mg tablet	30
hydrochlorothiazide 50 mg tablet	30
hydrochlorothiazide capsule	30
hydrocodone bit-ibuprofen tablet	8
hydrocodone-acetaminophen 2.5-325mg tablet	8
hydrocodone-acetaminophen 10mg-300mg tablet	8
hydrocodone-acetaminophen 10mg-325mg tablet	8
hydrocodone-acetaminophen 5mg-300mg tablet	8
hydrocodone-acetaminophen 5mg-325mg tablet	8
hydrocodone-acetaminophen 7.5-300mg tablet	8
hydrocodone-acetaminophen 7.5-325mg tablet	8
hydrocodone-acetaminophen solution	8
hydrocortisone butyrate topical	36
hydrocortisone cream	36
hydrocortisone enema	36
hydrocortisone lotion	36
hydrocortisone oint.	36
hydrocortisone tablet	36
hydrocortisone valerate topical	36
hydrocortisone-acetic acid drops	43
hydromorphone hcl oral	8
hydromorphone hcl tablet	8
hydromorphone hcl vial	8
hydroxychloroquine sulfate tablet	21
hydroxyurea capsule	20
ibandronate sodium tablet	41
IBRANCE CAPSULE	20
ibuprofen oral susp	8
ibuprofen tablet	8
ICLUSIG TABLET	20
idarubicin hcl vial	20
ifosfamide vial	20
ILARIS VIAL	40
ILEVRO DROPS SUSP	42
ilotycin ointment	12
IMBRUVICA ORAL	20
imipenem-cilastatin sodium vial	12
imipramine hcl tablet	16
imipramine pamoate capsule	16
imiquimod cream pack	33
IMOVAX RABIES VACCINE VIAL	40
INCRELEX VIAL	37
indapamide tablet	30
INFANRIX DTAP INTRAMUSCULAR	40
INLYTA 1 MG TABLET	20
INLYTA 5 MG TABLET	20
insulin syringes and pen needle dis needle	42
insulin syringes and pen needles disp syrin	42
INTELENCE 100 MG TABLET	25
INTELENCE 200 MG TABLET	25
INTELENCE 25 MG TABLET	25
INTRALIPID EMULSION	42
INTRALIPID EMULSN	45
INTRON A 18MM UNIT VIAL	25
INTRON A 50MM UNIT VIAL	25
INTRON A 10MM UNIT VIAL	25
INTRON A 6MMUNIT/ML VIAL	25
introvale tbdspk 3mo	37
INVANZ VIAL	12
INVEGA 1.5 MG TAB ER 24	23
INVEGA 3 MG TAB ER 24	23
INVEGA 6 MG TAB ER 24	23
INVEGA 9 MG TAB ER 24	23
INVEGA SUSTENNA 117MG/0.75 DISP SYRIN	23
INVEGA SUSTENNA 156 MG/ML DISP SYRIN	23
INVEGA SUSTENNA 234MG/1.5 DISP SYRIN	23
INVEGA SUSTENNA 39MG/0.25 DISP SYRIN	23
INVEGA SUSTENNA 78MG/0.5ML DISP SYRIN	23
INVIRASE CAPSULE	25
INVIRASE TABLET	25
INVOKAMET TABLET	27

INVOKANA TABLET	27
IPOL SYRINGE	40
IPOL VIAL	40
ipratropium bromide 21 mcg spray	44
ipratropium bromide 42mcg spray	44
ipratropium bromide solution	44
ipratropium-albuterol inhalation	44
irbesartan tablet	30
irbesartan-hydrochlorothiazide tablet	30
irinotecan hcl vial	20
ISENTRESS 100 MG TAB CHEW	25
ISENTRESS 25 MG TAB CHEW	25
ISENTRESS ORAL	25
ISENTRESS TABLET	25
isoniazid 100 mg tablet	18
isoniazid 300 mg tablet	18
isoniazid solution	18
isoniazid vial	18
isosorbide dinitrate tablet	30
isosorbide dinitrate tablet er	30
isosorbide mononitrate er tab er 24h	30
isosorbide mononitrate tablet	30
isradipine capsule	30
ISTODAX VIAL	20
itraconazole capsule	18
ivermectin tablet	21
IXEMPRA VIAL	20
IXIARO INTRAMUSCULAR	40
JADENU TABLET	45
JAKAFI TABLET	20
JALYN CPMP 24HR	35
jantoven tablet	28
JANUMET TABLET	27
JANUMET XR 100-1000MG TBMP 24HR	27
JANUMET XR 50-1000 MG TBMP 24HR	27
JANUMET XR 50MG-500MG TBMP 24HR	27
JANUVIA TABLET	27
JENTADUETO TABLET	27
JEVTANA INTRAVENOUS	20
junel fe oral	37
junel oral	37
KADCYLA VIAL	20
KALETRA 100MG-25MG TABLET	25
KALETRA 200MG-50MG TABLET	25
KALETRA SOLUTION	25
KALYDECO GRANULES IN PACKET	44
KALYDECO TABLET	44
kariva tablet	37
kelnor 1-35 tablet	37
KETEK TABLET	12
ketoconazole cream	18
ketoconazole shampoo	18
ketoconazole tablet	18
ketoprofen capsule	8
ketoprofen oral	8
ketorolac tromethamine drops	42
KEYTRUDA VIAL	20
KINERET DISP SYRIN	40
kionex powder	45
klor-con 10 tablet er	45
klor-con 8 tablet er	45
klor-con m20 tab er prt	45
KORLYM TABLET	37
KUVAN ORAL	34
KUVAN PACK	34
KYNAMRO DISP SYRIN	30
labetalol hcl tablet	30
labetalol hcl vial	30
LACRISERT INSERT	42
LACTATED RINGERS IRRIG SOLN	42
LACTATED RINGERS IV SOLN	45
lactulose solution	34
lamivudine hbv oral	25
lamivudine solution, oral	25
lamivudine tablet	25
lamivudine-zidovudine tablet	25
lamotrigine er oral	14
lamotrigine er tablet, extended release 24 hr	14
