



2017 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THE FOLLOWING PLANS:

Plan:

Gold EPO

Silver EPO

Bronze EPO

Catastrophic EPO

Silver HSA EPO

Bronze HSA EPO

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

What is the Drug List?

The drug list is a list of drugs covered under Bright Health plans. Bright Health works with a team of health care providers to choose drugs that provide quality treatment. Bright Health plans cover the drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at an in-network pharmacy
- Other plan rules are followed

Can the Drug List change?

The drug list may change from time to time as described in plan documents or other plan materials. The enclosed drug list is the most current drug list covered by Bright Health plans.

How do I use the Drug List?

There are two ways to find a drug on the drug list:

1. Medical Condition

The drug list starts on page 4. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under CARDIOVASCULAR.

- If you know what your drug is used for, look for the category name in the list that starts on page 4.
- Then look under the category name for your drug

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 52. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, 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

Bright Health Drug List

The drug list gives information about the drugs covered by Bright Health. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment.

The first column of the chart lists the drug name. Brand-name drugs are capitalized. Generic drugs are listed in lower-case italics.

The second column of the chart, Drug Tier, tells you which tier the drug falls under. Drug tiers are how we divide prescription drugs into different levels of cost. How much you will pay will depend on the individual plan, however, here's what the drug tier tells you:

- **Tier 1:** Preventive drugs with no member cost share under the ACA
- **Tier 2:** Generic drugs
- **Tier 3:** Preferred Brand drugs
- **Tier 4:** Non-preferred Brand drugs
- **Tier 5:** Specialty drugs

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of that drug. These requirements and limits may include:

- **Prior Authorization (PA):** Bright Health asks you and your doctor to give more information for prior authorization of certain drugs. This means that you need to get approval from Bright Health before you fill your prescriptions. If you don't get approval, Bright Health may not cover the drug
- **Quantity Limits (QL):** For certain drugs, Bright Health limits the amount of the drug that it will cover. Bright Health also limits the amount of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. These are drugs with safety and addiction risks; therefore, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** Bright Health needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Bright Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Bright Health will then cover Drug B.



EXCH_Bright Health eff 07/01/2017

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib</i>	2	
GOUT		
<i>allopurinol</i>	2	
<i>allopurinol sodium</i>	2	
<i>colchicine</i>	2	
<i>colchicine w/ probenecid</i>	2	
<i>probenecid</i>	2	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen</i>	2	QL (48 tabs per 25 days)
<i>butalbital-acetaminophen-caffeine</i> CAPS	2	QL (48 caps / 25 days)
<i>butalbital-acetaminophen-caffeine</i> SOLN	2	QL (720 mL / 25 days)
<i>butalbital-acetaminophen-caffeine</i> TABS	2	QL (48 tabs / 25 days)
<i>butalbital-aspirin-caffeine</i> CAPS	2	QL (48 caps / 25 days)
<i>butalbital-aspirin-caffeine</i> TABS	2	QL (48 tabs / 25 days)
NSAIDS		
<i>diclofenac potassium</i>	2	
<i>diclofenac sodium</i>	2	
<i>etodolac</i>	2	
<i>fenoprofen calcium</i>	2	
<i>flurbiprofen</i>	2	
<i>ibuprofen</i>	2	
<i>indomethacin</i>	2	
<i>ketoprofen</i>	2	
<i>ketorolac tromethamine</i> SOLN	2	
<i>ketorolac tromethamine</i> TABS	2	QL (20 tabs / 25 days)
<i>meclofenamate sodium</i>	2	
<i>mefenamic acid</i>	2	
<i>meloxicam</i>	2	
<i>nabumetone</i>	2	
<i>naproxen</i>	2	
<i>naproxen sodium</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
<i>sulindac</i>	2	
<i>tolmetin sodium</i>	2	
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol</i>	2	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy
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Drug Name	Drug Tier	Requirements/Limits
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	2	QL (90 tabs / 25 days), PA
SUBOXONE 2-0.5MG	3	QL (90 units / 25 days), PA
SUBOXONE 4-1MG	3	QL (90 units / 25 days), PA
SUBOXONE 8-2MG	3	QL (90 units / 25 days), PA
SUBOXONE 12-3MG	3	QL (60 films per 25 days), PA
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine SOLN</i>	2	QL (5000 mL / 25 days)
<i>acetaminophen w/ codeine TABS</i>	2	QL (400 tabs / 25 days)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	2	QL (48 caps per 25 days)
CAPITAL/CODEINE	4	QL (5000 mL / 25 days)
CODEINE SULFATE SOLN	3	QL (210 mL / 25 days)
<i>codeine sulfate TABS</i>	2	QL (42 tabs / 25 days)
<i>fentanyl</i>	2	QL (10 patches / 25 days)
<i>hydrocodone-acetaminophen SOLN</i>	2	QL (5540 mL / 25 days)
<i>hydrocodone-acetaminophen TABS</i>	2	QL (375 tabs / 25 days)
<i>hydrocodone-acetaminophen TABS</i>	2	QL (400 tabs / 25 days)
<i>hydrocodone-ibuprofen</i>	2	QL (50 tabs per 25 days)
<i>hydromorphone hcl LIQD</i>	2	QL (600 mL / 25 days)
HYDROMORPHONE HCL SUPP	4	QL (120 units / 25 days)
<i>hydromorphone hcl TABS</i>	2	QL (180 tabs / 25 days)
<i>meperidine hcl SOLN 10mg/ml, 25mg/ml, 50mg/ml, 100mg/ml</i>	2	
<i>meperidine hcl SOLN 50mg/5ml</i>	2	QL (90 mL / 25 days)
<i>meperidine hcl TABS</i>	2	QL (18 tabs / 25 days)
<i>methadone hcl CONC</i>	2	QL (30mL / 25 days)
<i>methadone hcl SOLN 5mg/5ml</i>	2	QL (600 mL / 25 days)
<i>methadone hcl SOLN 10mg/5ml</i>	2	QL (300 mL / 25 days)
METHADONE HCL SOLN 10mg/ml	4	QL (1 vial / 25 days)
<i>methadone hcl TABS 5mg</i>	2	QL (120 tabs / 25 days)
<i>methadone hcl TABS 10mg</i>	2	QL (60 tabs / 25 days)
<i>methadone hcl TBSO</i>	2	QL (9 tabs / 25 days)
<i>morphine sulfate CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL (60 caps / 25 days)
<i>morphine sulfate CP24 100mg</i>	2	QL (30 caps / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 15mg/ml, 25mg/ml	2	
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	4	
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 25 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 25 days)
<i>morphine sulfate</i> SUPP 5mg, 10mg, 20mg	2	QL (180 supp / 25 days)
MORPHINE SULFATE SUPP 30mg	3	QL (180 supp / 25 days)
<i>morphine sulfate</i> TABS	2	QL (180 tabs / 25 days)
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg	2	QL (120 tabs / 25 days)
<i>morphine sulfate</i> TBCR 100mg, 200mg	2	QL (60 tabs / 25 days)
<i>morphine sulfate beads</i> 30mg, 45mg, 60mg	2	QL (60 caps / 25 days)
<i>morphine sulfate beads</i> 75mg, 90mg, 120mg	2	QL (30 caps / 25 days)
<i>oxycodone hcl</i> CAPS	2	QL (180 caps / 25 days)
<i>oxycodone hcl</i> CONC	2	QL (180 mL / 25 days)
<i>oxycodone hcl</i> SOLN	2	QL (900 mL / 25 days)
<i>oxycodone hcl</i> T12A 10mg, 15mg, 30mg, 40mg	2	QL (120 tabs / 25 days)
<i>oxycodone hcl</i> T12A 20mg	2	QL (120 / 25 days)
<i>oxycodone hcl</i> T12A 60mg, 80mg	2	QL (60 tabs / 25 days)
<i>oxycodone hcl</i> TABS	2	QL (180 tabs / 25 days)
<i>oxycodone w/ acetaminophen</i> SOLN	2	QL (1850 mL / 25 days)
<i>oxycodone w/ acetaminophen</i> TABS	2	QL (375 tabs / 25 days)
<i>oxycodone-aspirin</i>	2	QL (375 tabs / 25 days)
<i>oxycodone-ibuprofen</i>	2	QL (28 tabs / 25 days)
<i>tramadol hcl</i> TABS	2	QL (240 tabs / 25 days)
<i>tramadol hcl</i> TB24 100mg	2	QL (90 tabs / 25 days)
<i>tramadol hcl</i> TB24 200mg, 300mg	2	QL (30 tabs / 25 days)

SALICYLATES

<i>aspirin</i>	1	QL (100 tabs / 30 days); OTC; \$0 copay-age and gender restrictions apply
<i>diflunisal</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i>	2	
LIDOCAINE HCL/DEXTROSE	4	

