



Local Government Health Insurance Plan (LGHIP)
Prescription Drug Coverage for Medicare Members

2014 Comprehensive Formulary
List of Covered Drugs



This formulary was updated on August 14, 2013. For more recent information or other questions, please contact BlueRx (PDP) **Member Services**, at **1-855-314-4990 or, for TTY users, 711, 7 a.m. to 5:30 p.m., Monday through Friday**, or visit **www.alseib.org**.

Inside Front Cover

BlueRx (PDP)
2014
Formulary
(List of Covered Drugs)

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

Approved Formulary ID: 00014104-V6

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 Blue Cross and Blue Shield of Alabama. When it refers to “plan” or “our plan,” it means BlueRx (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of July 26, 2013. 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 copayments/coinsurance may change on January 1, 2015.

What is the BlueRx (PDP) Formulary?

A formulary is a list of covered drugs selected by us 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. BlueRx (PDP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueRx (PDP) 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 2014 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2014 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of July 26, 2013. To get updated information about the drugs covered by BlueRx (PDP), please contact us. Our contact information appears on the front and back cover pages.

In the event that BlueRx (PDP) makes a non-maintenance change to the formulary, such as removing a drug from our formulary, or adding prior authorizations, quantity limits and/or step therapy restrictions to a drug, or changing a tiered cost-sharing status, BlueRx (PDP) will mail a written notice at least 60 days prior to the change becoming effective. Please keep this notice with your formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 40. The Index provides an alphabetical list of all of the drugs included in this document,

excluding those in the supplemental drug lists. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Supplemental Drug Listings

If you are not able to locate your drug by the Medical Condition or in the Index, look in the Supplemental Drug Lists that begin on page 54. These are additional drugs that are not usually covered by the Medicare Part D program, but have been chosen by your union or employer to be added to your Drug List. See page 54 for more information about these lists.

What are generic drugs?

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueRx (PDP) 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 BlueRx (PDP) formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that BlueRx (PDP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us 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 BlueRx (PDP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, BlueRx (PDP) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91 to 98-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 member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

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

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

For more information

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

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

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

BlueRx (PDP)’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 40.

The supplemental lists of drugs for your plan begin on page 54.

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

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

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits [†]	Step Therapy
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6

Column 1, the *Drug Name* column, provides information such as drug name and if the drug is BRAND or *generic*.

Column 2, the *Drug Tier* column, provides information on which of the 4 tiers the drug has been assigned. Member cost sharing is based on drug tier assignment, day supply, and pharmacy selected.

Column 3, the *B or D* column, identifies drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance (B or D).

X = Drugs that may be covered by Medicare Part B or Medicare Part D depending on the circumstance. Medicare covered Part B drugs will be coordinated through your medical benefits with Original Medicare. Not all Part D Network pharmacies can provide these drugs.

Columns 4, 5, and 6, the *Requirements/Limits* columns, indicates if a drug has any additional requirements or limits under Utilization Management including *Prior Authorization*, *Quantity Limits*, and *Step Therapy*.

• = Utilization Management

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

You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in our network. Drugs identified as Limited Distribution Drugs will be marked with an asterisk after the drug name in the formulary.

* = Limited Distribution Drugs

These prescriptions may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The table below describes your share of the cost when you get a covered Part D prescription drug, after your \$100 calendar year deductible has been met on your Tier 2, Tier 3 and Tier 4 drugs. You do not have a deductible on Tier 1 drugs.

Drug Tiers		In-Network	In-Network	Out of Network*
		Retail Preferred Pharmacy	Retail Non-Preferred Pharmacy	Non-Participating Pharmacy
Tier 1 Generic Drugs	30 day	\$5 copay	\$5 copay	\$5 copay*
	60 day	\$10 copay	\$10 copay	
	90 day	\$10 copay	\$15 copay	
Tier 2 Preferred Brand Drugs		20% coinsurance	20% coinsurance	20% coinsurance*
Tier 3 Non- Preferred Brand Drugs		20% coinsurance	20% coinsurance	20% coinsurance*
Tier 4 Specialty Tier Drugs		20% coinsurance	20% coinsurance	20% coinsurance*

*Note: For Out-of-Network Non-Participating Pharmacies, the member is responsible for submitting Non-Participating Pharmacy paper claims. Member will not be reimbursed for the difference between the Out-of-Network pharmacy charge and the plan's In-Network allowable amount. Member is responsible for the full cost of the drug minus the copay or coinsurance amount.

An Abbreviations Key for prescription drug dosages is provided below as a quick reference for our list of formulary drugs beginning on page 1.

Prescription Drug Dosage Restrictions Abbreviations Key

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

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>disulfiram</i>	1				
NALOXONE inj, 0.4 mg/mL	3				
<i>naloxone inj, 1 mg/mL</i>	1				
<i>naltrexone</i>	1				
NICOTROL INHALER	3				
NICOTROL NS nasal spray	3				
SUBOXONE SL films	3		•	•	
VIVITROL	4				
Antibacterials					
AMIKACIN inj, 100 mg/2 mL	3				
<i>amikacin inj, 500 mg/2 mL, 1 g/4 mL</i>	1				
<i>amoxicillin caps, for susp, tabs</i>	1				
<i>amoxicillin/potassium clavulanate chew tabs; for susp, 200 mg/5 mL, 400 mg/5 mL, 600 mg/5 mL; tabs</i>	1				
<i>ampicillin caps</i>	1				
AMPICILLIN for susp	3				
<i>ampicillin sodium for inj, 250 mg, 500 mg, 1 g, 2 g; for IV, 10 g</i>	1				
AMPICILLIN SODIUM for IV, 1 g, 2 g	3				
AVELOX	2				
AZACTAM inj in dextrose	3				
<i>azithromycin for IV, for susp, tabs</i>	1				
AZITHROMYCIN powder pack for susp	2				
<i>aztreonam for inj</i>	1				
<i>cefaclor caps</i>	1				
<i>cefadroxil</i>	1				
<i>cefazolin for inj, 500 mg, 1 g, 10 g, 20 g</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>cefdinir</i>	1				
<i>cefepime for inj</i>	1				
<i>cefotaxime for inj, 500 mg, 1 g, 2 g, 10 g</i>	1				
<i>cefoxitin for inj</i>	1				
<i>cefpodoxime</i>	1				
<i>cefprozil</i>	1				
<i>ceftazidime for inj, 1 g, 2 g, 6 g; for IV, 1 g, 2 g</i>	1				
<i>ceftriaxone for inj, for IV</i>	1				
CEFTRIAZONE for IV in dextrose, inj in dextrose	3				
<i>cefuroxime axetil</i>	1				
<i>cefuroxime sodium for inj, 750 mg, 1.5 g, 7.5 g; for IV, 1.5 g</i>	1				
<i>cephalexin caps, for susp</i>	1				
CHLORAMPHENICOL	3				
CIPRO for susp	3				
<i>ciprofloxacin for IV, 200 mg, 400 mg; for IV in dextrose; tabs</i>	1				
<i>ciprofloxacin ER</i>	1				
CLAFORAN IV in dextrose	3				
<i>clarithromycin</i>	1				
<i>clarithromycin ER</i>	1				
<i>clindamycin caps; inj; IV in dextrose; IV soln, 600 mg/4 mL, 900 mg/6 mL; vaginal crm</i>	1				
<i>colistimethate sodium</i>	1				
CUBICIN	4				
<i>demeclocycline</i>	1				
<i>dicloxacillin</i>	1				
DIFICID	4				

1 = Generic Drugs

2 = Preferred Brand Drugs

3 = Non-Preferred Brand Drugs

4 = Specialty Tier Drugs

• = Utilization Management (UM)

* = Limited Distribution Drug

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

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

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>doxycycline hyclate caps, for inj, tabs</i>	1				
<i>doxycycline monohydrate</i>	1				
E.E.S. GRANULES	3				
ERY-TAB	3				
ERYPED	3				
ERYTHROCIN	3				
FORTAZ for inj, 500 mg; inj in dextrose	3				
GENTAMICIN inj in saline, 0.9 mg/mL, 1.4 mg/mL	3				
<i>gentamicin inj; inj in saline, 0.8 mg/mL, 1 mg/mL, 1.2 mg/mL, 1.6 mg/mL; IV soln</i>	1				
<i>imipenem/cilastatin</i>	1				
INVANZ	3				
KANAMYCIN	3				
<i>levofloxacin</i>	1				
MEFOXIN	3				
<i>meropenem</i>	1				
<i>methenamine hippurate</i>	1				
METRO IV	3				
<i>metronidazole caps, IV soln, tabs, vaginal gel</i>	1				
<i>minocycline</i>	1				
<i>nafcillin for inj</i>	1				
NAFCILLIN for IV	3				
<i>neomycin sulfate tabs</i>	1				
<i>nitrofurantoin susp</i>	3			•	
<i>nitrofurantoin macrocrystalline caps</i>	3			•	
<i>nitrofurantoin monohydrate/ macrocrystalline caps</i>	3			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>ofloxacin</i>	1				
<i>penicillin g potassium for inj</i>	1				
PENICILLIN G POTASSIUM inj in dextrose	3				
PENICILLIN G SODIUM for inj	3				
<i>penicillin v potassium</i>	1				
<i>piperacillin/tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g</i>	1				
STREPTOMYCIN	3				
SULFADIAZINE	3				
SULFAMETHOXAZOLE/ TRIMETHOPRIM inj	3				
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1				
SUPRAX caps, chew tabs, tabs	3				
SYNERCID	4				
TEFLARO	3				
TETRACYCLINE	3				
TIMENTIN	3				
TOBI inhal soln	4	X			
<i>tobramycin for inj, inj</i>	1				
TOBRAMYCIN inj in saline	3				
<i>trimethoprim tabs</i>	1				
TYGACIL	3				
<i>vancomycin caps</i>	4				
<i>vancomycin for inj, 500 mg, 1 g, 5 g</i>	1				
VANCOMYCIN inj in dextrose	3				
XIFAXAN tabs, 550 mg	2				
ZINACEF inj in sterile water	3				
ZOSYN IV in dextrose	3				
ZYVOX for susp, tabs	4		•		

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ZYVOX IV soln	4				
Anticonvulsants					
BANZEL susp; tabs, 400 mg	4				
BANZEL tabs, 200 mg	3				
<i>carbamazepine</i>	1				
<i>carbamazepine ER</i>	1				
CELONTIN	3				
<i>clonazepam ODT, tabs</i>	1		•	•	
<i>clorazepate</i>	1		•	•	
DIAZEPAM oral conc, oral soln	3		•	•	
DIAZEPAM rectal gel	3			•	
<i>diazepam tabs</i>	1		•	•	
DILANTIN caps, 30 mg	3				
<i>divalproex sprinkle caps</i>	1				
<i>divalproex DR tabs</i>	1				
<i>divalproex ER</i>	1				
<i>ethosuximide</i>	1				
<i>felbamate</i>	1				
<i>fosphenytoin</i>	1				
<i>gabapentin</i>	1				
GABITRIL tabs, 12 mg, 16 mg	3				
LAMICTAL ODT	3				
<i>lamotrigine chew tabs, tabs</i>	1				
<i>levetiracetam inj, oral soln, tabs</i>	1				
LEVETIRACETAM IV in saline	3				
LYRICA	2				
ONFI	3		•	•	
<i>oxcarbazepine</i>	1				
PEGANONE	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>phenobarbital elixir; inj, 130 mg/mL; tabs, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 100 mg</i>	3		•		
PHENOBARBITAL inj, 65 mg/mL; tabs, 64.8 mg, 97.2 mg	3		•		
<i>phenytoin chew tabs, susp</i>	1				
<i>phenytoin sodium ER caps, 100 mg, 200 mg, 300 mg</i>	1				
POTIGA	3				
<i>primidone</i>	1				
SABRIL	3				
TEGRETOL-XR 100 mg	3				
<i>tiagabine</i>	1				
<i>topiramate</i>	1				
<i>valproate inj</i>	1				
<i>valproic acid</i>	1				
VIMPAT	3				
<i>zonisamide</i>	1				
Antidementia Agents					
<i>donepezil</i>	1			•	
EXELON oral soln, transdermal	2			•	
<i>galantamine</i>	1			•	
<i>galantamine ER</i>	1			•	
NAMENDA	2			•	
<i>rivastigmine caps</i>	1			•	
Antidepressants					
ABILIFY	2			•	
ABILIFY DISCMELT	2			•	
<i>amitriptyline</i>	3		•		
AMOXAPINE	3				
<i>bupropion hcl</i>	1			•	
<i>bupropion hcl ER, 12 hr, 24 hr</i>	1			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>fluconazole for susp; inj in dextrose; inj in normal saline, 200 mg/100 mL, 400 mg/200 mL; tabs</i>	1				
FLUCONAZOLE inj in normal saline, 100 mg/50 mL	3				
<i>flucytosine</i>	1				
<i>griseofulvin</i>	1				
<i>itraconazole caps</i>	1				
<i>ketoconazole tabs</i>	1				
MYCAMINE for IV, 100 mg	4				
MYCAMINE for IV, 50 mg	3				
NOXAFIL	4		•		
<i>nystatin susp, tabs</i>	1				
<i>terbinafine</i>	1				
<i>terconazole</i>	1				
VFEND susp	4		•		
<i>voriconazole for inj</i>	1		•		
<i>voriconazole tabs</i>	4		•		
Antigout Agents					
<i>allopurinol</i>	1				
COLCRYS	2				
<i>probenecid</i>	1				
<i>probenecid/colchicine</i>	1				
ULORIC	2				
Anti-Inflammatory Agents					
CELEBREX	2			•	
<i>diclofenac potassium</i>	1				
<i>diclofenac sodium DR</i>	1				
<i>diclofenac sodium ER</i>	1				
<i>diclofenac/misoprostol</i>	1				
<i>etodolac</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>etodolac ER</i>	1				
<i>flurbiprofen</i>	1				
<i>ibuprofen</i>	1				
<i>ketoprofen</i>	1				
<i>meloxicam tabs</i>	1				
<i>nabumetone</i>	1				
<i>naproxen</i>	1				
<i>naproxen DR</i>	1				
<i>naproxen sodium tabs</i>	1				
<i>oxaprozin</i>	1				
<i>piroxicam</i>	1				
<i>sulindac</i>	1				
<i>tolmetin sodium caps, 400 mg</i>	1				
VIMOVO	2			•	
VOLTAREN gel	2			•	•
Antimigraine Agents					
<i>butalbital/acetaminophen/caffeine/codeine</i>	3		•	•	
<i>butalbital/aspirin/caffeine/codeine</i>	3		•	•	
<i>divalproex sprinkle caps</i>	1				
<i>divalproex DR tabs</i>	1				
<i>divalproex ER</i>	1				
MIGERGOT	3				
MIGRANAL	2				
<i>naratriptan</i>	1			•	
<i>propranolol tabs</i>	1				
<i>propranolol ER caps</i>	1				
<i>rizatriptan</i>	1			•	
<i>sumatriptan inj</i>	1				
SUMATRIPTAN nasal spray	3			•	
<i>sumatriptan tabs</i>	1			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
80 mg/2 mL, 80 mg/4 mL, 140 mg/7 mL; for IV					
DOXIL	3	X			
<i>doxorubicin</i>	1	X			
ELITEK	4				
ELSPAR	3				
EMCYT	3				
<i>epirubicin inj</i>	1				
ERBITUX	4				
ERIVEDGE*	4		•	•	
ETOPOPHOS	3				
<i>etoposide inj</i>	1				
<i>exemestane</i>	1				
FARESTON	4				
FASLODEX	4				
<i>fludarabine</i>	1				
<i>fluorouracil inj</i>	1	X			
<i>gemcitabine for inj</i>	4				
GEMCITABINE inj	4				
GLEEVEC	4		•	•	
HALAVEN	4				
HERCEPTIN	4				
HEXALEN	4		•		
<i>hydroxyurea</i>	1				
ICLUSIG*	4		•	•	
<i>idarubicin</i>	4				
IFEX for inj, 3 g	3				
<i>ifosfamide for inj, 1 g</i>	4				
IFOSFAMIDE for inj, 3 g	3				
IFOSFAMIDE/MESNA	3				
INLYTA*	4		•	•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
INTRON-A	4				
IRESSA*	4				
<i>irinotecan</i>	1				
ISTODAX	4				
IXEMPRA	4				
JAKAFI*	4		•	•	
JEVTANA	4				
KADCYLA	4				
<i>letrozole</i>	1				
<i>leucovorin calcium for inj, 50 mg, 100 mg, 200 mg, 350 mg; tabs, 5 mg, 25 mg</i>	1				
LEUCOVORIN CALCIUM for inj, 500 mg; inj, 10 mg/mL; tabs, 10 mg, 15 mg	3				
LEUKERAN	2				
MATULANE*	4		•		
MEKINIST	4		•	•	
<i>melphalan</i>	4				
<i>mercaptopurine</i>	1				
<i>mesna</i>	1				
MESNEX tabs	3				
<i>methotrexate for inj, inj</i>	1				
<i>methotrexate tabs</i>	1	X			
<i>mitomycin</i>	1				
<i>mitoxantrone</i>	1				
MUSTARGEN	3				
NEXAVAR*	4		•	•	
ONCASPAR	4				
ONTAK	4				
<i>oxaliplatin</i>	4				

