

Clover Health

2022

Formulario

Integral

Lista de medicamentos cubiertos para planes en New Jersey
Y0129_21MX037A_00022364 Versión del formulario integral 7_C



Importante: este documento contiene información acerca de los medicamentos que cubre su plan.

Este formulario se actualizó el **10/05/2021**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al **1-888-778-1478** (TTY/TDD 711) de 8 am a 8 pm (hora local) los 7 días de la semana o visite cloverhealth.com/formulary. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) durante los fines de semana y días feriados.

Nota para los miembros existentes: Este formulario se modificó desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) dice “nosotros”, “nos” o “nuestro(a)”, hace referencia a Clover Health. Cuando dice “plan” o “nuestro plan”, hace referencia a Clover Health.

En este documento, se incluye una lista de medicamentos (formulario) para nuestro plan, la cual se actualizó por última vez el 10/05/2021. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario se encuentran en la portada y en la contraportada.

En general, debe recurrir a farmacias de la red para utilizar sus beneficios de medicamentos con receta. Los beneficios, el formulario, la red de farmacias y los copagos o el coseguro pueden cambiar el 1 de enero del 2022, y periódicamente durante el año.

¿Qué es el Formulario de Clover Health?

Un formulario es una lista de medicamentos cubiertos que Clover Health selecciona consultando a un equipo de proveedores de atención médica, y que representa las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, Clover Health cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red de Clover Health y se cumplan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura para medicamentos se realizan el 1 de enero, pero Clover Health puede agregar o eliminar medicamentos en la Lista de Medicamentos durante el año, cambiarlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las normas de Medicare en la realización de estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios de la cobertura que se realicen durante el año:

- **Medicamentos genéricos nuevos.** Podemos eliminar de inmediato un medicamento de marca de nuestra lista de medicamentos si lo reemplazamos con un medicamento genérico nuevo que aparecerá en el mismo nivel de costo compartido, o en un nivel de costo compartido menor, y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra lista de medicamentos, pero moverlo de inmediato a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con

anticipación antes de implementar el cambio, pero luego le brindaremos información sobre los cambios específicos que hemos realizado.

- Si realizamos ese cambio, usted o el proveedor que emite la receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo los medicamentos de marca para usted. En el aviso que le proporcionemos, también se incluirá información sobre los pasos que debe seguir para solicitar una excepción; asimismo, puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Clover Health?”.
- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) considera que un medicamento de nuestro formulario no es seguro o si el fabricante de dicho medicamento lo retira del mercado, nosotros lo eliminaremos inmediatamente de nuestro formulario y avisaremos a los miembros que lo tomen.
- **Otros cambios.** Es posible que realicemos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que se encuentre actualmente en el formulario, o agregar nuevas restricciones al medicamento de marca o cambiarlo a un nivel diferente de costo compartido, o ambas opciones. O bien podemos implementar cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario [o] si agregamos restricciones de autorización previa, límites de cantidad o terapia escalonada para algún medicamento, o si movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados un plazo de, al menos, 30 días antes de que el cambio entre en vigor o cuando los miembros soliciten un resurtido del medicamento, momento en el cual recibirán un suministro para 30 días de dicho medicamento.
 - Si realizamos estos otros cambios, usted o el proveedor que emite la receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo los medicamentos de marca para usted. El aviso que le proporcionemos también incluirá información sobre los pasos que debe tomar para solicitar una excepción; asimismo, puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario de Clover Health?”.

Cambios que no lo afectarán si actualmente está tomando el medicamento. En general, si usted toma un medicamento de nuestro formulario 2022 que estaba cubierto al comienzo del año, nosotros no interrumpiremos ni reduciremos la cobertura de dicho medicamento durante el año de cobertura 2022, excepto en los casos que mencionamos anteriormente. Esto significa que estos medicamentos continuarán estando disponibles con el mismo costo compartido sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarían y es importante revisar la lista de medicamentos para el nuevo año de beneficios en caso de que hubiera cualquier cambio en los medicamentos.

El formulario adjunto es actual a partir del día 10/05/2021. Para obtener información actualizada sobre los medicamentos cubiertos por Clover Health, comuníquese con nosotros. Nuestra información de contacto se encuentra en la portada y en la contraportada. En el caso de que se realicen cambios en el formulario a mitad de año que no estén relacionados con el mantenimiento, la herramienta de búsqueda del formulario publicada en nuestro sitio web se actualizará de manera mensual y los formularios impresos se actualizarán de manera trimestral.

¿Cómo debo utilizar el formulario?

Existen dos formas de encontrar su medicamento en el formulario:

Condición médica

El formulario comienza en la página 8. Los medicamentos que aparecen en este formulario están agrupados en categorías según el tipo de condición médica para el que se utilizan. Por ejemplo, los medicamentos que se utilizan para tratar un problema cardíaco se encuentran en la categoría CARDIOVASCULAR. Si usted sabe para qué sirve su medicamento, busque el nombre de la categoría en la lista que comienza en la página 8. Luego, busque su medicamento dentro de esa categoría.

Lista en orden alfabético

Si no está seguro de la categoría en la que debe buscar, debe buscar su medicamento en el Índice que comienza en la página 84. El índice brinda una lista en orden alfabético de todos los medicamentos incluidos en este documento. Incluye tanto medicamentos de marca como genéricos. Consulte el índice y busque su medicamento. Junto a su medicamento, verá el número de la página en la que podrá encontrar la información de cobertura. Diríjase a la página indicada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Clover Health cubre tanto medicamentos de marca como genéricos. Un medicamento genérico aprobado por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) tiene el mismo principio activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existe alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales para la cobertura. Estos requisitos y límites pueden incluir lo siguiente:

- **Autorización previa:** Clover Health requiere que usted (o su médico) obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener aprobación de Clover Health antes de surtir sus recetas. Si no obtiene la aprobación, Clover Health podría no cubrir el medicamento.

- **Límites de cantidad:** para ciertos medicamentos, Clover Health limita la cantidad de medicamento que cubrirá. Por ejemplo, en el caso de la *rosuvastatina*, Clover Health proporciona 30 unidades por receta. Esto podría ser adicional al suministro estándar de uno o tres meses.
- **Terapia escalonada:** en algunos casos, Clover Health exige que primero intente tratar su condición médica con ciertos medicamentos antes de cubrir otro medicamento para la misma condición. Por ejemplo, si el medicamento A y el medicamento B tratan la misma condición médica, Clover Health podría no cubrir el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no le da buenos resultados, Clover Health cubrirá el medicamento B.

Puede averiguar si su medicamento presenta requisitos o límites adicionales consultando el formulario que comienza en la página 8. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos si visita nuestro sitio web. Publicamos documentos en línea en los que se explican nuestras restricciones de autorización previa y terapia escalonada. Puede solicitarnos que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización del formulario se encuentran en la portada y en la contraportada.

Puede solicitarle a Clover Health que se haga una excepción a estas restricciones o límites, o puede pedir una lista de otros medicamentos similares que podrían usarse para tratar su condición de salud. Consulte la sección “¿Cómo solicito una excepción al formulario de Clover Health?” en la página 4, para obtener información sobre cómo solicitar una excepción.

¿Por qué mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los Miembros y preguntar si su medicamento tiene cobertura.

Si le informan que Clover Health no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios para los Miembros una lista de medicamentos similares que estén cubiertos por Clover Health. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto.
- Puede solicitar a Clover Health que haga una excepción y cubra su medicamento. A continuación, encontrará información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de Clover Health?

Puede solicitar a Clover Health que haga una excepción a las reglas de cobertura. Existen varios tipos de excepciones que puede solicitar.

- Puede solicitarnos que cubramos un medicamento, aunque este no esté en nuestro formulario. Si se aprueba, este medicamento se cubrirá en un nivel de costo compartido predeterminado y

usted no podrá solicitar que le proporcionemos dicho medicamento en un nivel de costo compartido menor.

- Puede solicitarnos que cubramos un medicamento del formulario en un nivel de costo compartido más bajo, a menos que dicho medicamento se encuentre en el nivel de medicamentos especializados. Si se aprueba, el monto que deberá pagar por el medicamento disminuirá.
- Puede solicitarnos que eliminemos las restricciones o los límites de cobertura para su medicamento. Por ejemplo, en el caso de ciertos medicamentos, Clover Health limita la cantidad de medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede solicitarnos que eliminemos dicho límite y le brindemos una cobertura por una cantidad mayor.

Por lo general, Clover Health solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, (el medicamento de costo compartido más bajo) o las restricciones de utilización adicionales interfieren en la efectividad del tratamiento de su condición o podrían provocarle efectos médicos adversos.

Comuníquese con nosotros para solicitarnos una decisión de cobertura inicial respecto a una excepción de una restricción de formulario, nivel o utilización. **Cuando solicite una excepción a una restricción de formulario, nivel o utilización, deberá presentar una declaración de la persona que emitió la receta o de su médico para respaldar su solicitud.** En general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de la persona que emitió la receta. Puede solicitar una excepción expedita (rápida) si usted o su médico consideran que esperar por hasta 72 horas para la toma de una decisión podría perjudicar gravemente su salud. Si se aprueba su solicitud de acelerar el proceso, deberemos comunicarle nuestra decisión en un plazo que no supere las 24 horas desde el momento de la recepción de la declaración del médico o de la persona que emitió la receta.

¿Qué debo hacer antes de poder hablar con mi médico sobre el cambio de medicamentos o la solicitud de una excepción?

Como miembro nuevo o existente de nuestro plan, usted podría estar tomando medicamentos que no se encuentren en nuestro formulario. O bien es posible que esté tomando un medicamento que se encuentre en nuestro formulario, pero su capacidad de obtenerlo sea limitada. Por ejemplo, podría necesitar nuestra autorización previa para poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar su medicamento por un medicamento adecuado cubierto o si debe solicitar una excepción de formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar lo que es adecuado para usted, nosotros podríamos cubrir su medicamento, en ciertos casos, durante los primeros 90 días de su membresía en nuestro plan.

Por cada uno de sus medicamentos que no esté incluido en nuestro formulario o si sus posibilidades de obtener los medicamentos están limitadas, nosotros cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, permitiremos resurtidos hasta llegar a un máximo de un

suministro para 30 días del medicamento. Después del primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan por menos de 90 días.

Si usted reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, pero ya transcurrieron sus primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de dicho medicamento mientras intenta obtener una excepción de formulario. Si se realiza un cambio en su entorno de tratamiento, por ejemplo, si ingresa a un centro de cuidado a largo plazo (LTC, Long-Term Care) o si recibe el alta de una, se le proporcionará acceso a un resurtido después del ingreso o el alta, según corresponda. Clover Health no utilizará modificaciones anticipadas de los resurtidos para limitar el acceso apropiado y necesario a su beneficio de la Parte D. Es posible que se proporcione un suministro temporal en su farmacia de la red si en la reclamación de la receta enviada se indica que la configuración del tratamiento o el nivel de atención han cambiado. De lo contrario, la farmacia se comunicará con el Centro de Atención a Farmacias para obtener una anulación de la presentación de la solicitud de surtido temporal por nivel de atención.

Nuestra Política de Surtido de Transición se encuentra disponible en el sitio web de Clover Health cloverhealth.com/formulary.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos con receta de Clover Health, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta acerca de Clover Health, comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización del formulario se encuentran en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite [medicare.gov](https://www.medicare.gov).

Formulario de Clover Health

El formulario que aparece a continuación contiene información de cobertura sobre los medicamentos cubiertos por Clover Health. Si tiene problemas para encontrar su medicamento en la lista, diríjase al índice que comienza en la página 84.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca aparecen en letras mayúsculas (p. ej., SYNTHROID) y los medicamentos genéricos en letras cursivas y minúsculas (p. ej., *levotiroxina*).

La información que aparece en la columna Requisitos/Límites indica si Clover Health tiene algún requisito específico para la cobertura de su medicamento.