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS



Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate</i>	2	
<i>chloramphenicol sodium succinate</i>	2	
<i>erythromycin-sulfisoxazole</i>	2	
<i>gentamicin in saline</i>	2	
<i>gentamicin sulfate</i>	2	
GENTAMICIN SULFATE/0.9% S	4	
<i>kanamycin sulfate</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	2	
SULFADIAZINE	4	
<i>tinidazole</i>	2	
<i>tobramycin</i>	2	PA
<i>tobramycin sulfate</i>	2	
TOBRAMYCIN SULFATE/SODIUM	4	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>atovaquone</i>	2	
AZACTAM IN ISO-OSMOTIC DE	4	
<i>aztreonam</i>	2	
BILTRICIDE	4	
CAYSTON	5	PA
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate</i>	2	
CUBICIN	4	
<i>dapsone</i>	2	
DAPTOMYCIN	2	
DARAPRIM	4	
DORIBAX	4	
DORIPENEM	2	
EMVERM	4	
FLAGYL ER	4	
<i>imipenem-cilastatin</i>	2	
INVANZ	4	
<i>ivermectin</i>	2	
<i>linezolid</i>	2	
<i>linezolid in sodium chloride</i>	2	
<i>meropenem</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole</i>	2	
<i>metronidazole in nacl</i>	2	
NEBUPENT	4	



Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>nitrofurantoin macrocrystal</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
<i>nitrofurantoin monohyd macro</i>	2	PA; High Risk Medications require PA for members age 65 and older; PA applies to greater than cumulative 90 days of therapy per year
PENTAM 300	4	
<i>polymyxin b sulfate</i>	2	
PRIMSOL	3	
<i>sulfamethoxazole-trimethoprim</i>	2	
<i>trimethoprim</i>	2	
TYGACIL	4	
<i>vancomycin hcl CAPS</i>	2	ST; PA**
<i>vancomycin hcl SOLR</i>	2	
ANTIFUNGALS		
ABELCET	4	
AMBISOME	4	
AMPHOTEC	4	
<i>amphotericin b</i>	2	
BIO-STATIN	3	
CANCIDAS	4	
ERAXIS	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in nacl</i>	2	
FLUCONAZOLE IN NAACL	4	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
MYCAMINE	4	
NOXAFIL	3	
<i>nystatin</i>	2	
<i>terbinafine hcl</i>	2	PA
<i>voriconazole</i>	2	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
<i>mefloquine hcl</i>	2	
PRIMAQUINE PHOSPHATE	4	
<i>quinine sulfate</i>	2	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i>	2	
APTIVUS	3	
CRIXIVAN	3	
<i>didanosine</i>	2	
EDURANT	3	
EMTRIVA	3	
FUZEON	5	PA
INTELENCE	3	
INVIRASE	3	
ISENTRESS	3	
<i>lamivudine</i>	2	
LEXIVA	3	
<i>nevirapine</i>	2	
NORVIR	3	
PREZISTA	3	
RESCRIPTOR	4	
RETROVIR IV INFUSION	3	
REYATAZ	3	
SELZENTRY	3	
<i>stavudine</i>	2	
SUSTIVA	3	
TIVICAY	3	
VIDEX PEDIATRIC	3	
VIRACEPT	3	
VIREAD	3	
VITEKTA	3	
<i>zidovudine</i>	2	
ANTIRETROVIRAL COMBINATION AGENTS		
ABACAVIR SULFATE-LAMIVUDINE	2	
<i>abacavir sulfate-lamivudine-zidovudine</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ATRIPLA	3	
COMPLERA	3	
EPZICOM	3	
EVOTAZ	3	
GENVOYA	3	
KALETRA	3	
<i>lamivudine-zidovudine</i>	2	
LOPINA VIR-RITONAVIR	2	
PREZCOBIX	3	
STRIBILD	3	
TRIUMEQ	3	
TRUVADA	3	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	2	
<i>ethambutol hcl</i>	2	
<i>isoniazid</i>	2	
PRIFTIN	3	
<i>pyrazinamide</i>	2	
<i>rifabutin</i>	2	
RIFAMATE	3	
<i>rifampin</i>	2	
RIFATER	3	
ANTIVIRALS		
<i>acyclovir</i>	2	
<i>acyclovir sodium</i>	2	
<i>adefovir dipivoxil</i>	2	
BARACLUDE	3	
<i>cidofovir</i>	2	
<i>entecavir</i>	2	
EPCLUSA	5	PA
EPIVIR HBV	3	
<i>famciclovir</i>	2	
<i>foscarnet sodium</i>	2	
HARVONI	5	PA
<i>lamivudine (hbv)</i>	2	
OSELTAMIVIR PHOSPHATE 30mg	2	QL (28 caps / 90 days)
OSELTAMIVIR PHOSPHATE 45mg, 75mg	2	QL (14 caps / 90 days)
PEGASYS	5	PA
REBETOL	5	PA
RIBAVIRIN	2	
<i>ribavirin (hepatitis c)</i>	2	PA
<i>rimantadine hydrochloride</i>	2	
SOVALDI	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30mg	3	QL (28 caps / 90 days)
TAMIFLU CAPS 45mg, 75mg	3	QL (14 caps / 90 days)
TAMIFLU SUSR	3	QL (180 mL / 90 days)
TYZEKA	5	PA
<i>valacyclovir hcl</i>	2	
<i>valganciclovir hcl</i>	2	
VIRAZOLE	4	

CEPHALOSPORINS

CEDAX	4	
<i>cefaclor</i>	2	
CEFACTOR ER	3	
<i>cefadroxil</i>	2	
CEFAZOLIN	4	
CEFAZOLIN SODIUM SOLN	4	
<i>cefazolin sodium SOLR</i>	2	
CEFAZOLIN SODIUM/DEXTROSE	4	
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	2	
CEFEPIME	4	
<i>cefepime hcl</i>	2	
CEFEPIME/DEXTROSE	4	
<i>cefixime</i>	2	
<i>cefotaxime sodium</i>	2	
<i>cefotetan disodium</i>	2	
CEFOTETAN/DEXTROSE	4	
CEFOXITIN SODIUM	4	
<i>cefoxitin sodium 1gm, 2gm, 10gm</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime 1gm, 2gm, 6gm</i>	2	
CEFTAZIDIME 100gm	4	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftibuten</i>	2	
CEFTIN	3	
<i>ceftriaxone sodium</i>	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium 1.5gm, 7.5gm, 750mg</i>	2	
CEFUROXIME SODIUM 7.5gm, 75gm, 225gm	4	
CEFUROXIME/DEXTROSE	4	
<i>cephalexin</i>	2	
CLAFORAN	4	
FORTAZ	4	

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Drug Name	Drug Tier	Requirements/Limits
MAXIPIME	4	
MEFOXIN	4	
SUPRAX	3	
ZINACEF	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i>	2	
<i>clarithromycin</i>	2	
DIFICID	3	PA
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	4	
<i>erythromycin base</i>	2	
<i>erythromycin ethylsuccinate</i>	2	
<i>erythromycin stearate</i>	2	
PCE	4	
ZMAX	4	
FLUOROQUINOLONES		
AVELOX	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl</i>	2	
<i>ciprofloxacin in d5w</i>	2	
<i>ciprofloxacin-ciprofloxacin hcl</i>	2	
FACTIVE	4	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hcl</i>	2	
<i>ofloxacin</i>	2	
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin & pot clavulanate</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin & sulbactam sodium</i>	2	
<i>ampicillin sodium</i>	2	
AUGMENTIN	3	
BACTOCILL IN DEXTROSE	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcillin sodium</i>	2	
<i>oxacillin sodium</i>	2	
<i>penicillin g potassium</i>	2	
PENICILLIN G POTASSIUM IN	4	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE	4	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium-tazobactam sodium</i>	2	
ZOSYN	4	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
<i>doxycycline (monohydrate)</i>	2	
<i>doxycycline hyclate</i>	2	
<i>minocycline hcl</i>	2	
<i>tetracycline hcl</i>	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	3	
BICNU	3	
<i>busulfan</i>	2	
BUSULFEX	3	
CYCLOPHOSPHAMIDE CAPS	3	
<i>cyclophosphamide SOLR; TABS</i>	2	
<i>dacarbazine</i>	2	
EMCYT	3	
GLEOSTINE	3	
GLIADEL WAFER	3	
HEXALEN	3	
<i>ifosfamide</i>	2	
LEUKERAN	3	
<i>melphalan hcl</i>	2	
MYLERAN	3	
TEMODAR	5	PA
<i>temozolomide</i>	5	PA
ZANOSAR	3	
ANTHRACYCLINES		
ADRIAMYCIN	3	
<i>daunorubicin hcl</i>	2	
DAUNOXOME	3	
<i>doxorubicin hcl</i>	2	
<i>doxorubicin hcl liposomal</i>	2	
<i>epirubicin hcl SOLN</i>	2	
EPIRUBICIN HCL SOLR	3	
<i>idarubicin hcl</i>	2	
ANTIBIOTICS		
<i>bleomycin sulfate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	2	
<i>mitomycin</i>	2	
ANTIMETABOLITES		
ALIMTA	3	
ARRANON	3	
<i>azacitidine</i>	5	PA
<i>capecitabine</i>	5	PA
<i>cladribine</i>	2	
CLOLAR	3	
<i>cytarabine</i>	2	
<i>decitabine</i>	5	PA
DEPOCYT	3	
<i>floxuridine</i>	2	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil</i>	2	
<i>gemcitabine hcl</i>	2	
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i> SOLN; SOLR	2	
NIPENT	3	
TABLOID	3	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	3	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml, 140mg/7ml, 160mg/8ml	3	
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml	2	
DOCETAXEL SOLN	3	
DOCETAXEL (NON-ALCOHOL FO	3	
<i>paclitaxel</i>	2	
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN	2	
VINBLASTINE SULFATE SOLR	3	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
BIOLOGIC RESPONSE MODIFIERS		
ARZERRA	5	PA
ERBITUX	5	PA
ERIVEDGE	5	PA
GAZYVA	5	PA
IBRANCE	5	PA
LYNPARZA	5	PA
RITUXAN	5	PA
YERVOY	5	PA