lamotrigine odt tablet,disintegrating	14
lamotrigine tab er 24	14
lamotrigine tablet	14
lamotrigine tb chw dsp	14
lansoprazol-amoxicil-clarithro oral	12
lansoprazole capsule dr	34
LANTUS SOLOSTAR INSULN PEN	27
LANTUS VIAL	27
larin fe oral	37
larin oral	37
larin tablet	37
latanoprost drops	42
LATUDA 120 MG TABLET	23
LATUDA 20 MG TABLET	23
LATUDA 40 MG TABLET	23
LATUDA 80 MG TABLET	23
LATUDA ORAL	23
LAZANDA SPRAY/PUMP	8

leflunomide tablet	40
LENVIMA CAPSULE	20
lessina tablet	37
LETAIRIS TABLET	44
letrozole tablet	20
leucovorin calcium tablet	20
leucovorin calcium vial	20
LEUKERAN TABLET	20
LEUKINE VIAL	28
leuprolide acetate kit	39
LEVEMIR FLEXPEN INSULN PEN	27
LEVEMIR VIAL	27
levetiracetam solution	14
levetiracetam tab er 24h	14
levetiracetam tablet	14
levetiracetam vial	14
levetiracetam-nacl intravenous solution, piggyback	14
levobunolol hcl drops	42
levocarnitine solution	42
levocarnitine tablet	42
levocarnitine vial	42
levocetirizine dihydrochloride solution	44
levocetirizine dihydrochloride tablet	44
levofloxacin solution	12
levofloxacin tablet	12
levofloxacin vial	12
levofloxacin-d5w piggyback	12
levoleucovorin calcium vial	20
levonest tablet	37
levonorgestrel-eth estradiol tablet	37
levonorgestrel-eth estradiol tbdspk 3mo	37
levora-28 tablet	37
levorphanol tartrate tablet	8
levothyroxine sodium tablet	38
LEVOXYL TABLET	38
LEXIVA ORAL SUSP	25
LEXIVA TABLET	25
lidocaine hcl injection	10
lidocaine hcl jel	10
lidocaine hcl jel/pf app	10
lidocaine hcl jelly with prefilled applicator	10
lidocaine hcl solution	10
lidocaine hcl vial	10
lidocaine hcl viscous solution	10
lidocaine ointment	10
lidocaine topical	10
lidocaine-prilocaine cream	10
LINCOCIN VIAL	12
lindane lotion	21
lindane shampoo	21
linezolid intravenous solution	12
linezolid tabs	12
liothyronine sodium tablet	38
liothyronine sodium vial	38
LIPOFEN CAPSULE	30
lisinopril tablet	30
lisinopril-hydrochlorothiazide tablet	30
lithium carbonate 150 mg capsule	27
lithium carbonate 300 mg capsule	27
lithium carbonate 600 mg capsule	27
lithium carbonate tablet	27
lithium carbonate tablet er	27
LOMUSTINE ORAL	20
loperamide capsule	34
lopreeza tablet	37
lorazepam intensol oral conc	26
lorazepam tablet	27
lorcet hd oral	8
lorcet oral	8
lorcet plus tablet	8
lortab oral	8
losartan potassium 100 mg tablet	30
losartan potassium 25 mg tablet	30
losartan potassium 50 mg tablet	30
losartan-hydrochlorothiazide 100-12.5mg tablet	30
losartan-hydrochlorothiazide 100mg-25mg tablet	30
losartan-hydrochlorothiazide 50-12.5 mg tablet	30
LOTEMAX DROPS SUSP	42
LOTEMAX GEL	42
LOTEMAX OINT.	42
lovastatin 10 mg tablet	30
lovastatin 20 mg tablet	30
lovastatin 40 mg tablet	30
loxapine capsule	23
LUMIGAN DROPS	42
LUMIZYME VIAL	34
LUPRON DEPOT 22.5 MG SYRINGEKIT	39
LUPRON DEPOT 3.75 MG SYRINGEKIT	39
LUPRON DEPOT 30 MG SYRINGEKIT	39
LUPRON DEPOT 45 MG SYRINGEKIT	39
LUPRON DEPOT 7.5 MG SYRINGEKIT	39
LUPRON DEPOT-PED KIT	39

LUPRON DEPOT-PED SYRINGEKIT	39
lutera tablet	37
LYNPARZA CAPSULE	20
LYRICA 100 MG CAPSULE	14
LYRICA 150 MG CAPSULE	14
LYRICA 200 MG CAPSULE	14
LYRICA 225 MG CAPSULE	14
LYRICA 25 MG CAPSULE	14
LYRICA 300 MG CAPSULE	14
LYRICA 50 MG CAPSULE	14
LYRICA 75 MG CAPSULE	14
LYRICA SOLUTION	14
LYSODREN TABLET	38
lyza tablet	37
magnesium sulfate disp syrin	45
magnesium sulfate vial	45
malathion lotion	21
maprotiline hcl oral	16
marlissa tablet	37
MARPLAN TABLET	16
MATULANE CAPSULE	20
matzim la tab er 24h	30
meclizine hcl tablet	17
meclofenamate sodium capsule	8
MEDROL ORAL	36
medroxyprogesterone acetate tablet	38
medroxyprogesterone acetate vial	38
mefloquine hcl tablet	21
megestrol acetate oral susp	38
megestrol acetate tablet	38
MEKINIST TABLET	20
meloxicam tablet	8
melphalan hcl vial	20
MENACTRA VIAL	40
MENEST TABLET	38
MENOMUNE-A-C-Y-W-135 VIAL	40
MENOSTAR PATCH TDWK	38
MENVEO A-C-Y-W-135-DIP KIT	40
mercaptopurine tablet	20
meropenem vial	12
mesalamine kit	41
mesna vial	20
MESNEX TABLET	20
MESTINON TABLET ER	18
metadate er tablet er	32