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>mefloquine</i>	1				
MEPRON	4				
NEBUPENT	3	X			
<i>paromomycin</i>	1				
PENTAM 300	3	X			
<i>permethrin</i>	1				
PRIMAQUINE	3				
STROMEKTOL	2				
ULESFIA	3				
Antiparkinson Agents					
<i>amantadine caps, syrup</i>	1				
AMANTADINE tabs	3				
APOKYN*	4				
AZILECT	2				
<i>benztropine tabs</i>	3		•		
<i>bromocriptine</i>	1				
<i>carbidopa/levodopa</i>	1				
<i>carbidopa/levodopa ER</i>	1				
<i>diphenhydramine inj</i>	1				
<i>entacapone</i>	1				
NEUPRO	2				
<i>pramipexole</i>	1				
<i>ropinirole</i>	1				
<i>selegiline</i>	1				
STALEVO	3				
TASMAR	4				
Antipsychotics					
ABILIFY	2			•	
ABILIFY DISCMELT	2			•	
ABILIFY MAINTENA	4			•	
CHLORPROMAZINE inj	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>chlorpromazine tabs</i>	1				
<i>clozapine</i>	1			•	
FANAPT	3			•	
FAZACLO	3			•	
FLUPHENAZINE DECANOATE	3				
FLUPHENAZINE HCL elixir, inj, oral conc	3				
<i>fluphenazine hcl tabs</i>	1				
GEODON inj	3			•	
<i>haloperidol inj, oral conc, tabs</i>	1				
<i>haloperidol decanoate</i>	1				
INVEGA tabs, 1.5 mg, 3 mg, 6 mg	3			•	
INVEGA tabs, 9 mg	4			•	
INVEGA SUSTENNA inj, 117 mg, 156 mg, 234 mg	4			•	
INVEGA SUSTENNA inj, 39 mg, 78 mg	3			•	
LATUDA	3			•	
<i>loxapine</i>	1				
<i>olanzapine</i>	1			•	
ORAP	3				
<i>perphenazine</i>	1				
PROCHLORPERAZINE inj	3				
<i>prochlorperazine supp, tabs</i>	1				
<i>quetiapine</i>	1			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	3			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	4			•	
<i>risperidone</i>	1			•	
SAPHRIS	3			•	
SEROQUEL XR	2			•	

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	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>thioridazine</i>	3		•		
<i>thiothixene</i>	1				
<i>trifluoperazine</i>	1				
<i>ziprasidone</i>	1			•	
ZYPREXA RELPREVV*	4			•	
Antispasticity Agents					
<i>baclofen tabs</i>	1				
<i>dantrolene caps</i>	1				
<i>tizanidine</i>	1				
Antivirals					
<i>abacavir</i>	1			•	
<i>acyclovir</i>	1				
ACYCLOVIR SODIUM for inj, 1000 mg; IV soln	3	X			
<i>acyclovir sodium for inj, 500 mg</i>	1	X			
<i>amantadine caps, syrup</i>	1				
AMANTADINE tabs	3				
APTIVUS	4			•	
ATRIPLA	4			•	
BARACLUDE oral soln	3				
BARACLUDE tabs	4				
<i>cidofovir</i>	1				
COMPLERA	4			•	
CRIXIVAN	2			•	
<i>didanosine DR</i>	1			•	
EDURANT	4			•	
EMTRIVA	3			•	
EPIVIR oral soln	2			•	
EPIVIR-HBV	2				
EPZICOM	4			•	
<i>famciclovir</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
FOSCARNET	3	X			
FUZEON	4			•	
<i>ganciclovir for inj</i>	1	X			
HEPSERA	4				
INCIVEK	4		•		
INTELENCE	4			•	
INTRON-A	4				
INVIRASE	4			•	
ISENTRESS	4			•	
KALETRA oral soln; tabs, 200-50 mg	4			•	
KALETRA tabs, 100-25 mg	3			•	
<i>lamivudine</i>	1			•	
<i>lamivudine/zidovudine</i>	4			•	
LEXIVA oral susp	3			•	
LEXIVA tabs	4			•	
<i>nevirapine tabs</i>	1			•	
NORVIR	3			•	
PREZISTA susp; tabs, 400 mg, 600 mg, 800 mg	4			•	
PREZISTA tabs, 75 mg, 150 mg	3			•	
REBETOL oral soln	3				
RESCRIPTOR	3			•	
RETROVIR IV	3				
REYATAZ caps, 100 mg	3			•	
REYATAZ caps, 150 mg, 200 mg, 300 mg	4			•	
RIBAPAK 800, 1200	4				
RIBASPHERE tabs, 400 mg	3				
RIBASPHERE tabs, 600 mg	4				
<i>ribavirin caps; tabs, 200 mg</i>	1				

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<i>rimantadine</i>	1				
SELZENTRY	4			•	
<i>stavudine</i>	1			•	
STRIBILD	4			•	
SUSTIVA	2			•	
TAMIFLU	3				
TRIZIVIR	4			•	
TRUVADA	4			•	
TYZEKA	3				
<i>valacyclovir</i>	1				
VALCYTE	4				
VICTRELIS	4		•		
VIDEX	3			•	
VIRACEPT	4			•	
VIRAMUNE susp	3			•	
VIRAMUNE XR	3			•	
VIREAD	4			•	
ZIAGEN oral soln	3			•	
<i>zidovudine</i>	1			•	
Anxiolytics					
<i>bupirone tabs, 5 mg, 10 mg, 15 mg, 30 mg</i>	1				
BUSPIRONE tabs, 7.5 mg	3				
<i>clorazepate</i>	1		•	•	
CYMBALTA	3			•	•
DIAZEPAM oral conc, oral soln	3		•	•	
<i>diazepam tabs</i>	1		•	•	
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	1		•		
DOXEPIN caps, 75 mg	3		•		

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>escitalopram</i>	1			•	
<i>hydroxyzine hcl syrup, tabs</i>	3		•		
<i>lorazepam tabs</i>	1		•	•	
<i>paroxetine hcl tabs</i>	1			•	
<i>paroxetine hcl ER</i>	1			•	
PAXIL susp	3			•	•
<i>sertraline</i>	1			•	
<i>venlafaxine ER caps; ER tabs, 37.5 mg, 75 mg, 150 mg</i>	1			•	
Bipolar Agents					
ABILIFY	2			•	
ABILIFY DISCMELT	2			•	
<i>divalproex sprinkle caps</i>	1				
<i>divalproex DR tabs</i>	1				
<i>divalproex ER</i>	1				
EQUETRO	3				
GEODON inj	3			•	
LAMICTAL ODT	3				
<i>lamotrigine chew tabs, tabs</i>	1				
<i>lithium carbonate caps, tabs</i>	1				
<i>lithium carbonate ER</i>	1				
LITHIUM CITRATE	3				
<i>olanzapine</i>	1			•	
<i>quetiapine</i>	1			•	
RISPERDAL CONSTA for inj, 12.5 mg, 25 mg	3			•	
RISPERDAL CONSTA for inj, 37.5 mg, 50 mg	4			•	
<i>risperidone</i>	1			•	
SEROQUEL XR	2			•	
<i>valproic acid</i>	1				

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<i>heparin inj in dextrose, 20,000 units/500 mL</i>	1				
<i>heparin inj, 1000 units/mL, 5000 units/mL, 10,000 units/mL, 20,000 units/mL</i>	1				
LEUKINE	4				
NEULASTA	4				
NEUMEGA	4				
NEUPOGEN	4				
<i>pentoxifylline ER tabs</i>	1				
PRADAXA	2			●	
PROCRT inj, 20,000 units/mL, 40,000 units/mL	4		●		
PROCRT inj, 2000 units/mL, 3000 units/mL, 4000 units/mL, 10,000 units/mL	3		●		
PROMACTA*	4		●		
<i>tranexamic acid inj</i>	1				
<i>warfarin tabs</i>	1				
XARELTO	2			●	
Cardiovascular Agents					
<i>acebutolol</i>	1				
ACETAZOLAMIDE tabs, 125 mg	3				
<i>acetazolamide tabs, 250 mg</i>	1				
<i>acetazolamide ER caps</i>	1				
ADCIRCA	4		●	●	
<i>amiloride</i>	1				
<i>amiloride/hydrochlorothiazide</i>	1				
<i>amiodarone tabs, 200 mg, 400 mg</i>	1				
<i>amlodipine</i>	1				
<i>amlodipine/benazepril</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
AMTURNIDE	2			●	
<i>atenolol</i>	1				
<i>atenolol/chlorthalidone</i>	1				
<i>atorvastatin</i>	1			●	
AZOR	2			●	
<i>benazepril</i>	1				
<i>benazepril/hydrochlorothiazide</i>	1				
BENICAR	2			●	
BENICAR HCT	2			●	
<i>betaxolol tabs</i>	1				
<i>bisoprolol</i>	1				
<i>bisoprolol/hydrochlorothiazide</i>	1				
<i>bumetanide</i>	1				
BYSTOLIC	2				
<i>candesartan</i>	1			●	
<i>candesartan/hydrochlorothiazide</i>	1			●	
<i>captopril</i>	1				
<i>carvedilol</i>	1				
<i>chlorothiazide tabs</i>	1				
CHLORTHALIDONE tabs, 25 mg, 50 mg	3				
<i>cholestyramine</i>	1				
<i>cholestyramine light</i>	1				
<i>clonidine tabs, transdermal</i>	1				
<i>colestipol</i>	1				
CRESTOR	2			●	
DIBENZYLINE	3				
DIGOXIN oral soln	3			●	
<i>digoxin tabs, 0.125 mg</i>	1			●	
<i>digoxin tabs, 0.25 mg</i>	3		●	●	
<i>diltiazem tabs</i>	1				

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<i>diltiazem ER</i>	1				
<i>doxazosin</i>	1			•	
DYNACIRC CR	3				
<i>enalapril</i>	1				
<i>enalapril/hydrochlorothiazide</i>	1				
<i>eplerenone</i>	1				
<i>eprosartan</i>	1			•	
EXFORGE	2			•	
EXFORGE HCT	2			•	
<i>felodipine ER</i>	1				
<i>fenofibrate tabs</i>	1			•	
<i>fenofibrate micronized caps, 67 mg, 134 mg, 200 mg</i>	1			•	
FIRAZYR	4			•	
<i>flecainide</i>	1				
<i>fosinopril</i>	1				
<i>fosinopril/hydrochlorothiazide</i>	1				
<i>furosemide inj; oral soln, 10 mg/ mL; tabs</i>	1				
<i>gemfibrozil</i>	1			•	
<i>hydralazine tabs</i>	1				
<i>hydrochlorothiazide</i>	1				
<i>indapamide</i>	1				
<i>irbesartan</i>	1			•	
<i>irbesartan/hydrochlorothiazide</i>	1			•	
ISOSORBIDE DINITRATE SL tabs	3				
<i>isosorbide dinitrate tabs</i>	1				
<i>isosorbide dinitrate ER tabs</i>	1				
<i>isosorbide mononitrate</i>	1				
<i>isosorbide mononitrate ER tabs</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
ISRADIPINE	3				
<i>labetalol tabs</i>	1				
LETAIRIS*	4		•	•	
LIDOCAINE IV, 10 mg/mL	3				
<i>lisinopril</i>	1				
<i>lisinopril/hydrochlorothiazide</i>	1				
LIVALO	3			•	
<i>losartan</i>	1			•	
<i>losartan/hydrochlorothiazide</i>	1			•	
<i>lovastatin</i>	1			•	
LOVAZA	2				
<i>methazolamide</i>	1				
<i>metolazone</i>	1				
<i>metoprolol succinate ER</i>	1				
<i>metoprolol tartrate tabs</i>	1				
<i>metoprolol/hydrochlorothiazide tabs, 50-25 mg, 100-25 mg</i>	1				
MEXILETINE	3				
MICARDIS	3			•	
MICARDIS HCT	3			•	
<i>midodrine</i>	1				
<i>minoxidil</i>	1				
<i>moexipril</i>	1				
<i>moexipril/hydrochlorothiazide</i>	1				
MULTAQ	2				
<i>nadolol</i>	1				
NIASPAN	2			•	
<i>nicardipine caps</i>	1				
<i>nifedipine ER tabs</i>	1				
NISOLDIPINE ER tabs, 25.5 mg	3				

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<i>nisoldipine ER tabs, 8.5 mg, 17 mg, 34 mg</i>	1				
NITRO-BID	3				
<i>nitroglycerin transdermal, 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1				
NITROLINGUAL PUMPSPRAY	3				
NITROSTAT	2				
<i>perindopril</i>	1				
PINDOLOL	3				
<i>pravastatin</i>	1			•	
<i>prazosin</i>	1				
<i>propafenone</i>	1				
<i>propafenone ER</i>	1				
<i>propranolol tabs</i>	1				
<i>propranolol ER caps</i>	1				
<i>quinapril</i>	1				
<i>quinapril/hydrochlorothiazide</i>	1				
<i>quinidine gluconate ER</i>	1				
<i>quinidine sulfate</i>	1				
<i>ramipril</i>	1				
RANEXA	2				
REMODULIN*	4	X			
<i>sildenafil (Generic for Revatio)</i>	1		•	•	
SIMCOR	2			•	
<i>simvastatin</i>	1			•	
<i>sotalol tabs</i>	1				
<i>sotalol AF tabs</i>	1				
<i>spironolactone</i>	1				
<i>spironolactone/hydrochlorothiazide</i>	1				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TEKAMLO	2			•	
TEKTURNA	2			•	
TEKTURNA HCT	2			•	
<i>terazosin</i>	1			•	
TIKOSYN	3				
TIMOLOL tabs	3				
<i>torseimide tabs</i>	1				
TRACLEER*	4		•	•	
<i>trandolapril</i>	1				
<i>triamterene/hydrochlorothiazide</i>	1				
TRIBENZOR	2			•	
<i>valsartan/hydrochlorothiazide</i>	1			•	
VERAPAMIL tabs, 40 mg	3				
<i>verapamil tabs, 80 mg, 120 mg</i>	1				
<i>verapamil ER</i>	1				
VYTORIN	2			•	
WELCHOL	2				
ZETIA	2			•	
Central Nervous System Agents					
<i>amphetamine/dextroamphetamine ER caps</i>	1			•	
AMPYRA*	4		•		
AVONEX	4		•	•	
BETASERON	4		•	•	
<i>caffeine citrate oral soln</i>	1				
COPAXONE	4		•	•	
CYMBALTA	3			•	•
<i>dexmethylphenidate tabs</i>	1			•	
<i>dextroamphetamine tabs</i>	1			•	
<i>dextroamphetamine ER caps</i>	1			•	
INTUNIV	3		•	•	