Drug Name	Drug Tier	Requirements/Limits
ZALTRAP	5	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>anastrozole</i>	2	
<i>bicalutamide</i>	2	
DEPO-PROVERA	4	
ELIGARD	5	PA
<i>exemestane</i>	2	
FARESTON	3	
FASLODEX	3	
FIRMAGON	5	PA
<i>flutamide</i>	2	
<i>letrozole</i>	2	
<i>leuprolide acetate</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LYSODREN	3	
<i>megestrol acetate</i>	2	
<i>megestrol acetate (appetite)</i>	2	
<i>nilutamide</i>	2	
<i>tamoxifen citrate</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
ZYTIGA	5	PA
KINASE INHIBITORS		
AFINITOR	5	PA
BOSULIF	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
ICLUSIG	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
JAKAFI	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	5	PA
MEKINIST	5	PA
SPRYCEL	5	PA
SUTENT	5	PA
TAFINLAR	5	PA
TARCEVA	5	PA
TYKERB	5	PA
XALKORI	5	PA
ZELBORAF	5	PA
ZYKADIA	5	PA

MISCELLANEOUS

<i>bexarotene</i>	5	PA
<i>hydroxyurea</i>	2	
<i>ifosfamide & mesna</i>	2	
MATULANE	3	
<i>mitoxantrone hcl</i>	5	PA
ONCASPAR	5	PA
PHOTOFRIN	3	
QUADRAMET	3	
THERACYS	3	
TICE BCG	3	
<i>tretinoin (chemotherapy)</i>	2	
TRISENOX	3	
UVADEX	3	

PLATINUM-BASED AGENTS

<i>carboplatin</i>	2	
<i>cisplatin</i>	2	
ELOXATIN	3	
<i>oxaliplatin</i>	2	

PROTECTIVE AGENTS

<i>amifostine</i>	2	
<i>dexrazoxane</i>	2	
KEPIVANCE	3	
<i>leucovorin calcium</i>	2	
<i>mesna</i>	2	
MESNEX	3	

TOPOISOMERASE INHIBITORS

CAMPTOSAR	3	
ETOPOPHOS	3	
<i>etoposide</i>	2	
HYCAMTIN	5	PA
<i>irinotecan hcl</i>	2	



Drug Name	Drug Tier	Requirements/Limits
TENIPOSIDE	3	
TOPOTECAN HCL SOLN	3	
<i>topotecan hcl</i> SOLR	2	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl</i>	2	
<i>benazepril & hydrochlorothiazide</i>	2	
<i>captopril & hydrochlorothiazide</i>	2	
<i>enalapril maleate & hydrochlorothiazide</i>	2	
<i>fosinopril sodium & hydrochlorothiazide</i>	2	
<i>lisinopril & hydrochlorothiazide</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>trandolapril-verapamil hcl</i>	2	

ACE INHIBITORS

<i>benazepril hcl</i>	2	
<i>captopril</i>	2	
<i>enalapril maleate</i>	2	
<i>fosinopril sodium</i>	2	
<i>lisinopril</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl</i>	2	
<i>ramipril</i>	2	
<i>trandolapril</i>	2	

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>eplerenone</i>	2	
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ALPHA BLOCKERS

<i>doxazosin mesylate</i>	2	
<i>prazosin hcl</i>	2	
<i>terazosin hcl</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-valsartan</i>	2	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	2	
<i>candesartan cilexetil-hydrochlorothiazide</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>losartan potassium & hydrochlorothiazide</i>	2	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazide</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

BENICAR	4	ST
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i>	2	
OLMESARTAN MEDOXOMIL	2	
<i>telmisartan</i>	2	
<i>valsartan</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	5	PA
<i>flecainide acetate</i>	2	
<i>lidocaine hcl (cardiac)</i>	2	
<i>lidocaine in d5w</i>	2	
<i>mexiletine hcl</i>	2	
<i>procainamide hcl 100mg/ml</i>	2	
PROCAINAMIDE HCL 500mg/ml	4	
<i>propafenone hcl</i>	2	
<i>quinidine sulfate</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hcl (afib/afl)</i>	2	
SOTALOL HYDROCHLORIDE	4	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colestipol hcl</i>	2	
WELCHOL	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i>	2	
<i>fenofibrate</i>	2	
<i>fenofibrate micronized</i>	2	
<i>fenofibric acid</i>	2	
<i>gemfibrozil</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	2	
<i>lovastatin</i>	2	
<i>pravastatin sodium</i>	2	
<i>rosuvastatin calcium</i>	2	
<i>simvastatin 5mg, 10mg, 20mg, 40mg</i>	2	
<i>simvastatin 80mg</i>	2	ST
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic)</i>	2	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters</i>	2	PA
BETA-BLOCKER/DIURETIC COMBINATIONS		

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol & chlorthalidone</i>	2	
<i>bisoprolol & hydrochlorothiazide</i>	2	
<i>metoprolol & hydrochlorothiazide</i>	2	
<i>nadolol & bendroflumethiazide</i>	2	
<i>propranolol & hydrochlorothiazide</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	2	
<i>betaxolol hcl</i>	2	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	2	
<i>labetalol hcl</i>	2	
<i>metoprolol succinate</i>	2	
<i>metoprolol tartrate</i>	2	
<i>nadolol</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl</i>	2	
<i>timolol maleate</i>	2	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine besylate-atorvastatin calcium</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	2	
CARDENE IV	4	
<i>diltiazem hcl</i> CP12; CP24; SOLN; TABS	2	
DILTIAZEM HCL SOLR	4	
<i>diltiazem hcl coated beads</i>	2	
<i>diltiazem hcl extended release beads</i>	2	
<i>felodipine</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl</i>	2	
<i>nifedipine</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine</i>	2	
<i>verapamil hcl</i>	2	
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	2	
LANOXIN	3	
LANOXIN PEDIATRIC	4	
DIURETICS		
<i>acetazolamide</i>	2	
<i>acetazolamide sodium</i>	2	
ALDACTAZIDE	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide</i>	2	
<i>amiloride hcl</i>	2	
<i>bumetanide</i>	2	
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	
<i>ethacrynate sodium</i>	2	
<i>ethacrynic acid</i>	2	
FUROSEMIDE SOLN 8mg/ml	2	
<i>furosemide SOLN 10mg/ml</i>	2	
<i>furosemide TABS</i>	2	
<i>hydrochlorothiazide</i>	2	
<i>indapamide</i>	2	
<i>methazolamide</i>	2	
<i>metolazone</i>	2	
<i>spironolactone</i>	2	
<i>spironolactone & hydrochlorothiazide</i>	2	
TORSEMIDE SOLN	4	
<i>toremide TABS</i>	2	
<i>triamterene & hydrochlorothiazide</i>	2	
MISCELLANEOUS		
<i>clonidine hcl</i>	2	
<i>guanfacine hcl</i>	2	
<i>hydralazine hcl</i>	2	
<i>methyldopa</i>	2	
<i>methyldopate hcl</i>	2	
<i>midodrine hcl</i>	2	
<i>phenoxybenzamine hcl</i>	2	
<i>reserpine</i>	2	
NITRATES		
<i>isosorbide dinitrate</i>	2	
<i>isosorbide mononitrate</i>	2	
NITRO-BID	4	
<i>nitroglycerin AERS</i>	2	
<i>nitroglycerin CPR</i>	2	
<i>nitroglycerin PT24</i>	2	
NITROGLYCERIN SOLN 5mg/ml	4	
<i>nitroglycerin SOLN .4mg/spray</i>	2	
<i>nitroglycerin in d5w</i>	2	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
<i>epoprostenol sodium</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
LETAIRIS	5	PA
ORENITRAM	5	PA
REMODULIN	5	PA
<i>sildenafil citrate (pulmonary hypertension)</i>	2	PA
TRACLEER	5	PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> 2mg	2	QL (60 tabs / 25 days)
<i>alprazolam</i> .25mg, .5mg, 1mg	2	QL (90 tabs / 25 days)
<i>bupirone hcl</i>	2	
<i>hydroxyzine hcl</i> SYRP; TABS	2	PA; High Risk Medications require PA for members age 65 and older
<i>lorazepam</i> CONC	2	QL (150 mL / 25 days)
<i>lorazepam</i> TABS	2	QL (150 tabs / 25 days)