metaproterenol sulfate syrup	44
metaproterenol sulfate tablet	44
metformin hcl er tab er 24h	27
metformin hcl tablet	27
methadone hcl 10 mg/5 ml solution	8
methadone hcl 5 mg/5 ml solution	8
methadone hcl tablet	9
methadone hcl vial	9
methazolamide tablet	42
methenamine hippurate tablet	12
methimazole tablet	39
methotrexate tablet	40
methotrexate vial	40
methoxsalen oral	33
methscopolamine bromide tablet	34
methylphenidate er oral	32
methylphenidate er tablet er	32
methylphenidate hcl tablet	33
methylprednisolone acetate injection	36
methylprednisolone sod succ vial	36
methylprednisolone tab ds pk	36
methylprednisolone tablet	36
metipranolol drops	42
metoclopramide hcl 10 mg tablet	34
metoclopramide hcl 5 mg tablet	34
metoclopramide hcl solution	34
metoclopramide hcl vial	34
metolazone tablet	30
metoprolol succinate tab er 24h	30
metoprolol tartrate tablet	30
metoprolol tartrate vial	30
metoprolol-hydrochlorothiazide tablet	30
metronidazole cream	12
metronidazole gel	12
metronidazole gel w/appl	12
metronidazole lotion	12
metronidazole piggyback	12
metronidazole tablet	12
mexiletine hcl oral	31
MIACALCIN VIAL	41
microgestin fe oral	38
microgestin oral	38
midodrine hcl tablet	31
migergot rectal	18
mimvey lo oral	38
mimvey oral	38
minitran patch td24	31
MINIVELLE PATCH TDSW	38
MINIVELLE PATCH, TRANSDERMAL SEMIWEEKLY	38
minocycline hcl capsule	12
minocycline hcl tablet	12
minoxidil tablet	31

mirtazapine tab rapdis	16
mirtazapine tablet	16
misoprostol tablet	34
mitomycin vial	20
mitoxantrone hcl vial	20
M-M-R II VACCINE VIAL	40
modafinil 100 mg tablet	45
modafinil 200 mg tablet	45
moderiba oral	25
moderiba oral	25
moexipril hcl oral	31
moexipril-hydrochlorothiazide oral	31
mometasone furoate cream	36
mometasone furoate oint.	36
mometasone furoate solution	36
montelukast sodium gran pack	44
montelukast sodium tab chew	44
montelukast sodium tablet	44
morphine sulfate 10 mg/5 ml solution	9
morphine sulfate 100 mg/5ml solution	9
morphine sulfate 20 mg/5 ml solution	9
morphine sulfate er tablet er	9
MORPHINE SULFATE INJECTION	9
MORPHINE SULFATE SYRINGE	9
MORPHINE SULFATE TABLET	9
MOVIPREP POWD PACK	34
MOXEZA DROPS VISC	12
moxifloxacin hcl oral	12
MOZOBIL VIAL	45
MULTAQ TABLET	31
mupirocin cream	12
mupirocin oint.	12
MUSTARGEN VIAL	20
mycophenolate mofetil capsule	40
mycophenolate mofetil suspension, reconstituted, oral	40
mycophenolate mofetil tablet	40
mycophenolic acid oral	41
myorisan capsule	33
nabumetone tablet	9
nadolol 20 mg tablet	31
nadolol 40 mg tablet	31
nadolol 80 mg tablet	31
nadolol-bendroflumethiazide tablet	31
nafcillin sodium vial	12
naftifine hcl crea	18
NAFTIN GEL	18
NAFTIN TOPICAL	18
NAGLAZYME VIAL	34
nalbuphine hcl vial	9
naloxone hcl disp syrin	10
naltrexone hcl oral	10
NAMENDA 10 MG TABLET	15
NAMENDA 5 MG TABLET	15
NAMENDA SOLUTION	15
NAMENDA TAB DS PK	15
NAMENDA XR CAP SPR 24	15
NAMENDA XR CAP24 DSPK	15
naphazoline hcl ophthalmic	42
naproxen 250 mg tablet	9
naproxen 375 mg tablet	9
naproxen 500 mg tablet	9
naproxen oral susp	9
naproxen sodium tablet	9
naproxen tablet dr	9
naratriptan hcl tablet	18
NATACYN DROPS SUSP	18
nateglinide tablet	27
NATPARA CARTRIDGE	42
NEBUPENT VIAL-NEB	21
necon tablet	38
nefazodone hcl tablet	16
neomycin sulfate tablet	12
neomycin-bacitracin-poly-hc oint.	12
neomycin-bacitracin-polymyxin oint.	12
neomycin-polymyxin b ampul	12
neomycin-polymyxin-dexameth drops susp	42
neomycin-polymyxin-dexameth oint.	42
neomycin-polymyxin-gramicidin drops	12
neomycin-polymyxin-hc drops susp	12
neomycin-polymyxin-hc drops susp (ear)	43
neomycin-polymyxin-hydrocort solution	43
NEPHRAMINE IV SOLN	45
NEULASTA DISP SYRIN	28
NEUMEGA VIAL	28
NEUPOGEN DISP SYRIN	28
NEUPOGEN SOLN	28
NEUPOGEN VIAL	28
NEUPRO PATCH TD24	22
nevirapine er oral	25
nevirapine oral	25
nevirapine tablet	25
NEXAVAR TABLET	20
niacin er oral	31
niacin oral	31
niacor tablet	31
nicardipine hcl capsule	31

nicardipine hcl vial	31
NICOTROL CARTRIDGE	10
NICOTROL NS SPRAY	10