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<i>hydrocortisone crm; lotn, 2.5%; oint; rectal crm</i>	1				
<i>hydrocortisone butyrate crm, oint, soln</i>	1				
<i>hydrocortisone valerate crm, oint</i>	1				
<i>isotretinoin caps, 10 mg, 20 mg, 40 mg</i>	1				
<i>ketoconazole crm, shampoo</i>	1				
<i>lactic acid crm; lotn, 12%</i>	1				
<i>lidocaine gel, 2%; oint, 5%</i>	1				
METROGEL 1%	3				
<i>metronidazole crm, gel, lotn</i>	1				
<i>mometasone crm, lotn, oint</i>	1				
<i>mupirocin oint</i>	1				
<i>nystatin crm, oint, topical powder</i>	1				
<i>nystatin/triamcinolone crm</i>	1				
NYSTATIN/TRIAMCINOLONE oint	3				
ORACEA caps	3				
OXSORALEN ULTRA caps	4				
PANRETIN	4				
PICATO	2			•	
<i>podofilox soln</i>	1				
<i>prednicarbate</i>	1				
PROTOPIC	3				•
SANTYL	2				
<i>selenium sulfide lotn, shampoo</i>	1				
<i>silver sulfadiazine crm</i>	1				
<i>sodium chloride irrigation, 0.9%</i>	1				
SORIATANE caps	4				
<i>sulfacetamide sodium lotn</i>	1				
TARGRETIN gel	4				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
TAZORAC crm, gel	3				
<i>tretinoin crm, gel</i>	1				
<i>triamcinolone crm; lotn; oint, 0.025%, 0.1%</i>	1				
TRIAMCINOLONE oint, 0.5%	3				
<i>urea/hydrocortisone acetate crm</i>	1				
VECTICAL oint	2				
VOLTAREN gel	2			•	•
<i>water for irrigation</i>	1				
Enzyme Replacements/Modifiers					
ADAGEN*	4				
ALDURAZYME*	4				
BUPHENYL tabs	4				
CEREZYME*	4				
CREON	2				
CYSTADANE	4				
CYSTAGON*	3				
ELAPRASE	4				
ELELYSO*	4				
FABRAZYME*	4				
KUVAN*	4		•		
MYOZYME	4				
NAGLAZYME*	4				
ORFADIN*	4				
<i>sodium phenylbutyrate oral powder</i>	4				
VIOKACE	3				
VPRIV	4				
ZAVESCA*	4				
ZENPEP	2				

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

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>ursodiol caps</i>	1				
Genitourinary Agents					
<i>alfuzosin ER tabs</i>	1			●	
AVODART	2			●	
<i>bethanechol</i>	1				
<i>calcium acetate</i>	1				
CUPRIMINE	2				
DEPEN TITRATABS	3				
DETROL LA	2			●	
<i>doxazosin</i>	1			●	
<i>finasteride tabs, 5 mg</i>	1			●	
FOSRENOL	2				
JALYN	2			●	
<i>methylergonovine tabs</i>	1				
<i>neomycin/polymyxin B GU irrigation soln</i>	1				
<i>oxybutynin syrup, tabs</i>	1			●	
<i>oxybutynin ER</i>	1			●	
PHOSLYRA	2				
POTASSIUM CITRATE tabs	3				
<i>prazosin</i>	1				
RAPAFLO	2			●	
RENVELA	2				
<i>tamsulosin</i>	1			●	
<i>terazosin</i>	1			●	
<i>tolterodine</i>	1			●	
TOVIAZ	2			●	
<i>trospium</i>	1			●	
<i>trospium ER</i>	1			●	
VESICARE	2			●	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Hormonal Agents, Stimulant/Replacement/ Modifying (Adrenal)					
ACTHAR HP*	4		•		
CORTISONE	3				
<i>dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1				
DEXAMETHASONE tabs, 1 mg, 2 mg	3				
<i>dexamethasone sodium phosphate inj, 4 mg/mL</i>	1				
<i>fludrocortisone</i>	1				
<i>hydrocortisone tabs</i>	1				
<i>methylprednisolone tabs, 4 mg, 8 mg, 16 mg, 32 mg</i>	1	X			
<i>methylprednisolone sodium succinate for inj</i>	1				
<i>prednisolone syrup</i>	1	X			
<i>prednisolone sodium phosphate oral soln, 5 mg/5 mL, 15 mg/5 mL</i>	1	X			
PREDNISONE oral soln, 5 mg/5 mL; tabs, 50 mg	3	X			
<i>prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	X			
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)					
<i>chorionic gonadotropin</i>	1				
<i>desmopressin nasal soln, nasal spray, tabs</i>	1				
INCRELEX*	4				
OMNITROPE for inj, 5.8 mg	2		•		
OMNITROPE inj	4		•		
STIMATE	3				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
Hormonal Agents, Stimulant/Replacement/ Modifying (Sex Hormones/Modifiers)					
ANADROL-50	4		•		
ANDRODERM	2		•	•	
ANDROGEL	2		•	•	
ANDROID	3		•		
ANDROXY	3		•		
<i>danazol</i>	1		•		
DEPO-PROVERA 400 mg/mL	3				
DIVIGEL	3		•		
ELLA	3				
ESTRACE vaginal crm	3				
<i>estradiol tabs</i>	3		•		
<i>estradiol transdermal</i>	3		•		
<i>estradiol/norethindrone acetate</i>	3		•		
<i>estropipate tabs, 0.75 mg, 1.5 mg</i>	3		•		
ESTROPIPATE tabs, 3 mg	3		•		
EVISTA	2				
<i>medroxyprogesterone inj, 150 mg/mL; tabs</i>	1				
<i>megestrol</i>	3		•		
MENEST	3		•		
<i>norethindrone acetate</i>	1				
<i>oral contraceptives – all generics</i>	1				
<i>oxandrolone tabs, 10 mg</i>	4		•		
<i>oxandrolone tabs, 2.5 mg</i>	1		•		
PREMARIN tabs	3		•		
PREMARIN vaginal crm	2				
PREMPHASE	3		•		
PREMPRO	3		•		
<i>testosterone cypionate</i>	1		•		

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

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

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>dorzolamide</i>	1				
<i>dorzolamide/timolol</i>	1				
DUREZOL	2				
<i>epinastine</i>	1				
<i>erythromycin</i>	1				
<i>fluorometholone</i>	1				
<i>flurbiprofen soln</i>	1				
<i>gentamicin oint, soln</i>	1				
ILEVRO	2				
ISTALOL	3				
<i>ketorolac</i>	1				
LACRISERT	3				
<i>latanoprost</i>	1				
LEVOBUNOLOL soln, 0.25%	3				
<i>levobunolol soln, 0.5%</i>	1				
LOTEMAX	2				
LUMIGAN	2				
<i>metipranolol</i>	1				
MOXEZA	3				
NAPHAZOLINE	3				
NATACYN	3				
<i>neomycin/polymyxin B/bacitracin oint</i>	1				
<i>neomycin/polymyxin B/bacitracin/hydrocortisone oint</i>	1				
<i>neomycin/polymyxin B/dexamethasone oint, susp</i>	1				
<i>neomycin/polymyxin B/gramicidin soln</i>	1				
NEVANAC	2				
<i>ofloxacin</i>	1				
PATADAY	2				

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PATANOL	3				
PHOSPHOLINE IODIDE	3				
<i>pilocarpine</i>	1				
PILOPINE HS	3				
<i>polymyxin B/trimethoprim</i>	1				
<i>prednisolone acetate</i>	1				
RESTASIS	2				
<i>sulfacetamide sodium soln</i>	1				
<i>sulfacetamide sodium/prednisolone soln</i>	1				
<i>timolol maleate gel-forming soln</i>	1				
<i>timolol maleate soln</i>	1				
TOBRADEX oint	3				
<i>tobramycin</i>	1				
<i>tobramycin/dexamethasone</i>	1				
TRAVATAN Z	2				
<i>trifluridine</i>	1				
VIGAMOX	2				
Otic Agents					
<i>acetic acid soln</i>	1				
ACETIC ACID/ALUMINUM ACETATE soln	3				
CIPRODEX	3				
<i>fluocinolone acetonide oil</i>	1				
<i>hydrocortisone/acetic acid soln</i>	1				
<i>neomycin/polymyxin B/hydrocortisone soln, susp</i>	1				
<i>ofloxacin soln</i>	1				
Respiratory Tract Agents					
<i>acetylcysteine inhal soln</i>	1	X			
ADVAIR DISKUS	2			•	
ADVAIR HFA	2			•	

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
<i>albuterol sulfate inhal soln</i>	1	X			
<i>albuterol sulfate syrup, tabs</i>	1				
<i>albuterol sulfate ER</i>	1				
ASMANEX	2			•	
ASTEPRO	2			•	
ATROVENT HFA	3			•	
<i>azelastine nasal spray, 137 mcg/ spray</i>	1			•	
<i>caffeine citrate oral soln</i>	1				
COMBIVENT	3			•	
COMBIVENT RESPIMAT	3			•	
<i>cromolyn sodium inhal soln</i>	1	X			
<i>cyproheptadine tabs</i>	3		•		
DALIRESP	3			•	
<i>diphenhydramine inj</i>	1				
DULERA	3			•	
EPIPEN	2				
EPIPEN-JR	2				
FLOVENT DISKUS	2			•	
FLOVENT HFA	2			•	
<i>fluticasone nasal spray</i>	1			•	
FORADIL AEROLIZER	2			•	
<i>hydroxyzine hcl syrup, tabs</i>	3		•		
<i>ipratropium nasal soln</i>	1			•	
KALYDECO	4		•	•	
<i>levocetirizine tabs</i>	1				
LUFYLLIN	3				
<i>montelukast</i>	1				
NASONEX	2			•	
PATANASE	3			•	
PROAIR HFA	2			•	

Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
PROLASTIN-C*	4				
<i>promethazine syrup, tabs</i>	3		•		
PULMOZYME	4	X			
QVAR	2			•	
SEREVENT DISKUS	2			•	
SPIRIVA HANDIHALER	2			•	
SYMBICORT	2			•	
<i>terbutaline tabs</i>	1				
<i>theophylline ER tabs</i>	1				
<i>triamcinolone nasal spray</i>	1			•	
TYZINE	3				
TYZINE PEDIATRIC	3				
VENTOLIN HFA	2			•	
XOPENEX HFA	3			•	
<i>zafirlukast</i>	1				
Sleep Disorder Agents					
<i>doxepin caps, 10 mg, 25 mg, 50 mg, 100 mg, 150 mg; oral conc</i>	1		•		
DOXEPIN caps, 75 mg	3		•		
<i>modafinil tabs, 100 mg</i>	1		•	•	
<i>modafinil tabs, 200 mg</i>	4		•	•	
NUVIGIL	3		•	•	
XYREM*	4			•	
<i>zaleplon</i>	2			•	
<i>zolpidem</i>	3			•	
Skeletal Muscle Relaxants					
<i>cyclobenzaprine tabs</i>	3				•
<i>methocarbamol</i>	3				•
Therapeutic Nutrients/Minerals/Electrolytes					
<i>amino acid IV - generics</i>	1	X			

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Drug Name	Requirements/ Limits				
	Drug Tier	B or D	Prior Authorization	Quantity Limits †	Step Therapy
CHEMET	3				
CUPRIMINE	2				
DEPEN TITRATABS	3				
EXJADE*	4				
<i>fat emulsion IV, 20%, 30%</i>	1	X			
<i>fomepizole</i>	4				
FREAMINE 8.5%	3	X			
<i>iv fluids - generics</i>	1				
IV FLUIDS - KCL/D5W/ LACTATED RINGERS inj	3				
<i>levocarnitine oral soln, tabs</i>	1				
<i>potassium chloride ER caps; ER tabs, 8 mEq, 10 mEq, 20 mEq</i>	1				
POTASSIUM CITRATE tabs	3				
<i>sodium polystyrene sulfonate</i>	1				
SYPRINE	4				

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The following drugs have quantity limit restrictions. For information on requesting an exception, see page iv.

Drug Name	Monthly Limit (unless otherwise noted)
<i>abacavir 300 mg</i>	60 tablets
ABILIFY DISCMELT - all strengths	60 tablets
ABILIFY injection	90 vials
ABILIFY MAINTENA	1 vial
ABILIFY oral solution	750 mL
ABILIFY tablets - all strengths	30 tablets
<i>acarbose 100 mg</i>	90 tablets
<i>acarbose 25 mg</i>	360 tablets
<i>acarbose 50 mg</i>	180 tablets
<i>acetaminophen w/codeine solution 120 mg/12 mg/5 mL</i>	2700 mL
<i>acetaminophen w/codeine 300-15 mg, 300-30 mg</i>	360 tablets
<i>acetaminophen w/codeine 300-60 mg</i>	180 tablets
ACTONEL 150 mg	1 tablet
ACTONEL 35 mg	4 tablets per 28 days
ACTONEL 5 mg, 30 mg	30 tablets
ADCIRCA 20 mg	60 tablets
ADVAIR DISKUS - all strengths	1 package of 60
ADVAIR HFA - all strengths	1 canister
AFINITOR DISPERZ 2 mg, 5 mg	60 tablets
AFINITOR DISPERZ 3 mg	90 tablets
AFINITOR 2.5 mg, 5 mg, 7.5 mg, 10 mg	30 tablets
<i>alendronate 10 mg</i>	120 tablets
<i>alendronate 35 mg, 70 mg</i>	4 tablets per 28 days
<i>alendronate 5 mg</i>	30 tablets
<i>alfuzosin ER 10 mg</i>	30 tablets
<i>amphetamine/dextroamphetamine ER 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	30 capsules
AMTURNIDE 150-5-12.5 mg, 300-5-12.5 mg, 300-5-25 mg, 300-10-12.5 mg, 300-10-25 mg	30 tablets
ANDRODERM 24 hr patch 2 mg, 4 mg	30 patches
ANDROGEL PUMP 1%	4 pumps
ANDROGEL 1.62%	2 pumps
ANDROGEL 1% 25 mg/2.5 gm, 50 mg/5 gm	60 packets
APTIVUS 100 mg/mL	4 bottles
APTIVUS 250 mg	120 capsules
<i>ascomp/codeine</i>	180 capsules
ASMANEX 14 AER 220 mcg	1 canister