ANTICONVULSANTS

<i>carbamazepine</i>	2	
CELONTIN	4	
<i>clonazepam</i>	2	
<i>clorazepate dipotassium</i>	2	QL (120 tabs / 25 days)
<i>diazepam</i> CONC	2	QL (240 mL / 25 days)
<i>diazepam</i> SOLN 1mg/ml	2	QL (1200 mL / 25 days)
<i>diazepam</i> SOLN 5mg/ml	2	
<i>diazepam</i> TABS	2	QL (120 tabs / 25 days)
DILANTIN	4	
<i>divalproex sodium</i>	2	
<i>ethosuximide</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>gabapentin</i>	2	
<i>lamotrigine</i>	2	
LEVETIRACETAM SOLN	4	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml	2	
<i>levetiracetam</i> TABS	2	
<i>levetiracetam</i> TB24	2	
LEVETIRACETAM IN SODIUM CHLORIDE	2	
LYRICA	4	ST; PA**
PEGANONE	4	
<i>phenobarbital</i>	2	
<i>phenytoin</i>	2	
<i>phenytoin sodium</i>	2	
<i>phenytoin sodium extended</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i>	2	
<i>topiramate</i>	2	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
<i>zonisamide</i>	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i>	2	
EXELON	3	PA
<i>galantamine hydrobromide</i>	2	
<i>memantine hcl</i>	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine tartrate</i>	2	PA
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> 10mg	2	QL (150 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 25mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 50mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>amitriptyline hcl</i> 75mg, 100mg, 150mg	2	Members 65 and older subject to PA
<i>amoxapine</i> 25mg, 50mg, 100mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>amoxapine</i> 150mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>bupropion hcl</i>	2	
<i>citalopram hydrobromide</i>	2	
<i>clomipramine hcl</i> 25mg, 50mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl</i> 75mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 10mg, 25mg, 50mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older



Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl</i> 75mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>desipramine hcl</i> 100mg, 150mg	2	QL (30 tabs / 25 days); QL applies to members age 65 and older
<i>desvenlafaxine</i>	2	
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	2	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 75mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CAPS 100mg, 150mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>doxepin hcl</i> CONC	2	QL (450 mL / 25 days); QL applies to members age 65 and older
<i>duloxetine hcl</i>	2	
<i>escitalopram oxalate</i>	2	
<i>fluoxetine hcl</i> CAPS	2	
<i>fluoxetine hcl</i> CPDR	2	
<i>fluoxetine hcl</i> SOLN	2	
<i>fluoxetine hcl</i> TABS 10mg, 20mg	2	
FLUOXETINE HCL TABS 60mg	4	
<i>imipramine hcl</i> 10mg, 25mg	2	QL (120 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine hcl</i> 50mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 75mg, 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>imipramine pamoate</i> 125mg, 150mg	2	Members 65 and older subject to PA
<i>mirtazapine</i>	2	
<i>nefazodone hcl</i>	2	
<i>nortriptyline hcl</i> CAPS 10mg	2	QL (150 caps / 25 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> CAPS 25mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 50mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>nortriptyline hcl</i> CAPS 75mg	2	Members 65 and older subject to PA
<i>nortriptyline hcl</i> SOLN	2	QL (750 mL / 25 days); QL applies to members age 65 and older
<i>paroxetine hcl</i>	2	
<i>phenelzine sulfate</i>	2	
<i>protriptyline hcl</i> 5mg	2	QL (90 tabs / 25 days); QL applies to members age 65 and older
<i>protriptyline hcl</i> 10mg	2	QL (60 tabs / 25 days); QL applies to members age 65 and older
<i>sertraline hcl</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hcl</i>	2	
<i>trimipramine maleate</i> 25mg, 50mg	2	QL (60 caps / 25 days); QL applies to members age 65 and older
<i>trimipramine maleate</i> 100mg	2	QL (30 caps / 25 days); QL applies to members age 65 and older
<i>venlafaxine hcl</i>	2	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i>	2	
AZILECT	3	
<i>benztropine mesylate</i>	2	
<i>bromocriptine mesylate</i>	2	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>pramipexole dihydrochloride</i>	2	
RASAGILINE MESYLATE	2	
<i>ropinirole hydrochloride</i>	2	
<i>selegiline hcl</i>	2	
<i>trihexyphenidyl hcl</i>	2	

ANTIPSYCHOTICS



Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i>	2	
CHLORPROMAZINE HCL SOLN	4	
<i>chlorpromazine hcl TABS</i>	2	
<i>clozapine</i>	2	
<i>ergoloid mesylates</i>	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxapine succinate</i>	2	
<i>olanzapine</i>	2	
<i>paliperidone</i>	2	
<i>perphenazine</i>	2	
<i>pimozide</i>	2	
<i>quetiapine fumarate</i>	2	
<i>risperidone</i>	2	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
<i>ziprasidone hcl</i>	2	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine 5mg</i> CP24	2	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine 5mg</i> TABS	2	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine 7.5mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine 10mg</i> CP24	2	QL (90 caps / 25 days)
<i>amphetamine-dextroamphetamine 10mg</i> TABS	2	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine 12.5mg</i>	2	QL (90 tabs / 25 days)
<i>amphetamine-dextroamphetamine 15mg</i> CP24	2	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine 15mg</i> TABS	2	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine 20mg</i> CP24	2	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine 20mg</i> TABS	2	QL (60 tabs / 25 days)
<i>amphetamine-dextroamphetamine 25mg</i>	2	QL (30 caps / 25 days)
<i>amphetamine-dextroamphetamine 30mg</i> CP24	2	QL (30 caps / 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine 30mg</i> TABS	2	QL (30 tabs / 25 days)
<i>atomoxetine hcl</i>	2	
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	2	QL (120 caps / 25 days)
<i>dextroamphetamine sulfate</i> CP24 15mg	2	QL (60 caps / 25 days)
<i>dextroamphetamine sulfate</i> SOLN	2	QL (1,200 mL / 25 days)
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (120 tabs / 25 days)
<i>dextroamphetamine sulfate</i> TABS 15mg, 20mg	2	QL (60 tabs / 25 days)
<i>dextroamphetamine sulfate</i> TABS 30mg	2	QL (30 tabs / 25 days)
<i>guanfacine hcl (adhd)</i>	2	ST; PA**
<i>methamphetamine hcl</i>	2	QL (150 tabs / 25 days)
<i>methylphenidate hcl</i> CHEW	2	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl</i> CP24 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CP24 40mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 25 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 25 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 25 days)
<i>methylphenidate hcl</i> TABS 20mg	2	QL (90 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg	2	QL (60 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 54mg	2	QL (30 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 54mg	2	QL (30 tabs / 25 days)
STRATTERA	3	
HYPNOTICS		
<i>temazepam</i>	2	QL (15 caps / 25 days)
<i>zaleplon</i>	2	QL (15 caps / 25 days)
<i>zolpidem tartrate</i>	2	QL (15 tabs / 25 days)
MIGRAINE		
<i>almotriptan malate</i>	2	QL (12 tabs / 25 days)
CAFERGOT	3	
<i>dihydroergotamine mesylate</i> 1mg/ml	2	
<i>dihydroergotamine mesylate</i> 4mg/ml	2	QL (8 kits / 25 days)
ERGOMAR	4	ST

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Drug Name	Drug Tier	Requirements/Limits
ERGOTAMINE W/ CAFFEINE	2	
<i>naratriptan hcl</i>	2	QL (12 tabs / 25 days)
<i>rizatriptan benzoate</i>	2	QL (18 tabs / 25 days)
<i>sumatriptan</i> 5mg/act	2	QL (24 sprays / 25 days)
<i>sumatriptan</i> 20mg/act	2	QL (12 sprays / 25 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> SOCT 4mg/0.5ml	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate</i> SOCT 6mg/0.5ml	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> SOLN 4mg/0.5ml	2	QL (18 syringes / 25 days)
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	2	QL (12 vials per 25 days)
<i>sumatriptan succinate</i> SOSY	2	QL (12 units / 25 days)
<i>sumatriptan succinate</i> TABS	2	QL (12 tabs / 25 days)
<i>zolmitriptan</i>	2	QL (12 tabs / 25 days)

MISCELLANEOUS

LITHIUM	4	
<i>lithium carbonate</i>	2	
MESTINON	3	
<i>pyridostigmine bromide</i>	2	
REGONOL	4	
<i>riluzole</i>	2	
<i>tetrabenazine</i>	5	PA