nifedical xl tab er 24	31
nifedipine er tab er 24	31
NILANDRON TABLET	20
nimodipine capsule	31
NIPENT VIAL	20
nisoldipine tab er 24h	31
nitrofurantoin capsule	12
nitrofurantoin macrocrystals caps	12
nitrofurantoin mono-macro capsule	12
nitrofurantoin oral susp	12
nitroglycerin patch patch td24	31
nitroglycerin translingual	31
nitroglycerin vial	31
NITROSTAT TAB SUBL	31
nizatidine capsule	34
norethindrone acetate tablet	38
norethindrone oral	38
NORITATE TOPICAL	12
norlyroc tablet	38
NORMOSOL-M AND DEXTROSE IV SOLN	46
NORMOSOL-R AND DEXTROSE IV SOLN	46
NORMOSOL-R PH 7.4 IV SOLN	46
NORTHERA CAPSULE	31
nortrel tablet	38
nortriptyline hcl capsule	16
nortriptyline hcl solution	16
NORVIR CAPSULE	25
NORVIR SOLUTION	25
NORVIR TABLET	25
NOVAREL VIAL	37
NOXAFIL ORAL	18
NOXAFIL ORAL SUSP	18
NUEDEXTA CAPSULE	33
NULOJIX VIAL	41
NUTRILIPID EMUL	46
NUTRILIPID EMULSION	46
nyamyc powder	18
nystatin cream	18
nystatin oint.	18
nystatin oral susp	18
nystatin powder	18
nystatin tablet	18
nystatin-triamcinolone cream	18
nystatin-triamcinolone oint.	18
nystop powder	18
OCTAGAM 25GM/500ML SOLN	41
OCTAGAM 2GM/20ML SOLN	41
octreotide acetate 100 mcg/ml ampul	39
octreotide acetate 1000mcg/ml vial	39
octreotide acetate 200 mcg/ml vial	39
octreotide acetate 50 mcg/ml ampul	39
octreotide acetate 500 mcg/ml ampul	39
ofloxacin drops	12
ofloxacin tablet	12
ogestrel tablet	38
olanzapine odt tab rapdis	23
olanzapine tablet	23
olanzapine vial	23
olanzapine-fluoxetine hcl capsule	16
OLYSIO ORAL	25
omega-3 acid ethyl esters oral	31
omeprazole capsule dr	34
ONCASPAR INJECTION	20
ondansetron hcl 24 mg tablet	17
ondansetron hcl 4 mg tablet	17
ondansetron hcl 8 mg tablet	17
ondansetron hcl solution	17
ondansetron hcl syringe	17
ondansetron hcl vial	17
ondansetron odt tab rapdis	17
ONFI 10 MG TABLET	14
ONFI 20 MG TABLET	14
ONFI ORAL	14
OPDIVO VIAL	20
OPSUMIT TABLET	44
ORAP TABLET	23
ORFADIN CAPSULE	34
orphenadrine citrate tablet er	45
orsythia oral	38
OSMOPREP TABLET	34
oxacillin sodium vial	12
oxaliplatin vial	20
oxandrolone 10 mg tablet	38
oxandrolone 2.5 mg tablet	38
oxaprozin tablet	9
oxazepam capsule	27
oxcarbazepine oral susp	14
oxcarbazepine tablet	14
oxybutynin chloride er 10 mg tab er 24	35
oxybutynin chloride er 15 mg tab er 24	35
oxybutynin chloride er 5 mg tab er 24	35
oxybutynin chloride syrup	35
oxybutynin chloride tablet	35
oxycodone hcl capsule	9
oxycodone hcl oral conc	9
oxycodone hcl solution	9

oxycodone hcl tablet	9
oxycodone hcl-acetaminophen tablet	9
oxycodone hcl-aspirin tablet	9
oxycodone hcl-ibuprofen tablet	9
oxycodone-acetaminophen tablet	9
oxymorphone hcl tab er 12h	9
pacerone tablet	31
paclitaxel vial	20
pamidronate disodium vial	41
PANRETIN GEL	20
pantoprazole sodium tablet dr	34
paricalcitol oral	41
paromomycin sulfate capsule	12
paroxetine hcl 10 mg tablet	16
paroxetine hcl 12.5 mg tab er 24h	16
paroxetine hcl 20 mg tablet	16
paroxetine hcl 25 mg tab er 24h	16
paroxetine hcl 30 mg tablet	16
paroxetine hcl 37.5 mg tab er 24h	16
paroxetine hcl 40 mg tablet	16
PASER PACKET	18
PATADAY DROPS	42
PAXIL ORAL SUSP	16
PAZEO DROPS	42
PEDVAXHIB VIAL	41
peg-3350/electrolytes solr	34
PEGANONE TABLET	14
PEGINTRON KIT	25
PEGINTRON REDIPEN PEN IJ KIT	25
PEGINTRON SUBCUTANEOUS	25
penicillin g potassium vial	12
penicillin v potassium 250 mg tablet	12
penicillin v potassium 500 mg tablet	12
penicillin v potassium soln recon	12
PENTAM 300 VIAL	21
pentoxifylline tablet er	31
PERFOROMIST INHALATION	44
perindopril erbumine tablet	31
periogard mouthwash	33
PERJETA VIAL	20
permethrin cream	21
perphenazine tablet	23
perphenazine-amitriptyline tablet	16
phenelzine sulfate tablet	16
phenobarbital elixir	14
phenobarbital tablet	14
phenytoin oral	14
phenytoin sodium extended capsule	14
phenytoin sodium vial	14
phenytoin tab chew	14
PHOSLYRA SOLUTION	35
PHOSPHOLINE IODIDE DROPS	42
PHYSIOLYTE IRRIG SOLN	42
PHYSIOSOL IRRIG SOLN	42
PICATO GEL	33
pilocarpine hcl ophthalmic	42
pilocarpine hcl tablet	33