Se utilizan las siguientes abreviaturas:

B/D: Este medicamento podría estar cubierto por la Parte B o la Parte D de Medicare, según las circunstancias. Es posible que sea necesario presentar información donde se describa el uso y el entorno del medicamento para que se tome la decisión.

LA: Acceso limitado. Esta receta podría estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de Farmacias o comuníquese con Servicios para los Miembros de Clover Health al 1-888-778-1478 (TTY/TDD 711), de 8 am a 8 pm (hora local), los 7 días de la semana. Desde el 1 de abril hasta el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) los fines de semana y los días feriados. También puede visitar el sitio web cloverhealth.com.

NM: No Disponible en nuestras farmacias con pedido por correo.

PA: Autorización Previa.

QL: El medicamento tiene un límite de cantidad.

SI: Insulinas Seleccionadas. Su plan ofrece un suministro para un mes de insulinas seleccionadas con un copago de \$25 o \$35 según su farmacia. Para obtener información completa sobre la cobertura de estas insulinas seleccionadas, consulte el Capítulo 6 de su Evidencia de Cobertura.

ST: Se requiere terapia escalonada.

Niveles de copago por niveles de medicamento

El formulario 2022 de Clover Health cubre la mayoría de los medicamentos identificados por Medicare como medicamentos de la Parte D y su copago puede diferir según el nivel en el que se encuentre cada medicamento. Los montos de los copagos y los porcentajes de coseguro para cada nivel varían según el plan. Consulte el Resumen de Beneficios o la Evidencia de Cobertura del plan para ver los montos de copagos y coseguros.

Nivel de copago	Tipo de medicamento
Nivel 1	Medicamentos genéricos preferidos
Nivel 2	Medicamentos genéricos
Nivel 3	Medicamentos de marca preferidos
Nivel 4	Medicamentos no preferidos
Nivel 5	Medicamentos especializados

En algunos casos, Clover Health ubica los medicamentos genéricos más costosos en los niveles de medicamentos de marca. Consulte la lista de medicamentos para determinar el nivel de cobertura para cada medicamento que toma.

CH_NJ_CY22_GS_CORE eff 01/01/2022

Drug Name **Drug Tier** **Requirements/Limits**

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	2	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

NSAIDS

<i>celecoxib</i> CAPS 50mg	3	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>MORPHINE SULFATE</i> SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>atovaquone</i> SUSP 750mg/5ml	4	
<i>aztreonam</i> SOLR 1gm, 2gm	4	
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
<i>ivermectin</i> TABS 3mg	3	
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	4	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>metronidazole in nacl</i> 0.79% iv soln 500 mg/100ml	3	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>paromomycin sulfate</i> CAPS 250mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>praziquantel</i> TABS 600mg	4	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	4	
SULFADIAZINE TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SYNERCID INJ 500MG	5	
<i>tobramycin NEBU 300mg/5ml</i>	5	NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	2	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b SOLR 50mg</i>	4	B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	4	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg</i>	3	
<i>fluconazole TABS 150mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine CAPS 250mg, 500mg</i>	5	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	PA
<i>ketoconazole TABS 200mg</i>	3	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	5	
NOXAFIL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	3	
<i>posaconazole TBEC 100mg</i>	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	5	PA
<i>voriconazole TABS 50mg</i>	4	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	
<i>abacavir sulfate</i> TABS 300mg	3	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
EDURANT TABS 25mg	5	
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	3	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INVIRASE TABS 500mg	5	
ISENTRESS CHEW 25mg; PACK 100mg	3	
ISENTRESS CHEW 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
LEXIVA SUSP 50mg/ml	4	
<i>nevirapine</i> SUSP 50mg/5ml; TB24 100mg, 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg; SOLN 80mg/ml	4	
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	5	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	5	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	3	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	5	
SELZENTRY TABS 25mg	3	
tenofovir disoproxil fumarate TABS 300mg	3	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	3	
TROGARZO SOLN 200mg/1.33ml	5	LA
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	
zidovudine TABS 300mg	3	

ANTIRETROVIRAL COMBINATION AGENTS

abacavir sulfate-lamivudine tab 600-300 mg	3	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	
BIKTARVY TAB	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TEMIKYS TAB 300-300	5	
TRIUMEQ TAB	5	
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PASER PACK 4gm	4	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	
BARACLUDE SOLN .05mg/ml	5	
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA TAB 200-50MG	5	NM, PA
EPCLUSA TAB 400-100	5	NM, PA
EPIVIR HBV SOLN 5mg/ml	4	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	3	
<i>ganciclovir sodium SOLR 500mg</i>	4	B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	4	
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	3	QL (168 caps / year)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg	3	NM
<i>ribavirin (hepatitis c)</i> TABS 200mg	4	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	3	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefaclor</i> SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	4	
CEFACLOER ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
CEFTAZIDIME/ SOL D5W 1GM	4	
CEFTAZIDIME/ SOL D5W 2GM	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 500mg	2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	4	
<i>clarithromycin</i> TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	5	
<i>erythrocin stearate</i> TABS 250mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	
<i>ciprofloxacin hcl</i> TABS 100mg	4	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	4	
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	2	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	3	
<i>doxycycline hyclate SOLR 100mg</i>	4	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	3	
<i>mondoxyne nl CAPS 100mg</i>	2	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	4	PA
<i>tigecycline SOLR 50mg</i>	4	
<i>TIGECYCLINE SOLR 50mg</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	3	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	3	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	3	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml</i>	5	B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	4	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	B/D
<i>paraplatin SOLN 1000mg/100ml</i>	3	B/D
ANTIBIOTICS		
<i>adriamycin SOLN 2mg/ml</i>	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
azacitidine SUSR 100mg	5	B/D, NM
cytarabine SOLN 20mg/ml	3	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, PA
LONSURF TAB 20-8.19	5	NM, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg	5	NM, LA, PA
<i>exemestane</i> TABS 25mg	4	
<i>flutamide</i> CAPS 125mg	3	
<i>fulvestrant</i> SOLN 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	5	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	5	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
bexarotene CAPS 75mg	5	NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
etoposide SOLN 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	4	B/D
toposar SOLN 1gm/50ml, 100mg/5ml	3	B/D
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NM, LA, PA
ALUNBRIG PAK	5	NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NM, LA, PA
BORTEZOMIB SOLR 3.5mg	5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NM, PA
BRAFTOVI CAPS 75mg	5	NM, LA, PA
BRUKINSA CAPS 80mg	5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NM, LA, PA
COMETRIQ KIT 100MG	5	NM, LA, PA
COMETRIQ KIT 140MG	5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NM, LA, PA
COTELLIC TABS 20mg	5	NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NM, LA, PA
ERIVEDGE CAPS 150mg	5	NM, LA, PA
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg	5	QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	5	QL (60 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, PA
OGIVRI INJ 420MG	5	NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	5	NM, LA, PA
RITUXAN INJ HYCELA	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
RYDAPT CAPS 25mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	5	NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	5	NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	5	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 200mg	5	NM, LA, PA
UKONIQ TABS 200mg	5	NM, LA, PA
VELCADE SOLR 3.5mg	5	NM, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 20mg, 60mg	5	NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 20mg, 40mg	5	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 20mg, 50mg	5	NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg	3	
<i>leucovorin calcium</i> TABS 15mg, 25mg	4	
MESNEX TABS 400mg	5	

BLOOD GLUCOSE REGULATOR

DIABETIC TESTING SUPPLIES

ACCU-CHEK TES COMPACT	0	
ONETOUCH TES VERIO	0	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25MG	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	3	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	2	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 145mg	2	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg	5	QL (60 tabs / 30 days), ST
ALTOPREV TB24 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	3	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	2	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	4	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	2	
metoprolol tartrate SOLN 5mg/5ml	4	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg	2	
dilt-xr CP24 180mg, 240mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl coated beads</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	3	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	4	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	

DIURETICS

<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml	3	
<i>bumetanide</i> TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj SOLN 10mg/ml</i>	3	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide TABS 1.25mg, 2.5mg</i>	2	
<i>methazolamide TABS 25mg, 50mg</i>	4	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

MISCELLANEOUS

<i>ADRENALIN SOLN 1mg/ml</i>	4	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	4	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	4	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>digitek</i> TABS .125mg, .25mg	2	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
METHYLDOPA TABS 250mg, 500mg	2	PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	5	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	3	

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr	2	
<i>nitroglycerin</i> PT24 .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	5	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>buspirone hcl</i> TABS 10mg, 15mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTI-CONVULSANTS

APTiom TABS 200mg, 400mg, 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	5	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	2	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TB24 500mg, 750mg	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	4	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	5	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	5	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg	4	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI TABS 50mg	5	QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA if < 30 yrs
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	3	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	3	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	3	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg	3	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate</i> TB24 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 40mg	4	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg	4	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	4	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	4	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>benztropine mesylate</i> TABS .5mg	2	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	4	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	4	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
<i>rasagiline mesylate</i> TABS 1mg	4	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	4	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older

ANTIPSYCHOTICS

ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine elixir</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	4	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	4	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>VYVANSE CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>VYVANSE CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>VYVANSE CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
HETLIOZ CAPS 20mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
UBRELVY TABS 50mg, 100mg	5	QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	4	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
GILENYA CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	3	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	4	QL (60 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
CHANTIX TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	4	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	4	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
VIVITROL SUSR 380mg	5	NM

CONTINUOUS BLOOD GLUCOSE SYSTEMS

DIABETIC TESTING SUPPLIES

DEXCOM G6 MIS RECEIVER	0	
DEXCOM G6 MIS SENSOR	0	
DEXCOM G6 MIS TRANSMIT	0	
FREESTY LIBR KIT 2 SENSOR	0	
FREESTY LIBR MIS 2 READER	0	
FREESTYLE KIT SENSOR	0	
FREESTYLE MIS READER	0	

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	3	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	4	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg	2	
<i>acarbose</i> TABS 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TB24 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide TABS 60mg, 120mg</i>	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	3	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
<i>pioglitazone hcl TABS 15mg, 30mg, 45mg</i>	1	QL (30 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)

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

ANTIDIABETICS, INSULINS

BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
GAUZE PADS 2" X 2"	3	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	3	
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	3	SI (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI (brand RELION not covered)
OMNIPOD KIT STARTER	4	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	4	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	3	
SOLIQUA INJ 100/33	3	QL (10 pens / 30 days); SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI

CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 620mcg/2.48ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	3	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg; TBEC 35mg	4	
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
<i>deferasirox</i> TBSO 125mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	PA

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	3	
<i>camila TABS .35mg</i>	2	
<i>camrese lo</i>	4	
<i>caziant</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane TABS .35mg</i>	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	2	
<i>ELLA TABS 30mg</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	3	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	
<i>jolessa</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>orsythia</i>	2	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	4	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zarah</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>SYNAREL</i> SOLN 2mg/ml	5	

ESTROGENS

<i>amabelz</i>	3	
<i>DELESTROGEN</i> OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>cabergoline</i> TABS .5mg	3	
CARBAGLU TABS 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTADANE POW	5	NM, LA
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN SOLR 5mg, 12mg	5	NM, PA
GENOTROPIN MINISQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml	4	B/D
<i>levocarnitine (metabolic modifiers)</i> TABS 330mg	3	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	3	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	3	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	4	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	5	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	4	QL (540 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml	3	
<i>granisetron hcl</i> SOLN 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg	2	B/D
<i>ondansetron hcl</i> TABS 8mg, 24mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>dicyclomine hcl</i> TABS 20mg	3	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	PA
<i>budesonide</i> TB24 9mg	5	PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	

Drug Name	Drug Tier	Requirements/Limits
NULYTELY SOL LMN/LIME	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl TABS 1mg</i>	5	QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	4	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
MOVANTIK TABS 12.5mg	3	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000	4	
ZENPEP CAP 40000	4	

Drug Name	Drug Tier	Requirements/Limits
PROTON PUMP INHIBITORS		
DEXILANT CPDR 30mg, 60mg	4	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	4	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	3	
pantoprazole sodium TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	3	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 caps / 30 days)
finasteride TABS 5mg	1	
silodosin CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
tamsulosin hcl CAPS .4mg	2	
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg	2	
oxybutynin chloride TB24 5mg	2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
tropium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
<i>vandazole</i> GEL .75%	3	