Drug Name	Monthly Limit (unless otherwise noted)
ASMANEX 30 AER 110 mcg	1 canister
ASMANEX 30, 60, 120 AER 220 mcg	1 canister
ASTEPRO	2 bottles
ATELVIA 35 mg	4 tablets per 28 days
<i>atorvastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>atorvastatin 80 mg</i>	30 tablets
ATRIPLA 600-200-300 mg	30 tablets
ATROVENT HFA INHALER	2 canisters
AVODART 0.5 mg	30 capsules
AVONEX PEN KIT 30 mcg	1 kit per 28 days
AVONEX 30 mcg, 30 mcg/0.5 mL	4 syringes (1 box/kit) per 28 days
<i>azelastine hcl 0.1%</i>	2 bottles
AZOR 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg	30 tablets
BENICAR HCT 20-12.5 mg, 40-12.5 mg, 40-25 mg	30 tablets
BENICAR 20 mg, 40 mg	30 tablets
BENICAR 5 mg	60 tablets
BETASERON 0.3 mg	15 vials/syringes
BOSULIF 100mg	120 tablets
BOSULIF 500mg	30 tablets
<i>budeprion SR (12 hr) 100 mg, 150 mg</i>	60 tablets
<i>buprenorphine hcl 2 mg</i>	90 sublingual tablets
<i>buprenorphine hcl 8 mg</i>	90 sublingual tablets
<i>buprenorphine hcl/naloxone 2-0.5 mg, 8-2 mg</i>	90 sublingual tablets
<i>bupropion hcl ER (12 hr) 100 mg, 150 mg, 200 mg</i>	60 tablets
<i>bupropion hcl XL (24 hr) 150 mg, 300 mg</i>	30 tablets
<i>bupropion hcl 100 mg</i>	120 tablets
<i>bupropion hcl 75 mg</i>	60 tablets
<i>butalbital/acetaminophen/caffeine w/codeine 50-325-40-30 mg</i>	180 capsules
<i>butalbital/aspirin/caffeine/codeine 50-325-40-30 mg</i>	180 capsules
BYDUREON 2 mg	4 vials per 28 days
<i>candesartan 32 mg</i>	30 tablets
<i>candesartan 4 mg, 8 mg, 16 mg</i>	60 tablets
<i>candesartan/hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	30 tablets
CAPRELSA 100 mg	60 tablets
CAPRELSA 300 mg	30 tablets
CELEBREX 400 mg	30 capsules
CELEBREX 50 mg, 100 mg, 200 mg	60 capsules
CHANTIX - all strengths	168 days of therapy
<i>citalopram 10 mg/5 mL</i>	600 mL
<i>citalopram 10 mg, 20 mg, 40 mg</i>	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>clonazepam ODT 0.125 mg, 0.25 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 0.5 mg, 1 mg</i>	90 tablets
<i>clonazepam/clonazepam ODT 2 mg</i>	300 tablets
<i>clorazepate 15 mg</i>	180 tablets
<i>clorazepate 3.75 mg, 7.5 mg</i>	90 tablets
<i>clozapine 100 mg</i>	270 tablets
<i>clozapine 200 mg</i>	120 tablets
<i>clozapine 25 mg, 50 mg</i>	90 tablets
CODEINE SULFATE 15 mg, 30 mg, 60 mg	180 tablets
COMBIVENT	2 canisters
COMBIVENT RESPIMAT	2 canisters
COMETRIQ 100 mg	56 capsules per 28 days
COMETRIQ 140 mg	112 capsules per 28 days
COMETRIQ 60 mg	84 capsules per 28 days
COMPLERA 200-25-300 mg	30 tablets
COPAXONE KIT 20 mg/mL	1 kit
CRESTOR 40 mg	30 tablets
CRESTOR 5 mg, 10 mg, 20 mg	45 tablets
CRIXIVAN 200 mg	270 capsules
CRIXIVAN 400 mg	180 capsules
CYCLOSET 0.8 mg	180 tablets
CYMBALTA 20 mg, 30 mg, 60 mg	60 capsules
DALIRESP 500 mcg	30 tablets
DETROL LA - all strengths	30 capsules
DEXILANT - all strengths	30 capsules
<i>dexmethylphenidate 2.5 mg, 5 mg, 10 mg</i>	60 tablets
<i>dextroamphetamine ER 10 mg, 15 mg</i>	120 capsules
<i>dextroamphetamine ER 5 mg</i>	90 capsules
<i>dextroamphetamine 10 mg</i>	180 tablets
<i>dextroamphetamine 5 mg</i>	60 tablets
<i>diazepam gel 2.5 mg, 10 mg, 20 mg</i>	5 twin packs
DIAZEPAM 1 mg/mL	1200 mL
<i>diazepam 10 mg</i>	120 tablets
<i>diazepam 2 mg</i>	120 tablets
<i>diazepam 5 mg</i>	120 tablets
DIAZEPAM 5 mg/mL	240 mL
<i>didanosine 125 mg, 200 mg, 250 mg, 400 mg</i>	30 capsules
<i>digoxin 0.125 mg, 0.25 mg</i>	30 tablets
<i>digoxin 50 mcg/mL</i>	75 mL

Drug Name	Monthly Limit (unless otherwise noted)
<i>donepezil ODT 5 mg, 10 mg</i>	30 tablets
<i>donepezil 5 mg, 10 mg</i>	30 tablets
<i>doxazosin 1 mg, 2 mg, 4 mg</i>	30 tablets
<i>doxazosin 8 mg</i>	60 tablets
DULERA - all strengths	1 canister
EDURANT 25 mg	30 tablets
EMTRIVA 10 mg/mL	5 bottles
EMTRIVA 200 mg	30 capsules
<i>endocet 10-325 mg</i>	180 tablets
<i>endocet 5-325 mg</i>	360 tablets
<i>endocet 7.5-325 mg</i>	240 tablets
<i>endodan 4.88-325 mg</i>	360 tablets
<i>enoxaparin syringes</i>	30 syringes per 90 days
<i>enoxaparin 300 mg/3 mL vials</i>	10 vials per 90 days
EPIVIR 10 mg/mL	960 mL
<i>eprosartan 600 mg</i>	30 tablets
EPZICOM 600-300 mg	30 tablets
ERIVEDGE 150 mg	30 capsules
<i>escitalopram 5 mg/5 mL</i>	600 mL
<i>escitalopram 5 mg, 10 mg, 20 mg</i>	30 tablets
EXELON 4.6 mg/24 hr, 9.5 mg/24 hr, 13.3 mg/24 hr	30 patches
EXELON 2 mg/mL	240 mL
EXFORGE HCT 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	30 tablets
EXFORGE 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	30 tablets
FANAPT TITRATION PAK	1 pak per 4 days
FANAPT 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	60 tablets
FAZACLO ODT 12.5 mg, 100 mg	90 tablets
FAZACLO ODT 25 mg	270 tablets
FAZACLO 150 mg	180 tablets
FAZACLO 200 mg	120 tablets
<i>fenofibrate micronized 67 mg, 134 mg, 200 mg</i>	30 capsules
<i>fenofibrate 145 mg, 160 mg</i>	30 tablets
<i>fenofibrate 48 mg, 54 mg</i>	60 tablets
<i>fentanyl citrate oral lozenges 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	120 lozenges
<i>fentanyl transdermal - all strengths</i>	15 patches
<i>finasteride 5 mg</i>	30 tablets
FIRAZYR	3 syringes
FLOVENT DISKUS 250 mcg	4 inhalers

Drug Name	Monthly Limit (unless otherwise noted)
FLOVENT DISKUS 50 mcg, 100 mcg	1 inhaler
FLOVENT HFA 220 mcg	2 canisters
FLOVENT HFA 44 mcg, 110 mcg	1 canister
<i>fluoxetine weekly DR 90 mg</i>	4 capsules per 28 days
<i>fluoxetine 10 mg</i>	30 capsules or tablets
<i>fluoxetine 20 mg</i>	120 capsules or tablets
<i>fluoxetine 20 mg/5 mL</i>	600 mL
<i>fluoxetine 40 mg</i>	60 capsules
<i>fluticasone nasal spray</i>	1 bottle
<i>fluvoxamine 100 mg</i>	90 tablets
<i>fluvoxamine 25 mg, 50 mg</i>	30 tablets
<i>fondaparinux solution 2.5 mg/0.5 mL, 5.0 mg/0.4 mL, 7.5 mg/0.6 mL, 10 mg/0.8 mL</i>	30 syringes per 90 days
FORADIL	1 package of 60
FUZEON injection 90 mg	60 vials
<i>galantamine ER 8 mg, 16 mg, 24 mg</i>	30 capsules
<i>galantamine oral solution 4 mg/mL</i>	200 mL
<i>galantamine 4 mg, 8 mg, 12 mg</i>	60 tablets
<i>gemfibrozil 600 mg</i>	60 tablets
GEODON injection	60 vials
GLEEVEC 100 mg	90 tablets
GLEEVEC 400 mg	60 tablets
<i>glimepiride 1 mg</i>	240 tablets
<i>glimepiride 2 mg</i>	120 tablets
<i>glimepiride 4 mg</i>	60 tablets
<i>glipizide ER 10 mg</i>	60 tablets
<i>glipizide ER 2.5 mg</i>	240 tablets
<i>glipizide ER 5 mg</i>	120 tablets
<i>glipizide XL 10 mg</i>	60 tablets
<i>glipizide XL 2.5 mg</i>	240 tablets
<i>glipizide XL 5 mg</i>	120 tablets
<i>glipizide 10 mg</i>	120 tablets
<i>glipizide 5 mg</i>	240 tablets
<i>glipizide/metformin 2.5-250 mg</i>	240 tablets
<i>glipizide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>glyburide micronized 1.5 mg</i>	240 tablets
<i>glyburide micronized 3 mg</i>	120 tablets
<i>glyburide micronized 6 mg</i>	60 tablets
<i>glyburide 1.25 mg</i>	480 tablets

Drug Name	Monthly Limit (unless otherwise noted)
GLYBURIDE 1.25 mg	480 tablets
<i>glyburide 2.5 mg</i>	240 tablets
GLYBURIDE 2.5 mg	240 tablets
<i>glyburide 5 mg</i>	120 tablets
GLYBURIDE 5 mg	120 tablets
<i>glyburide/metformin 1.25-250 mg</i>	240 tablets
<i>glyburide/metformin 2.5-500 mg, 5-500 mg</i>	120 tablets
<i>hydrocodone/acetaminophen 5-300 mg, 5-325 mg</i>	360 tablets
<i>hydrocodone/acetaminophen 7.5-300 mg, 7.5-325 mg, 10-300 mg, 10-325 mg</i>	180 tablets
<i>hydrocodone/acetaminophen 7.5-325 mg/15 mL</i>	3600 mL
<i>hydrocodone/ibuprofen - all strengths</i>	150 tablets
<i>hydromorphone 1 mg/mL</i>	1440 mL
<i>hydromorphone 2 mg, 4 mg, 8 mg</i>	180 tablets
<i>ibandronate 150 mg</i>	1 tablet
<i>ibudone 5-200 mg</i>	150 tablets
ICLUSIG 15 mg	60 tablets
ICLUSIG 45 mg	30 tablets
INLYTA 1 mg	180 tablets
INLYTA 5 mg	120 tablets
INTELENCE 100 mg, 200 mg	60 tablets
INTELENCE 25 mg	120 tablets
INTUNIV 1 mg, 2 mg, 3 mg, 4 mg	30 tablets
INVEGA SUSTENNA	1 kit
INVEGA 1.5 mg, 3 mg, 9 mg	30 tablets
INVEGA 6 mg	60 tablets
INVIRASE 200 mg	300 capsules
INVIRASE 500 mg	120 tablets
<i>ipratropium nasal 0.03%</i>	2 bottles
<i>ipratropium nasal 0.06%</i>	3 bottles
<i>irbesartan 75 mg, 150 mg, 300 mg</i>	30 tablets
<i>irbesartan/HCTZ 150-12.5 mg, 300-12.5 mg</i>	30 tablets
ISENTRESS CHW 25 mg, 100 mg	180 tablets
ISENTRESS 400 mg	60 tablets
JAKAFI - all strengths	60 tablets
JALYN	30 capsules
JANUMET - all strengths	60 tablets
JANUMET XR 100-1000 mg	30 tablets
JANUMET XR 50-500 mg, 50-1000 mg	60 tablets
JANUVIA 100 mg	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
JANUVIA 25 mg	120 tablets
JANUVIA 50 mg	60 tablets
JENTADUETO 2.5-500 mg, 2.5-850 mg, 2.5-1000 mg	60 tablets
JUVISYNC 50 mg/10 mg, 50 mg/20 mg	60 tablets
JUVISYNC 50 mg/40 mg, 100 mg/10 mg, 100 mg/20 mg, 100 mg/40 mg	30 tablets
KADIAN 10 mg, 40 mg, 70 mg, 130 mg, 150 mg, 200 mg	60 capsules
KALETRA 100-25 mg	300 tablets
KALETRA 200-50 mg	120 tablets
KALETRA 400-100mg/5mL	2 bottles
KALYDECO 150 mg	60 tablets
KOMBIGLYZE XR 2.5-1000 mg	60 tablets
KOMBIGLYZE XR 5-500 mg, 5-1000 mg	30 tablets
<i>lamivudine 150 mg</i>	60 tablets
<i>lamivudine 300 mg</i>	30 tablets
<i>lamivudine/zidovudine 150-300 mg</i>	60 tablets
LATUDA 20mg, 40mg, 120mg	30 tablets
LATUDA 80mg	60 tablets
LAZANDA - all strengths	30 bottles
LETAIRIS 5 mg, 10 mg	30 tablets
LEVORPHANOL 2 mg	120 tablets
LEXIVA 50 mg/mL	1800 mL
LEXIVA 700 mg	120 tablets
LIVALO 1 mg, 2 mg,	45 tablets
LIVALO 4 mg	30 tablets
<i>lorazepam 0.5 mg, 1 mg</i>	90 tablets
<i>lorazepam 2 mg</i>	150 tablets
<i>losartan 100 mg</i>	30 tablets
<i>losartan 25 mg, 50 mg</i>	60 tablets
<i>losartan/HCTZ 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	30 tablets
<i>lovastatin - all strengths</i>	60 tablets
MAPROTILINE 25 mg, 50 mg, 75 mg	90 tablets
MEKINIST 0.5 mg	90 tablets
MEKINIST 2.0 mg	30 tablets
<i>metadate ER 20 mg</i>	90 tablets
<i>metformin ER 500 mg</i>	120 tablets
<i>metformin ER 750 mg</i>	60 tablets
<i>metformin 1000 mg</i>	60 tablets
<i>metformin 500 mg</i>	150 tablets
<i>metformin 850 mg</i>	90 tablets

Drug Name	Monthly Limit (unless otherwise noted)
<i>methadone 5 mg, 10 mg</i>	90 tablets
<i>methadose 10 mg</i>	90 tablets
<i>methylphenidate ER 20 mg</i>	90 tablets
<i>methylphenidate 5 mg, 10 mg, 20 mg</i>	90 tablets
MICARDIS HCT 40-12.5 mg, 80-25 mg	30 tablets
MICARDIS HCT 80-12.5 mg	60 tablets
MICARDIS 20 mg, 40 mg, 80 mg	30 tablets
<i>mirtazapine 7.5 mg</i>	30 tablets
<i>mirtazapine/mirtazapine ODT 15 mg, 30 mg, 45 mg</i>	30 tablets
<i>modafinil - all strengths</i>	30 tablets
<i>morphine sulfate ER 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	90 tablets
<i>morphine sulfate 10 mg/5 mL</i>	2700 mL
MORPHINE SULFATE 15 mg	240 tablets
<i>morphine sulfate 20 mg/mL, 100 mg/5 mL</i>	270 mL
<i>morphine sulfate 20 mg/5 mL</i>	1350 mL
MORPHINE SULFATE 30 mg	180 tablets
NAMENDA TITRATION PACK	49 tablets per 28 days
NAMENDA 10 mg/5 mL	360 mL
NAMENDA 5 mg, 10 mg	60 tablets
<i>naratriptan - all strengths</i>	18 tablets
NASONEX	2 bottles
<i>nateglinide 120 mg</i>	90 tablets
<i>nateglinide 60 mg</i>	180 tablets
<i>nevirapine 200 mg</i>	60 tablets
NEXAVAR 200 mg	120 tablets
NEXIUM - all strengths	30 capsules or packets
NIASPAN ER 500 mg	30 tablets
NIASPAN ER 750 mg, 1000 mg	60 tablets
<i>nitrofurantoin macrocrystalline 100 mg</i>	360 capsules per 365 days
<i>nitrofurantoin macrocrystalline 50 mg</i>	360 capsules per 365 days
<i>nitrofurantoin monohydrate 100 mg</i>	180 capsules per 365 days
<i>nitrofurantoin 25 mg/5 mL</i>	7200 mL per 365 days
NORVIR 100 mg	360 capsules or tablets
NORVIR 80 mg/mL	2 bottles
NUCYNTA ER 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	60 tablets
NUVIGIL - all strengths	30 tablets
<i>olanzapine IM injection, 10 mg</i>	90 vials
<i>olanzapine ODT 5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
<i>olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</i>	30 tablets
OLEPTRO 150 mg	45 tablets

Drug Name	Monthly Limit (unless otherwise noted)
OLEPTRO 300 mg	30 tablets
<i>omeprazole 10 mg, 20 mg, 40 mg</i>	30 capsules
ONFI 5 mg, 10 mg, 20 mg	60 tablets
ONGLYZA 2.5 mg	60 tablets
ONGLYZA 5 mg	30 tablets
OPANA ER 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
<i>oxybutynin ER 10 mg, 15 mg</i>	60 tablets
<i>oxybutynin ER 5 mg</i>	30 tablets
<i>oxybutynin syrup 5 mg/5 mL</i>	600 mL
<i>oxybutynin 5 mg</i>	120 tablets
<i>oxycodone w/acetaminophen 10-325 mg</i>	180 tablets
<i>oxycodone w/acetaminophen 2.5-325 mg, 5-325 mg</i>	360 tablets
<i>oxycodone w/acetaminophen 7.5-325 mg</i>	240 tablets
<i>oxycodone 10 mg, 15 mg, 20 mg, 30 mg</i>	180 tablets
<i>oxycodone 5 mg</i>	360 tablets
<i>oxycodone/aspirin full strength</i>	360 tablets
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 tablets
OXYCONTIN 60 mg, 80 mg	120 tablets
<i>pantoprazole tabs - all strengths</i>	30 tablets
<i>paroxetine hcl ER 12.5 mg</i>	30 tablets
<i>paroxetine hcl ER 25 mg, 37.5 mg</i>	60 tablets
<i>paroxetine hcl 10 mg, 20 mg, 40 mg</i>	30 tablets
<i>paroxetine hcl 30 mg</i>	60 tablets
PATANASE	1 bottle
PAXIL 10 mg/5 mL	900 mL
PICATO 0.015%	3 tubes
PICATO 0.05%	2 tubes
<i>pioglitazone 15 mg</i>	90 tablets
<i>pioglitazone 30 mg, 45 mg</i>	30 tablets
POMALYST 1 mg, 2 mg, 3 mg, 4 mg	21 capsules per 28 days
PRADAXA - all strengths	60 capsules
PRANDIN 0.5 mg	960 tablets
PRANDIN 1 mg	480 tablets
PRANDIN 2 mg	240 tablets
<i>pravastatin 10 mg, 20 mg, 40 mg</i>	45 tablets
<i>pravastatin 80 mg</i>	30 tablets
PREZISTA 100 mg/mL suspension	400 mL
PREZISTA 150 mg	180 tablets
PREZISTA 400 mg, 600 mg	60 tablets