MULTIPLE SCLEROSIS AGENTS

BETASERON	3	PA
COPAXONE	4	PA
<i>glatiramer acetate</i>	3	PA
REBIF	3	PA
REBIF REBIDOSE	3	PA
REBIF REBIDOSE TITRATION	3	PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i>	2	
<i>carisoprodol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>chlorzoxazone</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>dantrolene sodium</i>	2	
<i>metaxalone</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>methocarbamol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine citrate SOLN</i>	2	
<i>orphenadrine citrate TB12</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>orphenadrine w/ aspirin & caff</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>tizanidine hcl</i>	2	
NARCOLEPSY/CATAPLEXY		
<i>modafinil</i>	2	PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprostate calcium</i>	2	PA
<i>bupropion hcl (smoking deterrent)</i>	1	\$0 limited to 2 treatment cycles/year
CHANTIX	1	\$0 limited to 2 treatment cycles/year
<i>disulfiram</i>	2	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
<i>nicotine</i>	1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex</i>	1	OTC; \$0 limited to 2 treatment cycles/year
CYSTIC FIBROSIS AGENTS		
HYDROLYTIC ENZYMES		
PULMOZYME	5	PA
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>methyltestosterone</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone</i>	2	PA
<i>testosterone</i>	2	PA
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	2	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl</i>	2	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl</i>	2	
<i>glyburide-metformin</i>	2	PA; High Risk Medications require PA for members age 65 and older
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate</i>	2	PA
JANUVIA	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET	3	
JANUMET XR	3	
ANTIDIABETICS, INSULIN		
HUMULIN 70/30	4	OTC
HUMULIN 70/30 KWIKPEN	4	OTC
HUMULIN N	4	OTC
HUMULIN N KWIKPEN	4	OTC
HUMULIN R	4	OTC
LANTUS	3	
NOVOLIN 70/30	3	OTC;RELION not covered
NOVOLIN N	3	OTC;RELION not covered
NOVOLIN R	3	OTC;RELION not covered
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl</i>	2	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride</i>	2	
ANTIDIABETICS, INSULIN^		
LANTUS SOLOSTAR	3	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i>	2	
<i>repaglinide</i>	2	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl</i>	2	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride</i>	2	
<i>glipizide</i>	2	
<i>glyburide</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>glyburide micronized</i>	2	PA; High Risk Medications require PA for members age 65 and older
BISPHOSPHONATES		
<i>alendronate sodium</i>	2	
FOSAMAX PLUS D	4	ST; PA**
<i>ibandronate sodium</i>	2	
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	
<i>pamidronate disodium</i> SOLR	2	
<i>risedronate sodium</i>	2	
<i>zoledronic acid</i> CONC	5	PA
ZOLEDRONIC ACID SOLN 4mg/100ml	5	PA
<i>zoledronic acid</i> SOLN 5mg/100ml	5	PA
ZOMETA	5	PA
CALCIUM RECEPTOR AGONISTS		
SENSIPAR	5	PA
CHELATING AGENTS		
CHEMET	4	
DEPEN TITRATABS	4	
EXJADE	5	PA
FERRIPROX	5	PA
<i>sodium polystyrene sulfonate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELLA	1	
<i>ethynodiol diacet & eth estrad</i>	1	
IMPLANON	4	QL (1 / 300 days)
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel (emergency oc)</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	2	
LILETTA	4	QL (1 / 300 days)
<i>medroxyprogesterone acetate (contraceptive)</i>	1	QL (4 inj / 300 days)
MIRENA	4	QL (1 / 300 days)
NECON 10/11-28	1	
NEXPLANON	4	QL (1 / 300 days)
<i>norelgestromin-ethinyl estradiol</i>	2	
<i>norethin acet & estrad-fe</i>	2	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone & ethinyl estradiol-fe</i>	2	
<i>norethindrone & mestranol</i>	1	
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1	
NUVARING	1	QL (13 / 300 days)
PARAGARD INTRAUTERINE COP	1	QL (1 unit / 300 days)
SKYLA	4	QL (1 / 300 days)
ENDOMETRIOSIS		
<i>danazol</i>	2	
ENZYME REPLACEMENTS		
ADAGEN	5	PA
BUPHENYL	5	PA
MYOZYME	5	PA
<i>sodium phenylbutyrate</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
ZAVESCA	5	PA
ESTROGENS		
DEPO-ESTRADIOL	4	
ENJUVIA	4	PA; High Risk Medications require PA for members age 65 and older
ESTRACE	3	
<i>estradiol</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>estradiol valerate</i>	2	
ESTRING	4	
ESTROGEL	4	PA; High Risk Medications require PA for members age 65 and older
<i>estropipate</i>	2	PA; High Risk Medications require PA for members age 65 and older
MENEST	4	PA; High Risk Medications require PA for members age 65 and older
<i>norethindrone acetate-ethinyl estradiol</i>	2	
<i>yuvafem</i>	2	
FERTILITY REGULATORS		
<i>chorionic gonadotropin</i>	5	PA
<i>clomiphene citrate</i>	2	
FOLLISTIM AQ	5	PA
GONAL-F	5	PA, ST
GONAL-F RFF	5	PA, ST
GONAL-F RFF REDIRECT	5	PA, ST
OVIDREL	5	PA
GLUCOCORTICOIDS		
<i>cortisone acetate</i>	2	
DEPO-MEDROL	4	
<i>dexamethasone</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	2	
DEXPAK 6 DAY	4	
DEXPAK 10 DAY	4	

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Drug Name	Drug Tier	Requirements/Limits
DEXPAK 13 DAY	4	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone</i>	2	
<i>hydrocortisone sod succinate</i>	2	
MEDROL	3	
<i>methylprednisolone</i>	2	
<i>methylprednisolone acetate</i>	2	
<i>methylprednisolone sod succ</i>	2	
<i>prednisolone</i>	2	
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN 20mg/5ml	2	
<i>prednisolone sodium phosphate TBDP</i>	2	
<i>prednisone</i>	2	
PREDNISONE INTENSOL	3	
SOLU-CORTEF	4	
SOLU-MEDROL	4	
VERIPRED 20	4	
GLUCOSE ELEVATING AGENTS		
GLUCAGON EMERGENCY KIT	3	
HUMAN GROWTH HORMONES		
GENOTROPIN	5	PA, ST
GENOTROPIN MINIQUICK	5	PA, ST
NORDITROPIN FLEXPRO	5	PA
NUTROPIN	5	PA, ST
NUTROPIN AQ NUSPIN 5	5	PA, ST
NUTROPIN AQ NUSPIN 10	5	PA, ST
NUTROPIN AQ PEN	5	PA, ST
ZORBTIVE	5	PA
MISCELLANEOUS		
<i>cabergoline</i>	2	
<i>calcitonin (salmon)</i>	2	
FORTEO	5	PA
<i>octreotide acetate</i>	5	PA
<i>raloxifene hcl</i>	2	\$0 copay for women > 35 years for the primary prevention of breast cancer
SAMSCA	5	PA
SOMATULINE DEPOT	5	PA
XGEVA	5	PA
PHOSPHATE BINDER AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate (phosphate binder)</i>	2	
PHOSLYRA	3	
PROGESTINS		
<i>medroxyprogesterone acetate</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone micronized</i>	2	
THYROID AGENTS		
<i>levothyroxine sodium</i>	2	
<i>liothyronine sodium</i>	2	
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
SYNTHROID	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
VASOPRESSINS		
<i>desmopressin acetate</i>	2	
<i>desmopressin acetate refrigerated</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desmopressin acetate spray refrigerated</i>	2	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate</i>	2	
<i>dicyclomine hcl</i>	2	
<i>glycopyrrolate</i>	2	
<i>hyoscyamine sulfate</i>	2	
<i>methscopolamine bromide</i>	2	
ANTIEMETICS		
AKYNZEO	4	QL (2 capsules per 21 days)
ANTIVERT	3	
CESAMET	4	QL (18 caps / 25 days)
<i>dimenhydrinate</i>	2	
<i>dronabinol</i>	2	QL (60 caps / 25 days)
EMEND	4	QL (6 kits / 25 days)
<i>granisetron hcl SOLN</i>	2	QL (2 mL / 21 days)
<i>granisetron hcl TABS</i>	2	QL (12 tablets / 21 days)
<i>meclizine hcl</i>	2	
<i>metoclopramide hcl</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i>	2	QL (18 tablets / 21 days)
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	2	QL (20 mL / 21 days)
<i>ondansetron hcl</i> SOLN 4mg/5ml	2	QL (200 mL / 21 days)
<i>ondansetron hcl</i> TABS 4mg, 8mg	2	QL (18 tablets / 21 days)
<i>ondansetron hcl</i> TABS 24mg	2	QL (2 tablets / 21 days)
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl</i> SOLN; SUPP	2	
<i>promethazine hcl</i> SYRP; TABS	2	PA; High Risk Medications require PA for members age 65 and older
TRANSDERM-SCOP	4	
<i>trimethobenzamide hcl</i>	2	PA; High Risk Medications require PA for members age 65 and older

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine</i>	2	
<i>ranitidine hcl</i>	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i>	2	
<i>budesonide</i>	2	
DIPENTUM	4	
<i>hydrocortisone (intrarectal)</i>	2	
<i>mesalamine ene 4gm</i>	2	
<i>mesalamine kit 4gm</i>	2	
<i>sulfasalazine</i>	2	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl</i>	2	PA
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LAXATIVES