HEMATOLOGIC

ANTICOAGULANTS

ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	3	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	3	
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
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Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg	4	PA; PA if 70 years and older
<i>dipyridamole</i> TABS 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
REMICADE SOLR 100mg	5	NM, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg	5	QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	5	QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (7 syringes / year), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (7 pens / year), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	3	
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	

Drug Name	Drug Tier	Requirements/Limits
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	5	NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	5	B/D, NM
INTRON A SOLR 10mu	3	B/D, NM
INTRON A SOLR 18mu	4	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	5	B/D
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	3	B/D
<i>sirolimus</i> SOLN 1mg/ml	5	B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	3	B/D
ZORTRESS TABS 1mg	5	B/D

VACCINES

ACTHIB INJ	3	
ADACEL INJ	3	
BCG VACCINE INJ	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	

Drug Name	Drug Tier	Requirements/Limits
PROQUAD INJ	3	
QUADRACEL INJ	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	4	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 50%</i>	4	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq</i>	3	
<i>potassium chloride SOLN 10%, 20%</i>	4	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
PRENATAL VIT TAB LOW IRON	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
TRICARE TAB PRENATAL	3	

IV NUTRITION

AMINOSYN-PF INJ 7%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf</i> 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
FREAMINE HBC INJ 6.9%	4	B/D
FREAMINE III INJ 10%	4	B/D
<i>hepatamine</i>	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	4	B/D
PROCALAMINE INJ 3%	4	B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	3	
BLEPHAMIDE OIN S.O.P.	4	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	2	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1%	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	4	
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	4	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>bepotastine besilate</i> SOLN 1.5%	3	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
LASTACFT SOLN .25%	4	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	2	
<i>latanoprost</i> SOLN .005%	2	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	4	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
ISOPTO ATROPINE SOLN 1%	3	
<i>proparacaine hcl</i> SOLN .5%	3	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	3	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	

ANTI HISTAMINES

<i>azelastine hcl</i> SOLN .1%, .15%	3	
<i>cetirizine hcl</i> SOLN 1mg/ml	2	
<i>cypheptadine hcl</i> SYRP 2mg/5ml	3	PA; PA if 70 years and older
<i>cypheptadine hcl</i> TABS 4mg	4	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine</i> TABS 5mg	3	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	2	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)

LEUKOTRIENE MODULATORS

<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
DALIRESP TABS 250mcg, 500mcg	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
ESBRIET CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	5	QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 inhalers / 30 days)
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days)

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AER 160-4.5	3	QL (1 inhaler / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 20mg, 30mg, 40mg	4	PA
<i>amneesteem</i> CAPS 10mg, 20mg, 40mg	4	PA
<i>avita</i> CREA .025%; GEL .025%	4	QL (45 gm / 30 days), PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	4	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	3	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	3	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone butyrate</i> OINT .1%	2	QL (45 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	4	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triderm</i> CREA .5%	2	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	4	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days), PA
FINACEA FOAM 15%	4	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>procto-pak</i> CREA 1%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>rosadan</i> CREA .75%	4	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
TARGRETIN GEL 1%	5	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
ZYCLARA PUMP CREA 2.5%	5	QL (15 gm / 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

Index

A	
<i>abacavir sulfate</i>	13
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	14
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	14
ABELCET	12
ABILIFY MAINTENA	43
<i>abiraterone acetate</i>	20
ABRAXANE INJ 100MG.....	21
<i>acamprosate calcium</i>	49
<i>acarbose</i>	50
ACCU-CHEK TES COMPACT.....	26
<i>accutane</i>	80
<i>acebutolol hcl</i>	32
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	9
<i>acetaminophen w/ codeine tab 300-15 mg</i>	9
<i>acetaminophen w/ codeine tab 300-30 mg</i>	9
<i>acetaminophen w/ codeine tab 300-60 mg</i>	9
<i>acetazolamide</i>	33
<i>acetic acid</i>	65
<i>acetic acid (otic)</i>	76
<i>acetylcysteine</i>	78
<i>acitretin</i>	80
ACTHIB INJ.....	70
ACTIMMUNE.....	69
<i>acyclovir</i>	15
<i>acyclovir sodium</i>	15
ADACEL INJ	70
<i>adefovir dipivoxil</i>	15
ADEMPAS	35
ADRENALIN.....	34
<i>adriamycin</i>	19
ADVAIR DISKU AER 100/50.....	79
ADVAIR DISKU AER 250/50.....	79
ADVAIR DISKU AER 500/50.....	79
ADVAIR HFA AER 115/21	79
ADVAIR HFA AER 230/21	79
ADVAIR HFA AER 45/21	79
AFINITOR	22
AFINITOR DISPERZ	22
<i>afirmelle</i>	54
AIMOVIG	47
<i>ala-cort</i>	81
<i>albendazole</i>	10
<i>albuterol sulfate</i>	77
<i>alclometasone dipropionate</i>	81
ALDURAZYME.....	60
ALECENSA.....	22
<i>alendronate sodium</i>	53
<i>alfuzosin hcl</i>	65
ALIMTA	20
<i>aliskiren fumarate</i>	34
<i>allopurinol</i>	8
<i>alosetron hcl</i>	64
ALPHAGAN P	75
<i>alprazolam</i>	36
ALREX.....	74
<i>altavera</i>	54
ALTOPREV	31
ALUNBRIG	22
ALUNBRIG PAK.....	22
<i>alyacen 1/35</i>	54
<i>alyacen 7/7/7</i>	54
<i>amabelz</i>	58
<i>amantadine hcl</i>	42
AMBISOME	12
<i>ambrisentan</i>	35
<i>amikacin sulfate</i>	10
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	33
<i>amiloride hcl</i>	33
AMINOSYN-PF INJ 7%.....	73
<i>amiodarone hcl</i>	30
<i>amitriptyline hcl</i>	40
<i>amlodipine besylate</i>	32
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	34
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	34

<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 2.5-40 mg</i>	34
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-10 mg</i>	34
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-20 mg</i>	34
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i>	34
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i>	34
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-20 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>10-40 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>2.5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-10 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-20 mg</i>	26
<i>amlodipine besylate-benazepril hcl cap</i>	
<i>5-40 mg</i>	26
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i>	28
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 10-</i>	
<i>320 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>160 mg</i>	28
<i>amlodipine besylate-valsartan tab 5-</i>	
<i>320 mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i>	28

<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i>	28
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	28
<i>amnestem</i>	80
<i>amoxapine</i>	40
<i>amoxicillin</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>200-28.5 mg</i>	17
<i>amoxicillin & k clavulanate chew tab</i>	
<i>400-57 mg</i>	17
<i>amoxicillin & k clavulanate for susp</i>	
<i>200-28.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>250-62.5 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>400-57 mg/5ml</i>	18
<i>amoxicillin & k clavulanate for susp</i>	
<i>600-42.9 mg/5ml</i>	18
<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>mg</i>	18
<i>amoxicillin & k clavulanate tab er 12hr</i>	
<i>1000-62.5 mg</i>	18
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i>	45
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i>	45
<i>amphetamine-dextroamphetamine tab</i>	
<i>10 mg</i>	46

<i>amphetamine-dextroamphetamine tab</i>	
12.5 mg	46
<i>amphetamine-dextroamphetamine tab</i>	
15 mg	46
<i>amphetamine-dextroamphetamine tab</i>	
20 mg	46
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	46
<i>amphetamine-dextroamphetamine tab</i>	
5 mg	46
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	46
<i>amphotericin b</i>	12
<i>ampicillin</i>	18
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm	18
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	18
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	18
<i>ampicillin sodium</i>	18
<i>anagrelide hcl</i>	66
<i>anastrozole</i>	20
<i>ANDRODERM</i>	50
<i>ANORO ELLIPT AER 62.5-25</i>	76
<i>aprepitant</i>	62
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	62
<i>apri</i>	54
<i>APTIOM</i>	36
<i>APTIVUS</i>	13
<i>ARALAST NP</i>	78
<i>aranella</i>	54
<i>ARCALYST</i>	69
<i>arformoterol tartrate</i>	77
<i>aripiprazole</i>	43
<i>ARISTADA</i>	43
<i>ARISTADA INITIO</i>	43
<i>armodafinil</i>	49
<i>ARNUITY ELLIPTA</i>	79
<i>asenapine maleate</i>	43
<i>aspirin-dipyridamole cap er 12hr 25-</i>	
200 mg	67

<i>atazanavir sulfate</i>	13
<i>atenolol</i>	32
<i>atenolol & chlorthalidone tab 100-25</i>	
mg	32
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	32
<i>atomoxetine hcl</i>	46
<i>atorvastatin calcium</i>	31
<i>atovaquone</i>	10
<i>atovaquone-proguanil hcl tab 250-100</i>	
mg	13
<i>atovaquone-proguanil hcl tab 62.5-25</i>	
mg	13
<i>ATROPINE SULFATE</i>	75
<i>ATROVENT HFA</i>	76
<i>aubra eq</i>	54
<i>aurovela 1/20</i>	54
<i>aurovela fe 1.5/30</i>	54
<i>aurovela fe 1/20</i>	54
<i>AUSTEDO</i>	48
<i>AVASTIN</i>	22
<i>aviane</i>	54
<i>avita</i>	80
<i>ayuna</i>	54
<i>AYVAKIT</i>	22
<i>azacitidine</i>	20
<i>azathioprine</i>	69
<i>azelaic acid</i>	82
<i>azelastine hcl</i>	76
<i>azelastine hcl (ophth)</i>	75
<i>azithromycin</i>	17
<i>aztreonam</i>	10
<i>azurette</i>	54

B	
<i>bacitracin (ophthalmic)</i>	74
<i>bacitracin-polymyxin b ophth oint</i>	74
<i>bacitracin-polymyxin-neomycin-hc</i>	
ophth oint 1%	73
<i>baclofen</i>	49
<i>balsalazide disodium</i>	63
<i>BALVERSA</i>	22
<i>balziva</i>	54
<i>BARACLUDE</i>	15
<i>BASAGLAR KWIKPEN</i>	52
<i>BCG VACCINE INJ</i>	70
<i>BD ALCOHOL SWABS</i>	52
<i>bekyree</i>	54

BELSOMRA.....	47	bosentan	35
benazepril & hydrochlorothiazide tab		BOSULIF	22
10-12.5 mg.....	27	BRAFTOVI	22
benazepril & hydrochlorothiazide tab		BREO ELLIPTA INH 100-25.....	79
20-12.5 mg.....	27	BREO ELLIPTA INH 200-25.....	79
benazepril & hydrochlorothiazide tab		BREZTRI AERO AER SPHERE	76
20-25 mg	27	BREZTRI AERO AER SPHERE	
BENAZEPRIL &		(INSTITUTIONAL PACK)	76
HYDROCHLOROTHIAZIDE TAB 5-		briellyn	55
6.25MG	27	BRILINTA	67
benazepril hcl.....	27	brimonidine tartrate.....	75
BENDEKA.....	19	brinzolamide	75
BENLYSTA	69	BRIVIACT	36
benzoyl peroxide-erythromycin gel 5-		bromfenac sodium (ophth).....	74
3%	80	bromocriptine mesylate	42
benztropine mesylate	42	BROMSITE.....	74
bepotastine besilate	75	BROVANA	77
BEPREVE	75	BRUKINSA.....	22
BERINERT.....	67	budesonide.....	63
BESIVANCE.....	74	budesonide (inhalation)	79
betamethasone dipropionate (topical)		bumetanide	33
.....	81	buprenorphine hcl.....	49
betamethasone dipropionate		buprenorphine hcl-naloxone hcl sl film	
augmented.....	81	12-3 mg (base equiv).....	49
betamethasone valerate	81	buprenorphine hcl-naloxone hcl sl film	
BETASERON	48	2-0.5 mg (base equiv).....	49
betaxolol hcl (ophth)	75	buprenorphine hcl-naloxone hcl sl film	
bethanechol chloride	65	4-1 mg (base equiv)	49
BETOPTIC-S.....	75	buprenorphine hcl-naloxone hcl sl film	
BEVESPI AER 9-4.8MCG.....	76	8-2 mg (base equiv)	49
bexarotene	21	buprenorphine hcl-naloxone hcl sl tab	
BEXSERO INJ	70	2-0.5 mg (base equiv).....	49
bicalutamide	20	buprenorphine hcl-naloxone hcl sl tab	
BICILLIN L-A.....	18	8-2 mg (base equiv)	49
BIKTARVY TAB	14	bupropion hcl.....	40
bisoprolol & hydrochlorothiazide tab		bupropion hcl (smoking deterrent) ...	49
10-6.25 mg.....	32	buspirone hcl	36
bisoprolol & hydrochlorothiazide tab		butorphanol tartrate	9
2.5-6.25 mg.....	32	BYDUREON BCISE	50
bisoprolol & hydrochlorothiazide tab 5-		BYETTA.....	50
6.25 mg	32	BYSTOLIC.....	32
bisoprolol fumarate	32	C	
BIVIGAM	69	cabergoline.....	60
BLEPHAMIDE OIN S.O.P.....	73	CABOMETYX	22
blisovi fe 1.5/30	55	calcipotriene	81
BOOSTRIX INJ.....	70	calcitonin (salmon) spray.....	53
BORTEZOMIB.....	22	calcitrene	81