Drug Name	Monthly Limit (unless otherwise noted)
PREZISTA 75 mg	300 tablets
PREZISTA 800mg	30 tablets
PRISTIQ - all strengths	30 tablets
PROAIR HFA	2 canisters
<i>quetiapine 25 mg, 50 mg, 100 mg, 200 mg</i>	90 tablets
<i>quetiapine 300 mg, 400 mg</i>	60 tablets
QVAR 40 mcg	1 canister
QVAR 80 mcg	2 canisters
RAPAFLO 4 mg, 8 mg	30 capsules
<i>repaglinide 1 mg</i>	480 tablets
<i>repaglinide 2 mg</i>	240 tablets
REPREXAIN 10-200 mg	150 tablets
RESCRIPTOR 100 mg	360 tablets
RESCRIPTOR 200 mg	180 tablets
REVLIMID 15 mg, 20 mg, 25 mg	21 capsules per 28 days
REVLIMID 2.5 mg, 5 mg, 10 mg	30 capsules
REYATAZ 100 mg, 150 mg, 300 mg	30 capsules
REYATAZ 200 mg	60 capsules
RISPERDAL CONSTA injection - all strengths	2 vials per 28 days
<i>risperidone ODT 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone ODT 4 mg</i>	120 tablets
<i>risperidone oral solution</i>	480 mL
<i>risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	60 tablets
<i>risperidone 4 mg</i>	120 tablets
<i>rivastigmine 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	60 capsules
<i>rizatriptan odt 5 mg, 10 mg</i>	18 tablets
<i>rizatriptan 5 mg, 10 mg</i>	18 tablets
<i>roxicet 5-325 mg</i>	360 tablets
SANCUSO	4 patches per 28 days
SAPHRIS 5 mg, 10 mg	60 tablets
SELZENTRY 150 mg	60 tablets
SELZENTRY 300 mg	120 tablets
SEREVENT DISKUS	1 package of 60
SEROQUEL XR 150 mg, 200 mg	30 tablets
SEROQUEL XR 50 mg, 300 mg, 400 mg	60 tablets
<i>sertraline 100 mg</i>	60 tablets
<i>sertraline 20 mg/mL</i>	300 mL
<i>sertraline 25 mg, 50 mg</i>	30 tablets
<i>sildenafil 20 mg</i>	90 tablets
SIMCOR 500-20 mg, 500-40 mg, 1000-40 mg	30 tablets

Drug Name	Monthly Limit (unless otherwise noted)
SIMCOR 750-20 mg, 1000-20 mg	60 tablets
<i>simvastatin 20 mg</i>	60 tablets
<i>simvastatin 5 mg, 10 mg, 40 mg</i>	45 tablets
<i>simvastatin 80 mg</i>	30 tablets
SPIRIVA	30 capsules
SPRYCEL 20 mg	60 tablets
SPRYCEL 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	30 tablets
<i>stavudine 1 mg/mL</i>	2400 mL
<i>stavudine 15 mg, 20 mg, 30 mg, 40 mg</i>	60 capsules
STIVARGA 40mg	84 tabs/28 days
STRATTERA 10 mg, 18 mg, 25 mg, 40 mg	60 capsules
STRATTERA 60 mg, 80 mg, 100 mg	30 capsules
STRIBILD	30 tablets
SUBOXONE MIS 12-3mg, 8-2 mg	60 films
SUBOXONE MIS 2-0.5 mg	90 films
SUBOXONE MIS 4-1mg	30 films
SUBSYS 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	120 spray units
SUMATRIPTAN NASAL - all strengths	12 units/2 packages
<i>sumatriptan tablets - all strengths</i>	18 tablets
SUSTIVA 200 mg	60 capsules
SUSTIVA 50 mg	90 capsules
SUSTIVA 600 mg	30 tablets
SUTENT 12.5 mg	90 capsules
SUTENT 25 mg, 50 mg	30 capsules
SYMBICORT - all strengths	1 canister
TAFINLAR 50 mg, 75 mg	120 capsules
<i>tamsulosin 0.4 mg</i>	60 capsules
TARCEVA 100 mg, 150 mg	30 tablets
TARCEVA 25 mg	60 tablets
TASIGNA 150 mg, 200 mg	120 capsules
TEKAMLO - all strengths	30 tablets
TEKURNA HCT 150-12.5 mg, 150-25 mg, 300-12.5 mg, 300-25 mg	30 tablets
TEKURNA 150 mg, 300 mg	30 tablets
<i>terazosin 1 mg, 2 mg, 5 mg</i>	30 capsules
<i>terazosin 10 mg</i>	60 capsules
THALOMID 150 mg, 200 mg	60 capsules
THALOMID 50 mg, 100 mg	30 capsules
<i>tolterodine 1 mg, 2 mg</i>	60 tablets

Drug Name	Monthly Limit (unless otherwise noted)
TOVIAZ - all strengths	30 tablets
TRACLEER 62.5 mg, 125 mg	60 tablets
TRADJENTA	30 tablets
<i>tramadol hcl ER 100 mg, 200 mg, 300 mg</i>	30 tablets
<i>tramadol hcl 50 mg</i>	240 tablets
<i>tramadol/acetaminophen 37.5-325 mg</i>	240 tablets
<i>triamcinolone nasal inhaler</i>	1 bottle
TRIBENZOR - all strengths	30 tablets
TRIZIVIR 300-150-300 mg	60 tablets
<i>tropium ER 60mg</i>	30 capsules
<i>tropium 20 mg</i>	60 tablets
TRUVADA 200-300 mg	30 tablets
TYKERB 250 mg	180 tablets
TYSABRI 300 mg/15 mL	1 vial per 28 days
<i>valsartan/hctz - all strengths</i>	30 tablets
VANDETANIB 100 mg	60 tablets
VANDETANIB 300 mg	30 tablets
<i>venlafaxine ER capsules 37.5 mg, 150 mg</i>	30 capsules
<i>venlafaxine ER capsules 75 mg</i>	90 capsules
<i>venlafaxine ER tablets 37.5 mg, 150 mg</i>	30 tablets
<i>venlafaxine ER tablets 75 mg</i>	90 tablets
<i>venlafaxine 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	90 tablets
VENTOLIN HFA	2 canisters
VESICARE - all strengths	30 tablets
<i>vicodin ES 7.5-300 mg</i>	180 tablets
<i>vicodin HP 10-300 mg</i>	180 tablets
<i>vicodin 5-300 mg</i>	360 tablets
VICTOZA 18 mg/3 mL 2 Pen Package	1 package of 2 pens
VICTOZA 18 mg/3 mL 3 Pen Package	1 package of 3 pens
VIDEX 2 gm, 4 gm	1200 mL
VIIBRYD - all strengths	30 tablets
VIIBRYD starter kit	1 kit per 30 days
VIMOVO 375-20 mg, 500-20 mg	60 tablets
VIRACEPT 250 mg	270 tablets
VIRACEPT 625 mg	120 tablets
VIRAMUNE XR 100 mg	90 tablets
VIRAMUNE XR 400 mg	30 tablets
VIRAMUNE 50 mg/5 mL	1200 mL
VIREAD 150 mg, 200 mg, 250 mg, 300 mg	30 tablets
VIREAD 40 mg/gm	240 gm

Drug Name	Monthly Limit (unless otherwise noted)
VOLTAREN gel 1%	10 tubes
VOTRIENT 200 mg	120 tablets
VYTORIN 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	30 tablets
XALKORI - all strengths	60 capsules
XARELTO 10 mg	35 tablets per 90 days
XARELTO 15 mg	60 tablets
XARELTO 20 mg	30 tablets
XENAZINE 12.5 mg	240 tablets
XENAZINE 25 mg	120 tablets
XOPENEX HFA	2 canisters
XTANDI 40 mg	120 capsules
XYREM 500 mg/mL	540 mL
<i>zaleplon 5 mg, 10 mg</i>	90 tablets per 365 days
ZELBORAF	240 tablets
ZENZEDI 10 mg	180 tablets
ZENZEDI 5 mg	60 tablets
ZETIA 10 mg	30 tablets
ZIAGEN 20 mg/mL	960 mL
<i>zidovudine syrup 10 mg/mL</i>	1920 mL
<i>zidovudine 100 mg</i>	180 capsules
<i>zidovudine 300 mg</i>	60 tablets
<i>ziprasidone capsules - all strengths</i>	60 capsules
ZOLINZA 100 mg	120 capsules
<i>zolpidem 5 mg, 10 mg</i>	90 tablets per 365 days
ZOSTAVAX	1 vaccine per lifetime
ZYPREXA RELPREVV 210 mg, 300 mg	2 vials per 28 days
ZYPREXA RELPREVV 405 mg	1 vial per 28 days
ZYTIGA	120 tablets

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<i>bacitracin/polymyxin B eye oint</i>	23	<i>butalbital/aspirin/caffeine/codeine</i>	1
BACITRACIN eye oint.....	23	<i>butalbital/aspirin/caffeine/codeine</i>	6
<i>baclofen tabs</i>	11	<i>butorphanol</i>	1
<i>balsalazide</i>	23	BYDUREON.....	13
BANZEL susp, tabs.....	4	BYSTOLIC.....	14
BANZEL tabs.....	4	C	
BARACLUDE oral soln.....	11	<i>cabergoline</i>	21
BARACLUDE tabs.....	11	<i>caffeine citrate oral soln</i>	16
<i>benazepril</i>	14	<i>caffeine citrate oral soln</i>	25
<i>benazepril/hydrochlorothiazide</i>	14	<i>calcipotriene crm, soln</i>	17
BENICAR.....	14	CALCIPOTRIENE oint.....	17
BENICAR HCT.....	14	<i>calcitonin nasal spray</i>	23
<i>benztropine tabs</i>	10	CALCITRENE oint.....	17
BESIVANCE eye susp.....	23	<i>calcitriol caps, inj, oral soln</i>	23
<i>betamethasone dipropionate, augmented; crm, gel, lotn, oint</i>	17	<i>calcium acetate</i>	19
<i>betamethasone dipropionate crm, lotn, oint</i>	17	CAMPATH.....	7
<i>betamethasone valerate crm, lotn, oint</i>	17	CANASA.....	23
BETASERON.....	16	CANCIDAS.....	5
BETASERON.....	21	<i>candesartan</i>	14
<i>betaxolol eye soln</i>	23	<i>candesartan/hydrochlorothiazide</i>	14
<i>betaxolol tabs</i>	14	CAPASTAT.....	7
<i>bethanechol</i>	19	CAPRELSA*.....	7
BETOPTIC-S eye susp.....	23	<i>captopril</i>	14
<i>bicalutamide</i>	21	CARAC crm.....	17
BICNU.....	7	<i>carbamazepine</i>	4
		<i>carbamazepine ER</i>	4
		<i>carbidopa/levodopa</i>	10

<i>carbidopa/levodopa ER</i>	10	<i>cisplatin inj</i>	7
<i>carboplatin IV soln</i>	7	CISPLATIN inj.....	7
<i>carteolol eye soln</i>	23	<i>citalopram</i>	5
<i>carvedilol</i>	14	<i>cladribine</i>	7
CEENU.....	7	CLAFORAN IV in dextrose.....	2
<i>cefaclor caps</i>	2	CLARAVIS caps.....	17
<i>cefadroxil</i>	2	<i>clarithromycin</i>	2
<i>cefazolin for inj</i>	2	<i>clarithromycin ER</i>	2
<i>cefdinir</i>	2	<i>clindamycin/benzoyl peroxide gel</i>	17
<i>cefepime for inj</i>	2	<i>clindamycin caps, inj, IV in dextrose, IV soln, vaginal crm</i>	2
<i>cefotaxime for inj</i>	2	<i>clindamycin gel, lotn, soln, swabs</i>	17
<i>cefoxitin for inj</i>	2	<i>clobetasol crm, crm (emollient), gel, oint, soln</i>	17
<i>cefpodoxime</i>	2	CLOLAR.....	7
<i>cefprozil</i>	2	<i>clomipramine</i>	5
<i>ceftazidime for inj, for IV</i>	2	<i>clonazepam ODT, tabs</i>	4
<i>ceftriaxone for inj, for IV</i>	2	<i>clonidine tabs, transdermal</i>	14
CEFTRIAZONE for IV in dextrose, inj in dextrose... 2		<i>clopidogrel tabs</i>	13
<i>cefuroxime axetil</i>	2	<i>clorazepate</i>	4
<i>cefuroxime sodium for inj, for IV</i>	2	<i>clorazepate</i>	12
CELEBREX.....	1	<i>clotrimazole/betamethasone crm, lotn</i>	17
CELEBREX.....	6	<i>clotrimazole crm</i>	17
CELLCEPT for IV.....	21	<i>clotrimazole troche</i>	5
CELLCEPT for susp.....	21	<i>clozapine</i>	10
CELONTIN.....	4	COARTEM.....	9
<i>cephalexin caps, for susp</i>	2	CODEINE SULFATE tabs.....	1
CEREZYME*.....	18	COLCRYS.....	6
CERVARIX.....	21	<i>colestipol</i>	14
CHANTIX.....	1	<i>colistimethate sodium</i>	2
CHEMET.....	26	COMBIGAN eye soln.....	23
CHENODAL*.....	19	COMBIVENT.....	25
CHLORAMPHENICOL.....	2	COMBIVENT RESPIMAT.....	25
<i>chlorhexidine gluconate oral rinse</i>	17	COMETRIQ*.....	7
<i>chloroquine phosphate</i>	9	COMPLERA.....	11
<i>chlorothiazide tabs</i>	14	COMVAX.....	21
CHLORPROMAZINE inj.....	5	COPAXONE.....	16
CHLORPROMAZINE inj.....	10	CORTIFOAM rectal foam.....	17
<i>chlorpromazine tabs</i>	5	CORTISONE.....	20
<i>chlorpromazine tabs</i>	10	COSMEGEN.....	7
CHLORTHALIDONE tabs.....	14	CREON.....	18
<i>cholestyramine</i>	14	CRESTOR.....	14
<i>cholestyramine light</i>	14	CRIVAN.....	11
<i>chorionic gonadotropin</i>	20	<i>cromolyn sodium eye soln</i>	23
<i>ciclopirox crm, gel, shampoo, soln (nail lacquer), susp</i>	17	<i>cromolyn sodium inhal soln</i>	25
<i>cidofovir</i>	11	<i>cromolyn sodium oral conc</i>	19
<i>cilostazol</i>	13	CUBICIN.....	2
<i>cimetidine inj, oral soln, tabs</i>	19	CUPRIMINE.....	19
CIPRODEX ear susp.....	24	CUPRIMINE.....	21
<i>ciprofloxacin ER</i>	2	CUPRIMINE.....	26
<i>ciprofloxacin eye soln</i>	23	<i>cyclobenzaprine tabs</i>	25
<i>ciprofloxacin for IV, for IV in dextrose, tabs</i>	2	CYCLOPHOSPHAMIDE for inj.....	7
CIPRO for susp.....	2	CYCLOPHOSPHAMIDE tabs.....	7