<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>	1	\$0 copay for members age 50 through 74
COLYTE-FLAVOR PACKS	3	
GOLYTELY	3	
<i>lactulose</i>	2	
<i>lactulose (encephalopathy)</i>	2	



Drug Name	Drug Tier	Requirements/Limits
MOVIPREP	3	\$0 copay for members age 50 through 74
OSMOPREP	4	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	1	
<i>polyethylene glycol 3350</i>	2	
SUPREP BOWEL PREP KIT	4	\$0 copay for members age 50 through 74
MISCELLANEOUS		
CARAFATE	4	
<i>cromolyn sodium (mastocytosis)</i>	2	
<i>diphenoxylate w/ atropine</i>	2	
<i>loperamide hcl</i>	2	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
<i>ursodiol</i>	2	
PANCREATIC ENZYMES		
CREON	3	
ZENPEP	3	
PROTON PUMP INHIBITORS		
<i>omeprazole</i>	2	QL (90 caps / 365 days)
<i>pantoprazole sodium</i>	2	QL (90 tabs / 365 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i>	2	
CARDURA XL	3	ST; PA**
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin hcl</i>	2	
<i>finasteride</i>	2	
<i>tamsulosin hcl</i>	2	
CONTRACEPTIVES		
ENCARE	1	OTC
OPTIONS CONCEPTROL VAGINA	1	OTC
OPTIONS GYNOL II VAGINAL	1	OTC
SHUR-SEAL	1	OTC
TODAY SPONGE	1	OTC
VCF VAGINAL CONTRACEPTIVE	1	OTC
MISCELLANEOUS		
<i>bethanechol chloride</i>	2	
ELMIRON	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl</i>	2	
<i>phenazopyridine hcl</i>	2	
<i>potassium citrate (alkalinizer)</i>	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i>	2	
<i>oxybutynin chloride</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tropium chloride</i>	2	
VAGINAL ANTI-INFECTIVES		
CLEOCIN	3	
<i>clindamycin phosphate vaginal</i>	2	
<i>metronidazole vaginal</i>	2	
<i>miconazole nitrate vaginal</i>	2	
<i>terconazole vaginal</i>	2	
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATROBAN	4	
<i>argatroban 250mg/2.5ml</i>	2	
COUMADIN	4	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	2	
FRAGMIN	4	
<i>heparin sodium (porcine)</i>	2	
PRADAXA	4	
<i>warfarin sodium</i>	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE	5	PA
LEUKINE	5	PA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	PA
NEUPOGEN INJ 480/1.6	5	PA
PROCRIT	5	PA
PROMACTA	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hcl</i>	2	
<i>cilostazol</i>	2	
FIRAZYR	5	PA
<i>pentoxifylline</i>	2	
<i>tranexamic acid</i>	2	
PLATELET AGGREGATION INHIBITORS		

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Drug Name	Drug Tier	Requirements/Limits
<i>aspirin-dipyridamole</i>	2	
BRILINTA	3	
<i>clopidogrel bisulfate</i>	2	
<i>dipyridamole</i>	2	PA; High Risk Medications require PA for members age 65 and older
EFFIENT	3	

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

CIMZIA	5	PA, ST
ENBREL	5	PA
ENBREL SURECLICK	5	PA
HUMIRA	5	PA
HUMIRA PEN-CROHNS DISEASE	5	PA
KINERET	5	PA, ST
ORENCIA	5	PA, ST
ORENCIA CLICKJECT	5	PA, ST
REMICADE	5	PA, ST

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i>	2	
<i>leflunomide</i>	2	
<i>methotrexate sodium</i> TABS	2	
OTEZLA	5	PA, ST
RHEUMATREX	4	

IMMUNOGLOBULIN

CARIMUNE NANOFILTERED	5	PA
HYQVIA	5	PA

IMMUNOGLOBULINS

GAMASTAN S/D	5	PA
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IMMUNOMODULATORS

ACTIMMUNE	5	PA
ALFERON N	5	PA
ARCALYST	5	PA
INTRON A	5	PA
INTRON A W/DILUENT	5	PA
REVLIMID	5	PA
THALOMID	5	PA

IMMUNOSUPPRESSANTS

ATGAM	4	
<i>azathioprine</i>	2	
BENLYSTA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CELLCEPT INTRAVENOUS	4	
<i>cyclosporine</i>	2	
<i>cyclosporine modified (for microemulsion)</i>	2	
<i>mycophenolate mofetil</i>	2	
MYCOPHENOLATE MOFETIL HCL	2	
<i>mycophenolate sodium</i>	2	
PROGRAF	4	
RAPAMUNE	3	
SANDIMMUNE	4	
SIMULECT	4	
<i>sirolimus</i>	2	
<i>tacrolimus</i>	2	
THYMOGLOBULIN	4	

VACCINES

ACTHIB	1	\$0 copay for members age 18 and younger
ADACEL	1	
AFLURIA 2016-2017	1	
BEXSERO	1	
BOOSTRIX	1	
CERVARIX	1	
COMVAX	1	\$0 copay for members age 18 and younger
DAPTACEL	1	\$0 copay for members age 18 and younger
DIPHTHERIA/TETANUS TOXOID	1	\$0 copay for members age 18 and younger
ENGERIX-B	1	
FLUAD 2016-2017	1	
FLUBLOK 2016-2017	1	
FLUCELVAX QUADRIVALENT 20	1	
FLULAVAL QUADRIVALENT 201	1	
FLUVIRIN 2016-2017	1	
FLUZONE HIGH-DOSE PF 2016	1	
FLUZONE INTRADERMAL QUADR	1	
FLUZONE QUADRIVALENT 2016	1	
GARDASIL	1	
GARDASIL 9	1	
HAVRIX	1	
HIBERIX	1	\$0 copay for members age 18 and younger
INFANRIX	1	\$0 copay for members age 18 and younger



Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV	1	\$0 copay for members age 18 and younger
KINRIX	1	\$0 copay for members age 18 and younger
M-M-R II	1	
MEDICAL PROVIDER SINGLE U	1	
MENACTRA	1	
MENHIBRIX	1	\$0 copay for members age 18 and younger
MENOMUNE-A/C/Y/W-135	1	
MENVEO	1	
PEDIARIX	1	\$0 copay for members age 18 and younger
PEDVAX HIB	1	\$0 copay for members age 18 and younger
PENTACEL	1	\$0 copay for members age 18 and younger
PNEUMOVAX 23/5 DOSE	1	
PREVNAR 13	1	
PROQUAD	1	\$0 copay for members age 18 and younger
RECOMBIVAX HB	1	
ROTARIX	1	\$0 copay for members age 18 and younger
ROTATEQ	1	\$0 copay for members age 18 and younger
TENIVAC	1	\$0 copay for members age 19 and older
TETANUS/DIPHThERIA TOXOID	1	\$0 copay for members age 19 and older
TRIPEDIA	1	\$0 copay for members age 18 and younger
TRUMENBA	1	
TWINRIX	1	\$0 copay for members age 19 and older
VAQTA	1	
VARIVAX	1	
ZOSTAVAX	1	\$0 copay for members age 19 and older

MEDICAL DEVICES

CONTRACEPTIVES

FC2 FEMALE CONDOM	1	OTC
OMNIFLEX DIAPHRAGM	1	QL (1 / 300 days)
ORTHO DIAPHRAGM ALL-FLEX/	1	QL (1 / 300 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
ORTHO DIAPHRAGM COIL SPRI	1	QL (1 / 300 days)
ORTHO DIAPHRAGM FLAT SPRI	1	QL (1 / 300 days)
PRENTIF CAVITY-RIM CERVIC	1	QL (1 / 300 days)
PRENTIF FITTING SET	1	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR	1	QL (1 / 300 days)

DIABETIC SUPPLIES

BD INSULIN SYRINGE ULTRAF	3	OTC
BD SWABS SINGLE USE	3	OTC
CHEMSTRIP 9 STRIPS	3	OTC
ONETOUCH DELICA LANCING D	3	OTC
ONETOUCH PING METER REMOT	3	OTC
ONETOUCH ULTRA 2	3	OTC
ONETOUCH ULTRA BLUE	3	OTC
ONETOUCH ULTRASOFT LANCET	3	OTC
ONETOUCH VERIO	3	OTC
ONETOUCH VERIO MID CONTRO	3	OTC
TAMPER-TUF CONTAINER CLOS	3	OTC

MISCELLANEOUS

AEROCHAMBER PLUS FLOW-VU	3	
FLEXICHAMBER CHILD MASK/S	3	OTC
HUMATROPEN	3	
OPTICHAMBER FACE MASK/SMA	3	OTC
PEDIATRIC PANDA MASK	3	OTC

NUTRITIONAL/ SUPPLEMENTS

ELECTROLYTES

<i>potassium bicarbonate</i>	2	
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NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