<i>calcitriol</i>	62
<i>calcium acetate (phosphate binder)</i> ..	61
CALQUENCE	22
<i>camila</i>	55
<i>camrese lo</i>	55
<i>candesartan cilexetil</i>	30
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	28
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	28
CAPLYTA	43
CAPRELSA	22
<i>captopril</i>	27
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	42
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	42
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	42
CARBAGLU	60
<i>carbamazepine</i>	36
<i>carbidopa</i>	42
<i>carbidopa & levodopa tab 10-100 mg</i>	42
<i>carbidopa & levodopa tab 25-100 mg</i>	42
<i>carbidopa & levodopa tab 25-250 mg</i>	42
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	42
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>12.5-50-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>18.75-75-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>25-100-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>31.25-125-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>37.5-150-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i> <i>50-200-200 mg</i>	42
<i>carboplatin</i>	19
<i>carteolol hcl (ophth)</i>	75

<i>cartia xt</i>	32
<i>carvedilol</i>	32
<i>caspofungin acetate</i>	12
CAYSTON	10
<i>caziant</i>	55
<i>cefaclor</i>	16
CEFACLOR ER	16
<i>cefadroxil</i>	16
CEFAZOLIN INJ 1GM/50ML	16
<i>cefazolin sodium</i>	16
CEFAZOLIN SOLN 2GM/100ML-4% ...	16
<i>cefdinir</i>	16
<i>cefepime hcl</i>	16
<i>cefixime</i>	16
<i>cefoxitin sodium</i>	16
<i>cefpodoxime proxetil</i>	16
<i>cefprozil</i>	16
<i>ceftazidime</i>	16
CEFTAZIDIME/ SOL D5W 1GM	16
CEFTAZIDIME/ SOL D5W 2GM	16
<i>ceftriaxone sodium</i>	16
<i>cefuroxime axetil</i>	16
<i>cefuroxime sodium</i>	16
<i>celecoxib</i>	8
CELONTIN	36
<i>cephalexin</i>	16, 17
CERDELGA	60
CEREZYME	60
<i>cetirizine hcl</i>	76
<i>cevimeline hcl</i>	83
CHANTIX	49
CHANTIX CONTINUING MONTH	49
CHANTIX PAK 0.5& 1MG	49
<i>chateal</i>	55
CHEMET	54
<i>chlorhexidine gluconate (mouth-throat)</i>	83
<i>chloroquine phosphate</i>	13
<i>chlorpromazine hcl</i>	43
CHLORPROMAZINE HYDROCHLOR ...	43
<i>chlorthalidone</i>	33
<i>cholestyramine</i>	31
<i>cholestyramine light</i>	31
<i>choline fenofibrate</i>	30
<i>ciclopirox olamine</i>	80
<i>cilostazol</i>	67
CILOXAN	74

CIMDUO TAB 300-300	14
cinacalcet hcl	60
CIPRO	17
CIPRO HC SUS OTIC	76
ciprofloxacin 200 mg/100ml in d5w ..	17
ciprofloxacin 400 mg/200ml in d5w ..	17
ciprofloxacin hcl.....	17
ciprofloxacin hcl (ophth)	74
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	76
cisplatin.....	19
citalopram hydrobromide	40
claravis	80
clarithromycin	17
clindamycin hcl.....	10
clindamycin palmitate hydrochloride .	10
clindamycin phosphate	10
clindamycin phosphate (topical)	80
clindamycin phosphate in d5w iv soln 300 mg/50ml	10
clindamycin phosphate in d5w iv soln 600 mg/50ml	10
clindamycin phosphate in d5w iv soln 900 mg/50ml	10
clindamycin phosphate vaginal	65
CLINDMYC/NAC INJ 300/50ML	10
CLINDMYC/NAC INJ 600/50ML	10
CLINDMYC/NAC INJ 900/50ML	10
CLINIMIX INJ 4.25/D10	73
CLINIMIX INJ 4.25/D5W	73
CLINIMIX INJ 5%/D15W	73
CLINIMIX INJ 5%/D20W	73
CLINIMIX INJ 6/5.....	73
CLINIMIX INJ 8/10.....	73
CLINIMIX INJ 8/14.....	73
clinisol sf 15%.....	73
CLINOLIPID EMU 20%	73
clobazam	36
clobetasol propionate	81
clobetasol propionate e.....	81
clomipramine hcl	40
clonazepam	36
clonidine.....	34
clonidine hcl.....	34
clopidogrel bisulfate	67
clorazepate dipotassium	36
clotrimazole	83

clotrimazole (topical)	80
clotrimazole w/ betamethasone cream 1-0.05%.....	80
clozapine.....	43
COARTEM TAB 20-120MG	13
colchicine	8
colchicine w/ probenecid tab 0.5-500 mg	8
colesevelam hcl.....	31
colestipol hcl.....	31
colistimethate sodium	10
COMBIGAN SOL 0.2/0.5%	75
COMBIVENT AER 20-100	76
COMETRIQ (60MG DOSE)	22
COMETRIQ KIT 100MG	22
COMETRIQ KIT 140MG	22
COMPLERA TAB	14
compro	62
constulose	63
COPIKTRA	22
CORLANOR	34
COTELLIC	22
CREON CAP 12000UNT	64
CREON CAP 24000UNT	64
CREON CAP 3000UNIT.....	64
CREON CAP 36000UNT	64
CREON CAP 6000UNIT.....	64
cromolyn sodium	78
cromolyn sodium (mastocytosis).....	64
cromolyn sodium (ophth).....	75
cryselle-28	55
cyclafem 1/35.....	55
cyclafem 7/7/7.....	55
cyclobenzaprine hcl.....	49
cyclophosphamide	19
CYCLOPHOSPHAMIDE.....	19
cycloserine	15
cyclosporine.....	69
cyclosporine modified (for microemulsion)	70
cyproheptadine hcl	76
cyred eq.....	55
CYSTADANE POW	60
CYSTADROPS.....	75
CYSTAGON	60
CYSTARAN.....	75
cytarabine	20

D	
D10W/NACL INJ 0.2%	71
D2.5W/NACL INJ 0.45%	71
D5W/LYTES INJ #48	71
dalfampridine	48
DALIRESP	78
danazol	58
dantrolene sodium	49
dapsone	11
DAPTACEL INJ	70
daptomycin	11
DAPTOMYCIN	11
darifenacin hydrobromide	65
dasetta 1/35	55
dasetta 7/7/7	55
DAURISMO	22
deblitane	55
deferasirox	54
DELESTROGEN	58
DELSTRIGO TAB	14
DESCOVY TAB 200/25MG.....	14
desipramine hcl	40
desloratadine	77
desmopressin acetate	60
desmopressin acetate spray	60
desmopressin acetate spray refrigerated	60
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	55
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	55
desvenlafaxine succinate	40
dexamethasone	59
DEXAMETHASONE INTENSOL.....	59
dexamethasone sodium phosphate...59	
dexamethasone sodium phosphate (ophth).....	74
DEXCOM G6 MIS RECEIVER.....	50
DEXCOM G6 MIS SENSOR	50
DEXCOM G6 MIS TRANSMIT	50
DEXILANT	65
dexmethylphenidate hcl	46
dextrose	73
dextrose 10% w/ sodium chloride 0.45%	71
dextrose 2.5% w/ sodium chloride 0.45%	71
dextrose 5% in lactated ringers	71
dextrose 5% w/ sodium chloride 0.2%	71
dextrose 5% w/ sodium chloride 0.225%	71
dextrose 5% w/ sodium chloride 0.3%	71
dextrose 5% w/ sodium chloride 0.45%	71
dextrose 5% w/ sodium chloride 0.9%	71
DIACOMIT	36, 37
diazepam	37
diazepam (anticonvulsant)	37
diazepam inj	37
diazoxide.....	59
diclofenac potassium	8
diclofenac sodium	8
diclofenac sodium (ophth).....	74
diclofenac sodium (topical)	82
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	8
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	8
dicloxacillin sodium	18
dicyclomine hcl.....	63
DIFICID	17
diflunisal	8
digitek	35
digox	35
digoxin.....	35
dihydroergotamine mesylate	47
DILANTIN	37
DILANTIN INFATABS	37
DILANTIN-125	37
diltiazem hcl	33
diltiazem hcl coated beads	33
diltiazem hcl extended release beads	33
dilt-xr	32
DIP/TET PED INJ 25-5LFU	70
diphenhydramine hcl.....	77
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	64
diphenoxylate w/ atropine tab 2.5- 0.025 mg	64
dipyridamole.....	67
disopyramide phosphate.....	30

<i>disulfiram</i>	49	<i>elinest</i>	55
<i>divalproex sodium</i>	37	ELIQUIS	66
<i>docetaxel</i>	21	ELIQUIS STARTER PACK	66
DOCETAXEL	21	ELLA.....	55
<i>dofetilide</i>	30	<i>eluryng</i>	55
<i>donepezil hydrochloride</i>	39	EMCYT	20
DOPTELET	67	<i>emoquette</i>	55
<i>dorzolamide hcl</i>	75	EMSAM	41
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 22.3-6.8 mg/ml</i>	75	<i>emtricitabine</i>	13
<i>dotti</i>	58	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	14
DOVATO TAB 50-300MG	14	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	14
<i>doxazosin mesylate</i>	28	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	14
<i>doxepin hcl</i>	40	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	14
<i>doxepin hcl (sleep)</i>	47	EMTRIVA	13
<i>doxercalciferol</i>	62	EMVERM.....	11
<i>doxorubicin hcl</i>	20	<i>enalapril maleate</i>	27
<i>doxorubicin hcl liposomal</i>	20	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	27
<i>doxy 100</i>	19	<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	27
<i>doxycycline (monohydrate)</i>	19	ENBREL.....	67
<i>doxycycline hyclate</i>	19	ENBREL MINI	67
DRIZALMA SPRINKLE	40	ENBREL SURECLICK.....	68
<i>dronabinol</i>	62	ENDARI.....	67
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	55	<i>endocet tab 10-325mg</i>	9
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	55	<i>endocet tab 2.5-325mg</i>	9
DROXIA.....	67	<i>endocet tab 5-325mg</i>	9
<i>droxidopa</i>	35	<i>endocet tab 7.5-325mg</i>	9
<i>duloxetine hcl</i>	40	ENGERIX-B.....	70
DUREZOL	74	<i>enoxaparin sodium</i>	66
<i>dutasteride</i>	65	<i>enpresse-28</i>	55
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	65	<i>enskyce</i>	55
E		ENSTILAR AER	81
<i>ec-naproxen</i>	8	<i>entacapone</i>	42
EDARBI	30	<i>entecavir</i>	15
EDARBYCLOR TAB 40-12.5.....	29	ENTRESTO TAB 24-26MG.....	29
EDARBYCLOR TAB 40-25MG	29	ENTRESTO TAB 49-51MG.....	29
EDURANT	13	ENTRESTO TAB 97-103MG.....	29
<i>efavirenz</i>	13	<i>enulose</i>	63
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	14	EPCLUSA TAB 200-50MG	15
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	14	EPCLUSA TAB 400-100	15
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	14	EPIDIOLEX	37
		<i>epinephrine (anaphylaxis)</i>	78