<i>dronabinol</i>	5	<i>estradiol tabs</i>	20
DULERA.....	25	<i>estradiol transdermal</i>	20
DUREZOL.....	24	<i>estropipate tabs</i>	20
DYNACIRC CR.....	15	ESTROPIPATE tabs.....	20
E		<i>ethambutol</i>	7
E.E.S. GRANULES.....	3	<i>ethosuximide</i>	4
<i>econazole crm</i>	17	ETIDRONATE.....	23
EDURANT.....	11	<i>etodolac</i>	1
EFFIENT.....	13	<i>etodolac</i>	6
ELAPRASE.....	18	<i>etodolac ER</i>	6
ELELYSO*.....	18	ETOPOPHOS.....	8
ELIDEL.....	17	<i>etoposide inj</i>	8
ELIDEL.....	22	EVISTA.....	20
ELIGARD.....	21	EXELON oral soln, transdermal.....	4
ELIGARD.....	21	<i>exemestane</i>	8
ELITEK.....	8	EXFORGE.....	15
ELLA.....	20	EXFORGE HCT.....	15
ELSPAR.....	8	EXJADE*.....	26
EMCYT.....	8	F	
EMEND caps.....	5	FABRAZYME*.....	18
EMEND for IV.....	5	<i>famciclovir</i>	11
EMSAM.....	5	<i>famotidine for susp, inj, tabs</i>	19
EMTRIVA.....	11	FANAPT.....	10
<i>enalapril</i>	15	FARESTON.....	8
<i>enalapril/hydrochlorothiazide</i>	15	FASLODEX.....	8
ENBREL.....	22	<i>fat emulsion IV</i>	26
ENGERIX-B.....	22	FAZACLO.....	10
<i>enoxaparin</i>	13	<i>felbamate</i>	4
<i>entacapone</i>	10	<i>felodipine ER</i>	15
<i>epinastine eye soln</i>	24	<i>fenofibrate micronized caps</i>	15
EPIPEN.....	25	<i>fenofibrate tabs</i>	15
EPIPEN-JR.....	25	<i>fentanyl citrate oral lozenges</i>	1
<i>epirubicin inj</i>	8	<i>fentanyl transdermal</i>	1
EPIVIR-HBV.....	11	FINACEA gel.....	17
EPIVIR oral soln.....	11	<i>finasteride tabs</i>	19
<i>eplerenone</i>	15	<i>finasteride tabs</i>	21
EPOGEN.....	13	FIRAZYR.....	15
<i>eprosartan</i>	15	FIRMAGON.....	21
EPZICOM.....	11	FIRMAGON.....	21
EQUETRO.....	12	<i>flecainide</i>	15
ERBITUX.....	8	FLOVENT DISKUS.....	25
ERIVEDGE*.....	8	FLOVENT HFA.....	25
ERYPED.....	3	<i>fluconazole for susp, inj in dextrose, inj in normal saline, tabs</i>	6
ERY-TAB.....	3	FLUCONAZOLE inj in normal saline.....	6
ERYTHROCIN.....	3	<i>flucytosine</i>	6
<i>erythromycin/benzoyl peroxide gel</i>	17	<i>fludarabine</i>	8
<i>erythromycin eye oint</i>	24	<i>fludrocortisone</i>	20
<i>erythromycin pads, soln</i>	17	<i>fluocinolone acetate ear oil</i>	24
<i>escitalopram</i>	5	<i>fluocinolone crm</i>	17
<i>escitalopram</i>	12	<i>fluocinonide crm, crm (emollient), gel, oint, soln</i>	17
ESTRACE vaginal crm.....	20	<i>fluorometholone eye susp</i>	24
<i>estradiol/norethindrone acetate</i>	20		

FLUOROPLEX crm.....	17
fluorouracil crm, soln.....	17
fluorouracil inj.....	8
fluoxetine caps, oral soln, tabs.....	5
fluoxetine DR.....	5
FLUPHENAZINE DECANOATE.....	10
FLUPHENAZINE HCL elixir, inj, oral conc.....	10
fluphenazine hcl tabs.....	10
flurbiprofen.....	6
flurbiprofen eye soln.....	24
flutamide.....	21
fluticasone crm, oint.....	17
fluticasone nasal spray.....	25
fluvoxamine.....	5
fomepizole.....	26
fondaparinux inj.....	13
fondaparinux inj.....	13
FORADIL AEROLIZER.....	25
FORTAZ for inj, inj in dextrose.....	3
FORTEO.....	23
FORTICAL.....	23
FOSCARNET.....	11
fosinopril.....	15
fosinopril/hydrochlorothiazide.....	15
fosphephenytoin.....	4
FOSRENOL.....	19
FREAMINE.....	26
furosemide inj, oral soln, tabs.....	15
FUZEON.....	11

G

<i>gabapentin</i>	4
GABITRIL tabs.....	4
galantamine.....	4
galantamine ER.....	4
GAMMAGARD.....	22
GAMMAGARD S/D.....	22
<i>ganciclovir for inj</i>	11
GARDASIL.....	22
GAUZE PADS 2" X 2".....	13
<i>gemcitabine for inj</i>	8
GEMCITABINE inj.....	8
<i>gemfibrozil</i>	15
GENTAMICIN crm, oint.....	17
<i>gentamicin eye oint, soln</i>	24
<i>gentamicin inj, inj in saline, IV soln</i>	3
GENTAMICIN inj in saline.....	3
GEODON inj.....	10
GEODON inj.....	12
GLEEVEC.....	8
<i>glimepiride</i>	13
<i>glipizide</i>	13
<i>glipizide/metformin</i>	13

<i>glipizide ER</i>	13
GLUCAGEN KIT.....	13
GLUCAGON EMERGENCY KIT.....	13
<i>glyburide</i>	13
<i>glyburide/metformin</i>	13
GLYBURIDE (distributor of Diabeta).....	13
<i>glyburide micronized</i>	13
<i>glycopyrrolate tabs</i>	19
<i>granisetron tabs</i>	5
<i>griseofulvin</i>	6
GUANIDINE.....	7

H

HALAVEN.....	8
<i>halobetasol crm, oint</i>	17
<i>haloperidol decanoate</i>	10
<i>haloperidol inj, oral conc, tabs</i>	10
HAVRIX.....	22
<i>heparin inj</i>	14
<i>heparin inj in dextrose</i>	14
HEPSERA.....	11
HERCEPTIN.....	8
HEXALEN.....	8
HIBERIX.....	22
HUMALOG.....	13
HUMALOG MIX.....	13
HUMIRA.....	22
HUMULIN 70/30.....	13
HUMULIN N.....	13
HUMULIN R.....	13
<i>hydralazine tabs</i>	15
<i>hydrochlorothiazide</i>	15
<i>hydrocodone/acetaminophen oral soln, tabs</i>	1
<i>hydrocodone/ibuprofen</i>	1
<i>hydrocortisone/acetic acid ear soln</i>	24
<i>hydrocortisone butyrate crm, oint, soln</i>	18
<i>hydrocortisone crm, lotn, oint, rectal crm</i>	18
<i>hydrocortisone enema</i>	23
<i>hydrocortisone tabs</i>	20
<i>hydrocortisone valerate crm, oint</i>	18
<i>hydromorphone inj</i>	1
<i>hydromorphone liq, tabs</i>	1
<i>hydroxychloroquine</i>	9
<i>hydroxyurea</i>	8
<i>hydroxyzine hcl syrup, tabs</i>	5
<i>hydroxyzine hcl syrup, tabs</i>	12
<i>hydroxyzine hcl syrup, tabs</i>	25

I

<i>ibandronate tabs</i>	23
<i>ibuprofen</i>	1
<i>ibuprofen</i>	6
ICLUSIG*.....	8

<i>idarubicin</i>	8
IFEX for inj.....	8
IFOSFAMIDE/MESNA.....	8
<i>ifosfamide for inj</i>	8
IFOSFAMIDE for inj.....	8
ILEVRO.....	24
<i>imipenem/cilastatin</i>	3
<i>imipramine hcl</i>	5
<i>imiquimod</i>	22
IMOVAX.....	22
INCIVEK.....	11
INCRELEX*.....	20
<i>indapamide</i>	15
INFANRIX.....	22
INFERGEN.....	22
INLYTA*.....	8
INSULIN INJECTION DEVICE.....	13
INSULIN SYRINGE/NEEDLE.....	13
INTELENCE.....	11
INTRON-A.....	8
INTRON-A.....	11
INTUNIV.....	16
INVANZ.....	3
INVEGA SUSTENNA inj.....	10
INVEGA SUSTENNA inj.....	10
INVEGA tabs.....	10
INVEGA tabs.....	10
INVIRASE.....	11
IPOL.....	22
<i>ipratropium nasal soln</i>	25
<i>irbesartan</i>	15
<i>irbesartan/hydrochlorothiazide</i>	15
IRESSA*.....	8
<i>irinotecan</i>	8
ISENTRESS.....	11
<i>isoniazid/rifampin</i>	7
ISONIAZID inj.....	7
<i>isoniazid tabs</i>	7
<i>isosorbide dinitrate ER tabs</i>	15
ISOSORBIDE DINITRATE SL tabs.....	15
<i>isosorbide dinitrate tabs</i>	15
<i>isosorbide mononitrate</i>	15
<i>isosorbide mononitrate ER tabs</i>	15
<i>isotretinoin caps</i>	18
ISRADIPINE.....	15
ISTALOL eye soln.....	24
ISTODAX.....	8
<i>itraconazole caps</i>	6
<i>iv fluids - generics</i>	26
IV FLUIDS - KCL/D5W/LACTATED RINGERS inj..	26
IXEMPRA.....	8
IXIARO.....	22

J

JAKAFI*.....	8
JALYN.....	19
JANUMET.....	13
JANUMET XR.....	13
JANUVIA.....	13
JENTADUETO.....	13
JEVTANA.....	8
JUVISYNC.....	13

K

KADCYLA.....	8
KADIAN caps.....	1
KALETRA oral soln, tabs.....	11
KALETRA tabs.....	11
KALYDECO.....	25
KANAMYCIN.....	3
KEPIVANCE.....	17
<i>ketoconazole crm, shampoo</i>	18
<i>ketoconazole tabs</i>	6
<i>ketoprofen</i>	1
<i>ketoprofen</i>	6
<i>ketorolac eye soln</i>	24
<i>ketorolac tabs</i>	1
KINRIX.....	22
KOMBIGLYZE XR.....	13
KUVAN*.....	18

L

<i>labetalol tabs</i>	15
LACRISERT eye insert.....	24
<i>lactic acid crm, lotn</i>	18
<i>lactulose</i>	19
LAMICTAL ODT.....	4
LAMICTAL ODT.....	12
<i>lamivudine</i>	11
<i>lamivudine/zidovudine</i>	11
<i>lamotrigine chew tabs, tabs</i>	4
<i>lamotrigine chew tabs, tabs</i>	12
LANTUS.....	13
<i>latanoprost eye soln</i>	24
LATUDA.....	10
LAZANDA.....	1
<i>leflunomide</i>	22
LETAIRIS*.....	15
<i>letrozole</i>	8
LEUCOVORIN CALCIUM for inj, inj, tabs.....	8
<i>leucovorin calcium for inj, tabs</i>	8
LEUKERAN.....	8
LEUKINE.....	14
<i>leuprolide acetate</i>	21
LEVEMIR.....	13

<i>levetiracetam inj, oral soln, tabs</i>	4	<i>megestrol</i>	20
LEVETIRACETAM IV in saline.....	4	MEKINIST.....	8
<i>levobunolol eye soln</i>	24	<i>meloxicam tabs</i>	6
LEVOBUNOLOL eye soln.....	24	<i>melfalan</i>	8
<i>levocarnitine oral soln, tabs</i>	26	MENACTRA.....	22
<i>levocetirizine tabs</i>	25	MENEST.....	20
<i>levofloxacin</i>	3	MENOMUNE.....	22
LEVORPHANOL.....	1	MENVEO.....	22
<i>levothyroxine tabs</i>	21	MEPRON.....	10
LEXIVA oral susp.....	11	<i>mercaptopurine</i>	8
LEXIVA tabs.....	11	<i>meropenem</i>	3
LIALDA.....	23	<i>mesalamine enema</i>	23
<i>lidocaine/prilocaine</i>	1	<i>mesna</i>	8
<i>lidocaine gel, oint</i>	18	MESNEX tabs.....	8
LIDOCAINE IV.....	15	MESTINON syrup.....	7
<i>lidocaine local inj, topical soln</i>	1	MESTINON TIMESPAN.....	7
<i>lidocaine viscous</i>	1	<i>metformin</i>	13
LIDODERM.....	1	<i>metformin ER</i>	13
<i>lindane lotn, shampoo</i>	9	<i>methadone tabs</i>	1
<i>liothyronine tabs</i>	21	<i>methazolamide</i>	15
<i>lisinopril</i>	15	<i>methenamine hippurate</i>	3
<i>lisinopril/hydrochlorothiazide</i>	15	<i>methimazole</i>	21
<i>lithium carbonate caps, tabs</i>	12	<i>methocarbamol</i>	25
<i>lithium carbonate ER</i>	12	<i>methotrexate for inj, inj</i>	8
LITHIUM CITRATE.....	12	<i>methotrexate for inj, inj</i>	22
LIVALO.....	15	<i>methotrexate tabs</i>	8
<i>loperamide</i>	19	<i>methotrexate tabs</i>	22
<i>lorazepam tabs</i>	12	<i>methscopolamine</i>	19
<i>losartan</i>	15	<i>methylergonovine tabs</i>	19
<i>losartan/hydrochlorothiazide</i>	15	<i>methylphenidate ER tabs</i>	17
LOTEMAX eye susp.....	24	<i>methylphenidate tabs</i>	17
LOTRONEX.....	19	<i>methylprednisolone sodium succinate for inj</i>	20
<i>lovastatin</i>	15	<i>methylprednisolone tabs</i>	20
LOVAZA.....	15	<i>metipranolol eye soln</i>	24
<i>loxapine</i>	10	<i>metoclopramide oral soln, tabs</i>	5
LUFYLLIN.....	25	<i>metoclopramide oral soln, tabs</i>	19
LUMIGAN eye soln.....	24	<i>metolazone</i>	15
LUPRON DEPOT.....	21	<i>metoprolol/hydrochlorothiazide tabs</i>	15
LUPRON DEPOT-PED.....	21	<i>metoprolol succinate ER</i>	15
LYRICA.....	4	<i>metoprolol tartrate tabs</i>	15
LYRICA.....	17	METROGEL.....	18
LYSODREN.....	21	METRO IV.....	3
M		<i>metronidazole caps, IV soln, tabs, vaginal gel</i>	3
MALARONE tabs.....	9	<i>metronidazole crm, gel, lotn</i>	18
<i>malathion</i>	9	MEXILETINE.....	15
MAPROTILINE.....	5	MICARDIS.....	15
MARPLAN.....	5	MICARDIS HCT.....	15
MATULANE*.....	8	<i>midodrine</i>	15
<i>meclizine tabs</i>	5	MIGERGOT.....	6
<i>medroxyprogesterone inj, tabs</i>	20	MIGRANAL.....	6
<i>mefloquine</i>	10	<i>minocycline</i>	3
MEFOXIN.....	3	<i>minoxidil</i>	15