pimtrea oral	38
pindolol tablet	31
pioglitazone hcl tablet	27
pioglitazone-glimepiride tablet	27
pioglitazone-metformin tablet	27
piperacillin-tazobactam vial	12
piperacillin-tazobactam vial port	12
pirmella tablet	38
piroxicam capsule	9
podofilox solution	33
polyethylene glycol 3350 powder	34
polymyxin b sulfate vial	12
polymyxin b sul-trimethoprim drops	13
POMALYST CAPSULE	20
portia tablet	38
potassium chl-normal saline iv soln	46
potassium chloride capsule er	46
potassium chloride in d5lr iv soln	46
potassium chloride liquid	46
potassium chloride piggyback	46
potassium chloride tab er prt	46
potassium chloride tablet, extended release	46
potassium chloride vial	46
potassium chloride-nacl iv soln	46
potassium citrate 10 meq tablet er	46
potassium citrate 5 meq tablet er	46
potassium citrate er tablet, extended release	46
POTIGA TABLET	14
PRADAXA CAPSULE	28
pramipexole dihydrochloride tablet	22
pramipexole er tablet, extended release 24 hr	22
pravastatin sodium 10 mg tablet	31
pravastatin sodium 20 mg tablet	31

pravastatin sodium 40 mg tablet	31
pravastatin sodium 80 mg tablet	31
prazosin hcl capsule	31
PRED MILD DROPS SUSP	42
PRED-G DROPS SUSP	42
PRED-G OINT.	42
prednicarbate oint.	36
prednisolone acetate suspension, drops(final dosage form)	42
prednisolone sodium phosphate drops	43
prednisolone sodium phosphate solution	36
prednisone 1 mg tablet	36
prednisone 10 mg tablet	36
prednisone 2.5 mg tablet	36
prednisone 20 mg tablet	36
prednisone 5 mg tablet	36
prednisone 50 mg tablet	36
prednisone intensol oral conc	36
prednisone solution	36
PREGNYL VIAL	37
PREMARIN CREAM/APPL	38
PREMARIN TABLET	38
PREMARIN VIAL	38
PREMASOL 10 % IV SOLN	46
premasol 6 % iv soln	46
PRENATABS FA TABLET	46
prevalite powder	31
previfem tablet	38
PREZCOBIX TABLET	25
PREZISTA 150 MG TABLET	25
PREZISTA 600 MG TABLET	25
PREZISTA 75 MG TABLET	25
PREZISTA 800 MG TABLET	25
PREZISTA ORAL SUSP	25
PRIMAQUINE TABLET	21
primidone tablet	14
PRIMSOL SOLUTION	13
PRISTIQ ER TAB ER 24H	16
PRISTIQ ER TABLET, EXTENDED RELEASE 24 HR	16
PRIVIGEN VIAL	41
PROAIR HFA HFA AER AD	44
PROAIR RESPICLICK AEPB	44
probenecid tablet	18
probenecid-colchicine tablet	18
PROCALAMINE IV SOLN	46
prochlorperazine edisylate vial	23
prochlorperazine maleate 10 mg tablet	23
prochlorperazine maleate 5 mg tablet	23
prochlorperazine maleate supp.rect	23
PROCRIT 10000/ML VIAL	28
PROCRIT 2000/ML VIAL	28
PROCRIT 20000/ML VIAL	29
PROCRIT 3000/ML VIAL	29
PROCRIT 4000/ML VIAL	29
PROCRIT 40000/ML VIAL	29
proctocream-hc rectal	36
procto-pak cream	36
proctosol-hc cream with applicator	36
progesterone capsule	38
PROGLYCEM ORAL SUSP	27
PROGRAF AMPUL	41
PROLASTIN C VIAL	44
PROLEUKIN VIAL	20
PROLIA DISP SYRIN	41
PROMACTA TABLET	29
promethazine hcl syrup	17
promethazine hcl tablet	17
propafenone hcl cap er 12h	31
propafenone hcl tablet	31
propantheline bromide tablet	34
proparacaine hcl drops	43
propranolol hcl 10 mg tablet	31
propranolol hcl 20 mg tablet	31
propranolol hcl 40 mg tablet	31
propranolol hcl 60 mg tablet	31
propranolol hcl 80 mg tablet	31
propranolol hcl cap sa 24h	31
propranolol hcl solution	31
propranolol hcl vial	31
propranolol-hydrochlorothiazid tablet	31
propylthiouracil tablet	39
PROQUAD SUBCUTANEOUS	41
PROSOL IV SOLN	46
protriptyline hcl tablet	16
PRUDOXIN CREAM	33
PULMOZYME SOLUTION	44
PURIXAN SUSPENSION, ORAL (FINAL DOSE FORM)	20
pyrazinamide tablet	18
pyridostigmine bromide tablet	18
QUADRACEL DTAP-IPV VIAL	41
quasense tbdspk 3mo	38
quetiapine fumarate tablet	23
quinapril hcl tablet	31
quinapril-hydrochlorothiazide tablet	31
quinidine sulfate tablet	31
quinine sulfate capsule	21
QVAR AER W/ADAP	44
QVAR AEROSOL WITH ADAPTER	44

RABAVERT KIT	41
raloxifene hcl oral	38
ramipril capsule	31
RANEXA 1000 MG TAB ER 12H	31
RANEXA 500 MG TAB ER 12H	31
ranitidine hcl capsule	34
ranitidine hcl syrup	34
ranitidine hcl tablet	34
ranitidine hcl vial	35
RAPAMUNE SOLUTION	41
REBETOL SOLUTION	25
REBIF 22MCG/.5ML DISP SYRIN	33