<i>epirubicin hcl</i>	20
<i>epitol</i>	37
<i>EPIVIR HBV</i>	15
<i>eplerenone</i>	28
<i>ergotamine w/ caffeine tab 1-100 mg</i>	47
<i>ERIVEDGE</i>	22
<i>ERLEADA</i>	20
<i>erlotinib hcl</i>	22
<i>errin</i>	55
<i>ertapenem sodium</i>	11
<i>ery</i>	80
<i>ery-tab</i>	17
<i>ERYTHROCIN LACTOBIONATE</i>	17
<i>erythrocine stearate</i>	17
<i>erythromycin (acne aid)</i>	80
<i>erythromycin (ophth)</i>	74
<i>erythromycin base</i>	17
<i>erythromycin ethylsuccinate</i>	17
<i>ESBRIET</i>	78
<i>escitalopram oxalate</i>	41
<i>esomeprazole magnesium</i>	65
<i>estarylla</i>	55
<i>estradiol</i>	58
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	58
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	58
<i>estradiol vaginal</i>	58
<i>estradiol valerate</i>	58
<i>ethambutol hcl</i>	15
<i>ethosuximide</i>	37
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	55
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	55
<i>etodolac</i>	8
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i>	55
<i>etoposide</i>	21
<i>etravirine</i>	13
<i>euthyrox</i>	61
<i>everolimus</i>	22
<i>everolimus (immunosuppressant)</i>	70
<i>EVOTAZ TAB 300-150</i>	14
<i>exemestane</i>	20
<i>EZALLOR SPRINKLE</i>	31

<i>ezetimibe</i>	31
<i>ezetimibe-simvastatin tab 10-10 mg</i>	31
<i>ezetimibe-simvastatin tab 10-20 mg</i>	31
<i>ezetimibe-simvastatin tab 10-40 mg</i>	31
<i>ezetimibe-simvastatin tab 10-80 mg</i>	31
F	
<i>FABRAZYME</i>	60
<i>falmina</i>	55
<i>famciclovir</i>	15
<i>famotidine</i>	63
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	63
<i>FANAPT</i>	43
<i>FANAPT PAK</i>	43
<i>FARXIGA</i>	50
<i>FARYDAK</i>	22
<i>FASENRA</i>	78
<i>FASENRA PEN</i>	78
<i>febuxostat</i>	8
<i>felbamate</i>	37
<i>felodipine</i>	33
<i>femynor</i>	55
<i>fenofibrate</i>	31
<i>fenofibrate micronized</i>	31
<i>fentanyl</i>	8
<i>fentanyl citrate</i>	9
<i>FETZIMA</i>	41
<i>FETZIMA CAP TITRATIO</i>	41
<i>FIASP FLEX INJ TOUCH</i>	52
<i>FIASP INJ 100/ML</i>	52
<i>FIASP PENFIL INJ U-100</i>	52
<i>FINACEA</i>	82
<i>finasteride</i>	65
<i>FINTEPLA</i>	37
<i>flac</i>	76
<i>FLAREX</i>	74
<i>FLEBOGAMMA DIF</i>	69
<i>flecainide acetate</i>	30
<i>FLOVENT DISKUS</i>	79
<i>FLOVENT HFA</i>	79
<i>fluconazole</i>	12
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	12
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	12
<i>flucytosine</i>	12
<i>fludrocortisone acetate</i>	59

<i>flunisolide (nasal)</i>	79
<i>fluocinolone acetonide</i>	81, 82
<i>fluocinolone acetonide (otic)</i>	76
<i>fluocinonide</i>	82
<i>fluocinonide emulsified base</i>	82
<i>fluorometholone (ophth)</i>	74
<i>fluorouracil</i>	20
<i>fluorouracil (topical)</i>	82
<i>fluoxetine hcl</i>	41
<i>fluphenazine decanoate</i>	44
<i>fluphenazine elixir</i>	44
<i>flurbiprofen</i>	8
<i>flurbiprofen sodium</i>	74
<i>flutamide</i>	20
<i>fluticasone propionate</i>	82
<i>fluticasone propionate (nasal)</i>	79
<i>fluvastatin sodium</i>	31
<i>fluvoxamine maleate</i>	36
<i>fondaparinux sodium</i>	66
<i>formoterol fumarate</i>	77
FORTEO	53
FOSAMAX + D TAB 70-2800	53
FOSAMAX + D TAB 70-5600	53
<i>fosamprenavir calcium</i>	13
<i>fosinopril sodium</i>	27
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	27
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	27
FOTIVDA	22
FREAMINE HBC INJ 6.9%	73
FREAMINE III INJ 10%	73
FREESTY LIBR KIT 2 SENSOR	50
FREESTY LIBR MIS 2 READER	50
FREESTYLE KIT SENSOR	50
FREESTYLE MIS READER	50
<i>fulvestrant</i>	20
<i>furosemide</i>	33
<i>furosemide inj</i>	34
FUZEON	13
<i>fyavolv tab 0.5mg-2.5mcg</i>	58
<i>fyavolv tab 1mg-5mcg</i>	59
FYCOMPA	37
G	
<i>gabapentin</i>	37
<i>galantamine hydrobromide</i>	40
GAMASTAN INJ	69

GAMMAGARD LIQUID	69
GAMMAGARD S/D IGA LESS TH	69
GAMMAKED	69
GAMMAPLEX	69
GAMUNEX-C	69
<i>ganciclovir sodium</i>	15
GARDASIL 9 INJ	70
<i>gatifloxacin (ophth)</i>	74
GATTEX	64
GAUZE PADS 2	52
<i>gavilyte-c</i>	63
<i>gavilyte-g</i>	63
<i>gavilyte-n/flavor pack</i>	63
GAVRETO	22
<i>gemcitabine hcl</i>	20
<i>gemfibrozil</i>	31
<i>generlac</i>	63
<i>gengraf</i>	70
GENOTROPIN	60
GENOTROPIN MINISQUICK	60
<i>gentak</i>	74
<i>gentamicin in saline inj 0.8 mg/ml</i> ...	11
<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>gentamicin in saline inj 1.2 mg/ml</i> ...	11
<i>gentamicin in saline inj 1.6 mg/ml</i> ...	11
<i>gentamicin in saline inj 2 mg/ml</i>	11
<i>gentamicin sulfate</i>	11
<i>gentamicin sulfate (ophth)</i>	74
<i>gentamicin sulfate (topical)</i>	80
GENVOYA TAB	14
GILENYA	48
GILOTRIF	22
<i>glatiramer acetate</i>	48
<i>glatopa</i>	49
<i>glimepiride</i>	50
<i>glipizide</i>	50
<i>glipizide xl</i>	50
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	51
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	51
<i>glipizide-metformin hcl tab 5-500 mg</i>	51
<i>glycopyrrolate</i>	63
<i>glydo</i>	82
GLYXAMBI TAB 10-5 MG	51
GLYXAMBI TAB 25-5 MG	51
GOLYTELY SOL	63

GRALISE.....	48
<i>granisetron hcl</i>	62
<i>griseofulvin microsize</i>	12
<i>griseofulvin ultramicrosize</i>	12
<i>guanfacine hcl</i>	35
<i>guanfacine hcl (adhd)</i>	46
GVOKE HYPOPEN 2-PACK.....	60
GVOKE PFS	60
H	
HAEGARDA	67
<i>hailey 1.5/30</i>	55
<i>halobetasol propionate</i>	82
<i>haloperidol</i>	44
<i>haloperidol decanoate</i>	44
<i>haloperidol lactate</i>	44
HARVONI PAK 33.75-150MG	15
HARVONI PAK 45-200MG	15
HARVONI TAB 45-200MG	15
HARVONI TAB 90-400MG	15
HAVRIX	70
<i>heather</i>	55
HEP SOD/NACL INJ 25000UNT	66
<i>heparin sodium (porcine)</i>	66
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	66
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	66
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	66
HEPARIN/NACL INJ 25000UNT	66
<i>hepatamine</i>	73
HERCEP HYLEC SOL 60-10000	22
HERCEPTIN	22
HERZUMA	23
HETLIOZ.....	47
HIBERIX	70
HUMALOG.....	52
HUMALOG JUNIOR KWIKPEN	52
HUMALOG KWIKPEN.....	52
HUMALOG MIX INJ 50/50.....	52
HUMALOG MIX INJ 50/50KWP.....	52
HUMALOG MIX INJ 75/25KWP.....	52
HUMALOG MIX SUS 75/25.....	52
HUMIRA	68
HUMIRA PEDIA INJ CROHNS.....	68
HUMIRA PEDIATRIC CROHNS D	68
HUMIRA PEN	68

HUMIRA PEN KIT PS/UV.....	68
HUMIRA PEN-CD/UC/HS START	68
HUMIRA PEN-PEDIATRIC UC S.....	68
HUMIRA PEN-PS/UV STARTER	68
HUMULIN INJ 70/30.....	52
HUMULIN INJ 70/30KWP.....	52
HUMULIN N	52
HUMULIN N KWIKPEN	52
HUMULIN R.....	52
HUMULIN R U-500 (CONCENTR	52
HUMULIN R U-500 KWIKPEN	52
<i>hydralazine hcl</i>	35
<i>hydrochlorothiazide</i>	34
<i>hydrocodone bitartrate</i>	9
<i>hydrocodone-acetaminophen soln 7.5- 325 mg/15ml</i>	9
<i>hydrocodone-acetaminophen tab 10- 325 mg</i>	9
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	9
<i>hydrocodone-acetaminophen tab 7.5- 325 mg</i>	9
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	9
<i>hydrocortisone</i>	59
<i>hydrocortisone (intrarectal)</i>	63
<i>hydrocortisone (rectal)</i>	82
<i>hydrocortisone (topical)</i>	82
<i>hydrocortisone butyrate</i>	82
<i>hydrocortisone valerate</i>	82
<i>hydromorphone hcl</i>	9
<i>hydroxychloroquine sulfate</i>	68
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	77
<i>hydroxyzine pamoate</i>	77
HYSINGLA ER.....	9
I	
<i>ibandronate sodium</i>	54
IBRANCE	23
<i>ibu</i>	8
<i>ibuprofen</i>	8
<i>icatibant acetate</i>	67
<i>iclevia</i>	55
ICLUSIG	23
IDHIFA.....	23
ILEVRO	74
<i>imatinib mesylate</i>	23

IMBRUVICA.....	23
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	11
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	11
<i>imipramine hcl</i>	41
<i>imiquimod</i>	83
IMOVAX RABIES (H.D.C.V.).....	70
<i>incassia</i>	55
INCRELEX.....	60
INCRUSE ELLIPTA	76
<i>indapamide</i>	34
INFANRIX INJ.....	70
INGREZZA	48
INGREZZA CAP 40-80MG	48
INLYTA.....	23
INQOVI TAB 35-100MG	20
INREBIC	23
INSULIN SAFETY NEEDLES.....	52
INSULIN SYRINGES:	
BD/ULTIMED/ALLISON/TRIVIDIA/MH C	52
INTELENCE	13
INTRALIPID.....	73
INTRON A.....	69
<i>introvale</i>	55
INVEGA SUSTENNA	44
INVEGA TRINZA	44
INVIRASE	13
IPOL INJ INACTIVE	70
<i>ipratropium bromide</i>	76
<i>ipratropium bromide (nasal)</i>	76
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	76
<i>irbesartan</i>	30
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	29
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	29
IRESSA	23
<i>irinotecan hcl</i>	21
ISENTRESS	13
ISENTRESS HD	13
<i>isibloom</i>	55
ISOLYTE-P INJ /D5W	71
ISOLYTE-S INJ	71
ISOLYTE-S INJ PH 7.4	71