<i>mirtazapine ODT, tabs</i>	5	<i>neomycin/polymyxin B/bacitracin eye oint</i>	24
<i>misoprostol</i>	19	<i>neomycin/polymyxin B/dexamethasone eye oint, susp</i>	24
<i>mitomycin</i>	8	<i>neomycin/polymyxin B/gramicidin eye soln</i>	24
<i>mitoxantrone</i>	8	<i>neomycin/polymyxin B/hydrocortisone ear soln, susp</i>	24
<i>mitoxantrone</i>	17	<i>neomycin/polymyxin B GU irrigation soln</i>	19
M-M-R II W/DILUENT.....	22	<i>neomycin sulfate tabs</i>	3
<i>modafinil tabs</i>	25	NEULASTA.....	14
<i>modafinil tabs</i>	25	NEUMEGA.....	14
<i>moexipril</i>	15	NEUPOGEN.....	14
<i>moexipril/hydrochlorothiazide</i>	15	NEUPRO.....	10
<i>mometasone crm, lotn, oint</i>	18	NEVANAC eye susp.....	24
<i>montelukast</i>	25	<i>nevirapine tabs</i>	11
<i>morphine sulfate ER caps, ER tabs</i>	1	NEXAVAR*.....	8
<i>morphine sulfate inj</i>	1	NEXIUM.....	19
<i>morphine sulfate oral soln</i>	1	NEXIUM I.V.....	19
MORPHINE SULFATE tabs.....	1	NIASPAN.....	15
MOVIPREP.....	19	<i>nicardipine caps</i>	15
MOXEZA eye soln.....	24	NICOTROL INHALER.....	2
MULTAQ.....	15	NICOTROL NS nasal spray.....	2
<i>mupirocin oint</i>	18	<i>nifedipine ER tabs</i>	15
MUSTARGEN.....	8	NILANDRON.....	21
MYCAMINE for IV.....	6	<i>nisoldipine ER tabs</i>	16
MYCAMINE for IV.....	6	NISOLDIPINE ER tabs.....	15
MYCOBUTIN.....	7	NITRO-BID.....	16
<i>mycophenolate mofetil</i>	22	<i>nitrofurantoin macrocrystalline caps</i>	3
MYFORTIC.....	22	<i>nitrofurantoin monohydrate/macrocrystalline caps</i>	3
MYOZYME.....	18	<i>nitrofurantoin susp</i>	3
N			
<i>nabumetone</i>	6	<i>nitroglycerin transdermal</i>	16
<i>nadolol</i>	15	NITROLINGUAL PUMPSPRAY.....	16
<i>nafticillin for inj</i>	3	NITROSTAT.....	16
NAFTICILLIN for IV.....	3	<i>nizatidine caps</i>	19
NAGLAZYME*.....	18	<i>norethindrone acetate</i>	20
<i>naloxone inj</i>	2	<i>nortriptyline caps</i>	5
NALOXONE inj.....	2	NORVIR.....	11
<i>naltrexone</i>	2	NOXAFIL.....	6
NAMENDA.....	4	NUCYNTA ER.....	1
NAPHAZOLINE eye soln.....	24	NUEDEXTA.....	17
<i>naproxen</i>	1	NULOJIX.....	22
<i>naproxen</i>	6	NUVIGIL.....	25
<i>naproxen DR</i>	1	<i>nystatin/triamcinolone crm</i>	18
<i>naproxen DR</i>	6	NYSTATIN/TRIAMCINOLONE oint.....	18
<i>naproxen sodium tabs</i>	1	<i>nystatin crm, oint, topical powder</i>	18
<i>naproxen sodium tabs</i>	6	<i>nystatin susp, tabs</i>	6
<i>naratriptan</i>	6	O	
NASONEX.....	25	<i>octreotide inj</i>	21
NATACYN eye susp.....	24	<i>octreotide inj</i>	21
<i>nateglinide</i>	13	<i>ofloxacin</i>	3
NEBUPENT.....	10	<i>ofloxacin ear soln</i>	24
NEFAZODONE.....	5	<i>ofloxacin eye soln</i>	24
<i>neomycin/polymyxin B/bacitracin/hydrocortisone eye oint</i>	24	<i>olanzapine</i>	10

olanzapine.....	12	PENICILLIN G SODIUM for inj.....	3
OLEPTRO.....	5	<i>penicillin v potassium</i>	3
omeprazole DR caps.....	19	PENTACEL.....	22
OMNITROPE for inj.....	20	PENTAM 300.....	10
OMNITROPE inj.....	20	PENTASA.....	23
ONCASPAR.....	8	<i>pentostatin</i>	9
<i>ondansetron inj</i>	5	<i>pentoxifylline ER tabs</i>	14
<i>ondansetron ODT, oral soln, tabs</i>	5	<i>perindopril</i>	16
ONFI.....	4	PERJETA*.....	9
ONGLYZA.....	13	<i>permethrin</i>	10
ONTAK.....	8	<i>perphenazine</i>	5
OPANA ER crush resistant tabs.....	1	<i>perphenazine</i>	10
ORACEA caps.....	18	<i>phenelzine</i>	5
<i>oral contraceptives – all generics</i>	20	<i>phenobarbital elixir, inj, tabs</i>	4
ORAP.....	10	PHENOBARBITAL inj, tabs.....	4
ORFADIN*.....	18	<i>phenytoin chew tabs, susp</i>	4
<i>oxaliplatin</i>	8	<i>phenytoin sodium ER caps</i>	4
<i>oxandrolone tabs</i>	20	PHOSLYRA.....	19
<i>oxandrolone tabs</i>	20	PHOSPHOLINE IODIDE eye soln.....	24
<i>oxaprozin</i>	6	PICATO.....	18
<i>oxcarbazepine</i>	4	<i>pilocarpine eye soln</i>	24
OXSORALEN ULTRA caps.....	18	<i>pilocarpine tabs</i>	17
<i>oxybutynin ER</i>	19	PILOPINE HS eye gel.....	24
<i>oxybutynin syrup, tabs</i>	19	PINDOLOL.....	16
<i>oxycodone/acetaminophen tabs</i>	1	<i>pioglitazone</i>	13
<i>oxycodone/aspirin</i>	1	<i>piperacillin/tazobactam for inj</i>	3
<i>oxycodone tabs</i>	1	<i>piroxicam</i>	6
OXYCONTIN.....	1	<i>podofilox soln</i>	18
P		<i>polyethylene glycol 3350 oral powder</i>	19
<i>paclitaxel IV</i>	9	<i>polymyxin B/trimethoprim eye soln</i>	24
PANRETIN.....	9	POMALYST*.....	9
PANRETIN.....	18	<i>potassium chloride ER caps, ER tabs</i>	26
<i>pantoprazole DR tabs</i>	19	POTASSIUM CITRATE tabs.....	19
<i>paromomycin</i>	10	POTASSIUM CITRATE tabs.....	26
<i>paroxetine hcl ER</i>	5	POTIGA.....	4
<i>paroxetine hcl ER</i>	12	PRADAXA.....	14
<i>paroxetine hcl tabs</i>	5	<i>pramipexole</i>	10
<i>paroxetine hcl tabs</i>	12	PRANDIN.....	13
PASER.....	7	<i>pravastatin</i>	16
PATADAY eye soln.....	24	<i>prazosin</i>	16
PATANASE.....	25	<i>prazosin</i>	19
PATANOL eye soln.....	24	<i>prednicarbate</i>	18
PAXIL susp.....	5	<i>prednisolone acetate eye susp</i>	24
PAXIL susp.....	12	<i>prednisolone sodium phosphate oral soln</i>	20
PEDVAX HIB.....	22	<i>prednisolone syrup</i>	20
<i>peg 3350/kcl/sod bicarb/nacl/sod sulf for soln</i>	19	PREDNISON oral soln, tabs.....	20
<i>peg 3350/kcl/sod bicarb/nacl for soln</i>	19	<i>prednisone tabs</i>	20
PEGANONE.....	4	PREMARIN tabs.....	20
PEGASYS.....	22	PREMARIN vaginal crm.....	20
PEG-INTRON.....	22	PREMPHASE.....	20
<i>penicillin g potassium for inj</i>	3	PREMPRO.....	20
PENICILLIN G POTASSIUM inj in dextrose.....	3	PREZISTA susp, tabs.....	11

PREZISTA tabs.....	11	RAPAFLO.....	19
PRIFTIN.....	7	RAPAMUNE oral soln.....	22
PRIMAQUINE.....	10	RAPAMUNE tabs.....	22
<i>primidone</i>	4	REBETOL oral soln.....	11
PRISTIQ.....	5	RECLAST.....	23
PROAIR HFA.....	25	RECOMBIVAX HB.....	22
<i>probenecid</i>	6	RELISTOR.....	19
<i>probenecid/colchicine</i>	6	REMICADE.....	22
PROCHLORPERAZINE inj.....	5	REMODULIN*.....	16
PROCHLORPERAZINE inj.....	10	REVELA.....	19
<i>prochlorperazine supp, tabs</i>	5	<i>repaglinide tabs</i>	13
<i>prochlorperazine supp, tabs</i>	10	RESCRIPTOR.....	11
PROCRIT inj.....	14	RESTASIS eye emulsion.....	24
PROCRIT inj.....	14	RETROVIR IV.....	11
PROGLYCEM.....	13	REVLIMID*.....	9
PROGRAF inj.....	22	REYATAZ caps.....	11
PROLASTIN-C*.....	25	REYATAZ caps.....	11
PROLEUKIN.....	9	RIBAPAK.....	11
PROLIA.....	23	RIBASPHERE tabs.....	11
PROMACTA*.....	14	RIBASPHERE tabs.....	11
<i>promethazine supp, syrup, tabs</i>	5	<i>ribavirin caps, tabs</i>	11
<i>promethazine syrup, tabs</i>	25	RIDAURA.....	22
<i>propafenone</i>	16	<i>rifampin</i>	7
<i>propafenone ER</i>	16	RIFATER.....	7
<i>propranolol ER caps</i>	6	<i>riluzole</i>	17
<i>propranolol ER caps</i>	16	<i>rimantadine</i>	12
<i>propranolol tabs</i>	6	RISPERDAL CONSTA for inj.....	10
<i>propranolol tabs</i>	16	RISPERDAL CONSTA for inj.....	10
<i>propylthiouracil</i>	21	RISPERDAL CONSTA for inj.....	12
PROQUAD.....	22	RISPERDAL CONSTA for inj.....	12
PROTOPIC.....	18	<i>risperidone</i>	10
PROTOPIC.....	22	<i>risperidone</i>	12
<i>protriptyline</i>	5	RITUXAN*.....	9
PULMOZYME.....	25	<i>rivastigmine caps</i>	4
PYLERA.....	19	<i>rizatriptan</i>	6
<i>pyrazinamide</i>	7	<i>ropinirole</i>	10
<i>pyridostigmine</i>	7	ROTARIX.....	22
Q		ROTATEQ.....	22
<i>quetiapine</i>	5	S	
<i>quetiapine</i>	10	SABRIL.....	4
<i>quetiapine</i>	12	SANCUSO.....	5
<i>quinapril</i>	16	SANDIMMUNE oral soln.....	22
<i>quinapril/hydrochlorothiazide</i>	16	SANTYL.....	18
<i>quinidine gluconate ER</i>	16	SAPHRIS.....	10
<i>quinidine sulfate</i>	16	<i>selegiline</i>	10
QVAR.....	25	<i>selenium sulfide lotn, shampoo</i>	18
R		SELZENTRY.....	12
RABAVERT.....	22	SENSIPAR.....	21
<i>ramipril</i>	16	SEREVENT DISKUS.....	25
RANEXA.....	16	SEROMYCIN.....	7
<i>ranitidine caps, syrup, tabs</i>	19	SEROQUEL XR.....	5
		SEROQUEL XR.....	10

SEROQUEL XR.....	12	SYNAREL.....	21
<i>sertraline</i>	5	SYNERCID.....	3
<i>sertraline</i>	12	SYNRIBO.....	9
<i>sildenafil</i>	16	SYPRINE.....	26
<i>silver sulfadiazine crm</i>	18	T	
SIMCOR.....	16	TABLOID.....	9
SIMULECT.....	22	<i>tacrolimus</i>	22
<i>simvastatin</i>	16	TAFINLAR.....	9
<i>sodium chloride irrigation</i>	18	TAMIFLU.....	12
<i>sodium phenylbutyrate oral powder</i>	18	<i>tamoxifen</i>	9
<i>sodium polystyrene sulfonate</i>	26	<i>tamsulosin</i>	19
SOLTAMOX.....	9	TARCEVA.....	9
SOMATULINE DEPOT.....	21	TARGRETIN caps.....	9
SOMAVERT*.....	21	TARGRETIN gel.....	9
SORIATANE caps.....	18	TARGRETIN gel.....	18
<i>sotalol AF tabs</i>	16	TASIGNA.....	9
<i>sotalol tabs</i>	16	TASMAR.....	10
SPIRIVA HANDIHALER.....	25	TAXOTERE.....	9
<i>spironolactone</i>	16	TAZORAC crm, gel.....	18
<i>spironolactone/hydrochlorothiazide</i>	16	TEFLARO.....	3
SPRYCEL.....	9	TEGRETOL-XR.....	4
STALEVO.....	10	TEKAMLO.....	16
<i>stavudine</i>	12	TEKURNA.....	16
STIMATE.....	20	TEKURNA HCT.....	16
STIVARGA*.....	9	TEMODAR for IV.....	9
STRATTERA.....	17	TENIVAC.....	22
STREPTOMYCIN.....	3	<i>terazosin</i>	16
STRIBILD.....	12	<i>terazosin</i>	19
STROMECTOL.....	10	<i>terbinafine</i>	6
SUBOXONE SL films.....	2	<i>terbutaline tabs</i>	25
SUBSYS.....	1	<i>terconazole</i>	6
<i>sucalfate tabs</i>	19	<i>testosterone cypionate</i>	20
<i>sulfacetamide sodium/prednisolone eye soln</i>	24	<i>testosterone enanthate</i>	21
<i>sulfacetamide sodium eye soln</i>	24	TETANUS/DIPHThERIA ADSORBED adult.....	22
<i>sulfacetamide sodium lotn</i>	18	TETANUS ADSORBED.....	22
SULFADIAZINE.....	3	TETRACYCLINE.....	3
SULFAMETHOXAZOLE/TRIMETHOPRIM inj.....	3	THALOMID.....	9
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	3	THALOMID.....	22
<i>sulfasalazine</i>	23	<i>theophylline ER tabs</i>	25
<i>sulfasalazine DR</i>	23	<i>thioridazine</i>	11
<i>sulindac</i>	6	THIOTEPA.....	9
<i>sumatriptan inj</i>	6	<i>thiothixene</i>	11
SUMATRIPTAN nasal spray.....	6	THYMOGLOBULIN.....	22
<i>sumatriptan tabs</i>	6	<i>tiagabine</i>	4
SUPRAX caps, chew tabs, tabs.....	3	TIKOSYN.....	16
SUPREP.....	19	TIMENTIN.....	3
SUSTIVA.....	12	<i>timolol maleate eye soln</i>	24
SUTENT.....	9	<i>timolol maleate gel-forming eye soln</i>	24
SYLATRON.....	9	TIMOLOL tabs.....	7
SYMBICORT.....	25	TIMOLOL tabs.....	16
SYMLINPEN.....	13	<i>tizanidine</i>	11
SYNAGIS.....	22	TOBI inhal soln.....	3

TOBRADEX eye oint.....	24	TYSABRI*.....	17
<i>tobramycin/dexamethasone eye susp.....</i>	24	TYSABRI*.....	23
<i>tobramycin eye soln.....</i>	24	TYZEKA.....	12
<i>tobramycin for inj, inj.....</i>	3	TYZINE.....	25
TOBRAMYCIN inj in saline.....	3	TYZINE PEDIATRIC.....	25
<i>tolmetin sodium caps.....</i>	6	U	
<i>tolterodine.....</i>	19	ULESFIA.....	10
<i>topiramate.....</i>	4	ULORIC.....	6
<i>topiramate.....</i>	7	<i>urea/hydrocortisone acetate crm.....</i>	18
<i>topotecan for inj.....</i>	9	<i>ursodiol caps.....</i>	19
TOPOTECAN inj.....	9	UVADEX.....	9
TORISEL.....	9	V	
<i>torseamide tabs.....</i>	16	VAGIFEM.....	21
TOVIAZ.....	19	<i>valacyclovir.....</i>	12
TRACLEER*.....	16	VALCYTE.....	12
TRADJENTA.....	13	<i>valproate inj.....</i>	4
<i>tramadol.....</i>	1	<i>valproic acid.....</i>	4
<i>tramadol/acetaminophen.....</i>	1	<i>valproic acid.....</i>	12
<i>tramadol ER.....</i>	1	<i>valsartan/hydrochlorothiazide.....</i>	16
<i>trandolapril.....</i>	16	<i>vancomycin caps.....</i>	3
<i>tranexamic acid inj.....</i>	14	<i>vancomycin for inj.....</i>	3
<i>tranylcypromine.....</i>	5	VANCOMYCIN inj in dextrose.....	3
TRAVATAN Z eye soln.....	24	VANDETANIB*.....	9
<i>trazodone.....</i>	5	VAQTA.....	23
TREANDA.....	9	VARIVAX.....	23
TRECATOR.....	7	VECTIBIX.....	9
TRELSTAR DEPOT.....	21	VECTICAL oint.....	18
TRELSTAR LA.....	21	VELCADE.....	9
TRELSTAR LA MIXJECT.....	21	<i>venlafaxine.....</i>	5
TRELSTAR MIXJECT.....	21	<i>venlafaxine ER caps, ER tabs.....</i>	5
<i>tretinoin caps.....</i>	9	<i>venlafaxine ER caps, ER tabs.....</i>	12
<i>tretinoin crm, gel.....</i>	18	VENTOLIN HFA.....	25
<i>triamcinolone acetonide paste.....</i>	17	<i>verapamil ER.....</i>	16
<i>triamcinolone crm, lotn, oint.....</i>	18	<i>verapamil tabs.....</i>	16
<i>triamcinolone nasal spray.....</i>	25	VERAPAMIL tabs.....	16
TRIAMCINOLONE oint.....	18	VESICARE.....	19
<i>triamterene/hydrochlorothiazide.....</i>	16	VFEND susp.....	6
TRIBENZOR.....	16	VICTOZA.....	13
<i>trifluoperazine.....</i>	11	VICTRELIS.....	12
<i>trifluridine eye soln.....</i>	24	VIDAZA.....	9
<i>trimethoprim tabs.....</i>	3	VIDEX.....	12
<i>trimipramine.....</i>	5	VIGAMOX eye soln.....	24
TRIPEDIA.....	22	VIIBRYD.....	5
TRISENOX.....	9	VIMOVO.....	6
TRIZIVIR.....	12	VIMPAT.....	4
<i>trospium.....</i>	19	VINBLASTINE.....	9
<i>trospium ER.....</i>	19	<i>vincristine.....</i>	9
TRUVADA.....	12	<i>vinorelbine.....</i>	9
TWINRIX.....	22	VIOKACE.....	18
TYGACIL.....	3	VIRACEPT.....	12
TYKERB*.....	9	VIRAMUNE susp.....	12
TYPHIM VI.....	23		