AMMONIUM CHLORIDE	4	
FLUORABON	1	\$0 applies for ages 5 and under
KLOR-CON M15	3	
<i>magnesium sulfite</i>	2	
MAGNESIUM SULFATE IN D5W	4	
<i>magnesium sulfite in dextrose</i>	2	
<i>potassium chloride</i> CPCR	2	
<i>potassium chloride</i> SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR	2	
<i>potassium chloride microencapsulated crystals cr</i>	2	
<i>sodium chloride</i> 2.5meq/ml	2	
<i>sodium chloride</i> flush	2	



Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride</i> CHEW	2	
<i>sodium fluoride</i> SOLN	1	\$0 applies for ages 5 and under
<i>sodium fluoride</i> TABS 1mg	2	
<i>sodium fluoride</i> TABS .5mg	1	\$0 applies for ages 5 and under

IV REPLACEMENT SOLUTIONS

ISOLYTE-S	4	
NORMOSOL -R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium chloride</i> SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml	2	
<i>potassium chloride in nacl</i>	2	
<i>sodium chloride</i> .45%, .9%, 3%, 5%	2	

VITAMINS

BABY SUPER DAILY D3	1	OTC; \$0 applies for ages 65 and older
<i>calcitriol</i>	2	
<i>cholecalciferol</i> CAPS 400unit	1	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol</i> CAPS 50000unit	2	OTC
<i>cholecalciferol</i> CHEW	1	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol</i> LIQD	1	OTC; \$0 applies for ages 65 and older
<i>cholecalciferol</i> TABS	1	OTC; \$0 applies for ages 65 and older
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL B-CALM	3	
CITRANATAL DHA	3	
CITRANATAL HARMONY	3	
CITRANATAL RX	3	
<i>cyanocobalamin</i>	2	
D-VI-SOL	1	OTC; \$0 applies for ages 65 and older
DDROPS BOOSTER	1	OTC; \$0 applies for ages 65 and older
<i>doxercalciferol</i>	2	
<i>ergocalciferol</i>	2	
<i>folic acid</i> 1mg	2	



Drug Name	Drug Tier	Requirements/Limits
<i>folic acid</i> 400mcg, 800mcg	1	QL (100 tabs / 30 days); OTC; \$0 copay for women ages 55 and under
<i>folic acid-pyridoxine-cyanocobalamin</i>	2	
MEPHYTON	3	
<i>paricalcitol</i>	2	
<i>ped multivitamins w/fl & iron</i>	2	
<i>pediatric multivitamins w/fl</i>	2	
<i>pediatric vitamins acd fluoride & iron</i>	2	
<i>pediatric vitamins acd w/ fluoride</i>	2	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	2	
QUFLORA PEDIATRIC CHEW	4	
<i>quflora pediatric SOLN</i>	2	
VITAMIN D2	1	OTC; \$0 applies for ages 65 and older
VITAMIN D3	1	OTC; \$0 applies for ages 65 and older
WELLESSE VITAMIN D3	1	OTC; \$0 applies for ages 65 and older

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-poly-neomycin-hc</i>	2	
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>neomycin-polymy-dexameth</i>	2	
<i>neomycin-polymyxin-hc (ophth)</i>	2	
<i>sulfacetamide sod-prednisolone</i>	2	
TOBRADEX	3	
<i>tobramycin-dexamethasone</i>	2	

ANTI-INFECTIVES

AZASITE	4	
<i>bacitracin (ophthalmic)</i>	2	
<i>bacitracin-polymyxin b (ophth)</i>	2	
BESIVANCE	4	
CILOXAN	3	
<i>ciprofloxacin hcl (ophth)</i>	2	
<i>erythromycin (ophth)</i>	2	
<i>gatifloxacin (ophth)</i>	2	
<i>gentamicin sulfate (ophth)</i>	2	
<i>levofloxacin (ophth)</i>	2	
NATACYN	3	
<i>neomycin-polymyxin-gramicidin</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (ophth)</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>sulfacetamide sodium (ophth)</i>	2	
<i>tobramycin (ophth)</i>	2	
TOBREX	3	
<i>trifluridine</i>	2	
VIGAMOX	3	
ZIRGAN	4	
ANTI-INFLAMMATORIES		
ALREX	4	
<i>bromfenac sodium (ophth)</i>	2	
<i>dexamethasone sodium phosphate (ophth)</i>	2	
<i>diclofenac sodium (ophth)</i>	2	
DUREZOL	4	
FLAREX	4	
<i>fluorometholone (ophth)</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
FML FORTE	4	
<i>ketorolac tromethamine (ophth)</i>	2	
LOTEMAX	4	
MAXIDEX	4	
PRED MILD	3	
<i>prednisolone acetate (ophth)</i>	2	
PREDNISOLONE SODIUM PHOSP	3	
VEXOL	4	
ANTIALLERGICS		
ALOMIDE	4	
<i>azelastine hcl (ophth)</i>	2	
BEPREVE	4	
<i>cromolyn sodium (ophth)</i>	2	
<i>epinastine hcl (ophth)</i>	2	
<i>olopatadine hcl</i>	2	
PATADAY	4	
ANTIGLAUCOMA		
ALPHAGAN P	4	
<i>apraclonidine hcl</i>	2	
AZOPT	4	
<i>betaxolol hcl (ophth)</i>	2	
BETIMOL	4	
BETOPTIC-S	3	
<i>bimatoprost</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate</i>	2	
<i>carteolol hcl (ophth)</i>	2	
COMBIGAN	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl-timolol maleate</i>	2	
IOPIDINE	4	
ISTALOL	4	
<i>latanoprost</i>	2	
<i>levobunolol hcl</i>	2	
<i>metipranolol</i>	2	
PHOSPHOLINE IODIDE	4	
PILOPINE HS	4	
SIMBRINZA	3	
<i>timolol maleate (ophth)</i>	2	
TIMOPTIC OCUDOSE	3	
TRAVATAN Z	4	ST; PA**
ZIOPTAN	4	ST; PA**
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic)</i>	2	
<i>naphazoline hcl</i>	2	
<i>phenylephrine hcl (ophth)</i>	2	
<i>proparacaine hcl</i>	2	
<i>tropicamide</i>	2	
OTHER		
IRRIGATION SOLUTIONS		
<i>irrigation solutions, physiological</i>	2	
<i>ringer's irrigation</i>	2	
RESPIRATORY		
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis)</i>	2	Generic Adrenaclick
<i>epinephrine hcl SOSY</i>	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT RESPIMAT	3	QL (2 inhalers / 25 days)
<i>ipratropium-albuterol</i>	2	QL (6 boxes / 25 days)
ANTICHOLINERGICS		
<i>ipratropium bromide</i>	2	QL (5 boxes / 25 days)
<i>ipratropium bromide (nasal)</i>	2	
ANTI-HISTAMINES		
<i>azelastine hcl</i>	2	QL (2 bottles / 25 days)
<i>brompheniramine tannate</i>	2	
<i>carbinoxamine maleate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl</i>	2	
<i>dexchlorpheniramine maleate</i>	2	
<i>diphenhydramine hcl</i>	2	
<i>fexofenadine hcl</i>	2	
<i>hydroxyzine hcl</i> SOLN	2	PA; High Risk Medications require PA for members age 65 and older
<i>hydroxyzine pamoate</i>	2	PA; High Risk Medications require PA for members age 65 and older
<i>olopatadine hcl (nasal)</i>	2	QL (1 container / 25 days)

BETA AGONISTS

<i>albuterol sulfate</i> NEBU .5%	2	QL (3 boxes / 25 days)
<i>albuterol sulfate</i> NEBU .5%	2	QL (4 boxes / 25 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	2	QL (5 boxes / 25 days)
<i>albuterol sulfate</i> SYRP	2	
<i>albuterol sulfate</i> TABS	2	
<i>albuterol sulfate</i> TB12	2	
<i>levalbuterol hcl</i> 1.25mg/0.5ml	2	QL (90 mL / 25 days)
<i>levalbuterol hcl</i> .31mg/3ml, .63mg/3ml, 1.25mg/3ml	2	QL (300 mL / 25 days)
<i>metaproterenol sulfate</i>	2	
PROAIR HFA	3	QL (2 inhalers / 25 days)
PROAIR RESPICLICK	3	QL (2 packages / 25 days)
PROVENTIL HFA	4	
<i>terbutaline sulfate</i>	2	
VENTOLIN HFA	4	

COLD/COUGH

<i>benzonatate</i>	2	
<i>guaifenesin-codeine</i>	2	OTC
<i>hydrocodone w/ homatropine</i>	2	
NORTUSS-EX	3	
<i>promethazine & phenylephrine</i>	2	
<i>promethazine w/codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenylephrine-codeine</i>	2	
<i>pseudoephed-bromphen-dm</i>	2	