<i>isoniazid</i>	15
ISOPTO ATROPINE.....	75
<i>isosorbide dinitrate</i>	35
<i>isosorbide mononitrate</i>	35
<i>isotretinoin</i>	80
<i>isradipine</i>	33
<i>itraconazole</i>	12
<i>ivermectin</i>	11
IXIARO INJ	70
J	
JAKAFI.....	23
<i>jantoven</i>	66
JANUMET TAB 50-1000.....	51
JANUMET TAB 50-500MG.....	51
JANUMET XR TAB 100-1000	51
JANUMET XR TAB 50-1000.....	51
JANUMET XR TAB 50-500MG	51
JANUVIA	51
JARDIANCE.....	51
<i>jasmiel</i>	55
JENTADUETO TAB 2.5-1000	51
JENTADUETO TAB 2.5-500	51
JENTADUETO TAB 2.5-850	51
JENTADUETO TAB XR 2.5-1000MG...	51
JENTADUETO TAB XR 5-1000MG.....	51
<i>jinteli</i>	59
<i>jolessa</i>	55
<i>juleber</i>	56
JULUCA TAB 50-25MG	14
<i>junel 1.5/30</i>	56
<i>junel 1/20</i>	56
<i>junel fe 1.5/30</i>	56
<i>junel fe 1/20</i>	56
K	
KADCYLA.....	23
KALYDECO.....	78
KANJINTI	23
<i>kariva</i>	56
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71

<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ.....	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	72
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ.....	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kelnor 1/35</i>	56
<i>kelnor 1/50</i>	56
<i>ketoconazole</i>	12
<i>ketoconazole (topical)</i>	80, 81
<i>ketorolac tromethamine (ophth)</i>	74, 75
KEYTRUDA.....	23
KINRIX INJ	70
KISQALI 200 DOSE	23
KISQALI 200 PAK FEMARA	21
KISQALI 400 DOSE	23
KISQALI 400 PAK FEMARA	21
KISQALI 600 DOSE	23
KISQALI 600 PAK FEMARA	21
<i>klor-con</i>	72
<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
KORLYM	60
<i>kurvelo</i>	56
KYNMOBI.....	42
L	
<i>labetalol hcl</i>	32
<i>lactated ringer's solution</i>	72
<i>lactic acid (ammonium lactate)</i>	83
<i>lactulose</i>	63
<i>lactulose (encephalopathy)</i>	63
<i>lamivudine</i>	13
<i>lamivudine (hcv)</i>	15
<i>lamivudine-zidovudine tab 150-300 mg</i>	15
<i>lamotrigine</i>	38
<i>lansoprazole</i>	65

<i>lapatinib ditosylate</i>	23
<i>larin 1.5/30</i>	56
<i>larin 1/20</i>	56
<i>larin fe 1.5/30</i>	56
<i>larin fe 1/20</i>	56
<i>larissia</i>	56
LASTACAF.....	75
<i>latanoprost</i>	75
LATUDA	44
<i>leena</i>	56
<i>leflunomide</i>	68
LENVIMA 10 MG DAILY DOSE	23
LENVIMA 12MG DAILY DOSE	24
LENVIMA 20 MG DAILY DOSE	24
LENVIMA 4 MG DAILY DOSE.....	23
LENVIMA 8 MG DAILY DOSE.....	23
LENVIMA CAP 14 MG.....	24
LENVIMA CAP 18 MG.....	24
LENVIMA CAP 24 MG.....	24
<i>lessina</i>	56
<i>letrozole</i>	20
<i>leucovorin calcium</i>	26
LEUKERAN.....	19
<i>leuprolide acetate</i>	20
<i>levalbuterol hcl</i>	77
<i>levalbuterol tartrate</i>	77
LEVEMIR	52
LEVEMIR FLEXTOUCH.....	52
<i>levetiracetam</i>	38
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	38
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	38
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	38
<i>levobunolol hcl</i>	75
<i>levocarnitine (metabolic modifiers)</i> ..	60
<i>levocetirizine dihydrochloride</i>	77
<i>levofloxacin</i>	17
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	17
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	17
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	17
<i>levonest</i>	56

<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	56
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	56
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	56
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	56
<i>levora 0.15/30-28</i>	56
<i>levo-t</i>	61
<i>levothyroxine sodium</i>	61
<i>levoxyl</i>	61
<i>LEXIVA</i>	13
<i>lidocaine</i>	82
<i>lidocaine hcl</i>	82
<i>lidocaine hcl (local anesth.)</i>	10
<i>lidocaine hcl (mouth-throat)</i>	83
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	82
<i>lillow</i>	56
<i>linezolid</i>	11
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	11
<i>LINZESS</i>	64
<i>liothyronine sodium</i>	62
<i>lisinopril</i>	27
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	27
<i>LITHIUM</i>	48
<i>lithium carbonate</i>	48
<i>LIVALO</i>	31
<i>loestrin 1.5/30-21</i>	56
<i>loestrin 1/20-21</i>	56
<i>loestrin fe 1.5/30</i>	56
<i>loestrin fe 1/20</i>	56
<i>LOKELMA</i>	54
<i>LONSURF TAB 15-6.14</i>	20
<i>LONSURF TAB 20-8.19</i>	20
<i>loperamide hcl</i>	64
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15
<i>lopinavir-ritonavir tab 100-25 mg</i>	15
<i>lopinavir-ritonavir tab 200-50 mg</i>	15
<i>lorazepam</i>	36

<i>lorazepam intensol</i>	36
<i>LORBRENA</i>	24
<i>loryna</i>	56
<i>losartan potassium</i>	30
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	29
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	29
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	29
<i>LOTEMAX</i>	75
<i>lovastatin</i>	31
<i>low-ogestrel</i>	56
<i>loxapine succinate</i>	44
<i>LUMAKRAS</i>	24
<i>LUMIGAN</i>	75
<i>LUMIZYME</i>	60
<i>LUPRON DEPOT (1-MONTH)</i>	20
<i>LUPRON DEPOT (3-MONTH)</i>	20
<i>LUPRON DEPOT-PED (1-MONTH)</i>	60
<i>LUPRON DEPOT-PED (3-MONTH)</i>	60
<i>lutera</i>	56
<i>lyleq</i>	56
<i>lyllana</i>	59
<i>LYNPARZA</i>	24
<i>LYSODREN</i>	20
<i>lyza</i>	56

M	
<i>magnesium sulfate</i>	72
<i>MAGNESIUM SULFATE</i>	72
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	72
<i>malathion</i>	83
<i>marlissa</i>	56
<i>MARPLAN</i>	41
<i>MATULANE</i>	21
<i>matzim la</i>	33
<i>MAVYRET TAB 100-40MG</i>	15
<i>meclizine hcl</i>	62
<i>medroxyprogesterone acetate</i>	61
<i>medroxyprogesterone acetate (contraceptive)</i>	56
<i>mefloquine hcl</i>	13
<i>megestrol acetate</i>	20, 61
<i>megestrol acetate (appetite)</i>	61

MEKINIST	24
MEKTOVI	24
<i>meloxicam</i>	8
<i>memantine hcl</i>	40
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	40
MENACTRA INJ	70
MENQUADFI INJ	70
MENVEO INJ.....	70
<i>mercaptopurine</i>	20
<i>meropenem</i>	11
<i>mesalamine</i>	63
<i>mesalamine w/ cleanser</i>	63
MESNEX	26
<i>metadate er</i>	46
<i>metformin hcl</i>	51
<i>methadone hcl</i>	9
<i>methadone hydrochloride i</i>	9
<i>methazolamide</i>	34
<i>methenamine hippurate</i>	11
<i>methimazole</i>	62
<i>methotrexate sodium</i>	20, 68
METHYLDOPA	35
<i>methylphenidate hcl</i>	46
<i>methylprednisolone</i>	59
<i>methylprednisolone acetate</i>	59
<i>methylprednisolone sod succ</i>	59
<i>metoclopramide hcl</i>	62
<i>metolazone</i>	34
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	32
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	32
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	32
<i>metoprolol succinate</i>	32
<i>metoprolol tartrate</i>	32
<i>metronidazole</i>	11
<i>metronidazole (topical)</i>	83
<i>metronidazole in nacl 0.79% iv soln</i> <i>500 mg/100ml</i>	11
<i>metronidazole vaginal</i>	65
<i>metyrosine</i>	35
MG SO4/D5W INJ 10MG/ML	72
<i>micafungin sodium</i>	12
<i>microgestin 1.5/30</i>	56
<i>microgestin 1/20</i>	56

<i>microgestin fe 1.5/30</i>	56
<i>microgestin fe 1/20</i>	56
<i>midodrine hcl</i>	35
<i>miglustat</i>	60
<i>mili</i>	56
<i>mimvey</i>	59
<i>minitran</i>	35
<i>minocycline hcl</i>	19
<i>minoxidil</i>	35
<i>mirtazapine</i>	41
<i>misoprostol</i>	64
MITIGARE.....	8
M-M-R II INJ.....	70
M-NATAL PLUS TAB.....	72
<i>modafinil</i>	49
<i>moexipril hcl</i>	27
<i>molindone hcl</i>	44
<i>mometasone furoate</i>	82
<i>mometasone furoate (nasal)</i>	79
<i>mondoxylene nl</i>	19
MONJUVI.....	24
<i>mono-lynyah</i>	57
<i>montelukast sodium</i>	77, 78
<i>morphine sulfate</i>	9, 10
MORPHINE SULFATE	9
MOVANTIK.....	64
<i>moxifloxacin hcl</i>	17
<i>moxifloxacin hcl (ophth)</i>	74
MULTAQ	30
<i>mupirocin</i>	80
MVASI	24
<i>mycophenolate mofetil</i>	70
<i>mycophenolate sodium</i>	70
<i>myorisan</i>	80
MYRBETRIQ	65
N	
<i>nabumetone</i>	8
<i>nadolol</i>	32
<i>nafcillin sodium</i>	18
NAGLAZYME	60
<i>nalbuphine hcl</i>	10
<i>naloxone hcl</i>	50
<i>naltrexone hcl</i>	50
NAMZARIC CAP 14-10MG.....	40
NAMZARIC CAP 21-10MG.....	40
NAMZARIC CAP 28-10MG.....	40
NAMZARIC CAP 7-10MG	40

NAMZARIC CAP PACK	40
<i>naproxen</i>	8
<i>naproxen sodium</i>	8
<i>naratriptan hcl</i>	47
NARCAN	50
NATACYN.....	74
<i>nateglinide</i>	51
NATPARA.....	54
NAYZILAM	38
<i>necon 0.5/35-28</i>	57
<i>nefazodone hcl</i>	41
<i>neomycin sulfate</i>	11
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	74
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	74
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	73
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	73
<i>neomycin-polymyxin-hc ophth susp</i> ..	73
<i>neomycin-polymyxin-hc otic soln 1%</i>	76
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	76
NERLYNX	24
NEUPRO	42
<i>nevirapine</i>	13
NEXAVAR.....	24
<i>niacin (antihyperlipidemic)</i>	31
<i>nicardipine hcl</i>	33
NICOTROL INHALER	50
NICOTROL NS	50
<i>nifedipine</i>	33
<i>nikki</i>	57
<i>nilutamide</i>	20
<i>nimodipine</i>	33
NINLARO	24
<i>nisoldipine</i>	33
<i>nitazoxanide</i>	11
<i>nitisinone</i>	60
NITRO-BID	35
<i>nitrofurantoin macrocrystal</i>	11
<i>nitrofurantoin monohyd macro</i>	11
<i>nitroglycerin</i>	35
<i>nizatidine</i>	63
<i>nora-be</i>	57
<i>norethindrone (contraceptive)</i>	57