VIRAMUNE XR.....	12
VIREAD.....	12
VIVITROL.....	2
VOLTAREN gel.....	1
VOLTAREN gel.....	6
VOLTAREN gel.....	18
<i>voriconazole for inj.</i>	6
<i>voriconazole tabs</i>	6
VOTRIENT*.....	9
VPRIV.....	18
VYTORIN.....	16

W

<i>warfarin tabs</i>	14
<i>water for irrigation</i>	18
WELCHOL.....	13
WELCHOL.....	16

X

XALKORI*.....	9
XARELTO.....	14
XENAZINE*.....	17
XGEVA.....	23
XIFAXAN tabs.....	3
XOLAIR*.....	23
XOPENEX HFA.....	25
XTANDI*.....	21
XYREM*.....	25

Y

YERVOY*.....	9
YF-VAX.....	23

Z

<i>zafirlukast</i>	25
<i>zaleplon</i>	25
ZALTRAP.....	9
ZANOSAR.....	9
ZAVESCA*.....	18
ZELBORAF*.....	9
ZEMPLAR.....	23
ZENPEP.....	18
ZETIA.....	16
ZIAGEN oral soln.....	12
<i>zidovudine</i>	12
ZINACEF inj in sterile water.....	3
<i>ziprasidone</i>	11
<i>ziprasidone</i>	13
<i>zoledronic acid conc for IV, IV soln</i>	23
ZOLINZA.....	9
<i>zolpidem</i>	25
ZOMETA.....	23
<i>zonisamide</i>	4

ZORTRESS tabs.....	23
ZORTRESS tabs.....	23
ZOSTAVAX.....	23
ZOSYN IV in dextrose.....	3
ZYPREXA RELPREVV*.....	11
ZYTIGA*.....	9
ZYTIGA*.....	21
ZYVOX for susp, tabs.....	3
ZYVOX IV soln.....	4

2014 Supplemental Part D Eligible Drug List

About supplemental drugs

The Local Government Health Insurance Program (LGHIP) includes two additional lists of drugs to provide additional coverage to your Part D benefit; a supplemental Part D eligible drug list and a supplemental non-Part D eligible drug list.

Supplemental Part D Eligible Drugs

The Supplemental Part D Eligible Drug List provides coverage for a number of drugs that are allowed through the Medicare Part D program and will expand the Ideal Formulary. This supplemental coverage applies to select prescription drugs; those available over-the-counter are not be covered. These drugs will apply to your True Out-Of-Pocket (TrOOP) and Drug Spend calculations.

The Supplemental Part D Eligible Drug begins on the following page of your formulary booklet. See page 57 for information about the Supplemental Non-Part D Eligible Drug List.

If you have questions about the BlueRx (PDP) Supplemental Drugs Lists, please call **Member Services at 1-855-314-4990 (TTY 711) 7 a.m. to 5:30 p.m., Monday through Friday.** You can also go online to **www.alseib.org**.

Supplemental Part D Eligible Drug List

Drug Name	Tier
Anticonvulsants	
DILANTIN 100 mg caps	2
PHENYTEK 300 mg tablets	2
Anti-inflammatories	
<i>dexamethasone</i> 0.5 mg/5 mL oral solution	3
DEPO-MEDROL 40 mg/mL injectable suspension	3
MILLIPRED 5 mg tablets	3
Barbiturate combinations (headache analgesic)	
<i>butalbital-acetaminophen</i> 50-325 mg tablets (PHRENILIN)	3
<i>butalbital-acetaminophen-caffeine</i> 50-325-40 mg caps (ESGIC)	3
<i>butalbital-acetaminophen-caffeine</i> 50-325-40 mg tablets (ESGIC, FIORICET)	3
<i>butalbital-acetaminophen-caffeine</i> 50-500-40 mg tablets (ESGIC-PLUS)	3
<i>butalbital-aspirin-caffeine</i> 50-325-40 mg tablets (FIORINAL)	3
Benzodiazepines	
<i>alprazolam</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg tablets	1
<i>alprazolam extended release</i> 0.5 mg, 1 mg, 2 mg, 3mg tablets	1
<i>estazolam</i> 2 mg tablets	1
<i>oxazepam</i> 10 mg, 15 mg caps	1
<i>temazepam</i> 15 mg, 30 mg caps	1
<i>triazolam</i> 0.125 mg, 0.25 mg tablets	1

Drug Name	Tier
Bipolar Agents	
<i>lithium carbonate</i> 150 mg caps	3
Blood modifiers	
COUMADIN 3 mg, 10 mg tablets	3
Cardiovascular	
LANOXIN 0.125 mg, 0.25 mg tablets	2
TIAZAC 120 mg, 180 mg caps	3
LASIX 40 mg, 80 mg tablets	3
ZESTRIL 5 mg, 20 mg tablets	3
TOPROL XL 50 mg extended release tablets	3
ALDACTONE 25 mg tablets	3
DYRENIUM 50 mg caps	3
DYAZIDE 37.5 mg caps	3
MAXZIDE 25 mb tablets	3
Cholesterol Therapy	
<i>fenofibric acid</i> 35 mg tablets	3
Hormone Replacement	
DEPO-TESTOSTERONE 200 mg/mL injection in oil	3
Ophthalmic	
<i>cyclopentolate</i> 0.01 ophthalmic solution	1
FML FORTE 0.0025 ophthalmic suspension	3
PRED MILD 0.0012 ophthalmic suspension	2

Supplemental Part D Eligible Drug List

Drug Name	Tier
Respiratory	
<i>budesonide</i> 0.5 mg/2 mL inhalation suspension	1
<i>ipratropium/albuterol</i> 0.5 mg-2.5 mg/3 mL nebulizer solution	1
Skin	
PHISOHEX 0.03 liquid	3
Thyroid Replacement	
SYNTHROID 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg tablets	2
TIROSINT 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 125 mcg, 137 mg, 150 mcg caps	3

2014 Supplemental Non-Part D Eligible Drug List

About supplemental drugs

The Local Government Health Insurance Program (LGHIP) includes two additional lists of drugs to provide additional coverage to your Part D benefit; a supplemental Part D eligible drug list and a supplemental non-Part D eligible drug list.

Supplemental Non-Part D Eligible Drugs

The Supplemental Non-Part D Eligible Drug List include certain generic and brand name prescription drugs that are otherwise excluded from the Medicare Part D program; those available over-the-counter are not covered. The amount you will pay will be determined by whether the drug is generic or a brand name drug. Generic drugs have the Tier 1 copay.

These prescription drugs are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs. For this reason, you may wish to talk to your doctor to identify generic or alternate medications that are on the formulary or the Supplemental Part D Eligible Drug List.

The Supplemental Non-Part D Eligible Drug List begins on the following page of your formulary booklet. See page 54 for information about the Supplemental Part D Eligible Drug List.

If you have questions about the BlueRx (PDP) Supplemental Drugs Lists, please call **Member Services at 1-855-314-4990 (TTY 711) 7 a.m. to 5:30 p.m., Monday through Friday**. You can also go online to **www.alseib.org**.

Supplemental Non-Part D Eligible Drug List

Drug Name	Drug Name
Analgesics	
<i>salsalate</i> 500 mg tablets	<i>ferrous fumarate-folic acid</i> 324 mg-1 mg tablets (HEMOCYTE-F)
Cough and Cold Products	<i>ferrous fumarate-iron polysaccharide-folic acid-vitamin C-vitamin B3</i> 62.5 mg-62.5 mg-1 mg-40 mg-3MG (125 mg FE) capsules (INTEGRA F)
<i>benzonatate</i> 100 mg, 200 mg caps (TESSALON)	<i>ferrous fumarate-iron polysaccharide-folic acid-B complex-vitamin C-biotin</i> capsules (INTEGRA PLUS)
<i>promethazine-codeine</i> 6.25 mg-10 mg/5 mL syrup	<i>ferrous fumarate-iron polysaccharide-folic acid-B complex-vitamin C-zinc-minerals-copper</i> capsules (TANDEM PLUS)
<i>promethazine-dextromethorphan</i> 6.25 mg-15 mg/5 mL syrup	<i>ferrous fumarate-vitamin C-vitamin B12-folic acid</i> 151 mg-60 mg-0.1 mg-1 mg 460 mg-60 mg-10 mcg-1mg
Prescription Supplements	<i>ferrous fumarate-vitamin B12-vitamin C-folic acid-IFC</i> 110 mg-0.015 mg-75 mg-0.5 mg-240 mg capsules (FOLTRIN)
<i>B-complex w/C, folic acid</i> 1 mg capsules (NEPHROCAPS)	<i>folic acid</i> 1 mg tablets
<i>B-complex w/C, folic acid</i> 1 mg tablets (NEPHROVITE)	<i>folic acid-pyridoxine-cyanocobalamin</i> 2.5 mg-25 mg-2 mg tablets (FOLTX)
<i>B-complex w/C, folic acid</i> 5 mg tablets (FOLBEE PLUS)	<i>folic acid-vitamin B12-vitamin B6-arginine</i> 2 mg-0.5 mg-50 mg-500 mg tablets (CARDIOTEK)
<i>B-complex w/C, minerals, ferrous, folic acid</i> 106 mg-1 mg capsules, tablets (HEMOCYTE PLUS, FERROCITE PLUS)	<i>folic acid-vitamin B6-vitamin B12</i> 2.2 mg-25 mg-0.5 mg tablets (FOLCAPS)
<i>B-complex w/C, zinc, folic acid</i> 1 mg tablets(DIALYVITE/ZINC)	<i>folic acid-vitamin B6-vitamin B12</i> 2.2 mg-25 mg-1 mg tablets (FOLGARD)
<i>B-complex w/C, biotin, D, zinc, folic acid</i> 1 mg tablets (VITAL-D RX)	<i>folic acid-vitamin B6-vitamin B12</i> 2.5 mg-25 mg-1 mg tablets (FOLBEE)
<i>B-complex w/C, biotin, minerals, folic acid</i> 5 mg tablets (DIATX-ZN)	<i>folic acid-vitamin B6-vitamin B12-omega 3-phytosterols</i> 1 mg capsules (ANIMI-3)
<i>cobalamin combination</i> tablets (FOLTRATE)	<i>genistein-zinc-amino acid chelate-vitamin D</i> capsules (FOSTEUM)
<i>cyanocobalamin (Vitamin B12)</i> 1000 mcg/mL injectable solution	<i>iron dextran</i> 50 mg/mL injectable solution (DEXFERRUM)
<i>dietary management product capsules</i> (SENTRA AM)	<i>iron polysaccharide-vitamin B6-vitamin B12-folic acid</i> 150 mg-0.025 mg-1 mg capsules (IFEREX 150 FORTE)
<i>ergocalciferol</i> 50,000 units capsules (DRISDOL)	
<i>ferrous aspart-ferrous fumarate-succinic acid-vitamin C-threonic acid-vitamin B12-folic acid</i> tablets (MULTIGEN PLUS)	
<i>ferrous bisglycinate-polysaccharide iron complex-vitamin C-vitamin B12-folic acid</i> 80 mg-70 mg-60 mg-25 mcg-1 mg capsules (MAXARON FORTE, TARON FORTE)	

Supplemental Non-Part D Eligible Drug List

Drug Name	Drug Name
<i>iron-vitamin C-vitamin B12-folic acid</i> 100 mg-250 mg-0.025 mg-1 mg tablets	Other Respiratory <i>sodium chloride</i> 7% nebulized solution
<i>L-methylfolate-vitamin B6-vitamin B12</i> 3 mg-35 mg-2 mg tablets (METANX)	<i>brompheniramine/pseudoephedrine</i> 6 mg-45 mg tablets (LODRANE 12 D)
<i>multiple vitamin with minerals</i> caps (OCUVITE, PRESERVISION)	Skin <i>bismuth tribromophenate/petrolatum pads</i> (XEROFOAM PETROLATUM DRESSING)
<i>polysaccharide iron complex-iron heme complex-folic acid-vitamin B12</i> 22 mg-6 mg-1 mg-0.025 mg tablets (HEMETAB)	<i>iodoquinol-hydrocortisone</i> 1% cream
<i>potassium bicarbonate</i> 25 mEq tablets (KLOR-CON)	<i>lactic acid-vitamin E</i> 10%-3500 units/gram cream (LACTIC ACID E)
<i>potassium chloride</i> 20 mEq/15 mL, 40 mEq/15 mL oral solution	<i>sulfacetamide sodium/sulfur</i> 10%-5% lotion
<i>potassium chloride</i> 20 mEq powder packets (KLOR-CON)	<i>trypsin/castor oil/peruvian balsam</i> aerosol (GRANULEX)
<i>potassium and sodium acid phosphates</i> 155 mg/852 mg/130 mg tablets (K-PHOS NEUTRAL)	<i>urea</i> 40% cream (CARMOL 40)
<i>prenatal vitamins/folic acid/iron (ferrous fumarate)</i> 27 mg/1 mg tablets (PRENATAL PLUS)	<i>zinc sulfate</i> 220 mg capsules
<i>sodium fluoride 1.1%</i> cream, gel, paste (PREVIDENT)	Urinary <i>phenazopyridine</i> 100 mg, 200 mg tablets (PYRIDIDIUM)
<i>sodium fluoride-potassium nitrate</i> 1.1%-5% paste (FLUORIDEX DAILY DEFENSE)	<i>potassium citrate/citric acid</i> 3300-1002 mg powder packets
Miscellaneous Prescription Products	<i>sodium citrate/citric acid</i> 500 mg-334 mg/5 mL solution (SHOAL'S SOLUTION)
<i>aluminum chloride</i> 20% solution (DRYSOL)	
<i>antipyrine-benzocaine</i> 5.4%-1.4% otic soln (AURODEX)	
<i>atropine sulfate</i> 1% ophth soln (ISOPTO ATROPINE)	
<i>hydrocortisone acetate</i> 25 mg suppositories (ANUSOL-HC)	
<i>pramoxine-hydrocortisone-chloroxylenol</i> 10 mg-10 mg-1 mg/mL otic soln	
<i>probiotics</i> chewable tablets	

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Inside Back Cover

This formulary was updated on August 14, 2013. For more recent information or other questions, please contact BlueRx (PDP) **Member Services**, at **1-855-314-4990 or, for TTY users, 711, 7 a.m. to 5:30 p.m., Monday through Friday**, or visit **www.alseib.org**.

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