REBIF 44MCG/.5ML DISP SYRIN	33
REBIF 8.8-22(6) DISP SYRIN	33
REBIF REBIDOSE SOLN	33
REBIF REBIDOSE TITRATION PACK SOLN	33
reclipsen tablet	38
RECOMBIVAX HB SYRINGE	41
RECOMBIVAX HB VIAL	41
REGRANEX GEL	33
RELISTOR 12MG/0.6ML SYRINGE	35
RELISTOR 8 MG/0.4ML SYRINGE	35
RELISTOR KIT	35
REMICADE VIAL	41
REMODULIN VIAL	44
RENVELA POWD PACK	35
RENVELA TABLET	35
repaglinide oral	27
repaglinide tablet	27
reprexain tablet	9
RESCRIPTOR TAB DISPER	25
RESCRIPTOR TABLET	25
RESTASIS DROPERETTE	43
RETROVIR VIAL	25
REVLIMID CAPSULE	20
REVLIMID ORAL	20
REYATAZ CAPSULE	25
REYATAZ POWDER IN PACKET	25
RIBAPAK TAB DS PK	25
ribasphere 200 mg tablet	25
RIBASPHERE 400 MG TABLET	25
RIBASPHERE 600 MG TABLET	25
ribasphere capsule	25
ribavirin capsule	25
ribavirin tablet	25
RIDAURA CAPSULE	41
rifabutin oral	18
rifampin capsule	18
rifampin vial	18
RIFATER TABLET	18
riluzole tablet	33
rimantadine hcl tablet	25
RINGERS INJECTION IV SOLN	46
RINGERS IRRIGATION IRRIG SOLN	42
RIOMET SOLUTION	27
risedronate sodium 30mg tabs	41
risedronate sodium 35mg tabs	42
risedronate sodium 5mg tabs	42
risedronate sodium oral	42
RISPERDAL CONSTA 12.5MG/2ML DISP SYRIN	23
RISPERDAL CONSTA 25 MG/2 ML DISP SYRIN	23
RISPERDAL CONSTA 37.5MG/2ML DISP SYRIN	23
RISPERDAL CONSTA 50 MG/2 ML DISP SYRIN	23
risperidone 0.25 mg tablet	23
risperidone 0.5 mg tablet	23
risperidone 1 mg tablet	23
risperidone 2 mg tablet	23
risperidone 3 mg tablet	23
risperidone 4 mg tablet	23
risperidone odt 0.25 mg tab rapdis	23
risperidone odt 0.5 mg tab rapdis	24
risperidone odt 1 mg tab rapdis	24
risperidone odt 2 mg tab rapdis	24
risperidone odt 3 mg tab rapdis	24
risperidone odt 4 mg tab rapdis	24
risperidone solution	24
RITUXAN VIAL	20
rivastigmine capsule	15
rizatriptan tab rapdis	18
rizatriptan tablet	18
ropinirole hcl tablet	22
ROTARIX SUSR	41
ROTATEQ ORAL SUSP	41
ROZEREM TABLET	45
SABRIL POWD PACK	14
SABRIL TABLET	14
SAIZEN CARTRIDGE	37
SAIZEN VIAL	37
SAMSCA 15 MG TABLET	46
SAMSCA 30 MG TABLET	46
SANDIMMUNE SOLUTION	41
SANDOSTATIN LAR KIT	39
SANTYL OINT.	33
SAPHRIS SUBL	24
SAPHRIS TAB SUBL	24
selegiline hcl capsule	22
selegiline hcl tablet	22
selenium sulfide suspension	33

SELZENTRY 150 MG TABLET	25
SELZENTRY 300 MG TABLET	25
SENSIPAR 30 MG TABLET	38
SENSIPAR 60 MG TABLET	39
SENSIPAR 90 MG TABLET	39
SEROQUEL XR 150 MG TAB ER 24H	24
SEROQUEL XR 200 MG TAB ER 24H	24
SEROQUEL XR 300 MG TAB ER 24H	24
SEROQUEL XR 400 MG TAB ER 24H	24
SEROQUEL XR 50 MG TAB ER 24H	24
sertraline hcl 100 mg tablet	16
sertraline hcl 25 mg tablet	16
sertraline hcl 50 mg tablet	16
sertraline hcl oral conc	17
sharobel tablet	38
SIGNIFOR AMPUL	39
sildenafil tablet	44
SILENOR TABLET	45
silver sulfadiazine cream	13
SIMBRINZA DROPS SUSP	43
SIMULECT VIAL	41
simvastatin 10 mg tablet	31
simvastatin 20 mg tablet	31
simvastatin 40 mg tablet	31
simvastatin 5 mg tablet	31
simvastatin 80 mg tablet	31
sirolimus oral	41
sirolimus tablet	41
SIRTURO TABLET	18
sodium chloride irrig soln	42
sodium chloride iv soln	46
sodium chloride vial	46
sodium fluoride tablet	46
SODIUM LACTATE VIAL	46
sodium phenylbutyrate powder	34
sodium polystyrene sulfonate oral susp	46
SOLTAMOX SOLUTION	20
SOLU-CORTEF VIAL	36
SOMATULINE DEPOT DISP SYRIN	39
SOMAVERT 10 MG VIAL	39
SOMAVERT 15 MG VIAL	39
SOMAVERT 20 MG VIAL	39
SOMAVERT VIAL	39
sorine tablet	31
sotalol af tablet	31
sotalol tablet	31
SOVALDI ORAL	25
SPIRIVA CAP W/DEV	44
SPIRIVA RESPIMAT MIST INHALER	44
spironolactone 100 mg tablet	32
spironolactone 25 mg tablet	32
spironolactone 50 mg tablet	32
spironolactone-hctz tablet	32
SPORANOX SOLUTION	18
sprintec tablet	38
SPRYCEL TABLET	20
sronyx tablet	38
SSD CREAM	13
stavudine capsule	26
stavudine soln recon	26
STIMATE SPRAY/PUMP	37
STIVARGA TABLET	20
STRATTERA CAPSULE	33
streptomycin sulfate vial	13
STRIBILD TABLET	26
STRIVERDI RESPIMAT MIST INHALER	44
SUBOXONE FILM	10
sucralfate tablet	35
sulfacetamide sodium drops	13
sulfacetamide sodium suspension	13
sulfacetamide-prednisolone drops	13
sulfadiazine tablet	13