<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	57
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	57
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	57
<i>norethindrone acetate</i>	61
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	59
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	59
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	57
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	57
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	57
NORITATE	83
<i>norlyroc</i>	57
NORPACE CR	30
<i>nortrel 0.5/35 (28)</i>	57
<i>nortrel 1/35 (21)</i>	57
<i>nortrel 1/35 (28)</i>	57
<i>nortrel 7/7/7</i>	57
<i>nortriptyline hcl</i>	41
NORVIR	13
NOVOLIN INJ 70/30	53
NOVOLIN INJ 70/30 FP.....	53
NOVOLIN N.....	53
NOVOLIN N FLEXPEN	53
NOVOLIN R.....	53
NOVOLIN R FLEXPEN.....	53
NOVOLOG	53
NOVOLOG FLEXPEN	53
NOVOLOG MIX INJ 70/30.....	53
NOVOLOG MIX INJ FLEXPEN.....	53
NOVOLOG PENFILL	53
NOXAFIL	12
NUBEQA	20
NUEDEXTA CAP 20-10MG	48
NULOJIX.....	70
NULYTELY SOL LMN/LIME	64
NUPLAZID	44
NUTRILIPID	73
<i>nyamyc</i>	80
<i>nylia 7/7/7</i>	57
NYMALIZE	33

<i>nymyo</i>	57
<i>nystatin</i>	12
<i>nystatin (mouth-throat)</i>	83
<i>nystatin (topical)</i>	80
<i>nystop</i>	80
O	
<i>ocella</i>	57
OCTAGAM	69
<i>octreotide acetate</i>	60, 61
ODEFSEY TAB	15
ODOMZO	24
OFEV	78
<i>ofloxacin (ophth)</i>	74
<i>ofloxacin (otic)</i>	76
OGIVRI	24
OGIVRI INJ 420MG	24
<i>olanzapine</i>	44
<i>olmesartan medoxomil</i>	30
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i>	29
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i>	29
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i>	29
<i>olopatadine hcl</i>	75
<i>olopatadine hcl (nasal)</i>	77
<i>omeprazole</i>	65
OMNARIS	79
OMNIPOD KIT STARTER	53
OMNIPOD MIS 5 PACK	53

<i>ondansetron</i>	62
<i>ondansetron hcl</i>	62
ONETOUCH TES VERIO	26
ONTRUZANT	24
ONUREG	20
OPSUMIT	35
ORGOVYX	20
ORKAMBI GRA 100-125	78
ORKAMBI GRA 150-188	78
ORKAMBI TAB 100-125	78
ORKAMBI TAB 200-125	78
<i>orsythia</i>	57
<i>oseltamivir phosphate</i>	15, 16
<i>oxacillin sodium</i>	18
<i>oxaliplatin</i>	19
<i>oxandrolone</i>	50
<i>oxaprozin</i>	8
<i>oxcarbazepine</i>	38
<i>oxybutynin chloride</i>	65
<i>oxycodone hcl</i>	10
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i>	10
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i>	10
OZEMPIC (0.25 OR 0.5MG/DOSE)	51
OZEMPIC (1MG/DOSE)	51
P	
<i>pacerone</i>	30
<i>paclitaxel</i>	21
<i>paliperidone</i>	44
<i>pamidronate disodium</i>	54
PAMIDRONATE DISODIUM	54
PANRETIN	83
<i>pantoprazole sodium</i>	65
PANZYGA	69
<i>paraplatin</i>	19
<i>paricalcitol</i>	62
<i>paromomycin sulfate</i>	11
<i>paroxetine hcl</i>	41
PASER	15
PAXIL	41
PEDIARIX INJ 0.5ML	70
PEDVAX HIB	70

<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	64
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	64
PEGASYS	16
PEMAZYRE	24
PEN GK/DEXTR INJ 40000/ML.....	18
PEN GK/DEXTR INJ 60000/ML.....	18
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	53
<i>penicillamine</i>	54
<i>penicillin g potassium</i>	18
PENICILLIN G PROCAINE	18
<i>penicillin g sodium</i>	18
<i>penicillin v potassium</i>	18
PENTACEL INJ	70
<i>pentamidine isethionate inh</i>	11
<i>pentamidine isethionate inj</i>	11
<i>pentoxifylline</i>	67
<i>perindopril erbumine</i>	27
<i>perio gard</i>	83
<i>permethrin</i>	83
<i>perphenazine</i>	44
PERSERIS	44
<i>pfizerpen</i>	18
<i>phenelzine sulfate</i>	41
<i>phenobarbital</i>	38
<i>phenobarbital sodium</i>	38
PHENYTEK	38
<i>phenytoin</i>	38
<i>phenytoin sodium</i>	38
<i>phenytoin sodium extended</i>	38
PHESGO SOL.....	24
<i>philith</i>	57
PIFELTRO	13
<i>pilocarpine hcl</i>	75
<i>pilocarpine hcl (oral)</i>	83
<i>pimozide</i>	44
<i>pimtrea</i>	57
<i>pindolol</i>	32
<i>pioglitazone hcl</i>	51
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	19
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	19

<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	19
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	19
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	19
PIQRAY 200MG DAILY DOSE	24
PIQRAY 250MG TAB DOSE	24
PIQRAY 300MG DAILY DOSE	24
<i>pirmella 1/35</i>	57
<i>piroxicam</i>	8
PLASMA-LYTE INJ -148.....	72
PLASMA-LYTE INJ -A	72
<i>plenamine</i>	73
PLENVU SOL	64
<i>podofilox</i>	83
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	74
POMALYST.....	21
<i>portia-28</i>	57
<i>posaconazole</i>	12
<i>potassium chloride</i>	72
POTASSIUM CHLORIDE	72
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	72
<i>potassium chloride microencapsulated crystals er</i>	72, 73
<i>potassium citrate (alkalinizer)</i>	65
PRADAXA	66
PRALUENT	31
<i>pramipexole dihydrochloride</i>	42, 43
<i>prasugrel hcl</i>	67
<i>pravastatin sodium</i>	31
<i>praziquantel</i>	11
<i>prazosin hcl</i>	28
<i>prednisolone</i>	59
<i>prednisolone acetate (ophth)</i>	75
PREDNISOLONE SODIUM PHOSP	75
<i>prednisolone sodium phosphate</i>	59
<i>prednisone</i>	59
PREDNISONE INTENSOL	59
<i>pregabalin</i>	38
<i>pregabalin (once-daily)</i>	48
PREMARIN	59
PREMASOL SOL 10%.....	73
PRENATAL TAB 27-1MG	73
PRENATAL TAB PLUS	73

PRENATAL VIT TAB LOW IRON	73
<i>prevalite</i>	31
<i>previfem</i>	57
PREVYMIS	16
PREZCOBIX TAB 800-150	15
PREZISTA	13
PRIFTIN	15
PRILOSEC	65
<i>primaquine phosphate</i>	13
PRIMAQUINE PHOSPHATE	13
<i>primidone</i>	38
PRIVIGEN	69
<i>probenecid</i>	8
PROCALAMINE INJ 3%	73
<i>prochlorperazine</i>	62
<i>prochlorperazine edisylate</i>	62
<i>prochlorperazine maleate</i>	62
PROCRIT	66
<i>procto-med hc</i>	83
<i>procto-pak</i>	83
<i>proctozone-hc</i>	83
PROGRAF	70
PROLASTIN-C	78
PROLENSA	75
PROLIA	54
PROMACTA	67
<i>promethazine hcl</i>	63
<i>propafenone hcl</i>	30
<i>proparacaine hcl</i>	75
<i>propranolol hcl</i>	32
<i>propylthiouracil</i>	62
PROQUAD INJ	71
PROSOL INJ 20%	73
<i>protriptyline hcl</i>	41
PULMICORT FLEXHALER	79
PULMOZYME	78
PURIXAN	20
<i>pyrazinamide</i>	15
<i>pyridostigmine bromide</i>	48
Q	
QINLOCK	24
QUADRACEL INJ	71
<i>quetiapine fumarate</i>	44
<i>quinapril hcl</i>	28
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	27

<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	27
<i>quinidine sulfate</i>	30
<i>quinine sulfate</i>	13
R	
RABAVERT INJ	71
<i>rabeprazole sodium</i>	65
<i>raloxifene hcl</i>	61
<i>ramipril</i>	28
<i>ranolazine</i>	35
<i>rasagiline mesylate</i>	43
RAYALDEE	62
<i>reclipsen</i>	57
RECOMBIVAX HB	71
RECTIV	83
REGRANEX	83
RELENZA DISKHALER	16
RELISTOR	64
REMICADE	68
RENFLEXIS	68
<i>repaglinide</i>	51
RESTASIS	76
RESTASIS MULTIDOSE	76
RETEVMO	24
REVLIMID	21
REXULTI	44
REYATAZ	14
REZUROCK	70
RHOPRESSA	75
RIABNI	24
<i>ribavirin (hepatitis c)</i>	16
<i>rifabutin</i>	15
<i>rifampin</i>	15
<i>riluzole</i>	48
<i>rimantadine hydrochloride</i>	16
RINVOQ	68
<i>risedronate sodium</i>	54
RISPERDAL CONSTA	45
<i>risperidone</i>	45
<i>ritonavir</i>	14
RITUXAN	24
RITUXAN INJ HYCELA	24
<i>rivastigmine</i>	40
<i>rivastigmine tartrate</i>	40
<i>rizatriptan benzoate</i>	47

<i>ropinirole hydrochloride</i>	43
<i>rosadan</i>	83
<i>rosuvastatin calcium</i>	31
ROTARIX SUS	71
ROTATEQ SOL	71
<i>roweepra</i>	38
ROZLYTREK	24
RUBRACA	24
<i>rufinamide</i>	38, 39
RUKOBIA	14
RUXIENCE	24
RYBELSUS	51
RYDAPT	24
S	
<i>sajazir</i>	67
SANDIMMUNE	70
SANTYL	83
<i>sapropterin dihydrochloride</i>	61
SAVELLA	48
SAVELLA MIS TITR PAK	48
<i>scopolamine</i>	63
SECUADO	45
<i>selegiline hcl</i>	43
<i>selenium sulfide</i>	81
SELZENTRY	14
SEREVENT DISKUS	77
<i>sertraline hcl</i>	41
<i>setlakin</i>	57
<i>sevelamer carbonate</i>	61
<i>sharobel</i>	57
SHINGRIX	71
SIGNIFOR	61
<i>sildenafil citrate (pulmonary hypertension)</i>	35
<i>silodosin</i>	65
<i>silver sulfadiazine</i>	80
SIMBRINZA SUS 1-0.2%	75
<i>simliya</i>	57
<i>simvastatin</i>	31
<i>sirolimus</i>	70
SIRTURO	15
SIVEXTRO	11
SKYRIZI	68
SKYRIZI PEN	68
<i>sodium chloride</i>	72
<i>sodium chloride (gu irrigant)</i>	83

<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	73
<i>sodium phenylbutyrate</i>	61
<i>sodium polystyrene sulfonate powder</i>	54
<i>solifenacin succinate</i>	65
SOLQUA INJ 100/33	53
SOLTAMOX	20
SOLU-CORTEF	59
SOMATULINE DEPOT	61
SOMAVERT	61
<i>sorine</i>	30
<i>sotalol hcl</i>	30
<i>sotalol hcl (afib/afl)</i>	30
<i>spironolactone</i>	28
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	34
<i>sprintec 28</i>	57
SPRITAM	39
SPRYCEL	25
<i>sps</i>	54
<i>sronyx</i>	57
<i>ssd</i>	80
STELARA	68
STIVARGA	25
<i>streptomycin sulfate</i>	11
STRIBILD TAB	15
<i>subvenite</i>	39
<i>sucralfate</i>	64
<i>sulfacetamide sodium (acne)</i>	80
<i>sulfacetamide sodium (ophth)</i>	74
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	74
SULFADIAZINE	11
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	11
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	12
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	12
SULFAMYLON	80
<i>sulfasalazine</i>	63
<i>sulindac</i>	8
<i>sumatriptan</i>	47
<i>sumatriptan succinate</i>	47