LEUKOTRIENE RECEPTOR ANTAGONISTS

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium</i>	2	
<i>zafirlukast</i>	2	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	2	QL (2 boxes / 25 days)
MISCELLANEOUS		
<i>acetylcysteine</i>	2	
ARALAST NP	5	PA
<i>epinephrine hcl SOLN</i>	2	
ORKAMBI	5	PA
<i>sodium chloride (inhalant)</i>	2	
TYZINE	4	
TYZINE PEDIATRIC NASAL DR	4	
NASAL STEROIDS		
<i>budesonide (nasal)</i>	2	QL (2 containers / 25 days)
<i>flunisolide (nasal)</i>	2	QL (3 containers / 25 days)
<i>fluticasone propionate (nasal)</i>	2	QL (1 container / 25 days)
<i>triamcinolone acetonide (nasal)</i>	2	QL (1 container / 25 days)
STEROID INHALANTS		
ASMANEX HFA	3	QL (1 inhaler per 25 days)
ASMANEX TWISTHALER 30 MET	3	QL (2 inhalers / 25 days)
ASMANEX TWISTHALER 60 MET	3	QL (2 inhalers per 25 days)
ASMANEX TWISTHALER 120 ME	3	QL (1 inhaler per 25 days)
<i>budesonide (inhalation) 1mg/2ml</i>	2	QL (1 box / 25 days)
<i>budesonide (inhalation) .5mg/2ml</i>	2	QL (2 boxes / 25 days)
<i>budesonide (inhalation) .25mg/2ml</i>	2	QL (3 boxes / 25 days)
QVAR	3	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	
ADVAIR HFA	3	
XANTHINES		
<i>aminophylline</i>	2	
<i>theophylline</i>	2	
TOPICAL		
DERMATOLOGY, ACNE		



Drug Name	Drug Tier	Requirements/Limits
<i>adapalene</i>	2	PA; PA applies for members age 35 and older
AZELEX	4	ST; PA**
BENZAMYCINPAK	3	
<i>benzoyl peroxide</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>clindamycin phosphate (topical)</i>	2	
<i>clindamycin phosphate-benzoyl peroxide</i>	2	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	2	
<i>erythromycin (acne aid)</i>	2	
<i>isotretinoin</i>	2	PA
<i>sulfacetamide sodium (acne)</i>	2	
<i>tretinoin</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical)</i>	2	
<i>imiquimod</i>	2	
PICATO	4	

DERMATOLOGY, ANTIBIOTICS

ALTABAX	4	
BACTROBAN NASAL	4	
CORTISPORIN	4	
<i>gentamicin sulfate (topical)</i>	2	
IV PREP WIPES	3	
<i>mupirocin</i>	2	
PHISOHEX	4	
<i>silver sulfadiazine</i>	2	
SULFAMYLON	4	

DERMATOLOGY, ANTIFUNGALS

CLOTRIMAZOLE CRYSTALS	4	
<i>clotrimazole (topical)</i>	2	
<i>clotrimazole w/ betamethasone</i>	2	
<i>econazole nitrate</i>	2	
ERTACZO	4	
EXELDERM	4	ST
<i>ketoconazole (topical) CREA; FOAM</i>	2	
<i>naftifine hcl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical)</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>oxiconazole nitrate</i>	2	
OXISTAT	4	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic)</i>	2	
<i>hydrocortisone (rectal)</i>	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	
<i>calcipotriene</i>	2	
<i>calcitriol (topical)</i>	2	
<i>methoxsalen rapid</i>	2	
8-MOP	4	
TAZORAC	3	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM	2	
<i>selenium sulfide</i>	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i> CREA; LOTN	2	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical)</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i>	2	
<i>calcipotriene-betamethasone dipropionate</i>	2	
CAPEX	4	
<i>clobetasol propionate</i>	2	
<i>clocortolone pivalate</i>	2	
CORDRAN	4	
DESONATE	4	
<i>desonide</i>	2	
DESOWEN OINTMENT/CETAPHIL	4	
<i>desoximetasone</i>	2	
<i>diflorasone diacetate</i>	2	
<i>fluocinolone acetonide</i>	2	
<i>fluocinonide</i>	2	
<i>flurandrenolide</i>	2	
<i>fluticasone propionate</i>	2	
<i>halobetasol propionate</i>	2	
HALOG	4	
<i>hydrocortisone (topical)</i>	2	
<i>hydrocortisone butyrate</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate hydrophilic lipo base</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate</i>	2	
PEDIADERM HC	4	
PEDIADERM TA	4	
<i>prednicarbate</i>	2	
TACLONEX	4	
TEXACORT	4	
<i>triamcinolone acetonide (topical)</i>	2	
TRIANEX	4	
VERDESO	4	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine OINT</i>	2	QL (50gm / 25 days)
<i>lidocaine PTCH</i>	2	PA
<i>lidocaine hcl GEL</i>	2	QL (30gm / 25 days)
<i>lidocaine hcl SOLN</i>	2	QL (50mL / 25 days)
<i>lidocaine-prilocaine</i>	2	
<i>pramoxine hcl</i>	2	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i>	2	
<i>diclofenac sodium (topical)</i>	2	
ELIDEL	3	ST; PA**
<i>lactic acid (ammonium lactate)</i>	2	
<i>podofilox</i>	2	
<i>tacrolimus (topical)</i>	2	ST; PA**
TARGETIN	5	PA
DERMATOLOGY, ROSACEA		
<i>metronidazole (topical)</i>	2	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
EURAX	4	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin</i>	2	
SKLICE	4	
<i>spinosad</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
<i>sodium chloride (gu irrigant)</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i>	2	
<i>clotrimazole TROC</i>	2	
<i>lidocaine hcl (mouth-throat)</i>	2	



Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat)</i>	2	
ORAVIG	4	
<i>pilocarpine hcl (oral)</i>	2	
<i>triamcinolone acetonide (mouth)</i>	2	

OTIC

<i>acetic acid (otic)</i>	2	
<i>acetic acid-aluminum acetate</i>	2	
CIPRO HC	4	
CIPRODEX	3	
CORTISPORIN-TC	4	
<i>fluocinolone acetonide (otic)</i>	2	
<i>hydrocortisone w/acetic acid</i>	2	
<i>neomycin-polymyxin-hc (otic)</i>	2	
<i>ofloxacin (otic)</i>	2	

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<i>trandolapril-verapamil hcl</i>	17	VARIVAX	40
<i>tranexamic acid</i>	37	VCF VAGINAL CONTRACEPTIVE	36
TRANSDERM-SCOP	35	<i>venlafaxine hcl</i>	24
<i>tranylcypromine sulfate</i>	24	VENTOLIN HFA	46
TRAVATAN Z	45	<i>verapamil hcl</i>	19
<i>trazodone hcl</i>	24	VERDESO	50
<i>tretinoin</i>	48	VERIPRED 20	33
<i>tretinoin (chemotherapy)</i>	16	VEXOL	44
<i>tretinoin microsphere</i>	48	VIDEX PEDIATRIC	9
<i>triamcinolone acetonide (mouth)</i>	51	VIGAMOX	44
<i>triamcinolone acetonide (nasal)</i>	47	<i>vinblastine sulfate</i>	14
<i>triamcinolone acetonide (topical)</i>	50	<i>vincristine sulfate</i>	14
<i>triamterene & hydrochlorothiazide</i>	20	<i>vinorelbine tartrate</i>	14
TRIANEX	50	VIRACEPT	9
<i>trifluoperazine hcl</i>	25	VIRAZOLE	11
<i>trifluridine</i>	44	VIREAD	9
<i>trihexyphenidyl hcl</i>	24	VITAMIN D2	43
<i>trimethobenzamide hcl</i>	35	VITAMIN D3	43
<i>trimethoprim</i>	8	VITEKTA	9
<i>trimipramine maleate</i>	24	<i>voriconazole</i>	9
TRIPEDIA	40	W	
TRISENOX	16	<i>warfarin sodium</i>	37
TRIUMEQ	10	WELCHOL	18
<i>tropicamide</i>	45	WELLESSE VITAMIN D3	43
<i>tropium chloride</i>	37	WIDE-SEAL SILICONE DIAPHR	41
TRUMENBA	40	X	
TRUVADA	10	XALKORI	16
TWINRIX	40	XGEVA	33
TYGACIL	8	Y	
TYKERB	16	YERVOY	14
TYZEKA	11	<i>yuvafem</i>	32
TYZINE	47	Z	
TYZINE PEDIATRIC NASAL DR	47	<i>zafirlukast</i>	47
U		<i>zaleplon</i>	26
<i>ursodiol</i>	36	ZALTRAP	15
UVADEX	16	ZANOSAR	13
V		ZARXIO	37
<i>valacyclovir hcl</i>	11	ZAVESCA	32
<i>valganciclovir hcl</i>	11	ZELBORAF	16
<i>valproate sodium</i>	22	ZENPEP	36

<i>zidovudine</i>	9	<i>zolpidem tartrate</i>	26
ZINACEF	12	ZOMETA	30
ZIOPTAN	45	<i>zonisamide</i>	22
<i>ziprasidone hcl</i>	25	ZORBTIVE	33
ZIRGAN	44	ZOSTAVAX	40
ZMAX.....	12	ZOSYN.....	13
<i>zoledronic acid</i>	30	ZYKADIA	16
<i>zolmitriptan</i>	27	ZYTIGA	15