sulfamethoxazole-trimethoprim oral susp	13
sulfamethoxazole-trimethoprim tablet	13
sulfamethoxazole-trimethoprim vial	13
sulfasalazine tablet	41
sulfazine ec tablet dr	41
sulindac tablet	9
sumatriptan nasal	18
sumatriptan succinate pen injctr	18
sumatriptan succinate tablet	18
sumatriptan succinate vial	18
SUPRAX SUSP RECON	13
SURMONTIL CAPSULE	17
SUSTIVA CAPSULE	26
SUSTIVA TABLET	26
SUTENT CAPSULE	20
SYLATRON KIT	20
SYMBICORT HFA AEROSOL WITH ADAPTER	44
SYMBICORT INHALATION	44
SYMLINPEN 120 PEN INJCTR	27
SYMLINPEN 60 PEN INJCTR	28
SYNAGIS VIAL	41
SYNAREL SPRAY	39
SYNERCID VIAL	13

SYNRIBO VIAL	20
SYNTHROID TABLET	38
SYPRINE CAPSULE	46
TABLOID TABLET	21
tacrolimus capsule	41
tacrolimus ointment	33
TAFINLAR CAPSULE	21
TALWIN VIAL	9
TAMIFLU 30 MG CAPSULE	26
TAMIFLU 45 MG CAPSULE	26
TAMIFLU 75 MG CAPSULE	26
TAMIFLU SUSP RECON	26
tamoxifen citrate tablet	21
tamsulosin hcl cap er 24h	35
TARCEVA TABLET	21
TARGRETIN CAPSULE	21
TARGRETIN GEL	21
tarina fe tablet	38
TASIGNA CAPSULE	21
tazicef vial	13
TAZORAC CREAM	33
TAZORAC GEL	33
taztia xt capsule er	32
TEFLARO VIAL	13
TEGRETOL XR TAB ER 12H	15
TEKTURNA HCT TABLET	32
TEKTURNA TABLET	32
telmisartan oral	32
telmisartan-amlodipine oral	32
telmisartan-hydrochlorothiazid oral	32
temazepam capsule	45
TENIVAC SYRINGE	41
terazosin hcl 1 mg capsule	35
terazosin hcl 10 mg capsule	35
terazosin hcl 2 mg capsule	35
terazosin hcl 5 mg capsule	35
terbinafine hcl tablet	18
terbutaline sulfate tablet	44
terbutaline sulfate vial	44
terconazole cream/appl	18
terconazole supp.vag	18
TESTIM GEL	38
testosterone cypionate vial	38
testosterone enanthate vial	38
TETANUS DIPHTHERIA TOXOIDS VIAL	41
tetracycline hcl capsule	13
THALOMID 100 MG CAPSULE	21
THALOMID 150 MG CAPSULE	21
THALOMID 200 MG CAPSULE	21
THALOMID 50 MG CAPSULE	21
THEO-24 ORAL	44
theophylline anhydrous oral	44
theophylline anhydrous tab er 12h	44
theophylline oral	44
thioridazine hcl tablet	24
thiothixene 1 mg capsule	24
thiothixene 10 mg capsule	24
thiothixene 2 mg capsule	24
thiothixene 5 mg capsule	24
THYMOGLOBULIN VIAL	41
THYROLAR-1 TABLET	38
THYROLAR-1/2 TABLET	38
THYROLAR-1/4 TABLET	38
THYROLAR-2 TABLET	38
THYROLAR-3 TABLET	38
tiagabine hcl 2 mg tablet	15
tiagabine hcl 4 mg tablet	15
TIKOSYN CAPSULE	32
timolol maleate drops	43
timolol maleate tablet	32
TIVICAY ORAL	26
tizanidine hcl tablet	24
TOBI PODHALER CAP W/DEV	44
TOBRADEX OINT.	43
tobramycin drops	13
tobramycin inhalation	44
tobramycin sulfate vial	13
tobramycin-dexamethasone drops susp	43
TOBREX OINT.	13
tolcapone tabs	22
tolmetin sodium capsule	9
tolmetin sodium tablet	9
tolterodine tartrate tablet	35
topiramate cap sprink	15
topiramate tablet	15
toposar vial	21
topotecan hcl vial	21
TORISEL VIAL	41
torsemide tablet	32
TOUJEO SOLOSTAR INSULIN PEN	28
TPN ELECTROLYTES VIAL	46
TRACLEER TABLET	45
TRADJENTA TABLET	28
tramadol hcl tab er 24h	9
tramadol hcl tablet	9
tramadol hcl tbmp 24hr	9
tramadol hcl-acetaminophen tablet	9
trandolapril tablet	32
tranexamic acid tablet	29
tranexamic acid vial	29
TRANSDERM-SCOP PATCH TD72	17
tranylcypromine sulfate tablet	17

TRAVASOL IV SOLN	46
TRAVATAN Z DROPS	43
trazodone hcl 100 mg tablet	17
trazodone hcl 150 mg tablet	17
trazodone hcl 300 mg tablet	17
trazodone hcl 50 mg tablet	17
TREANDA VIAL	21
TRECATOR TABLET	18
TRELSTAR 11.25/2ML DISP SYRIN	39
TRELSTAR 3.75MG/2ML DISP SYRIN	39
TRELSTAR VIAL	39
tretinoin capsule	21
tretinoin cream	33
tretinoin gel	33
tretinoin microsphere gel with pump	33
trezix capsule	9
triamcinolone acetonide cream	36
triamcinolone acetonide lotion	36
triamcinolone acetonide oint.	36
triamcinolone acetonide paste	33
triamcinolone acetonide spray	45
triamterene-hctz 37.5-25 mg capsule	32
triamterene-hctz 50 mg-25mg capsule	32
triamterene-hctz tablet	32
triamterene-hydrochlorothiazid tablet	32
trianex ointment	36
triderm cream	36
trifluoperazine hcl tablet	24
trifluridine drops	26
trihexyphenidyl hcl elixir	22
trihexyphenidyl hcl tablet	22