<i>sunitinib malate</i>	25
SUPREP BOWEL SOL PREP KIT	64
<i>syeda</i>	57
SYMBICORT AER 160-4.5	80
SYMBICORT AER 80-4.5	79
SYMDEKO TAB 100-150	78
SYMDEKO TAB 50-75MG	78
SYMJEPI	78
SYMPAZAN	39
SYMTUZA TAB	15
SYNAREL	58
SYNERCID INJ 500MG	12
SYNJARDY TAB 12.5-1000MG	51
SYNJARDY TAB 12.5-500	51
SYNJARDY TAB 5-1000MG	51
SYNJARDY TAB 5-500MG	51
SYNJARDY XR TAB 10-1000	51
SYNJARDY XR TAB 12.5-1000MG	51
SYNJARDY XR TAB 25-1000	51
SYNJARDY XR TAB 5-1000MG	51
SYNRIBO	21
SYNTHROID	62
T	
TABLOID	20
TABRECTA	25
<i>tacrolimus</i>	70
<i>tacrolimus (topical)</i>	83
TAFINLAR	25
TAGRISSO	25
TALTZ	68
TALZENNA	25
<i>tamoxifen citrate</i>	20
<i>tamsulosin hcl</i>	65
TARGRETIN	83
<i>tarina fe 1/20 eq</i>	57
TASIGNA	25
<i>tazarotene</i>	81
<i>tazicef</i>	17
TAZORAC	81
<i>taztia xt</i>	33
TAZVERIK	25
TDVAX INJ 2-2 LF	71
TECENTRIQ	25
TEFLARO	17
<i>telmisartan</i>	30
<i>telmisartan-amlodipine tab 40-10 mg</i>	29

<i>telmisartan-amlodipine tab 40-5 mg</i>	29
<i>telmisartan-amlodipine tab 80-10 mg</i>	29
<i>telmisartan-amlodipine tab 80-5 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	29
<i>temazepam</i>	47
TEMIXYS TAB 300-300	15
TENIVAC INJ 5-2LF	71
<i>tenofovir disoproxil fumarate</i>	14
TEPMETKO	25
<i>terazosin hcl</i>	28
<i>terbinafine hcl</i>	12
<i>terbutaline sulfate</i>	77
<i>terconazole vaginal</i>	66
<i>testosterone</i>	50
<i>testosterone cypionate</i>	50
<i>testosterone enanthate</i>	50
<i>tetrabenazine</i>	48
<i>tetracycline hcl</i>	19
THALOMID	21
THEO-24	78
<i>theophylline</i>	78, 79
<i>thioridazine hcl</i>	45
<i>thiothixene</i>	45
<i>tiadylt er</i>	33
<i>tiagabine hcl</i>	39
TIBSOVO	25
<i>tigecycline</i>	19
TIGECYCLINE	19
<i>tilia fe</i>	57
<i>timolol maleate</i>	32
<i>timolol maleate (ophth)</i>	75
<i>timolol maleate (ophth) once-daily</i>	75
TIVICAY	14
TIVICAY PD	14
<i>tizanidine hcl</i>	49
TOBRADEX OIN 0.3-0.1%	74
TOBRADEX ST SUS 0.3-0.05	74
<i>tobramycin</i>	12
<i>tobramycin (ophth)</i>	74
<i>tobramycin sulfate</i>	12

<i>tobramycin-dexamethasone ophth susp</i>	
0.3-0.1%	74
<i>tolterodine tartrate</i>	65
<i>topiramate</i>	39
<i>toposar</i>	21
<i>toremifene citrate</i>	20
<i>torsemide</i>	34
TOVIAZ	65
TPN ELECTROL INJ	72
TRADJENTA.....	52
<i>tramadol hcl</i>	10
<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>mg</i>	10
<i>trandolapril</i>	28
<i>tranexamic acid</i>	67
<i>tranylcypromine sulfate</i>	41
TRAVASOL INJ 10%	73
<i>travoprost</i>	75
TRAZIMERA	25
<i>trazodone hcl</i>	41
TRECTOR	15
TRELEGY AER ELLIPTA 100-62.5-25	
MCG.....	76
TRELEGY AER ELLIPTA 200-62.5-25	
MCG.....	76
TRELSTAR MIXJECT.....	21
<i>treprostinil</i>	36
TRESIBA.....	53
TRESIBA FLEXTOUCH	53
<i>tretinoin</i>	80
<i>tretinoin (chemotherapy)</i>	21
TREXALL.....	69
<i>triamcinolone acetonide (mouth)</i>	83
<i>triamcinolone acetonide (topical)</i>	82
<i>triamterene & hydrochlorothiazide cap</i>	
37.5-25 mg.....	34
<i>triamterene & hydrochlorothiazide tab</i>	
37.5-25 mg.....	34
<i>triamterene & hydrochlorothiazide tab</i>	
75-50 mg	34
TRICARE TAB PRENATAL	73
<i>triderm</i>	82
<i>trientine hcl</i>	54
<i>tri-estarylla</i>	57
<i>trifluoperazine hcl</i>	45
<i>trifluridine</i>	74
<i>trihexyphenidyl hcl</i>	43

TRIJARDY XR TAB ER 24HR 10-5-	
1000MG	52
TRIJARDY XR TAB ER 24HR 12.5-2.5-	
1000MG	52
TRIJARDY XR TAB ER 24HR 25-5-	
1000MG	52
TRIJARDY XR TAB ER 24HR 5-2.5-	
1000MG	52
TRIKAFTA TAB 100-50-75MG & 150MG	
.....	79
TRIKAFTA TAB 50-25-37.5MG & 75MG	
.....	79
<i>tri-legest fe</i>	57
<i>tri-lynyah</i>	57
<i>tri-lo-estarylla</i>	57
<i>tri-lo-marzia</i>	58
<i>tri-lo-mili</i>	58
<i>tri-lo-sprintec</i>	58
<i>trimethoprim</i>	12
<i>tri-mili</i>	58
<i>trimipramine maleate</i>	41
TRINTELLIX	41
<i>tri-nymyo</i>	58
<i>tri-previfem</i>	58
<i>tri-sprintec</i>	58
TRIUMEQ TAB	15
<i>trivora-28</i>	58
<i>tri-vylibra</i>	58
<i>tri-vylibra lo</i>	58
TROGARZO	14
TROPHAMINE INJ 10%	73
<i>trospium chloride</i>	65
TRULICITY.....	52
TRUMENBA INJ.....	71
TRUSELTIQ 100 MG DAILY DOSE	25
TRUSELTIQ 125 MG DAILY DOSE	25
TRUSELTIQ 50 MG DAILY DOSE.....	25
TRUSELTIQ 75 MG DAILY DOSE.....	25
TRUXIMA.....	25
TUKYSA	25
TURALIO	25
TWINRIX INJ.....	71
TYBOST.....	14
TYPHIM VI	71
U	
UBRELVY	48
UKONIQ	25

<i>unithroid</i>	62
<i>ursodiol</i>	64
V	
<i>valacyclovir hcl</i>	16
VALCHLOR	83
<i>valganciclovir hcl</i>	16
<i>valproate sodium</i>	39
<i>valproic acid</i>	39
<i>valsartan</i>	30
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	29
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	30
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29
VALTOCO	39
<i>vancomycin hcl</i>	12
VANCOMYCIN INJ 1 GM	12
VANCOMYCIN INJ 500MG	12
VANCOMYCIN INJ 750MG	12
<i>vandazole</i>	66
VAQTA	71
VARIVAX	71
VASCEPA	32
VELCADE	25
<i>velivet</i>	58
VELTASSA	54
VEMLIDY	16
VENCLEXTA	25
VENCLEXTA TAB START PK	25
<i>venlafaxine hcl</i>	41
VENTAVIS	36
VENTOLIN HFA	77
VENTOLIN HFA (INSTITUTIONAL PACK)	77
<i>verapamil hcl</i>	33
VERSACLOZ	45
VERZENIO	25
<i>vestura</i>	58
V-GO 20 KIT	53
V-GO 30 KIT	53
V-GO 40 KIT	53
VICTOZA	52

<i>vienva</i>	58
<i>vigabatrin</i>	39
<i>vigadrone</i>	39
VIIBRYD	42
VIIBRYD KIT STARTER	42
VIMPAT	39
<i>vincristine sulfate</i>	21
<i>vinorelbine tartrate</i>	21
<i>viorele</i>	58
VIRACEPT	14
VIREAD	14
VITRAKVI	25
VIVITROL	50
VIZIMPRO	25
<i>voriconazole</i>	12, 13
VOSEVI TAB	16
VOTRIENT	26
VRAYLAR	45
VRAYLAR CAP 1.5-3MG	45
<i>vyfemla</i>	58
<i>vylibra</i>	58
VYVANSE	46, 47
VYZULTA	75
W	
<i>warfarin sodium</i>	66
<i>water for irrigation, sterile irrigation soln</i>	83
<i>wera</i>	58
X	
XALKORI	26
XARELTO	66
XARELTO STAR TAB 15/20MG	66
XATMEP	69
XCOPRI	39
XCOPRI PAK 100-150	39
XCOPRI PAK 12.5-25	39
XCOPRI PAK 150-200MG (MAINTENANCE)	39
XCOPRI PAK 150-200MG (TITRATION)	39
XCOPRI PAK 50-100MG	39
XELJANZ	68
XELJANZ XR	68
XERMELO	64
XGEVA	54
XIFAXAN	64
XIGDUO XR TAB 10-1000	52

XIGDUO XR TAB 10-500MG	52
XIGDUO XR TAB 2.5-1000.....	52
XIGDUO XR TAB 5-1000MG.....	52
XIGDUO XR TAB 5-500MG.....	52
XOLAIR	79
XOSPATA.....	26
XPOVIO 100 MG ONCE WEEKLY	26
XPOVIO 40 MG ONCE WEEKLY	26
XPOVIO 40 MG TWICE WEEKLY.....	26
XPOVIO 60 MG ONCE WEEKLY	26
XPOVIO 60 MG TWICE WEEKLY.....	26
XPOVIO 80 MG ONCE WEEKLY	26
XPOVIO 80 MG TWICE WEEKLY.....	26
XTANDI	21
<i>xulane</i>	58
XULTOPHY INJ 100/3.6.....	53
XYREM	49
Y	
YF-VAX INJ	71
<i>yuvaferm</i>	59
Z	
<i>zafemy</i>	58
<i>zafirlukast</i>	78
<i>zarah</i>	58
ZARXIO	66
ZEJULA.....	26
ZELBORAF	26
ZEMAIRA	79

<i>zenatane</i>	80
ZENPEP CAP 10000UNT	64
ZENPEP CAP 15000UNT	64
ZENPEP CAP 20000UNT	64
ZENPEP CAP 25000	64
ZENPEP CAP 3000UNIT.....	64
ZENPEP CAP 40000	64
ZENPEP CAP 5000UNIT.....	64
ZERVIAE.....	75
<i>zidovudine</i>	14
<i>ziprasidone hcl</i>	45
<i>ziprasidone mesylate</i>	45
ZIRABEV	26
ZIRGAN.....	74
<i>zoledronic acid</i>	54
ZOLINZA	26
<i>zolmitriptan</i>	48
<i>zolpidem tartrate</i>	47
<i>zonisamide</i>	39
ZORTRESS.....	70
<i>zovia 1/35</i>	58
<i>zumandimine</i>	58
ZYCLARA PUMP	83
ZYDELIG	26
ZYKADIA	26
ZYLET SUS 0.5-0.3%	74
ZYPITAMAG	31
ZYPREXA RELPREVV	45

Estamos aquí para ayudar.

Este formulario se actualizó el **10/05/2021**. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Clover al **1-888-778-1478** (TTY/TDD 711) de 8 am a 8 pm (hora local) los 7 días de la semana o visite **cloverhealth.com/formulary**. Entre el 1 de abril y el 30 de septiembre, se utilizarán tecnologías alternativas (por ejemplo, correo de voz) durante los fines de semana y días feriados.

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