tri-legest fe oral	38
trilyte with flavor packets soln recon	35
trimethoprim tablet	13
tri-previfem tablet	38
TRISENOX AMPUL	21
tri-sprintec tablet	38
TRIUMEQ TABLET	26
trivora-28 tablet	38
TROKENDI XR 100 MG CP24	15
TROKENDI XR 200 MG CP24	15
TROKENDI XR 25 MG CP24	15
TROKENDI XR 50 MG CP24	15
TROPHAMINE IV SOLN	46
TRULICITY PEN INJECTOR	28
TRUMENBA SYRINGE	41
TRUVADA TABLET	26
TWINRIX VIAL	41
TYBOST TABLET	26
TYGACIL VIAL	13
TYKERB TABLET	21
TYPHIM VI SYRINGE	41
TYPHIM VI VIAL	41
TYSABRI VIAL	33
TYZEKA TABLET	26
TYZINE DROPS	45
ULORIC TABLET	18
UNITHROID TABLET	38
ursodiol capsule	35
ursodiol tablet	35
UVADEX VIAL	33
valacyclovir 1000 mg tablet	26
valacyclovir 500 mg tablet	26
VALCHLOR GEL	21
VALCYTE SOLN RECON	26
valganciclovir hcl tablet	26
valproate sodium vial	15
valproic acid capsule	15
valproic acid solution	15
valsartan tablet	32
valsartan-hydrochlorothiazide tablet	32
vancomycin hcl 125 mg capsule	13
vancomycin hcl 250 mg capsule	13
vancomycin hcl vial	13
vancomycin hcl vial port	13
vandazole gel w/appl	13
VAQTA SYRINGE	41
VARIVAX VACCINE SUBCUTANEOUS	41
VASCEPA CAPSULE	32
VECTIBIX VIAL	21
VECTICAL OINT.	33
VELCADE VIAL	21
velivet tablet	38
VELPHORO TABLET, CHEWABLE	35
venlafaxine hcl er cap er 24h	17
venlafaxine hcl er oral	17
venlafaxine hcl er tab er 24	17
venlafaxine hcl tablet	17
verapamil er cap24h pel	32
verapamil er pm cap24h pct	32
verapamil er tablet er	32
verapamil hcl 120 mg tablet	32
verapamil hcl 40 mg tablet	32
verapamil hcl 80 mg tablet	32
verapamil hcl ampul	32
verapamil hcl cap24h pel	32
VERSACLOZ ORAL	24
VESICARE TABLET	35
vicodin es tablet	9

vicodin hp tablet	9
vicodin tablet	9
VICTOZA 3-PAK PEN INJCTR	28
VIDEX SOLN RECON	26
VIGAMOX DROPS	13
VIIBRYD TAB DS PK	17
VIIBRYD TABLET	17
VIMPAT SOLUTION	15
VIMPAT TABLET	15
VIMPAT VIAL	15
vinblastine sulfate vial	21
vincristine sulfate vial	21
vinorelbine tartrate vial	21
VIRACEPT TABLET	26
VIRAMUNE XR TAB ER 24H	26
VIRAZOLE VIAL-NEB	45
VIREAD POWDER	26
VIREAD TABLET	26
VITEKTA TABLET	26
VOLTAREN GEL	34
voriconazole oral	18
voriconazole tablet	18
voriconazole vial	18
VOTRIENT TABLET	21
VPRIV VIAL	34
vyfemla oral	38
warfarin sodium tablet	29
water irrig soln	42
XALKORI CAPSULE	21
XARELTO 10 MG TABLET	29
XARELTO 15 MG TABLET	29
XARELTO 20 MG TABLET	29
XARELTO TABLET, DOSE PACK	29
XARTEMIS XR TABLET, ORAL ONLY, IR AND ER, BIPHASIC	10
XENAZINE 12.5 MG TABLET	33
XENAZINE 25 MG TABLET	33
XGEVA VIAL	42
XIFAXAN 200 MG TABLET	13
XIFAXAN 550 MG TABLET	13
XOLAIR VIAL	45
XTANDI CAPSULE	21
XYREM SOLUTION	45
YERVOY VIAL	21
YF-VAX SUBCUTANEOUS	41
zafirlukast tablet	45
zaleplon capsule	45
ZALTRAP VIAL	21
ZANOSAR VIAL	21
ZAVESCA CAPSULE	34
ZELBORAF TABLET	21
ZEMAIRA VIAL	45
zenatane capsule	34
zenatane oral	34
zenchent oral	38
ZENPEP CAPSULE DR	34
ZENPEP CAPSULE,DELAYED RELEASE (ENTERIC COATED)	34
ZETIA TABLET	32
ZIAGEN SOLUTION	26
zidovudine capsule	26
zidovudine syrup	26
zidovudine tablet	26
ziprasidone hcl capsule	24
ZIRGAN GEL	26
ZMAX SUS ER REC	13
zoledronic acid infus. btl	42
zoledronic acid vial	42
ZOLINZA CAPSULE	21
zolpidem tartrate tablet	45
ZONALON CREAM	34
zonisamide capsule	15
ZORTRESS 0.25 MG TABLET	41
ZORTRESS 0.5 MG TABLET	41
ZORTRESS 0.75 MG TABLET	41
ZOSTAVAX SUBCUTANEOUS	41
ZOSYN FROZ.PIGGY	13
zovia 1-35e tablet	38
zovia 1-50e tablet	38
ZOVIRAX CREAM	26
ZYCLARA CREAM PACK	34
ZYCLARA TOPICAL	34
ZYDELIG TABLET	21
ZYKADIA ORAL	21
ZYLET DROPS SUSP	13
ZYPREXA RELPREVV VIAL	24
ZYTIGA TABLET	21
ZYVOX SUSP RECON	13

This drug list was updated on September 9, 2015. For more recent information or other questions, please contact Cigna-HealthSpring Preferred with Rx (HMO) Customer Service, at 1-888-281-7867 or, for TTY users, 711, 8AM-8PM, local time, Monday through Friday. Between October 1 and February 14, we are also open Saturday and Sunday, or visit www.mycigna.com.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select state Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

© 2015 Cigna